



# Health and Safety Policy

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Ratified by	Executive Directors' Group (EDG)
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Target audience	All SHSC Trust staff, (including staff seconded in to or working in SHSC services), and the Trust Board
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<p><b>Policy Version and advice on document history, availability and storage</b></p> <p>Policy version 5 This policy is stored and available through the SHSC intranet.</p>
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## 1. Introduction

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health safety and welfare of its employees, service users and members of the public.

This Policy demonstrates the organisational structure and organisational arrangements by which the Trust will prevent injury or ill health to staff, service users or others.

### 1.1 Health and Safety - Statement of Intent

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health safety and welfare of its employees, service users and members of the public.

To this end the Trust will ensure, so far as is reasonably practicable, that any relevant health and safety risks are eliminated, or reduced to an acceptable level. In particular the Trust will;

Prevent accidents, incidents and cases of work-related ill health by managing health and safety risks in the workplace.

Provide clear instructions, information, and adequate training, to ensure employees are competent to do their work.

Engage and consult with employees on day-to-day health and safety conditions.

Implement emergency procedures - evacuation in case of fire or other significant incident.

Maintain safe and healthy working conditions, provide and maintain plant, equipment and machinery, and ensure safe storage/use of substances.

Monitor, audit and regularly review this policy and measure safety performance to enable continual improvement.

**Signed by Chief Executive, Kevan Taylor**

**Date: 6 February 2014**



**Signed by Chairperson, Alan Walker**

**Date: 6 February 2014**



## 2. **Scope of this Policy**

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

## 3. **Definitions**

**Hazard** - A hazard can be defined as anything with the potential to cause harm, loss or suffering. It can relate to many situations met within the Trust, including the tasks completed as part of completing medical and nursing care, the completion of administration, estates and facilities work tasks.

**Risk** - A risk is the likelihood that a hazard will cause a specified harm to someone or something.

**Risk register** - A risk register is part of the process of recording how risks will be managed.

**Risk assessment** - Risk assessment is nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.

**Risk Management** - Risk management is the recognition and effective management of all threats and challenges to the Trust's objectives and values.

## 4. **Purpose of this Policy**

The purpose of this policy is to demonstrate the Trust's compliance with the general requirements of the Health and Safety at Work etc. Act 1974 and other relevant health and safety legislation.

## 5. **Duties**

### **Trust Board**

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

It can do this by requiring a nominated Executive Director to ensure that adequate finances, personnel, equipment, materials and other resources are made available so that the requirements of this policy can be fulfilled.

### **Clinical and Service Directors**

Clinical and Service Directors will ensure that processes are in place to reduce and control health and safety risks, ensure that departmental managers are aware of the policy and that relevant processes are monitored for continued effectiveness.

### **Departmental Managers**

Departmental Managers are responsible for ensuring that suitable and sufficient health and safety Risk Assessments are completed to address the range of risks present in their workplace, that appropriate risk control measures are put in place and that these remain effective in preventing harm or ill health.

If necessary, Departmental Managers can seek advice from the Trust's competent persons, e.g. Health and Safety Advisor, Infection Control Nurse, Manual Handling Co-ordinator, Occupational Health Advisors, or Estate Services Officers, on matters such as the safe management of equipment maintenance, ligature points, water systems, electrical systems, and asbestos.

Such liaison could help Departmental Managers appropriately manage risks which affect the health or the safety of Trust employees or visitors to their workplace, but whose control measures are beyond the manager's competence.

**See Appendix F for template Generic SHSC Risk Assessment Form.**

### **Individual Employees**

Everyone working for the Trust should take reasonable care of their own health and safety and that of other persons who may be affected by their actions or omissions. This will include identifying and reporting to your team leader or manager hazards that could cause harm and not interfering with anything provided to safeguard yours, or other person's health and safety.

### **Health Safety and Risk Advisor**

Has responsibility for:

- Providing specialist advice and guidance, including on the formulation and the implementation of Trust's health and safety policies and procedures.
- Conducting regular, internal health and safety audits in partnership with managers and Health and Safety Representatives.
- Delivery of health and safety-related training.

