

TRUST-WIDE NON-CLINICAL DOCUMENT

WORKPLACE INSPECTION

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Lead Author(s):	Head of Health Safety Fire and Security

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2018 – Version 4

*Striving for perfect care for
the people we serve*

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WORKPLACE INSPECTIONS

Further information about this document:

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Document summary	
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To be read in conjunction with	Health, Safety and Welfare Policy SA07 Risk Management Policy & Strategy SA02
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Approved		2015 Version 1	October 2015
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SUPPORTING STATEMENTS

Community and Mental Health Services

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgment made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 Mersey Care NHS Foundation Trust (hereinafter referred to as the Trust) recognises its statutory duties under the Workplace (Health, Safety & Welfare) Regulations 1992 and has developed a workplace Inspection procedure to allow an accurate and up to date assessment to be made of the workplace environment.
- 1.2 The moral and legal case for effective workplace health, safety and wellbeing in NHS organisations has been well made over a number of years. This is recognised within the NHS Constitution, which states that staff have a right to work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff.
- 1.3 In addition the management of occupational health, safety and wellbeing is central to the effective running of the Trust. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and wellbeing of the workforce.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Under the Safety Partnership Agreement (SPA) workplace inspections are a planned event. The Trust has a legal duty under the Health and Safety at Work etc Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare of their employees at work and to put in place suitable arrangements to manage for health and safety.
- 2.3 The workplace inspections will ensure that Trust provides and maintains its healthcare premises in line with safety regulations that are intended to protect the health and safety of everyone in the workplace. Workplace inspection reports may also be required as part of accident/incident investigations.

3. SCOPE

- 3.1 The requirement to complete workplace inspections is applicable to all managers and their supervisors and will include all buildings, wards, departments, offices and clinic rooms.

4. DEFINITIONS

- 4.1 A workplace inspection is the process of critically examining the workplace for the identification and mitigation of workplace hazards and to ensure that all standards are met and the workplace is in fact safe and free from any risks. Workplace inspections are an ongoing process that play an important role in actively monitoring an organization's safety and adherence to safe practices.

5. DUTIES

- 5.1 **The Chief Executive:** Ultimate accountability for health and safety lies with the Trust Chief Executive; this responsibility may be delegated.

5.2 **Director of Communications and Corporate Governance:** has delegated accountability for ensuring that Health and Safety arrangements are in place across the Trust.

5.3 **Divisional Directors & Chief Operating Officers:** Will ensure that the requirement to complete quarterly workplace inspections forms part of their governance and assurance process.

5.5 **Service Managers/ Managers:** All managers will

- Ensure that they complete quarterly workplace inspections as directed by the Safety Partnership Agreement.
- Ensure that copies of each inspection are forwarded to their risk lead and allocated and safety advisor.
- Request assistance as necessary from either their risk lead or safety advisor when completing inspections.
- Ensure that significant risks are escalated to their risk lead and safety advisor.
- Monitor inspection reports and the implementation of corrective actions to ensure adequate resources are allocated within recommended times to ensure a safe working environment. Some actions may need to be placed on the divisional risk register, and/or become part of the business plan.

5.4 **Divisional Risk Leads:** Will ensure that

- They act as 'a link' between the H&S committee and their divisional management teams for reporting and escalating H&S concerns;
- Each manager within their division completes quarterly workplace inspections using the appropriate form at **Appendix 2**;
- Compliance with workplace inspections are monitored and recorded via the Safety Partnership Agreement;
- That the Health and Safety Committee receives quarterly updates on compliance including areas of non compliance;
- Ensure that significant actions arising from workplace inspections are reported and monitored through to completion via divisional governance and surveillance meetings;
- Report significant risks and seek assistance from their allocated divisional health and safety advisor.

5.5 **Health and Safety Advisors:** Will

- Be a resource available to managers and risk leads in the coordination and completion of workplace inspections throughout their areas;
- Assist managers and risk leads in addressing significant deficiencies arising from the workplace inspections;
- Monitor completion of workplace inspections and maintain records of inspection reports within the health and safety data base management system.

5.7 **Union- Appointed Health and Safety Representatives**

5.7.1 Union-appointed health and safety representatives can inspect the workplace. They have to give reasonable notice in writing when they intend to carry out a formal inspection of the workplace, and have not inspected it in the previous three months.

- 5.7.2 If there is substantial change in conditions of work or HSE publishes new information on hazards, the representatives are entitled to carry out inspections before three months have elapsed, or if it is by agreement.

