

Health and Safety Inspection Policy

The Health and Safety Inspection Policy outlines the process and recording systems required to undertake a health and safety inspection within the Trust.

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Target audience:	All staff	
Type of Policy (tick appropriate box)	Clinical	Non Clinical ✓
Which Relevant CQC Fundamental Standards?	Regulation 15 – Premises and equipment All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose, for which they are being, properly used, maintained and appropriately located for the purpose for which they are being used.	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.2	August 2011	New document following harmonisation
2	January 2014	Health and Safety Team amended to Health and Safety Compliance Team throughout document Table of definitions included Regulatory Fire Reform Order 2005 amended to The Regulatory Reform (Fire Safety) Order 2005 throughout Disability Discrimination Act Amended to Equality Act 2010 Amendment to 2.2 paragraph 2
3	October 2016	Reviewed to reflect organisational changes
3	Oct 2020	Policy extended for 6/12 as H/S committee are looking at using the ALCAT System to record H&S inspections and the associated actions identified

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

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Definitions that apply to this Policy

All procedural documents should have a definition of terms to ensure staff have clarity of purpose (refer to Policy for Policies for assistance)

Definitions are a Core Standard.

Health and Safety Inspection	The process carried which involves assessing relevant documents held within a particular work area, interviewing people and observing site conditions, standards and practices where work activities are carried out. Its purpose is to secure compliance with legal requirements for which HSE is the enforcing authority and to promote improving standards of health and safety within the organisation.
Risk Assessment	Process for identifying causes and effects of potential situations, tasks or processes that could cause harm or injury to ensure that proportionate precautions via control measures have been put into place to prevent harm or injury
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Manager / Designated person	An individual person with the responsibility for Health and Safety arrangements at the site/area being inspected

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

A due regard review found the activity outlined in the document to be equality neutral because this policy describes the Trust's arrangements for undertaking Health and Safety Inspections within all Trust areas and department's where Trust staff are located or co-located.

1.0 Summary

The Health and Safety Inspection Policy applies to all employees, volunteers, agency staff and contractors (temporary and permanent) of Leicestershire Partnership NHS Trust referred to throughout this policy as 'the Trust'.

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health and Safety Policy.

The purpose of this policy is to set out the Trust arrangements for undertaking Health and Safety Inspections.

The Trust recognises that robust health and safety procedures are important for everyone who comes into contact with its services. It is the intention therefore to ensure that health and safety inspections are undertaken annually (as a minimum) within all Trust areas and departments. This will include all premises in which Trust staff are based or co-located.

It is the aim of the Trust to create a culture whereby all staff understand the need to provide a safe and secure environment for all people who come into contact with its services.

The Trust Health and Safety inspection process will bench mark against legislative Regulations and Guidance

In addition to scheduled inspections, ad hoc inspections, audits or discussions may be arranged by the health and safety compliance team in order to target specific issues or general concerns at the request of managers, employees or safety representatives.

The Trust believes that whilst scheduled inspections are very important, they should not be relied upon exclusively. Robust policies and procedures should also be used in addition to induction, training and risk assessment.

Managers are responsible for ensuring that the Trust Health and Safety Policy and all agreed procedures are implemented within their areas, together with monitoring the working environment to ensure safe conditions are maintained on a day-to-day basis. This responsibility includes undertaking risk assessments and ensuring that control measures are in place. Health and safety inspections offer a periodic additional checking mechanism to support this. The inspection tool can also be used by managers as an aide memoire if they wish to check the arrangements for an existing site or if they take on the responsibility for a new site/service.

The particular needs of people who may be potentially at greater risk must be considered within the inspection process; including young or inexperienced workers, people with disabilities and new or expectant mothers.

The Trust's Health and Safety Compliance Team will give advice with regard to Health and Safety inspections.

2.0 The Inspection Process

2.1 Inspection Format

Each inspection will start with a review of the action points from the previous inspection. Any unresolved issues will be mentioned in the relevant section of the new report.

The inspection will involve:

- a "walk through" inspection of the department/area
- general discussion between the manager(s) and safety representative(s)
- signage and documentation checks

The inspection will be more substantial than an equipment and work environment check. It will use the Health and Safety Inspection Checklist **Appendix A**. Guidance on how to complete the checklist can be found as **Appendix B**. The inspection will look at control measures in place for identified risks. It will also focus on specific issues of training, staff awareness, facilities, procedures etc.

2.2 Inspection Frequency

Scheduled inspections will be held annually as a minimum, (additional inspections may be necessary where there has been a substantial change to the working environment since the previous inspection but before the next annual inspection is due).

A rolling programme of annual inspections will be prepared by the Health and Safety Compliance Team at the beginning of the financial year.

In addition, ad hoc visits may be undertaken by senior managers or specialist advisors.

It will be the responsibility of the relevant manager or designated person to contact additional members of the Inspection Team to undertake the inspection in accordance with the inspection programme.

2.3 Inspection Team

The inspection team will comprise of:

- the relevant local manager/ designated person and
- Governance Officer as a minimum.

