

## Clinical Commissioning Group

### Wiltshire Clinical Commissioning Group

#### Governing Body

#### Paper Summary Sheet

For: PUBLIC session  PRIVATE session

Date of Meeting: 24 January 2017

For: Decision  Discussion  Noting

<b>Agenda Item:</b>	Health & Safety Management Policy
<b>Author:</b>	Susannah Long, Governance and Risk Manager
<b>Lead Director/GP from CCG:</b>	David Noyes, Director of Planning, Performance & Corporate Services
<b>Executive summary:</b>	<p>The CCG recognises that a healthy workforce working within a safe working environment has a positive impact on the CCG's ability to deliver services and achieve excellence in our work.</p> <p>The amended policy attached follows the scheduled review of the current Health &amp; Safety Management Policy. Minor amendments have been made which appear in <b>green</b> text within the policy.</p> <p>NHS Wiltshire CCG is fully committed to protecting the health, safety and welfare of its staff and anyone else whose health, safety and welfare could be affected by the work and activities of the Group. The CCG recognises its statutory responsibilities and will do all that it can to ensure staff and others are not exposed to unacceptable risk.</p> <p>Some policy information from PCT legacy policies has been incorporated with the assistance of Human Resources. These amendments will facilitate the withdrawal of the two legacy policies. The amendments have been reviewed by the Staff Partnership Forum.</p> <p>The Audit and Assurance Committee, with three members of the Governing Body present, approved the amended policy as the committee responsible for overseeing CCG Health and Safety.</p>
<b>Evidence in support of arguments:</b>	The policy continues to detail the framework in place within the organisation to comply with legislation and the moral undertakings of responsible health and safety management.

<b>Who has been involved/contributed:</b>	ConsultHR has been involved in the amendments to the policy which have been discussed at the Staff Partnership Forum. The CCG Representatives of Employee Safety (RoES) are aware of the policy and have contributed, along with the LSMS, to the Lone Working Policy and Eye Test Procedure which are now cross-referenced in the document.
<b>Cross Reference to Strategic Objectives:</b>	The policy contributes to all strategic objectives as an operational policy for the CCG.
<b>Engagement and Involvement:</b>	This is an internal document and has not received further engagement or involvement at this time.
<b>Communications Issues:</b>	The policy should be treated as a public document and will be available for release under the FOI Act. The Statement of Commitment will be published on the CCG internet and displayed within Southgate House.
<b>Financial Implications:</b>	None.
<b>Review arrangements:</b>	The policy will be reviewed on an annual basis.
<b>Risk Management:</b>	The policy is a risk management control.
<b>National Policy/ Legislation:</b>	The policy supports the requirements of national policy and legislation.
<b>Public Health Implications:</b>	An Equality Impact Assessment has been carried out and no negative impact has been identified.
<b>Equality &amp; Diversity:</b>	The policy will be assessed as part of the CSU Health & Safety Management compliance assessment. The policy will be available should a HSE assessment be required.
<b>Other External Assessment:</b>	The policy will be reviewed on an annual basis.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	The Governing Body is asked to ratify AAC's decision to approve the Health & Safety Management Policy.

**Document information**

Document type:	Policy
Document reference:	
Document title:	<b>Health &amp; Safety Management Policy</b>
Document operational date:	January 2014
Document sponsor:	David Noyes, Director of Planning, Performance & Corporate Services
Document manager:	Susannah Long, Governance & Risk Manager
Approving Committee/Group:	Governing Body
Approval date:	January <del>2016</del> 2017
Version:	3. <del>0</del> 2
Recommended review date:	January <del>2017</del> 2018
Intranet location:	Policies

*Please be aware that a printed version of this document may NOT be the latest version. Please refer to the intranet for the latest version.*

**Summary**

This policy states NHS Wiltshire CCG's organisational commitment to promoting the health of staff, a safe working environment and safe practice. It gives detailed expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.

**Consultation**

The first version of this policy was developed in consultation with CCG Senior Management and with the Health & Safety designated lead at the former Central Southern Commissioning Support Unit. Consultation with the CCG Representatives of Employee Safety (RoES) was undertaken ~~for version 2 and version 3~~ for the following versions. The Staff Partnership Forum has also been involved with the review of version 3.

**Appendices**

The following appendices form part of this document:

Appendix 1: Evaluation Standard

## Review Log

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
1	Dec'14	RoES	S3.2 – Addition of RoES and clarification of CSCSU role	Governing Body	Jan'15
			S3.10.4 – Period of fire training amended in line with new TNA		
			S4 – Clarification of Health & Safety Officer nomination		
			S7 – Annual report to AAC rather than Governing Body		
2	Dec'15	RoES	Update CSU name	Governing Body	Jan'16
			S3.3 Clarify definition of Competent Person		
			S3.10.3 update for e-expenses Duty of Care Form		
			S3.10.10 Incorporation of Management of Violence & Aggression into Security Management Policy		
			S4 Clarifying roles including RoES		
3	Dec'16	Governance & Risk Manager	S3.4 update to local adverse event reporting arrangements		
			S3.4 update to reflect incorporation of information and signposting from 'Supporting Staff after Incidents Policy',		

			permitting this PCT legacy policy to be archived.		
			S3.5 CSU no longer responsible for RIDDOR reporting on behalf of CCG		
			3.9 Cross reference to Secondment Policy		
			3.10.2 Addition of reference to Eye and Eyesight Test Guidance		
			3.10.3 Recognition of drivers as lone workers and strengthening position on use of mobile phones while driving		
			3.10.4 Fire evacuations moving to twice a year		
			3.10.6 Cross referring to the Lone Working Policy		
			3.10.9 Update to reflect incorporation of information and signposting from 'Stress Management Policy', permitting this PCT legacy policy to be archived.		
			3.10.15 Cross referring to the Work Experience Guidance		

### **Acknowledgements**

Reference is made to other organisation's policies which were considered to assist in the initial development of this policy:

Solent NHS Trust 'Health & Safety Policy' April 2011  
Central Southern Commissioning Support Unit

# HEALTH AND SAFETY MANAGEMENT POLICY

## 1.0 INTRODUCTION AND PURPOSE

NHS Wiltshire Clinical Commissioning Group (CCG) is fully committed to protecting the health, safety and welfare of its staff and anyone else whose health, safety and welfare could be affected by the work and activities of the Group. The CCG recognises its statutory responsibilities as described within the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 and other relevant legislation and guidance and will do all that it can to ensure staff and others are not exposed to unacceptable risk.

