NHS
Leicestershire Partnership
NHS Trust

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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Type of Policy	Clinical	Non Clinical ✓
Which Relevant CQC Fundamental Standards?	Regulation 15 – Premises and equipment	

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Samantha Roost	Senior Health Safety and Security Advisor
Bernadette Keavney	Head of Trust Health and Safety Compliance
Christian Knott	Health and Safety Advisor

Circulated to the following individuals for comments

Name	Designation
Members of the Trust Health and Safety Committee	Trust Agreeing Committee
Directorate Health, Safety and Security Action Groups	Sub-group of the Agreeing Committee
Equality and Diversity Team	

Contents

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
4	August 2022	3 yearly review including changes to roles and addition of revised checklist in use

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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:
Health and Safety Compliance Team
lpt.healthandsafety@nhs.net

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 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: • 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**. 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.

2.3 Inspection Team

The inspection team will comprise of:
- the relevant local manager**/** designated person <u>and</u>
- 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 (where in place)
- 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

The Directorate Health and Safety Action Groups Chairs will ensure that a list of premises is available, to include the name and contact information of the local manager / designated person for each site/service area presented/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 Governance Officer / 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 Governance Officer 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 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 the Trust Risk Management Strategy and escalated as appropriate.

3.0   Roles and responsibilities

3.1 Governance Officer

- Arrange and undertakes the Health and Safety Inspection
- 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 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
- Send actions to be taken forward by an identified lead within a Directorate. A Directorate specific list of trends and themes will be presented to the Directorate Health, Safety and Security Action Groups along with a report highlighting the actions identified to date and the progress made towards completion
- The Directorate Health, Safety and Security Action Group are asked to review and monitor the actions to assist in them being completed within the required timeframe and where it is identified that actions are not being progressed support is given to address
- Seek assurance that actions identified in Health and Safety Action Plans have been completed
- Estates and Facilities and Infection Prevention and Control Actions will be monitored through the relevant committee/group for these services and assurance provided back to the Health and Safety Committee via the quarterly report from these services that actions are being monitored and addressed

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 B** outlining the processes and actions to be undertaken as part of the inspection.

7   Co-ordination and Communication

The 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 unless patient privacy & dignity dictates otherwise. 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 Governance Officer will record the inspection finding, they 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 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 1992
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992

- Display Screen Regulations 1992
- Control of Substances Hazardous to Health 2002
- 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

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.

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?

Risk Scores between 1 and 6 action must be completed within 3 months or sooner	Risk Scores between 8 and 12 action must be completed within 1 month or sooner	Risk Scores over 15 are extreme priority and action must be carried out immediately or within one week.

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 applicable)				
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			
Is there a crime reduction survey for the area/site? What is the review date?			

Prioritisation of actions should be agreed using the 5 x 5 Risk Assessment Matrix.
- **Actions with Scores between 1 and 6 will be considered low risk and should be completed within 3 months or sooner**
- **Actions with Scores between 8 and 12 will be considered moderate risk and should be completed within 1 month or sooner**

Actions with Scores over 15 will be considered high risk 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

Survey response	
Response ID	
Date submitted	
Last page	
Start language	
Seed	
Token	
Date started	
Date last action	
Site to be inspected	
Date of Inspection	
Formal Follow Up date	
Inspectors	Site Information providers
Date of last inspection:	
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?	
Detail: [Is there a H & S Law Poster present?Is the correct poster displayed? .Are details completed and correct?]	
Detail: [Are contact details correct?]	
Detail: [Local Health and Safety arrangements, what are they? List them: i.e. Team meetings, H&S notice board, etc.How is health and safety information communicated within the team/dept?Information?	
Detail: [Is there a system for defect reporting?]	
Detail: [Is there evidence of PPM contract management processes for weekly fire alarm testing?]	
Detail: [Is there evidence of PPM contract management processes emergency lighting testing?]	
Detail: [Is there evidence of PPM contract management processes for	