Others from the list below should be notified of the inspection in order to allow them to provide information to the inspection team prior to the inspection and/or participate during the inspection:

- Staff Side safety representative
- Clinical representative(s)
- Local Health and Safety Champion
- Estates representative

Ideally the team will include a representative from each of the above but the inspection should not be cancelled because they are not available.

2.4 Areas to be inspected

Each Health and Safety Action Group Chair will ensure that a list of premises prepared to include the name and contact information of the local manager / designated person for each site/service area listed.

The list will include premises in which staff are based or co-located (e.g. community hospitals used by mental health staff or social services premises used by community staff). Local managers identified for these locations. will liaise with the location manager(s) in order to identify who will undertake the regular inspections, exchange reports and liaise about any concerns.

If no practical agreement can be reached about the inspection of these premises, or about remedial action to be taken on identified hazards, the manager or designated person will consult with the Chair of the Health and Safety Action Group. Concerns must be escalated as appropriate if they cannot be resolved locally.

The Trust Health and Safety Compliance Team will maintain an overview of all premises and staff groups covered by inspection schedules in order to eliminate gaps and duplication as far as possible.

2.5 Records and action

The manager or designated person will be responsible for recording the outcomes of the inspection using the standard Health and Safety Inspection Checklist (Appendix A) – this provides an Action Plan template which includes key issues, recommendations, agreed actions, priorities and timescales.

During the inspection, responsibility for each action will be agreed, risk rated and recorded on the inspection report. Actions must be implemented or delegated by the relevant manager/designated person in accordance with their agreed priority.

Some remedial actions may be taken during the inspection and the status of action taken will be recorded on the inspection checklist i.e. detail of action taken / complete / etc.

If any health and safety issues are identified during an inspection of premises in which Trust staff are based or co-located and the Trust is not the Landlord it is the responsibility of the Trust's manager to ensure that the responsible manager for the site/premises involved is informed, and an action plan agreed with them.

The manager or designated person or Governance Officer will send copies of the inspection report to all members of the inspection team and to the Trust Health and Safety Compliance Team within 20 working days from the date of the inspection.

Inspection reports and summary schedules will be retained electronically by the manager and the Health and Safety Compliance Team for a minimum of three years.

2.6 Urgent action and issues with wider significance

Where a significant risk has been identified this must be addressed in accordance with Trust Risk Management Strategy and escalated as appropriate.

3.0 Roles and responsibilities

3.1 Manager/Designated Person/ Governance Officer

- Arrange and undertakes the Health and Safety Inspection having received
- Undertake appropriate Health and Safety Risk Assessment and Inspection training
- Act as co-ordinator and key communicator, ensuring that the inspection reviews thoroughly all aspects of the site.
- Ensures the Action Plan and recommendations are acted upon and completed in a timely manner, delegating responsibility to local staff to action where necessary.
- Ensures identified risks are assessed, escalated and mitigated against to reduce the potential of harm or injury within remit.

3.2 Staff Safety Representatives

Staff safety representatives will keep themselves informed of the legal requirements relating to the health and safety of the people they represent, the particular hazards of

their workplace and the health, safety and welfare policy of the Trust.

They will encourage co-operation between the Trust and its staff in promoting and developing measures to ensure the health and safety of staff. They will participate in the planning and implementation of health and safety inspections and draw to the attention of managers anything likely to impact on health, safety, welfare or well-being.

3.3 Health and Safety Compliance Team will:

- Receive a copy of the Health and Safety Inspection Action Plan within 20 working days of the inspection.
- Seek assurance that actions identified in Health and Safety Action Plans have been completed

4 Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training. Training for risk assessors including the undertaking a health and safety inspection will be provided by the Health and Safety Compliance Team.

Course information is available on e-source and the Trusts uLearn database that identifies who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the training will be recorded on the electronic staff record and any locally held database.

The governance group responsible for monitoring the training is the Health and Safety Committee.

5 Finance/Budget Responsibility

It is the responsibility of the manager/designated person to agree with their line manager actions to be taken to address Health and Safety inspection issues and liaise with appropriate budget holders.

6 Mechanisms for Action

Refer to the Process flow chart **Appendix C** outlining the processes and actions to be undertaken as part of the inspection.

7 Co-ordination and Communication

The manager/designated person or Governance Officer is responsible for all communication prior to the inspection. They arrange for the inspection team to be convened to enable the inspection to take place.

As the inspection includes a “walk through” the manager/designated person or Governance Officer will arrange access to all areas to be inspected. Key holder responsibility needs to be confirmed to enable this.

Where inspection sites may involve more than one service, then mutual responsibilities regarding the inspection and any subsequent Action Plan will be agreed with the relevant manager(s).

8 Privacy and Dignity

The privacy and dignity of patients must be maintained at all times.