The CCG also recognises that a healthy workforce working within a safe working environment has a positive impact on the CCG's ability to deliver services and achieve excellence in our work.

The CCG operates from Southgate House, Devizes which is a property owned and managed by NHS Property Services. The property is also occupied by staff from NHS South, Central and West Commissioning Support Unit (CSU) and NHS Shared Business Services.

The CCG will:

- Identify and manage health & safety risks to meet legislative requirements and achieve best practice standards.
- Do all that it can to ensure staff and others are not exposed to unacceptable risk.
- Implement a safety management system that supports individuals and managers to actively manage foreseeable or identified risks to health and safety.
- Ensure expectations and standards for Health & Safety are clearly defined and local arrangements are documented.
- Provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.
- Ensure individual and management responsibility and accountability is clear at every level.
- Create the conditions in which Health & Safety Management will be part of our everyday approach to our work.

- Measure and monitor Health & Safety as a core business activity.
- Have arrangements in place which recognise the need to work collaboratively with other organisations to discharge responsibilities.

## **2.0 SCOPE AND DEFINITIONS**

### **2.1 Scope**

This policy applies to all staff working for or on behalf of the CCG and including contract, bank or agency staff, students and volunteers.

This policy extends to all sites, buildings and areas where the CCG owes a duty of care and responsibility to employees, patients, visitors, contractors, or any other person affected by its work and activities.

This policy states our organisational commitment to healthy staff, a safe working environment and safe practice, detailing expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.

This Policy will thereby ensure, as far as is reasonably practicable, the health, safety and welfare of CCG staff and other persons who may be affected by the CCG's work.

### **2.2 Definitions**

The CCG Health and Safety Management Systems incorporate Health and Safety and Environmental Legislation relevant to the organisation and its work activities, specifically the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 and subordinate legislation, regulations and guidance documents. A listing of relevant legislation can be found at section 9.

### 3.0 PROCESS / REQUIREMENTS

#### **Health & Safety Policy Statement of Commitment**

We are committed to identifying and managing health & safety risks, meeting legislative requirements and achieving best practice standards.

We accept our responsibilities under the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 for ensuring the health & safety of our staff and anyone else whose health, safety and welfare could be affected by the work and activities of the Group.

The CCG will do all that it can to ensure staff and others are not exposed to unacceptable risk.

We recognise that a healthy workforce working within a safe working environment has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective we will implement a safety management system that supports individuals and managers to actively manage foreseeable or identified health & safety risks.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

The CCG will provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, a safe working environment and safe working practice.

Implementation of our Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

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I and other members of the Governing Body are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety and welfare across the CCG. We expect every member of staff to share this commitment and to work together to achieve it.

Chief Officer: ~~Deborah Fielding~~, **Chief Officer Tracey Cox, Interim Accountable Officer**

Date: ~~26 January 2016~~ **XX January 2017**



### **3.1 Statement of Commitment Review**

The Statement of Commitment will be reviewed and signed at least annually. The Statement of Commitment describes the commitment and safety culture within the CCG and all staff must have read the statement. The Statement of Commitment is available to all staff and stakeholders on the NHS Wiltshire CCG internet site.

### **3.2 Safety Management System**

In order to manage health & safety risks effectively, the CCG has developed a safety management system that includes:

- A statement of commitment;
- Risk Management tools to document, monitor and measure risks;
- Guidance and tools to support individuals and managers in the management of specific risks;
- An organisational structure that clearly describes roles and responsibilities;
- Trained Representatives of Employee Safety (RoES) within the CCG;
- Expert advice and support from NHS South, Central and West Commissioning Support Unit;
- Arrangements for the review of effectiveness of this policy.

The CCG Executive Team will be briefed, by the Competent Person, on changes to legislation, approved codes of practice or guidance as required.

### **3.3 Risk Assessment**

Risk Assessments are essential to achieve our Health & Safety objectives and form a critical part of an effective Safety Management System.

Managers, supported by their RoES, are responsible for identifying significant and foreseeable risks within their teams and work environments. The risks identified must be documented, analysed and scored in terms of likelihood and impact. The risk assessment must document how the risk is being managed and describe additional measures to be considered to reduce risk. Wherever possible a hazard should be removed or have fail-safe arrangements in place. Safe systems of work, where this is applicable, must be documented and monitored. Where additional measures are identified, actions must be agreed and the risk assessment must be reviewed and rescored on completion of those actions.

There is an expectation that risks to occupational health and safety will be recorded, as appropriate, on Directorate Risk Registers. This communicates the presence of the risk and the plans in place to mitigate the risk throughout the organisation. There is also an expectation that the risk assessments themselves will be stored centrally. In Health & Safety there is a role known as the Competent Person. Each organisation must have a Competent Person and this role must be held by someone with an occupational health and safety qualification. Within the CCG the Competent Person is the Health & Safety Officer. It is expected that the Competent Person will hold the risk assessments.

