

Health and Safety Policy

Lead Author	Richard Sharman – CPFT Health & Safety Manager Kim Theobald, Corporate Services Support & Office Manager Sharon Fox, Director of Governance
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Document Control Sheet

Development and consultation:	CPFT Health and Safety Team and Staff-side through the Health, Safety and Wellbeing Forum and Joint Consultative Negotiating Partnership
Dissemination:	All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all staff via the extranet. Please refer to the Policy for Policy Development Policy which provides further advice on dissemination of new and revised policies.
Implementation:	It is the responsibility of all staff, Team Leaders and Managers have particular responsibility to support staff in implementing good practice in health and safety. The Health, Safety and Wellbeing Forum will monitor incidents and trends.
Training:	As described within this document.
Monitoring:	Health and Safety Audits will be carried out as indicated by risk assessments, incidents, accidents, and trends.
Review:	This Policy will be reviewed on an annual basis unless there is new legislation which requires implementation.
Links with other documents that guide practice:	The Policy should be read in conjunction with: Risk Management Policy Lone Working Policy and Procedure Fire Safety Policy Managing Sickness Absence and Attendance at Work Policy and Procedure Working Practices and Standards of Business Etiquette Policy and Procedure Display Screen Equipment Policy and Procedure Safe Road Use Policy and Procedure CCG Overarching Covid-19 Risk Strategy
Equality and Diversity:	The Equality Impact Assessment reviewed on 12 November 2020

Revisions

Version	Page/ Para No	Description of change	Date approved
v1 - Draft		This Policy has been revised from the former PCTs policies and developed to suit the CCG. New RIDDOR regulations have been included in the document.	N/A
V2 – draft		Reviewed by the Health, Safety & Wellbeing Forum and Health & Safety Advisors from Serco	
V3 – Final		Reviewed by SERCO ASP Safety Team and relevant CCG Corporate Services Team. Reviewed by Health Safety and Wellbeing Forum and Health & Safety Advisors from Serco.	Approved by GB – November 2017
V4 – Final		Amendments to roles and responsibilities to reflect new Chief Officer Team and Pilot Committee Structure Removal of Risk Register – quarterly review is undertaken by CCG’s Health Safety and Wellbeing Forum and a copy is available from the CCG’s Office Manager. Replacement of NPSA web-link	IPAC – 30.04.2019 Ratified by GB 14.05.19
V5 – Draft		Amendment to roles and responsibilities Reflected Covid-19 guidelines	HSW Forum Add date IPAC – 22.12.20 Ratified by GB 02.03.22
V6 – Draft		Amended to reflect closure of Lockton House, Cambridge, Pathfinder House, Huntingdon and City Care Centre, Peterborough offices and the opening of Gemini House, Ely office hub	COT – 14.02.22 Ratified by GB 01.03.22

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1.0 INTRODUCTION

1.1 NHS Cambridgeshire and Peterborough CCG (referred to as the CCG) is committed to providing safe, effective, and supportive services and have developed a comprehensive risk management strategy. The organisation believes that its workers are their most important asset and as such accept responsibility for ensuring, so far as is reasonably practicable, the health, safety, and welfare of all our patients, service users, workers and others who may be affected by our activities.

1.2 The organisation recognises that the maintenance of a safe place of work and safe working environment is critical to continued success and accordingly, we view our responsibilities for health, safety, and welfare as the upmost important objective. The Governing Body recognises the need for development of effective Health and Safety management. The organisation's policy is to comply with relevant legislation as a minimum, and exceed this wherever possible to improve the health, safety, and physical and mental wellbeing of any person (staff, patient, visitor, agency, or contractor) who may be affected by the organisations' work activities.

The organisation requires all workers to equally accept their responsibilities as part of the development of a true safety culture. The organisation aims to ensure the achievement of high standards in relation to the provision of health and safety arrangements and the continued development of the safety culture.

1.3 The nature of our activities means that a wide range of risks exist, but through the implementation of this policy, directors, managers, and workers will ensure that all significant risks to health are reduced so as far as is reasonably practicable. The management of health and safety is an integral part of every manager's role. All managers are required to adopt the approach laid out in *the Management of Health and Safety at Work Regulations 1999*. These state the need for hazard identification, risk assessment and the implementation of control strategies aimed at reducing accidents, injuries, and ill health. It is also an integral component of the *Code of Conduct for NHS Managers 2002*, which applies to all NHS managers.

1.4 The requirements of the Health and Safety at Work etc Act 1974 and other related and relevant legislation and guidance will form part of the minimum standards to be achieved. These standards aim to ensure the health, safety and welfare of workers, patients, service users, members of the public and others who use the organisation's facilities and services.

This will include the provision of:

- a safe working environment
- safe entry and exit to all workplaces
- adequate occupational health and welfare facilities
- safe systems of work
- safe plant and equipment
- adequate training, information, and supervision for employees whilst at work.

