



Policy:

Health and Safety DCEO 001

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Policy Owner	Health and Safety Manager
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Summary of policy

This policy is a statement of the Trust's intention to observe relevant health and safety legislation. It outlines the staff roles and responsibilities necessary to protect the health and safety of Trust staff, service users and others affected by its work activities.

Target audience	SHSC Trust staff
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Keywords	Health and Safety
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Storage and Version Control

Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version, (V6 June 2020). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
5	Review on expiry of policy	February 2017	Full review completed as per schedule.
6	Review on expiry of policy	February 2020	Re-written policy has been shortened and responsibilities and accountabilities of staff made clearer.
6	Review and change to content	May 2020	Text changes made following consultation with Staff Side, e.g. 'Flowchart' deleted and duties owed to specific groups of employees made clearer and ultimate responsibility of Trust Board for staff safety made clear. The Trust's duty to report certain incidents under RIDDOR legislation was also made clear.
7	Review	April 2023	Updated to reflect organisational changes.

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1. Introduction

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under the Health and Safety at Work Act 1974 and Regulations made under it to protect, so far as is reasonably practicable, the physical health safety and mental welfare of its employees, service users and others affected by its work activities.

To this end the Trust will, so far as is reasonably practicable;

- Ensure any relevant identified health and safety risks are eliminated or reduced to an acceptable level, thus reducing accidents, incidents and cases of work-related ill-health.
- Provide clear and adequate instructions, information, training and supervisory support to ensure employees are competent to safely carry out their work.
- Provide the necessary levels of investment in personnel, training, plant, equipment and materials to ensure a high-standard of health, safety and welfare is achieved and maintained in working practices and in working conditions.
- Ensure the safe storage and use of potentially hazardous substances
- Consult with employees on the resolution of day-to-day health and safety matters.
- Plan the implementation of emergency procedures - evacuation in case of fire or other significant incident.
- Monitor, audit and regularly review this policy and measure safety performance to enable continual improvement.

2 Scope

This is a Trust-wide policy and is relevant to all members of SHSC staff, service users and visitors.

3 Purpose

The purpose of this Policy is to provide an un-ambiguous statement of health and safety policy applicable to Sheffield Health and Social Care NHS Foundation Trust (SHSC) in accordance with national legislation.

4 Definitions

Risk Assessment - the practice of examining what areas of ones work could cause harm to someone, or endanger their safety, so one can consider the need to put in place additional precautions to prevent such harm.

5 Details of the Policy

The broad overview of this policy is as described in the introduction.

6 Duties

6.1 The Trust Board

The Trust Board has ultimate responsibility for the implementation and effective management of good health and safety practice within the Trust.

It will ensure suitable and sufficient governance arrangements are in place to manage health and safety-related matters in a way which complies with applicable legislation and so prevents, as far as is reasonably practicable, injury, illness or financial loss. This will include facilitating the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of adequate health and safety for their employees and service users, where reasonably practicable.

6.2 Chief Executive

The Chief Executive will ensure that this policy is enacted within Sheffield Health and Social Care Trust.

The Chief Executive has overall responsibility for all matters of health, safety and welfare. This responsibility includes ensuring that health and safety matters are seen as an important priority for the Trust which is addressed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

The Chief Executive is responsible for appointing a nominated Executive Director with delegated responsibility for Health and Safety.

Executive Director with delegated responsibility for Health and Safety

The Executive Director with delegated responsibility will ensure that a legally constituted Health and Safety Committee is established under the Health and Safety at Work Act 1974 (Section 2/7) and in accordance with the Safety Representatives and Safety Committees Regulations 1977.

They will:

- Chair the Health and Safety Committee.
- Ensure that rigorous monitoring procedures are in place at all levels of the Trust to provide assurance of health and safety compliance.
- Discharge the Trust's duty in accordance within the legal requirements.

