Health and Safety Policy

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**Policy Version and advice on document history, availability and storage**

Policy version 03
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1. Introduction

An effective health and safety policy will set a clear direction for the organisation to follow. It will contribute to all aspects of business performance, Trust aims and objectives, and as part of a demonstrable commitment to continuous improvement to prevent harm and to improving the health and safety culture.

This policy has been created to meet the legal requirement under Section 2(3) of The Health and Safety at Work Act etc 1974 (HSWA) to provide a written statement of our general policy, organisation and arrangements for health and safety at work.
1.1 Health and Safety - Statement of Intent

The Trust recognises and accepts its responsibilities for ensuring, so far as is reasonably possible, the health, safety and welfare of its employees; and that a further duty extends to other persons who may be affected by our acts or omissions. The Trust will take steps to ensure compliance with the relevant statutory provisions and good practice requirements.

Our statement of general policy is to:

- Develop and maintain a collective effort of control of health and safety to safeguard people from harm. In turn will act as a foundation of a positive health and safety culture;
- Provide adequate financial, other resources and organisational arrangements to support the successful management of health and safety which is integrated into general business activity;
- Pursue health and safety objectives with evident sincerity, agree plans for improvement and review progress;
- Provide all employees with suitable information, instruction, supervision and training, so their work is carried out safely and competently;
- Ensure that every employee is aware that they must co-operate with us and support the successful implementation of health and safety arrangements;
- Ensure employees’ place of work is safe without risks to health, has adequate welfare arrangements and means of access and egress;
- Provide sufficient occupational health arrangements including workplace wellbeing service;
- Actively encourage consultation with employees on matters affecting their health and safety so they are involved with the planning, measuring and reviewing of performance;
- Ensure adequate co-operation, communication and co-ordination with other employers, and their employees, where they share a workplace or services;
- Provide adequate preventative and protective systems for hazard identification, risk assessment and risk control – including the risk escalation via the risk register process;
- Prevent accidents and cases of work-related ill health where possible and have sufficient reactive systems to address areas of concern;
- Provide and maintain plant, equipment and machinery and ensure safe handling and storage of hazardous substances;
- Ensure that procedures to deal with serious and imminent danger are sufficient, robust, and are appropriately monitored and reviewed;
- Monitor, audit and regularly review this policy and measure safety performance to enable continual improvement.

Signed by Chief Executive, Kevan Taylor   Date: 6th February 2014

Signed by Chairperson, Alan Walker   Date: 6th February 2014
2. **Scope of this policy**

This is a Trust-wide policy and is relevant to all members of SHSC staff, non-SHSC employees based within SHSC premises or service provision, students, contractors and visitors.

3. **Definitions**

**Hazard** - A hazard can be defined as anything with the potential to cause harm, loss or suffering and can relate to all kinds of situations including clinical treatments and the financial position as well as the traditional health and safety issues.

**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 we will manage the risks within individual departments and organisation.

**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 commitment to comply with the general requirements of the Health and Safety at Work etc Act 1974 and other statutory instruments to manage workplace hazards and provide an approved systematic approach and guidance to enable staff to effectively manage risk. More specifically policy details include:

- **A general statement of intent** – in broad terms the organisation’s overall philosophy in relation to the management of health and safety.

- **Organisation/management** (people and their duties). This part outlines the chain of command in terms of health and safety management.

- **Arrangements** (systems and procedures). This part of the policy deals with the practical arrangements by which the policy will be effectively implemented.

5. **Duties**

**Trust Board**

The Trust Board has ultimate responsibility and ‘ownership’ for health and safety, its implementation within the Trust and ensuring its effectiveness in the management of good health and safety practice. This is provided by:

- Demonstrating strong and active leadership from the top; ensuring there is visible, active commitment from the Board and appropriate board-level review of health and safety;

- Setting the direction for effective health and safety management, which is integrated with business decisions;

- Ensuring there is a nominated Executive Director for leading on the Board’s health and safety responsibilities;
• Ensuring there are effective ‘downward’ and ‘upward’ communication channels embedded within the management structures; and Board members take the lead in ensuring the communication of health and safety duties and benefits throughout the organisation;
• Ensuring adequate finances, personnel, equipment, materials and other resources are made available so that the requirements of this policy, legislation and good health and safety practice can be fulfilled;
• Expecting all staff to play a part in the responsibility for meeting the requirements of health and safety legislation and maintaining ongoing accountability through management roles and responsibilities.

Senior Managers, Directors
Have responsibility for developing, implementing and improving the Trust’s health and safety management system as an integral part of day-to-day operations. They have a duty for taking all practicable measures to create a safe and healthy work environment. These include the following:

• Providing leadership and direction in matters of health and safety continually improving health and safety performance;
• Ensuring suitable control of health and safety management which is integrated into general business activity;
• Establishing and achieving overall health and safety goals and objectives as part of the business and/or strategic plans for their areas of responsibility;
• Developing a clear chain of responsibility for health and safety matters through normal line management channels.