### **Health and Safety Representatives**

Elected Trade Union or management-nominated Health and Safety representatives have the right to support management in maintaining health and safety control measures within their relevant sphere of responsibility. This may include attendance at training or meetings or inspections.

### **Health and Safety Committee**

The Health and Safety Committee's main responsibilities are to:

- Promote effective co-operation, communication, consultation and involvement in health and safety issues between the Trust and its employees;
- Monitor and audit the successful implementation of health and safety legislation and policies;
- Assist with the development of new policies as required;

## **6. Specific Details**

### **Arrangements for Health and Safety**

Health and safety management is one part of risk management - which is the recognition and effective management of all threats and challenges to the Trust's objectives and values.

The following provides an overview of the general arrangements. For further details refer to the specific controlled documents where referenced.

## 6.1 Risk Assessments

The law requires the Trust to assess and manage significant health and safety risks, via the completion of written Risk Assessments.

A risk assessment is simply a careful examination of what could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.

There are a number of policies that provide specific guidance to assist with managing risk, some of which require staff to use the risk assessment forms detailed within that particular policy.

Examples can be found in some of the following safety-related policies.

- Asbestos Control Policy
- Back Care and Manual Handling Policy
- Control of Substances Hazardous to Health Policy - (COSHH)
- Display Screen Equipment Policy
- Electrical Safety Policy
- Fire Safety Policy
- First Aid Policy
- Infection Prevention and Control Policy
- Lone Working Policy
- Parenting Leave Policy (Maternity, Adoption, Paternity and Partner Leave)
- Security Policy
- Slip, Trip, and Falls Policy
- Stress Management at Work Policy
- Transport Policy

## 6.2 Health and Safety Inspections and Audits

Health and safety inspections or audits can be used as a way to identify the existence of potential workplace hazards before or after the completion of a Risk Assessment.

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

Other more specialist inspections or audits will be carried out by either Trust Advisors or Trust appointed contractors.

## 6.3 Information, Instruction, Training

Employees will be provided with whatever information, instruction, training and supervision as necessary to ensure, so far as is reasonably practicable, their health and safety at work.

The content of this training will be informed by the content of the specific Risk Assessment applicable to that task.

A copy of the poster '**Health and Safety Law: What you need to know**' which gives very basic information should be located in an accessible area within every Trust premises – ask your manager if you do not know where this is located.

In general terms, other safety-related information is cascaded via the Health and Safety Committee, email system, on the intranet, newsletters, local notice boards and team meetings.

For further information see the relevant Training Policies.

#### **6.4 Safe Plant and Equipment (including Lifting Equipment)**

Using well-maintained plant and equipment operated by adequately trained staff, helps prevent accidents and reduces personal harm and financial costs.

Estate Services is responsible for:

- Ensuring that plant and equipment under their control is inspected, examined and maintained as appropriate.
- Ensuring that patient lifting equipment is appropriately examined at least every 6 months and maintained as required.

Departmental Managers are responsible for:

- Ensuring that equipment under their control is suitable for use in the conditions in which it is intended to be used;
- Ensuring that staff have received suitable training on its safe use
- Arranging for appropriate repairs.

Staff are responsible:

- Only to use equipment they have been trained and authorised to use;
- To use work equipment only as it is intended to be used and as instructed;
- To not use work equipment if it is un-safe to use, e.g. defective. Inform the team leader or manager immediately and label the equipment, 'Do not use'.

Any problems found with plant, equipment or fabric of the building should be reported to: Estate Services Direct Link on telephone (27)18181.

#### **6.5 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).

##### **Disabled People**

The Equality Act 2010 defines a person as disabled "if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

Staff who have a disability that may affect the way they do their job and so expose them to increased risk should be covered by a written risk assessment which can identify, as necessary, reasonable adjustments to help them do their job safely.