As Chair of the Health and Safety Committee, the Director with responsibility for Health and Safety will:

- Ensure that the Trust has a policy on Health and Safety, which gives a clear, unequivocal commitment to safety, and sets out the framework for improving health and safety performance, and reducing accidents, incidents and work related ill-health to a minimum.
- Ensure that communication systems are in place to enable the policy to be brought to the attention of all staff
- Ensure that the objectives of the policy are fully understood, implemented and supported by all Directors, Managers and Supervisors.
- Ensure that rigorous monitoring procedures are in place at all levels of the Trust to facilitate the effective implementation of the policy.

- Ensure the policy is reviewed regularly by the Health and Safety Committee for approval.
- Ensure an Annual Programme and Action Plan of priorities are drawn-up by the Health and Safety Committee for approval.

6.3 **Directors**

Directors will ensure this policy and associated procedures, protocols, guidance and management systems are fully understood, applied and resourced within their respective areas of responsibility and that these arrangements are monitored for continued effectiveness. In particular, ensuring the health, safety and welfare of staff is always considered at the planning stage of organisational changes within the Trust.

Each Director is responsible for ensuring that the Trust's Health and Safety Policy is implemented. They will also:

- Have responsibility for all matters of health, safety and welfare within their Directorate.
- Be individually responsible for ensuring the introduction of health and safety initiatives, which will facilitate the implementation of the Health and Safety Policy.
- Ensure the implementation of a process for dealing with the assessment of all risks, and the control and monitoring of significant risks.
- Ensure that contracts of employment and job descriptions detail specific health and safety responsibilities of the employee and that health and safety performance is part of the formal appraisal system for staff.
- Ensure all staff in their area of responsibility are aware of their responsibilities, delegated duties and lines of communication in respect of health and safety.

6.4 **Managers**

Operational Managers will implement suitable and sufficient health and safety processes/measures to identify relevant health and safety hazards, apply appropriate control measures and ensure these processes are monitored to confirm their continued effectiveness in preventing harm or ill-health, so reducing and controlling health and safety risks to the relevant groups of people within their area of managerial responsibility.

Typically, such arrangements involve the use of an integrated suite of complimentary documents written both centrally and locally and will include a 'Health and Safety Policy', written 'Risk Assessments', 'Standard Operating Procedures' and various checklists.

6.5 **Service Managers and Heads of Service**

Service Managers and Heads of Service are responsible for the health, safety and welfare of the staff and clients whom they supervise, and all users of the workplaces for, which they are responsible and/or control.

They must maintain close liaison with their staff in safety matters and they are responsible, in particular, for the following:

- Supporting the planned programme in place to carry out regular inspections and audits in the workplace, or delegate as appropriate, and maintaining records and implementing action plans accordingly.
- Ensuring that appropriate warning notices and all instructions are prominently displayed.
- Ensuring that the services within their control provide a healthy and safe working environment.
- Ensuring that any changes to the environment are assessed in consultation with the specialist adviser(s).
- Ensuring that there is a system in place for ensuring staff attendance and completion of mandatory training.
- Ensuring that there is a system in place for the prompt reporting and repair of faulty equipment, plant or buildings. Unsafe equipment must be taken out of use immediately, marked DO NOT USE and removed to a secure location to prevent accidental use.
- Ensuring that individual Job Descriptions reflect the level of responsibility in relation to health and safety.
- Liaising with Staff Safety Representatives in accordance with agreed procedures.
- Ensuring the reporting of accidents, incidents, work-related illnesses and near misses, in accordance with Trust procedures, and ensuring that the sharing of lessons learned takes place.
- Ensuring that investigations are carried out to determine the causation factors and take any remedial actions, and where necessary escalate as appropriate.
- Ensuring that all appropriate health and safety equipment, protective clothing etc is always available, properly maintained and used, and where necessary staff are appropriately trained.
- Ensuring that equipment used in the department/area is safe and adequate for the purpose for which it is intended.
- Taking immediate steps to investigate and rectify any new risks to health and safety arising from work activity.
- Maintaining safe patterns and methods of working by staff, including access and egress.
- Ensuring the adequate induction of all new staff emphasising the health, safety and welfare aspect of their duties.

