



HEALTH & SAFETY POLICY

Version:	3.1
Bodies consulted:	EMT, Health & Safety Manager, Estates staff
Approved by:	Board of Directors
Date Approved:	25 September 2018
Lead Manager:	Director of Estates, Facilities & Capital Projects
Lead Director:	Deputy Chief Executive
Date issued:	26 September 2018
Review date:	September 2020
Intranet:	Yes
Extranet:	Yes


Minor modifications made in November 2019 and approved by the Estates and Facilities Work Stream of the Clinical Quality, Safety and Governance Committee and EMT

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1. INTRODUCTION, PURPOSE AND SCOPE

1. The Health & Safety at Work Act etc. 1974 (“Act”) places an absolute duty on employers to safeguard the health, safety and welfare of all employees and anyone who may be affected by their undertakings. The Tavistock and Portman NHS Foundation Trust (the “Trust”) recognises and accepts its responsibilities under the Act and all other regulations that fall under the Act.
2. In addition, the Trust recognises and accepts the health & safety standards in the Safety Domain of ‘Standards for Better Health’ set by the Health Commission and the risk management standards set by the National Health Service Litigation Authority.
3. It is the policy of the Trust to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees, visitors, contractors and members of the public and all persons who may be affected by the Trust’s activities.
4. In compliance with the Act, the Trust will undertake all practical measures to ensure:
 - A physically and mentally safe and healthy working environment
 - Safe systems and methods of work and a safe means of access and egress
 - Suitable and sufficient training, information, instruction and supervision
 - Completion and regular revision of risk assessments
 - Regular consultation with employees
 - Active participation and support of all employees
 - Suitable welfare facilities and arrangements
 - Continuous improvement in health & safety standards and annual revision of the policy.
5. This Policy applies to all staff and students employed by the Trust. The Duties and Responsibilities section covers the specific health & safety responsibilities of all staff within the Trust.
6. The Trust is committed to developing a positive health & safety culture amongst its employees and the Procedures section outlines the practical measures in place to develop and maintain an effective health & safety management system as outlined in Health & Safety Executive (“HSE”) publication HSG65.
7. This policy will be reviewed annually and signed by the Chief Executive of the Trust.

Name:	 Paul Jenkins
Position:	Chief Executive
Date:	18 November 2019

2. DUTIES AND RESPONSIBILITIES

8. This section outlines the health & safety responsibilities that have been assigned to specific employees.

The Board of Directors

- 9 The Board of Directors has overall responsibility for the health, safety and welfare of all employees and anyone that may be affected by the Trust's undertakings.
- 10 The Board of Directors recognise their responsibility (collective and individual) to provide leadership in relation to the provision of health & safety management for staff, patients, students and visitors and will:
 - Ensure appropriate resources are allocated to maintain health & safety within the Trust. This will include, but will not be limited to:
 - ❖ Appropriate financial resources
 - ❖ Access to external advice on health & safety issues
 - ❖ Appropriate Occupational Health provision
 - ❖ Access to external advice on fire safety and manual handling
 - Adopt best practice in health & safety management, in line with standards set by external bodies such as:
 - ❖ National Health Service Litigation Authority, Risk Management Standards ("NHSLA")
 - ❖ Care Quality Commission
 - ❖ Health & Safety Executive, Regulations, Approved Codes of Practice and Guidance
 - Regularly review the Trust's performance against health & safety standards
 - Agree the level of training required for all staff within the Trust to ensure that staff are competent to carry out the health & safety duties assigned to them
 - Ensure that appropriate resources are available to facilitate training
 - Ensure thorough discussion and consideration of risks on the Trust Risk Register
 - Prioritise and sanction identified risk reduction actions to reduce risks to an acceptable level
 - Review risks and make a corporate decision on those risks which the Board of Directors is prepared to accept based on the principles of absolute requirements, practicable to achieve and reasonably practicable
 - Incorporate risk reduction action plans into relevant Trust business plans.

The Chief Executive

- 11 The **Chief Executive** is, on behalf of the Board of Directors, responsible for maintaining and achieving the outcomes of the Health & Safety Policy. Day to day responsibilities will be delegated to the **Director of Estates, Facilities & Capital Projects**.
- 12 The **Chief Executive** will:
 - Sign the Health & Safety Policy, on completion of the annual review
 - Advise the Board of Directors on resources and actions required to meet statutory requirements and the requirements set by the Department of Health ("DH") Standards
 - Ensure that health & safety and risk management responsibilities form an integral part of the Trust personnel job profiles

- Ensure that staff receive risk management and health & safety training appropriate to their grade/position
- Ensure all employees of the Trust are aware of the Board of Directors expectations for carrying out their health & safety responsibilities.