grounds & gardens maintenance?]	
Detail Comments	
Risk Assessment – Management of Health and Safety at Work Regulations	
Risk Assessment - Falls from window and heights	
Risk Assessment - Lone working/Personal Safety	
Risk Assessment - Security	
Risk Assessment - Personal Protective Equipment (PPE)	
Risk Assessment - Equipment (SOPs/SSOWs)	
Risk Assessment - New/Expectant Mothers	
Risk Assessment - Medical Gas	
Risk Assessment - First Aid	
Risk Assessment - Fire	
Risk Assessment - Ligature	
Risk Assessment - Manual Handling	
Risk Assessment - Patient Handling	
Risk Assessment - Display Screen Equipment	
Risk Assessment - Slips, trips and falls	
Risk Assessment - Sharps	
Risk Assessment - Stress (not individual assessments)	
Risk Assessment - Hot surface temperatures	
Risk Assessment - COSHH	
Risk Assessment - Waste	
Risk Assessment - Legionella/Water Arrangements	
Risk Assessment - Violence and Aggression	
Risk Assessment - Work activity risk assessments	
Risk Assessment - Other: (detail)	
Please provide further details for any "No" questions on the action report. NA= Not Applicable	
Access and Egress [Is the entrance well lit?	
Access and Egress [*Is the main entrance level or a ramp provided?	
Access and Egress [*Are the entrance doors easy to open or automatic?	

Access and Egress [Do glazed doors have clear contrasting safety markings?]	
Access and Egress [Is there adequate pedestrian/vehicular segregation?	
Access and Egress - Comments	
Car Parks [Is signage clear?]	
Car Parks [*Are there clearly marked accessible parking bays near the accessible entrance?	
Car Parks [*If not, is there a drop off point near the accessible entrance?	
Car Parks [Is the use of these bays monitored regularly?	
Training [Are training records available for the identified training staff require eg MAPA, DSE, Fire Warden, First Aid? This list is not exhaustive]	
Asbestos – Control of Asbestos Regulations [Does the site have Asbestos?]	
Asbestos – Control of Asbestos Regulations [Is there an up to date record held?]	
Asbestos – Control of Asbestos Regulations [Does the asbestos report identify the location of the asbestos?]	
Asbestos – Control of Asbestos Regulations [If yes Is the asbestos clearly labelled?]	
Asbestos – Control of Asbestos Regulations [Do staffs know what to do if asbestos is disturbed/damaged or found?]	
Asbestos – Control of Asbestos Regulations about the presence of asbestos and providing any survey reports.Contractors will have a job ticket for each job and this will highlight any asbestos presence in areas they are likely to access. If contractors arrive without this information the local staff should contact the facilities management contractor helpdesk.]	
Asbestos – Control of Asbestos Regulations [Where asbestos present, Is all asbestos in good /sealed condition/sealed in/encapsulated?]	
COSHH - Control Of Substances Hazardous to Health Regulations	

COSHH [Is there a COSHH assessor in the department/team/service line?	
COSHH - Is there a COSHH Folder which contains inventory, Safety Data Sheets, risk assessments and user information?	
COSHH - Is there evidence that COSHH risk assessments have been reviewed in the last 12 months?]	
COSHH - Are all chemicals stowed appropriately? E.g. flammable, in metal cabinet, eg locked doors, within locked cupboard	
COSHH - Is training provided in the safe use of COSHH items?	
COSHH - Are clinical specimen collection boxes of rigid construction, with lid, lined with absorbent material and stored correctly?]	
COSHH - Is there a Contract cleaning COSHH folder?	
COSHH - Is there evidence of little used outlets?]	
COSHH - Are water management and little used outlets flushing records completed, in date and available?	
COSHH -Is there evidence of water temperature monitoring?]	
COSHH - Is there any evidence of introduction of new dead legs since the last inspection?	
Dermatitis (Control of Substances Hazardous to Health - COSHH) [Are staff aware of the signs and symptoms of dermatitis?]	
Dermatitis Do staff know who they should report signs and symptoms to?]	
Dermatitis Is there evidence that staff receive information relating to any dermatitis risks and controls associated with their role]	
Dermatitis Are appropriate gloves available for the work activities undertaken?]	
Dermatitis If latex gloves have been identified as a requirement , are they segregated from other stored PPE?]	
DSE - Health and Safety (Display Screen Equipment) Regulations [Is there a DSE	

