

Health and Safety Policy

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Responsible Committee	Health and Safety Group
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The Trust is committed to a duty of candour by ensuring that all interactions with patients, relatives, carers, the general public, commissioners, governors, staff and regulators are honest, open, transparent and appropriate and conducted in a timely manner. These interactions be they verbal, written or electronic will be conducted in line with the NPSA, 'Being Open' alert, (NPSA/2009/PSA003 available at www.nrls.npsa.nhs.uk/beingopen and other relevant regulatory standards and prevailing legislation and NHS constitution)

It is essential in communications with patients that when mistakes are made and/or patients have a poor experience that this is explained in a plain language manner making a clear apology for any harm or distress caused.

The Trust will monitor compliance with the principles of both the duty of candour and being open NPSA alert through analysis of claims, complaints and serious untoward incidents recorded within the Ulysses Risk Management System.

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1 Executive Summary

1.1 Policy Scope

This policy applies to all staff and contractors employed by the Liverpool Women's NHS Foundation Trust with respect to Health and Safety. This policy has associated standard operating procedures (SOPs) for Control of Substances Hazardous to Health, Display Screen Equipment, and First Aid. This policy is further supported by policies relating to Safer Use of Sharps, Latex, Moving and Handling and Slips, Trips and Falls.

2 Introduction

2.1 Policy Statement

The Liverpool Women's NHS Foundation Trust is committed to implementing a policy aimed at providing and maintaining a healthy and safe working environment for all employees, patients, visitors, contractors and any other persons who may be affected by its activities. The Trust recognises the benefits of ensuring safe systems of work, continuous improvement in health and safety, risk assessment, risk management and compliance with the relevant health and safety legislation.

The Trust recognises that all employees and contractors, regardless of their position, have a legal responsibility to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions.

The Chief Executive is ultimately responsible for the provision and management of a safe working environment and ensuring that safe working practices are adopted and enforced within the Trust. Whilst responsibility cannot be assigned to any other individual, the day to day running and implementation of the Health and Safety Policy will be delegated to others, as per HSG65 Managing for Health and Safety.

3 Policy Objectives

3.1 It is the Trust's intention to sustain a progressive and comprehensive health and safety management system and to provide appropriate resources. In order to achieve this commitment, the Trust has the following objectives:

- To undertake risk assessments and to plan, organise, control, monitor and review preventative and protective measures.
- To ensure that employees, patients, visitors, contractors and others are adequately informed of any risks and, where appropriate, receive instruction, training and supervision.
- To safeguard the environment from the effects of the Trust's activities.

- To provide and maintain adequate welfare facilities and arrangements for all employees' whilst at work.
- To consult with employees' representatives on health and safety matters.
- As a minimum, to comply with requirements of relevant legislation.
- To establish and implement procedures for Health and Safety, Fire Safety and Emergency procedures.
- To monitor and review the effectiveness of the Trust's arrangements and, where appropriate, to implement improvements.
- To develop and promote safety awareness to staff at all levels within the organisation.

4 Duties / Responsibilities

4.1 The Chief Executive/Chief Operating Officer with Delegated Responsibility

- The provision of sufficient resources to implement the Health and Safety Policy.
- Establishing appropriate arrangements to ensure that all accountable managers and individual employees are fully aware of their responsibilities under the relevant statutory Acts and health and safety legislation and that these responsibilities are fulfilled.
- Monitoring the effectiveness of the Health and Safety Policy and revising where necessary.
- Ensuring that appropriate arrangements for safety audit and inspections are carried out within the Trust and the implementation of recommendations arising.
- Ensuring that the Trust Board is kept fully informed of all health and safety issues and their implications for the Trust.
- Ensuring that the arrangements for health and safety and the effectiveness of the Health and Safety Policy are fully implemented by the inclusion of health and safety responsibilities within all managers' job descriptions and objectives.

4.2 Directors

- Are required to review the health and safety performance on a regular basis.
- Ensure that health and safety policy statements reflect current Board priorities.
- Ensure that management systems provide effective monitoring and reporting procedures.