9 Documentation and Recording of Findings

The manager/designated person and Governance Officer will agree who will record the inspection before the inspection commences. Once agreed the nominated person will:

- ensure that relevant documentation (previous inspection findings and inspection checklist) is available to the inspection team before, during and at the end of the inspection.
- Keep accurate notes relating to the content of the inspection
- Ensure that all inspection members sign the paperwork at the end of the inspection.
- Ensure that The Health and Safety Inspection checklist (**Appendix A**) includes a completed Action Plan.
- Forward Copies of the inspection findings to all members of the inspection team within 20 working days of the date of inspection

10 Dissemination and implementation

This policy is approved by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet

11 Review

The Health and Safety Committee will review this policy every three years or sooner where a change to legislation, national policy or guidance occurs.

12 Guidance and references

This policy was drafted with reference to the following:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations, 1998
- Workplace Health and Safety Welfare Regulations
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992

- Display Screen Regulations 1992 as amended 2002
- Control of Substances Hazardous to Health 2002 as amended 2005
- The Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety (First Aid) Regulations 1981(as amended 2015)
- Electricity at Work Regulations 1989
- Waste Policy
- Work at Height Regulations 2005
- Manual Handling Operations Regulations 1992
- Equality Act 2010
- Mental Health 2004 (as amended)

NB: The above list is not exhaustive

APPENDIX A

Health and Safety Inspection Checklist

This document must be used in conjunction with the attached guidelines.

Prioritisation of actions should be agreed using the attached 5 x 5 Risk Assessment Matrix.

- **Actions with Scores between 1 and 3 will be considered low priority and should be completed within 6 months**
- **Actions with Scores between 4 and 6 will be considered medium priority and should be completed within 3 months**
- **Actions with Scores between 8 and 12 will be considered high priority and should be completed within 1 month**
- **Actions with Scores over 15 will be considered extreme priority and should be carried out immediately or within one week. A Risk Assessment must be carried out and steps taken to manage the risk. Identified Hazards in this category, unless they can be removed or rectified immediately must have a documented risk assessment**

	Likelihood	Consequence	Score and Colour
Risk Assessment with current control measures:			

LIKELIHOOD			CONSEQUENCE		
Is expected to occur in most circumstances. >50% chance	Almost Certain	5	Death / closure of the hospital / huge financial loss > £1,000,000	Catastrophic	5
Likely chance of occurring. 21-50% chance	Likely	4	Permanent injury / closure of a service / major financial loss > £100,000	Major	4
Reasonable chance of occurring. 6-29% chance	Possible	3	Major injury / adverse health outcome / long term service disruption / high financial loss > £10,000	Moderate	3
Could occur occasionally. 1-5% chance	Unlikely	2	Minor injury / adverse health outcome / short term disruption to service / moderate financial loss >	Minor	2

			£1000		
Do not expect it to happen, but it is possible. < 1% chance	Rare	1	No injury / adverse health outcome / some disruption to service / minor financial loss < £100	Insignificant	1

Consequence	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	●	●	●	●	●
Major	●	●	●	●	●
Moderate	●	●	●	●	●
Minor	●	●	●	●	●
Negligible	●	●	●	●	●

Site to be inspected: _____

Date of Inspection: _____

Formal Follow Up date: _____

Inspectors: _____

TYPE AND USE OF BUILDING (information to include construction type, age, general condition and main generic use also specifying open/controlled access for staff and public and parking facilities). Please include information whether this is a LPT property? Are tenants predominantly LPT staff? Do we have staff in this building? Does landlord or majority occupier provide assurance that first aid in place we can access? Does Landlord or majority occupier provide assurance that Fire Risk Assessments are in place?

MANAGEMENT OF HEALTH and SAFETY AT WORK DOCUMENT/EQUIPMENT CHECKLIST

Please comment on availability and whether in date	YES	NO	NOT APPLICABLE	COMMENTS
COSHH Folder / COSHH Risk Assessments				
Contract Cleaning COSHH Folder				
Fire Procedure Last date of review				
Fire Log Book (up to date?)				
Local Health and Safety Arrangements What are they? List them .				
HSE Poster – Are contact details correct?				
Last H and S Inspection Report (should be in last 12 months)				
First Aid Arrangements eg list of first aiders, location of first aid box Who provides first aid				
Visitors Register (Fire) Evidence of in/out for fire purposes (if in use)				
Staff Register (Fire) Evidence of in/out for fire purposes (if in use)				
Contractors Induction/Sign Off Sheet Where is this information held?				
Personal Alarm Testing Log (where appropriate) individual and management arrangements				
Asbestos Register/File Where identified and any areas where applicable list				
Risk Register and Risk Assessments. Key risk assessments in place eg:				
Falls from window and heights				
Ligature (where patient risk identified)				
Manual Handling				
DSE				
Slips, trips and falls				
Stress (not individual)				

Equipment (SOPs, SSOW)				
PPE Security				
Sharps				
Medical Gas				
Expectant Mothers				
Legionella/Water				
Lone working/working in isolation				
Violence and aggression				
Hot surface temps/Hot water				
Others				
Are all risk assessments in date in line with review date?				
Water management records List any little used outlets				
Waste evidence folder Where is it held?				
Business Continuity Arrangements including Action Cards or Plan				
System for defect reporting in place				
Local arrangements/procedure for CCTV				
Contracts in place for equipment				
Evidence of PPM/contract management processes eg Estates and Facilities Interserve H ₂ O				
Is there a crim reduction survey for the area/site? What is the review date?				

