

## Health and Safety Policy

<b>Ratified</b>	Final
<b>Status</b>	Approved
<b>Issued</b>	January 2021
<b>Approved By</b>	Executive Committee
<b>Consultation</b>	Internal CCG review
<b>Equality Impact Assessment</b>	Section 9
<b>Distribution</b>	All Staff
<b>Date Amended following initial ratification</b>	Non-Applicable
<b>Implementation Date</b>	December 2020
<b>Planned Review Date</b>	December 2022
<b>Version</b>	V4.1
<b>Author</b>	Governance Manager (Health and Safety, Fire, Security)
<b>Reference No</b>	CO07

### Policy Validity Statement

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

### Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [stynccg.enquiries@nhs.net](mailto:stynccg.enquiries@nhs.net)



## Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Liane Cotterill	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite
V1.1	2 April 2014	Laura Witters	Re-styled to CCG policy standard
V2	13 <sup>th</sup> November 2014	Lee Crowe	Policy Reviewed and Equality Impact Assessment.
V3	November 2016	Lee Crowe	New EIA and Policy Format
V4	December 2018	Lee Crowe	Re-view in line with expiration date. No changes made to policy.
V4.1	December 2020	Lee Crowe	Minor formatting amendments

## Approval

Role	Name	Date
Approval	Executive Committee	14/01/2015 (2)
Approval	Executive Committee	22/12/2016 (3)
Approval	Executive Committee	30/01/2019 (4)
Approval	Executive Committee	April (4.1)

## Review

This document will be reviewed two years from its issue date.

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# 1. Introduction

The Clinical Commissioning Group (CCG) is committed to ensuring the health, safety and welfare of its employees, clients, patients, students, contractors, visitors and members of the general public as a matter of prime importance and will, so far as is reasonably practicable, establish procedures and systems necessary to implement this commitment and to comply with their statutory obligations under Section 2 of the Health and Safety at Work Act 1974.

## 1.1 Status

This policy is a Health and Safety policy.

## 1.2. Purpose and scope

1.2.1 The CCG will provide and maintain a healthy and safe working environment with the objective of minimising the number of instances of occupational accidents and illnesses.

1.2.2 The CCG will pay particular attention to ensuring that:

- safe systems of work are set and followed;
- a safe working environment without risks to health is maintained;
- there is provision of adequate welfare facilities;
- there is provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control risks;
- plant and equipment are safe;
- there are safe arrangements for the use, handling and storage and transport of articles, materials and substances;
- there is safe access and egress.

1.2.3 Whilst the CCG will take all reasonable steps to ensure the health, safety and welfare of its employees, health and safety at work is also the responsibility of the employees themselves. It is the duty of each employee to take reasonable care of their own and other people's health, safety and welfare, and to report any situation which may pose a serious or imminent threat to the wellbeing of themselves or any other person.

1.2.4 The Governing Body endorses the need for managers and staff to work together positively to achieve a situation compatible with the provision of high quality services to patients and clients where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum. Thus risk must be assessed and significant findings recorded.

1.2.5 This policy is supplemented by other policies on specific areas of law. This documents sets out the arrangements for health and safety management; it determines the levels of responsibility at all levels and the channels of communication for health and safety matters.

- 1.2.6 It is the responsibility of employees at all levels to familiarise themselves and comply with the CCGs procedures and systems on health and safety.

Signed:.....

Date:.....

## 2. Definitions

- 2.1 **Manager** – the Corporate Manslaughter and Corporate Homicide Act 2007 defines senior managers as those who play a significant role in making decisions about the management of the whole or a substantial part of their organisation’s activities and those who actually manage or organise those activities.
- 2.2 **Competent Persons** – the Management of Health and Safety at Work Regulations 1999, Regulation 7 requires every employer to appoint one or more competent persons to assist with putting measures in place to ensure legal compliance. The Competent Person can be either an individual or a company providing these services. The person is regarded as competent if they have ‘sufficient training and experience or knowledge and other qualities to properly assist the employer to meet their safety obligations.’

## 3. Health and Safety

- 3.1 The CCG has ultimate responsibility for managing Health and Safety.
- 3.2 A Health & Safety Service Level Agreement exists and specific responsibilities are outlined within this document.
- 3.3 It is a disciplinary offence, which could lead to dismissal, to work or permit others to work in a way which is contrary to the requirements of health and safety legislation and the CCG’s Health and Safety Policy.
- 3.4 The relevant legislation includes the following:
- **Health & Safety at Work etc. Act 1974**
    - It is the duty of every employer, so far as is reasonably practicable, to ensure the health, safety and welfare at work of all his employees.
    - Every employer must conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment are not exposed to risks to health or safety.
    - Employees are to take reasonable care for the health and safety of themselves and of others who may be affected by his acts or omissions at work.

