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Approved by:	Executive Management Team 19 October 2023
Developed by:	Health and Safety Manager
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Health & Safety Policy

1. Introduction

The policies, procedures, guidelines, clinical protocols and local work procedures of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) are intended to provide a framework to ensure that SWYPFT manages Health and Safety risks in an effective, sensible, professional and legal way as far is reasonably practicable. The Health and Safety management system is intended to prevent injuring and ill health to all those who are employed by SWYPFT or come into contact with its activities, including service users and visitors

2. Purpose

The purpose of this policy is to:

- Ensure SWYPFT's Health & Safety management arrangements reflect the SWYPFT organisation and the over-arching structures within.
- Enable SWYPFT to comply with the requirements of the Health & Safety at Work etc Act 1974, the Management of Health & Safety at Work Regulations 1999 and other associated legislation.
- It is a legal requirement for SWYPFT under section 2 of the Health and Safety at Work etc Act 1974, to have a written health and safety policy. This and associated management structures, policies and procedures fulfil this requirement for SWYPFT. Where Care Groups and Services are required by this policy to develop local policies, they shall adopt the HSG65 model.

3. Management System

The Health and Safety Management system adopted by SWYPFT is based on the HSG65 model of **Plan, Do, Check & Act**

Plan; Trust Health & Safety management will be delivered as a team approach, involving business and stakeholder partners.

Measuring health & safety performance will be through regular analysis of:-

- DATIX reports
- Complaints
- Training Needs Analysis
- Annual monitoring returns from the Health & Safety process
- Reports from colleagues in Fire, Security, Personal Safety, Manual Handling, Staff side Representatives, Emergency Planning, Infection Control, Occupational Health

- External agencies reports, i.e. HSE, Environment Agency

Training requirements will be directed by asking managers to identify where they think their department is in regard to Health & Safety, measured against annual monitoring returns, audits, inspections and internal policies and their individual action plans.

Do; The Trust will endeavour to maintain and develop a positive safety culture by underpinning and consolidating additional safety related policy and procedural documents as necessary, containing clear information and instruction. This will be backed up with a flexible, safety related training programme and regular supporting audits and visits by the health & safety team and Specialist Advisers to services and departments.

The Health & Safety Team and Specialist Advisers will follow up on action plans where these are of concern.

Risk profiling

It is recognised that Health & Safety is just one strand of risk management and that the health & safety management approach dovetails into other areas where there may also be risks e.g.

- Human Resources
- Environmental
- Clinical
- Financial
- Reputational
- Fire
- Infection Control
- Occupational Health

Checking and measuring Trust Health & Safety performance will be through a planned, systematic approach to enable SWYPFT to carry out its statutory and mandatory duties. This will include:-

- The investigation of the causes of accidents, incidents or near misses
- Formal audits
- Inspections
- Working with staff side colleagues
- Regular Safety & Resilience TAG meetings
- Analysis of DATIX reports
- Analysing and reviewing safety alerts from the Department of Health
- Liaising with Occupational Health where work related ill health issues are identified.

The Trust Health & Safety Team will ensure a pro-active monitoring & inspection regime, balanced against reactive information on incidents, injuries and work-related ill health, such as, information on risk assessment completion. Results will be fed back to individual teams and services in the first instance for action.

Acting/Reviewing; on all health & safety matters is a firm Trust commitment in order to learn from accidents and incidents, all health reports, errors and relevant experience will be taken into account, including incidents from external sources, where necessary existing plans, policy/procedural documents and risk assessments will be reviewed to see if these need amendments.

Action will be taken on lessons learned, from audits, inspections and visits to services and teams by health & safety advisers.

4. The Risks of Not Having This Policy in Place

Failure to comply with this policy may result in the following corporate risks arising:

- The health and welfare of staff may not be adequately managed and controlled.
- The wellbeing of staff may be compromised.
- Health and safety arrangements may not be achieved and implemented in a consistent manner across the organisation.
- SWYPFT may not meet its legal obligations and standards set by such organisations as the Health & Safety Executive (HSE), Care Quality Commission (CQC), NHS Improvement etc.
- Potential loss of reputation both as a provider of care and employer.

5. Definitions

5.1 Employees

Individuals who work on behalf of SWYPFT e.g. Direct employees of SWYPFT.

- Agency staff, apprentices, volunteers, cadets and any other staff on placement with SWYPFT.
- Employees of other organisations but directly managed by SWYPFT.
- **N.B.** Direct employees of SWYPFT that are directly managed by another organisation (e.g. Local Authority) or work on their premises will work to that organisation's Health and Safety policies and procedures, unless specific agreement is reached to the contrary and their staff will work to SWYPFTs. The Trust has joint working protocols with Kirklees, Calderdale, Wakefield and Barnsley Local Authorities.

5.2 Accredited Health & Safety Representative means:

A person appointed by a recognised Trade Union and acknowledged as such by SWYPFT who represents the employee group(s) represented by that Union in consultations on health and safety matters affecting the group(s).

6. Principles

SWYPFT will take all steps, so far as is reasonably practicable, to pursue the following principles:

- The provision and maintenance of plant and systems of work that are safe and without risk to health.
- Arrangements for ensuring safety and absence of risk to health in connection with the use, handling, storage and transport of articles and substances.
- The provision of appropriate information, instruction, training and supervision as is necessary to ensure the health and welfare at work of SWYPFT employees and volunteers.
- To safeguard the health, safety and welfare of employees and volunteers working in other premises and in the community, including those entering private homes.
- The preparation, and revision (as often as may be appropriate), of a written statement of general policy with respect to the health and safety at work of its employees that is harmonised with partnering organisation's policy statements. Also, to bring the statement, policy and any revision of them to the notice of all its employees.