Departmental Managers
• To follow Trust policies related to Health and Safety and HR. If required, seek advice from the Trust’s competent persons e.g. Health and Safety Advisor, HR Advisor, Infection Control, Manual Handling Co-ordinator, Occupational Health Department, Estates Officers;
• Developing consultation and gain staff commitment to achieving excellent health and safety/service delivery standards;
• Ensure that health and safety is given the appropriate priority by including it as a permanent or regular item on the agenda for team meetings;
• Ensuring necessary information, instruction, training and supervision is provided to all employees to enable them to undertake their tasks without risk to their own or other persons;
• Ensuring that suitable First Aid and welfare arrangements are provided for all staff;
• Ensuring the accident/incident reporting procedures are complied with inline with local and Trust policy;
• Ensuring that all departments/services have suitable and sufficient risk assessments and safe systems of work in place for the protection of staff, service users, and others that can be affected by our activities/services;
• Ensure staff (and contractors in appropriate circumstances) are informed of any hazards to health and safety which are known to be associated with the work they perform and the steps to be taken to control any such hazard;
• Ensure that employees are conversant with the Trust’s health and safety policy and associated policies and procedures and that they understand the importance of complying with its requirements;
• Ensuring that employees are aware of emergency and evacuation procedures;
• Monitoring employees and appointed contractors to ensure that they undertake their duties/responsibilities in a safe manner in line with Trust policies;
• Ensuring regular inspections and audits of the Trust’s premises under your responsibility, operational areas and equipment to ensure a safe environment/working
conditions;
• Liaise and consult with Estates Services for the management of the risks involved with estate related issues e.g. equipment maintenance, ligature points, water systems, electrical, windows and glazed areas, contractors;
• Allocating the necessary human and financial resources to achieve the goals;
• Ensure that health and safety matters raised by employees are thoroughly investigated and any necessary actions implemented.

**Individual Employees**
Everyone working for the Trust has a responsibility to:

• Take reasonable care of your own health and safety and other persons who may be affected by your actions or omissions;
• Become familiar with and abide by this health and safety policy and all applicable Trust policies, procedures and guidelines;
• Co-operate with your team leaders and managers on health and safety matters;
• Identify and report to your team leader or manager hazards that could cause harm arising out of work activities;
• Report all occupational injuries, illnesses/diseases, near misses or other type of incidents, as per the Trusts Incident Reporting and Investigation Policy;
• Tell your team leader or manager if something happens that might affect your ability to work safely e.g. becoming pregnant, suffering from an injury or illness, taking medications that make you drowsy;
• Be aware of organisational, health and safety, and (where appropriate) client risk assessments and the necessary control measures to reduce risks;
• Not to interfere with anything provided to safeguard yours, or other persons health and safety;
• Immediately report or repair any defects to equipment, furniture, machinery or concerns to your team leader or manager;
• Challenge unsafe acts of other staff or contractors and report the act to the department manager. Additionally if Estates related contractors are involved report the act to the Estates Helpdesk on ex: 18181.
• All staff are required to regularly appraise themselves with, and follow, the latest information, instructions and training you have received; attend the relevant modules of Core Mandatory Training; and further training as identified via your professional requirements, PDR, or your line-manager – also apply common sense and professional judgement in the interest of safeguarding people from harm;
• Know the local emergency arrangements i.e. actions to take in the event of fire, first arrangements;
• Report to your team leader or manager when you are experiencing times of stress that will have an impact on your work and or personal wellbeing – as per the Stress Management at Work Policy.

**Health and Safety Risk Advisor**
Has responsibility for:

• Providing specialist support to managers and staff members where necessary;
• Dealing proactively with health and safety matters;
• Conducting regular internal health and safety audits in partnership with Senior Managers, Departmental Managers Team Leaders and Health and Safety Representatives;
• Advising on new processes or equipment relative to their health and safety impact;
• Maintaining and advising on up to date information on changes to health and safety legislation, Codes of Practice and other standards;
• Assisting in the formulation and implementation of health and safety related Trust wide policies and procedures;
• Providing direction and oversight of health and safety initiatives;
• Delivery of Health and Safety related training.

Health and Safety Representatives
Have delegated responsibility for:

• Supporting Senior Managers, Departmental Managers and Team Leaders with the day to day management of the health and safety programme in accordance with legislative requirements and Trust policies and procedures;
• Participating in meetings with other health and safety representatives and the Health and Safety Officer and attending health and safety training courses where appropriate;
• Participating in health and safety audits in partnership with Senior Managers, Departmental Managers and Team Leaders.

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;
• Keep a watch on the adequacy of safety and health communication and awareness in the workplace;
• Assist with the development of new policies as required;
• Consult with staff on policy and to liaise on incidents;
• Report to the Quality Assurance Committee.

6. Specific details

Arrangements for Health and Safety
Health and safety management can be seen by many as complicated and as an add-on to what we already do. But it needn’t be that way - 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 Trust’s Safety and Risk Strategy and Risk Management Policy outlines all aspects of safety and risk and aims to provide a vision and clarity about safety and risk management; outlines staff roles and responsibilities and describes the systems and processes for effective risk management; promotes the absolute importance of a good safety culture.

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

6.1 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. As an employer, the law requires the Trust to assess and manage health and safety risks.