Director of Estates & Capital Projects

13. The **Director of Estates, Facilities & Capital Projects** has delegated responsibility for the day to day implementation of the Health & Safety Policy and will:

- Ensure the Health & Safety Policy is reviewed on an annual basis, and arrange for the Chief Executive to sign the updated policy document
- Arrange for the **Chief Executive** to sign an annual certificate of compliance to certify that all relevant health & safety legislation is complied with or that a plan is in place to ensure compliance by a specified date
- Ensure that the advice of clinical and non-clinical specialists will be sought, as necessary, to ensure that the Trust fulfils its statutory responsibilities under the Act and all other relevant legislation or regulations. This will include access to a 'Competent Person' as defined by the Management of Health & safety at Work Regulations 1999
- Provide assurance, via the Clinical Quality Safety and Governance Committee ("CQSGC"), to the Board of Directors that health & safety is well managed
- Oversee the implementation of this Policy and ensure that any risks associated with the Policy are treated in accordance with the Trust's Risk Management Strategy
- Chair the Health & Safety Working Group and monitor the effectiveness of the Working Group by ensuring that it meets its agreed objectives
- Have delegated authority to alter circumstances (in the Trust's control) which are considered to present a serious health & safety hazard
- Access the Trust's legal advisors for health & safety advice or in the event of a health & safety related claim
- Ensure that adequate training resources, reviews, procedures and records are identified
- Maintain the Trust's Estates Risk Register
- Inform the Chief Executive of significant risks in relation to health & safety.

Head of Estates & Facilities Management

14. The **Head of Estates & Facilities Management** is the direct line manager for the Estates & Facilities Management ("FM") team and will:

- Ensure suitable arrangements are in place for statutory and planned maintenance as required by the Act, associated regulations, approved Codes of Practice, British Standards and Health Technical Memoranda ("HTM") and Health Building Notes ("HBN")
- Ensure statutory and planned maintenance is undertaken at the required times
- Ensure full records of statutory and planned maintenance are held on file to allow the Trust to demonstrate a compliant position at all premises

- Maintain a database of accredited contractors which should include (for each contractor) copies of the following documents as a minimum:
 - ❖ Current Health & Safety Policy
 - ❖ Current Employers, Product & Public Liability insurance certificates
 - ❖ Generic risk assessments for regularly undertaken planned and reactive maintenance works
- Ensure contractors are provided with up to date Asbestos Registers at each of the Trust premises
- Where a Permit to Work is required by the Control and Management of Contractors Procedure, ensure these documents are completed with the contractors prior to works commencing
- Be responsible for all contractors whilst they are working on Trust premises.

Health & Safety Manager

15. The **Health & Safety Manager** has responsibilities across the Trust for both clinical and non-clinical areas. With regards to the relevant clinical elements of their portfolio (including infection control), the Health & Safety Manager reports to the Medical Director.

16. The Health & Safety Manager is the Trust's nominated 'Competent Person' and will:

- Promote a positive safety culture to continually improve safe working practices
- Provide a central resource of information and advice in regard to health & safety issues, and where appropriate arrange access to external experts
- Undertake and record a formal induction with all new Trust employees, including the identification of any training requirements
- Arrange for the delivery of identified training requirements and maintain up to date training record
- Ensure staff complete and regularly review, Personal Emergency Evacuation Plans (PEEPs) where it has been identified as a requirement at local induction or first appointment for all staff, students and patients.
- With the FM team, arrange and co-ordinate fire evacuation drills on an annual basis at each of the Trust premises, completing a report following evacuation outlining the evacuation time and any lessons learned
- Ensure an annual rolling programme of site risk assessment on all the Trust Estate buildings
- Undertake and record an initial health & safety site risk assessment of all new service areas, to ensure that safe conditions are maintained and risks raised, actioned and monitored, these should be reviewed by the team leads every 5 years
- All services leads and team managers are to regularly update the risk assessment and raise any new risks or concerns to senior staff and the Health and safety manager.
- Monitor incident and accident reports to identify trends and work with managers to eliminate hazards
- Where necessary, complete and submit the appropriate documents required by RIDDOR
- Issue reports to the Health & Safety Working Group and the Director of Estates, Facilities & Capital Projects as required.