- iv. Are kept informed about significant health and safety failures and of the outcome of the investigations into their causes.
- v. Ensure that implications in respect of health and safety are addressed in all decisions.
- vi. Ensure that risk management systems for health and safety are in place and effective.
- vii. All Board members should be made aware of the need to ensure that statutory health and safety law and guidance is considered whenever business decisions are taken.

4.3 Head of Risk and Safety

- i. Assuring implementation and application of the Trust's health and safety related policies – monitoring and reviewing the effectiveness of the safety management system.
- ii. Advising the Board on health and safety objectives, supporting the development of the business plan, reviewing its adequacy in respect of health and safety and the development of safety improvement programmes.

4.4 Health and Safety Manager

- i. Proactively analyse safety performance in order to provide the Trust with guidance to reduce risks.
- ii. To develop and review policies and procedures required to ensure the health and safety of staff, visitors and contractors, thus enabling the Trust to fulfil its legal requirements under relevant health and safety legislation.
- iii. Monitor health and safety performance and compliance.
- iv. Monitor the effectiveness of the Trust's Health and Safety policy, making revisions, as required.
- v. To advise Divisional and Departmental Managers on all aspects of health and safety.
- vi. Ensure reporting of accidents, injuries, diseases and dangerous occurrences are in line with current legislation. To undertake investigations of incidents and making recommendations for preventative action, as appropriate.
- vii. Develop and co-ordinate risk and COSHH assessment strategies throughout the Trust.
- viii. Advise the Health and Safety Group to enable them to make decisions or give advice that is not in breach of health and safety law.

- ix. Identify health and safety training requirements to the Trust and advise the Head of Governance and Quality in order to allocate resources effectively and minimise risks.
- x. To liaise with safety representatives, Occupational Health Department, Health and Safety Executive and other relevant authorities.

4.5 Divisional Managers

- i. Ensuring that the Health and Safety Policy is complied with, within their division.
- ii. Ensuring that all health and safety policies and procedures relating to departments within their jurisdiction are effectively implemented.
- iii. Where applicable, ensuring that local health and safety policies are produced to cover all departments within their jurisdiction.
- iv. Ensuring that any arrangements made for the implementation of the Health and Safety Policy are followed.
- v. To establish arrangements for the implementation of the Health and Safety Policy and monitor actions at divisional level. Any areas of concern, risk or inadequacy should be drawn to the attention of the appropriate Director.
- vi. To ensure that all risk assessments are carried out and reviewed either at least annually or when a significant change has been made.
- vii. Ensuring that they are kept up to date with current health and safety legislation and participate in any relevant training to assist in their responsibilities and legal duties as described above.
- viii. To ensure that all managers are aware of their legal duties and responsibilities and attend any relevant training sessions that will assist in the implementation of this policy.

4.6 Departmental Managers

- i. Ensuring that they are aware of the Health and Safety Policy, organisation and arrangements that exist within the Trust, assisted by the Health and Safety Manager.
- ii. To ensure and promote safety awareness and the knowledge of specific rules and procedures by means of effective communication and training.
- iii. To consult, as necessary, with safety representatives or other representatives of trade unions and staff organisations concerning Health and Safety in the department.
- iv. To carry out 'suitable and sufficient' risk assessments at frequencies to be defined within the needs of a particular department. To review existing risk assessments

either when there has been a change including relocation of a service or change of purpose of accommodation or annually, whichever is the sooner.

- v. To initiate corrective measures that have been highlighted in audits and inspections. These should form part of an annual plan.
- vi. To ensure that defects arising from inspections are reported for action through existing mechanisms and, in the event of not being able to secure the necessary remedy within a reasonable time, to bring the matter to the attention of the appropriate manager.
- vii. To ensure that an effective incident reporting system operates, is accessible to all staff within the department and that all incidents are reported.
- viii. Co-operate with the Health and Safety Group.
- ix. To ensure that they keep up to date with current health and safety legislation and participate in any relevant training to assist in their responsibilities and legal duties, as described above.
- x. To report RIDDORS to the Trust Health and Safety Manager in a timely manner and within HSE reporting times.
- xi. To ensure that all staff are aware of their legal duties and responsibilities and attend any relevant training sessions that will assist in the implementation of this policy.