- 1.5 The CCG is committed to the continuing development of arrangements to support health and safety, and a proactive safety culture. The organisation will ensure that sufficient resources are available to fulfil these objectives.
- 1.6 Through the provision of training, information, and supervision, the organisation will ensure that all workers are competent to maintain high standards of health and safety in all of our activities.
- 1.7 The CCG will actively seek the participation of all workers, including formally through recognised workers organisations, to ensure appropriate arrangements are made for consultation and monitoring. In addition, any issues relating to health and safety should be brought to the attention of managers as soon as possible so that an early remedy can be sought.
- 1.8 The effectiveness of this policy will be monitored and reviewed by the by the Integrated Performance and Assurance Committee (IPAC). Matters of particular concern will be reported on to the Governing Body. Safety aims and objectives will be set, and performance will be monitored against these objectives.
- 1.9 This policy supports managers to manage health and safety within their areas of responsibility, which includes assessment and monitoring of the effectiveness of control measures introduced to reduce identified risks to acceptable levels. Managers will ensure that any changes to policy or procedures are brought to the attention of all workers.
- 1.10 Workers are reminded of their statutory duty, to take reasonable care for the health and safety of themselves and others who may be affected by their actions. This includes co-operating in procedures introduced in the interests of health and safety and not interfering with or misusing anything provided in the interests of health and safety. Only with the co-operation and involvement of every worker can the requirements of this policy be met.
- 1.11 Expert health and safety advice is provided by the CPFT Health & Safety Team and other agencies as appropriate. It is recognised that there are links between health and safety, governance, quality and risk management and effective liaison and co-ordination of efforts in all these areas will be maintained to ensure safety of all service users, workers, and visitors.

2.0 SCOPE OF THIS POLICY

- 2.1 This policy applies to all CCG Governing Body members whilst conducting CCG business, CCG staff, volunteers and contractors, and all other people working at the organisations premises regardless of grade or occupational responsibility.
- 2.2 This policy should be read in conjunction with all of the organisation's Health and Safety related policies, and in conjunction with specific occupational or departmental Health and Safety documentation including policies and procedures.

3.0 DUTIES AND RESPONSIBILITIES

- 3.1 The **Accountable Officer** accepts ultimate and overall responsibility for all matters relating to health and safety. The CCG's Governing Body is responsible for ensuring the health and safety policy is implemented, communicated, and carried out through the appropriate management and committee channels.
- 3.2 The Senior Responsible Officer for Governance has delegated responsibility for ensuring the programme of health and safety work is implemented across the organisation, and ensuring policies are in place to cover: -
- Risk Management
 - Emergency Planning Resilience and Response in relation to Health and Safety
 - Human Resources and Organisational Development Policies
 - Recording and investigating accidents and near misses including the requirements of the Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013 (RIDDOR)
 - Fire precautions and fire drills
 - Emergency and evacuation procedures
 - First aid
 - Liaison with contractors; the landlord and agents of the landlord providing services on the premises
 - Maintenance of records
 - Consultation with employees
- 3.3 The Officer/Manager with responsibility for office management, has operational management responsibility for: -
- Fire precautions and fire drills
 - Emergency and evacuation procedures
 - First aid
 - Liaison with contractors; the landlord and agents of the landlord providing services on the premises
 - Maintenance of records
 - Recording and investigating accidents and near misses including the requirements of the Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013 (RIDDOR)
 - Risk Management
 - Implementation of key health safety and fire policies
 - Security Management
 - Risk Management
 - Business Continuity for Corporate Services

Expert, competent health and safety advice and support is currently provided by CPFT Health & Safety Team.

- 3.4 The **Associate Director of Corporate Affairs (Organisational Development and Human Resources)** has operational management responsibility for: -
- Developing initiatives to support physical and mental wellbeing at work including the management of stress
 - Risk Management
 - Contract management of the CCG's Occupational Health Service
 - Corporate Induction

- Safer Driving and Lone Working
- Consultation with employees
- Implementation of key HR Policies and Guidance including Safer Driving and Lone Working
- Health and physical and mental wellbeing of staff

3.5 **Directors and Managers** are responsible for ensuring that the Health and Safety policy is adhered to in their area of activity and that work activities are carried out, in so far as is reasonably practicable, safely and without risk to health.

Responsibilities include: -

- Ensuring effective communication of health and safety matters within their area of responsibility
- Releasing staff for health and safety training and involvement in health and safety development activities
- Ensuring that hazards are identified, risk assessments completed and acted upon
- Risk assessments for employees to be completed, with Line Managers and reviewed on regular basis. Updated with any changes in working conditions, role or circumstances
- Ensuring that staff are aware of their responsibilities and meet these responsibilities for their own health and safety and that of others
- Ensuring that their staff work co-operative with the Health and Safety Advisor in the discharge of the health and safety work programme.

3.6 **Employees** have a legal duty, and are expected to: -

- Take reasonable care of their own health and safety and that of other persons affected by their acts or omissions
- Co-operate with the CCG to enable to carry out its responsibilities
- Make proper use of health and safety facilities provided and attend and participate actively in health and safety training as required
- Comply with the requirements of health and safety policies and procedures
- Complete Risk Assessments with their line manager and review on a regular basis
- Inform their line manager without delay of any work situation that might present a serious and/or imminent danger. In addition, individuals should also notify any shortcomings in the health and safety arrangements to their line manager
- Maintain individual competency and up to date training in practice (accountability for professionals/clinicians)

3.7 **Organisations** that enter into agreement with the CCG to lease accommodation are required to comply with the CCG's Health and Safety Policy. Contract agreements with tenants will state that they are required to undertake a health and safety induction and to abide by the health and safety policies and procedures of the CCG.