- Work with managers to develop and review robust and effective risk assessments for all areas
- Provide support and assistance to managers to effectively carry out their health & safety duties
- Work on the development of effective systems to comply with legislation and NHS standards and guidance.

Health & Safety Working Group

17. The Health & Safety Working Group, chaired by the Director of Estates & Capital Project is responsible for monitoring the effectiveness of the following

- The Trust's system of reporting, analysis and investigation and response to lessons learned of all workplace hazards and incidents
- The Trust's system of training in health & safety regulation, law, procedures and policies
- The Trust's procedures for ensuring that suitable and sufficient risk assessments are carried out for work undertaken by Trust staff.

18. The Health & Safety Working Group will report any issues it has identified to the Estates and Facilities workstream

Executive Management Team

19. The Trust's Executive Management Team has responsibility for co-ordinating compliance with the Health & Safety Policy within their local service department and will:

- Promote a positive safety culture within their service department and lead by example
- Ensure that all staff, trainees and students are made aware of the risks within their working environment, their practice and their personal and professional responsibilities
- Ensure that all members of staff, trainees and students under their direct control receive adequate information, instruction, training and supervision to ensure that all work activities are conducted in a safe manner
- Initiate the required actions to ensure that health & safety risks arising from work activity or within the workplace that have been reported through the incident reporting system the Quality Portal (QP) are fully investigated via the Incident Panel and, if within their level of authority, dealt with. If the matter is outside their level of authority, the matter must be passed to the **Health & Safety Manager** or **Director of Estates, Facilities & Capital Projects**
- Ensure that no member of staff, trainee or student under their direct supervision is instructed to carry out any action, or operate any machinery or equipment for which they have not been adequately trained
- Ensure that any defect in plant, equipment, work area or work procedure that is reported to them is investigated and, if within their level of authority, dealt with. If it is outside their level of authority, they must ensure that it is escalated to the **Director of Estates, Facilities & Capital Projects**.

All Staff, Trainees and Students

20. Staff, trainees and students are required to:

- Comply with Trust policies, procedures and regulations designed to protect the health, safety and welfare of all Trust staff and visitors
- Be aware of emergency procedures including the evacuation and fire precaution procedures
- Neither intentionally nor recklessly interfere with nor misuse any equipment, provided for health & safety reasons
- Co-operate with managers in preventing accidents or health risks to themselves, other employees and members of the public or visitors
- Report any work conditions that they consider unsafe or unhealthy at once to a manager

3. PROCEDURES

21. This section outlines the Trust's arrangements to comply with the requirements of the Act and all associated regulations.

Accident & Incident reporting for the Incident Panel and relevant workstreams (including RIDDOR)

22. All accidents, incidents and near misses will be recorded and managed in accordance with the Trust's Incident Reporting Policy and Serious Incident Policy.
23. All incidents are reviewed by the monthly Incident Panel which is chaired by the Medical Director. All SI reports are reviewed by the panel and shared at the quarterly Lessons Learnt event
24. The incidents themselves are reviewed by the quarterly workstream meetings; Estates and Facilities, Clinical and Patient safety, IG and IT and the Corporate Governance and Risk workstream.
25. The **Health & Safety Manager** will monitor all accidents and incidents, and ensure managers' report trends to the relevant workstreams.
26. The procedure for reporting accidents and incidents will be included at Trust induction and annual mandatory training sessions.
27. Where the incident is reportable under the terms of RIDDOR 2013, the Health & Safety Manager will complete a RIDDOR form on the HSE website. Serious accidents must be reported to the HSE immediately and followed up with a written report.

Air Conditioning Equipment

28. All air conditioning equipment will be serviced and leak tested, in accordance with the requirements of the Fluorinated Greenhouse Gas (F Gas) regulations.
29. A register of air conditioning equipment installed at each site will be maintained by the **Head of Estates & Facilities Management** and will include a record of the type and charge of refrigerant within each unit.
30. An Air Conditioning Inspection report will be held by the FM Team for all systems that fall within these requirements.

Asbestos

31. In accordance with the requirements of the Control of Asbestos Regulations 2012, an Asbestos Management Survey will be undertaken by a competent contractor on all properties constructed prior to 2000. This survey will be undertaken every three years.
32. An up to date Asbestos Register will be held centrally and made available for contractors to review before undertaking works. Contractors will be required to sign to say that they have reviewed and understood the Asbestos Register.
33. An Asbestos Refurbishment and Demolition Survey will be completed by a competent contractor prior to any intrusive works being undertaken. Any identified asbestos will be safely removed by a licensed contractor.
34. Full processes and procedures are outlined in the Trust's Asbestos Management Procedure.

