TRUST HEALTH AND SAFETY POLICY
Version 5

Key Points

- **Details roles and responsibilities of key personnel**
- **Details the organisational arrangements for health and safety**

Key Changes
- Expansion of the scope
- Amendments to the managers/heads of department section to incorporate broad risk management responsibilities
- Slight amendments to the Fire Safety section
- Amendments to the Manual Handling Advisory section to incorporate changes in their structure
- Further reference throughout the document to reinforce the need to undertake risk assessment

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Ratified By: Safety Committee
Review Date: December 2015
Accountable Directorate: Safety and Governance
Corresponding Author: Health and Safety Manager

Meta Data

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Superseded documents	Trust Health and Safety Policy Version 4
Relevant External Standards/ Legislation	Health and Safety at Work etc Act 1974 and associated legislation NHSLA Risk Management Standards for Acute Trusts Care Quality Commission Standards – Outcome 10
Key Words	Health and Safety

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
2007	Superseded	December 08			
December 08	Superseded	December 10		Minor amendments made to titles of job roles. Policy reviewed in line with revision date	
Version 3 2010	Superseded				
Version 4 Dec 2010	Superseded	Review 2010		Inclusion of monitoring table in compliance section	
Version 5 Dec 2012	In circulation	November 2012	Safety Committee Approved		

DA/December/2012

List of Contents

1.   Circulation

The policy will be available on the intranet site to aid circulation to all personnel.

2.   Scope

The policy will apply to all personnel that carry are undertaking duties on behalf of Heart of England NHS Foundation Trust (HEFT).

Contractors working for HEFT will be made aware of their health and safety duties and responsibilities as part of their local induction when booking into the relevant site estates office.

Visitors to the organisation will be made aware of their health and safety responsibilities by means of appropriate signage and where appropriate information leaflets

3.   Reason for development

Health and Safety Management forms an integral part of the organisations Governance Structure. The Policy has been written to meet the requirements of the Department of Health's Organisation with a Memory and the Health and Safety Executives *Successful Health and Safety Management Document (HSG 65).

4.   Aim

The aim of this policy is to set a framework to enable the Trust to continually improve its health and safety arrangements and encourage the workforce to improve health and safety performance by challenging work practices and participating in Committees and forums to drive and enable change.

5.   Standards

The policy will set the standard required to meet the Trust's legal obligations under the Health and Safety at Work etc. Act 1974 by:-
*   Including a statement of intent
*   Detailing health and safety responsibilities
*   Detailing organisational arrangements for managing health and safety

Policy Statement

<u>HEART OF ENGLAND NHS FOUNDATION TRUST</u>
<u>SAFETY POLICY STATEMENT</u>

INTRODUCTION

This is a Statement of Policy by the Heart of England NHS Foundation Trust confirming its intentions, organisation and arrangements for ensuring the health and safety of its employees whilst at work and of any patients, visitors and contractors whilst on our premises or occupied by the organisation.

The Health and Safety Policy, of which this Statement is a part, contains details of the arrangements and management systems in place to ensure the objectives outlined below are fully met.

STATEMENT OF INTENT

It is the policy of the Heart of England NHS Foundation Trust to comply with the Health and Safety at Work etc. Act 1974 and other relevant legislation as appropriate in order to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees (while they are at work) patients and any other person who may be affected by our undertaking.

The responsibilities set out in this Policy and associated Procedures are intended to ensure that work will be carried out safely, consistent with good practice and is in accordance with all relevant statutory provisions. Adequate resources will be made available to ensure that this objective is met.

RESPONSIBILITY

Whilst the Chief Executive accepts full responsibility for ownership of this policy, all employees have a personal responsibility to ensure a proactive approach to health and safety matters that impact on the organisation.

The Board of Directors have identified a lead Director with specific responsibility for health, safety and welfare, and a competent Health and Safety Manager to whom reference should be made in the event of any difficulties in the implementation of the health and safety policy and procedures.