There is an expectation that Managers will provide opportunity for all staff to be involved in conversations about safety. Risk Assessments will be undertaken and safe systems of work will be developed with staff to ensure that risks are captured and that control measures are practical and effective. **This will include assessments of risk associated with mental health wellbeing.**

All staff must be aware of relevant safe systems of working either through training, by reading the risk assessment or by reference to a separate safe system of work document. This learning and understanding of local safe systems of work will be documented.

Risk Assessments must be reviewed at least annually and at any time that there is a significant change to the activity, place of work or individual and/or if there has been a reported adverse event relating to the risk. In the latter case the risk assessment will be reviewed as part of the adverse event investigation. Reviews must be recorded on the Risk Assessment document with a signature and date.

### **3.4 Adverse Event Reporting**

All adverse events, including near misses, must be reported (no matter how small) using the CCG Adverse Event Reporting mechanism. **Adverse event forms are held by the Governance & Risk Manager, who will ensure that adverse events are reported to the Local Security Management Service, CSU Health & Safety Advisor and/or other external bodies as necessary. Please refer to the Adverse Event Reporting Policy for further information. This reporting will be facilitated by the CSU.**

Managers must follow the adverse event reporting and investigation guidelines of the CCG which may require that an investigation is undertaken to identify contributory factors and root cause of the adverse event and may involve the support of the CSU. Managers must show that they have taken actions to reduce the possibility of any such adverse event happening again.

**Some adverse events may impact on a member of staff's emotional and mental well-being and it is essential that appropriate support is given in these circumstances. Advice and assistance can be obtained from ConsultHR and Occupational Health.**

Individuals who have experienced a traumatic event will require a personal debrief. 'Defusing' session(s) may also be advised to provide reassurance and support to an affected team. With particularly serious adverse events a form of psychological debrief known as a stress debrief may be advised to lower the potential for post-traumatic stress disorder and other stress symptoms.

Any investigation must be an inclusive process encouraging those involved in the adverse event or those involved in similar work to contribute. Managers must share the outcomes of the investigation with their teams and across the CCG as appropriate. Information regarding adverse events will also be shared with other tenants of Southgate House and the Landlord, NHS Property Services, by means of the Building Tenants' Forum (BTF).

Actions agreed as part of the investigation must be completed within agreed timescales and assessed for effectiveness post implementation.

### **3.5 Reporting of injuries, diseases and dangerous occurrences (RIDDOR)**

The CCG will ensure that any injury, disease or dangerous occurrence that falls within the categories outlined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), is reported to the Health and Safety Executive (HSE) within the time scales set out in the Regulations (RIDDOR 1995). ~~This reporting will be facilitated by the CSU following reporting via the CCG Adverse Event Reporting process.~~

### **3.6 Communications of information relevant to H&S**

To keep themselves and others safe, all staff must have an understanding of health & safety risks, safe ways of working and local health & safety arrangements.

Within the CCG area in Southgate House, information is on display on a noticeboard including the Health & Safety Law Poster; a copy of the Health & Safety Statement of Commitment and details of Fire and First Aid arrangements.

The "Health & Safety Law - What you need to Know" poster advises staff of:

- The CCG health and safety representative(s);
- Other health and safety contacts.

All staff have the opportunity to discuss Health & Safety issues at their Directorate or Team meeting and are able to access the Risk Register directly to record a risk. ~~Staff are aware of the Representative of Employee Safety (RoES) within their Directorate and will receive briefings and support from this staff member.~~

### **3.7 Consultation**

To encourage and promote effective consultation, communication and co-operation, all staff will be provided with the opportunity and encouraged to contribute to conversations about Health & Safety including the undertaking of risk assessments.

The CCG understands its responsibility to engage with staff, either directly or through appointed or elected representatives. Representatives of Employee Safety (RoES) are given appropriate resource, **training**, opportunity and access to information and will attend the CCG Health & Safety Forum held on at least a quarterly basis.

### **3.8 Working in shared business premises**

The majority of CCG staff are based at Southgate House which is a shared business premises. Some jointly appointed staff are based in other shared premises. The CCG has a responsibility to all staff wherever they work but also to anyone else who might be affected by the activities or omissions of those staff.

In addition, all other employers working in shared premises will have the same legal requirement to take care not only of their own staff but anyone else affected by the activities or omissions of those staff.

Where staff work in shared business premises all employers need to take all reasonable steps to minimise risk to all staff through co-operation and co-ordinated effort. It is essential safety information is shared and safe ways of working are agreed by all affected.

NHS Wiltshire CCG will participate in any forum hosted by NHS Property Services to which all employers within the shared business premises will be invited. Health and Safety information will be shared at this forum and safety activities will be co-ordinated.

### **3.9 Working in premises not owned by the CCG**

For staff working in premises not owned by the CCG it is important arrangements for Health & Safety of the site are clear to all. This includes fire safety arrangements, electrical safety, security, pre-planned maintenance and corrective maintenance, asbestos management and legionella prevention. Information about who to contact about site management risks should be available to all staff on the premises and included on the Health & Safety Noticeboard.

NHS Property Services are the Landlord for Southgate House, where the majority of CCG staff are based, and have responsibility for co-ordinating the development and implementation of health and safety arrangements. NHS Wiltshire CCG, by means of the Memorandum of Occupation, agree to assist

and support this process and ensure that staff are aware of and abide by these arrangements.