Contractors

35. The **Head of Estates & Facilities Management** is responsible for all contractors carrying out planned and reactive maintenance work on the Trust's premises. Contractors are responsible for risk assessing their own works and ensuring appropriate controls are identified and put in place.
36. Contractors are required to provide a copy of their current health & safety policy and insurance documentation prior to commencing work on any premises. Contractors are also required to provide copies of generic risk assessments for regularly undertaken planned and reactive maintenance works prior to commencing work on any premises.
37. Contractors shall be provided with sufficient information, including access to the Asbestos Register, to enable them to conduct their activities without risks arising from the Trust's activities.
38. If the work to be undertaken by a contractor is not covered by the generic risk assessment, they shall be required to provide a bespoke risk assessment and method statement of exactly how the work is to be undertaken which shall include the necessary risk prevention measures and emergency procedures.
39. If an employee of the Trust considers that a contractor's actions or working methods are dangerous, they shall report the matter to the Head of Estates & Facilities Management immediately.
40. The full requirements for contractors are outlined in the Control and Management of Contractors' Procedure.

Control of Hazardous to Health ("COSHH") Regulations

39. The Trust does not routinely use hazardous substances in the course of service delivery. The **Head of Estates & Facilities Management** is responsible for ensuring that all cleaning fluids used by Trust cleaning staff are 'non-hazardous' as defined under COSHH.
40. If a hazardous substance does need to be used, the **Head of Estates & Facilities Management** will obtain copies of the relevant Material Safety Data Sheet and complete a COSHH risk assessment, with the assistance of the Health & Safety Manager if required.
41. On completion of the COSHH risk assessment, the **Head of Estates & Facilities Management** is responsible for communicating the agreed safe system of work and identified control measures to the relevant staff.

42. All contractors are responsible for complying with COSHH regulations under their contract with the Trust and are required to provide evidence of this if requested.

Electrical Installations

43. The IET Wiring Regulations 18th Edition and the British Standard 7671-2019 Code of Practice, recommend that fixed electrical installations in medical and health premises be inspected on a five-yearly cycle.

44. This will include the completion of an Electrical Installation Condition Report (EICR) which will identify any remedial works required to the electrical system. All C1 and C2 remedial repairs must be completed to obtain a 'Satisfactory' EICR.

45. The test and inspection of the fixed wiring installation will be completed by qualified and competent electricians, who are accredited members of NICEIC (National Inspection Council for the Electrical Contracting Industry).

46. The EICR for each for each of the Trust's premises is held by the FM Team.

Fire Risk Evacuation and other Emergency Arrangements

47. The process and procedures for fire safety, including evacuation and emergency arrangements are outlined in the Fire Safety Policy, and the satellite teams local Fire Safety Procedure.

48. The Trust will ensure that a competent, independent Authorising Engineer (Fire) is appointed. This will be a specialist fire consultant, with sufficient knowledge and expertise including fire safety engineering practice, who is available to advise the board and personnel on fire safety.

49. Emergency contact and key holder details are maintained by the **Head of Estates & Facilities Management** and updated following any changes.

50. Personal Emergency Evacuation Forms (PEEP'S) are completed for staff and patients, to assist in the evacuation of a person with a disability and are maintained by the **Health & Safety Manager** and updated following any changes.

51. Fire drills are arranged by the **Health & Safety Manager** (with assistance from Estates and Facilities) and will be undertaken at least annually and a record kept in the Fire Log Book.

Fire Prevention, Testing of the Fire Alarm System

52. Fire alarm call points at each of the Trust's premises will be tested weekly in rotation by the FM Team and a record kept in the Fire Log book.

53. Any defects on the system will be reported immediately to the alarm contractor/electrical engineer.

54. A fire alarm maintenance contract is in place and the fire alarm system at each premises is serviced on a quarterly basis. Service reports are held by the FM Team.

Fire Prevention, Inspection of Fire Fighting Equipment

55. A maintenance contract is in place and the fire fighting equipment at each of the Trust's premises is serviced on an annual basis. The FM Team complete and record weekly checks to ensure that all fire fighting equipment is available for use and operational and for any evidence of tampering.

56. Defective equipment or extinguishers that need recharging are reported to the FM Team.

Emergency Lighting Systems

57. Emergency lighting is installed at each of the Trust's premises. These systems will be subject to a short duration test on a monthly basis, undertaken and recorded by the FM Team.