3.8 **Contractors and Partners**

The CCG will require all commissioned healthcare contractors providing services to NHS patients and service users to have a suitable and sufficient health and safety policy and robust health and safety management procedures. This will include risk assessments, written standard operating procedures, safe systems of work and permits to work where required for the activity undertaken. The organisations will also require contractors to carry out investigations into any patient safety or health and safety incident or accident and to fully participate and share in learning outcomes.

3.8 **Health and Safety Representatives / Representative of Employee Safety (ROES)**

Health and Safety representatives may be appointed by trade unions to represent an identified group of workers in the workplace.

Representatives of Employee Safety (ROES) can only be used where employees are not covered by a Trades Union body. (See The Health and Safety (Consultation with Employees) Regulations 1996)

- They have the right to consult with managers and our specialist advisors on health and safety matters.
- They can make inspections of the workplace (by giving reasonable notice to the organisation), investigate incidents / accidents and complaints by workers about health and safety matters.

3.9 **Health and Wellbeing Champions**

Health and Wellbeing Champions will support the Health Safety and Wellbeing Forum to support the monitoring and improving of the health, safety and wellbeing of staff working in CCG They will undertake Royal Society for Public Health (RSPH) Level 2 Health Champion Training to support them to deliver their role.

4.0 **ORGANISATION OF HEALTH AND SAFETY**

4.1 The Integrated Performance and Assurance Committee (IPAC) considers and monitors the organisation's approach to managing health and safety and advises the Governing Body on appropriate matters. This assists the CCG to comply with health and safety regulations, NHS Firecode and to achieve requirements within the Risk Management standards. IPAC will receive reports from the Senior Responsible Officer for Governance outlining any significant issues being onward reported to the CCG Governing Body.

4.2 **Health Safety and Wellbeing Forum**

The Health Safety and Wellbeing Forum will monitor and improve the health safety and wellbeing of staff working the CCG. The Forum will provide the opportunity for discussion of health, safety, and wellbeing issues. It will also seek to raise awareness and improve knowledge of these issues across the CCG. Health and Wellbeing Champions from across the organisation will support the Forum in delivering its aims and objectives.

4.3 **Teams** should include an agenda item to allow communication and consultation at a local level with regard to local health, safety, and welfare arrangements.

4.4 **Specialist Advice** Health, safety, fire, and security advice is provided through a Service Level Agreement with Cambridgeshire & Peterborough NHS Foundation Trust. Liaison on health and safety matters will be between the Senior Responsible Officer for Governance, Officer/Manager for Office Management and Corporate Services and the CPFT Health and Safety Manager and Advisor. Further detail is provided in Appendix 1.

4.5 **Joint Consultative Negotiating Partnership**

The Joint Consultative Negotiating Partnership which brings together Union Representatives and CCG Representatives will provide oversight and comment to support the organisation to delivery its Health Safety and Wellbeing objectives.

5.0 **LOCAL ARRANGEMENTS FOR HEALTH AND SAFETY**

5.1 The local arrangements for Health and Safety are detailed below in alphabetical order. Additional information relating to risk assessment may be found in Appendix 3. The CCG's Health and Safety Risks are reviewed regularly by the Governance Directorate. The overarching Health and Safety Risk Register is presented quarterly to the CCG's Health, Safety and Wellbeing Forum. A copy of the Register is available from the CCG's Officer/Manager responsible for office management/corporate services.

5.2 **Business Continuity**

Please refer to the CCG's Business Continuity Plan.

5.3 **Claims Management**

Please refer to local line management for local arrangements and the C&PCCG Claims Handling Policy.

5.4 **Competent Health & Safety advice**

All employees have access to CPFT Health & Safety Team directly for competent advice. See Appendix 1 for further information including contact details

5.5 **Contractors**

Contact your local Estates provider for further information via main reception.

5.6 **Consultation with employees**

As per local arrangements, further details are available from CCG's Human Resources Team.

5.7 **Control of Substances Hazardous to Health**

COSHH risk assessments are undertaken by local risk assessors with additional assistance from CPFT Health & Safety Team.

5.8 **Display Screen Equipment (DSE)**

See C&PCCG Display Screen Equipment Policy and Procedure. All users of DSE to undertake a risk assessment utilising the HSE Display screen equipment (DSE) workstation checklist at <http://www.hse.gov.uk/pubns/ck1.pdf> Further information may be found in the advice and assistance is available from CPFT Health & Safety Team.

5.9 **Driving for work**

See the C&P CCG Safe Road Use Policy which sets out the CCG's policy in relation to safe driving. Managing the risks associated with employees who drive to work is detailed in the CCG's General Risk Assessment Risk Register. Employees should use public transport wherever possible and use main roads when driving. Employees may be interested in Safer Driving Courses provided by Royal Society for the Prevention of Accidents (ROSPA) <https://www.rosipa.com/>

5.10 **Emergency Planning**

See the CCG's Incident Response Plan and EPRR Framework.

5.11 **Fire Safety including Fire Risk Assessments**

Refer to Landlord / Estates provider and CPFT Fire Safety Team for further information and a copy of the fire risk assessment. The CCG Fire Risk Assessment is conducted with CPFT Fire Safety Team.