The CCG remains accountable for the Health & Safety of its staff. The CCG will take steps to clarify the Health & Safety arrangements for CCG staff working in other premises. **This will include those staff working on secondment and reference should be made to the Secondment Policy.**

### **3.10 Management of specific risks**

#### **3.10.1 Control of Substances Hazardous to Health (COSHH)**

The CCG will comply with the Control of Substances Hazardous to Health Regulations 2002, supporting the Landlord's premises COSHH arrangements by:

- Identifying Substances Hazardous to Health in the workplace
- Maintaining/contributing to an up to date inventory of Substances Hazardous to Health in use
- Having a Material Safety Data Sheet (MSDS) available for all Substances Hazardous to Health listed on the Inventory
- Finding alternatives to Substances Hazardous to Health wherever possible
- Following guidelines and guidance within the MSDS for safe working with the substance hazardous to health (e.g. appropriate storage, arrangements for accidents and incidents including spills and first aid)
- Assisting with a COSHH Assessment where the MSDS indicates a substance has the potential to cause harm to individuals and where there are guidelines for prevention of that harm
- Ensuring the COSHH Assessment describes measures in place for safety including personal protective equipment if necessary
- Providing personal protective equipment for individuals where it is described as necessary in the MSDS and COSHH Assessment
- Ensuring all staff know what they need to for safe working with any substances hazardous to health listed in the inventory.
- Ensuring MSDS and COSHH Assessments are available to all staff at all times
- Sharing details of Substances Hazardous to Health in use with other employers within the shared premises
- Ensuring that a copy of the MSDS is lodged with the Landlord.

#### **3.10.2 Display Screen Equipment (DSE)**

The CCG will comply with the Health and Safety (Display Screen Equipment) Regulations 1992 by:

- Identifying all Display Screen Equipment (DSE) Users – individuals who use DSE for a significant part of their working day
- Ensuring all DSE Users complete a DSE Workstation Assessment with their Line Manager at least every 3 years
- Ensuring all DSE Users complete a new DSE Workstation Assessment if there is a change to their workstation, if they are experiencing

discomfort that may be affected by or attributable to their workstation or if they have a new health condition that may be affected by, or attributable to, DSE work

- Ensuring staff know what they need to about comfort and safety when working with DSE
- Facilitating a specialist DSE assessment where advised by Occupational Health on commencement of employment
- Putting in place measures to address issues of comfort or safety identified by the DSE Workstation Assessment
- Referring DSE Users to Occupational Health for advice and guidance on managing new or existing conditions that may be affected by or attributable to DSE Work at the earliest opportunity
- Paying for regular eye and eyesight tests, to an agreed amount, for DSE Users where requested and authorised by a Manager [as described in the Eye and Eyesight Test Procedure](#)
- Paying for spectacles, to an agreed amount, for specific use with DSE where they are deemed a requirement for safety by an optician [as described in the Eye and Eyesight Test Procedure](#)
- Providing laptop users with a separate keyboard, mouse and docking station for height adjustment [and, where necessary, screen](#) where they use the laptop at their workstation
- Ensuring individuals who are required to work from home complete a DSE Workstation Assessment for home and that measures are put in place to address issues of comfort or safety identified by the DSE Workstation Assessment.

### 3.10.3 Driving for Work

The CCG will manage the risks of Driving for Work by:

- Identifying all staff as potential 'drivers for work' – individuals who drive [to and from](#) other sites, events or meetings/[appointments](#) as part of their working day.
- Checking the individuals MOT, [car tax](#), business insurance and driving licence at Local Induction and on expiration of these documents by signing a Duty of Care form. Staff will be expected to take responsibility for presenting replacement documents for inspection by their Line Manager prior to claiming expenses.
- Ensuring all drivers for work have provided personal details including car details (make, model, registration), alternative contact telephone numbers, next of kin name and contact and that this information is updated when there is a change
- Requiring individuals to notify their manager of any change to licence, insurance or MOT at the earliest opportunity
- Requiring individuals to notify their Manager of any new or existing health condition or medication that may affect their ability to drive for work
- Enabling staff to drive safely, comply with legislation and the Highway Code by providing adequate time for travel, ensuring staff have the opportunity for regular breaks during the day and on long journeys, ensuring all drivers for work have access to a mobile phone for



emergency purposes but is not expected to take or make calls whilst driving, and a travel first aid kit (on request)

- Risk assessing standard journeys
- Recognising that those driving alone are 'lone workers' and the line manager and staff member must following the requirements of the Lone working policy.

#### 3.10.4 Fire Safety in Southgate House

The CCG will manage the risks of fire by:

- Ensuring site fire arrangements are clear for all staff and information about arrangements are on display on the Health & Safety Noticeboard
- Identifying individuals who may need assistance in an evacuation and putting in place a Personal Emergency Evacuation Plan (PEEP) for the individuals. This may include the use of specialist equipment that must be available, through close working with the landlord
- Ensuring that staff receive a tour of the building as part of their induction and that fire escapes and infrastructure is identified and that the building evacuation plan is understood
- Arranging for all staff to complete on-line fire safety training every two years
- Nominating Fire Wardens that will support the evacuation of the building and ensuring that these staff are trained every two years
- Participating in evacuations at least ~~once~~ twice a year. These will be assessed and recommendations for improvement will be reported to the CCG
- Ensuring working practice by CCG staff minimises fire risks in their work places by
  - Storing flammable substances appropriately
  - Completing a risk assessment at least once a year
  - Ensuring good house-keeping in work areas
  - Compliance with any site arrangements for fire safety
  - Not leaving kitchen equipment unattended when in use (e.g. microwave, toaster)
  - Acting to reduce risk when it is identified (e.g. removing obstructions to fire exit, closing fire doors)
  - Reporting any fire or other health & safety hazards to the landlord
  - And checking that the maintenance request is being carried out and escalating where required.

#### 3.10.5 First Aid Arrangements

The CCG will comply with Health & Safety (First Aid) Regulations 1981 by:

- Completing a Risk Assessment of First Aid Needs with specific reference to individual staff members where appropriate
- Putting in place First Aid arrangements identified as necessary by that Risk Assessment

- Ensuring First Aid competence is maintained through training
- Co-operating with the Landlord and other employers within shared premises to ensure safe and sufficient coverage.

The Landlord has designated an Appointed Person who is responsible for:

- Maintaining the First Aid boxes
- Calling the emergency services in an emergency where this has not already been done by a tenant.