OBJECTIVES

In order to achieve compliance with this Policy, the organisation has therefore set the following objectives:

- To set and maintain high standards for health and safety throughout the Trust

- To Identify hazards and risks and set in place programmes to either remove control or reduce these risks

- Make provision of adequate resources to enable the organisation to properly implement the policy and monitor its effectiveness

- Monitor operations at all work areas for health and safety compliance

- Ensure that these objectives are communicated to all staff, patients, visitors, contract staff, temporary workers and third parties, as appropriate

- Ensure that all staff are given the necessary information, instruction, training and supervision to enable them to work in a safe and healthy manner

- Ensure the dissemination and discussion of relevant information on safety and health

DISTRIBUTION

A copy of this Policy will be brought to the attention of employees through planned health and safety training, periodic health and safety awareness campaigns and will be available on the Trust intranet share point site.

REVIEW

The content and effectiveness of the Policy and arrangements will be reviewed and revised as often as is necessary. The review will take into account any legislative or other relevant changes and details of such will be communicated to all staff as appropriate.

Signed: …………………………………
Chief Executive

Dated: ………………………………….

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6.   Responsibilities

Trust Board

The Trust Board has overall responsibility for the health, safety and welfare of all employees and anyone that may be affected by their undertaking. It will ensure that these matters are integral to the way in which it manages its business.

The Trust Board Members recognise their responsibility to provide leadership in relation to   the provision of health and safety management for staff, patients and visitors and will:-

- Allocate appropriate resources to improve health and safety within the organisation, e.g. appropriate financial resources, Health and Safety Advice, Occupational Health provision, Fire Safety and manual handling advice.

- Adopt best practice in health and safety management, in line with standards set by external bodies such as:-
     National Health Service Litigation Authority, Risk Management Standards (NHSLA)
     Care Quality Commission Standards
     Health and Safety Executive, Regulations, Approved Codes of Practice and Guidance.

- Regularly review the Trusts performance against health and safety standards.

- Agree the level of training required for all denominations of staff within the organisation to ensure that appropriate numbers of competent people are available to carry out health and safety duties and ensure that appropriate resources are available to facilitate their training.

- Ensure thorough discussion & consideration of risks on the Risk Register.

- Prioritise and sanction identified risk reduction actions to reduce risks to an acceptable level.

- Review risks and make a Corporate decision, on those risks which the Trust Board are prepared to accept based on the principles of absolute requirements, practicable to achieve and reasonably practicable.

- Incorporate risk reduction action plans into the general business plan for the Trust.

6.1   Chief Executive

The Chief Executive is the officer initially and ultimately responsible within the Trust for maintaining and achieving the policy outcomes and will:-

- Delegate responsibility for Risk Management and Health and Safety to an Executive Director.

- Advice the Board on resources and actions required to meet statutory requirements and external Department of Health Standards.

- Provide adequate resources to improve and maintain standards in the form of the commitment of time and financial resources

- Ensure that Health and Safety and Risk Management responsibilities form an integral part of the Trust personnel job profiles.

- Ensure that staff receive Risk Management and Health and Safety training appropriate to their grade/position.

- Ensure all employees of the Trust are aware of the Trust Boards expectations for carrying out their Health and Safety responsibilities.

6.2.   Executive Directors

Directors will have delegated responsibility for the dissemination and operation of the Trusts Health and Safety Policy and will:-

- Ensure all members of the Trust are aware of the Trust Boards expectations for carrying out their Health and Safety responsibilities.

- Provide adequate resources to improve and maintain standards in the form of the commitment of time and financial resources

- Manage the risk assessment process within the areas of their responsibility to ensure that a systematic approach is made to identify and control risks to an acceptable level.

- Ensure appropriate monitoring systems are in place to determine the effectiveness of risk reduction actions.

- Share lessons learnt with colleagues via agreed forums, i.e. Directors meetings

- Provide information to the Chief Executive and the Trust Board for Health and Safety issues.

6.3   Director for Safety and Governance

The Director for Safety and Governance has lead responsibility for health and safety and will:-

- Ensure provision of adequate resources to enable the implementation of agreed safety plans and objectives.

- Ensure integration of health and safety plans into the Safety and Governance Directorate Strategic business plans.

- Inform the Chief Executive of significant risks in relation to health and safety.