4.7 Individual Employees

- i. To act in such a manner as to preserve the health and safety of themselves and any others, including colleagues, patients and visitors who might be at risk from their activities.
- ii. To co-operate with the Trust with regard to any matter affecting safety. This includes learning and observing agreed safety policies and procedures relevant to the individual employees and their department.
- iii. To bring to the attention of their manager any matter which appears to suggest a health and safety hazard.
- iv. To adhere to the Incident Reporting Procedure and report any Incident using the electronic incident reporting system.
- v. Not to interfere with or misuse anything provided in the interests of health and safety at work.
- vi. The Trust considers it the responsibility of all staff to follow all procedures and regulations laid down in the interests of health and safety. If a member of staff refuses to comply with or follow health and safety policies, procedures or instructions or acts in a manner which would put at risk the health and safety of

himself/herself or others, this may lead to that member being subject to the Trust's disciplinary procedures.

4.8 Union Appointed Health and Safety Representatives

- i. The Safety Representatives and Safety Committees' Regulations provide for the appointment (by trade unions recognised by the Trust) of Safety Representatives from among its employees. The Trust acknowledges their functions as those given in Section 15 of Health and Safety at Work Act 1974 and guidance notes as approved by the Health and Safety Commission.
- ii. Represent Trust employees in consultation with the employer in providing a safe and healthy workplace.
- iii. Attend Health and Safety Group meetings on behalf of the employees that they represent.
- iv. Are allowed to investigate complaints by any employee that they represent relating to that employee's health, safety or welfare at work and, where necessary, bring those complaints to the attention of management.
- v. Undertake inspections of Trust premises by giving notice in writing to the manager of their intention to do so.
- vi. Accompany management side members of the Health and Safety Committee on scheduled visits around Trust premises.
- vii. Be provided with relevant health and safety information relating to the Trust.
- viii. Subject to the needs of the service, safety representatives will be allowed reasonable time off, with pay, to attend relevant training courses and to carry out the functions as above.

4.9 Managers of Estates and Facilities

- i. Shall ensure that premises owned or leased by the Trust are safe and do not present a hazard to employees and others using Trust premises for approved purposes. Shall ensure that all necessary repairs, maintenance and cleaning are carried out.
- ii. Shall ensure that regular maintenance, inspection and cleaning schedules are carried out at suitable intervals, at appropriate times and in a manner as not to present hazards to patients, staff and others.
- iii. Shall ensure that potentially dangerous defects are remedied as soon as is reasonably practicable.
- iv. Shall ensure that maintenance and remedial work shall be carried out properly and in a safe manner.

- v. Implement safe systems of work and ensure that risks are assessed and adequately controlled.
- vi. Shall ensure that maintenance staff, who work at height, do so safely.
- vii. The Estates Manager also has a duty to ensure that others contracted to work at height within the Trust premises, do so safely.

4.10 Patient Handling Cascade Trainers

- i. Provide specialist advice and support for staff within their department in matters relating to patient and load handling.
- ii. Provide role-specific patient handling training to employees within their division/department.
- iii. Forward staff training attendance records to the Training Department.
- iv. Carry out patient handling risk assessments, as requested by their ward/departmental manager.
- v. Provide patient handling specialist advice in relation to activities within their area of work.

4.11 Display Screen Equipment Assessors

Each department in the Trust that uses DSE shall appoint a DSE Lead, who will have the following responsibilities:

- i. Following DSE assessor training, the DSE lead shall act as an information point for issues regarding DSE regulations.
- ii. To encourage staff to report any incidents of pain or injury relating to the use of DSE.
- iii. To offer advice on the correct set up of a workstation.
- iv. To assist the 'user' in the risk assessment process, ensuring that their workstation is assessed and reviewed annually. DSE Leads can be utilised by staff as a source of advice and assistance regarding the completion of the DSE self-assessment.
- v. To advise staff to attend Occupational Health in the event of any adverse effect from using DSE.