HEALTH AND SAFETY INSPECTION CHECKLIST

Please provide further details for any "No" questions on the action report.

NA= Not Applicable

1. Asbestos	Yes	No	N/A
1.1 Are any areas containing asbestos identified, marked and an up to date record kept?			
1.2 Are there arrangements in place to inform contractors about the presence of asbestos?			
1.3 Is all asbestos in good condition/sealed in and monitored?			
2. Chemicals	Yes	No	N/A
2.1 Are all containers clearly labelled with contents, hazard warnings and the precautions to be taken?			
2.2 Are there safety data sheets for all chemicals including cleaning and other materials?			
2.3 Are all chemicals stowed appropriately? E.g. flammable, in metal cabinet, eg locked doors, locked cupboard			
2.4 Is training provided in the safe use of chemicals and on what to do in an emergency (spillage, poisoning, splashing etc)?			
3. Infection Control/Cleanliness	Yes	No	N/A
3.1 Is there an IPC folder?			
3.2 Is the environment kept tidy and cleaned regularly?			
3.3 Are cleaning regimes available for public inspection?			
3.4 Is personal protective equipment/clothing provided and worn?			
3.5 Clinical waste – are staff aware of their responsibilities?			
3.6 Are clinical waste bins provided?			
3.7 Are sharps bins placed and used appropriately?			
3.8 Are safer sharps in use?			
4. Toilet, Wash, Rest and Infant Care Facilities	Yes	No	N/A
4.1 Are there enough toilets and are they clean and in good repair (1 toilet to 5 staff and 2 toilets to 25 staff and 3 toilets up to 50 staff.			
4.2 Is there adequate hand washing facilities? Hot, cold or warm running water			
4.3 Are all handwashing facilities <u>fitted</u> with soap dispensers?			
4.4 Is there moisturiser available for staff to use?			

4.5 Are handwashing facilities <u>fitted</u> with paper towel dispensers or hand dryer?			
4.6 Is dirty laundry stowed appropriately?			
4.7 Are curtains changed in line with infection control protocols?			
4.8 Are sanitary disposal facilities provided in women's toilets?			
4.9 Can staff store their belongings securely?			
4.10 Is there a rest room for staff?			
4.11 Is it clean, well lit and properly ventilated?			
4.12 Are there suitable facilities for staff to obtain a hot drink and eat food?			
4.13 Are there suitable staff facilities for pregnant women and nursing mothers to rest?			
4.14 Is there baby changing facilities available for use?			
5. Display Screen Equipment	Yes	No	N/A
5.1 Do all workstations conform to the minimum standards?			
5.2 Is there evidence of risk assessment review every 12 months?			
5.3 Is there evidence DSE USERS have risk assessments undertaken?			
5.4 Is there evidence that staff trained and encouraged to make adjustments to their workstations?			
6. Electrical Safety	Yes	No	N/A
6.1 Is there a PAT testing regime in place and up to date?			
6.2 Is there evidence of tagging/labelling in place?			
7. Fire Precautions	Yes	No	N/A
7.1 Are clear fire instructions displayed throughout the workplace?			
7.2 Are all fire doors and exits clearly marked?			
7.3 Is there up-to-date Fire Risk Procedures in place?			
7.4 Are there secure storage arrangements for flammable materials? Ask if flammable materials are stored (e.g. alcohol sanitiser)			
7.5 Are fire extinguishers appropriately marked and maintained?			
7.6 Are fire drills or table top exercises carried out at least once a year?			

7.7 Does the area have a named fire wardens and co-ordinator?			
7.8 Are there other forms of fire alarm warning for hearing-impaired personnel?			
7.9 Are fire drills or table top exercises carried out at least once a year?			
7.10 Are Fire Refuge areas clearly marked?			
7.11 Is there a local evacuation procedure for disabled people?			
7.12 Have staff been trained to help disabled visitors in the event of a fire alarm?			
7.13 Are staff trained in the use of evacuation aids e.g. Evac Chairs?			
7.14 Are these training records kept in the Fire Log Book?			
8. First Aid Accidents/Illness	Yes	No	N/A
8.1 Is the first aid box easily accessible to staff?			
8.2 Is the first aid box fully equipped and evidence of regular checking?			
8.3 Is there a trained first aider on the premises/area? (Details of what required)			
8.4 If yes, is it clear how that person can be contacted? E.g. signage display			
9. Domestic Gas Safety	Yes	No	N/A
9.1 Are gas appliances regularly checked and serviced by qualified people?			
9.2 Are staff aware of what to do if there is a gas leak?			
9.3 Is the gas cut-off point clearly marked?			
10. Lighting	Yes	No	N/A
10.1 Are stairs and corridors appropriately lit?			
10.2 Is internal lighting adequate to all working areas?			
10.3 Is there sufficient Emergency Lighting throughout the premises?			
10.4 Are external areas appropriately lit?			
10.5 Are windows clean on both sides and free from obstructions?			
10.6 Are all treatment lights, fixings and movable joints secure and in good working order?			
11. Noise	Yes	No	N/A