SWYPFT will take all steps, so far as is reasonably practicable, to pursue the following principles in the maintenance of:-

- Any place of work under the control of SWYPFT, in a condition that is safe and without risk to health. This includes the provision and maintenance of a means of access to and from it that is safe and without such risks.
- The provision and maintenance of a working environment for employees and volunteers that is without risk to health and is adequate as regards facilities and arrangements for their welfare at work.
- The provision and maintenance of appropriate facilities that will enable clients to receive their full and proper treatment without detriment to their health, safety or welfare. Special attention will be paid to risk assessments in areas where clients 'sleep-in' (known as the 24/7 risk) due to the increased level of risk associated with sleeping areas.

7. Roles & Responsibilities

7.1 The Trust Board

The Trust Board will ensure, so far as is reasonably practicable:

That all steps are taken to ensure the health, safety and welfare of all staff, partners, service users, visitors and others.

7.2 Chief Executive

As accountable officer for SWYPFT, the Chief Executive has overall responsibility for all health, safety and welfare matters at South West Yorkshire Partnership Foundation Trust (SWYPFT).

This responsibility is delegated to the Director of Finances & Resources

7.3 Director of Finance & Resources

It is the responsibility of the Director of Finances & Resources so far as reasonably practicable to co-ordinate all health, safety and security matters across and to report to the Trust Board when necessary, Health & Safety performance related issues of SWYPFT.

- Co-ordinate all health and safety matters across SWYPFT.
- Ensure a fit for purpose Health & Safety policy that reflects all safety aspects of the SWYPFT organisation is in place.
- Ensure the review of safety policies, procedures and systems for the overall management of health and safety are undertaken on a regular basis.
- Ensure the effective running of the Safety and Resilience Trust Action Group (TAG) reflecting the structures and operating framework of the SWYPFT organisation.
- Maintain the appropriate Corporate Sub Safety group that assists the Safety and Resilience Trust Action Group (TAG) in the management, monitoring and performance of safety.
- Ensure appropriate arrangements are in place to periodically monitor the safety performance of SWYPFT.
- Report to the Trust Board on an annual basis the health & safety performance of SWYPFT.
- Ensure systems are in place to identify and meet safety training needs of staff ensuring competence is appropriate to the role.

- Provide performance management systems to ensure all mandatory training is monitored at all levels of the organisation.

7.4 **Directors**

It is the responsibility of Directors, so far as reasonably practicable to:

- Be responsible for all aspects of health, safety and welfare of employees under their management.
- Ensure any health & safety matters which are of concern are brought to the attention of the Director of Finance & Resources
- Be responsible for the health, safety and welfare of any person who could be affected by activities over which the Director has management responsibility.
- Be responsible for the management of risks within premises or workplaces under their management or control.
- Set health and safety objectives for those Senior Managers reporting to them on an annual basis.
- Monitor the health and safety performance of Senior Managers by reference to objectives and targets set.
- Establish local arrangements for consultation on health & safety within their areas of responsibility.
- Attend any health & safety training as required, appropriate to their grade.
- Ensure managers within their control attend health and safety training appropriate to their grade.
- Ensure their areas of responsibility fully participate in the Trust mandatory annual Health & Safety monitoring programme to achieve a 100% rate
- Ensure they and their management teams understand the level and nature of risk and how these fits into the overall Trust risk management and governance structure.
- Ensure they and their management teams are aware of how risks are defined and escalated through the organisation to the place where appropriate resources and or decisions can be made

7.5 Associate Director of Estates and Facilities

The Associate Director of Estates and Facilities has responsibility to assist the Director of Finances & Resources in the co-ordination of all health, safety and security matters across SWYPFT and to report to the Director of Finances & Resources regularly the Health and Safety performance of SWYPFT

The Associate Director of Estates and Facilities, as far as reasonably practicable to:-

- Provide an Annual Safety Report for the Director of Finances & Resources
- Ensure Health & Safety and Welfare of employees under their management.
- Attend any health & safety training as required, appropriate to their role
- Ensure that SWYPFT premises are developed and maintained, in a fit and proper condition or reasonable adjustments made as far as reasonably practicable for service users, visitors and staff
- Act as Chair to the Trust Safety and Resilience Trust Action Group (TAG) and to bring to the attention of the Director of Finance & Resources any matter that has a bearing on the Health & Safety provision or performance of SWYPFT.
- Ensure staff within their control attend appropriate health and safety training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Ensure the control and co-ordination of technical requirements in relation to buildings, fixtures, fittings and equipment to maintain continued safe use of facilities and equipment in accordance with legislative requirements and Medical and Healthcare Products Regulatory Agency (MHRA)/National Patient Safety Agency (NPSA) guidance.
- Identify which equipment and facilities require specific statutory testing and arranging for appropriate testing to be carried out. A schedule of testing and servicing will be drawn up and maintained.
- Facilitate consultation with all the relevant Health & Safety Advisers at the design stage of any new building work, major alterations to existing property or change of use of accommodation, to ensure all risks are considered within the planning process.
- Ensure, prior to carrying out any building work, structural

alterations, changes to fire alarm systems, changes to means of escape or the protection of means of escape, or altering emergency lighting, that the Health & Safety Manager and Fire Prevention Adviser have been consulted, and that compliance with Fire Safety Legislation and/or Building Regulations is adhered to.