4.12 COSHH Assessors

Each department in the Trust shall appoint a COSHH Assessor who will have the following responsibilities:

- i. Following COSHH training, the COSHH Assessor shall act as an information point for issues regarding COSHH Assessments.
- ii. To encourage staff to report any COSHH related incidents.
- iii. To manage COSHH risk assessments as a user of the electronic Alcumus Sypol COSHH Management System.
- iv. To advise staff to attend Occupational Health in the event of any COSHH related incident that involves bodily fluids, e.g., blood splash incidents, needlestick injuries.

4.13 First Aiders

The Trust's arrangements for first aid are that trained first aiders are identified in all non-clinical areas. Appointed persons with a clinical background are identified in all clinical areas.

A First Aider is someone who:

- i. Has attended a recognised training course on first aid at work and holds a current first aid at work certificate issued by an approved first aid training centre.
- ii. May take appropriate additional courses to maintain their expertise and are required to stay up to date on the latest treatments.
- iii. May also undertake the duties of an Appointed Person.
- iv. A person may not be deemed a First Aider unless they have attended and passed an approved first aid course. They may, however, be designated as an Appointed Person (see below 4.13)

4.14 Appointed Persons

- i. An Appointed Person is someone who takes charge of an incident when someone is injured or becomes ill. They may also call an ambulance, if required, if the incident occurs outside the main hospital premises.
- ii. They are responsible for looking after any first aid equipment and restocking the first aid box.
- iii. Appointed Persons must not give first aid unless trained to do so.
- iv. An Appointed Person should be available when anyone is at work in an area for which they are responsible. This could mean that managers have to nominate more than one Appointed Person. However, it may be possible for adjacent areas to arrange mutual cover by an Appointed Person.

4.15 Governance Managers

- i. To assist in health and safety/non-clinical investigations, accidents and incidents.

- ii. To monitor health and safety performance and compliance for their division.
- iii. To ensure all policies and procedures are complied with.
- iv. To provide a quarterly health and safety report, presenting this at the Health and Safety Group and acting as liaison between the division which they represent and the Health and Safety Group.
- v. Monitor compliance with health and safety related mandatory training for their division and escalate any non-compliance appropriately.

4.14 Health and Safety Group

- i. The Health and Safety Group comprises of representatives from all divisions and union appointed health and safety representatives. The selection of representatives will be decided at local level and documented within the Terms of Reference of the Health and Safety Group.
- ii. Health and Safety Group members shall promote health and safety standards, procedures, work practices and educational safety programmes.
- iii. The Health and Safety Group meet on a quarterly basis, with documented minutes of health and safety issues discussed and actioned.
- iv. The Group may investigate potential hazards and dangerous occurrences in the workplace and examine the causes of accidents at work.

5 Health and Safety

5.1 General Health and Safety

- i. All new employees will be directed to a copy of the Health and Safety Policy during their local induction.
- ii. The Health and Safety Policy Statement will be displayed on all Health and Safety Notice boards.
- iii. The Health and Safety Manager will review the policy three yearly. If necessary, or as required by any legislative changes; the Health and Safety Manager will propose amendments to the policy for approval by the Health and Safety Group and then issue the revised document, archiving the previous revision.
- iv. The Health and Safety Manager will bring all policy revisions to the notice of all employees.
- v. A copy of the Health and Safety at Work Law poster shall be displayed on the Trust's health and safety notice board. All employees shall be provided with an individual copy of the Health and Safety at Work Law leaflet, annually.