5.12 **First Aid**

Local arrangements are based on risk assessment and are assessed as low risk. The First Aid Risk Assessment can be found at Appendix 4. Information regarding the location of first aid boxes is included on Health and Safety posters which are displayed at Gemini House. First Aid boxes are maintained by nominated First Aiders in conjunction with the CCG's Office Manager. All accidents must be recorded using DATIX.

5.13 **Health & Safety**

Further advice and support may be obtained from the CPFT Health & Safety Team. See Appendix 1 for further information and contact details

5.14 **Health & Safety Audits**

May be undertaken by recognised Safety Representatives, Line Management and CPFT Health & Safety Team by arrangement.

5.15 **Health & Safety Training**

Undertaken as required and supported by the CPFT Health & Safety Team in conjunction with the CCG HR Team.

5.16 **Incident / Accident reporting / investigation / RIDDOR**

All incidents and accidents must be recorded as soon as reasonably possible using the DATIX system.

Further information is detailed in the Incident and Near miss reporting guidance document under Risk Policies on the C&PCCG website.

Immediate investigation and remedial action (if required) is the responsibility of the direct Line Manager. Further information may be found in the Incident Investigation Guidance document under Risk Policies on the C&PCCG website. Further advice and assistance is available from CPFT Health & Safety Team.

All RIDDOR accidents are reported via DATIX and the CPFT Health & Safety Team informed. In addition, a RIDDOR report form must be completed, submitted to HSE and attached to the relevant DATIX incident form. Further details and report forms relating to RIDDOR may be found at <http://www.hse.gov.uk/riddor/index.htm>

5.17 **Induction training (Health & Safety)**

This is undertaken as per the Corporate Induction Training Policy. Further details available from C&PCCG HR Team.

All new CCG staff receive a building induction from the on-site Facilities Co-ordinator in person on site at Gemini House and receive a site induction pack

5.18 **Infection Prevention and Control**

The prevention and control of infection within the workplace is the responsibility of all staff. To promote a healthy working environment following the principles of good environmental hygiene can limit or stop the growth of microorganisms in the workplace these principles include:

- Staff should wash their hands with soap and water, especially after using the toilet, but also prior to the preparation and eating of food.
- Maintain a clean working environment by using the wipes provided to clean desks, keyboards, telephones, and other touchpoints before and after use.
- Staff may keep food in the fridges while at the Ely hub but must take any leftovers home and not leave anything in the fridges over night
- Keep the kitchen environment clean and tidy, washing cups after use and storing appropriately
- Staff with gastrointestinal type symptoms (e.g. diarrhoea and vomiting) must not come to work until 48 hours' symptom free. Shedding of the virus continues even when symptoms have subsided.
- If you have a cold 'Catch it, kill it, bin it' – use paper tissues, dispose of in the bin and wash your hands more frequently
- Hand sanitizer stations are available to use throughout the CCG demise areas
- Staff are asked not to eat at desks at the Ely hub but to make use of the first-floor break-out area
- Staff are asked to follow current guidance and procedures in place on LFT testing before coming to the Ely hub
- Staff are asked to follow current guidance and procedures in place on social distancing while at the Ely hub
- Staff are asked to follow current guidance and procedures in place on the wearing of masks while at the Ely hub

Further information and advice is available from the CCG's Infection Prevention & Control team.

5.19 **Moving & Handling**

Specialist advice and assistance with complex risk assessment is available from CPFT Health & Safety Team.

5.20 **Occupational Health**

This service including specialist work-health advice, support and health surveillance programmes may be accessed via a Manager referral process with further information available from the C&PCCG Human Resources Team.

This service is provided by Optima Health Occupational Health Services.

An independent counselling service is also available through "Help EAP" contact details are 0800 031 4545.

5.21 **Risk Assessment (Health and Safety)**

The Health and Safety General Risk Assessment is overseen by the Health Safety and Wellbeing Forum. It is updated quarterly, and a copy is available from the CCG's Office Manager and a copy is available on the extranet

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/attachment/full/0/18243.pdf>

Health and safety risks are regularly reviewed and assessed by the Corporate Services and

Governance Team working in conjunction with the CPFT Health and Safety Team, as required.

Further information may be found in the Risk Management Policy. Additional specialist advice and support is available from the CPFT Health & Safety Team.

5.22 Security Management

Further information regarding Security Management is available regarding local arrangements from your line manager, and from the CPFT Local Security Management Specialist.

5.23 Shared Premises

The CCG demise areas at Gemini House are on the ground and first floors. Gemini House is a multi-tenanted building and there are communal facilities which include the main entrance and washrooms. Contact to other tenants can be made through the Office Manager or Facilities Co-ordinators. Contact with the landlord must be made through NHSPS.

5.24 Wellbeing at work and at home

Further information is available via the C&PCCG extranet and from the Human Resources Team and supported with the provision of an Occupational Health service and external counselling service. Health and Wellbeing Champions are available for advice and signposting. The Staff Support Hub provides free and confidential support via a team of wellbeing, psychology and mental health experts and contact information is on the C&PCCG Extranet

5.25 Work Equipment including Electrical Safety

The CCG will work within the HSE Guidelines for Portable Appliance Testing. PAT Testing is carried out in-house through a cable exchange programme. All staff are responsible for ensuring cables they use to work from home are PAT tested and should liaise with the ICT Team to keep testing up to date

5.26 Electrical Safety while working from home

Staff should ensure they keep themselves and their working area safe from electrical hazards. The following should be considered: avoid overloading outlets; unplug appliances when not in use, do not plug a heater or fan into an extension cord or power strip; never run cords under rugs/carpets/doors or windows. This list is not exhaustive, and staff are responsible to ensure their home and work area is safe.