The CCG will:

- Ensure all staff are aware of the First Aid arrangements
- Display information about First Aid arrangements on the Health & Safety notice board
- Identify First Aiders and undertake to facilitate appropriate training and monitor refresher training.

In the event of a medical emergency, the ambulance service must be called by dialling 9-999 and clearly stating the nature of the emergency and the location. A medical emergency requires a prompt response and, therefore, the request to call the emergency services does not have to be passed to the Landlord's appointed person for action. A staff member should be sent to inform Reception and wait for the Ambulance/Paramedic at the building entrance to guide them to the patient.

### 3.10.6 Lone Working

The CCG will manage the risks of Lone Working by:

- [Having in place a Lone Working Policy](#)
- Identifying individuals who may travel alone, work alone on site or work alone in community settings
- Completing generic and, where appropriate, specific risk assessments for lone working outlining the risks and detailing the agreed local procedure, fully investigating the different situations of lone working and working late
- Ensuring that the local procedure for safety when lone working is agreed with staff, that staff use it in their day-to-day work and that it is effective.

[Please refer to the Lone Working Policy for full details.](#)

The local procedure should, at a minimum, include the requirement for all lone workers:

- To complete a Personal Details information form including contact details, car details and next of kin information
- To have access to a telephone when working alone
- To maintain an appointment diary that is accessible to others and up-to-date
- To ensure someone is aware that they are working alone.



Consideration must be given for arrangements to cover lone working at the beginning and end of the working day.

### 3.10.7 Manual Handling

The CCG will comply with Manual Handling Operations Regulations 1992 (as amended) by:

- Avoiding Manual Handling wherever possible
- Identifying manual handling risks required in the workplace – lifting, carrying, pushing or pulling
- Completing a risk assessment outlining specific risks and describing the safe way of working
- Ensuring all staff are aware of safe systems of working agreed and that they use those ways of working in their day to day activities
- Considering work equipment that may minimise the risks (e.g. trolleys, sack trucks)
- Where equipment is introduced, ensuring staff know how to use it safely and how it is to be maintained
- Ensuring all staff complete manual handling training.

### 3.10.8 Security

The CCG will provide safe and secure work places for staff ensuring:

- Buildings have clear security and access arrangements
- Access to staff only areas are protected by appropriate security (e.g. swipe card)
- Adverse events are reported to and investigated by the Security Management Service via the CCG Adverse Event Reporting process
- that there is a Security Management Policy.

### 3.10.9 Stress and well-being

The CCG recognises the requirement to manage both the physical and psychological risks to staff in the workplace. **Work related stress is defined by the Health & Safety Executive (HSE) as, 'The adverse reaction people have to excessive pressures or other types of demand placed on them at work'.** The CCG will manage the risks of stress and promote well-being at work by **utilising the [HSE Management Standards for Work Related Stress](#). These represent a set of conditions that, if present, reflect a high level of health and well-being for staff, which is used as a tool for CCG to self-assess against. The CCG are assisted in the self-assessment by the Representatives of Employee Safety (RoES).**

**The CCG will:**

- **Consulting and involving staff in decisions that affect them**
- **Providing positive leadership at work**
- **Ensuring staff have regular opportunities to discuss work and workload with their manager**
- **Providing Occupational Health and ~~Staff Support Services~~ Employee Assistance Programme (EAP)**

- Having in place a Sickness Absence Policy with appropriate return to work arrangements.

The EAP or Staff Support Services is a free service for members of staff to anonymously access impartial advice and counselling services. The services includes face to face counselling and/or telephone counselling, if the individual needs help with managing stress, coping with bereavement, relationship breakdown, debt advice or a challenge or issue which they want to talk through with someone. The EAP can be contacted at:

### **Employee Assistance Programme / Staff Support Service**

Staff Support Services

Belgrave House

77 High Street

Wroughton

Swindon SN4 9JU

Tel: 01793 815279

E-mail: [staffsupport@gwh.nhs.uk](mailto:staffsupport@gwh.nhs.uk)

Where an individual states they are experiencing symptoms of stress (work-related or otherwise) to their Manager and/or where an individual has had an absence from work due to a stress related absence Managers will:

- Ensure the individual is aware of the Staff Support Services offered
- Arrange a meeting with the individual to discuss managing stress at work
- Consider a referral to [Occupational Health](#)
- Agree adjustments to work, workload or working arrangements if appropriate
- Document the discussion and agreed actions in a risk assessment
- Review the stress risk assessment and agreed actions with the individual through at least monthly meetings.

The CCG has signed up to the [Workplace Wellbeing Charter](#) to help make the workplace a supportive and productive environment in which individuals can flourish.

The CCG also has in place the 'People Group' which includes selected members of staff who get together on a regular basis consider and promote ways of helping staff achieve work/life balance and make the workplace more enjoyable.

### 3.10.10 Violence at Work

The CCG will protect staff from violence and/or harassment at work by:

- Identifying situations when violent behaviours are more likely – violence at work being defined as ‘abuse, threat or assault’
- Agreeing with staff what unacceptable behaviours are
- Having an agreed telephone protocol for managing abusive telephone conversations
- Ensuring abuse, threat or assault is reported through the adverse event reporting process
- Ensuring that adverse events are investigated by the Security Management Service
- Completing a risk assessment for violence and aggression outlining specific risks and describing agreed safe ways of working
- Ensuring that all staff undertake Conflict Resolution training.

The CCG, with the assistance of the Security Management Service, will ensure that the management of violence and aggression is part of the Security Management Policy.