• To comply with the law (and it makes good business sense), departmental managers are responsible for the completion of risk assessments for the areas and activities of staff under their control;
• A risk assessment must be carried out before the work that gives rise to the risk, change to systems, introduction of new equipment or new development that could
affect the health, safety and welfare of staff, service users, visitors and contractors;

- Departmental Managers are responsible to make their staff aware of the results of the risk assessments, and provide them with the necessary information, instruction and training and supervision to undertake their work safely;
- The Risk Management Policy Manual provides the general guide to completing risk assessments;
- There are a number of other polices 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:
  - Back Care & Manual Handling Policy
  - Display Screen Equipment Policy
  - COSHH Policy
  - Maternity Policy and Procedure
  - Drowning & Scalding Policy
  - Safety Assessment in Patient Accessible Areas (includes assessment of ligature points)

6.2 Health and Safety Inspections
Health and safety inspections are an invaluable way of identifying potential workplace hazards before they cause a health and safety problem. An inspection should cover all aspects of the working environment, work methods, and work conditions. It has been designed in order to achieve some consistency of content for Health and Safety standards across the Trust. The Trust’s health and safety checklist can also be used to assist with the hazard identification as part of the risk assessment process.

- Departmental managers and building managers are responsible to ensure health and safety related inspections of the areas under their control are carried out;
- The Trust’s Health and Safety Checklist can be found on the intranet.

6.3 Fire Prevention and Management
Each year people die or are seriously injured as a result of fires at work. Besides loss of life, fire costs UK business millions of pounds, from damage to property, loss of business, fines, compensation claims and insurance premiums. Many fires can be avoided by taking fire precautions. All necessary fire prevention, precautionary and management fire safety measures are to be implemented within work premises to remove or reduce the likelihood of a fire occurring.

- Estates Services will make sure that:
  - Fire Risk Assessments are completed, by the Trust’s competent person, for all of the premises under the Trust’s control;
  - Fire extinguishers are maintained and checked annually;
  - Arrangements for testing of fire detection and warning systems are in place by competent persons;
- Building managers are overall responsible to ensure the appropriate checks and inspections have taken place e.g. fire extinguishers are sited correctly, clear escape routes, and where designated - weekly testing of fire alarms;
- Staff are also expected to co-operate fully in complying with any preventative (e.g. keeping walkways clear, using equipment and flammable liquids safely) and emergency procedures.

For further guidance see the Fire Safety Policy.
6.4 Manual Handling & Backcare
Work-related musculoskeletal disorders (MSDs), including manual handling injuries, are the most common type of occupational ill health in the UK.

- Departmental managers are responsible for completing risk assessments for manual handling tasks for their staff;
- Staff have duties to follow the detailed risk assessments, procedures and training;
- All staff will receive Manual Handling training at induction and then as defined in the Trust’s Mandatory Training Policy and Training Needs Analysis (TNA);
- Ad-hoc manual handling training can be provided if a risk assessment has identified it as being required.

For further information see the Back Care and Manual Handling Policy.

6.5 Slips, Trips, Falls
Slips and trips resulting in falls are the most common cause of major injuries in all workplaces in Great Britain. Most slips occur in wet or contaminated conditions and most trips are due to poor housekeeping. Slip, trip, fall incidents can be cut dramatically through good planning, positive management and good housekeeping.

- Estates Services are responsible for ensuring that the floor surface is suitable and maintained;
- All staff are responsible to ensure all work areas are kept tidy and pedestrian routes and stairs are unobstructed with no items protruding into the walkways;
- Stock items and waste should be stored at the designated locations identified;
- Ensure all spillages are cleaned up using appropriate methods for the contaminant - if appropriate, use a wet floor sign and warn people of the hazards;
- Staff must wear sensible footwear which have good anti-slip properties;
- Any defects to floor surfaces must be reported to Estates Services Direct link on ex:18181.

For further information, see the Slip, Trip, and Falls Policy.

6.6 Hazardous Substances (including Blood Borne Viruses)
Potentially there are various hazardous substances employees may be exposed to. However, appropriate risk assessment and controls will be in place to control hazardous substances in the workplace to make sure that staff are not put at undue risk.

- Departmental managers are responsible for:
  - Carrying out COSHH assessments, where required, and making sure staff receive appropriate information, instruction, training and supervision in the use of hazardous substances and emergency arrangements;
  - Ensuring that systems are in place to eliminate, substitute, isolate or control the use of chemicals to an acceptable level.
- The use of latex gloves are prohibited within the Trust;
- The Trust policy on medical sharps is to provide safer sharps devices, e.g. retractable needles, suitable training and resources where reasonably possible.
- For prevention of sharps injuries, skincare/dermatitis and prevention of Blood Borne Viruses (BBV) see the Infection, Prevention and Control Policy.
- For supplied hazardous products, fumes and vapour etc see the Control of Substances Hazardous to Health (COSHH) Policy;
- For control of Asbestos Containing Materials (ACM) see the Asbestos Policy;
- For hazardous waste issues see the Waste Management Policy;
- For control of legionella see the Control of Legionella Policy.
6.7 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.