- Chair the Safety Committee and monitor the effectiveness of the Committee by ensuring that it meets its agreed terms of reference.

- Promote a positive safety culture to continually improve safe working practices

- Ensure the Trust has an appropriate health and safety infrastructure and framework in place.

- Ensure appropriate provision of health and safety training.

- Advise the Trust Board and Governance and Risk Committee on health and safety matters.

6.4. Director for Medical Safety

The Director for Medical Safety has delegated responsibility for clinical safety issues and will:-

- Support the Director for Safety and Governance to implement agreed Health and Safety Plans.

- Take lead responsibility for the management of Serious Clinical Incidents.

- Act as safety ambassador for patient safety.

6.5. Clinical Leads and Operational Managers

Clinical Leads and Operational managers will:-

- Actively promote a positive safety culture and ensure that appropriate resources are provided in terms of time and money.

- Develop and deliver with Managers robust risk assessment plans for their Directorate and monitor progress being made against the plan.

- Ensure progress and actions for Health and Safety/Risk Management activity is reported formally to appropriate Committees.

- Ensure that within their area of responsibility risk assessments are carried out in line with trust policy and guidance on a planned basis and that risks are reduced so far as is reasonably practicable, utilising the standard hierarchy of controls

- Provide support and assistance and where necessary challenge the Line Managers and Supervisors to carry out their health and safety duties.

- Report any defects or failures in the management system to Directors.

- Ensure staff are aware of the Trust Boards expectations of them meeting their health and safety responsibilities.

- Ensure that personnel within their areas of responsibility have received up to date and appropriate health and safety training.

- Participate in planned health and safety audits to monitor compliance against safe working practice

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6.6. Managers and Heads of Department

Managers and Heads of Department have day to day responsibility for the operational activities within their areas of control and will:-

- Promote a positive safety culture and lead by example.

- Ensure that agreed Health and Safety/Risk Management procedures are implemented.

- Ensure that safe systems of work are adhered to and copies are available to staff.

- As part of the department local induction programme ensure that new staff receive instruction on their roles and responsibilities with regard to health and safety.

- Notify visitors to the area of potential hazards within their areas of responsibility, this can be achieved by the use of hazard warning signs, general information notices and leaflets.

- Request confirmation from contractors that they have received authorisation from the relevant Estates Office to work in the area.

- Co-ordinate the completion of risk assessments that are suitable and sufficient in detail to meet legal requirements. (Risk assessment templates are available to aid managers from the health and safety intranet site).

- Manage identified risks so far as is reasonably practicable in line with the trust risk management systems

- Monitor the completion of quarterly health and safety inspections and ensure that processes are in place to enable the completion of actions that arise as a result of inspections.

- Ensure that staff receive adequate health and safety training appropriate to their grade/position. Available health and safety training is published on the health and safety intranet site

- Ensure that appropriate environmental safety monitoring is carried out to meet the requirements of Control of Substances Hazardous to Health Regulations 2003.

- Report and manage incidents in line with the trust incident reporting policy.

- Ensure that the health and safety team are made aware of incidents that my require reporting to the Health and Safety Executive under RIDDOR.

- Escalate risks that cannot be managed locally by utilising the escalation process identified in the trust risk management strategy/policy. (Guidance is available on the Datix incident management system and in the incident reporting policy.

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6.7. HEALTH AND SAFETY MANAGER

The Health and Safety Manager has responsibility for promoting understanding and compliance with the Health and Safety Policy and will:-

- Put in place an Organisational health and safety management framework.

- Distribute Health and Safety information received to appropriate personnel within the Trust. Report significant findings to the lead Director for health and safety via the Director for Medical Safety.

- In conjunction with the Health and Safety Team will ensure the maintenance of accident/incident records and report to the statutory enforcing agencies as prescribed under R.I.D.D.O.R

- In conjunction with the Investigations team and suitably trained experienced staff facilitate root cause analysis and participate in the investigation of serious untoward incidents as required.

- In conjunction with other specialists within the Trust, contribute towards the development of safety related policies, for example COSHH.

- Contribute to close working relationships with the Trusts Safety and Governance Team.