### 3.10.11 Work Equipment

The CCG will comply with the Provision and Use of Work Equipment Regulations 1998 and Lifting Operations and Lifting Equipment Regulations 1998 by:

- Ensuring work equipment is suitable and fit for purpose
- Ensuring equipment is maintained at intervals advised by the manufacturer
- Regularly maintaining electrical equipment through Portable Appliance Testing (PAT)
- Ensuring any member of staff using work equipment has been shown how to use it safely
- Identifying any work equipment that creates significant risks to user or others, completing a risk assessment to analyse risks and describing agreed safe ways of working.

The CCG will seek assurance from NHS Property Services in regard to fixed and moveable equipment provided by the Landlord. Under normal circumstances staff will not be expected to use equipment in patient’s homes as part of their duties.

### 3.10.12 Work Environment

The CCG will comply with the Workplace (Health, Safety and Welfare) Regulations by:

- Ensuring premises meet the basic welfare requirements of CCG staff
- Ensuring arrangements are in place for planned preventative maintenance (PPM) at all sites occupied by CCG staff. PPM will maintain key services such as heating, hot and cold water supplies, lighting, cleaning, fire equipment and alarm systems, security systems, sanitary facilities and general decoration.
- Having arrangements for unplanned maintenance (e.g. breakdowns, repairs) at all sites occupied by CCG staff
- Ensuring information for reporting issues with work environment are clear and available
- Ensuring staff report issues with work environment using the correct route agreed with the landlord.

The CCG will have formal arrangements in place with NHS Property Services, and with other organisations hosting CCG staff, to manage the above.

### 3.10.13 Temporary Staff

The CCG has additional responsibilities for the safety of temporary staff at work **including those on secondment**. It will meet these responsibilities by:

- Ensuring all temporary staff are told what they need to know for the safety of themselves and others as part of a Local Induction as they start work. This will be documented.

### 3.10.14 New & Expectant Mothers

The CCG has specific responsibilities for the safety of new and expectant mothers at work. It will meet these responsibilities by:

- Completing a new & expectant mothers risk assessment once notified of the pregnancy
- Detailing any specific risks identified and describing any agreed adjustments to work, workload or working practice in the Risk Assessment
- Seeking advice from Occupational Health for any pregnancy related medical conditions or existing health conditions that may be affected by the pregnancy
- Reviewing the New & Expectant Mothers Risk Assessment at least every 3 months and on return to work
- Providing appropriate facilities for breastfeeding at work for new mothers.

### 3.10.15 Young Persons (under 18 years old) and Children (under 16 years old)

The CCG has specific responsibilities for the safety of young persons at work and in the workplace. It will meet these responsibilities by:

- Completing a Young Person Risk Assessment to identify specific risks to young persons and agree arrangements for managing those risks
- Identifying any restrictions at work for safety
- Sharing information about risks and agreed arrangements for safety with the young persons and parents/carers if necessary
- Gaining consent for work experience from Parents/Carers where necessary
- Ensuring young people receive appropriate supervision, information, instruction and training at work for their safety and the safety of others.

Please refer to the [Work Experience Placements Guide for Managers](#) for full information.

## 4.0 ROLES AND RESPONSIBILITIES

### **CCG ~~Chief Officer~~ Accountable Officer**

The ~~Chief Officer~~ Accountable Officer has ultimate accountability for the occupational health and safety of CCG staff and other persons entering CCG premises. It is the responsibility of the ~~Chief Officer~~ Accountable Officer to ensure that a safety management system supported by a suitable health and safety policy exists, is implemented, monitored and reviewed.

### **CCG Governing Body**

The Governing Body has responsibility for creating the culture and circumstances in which health, safety & welfare are valued business objectives.

### **Audit and Assurance Committee**

The Audit and Assurance Committee has delegated responsibility for risk management including security management.

### **Nominated Lead Director for Health and Safety**

The Lead Director for Health & Safety is the Director of Planning, Performance and Corporate Services. The Lead Director has responsibility for the implementation of the safety management system described in this policy and is responsible for ensuring that systems of assurance are in place and that they are robust.

### **Executive Team**

The Executive Team will monitor and manage health, safety and welfare arrangements across the organisation, ensuring staff understand and are committed to this policy. Directors will ensure that risk assessments are reviewed at appropriate intervals and Directorate Risk Registers include relevant risks.

## **Operational/Line Managers**

Operational/Line Managers are responsible for managing day to day health, safety and welfare for their teams including ensuring the safety of others who may be affected by the work of the team.

Managers must **identify and** manage the risks applicable to their own teams and the tasks they undertake and must show they are using the guidelines within this policy to do so.

Managers will:

- Ensure the statement of commitment is available to all staff
- Ensure staff have the opportunity to read this policy and know where it may be accessed.
- **Cover H&S as part of induction and any specific departmental arrangements.**
- Identify foreseeable risks in the team and work environment and ensure that these are included in the risk assessment for the department
- Put in place measures to manage and reduce risk and ensure these are documented in the risk assessment
- Understand the needs of individuals to ensure safe working takes into account their differences
- Share and record significant risks on risk registers
- Complete investigations following adverse event reporting, where appropriate, involving staff in the process and sharing outcomes with teams
- Ensure actions agreed through investigations are completed within agreed timescales
- Report injuries, diseases and dangerous occurrences as required
- Ensure staff have access to the Health and Safety Poster, Fire & First Aid arrangements are clearly on display
- Provide staff with opportunities to discuss Health & Safety at meetings and regular one to ones
- Implement the actions outlined in the Managing Specific Risks section of this Policy.
- **Make provision for post incident support.**

## **Health & Safety Officer / Competent Person**

The Health & Safety Officer is deemed to be the Competent Person for the organisation. Their key responsibility will be to provide the advice, guidance and tools needed to successfully manage health, safety and welfare in the CCG thereby assisting the organisation to comply with legislation. **This will include facilitating the production of a Fire Risk Assessment. It will also involve ensuring that appropriate records are kept.** This will be an individual qualified in occupational health and safety. This role is currently undertaken by the CCG Governance & Risk Manager.