Assessor in the area/department/team/service line?]	
DSE - Evidence of who trained DSE assessor(s) are? List who]	
DSE - Is there evidence of workstation analysis i.e. risk assessment review every 12 months?	
DSE - Have all identified DSE users had risk assessments undertaken?	
DSE - Is there evidence that staff are trained and encouraged to make adjustments to their workstations?	
Electrical Safety – Electricity at Work Regulations (Portable appliance testing) [Is there a PAT testing regime in place and up to date?	
Electrical Safety – Is there evidence of PAT tagging in place?	
Electrical Safety –Evidence that staff carry out visual inspection of portable electrical equipment prior to use?	
Electrical Safety Comments – Log PAT date	
Emergency Preparedness, Resilience and Response – Civil Contingencies Act / Health & Social Care Act – EPRR [Do staff have Business Continuity arrangements in place (BCP)?]	
Emergency Preparedness, Resilience and Response –Where services have business continuity arrangements in place, is there evidence that these have been reviewed in the last 12 months?]	
Emergency Preparedness, Resilience and Response – Is the BCP version control current e.g.: V1 1st draft and or V2 review/updated version?	
Emergency Preparedness, Resilience and Response – Are staff able to demonstrate how to find key contact information in the event of a utilities failure? E.g. action card, key list, Estates and Facilities Helpdesk]	
Personal Protective Equipment Regulations (PPE) [Is PPE required for any work activity?]	
Personal Protective Equipment Regulations (PPE) [Is PPE used for the purpose intended?	

Personal Protective Equipment Regulations (PPE) [Is PPE stored appropriately to prevent tamper, damage and/or contamination?	
Provision and Use of Work Equipment Regulations (other than medical devices) [Are manufacturer's instructions available to staff to refer to?	
Provision and Use of Work Equipment Regulations (other than medical devices) [Is there evidence of Equipment (Safe Operating Procedures (SOP), Safe System Of Work (SSOW))?	
Provision and Use of Work Equipment Regulations (other than medical devices) [Are contracts in place for equipment servicing and maintenance?	
Provision and Use of Work Equipment Regulations (other than medical devices) [Are all staff trained in the safe use of equipment that they use to undertake the duties required within their role?	
Provision and Use of Work Equipment Regulations (other than medical devices) [Is there a process for removing faulty equipment from use?Ask staff.	
Medical Devices [Can staff locate the Medical Devices Policy and/or explain where to find it?]	
Medical Devices [Can staff explain the process and what form to complete in order to register / transfer or dispose of medical equipment?]	
Medical Devices [Can staff explain how they arrange for medical devices to be maintained / serviced / calibrated?]	
Medical Devices [Do staff perform visual checks on medical devices before every use?]	
Medical Devices [Do you have manufacturer's instructions for all medical devices used?]	
Medical Devices [Are the instructions located near to, or in the vicinity of, the device?]	
Medical Gases – If not applicable: Go to next section [Are staff trained in the safe handling, storage and use of medical gases relative to their role?	
Medical Gases – If not applicable: Go to	

