



Health and Safety Support Visit Policy

(Formerly Health Safety Inspection Policy)

The Health and Safety Support Visit Policy outlines the process and recording systems required to undertake a health and safety visit within the Trust.

Key words: Support visit

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Summary and Aim

Safety Support Visits: 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 and 'checking arrangements' in accordance with the HSG 65 Plan, Do, Check, Act for which HSE is the enforcing authority and to promote improving standards of health and safety within the organisation.

Key Requirements

1. Support with the Health and Safety Support visit when required to within your area/team/service.
2. Undertake training if identified in the training section.
3. Provide relevant safety information as requested.
4. Complete actions for the area of responsibility and escalate where/when identified.
5. Communicate findings of the support visit to the relevant staff

Target Audience

All staff

Training

Risk Assessment course via MS Teams

One-day Managers/Leaders Introduction to Health and Safety delivered face to face.

Staff who undertake risk assessments and who have responsibility for actions from support visits.

1.0 Quick Look Summary

The Health and Safety Support Visit 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 Support Visits.

1.1 Version Control

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
5	March 2025	Changes to the H&S team name, now the Safety and EPPR Team, added/changed reference from inspection to Safety Support Visits and recording of actions on AMaT. Stated information for purposes of Walk-through safety support visit and an Adhoc safety support visit and process. Changes to appendices A-H to reflect current process and templates.

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1.2 Key individuals involved in developing and consulting on the document

- Christian Knott, Health and Safety Advisor
- Victoria Wightman - Safety Support Advisor
- Michael Bridge, Safety Support Advisor
- Jon Goode, Safety Support Advisor
- Jamie Slade, Group Head of Safety Northampton Healthcare Foundation Trust & Leicester Partnership Trust
- Members of the Health and Safety Committee
- Members of the Directorate Health, Safety and Security Action Groups
- Policy Expert Group

1.3 Governance

Level 2 Approving delivery group – Health and Safety Committee

Level 1 Committee to ratify policy – Quality and Safe Committee

1.4 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.

If you would like a copy of this document in any other format, please contact

lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix G) of this policy

1.6 Definitions that apply to this policy

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.

Safety Support Visits : 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 and 'checking arrangements' in accordance with the HSG 65 Plan, Do, Check, Act for which HSE is the enforcing authority and to promote improving standards of health and safety within the organisation.

Risk Assessments: 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

Manager/Designated Person: An individual person with the responsibility for Health and Safety arrangements at the site/area being inspected

2.0 Summary

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 support visits 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 Safety Support Visit process will benchmark against legislative Regulations and Guidance

In addition to scheduled safety support visits, other types of visits undertaken by the Safety and EPPR Team include, Walk-through safety support visits and an Adhoc safety support visit or discussions may be arranged by the team in order to target specific issues or general concerns at the request of managers, employees or safety representatives. The findings and actions will be recorded in a report template and shared with the relevant teams/service managers to progress and complete in the stated timeframes and if required, escalate through the appropriate governance

routes.

The Trust believes that whilst scheduled support visits 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 Support Visits offer a periodic additional checking mechanism to support this. The Safety Support visit 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 support visit process, including young or inexperienced workers, people with disabilities and new or expectant mothers.

The Trust's Safety and EPPR Team will give advice with regard to Safety-Support visits.

3.0 The Safety Support Visit Process

3.1 Safety Support Visit Format

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

The support visit will involve:

- a visual inspection of the department/area
- general discussion between the manager(s) and safety representative(s) if in attendance
- signage and documentation checks

The support visit will be more substantial than an equipment and work environment check. It will use the Safety Support Visit Checklist (Appendix A). The visit will look at control measures in place for identified risks. It will also focus on specific issues of training, staff awareness, facilities, procedures etc.

3.2 Safety Support Visit Frequency

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

A rolling programme of annual safety support visits will be prepared by the Safety and EPRR Team at the beginning of the financial year.

In addition, ad hoc visits/ Walk-through safety visits may be undertaken by Safety Support advisor, Senior Managers or Specialist Advisors.

3.3 Safety Support Visit Team

The Safety Support Visit team will comprise of:

- the relevant local manager/ designated person and
- Safety Support Advisor as a minimum

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

- 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 visit should not be cancelled because they are not available.

3.4 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 in order to identify who will support with the visit, exchange reports and liaise about any concerns.