- As part of employees’ local induction, corporate induction, job specific and refresher training, staff will be informed of their health and safety responsibilities and safe systems of work / procedures to follow;
- A copy of the poster ‘Health and Safety Law: What you need to know’ is located in an accessible area within every Trust premises – ask your manager if you do not know where this is located;
- Details of safety representatives can be found on the named poster above, Human Resources Dept or Union Office;
- Information is cascaded via the Health and Safety Committee, email system, on the intranet, newsletters, local notice boards and team meetings;
- All staff are required to regularly appraise themselves with the latest information provided for their health and safety at work and attend Core Mandatory training and as identified by their line-manager;
- There are appropriate safety signs to warn people of specific hazards within each premises.

For further information see the Generic Local Induction Checklist, Induction Policy, Education Training and Development Policy and Mandatory Training Policy.

6.8 Safe Plant and Equipment

By using safe, well-maintained plant (plant: equipment/machinery for particular process e.g. heating systems) and equipment operated by adequately trained staff, you can help prevent accidents and reduce personal and financial costs.

- Estates Services are responsible for:
  - Making sure that new plant and equipment meets health and safety standards before it is purchased;
  - Ensuring all plant and equipment (under their control) is suitable for use, inspected, examined and maintained as appropriately;
  - Making sure that patient lifting equipment throughout the Trust is appropriately examined at least every 6 months and maintained as required.

- Departmental Managers are responsible for:
  - Making sure that equipment under their control is suitable for use and for the purpose and conditions in which it is intended to be used; staff have received suitable training; that it inspected and maintained as required;
  - Making sure there are arrangements for appropriate repairs when required.

- All staff are responsible:
  - To only use equipment that they have been trained and authorised to use;
  - To only use the work equipment as it has been intended to be used and as instructed;
  - To not use work equipment if it is unsafe to use e.g. defective. Inform your team leader or manager immediately, label ‘do not use’. 

Any problems found with plant, equipment or fabric of the building should be reported to: Estates Services Direct Link on ex: 18181.

For more information on electrical safety issues see section 6.9 Electrical safety.
6.9 Electrical Safety
The Trusts Estates department is responsible for the inspection and maintenance of installed electrical systems and portable and transportable equipment for buildings under their control.

- Only competent persons authorised by the Estates dept are permitted to maintain/repair electrical systems and equipment;
- All mains portable/transportable electrical equipment will be inspected and tested (as assessed) by Estates Services and they will hold all records – this includes Portable Appliance Testing (PAT).
- Departmental Managers must liaise with Estates Services for advice on the correct selection mains electrical equipment and make sure the appropriate testing before use has been completed;
- If you believe there is a fault with an electrical appliance or installed system – do not use, isolate if safe to do so, label ‘do not use’ and report immediately on the Estates Services Direct link on ex:18181.

For further details see the Trusts Electrical Safety Policy.

6.10 Noise
Noise is part of everyday life, but loud noise can permanently damage hearing. The typical Trust employees that are at potentially at risk from high levels of noise exposure are Estate workers.

Estates Services are responsible for ensuring that:
- There are assessments in place for employees exposed to noise at work;
- Action is taken to reduce noise exposure and make sure that legal limits on noise exposure are not exceeded;
- Employees are supplied with hearing protection as appropriate;
- Provide employees with information, instruction and training;
- Arrange for health surveillance where there is a risk to health;
- Provide advice to managers and staff on request.

6.11 Vibration
Hand-arm vibration comes from the use of hand-held power tools and is the cause of significant ill health. The typical Trust employees that are at potentially at risk from high levels of vibration exposure are Estate workers.

Estates Services are responsible for ensuring that:
- There are assessments in place for employees exposed to vibration at work;
- Action is taken to reduce vibration exposure and make sure that legal limits on vibration exposure are not exceeded;
- Employees are supplied with protective clothing when necessary to keep them warm and dry (this will encourage good blood circulation);
- Provide employees with information, instruction and training;
- Arrange for health surveillance where there is a risk to health;
- Provide advice to managers and staff on request.
6.12 Working at Height

Working ‘at height’ is if a person could be injured falling from it, even if it is at or below ground level - this does not include stairways or slips and trips on a level. Working at height is one of the most common causes of workplace deaths and one of the main causes of major injury.

Common tasks requiring working from height are:
- Minor roof work e.g. using a ladder, standing on unguarded roof;
- General maintenance tasks e.g. whilst using ladders;
- Unloading a vehicle e.g. standing on the load area;
- Cleaning tasks to reach high places e.g. using at stepladder;
- Access to shelving e.g. using at stepladder or step stool;
- Putting up a display e.g. using at stepladder or step stool.

Estates Services are responsible for ensuring that:
- Work at height for areas under their control is properly planned and organised, taking in account weather conditions;
- Those involved in work at height are trained and competent;
- The place where work at height is done is safe;
- Equipment for work at height is appropriately inspected;
- The risks from fragile surfaces are properly controlled;
- The risks from falling objects are properly controlled.

Contractors:
Contractors must not work at height on roofs unless they have received approval from the Trust’s responsible Estates Officer. Approval will only be granted when required work has been properly planned and organised, including a permit to work system where required.

Also see section 6.24 and Contractors (Control of) Commissioning Policy.