- **Corporate Manslaughter & Homicide Act 2007**

An organisation is guilty of the offence of corporate manslaughter if the way in which any of the organisation's activities are managed or organised by its senior managers:

- causes a person's death; and
- amounts to a gross breach of a relevant duty of care owed by the organisation to the deceased.

- **Health & Safety Offences Act 2008**

The new maximum penalties under this Act are:

- £20,000 fines in lower courts for nearly all summary offences, unlimited fines in higher courts;
- Imprisonment for nearly all offences – up to six months in Magistrates Courts and two years in the Crown Court.

### 3.5 **Health and Safety Policies**

Policy documents and Standard Operating Procedures on particular aspects of health and safety will be developed in consultation with stakeholders and will be approved at the appropriate committee on behalf of the CCG Governing Body.

### 3.6 **Health and Safety Training**

Health and safety training should be included in the Personal Development Plan, and agreed between employee and line manager. In addition to mandatory requirements, additional training necessary for the job should be determined as a result of the risk assessment process.

### 3.7 **Health and Safety Communication**

The CCG will ensure that suitable and relevant information relating to health, safety and welfare in the workplace is communicated to staff and users. Statutory notices will be displayed throughout the workplace. Consultation and communication over health and safety issues will be encouraged at all levels within the CCG.

### 3.8 **Specialist Advice**

Whilst the Health and Safety team should be considered as the primary source for expert legal advice on complying with health and safety legislation and CCG policy, where necessary the Chief Officer will ensure staff have access to other competent persons (as defined in the Management of Health and Safety at work Regulations 1999) either through separate appointments or robust and appropriately monitored Service Level Agreements with third party providers. These will include as a minimum;

- Occupational Health Service (including physiotherapy)
- Advice relating to infection prevention and control

- Estates/ facilities services
- Human Resources
- Fire
- Security

#### 4. Duties and Responsibilities

<b>Council of Practices</b>	The council of practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Officer</b>	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>Health and Safety Lead</b>	The Health and Safety Lead will: <ul style="list-style-type: none"> <li>• Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy.</li> <li>• Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: NHS Code of Practice (2009).</li> <li>• Maintain the policy database.</li> </ul>

<b>Governing Body</b>	<p>The Governing Body, as the employer, is responsible for ensuring health and safety and conducting the CCGs undertakings in such a way as to ensure the safety of staff, visitors and others affected by its undertaking so far as is reasonably practicable. The appropriate Executive Committee is responsible for giving the Board assurance on the following:</p> <ul style="list-style-type: none"> <li>• Ensuring that there is an effective policy for Health and Safety at Work in respect of its employees, visitors, others and that it is reviewed and updated on a regular basis.</li> <li>• The promulgation of the policy and of health and safety information among CCG staff.</li> <li>• The establishment of health and safety procedures (Management of Health and Safety at Work Regulations 1999).</li> <li>• Ensuring that all liability is covered by adequate insurance.</li> <li>• Ensuring that sufficient resources are made available to enable managers of the CCG to fulfil their legal obligations.</li> </ul>
<b>Nominated Director</b>	<p>The responsibilities of the Chief Officer are discharged through the Nominated Director for Health and Safety. They will ensure that:</p> <ul style="list-style-type: none"> <li>• The CCG complies with all statutory obligations in relation to health and safety.</li> <li>• Mechanisms are in place to effectively monitor performance on behalf of the Governing Body and that they are fully implemented.</li> <li>• The Governing Body and appropriate committees are informed and advised regarding action needed on any significant health and safety event and actual or potential risk.</li> <li>• The establishment and maintenance of an effective health and safety advisory service to the CCG through the appointment and/or training of adequate numbers of competent persons.</li> <li>• The availability of adequate health and safety training programmes for all levels of staff.</li> <li>• Adequate resources are made available to ensure compliance with statutory health and safety obligations.</li> <li>• Update and review with the Health and Safety team the Health and Safety Policy in accordance with the Health and Safety at Work etc. Act 1974 and the associated regulations issued by the Health and Safety Executive.</li> <li>• The appropriate committees function in accordance with statutory and mandatory health and safety regulations.</li> <li>• So far as is reasonably practicable that all Directors are aware of their responsibilities.</li> <li>• A management system exists for reporting and investigating incidents.</li> <li>• Health, safety and welfare performance is measured, strategic targets set and progress monitored and reviewed.</li> </ul> <p>Adequate provision for health and safety is included in any service level agreements/contracts.</p>