5.2 Safety Precautions

- i. Actual or potential hazards shall be identified in appropriate risk assessments e.g., COSHH, Manual Handling, DSE, Work Equipment.
- ii. Risk assessments shall only be carried out by competent persons, i.e., any supervisor to Executive level manager who is responsible for the health and safety of staff in their employment and who shall be familiar with health and safety law and have attended appropriate training. All workplace and environmental risk assessments shall be shared with the Health and Safety Manager.
- iii. Risk assessments shall be reviewed annually or where changes in regulations, processes, procedures, work practices or information occurs, by the risk assessor.
- iv. All risk assessments shall be documented, indicating the name of the assessor and be signed by either the Health and Safety Manager or a site senior manager or in the case of a personal risk assessment by the individual's line manager.
- v. Copies of all workplace or environmental risk assessments shall be kept by Health and Safety. They shall be made available on the intranet and at the location(s) or process(es) to which they apply. Personal risk assessments shall be stored in an individual employee's work record.
- vi. Safety measures shall be adopted, as recommended by the assessments, where appropriate and sufficient. This relates to:
 - Plant/Machinery/Equipment
 - Processes
 - Systems of work
 - The use, handling, storage and transport of articles and substances
 - Places of work, including access and egress
- vii. Where appropriate, written warning signs, printed signs, warning notices and specific job instructions shall be provided by Estates and Facilities, Health and Safety or the manager of the department concerned.
- viii. All persons not in Trust employment, who access Trust premises and/or working sites, shall be advised of the relevant safety standards by the departmental manager or person hosting their visit.

5.3 Controlling the Contractor

- i. The Trust recognises the need to fulfil the legal duties to their employees and others as laid down by the Health and Safety at Work Act 1974 and to exercise their duty of care under the Occupiers Liability Act 1957 for the reasonable safety of all visitors including contractors who are lawfully on the Trust's premises.
- ii. Notwithstanding the above, outside contractors working on the Trust's property/premises shall be expected to ensure safe working practices by their own employees under the provision of the Health and Safety at Work Act 1974 and shall pay due regard to the safety of all persons using those premises.

- iii. The Trust has developed a Management of Contractors Policy for the guidance of Heads of Departments ensuring the safety of outside contractors when attending site.
- iv. It is required that all contractors submit a method statement and risk assessment prior to any major work being carried out and a pre-contract meeting is held to ensure that all risks associated with the project are known, and co-ordinated within and around Divisions.
- v. Compliance with the Management of Contractors Policy is mandatory and ensures that:
 - the contractor attendance is recorded
 - risks arising from the work activity are jointly assessed
 - the contractor and their staff are appropriately trained and briefed on all arrangements made for their health safety and welfare and have been given, where applicable, the Trust's health and safety rules for contractors
 - the need for personal protective equipment is identified
 - the need for permits to work for specific hazards are identified and that arrangements are made to monitor the contractor's health and safety performance
 - on site Managers shall ensure that agency staff employed by the Trust are made aware in writing of all relevant Health and Safety information applicable to their duties and that they are given adequate training, instruction and assessment prior to commencing work, to ensure they do not put themselves or any other person at risk.
 - The Trust has a statutory duty to ensure that construction work is carried out in accordance with the Construction (Design and Management) Regulations 1994

5.4 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

- i. The reporting of all incidents, injuries, diseases and dangerous occurrences to the Trust's Health and Safety Manager without undue delay, shall be the responsibility of the head of the department/ward manager.
- ii. All occurrences shall be recorded on the Trust Incident Form and sent to the Health and Safety Manager. The Health and Safety Manager may carry out or recommend further investigation, if necessary, in liaison with the Head of Department and report the event to the Health and Safety Executive, as appropriate to the requirements of the RIDDOR Regulations.

5.5 Special hazard/Risk Areas

The Trust recognises the particular risks faced by their employees in respect of:

- Slips, trips and falls
- Needlestick injuries and clinical waste
- Violence and aggression to staff
- Stress
- Noise and Vibration
- Food Hygiene
- Pest control
- Legionellae
- Security
- Radiation
- Fire
- Substances hazardous to health, exposure to respiratory irritants, sensitisers and other physical agents
- Infection
- Machinery and plant
- Construction Works
- Load and patient handling
- Contaminated equipment
- Display Screen Equipment
- Bacteriological hazards
- Supply services – gas, electricity, water, steam

The Trust will ensure that appropriate policies and procedures are developed and updated to minimise, so far as is reasonably practicable, these risks and others arising with time, to its employees. Some of these areas will require specialist policies; others shall be incorporated into departmental policies. All shall be subject to monitoring.