11.1 Is the general background noise at an acceptable level for working?			
12. Machinery and Equipment	Yes	No	N/A
12.1 Are all staff trained in the safe use of equipment that they use to undertake the duties required within their role?			
12.2 Is equipment on the appropriate asset registers e.g. capital, medical devices, under £5000?			
12.3 Is there a process for removing faulty equipment from use?			
13. Patient Safety	Yes	No	N/A
13.1 Is there evidence of appropriate checks to the service?			
13.2 Are all windows blind mechanism disabled to ensure child/user safety – potential ligatures?			
13.3 Are window restrictors in place? If not where, identify by room number			
13.4 Are clinical specimen collection boxes of rigid construction, with lid, lined with absorbent material and stored correctly?			
13.5 Is Safety Glass/Perspex used in appropriate areas?			
13.6 Is there a current ligature risk assessment in place? (only applies where a ligature risk has been identified as being required by the Management of Ligature Policy)			
13.7 Are Nurse Call Bell Systems in situ for patients?			
14. Patient Handling	Yes	No	N/A
14.1 Are patient assessments undertaken?			
14.2 Are hoists or other lifting equipment used?			
14.3 Is there evidence that correct colour coded tag is in place?			
14.4 Are staff aware of what the colour coded tag means?			
15. Medicines	Yes	No	N/A
15.1 Is the drugs trolley secured and locked?			
15.2 Is there a controlled drugs cupboard? If yes, is it locked?			
15.3 Are medicines stowed safely?			
15.4 Are medicines stored in an appropriate drugs fridge where necessary (with no other items stored there)?			
16. Medical Gases	Yes	No	N/A

16.1 Are staff trained?			
16.2 Are medical gases stowed appropriately?			
16.3 Is there a logbook in the manifold room?			
16.4 Are there safe systems of work in place?			
16.5 Is there appropriate signage on equipment on display?			
16.6 Is personal protective equipment provided and worn?			
17. Slips, Trips and Falls	Yes	No	N/A
17.1 Are internal floors and stairs in good condition, free from obstructions and non-slip? and non-slip in areas where activities present risk of spillage/floor contamination?			
17.2 Are there adequate facilities to clear up spills immediately?			
17.3 Are external surfaces in good condition, free from obstructions and non-slip? Eg build up of moss, vegetation, etc			
17.4 Are all internal stair rails/grab rails securely fixed?			
17.5 Do all internal/external stair rails extend for the full flight of the stairs (Equality Act 2010)?			
17.6 Are all external staircases/grab rails securely fixed?			
17.7 Are all trailing leads and cables secured or adequately covered?			
17.8 Is there enough storage space?			
17.9 Are all heavy items stored appropriately and marked as heavy?			
17.10 Is there enough space for staff to work safely? Access and egress?			
18. Training	Yes	No	N/A
18.1 Are training records available for the identified training staff require eg MAPA, DSE, Fire Warden, First Aid?			
19. Waste	Yes	No	N/A
19.1 Are clinical waste bins kept locked and secured in a compound/ locked room/area/chained to fixed structure (if external)?			
19.2 Is hazardous waste kept secure?			
19.3 Is domestic waste kept and stowed appropriately?			
20. Security/Staff Safety	Yes	No	N/A

20.1 Is there a CCTV system monitoring internal/external areas?			
20.2 Is there evidence of the CCTV system being maintained and serviced?			
20.3 Are CCTV recordings checked regularly for quality? By whom?			
20.4 Is the picture quality on the CCTV/Tape adequate for crime detection purposes?			
20.5 Is the building alarmed out of normal working hours?			
20.6 Is the alarm connected to a monitoring station?			
20.7 Are there window grilles or locks to all windows?			
20.8 Are all external doors fitted with appropriate locks?			
20.9 Is access to staff areas controlled and are access and egress controls in situ to prevent unauthorised access/egress?			
20.10 Where SALTO or similar is access/egress control is in use is there a physical deadlock in place?			
20.11 Are visitors to the building required to sign in?			
20.12 Do any staff regularly work in isolation within the building?			
20.13 Are there local arrangements in place?			
20.14 Is there a panic alarm system within the building/area?			
20.15 Is the panic alarm system tested in the area?			
20.16 What is the frequency of test? Daily, weekly, monthly			
20.17 Are staff aware of the required response to the panic alarm?			
20.18 Are staff encouraged to report all incidents of assault, intimidation or verbal abuse?			
20.19 Are staff provided with personal panic alarms if requested or as part of PPE?			
20.20 Is counselling and support for victims and witnesses of violence provided?			
20.21 Are staff trained in how to diffuse potentially violent situations?			
20.22 Are external trees and bushes kept below 1 metre to maintain to provide clear visibility?			
20.23 Are all CCTV cameras kept clear / nothing obscuring their operation?			
20.24 Is the site regularly maintained to remove all potential means to commit crime or vandalism?			
21. Temperature (working indoors)	Yes	No	N/A

21.1 Is the temperature comfortable all year round?			
21.2 Does the temperature reach at least 16°C within one hour of starting work?			
21.3 Is there adequate ventilation to all work areas?			