### **Representatives of Employee Safety (RoES)**

The RoES will be the champion for Health & Safety in their department/directorate/area. The RoES, assisted by the Health & Safety Officer, will carry out a risk assessment on at least an annual basis and implement/facilitate any control actions. The RoES will raise H&S issues at the Health & Safety Forum (or sooner if necessary) on behalf of their team and feedback any H&S Forum messages to their team. The RoES may be asked to undertake specific H&S related tasks on an adhoc basis included assisting with the annual review of the Health & Safety Management Policy.

### **Fire Safety Officer**

The Fire Safety Officer is appointed by NHS Property Services to look after site fire safety and compliance with relevant legislation.

### **Fire Safety Manager**

The Fire Safety Manager is appointed by NHS Property Services to respond to the activation of the fire alarm, carrying out the Fire & Evacuation Procedure and acting as liaison with the Fire & Rescue Service.

### **Fire Wardens**

The Fire Wardens will respond in the event of a fire and will support NHS Property Services with the identification and reporting of maintenance issues/faults with the fire infrastructure, highlighting to managers any hazards created by poor housekeeping or blocking of access/egress.

### **ConSultHR**

To facilitate the annual health & safety audit of the CCG.

To commission Occupational Health Services.

To commission Staff Support Services.

To assist managers in the calculation of RIDDOR absences.

To provide advice and guidance on Human Resources related matters including [post incident staff support](#) and [the management of stress](#).

### **Occupational Health**

To provide individuals and managers with advice and guidance on how to manage new and existing health conditions in the workplace.

### **Staff Support Services**

To provide counselling support and advice to individuals and teams.

### **Appointed Persons**

An Appointed Person will ensure:

- First aid boxes are available, contents meet current guidance and contents are regularly checked and replenished
- The emergency services are called in an emergency and are not expected to administer first aid.



## **First Aiders**

First Aiders will ensure:-

- They complete initial first aid training that has been approved by the Health & Safety Executive
- They maintain their competence through training at appropriate intervals
- That they are aware of the locations and contents of first aid boxes
- That information about first aid arrangements is available to all CCG staff
- That first aid is given when necessary following best practice and within competence
- The Appointed Person is notified of any issues relating to First Aid and where First Aid Box contents are in urgent need of replenishing.

## **All Staff**

All staff will:

- Have read this Policy
- Know where to access this Policy
- Understand what they and others need to do for safety
- Use safe ways of working agreed through risk assessment
- Complete risk assessments as required
- Complete training as outlined in the Training Needs Analysis at appropriate intervals and support induction arrangements.
- Act upon and/or report health & safety issues identified in the workplace
- Report all accidents and incidents using the CCG Adverse Event Reporting Process
- Contribute to conversations about Health & Safety
- Report any incidences where compliance with the Health & Safety Policy is not possible.
- **Take positive action to ensure they contribute to the maintenance of a safe working environment for staff and visitors.**

## **5.0 TRAINING**

The CCG wants staff to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

The CCG has an agreed Training Needs Analysis that outlines the learning to be completed, how to access the learning and how often it must be completed



Training will be provided:-

- To all new staff (including temporary staff as part of their local induction) so that they know what they need to for their own safety and the safety of others
- To existing staff to ensure they continue to be aware of risks at work and understand safe working practice
- Whenever there is a change to work or working practice and that change introduces risks or changes the risks for staff
- Following an adverse event if the investigation shows that training may be beneficial
- To staff holding specific roles such as Fire Warden or First Aider.

Training records are an essential element of safety management and as such accurate records of all training undertaken shall be kept, maintained and used to identify where further training or targeted training is necessary. Staff are required to support the maintenance of these records.

The Training Needs Analysis can be accessed on the CCG intranet at:

[Training](#)

## **6.0 EQUALITY, DIVERSITY AND MENTAL CAPACITY**

The CCG aims to design and implement a Health & Safety Policy that is fair and equitable. The CCG is committed to promoting equality and respect for the people it serves and for its staff. Our aim is to ensure the way that we work challenges inequality and affirms difference.

This Policy has been assessed against the CCG Equality Impact Assessment (EIA) Tool and meets the requirements of the Mental Capacity Act 2005. The EIA will be published on the CCG internet.

## **7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

Health & Safety will be monitored as a core business objective by Directors, Senior Executives, the Audit and Assurance Committee and ultimately the Governing Body to ensure that the CCG is operating safely.

This monitoring will include:

- Outcome reports from risk assessments
- Health & Safety related risks recorded on the Risk Register
- The outcomes of the annual Health & Safety Review
- Compliance with Policy
- Reports from any inspections
- Consideration of Health & Safety related adverse events.

An annual Health & Safety report will be presented to the Audit & Assurance Committee highlighting any recommendations for improvements. This will inform the CCG Annual Report. Implementation of any action plan will be monitored by the Director of Planning, Performance and Corporate Services.

The Evaluation Standard in Appendix 1 has been developed to provide assurance for monitoring compliance and effectiveness with this policy for departments and Line Managers.

Any non-compliance with this policy should be reported using the non-compliance form contained within the Policy for the Management of Policies and SOPs.

Information will be prepared by the Governance & Risk Manager and passed to the landlord for the attention of other organisations.

## **8.0 REVIEW**

This document may be reviewed at any time at the request of either staff side or management or where there has been a significant change in health and safety law. Otherwise this policy will be reviewed on an annual basis to ensure that the Health & Safety arrangements of the CCG are fit for purpose.