- Provide specialist risk assessment advice and support the teams of assessors to undertake assessments as requested.

- In conjunction with the Health and Safety Team develop and facilitate Health and Safety Training.

- Develop and maintain a programme of health and safety inspections. Utilise the embedded risk management systems to escalate hazards and risks identified as a result of the inspections.

6.8   FIRE SAFETY MANAGER

The Director of Asset Management is the designated executive lead for fire safety arrangements within HEFT and will:-

- Ensure adequate provision of specialist fire safety advice

- Provide adequate resources to ensure that fire safety arrangements meet legislative and NHS requirements

- Receive regular reports from the Specialist Fire Safety Advisor

- Monitor compliance with the fire safety policy and procedures and ensure that risks are escalated in line with the trust risk management process

SPECIALIST FIRE SAFERY ADVISER

The Specialist Fire Safety Advisor has responsibility for the development and implementation of the fire safety policy and procedures and in conjunction with the fire safety team will:-

- Provide expert advice in relation to fire safety

- Advise management on technical fire matters and for monitoring the state of fire precautions in the Trust's premises. Giving guidance, the interpretation and application of The Regulatory (Fire Safety) Reform Order 2005 (RRO) and NHS, Fire code including other relevant guidance in respect of fire safety.

- Be responsible for the development and maintenance of the Trusts Fire Safety Policy.

- Develop and deliver fire safety training as determined by training needs analysis and legislative requirements.

- Undertake fire safety risk assessments, inspections and audits making recommendations to the Trust Board via the appropriate forums to implement risk reduction action.

- Liaise with Estates Operations and Design / Planning Team, Local Building Control Officers and Fire and Rescue Services in the development of fire precautions design for new and existing buildings.

- Report and investigate fire safety incidents in line with the trust incident management system. Also ensure that incidents are reported to the appropriate external agencies as required.

6.9.   Manual Handling Advice

Specialist advice in relation to manual handling training will be provided from the following sources.

The Manual Handling Advisor – Risk Manager will –
- Provide specific advice in relation to the Manual Handling Operations Regulations 1992 (as amended) and other associated legislation and guidance.

- Audit manual handling practices within the Trust to ensure compliance with moving and handling principles and techniques demonstrated at training. Ensure that the audit findings, actions and recommendations are included within the moving and handling reports to the appropriate committees on a regular basis to enable action to be taken by relevant managers to reduce and control manual handling risks to staff and patients with the Trust.

- Undertake complex manual handling risk assessments and recommend appropriate control measures to address the findings. Significant risks will be notified to the Trust Board via the Trust Risk Register.

The Faculty Senior Educator – Safe Practice and Core Compliance will
- Devise and deliver manual handling training for staff within the organisation, based upon training needs analyses.

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6.10. Infection Control

The Infection Control Executive Committee are responsible for overseeing the comprehensive service provided by the Infection Control Team.
Their duties include:-

- Provision of Monitoring, audit and surveillance;

- Provision of Education and Training;

- Provision of Outbreak management;

- Liaise with relevant clinical and non-clinical departments on appropriate building facilities, equipment purchase.

6.11 Employees

Heart of England NHS Foundation Trust is committed to promoting a safe environment for staff, visitors and patients that enter Trust premises. Employees have a duty under the Health and Safety at Work etc. Act 1974 to take responsibility for their own health and safety at work. Employees should:-

- Co-operate with supervisors and managers on health and safety matters;

- Report faults, defects and hazards to the employer;

- Attend training as required by the employer;

- Participate in the risk assessment process to ensure that significant risks within the organisation are identified and appropriate action is taken to reduce risks to an acceptable level;

- Not interfere with anything provided to safeguard their health and safety.

- Take reasonable care of their own health and safety;

- Report all health and safety concerns to an appropriate person (as detailed in the Policy Statement);

- Ensure all adverse incidents are reported and documented in accordance with the Trust Incident Reporting Policy;

- Ensure that they are aware of health and safety precautions for their work activities and are aware and familiar with the Trust Policies/Procedures for their respective working areas of employment;

- Work within their sphere of competence.