<p><b>All Managers</b></p>	<p>The Managers are responsible for ensuring that all activities within their areas of responsibility are managed and for the communication of health and safety information, in particular;</p> <ul style="list-style-type: none"> <li>• Ensuring that CCG policy is implemented within their areas of responsibility by agreeing a programme of action for health and safety, setting objectives with managers and monitoring their effectiveness.</li> <li>• Ensuring that risk minimisation is integrated into new service developments which may affect the health and safety of the CCG.</li> <li>• Ensuring that adequate information, instruction, training and supervision is provided as necessary for all levels of staff to ensure they are safe and without risk to health.</li> <li>• So far as is reasonable, the health, safety and welfare of all persons, including visitors, casual/temporary staff in their place of work.</li> <li>• That necessary information, instruction, training and supervision are provided to all employees.</li> <li>• That all employees attend all relevant health and safety training.</li> <li>• That any relevant local procedures are developed and implemented in accordance with relevant corporate policies.</li> <li>• Suitable and sufficient risk assessments are carried out in their area of work and appropriate action taken.</li> <li>• That health and safety issues, including health and safety policies, are communicated and discussed at team meetings or relevant forum.</li> <li>• Those specialist roles are acknowledged, e.g. Risk Assessors, Fire Wardens, and First Aiders.</li> <li>• That staff are familiar with CCG health and safety policies and implement them, calling on the assistance of the health and safety team and other specialist advisors as necessary.</li> <li>• Compliance with all legal requirements and CCG policies in relation to health and safety in their areas of responsibility.</li> <li>• That all accidents and near misses are reported in a timely manner and properly investigated as per policy and any recommendations to prevent a recurrence are implemented as soon as practicable.</li> <li>• That there are adequate arrangements in place at a local level which are to be followed in the event of serious/imminent danger and that these procedures are brought to the attention of relevant employees, contractors and others as necessary.</li> <li>• That they fully consult with and involve staff on matters relating to health and safety.</li> </ul> <p>Please refer to Appendix A for the Health and Safety Leadership checklist.</p> <p>A helpful checklist for Managers is attached as Appendix B.</p>
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<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided</li> </ul>
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## 5. Implementation

- 5.1 This policy will be available to all staff for use in relation to dealing with issues pertaining to health and safety.
- 5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## 6. Training Implications

Health and Safety Training will be delivered either through Statutory and Mandatory training or face to face training where applicable this is outlined further in subsequent policies and procedures.

## 7. Related Documents

### 7.1 Other related policy documents

- Fire Safety Policy
- Policy for Moving and Handling
- Incident Investigation and Reporting Policy
- Risk Management Policy

### 7.2 Legislation and statutory requirements

- Cabinet Office (1974) *Health and Safety at Work Etc. Act 1974*. London. HMSO.

- Cabinet Office (2007) *Corporate Manslaughter and Homicide Act 2007*. London. HMSO
- Cabinet Office (2008) *Health and Safety Offences Act 2008*. London. HMSO

### 7.3 Best practice recommendations

- Management of Health and Safety at Work Regulations 1999

## 8. Monitoring, Review and Archiving

### 8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### 8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### 8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

## 9. Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Lee Crowe

**Job Title:** Governance Manager

**Organisation:** North of England CSU

**Title of the service/project or policy:** Health and Safety policy

#### Is this a;

**Strategy / Policy**

**Service Review**

**Project**

**Other** [Click here to enter text.](#)

#### What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The policy is a review of an existing policy and has received only minor updates. There is no fundamental change to the content therefore the previous EIA which concluded 'no impact' remains appropriate.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: <b>"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"</b>		
<b>If any of the above have not been implemented, please state the reason:</b> <small>Click here to enter text.</small>		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Lee Crowe	Governance Manager	December 2020

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

## Appendix A

### Health & Safety Leadership Checklist

This list is designed to check your status as a leader on health and safety.

1. How do you demonstrate the Governing Body's commitment to health and safety?
2. What do you do to ensure appropriate Governing Body level review of health and safety?
3. What have you done to ensure your organisation, at all levels including the Governing Body, receives competent health and safety advice?
4. How are you ensuring all staff – including the Governing Body – are sufficient trained and competent in their health and safety responsibilities?
5. How confident are you that your workforce, particularly safety representatives, are consulted properly on health and safety matters, and that their concerns are reaching the appropriate level including, as necessary, the Governing Body?
6. What systems are in place to ensure your organisation's risks are assessed, and that sensible control measures are established and maintained?
7. How well do you know what is happening on the ground, and what audits or assessments are undertaken to inform you about what your organisation and contractors actually do?
8. What information does the Governing Body receive regularly about health and safety, e.g. performance data and reports on injuries and work related ill-health?
9. What targets have you set to improve health and safety and do you benchmark your performance against others in your sector or beyond?
10. Where changes in working arrangements have significant implications for health and safety, how are these brought to the attention of the Governing Body?