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

The Trust Safety and EPRR Team will maintain an overview of all premises and staff groups covered by safety support visit schedules in order to eliminate gaps and duplication as far as possible.

3.5 Records and Actions

The Safety Support Advisor will be responsible for recording the outcomes of the visit using the standard Safety Support Visit Checklist (Appendix A) – this provides a

Health Safety Support visit report which includes key issues, recommendations, agreed actions, priorities and timescales.

During the safety support visit, responsibility for each action will be agreed, risk rated and recorded on the safety support visit template. Following safety support visit the actions will be recorded and assigned to the relevant manager/designated person via the AMaT system. Actions must be implemented or delegated by the relevant manager/designated person in accordance with their agreed priority. The relevant manager/designated person can update the progress of their action on the AMaT system and when completed, they can close it down and mark as 'Fully Completed'.

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

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

The Safety Support Advisor will send copies of the visit report to all members of the safety support visit team and to the Trust Safety and EPRR Team within 20 working days from the date of the visit.

Safety support visit/walk through safety support visit reports/adhoc safety support visit and summary schedules will be retained electronically by the manager and the Safety and EPRR Team for a minimum of three years.

Safety Support Visits/walk-through safety support visit/ad-hoc safety support visits undertaken in LPT Estates managed areas will receive a report template electronically, including an action plan to track and log via their own systems, for example INVIDA where appropriate.

3.6 Urgent actions 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.

4.0 Duties within the Organisation

4.1 Safety Support Advisor

- Arrange and undertakes the Safety Support Visits
- Act as co-ordinator and key communicator, ensuring that the safety support visit thoroughly reviews all aspects of the site where accessible.
- Ensures the actions 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.

4.2 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.

4.3 Safety and EPPR Team will:

- Receive a copy of the Safety Support visit report and action plan via AMaT within 20 working days of the visit
- 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 via the Staff Safety report. Along with an AMaT report highlighting the actions within their directorate for 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 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

5 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 and the one-day Managers/Leaders Introduction to Health and Safety including the undertaking of a safety support visit - Training will be provided by the- Safety and EPPR Team.

Course information is available on STAFFNET 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.

6 Finance/Budget Responsibility

It is the responsibility of the manager/designated person to agree with their line manager actions to be taken to address Safety Support Visits/Walk through safety support visit/Ad-hoc visits issues and liaise with appropriate budget holders.

7 Mechanisms for Action

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

8 Co-ordination and Communication

The Safety Support Advisor is responsible for all communication prior to the safety support visit. They arrange for the safety support visit team to be convened to enable the visit to take place.

As the safety support visit includes a visual inspection of the area-” the manager/designated person or Safety Support Advisor 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 safety support visit sites may involve more than one service, then mutual responsibilities regarding the inspection and any subsequent actions will be agreed with the relevant manager(s).

For the purposes of Walk-through safety support visit and an Adhoc safety support visit, the relevant persons from the Safety and EPPR Team representatives will make the appropriate arrangements for the visit.

9 Privacy and Dignity

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

10 Documentation and Recording of Findings

The-Safety Support Advisor will record the safety support visit finding, they will:

- Ensure that relevant information is provided during the visit and documentation is recorded on AMaT and made available to relevant managers/representatives after the visit.
- Keep accurate notes relating to the content of the safety support visit.
- Ensure that Staff Safety Support Visit checklist (Appendix A) includes a completed Health and Safety Support Visit Report (Appendix B).
- Forward Copies of the safety support visit findings to all members of the

- team/staff involved within 20 working days of the date of the visit.
- For the purposes of Walk-through safety support visit and an Ad hoc safety support visit, documentation will be kept and a report completed and shared with the relevant parties.

11 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

12 Review

This policy will be reviewed at least every three years or sooner where a change of legislation, national policy or guidance occurs.