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6.12   Safety Representatives

Safety Representatives have a duty to:-

- Provide information to colleagues relating to health and safety.

- Represent colleagues on Trust Consultation Committees and ensure that colleagues receive information on proceedings of those Committees.

- Arrange safety inspections; participate in the inspection process and feedback progress being made against post inspection action plans into local committees.

7. ORGANISATIONAL ARRANGEMENTS

The Trust recognises the importance of integrating health and safety into its Governance framework, to promote this, the Health and Safety Team are situated within the Safety and Governance Directorate and work alongside the Governance and Investigations teams.

To further develop a cohesive approach to managing safety, the health and safety team work closely with specialists that have been identified in section 1 of this policy, to include:- The Fire Safety Team and Manual Handling Advisor - Risk Manager.

The following sections describe additional organisational arrangements that are in place:

7.1   Accidents, first aid and work related ill health

The Work and Wellbeing Service are the specialist group that provide an occupational health service to all staff employed by Heart of England NHS Foundation Trust. The Work and Wellbeing Service will:-

- Manage health screening programmes for staff, to include pre-employment screening, inoculation programmes and health surveillance.

- Provide expert advice to staff in relation to work related health issues.

- Manage the Trust first aid policy and ensure appropriate training provision for nominated First Aiders.

- Develop and maintain Occupational Health related policies and procedures.

7.2.   Welfare Facilities

The Trust is committed to providing a safe environment for staff, patients and visitors, although it will continually strive to improve its physical environment as a minimum it will provide suitable welfare facilities for employees and visitors to the site to include bathing, washing, changing, sanitary facilities and rest areas, in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992

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7.3. Consultation with employees

Consulting employees on health and safety matters is important when creating and maintaining a safe and healthy working environment. Through consultation the employer will motivate staff and make them aware of health and safety issues whilst working in partnership to reduce the number of accidents and work-related illnesses.

There is a legal requirement to involve Unions in Health and Safety Committees. Employee consultation is provided by the Trust Union Convenor

7.4. Health and Safety Representatives

Union Representatives are recognised as a valued health and safety resource. A full time union convenor is employed by the Trust and is a member of relevant strategic and operational committees.

Union representatives are available to provide health and safety information/advice and support to staff and they can be contacted via the union convenor.

7.5 Information, Instruction and Supervision

Information to Staff and Managers is provided in a number of formats:-

Posters – The Health and Safety Law Poster is displayed near the entrances to the Hospital and in prominent positions around the Trust.

Leaflets - are available from the Health and Safety Team.

Induction – Corporate Induction Programme and Local Induction process provides clear roles / responsibilities / accountabilities for all new staff.

Update/Refresher Training – is provided for all staff in accordance with the Trust training needs analysis.

Local Safety Groups – Directorates are encouraged to formulate local groups to encourage the sharing of information.

General Advice is available from:-
Supervisors/Line Managers
Health and Safety Manager and Team
Union Representatives
Employee Representatives

It is the responsibility of the Line Managers and Supervisors to ensure that employees under their control are given relevant health and safety information, via the Corporate Induction Programme, Local Induction and update/refresher training programmes that are available.

The Supervision of young workers/trainees will be undertaken by the Supervisor/Line Manager and a nominated mentor.

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7.6   Competency training

Corporate Induction will be provided for all employees by the Faculty of Education and will include information on Incident reporting, Governance arrangements, Fire and Evacuation procedures, manual handling and Infection Control. It is the responsibility of the appointing Manager to ensure that personnel attend.

Staff will receive Local Induction training following completion of the Corporate induction programme, the local induction will include identification of specific training needs to ensure competence in the use of equipment. A local induction check list must be signed by the Manager and member of staff

Specific training within the work area will be facilitated by competent trainers, or by specialist training providers.

All staff must attend training as requested by their Manager in order to initially achieve competence and then maintain it. The frequency of training will be determined by a Trust training needs analysis.

Training providers will ensure that records of attendance are maintained. Managers have a responsibility to identify staff that require training and monitor their attendance as required.

Managers will ensure that suitable health and safety information/training is provided to staff within their area of responsibility.