For further details see the Trust's Equal Opportunities and Dignity at Work Policy.

##### **Children and Young People**

Children and young people on work experience are, under health and safety law, regarded as employees.

Such people are more at risk from harm in the workplace because they are likely to be unaware of health and safety risks and be physically or mentally immature. Therefore a suitable and sufficient health and safety risk assessment should be written, which can form the basis of any agreement between the Trust, the young person and their work experience organiser.

However, the overall rule is that young people under 18 years old must not be allowed to do work which:

- Cannot be adapted to meet any physical or mental limitations they may have;
- Exposes them to substances which are toxic or cause cancer;
- Exposes them to radiation;
- Involves extreme heat, noise or vibration.

### **Pregnant staff**

Once an employee has informed their line manager that they are pregnant a New and Expectant Mothers Risk Assessment will be carried out, with the pregnant person, and this will be periodically reviewed.

Once the employee returns to work, a new risk assessment will be completed to ensure that the appropriate facilities are in place to protect the health and safety of the new / nursing mother.

For further details see the **Parenting Leave Policy (Maternity, Adoption, Paternity and Partner Leave)**

### **Visitors**

Visitors can be at increased when visiting the Trust because they may not be aware of the hazards to their health or their safety. Therefore Trust staff inviting visitors to Trust premises must ensure visitors follow local, safety arrangements.

## **6.6 Internal Reporting of Incidents**

All near misses, accidents and incidents must be reported as per the **Incident Management Policy and Procedure**.

## **6.7 External Reporting/RIDDOR**

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).

For further information see the **Incident Management Policy and Procedure**.

## **6.8 Consultation with Employees**

The Trust recognises its legal duty to consult with employees about health and safety and is aware of the benefits it can have within the Trust. 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.

The Joint Consultative Forum is used for consultation with employees for other, non-health and safety, issues.

## **7. Dissemination, Storage and Archiving**

Links to an electronic copy of the policy shall be circulated via the Health and Safety Committee and a Trust-wide email. Previous copies should be replaced.

An electronic copy of the policy shall be accessible via the Trust Intranet and Internet.

An archive copy of the previous policy and the new updated policy shall be stored with the Integrated Governance Department for reference.

## **8. Training and Other Resource Implications for this Policy**

Within the Trust Directorate Managers at all levels must ensure that staff under their control are aware of this policy, including their individual responsibilities detailed.

The implementation of this policy should have no additional resource requirements. There are no other training needs for the implementation for this policy.

The introduction of this revised policy should provide improved clarity on how health and safety is managed within the Trust and how to obtain further information.

## **9. Audit, Monitoring and Review**

The Health and Safety Risk Advisor is responsible for monitoring the effectiveness of this policy. Periodic reports being prepared and submitted to the Health and Safety Committee for monitoring.

Monitoring will be achieved through active measures: inspections, audits and training compliance, risk assessment completion; and reactive measures: by reviewing incident statistics, accident investigation reports, ill health checks.

This policy will be reviewed within three years of ratification or earlier if needed due to concerns identified through monitoring the policy, changes in national guidance, legislation, significant concerns raised via enforcement action or significant incidents.

**10. Implementation Plan**

<b>Action/Task</b>	<b>Responsible Person</b>	<b>Deadline</b>	<b>Progress update</b>
Advise the Health and Safety Committee that the policy has been ratified	Health and Safety Risk Advisor	TBC	
Put revised policy onto intranet and remove old version		TBC	
Inform all Trust staff of the revised policy via Trust-wide email		TBC	
Reference revised policy in Risk Management training		TBC	

**11. Links to Other Policies**

Asbestos Policy  
 Back Care and Manual Handling Policy  
 COSHH Policy  
 Display Screen Equipment Policy  
 Electrical Safety Policy  
 Equal Opportunities and Dignity at work Policy  
 Fire Safety Policy  
 Incident Management Policy and Procedure  
 Infection Prevention and Control Policy  
 Parenting Leave Policy (Maternity, Adoption, Paternity and Partner Leave)  
 Prevention and Management of Violent Behaviour Policy  
 Risk Management Strategy  
 Safety Assessment in Patient Accessible Areas (includes assessment of ligature points)  
 Slips, Trips and Falls Policy  
 Stress Management at Work Policy  
 Water Policy