next section [Are medical gases stowed appropriately (internal & external)?HTM 02-01 and HTM 05-03 set out storage requirements and these are summarised below.Storage is divided into two types, a MAIN store and smaller units, situated in convenient locations around the hospital and known as READY TO USE stores.	
Medical Gases – If not applicable: Go to next section [Are cylinder store areas fit for purpose? Access/egress, clear of flammables, oils and grease]	
Medical Gases – If not applicable: Go to next section [Is there a logbook in the manifold room?Applicable to piped gases – manifold room may contain cylinder gas connected to piped system.	
Medical Gases – If not applicable: Go to next section [Are there safe systems of work in place?To include arrangements for the safe Use, Storage, Transporting and Disposal of medical gases and cylinders.	
Medical Gases – If not applicable: Go to next section [Is there appropriate signage on display on equipment?On the equipment:At the storage location:]	
Medical Gases – If not applicable: Go to next section [Clinical areas only: Is there a name of Designated Nursing Officer (applicable where piped medical gas only?]	
Manual Handling Operations Regulations / Lifting Operations and Lifting Equipment Regulations [Are patient assessments undertaken and recorded in patient care plan	
Manual Handling Operations Are hoists or other lifting equipment used?Equipment may be free standing or ceiling tracked. Equipment can be electric or hydraulic.]	
Manual Handling Operations Is there evidence that correct colour coded tag is in place?	
Manual Handling Operations Are staff aware of what the colour coded tag means?	
Manual Handling Operations Regulations	

/ Lifting Operations Is there enough storage space?	
Manual Handling Operations Are all heavy items stored appropriately e.g.: below waist height?	
Manual Handling Operations Are the examination beds, height adjustable?]	
Fire - The Regulatory Reform (Fire Safety) Order Has there been any significant change of work practices identified?]	
Fire - Review – Has there been any significant change in staffing levels?]	
Fire - – Has there been any significant change to times of working? eg. night working]	
Fire - – Has there been any structural or material alteration to the premises?]	
Fire - – Has there been any near miss or significant fire?]	
Fire - – Are all Significant Findings completed or, alternatively, do they have a comment detailing their progress towards completion?	
Fire - Has a fire drill or table-top exercise been carried out in the past 12 months?	
Fire - Are there named persons or departments who will act as Fire Coordinators and Fire Wardens?	
Fire - Are flammable materials stored ? (eg. Alcohol santitiser)	
Fire - [Are there secure storage arrangements for identified flammable materials?]	
Fire - Do the premises have an Evacuation Strategy Plan?	
Fire - Does it accurately reflect the building/area/layout and its designated exits?]	
First Aid - Health & Safety (First Aid) Regulations [Is there adequate signage to indicate the location of the first aid box?	
First Aid - Is the first aid box easily accessible to all staff at all times during the services operational hours?	
First Aid - Is the first aid box fully equipped and regularly checked?	
First Aid - Is there a trained 1st aider on	

the premises?	
First Aid - Is the 1st aid signage on display with contact name and details?]	
First Aid - If yes, is it clear how that person can be contacted?	
First Aid - Was it possible to contact the 1st aider at the time of inspection?	
Gas Safety If NOT APPLICABLE (i.e. NO GAS services) – Go to next section [Is there evidence that gas appliances are checked and serviced by qualified people?	
Gas Safety If NOT APPLICABLE (i.e. NO GAS services) – Go to next section [Is the gas cut-off point clearly marked?	
Noise – The control of Noise at Work Regulations [Are staff exposed to noise levels likely to reach or exceed actionable levels?]	
Noise –Are noise emissions included in the specification for the selection of equipment?]	
Noise –Is equipment maintained to reduce risk of noise vibration caused by wear and tear?]	
Patient Safety [Is there evidence of monthly/annual/weekly checks appropriate to service? E.g. window restrictors log/check Examples might include: crash-trolley checks, cutlery counting, hand integrity, equipment cleaning / decontamination, magnetic curtain rails, etc.]	
Patient Safety Are all windows blind mechanisms disabled to ensure child/service user safety – potential ligatures?	
Patient Safety Are window restrictors in place above ground floor level, where patient access or if not identifying by room number where patient access?	
Patient Safety Is Safety Glass/Perspex used in appropriate areas? Glazing should be marked:BS EN 12150 – Safety Glass in buildings BS EN 14449:2005 Laminated glass and laminated safety glass. Safety/laminated safety glazing must be installed as indicated by the	