13 References and Bibliography

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 (Amendment) 2022
- 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

14 Fraud, Bribery and Corruption Consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or

Appendix 1 –Safety support Visit Checklist Template

1. Ward/Service to be inspected:	2. Date of Inspection	3. Formal follow up Date

4. Inspectors:	5. Date of Last Inspection:

6. Description of the ward or service, patient group and work activities undertaken:

7. Are Health and Safety arrangements communicated to all staff? i.e. daily huddle / team meetings / hotel handover book, defect reporting book, H&S noticeboard, etc.					
Yes		No		N/A	

8. Local Health and Safety arrangements, what are they? List them: i.e. Team meetings,

RISK ASSESSMENTS

9. Have all H&S risk assessments relevant to the ward/service been completed and reviewed within the last 12 months?					
Yes		No		N/A	

10. Risk Assessment - Comments

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

11. Is the location compliant with COSHH regulations and LPT Policy (COSHH folder including inventory, MSDS and risk	12. Are there any rooms / areas with little used outlets and are they part of the flushing programme and are records available.
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11. Is the location compliant with COSHH regulations and LPT Policy (COSHH folder including inventory, MSDS and risk assessments. COSHH Assessor, storage of chemicals and signage).						12. Are there any rooms / areas with little used outlets and are they part of the flushing programme and are records available.					
Yes		No		N/A		Yes		No		N/A	

13. COSHH – Comments – List COSHH Assessor:

DISPLAY SCREEN EQUIPMENT

14. Are DSE arrangements in place for area/department/team/service line? (Current Assessment available, Team Assessor, workstation observation including correct castors for flooring).						15. Have all staff been provided with information, instruction and equipment for home/remote working?					
Yes		No		N/A		Yes		No		N/A	

16. DSE Comments – List DSE Assessor:

ELECTRICITY AT WORK

17. Is there evidence of all portable items have been tested in place within the past 2 years? Visual check that the fixed installation test is in date.						18. Is the work environment free from any overloading of sockets or excessive use of extension leads or extension reels in use?					
Yes		No		N/A		Yes		No		N/A	

19. Electrical Safety – Comments – Log PAT date:

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

20. Are there arrangements in place for business continuity? (Plan in place and reviewed in the last 12 month, do staff know what to do in the event of an incident)

21. Emergency Preparedness, Resilience and Response – Comments:

PERSONAL PROTECTIVE EQUIPMENT

22. Is PPE required for any work activity including bespoke to the service available and used as required?						23. Have there been any concerns raised around continuous high noise levels in the working area?					
Yes		No		N/A		Yes		No		N/A	
24. Is PPE checked prior to use for any damage or expiry date, and stored appropriately?											
Yes		No		N/A							

25. PPE – Comments:

PROVISION AND USE OF WORK EQUIPMENT

26. Are manufacturer's instructions available for staff to refer to and is there evidence of Safe Operating Procedures (SOP) and/or Safe Systems of Work (SSOW) for the equipment?						27. Are all staff trained and receive annual refresher training in the safe use of equipment that they use to undertake the duties required within their role, and is this recorded?					
Yes		No		N/A		Yes		No		N/A	
28. Is there a process for removing faulty equipment from use (Signage, locking system etc.) and are teams aware of how to arrange for the removal of old/damaged items (furniture IT etc.)?											
Yes		No		N/A							

29. Provision and Use of Work Equipment Regulations – Comments:

MEDICAL GASES

30. Are medical gases stowed on the ward appropriately with cylinders, chained, racked or on a gas trolley?	31. Are cylinder store areas fit for purpose with clear access/egress, free of flammables, oils and grease and with the appropriate signage in place?
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Yes		No		N/A		Yes		No		N/A	
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32. Medical Gases – Comments:

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MANUAL HANDLING OPERATIONS

33. Is there a communication board above a patient bed which stipulates any Manual Handling issues for that person?						34. Have hoists and/or other lifting equipment received regular maintenance, LOLER inspection and have the correct LOLER colour coded tags in place?					
Yes		No		N/A		Yes		No		N/A	
35. Are staff aware of what the LOLER colour coded tag means and is this displayed on the H&S notice board?						36. Are the Hoist instructions and daily checks in place and up to date?					
Yes		No		N/A		Yes		No		N/A	
37. Is there evidence that the monthly flat lifting equipment check has been completed?						38. Are all heavy items stored appropriately (e.g. below waist height and marked as heavy) and are goods and equipment transported safely using manual handling aids?					
Yes		No		N/A		Yes		No		N/A	
39. Is there access equipment (step-up stool/foot stool elephant stool) available where required for fixed examination beds, high level storage etc.?						40. Is the working area laid out to allow staff to work safely?					
Yes		No		N/A		Yes		No		N/A	