- Ensuring that departmental policies, procedures and assessments are in-line with overall Directorate and Trust policies and procedures.
- Ensuring that risk assessments are undertaken for all activities, and that staff conducting these risk assessments are suitably trained in the process and are able to use action plans that result from risk assessments to form health and safety objectives. Appropriate documentation of such risk assessments should be kept.
- Ensuring that staff are made aware of the hazards connected with their work and how to safeguard themselves.
- Ensuring that effective communications to staff on safe working practices are in place. To receive suggestions from staff for improvements in health and safety, seeking to encourage active participation by staff on all health, safety and welfare-related issues.

6.6 **Competent Advisors**

The Trust will ensure expert advice and support is provided by a 'Competent Person' to managers to enable them to fulfil their legal duties.

If necessary, Operational Managers can seek advice from the Trust's competent persons, e.g. Health, Safety and Risk Advisor, Infection Control Nurse, Moving and Handling/Back Care Adviser, Occupational Health Advisors, Medical Devices Safety Officer or Estate Services Officers, on matters such as the safe maintenance of equipment, the management of ligature points, water systems, electrical systems, and asbestos.

Such liaison could help Operational Managers appropriately manage risks which affect the health or the safety of Trust employees or visitors, but whose control measures are beyond the manager's competence. For example, using appropriate, well-maintained plant and equipment operated by adequately-trained staff helps prevent accidents and reduces personal harm and financial costs. The Estates and Facilities Department will ensure that infrastructure related plant, machinery and equipment is correctly specified and installed, then maintained in a safe working order.

Any safety issues with infrastructure related plant, machinery, equipment or the fabric of the building should be reported to: Estate Services Direct Link on telephone (27)18181.

Clinical staff will ensure that medical or therapeutic devices/equipment/apparatus used in 'direct patient care activities' are used and maintained in safe working order.

Any safety issues with medical or therapeutic device/equipment/apparatus used in 'direct patient care activities' should be reported to: the Medical Devices Safety Officer (MDSO) or the Health, Safety and Risk Adviser.

6.7 **Employees**

All employees should:

- Co-operate with managers on health and safety matters.
- Take reasonable care of their own and other persons health and safety.
- Work in accordance with information and training provided to them.
- Report all health and safety concerns to an appropriate person.

All staff have a responsibility to co-operate fully with their supervisors and managers to ensure that the Trust, as their employer, can carry out its responsibilities under the Health and Safety at Work etc Act 1974.

All employees have a legal duty of care to others. Regardless of the position held within the Trust all staff must:

- Take reasonable care for their own health and safety and the safety of others who may be affected by their actions or omissions. Co-operate with each other and work in accordance with any policies, procedures, regulations, codes of practice and information or training provided.
- Refrain from intentionally misusing or recklessly interfering with anything that has been specifically provided for health, safety and welfare purposes.
- Report any hazardous defects in plant, equipment (including personal protective equipment) or premises, or shortcomings in existing safety arrangements or procedures, to a responsible person without delay.
- In cases where equipment is provided for the purpose of health and safety, all staff are responsible for using the equipment in line with manufacturers instruction and/or training provided.
- Not undertake any task for which necessary authorisation and/or training has not been received.
- Ensure personal health and safety training needs are identified within the Personal Development Plan process.
- Take responsibility for attending and participating agreed training sessions about health and safety as requested by their manager or supervisor.
- Report any accidents, incidents, near misses or work-related illnesses in accordance with Trust procedures.
- Participate in training sessions about health and safety as requested by their manager or supervisor.
- Be aware of and participate in the risk assessment processes that apply to their area of work.

6.8 **Staff Side Representatives**

Safety Representatives can

- Represent employees on matters that will affect the health, safety and welfare of those employees.
- Represent employees when Health and Safety Inspectors consult them.
- Investigate accidents, near misses, and other potential hazards and dangerous occurrences in the workplace and make a report to the Trust.

- Investigate complaints made by an employee they represent about their health, safety or welfare in the workplace and make a report to the Trust.
- Inspect the workplace and make a report to the Trust.
- Attend Health and Safety Committee meetings as a representative of your employees.

See section 8 for additional information on the process consultation between SHSC and Staff Side Safety Representatives.

7 Procedure

The following provides an overview of the general principles by which Trust will ensure the health, safety and welfare of its staff, patients and visitors, as far as is reasonably practicable.