58. In addition, a maintenance contract is in place for a full duration test on an annual basis. Records of these tests are held by the FM Team.

Means of Escape

59. The FM Team completes and record daily checks for any obstructions on exit routes and ensures all final exit doors are operational and available for use.

Fire Training & Procedures

60. The Trust's Induction programme will include a fire safety briefing, including evacuation routes from normal work bases and assembly points in the event of an evacuation, for all new starters, and will be part of mandatory training for all staff, as part of the programme on biennial INSET days.

61. Nominated fire wardens receive additional training as wardens and on the use of fire extinguishers and for efficient and safe evacuations.

First Aid and Medication

62. The Trust will endeavour to comply with the requirements of the Health & Safety (First Aid) Regulations 1981. The **Health & Safety Manager** is responsible for ensuring compliance.

63. Compliance is met through a combination of trained first aiders, fully stocked First Aid Boxes and access to medical staff and facilities.

64. The Trust will arrange for sufficient personnel at each premises to be trained as First Aiders and certificated by attending a HSE approved course in first aid. **The Health & Safety Manager** will ensure copies of the training certificates are sent to HR and added to staff profiles on the Electronic Staff Records.

65. Suitable and sufficient notices are posted in all departments and in the lift lobby of each floor, indicating the name, location and telephone number of the nearest First Aider.

66. First aid boxes will be located within each department. First Aiders in each department are responsible for checking that the contents of their box are sufficient. Replenishment stock can be ordered from the Health & Safety Manager.

67. The medical room at the Tavistock Centre is used as an area of quiet and rest. Other premises have specific rooms that are made available for this use.

Gas Installations

68. In line with the Gas Safety (in use) Regulations 1998, gas heating boilers and water heaters have to be serviced, tested and maintained annually.

69. Servicing and maintenance of Gas installations will only be undertaken by GasSafe registered competent persons.

70. A maintenance contract is in place for all premises and gas installations are serviced on an annual basis and the GasSafe reports are held by the FM Team.

71. Gas catering equipment will be inspected annually by a competent contractor and is regulated by the Gas Safety (installations and Use) Regulation 1998. Gas Safety reports for catering equipment are held by the FM Team
72. Catering extraction systems are also regulated by The Gas Safety (Installation and Use) Regulation 1998. All kitchen extraction systems will be inspected and tested by a competent engineer and will include where appropriate, CO2 and CO emission testing.
73. The inspection will include the cleaning of the filters, fans, ductwork and canopies in accordance with HVCA Ventilation Hygiene Guide to Good Practice. The inspection reports for all catering extraction systems are held by the FM Team.

Insurance Inspections (Thorough Examinations)

74. Certain items of equipment will be subject to regular inspection, known as Thorough Examinations, by a competent person. These will include the passenger & goods lifts at the Tavistock centre.
75. The required inspections for each premises are included within the Trust's insurance policy. It is the responsibility of the **Head of Estates & Facilities Management** to ensure that these inspections are undertaken at the required frequency and that any remedial requirements are arranged.
76. Thorough examination reports are held by the FM Team.

Legionella

77. In accordance with the requirements of the Health & Safety Act, the Control of Hazardous to Health (COSHH) Regulations 2012 and the Approved Code of Practice L8: The control of legionella bacteria in water systems, the Trust will undertake a Legionella Risk Assessment at each of the Trust premises.
78. The risk assessment will be undertaken by a competent contractor and will be reviewed on a bi-annual basis or if significant changes are made to water installations.
79. A competent contractor is appointed to undertake the control and monitoring scheme as recommended in the risk assessment. This is likely to include, but not be limited to:
 - Weekly flushing of little used outlets
 - Monthly temperature checks of sentinel outlets on hot and cold water systems
 - Quarterly clean and descale of shower heads
 - Annual inspection of hot and cold water heaters and tanks.
80. Where Trust employees are required to undertake controls themselves, appropriate training will be provided.
81. The **Head of Estates and Facilities Management** is responsible for ensuring that Legionella Risk Assessments are completed and regularly reviewed and that the appropriate control and monitoring arrangements are in place at each of the Trust premises.
82. Full processes and procedures are outlined in the Trust's Water Safety Policy.

Lone Working

83. Staff are encouraged not to work alone within Trust premises. Work involving potentially significant risks (for example work at height) should not be undertaken whilst working alone.
84. The Trust's Personal Safety of Lone Workers' Procedure sets detailed steps to be followed by staff in the event that they are required to work alone.