* = Equality Act 2010 Health and Safety Checklist

22. Entrance	Yes	No	N/A
22.1 *Is the entrance easy to find from the car park?			
22.2 *Is the entrance easy to find from the road?			
22.3 Is the entrance well lit?			
22.4 *Is the main entrance level or a ramp provided?			
22.5 *If not, is there an alternative level entrance?			
22.6 Are paths around the building well lit and level?			
22.7 Is the signage outside of the building clear?			
22.8 *Are the entrance doors automatic?			
22.9 Are they in good working order (i.e. 2 service visits per year)?			
22.10 *If not, are they easy to open?			
22.11 *If the main doors are operated by a call bell or phone entry system is it at an accessible height for both wheelchair users and non-users?			
22.12 *If the main doors are operated by a call bell or phone entry system is there a Member of Staff available to assist intercom users?			
22.13 *Is the entrance decorated in contrasting colours to distinguish doors and steps?			
22.14 Do glazed doors have clear contrasting safety markings?			
23. Car Parks	Yes	No	N/A
23.1 *Are there clearly marked accessible parking bays near the accessible entrance?			
23.2 *If not, is there a drop off point near the accessible entrance?			
23.3 *Is the use of these bays monitored regularly?			
23.4 Is there adequate pedestrian/vehicular access?			

23.5 Is access/egress for emergency vehicles to an acceptable standard?			
24. Reception	Yes	No	N/A
24.1 Is there a Receptionist present?			
24.2 Are reception desks clearly visible from the main doorway?			
24.3 *Are reception desks at suitable heights for both sitting and standing visitors?			
24.4 *Is an induction loop system available?			
24.5 Is the reception area free from glare?			
24.6 *Can the glass screen be moved out of the way to help the hard of hearing or visually impaired?			
25. Waiting Areas	Yes	No	N/A
25.1 Is the waiting room a calm and welcoming environment?			
25.2 *Are there various size chairs in the waiting area (with/without arm rests, higher backs)?			
25.3 *Are the chairs a different colour to the walls and carpets?			
25.4 Is it possible to rearrange the seating?			
25.5 *Is there space for wheelchairs alongside seats?			
25.6 *Is the announcement system audible?			
25.7 *Is the announcement system visible?			
25.8 *Are the treatment/consultation rooms accessible?			
25.9 *If not, are there arrangements in place for an alternative accessible location to be used?			
26. General (*throughout the building)	Yes	No	N/A
26.1 Is there adequate lighting?			
26.2 Is the signage clear?			
26.3 Is the signage well-lit?			
26.4 Is the signage also in Braille?			
26.5 Is the signage also in Pictogram?			
26.6 Is the signage positioned so as to be visible to service users/patients?			

26.7 *Are the examination beds, height adjustable?			
27. Accessible Toilet	Yes	No	N/A
27.1 Does the toilet comply with BS8300? (see below):			
- has grip handles and an alarm pull			
- there is a contrast colour between floors, walls and doors			
- there is a contrast colour between floors, walls and sanitary ware			
- there is sufficient turning space for a wheelchair			
- there is easy access to toilet paper, soap and hand towels for wheelchair users			
- the toilet seat is of a contrasting colour			
- there is sufficient contrast between dispensers and ceilings			
- there is a 2-way locking device fitted to the door i.e. can be unlocked from outside if access required in an emergency and locked from inside when in use			
28. Alarms	Yes	No	N/A
28.1 Are Fire Refuge areas clearly marked?			
28.2 Is there a local evacuation procedure for disabled people?			
28.3 * Have staff been trained to help disabled visitors in the event of a fire alarm?			
28.4 Are staff trained in the use of evacuation aids e.g. Evac Chairs?			
28.5 Are these training records kept in the Fire Log Book?			

Comments/Other Issues

SUMMARY

(This summary will be reported to the Health and Safety Committee).

All areas were inspected using a prepared checklist and a plan of the building.

AREAS OF MAIN CONCERN *(include here an overview of all identified areas of high risk together with recurrent trends throughout the building. This Summary will be reported to the Health and Safety Committee)*

PROGRESS SINCE LAST INSPECTION *(include here details of progress against Action Plan from last year together with details of good practice).*

ACTIONS TAKEN BY INSPECTION TEAM *(include here details of any actions the Inspection Team took at the time of the inspection).*

Inspection Report Distribution

Name	Role	Date Sent
	Staff Side Representative	
	Health and Safety Compliance Team	

APPENDIX B

Guidance on Completion of Health and Safety Inspection Checklist

If an item is satisfactory, you should tick the relevant 'Yes' box. You may still feel the need to make a comment in the space provided.

If an item is not satisfactory, you should make a recommendation as to how you think it could be made satisfactory.

If the item is not applicable to the workplace being checked, do not tick either column but record not applicable ('N/A').

The following guidance is to assist with specific items on the checklist.