5.6 Employee Welfare

- i. The Trust shall provide adequate welfare arrangements as deemed reasonably practicable. These provisions include but are not limited to:
 - A clean and safe environment
 - Washroom facilities which are cleaned and maintained
 - Suitable heating, lighting and ventilation in all areas, including access and egress
 - Procedures for the reporting of defects and/or potential hazards
 - Procedure for grievances or complaints and suggestions on Health and Safety issues.
- ii. Occupational Health Services

The Trust Board supports the development of staff Health and Well Being Services and recognises the contribution the service can make to the well-being of staff and to the efficiency of the service provided by the Trust.

The service will:

- a. Promote compliance with all relevant aspects of health and safety legislation.
- b. Assess fitness of employees for work before and during employment to include rehabilitation, re-deployment and/or retirement on grounds of ill health.
- c. Advise managers and staff on all matters relating to the effect of health on work with the aim of preventing ill health and promoting health.
- d. Promotes good general health in the workplace.
- e. Report to the Health and Safety Group any trends or concerns regarding the occupational health of staff.

5.7 Good housekeeping

- i. Work areas shall always be maintained in a clean and tidy manner.
- ii. Passageways and fire exits shall be kept clear of obstruction at all times.
- iii. Drawers should be kept closed when not in use and filing cabinets and desks should be kept locked, if possible, particularly at the end of the working day.

5.8 Risk Assessments

- i. Where tasks and hazards are similar, the risk assessments produced can be generic in nature. A generic risk assessment is admissible under the Management of Health and Safety at Work Regulations 1999 and/or the Safety, Health and Welfare at Work Act 2005, where this is broadly appropriate to the type of work. Where appropriate, the risk assessment is applicable to employees, visitors and contractors. Specific hazards will be assessed separately.
- ii. Where there are hazards particular to individual areas, it is the responsibility of the manager to request that a specific risk assessment to be undertaken.
- iii. A review date is given for each risk assessment and re-assessment will be carried out at or prior to that date. Further assessments will be completed if tasks change, or new procedures are introduced.
- iv. It is the responsibility of each manager to inform the Health and Safety Manager/site nominated individual, if he/she suspects that an assessment requires revision.
- v. It is the responsibility of every employee to inform their manager/team leader if there is a change to their working practices, physical or mental wellbeing that could affect their work activities.
- vi. All risk assessments shall be documented. Copies of the assessments will be made available on the intranet.

5.9 Standard Operating Procedures (SOPs) for Health and Safety

- i. SOPs are to be referred to in conjunction with the Health and Safety Policy.
- ii. The following SOPs for Health and Safety can be located via the Trust intranet:
 - Display Screen Equipment
 - COSHH
 - First Aid
 - RIDDOR
 - PPE

6 Key Reference

- i. Health and Safety at Work Act 1974
- ii. Occupiers Liability Act 1957
- iii. Construction (Design and Management) Regulations 1994
- iv. Management of Health and Safety Regulations 1999
- v. Display Screen Regulations 1999
- vi. The Manual Handling Operations Regulations 1992
- vii. HSG65 Managing for Safety
- viii. Regulatory Reform (Fire Safety) Order 2005

7 Associated Documents

- i. Mandatory Training Policy
- ii. Incident Reporting Policy
- iii. Major Incident Policy
- iv. Risk Management Strategy
- v. Slip Trip & Fall Policy
- vi. Moving and Handling Policy
- vii. Fire Safety Policy
- viii. Management of Contractor Policy
- ix. Infection Prevention Policy
- x. SOP for Display Screen Equipment
- xi. SOP for First Aid Arrangements
- xii. SOP for Control of Substances Hazardous to Health
- xiii. SOP for RIDDOR reporting
- xiv. SOP for PPE

8 Training

- i. The Trust recognises the important role that effective training of all staff must fulfil as part of the implementation of the Health and Safety Policy.
- ii. The Trust shall ensure that through the budget setting process, appropriate provision is made for all required mandatory Health and Safety training.

- iii. The Trust also requires Heads of Departments to identify, assess and address any particular training requirements associated with their area of responsibility.
- iv. All staff employed by the Trust shall be required to attend mandatory health and safety training as identified in the Trust Mandatory training policy.
- v. All staff responsible for the management or supervision of staff shall attend a Health and Safety Awareness training session, as a minimum.