## 12. Contact Details

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Health and Safety Risk Advisor	Charlie Stephenson	16208	<a href="mailto:charlie.stephenson@shsc.nhs.uk">charlie.stephenson@shsc.nhs.uk</a>
Estate Services Direct Link	Direct link operator	18181	
Back Care Advisor (c/o Occupational Health Department)	/	2714161	/
Senior Nurse -Infection, Prevention and Control	Katie Grayson	16720	<a href="mailto:katie.grayson@shsc.nhs.uk">katie.grayson@shsc.nhs.uk</a>
Occupational Health Department	/	2714161	/

## 13. References

The Health and Safety at Work etc. Act 1974

HSE, L21 Management of Health and Safety at Work Regulations 1999 Approved Code of Practice

HSE, L22 Provision and Use of Work Equipment Regulations 1998 Approved Code of Practice

## Appendix A - Version Control and Amendment Log

<b>Version Number</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
5	Review on expiry of policy	February 2017	Full review completed as per schedule

## Appendix B - Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of 'All SHSC Staff' email</b>	<b>Any other promotion/ dissemination, (include dates)</b>
5	March 2017	March 2017	

## Appendix C - Stage One Equality Impact Assessment Form

### Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

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**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public - (Charlie Stephenson, 10 March 2017).

**Stage 3 – Policy Screening** - 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 on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	<b>Does any aspect of this policy actually or potentially discriminate against this group?</b>	<b>Can equality of opportunity for this group be improved through this policy or changes to this policy?</b>	<b>Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?</b>
<b>AGE</b>			
<b>DISABILITY</b>			
<b>GENDER REASSIGNMENT</b>			
<b>PREGNANCY AND MATERNITY</b>			
<b>RACE</b>			
<b>RELIGION OR BELIEF</b>			
<b>SEX</b>			
<b>SEXUAL ORIENTATION</b>			

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended/Action Identified/No changes made.

Impact Assessment Completed by (**insert name and date**)

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## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

