Health and Safety Policy

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DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
Danny Daniel	1 October 2008	Health, Safety & Security Manager
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
V6.0	August 2011	Approved at Executive Management Team
V6.1	January 2015	Amended in line with organisational structure changes

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V6.2	March 2015	Amended in line with comments back from H&S Committee
V6.3	November 2015	Amendments agreed by H&S Committee
V6.4	December 2015	Amended by author to include updated structure and health and safety training.
V7.0	January 2016	Approved by ELB
V7.1	June 2018	Amended by Health, Safety and Security Officer, including comments from UNISON.
V7.2	July 2018	Reviewed by Health and Safety Specialist
V7.3	August 2018	Amended by Health, Safety and Security Officer, in line with comments from H&S Team
V7.4	January 2019	EQIAS updated
V7.4	February 2019	Policy updated following review by Organisation Development Manager
V8.0	April 2019	Approved by Management Assurance Group
V8.1	August 2021	Reviewed by Health, Safety and Wellbeing group
V8.2	September 2021	Amended following comments from key stakeholders.
V9.0	September 2021	Approved by Compliance and Risk Group

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Recommended at Date	Health Safety and Wellbeing Group Date: August 2021
Approved at Date	Compliance & Risk Group Date: 20 September 2021
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Equality Analysis	Yes
Linked procedural documents	Risk Management Strategy Manual Handling Policy Managing Stress and Enhancing Psychological Wellbeing Learning & Development Policy Violence and Aggression Policy Occupational Health Policy DSE Users - VDU Policy Security Policy Lone Working Policy
Dissemination requirements	All staff via email, intranet and through Line Managers for staff who do not have access to IT.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender,

sexual orientation, marriage/civil partnership,

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pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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Contents

Paragraph

Appendices

1.   Introduction

This Policy is to ensure so far as is reasonably practicable, the health, safety and well-being of the East of England Ambulance Service Trust NHS Trust staff, visitors, and the general public.

2.   Purpose

The Chief Executive is responsible to the Trust Board for ensuring that safe systems of work, Trust policies, arrangements and procedures on health, safety and welfare, safe conditions, training, information, and instructions are all in place.

All our staff will be given such information, instruction, training, and supervision, as is necessary, to enable the safe performance of their work activities. Each individual has a legal obligation to take reasonable care for their own and others health and safety, to adhere to all statutory provisions and to co-operate with any Safe Systems of Work or Code of Practice introduced by the Trust in the interests of Health, Safety and Welfare.

Policies, arrangements and procedures will be reviewed periodically to ensure that the aims and objectives are achieved and, if necessary revised in the light of legislative or organisational requirements."

3.   Duties

3.1 Organisational Duties

The Chief Executive has nominated the Director of Nursing, Clinical Quality and Improvement to oversee all matters relating to health, safety and security.

The Executive Directors will set standards for Health, Safety and Welfare (Key Performance Indicators (KPIs)) across the Trust in line with the Safety Enabling Strategy.

The Trust's Health, Safety and Welfare policies and arrangements will support and complement the Trust's Safety Enabling Strategy.

3.1.1 Training

Director of Nursing, Clinical Quality and Improvement is responsible for ensuring the adequate provision of training for matters related to health, safety and wellbeing to all staff via:

- The Safety Team and the Organisational Development are responsible for identifying training needs for all staff through a training needs analysis (TNA). The training needs analysis must take into account the specific H&S risks in relation to the Ambulance Service
- It is the responsibility of the Safety Team to ensure the TNA and contents remain current and fit for purpose.
- The appropriate commissioning of training and development will be done in consultation with the Organisational Development Team.

3.1.2 Managers Responsibilities

Managers are the individuals charged by the Executive Directors with monitoring health, safety and welfare matters and for identifying objectives and priorities for action, as well as those identified in the Trust Safety Enabling Strategy.

Locality Manager (SLM) is responsible for setting up a local partnership forum for their locality where Health, Safety, Welfare and Security will be discussed as a standing agenda item. A County staff side representative should be included in this group.

