

Corporate	CCG CO07 Health and Safety Policy
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Version Number	Date Issued	Review Date
V1.3	January 2022	01 July 2022 (or in line with Integrated Care Board establishment)

Prepared By:	Governance Manager, NHS North of England Commissioning Support Unit
Consultation Process:	Head of Corporate Services Executive Committee
Formally Approved:	January 2022
Approved By:	Executive Committee
Policy Adopted From:	CO07 Health and Safety Policy v1.2

Equality Impact Assessment

Date	Issues
May 2020	See Section 21

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact cdccg.enquiries@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	April 2020	Governance Manager (H&S/Fire/Security) North of England Commissioning Support	New policy template.
V1.1	May 2020	Governance Manager, NHS North of England Commissioning Support Unit	Extension requested in light of COVID19. No legislation update nor impact on external environment impacts identified.
V1.2	March 2021	Governance Manager, NHS North of England Commissioning Support Unit	Extension requested in light of COVID19. No legislation update nor impact on external environment impacts identified.
V1.3	January 2022	Governance Manager, NHS North of England Commissioning Support Unit	Policy extended in light of ICB establishment

Approval

Role	Name	Date
Approval 1	Combined Management Group	10 March 2020
Approval 1.1	Head of Corporate Services	May 2020
Approval 1.2	Executive Committee	9 March 2021
Approval 1.3	Executive Committee	11 January 2022

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1. Policy Statement of Intent

- 1.1 The Clinical Commissioning Group (CCG) is committed to ensuring the health, safety and welfare of its staff and visitors as a matter of prime importance and will, so far as is reasonably practicable, establish procedures and systems necessary to implement this commitment and to comply with its statutory obligations under Section 2 of the Health and Safety at Work etc Act 1974.
- 1.2 The CCG will provide and maintain a healthy and safe working environment with the objective of minimising the number of instances of occupational accidents and illnesses.
- 1.3 The CCG will pay particular attention to ensuring that:
- safe systems of work are set and followed;
 - a safe working environment without risks to health is maintained;
 - there is provision of adequate welfare facilities;
 - there is provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control risks;
 - plant and equipment are safe;
 - there are safe arrangements for the use, handling and storage and transport of articles, materials and substances;
 - there is safe access and egress.
- 1.4 Whilst the CCG will take all reasonable steps to ensure the health, safety and welfare of its employees, health and safety at work is also the responsibility of the employees themselves. It is the duty of each employee to take reasonable care of their own and other people's health, safety and welfare, and to report any situation which may pose a serious or imminent threat to the wellbeing of themselves or any other person.
- 1.5 The Governing Body endorses the need for managers and staff to work together positively to achieve a situation compatible with the provision of high quality services where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum. Thus risk must be assessed and significant findings recorded.
- 1.6 This policy is supplemented by other policies/procedures on specific areas of law. This documents sets out the arrangements for health and safety management; it determines the levels of responsibility at all levels and the channels of communication for health and safety matters.
- 1.7 It is the responsibility of employees at all levels to familiarise themselves and comply with the CCG's procedures and systems on health and safety.

Signed.....
Chief Officer

Date.....

2. Definitions

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

3. Organisation and Arrangements for Health and Safety

- 3.1 The CCG has ultimate responsibility for managing Health and Safety.
- 3.2 A Health & Safety Service Level Agreement exists with the CSU and specific responsibilities are outlined within this document.
- 3.3 It is a disciplinary offence, which could lead to dismissal, to work or permit others to work in a way which is contrary to the requirements of health and safety legislation and the CCG’s Health and Safety Policy.
- 3.4 The relevant legislation includes the following:
- Health & Safety at Work etc. Act 1974
 - It is the duty of every employer, so far as is reasonably practicable, to ensure the health, safety and welfare at work of all his employees.
 - Every employer must conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment are not exposed to risks to health or safety.
 - Employees are to take reasonable care for the health and safety of himself and of others who may be affected by his acts or omissions at work.
 - Corporate Manslaughter & Homicide Act 2007
 - An organisation is guilty of the offence of corporate manslaughter if the way in which any of the organisation’s activities are managed or organised by its senior managers –
 - a) causes a person’s death; and
 - b) amounts to a gross breach of a relevant duty of care owed by the organisation to the deceased.

- Health & Safety Offences Act 2008
 - The maximum penalties under this Act are:
 - £20,000 fines in lower courts for nearly all summary offences, unlimited fines in higher courts;
 - Imprisonment for nearly all offences – up to six months in Magistrates Courts and two years in the Crown Court.

3.5 Health and Safety Policies

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

3.6 Health and Safety Training

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

3.7 Health and Safety Communication

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

3.8 Specialist Advice

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

3.8.2 These will include as a minimum;

- Occupational Health Service (including physiotherapy)
- Advice relating to infection prevention and control
- Estates/ facilities services
- Human Resources
- Fire
- Security

4. Implementation

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

5. Training Implications

It has been determined that there are no specific training requirements associated with this policy

6. Related Documents

6.1 Other related policy documents

- Fire Safety Policy
- Policy for Moving and Handling
- Incident Investigation and Reporting Policy
- Risk Management Policy
- H&S Procedures

6.2 Legislation and statutory requirements

- Cabinet Office (1974) *Health and Safety at Work Etc. Act 1974*. London. HMSO.
- Cabinet Office (2007) *Corporate Manslaughter and Homicide Act 2007*. London. HMSO
- Cabinet Office (2008) *Health and Safety Offences Act 2008*. London. HMSO.