shaded areas below: Glass in all doors, glass where it is within 800mm of the ground, all door side panels.]	
Patient Safety Are service user/patient to staff emergency call systems available e.g. nurse call?]	
Patient Safety Does the area have a ligature risk assessment that has been reviewed in the last 12 months?]	
Patient safety comments- Identify room numbers where applicable	
Security/Staff Safety Is there a CCTV system monitoring internal/external areas?	
Security/Staff Safety Is there evidence that the CCTV system is maintained and serviced?	
Security/Staff Safety Are CCTV recordings checked regularly for quality? By whom?]	
Security/Staff Safety Where CCTV monitors is the picture quality adequate for crime detection?]	
Security/Staff Safety Are all CCTV cameras kept clear / nothing obscuring their operation?	
Security/Staff Safety Is the building alarmed out of normal working hours?	
Security/Staff Safety Is the alarm connected to a monitoring station?	
Security/Staff Safety Are there window grilles or locks to all windows?	
Security/Staff Safety Are these in working order?]	
Security/Staff Safety Are all external doors fitted with appropriate locks?	
Security/Staff Safety Is access to staff areas controlled?	
Security/Staff Safety Are access and egress controls in situ to prevent unauthorised access/egress?]	
Security/Staff Safety Where SALTO or similar (electronic access system) is in use is there a physical deadlock in place?	
Security/Staff Safety Are visitors to the building required to sign in?	
Security/Staff Safety Do any staff regularly work alone or in isolation within the building?	

Security/Staff Safety Are there local lone working arrangements in place?	
Security/Staff Safety Is there a panic alarm system within the building/area?	
Security/Staff Safety Is the fixed panic alarm system tested in the area?	
Security/Staff Safety Is it tested in line with own local guidance/policy?	
Security/Staff Safety What is the frequency of test? Daily, weekly, monthly	
Security/Staff Safety Are staff aware of the required response to the panic alarm?	
Security/Staff Safety Are staff encouraged to report all incidents of assault, intimidation or verbal abuse?	
Security/Staff Safety Are staff provided with personal panic alarms if requested or as part of PPE?	
Security/Staff Safety Is there evidence of personnel alarm testing log?	
Security/Staff Safety Is counselling and support for victims and witnesses of violence provided?	
Security/Staff Safety Are staff trained in how to diffuse potentially violent situations? Is this a risk ?	
Security/Staff Safety Are external trees pruned below 2 metre and bushes kept below 1 metre in height to maintain to provide clear visibility?	
Security/Staff Safety[Is the site regularly maintained to remove all potential means to commit crime or vandalism?	
Security/Staff Safety Is there evidence of contractors Induction? Is there evidence of sign in and out? Is there evidence of works when completed sheets being signed?	
Security/Staff Safety Is there a crime reduction survey for the area/site?]	
Security/Staff Safety Can staff store their belongings securely?	
Security/Staff Safety Are external areas appropriately lit? Entrances/exits/car parks (access and egress routes).	
Security/Staff Safety Are windows clean on both sides and free from obstructions?	
Security/Medicines [Is the drugs trolley	

secured and locked?	
Security/Medicines [Is there a controlled drugs cupboard?	
Security/Medicines [If Yes is it locked? Is it locked on inspection?]	
Security/Medicines [Are medicines stowed safely?	
Security/Medicines [Are medicines stored in an appropriate drugs fridge where necessary (with no other items stored there)?	
Security/Medicines [Where drugs fridge in use, are temperature checks & records available and in-date?	
Slips, Trips and Falls – Health and Safety at Work etc. Act / Management of Health and Safety at Work Regulations / Workplace (Health, Safety and Welfare) Regulations [Are internal floors and stairs in good condition?	
Slips, Trips and Falls – Are they free from obstruction and non-slip in areas where activities present risk of spillage/floor contamination?]	
Slips, Trips and Falls – Are there adequate facilities to clear up spills immediately?	
Slips, Trips and Falls – Are external surfaces in good condition, free from obstructions and non-slip? e.g. vegetation	
Slips, Trips and Falls Are all stair rails/grab rails securely fixed & suitable for service user/patient group?	
Slips, Trips and Falls – Are all trailing leads and cables secured or adequately covered to prevent trips?	
Slips, Trips and Falls – Do entrances have adequate canopies or internal matting to reduce risk of floor contamination in wet/inclement weather?	
Is waste and waste streams generated by their work activities or the services they provide are correctly identified? Completion of Checklist from Procedural Arrangements of the Waste Management Policy and/or in Waste Risk Assessment? Ask and check [Has the manager completed the Waste Management Checklist from Appendix A of the Waste Management Standard?	