85. All staff who work in the community and on home visits must adhere to the Procedure, training for staff on personal safety can be arranged with the Health & Safety Manager.
86. Lone workers should report any incidents or situations where they may have felt uncomfortable.

Lifting and Manual Handling

87. As per the requirements of the Manual Handling Operations Regulations 1992, significant manual handling activities will be risk assessed by the **Health & Safety Manager**. This process will aim to eliminate manual handling and lifting wherever possible e.g. by relocating storage and arranging for trolleys and other carrying devices to be available as required.
88. All staff will be made aware of manual handling processes as part of their induction with the Trust. Departmental managers will ensure that staff required to lift in the course of their work receive theoretical and practical training, in manual handling on local induction via the ESR ELearning module and a refresher every three years, if required.
89. This is a specific requirement for staff working in central services (stores, cleaning, IT, AV, Library and maintenance services). Training is to be arranged by the **Health & Safety Manager**.
90. Employees are responsible for following good lifting techniques and not lifting anything beyond their strength. Any manual-handling hazard injuries or near misses must be reported promptly, in accordance with the Trust's incident reporting procedures.
91. Staff do not receive formal training in the lifting of people (e.g. patients). In the event of an accident or health event that results in a person being on the floor then, in normal circumstances, they should be made comfortable and the ambulance service summoned for assistance.

Office Safety and Display Screen Equipment

92. The **Health & Safety Manager** is responsible for ensuring that managers are trained to undertake work place assessments and any member of staff who is concerned about office safety, including work place arrangements, should contact the **Health & Safety Manager** directly for advice.
93. All new starters should have a workplace assessment on ESR as an ELearning module and signed off on their local induction form by their manager. Managers and staff are responsible for the standards of office safety as described in this section below.
94. PC workstations will be the subject of a recorded workstation assessment in accordance with the Workplace (Health Safety and Welfare) Regulations 1992.
95. Electrical cables and telephone wires must be situated so as not to cause a trip hazard.
96. Electrical sockets must not be overloaded. Fused multi-sockets are available from the FM Team.
97. All staff are responsible for keeping offices and workspaces reasonably tidy. In particular, gangways and means of escape must be kept free from obstructions.
98. Any faulty electrical equipment must be reported and taken out of use until repaired.

99. Spilled liquids must be cleaned up immediately. If any liquid is spilled on to electrical equipment it must be disconnected at the mains supply immediately and checked by an electrician before being re connected. Spillages on to computer equipment must be reported to the IT department.

99.1. Personal electrical equipment (such as kettles, fans, fridges, toasters) may not be brought onto Trust premises.

Personal Protective Equipment (“PPE”)

100. The Trust will identify the requirements for PPE via the risk assessment process. Employees will be provided with the identified items of PPE at their local induction and can request additional or replacement items from the **Health & Safety Manager**.

101. The Trust supplies uniform and gloves for cleaning staff. Gloves are also available in first aid boxes for staff use as required.

102. All contractors are required to have the appropriate PPE whilst on working on Trust premises, as outlined in their own risk assessments.

Risk Assessment

103. It is the Trust’s policy that formal written risk assessments are undertaken prior to commencement of any work which is potentially harmful to physical or mental health. The risk assessments will be completed by the Manager of the relevant department, with input and assistance from the **Health & Safety Manager**.

104. Once completed, the findings of the risk assessment must be communicated to all persons who may be affected by the work to which the risk assessment relates.

105. Risk assessments must be reviewed at least annually or as required due to a change in the risk severity or a change in the working procedures. Any changes made must be brought to the attention of all personnel who may be affected by the change.

106. Pregnancy risk assessments will be undertaken by the pregnant employee’s line manager, and if needed, with support from the **Health & Safety Manager**. This risk assessment will be updated throughout the pregnancy and the Trust will ensure that, as far as practicable, arrangements will be made to reduce to a minimum, health risks to the employee and her unborn child.

107. Risk assessments for employees with disabilities will be undertaken by the employee’s line manager, with support from the **Health & Safety Manager**. This risk assessment will seek to minimise the risk of harm to the individual and will seek to adapt facilities and work arrangements as far as practicable in line with the requirements of the member of staff. These assessments will be reviewed and updated if the individuals’ circumstance change.

108. Risk assessments that demonstrate significant on-going risks and/or new risks that are not adequately controlled should be added to the Trust’s risk register.

Stress at Work

109. The Board of Directors is committed to protecting the health, safety and welfare of the Trust’s employees. The Trust values all of its employees and the contribution each of them makes to its overall success and strives to create and maintain a working environment that encourages communication, support and mutual respect.