- Ensure the selection and control of contractors working on SWYPFT premises includes vetting the contractor's health & safety performance, setting safety standards, providing contractors with information on hazards they may encounter and monitoring safety performance of contractors whilst on SWYPFT premises

7.6 Health & Safety Manager

It is the responsibility of the Health & Safety Manager as far as reasonably practicable to:-

- Lead on all aspects of health and safety and to contribute to the SWYPFT strategic agenda.
- Provide specialist advice as the competent person on all aspects of health and safety legislation.
- Assist the Director of Finance & Resources in the development of a strategy for the overall management of health and safety within SWYPFT.
- To be responsible for the planning and preparation of SWYPFT policies related to health, safety and welfare, in conjunction with the Fire Safety Officer and Security Management Specialists and other Specialist Advisers as required.
- Provide an annual Health & Safety, report for the consideration of the Board.
- Bring to the notice of the Director of Finance & Resources any matter, which has a bearing on the health and safety provision or performance of SWYPFT.
- Keep up to date with health and safety developments and new legislation so as to advise SWYPFT on actions to take.
- Provide assistance to managers in the development of risk assessment and control strategies so as to ensure that they meet legislative or other standards.
- Monitor the health and safety performance of managers by ensuring audits, reviews and visits to Directorates/Care Groups on a frequent basis to ensure that they meet legislative or other standards.

- Provide a report for relevant managers, Health & Safety Trust Action Group, Health & Safety Sub-Groups and the SWYPFT Clinical Governance & Clinical Safety Group.
- Monitor and analyse health and safety activity across SWYPFT by reference to incident/accident reports and take action to alert managers where risks are a concern.
- Ensure that the incident/accident reporting procedures and actions taken conform to legislative requirements and promote a proactive safety culture.
- Liaise with the local Health & Safety Executive (HSE) Officers as required.
- Advise on health and safety training needs of the organisation and arrange, or provide training as appropriate.

7.7 Heads of Service, General Service, Line Managers and those with staff management responsibilities.

It is the responsibility of the Heads of Service, General Service and Line managers, so far as reasonably practicable to:

- Ensure the health, safety and welfare of all employees, including individuals with any physical impairment or other special needs within their control and that the specific provisions of health & safety policies and procedures are followed.
- Ensure that staff within their control attend appropriate health and safety training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Ensure that new employees receive a full local induction into the local risks and procedures for managing their health & safety whilst at work.
- Ensuring completion of the annual Health & Safety monitoring programme from all of their services, all foreseeable risks have been identified and that subsequent adequate controls are implemented, with appropriate action plans to address any gaps
- Ensure risk assessments of significant risks have been conducted, findings are acted upon and relevant people made aware of these.
- Ensure that local safety procedures are monitored, managed maintained and reviewed when appropriate
- Ensure the management of risks within their premises or workplaces are under their control.

- Prioritise and allocate resources to address identified risks or hazards and to escalate to the Director responsible for Health & Safety, or their delegate responsible for safety, any issues that require immediate attention.
- Ensure areas of concern are raised at the Health & Safety Sub-Group and the overarching Safety & Resilience Action Group.
- Ensure that Health & Safety Advisers and Health & Safety representatives are consulted when considering any alterations to premises, or changes of use of accommodation, to ensure all risks have been considered.
- Comply with specific provisions of health and safety policies.
- Prioritise and allocate resources, or request additional resources as required.
- Understand the importance of working with employees and their H&S representatives to understand risks in their areas.
- Have sufficient knowledge and understanding of the Trust risk system so that they can make informed decisions about all risks in their areas of responsibility take responsibility for suitable and sufficient risk assessments.
- Risk assessors need to be trained in the organisation's risk assessment process that should include the HSE's 5 steps to risk assessment but managers also need to be aware of their role in this process, supported by relevant Specialist Advisers
- Understand how and who to escalate risk matters to when they are unable to action them at their level, i.e. due to resources available.

7.8 Departmental/Ward/Team Managers

It is the responsibility of Departmental/Ward/Team Managers, so far as is reasonably practicable to:

- Ensure the health, safety and welfare of employees under their management and that the specific provisions of health & safety policies and procedures are followed.
- Report to their Head of Service, any health and safety matters that are a concern to them but which they do not feel capable of acting upon.
- Ensure that the health, safety and welfare is maintained of any other person not managed by them, e.g. service users, visitors, contractors or other employees who could be affected by activities under their control.

- Carry out regular risk assessments to ensure that workplaces, equipment and working practices are safe, including completion of the annual Health & Safety monitoring programme
- Develop and implement control measures to manage identified risks and where necessary develop written procedures for safe working methods and appropriate precautions for significant hazards, ensuring that staff are aware of these.
- Ensure they and their supervisors understand how to feed into Trust monitoring systems, i.e. annual monitoring, incident reporting, sickness rates etc for Health & Safety, what the escalation routes are and when to use them.
- Monitor and review local Health & Safety procedures, risk assessments and control measures on an annual basis or sooner if there is reason to do so.
- Identify training needs of employees within their area of control and ensure that suitable and sufficient training is attended and put into practice.
- Foster a supportive work environment to facilitate the reporting of risks and incidents.
- Ensure staff are fully informed of, and understand the risks associated with their work, and that there are appropriate control measures and procedures to manage these risks.
- Ensure staff attend all mandatory training and other health & safety training appropriate to their roles, and that they understand their responsibilities under this policy. In particular they must ensure that new employees receive full local induction into the local risks and procedures for managing their health & safety whilst at work.
- Monitor the Health & Safety performance of their staff by keeping records of relevant training, through staff development reviews and Team meetings as appropriate.
- Ensure all incidents, accidents and near misses are reported, investigated and results of investigations fed back to their teams and lessons learned incorporated into improved working practices.
- Managers will ensure their supervisors know how to interpret risk assessments and communicate the hazard, risks and controls in their area.
- Report to their Heads of Service, General Service & Line Managers any health & safety issues beyond their control that require urgent action, or for which they do not feel capable of acting upon.

- Arrange workloads and staffing rotas to ensure that staff attend appropriate health and safety training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Be aware of internal escalation processes required, i.e. never events and how to correctly report incidents to the HSE where required by the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations in line with the Trust RIDDOR Notification Policy and Guidance

7.9 **Employees** (Including those individuals working on behalf of the Trust e.g., Contractors etc.)

