



Health & Safety Policy

Version Control

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Amendments	References changed from specific named Hospital to partner Hospital due to increased provider partnerships		
Document objectives: The purpose of this policy is to ensure that Pioneer Healthcare Limited (PH) meets its statutory duties			
Intended Recipients: All staff			
Group/Persons Consulted:			
Training/Resource Implications: Induction training			
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The table below logs the history of the steps in development of the document.

Version	Date	Author	Comment
1.0	July 2011	IG Service, THIS	
2.0	Jan 2014	N Salkeld	
3.0	Jan 2015	P Godbole / N Salkeld	Specific hospital names changed to 'Partner'
4.0	Feb 2016	N Salkeld	Training requirements updated
5.0	Mar 2018	N Salkeld	Associated Policies updated
6.0	Mar 2021	N Salkeld	Regulations updated Display Screen Equipment, Provision of work equipment, employees with disabilities, Mobile working clauses added
7.0	Mar 2026	N Salkeld	New clauses added covering Lone Working, Children & Young Persons, and Expectant and New Mothers

1. INTRODUCTION

The Management of Health and Safety at Work Regulations 1999' places a duty on employers to safeguard the Health, Safety and Welfare of all their employees and any others who may be affected by the organisations activities "in so far as is reasonably practicable".

The Management of Health and Safety at Work Regulations 1999 also requires that the Chief Executive prepare a Health and Safety Policy, outlining the organisations Health and Safety arrangements, and a Policy Statement declaring the Chief Executive's commitment to health, safety and welfare. Pioneer Healthcare Limited (PH) is committed to meeting these obligations and taking all reasonable steps to ensuring the health and safety of staff and visitors to the areas where PH provides services. This policy is to be read in conjunction with that of the partner Hospital, Sheffield.

2. PURPOSE

The purpose of this policy is to ensure that PH meets its statutory duties under the Management of Health and Safety at Work Regulations 1999 and is compliant with the Health and Safety standards in the Safety Domain of "Standards for Better Health" set by the Healthcare Commission and the risk management standards set by the National Health Service Litigation Authority

3. SCOPE

This policy applies to all staff employed with PH. Its scope covers the health and safety responsibilities of PH towards other staff, patients and visitors. PH will also ensure that this integrates with the Health and Safety policy of the partner Hospital.

4. POLICY STATEMENTS

4.1 Director's Statement of Intent with Respect to Health and Safety

In accordance with the Management of Health and Safety at Work Regulations 1999, and in legal and moral responsibility to all staff and visitors; it is the policy of Pioneer Healthcare Limited (PH) to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees, visitors, contractors and members of the public and all persons who may be affected by the activities of PH.

To achieve the highest possible standards of Health and Safety our objective is to see that everything practical is done to prevent injury and ill health by ensuring:

- A physically and mentally safe and healthy working environment.
- Safe systems and methods of work and a safe means of access and egress.
- Suitable and sufficient training, information, instruction and supervision.
- Completion, and regular revision, of risk assessments.
- Regular consultation with employees.
- Active participation and support of all employees.
- Proper welfare facilities and arrangements.
- Continuous improvement in health and safety standards and annual revision of the policy.

Health and Safety is everyone's responsibility and all employees must do all that is reasonably practicable to prevent injury to themselves and other persons who may be affected by their

acts or omissions.

The Governance Lead shall be assigned special responsibility for the implementation of the Health and Safety Policy within PH and to ensure standards are met within the partner Hospital as per their Health and safety policy.

4.2 Requirements on Staff to Comply with this Policy

Any employee who fails to comply with the PH Health and Safety Policy, or who intentionally or recklessly interferes with or misuses any equipment provided for the protection of Health and Safety will be subject to disciplinary action.

5 DEFINITIONS

PH has adopted the following as standard definitions in relation to Health and Safety and Risk Management.

Term	Definition
Hazard	Anything that has potential to cause harm to an individual to the organisation.
Risk	Chance that exposure to a hazard will cause harm to an individual or the organisation.
Risk Score	Calculation incorporating the multiplication of the: <ul style="list-style-type: none"> • Likelihood of exposure to an identified hazard and the, • Consequence of that exposure to an individual or the organisation using a numerical 5x5 scoring matrix.
Risk Assessment	Careful examination, by 'competent person', of what could/has caused harm or loss to an individual or the organisation in order: <ul style="list-style-type: none"> • To evaluate whether sufficient control measures are/were in place and if not, • To enable additional control measures to be identified and, For an Action Plan to be drafted and implemented to minimise the risk of that harm or loss occurring/reoccurring.
Reasonably Practicable	The measure of a risk <i>versus</i> the effort required by PH to avert that risk. Where there is a gross disproportion between them i.e. the risk being insignificant in relation to the control measures identified then PH will have been considered to have discharged its 'duties' under health and safety legislation. The greater the risk then the greater the resources required to balance the equation.
Competent Person	A person or persons appointed by PH having such training, experience or knowledge of the work activities to enable them to carry out risk assessments that are both suitable and sufficient.