41. Manual Handling Operations Regulations / Lifting Operations and Lifting Equipment Regulations – Comments:

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FIRE SAFETY

42. Are there named persons who will act as Fire Coordinators and Fire wardens?						43. Do staff carry out weekly fire checks: 3.1 escape routes, 3.6 fire-fighting equipment and 3.4 automatic doors (if applicable) Are the escape routes clear and is the fire-fighting equipment serviced and maintained?					
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Yes		No		N/A		Yes		No		N/A	
44. If the site has any gas appliances, are they linked to the fire alarm?						45. Are clear fire instructions displayed throughout the workplace with all fire doors and exits clearly marked?					
Yes		No		N/A		Yes		No		N/A	
46. Are staff provided with Break Glass/ Manual Call Point keys where applicable?						47. Are vision panels unobscured when rooms are unattended?					
Yes		No		N/A		Yes		No		N/A	
48. Are there arrangements in place (PEEPS) for the safe evacuation of people with impairments and are ResQmat's in situ with training current?											
Yes		No		N/A							

49. Fire – Comments – List Fire Co-ordinators/Fire Wardens:

FIRST AID

50. Are the first aid arrangements in place (first aid kit-in date and fully stocked and available at all times, Adequate first aiders based on the needs of the workplace, appropriate signage in place) Where Eye wash stations are fitted are they in date or open?					
Yes		No		N/A	

51. First Aid – Health & Safety (first Aid) Regulations – Comments:

GAS SAFETY

52. Are there argon gas systems present and arrangements in place for safe use (signage, override button)?						53. Do gas appliances have a cut-off switch and is the gas cut-off point clearly marked and unobstructed?					
Yes		No		N/A		Yes		No		N/A	

54. Where Gas cookers / domestic style boilers are in place have they been serviced annually? Where Carbon monoxide detectors are fitted, are they in working order, tested and is this recorded (check replacement date)?

Yes		No		N/A	
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55. Gas Safety – Comments:

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PATIENT SAFETY

56. Are window restrictors in place in all patient accessible areas (regardless of floor level) and is there evidence of monthly/annual/weekly checks appropriate to service?

Yes		No		N/A	
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57. Are all window blind mechanisms and finger trap guards safe and secure for the patient group (check for wear and tear)?

Yes		No		N/A	
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58. Are mitigations in place for hot surfaces (radiators, heating pipes, portable oil filled heaters) as per the risk assessment in patient accessible areas?

Yes		No		N/A	
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59. Patient safety – Comments:

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SECURITY

60. Are there window grilles, shutters or locks to all windows and are these in working order?

Yes		No		N/A	
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61. Are all external doors fitted with appropriate locks?

Yes		No		N/A	
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62. Is access to staff areas controlled (SALTO, other electronic access system, digilock, intercom) to prevent unauthorised access/egress?

Yes		No		N/A	
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63. If staff regularly work alone or in isolation within the building, are there local lone working arrangements in place?

Yes		No		N/A	
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64. If there is a fixed panic alarm (including accessible toilets) and/or nurse call systems within the ward/service/area, and is it tested in line with local guidance/policy is there evidence of this being recorded?

65. Does the site/service have response process in place to the panic alarm sounding?

Yes		No		N/A		Yes		No		N/A	
66. Are staff encouraged to report all incidents of assault, intimidation, or verbal abuse?						67. Are staff trained and in date in how to diffuse potentially violent situations?					
Yes		No		N/A		Yes		No		N/A	
68. If staff are provided with personal panic alarms (if requested or as part of PPE), is there evidence of a personal alarm testing log?						69. Do staff test their PIT alarms / lone working devices daily and is this recorded?					
Yes		No		N/A		Yes		No		N/A	
70. Does the ward/service hold a pager, bleep or walkie talkie and are they working?						71. Can staff store their belongings securely?					
Yes		No		N/A		Yes		No		N/A	
72. Are room layouts suitable to allow staff a clear exit if required (staff positioned closer to the door, fixed panic alarms accessible/unobstructed)?											
Yes		No		N/A							

73. Security/Staff Safety – Comments:											

SECURITY - MEDICINES

74. Is the drugs trolley secured and locked at the time of the inspection?						75. If there is a controlled drugs cupboard, is it locked on inspection?					
Yes		No		N/A		Yes		No		N/A	
76. Does the site have appropriate arrangements in place for the disposal of pharmaceuticals, which is locked/chained?						77. Are clinic rooms locked when unattended? Is there air conditioning to support the safe storage of medicines and is this working effectively?					
Yes		No		N/A		Yes		No		N/A	