5.27 Personal Emergency Evacuation Plans

For staff and visitors who are less able and would require assistance to evacuate the building in an emergency, a Personal Emergency Evacuation Plan (PEEP) or a Generic Emergency Evacuation Plan (GEEP) is to be completed as soon as possible. Further details and copies of the relevant forms are available from the Office Manager.

6.0 STATUTORY OR EVIDENCE BASE

Health & Safety at Work etc Act 1974

Management of Health & Safety at Work Regulations 1999

The Safety Representatives and Safety Committees Regulations 1997

The Health and Safety (Consultation with Employees) Regulations 1996

Care Quality Commission – The fundamental standards

<http://www.cqc.org.uk/content/fundamental-standards>
HSE Managing for Health & Safety HSG 65 <http://www.hse.gov.uk/pubns/priced/hsg65.pdf>
Leading Health and Safety at Work <http://www.hse.gov.uk/pubns/indg417.pdf>
Reporting of Injuries, Disease, Dangerous Occurrences Regulations 2013
<http://www.hse.gov.uk/riddor/index.htm>
Corporate Manslaughter and Corporate Homicide Act 2007
<http://www.hse.gov.uk/corpmanslaughter/>

Further information may also be found at: -

<http://www.hse.gov.uk/>
<http://www.hse.gov.uk/healthservices/index.htm>
<https://www.england.nhs.uk/patient-safety/>
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres>

7.0 DISSEMINATION AND IMPLEMENTATION

7.1 This policy will be disseminated through the corporate team briefing document and will be available on the organisation's website.

8.0 OVERALL RESPONSIBILITY FOR THE DOCUMENT

The lead contact for this document is the Office Manager.

9.0 MONITORING AND REVIEW

This document will be kept under review by the Integrated Performance and Assurance Committee. It will be reviewed following any significant changes in new national guidance or local operational arrangements and by the review date indicated on the front page (see Document Control Details).

In addition to the annual review of the effectiveness of this policy, monitoring within the workplace will be carried out by:

- Analysis of sickness absence data will be carried out by the organisation's Associate Director Corporate Affairs (OD and HR) in consultation with the Optima Health Occupational Health Service Nurse Advisers.
- Analysis of reported incidents on Datix for health and safety issues, to include significant and high risks and emergent trends.
- Opportunities for audit from external inspection and assessment authorities e.g. HSE, Cambridgeshire Fire and Rescue, Care Quality Commission, Counter Fraud.
- Evidence of benefit from health and safety training, through assessment of delegate feedback to training received and through observation of improved practice within the workplace.

Appendix 1 - Specialist Advice and Support available from CPFT under a Service Level Agreement (SLA)

1. Health and Safety Advice / Training

Specialist, competent health and safety (including moving and handling) advice and training are available from the CPFT Health and Safety Manager and Advisor. The CPFT Health & Safety Team may be contacted via CPFT at 01223 219400 or healthandsafety@cpft.nhs.uk