Departmental Managers are responsible for ensuring that they:
- Avoid the need to work at height where possible;
- Make sure the step ladders are suitable for the task to be undertaken and are in good condition and preferably with suitable handholds. Ideally they should be EN 131 standard or Class 1 (domestic type (Class 3) are not normally suitable for use at work);
- Carry out regular checks on each step ladder or step stool to make sure they are in good condition;
- Make sure that staff are trained and instructed in how to use stepladders or step stools safely and inform staff to carry out pre-use checks;
- Remove any defective or unsuitable step ladders from use.

All staff are responsible to ensure that:
- They do not work at height if it can be avoided;
- They do not climb on to shelving or racking under any circumstances;
- They only use step ladders for recognised activities identified and if they have received appropriate training and instruction;
- They carry out pre-user checks and follow the safe use instructions for the step ladder or step stool (usually printed on each step ladder and step stool);
- If you find a defect or have a concern with the activity to be undertaken, then do not use; inform your team leader or manager immediately; label ‘do not use’.
6.13 Lifting Equipment
Lifting equipment includes any equipment used at work for lifting or lowering loads, including attachments used for anchoring, fixing or supporting it. Examples: patient hoists, passenger lifts, Mobile Elevated Working Platforms (MEWPS), vehicle tail-lifts.

Patient Hoists
Although the use of hoists can reduce musculoskeletal risks, you should consider the other risks associated with hoisting people. Each year a significant number of incidents are reported in which people have been injured while being moved using hoisting equipment.

Departmental Managers will ensure that:
- All hoists and slings to be used are maintained in accordance with the manufacturer’s instructions;
- All hoist and sling combinations to be compatible and appropriate for the patient and that risk assessments are repeated if the equipment combination or the patients’ condition(s) changes;
- Staff are trained in the specific equipment and techniques so that they have the skills and competence to carry out the handling plan and understand the risks and measures to control them;
- That staff visually inspected hoists and slings before use and are removed from service if defects are found – and reported to Estates Services Direct Link on ex:18181;
- All slings are to be cleaned in accordance with the manufacturer’s instructions.

Estates Services will ensure that:
- All hoists and slings are thoroughly examined by a competent person at least every 6 months – this is arranged by Estates Services. NB: A thorough examination is a systematic and detailed examination of the lifting equipment by a competent person to detect any defects that are, or might become, dangerous;
- In addition to the thorough examination requirements, all hoists will be regularly serviced and maintained;

Other Lifting Equipment
Estates Services will ensure that:
- All lifting equipment (including accessories) is periodically thoroughly examined, inspected and maintained as per the manufacturers instructions and or the competent person examination scheme;
- Lifting operations are planned, supervised and carried out in a safe manner by people who are competent (trained and experienced);
- Contractors needing to use their own lifting equipment:
  - Have proved that their lifting equipment (including accessories) has been subjected to appropriate periodic thorough examinations, inspections and maintenance;
  - Users are competent to use it safely;
  - Approved risk assessments, methods statements and safe system of working are in place before work is authorised.

6.14 Driving on Works Business
All staff that drive on Trust business, whether using a fleet vehicle, lease car or private vehicle have responsibilities that they follow the laws applicable to driving as well as Trust guidance and procedures.
For further information see the **Transport Policy**.

### 6.15 Display Screen Equipment (DSE)
The significant use of Display Screen Equipment (DSE) – for example computers and the workstation equipment, can result in health problems if not used or managed correctly.

- Departmental Managers are responsible for making sure defined ‘DSE Users’ should complete with their manager the DSE assessment for their workstation;
- DSE users will be provided with training in the use of DSE;
- Defined users are entitled to free eye tests and corrective appliance (subject to terms and conditions).

For further guidance see the **Display Screen Equipment Policy**.

### 6.16 Work Related Stress
Workplace stress can be a major factor in reducing staff performance, commitment and motivation, and productivity, and increasing sickness absence and absenteeism.

- Departmental Managers are responsible for identifying and managing the potential causes of stress.
- Staff have a responsibility to report to their team leader or manager when they are experiencing times of stress that will have an impact on their work or wellbeing.
- All team leaders must deal with raised issues of stress in a sensitive and constructive manner and in accordance with the Stress Management at Work Policy.

For further guidance see the **Stress Management at Work Policy**.

### 6.17 Personal Safety
The nature of the work undertaken within the Trust means that some staff are often required to work with patients and visitors who are in a distressed or disturbed condition, who are anxious or in pain. There is an inherent risk of violence or aggressive situations. The Trust is committed to provide a safe and secure workplace for its employees and service users by aiming to prevent and deter crime by removing opportunities for it to occur or to re-occur.

- Departmental Managers are responsible for ensuring that the appropriate assessments and procedures are in place and staff have received appropriate training
- All staff are responsible for:
  - Complying with the local arrangements and procedures designed to aid security;
  - Informing the appropriate team leader or manager if they have any security related concerns;
  - Reporting all acts of violence and aggressive behaviour to your team leader or manager and always complete the Trust’s incident form;
  - Attending the appropriate conflict resolution training – as identified by your line manager.
- SHSC has appointed a Local Security Management Specialist (LSMS) who will be available to offer specialist guidance and advice to staff and managers.
- In partnership with NHS Protect, the Trust will seek to hold to account those who have committed crime against NHS organisations and NHS employees by detecting and prosecuting offenders and seeking redress where viable.