Senior Managers are responsible for ensuring that health and safety policies, arrangements, and procedures etc, are implemented. They are responsible for:

- setting standards so that the strategies and policies of the organisation are implemented effectively.
- developing KPI's to ensure effective monitoring, recording of incidents and ensure that effective actions are taken to prevent re-occurrence.
- the maintenance of a local risk register.
- the identification of Health and Safety training relevant for the

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staff group

- ensuring that Risk Assessments are completed for staff, patients, visitors and others to identify any local risk, and ensure that they are placed on the risk register and that where corporate risks are identified the Director of Nursing, Clinical Quality and Improvement and the Director of Workforce and OD are notified. Following on from the assessment any significant risk identified should be communicated to all staff, contractors and visitors who are likely to visit Trust premises.

- ensuring that suitable funds are made available for identified high risk areas which eliminate or minimise the risks identified.

- ensuring that all risk assessments are reviewed every year and/or if the nature of the work changes and/or if developments suggest that the assessment is no longer valid

All Managers will have access to the Safety Team, Occupational Health and Staff Side Health and Safety Representatives. These are qualified, competent people who can provide specialist advice on health and safety matters.

3.2 Safety Team responsibilities

The Health and Safety Lead reports to the Deputy Clinical Director (Quality and Safety) to ensure that statutory arrangements are in place and provide professional advice to the Trust, including:

- Ensuring the implementation and monitoring of Health and Safety Policies, arrangements, and procedures
- Ensuring the processes for local risk assessment are in place, in conjunction with Managers.
- Ensuring managers are provided with the appropriate information, instruction, training and supervision on health, safety and welfare to ensure compliance with the Health and Safety at Work etc., Act 1974 and associated legislation and the Trust training matrix.
- Ensuring sample audits are undertaken to ensure

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compliance with Trust Policies and procedures.

- Undertaking incident investigations as necessary.
- Working with the People Development and Education Department to identify Health and Safety training needs
- Ensuring that all relevant documentation, as required by Health and Safety legislation is kept up to date and reported to the appropriate bodies, within the time scales required; and ensure that staff are provided with guidance on

  preventative measures to take in relation to hazards faced within the Trust.

- Ensuring that statutory reporting to the Health and Safety Executive is completed within the specified timescale.

All Managers are responsible for ensuring that health and safety policies, arrangements and procedures are communicated and implemented. Managers are responsible for:

- Monitoring workplace(s), to ensure safe working conditions. Where hazards or risks are present, managers must ensure that these are identified, assessed and suitable action is taken.
- Ensuring staff, contractors and visitors are aware of safety procedures and any known hazards on site. Where information is passed to these persons, they should sign to say that they have received and understood the information given
- Ensuring that substances are stored, used, transported, and disposed of in accordance with COSHH regulations and ensuring all plant and equipment is maintained, inspected and tested as required in consultation with Estates and Fleet Managers.
- Ensuring that training, information, instruction, and supervision is provided prior to the introduction of any new equipment/processes
- Ensuring that all accidents/near misses/violent incidents are properly reported, recorded and investigated and appropriate steps are taken to rectify any risks to the health, safety, welfare and security of staff and Trust

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premises.

- Holding, as necessary, meetings with appointed Health and Safety Representatives.
- Ensuring that any dangerous or potentially dangerous situation or practice is immediately brought to the attention of a senior manager and the Health and Safety Lead

3.3 Staff Responsibilities

Every employee must comply with the Health & Safety at Work etc., Act 1974, and relevant statutory provisions, plus all health, safety and welfare policies, arrangements, and procedures of the Trust. This includes:

- Remembering that accident prevention is the responsibility of every employee.
- Taking reasonable care for their own and others' health, safety, and welfare.
- Using Personal Protective Equipment provided in the interest of safety.
- Complying with any Health and Safety information, instruction and training issued by the Trust.
- Using work equipment provided in accordance with the information, instructions and training given.
- Reporting all accidents/near misses/violent incidents within 24 hours where possible and assisting in their investigation as required.
- Not undertaking any task for which they are not authorised and competent to perform
- Not to use any equipment or machinery unless they have been trained in its safe use.
- Maintaining a level of fitness that enables you to undertake your work safely.
- Ensuring that dynamic risk assessments are carried out for each, and every job done, so as to avoid any foreseeable hazards e.g., significant manual handling operations, slips, trips and falls, violence and aggression etc.;
- Co-operating with Managers investigating incidents so that

EEAST: POL027 – Health and Safety Policy, V9.0

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any learnings can be identified to prevent re-occurrence; and Assisting management in the identification of any training needs.

The Trust recognises their responsibilities under the Safety Representatives and Safety Committees Regulations 1977 and Health and Safety (Consultation with Employees) Regulations 1996 and will ensure that their statutory obligations are met.