9 Policy Administration

9.1 Consultation, Communication and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Impact Assessment	PGP		
GDPR	PGP		
Have the relevant details of the 2010 Bribery Act been considered in the drafting of this policy to minimise as far as reasonably practicable the potential for bribery?	Yes (✓)		
External Stakeholders			
Trust Staff Consultation via Intranet	Start date: January 2023		End Date: January 2026

Describe the Implementation Plan for the Policy (and guideline if impacts upon policy) (Considerations include launch event, awareness sessions, communication / training via CBU's and other management structures, etc)	By Whom will this be Delivered?
<p>Circulate policy to Divisional Managers; Senior Managers (clinical and non-clinical) and Departmental Managers. The law requires that the policy statement should be drawn to the notice of all employees.</p> <p>This shall be achieved by:</p> <ul style="list-style-type: none"> • Making the policy accessible to all staff via the Intranet • Posting a copy of the general policy statement on the Health and Safety notice board at the above premises. • Issuing copies to Trade Union and safety representatives as and when requested. 	<p>Implementation of the policy is the responsibility of departmental managers.</p>

Version History

Date	Version	Author Name and Designation	Summary of Main Changes
09/01/23	3.6	Health and Safety Manager	
23/10/19	3.5	Health and Safety Manager	Update to job titles, duties and responsibilities, update to reference section

9.2 Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
Policies on the Intranet should be in date and in the correct style and format including any definitions of terms and other linked documents used in the policy or procedure.	100%	Audit	Policy Committee	Annually	Governance Lead
Policy must be reviewed at least every 3 years.	100%	Audit	Health and Safety Group	Annually	Health & Safety Manager
Monitoring the non-clinical incident reporting process including analysis and changes in practice	100%	Audit	Health and Safety Group	Quarterly	Health & Safety Manager

9.3 Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
Health & Safety Manager	Health and Safety Group	Annual

10 Initial Equality Impact Assessment Screening Tool

<p>Name of policy/ business or strategic plans/CIP programme:</p> <p>Health and Safety Policy</p>	<p>Details of policy/service/business or strategic plan/CIP programme, etc:</p> <p>It is the Trust's intention to sustain a progressive and comprehensive health and safety management system and to provide appropriate resources.</p>	
<p align="center">Does the policy/service/CIP/strategic plan etc affect (please tick)</p> <p align="center"> Patients <input type="checkbox"/> Staff <input type="checkbox"/> Both <input checked="" type="checkbox"/> </p>		
<p>Does the proposal, service or document affect one group more or less favourable than another on the basis of:</p>	<p align="center">Yes/No</p>	<p align="center">Justification/evidence and data source</p>
<p>Age</p>	<p align="center">N</p>	<p>This policy treats all individuals equally regardless of characteristics in the interests of health and safety and in accordance with the Health & Safety at Work Act 1974</p>
<p>Disability: including learning disability, physical, sensory or mental impairment.</p>	<p align="center">N</p>	
<p>Gender reassignment</p>	<p align="center">N</p>	
<p>Marriage or civil partnership</p>	<p align="center">N</p>	
<p>Pregnancy or maternity</p>	<p align="center">N</p>	
<p>Race</p>	<p align="center">N</p>	
<p>Religion or belief</p>	<p align="center">N</p>	
<p>Sex</p>	<p align="center">N</p>	
<p>Sexual orientation</p>	<p align="center">N</p>	
<p>Human Rights – are there any issues which might affect a person's human rights?</p>		<p align="center">Justification/evidence and data source</p>
<p>Right to life</p>	<p align="center">N</p>	<p>This policy treats all individuals equally regardless of characteristics in the interests of health and safety and in accordance with the Health & Safety at Work Act 1974</p>
<p>Right to freedom from degrading or humiliating treatment</p>	<p align="center">N</p>	
<p>Right to privacy or family life</p>	<p align="center">N</p>	
<p>Any other of the human rights?</p>	<p align="center">N</p>	
<p>EIA carried out by:</p> <p>T. Bryning</p> <p>Quality assured by:</p>	<p>Date</p> <p>Jan 23</p> <p>PGP</p>	<p>Contact details of person carrying out assessment.</p>