110. The Trust is committed to improving and safeguarding the health, safety and welfare of its employees and in that regard, recognises the importance of identifying and reducing workplace stressors.

111. The Trust is committed to preventing stress at work and to help and support staff, at all levels, to manage stress both in themselves and in those they manage.

112. To help employees manage stress, the Trust use the following as preventative measures:

- Access to confidential counselling service
- Regular meetings and appraisal reviews
- Consideration of workload management for staff
- The opportunity to meet with line managers to discuss work issues

113. The following supportive measures can be utilised when employees are absence from work:

- Access to Occupational Health Services
- Access to confidential counselling service
- Regular review and support meetings as part of the Sickness Absence Policy, including the Return To Work Procedure.

Work Equipment

114. Work Equipment is broadly defined as any equipment used by an employee at work. The Trust has a duty to ensure that arrangements are in place to comply with the Provision and Use of Work Equipment regulations (PUWER) 1998 which states that all work equipment should be safe and suitable for the intended use.

115. All work equipment provided by the Trust for use by its employees shall be maintained in an efficient state, in efficient working order and in good repair. The Trust shall provide suitable storage facilities for all work equipment and appropriate signage to highlight significant hazards to employees and visitors.

116. When deciding what equipment to purchase, the Trust shall ensure that the equipment is fit for purpose and where applicable conforms to relevant British or EU standards.

117. Regular inspection and testing of work equipment is conducted by appropriate contractors according to recommended timescales. Records of all inspections are held by the FM Team.

118. The manager of the team are responsible for ensuring that staff receive the relevant information, instruction and training and for any reasonable adjustments for any work equipment that they will be required to use. **The Health and Safety Manager** can advise if needed.

Working at Height

119. Working at height can present a significant risk to both those undertaking the work and those that may be affected by it. Where such activities cannot be avoided, the **Health & Safety Manager** will undertake a risk assessment to ensure risk levels are reduced to an acceptable level and suitable control measures are in place. The safe system of work established by the risk assessment will be communicated to all relevant staff.

120. When working at height (including accessing storage or putting up displays) appropriate stepladders or kick stools are to be used. Employees must not climb onto chairs or tables.

121. Any contractor who intends to work at height must ensure that the activity is suitably risk assessed prior to commencing work on Trust premises. Contractors must supply their own access equipment (including ladders and stepladders) and must not use Trust equipment.

122. The **Head of Estates & Facilities Management**, with the assistance of the **Health & Safety Manager**, shall ensure:

- All work at height is properly planned and organised
- All those involved in work at height are trained and competent to do so
- The risks from working at height are assessed and appropriate equipment selected
- Any risks from fragile surfaces are suitably assessed and controlled
- Training for new starters and regular refresher training for existing staff.

4. TRAINING

127. As per the requirements of Section 2 of the Act, the Trust is committed to providing information, instruction and training to all employees to ensure they can perform their roles safely. Additional training is provided to employees who have designated responsibilities such as Fire Wardens and First Aiders.

128. A training needs analysis has been conducted and it has been determined that the following training is mandatory for each staff group listed below:

Topic	Details of content	Staff Group
Basic risk management	To include Health & safety awareness, slips trips and falls awareness and the need to undertake specific risk assessments in risky situations (e.g. pregnancy, for staff with an impairment, in unusual/changed working conditions etc.)	All staff once at induction
Basic manual handling 'moving and handling'	To include theory of good lifting and back care, Ergonomics etc.	All staff once at induction
Practical manual handling	To include theory and practical manual handling	Staff in Central Services and the Library who are required to lift as part of their role (to be delivered by expert trainer) on appointment and then three yearly (if required) as an eLearning module on ESR
Fire awareness	To include protecting self and others in event of a fire and introduction to use of extinguishers	All staff Basic introduction to fire escapes and local fire marshal as part of local induction Update on fire safety 2 yearly as part of INSET
Conflict resolution	To include de-escalation training to be delivered by Health and Safety Manager	Front of house staff (once) and optional for other staff (refresher on request) ALL staff are advised of Conflict resolution and personal safety training at Induction and INSET
Chemicals (COSHH)	Whilst it is Trust policy to avoid use of chemicals that come under COSHH regulations, should it be required in exceptional circumstances that these are use then the Head of Estates and Facilities Management will ensure relevant staff receive specific training in the use and storage of these substances.	Specific staff as required
Risk Assessment Training	To include principles and practice of risk assessment (training to support Trust's risk assessment procedure)	Directorate Managers and others required to carry out risk assessments , as required, once (refresher training available one to one ad hoc)