3.4 Health and Safety Representatives responsibilities

The Trust actively encourages the election of Health and Safety Representatives for each department, to represent and advise all members of staff in the workplace. It recognises the important role they can play in ensuring the Trust meets its legislative obligations and acting as exemplars in relation to health, safety and welfare. The Trust has a Health, Safety and Wellbeing Group comprising of Managers and Senior Safety Representatives. It is agreed that Health and Safety Representatives shall:

- Familiarise themselves with the Trust's Health and Safety policies and procedures.
- Line managers in accident/near miss investigations.
- Liaise with managers to ensure health and safety policies, arrangements and procedures are implemented, complied with, and reviewed.
- Assist with workplace safety inspections.
- Attend relevant Health & Safety meetings and disseminate information to the colleagues they represent; and
- Submit in writing, to their line manager, concerns or suggestions on health, safety, and welfare.

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3.5   Occupational Health and Wellbeing Team Responsibilities

Qualified Occupational Health staff will assist the Director of People and Culture and Senior Managers to identify and assess the risks to health in the workplace and also assist in the development of strategies and policies which aim to reduce the risks to health in the workplace. The Trust has a separate agreed policy covering Occupational Health and Wellbeing.

4.   Definitions

The Trust

East of England Ambulance Service NHS Trust

The Policy

The Trust's Health and Safety Policy

Staff

Includes contractors, visitors and volunteers working on behalf of the Trust.

5.   Welfare

5.1   The Trust provides a Staff Support scheme with the aim of supporting staff in the workplace. This is freely available to every member of staff and consists of employee counselling, critical incident debriefing and trained supporters.

5.2   The Trust accepts it responsibilities under the Workplace (Health, Safety and Welfare) Regulations 1992 and will ensure that these responsibilities are met.

6.   Further guidance on health and safety

Is available from:

- Directors, Managers and the Safety Team
- Any elected Health and Safety Representatives, the County Representatives and the senior staff side Safety Representative.

• The Occupational Health Provider

7.   Raising Awareness

The Trust raises awareness of the prevention and reduction of health and safety issues, through a number of mechanisms. The routes used are aimed at reaching as large an audience as possible.

- Team Briefings
- EAST24
- Need to Know
- Clinical Update
- Annual Workbooks
- Annual Professional Update training
- Notice Boards
- Email Communications
- Social media

8.   Monitoring

8.1 The Trust's Health, Safety and Wellbeing Group committee will review health, safety and welfare activities and practices.

This may involve the use of:

- Workplace inspections
- Minutes of meetings (For example: Local Partnership Forums, Estates, Vehicle Working Group)
- RIDDOR reports
- Accident/near miss statistics/investigations.
- Staff absence statistics along with Human Resources.
- Interrogation of local risk registers; and
- Records of local Health and Safety discussions.

8.1 The outcome of Health, Safety and Wellbeing Group meetings will be reported to the Compliance and Risk Group every two months.

For more details on monitoring see Appendix 1.

EEAST: POL027 – Health and Safety Policy, V9.0

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9.   Key Performance Indicators

The Directors of the Trust will set up Key Performance Indicators which will be monitored by the Health and Safety Wellbeing Group at each quarterly meeting.

10. Review

This Policy will be reviewed every two years by the Health, Safety and Wellbeing Group or earlier if prompted by changes in legislation or Organisational changes.

11.   Additional References

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999

Workplace (Health, Safety and Welfare) Regulations 1992

Safety Representatives and Safety Committees Regulations 1977 Health and Safety (Consultation with Employees) Regulations 1996 and the Manual Handling Operations Regulations 1992

Provision and Use of Work Equipment Regulations 1998

Lifting Operations and Lifting Equipment Regulations 1998

Control of Substances Hazardous to Health Regulations 2002

Health and Safety (Display Screen Equipment) Regulations 1992

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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Appendix 1 – Health & Safety Mandatory Training

Health & Safety Mandatory Training

To ensure that health and safety is managed across the whole of the East of England a certain level of competence is required. This can only be achieved by ensuring that the Trust has provided a level of training to staff commensurate with their responsibilities which are detailed in the health and safety related policies of the organisation.

The table below outlines the level of training required to assist staff to fulfil these roles and responsibilities. It is also a legal requirement to provide suitable and sufficient training for these roles and responsibilities.