78. Security/Medicines – Comments:											

SLIP, TRIPS AND FALLS

79. Are internal floors and stairs in good condition, free from obstruction, non-slip in areas where activities present risk of spillage/floor contamination (washrooms, showers and kitchens) and is signage used as required?						80. Are there adequate facilities (Yellow Biohazard Box) to clear up bodily fluids / blood spills immediately and are they in date?					
Yes		No		N/A		Yes		No		N/A	
81. Are external surfaces in good condition, suitably illuminated, free from obstructions with a non-slip surface and safe access/egress (consider seasonal factors and check for blocked guttering)?						82. Are all stair rails / grab rails securely fixed and suitable for service user / patient group?					
Yes		No		N/A		Yes		No		N/A	
83. Are all trailing leads and cables secured or adequately covered to prevent trips?						84. If staff work in the community, are they provided with gripper shoes for community working?					
Yes		No		N/A		Yes		No		N/A	

85. Slip, Trips and Falls – Comments:

WASTE MANAGEMENT

86. Are there adequate waste bins available internally and externally for all waste streams, and are they emptied on a regular basis?						87. Is waste kept and stowed appropriately, not stored against the building, clinical paladin / compounds locked and appropriate signage in place?					
Yes		No		N/A		Yes		No		N/A	

88. Waste – Comments - List location of where the waste folder is located:

SHARPS

89. Are sharps bins placed and used appropriately? Assembled correctly Dated etc. Contents not exceeding the limit line (overfilled) and the lid set to temporary closure when not in use?					
Yes		No		N/A	

90. Health Care Act and Health and Safety (sharps Instruments in Healthcare) Regulations – Comments:

WELFARE

91. Is the workplace adequately lit for the work activities undertaken? Consider if it is too bright.

Yes

No

N/A

92. Are there enough toilets, clean and in good repair (including arrangements to comply with DDA regulations) and adequate hand washing facilities?

Yes

No

N/A

93. Are lidded sanitary disposal facilities provided in public/staff toilets?

Yes

No

N/A

94. Is there a rest room for staff?

Yes

No

N/A

95. Are there suitable facilities for staff to obtain a hot/cold drink and heat and eat food (potable water, water coolers and evidence of daily cleaning)?

Yes

No

N/A

96. Are there suitable staff facilities for pregnant women and nursing mothers to rest?

Yes

No

N/A

97. Welfare arrangements- Comments

Appendix 2 – Health and Safety Support Visit Report



LPT Health and Safety Support Visit Report

Site/Ward/Service Inspected	
Date of Inspection	
Formal follow up date	
Inspectors Present	Information provider
AMAT inspection location reference title	Health Safety Support Visit
<p>All actions/updates to be submitted/closed on AMaT within the timescales provided</p>	
<p>TYPE AND USE OF BUILDING - information includes owner of property, construction type, age, general condition and main generic use, is LPT the sole/majority occupier, state other occupiers of the property and shared areas, parking facilities, security locking/unlocking arrangements</p> <p>Also specifying access/egress arrangements for staff/public, shared arrangements e.g. fire, water, first aid, contractors, etc.</p> <p>SITE Information</p>	

SUMMARY

All areas were inspected using a prepared checklist, a plan of the building and covered the following regulations and guidelines:

- Health and safety at Work etc. Act 1974
- Management of Health and Safety at Work Act 1999
- Provision and Use of Work Equipment Regulations 1992
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations (Amendment) 2022
- Display Screen Equipment Regulations (as amended in 2002)
- Control of Substances Hazardous to Health Regulations (as amended in 2002)The Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety (First Aid) Regulations 1981 (as amended); Approved Code of Practice and Guidance

- Electricity at Work Regulations 1989
- Waste Disposal (Trust Policy)
- Manual Handling Operations Regulations 1992

This list is not exhaustive

AREAS OF MAIN CONCERN *(this section provides an overview of all identified areas of high risk together with recurrent trends throughout the building).*

See below

PROGRESS SINCE LAST INSPECTION *(this section details progress against the Action Plan from last year and details of good practice observed).*

Any old outstanding actions managed by a directorate health safety security action group or none outstanding.