7.7.   Safety of the Environment and Equipment

Line Managers, Supervisors and equipment Users will be responsible for identifying all equipment/plant requiring maintenance.

The Director for Estates will be responsible for ensuring that effective maintenance procedures are drawn up to include planned preventative maintenance schedules.

The Estates Management team will be responsible for ensuring that all identified maintenance is implemented.

Faults and defects with either the environment or equipment should be reported to the Estates Department.

Prior to the purchase and installation of new plant or equipment
- appropriate risk assessments must be completed
- appropriate procurement and commissioning procedures must be adhered to (for example local exhaust ventilation systems)
- As required appropriate arrangements must be in place for the ongoing maintenance, inspection and testing of the equipment.

7.8. Risk Assessment

The Trusts Risk Management Strategy/policy outlines the Trusts risk assessment framework. All staff have a responsibility to participate in the risk assessment process.

Detailed information, templates and guidance on more specific risk assessments can be found in the following health and safety related policies:-
- Risk Management Policy – general risk assessments
- Display Screen Equipment and Workstation Policy - display screen/workstation risk assessments
- Control of Substances Hazardous to Health Policy – COSHH assessments
- Management of Violence and Aggression Policy – Security/violence risk assessments
- Lone Working Policy – Lone worker checklists and risk assessments
- Remote Working Policy – remote worker checklists and risk assessments
- Manual Handling Policy – manual handling risk assessments

7.9 Emergency Preparedness

The Emergency Planning Lead with support from the Trust Board is responsible for ensuring that systems are in place to deal with foreseeable emergency situations.

An Emergency Planning Committee is responsible for the ongoing review, training and implementation of emergency plans to deal with emergency situations that may place the Trust at additional risk and to ensure compliance with the Civil Contingencies Act 2004. Such plans include:-

- Major incident plans to be implemented in the event of external emergency situations and including plans to manage in the event of mass casualties, pandemic flu. These plans are consistent with those of other Category 1 Responders and agencies so that all agencies responding to a major emergency will work towards common objectives and with an understanding of the role of each partner organisation.

Internal business continuity plans disaster plans to be implemented in the event of situations such as flood, fire, bomb threat, loss of utilities etc

7.10 Board and Committee Responsibilities

Governance and Risk Committee

The Governance and Risk Committee is a sub-group of the Trust Board. The Trust Board have delegated responsibility to this committee to ensure effective health and safety arrangements are in place.

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Safety Committee

The Safety Committee is the strategic committee that monitors and approves health and safety related issues. The Committee will:-

- Have overall responsibility for the approval and implementation and monitoring the effectiveness of the Health and Safety Policy.

- Have agreed terms of reference

- Receive reports from appropriate groups on a quarterly basis to include:-
  Fire Policy Group
  Manual Handling Advisory Group
  Security Sub-Committee
  Estates/Facilities Committees

- Monitor the Policy for managing Safety Alerts and ensure that significant risks identified are escalated to Governance and Risk Committee as required.

8. Training Requirements

The Trust has a legal obligation to ensure that employees are informed of risks that they may be exposed to during the course of their work activities this will be achieved by utilising a variety of methods:-
- The Health and Safety team will facilitate a planned programme of training that will be advertised on the health and safety intranet site

- Managers will facilitate local induction training

- Specialist practical and competency based training will be provided based on training needs analysis and best practice guidance, for example clinical skills training, practical use of equipment

9. Monitoring and Compliance

Criteria	Monitoring Mechanism	Responsible	Committee	Frequency
Risk assessment	risk assessment audit	Health and Safety Team	Safety Committee and key performance indicator	Annually
Health and Safety Inspections	Completion of inspection check list	Local Managers	Safety Committee and key performance indicator	Quarterly as part of H&S Report and KPI's
Health and Safety Inspection	Completion of inspection check list. To provide impartial monitor	Health and Safety team	Safety Committee and key performance indicator	Quarterly as part of H&S report and KPI's
Training	Completion of annual training programme	Health and Safety Team	Safety Committee and key performance indicator	Quarterly as part of H&S report and KPI's
Raising Awareness	Safety Campaigns	Health and Safety team and Specialist groups	Safety Committee	Twice yearly

The Health and Safety Policy will be reviewed on the date identified within the Meta Data sheet. If there has been significant change or there is reason to believe that the policy is no longer valid, the policy will be reviewed earlier than the date identified.