It is the responsibility of all Employees, so far as reasonably practicable to:

- Work to SWYPFT Health & Safety policies and procedures.
- Be responsible for the health, safety and welfare of themselves and those who may be affected by their acts or omissions. This includes all other staff, partners, service users, visitors and others
- Co-operate with any person who has health and safety responsibilities.
- Not, intentionally or recklessly, interfere with or misuse anything provided in the interests of health, safety or welfare.
- Use work equipment in a way that they have been trained to and/or in accordance with manufacturer's instructions.
- Observe safe methods of work and safety procedures as laid down in departmental policies, protocols, work instructions, safe systems of work or procedures.
- Report to an appropriate supervisor/manager (or the Health & Safety Team) any problem they observe which could affect health and safety and seek advice and assistance as required.
- Attend appropriate health and safety training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Attend the Trust "Welcome" induction programme.
- Carry out dynamic risk assessments as necessary, for example in moving and handling or lone working situations
- Accurately and promptly report accidents and near misses onto the Trust's DATIX reporting system or to their immediate supervisor/manager.

- Ensure that any over seven day injury as a result of an incident or accident at work is promptly reported to their immediate supervisor/manager in line with the Trust RIDDOR Notification Policy and Guidance

7.10 Contractors

Any member of staff who procures and oversees contractors needs to appreciate Health and Safety implications for the contractor personally, and the risks that contractors import into the Trust, with an understanding of method statements, risk assessments and vetting procedures. (See also the Trust's Control of Contractors policy).

It is the specific responsibility of Contractors to:

- Adhere to the procedures, permits and systems of work with which they will be provided as appropriate by the service authorising and supervising the contractor when they are awarded a contract.

N.B. Supervision of contractors will normally be the responsibility of the service authorising and supervising the contractor, but any employee can raise concerns over the health and safety aspects of their work.

8. Arrangements

SWYPFT will, from time to time, produce policies and procedures to deal with specific health and safety situations.

Where such a policy document has been produced employees will be expected to adhere to the requirements of that document. If a specific policy document has not been produced employees will adhere to the general principles of this policy.

Policies and guidance to support the Risk Assessment process including documentation to be used are published on the SWYPFT Intranet site (nww.swyt.nhs.uk) and are available from the Health & Safety Department.

Consultation with employees will take place on matters of health and safety. Where a group of employees is represented by a recognised trade union, and that union has appointed Safety Representatives recognised by SWYPFT, they can represent those employees in consultations.

8.1 Competent Health & Safety Advice & Assistance

- SWYPFT has appointed the following to provide competent advice:

- Health & Safety Manager
- Occupational Health
- Health & Safety Advisers
- Local Security Management Specialists
- Fire Safety Advisers
- Specialist Moving and Handling Advisers
- Infection Prevention & Control Service

8.2 Co-operation and co-ordination between Employers and Others:

Where employees are based at non-SWYPFT premises, arrangements for the co-operation and co-ordination of health and safety provision between SWYPFT and the controller of the premises will be established. Managers must facilitate this, involving SWYPFT competent advisers.

Where employees directly employed by SWYPFT are integrated into another employer's organisation, and vice versa, they shall enter into a formal 'partnership agreement' whereby the health and safety provision of each employer shall be harmonised so far as is reasonably practicable. The 'Controlling Mind' principle shall then apply and employees will comply with the Policies and Procedures of the host organisation. These arrangements must be included in any contract. Joint working protocols covering integrated teams in Barnsley, Calderdale, Kirklees & Wakefield have been agreed and should be referred to.

The Competent Advisers of SWYPFT must be consulted at all stages of developing such arrangements.

If SWYPFT considers that the health and welfare of its directly employed employees, clients or others to whom it owes a direct duty of care, is being compromised by the actions or inaction of the partnering organisation, then it shall have the right to withdraw from the services causing concern. Such withdrawal shall be a last resort and shall only occur on authorisation of the SWYPFT Board who shall seek advice from SWYPFT Governance Committee prior to making such a decision. The withdrawal shall remain in force until SWYPFT is satisfied that the partnering organisation has undertaken appropriate steps and measures to redress the matters of concern to SWYPFT.

Specific building projects shall fully comply with the Construction (Design and Management) Regulations 2015 and all associated construction legislation. SWYPFT Health & Safety Department shall be consulted at all stages of such projects so as to ensure the organisation's duty of care and liabilities are being fully considered at each stage.

9. Procedures

9.1 Training & Competence

All levels of staff within the Trust need to show competence in their work. This includes staff being trained in the correct use of equipment that is provided as part of their role and in line with regulation and guidance.

Competence commences with the recruitment and selection process, assessment and training of individuals for jobs and tasks.

Managers who undertake selection and recruitment will consider how Health & Safety relates to the particular role and identify knowledge and skills required throughout their services and teams.

Staff will prove their competency to their supervisors and managers through a mixture of skills, knowledge, and experience, gained through a combination of training, practice, coaching or supervision.

The Health & Safety Team will offer a variety of in-house training packages, each having objectives, measures and feedback to ensure the learning outcome has been delivered.

External safety related training courses will be offered when these are identified as necessary through the annual appraisal process.

The health & safety training needs of staff will be determined in line with the Trust's Mandatory Training Policy and this will form part of their annual Appraisal process.

The Learning & Development Department will maintain records of the majority of training, but managers and supervisory staff need to ensure records are maintained where local policies and procedures have to be adhered to and understood in the work place.

New employees must attend Trust "Welcome" induction training, which will include basic health and safety information, as soon as practical after commencing work. This will be supplemented by appropriate training information at their place of work.