ACTIONS TAKEN BY INSPECTION TEAM *(this section details any actions taken by the Inspection Team at the time of the inspection).*

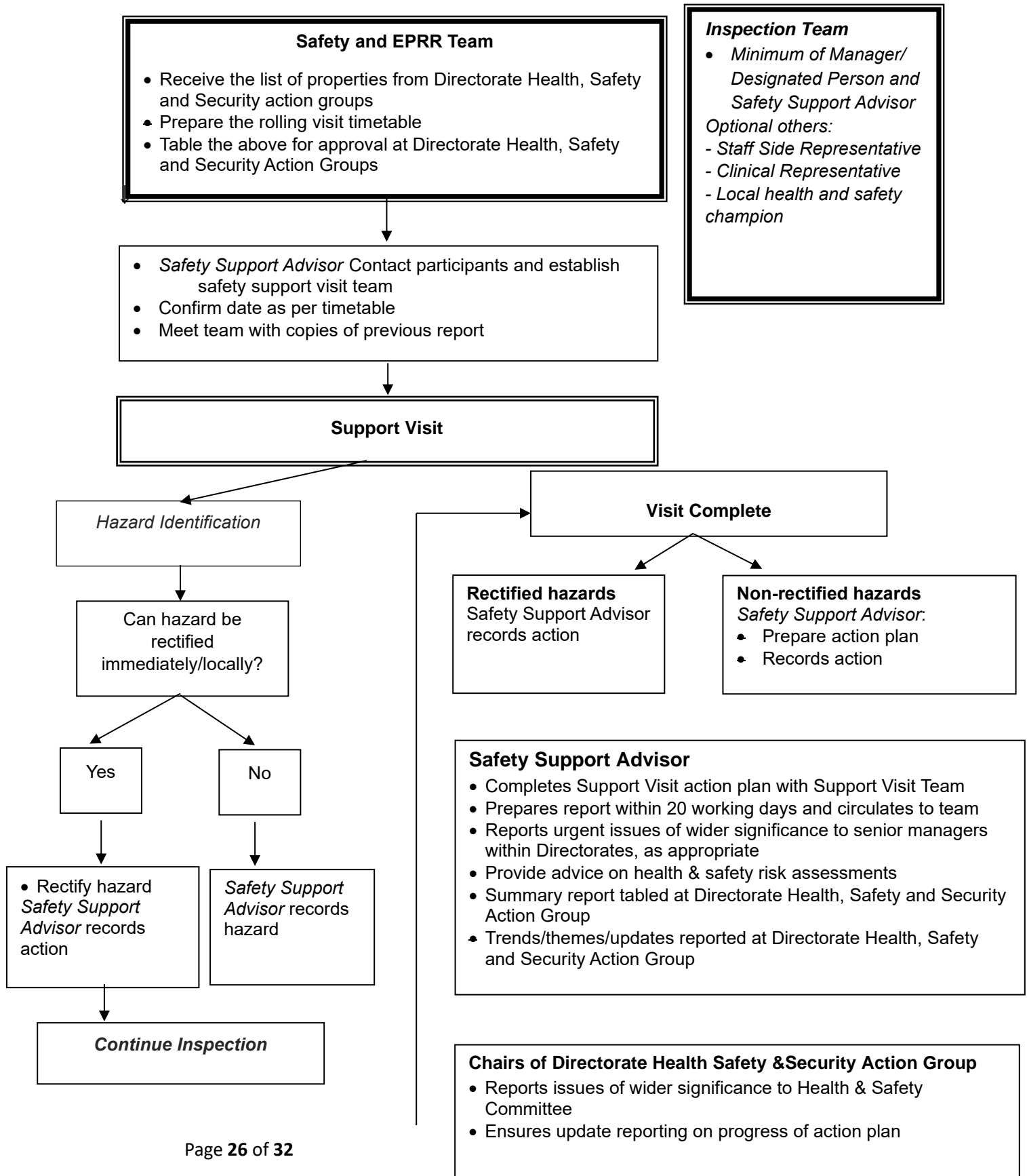
Inspection Report Distribution

Name	Role	Date Sent
	Staff Side Representative	
	Safety and EPRR Team Enabling	

Health and Safety Inspection Sheet Action Plan:

Site/Ward Service	
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Appendix 3 –Safety Support Visit – Process Flowchart