The Health and Safety at Work etc Act 1974 requires you to provide whatever information, instruction, training, and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of your employees. The training outlined below is suitable and sufficient based on the level of management responsibilities in the Health and Safety Policy.

Level of Management	Training deemed appropriate	Internal/external training
CEO, all Directors, Non- Executive Directors	IOSH, Directing Safely or equivalent 1 day External provider	Training is provided by an external provider
Staff with Management Responsibilities	Health and Safety training (e-learning package)	Internal

EEAST: POL027 – Health and Safety Policy, V9.0

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Level of Management	Training deemed appropriate	Internal/external training
Other Staff with Management Responsibilities	Risk assessment training, Incident Investigation training and RIDDOR training, COSHH (in departments where staff are likely to come in contact with hazardous substances) and PUWER (in departments where equipment is used).	Currently being provided (when possible) internally.
All Staff	All clinical staff will attend training within their initial course and then receive refresher training on a 3 yearly basis, All other staff will complete this training by e-learning completing the national content then refresher on a 3 yearly basis.	Internal
Safety Team	Relevant H&S Professional Qualification	

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Appendix 2- Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendation	Change in practice and lessons to be shared
Training	Evolve Team	Report produced	Monthly	Report	Accountability report sent to all HOOps and ELT	HoOps	Health Safety and Security Lead
Regulatory Compliance	HS&S Lead	Dashboard report	Bi-monthly	Report	Dashboard to Health Safety and Well Being Group. Slide to QGC/ Workforce committee	Managers	Health Safety and Security Lead
Incidents/ RIDDOR reports/ Staff absences data							
Occupational Health utilisation	Well-being Lead	Dashboard report	Bi-monthly	Report	Dashboard to Health Safety and Well Being Group. Slide Workforce committee	Managers	Well-being Lead
Workplace inspections	HS&S Lead/ Estates Lead	Dashboard report	Bi-monthly	Report	Dashboard to Health Safety and Well Being Group.	Managers	Health Safety and Security Lead/ Estates Lead

Appendix 3 - Equality Impact Assessment Summary

EIA Cover Sheet	
Name of process/policy	Health and Safety Policy
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL027
Person responsible for process/policy	Health and Safety Lead Director of Nursing, Clinical Quality and Improvement
Directorate and department/section	Clinical Quality
Name of assessment lead or EIA assessment team members	Health and Safety Lead
Has consultation taken place? Was consultation internal or external? (Please state below):	Internal – The policy was submitted to the Health, Safety and Wellbeing (HSW) group for approval. The HSW group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc. The minutes of the policy will also be available on the intranet for staff to view
		X

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to provide a safe working environment to our staff. The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti- discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate "Due Regard" in all aspects of our business.

Who does the policy/procedure/practice/event impact on? **All staff**

Race	**Religion/belief**	**Marriage/Civil Partnership**
Gender	**Disability**	**Sexual orientation**
Age	**Gender re-assignment**	**Pregnancy/maternity**

Who is responsible for monitoring the policy/procedure/practice/event?
Director of Nursing, Clinical Quality and Improvement

What information is currently available on the impact of this policy/procedure/practice/event?
The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was sent to Health, Safety and Wellbeing group (the group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.) for review and comment, before finalising.

Do you need more guidance before you can make an assessment about this

policy/procedure/ practice/event?
No. I will review the contents of the policy and its impact with the EDI Team. I will review the policy with external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes

Race   **Religion/belief**   **Marriage/Civil Partnership**
Gender   **Disability**   **Sexual orientation**
Age   **Gender re-assignment**   **Pregnancy/maternity**

Please provide evidence:
The policy aims to reduce as far as reasonably practicable, incidents of Health and Safety and provide a safe working environment for EEAST staff.
Currently, there is no evidence that the policy will have a negative impact. The policy will be reviewed on a regular basis to minimise the risk of any negative impact.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? **No.**
Race   **Religion/belief**   **Marriage/Civil Partnership**
Gender   **Disability**   **Sexual orientation**
Age   **Gender re-assignment**   **Pregnancy/maternity**

Please provide evidence:
No. The policy is aimed to protect staff and provide a safe working environment, regardless of the characteristics mentioned above.

Action Plan/Plans - SMART
Specific
Measurable
Achievable
Relevant
Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who - Health and Safety Lead
How - Regular review of the policy
By – Every two years (earlier, if required)
Reported to – Director - Clinical Quality and Improvement