Are clinical waste bins kept locked and secured in a compound/ locked room/area/chained to fixed structure (if external), biohazard sign?	
Waste evidence folder: Evidence of monthly/six monthly audits being completed and in date?	
Waste evidence folder: Evidence of waste types collected from site?	
Does it contain the following:- Is domestic waste kept and stowed appropriately? Observations. Waste must not be mixed during storage.]	
Is waste and waste streams generated by their work activities or the services they provide are correctly identified? Completion of Checklist from Procedural Arrangements of the Waste Management Policy and/or in Waste Risk Assessment? Ask and check [Confidential]	
Hazardous waste must be held secure until collection. The waste must not be accessible to unauthorised persons.]	
WEEE Observations. WEEE waste must be held secure until collection. The waste must not be accessible to unauthorised persons.]	
Waste Comments List location of where the waste folder is it located?	
Health Care Act & Health and Safety (Sharps Instruments in Healthcare) Regulations (Sharp Regulations) [Are safer sharps in use?	
Are sharps bins placed and used appropriately? Observations Placed: Off of the floor, not accessible to unauthorised persons when not in use.Used: temporary closure, completion of labels, assembled correctly, locked when no more than 2/3rds full, taken to the point of use. Bins must not be used to store items or dispose of other types of waste.]	
Welfare arrangements: Temperature, Toilet, Wash, Rest and Infant Care Facilities [Is the workplace adequately lit for the work activities undertaken? Properly ventilation: natural ventilation (window), ceiling vents, mechanical ventilation, wall fan, etc.]	

Welfare arrangements: Is the workplace served by adequate ventilation?	
Welfare arrangements: Is the environment kept tidy and cleaned regularly?	
Welfare arrangements: Is there adequate hand washing facilities? Hot, cold or warm running water]	
Welfare arrangements: Are there enough toilets (1 toilet to 5 staff and 2 toilets to 25 staff and 3 toilets up to 50 staff).]	
Welfare arrangements: Are they clean?	
Welfare arrangements: In good repair?	
Welfare arrangements: Are sanitary disposal facilities provided in women's toilets (public/staff)?	
Welfare arrangements: Is there a rest room for staff?,]	
Welfare arrangements: Are their suitable facilities for staff to obtain a hot drink and eat food?	
Welfare arrangements: Are there suitable staff facilities for pregnant women and nursing mothers to rest? Quiet space with minimal interruptions where the person can rest with feet up if required. Storage for labelled breast milk e.g. staff fridge.]	
Welfare arrangements: Does the temperature inside the workplace provide reasonable comfort without the need for special clothing? If no detail where issues/concerns:	
Welfare arrangements: Are thermometers available?Ask, observations. No requirement to have in every room but suitable locations to allow people to measure]	
General (*throughout the building) [Is the signage clear?]	
General (*throughout the building) [Is the signage well-lit?]	
General (*throughout the building) [Is the signage positioned so as to be visible to service users/patients?]	
General (*throughout the building) [Do any areas have an offensive odour? State where and where offensive odour is from e.g. Shower room drainage:]	
Reception/Waiting Areas [Is there a	