Appendix 4 – Walk Through Safety Support Visit Form

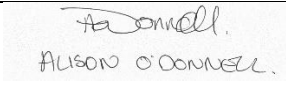
Location:					
Date of Visit:				Time Of Visit:	
Staff Representative:					
Service/Areas:					
Staff Safety Advisor Completing Visit:					
General Building Information Comments:					
Scope:	<p>This visit was conducted with the limited scope of being done on a visual 'Safety Tour' basis as outlined by the Head of Safety, i.e. Walk-through of the external and internal areas of the premises with a record made of significant observations.</p> <p>This meant items such as the following, though not limited to these, were not in scope:</p> <ul style="list-style-type: none"> H&S, Facilities or Fire Safety documentation Vehicle and driver records Staff training records The premises plant, machinery or equipment and related rooms and lift shaft/s Ceiling voids etc. 				
Safety team follow up visit (comments entered below)					

o.	Area	C	NC	N/A	Comments
1.	Site Entrance and Car Park Check – signage/road markings, segregation of Vehicles and Pedestrians, Lighting, Condition of road surface, condition of pedestrian routes, gritting of routes, car park barriers.				
2.	External Fabric of the Building Check - guttering, condition of the roof, perimeter routes (access and egress).				
3.	External Building Security Check – are doors and windows secure, CCTV and associated signage.				
4.	Security of Outbuildings Check -waste compounds, generators, boilers, oxygen and other external stores.				
5.	Grounds and Gardens Check - pathways, fallen leaves / overgrown vegetation, garden furniture, fencing and loose items.				
6.	Delivery Yard Monitor – safe vehicle movements, while on site (Suppliers , Own vehicles)				

Appendix 5 – Policy Monitoring Section

Page Section	Minimum Requirements to be monitored	Process for Monitoring	Responsible Individual / Group	Where results and any Associated Actions will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Number of actual safety support visits taken against schedule	Status updates outlining progress against schedule to Directorate Health, Safety and Security Action Groups / Health & Safety Committee Key trends/themes/risks and actions reported to Directorate Health, Safety and Security Action Groups / Health & Safety Committee	Safety and EPPR Team Managers/ Safety and EPPR Team	Bi-monthly / Quarterly Health and Safety Committee Directorate Health, Safety and Security Groups
	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.	Safety and EPPR Team	Where results and any Associated Actions will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring

Appendix 6 - Training Needs Analysis

Training topic/title:	Health and Safety Support Visit Policy		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input checked="" type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<input type="checkbox"/> Directorate of Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <input type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Staff who undertake risk assessments and who have responsibility for actions from support visits.		
Governance group who has approved this training:	Health and Safety Committee	Date approved:	
Named lead or team who is responsible for this training:	Safety and EPPR Team		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	Risk Assessment course via MS Teams one-day Managers/Leaders Introduction to Health and Safety delivered face to face.		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	Reports to Health and Safety Committee		
Signed by Learning and Development Approval name and date	 ALISON O'DONNELL		Date: 03/05/2025

Appendix 7 The NHS Constitution

- 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 No

Respond to different needs of different sectors of the population No

Work continuously to improve quality services and to minimise errors Yes

Support and value its staff No

Work together with others to ensure a seamless service for patients Yes

Help keep people healthy and work to reduce health inequalities No

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance No

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Appendix 8 Due Regard Screening Template

Section 1			
Name of activity/proposal		Health and Safety Support Visit Policy	
Date Screening commenced		March 2025	
Directorate / Service carrying out the assessment		Safety and EPPR Team Enabling Directorate	
Name and role of person undertaking this Due Regard (Equality Analysis)		Christian Knott, Health and Safety Advisor	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: Arrangements in place to demonstrate compliance with legal statute pertaining to Trust Health and Safety Inspections			
OBJECTIVES: Arrangements in place to demonstrate compliance with legal statute pertaining to Trust Health and Safety Inspections			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No		
Disability	No		
Gender reassignment	No		
Marriage & Civil Partnership	No		
Pregnancy & Maternity	No		
Race	No		
Religion and Belief	No		
Sex	No		
Sexual Orientation	No		
Other equality groups?	No		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, 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? Please <u>tick</u> appropriate 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			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Ian Cromarty	Date	March 2025
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Ian Cromarty	Date	03/05/25

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Appendix 9 Data Privacy Impact Assessment Screening

<p>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.</p> <p>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.</p>		
Name of Document:	Health and Safety Support Visit Policy	
Completed by:	Christian Knott	
Job title	Health and Safety Advisor	Date March 2025
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	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@nhs.net</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

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

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