9.2 Risk Assessment

Risk controls will be proportionate to identified hazards in terms of likelihood and severity. Safe systems of work will be developed by managers and supervisors for hazards identified, risks and controls. These may be formally recorded in written procedures and Specialist Advisers are a source of advice and support where necessary.

Formal risk assessments will be completed by suitable competent staff and managers, supported by the Trust's Specialist Advisers, on those risks relevant to their work activities where necessary.

Where a high, significant hazard is identified, managers and supervisors should consider implementing the introduction of a safety

system, such as permit to work, supported if necessary for advice and support by the Health & Safety Team

All staff have responsibility to escalate their concerns to their immediate line manager, and to the Health & Safety Team if necessary where there are concerns that risk management processes are not followed which could lead to serious and/or imminent danger.

Monitoring the Compliance and Effectiveness of This Policy

10.

This will be achieved by:

- The Health & Safety Manager will, with other specialists provide reports to the SWYPFT Clinical Governance & Clinical Safety Group and Safety and Resilience TAG and Sub - Group detailing all incidents/accidents and identifying trends and exceptions.
- The Learning and Development Team will provide monthly reports on mandatory training attendance for the consideration of the Heads of Service, General Service & Line Managers.
- The SWYPFT Clinical Governance & Clinical Safety Group will review the Corporate Risk Register which includes all high level health and safety risks on a regular basis.
- All departments will fully participate in the annual health and safety monitoring programme. A report will be provided to the Safety and Resilience Trust Action Group (TAG) and Sub - Groups by the Health & Safety Manager of those received/not received.
- The responsibilities in this policy are clearly outlined in Section 6. The performance of individuals who are expected to fulfil the responsibilities eg managers, will be monitored as part of the annual Staff Development Review process and aligned to their Knowledge and Skills Framework outline.

11. References

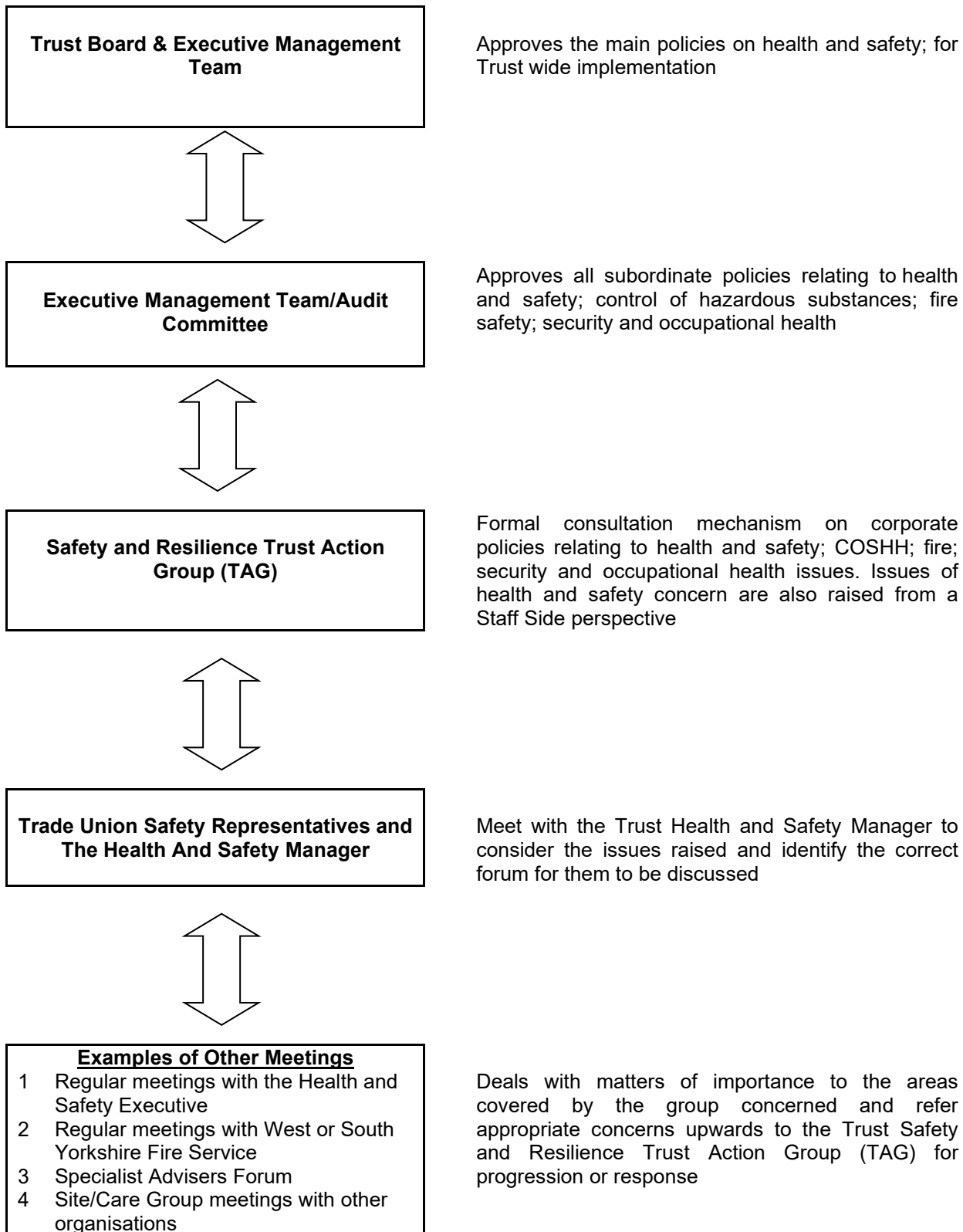
- The Health and Safety at Work etc. Act 1974.
- The Safety Representatives and Safety Committees Regulations 1977.
- The Health and Safety (Consultation with Employees) Regulations 1996.
- The Management of Health and Safety at Work Regulations 1999.
- HSG65
- NHS Employers; Health and Safety Competences for NHS managers March 2015
- Trust Control of Substances Hazardous to Health (COSHH) Policy & Guidance
- Trust Health & Safety Risk Assessment Policy & Guidance
- Trust Control of Contractors Policy
- Trust RIDDOR Notification Policy and Guidance

12. Review of this Policy

This policy will be reviewed three years from the date of Board and/or Executive Management Team approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

Appendix 1

Health and Safety Consultation Process



Appendix 2

POLICY AND STRATEGY Equality Impact Assessment template

This EIA template is to be completed by staff when writing a new policy/strategy or when reviewing a policy/strategy. The EIA needs to demonstrate who would be impacted (local census data and workforce data) and what gaps there are.