6 DUTIES AND RESPONSIBILITIES

6.1 Director

The Director/s is ultimately responsible for the Health and Safety Policy; he/she will delegate the day to day responsibilities for this policy to the Governance Lead.

6.2 Governance lead

The Governance Lead will:

- Arrange for the Director to sign an annual certificate of compliance to certify that all relevant health and safety legislation is complied with in his or her area of responsibility, or that a plan is in place to ensure compliance by a specified date.
- Ensure that the advice of clinical and non clinical specialists will be sought as necessary to ensure that HP fulfils its statutory responsibilities under the Health and Safety at Work etc Act, and all other relevant legislation and subsequent regulations. This will include access to an 'appointed person' as defined by the Management of Health and Safety at Work Regulations 1992.
- Keep the Executive management group informed of progress and developments in the area of Health and Safety.
- Oversee the implementation of this policy, its associated Risk Management Strategy and monitor the adequacy of its implementation.
- Access the organisation's legal advisors for Health and Safety advice or in the event of a health and safety related claim.
- Ensure that adequate training resources, reviews, procedures and records are identified.
- Liaise with risk management personnel at the partner Hospital to ensure Health and Safety issues identified by PH relating to the partner Hospital are addressed and dealt with satisfactorily.

6.3 Health and Safety Committee

The Health and Safety Committee as part of the Governance Committee shall monitor the effectiveness of the following:

- PH system of reporting, analysis and investigation of all workplace hazards and incidents.
- PH system of training in health and safety regulation, law, procedures and policies.
- PH procedures for ensuring that suitable and sufficient risk assessments are carried out for all work undertaken by PH staff.
- Monitoring of health and safety issues relating to the partner Hospital in general

6.4 Clinical Directors

Directors are responsible for:

- Health and Safety issues within HP by ensuring that Health and Safety policies and procedures and monitoring are in operation and ensure that appropriate risk assessments are carried out and that suitable control measures are implemented and monitored.
- Ensuring that all staff are made aware of the risks within their working environment, their practice and their personal and professional responsibilities, and ensure that they are provided with the necessary information and training to enable them to work safely. These responsibilities will extend to anyone affected by the PH or the partner Hospital/other provider operations and shall include contractors, members of the public and visitors.

6.5 Team leads

All Clinical Team leads have responsibility for co-ordinating health and safety at local level within their local service area and shall:

- Ensure that all members of staff, trainees and students under their direct control receive adequate information; instruction, training and supervision to ensure that all work activities are conducted in a safe manner.
- Take and initiate action required to ensure that Health and Safety risks arising from work activity or within the workplace are fully investigated and, if within their level of authority, dealt with. If the matter is outside their level of authority the matter must be passed to the relevant Director for action.
- Ensure that no member of staff, trainee or student under their direct supervision is instructed to carry out any action, or operate any machinery or equipment for which they have not been adequately trained.
- Ensure that any defect in plant, equipment, work area or work procedure that is reported to them is investigated and, if within their level of authority, dealt with. If it is outside their level of authority they must ensure that it is passed to a more senior management level for action to be taken.
- Ensure that all workplaces within their designated area are monitored to ensure that safe conditions are maintained, including upkeep of workstation assessments.
- Ensure that all incidents causing injury or damage to property, machinery or equipment, and all near misses, are investigated, reported and correctly documented following PH or the partner Hospital Incident Reporting Policy.

6.6 Staff, Trainees and Students

Staff, Trainees and Students are required to:

- Comply with PH policies, procedures and regulations designed to protect the health, safety and welfare of all PH staff and visitors.
- Be aware of emergency procedures including the evacuation and fire precaution procedures.
- Neither intentionally nor recklessly interferes with nor misuse any equipment, provided for the protection of Health and Safety.

- Co-operate with managers and supervisors in preventing accidents or health risks to themselves, other employees, and members of the public or visitors.
- Report any work conditions that they consider unsafe or unhealthy at once to a Director.

7 ARRANGEMENTS FOR HEALTH AND SAFETY

7.1 Incident Reporting

All incidents and near misses that relate to health and safety will be recorded and managed in accordance with PH Incident Reporting Policy and Serious Incident Policy. The Governance Lead will monitor these incidents and report trends to the Health and Safety committee and the Risk Management Committee during the monthly governance meetings.