Receptionist present?]	
Reception/Waiting Areas [Are reception desks clearly visible from the main doorway?]	
Reception/Waiting Areas [*Are reception desks at suitable heights for both sitting and standing visitors? Equality Act – A section of reception should be no more that 760mm high, 1500mm wide (if possible). There should be clear manoeuvring space in front of a large reception 1400mm deep x 2200mm wide.]	
Reception/Waiting Areas [*Is an induction loop system available?	
Reception/Waiting Areas [Is the reception area free from glare?]	
Reception/Waiting Areas [Is the main door operated by a call bell or phone entry system?	
Reception/Waiting Areas [Is it at accessible heights for both wheelchair users and non-users?]	
Reception/Waiting Areas [*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?–	
Reception/Waiting Areas [*Is the entrance decorated in contrasting colours to distinguish doors and steps?	
Reception/Waiting Areas [*Are there various size chairs in the waiting area (with/without arm rests, higher backs)?]	
Reception/Waiting Areas [*Are the chairs a different colour to the walls and carpets?]	
Reception/Waiting Areas [Is there space for wheelchairs alongside seats?]	
Reception/Waiting Areas [Is the announcement system audible?]	
Reception/Waiting Areas [Is the announcement system visible?]	
Reception/Waiting Areas [*Are the treatment/consultation rooms accessible?]	
Reception/Waiting Areas [*If not, are there arrangements in place for an alternative accessible location to be used?]	

Accessible Toilet [Does the toilet comply with BS8300? (see below):]	
Accessible Toilet [Has grip handles?]	
Accessible Toilet [Has an alarm pull?]	
Accessible Toilet [Is there a contrast colour between floors, walls and doors?]	
Accessible Toilet [Is there a contrast colour between floors, walls and sanitary ware?]	
Accessible Toilet [Is there sufficient turning space for a wheelchair?]	
Accessible Toilet [Is there easy access to toilet paper, soap and hand towels for wheelchair users?]	
Accessible Toilet [Is the toilet seat of a contrasting colour?]	
Accessible Toilet [Is there sufficient contrast between dispensers and walls?]	
Accessible Toilet [Is there 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?]	
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)	
ACTIONS TAKEN BY INSPECTION TEAM (include here details of any actions the Inspection Team took at the time of the inspection).	
Inspection Report Distribution [Staff Side Representative][Name]	
Inspection Report Distribution [Row 6][Name]	
Inspection Report Distribution [Row 11][Name]	
LOCATION – SITE:	
DEPARTMENT(S):	
INSPECTED BY MANAGER:	
DATE OF INSPECTION:	
INSPECTED BY H&S REP:	

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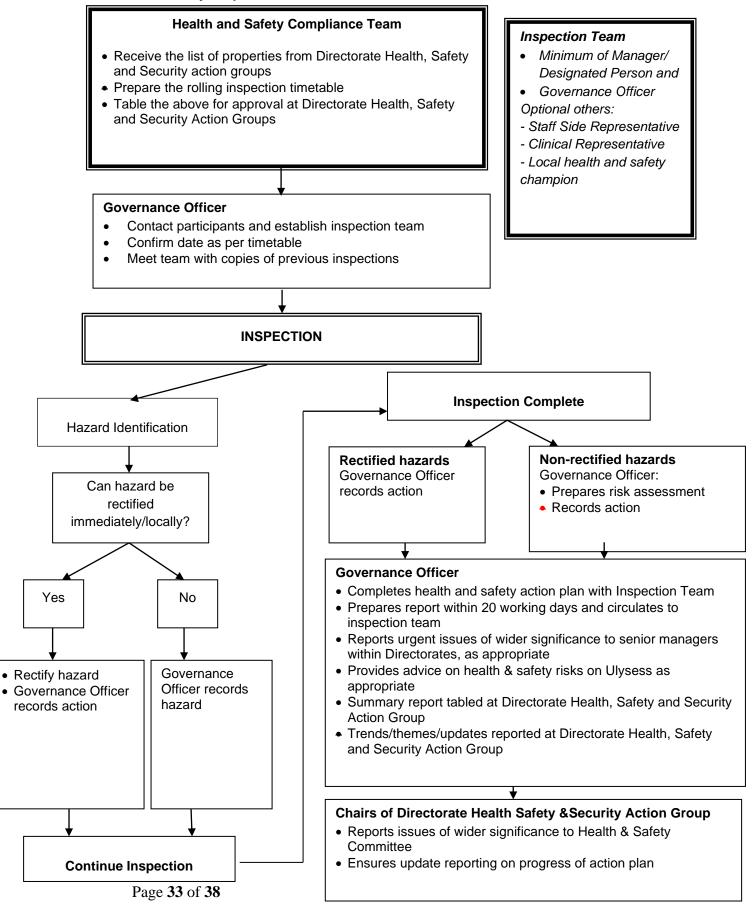
ACTIONS TAKEN BY INSPECTION TEAM (include here details of any actions the Inspection Team took at the time of the inspection).