For further information see the **Security Policy** and **Prevention and Management of Violent Behaviour Policy** and **Mandatory Training Policy**.
6.18 Lone Working
People working alone or in isolation from others may be at particular risk because of their vulnerability in the event of an attack or illness. They may be at risk if they are not in regular contact with others and are not kept informed about relevant current developments.

- Departmental Managers are responsible for making sure that lone working is avoided if possible; there are suitable risk assessments for lone working with appropriate personal safety plans and systems before the lone worker commences;
- Staff who are required to lone work, make sure that you are aware of the risk assessments and personal safety plan – and follow it.

For further information see the Lone Working Policy.

6.19 Remote Working
- The Trust will provide the means to ensure that staff with the ability to carry out duties from remote locations, (home, other offices etc), carry out a work station assessment.
- Line Managers must ensure that a risk assessment is carried out to ensure the suitability of “Homeworking” facilities/arrangements.
- The Trust will ensure that all equipment supplied for the purposes of home working is suitably tested and free from electrical defects.

6.20 First Aid Arrangements
- Departmental Managers are responsible for informing staff of the first aid arrangements at each premise location – this should include, the designated first aiders, appointed person, location of first aid equipment and methods of summoning first aid assistance;
- All staff should keep themselves familiar with the first aid arrangements;
- Nominated first aiders are required to keep their training up to date.

6.21 Pregnant Women and Nursing Mothers
As the employer, the Trust has a legal obligation to ensure a safe and healthy work environment for their pregnant or breastfeeding employees. All staff are entitled to a safe, secure working environment - whilst there are no legal requirements on employees to inform their employers that they are pregnant or a new mother they should bear in mind that the employer is not required to take any specific action until written notification has been provided.

- It is advised that pregnant employees inform their line-manager that they are pregnant. Early identification of workplace risks is beneficial as there are hazards at work which could affect a pregnant person’s health;
- Once an employee has informed their line manager that they are pregnant, the line manager will carry out a New and Expectant Mothers Risk Assessment, with the pregnant person, and this will be periodically reviewed;
- Once the employee returns to work, a new risk assessment will be completed by the line manager 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 Maternity Policy and Procedure.
6.22 Disabled People
As an employer, the Trust must assess and manage the work risks to everyone, including those with disabilities.

The Equality Act 2010 defines a person, “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.” For further definition and information, please see the Equal Opportunities and Dignity at Work Policy.

- Staff who have a disability that may affect the way they do their job or put them at increased risk should inform their line-manager. This is so a risk assessment is completed and make changes where necessary (reasonable adjustments) to help them do their job safely;
- Departmental and Building Managers are responsible to make sure that arrangements for evacuation in an emergency is planned in advance (This is also necessary for people who are temporarily disabled, e.g. with a broken leg).

6.23 Children and Young People
Children (0-16) and young people (16-18) are more at risk from harm and are likely to be inexperienced, unaware of health and safety risks and physically or mentally immature. Therefore, we must make sure that additional safeguarding arrangements are in place before their work or work experience commences.

The Trust, in liaison with the work experience organiser, will develop an agreement that will ensure:
- A plan of work for the placement;
- Suitable and sufficient risk assessments are in place;
- Arrangements for instruction and training before the work starts;
- How the young person will be supervised and who will be responsible.

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

6.24 Contractors
Sometimes it is necessary to commission contractors to carry out work for the Trust. The Trust and contractors have legal responsibilities under health and safety regulations in dealing with specific hazards - there must be co-operation and co-ordination between all the parties.

- Those wanting to commission contractors must obtain authorisation from Estates Services before doing so;
- All contractors must report to the reception of the premises where work is to be undertaken, sign in and follow the local arrangements for that site – contractors must not undertake work until authorised to do so by the authorising person;
- Contractors are required to take necessary actions to ensure activities do not endanger themselves or others that can be affected by their acts or omissions;
- All Contractors are expected to adhere to the relevant Trusts polices, which includes the Health and Safety Policy and Contractors (Control of) Commissioning Policy in full;
If Trust staff see contractors working in an unsafe manner this must be reported to Estates Services immediately.

6.25 Asbestos
Asbestos is the name used for a range of natural minerals that used to be used in construction and has been found in a number of the Trust buildings. Asbestos is only a risk to health if asbestos fibres have been disturbed and released into the air and breathed in. Workers who carry out building maintenance and repair are particularly at risk. The law requires those who have control of the buildings has the duty to manage the asbestos in their buildings.

The Trust has extremely robust systems to appropriately manage asbestos to meet the very strict legal requirements.

Estates Services is responsible:
- For ensuring the systems are in place to manage asbestos in the premises under the Trust’s control;
- To ensure asbestos surveys and appropriate risk assessments, management plans and registers are completed;
- For carrying out annual monitoring of the condition of asbestos in the premises;
- Where asbestos is present, to ensure that each premise location has a copy of the asbestos register;
- To have robust systems for informing contractors of the location of asbestos and agreeing the appropriate course of action before any work commences;
- Ensuring provision of adequate training (which includes information and instruction) to employees (typically maintenance staff) who are, or may be, exposed to asbestos, and their supervisors.

For further details see the Control of Asbestos Policy.