There are many Trust policies that provide detailed guidance to assist with managing specific risks. These Policies should follow the principles of good Health and Safety management outlined in this Policy. Examples of such safety-related policies are listed at Section 13.

In addition, there may also be applicable Standard Operating Procedures and other types of guidance written and stored at workplace level. For example, ensuring near misses, accidents and incidents from within any discipline are reported and the opportunity is taken to learn any lessons on how to prevent future occurrences will involve several documents of different types and from different origins.

7.1 Risk Assessments

The 'Management of Health and Safety at Work Regulations 1999' require the Trust to identify, assess and manage the significant health and safety risks posed to its staff, patients and visitors, via the completion of written Risk Assessments.

The 'Risk Management Strategy' provides further information on this matter and some practical measures on how to achieve this are given on the Health and Safety pages of the Trust intranet, (Jarvis).

7.2 Safety for Specific Groups of People

As an employer, the Trust must assess and manage the risks to everyone's health and safety, including staff with disabilities, pregnant staff and children (aged 0-16) and young people (aged 16-18).

7.3 Disabled People

Staff with a disability that may expose them to increased risk of injury or ill-health should be covered by a written risk assessment which can identify reasonable adjustments to help them do their job safely.

7.4 Children and Young People

Children and young people in the workplace, e.g. on work experience, whose reduced levels of experience and awareness may expose them to increased risk of injury or ill-health should be covered by a written risk assessment which can identify reasonable measures to help them to remain safe.

7.5 **Pregnant Staff**

Staff who are pregnant should be covered by a written 'New and Expectant Mothers Risk Assessment' which can identify reasonable adjustments to help them do their job safely as their pregnancy progresses. Once the employee returns to work following Maternity Leave, a new risk assessment will be completed to ensure the appropriate facilities are in place to protect the health and safety of the new/nursing mother.

7.6 **Visitors**

Visitors can be at increased risk of injury or ill-health when visiting the Trust because they may be un-aware of the hazards to their health or safety. Therefore, Trust staff inviting visitors to Trust premises must ensure visitors follow local safety arrangements.

7.7 **Health and Safety Inspections, Audits and Checklists**

Health and safety inspections of a workplace can be used to identify potential workplace hazards.

A Workplace Health and Safety Risk Assessment can be written to highlight the control measures adopted to help reduce the effects of the workplace hazards identified within an inspection.

A checklist can then be used to verify the continuation of actions required by the Assessment to control the identified health or safety risks.

The Trust's generic Health and Safety 'Inspection Checklist' can be found on the Health and Safety pages of the Trust's intranet.

Trust inspections should be retained locally for potential future use.

Other more specialist inspections or audits, which use different checklists will be carried out by either Trust Advisors or Trust appointed contractor. These records will be retained centrally, but local managers may choose to retain local copies.

Regular health and safety audits of service provision are carried out by the Trust's 'Health Safety and Risk Adviser' to help ensure the continued applicability and effectiveness of chosen risk control measures.

Any recommendations following an audit are given to service managers to action.

Copies of the audit, including its recommendations are held centrally, but local managers may choose to retain local copies.

7.8 **Information, Instruction, Training**

A copy of the poster '**Health and Safety Law: What you need to know**' which gives very basic information is displayed in an accessible area within every Trust premises.

More specific safety-related information is cascaded via the Health and Safety Group, email system, on the intranet, local notice boards and team meetings. Staff will be provided with whatever information, instruction, training and supervision is necessary to ensure, so far as is reasonably practicable, their health and safety at work.

Basic Health and Safety Induction Training is given to staff new to the Trust and is refreshed thereafter every three years on a mandatory basis.

There is a programme of additional Health and Safety courses advertised on the Trust intranet.

The content of other safety-related training for specific staff will be informed by the specific Risk Assessments applicable to the work of those staff.

7.9 Reporting of Incidents

All near misses, accidents and incidents must be reported as per the Incident Management (Including Serious Incidents) Policy and Procedure and the opportunity taken to learn any lessons on how to prevent future occurrences of these events.

In addition, the Trust is required to report certain events to the Health and Safety Executive (HSE) under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR).