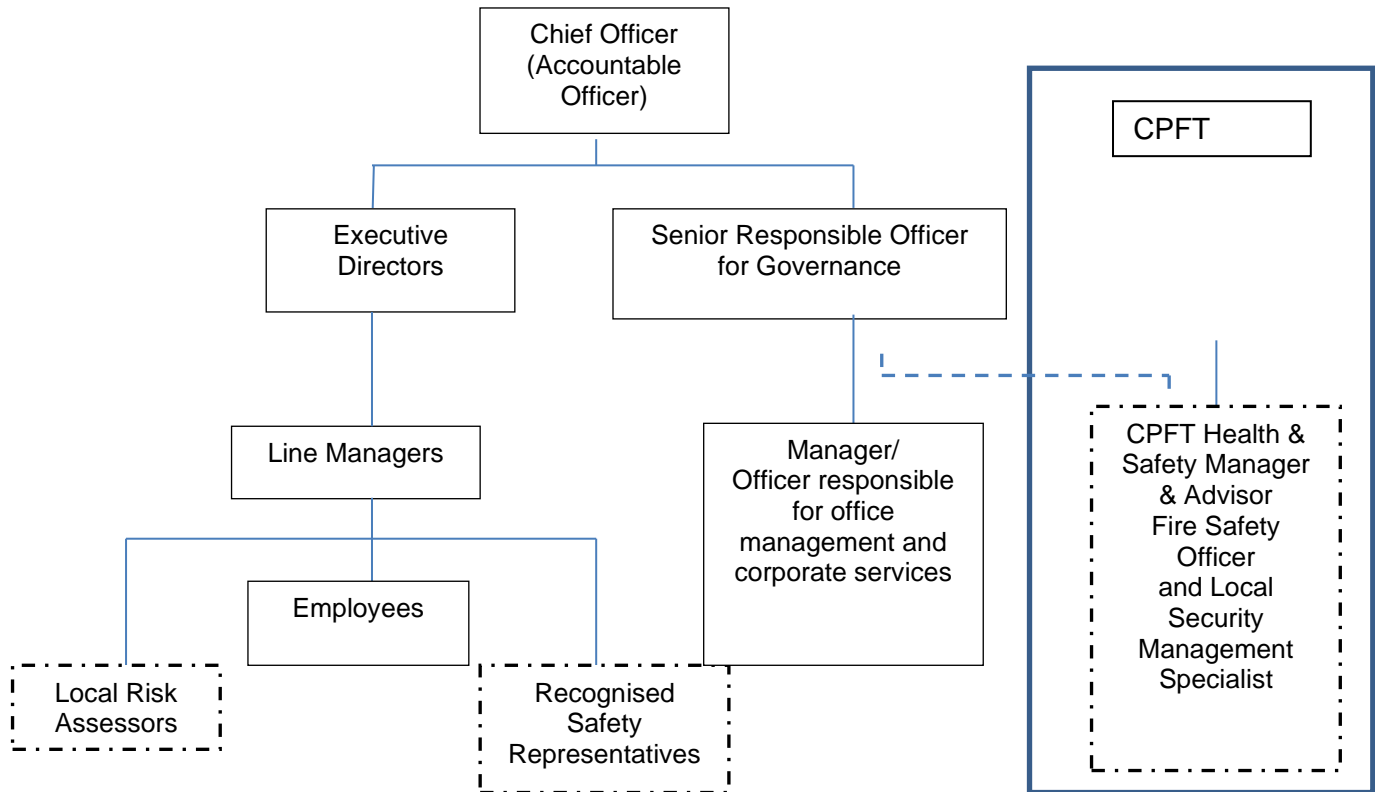
2. Fire Safety Advice / Training

The CPFT Fire Safety Officer is responsible for providing advice on fire safety management to managers and to provide fire safety training to all staff. It is a Department of Health requirement (for details see NHS Firecode) for all staff to undertake a fire education programme once per calendar year. The Fire Safety Officer may be contacted via CPFT at 01223 219400

3. Local Security Management Specialist

Specialist advice and support is provided by the Local Security Management Specialist (LSMS) and can be contacted via Mobile: 07790 978360 or via CPFT at 01223 219400 **Email:** Louise.SheldonTabor@cpft.nhs.uk

Appendix 2 – Health and Safety Responsibilities in NHS Cambridgeshire and Peterborough CCG



Appendix 3 – Health and Safety General Risk Assessment

An initial risk assessment of CCG Health and Safety risks was conducted at the establishment of the CCG. This utilises the CCG's Risk Management Framework set out below

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

The scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

The Health and Safety General Risk Assessment is overseen by the Health Safety and Wellbeing Forum. It is updated quarterly, and a copy is available from the CCG's Office Manager and a copy is available on the extranet <https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/attachment/full/0/18243.pdf>

Health and safety risks are regularly reviewed and assessed by the Corporate Services and Governance Team working in conjunction with the CPFT Health and Safety Manager / Advisor.

APPENDIX 4

First aid at work

The Health and Safety (First Aid) Regulations 1981 Guidance on Regulations L74 Table 1 Checklist for assessment of first-aid needs

<http://www.hse.gov.uk/pubns/priced/l74.pdf> Pages 9 to 12

Organisation	Cambridgeshire and Peterborough Clinical Commissioning Group
Location	Gemini House, 1 Bartholomew's Walk, Ely. CB7 4EA.
Persons undertaking assessment	Kim Theobald C&PCCG Corporate Services Support and Office Manager Richard Sharman CPFT Health & Safety Manager
Date	05 May 2021
Review date	May 2022

Factor to consider	Space for notes	Impact on first-aid provision
Hazards (use the findings of your general risk assessment and take account of any parts of your workplace that have different work activities/hazards which may require different levels of first-aid provision)		
Does your workplace have low-level hazards such as those that might be found in offices and shops?	Yes	The minimum provision is: – an appointed person to take charge of first-aid arrangements; – a suitably stocked first-aid box.
Does your workplace have higher-level hazards such as chemicals or dangerous machinery?	No	You should consider: – providing first-aiders; – providing additional training for first aiders to deal with injuries resulting from special hazards; – providing a suitably stocked first-aid box; – providing additional first-aid equipment; – precise location of first-aid equipment; – providing a first-aid room; – informing the emergency services of specific hazards etc in advance.
Do your work activities involve special hazards such as hydrofluoric acid or confined spaces?	No	You should consider: – providing first-aiders; – additional training for first aiders to deal with injuries resulting from special hazards; – additional first-aid equipment; – precise location of first-aid equipment; – providing a first-aid room; – informing the emergency services of specific hazards etc in advance.
Employees		
How many people are employed on site?	Two staff based on site. Other staff will visit on an ad-hoc basis	Where there are small numbers of employees, the minimum provision is: – an appointed person to take charge of first-aid arrangements; – a suitably stocked first-aid box. Where there are large numbers of employees, ie more than 25, even in low hazard environments, you should consider providing: – first aiders; – additional first-aid equipment; – a first-aid room.