SAFETY MANAGEMENT
<ul style="list-style-type: none">• Each site is required to display a Health and Safety 'What You Need to Know' law poster.• Each site is required to display current Public Liability Insurance Certificate• Every Department should have access to relevant policies and procedures as well as paper copies of risks assessments for: Lone Working, Display Screen Equipment, Manual Handling and The Control of Substances Hazardous to Health (COSHH).• Incident reporting easily accessible.• Local records should be kept of any Risk, Health and Safety training carried out.
WELFARE / ENVIRONMENT
<ul style="list-style-type: none">• Toilets and washrooms should be properly maintained and sufficient in number for the number of persons employed in the workplace.
<u>Space</u> <ul style="list-style-type: none">• There should be adequate space in each room. The Workplace Regulations require workspace of 11 cubic metres per employee.• Where work is carried out at a desk, the space allocated should facilitate changes to position and posture. Storage space should be adequate to avoid clutter and promote good housekeeping.
<u>Lighting/Temperature and Humidity</u> <ul style="list-style-type: none">• These should be comfortable for the staff and patients. This may involve some compromise in shared office, etc. Windows should have some covering (e.g. blinds) so that the amount of light coming in is adjustable. Equipment should not get too hot. A thermometer should be available on each floor to allow staff to monitor ambient temperatures.
<u>Noise</u>

- Noise from equipment should be kept to a minimum. General background noise should not be at a level that can interrupt concentration.

Waste

- Are weekly audits being undertaken?
- Are six-weekly audits being undertaken?
- Are clinical waste bins locked and kept secure?
- Are domestic waste bins locked and kept secure?
- Is hazardous waste kept secure?
- Are consignment notes and paperwork up-to-date?

Car Park

- Are potholes evident?
- Clear definition of pedestrian/vehicular access/egress to building?
- Can emergency vehicles access building easily?
- Are there any automatic gates or barriers and are they maintained?

Security and Personal Safety

- Is lone working undertaken?
- Has a specific security/personal safety risk assessment been undertaken?
- Have staff attended training in customer care/managing difficult or aggressive clients, or conflict and resolution training?
- Have panic alarms been considered? Where they have, are they linked to provide external emergency assistance?

Housekeeping

- Workstations and the immediate areas should be kept clear from clutter. Cables should be managed so as to avoid trip hazards. There should be no obvious damage to plugs, cables and castings.
- Extension leads must not be 'daisy-chained'.

Building

- Any floor or floor coverings should be free from defects, which might cause a person to slip, trip or fall.
- The floor should be inspected to ensure it is not unduly slippery, which might indicate the wrong type of floor polish/hard surface cleaner is being used.
- Windows and doors should be free from defect and should not be obstructed by furniture.
- Where window restrictors are fitted they must remain in-situ and be correctly maintained.
- Where the door has vision panel, ensure it is not covered or obstructed.

Fixtures and Fittings

- Window blinds should be checked to see if they are properly secured.
- Furniture must be of sound construction and fire retardant. Any sharp corners or edges or apparent defects should be recorded and suitable remedial action taken.

Electrical Appliances

- These should all have an inspection labelsticker indicating that they have been

Portable Appliance Tested (PAT) and the next test date should be indicated.
PERSONAL SAFETY
Managers have a responsibility to assess the risks pertaining to all jobs and take all reasonable steps to ensure the health and safety of staff. Some staff work in areas of low personal safety risk, e.g. payroll staff, but those who come into contact with the public will face varying levels of risk. Managers should be aware of the Trust Policies for the Management of Aggression and Violence and look for violence and personal safety risk assessments that have taken place and for action plans such as training or procedures.
PATIENT HANDLING
All staff whose jobs involve moving patients should receive manual handling training. There should be training records that show which staff have received training and when updates are due. Staff using equipment e.g. hoist to move patients, should have received training on using these pieces of equipment and this training has to be documented. Prior to moving a patient, an assessment should have taken place and be recorded in the care plan.
MEDICINES
If medicines are being given by staff to patients they should either be qualified nurses or in a limited number of long stay residential services by assessed carers. Check that this is always the case and there have not been occasions when untrained staff have been required to do so. Medicines should be stored in line with the standards of the Medicines Policy – secure, dry and at the right temperature.
INFECTION CONTROL
Do staff have easy access to Trust policies? Are they aware of their responsibilities with regard to the safe handling of waste? Do staff require and are they provided with protective clothing?
MEDICAL DEVICES
Staff should only use medical devices that they have been trained to use, e.g. hoists, syringe drivers, suction pumps, sterilisers. Note any medical devices in use and ask to see the training records.
MEDICAL GASES
Staff should only use medical gases that they have been trained to use. Note any medical devices in use and ask to see the training records.
FIRE SAFETY
A visual inspection should be carried out to check the following: <ul style="list-style-type: none"> • Is a label present on the body of the extinguisher to indicate the date of the last inspection and the signature of the person inspecting the extinguisher? • Is there an indication the 'pin seal' has been broken? If it has, contact Estates and Facilities via Helpdesk
<ul style="list-style-type: none"> • Check that fire extinguishers are secured appropriately • Check that fire signage is in place and free from obstruction. (Advice on fire signage is available from the Fire Safety Assurance Officer/Advisors)

- Check fire doors for any defects. Check the operation of the fire door. Does the fire door close fully? Is the intumescent strip intact?
- Check the fire logbook has been completed appropriately.
- Check the fire escape route of the building.