6.26 Visitors
Visitors can be at increased risk in premises as that may not be aware of the hazards and the controls to manage them. Therefore:
- Building managers are responsible to make sure that, for premises under their control, there are local arrangements for the management of visitors;
- All visitors must report to reception, sign in and follow the local arrangements for that site;
- Those inviting visitors to their site, must make sure that visitors follow the local arrangements and are not left unaccompanied - as in the event of an evacuation they will need to be escorted from the building.

6.27 Smoking
- As required by law there is no smoking permitted in any Trust buildings;
- This has been extended by the Department of Health to include all NHS premises, which includes outside spaces.

For further details see the No Smoking Policy.

6.28 Alcohol and Drugs
The Trust recognises the adverse effects of alcohol and substance abuse on individuals and as such, the Trust is concerned with and has a duty to protect and maintain the health, safety and welfare of its employees.
- No alcohol is allowed to be consumed on Trust premises;
• Unfitness for duty through substance abuse, including alcohol, may constitute ‘gross misconduct’. Such action is considered an offence and will be dealt with under the Trust’s disciplinary procedure;
• Staff are permitted to bring in their personal prescribed drugs or over the counter medication on Trust premises. You have duty to make sure that it is suitably secured;
• The Trust has a responsibility to offer help when it becomes apparent that an employee has a problem with substance misuse or alcohol which may affect work performance.

For further information, see the Alcohol & Substance Misuse in the Workplace Policy.

6.29 Internal Reporting of Incidents
• All near misses, accidents and incidents must be reported as per the Incident Reporting and Investigation Policy – the Trust’s incident form will need to be completed for all circumstances;
• All near misses, accidents and incidents should be reported to the team leader or manager.

6.30 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 2013 (RIDDOR);
• The Integrated Governance Department is responsible for reporting all reportable events to the HSE within the prescribed timescales;
• The Integrated Governance Department will seek advice from the Health and Safety Risk Advisor regarding matters on RIDDOR reporting requirements.

For further information see the Incident Reporting and Investigation Policy.

6.31 Consultation with Employees
The Trust recognises not just its legal duty to consult with employees about health and safety but is fully 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, 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 with health and safety issues is via the appointed, or nominated, representatives – usually at 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

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

11. Links to Other Policies

Alcohol and Substance Misuse in the Workplace Policy
Asbestos Policy
Back Care & Manual Handling Policy
Contractor (control of) Commissioning Policy
Control of Legionella Policy
COSHH Policy
Display Screen Equipment Policy
Drowning & Scalding Policy, including Bathing Guidelines
Education Training and Development Policy
Electrical Safety Policy
Equal Opportunities and Dignity at work Policy
Fire Safety Policy
Incident Reporting & Investigation Policy
Induction Policy
Infection Prevention and Control Policy
Low Voltage Electrical Policy
Mandatory Training Policy
Maternity Policy and Procedure
No Smoking Policy
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
Waste Management Policy

12. Contact Details

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Risk Advisor</td>
<td>Joel Gordon</td>
<td>30 50761</td>
<td><a href="mailto:Joel.gordon@hsc.nhs.uk">Joel.gordon@hsc.nhs.uk</a></td>
</tr>
<tr>
<td>Estates Direct Link</td>
<td>Direct link operator</td>
<td>18181</td>
<td></td>
</tr>
<tr>
<td>Back Care Advisor</td>
<td>David Craig</td>
<td>30 51560</td>
<td><a href="mailto:d.craig2@nhs.net">d.craig2@nhs.net</a></td>
</tr>
<tr>
<td>Senior Nurse -Infection, Prevention and Control</td>
<td>Rosie Dixon</td>
<td>16720</td>
<td><a href="mailto:Rosie.dixon@shsc.nhs.uk">Rosie.dixon@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Occupational Health Department</td>
<td></td>
<td>0114 271 4161</td>
<td></td>
</tr>
</tbody>
</table>

13. References

The Health and Safety at Work etc Act 1974
HSE L108 Controlling noise at work. The Control of Noise at Work Regulations 2005. Guidance on Regulations
HSE COSHH a brief guide to the Regulations
HSE INDG175(rev3) Hand-arm vibration at work: A brief guide
HSE (HSIS7) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees
HSE (2013) the Health and Safety (First-Aid) Regulations 1981. Guidance on Regulation
HSE HSG159 Managing contractors: A guide for employers
Supplementary Section A - Stage One Equality Impact Assessment Form

1. Have you identified any areas where implementation of this policy would impact upon any of the categories below? If so, please give details of the evidence you have for this?

<table>
<thead>
<tr>
<th>Grounds / Area of impact</th>
<th>People / Issues to consider</th>
<th>Type of impact</th>
<th>Description of impact and reason / evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>People from various racial groups (e.g. contained within the census)</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This policy will help to reduce the risk of harm to new or expectant mothers.</td>
</tr>
<tr>
<td>Gender</td>
<td>Male, Female or transsexual/transgender. Also consider caring, parenting responsibilities, flexible working and equal pay concerns</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>his policy will make sure that all staff types are safeguarded from harm with reasonable adjustments where necessary</td>
</tr>
<tr>
<td>Disability</td>
<td>The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities’. This includes sensory impairment. Disabilities may be visible or non visible</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>his policy will make sure that all staff types are safeguarded from harm with reasonable adjustments where necessary</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Lesbians, gay men, people who are bisexual</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Children, young, old and middle aged people</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>People who have religious belief, are atheist or agnostic or have a philosophical belief that affects their view of the world. Consider faith categories individually and collectively when considering possible positive and negative impacts.</td>
<td>Negative (it could disadvantage)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive (it could advantage)</td>
<td>No</td>
</tr>
</tbody>
</table>

2. If you have identified that there may be a negative impact for any of the groups above please complete questions 2a-2e below.