The 'Incident Management (Including Serious Incidents) Policy and Procedure' requires that incidents that cause absences from work for a period of 7 days or more must be reported to the HSE.

8 Development, Consultation and Approval

The Trust recognises its legal duty to consult with employees on matters that affect their health and safety and is aware of the benefits of doing so. This entails not only giving information to employees, but also listening to and taking account of what they say before making any health and safety decisions.

The Trust will provide its employees, and/or their representatives, with the information necessary to allow them to participate fully and effectively in consultation and carry out other representative functions.

The primary mechanism for consultation on health and safety issues is via elected members of recognised Trade Unions or nominated representatives attending the Health and Safety Committee.

That Committee, which includes Staff Side representatives and staff representatives from both clinical and non-clinical services, has considered this Policy at its December 2022 and April 2023 meetings.

The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Completion of Risk Assessments	Check on totals of completed Assessments	Health Safety and Risk Adviser	Annual	Health and Safety Committee	Health and Safety Committee	Quality Assurance Committee
Number and type of incidents affecting SHSC staff, visitors or those affected by Trust activity	Review	Health and Safety Committee	Monthly	Health and Safety Committee	Health and Safety Committee	Quality Assurance Committee
Completion of mandatory H&S training by staff	Review	Health and Safety Committee	Monthly	Quality Assurance Committee	Health and Safety Committee	Quality Assurance Committee

The policy review date is October 2025.

10 Implementation Plan

Action/Task	Responsible Person	Deadline	Progress Update
Upload the new policy on to the intranet (Jarvis) and remove the old version.	Director of Strategy	July 2023	
Make team aware of new policy and their responsibilities.	Team managers	July 2023	

11 Dissemination, Storage and Archiving (Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
5	February 2017	March 2017	
6	July 2020	July 2020	Managers briefing as appropriate July 2020
7	June 2023	June 2023	/

12 Training and Other Resource Implications

Health and Safety training is included within the Trust's mandatory training for all staff. Additional training on the completion of Health and Safety Risk Assessments is available as an online course via the Health and Safety pages of the Trust's intranet.

13 Links to Other Policies, Standards (Associated Documents)

Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1992 (as amended)
Back Care and Manual Handling Policy
Central Alert System (CAS) Policy
Control of Substances Hazardous to Health (COSHH) Regulations 2002
Control of Substances Hazardous to Health (COSHH) Policy
Decontamination Policy
Dermatitis Policy
Display Screen Equipment Policy
Falls (Staff and Public) Policy
Fire Safety Policy
First Aid at Work Policy
Health and Safety (First-Aid) Regulations 1981
Health and Safety (Display Screen Equipment) Regulations 1992
Incident Management (Including Serious Incidents) Policy and Procedure
Infection Prevention and Control SHSC documents
Lone Worker Policy
Low Voltage Electrical Policy
Management of Asbestos Policy
Management of Contractors Policy
Mandatory Training Policy
Medical and Therapeutic Devices Policy
Provision and Use of Work Equipment Regulations 1998
Risk Management Strategy and Handbook 2021
Security Policy
Stress Management at Work Policy
Water Quality Policy
Working Time Regulations Policy
Working Time Regulations 1998

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Health and Safety Manager	Sam Crosby	27 18260	samantha.crosby@shsc.nhs.uk
Health, Safety and Risk Adviser	Charlie Stephenson	27 16208	charlie.stephenson@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 - Relevance: Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Charlie Stephenson, April 2023

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Age related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Disability	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Ability related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		
Gender Reassignment	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		

Pregnancy and Maternity	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. New or Expectant mother related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		
Race	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Race related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		
Religion or Belief	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Belief related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		
Sex	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		
Sexual Orientation	It is not expected that implementation of this policy will be an issue within the realm of this characteristic.		
Marriage or Civil Partnership	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Personal circumstance related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Charlie Stephenson
April 2023

Appendix 2

Review Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	N/A
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and un-ambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to: <ul style="list-style-type: none"> i. review ii. audit compliance with the document? 	√
21.	Is the review date identified, and is it appropriate and justifiable?	√