Any gaps identified need to be included in section 6 where actions are listed to address and progress to ensure inclusivity and diversity in the policy/strategy.

QUESTIONS	ANSWERS AND ACTIONS									
1	Name of policy/strategy? A review of the Health and Safety Policy									
2	Description of the document: The overall aim of the Policy is to describe the Trust's approach to the management of Health & Safety, covering service users, all staff, visitors and contractors.									
3	Lead contact person for the Equality Impact Assessment Name: Roland Webb Job title: Health & Safety Manager									
4	Who else is involved in undertaking this Equality Impact Assessment Aaron Luckarift - Health, Safety & Fire Advisor									
5	Sources of information used to identify gaps and barriers Data in relation to our communities We have considered population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage, and civil partnership from census data. https://www.ons.gov.uk/census The national Census 2021 took place in in March 2021. This information helps a wide range of people and organisations to do their work. All information is anonymised and the actual census records are kept secure for 100 years, but can be used by Local authorities and other public bodies, i.e. Trusts (SWYPFT) for planning purposes. The census is important because it provides information, required to develop policies and run services, such as health services.									
EIA narrative: What does the information you have sourced tell you about the impact your policy/strategy will have on the following equality groups for provision, access and delivery?										
5a	Disability Groups: Reasonable adjustments, for people affected by any impairment or special needs will be covered by risk assessments and work procedures to ensure their safety needs are met. Data in relation to our communities Day to day activities limited by disability, taken from 2021 census for each area. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #fce4d6;">Area</th> <th style="background-color: #fce4d6;">Non- disabled</th> <th style="background-color: #fce4d6;">Disabled</th> </tr> </thead> <tbody> <tr> <td>England</td> <td>45,715,455 82.7%</td> <td>9,774,620 17.3%</td> </tr> <tr> <td>Barnsley</td> <td>19,0655 78%</td> <td>53,920 22%</td> </tr> </tbody> </table>	Area	Non- disabled	Disabled	England	45,715,455 82.7%	9,774,620 17.3%	Barnsley	19,0655 78%	53,920 22%
Area	Non- disabled	Disabled								
England	45,715,455 82.7%	9,774,620 17.3%								
Barnsley	19,0655 78%	53,920 22%								

Calderdale	168,780 81.7%	37,855 18.3%
Kirklees	357,620 82.6%	75,590 17.4%
Wakefield	282,165 79.9%	71,195 20.1%

Source: Census 2021 data

This data indicates that the Trust has a higher than national average proportion of people whose day-to-day activities are limited 'a lot' by their disability.

The Health and Safety Policy aims to have a positive and proactive approach to ensure any work activity mitigates and reduces and risk that may affect any person from all Disability Groups

QUESTIONS

ANSWERS AND ACTIONS

5
b

Gender:

Area	Male	Female
England	27,656,336 49%	28,833,712 51%
Barnsley	120,279 49.2%	124,293 50.8%
Calderdale	100,790 48.7%	105,901 51.3%
Kirklees	212,346 49%	220,870 51%
Wakefield	173,831 49.2%	179,539 50.8%

Source: Census 2021 data

The Health and Safety Policy aims to enable a proactive work approach ensuring safe & secure environments for any person from either gender, covering all stakeholders including service users, visitors and staff

5c

Age:

Area	Under 18	18-39	40-59	60-79	Over 80
England	11,774,609 20.8%	16,161,002 28.6%	14,897,132 26.4%	10,858,911 19.2%	2,798,379 5%
Barnsley	50,068 20.5%	65,448 26.8%	65,850 26.9%	51,606 21.1%	11,595 4.7%
Calderdale	45,122 21.8%	51,990 25.2%	57,280 27.7%	42,548 20.6%	9,694 4.7%
Kirklees	98,029 22.6%	11,9116 27.5%	114,735 26.5%	81,845 18.9%	19,484 4.5%
Wakefield	73,625 20.8%	96,756 27.4%	94,822 26.8%	71,717 20.3%	16,440 4.7%

Source: Census 2021 data

The Health and Safety Policy aims to ensure a positive and proactive approaches to ensure any work activity mitigates and reduces risks that may affect any person from any group

5
d

Sexual Orientation:

Research has shown that people who consider themselves heterosexual are more likely to report better levels of health. While bisexual respondents had the worst. Gay and lesbian respondents reported poorer health than heterosexuals, specifically with regards to mental functioning, distress, and illness status.

Area	Straight or heterosexual	Gay or lesbian	Bisexual	Other sexual orientation	Not answered
England	43,403,110 89.37%	747,805 1.54%	623,504 1.29%	165,305 0.34%	3,626,649 7.46%
Barnsley	182,948 91.57%	2,990 1.5%	1,817 0.91%	396 0.2%	11,638 5.83%
Calderdale	149,815	2,811	1,968	550	11,488

	89.91%	1.69%	1.18%	0.33%	6.89%
Kirklees	311,501 89.96%	4,340 1.25%	3,697 1.07%	998 0.29%	25,742 7.43%
Wakefield	261,615 90.98%	4,321 1.50%	2,968 1.03%	689 0.24%	17,945 6.24%

Source: Census 2021 data

Incidents can be more prevalent in people with long-term physical health and mental health conditions.