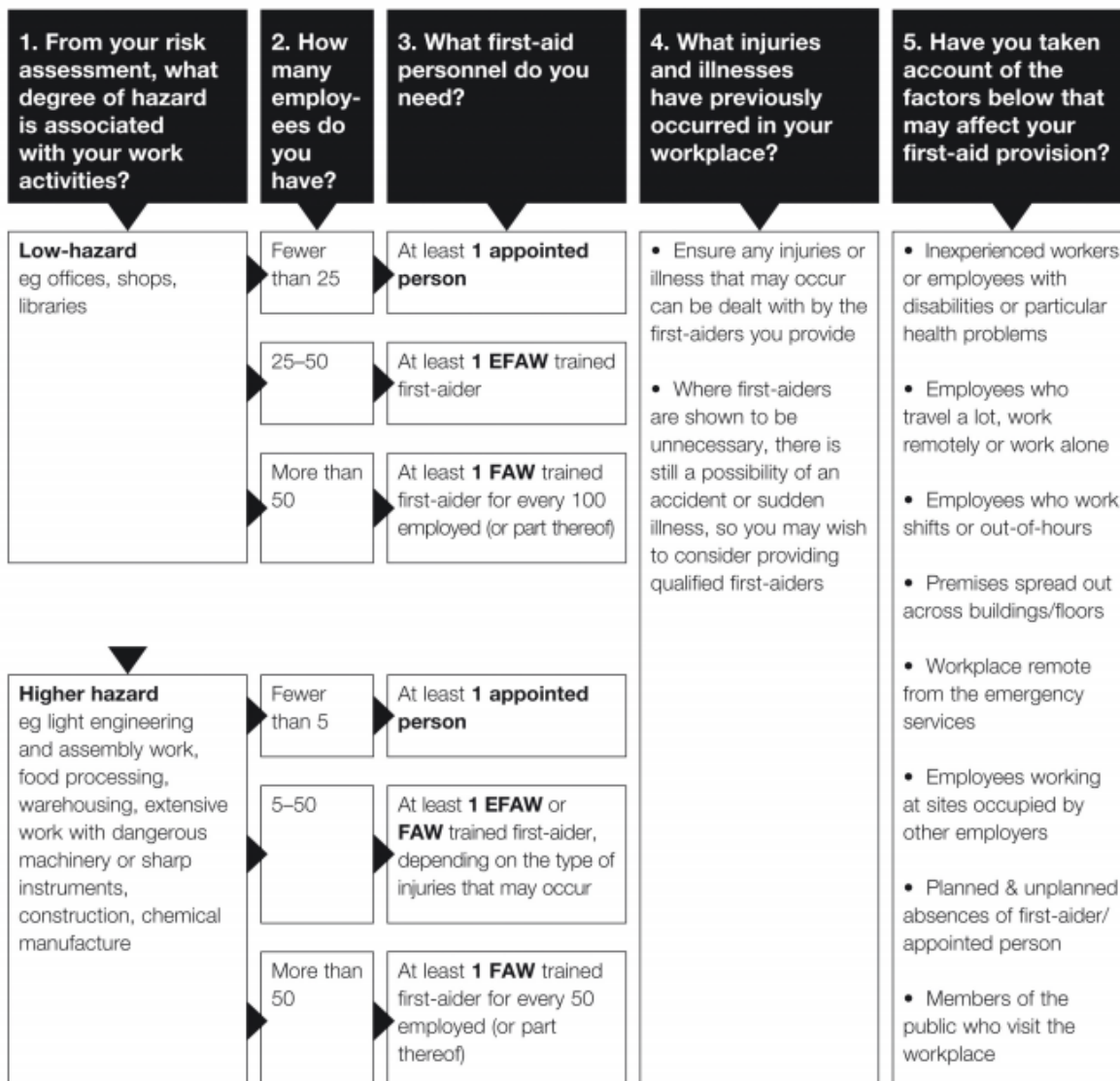
Are there inexperienced workers on site, or employees with disabilities or particular health problems?	<i>No - Known staff with disabilities will not be on site regularly</i>	You should consider: – additional training for first aiders; – additional first-aid equipment; – local siting of first-aid equipment. Your first-aid provision should cover any work experience trainees.
Accidents and ill-health record		
What is your record of accidents and ill health? What injuries and illness have occurred and where did they happen?	<i>New building – none recorded so far</i>	Ensure your first-aid provision will cater for the types of injuries and illnesses that have occurred in your workplace. Monitor accidents and ill health and review your first-aid provision as appropriate.
Working arrangements		
Do you have employees who travel a lot, work remotely, or work alone?	<i>No – all staff work from home. Plans are in place to ensure there is no one working on site</i>	You should consider: – issuing personal first-aid kits; – issuing personal communicators/mobile phones to employees.
Do any of your employees' work shifts or out-of-hours?	No	You should ensure there is adequate first-aid provision at all times people are at work.
Are the premises spread out, e.g., are there several buildings on the site or multi-floor buildings?	Yes	You should consider the need for provision in each building or on each floor.
Is your workplace remote from emergency medical services?	<i>Princess of Wales Hospital Minor Injury Unit is 11 minutes' drive by car just north of Ely</i>	You should: – inform the emergency services of your location; – consider special arrangements with the emergency services; – consider emergency transport requirements.
Do any of your employees work at sites occupied by other employers?	No	You should make arrangements with other site occupiers to ensure adequate provision of first aid. A written agreement between employers is strongly recommended.
Do you have sufficient provision to cover absences of first aiders or appointed persons?	Yes	You should consider: – what cover is needed for annual leave and other planned absences; – what cover is needed for unplanned and exceptional absences.
Non-employees		
Do members of the public or nonemployees visit your premises?	<i>Employees of other health organisations will be on site on an ad-hoc basis</i>	Under the Health and Safety (First Aid) Regulations 1981, you have no legal duty to provide first aid for non-employees, but HSE strongly recommends that you include them in your first-aid provision.