2a. The negative impact identified is intended □ OR 2b. The negative impact identified not intended □

2c. The negative impact identified is legal □ OR 2d. The negative impact identified is illegal □ OR (see 2e) (i.e. does it breach antidiscrimination legislation either directly or indirectly?)

2e. I don't know whether the negative impact identified is legal or not □ (If unsure you must take legal advice to ascertain the legality of the policy)
3. What is the level of impact?

☐ HIGH - Complete a FULL Impact Assessment (see end of this form for details of how to do this)

☐ MEDIUM - Complete a FULL Impact Assessment (see end of this form for details of how to do this)

☒ LOW - Consider questions 4-6 below

4. Can any low level negative impacts be removed (if so, give details of which ones and how)

N/A

5. If you have not identified any negative impacts, can any of the positive impacts be improved? (if so, give details of which ones and how)

N

6. If there is no evidence that the policy promotes equality and equal opportunity or improves relations with any of the above groups, could the policy be developed or changed so that it does?

No

7. Having considered the assessment, is any specific action required - Please outline this using the pro forma action plan below
(The lead for the policy is responsible for putting mechanisms in place to ensure that the proposed action is undertaken)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action proposed</th>
<th>Lead</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Lead person Declaration:

8a. Stage One assessment completed by: ...Joel Gordon..................(name) ........................................(signature) ...15/2011....(date)

8b. Stage One assessment form received by Patient experience and Equality Team ........................................(date)

8c. Stage One assessment outcome agreed □ ...........................................(sign here).............. (Head of Patient Experience and Equality)

OR

............................................. (date agreed)

8d. Stage One assessment outcome need review □ ...........................................(sign here).............. (Head of Patient Experience and Equality)

............................................. (date returned to policy lead for amendment)

(if review required – please give details in text box below)

If a full EQIA is required the stage 1 assessment form should be retained and a completed EQIA report submitted to the relevant governance group for agreement by the chair. The chair will forward the completed reports to the Patient Experience and Equality team for publication.

Any questions relating to the completion of this form should be directed to the Head of Patient Experience and Equality.
Supplementary Section B - 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.sct.nhs.uk/humanrights-273.asp (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 caselaw) 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

<table>
<thead>
<tr>
<th>Action required</th>
<th>By what date</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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

Will the policy/decision engage anyone’s Convention rights? 2.1 NO

YES

Will the policy/decision result in the restriction of a right? 2.2 NO

YES

Is the right an absolute right? 3.1 YES

NO

Is the right a limited right? 3.2 NO

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? 3.3

YES

Policy/decision is likely to be human rights compliant

BUT

Flowchart exit

There is no need to continue with this checklist. However,

- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

4 The right is a qualified right

1) Is there a legal basis for the restriction? AND
2) Does the restriction have a legitimate aim? AND
3) Is the restriction necessary in a democratic society? AND
4) Are you sure you are not using a sledgehammer to crack a nut?

Policy/decision is not likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.
**Supplementary Section C - Consultation process**

<table>
<thead>
<tr>
<th>Name of Policy</th>
<th>Name of Policy Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Policy</td>
<td>Joel Gordon Health and Safety Risk Advisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/09/11</td>
<td>Estates Services</td>
</tr>
</tbody>
</table>

**Consultation Plan:**

Who will be significantly affected by the policy (or need to implement it?):

This policy will be issued to those with a specialist interest in effective health and safety management. Typically these are: Integrated Governance Manager, Estates Managers, Senior Nurse / Patient Safety, Clinical Risk Manager, Manual Handling Co-ordinator, Senior Nurse - Infection Prevention and Control, Fire Officer, Security Officer

<table>
<thead>
<tr>
<th>Is this a big change to a current policy or a new policy?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If NO</td>
<td>Consultation via email and discussion at relevant governance groups is sufficient</td>
</tr>
<tr>
<td>If YES</td>
<td>Consider a wider consultation process eg with focus groups, attendance at team or directorate meetings</td>
</tr>
</tbody>
</table>

**RECORD OF CONSULTATION (interactive)**

<table>
<thead>
<tr>
<th>Group or individual consulted</th>
<th>Date of consultation/ response received</th>
<th>Comments on draft policy</th>
<th>Your response (say if policy amended – if not, say why not)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various managers and key personnel within the Trust and members of the Health and Safety Committee</td>
<td>Oct – Nov 2013</td>
<td>Minor amendments, grammar etc.</td>
<td>Yes.</td>
</tr>
</tbody>
</table>
  Kept organisation and added ‘management’. Yes – added within employees’ duties. Yes (as per Equality Act). |