6. PROCESS

6.1 Frequency of workplace inspections

- 6.1.1 Workplace inspections will be completed at quarterly intervals during the following months as indicated in the Safety Partnership Agreement:

- 1) (Q1) April
- 2) (Q2) July
- 3) (Q3) October
- 4) (Q4) January

6.2 Undertaking Inspections

- 6.2.1 The local manager shall be responsible for ensuring that Inspections are carried out. The task may be delegated to the local supervisors for the area and may include the safety advisor, risk lead and supervisors. The purpose of the inspection is to identify and assess the workplace for hazards and associated risks and recommend actions to be taken to minimise the risk.
- 6.2.2 Staff undertaking inspections do not necessarily require specialist health and safety training but must be familiar with their surroundings and able to identify common hazards and faults such as poor housekeeping; trip hazards; defective lighting; broken equipment; property damage and broken equipment.

6.3 The inspection

- 6.3.1 A workplace inspection is a planned walkthrough of the workplace or selected areas or locations. Inspections are needed to critically examine all factors (equipment, processes, materials, buildings, procedures) that have the potential to cause injury or illness, and to identify where action is necessary to control hazards. A schedule of planned inspections is an essential element of a health and safety program in which standards are established and compliance monitored.

6.4 Preparing for an inspection

- 6.4.1 The success of workplace inspections depends on having the necessary information. To properly identify hazards, the person or persons conducting the inspection should be aware of the following:
- The potential hazards associated with the environment;
 - Results and remedial action plan of previous inspection reports;
 - Workplace design and layout;
 - Accident data;
 - Maintenance reports e.g. hoists, PAT testing, etc;
 - Details of risk assessments applicable to the service / department (e.g. Violence and aggression; lone working; Fire Safety; Anti-ligature; Kitchen; Manual Handling etc).

6.5 Conducting the Inspection

- 6.5.1 To ensure that all items are covered during the inspection a Workplace Inspection Pro Forma at **Appendix 2** should be used. The pro forma contains reference, in point form, to all potential hazards.
- 6.5.2 The Copies of the workplace inspection form shall be forwarded to:
- a) Service Manager/Service Line Lead;
 - b) Divisional/Service Risk Lead/Safety Partnership Agreement Link;
 - c) Divisional Health and Safety Advisor.

6.6 Review/Follow-Up

- 6.6.1 After each inspection, it is important that the information obtained is given careful consideration and, where indicated, Local Managers are to implement identified actions where appropriate and escalate up the management structure high levels risks that may have resource implications for corrective action.
- 6.6.2 Although all identified hazards should ultimately be eliminated or minimized, the responsible Service Manager must be informed of hazards posing an immediate danger so that corrective action can be taken quickly.
- 6.6.3 The information obtained from regular inspections should also be reviewed carefully to identify trends and to help monitor the effectiveness of divisional health and safety management. Over a period of time, this review will help:
- establish priorities for corrective action
 - highlight the need for training in certain areas
 - provide insight as to why accidents/incidents are occurring in certain areas;
 - establish or improve safe work practices
 - indicate areas, equipment, etc., which may require more in-depth hazard analysis

7. CONSULTATION

- 7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.
- 7.2 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels. However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8. TRAINING AND SUPPORT

- 8.1 Although no formal training is required to work through the workplace inspection checklist, managers undertaking the inspection will be supported by both their divisional

risk lead and health and safety advisors who should have sufficient knowledge experience of undertaking safety inspections.

9. MONITORING

What part of this policy will be monitored?	Where in the policy is it referenced	Who will carry out the monitoring	What will the frequency of monitoring be	Which group/committee will receive the monitoring reports
The completion of workplace inspections	6.1	Risk leads/health and safety advisors	Quarterly	Health and Safety committee will receive SPA update

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Workplace Inspection HS5
Area covered: Trust wide
<p>What are the intended outcomes of this work? The management of occupational health, safety and wellbeing is central to the effective running of the Trust. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and wellbeing of the workforce. This policy and the workplace inspection checklist is designed to identify hazards and initiate corrective actions In maintaining safe healthcare premises and a healthy place of work</p>
<p>Who will be affected? <i>e.g.staff, patients, service users etc</i></p> <p>Staff in maintaining compliance with health and safety law</p>
Evidence
<p>What evidence have you considered?</p> <p>The requirements of the CQC and health and safety law to maintain safe healthcare preimises and a safe place of work. Failure to do so can result in staff/patient injuries and penalties imposed by safety regulators for failing to asses risks and take the necessary precautions</p>
<p>Disability (including learning disability)</p> <p>N/A</p>
<p>Sex</p> <p>N/A</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>N/A</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p> <p>The completion of risk assessments is a legal requirement for young workers under the age of 18</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i></p> <p>N/A</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>N/A</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p>N/A</p>

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.
Covered by the risk assessment policy
Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.
N/A
Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.
N/A
Cross Cutting implications to more than 1 protected characteristic
N/A

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>not engaged</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>not engaged</i>
Right to liberty (Article 5)	<i>not engaged</i>
Right to a fair trial (Article 6)	<i>not engaged</i>
Right to private and family life (Article 8)	<i>not engaged</i>
Right of freedom of religion or belief (Article 9)	<i>not engaged</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>not engaged</i>
Right freedom from discrimination (Article 14)	<i>not engaged</i>

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Consultation with members of the Health and Safety Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

The contents of this policy relates to compliance with health and safety laws which is applicable to all employers and its employees and is designed to provide a framework that is supportive of CQC and HSE standards and regulations in maintaining safe healthcare premises.

