

Health and Safety Policy

Ratified	Approved
Status	Final
Issued	July 2017
Approved By	Governance and Risk Committee
Consultation	Governance and Risk Committee
Equality Impact Assessment	Completed
Distribution	All Staff
Date Amended following initial ratification	June 2017
Implementation Date	July 2017
Planned Review Date	July 2020
Version	3
Author	Governance Manager, NHS North of England Commissioning Support Unit
Reference No	CO07
<p>Policy Validity Statement This policy is due for review on the date shown above. The policy will remain valid, but must be reviewed within each 3 year period.</p> <p>Policy users should ensure that they are consulting the currently valid version of the documentation.</p>	

Version Control

Version	Release Date	Author	Update comments
V1	1 April 2013		Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS.
V1.1	13 May 2014	Lee Crowe	Review and refresh
V2.0	14 August 2014	Lee Crowe	Policy agreed at Governance and Risk Committee.
V3	12 July 2017	Lee Crowe	Reviewed in line with expiration date minimal amendments made to grammar only as no changes to legislation.

Approval

Role	Name	Date
Governance and Risk Committee	Simon Gregory	14 August 2014
Governance and Risk Committee	Simon Gregory	12 July 2017

Review

This document will be reviewed every 3 years from the date of issue. The policy will remain valid during its review period.

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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 or in the case of Standard Operating Procedures, by the relevant head of service.

3.6 Health and Safety Training

Mandatory training requirements regarding Health and Safety Training for all staff is reviewed on a yearly basis, additional training necessary for the job should be determined as a result of the risk assessment process e.g Fire Wardens, First Aiders etc.

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. 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	<p>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.</p> <p>The responsibilities of the Chief Officer are discharged through the Nominated Executive for Health and Safety.</p> <p>They will ensure that:</p> <ul style="list-style-type: none"> • the CCG complies with all statutory obligations in relation to health and safety. • mechanisms are in place to effectively monitor performance on behalf of the Governing Body and that they are fully implemented. • the Governing Body and appropriate committees are informed and advised regarding action needed on any significant health and safety event and actual or potential risk. • the establishment and maintenance of an effective health and safety advisory service to the CCG through the appointment and/or training of adequate numbers of Competent Persons. • the availability of adequate health and safety training programmes for all levels of staff. • adequate resources are made available to ensure compliance with statutory health and safety obligations. • update and review with the Health and Safety team the Health and Safety Policy in accordance with the Health and Safety at Work etc. Act 1974 and the associated regulations issued by the Health and Safety Executive. • the appropriate committees function in accordance with statutory and mandatory health and safety regulations. • so far as is reasonably practicable that all Managers are aware of their responsibilities.

	<ul style="list-style-type: none"> • a management system exists for reporting and investigating incidents. • health, safety and welfare performance is measured, strategic targets set and progress monitored and reviewed. • adequate provision for health and safety is included in any service level agreements/contracts
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.
All Managers	<p>The Managers are responsible for ensuring that all activities within their areas of responsibility are managed and for the communication of health and safety information, in particular;</p> <ul style="list-style-type: none"> • ensuring that CCG policy is implemented within their areas of responsibility by agreeing a programme of action for health and safety , setting objectives and monitoring their effectiveness. • ensuring that risk minimisation is integrated into new service developments which may affect the health and safety of the CCG. • ensuring that adequate information, instruction, training and supervision is provided as necessary for all levels of staff to ensure they are safe and without risk to health. • A Health and Safety Leadership Checklist can be found in Appendix A.