Appendix 1 Record of first-aid provision*

First-aid personnel	Required Yes/no	Number needed
Appointed person	Yes	Five staff will be trained. Two based on site
First-aider with an emergency first aid at work certificate		
First-aider with a first aid at work certificate		
First-aider with additional training (specify)		
First-aid equipment and facilities	Required Yes/no	Number needed
Dust- and damp-proof first-aid container	Yes	Two on site
Kit contents	Yes	Contents checked and in date
Additional equipment (specify), e.g. foil blankets, eye wash bottles, shears, microporous tape	No	
Defibrillator	No	On site
Travelling first-aid kit	No	
First-aid room	No	

* The minimum first-aid provision for each worksite is:

- a person appointed to take charge of first aid arrangements.
- a suitably stocked first aid kit.
- information for all employees about what they need to do in case of an emergency



Appendix 5
Equality Impact Assessment

Name of Proposal (policy/strategy/function/service being assessed)	Health & Safety Policy
Those involved in assessment:	CCG Secretary, Corporate Governance Team
Is this a new proposal?	Revised CCG Policy
Date of Initial Screening:	30 September 2013 Revised 14 September 2017 Revised March 2019
What are the aims, objectives?	To define and document the CCG's approach to managing health and safety and ensuring, so far as is reasonably practicable the health, safety and welfare of all our patients, service users, workers and others who may be affected by our activities. To comply with relevant legislation.
Who will benefit?	All CCG staff while conducting CCG business, volunteers, contractors and visitors and all other people working at the organisation's premises regardless of grade or occupational responsibility.
Who are the main stakeholders?	As above
What are the desired outcomes?	A consistent approach to Health and Safety across the organisation is successfully implemented To ensure the achievement of high standards in relation to the provision of health and safety arrangements and the continued development of a safety culture.

	<p>That all workers recognise and accept their responsibilities as part of the development of a true safety culture. Through the implementation of this policy Directors, managers and workers will ensure that all significant risks to health are reduced as far as practicably possible.</p> <p>Management of health and safety is embedded as an integral part of every manager's role.</p>
What factors could detract from the desired outcomes?	<p>Lack of awareness and/or non-enforcement of the policy.</p> <p>Non-compliance by staff and contractors.</p>
What factors could contribute to the desired outcomes?	<p>Increased awareness of the requirements set out in the policy throughout the CCG.</p> <p>The provision of training, information and supervision will help ensure all workers are competent to maintain high standards of health and safety in all of the organisation's activities.</p>
Who is responsible?	<p>The CCG Accountable Officer has overall responsibility for all matters relating to Health and Safety</p> <p>The Chief Operating Officer has delegated responsibility for ensuring the programme of health and safety is implemented across the organisation</p>
Have you consulted on the proposal? If so with whom? If not, why?	<p>The revised Policy has been developed in tandem with the CPFT Safety Manager and discussed with the Integrated Performance and Assurance Committee.</p>

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick)		Yes	No
Age	<u>Consider:</u> Elderly, or young people		✓
Disability	<u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties		✓
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		✓
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or_training		✓
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		✓
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		✓
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		✓
Sex /Gender	<u>Consider:</u> Male and Female		✓
Sexual Orientation	<u>Consider:</u> Know or perceived orientation		✓

What information and evidence do you have about the groups that you have selected above?

Health and Safety is essential for all regardless of any of the protected characteristics listed above.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People

Examples of impact re given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- b) Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

1 Summary	
<p>Positive impacts (note the groups affected)</p> <p>This policy is designed to promote Health, Safety & Physical and Mental Wellbeing of all staff regardless of any Protected Characteristic covered by the Equality Act 2010.</p>	<p>Negative impacts (note the groups affected)</p>

Summarise the negative impacts for each group:

This policy is subject to exemption. Any negative impacts identified must be objectively justified.

What consultation has taken place or is planned with each of the identified groups?

This policy is a statutory requirement for the workplace in line with the Health and Safety at Work etc Act 1974.

What was the outcome of the consultation undertaken?

N/a

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

N/a

Will the planned changes to the proposal: **Please state Yes or No**

Lower the negative impact?	N/a
Ensure that the negative impact is legal under anti-discriminatory law?	N/a
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	N/a

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/a

What monitoring/evaluation/review systems have been put in place?

The policy will be kept under review by the ~~Clinical Executive Team~~ and be reviewed following any significant changes in national guidance or local operational arrangements.

When will it be reviewed?

Annually (next review due September 2021) or earlier if required. Note the full review was delayed due to the establishment of the Chief Officer Team and establishing roles and responsibilities, however, only minor amendments to web-site links were identified by the Serco Health and Safety Advisor.

Date completed:	30 September 2013 Reviewed 14 September 2017 Reviewed September 2020 Reviewed October 2021
Signature:	
Approved by:	S Kawal – E&D Adviser
Date approved:	12 October 2021