6.3 Best practice recommendations

- Management of Health and Safety at Work Regulations 1999

7. Monitoring, Review and Archiving

7.1 Monitoring

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

7.1.2 The Governing Body have delegated responsibility for all Health and Safety Matters, this is included within the Terms of Reference of the group. Copies of minutes are forwarded to the Governing Body.

7.2 Review

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

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

7.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

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

7.3 Archiving

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

8. Equality Analysis



Equality Analysis Initial Screening Assessment

May 2020

Step 1

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

A screening process can help judge relevance and provides a record of both the process and decisions made.

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

Completed at the earliest opportunity it will help to determine:

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

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

Name: Lee Crowe
Role: Governance Manager, H&S/Fire/Security

Title of the service/project or policy:

Health and Safety policy

Is this a:

Strategy / Policy Service Review Project

If other, please specify:

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

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

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

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

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

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

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

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

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening	
Name	Date
Formal Exec Committee	May 2020

Publishing

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

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

A copy of all screening documentation should be sent to: **NECSU.Equality@nhs.net** for audit purposes.

Duties and Responsibilities

Clinical Council of Members	The clinical council of members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer, as Accountable Officer, has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Executive Lead Responsible for Policy	<p>The Executive lead Responsible for Policy will:</p> <ul style="list-style-type: none"> • Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: NHS Code of Practice (2009). • Maintain the policy database.
Governing Body	<p>The Governing Body, as the employer, is responsible for ensuring health and safety and conducting the CCG's undertakings in such a way as to ensure the safety of staff, visitors and others affected by its undertaking so far as is reasonably practicable. The Governance and Risk Committee is responsible for giving the Governing Body assurance on the following:</p> <ul style="list-style-type: none"> • ensuring that there is an effective policy for Health and Safety at Work in respect of its employees, visitors, others and that it is reviewed and updated on a regular basis. • the promulgation of the policy and of health and safety information among CCG staff. • the establishment of health and safety procedures (Management of Health and Safety at Work Regulations 1999). • ensuring that all liability is covered by adequate insurance. • ensuring that sufficient resources are made available to enable managers of the CCG to fulfil their legal obligations.

Health & Safety Leadership Checklist

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

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

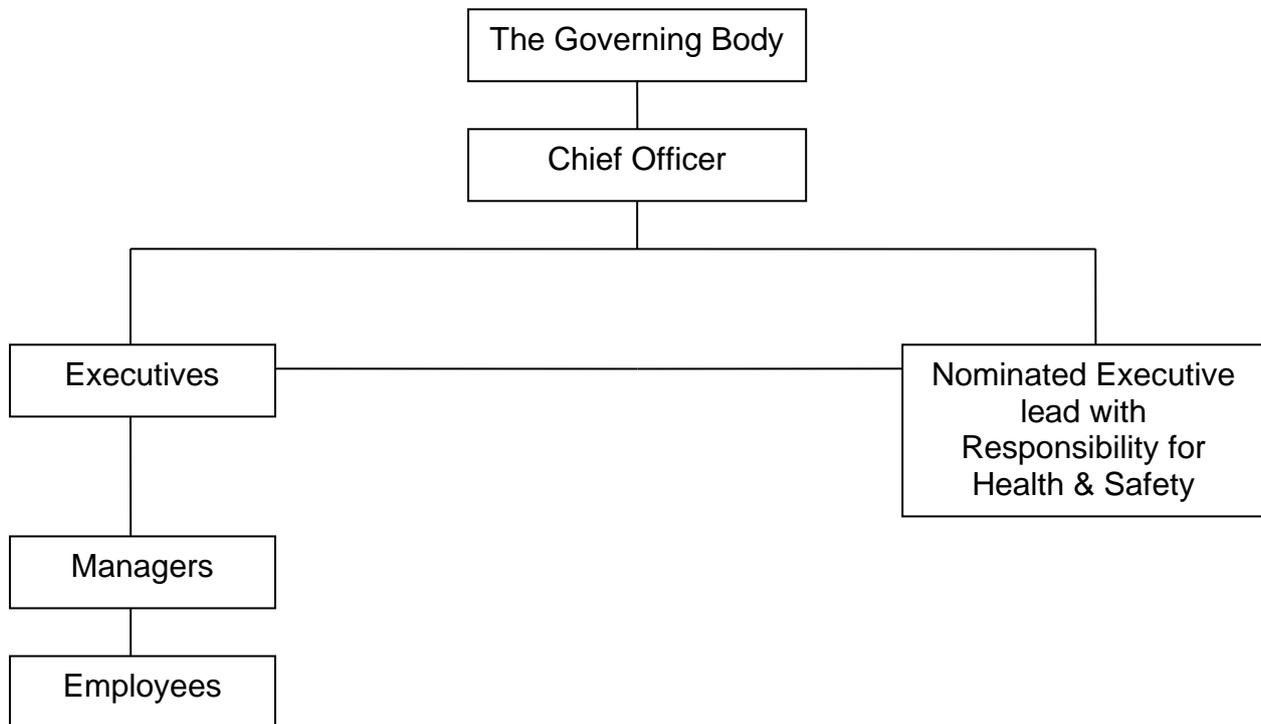
(Taken from the Institute of Directors and Health & Safety Commission's publication "Leading Health and Safety at Work – Leadership Actions for Directors and Board Members")

Checklist for Managers

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

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

OUTLINE OF ORGANISATION FOR HEALTH AND SAFETY



This structure defines the lines of accountability within the CCG.