	<ul style="list-style-type: none"> • have a special knowledge of their department and will therefore have a key role to play in ensuring good health and safety practice. They will advise the Executive lead and provide a first point of contact for safety representatives, trade union officials and others who wish to make representation on health and safety matters. Their responsibilities include ensuring: • so far as is reasonable, the health, safety and welfare of all persons, including visitors, casual/temporary staff in their place of work. • that necessary information, instruction, training and supervision are provided to all employees. • that all employees attend all relevant health and safety training. • that any relevant local procedures are developed and implemented in accordance with relevant corporate policies. • that suitable and sufficient risk assessments are carried out in their area of work and appropriate action taken. • that health and safety issues, including health and safety policies, are communicated and discussed at team meetings or relevant forum. • that specialist roles are acknowledged, e.g. Risk Assessors, Fire Wardens, and First Aiders. • that staff are familiar with CCG health and safety policies and implement them, calling on the assistance of the health and safety team and other specialist advisors as necessary. • compliance with all legal requirements and CCG policies in relation to health and safety in their areas of responsibility. • that all accidents and near misses are reported in a timely manner and properly investigated as per policy and any recommendations to prevent a recurrence are implemented as soon as practicable. • that there are adequate arrangements in place at a local level which are to be followed in the event of serious/imminent danger and that these procedures are brought to the attention of relevant employees, contractors and others as necessary. • that they fully consult with and involve staff on matters relating to health and safety. <p>A checklist for Managers is attached as Appendix B.</p>
All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • taking reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions. • following safe working practices applicable to their work at all times.

	<ul style="list-style-type: none"> • reporting any hazardous situation or shortcomings in the existing safety arrangements to their manager or on SIRMS. • working in accordance with information and training provided. • not misusing or interfering with anything that has been provided for their health and safety. • fully co-operating and abiding by risk assessments. • being aware of the location of first aid equipment and of the identity and location of qualified First Aiders. • being aware of the arrangements for evacuating the building. • practicing good housekeeping e.g. keeping work areas tidy and free from obstructions. • Undertaking training / awareness sessions when provided.
CSU staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

5. Implementation

- 5.1 This policy will be available to all staff for use in relation to dealing with issues pertaining to health and safety.
- 5.2 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.

6. Training Implications

It has been determined that there are no specific training requirements associated with this policy over and above Statutory and Mandatory Training.

7. Related Documents

7.1 Other related policy documents

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

7.2 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.

7.3 Best practice recommendations

- Management of Health and Safety at Work Regulations 1999

8. Monitoring, Review and Archiving

8.1 Monitoring

8.1.1 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.

8.1.2 The Governance and Risk Committee have delegated responsibility for all Health and Safety matters, this is included within the Terms of Reference of the Committee. Copies of minutes are forwarded to the Governing Body.

8.2 Review

8.2.1 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.

8.2.2 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.

8.2.3 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.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

9. Equality Impact Assessment



Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Lee Crowe
Title of service/policy/process:	Health and Safety Policy
Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
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 be affected by this policy/service/process? (please tick)	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
If other please state:	
<hr/>	
What is your source of feedback/existing evidence? (please tick)	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
<ul style="list-style-type: none"> • Health and Safety at Work Act • Management of Health and Safety at Work Regulations • Health and Safety Guidance HSG65 • Feedback from CCG staff and regular service line meetings between NECS/CCG. 	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Not applicable
Patient Surveys	Policy has no impact on patients
Staff Surveys	Staff Surveys to include questions around H&S
Complaints and Incidents	This policy will ensure that systems are in place should there be any complaints received or Incidents regarding Health and Safety and that the CCG has robust systems in place around H&S Management
Results of consultations with different stakeholder groups – staff/local community groups	Only applicable to staff within CCG
Focus Groups	Only applicable to staff within CCG
Other evidence (please describe)	



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
The Policy will ensure that individuals of all ages are considered in relation to Health and Safety tasks.
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
This Policy has a positive impact on any staff who have a physical/Mental impairment by considering their needs regarding H&S and the subsequent policies and procedures that underpin the Health and Safety Strategy.
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.
As far as we are aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content within the policy does not include vocabulary that should cause offense.
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
The Policy has no impact on marriage or civil partnership.
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
The Policy can be accessed by all staff via intranet and policies/procedures are in place which underpin the policy's aims. The CCG also has New and Expectant mothers risk assessment documentation in place to ensure all risks are considered.
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
There are no requirements for translation within the current staff group should the staff group characteristics change then versions and signage within the CCG in other languages can be obtained.
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Risk assessments and training can be arranged for staff unavailable due to religious or other reasons.
Sex/Gender A man or a woman.
There is no discriminations between males and females within the policy
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
Policy uses appropriate language no additional considerations are required.
Carers _A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
Risk assessments and training can be arranged for those staff that have caring responsibilities and there is also online training which can be accessed whilst working within the CCG or at home.
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers
Other groups have been considered however as the Policy is for staff there are no additional impacts on health inequalities.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
Please list the stakeholders engaged:
Shared policy with Governance Colleagues within CCG. Regular service line meetings with CCG to discuss any H&S issues that arise.