10. References

Health and Safety Executive guidance documents and Regulations to include:-
- HSE Successful Health and Safety Management (HSG 65)
- HSE Workplace (Health, Safety and Welfare) Regulations 1992
- HSE Management of Health and Safety at Work Regulations 1999

11. Attachments

Attachment 1 Ratification Checklist

Attachment 2 Equality Impact Assessment (EIA)

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Attachment 1: Consultation and Ratification Checklist

Title	Trust Health and Safety Policy

	Ratification checklist	Details	
1	Is this a: Policy		
2	Is this: Revised		
3	Format matches Policies and Procedures Template (Organisation-wide)	yes	
4	Consultation with range of internal /external groups/ individuals	Safety Committee and identified persons in policy	
5	Equality Impact Assessment completed	yes	
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	no	
7	Are there any operational implications?	no	
8	Are there any educational or training implications?	no	
9	Are there any clinical implications?	no	
10	Are there any nursing implications?	no	
11	Does the document have financial implications?	no	
12	Does the document have HR implications?	no	
13	Is there a launch/communication/implementation plan within the document?	Not required	
14	Is there a monitoring plan within the document?	yes	
15	Does the document have a review date in line with the Policies and Procedures Framework?	yes	
16	Is there a named Director responsible for review of the document?	yes	
17	Is there a named committee with clearly stated responsibility for approval monitoring and review of the document?	yes	

Document Author / Sponsor	Ratified by (Chair of Committee or Executive Lead)
Signed D. Aucott	Signed
Title Health and Safety Manager	Title
Date December 2012	Date

Attachment 2: Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Trust Health and Safety Policy version 5	Directorate: Safety and Governance

Name of person/s auditing/developing/authoring a policy/service: Diane Aucott, Health and Safety Manager

Aims/Objectives of policy/service: To set a framework to enable the Trust to continually improve its health and safety arrangements and encourage the workforce to improve health and safety performance by challenging work practices and participating in Committees and forums to drive and enable change.

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?

- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		no				
1.2 Gender (Male, Female and Transsexual)?		no				
1.3 Disability?		no				
1.4 Race or Ethnicity?		no				
1.5 Religious, Spiritual belief (including other belief)?		no				
1.6 Sexual Orientation?		no				
1.7 Human Rights: Freedom of Information/Data Protection		no				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		no				
2.2 Gender (Male, Female and Transsexual)?		no				
2.3 Disability?		no				
2.4 Race or Ethnicity?		no				
2.5 Religious, Spiritual belief (including other belief)?		no				
2.6 Sexual Orientation?		no				

| 2.7 | Human Rights: Freedom of Information/Data Protection | | **no** | | | | |

| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. |

| **TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =** |

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
3.1 Age?		**no**				
3.2 Gender (Male, Female and Transsexual)?		**no**				
3.3 Disability?		**no**				
3.4 Race or Ethnicity?		**no**				
3.5 Religious, Spiritual belief (including other belief)?		**no**				
3.6 Sexual Orientation?		**no**				
3.7 Human Rights: Freedom of Information/Data Protection		**no**				

| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. |

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
4.1 Age?		**no**				
4.2 Gender (Male, Female and Transsexual)?		**no**				
4.3 Disability?		**no**				
4.4 Race or Ethnicity?		**no**				
4.5 Religious, Spiritual belief (including other belief)?		**no**				
4.6 Sexual Orientation?		**no**				
4.7 Human Rights: Freedom of Information/Data Protection		**no**				

| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. |

| **TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 0** |

Signatures of authors / auditors: **Date of signing:**

Equality Action Plan/Report

Directorate:

Service/Policy:

Responsible Manager:

Name of Person Developing the Action Plan:

Consultation Group(s):

Review Date:

The above service/policy has been reviewed and the following actions identified and prioritised.
All identified actions must be completed by: _____

Action:	Lead:	Timescale:
Rewritng policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews		
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:		Date:	