The Health and Safety Policy aims to ensure a positive and proactive approach to safety, mitigating and reducing risks that may affect any person from any Sexual Orientation

5e Religion or Belief:

Data in relation to our communities is taken from 2021, and shows 46.3% Christian faith, second are people who report no religion. Muslim religion shows as the third largest belief system.

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No religion	Not answered
England	26,167,899 46.3%	262,433 0.5%	1,050,533 0.5%	269,283 0.5%	3,801,186 6.7%	420,383 0%	322,410 0.6%	20,715,664 36.7%	3,400,548 6.0%
Barnsley	125,502 51.3%	435 0.2%	416 0.2%	62 0%	1,404 0.6%	256 0.1%	862 0.4%	102,906 42.1%	1,2728 5.2%
Calderdale	85,677 41.5%	630 0.3%	1,173 0.6%	153 0.1%	19,650 9.5%	387 0.2%	1,045 0.5%	86,787 42%	11,129 5.4%
Kirklees	170,577 39.4%	996 0.2%	1,723 0.4%	187 0%	80,046 18.5%	3,476 0.8%	1,663 0.4%	150,599 34.8%	23,949 5.5%
Wakefield	173,070 49%	797 0.2%	1,270 0.4%	127 0%	11,279 3.2%	501 0.1%	1,405 0.4%	145,950 41.3%	18,972 5.4%

Source: Census 2021 data

The latest data on religious affiliation from NatCen's British Social Attitudes survey reveals that the proportion of people in Britain who describe themselves as having no religion is at its highest ever level.

More than half (53%) of the British public now describe themselves as having "no religion", up from 48% in 2015. The proportion of non-believers has increased gradually since the survey began in 1983, when the proportion saying they had no religion stood at 31%.

The Health and Safety Policy aims to have a positive and proactive approach ensure working environments mitigate and reduces risks that may affect any person from any Religion & Belief.

5f Marriage and Civil Partnerships

Older adults who are widowed or divorced are more likely to present with increased symptoms of depression and poorer physical functioning, as well as to face a greater mortality risk than their married counterpart.

	Married or in a registered civil partnership	Single – never married and never registered in a civil partnership	Divorced	Widowed	Separated
England	20,561,642 44.7%	17,450,122 37.9%	4,171,639 9.1%	2,790,036 6.1%	1,033,518 2.2%
Barnsley	87,177 43.6%	73,099 36.6%	21,183 10.6%	13,531 6.8%	4,799 2.4%
Calderdale	73,651 44.2%	60,324 36.2%	17,611 10.6%	10,794 6.5%	4,254 2.6%
Kirklees	159,426 46%	125,290 36.2%	32,022 9.2%	21,509 6.2%	8,027 2.3%
Wakefield	127,965 44.5%	103,484 36%	30,105 10.5%	19,017 6.6%	6,966 2.4%

Source: Census 2021 data

The Health and Safety Policy aims to have a positive and proactive approach to ensure the working environment mitigates and reduces risks

that may affect any person from any Marriage or Civil Partnership although unique risks to this group are thought to be highly unlikely.

5 g Pregnancy and Maternity

Area	Number of live births 2021	Percentage of Total fertility rate (TFR)
England	595,948	1.55%
Barnsley	2,521	1.63%
Calderdale	2,143	1.71%
Kirklees	4,826	1.72%
Wakefield	3,857	1.68%

Source: Births in England and Wales: summary tables - Office for National Statistics
 NB: The TFR is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan. The national TFRs have been calculated using mid-year population estimates by single year of age. The sub-national TFRs have been calculated using mid-year population estimates by 5 year age group

Reasonable adjustments for pregnant/nursing individuals will be covered by processes covering risk assessments, method statements and work procedures covered by responsibilities assigned within the Health & Safety Policy

The Health and Safety Policy aims to have a positive and proactive approach to ensure any work mitigates and reduces and risk that may affect any person who is either pregnant or have been pregnant in the last 12 months

5 h Gender Re-assignment

Poor experiences with healthcare providers act to deter trans people from accessing medical treatment and support when they need it. This can lead to poor mental and physical health outcomes.

[Stonewall | LGBT in Britain - Trans Report \(2017\)](#)

Area	Gender identity the same as sex registered at birth	Gender identity different from sex registered at birth	Not answered
England	43,002,331 93.47%	251,844 0.55%	2,752,783 5.98%
Barnsley	189,640 94.92%	803 0.74%	9,389 4.70%
Calderdale	156,893 94.16%	829 0.89%	8,966 5.38%
Kirklees	323,432 93.40%	1,725 0.9%	21,214 6.13%
Wakefield	271,795 94.52%	1,280 0.81%	14,539 5.06%

Source: Census 2021 data
 NB: Percentages are calculated from the total usual resident population aged 16 years and over

The Health and Safety Policy aims to have a positive and proactive approach to ensure any work practices mitigates and reduces any risk that may affect any person who has or is undergoing through any Gender Re-assignment

5l Carers

Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers and around 7 million carers in the UK.

- Carers who care for more than 50 hours a week reported poorer health with 25% reporting bad or very bad physical health and 29% reporting bad or very bad mental health.

- Carers who have been caring for over 15 years were more likely to report poorer health with 28% describing their physical health as bad or very bad and 27% describing their mental health as bad or very bad.
- The most recent GP Patient survey in England found that carers are more likely to report having a long-term condition, disability or illness.