Topic	Details of content	Staff Group
First Aid training	Initial training and then 3 year refresher, but external subject expert	All registered first aider, training arranged by Health & safety Manager
Fire warden training	Initial training and then 3 year refresher, but external subject expert	All fire wardens, training arranged by Health & safety Manager

5. PROCESS FOR MONITORING COMPLIANCE WITH THIS POLICY

129. The **Health & Safety Manager** will provide a quarterly report to the Estates and Facilities Workstream of the CQSG Committee. This report will cover:

- Incident numbers, investigation and lessons learned, including all Health & safety incidents
- RIDDOR reportable incidents
- Any other issues relating to health & safety including issues arising from risk assessments (including security, slip, trips and falls, manual handling, violence and aggression and lone worker care).

130. This report will be presented to the Health & Safety Working Group who will feedback relevant information to staff in their own departments and raise local health & safety matters for discussion and resolution.

131. The **Director of Estates, Facilities & Capital Projects** will consider whether a Trust wide response is required to any health & safety matter and will add the item to the Trust Risk Register. The Working Group may invite relevant staff to come and discuss health & safety incidents and the action taken to the Working Group meeting. This will assist the Working Group to monitor the effectiveness of the Trust approach to health & safety.

132. The **Director of Estates, Facilities & Capital Projects** will provide a report (at least quarterly) to the Estates Compliance Workstream of the CQSG Committee.

133. The **Health & Safety Manager** will monitor compliance with mandatory training and report non-compliance to the Director of Estates & Capital Projects.

6 ASSOCIATED DOCUMENTATION

134. The following documentation should be read in conjunction with this Health & Safety Policy:

- Asbestos Management Procedure
- Business Continuity Plan
- Conducting a Risk Assessment Procedure
- Control and Management of Contractors Procedure
- Fire Log Book
- Fire Safety Policy
- Incident Reporting Procedures.
- Legionella Management Procedure
- Lone Working Procedure
- Major Incident Plan
- Risk Management Strategy and Policy
- Risk Register
- Serious Incident Policy

- Staff Safety & Security Procedure
- Staff Training & Development Procedure

7 DEFINITIONS

136. The Trust has adopted the following as standard definitions in relation to health & safety and risk management:

Term	Definition
Hazard	Anything that has the potential to cause harm to an individual or the Trust.
Risk	The chance that exposure to a hazard will cause harm to an individual or the Trust.
Risk Score	Calculation incorporating the multiplication of the: Likelihood of exposure to an identified hazard and the, Consequence of that exposure to an individual or the Trust using a numerical 5x5 scoring matrix.
Risk Assessment	Careful examination, by 'competent person', of what could/has caused harm or loss to an individual or the Trust in order: To evaluate whether sufficient control measures are/were in place and if not, To enable additional control measures to be identified and, For an Action Plan to be drafted and implemented to minimise the risk of that harm or loss occurring/reoccurring.
Reasonably Practicable	The measure of a risk <i>versus</i> the effort, time and cost required by the Trust to avert that risk. Where there is a gross disproportion between them i.e. the risk being insignificant in relation to the control measures identified then the Trust is considered to have discharged its 'duties' under health & safety legislation. The greater the risk then the greater the resources required to balance the equation.
Competent Person	A person or persons appointed by the Trust having such training, experience or knowledge of the work activities to enable them to carry out risk assessments that are both suitable and sufficient.
Safety Representative	A person appointed by a recognised Trades Union as a 'Safety Representative' ref: the Safety Representatives and Safety Committee Regulations 1977 or elected by their peers as a 'Representative of Employee Safety' ref: the Health & safety (Consultation with Employees) Regulations 1996. NB The Trust recognises the differences between the two sets of Regulations in particular the sourcing of training and appointment process but does not differentiate between their roles and responsibilities.

EQUALITY IMPACT ASSESSMENT

Completed by	Lisa Tucker
Position	Health & Safety Manager
Date	November 2019

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?			
What are the key findings of any engagement you have undertaken?			
If there is a greater effect on one group, is that consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			
Will the policy deliver practical benefits for certain groups?			
Does the policy miss opportunities to advance equality of opportunity and foster good relations?			
Do other policies need to change to enable this policy to be effective?			
Additional comments			

If one or more answers are yes, then the policy may be unlawful under the Equality Act 2010 – seek advice from Human Resources (for staff related policies) or the Trust's Equalities Lead (for all other policies).