Inspection Report Distribution

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

APPENDIX B

Health and Safety Inspections – Process Flowchart

```
┌─────────────────────────────────────────────────┐
│ Health and Safety Compliance Team                 │
│                                                     │
│ • Receive the list of properties from Directorate  │
│   Health, Safety and Security action groups         │
│ • Prepare the rolling inspection timetable          │
│ • Table the above for approval at Directorate       │
│   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

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┌─────────────────────────────────────────────────┐
│ Governance Officer                                  │
│ • Contact participants and establish inspection     │
│   team                                              │
│ • Confirm date as per timetable                     │
│ • Meet team with copies of previous inspections     │
└─────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────┐
│                   INSPECTION                        │
└─────────────────────────────────────────────────┘
```

Hazard Identification

Can hazard be rectified immediately/locally?

Yes →
- Rectify hazard
- Governance Officer records action

No → Governance Officer records hazard

Continue Inspection

Inspection Complete

Rectified hazards
Governance Officer records action

Non-rectified hazards
Governance Officer:
- Prepares risk assessment
- Records action

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
- Provides advice on health & safety risks on Ulysess as appropriate
- Summary report tabled at Directorate Health, Safety and Security Action Group
- Trends/themes/updates reported at Directorate Health, Safety and Security Action Group

Chairs of Directorate Health Safety &Security 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	Number of actual inspections taken against schedule		Status updates outlining progress against schedule to Directorate Health, Safety and Security Action Groups / Health & Safety Committee	Health & Safety Compliance Team	Bi-monthly / Quarterly
			Key trends/themes/risks and actions reported to Directorate Health, Safety and Security Action Groups / Health & Safety Committee	Managers/-Health & Safety Compliance Team	Bi-monthly / Quarterly
Not applicable	Number of reports received within 20 working days		Status updates to Directorate Health, Safety and Security Action Groups / Health & Safety Committee identifying number of reports received within timescale.	Health & Safety Compliance Team	Bi-monthly / Quarterly

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) ☒ Role specific
Directorate(s) to which the training is applicable:	☒ Mental Health Services ☒ Community Health Services ☒ Enabling Services ☒ Families Young People Children & Learning Disability Services ☒ Hosted Services
Staff groups who require the training:	As identified for role
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?	☒ Trust learning management system Other (please specify)
How is this training going to be monitored?	Quarterly training report to the Health and Safety Committee

Appendix E
Due Regard Screening Template

Section 1	
Name of activity/proposal	Arrangements in place to demonstrate compliance with legal statue 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			
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.**			
Yes		**No**	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓

Section 4	
It this proposal is low risk please give evidence or justification for how you reached this decision:	
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.	

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

Head of Service Signed Bernadette Keavney
Date: 18 August 2022

Leicestershire Partnership **NHS**

NHS Trust

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	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	√
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	√
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix G

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. **The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**		
Name of Document:	**Health and Safety Inspection Checklist**	
Completed by:	**Samantha Roost**	
Job title	**Senior Health, Safety and Security Advisor**	**Date 18/08/2022**

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**	
Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust