

**TRUST-WIDE NON-CLINICAL POLICY DOCUMENT**

**HEALTH SAFETY & WELFARE  
POLICY**

<b>Policy Number:</b>	<b>SA07</b>
<b>Scope of this Document:</b>	<b>All Staff</b>
<b>Recommending Committee:</b>	<b>Health and Safety Committee</b>
<b>Approved by:</b>	<b>Board of Directors</b>
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**2020 – Version 4**

*Striving for perfect care  
and a just culture*

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# HEALTH SAFETY & WELFARE POLICY

### Further information about this document:

Document name	<b>HEALTH SAFETY AND WELFARE POLICY SA07</b>
Document summary	<p>The purpose of this policy is to provide information and guidance to Mersey Care NHS Trust directors, managers and staff on their responsibilities concerning health and safety at work.</p> <p>This policy applies to trust employees and anybody who is or may be impacted upon by work activities of the trust. The trust has a duty to ensure that all workplace risks are managed appropriately. This policy has been developed in line with guidance from the Health and Safety Executive.</p> <p>The scope of this policy applies to all activities and functions undertaken by, or on behalf of, the trust.</p>
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To be read in conjunction with	<ul style="list-style-type: none"> <li>The Health and Safety at Work etc. Act 1974</li> <li>The Management of Health and Safety at Work Regulations 1999</li> <li>The Safety Representatives and Safety Committees Regulations 1977</li> <li>HSE Successful Health and Safety Management (HSG65) (Revised)</li> <li>Risk Management Policy &amp; Strategy (SA02)</li> </ul>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

Version History:		
V1	Trust Board	Oct 2015-v1
V2	Board of Directors	Sept 2016-v2
V3	Review and Update	Mar 2018 v3
V4	Review and Update	May 2020 v4

## SUPPORTING STATEMENTS

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 judgement 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, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not 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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## Statement of Intent

Mersey Care NHS Foundation Trust and its Board of Directors are committed to providing safe, high quality, sustainable healthcare and health improvement services.

Our aim is excellence in health and safety to build on our on going success. We will accomplish this by continually seeking to improve our health and safety management system so that it meets with our vision, values and the expectations of those affected by what we do. We will ensure that our responsibilities for health and safety are clearly allocated, understood, monitored, fulfilled and that legal requirements will be regarded as the minimum standard to be achieved.

The Board recognises that it cannot provide quality healthcare services unless it ensures, so far as is reasonably practicable, freedom from risks to the health, safety and welfare of staff and others affected by the work undertaken and/or the nature of the business.

The prevention of injury and ill health together with the continual improvement in health and safety performance are primary objectives of the Board and are prioritised equally alongside other business and operating objectives.

This Health and Safety Policy reflects our commitment to maintaining safe healthcare services by establishing both general and specific arrangements relating to the Trust's undertaking that extends to all premises, buildings, areas and activities throughout the Trust.

The minimum acceptable standards of health and safety are those contained in Health and Safety Legislation. The Board's aim is to improve on these standards.

The Board recognises that the overall responsibility for health and safety rests with the Chief Executive, however responsibility extends from the Chief Executive through to all Directors, Chief Operating Officers, Heads of Departments, managers and frontline supervisors.

The successful implementation of this policy requires total commitment. All managers and Supervisors are directly accountable for the prevention of accidents, injuries and occupational illness, as well as damage to property, within their area of responsibility. All Directors are responsible for making safety at work a priority to protect themselves, their colleagues, patients, visitors and others and the interests of the Board.

This policy will be reviewed every two years or in the light of legislative or organisational change.



Date: April 2020

Signed

Joe Rafferty

Chief Executive Mersey Care NHS Foundation Trust

## 1. PURPOSE AND RATIONALE

- 1.1 The purpose of this policy is to set out the Trust's provisions for the management of health and safety. This includes defining roles and responsibilities and identifying the arrangements that are in place to ensure that the Trust meets its legal obligations with regard to the requirements of the Health and Safety at Work Act 1974.

## 2.0 OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Mersey Care NHS Foundation Trust is striving to create a positive and inclusive working environment and culture, providing the conditions for individuals and teams to thrive and achieve the highest standard of performance and service, where contributions are fully recognised and valued by all.
- 2.2 The Trust believes that all employees should have rewarding and worthwhile jobs, with the freedom and confidence to be empowered to raise health and safety concerns where appropriate. To do this, employees need to be trusted, empowered and actively listened to by those with whom they work and interact. Employees must be treated with respect at work, and be given the tools, training and support to work safely with opportunities to develop and progress.
- 2.3 The policy aims and objectives are to:
- Outline the management of health and safety within the Trust through the written statement, the organisation and the arrangements.
  - To minimise the Health and Safety risks to all staff, patients and others.
  - Recognise the obligation imposed under the Health and Safety at Work etc. Act 1974, Section 2(3), to prepare an appropriate policy.
  - To secure the health, safety and welfare of people at work.
  - To protect patients and people other than those at work against risks to their health and safety arising out of work activities.
  - To minimise the number of occupational accidents and incidents of ill health.
  - To establish a culture of co-operation, communication, competency and control for health and safety.

## 3. SCOPE

- 3.1 This policy applies to all Trust staff, agency staff, students, volunteers and contractors who undertake activities and functions on behalf of, the trust.

## 4 DEFINITIONS

<b>Accidents</b>	An accident is a separate, identifiable, unintended incident, which causes physical injury. This specifically includes acts of non-consensual violence to people at work.
<b>Work-related</b>	Work related accidents are accidents that

<b>accidents</b>	<p>happen ‘out of or in connection with work’. An accident is ‘work-related’ if any of the following played a significant role:</p> <ul style="list-style-type: none"> <li>• the way the work was carried out</li> <li>• any machinery, plant, substances or equipment used for the work or</li> <li>• the condition of the site or premises where the accident happened</li> </ul> <p>The fact that there is an accident at work does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident.</p>
<b>HSE RIDDOR reportable’ injuries</b>	<p>The following injuries are reportable under RIDDOR when they result from a work-related accident:</p> <ul style="list-style-type: none"> <li>• <b>The death of any person</b> (Regulation 6)</li> <li>• <b>Specified Injuries</b> to workers (Regulation 4)</li> <li>• Injuries to workers which result in their <b>incapacitation for more than 7 days</b> (Regulation 4)</li> <li>• Injuries to non-workers which result in them <b>being taken directly to hospital for treatment</b>, or specified injuries to non-workers which occur on hospital premises. (Regulation 5)</li> </ul>
<b>A young person</b>	Anyone under the age of 18

## 5 ROLES AND RESPONSIBILITIES

5.1 This section covers the general responsibilities for managing occupational health and safety within the trust (the list of responsibilities is not exhaustive). Other documents also contain specific responsibilities for health and safety, these include;

- a) The trust’s health & safety procedures - HS1 – HS11:-
  - HS1. Risk Assessment
  - HS2. New Expectant Mothers
  - HS3. Display Screen Equipment
  - HS4. COSHH
  - HS5. Workplace Inspections
  - HS6. Central Alerting System

- HS7. Management of Contractors
- HS8. Environmental Suicide Risk Assessment
- HS9. Management of Asbestos
- HS10. Provision and Use of Work Equipment
- HS11. Electricity at Work

- b) Job descriptions and contracts of employment
- c) Risk assessments & method statements (RAMS)

**5.2 Chief Executive** - The Chief Executive has specific accountability to ensure that responsibilities for Health and Safety are effectively assigned, accepted and managed at all levels in the Trust consistent with good practice

**5.2.1** In practice the Chief Executive will discharge these responsibilities by delegation to Executive Directors and then through the line management structure and shall ensure the regular monitoring of the health and safety arrangements through the Trust's reporting structures.

**5.3 Board of Directors** - The Board of Directors has overall responsibility for health and safety for the trust incorporating the duties set out in the trust's policy statements, supporting procedures and management systems. The Board of Directors has responsibility for ensuring that;

- a) adequate resources are available to achieve and maintain an exemplary standard of health and safety throughout the trust
- b) setting objectives and targets for the trust to achieve a reduction in accidents and occupational ill health in line with trust objectives
- c) directors are aware of their responsibilities concerning safety management
- d) The health and safety performance of the trust is monitored through periodic reviews of accident and incident data and that all activities receive a periodic safety audit

**5.4 Executive Director for Health and Safety** –the lead Executive Director for health and safety is the Executive Director of Communication and Corporate Governance and has strategic responsibility for:

- a) ensuring that there is a consistent and co-ordinated approach to health and safety throughout the trust
- b) bringing the policy to the attention of all trust staff
- c) advising the Chief Executive of any health and safety matters that compromise the effectiveness of the organisational structure, procedures, or systems

**5.5 Trust Directors & Chief Operating Officers** - The leadership of all directors and Chief Operating Officers through to first-line managers is necessary to develop and maintain a safety culture, by actively promoting an interest in, and enthusiasm for, health and safety matters and;

- a) notwithstanding their individual executive functions, monitor the safety performance of their area of the business and take such steps as may be necessary for improvement



- b) ensure that managers within their sphere of influence are aware of their responsibilities as laid down by the trust's health & safety policy and safety management system
- c) ensure that all managers under their control receive adequate and appropriate training in health and safety matters and are provided with all necessary information to enable them to carry out their duties safely
- d) allocate sufficient resources to enable the health & safety policy and procedures to function effectively, with particular emphasis being given to health and safety training.

**5.6 Associate Director of Estates and Facilities** - The Associate Director of Estates and Facilities has a delegated responsibility for the safety of buildings and building services under the control of Estates and Facilities. This includes, but is not limited to: Water safety, the management of asbestos, electrical safety and the management of contractors.

**5.7 Heads of Department / Managers and Ward Managers** - Heads of Department, Managers and Ward Managers have delegated responsibility for implementing the policy within areas under their control. This includes, but is not limited to the following within their areas of responsibility:

- a) Bringing health and safety matters to the attention of staff.
- b) Ensuring that there are adequate arrangements in place for the management of health and safety, including emergency arrangements.
- c) Encouraging staff to report all incidents and near misses using the Trust's incident reporting system.
- d) Ensuring that risk assessments are carried out, regularly reviewed and updated if the work pattern and workplace environmental hazards alter.
- e) Communicating significant findings from assessments to staff.
- f) Providing necessary information, instruction, training and supervision to enable staff to undertake their tasks without risk to themselves or others
- g) Investigating and addressing any health and safety issues raised by staff. Where they do not have the authority to deal with such matters they should be brought to the attention of more senior management.
- h) Investigating incidents and implementing any actions to prevent reoccurrence.

**5.8 The Head of Health Safety Fire and Security** - is responsible for advising managers and staff about their legal obligations and for providing specialist advice and support to tackle problems relating to health, safety and welfare. The Head of Health and Safety is responsible for:

- a) Advising the Trust on health and safety matters and for ensuring that the Board meets all Health and Safety Legislative requirements.
- b) Producing up-to-date, clear, written policies, procedures and guidelines which set out the organisational structure, identify the groups and individuals responsible for health and safety and the arrangements for risk assessments to identify hazards, assess risks and preventing or controlling them.
- c) Undertaking the role and functions of the Local Security Management Specialist.
- d) Advising and overseeing the management of adverse events relating to Health and Safety.

- e) Ensure any RIDDOR reportable adverse events are reported to the Health and Safety Executive within the appropriate timeframe.
- f) Investigating accidents resulting in RIDDOR reports and claims for compensation following injury.
- g) Recommend improvements or remedial action to the Trust's Health and Safety Sub Committee arising from reviews or the findings of investigations into the cause of accidents or dangerous occurrences.
- h) Assist managers in providing employees with adequate information, instruction and training as may be necessary to perform their work without risk to themselves or others.
- i) Acting as Deputy Chair for the Health and Safety Committee.

**5.9 Health & Safety Committee** - The Associate Director of Estates and Facilities, as chair of the trust health & safety committee, is responsible with the assistance of the trust safety team, to;

- a) assess the implications of new legislation and best practice
- b) carry out investigation/audit reports, monitoring performance.
- c) ensure this policy is reviewed annually so that it remains current with the Trust's activities.

**5.10 Trust Safety Team** -The role of the trust safety team is to ensure the safety of staff, patients, visitors and others who come to trust health care sites. In order to achieve this, the trust safety team will;

- a) provide specialist advice, support and guidance on all health and safety issues to all levels of the trust
- b) monitor and advise the trust accordingly on changes in health and safety
- c) regulations and statutory requirements
- d) audit and monitor health & safety standards and performance within the trust through the SPA
- e) provide professional, accurate and timely reports to the various trust committees, on health & safety matters
- f) Work closely with the trust estates and facilities teams to ensure staff and patient safety during critical phases in the development of capital projects.

**5.11 SPA Links**—Each division must ensure that a person takes responsibility to maintain the SPA (SPA link). SPA links are responsible for ensuring that;

- a) the service risk register includes identified health and safety risks
- b) they act as lead for the development of systems designed to improve the management of health and safety within the service
- c) the service maintains an evidence file as part of the SPA
- d) the service progresses the actions identified from the SPA
- e) they liaise with other SPA links to ensure a consistent approach to the management of health and safety across the trust
- f) they act as the service contact on health and safety issues
- g) incidents occurring within the service which are categorised within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

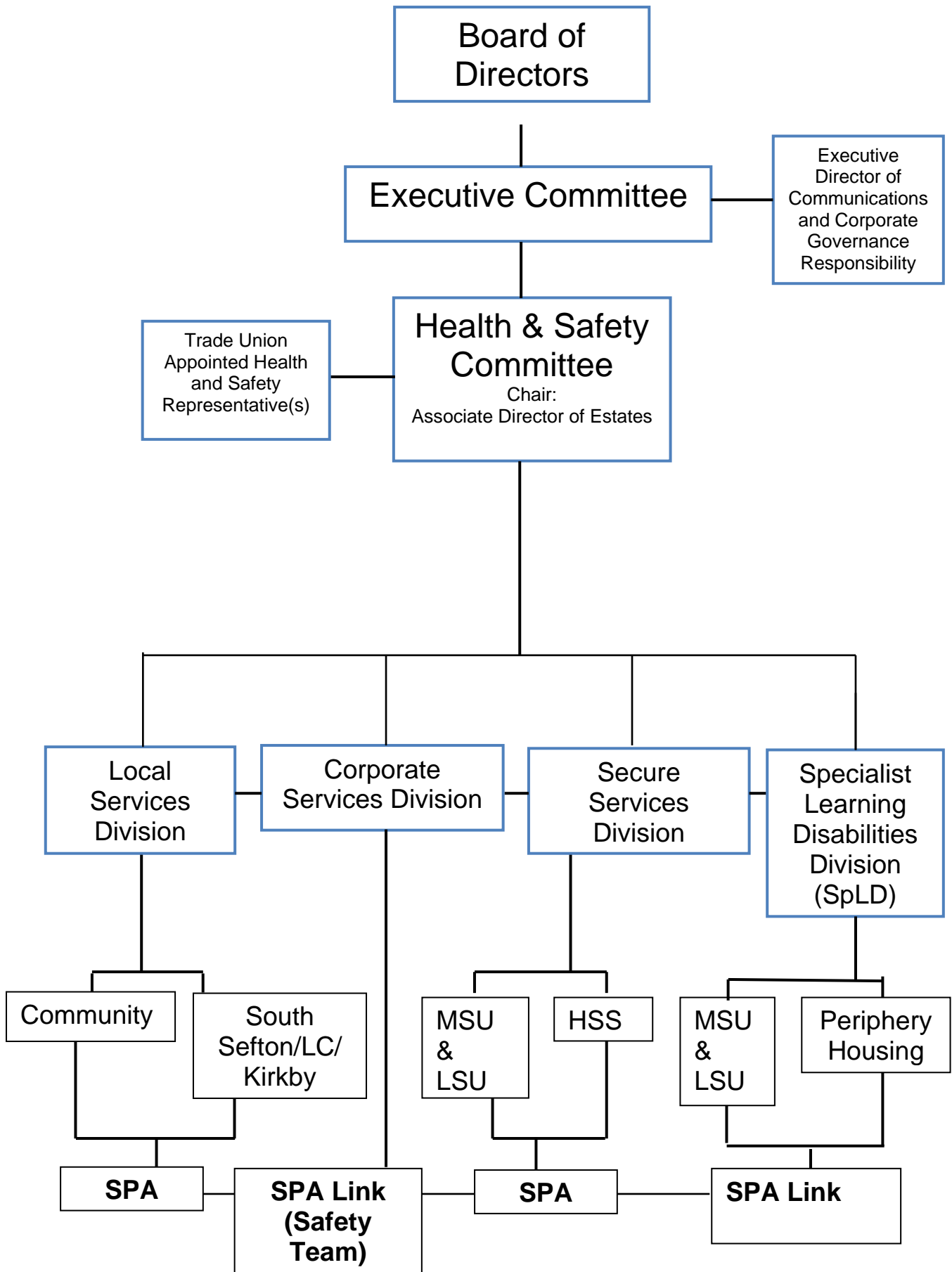
2013 (RIDDOR) are correctly reported to the enforcing authority within the appropriate timeframe

**5.12 Employees** - All employees have both a statutory and moral duty to look after their own safety and to give due consideration for the safety of others. Employees also have specific responsibilities as follows;

- a) take reasonable care of themselves and others who may be affected by their acts or omissions
- b) co-operate with the trust so far as is necessary to enable us to comply with statutory duties, and discharge any specific duties as set out in the policy and safety management system
- c) not to intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety or welfare
- d) report all accidents, incidents, defects, near misses or incidences of ill health, in line with the trust's safety management system and related health and safety procedures
- e) familiarise themselves with this policy, the health and safety procedures of the trust and to discharge those duties as set out.
- f) correctly use and store any equipment, including personal protective equipment, provided for use as specified by any risk assessment or health and safety procedure and in accordance with training
- g) reporting any faults/defects in plant/equipment/machinery or hazardous situation to their supervisor/manager immediately.
- h) raising any concerns they have on the subject of health, safety and welfare at team meetings or individually to their supervisor/manager

**5.13 Contractors** - The Trust requires all contractors that it employs to:

- a) Comply with the Trust's health and safety policies and procedures by working safely and not exposing persons in and around their work area to risk.
- b) Ensure that their employees or sub-contractors meet their statutory responsibilities and adhere to the health and safety induction information they have received from the Trust. More comprehensive details of the requirements are given in the Trust's Management and Control of Contractors Policy.



## 6. PROCESS

### 6.1 Arrangements for Health and Safety

### 6.2 The requirements of this policy will be met by:

- a) The development of other subject-specific policies, procedures and guidance that meet the requirements of applicable health and safety law.
- b) Adhering to and carrying out the functions of the Safety Partnership Agreement
- c) Ensuring that suitable and sufficient risk assessments are carried out by managers and controls are put into place to reduce the level of risk in their areas of responsibility.
- d) The provision of appropriate health and safety training.
- e) Carrying out effective consultation with recognised trade unions, staff and staff safety representatives.

6.3 A Safety Management System (SMS) provides a systematic way to identify hazards and control risks while maintaining assurance that these risk controls are effective. The SMS adopted and in use by the trust is through the Safety Partnership Agreement (SPA).

#### **PLAN**

Policy  
Planning

#### **DO**

Implementation & Operation

#### **CHECK**

Checking & corrective action  
Management review

#### **ACT**

Continual improvement

6.4 The board recognises that a healthy organisation is a safe organisation which is committed to improving safety using the improvement model (Plan, Do, Check, Act). Safety is measured across all domains through the Safety Partnership Agreement (SPA), and its incident reporting and management systems.

6.5 **Safety Partnership Agreement** - The safety partnership agreement (SPA) is an agreement between divisions and the Board of Directors. The purpose of the SPA is to ensure appropriate targets are met by services, and any support, required to achieve this, is identified. The SPA is determined by both the service manager/director and the trust safety team and is in place for each financial year from April to March.

6.6 Each division will nominate a SPA Link who will ensure that their division complies with the following Key Performance Indicators (KPI's), monitors performance and provides assurance to the Health and Safety Committee that standards are being met.

- a) generic risk assessments
- b) workplace inspections
- c) anti-ligature assessments
- d) RIDDOR reporting to HSE
- e) Violence and aggression monitoring
- f) pregnant employees

- g) control of substances hazardous to health
- h) first aid support for staff
- i) display screen equipment
- j) fire safety arrangements
- k) incident reporting management
- l) food handling/hygiene
- m) security management
- n) equipment safety

6.7 The Health and Safety Committee will monitor each performance and reviews action plans to achieve full compliance with the SPA.

## **6.8 Risk Assessment Process**

6.9 It is a legal requirement under the Management of Health and Safety at Work Regulations 1999 to carry out risk assessments and to establish controls to reduce the level of risk identified. Risk assessments should be carried out before work is undertaken that gives rise to the risk, when tasks or processes change, if new technology is introduced or if there is a change in legislation. Assessments should be reviewed on an annual basis or if there is an incident that indicates that existing controls are inadequate. Guidance on carrying out risk assessments and templates is available to staff on the Trust's intranet site and within subject-specific health and safety policies.

6.10 A "suitable and sufficient" assessment is one that:

- Correctly identifies all reasonably foreseeable significant hazards and risk
- Identifies all of the existing control measures and from this evaluates the level of risk
- Enables the assessor to decide what action needs to be taken, and what the priorities should be.
- Is appropriate for the type of activity
- Will remain valid for a reasonable time
- Reflects what employers may reasonably practicably be expected to know about the risks associated with their undertaking.

## **6.11 Risk assessment responsibility**

6.12 Managers and their SPA link are responsible for ensuring that all significant risks within areas of their control are identified and recorded on a relevant Trust risk assessment form. Advice on the completion of these forms may be obtained from the Safety Team.

## **6.13 What we will risk assess?**

6.14 Under performance standards of the SPA, the following suite of risk assessments will be completed annually:

- a) lone working
- b) manual handling (patients, inanimate objects)
- c) slips trips and falls
- d) COSHH – substances that are hazardous to health
- e) fire risk assessments all buildings

- f) night work
- g) violence and aggression
- h) first Aid
- i) security
- j) departmental stress
- k) display screen equipment (DSE)

## 6.16 Accident Incident Reporting

6.17 All staff are encouraged to report accidents or near misses as these can be indicative of inadequately controlled risks. All incidents affecting staff, patients, visitors, contractors, property, security and environmental issues must be reported as per the Trust's Incident Reporting Policy using the DATIX or ULYSSES electronic incident reporting system available via the intranet site. *Refer to Appendix 2: Incident Reporting Procedures.*

6.18 Actions in the event of an accident;

- a) Obtain treatment for the injury from a first-aider or other appointed person.
- b) clear away any debris following the incident where this is necessary to safeguard other personnel in the vicinity (except where the accident resulted in a major injury, in which case the scene should be left undisturbed until advised otherwise by the enforcing/investigating authority).
- c) Inform your manager and arrange for a DATIX or Ulysses report to be completed.
- d) Depending severity investigate the accident/ incident and complete a 72 hour report

## 6.19 Reporting of Injuries, Diseases and Dangerous Occurrences

6.20 The Trust is required to report certain serious events to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reports are made by Divisional Risk Leads and the Health and Safety Advisors and recorded on the Trust's incident reporting system. *Refer to Appendix 1 RIDDOR Reporting Flow Chart.*

6.21 You only need to report certain types of work-related incidents under RIDDOR. Incidents must fall into one of the following categories:

- **Fatal and non-fatal injuries.**
- **Occupational diseases.**
- **Dangerous occurrences** (often referred to as 'near misses').
- Incidents that result in **more than seven days' absence from work.**
- Incidents involving **gases.**

6.22 However there are some incidents that don't need to be reported, such as traffic road accidents and those involving sporting injuries unless there was a defect in equipment being used.

## 6.21 Workplace Inspections

6.22 It is the policy of the trust that formal workplace inspections must take place every three months or sooner if required. The inspection should take the form of a walk around the area, looking for:

- a) Obvious defects in the premises and the fixtures and fittings
- b) Failures in meeting trust safety standards in any respect (e.g. depleted first-aid supplies, blocked fire exit routes, trip hazards etc.)

c) Any other relevant general observations

6.23 It is the responsibility of designated SPA link to ensure that each area is covered and the workplace inspections proforma is completed. The recognised union safety representative may be invited to partake in these inspections.

6.24 The person charged with implementing any identified remedial action must complete the work within a reasonable time scale, dependent on the risk, and should "sign off" the action point by notifying the originator of the inspection report.

6.25 Workplace inspections are monitored by the divisional safety group as part of the SPA standards. (See *trust health and safety procedures; workplace inspections HS5*)<http://www.merseycare.nhs.uk/about-us/policies-and-procedures>

### **6.26 Control & Co-ordination of Contractors**

6.27 The Estates Manager or Estates Officer must ensure that the contractor are competent to carry out the works specified and where possible, will utilise certified or accredited contractors/organisations. Throughout the contract period the employing Estates Manager or Estates Officer will monitor the standard of the contractor's work and the progress made.

6.28 The Estates Manager or Estates Officer will ensure that all relevant safety measures are taken not only to protect the contractors but all persons who may come into contact with the Trust and its undertakings. The Trust has a duty to ensure that these work activities do not alter the conditions or impede the provision of a safe place of work for staff, patients and visitors.

6.29 It is also the duty of the Estates Manager or Estates Officer to provide every contractor with information on emergency procedures relevant to the premises and provide details of particular hazards in the area (This may include Control of Substances Hazardous to Health – COSHH and asbestos assessments) for example, gases, chemicals or biological hazards.

### **6.30 Young Persons at Work**

6.31 A young person at work is a person under the age of eighteen (18) year and can be an employee, visitor or student on work experience.

6.32 Before a young person starts work e.g. trainee, apprentice etc. a suitable and sufficient risk assessment must be carried out on all their activities. Any residual risk that remains that cannot be eliminated and has been controlled so far as is reasonably practicable must be communicated to their parents/guardian and written consent obtained.

### **6.33 Health Surveillance**

All employees have access to an Occupational Health Department whose function is to provide a range of services for employees including pre-employment health checks.

6.34 The Occupational Health Service can also provides health surveillance for specific work activities and can be arranged via the individual's line manager or self referral procedures. The Occupational Health Department has its own policies, which are available for reference.



**6.35 Working in the Community** (Employees Working in the Community or Areas Not Controlled by the Trust)

6.36 There are many circumstances where employees of the Trust work in environments in which the Trust cannot exercise direct control over the actual working conditions or the risks that may be present to health, safety and welfare. This may occur where the premises are owned by a different employer or by a third party such as is the case with staff working in the community. Staff must take special care for their own health and safety and comply with guidance issued applicable to the work performed or location where they become aware of any risks to their own health and safety or other persons such as the patient being visited.

6.37 Though there is more emphasis on employees protecting themselves this does not relieve the Manager of the person concerned from taking appropriate action to minimise any risks that may be present. After evaluation, these risks may require additional training needs, provision of equipment etc. These arrangements must be escalated and actions recorded in divisions health and safety group meetings.

6.38 It should be noted that under the Management of Health and Safety at Work Regulations employees shall be permitted to leave their place of work in the event of serious or imminent danger unless there are adequate written arrangements to deal with the circumstances. For instance, staff working in the community may not be in a position to visit certain patients due to the condition of their premises or other risks that may be present.

6.39 Where it is necessary for employees to cease work appropriate arrangements must be made to ensure that all persons are not placed in danger due to other factors (such as the withdrawal of that service) and the reason for the failure to perform normal duties must be brought to the attention of the responsible manager immediately. This should also include situations where employees of the Trust work in premises owned by another employer. In general, procedures must be prepared by specific Departments/Teams giving general guidance on the action to be taken by the employee in these situations.

**6.40 Co-ordination between Employers**

6.41 Where staff are required to work in premises owned or operated by another employer, there must be adequate co-ordination between the parties involved. This could include:

- a) Joint risk assessments;
- b) Exchange of information on risk;
- c) Training;
- d) Joint procedures.

6.42 Similar arrangements also apply where other employers' staff work on Mersey Care NHS Foundation premises.

**6.43 Role and Function of Safety Advisors/ Safety Representatives and the Health and Safety Committee**

6.44 Staff Safety Representatives include trade union appointed Safety Representatives and Employee Representatives. The Trust shall treat both categories on an equal basis to satisfy the requirements of the Safety Representatives and Safety Committee Regulations 1977 and the Health and Safety (Consultations with Employees) Regulations 1996.

- 6.45 Staff Safety Representatives and the Health and Safety Committee function to assist the Trust to improve safety performance and are used as a method of communication and consultation on health and safety issues. Safety Representatives and members of the Health and Safety Committee are encouraged to participate in all areas of safety including safety audits of defined areas.
- 6.46 The aims and the objectives of the committee are to promote co-operation between the Trust and its employees and to provide consultation on a range of health and safety matters. Where appropriate, the committee will make recommendations to senior management with a view to improving health and safety performance.
- 6.47 The main function of Safety Representatives is to help to maintain high standards of health, safety and welfare for staff and compliance with legislation. Their function is advisory and the key management responsibility for safety remains with each Service Director/ Chief Operating Officer.
- 6.48 Safety Representatives must be given sufficient time and facilities for them to be able to efficiently discharge their functions.
- 6.49 The functions of the Staff Safety Representatives include:
- To investigate potential hazards and dangerous occurrences in the workplace;
  - To examine the causes of accidents;
  - To investigate complaints relating to health, safety and welfare;
  - To make representations to the employer about general matters affecting health, safety and welfare at the workplace;
  - To carry out inspections;
  - To represent employees in consultations with enforcing authorities inspector;
  - To receive information from inspectors;
  - To attend safety committee meetings;
  - To have time off with pay to perform his functions and to attend training.

## **7. CONSULTATION**

- 7.1 The Trust recognises that an effective safety culture requires a partnership between management and staff, working together to identify risks and to improve safety standards and working practices.
- 7.2 In accordance with the Safety Representatives and Safety Committees Regulations 1977, trade unions may appoint Safety Representatives from amongst employees of the Trust, who are members of a recognised Trade Union.
- 7.3 Where staff are not members of one of these trade unions the Trust must consult staff directly or via nominated staff representatives in accordance with the Health and Safety (Consultation with Employees) Regulations 1996.
- 7.4 Staff are formally consulted about health and safety at the Trust's Health and Safety Committee that meets every 2 months. The Committee includes trade union and staff representatives from across the Trust. Information from the Committee is disseminated to divisional safety meetings and the Quality Assurance Committee for discussion. This

includes requesting feedback about health and safety policies and addressing any Trust-wide or local issues raised by committee members on behalf of the staff they represent.

## 8. TRAINING

8.1 The Trust will ensure that all staff are provided with the information, instruction, training and supervision necessary to ensure, so far as is reasonably practicable, their health and safety at work. This includes:

- a) Local and corporate inductions, job specific and refresher training. Information provided to staff as part of the training will include:
  - Health and safety responsibilities
  - How to report an accident and the Trust's arrangements for managing health and safety risks.
  - Health & Safety Policies and Procedures
  - Trust Fire Procedures and Fire Prevention
  - Slips trips and falls
  - First aid/hygiene
  - Infection Control
  - Manual Handling
  - Conflict Resolution
  - Risk Assessment Process and Procedures
  - Name and location of Health and Safety Advisors/ Safety Representative
- b) All employees will receive training on being exposed to new or increased risks due to:
  - Their being transferred or given a change of responsibility.
  - The introduction of new work equipment
  - The introduction of new technology.
  - The introduction of a new system of work or changes in existing systems of work.
- c) Managers and Supervisors will be provided with health and safety training, including risk assessment, relevant to their positions.
- d) The Trust will provide staff with information regarding health and safety, which will include:
  - Hazards in the workplace and methods of avoiding them
  - Statutory information.
  - Equipment Manufacturers' information.
  - Emergency Procedures.
  - Incident performance.

## 9 MONITORING

9.1 To gauge success in health and safety performance the trust will measure its performance against pre-determined standards by means of:

- a) **Proactive monitoring** - to ensure compliance with statutory obligations that will include safety tours; safety inspections and safety audits as part of the trusts quality review process
- b) **Reactive monitoring** – reviewing accident/incident data, outcomes and learning from investigations and causes of ill-health including first aid treatment.

<b>Area for Monitoring</b>	<b>How</b>	<b>Who by</b>	<b>Frequency</b>	<b>Reported / escalated to</b>
Health and safety compliance	Workplace/premises inspections	Safety Team SPA Safety Link Building/Service Manager Staff side	Every 2 months	Health and safety committee Quality Assurance Committee Divisional Safety Groups
Regular review of risk assessments	Premises inspection / incident reports	Health and Safety Advisor SPA Safety Links Designated Managers or their deputies Staff side	Every 2 months	Health and safety committee Quality Assurance Committee Divisional Safety Groups
RIDDOR Report to HSE and Accident investigation	Incident reports	Health and Safety Manager Staff side SPA Safety Link	Every 2 months	Health and safety committee Quality Assurance Committee Divisional Safety Groups
On-going health and safety issues	Minutes of the Health and Safety Committee SPA Safety Link reports	Health and safety Manager SPA Safety Link	Every 2 months	Executive Management Team (interim arrangement) Quality Assurance Committee
Health and safety performance	Annual health and safety report	Health and Safety Manager / Safety Team	Annually	Trust Board of Directors

# 10. Equality and Human Rights Analysis

<b>Title:</b> HEALTH SAFETY AND WELFARE POLICY (SA07)
<b>Area covered:</b> Health and Safety

<p><b>What are the intended outcomes of this work?</b> <i>Include outline of objectives and function aims</i> the aims and objectives are;</p> <ul style="list-style-type: none"> <li>(a) to ensure compliance with the statutory, common law, and trust minimum performance standards.</li> <li>(b) to eliminate or implement appropriate control measures arising out the trust's work activities to reduce identified risk to as low as is reasonably practicable.</li> </ul>
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<p><b>Who will be affected?</b> <i>e.g.staff, patients, service users etc.</i> Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.</p>
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<h2>Evidence</h2>
<p><b>What evidence have you considered?</b> Equality Information as published on the website in relation to the content of this policy</p>
<p><b>Disability (including learning disability)</b> No significant issues</p>
<p><b>Sex</b> No significant issues</p>
<p><b>Race</b> <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> No significant issues</p>
<p><b>Age</b> <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> Young persons at work – those under the age of 18years must be risk assessed prior to commencement of any work activities</p>
<p><b>Gender reassignment (including transgender)</b> <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><b>Sexual orientation</b> <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> No significant issues</p>
<p><b>Religion or belief</b> <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i> No significant issues</p>

<p><b>Pregnancy and maternity</b> Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities. No significant issues</p>
<p><b>Carers</b> Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. No significant issues</p>
<p><b>Other identified groups</b> 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. No significant issues</p>
<p><b>Cross Cutting</b> implications to more than 1 protected characteristic  No significant issues</p>

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

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

This was the 2 yearly policy review submitted to the Health and Safety Committee for approval

**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**

Where appropriate the policy is supportive

**Advance equality of opportunity**

Where appropriate the policy is supportive

**Promote good relations between groups**

Where appropriate the policy is supportive

**What is the overall impact?**

The overall impact on the implementation on this policy review is minimal

**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*

**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*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

**For the record**

**Name of persons who carried out this assessment:**  
**Head of Health Safety Fire and Security**

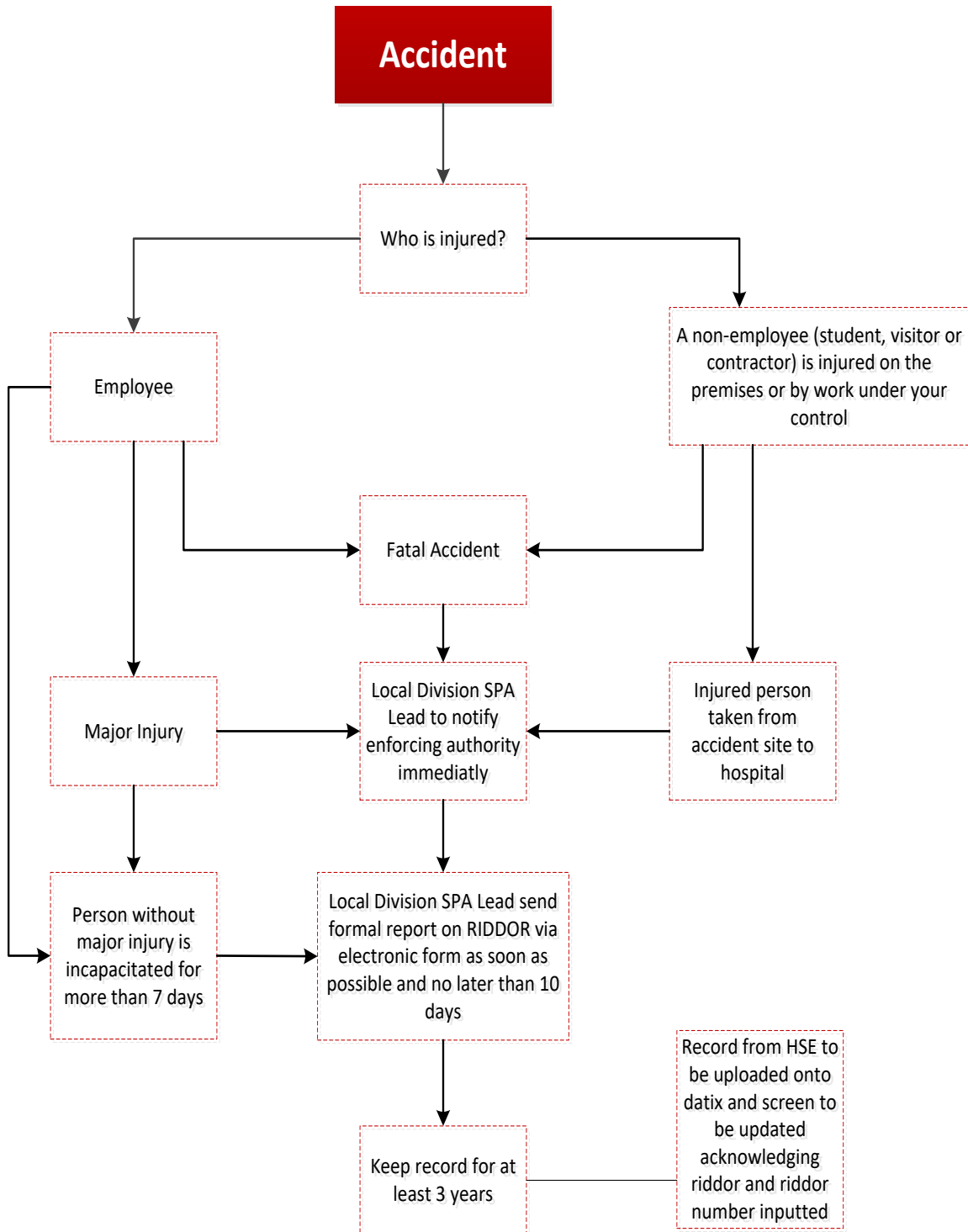
**Date assessment completed:** 17 March 2020

**Name of responsible Director:** Elaine Darbyshire

**Date assessment was signed:** 17 March 2020

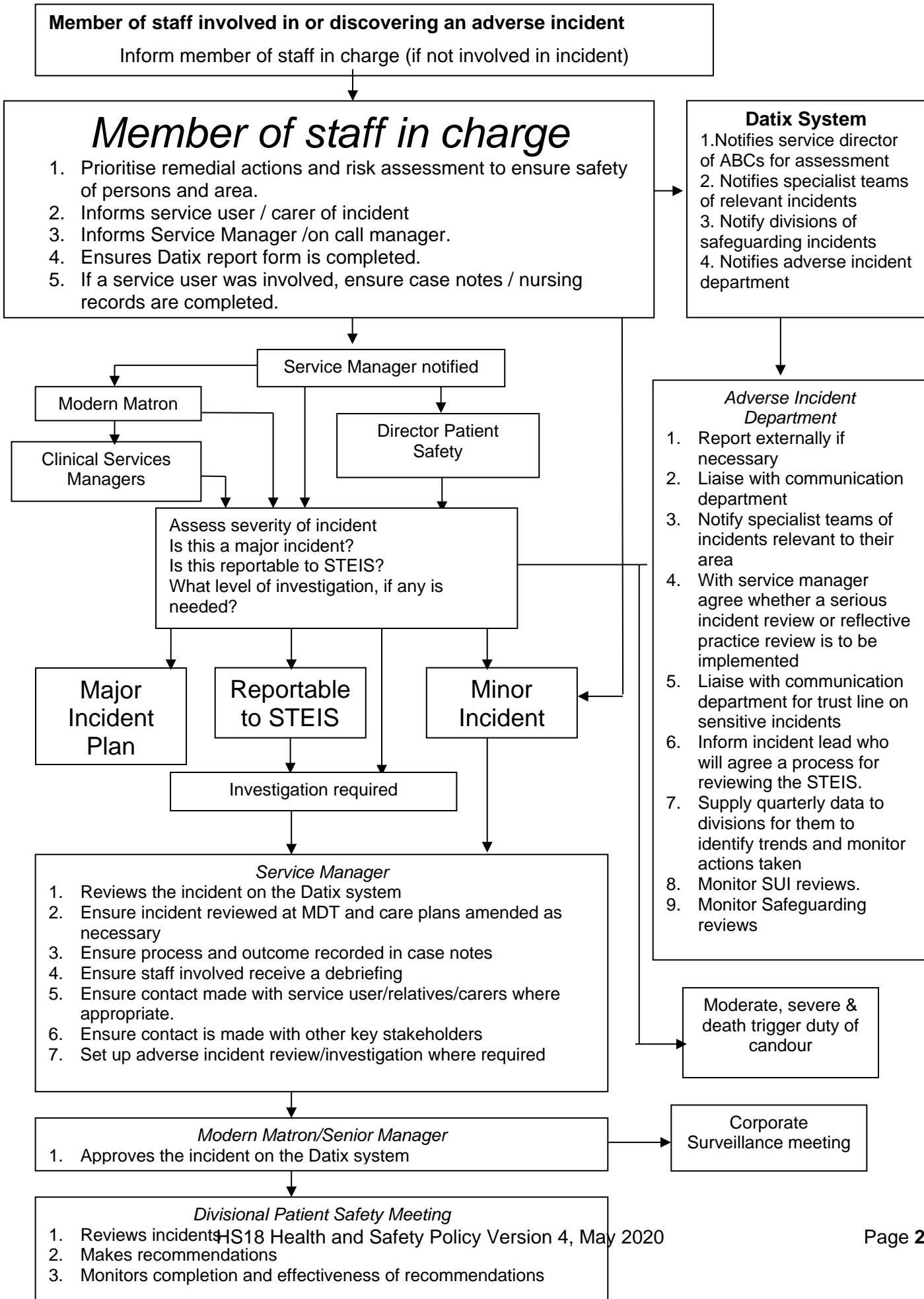
## Appendix 1: RIDDOR Reporting Flow Chart

### RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013





**Appendix 2: Procedure for the reporting, management and review of Adverse Incidents**



## Appendix 3: Risk Assessment Process

This flowchart illustrates the HSE's 5 Steps risk assessment process([www.hse.gov.uk](http://www.hse.gov.uk))