## **9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS**

- Health & Safety at Work etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992
- Health and Safety (Display Screen Equipment) Regulations 1992
- The Control of Substances Hazardous to Health Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- The Corporate Manslaughter and Corporate Homicide Act 2008
- Health & Safety (Consultation with Employees) Regulations 1996 (as amended)
- Safety Representatives and Safety Committee Regulations 1977 (as amended)
- Health & Safety (First Aid) Regulations 1981
- Successful H & S Management (HS(G)65)
- Influencing Behaviour and Reducing Errors (HS(G)48)
- Environmental Protection Act 1990
- Managing Risk, Adding Value - Health & Safety Executive ISBN 0-7176-1536-7

- Managing Contractors – Health & Safety Executive ISBN 978-0-7176-1196-6
- Regulatory Reform (Fire Safety) Order 2005

Eye and Eyesight Test Procedure

Work Experience Placements Guide for Managers

PEEPS for Visitors

Induction checklist and Induction guide for managers

Risk Management Policy

~~Adverse Event Reporting Policy~~

Learning & Development Policy

Security Management Policy (including management of violence and aggression)

Lone Working Policy

Equality & Diversity Policy

Sickness Absence Policy

## EVALUATION STANDARD

Policy Name: Health & Safety Management Policy

Policy Reference: TBC

### Standard statement

The CCG wants staff to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

### Criteria - Corporate

1. The Health & Safety Statement of Commitment signed by the ~~Chief Officer~~ **Accountable Officer** is available on the CCG internet website and within the CCG premises
2. The Health & Safety Law poster is displayed within the CCG premises
3. There is an annual Health & Safety report to the Audit and Assurance Committee
4. There has been a Fire Evacuation test in the last ~~twelve~~ **six** months
5. Suitable arrangements are in place for Competent Person, Occupational Health Service and Staff Support Service
6. Suitable arrangements are in place for environmental/site management and co-ordination (including Fire, First Aid and general Health & Safety) at all premises hosting CCG staff
7. There is adequate coverage of appointed Representatives of Employee Safety (RoES), Fire Wardens and First Aiders

### Criteria - Departmental

8. A risk assessment for the department has been undertaken in the last twelve months
9. Health and safety related risks, where appropriate, are recorded on the Directorate Risk Register
10. Health & Safety is a standing agenda item at Team meetings

11. All staff are aware of how to report an adverse event
12. Staff are represented on a site Health & Safety forum and are aware how to raise an issue
13. Any substances in use in the workplace have appropriate COSHH assessments and safety data sheets
14. All staff have had a DSE assessment with their line manager in the last three years
15. All staff are aware of the fire procedure and know the location of their nearest break glass point and fire exit
16. All staff know how to contact a First Aider and what to do in a Medical Emergency
17. Arrangements are in place to identify staff who may be lone working (including home working) and protect their health and safety
18. Manual handling is minimised with safe systems in place for any remaining moving and handling
19. NHS and personal property is held securely, windows are closed and drawers/cabinets/doors are locked as appropriate
20. All staff have 1:1 sessions with their line manager and are encouraged to raise any issues
21. All staff are aware of the Staff Support Service
22. All situations where violence may be likely to occur have been identified and control measures and staff training are in place
23. All departmental equipment is safe, suitable and maintained/tested
24. All staff are aware how to report environmental and maintenance issues
25. All temporary staff have undertaken local induction and appropriate training and have an identified manager
26. All expectant mothers have their work and environment risk assessed and this risk assessment is reviewed at least every three months and on return to work
27. All young people (and children) receive appropriate supervision, information, instruction and training at work for their safety and the safety of others and a risk assessment is completed

Conclusion

Please explain any discrepancies below:

Please detail remedial action to prevent re-occurrence, giving details of monitoring arrangements to assess improvement:

**Equality Impact Analysis – the EIA form**

Title of the paper or Scheme: **Health & Safety Management Policy**

<b>For the record</b>	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 4 January 2017
Names of people involved in consideration of impact Hannah Massey, RoES Corporate Services; Rob Hayday, Associate Director of Performance, Corporate Services and Head of PMO	
Name of director signing EIA David Noyes, Director of Planning, Performance and Corporate Services	Date signed 4 January 2017

**What is the proposal?** The Health & Safety Management Policy states NHS Wiltshire CCG's organisational commitment to promoting the health of staff, a safe working environment and safe practice, detailing expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.

**What outcomes/benefits are you hoping to achieve?** Effective health and safety management will foster good relationships with our staff and promote a positive ethos.

**Who's it for?**  
Use by the staff within the organisation.

**How will this proposal meet the equality duties?**  
Effective health and safety management will foster good relationships with our staff and promote a positive ethos.

**What are the barriers to meeting this potential?**  
Positive health and safety management is in everybody's best interests but can be seen as an additional task when staff are very busy and budgets are constrained. This attitude to health and safety may be a barrier to successfully achieving the aims of this policy.

**2 Who's using it** Refer to equality groups  
The Health & Safety Management Policy will support all equality groups.

**What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?**  
The CCG has data on staffing and demographic information and monitors sickness absence.

**How can you involve your customers in developing the proposal?**  
Amendments to this policy have been made with the assistance of the ConsultHR team and discussed at the Staff Partnership Forum. In addition, the CCG has a Health & Safety Forum where Representatives of Employee Safety (RoES) from across the CCG meet to discuss health and safety matters. The RoES have assisted with part of the review of this policy.

**Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)**  
No gaps.

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**3 Impact**

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

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**a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?**

How can this be mitigated or justified?

There is no adverse impact.

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What can be done to change this impact?

N/A

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

The Policy does specifically detail requirements for users of DSE and for disabled persons (in regard to personal evacuation plans). Although this is a specific focus, the policy will benefit all groups.

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Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No further consultation is needed at this time.

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**4 So what?**

Link to business planning process

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What changes have you made in the course of this EIA?

None

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What will you do now and what will be included in future planning?

The policy will be implemented and effectiveness monitored.

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When will this be reviewed?

The policy will be reviewed again after one year.

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How will success be measured?

The policy includes measurement criteria.