FIRST AID

- Each building should have access to a trained First Aider who has attended suitable training and holds a current first aid qualification, e.g. St Johns Ambulance or British Red Cross.
- Staff within a working environment should have access to first aid arrangements
- In a high-risk workplace, the First Aider should have attended a course and examination (First Aid at Work).
- In a low-risk area, there should be an Emergency First Aider at Work (1 day course).
- Sufficient first aiders should be available in all workplaces during operational hours to provide first aid
- A well-stocked first aid box, as well as access to running water should also be available.

OTHER ISSUES/COMMENTS

Use this section to record any issues not covered above, e.g. identifying training needs of staff that carry out RISK, COSHH, DSE and Manual Handling assessments or other specific risk related training.

HELP/ADVICE

For further information contact:

Health and Safety Compliance Team 0116 295 1662 or
 healthandsafety@leicspart.nhs.uk

APPENDIX C

Health and Safety Inspections – Process Flowchart

Health and Safety Compliance Team

- Receive the list of properties from health and safety action groups
- Prepare the rolling inspection timetable
- Table the above for approval at Health, Safety and Security Action Groups

Inspection Team

- *Minimum of Manager/ Designated Person and Governance Officer*
- Optional others:*
 - Staff Side Representative
 - Clinical Representative
 - Local health and safety champion

Manager/Designated Person or Governance Officer will agree who will: Contact participants and establish inspection team

- Confirm date as per timetable
- Meet team with copies of previous inspections

INSPECTION

Hazard Identification

Can hazard be rectified immediately/locally?

YES

NO

- Rectify hazard
- Manager/ designated person or Governance Officer records action on health & safety checklist

Manager /designated person or Governance Officer records hazard on health & safety checklist

Continue Inspection

Inspection Complete

Rectified hazards
Manager/designated person or Governance Officer records action in summary report

Non-rectified hazards
Manager/designated person or Governance Officer:

- Prepares risk assessment
- Records action in summary report

Manager/designated person or Governance Officer

- Completes health and safety action plan with Inspection Team
- Prepares report within 20 working days and circulates to inspection team
- Reports urgent issues of wider significance to senior managers within Directorates, as appropriate
- Places risks on Risk Register as appropriate
- Has summary report tabled at Directorate Health, Safety and Security Action Group
- Updates Directorate Health, Safety and Security Action Group on progress.

Chair of Health & Safety Action Group

- Reports issues of wider significance to Health & Safety Committee
- Ensures update reporting on progress of action plan

Policy Monitoring Section

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not applicable	Health and Safety Inspection schedule in place	Page 7 section 2.2	Annual schedule of inspections tabled to Directorate Health and Safety and Security Action Groups.	Directorates	Bi-monthly
			Audit by Health and Safety Compliance Team	Directorates/LPT Health and Safety Committee	Ad hoc
Not applicable	Number of actual inspections taken against schedule	Page 8 section 2.5	Quarterly status updates outlining progress against schedule.	Directorates	Bi-monthly
			Annual update as part of Directorate Health and Safety Action Groups .	Directorates	Annually
			Key risks and actions reported to Directorate Health, Safety and Security Action Groups.	Managers/Designated persons	Bi-monthly

Not applicable	Number of reports received within 20 working days	Page 10 section 3.6	Quarterly status updates to Directorate Health, Safety and Security Action Groups identifying number of reports received within timescale.	Managers/Designated persons	Bi-monthly
	Inspections undertaken by trained staff				

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Health and Safety Inspection
Type of training:	Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific
Directorate(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input checked="" type="checkbox"/> Hosted Services
Staff groups who require the training:	Managers and persons within their Teams with delegated responsibility for undertaking Health and Safety Inspections on behalf of the Trust.
Update requirement:	None
Who is responsible for delivery of this training?	Health and Safety Inspection Training will be provided by the Health and Safety Compliance Team
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> Trust learning management system Other (please specify)
How is this training going to be monitored?	Quarterly training report to the Health and Safety Committee

Due Regard Screening Template

Section 1	
Name of activity/proposal	Arrangements in place to demonstrate compliance with legal statute pertaining to Trust Health and Safety Inspections
Directorate / Service carrying out the assessment	Health and Safety Compliance Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Samantha Roost

Section 2		
Protected Characteristic	Could the proposal have a positive impact (Yes or No give details)	Could the proposal have a negative impact (yes or No give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage and Civil Partnership	No	No
Pregnancy and Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No

Section 3	
<p>Does this activity propose major changes in terms of scale or significance for LPT? Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.</p>	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. <input checked="" type="checkbox"/>

Section 4
<p>It this proposal is low risk please give evidence or justification for how you reached this decision:</p> <p>This policy describes the Trust's arrangements for undertaking Health and Safety Inspections within all Trust areas and department's where Trust staff are located or co-located.</p>

This proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed Bernadette Keavney

Date: 25 February 2014

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>