Advance equality of opportunity

N/A

Promote good relations between groups

N/A

What is the overall impact?

None identified

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

None identified

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment;*

None identified

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed:

December 2018

Name of responsible Director: Elaine Darbyshire

Date assessment was signed:

15 December 2018

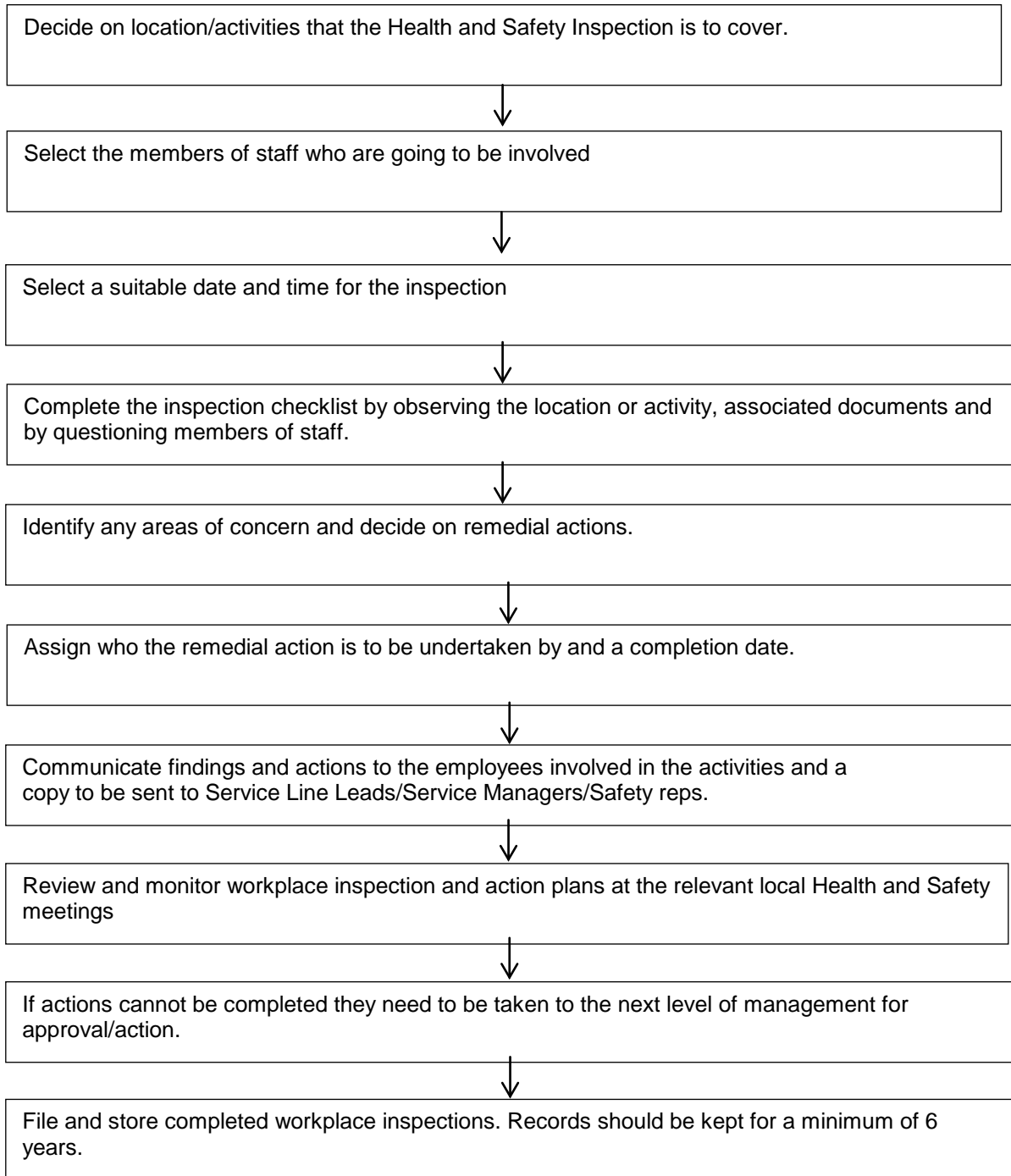
11. APPENDICES

11.1 Appendix 1: Workplace inspection flow chart

11.2 Workplace Inspection Pro Forma

Appendix 1

Workplace Inspection Procedures Flow chart



Appendix 2:

Workplace Inspection Pro Forma Version 8e September 2017.

Below is the latest version of the Trust workplace inspection pro forma (version 8e) which is to be completed by relevant Manager.



Workplace inspection
form 2017 Version 8e