Taken from the Institute of Directors and Health & Safety Commission's publication "Leading Health and Safety at Work – Leadership Actions for Directors and Board Members"

## Appendix B

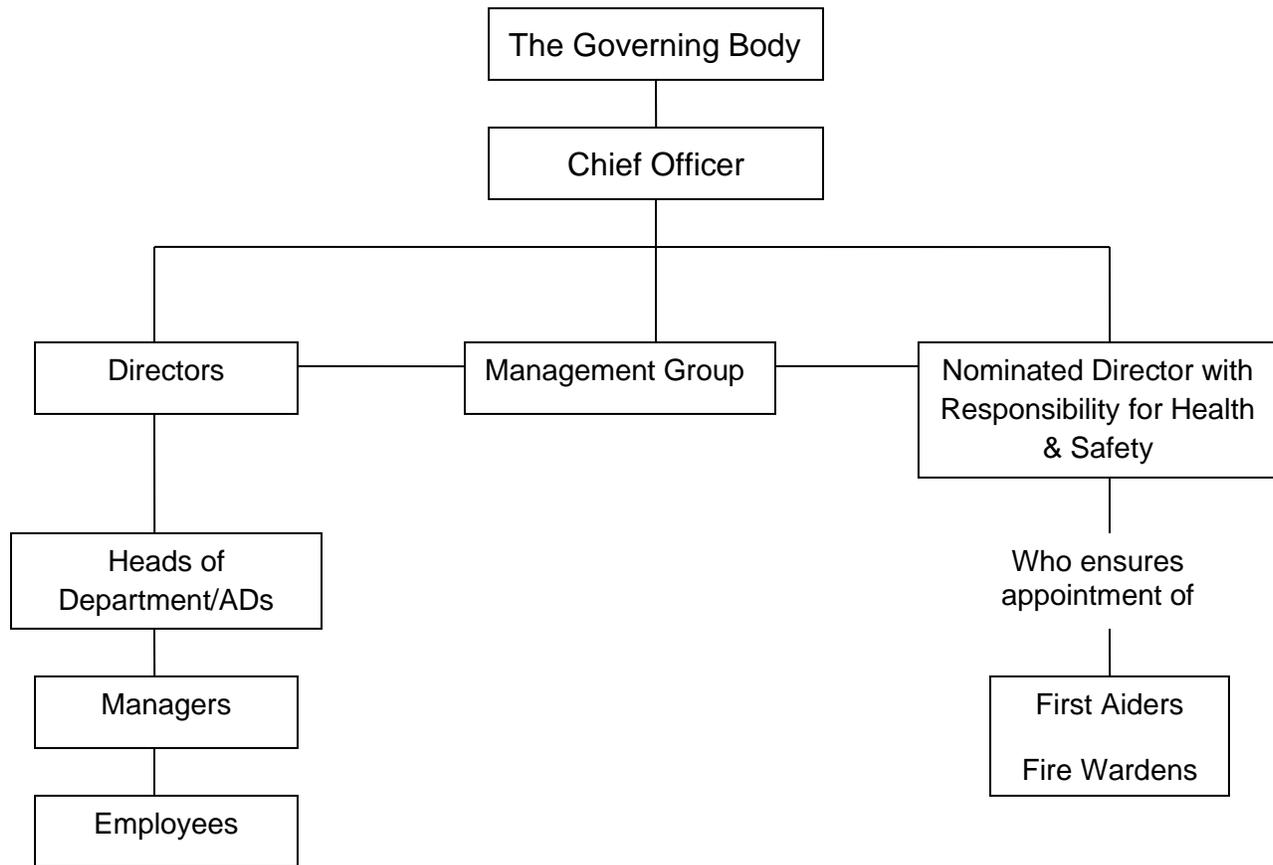
### Checklist for Managers

1. Are all relevant health and safety policies and procedures accessible to your staff?
2. Are your staff aware of their health and safety legal obligations?
3. Have your staff received/booked on Core Mandatory health and safety training?
4. Are health and safety responsibilities included in Job Descriptions?
5. Are specific health and safety roles recognised e.g. Fire Wardens, Risk Assessors?
6. Do your staff have any problems discharging their health and safety responsibilities? If so, please note on 1:1/appraisal document.
7. Is health and safety an agenda item at team meetings?
8. Do you have suitable and sufficient risk assessments, relevant to the risks from your environments/activities?
9. Are staff involved in the risk assessment process, and/or included in their circulation/communication?
10. Are risk assessments reviewed regularly, (when any changes happen or annually)?
11. Do your staff know how to report accidents/incidents?
12. Are your staff aware of their emergency procedures, and is it adequately covered as part of their local induction?

This list is not exhaustive, and can be added to by managers, and can be used as a questionnaire at team meetings to inform all relevant persons.

## Appendix C

### Outline of organisation for Health and Safety



This structure defines the lines of accountability within the CCG.