Area	Yes – provide unpaid care	No – do not provide unpaid care
England	4,678,265 8.3%	48,734,833 86.3%
Barnsley	24,732 10.1%	206,377 84.4%
Calderdale	17,977 8.7%	206,631 85.8%
Kirklees	37,034 8.5%	371,038 85.6%
Wakefield	31,731 6.1%	301,565 85.3%

Source: Census 2021 data

NB: Missing values account for 'N/A' or 'not answered'

The Health and Safety Policy aims to have a positive and proactive approach to ensure any work practices mitigates and reduces and risk that may affect any person, including staff who have Caring responsibilities whether paid or unpaid.

5j Race

Area	White	Asian	Black	Mixed	Chinese & other
England	45,783,401 81%	5,426,392 9.6%	2,381,724 4.2%	1,669,378 3%	1,229,153 2.1%
Barnsley	236,964 (96.6%)	2,297 (0.9%)	1,715 (0.7%)	2,293 (0.9%)	1,333 (0.5%)
Calderdale	177,836 (86.1%)	21,726 (10.5%)	1,439 (0.7%)	4,027 (1.9%)	1,603 (0.8%)
Kirklees	318,969 (73.6%)	84,202 (19.4%)	9,948 (2.3%)	13,588 (3.1%)	6,506 (1.5%)
Wakefield	328,742 (93%)	12,633 (3.6%)	4,516 (1.3%)	4,938 (1.4%)	2,541 (0.7%)

Source: Census 2021 data

The Health and Safety Policy aims to have a positive and proactive approach to ensure work practices mitigate and reduce risks that may affect any person of any race.

Involvement & Insight: Please list in the box below any involvement activity, reports or insight you have gathered by working with your staff team or service users/carers by involving them to gain their views on your service.

This Equality Impact Assessment has been completed after a very informative Cultural awareness and cultural change session with Zahida Mallard, Equality & Involvement Manager on Tuesday, 21st March 2023.

Being able to review also, Census data from 2021 has helped to re-assure us that the 2023 Health & Policy is fully inclusive and helps to promote safe, effective and equitable work practices.

6. Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data. No strands** of equality
- **Developing** – amber – **Some census data plus workforce. Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Previous actions update: please explain what progress you have made against the previous actions identified

1. Now actively seek comments from minority groups to ensure any unintended omissions or needs are met within policies
2. Attended a really useful session covering Cultural awareness and cultural change hosted by Zahida in March 2023
3. Ensure minority issues are explained to new starters at Trust Welcome Events (including incorporating the Rainbow lanyard on the Health & Safety Banner Pullup stands for publicity)

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	The Trust will ensure that people of all backgrounds, identities and ages in their present circumstance will not suffer from any unsafe impact as far as reasonably practicable, where the Trust directly controls the local outcome from its work or other activities	Roland Webb	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	Individuals will be encouraged and empowered to ensure safe working practices in their workplace where this supports safe effective service delivery for everyone and to report any concerns from the work environment, incidents, near misses and/or working practices	Roland Webb	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	Involve the various groups & support networks, i.e., LGBT+, REACH, Disability etc to ensure there continue to be no unintended consequences to individuals from the Health and Safety Policy	Roland Webb	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

7 Please state what methods of monitoring you are using to progress actions.

Monitoring will be through the Safety & Resilience TAG, with notes of each meeting offered to minority groups for additional feedback on any issue or concern.

8 Will you publish the Equality Impact Assessment? Please state where the EIA will be shared or published.

The Equality Impact Assessment will be an integral element of the Trust Health & Safety Policy

9 EIA assessment by equality and involvement team

Name: Aboobaker Bhana

Date: November 2023

Rating: **Developing**

Recommendations: would suggest use examples of SI'/SUI's /complaints breakdown by each protected group for the next review.

***When you have fully completed all sections of the EIA
and it has been signed off in service,
you must email a copy to: InvolvingPeople@swyt.nhs.uk for grading***

Please note that the EIA is a public document and may be published.

Failing to complete an EIA every year could expose the Trust to future legal challenge, as it is a legal requirement to write, review and implement in every service as part of meeting the Equality Act.

Appendix 3 - Checklist for the Review and Approval of Procedural Document
To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title - Health and Safety Policy		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	

6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible implementation and review of the document?	Yes	

Version Control Sheet

Version	Date	Author	Status	Comment / changes
1	October 2010	Roland Webb	Draft	Revision to Trust Health & Safety Policy, reflecting new Business Development Units
2	November 2010	Roland Webb	Draft	Updated with comments from Health & Safety TAG
3	June 2011	Roland Webb & Martin Brandon	Draft	Updated overall Health & Safety Policy to reflect the new organisation.
4	July 2011	Roland Webb & Martin Brandon	Draft	Version 4 amendments include comments and observations from the Wakefield, Calderdale, Kirklees & Forensics Health & Safety TAG and additional comments from the Director of Finance & Resources
5	26 th July 2011	Roland Webb & Martin Brandon	Approved	Final version approved by Trust Board
6	November 2014	Roland Webb	Draft	Policy updated to reflect HSG65
7	January 2015	Roland Webb	Draft	Updated to reflect Comments from H&S TAG's and West/South Sub-Groups
8	April 2015	Roland Webb	Draft	Further updates to reflect enhanced Associate Director of Estates and Facilities role and new guidance in terms of staff competencies from NHS Employers
9	June 2015	Roland Webb	Approved	Minor update from comments received by the Equality & Inclusion Team
10	May 2018	Roland Webb	Approved	Policy updated to reflect learning from the last three years and ensures the Trust continues to fulfil it's legal obligations
11	February/March 2020	Roland Webb	Draft	Mid-Term review of policy as instructed by Alan Davis, Director of Human Resources, Organisational Development and Estates
12	April 2023	Roland Webb	Draft	Review of policy, particularly reflecting new Director of Finance & Resources as Corporate lead for Health & Safety
13	October 2023	Roland Webb	Final	Reviewed and approved by Executive Management Team