**1. Is your policy based on and in line with the current law (including case law) or policy?**

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

**2. On completion of flow diagram – is further action needed?**

- No, no further action needed.**
- Yes, go to question 3**

**3. Complete the table below to provide details of the actions required**

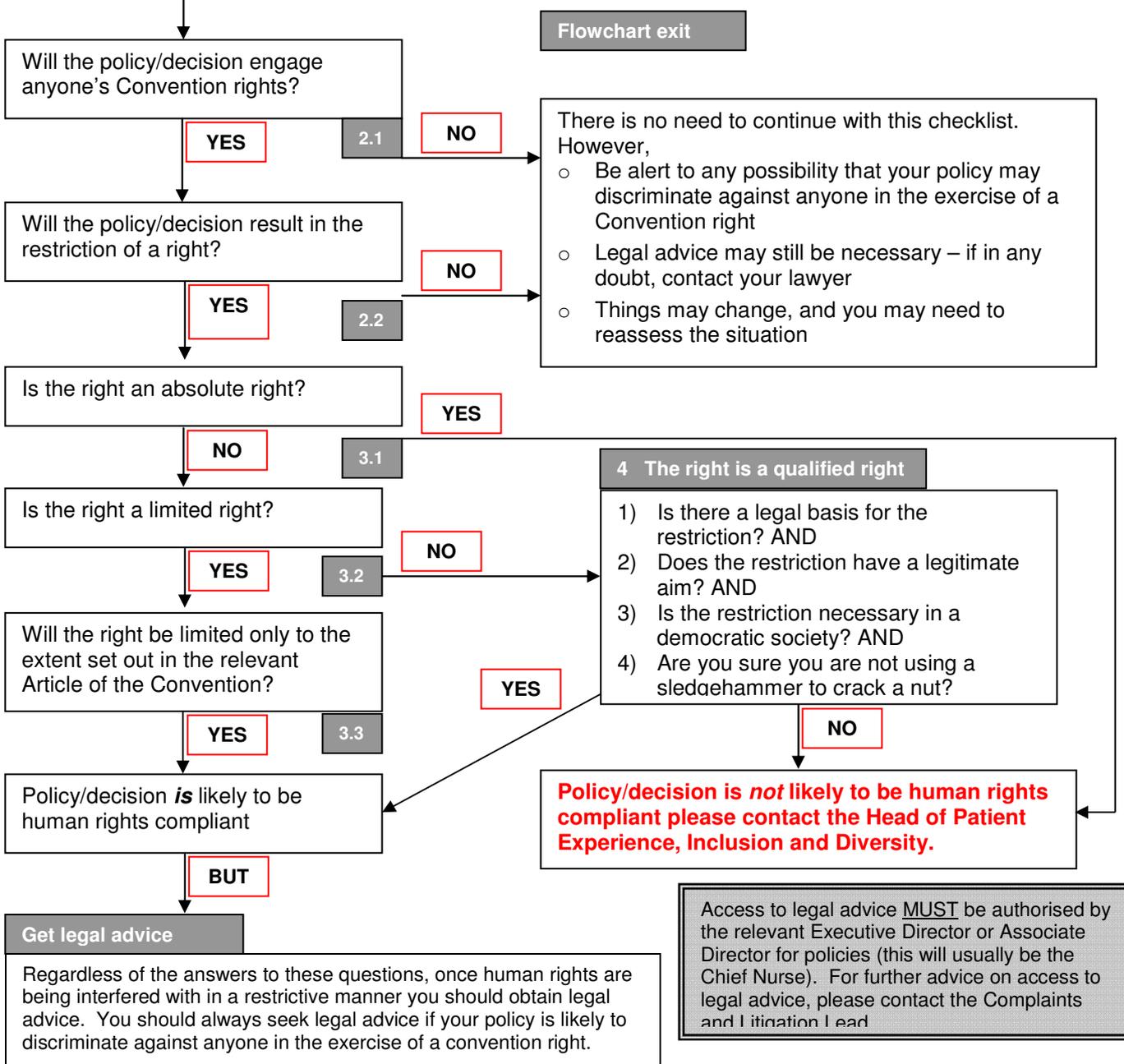
Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

**Complete text answers in boxes 1.1 - 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red** (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

**Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.**

1.1 What is the policy/decision title? .....	1
1.2 What is the objective of the policy/decision? .....	1
1.3 Who will be affected by the policy/decision? .....	1



## Appendix E - Development, Consultation and Verification

### **Significant Amendment**

The policy has been placed into the new format as set out in the *Policy on Policies*.

The policy has followed the H.R. Policy Consultation and Governance Process.

The draft policy verified by the Health and Safety Committee of 20 March 2017 and noted in the minutes of that meeting.

The Policy Governance Group received the policy in May 2017, for pre-ratification checks before being submitted to the Executive Directors' Group in April 2017 for ratification.

Following ratification, the Director of Corporate Governance will arrange for it to be placed on the intranet, (under the H.R. section for policies), and for the previous version to be removed and archived.

## Appendix F - Generic Risk Assessment Form

<b>Workplace</b>  <b>Title of Risk Assessment</b>			<b>Risk Assessor</b>  <b>Date of Assessment</b>  <b>Date of Assessment Review</b>		
<b>What are the hazards?</b> (What are the things that can cause harm?)	<b>Who might be harmed by the hazard?</b>	<b>What is the risk of this harm happening now?</b> (C x L)	<b>List any additional measures needed to control the risks to an acceptable level?</b>	<b>Additional measures completed by?</b>	<b>What is the risk of this harm happening now?</b> (C x L)