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

- Verbal – stakeholder groups/meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Email Internet Other

If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:

- Sending out correspondence in alternative formats.
 Sending out correspondence in alternative languages.
 Producing / obtaining information in alternative formats.
 Arranging / booking professional communication support.
 Booking / arranging longer appointments for patients / service users with communication needs.

If any of the above have not been considered, please state the reason:

As this is a staff policy needs have been considered internally and appropriate recommendations made.



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce Characteristics	May require other formats such as braille, size of font etc. May also need to consider if face to face training takes place that accessibility of training venues is sufficient.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access Policy	Age, Disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment.	All staff can access the policy for reference	CCG/ NECS H&S	On receipt of individual request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	CCG Governance Colleagues	NECS Health and Safety Team	Regular Service Line Meetings



SIGN OFF

Completed by:	Lee Crowe
Date:	June 2017
Signed:	
Presented to: (appropriate committee)	Governance and Risk Committee
Publication date:	July 2017

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?

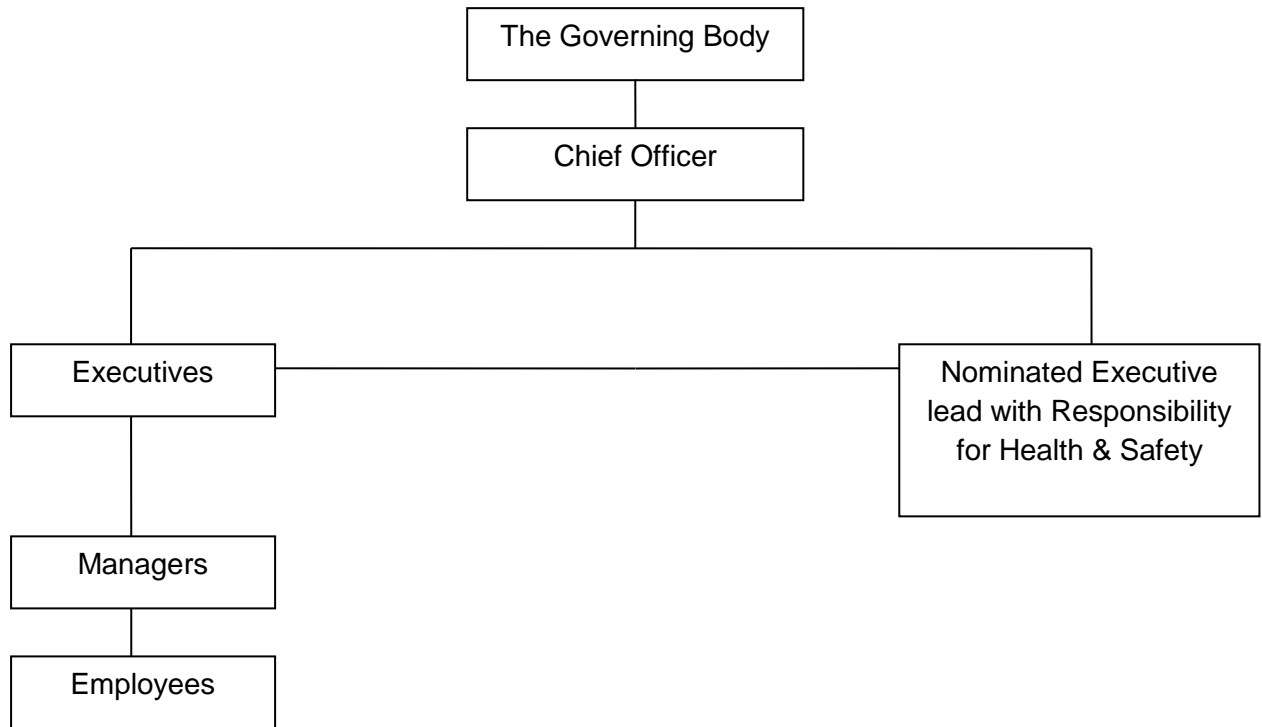
(Taken from the Institute of Directors and Health & Safety Commission's publication "Leading Health and Safety at Work – Leadership Actions for Directors and Board Members")

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.