7.2 Reporting Health and Safety Executive (RIDDOR reporting)

The Governance Lead will analyse incident reports and make a report to the Health and Safety Executive (HSE) if the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Serious incidents must be reported immediately by telephone

Where the HSE require notification under the terms of RIDDOR 2013, the Governance Lead via the same channels will forward a completed RIDDOR form on line. Serious accidents must be reported to the HSE immediately and followed up with a written report on a RIDDOR form on line.

7.3 First Aid Facilities

PH will endeavour to comply with the requirements of the Health and Safety (First Aid) Regulations 1981. The Governance Lead is responsible for ensuring compliance. Compliance is met through a combination of trained first aiders and access to medical staff and facilities; First Aid boxes and an allocated room specifically as a medical room onsite and accessible to all staff or visitors.

PH will ensure that sufficient personnel are trained as First Aiders and certificated by attending a HSE approved course in first aid.

PH will ensure that suitable and sufficient notices are posted in all areas indicating the name, location and telephone number of the nearest first aider.

7.4 Fire training and procedures

All employees must be made aware of the correct assembly point in the event of an emergency evacuation. PH will ensure that its Induction programme includes fire safety instruction for all new starters, and will be part of mandatory training for all staff. Nominated fire wardens receive additional training as wardens and on the use of fire extinguishers.

Employees noticing any shortcomings in fire fighting equipment are to report the matter immediately to their manager.

PH will ensure that all fire fighting equipment is regularly checked under the agreements between the partner Hospital and their maintenance contractors and that suitable records are kept and that all the fire alarms are activated and checked weekly and records kept.

Fire safety procedures are posted in all fire call points in the partner Hospital.

7.5 Fire Incidents

The Governance Lead is responsible for reporting fire incidents and false alarms to Estates where it pertains to PH.

7.6 Risk Assessments

- It is the PH policy that formal written risk assessments are undertaken prior to commencement of any work, which is potentially harmful to physical or mental health.
- Risk assessments, once completed by a competent person, must be brought to the attention of any persons who may be affected by the work to which the risk assessment relates.
- Risk assessments must be reviewed at least annually or as required due to a change in the risk severity or a change in the working procedures. Any changes made must be brought to the attention of all personnel who may be affected by the change.
- Risk assessments that demonstrate significant on going risks and/or new risks that are not adequately controlled should be added to the PH risk register.

7.7 Control of Substances Hazardous to Health (COSHH)

- The partner Hospital does not routinely use hazardous chemicals in the course of service delivery. PH will ensure that the partner Hospital comply with their policy on control of substances hazardous to health.

7.8 Personal Protective Equipment

Where Personal Protective Equipment (PPE) has been identified as a control measure through risk assessment it must only be done so as a last resort. It also has to be made sure it is suitable for the task and will offer appropriate protection. Therefore PPE assessments on any equipment issued must take place.

The assessment should take into account the material the PPE is made from, the relative standard the PPE is manufactured to, and compatibility with other equipment worn. No employee shall be charged for the use of PPE and they must also receive demonstrations on how to wear the PPE correctly.

7.9 Workplace Requirements

The 'Workplace (Health, Safety and Welfare) Regulations 1992' put a requirement on PH to ensure the general safety of the workplace. This requirement extends to properties that are either owned or under the control of the Trust. The Regulations cover issues such as lighting, ventilation, temperatures, floor and traffic routes, and welfare facilities amongst others.

7.10 Manual Handling and Lifting

- All staff will be made aware of manual handling issues

- PH will ensure that staff employed directly by PH and required to lift in the course of their work receive theoretical and practical training in manual handling on induction and a refresher every three years.
- PH will endeavour to eliminate manual handling and lifting wherever possible, e.g. By relocating storage. PH employees are responsible for following good lifting techniques and not lifting anything beyond their strength.
- Any manual-handling hazards injuries or near misses must be reported promptly.

7.11 Slips Trips and fall

PH recognises that slips trips and falls are the most common form of workplace injury and is committed to taking all practicable steps to reduce the risk of this type of injury to staff, patients and visitors to any of their places of work.

7.12 Display Screen Equipment

Display Screen Equipment All managers have responsibilities under the Health and Safety (Display Screen Equipment) Regulations 1992 to ensure that risks through the use of display screen equipment (DSE) are reduced. The regulations primarily apply to any person who has been identified as a habitual 'user' of DSE.

A DSE 'user' is any person who uses DSE as a significant part of their duties at work. To this end PH will assess the suitability of workstations and to make sure they fulfil minimum requirements.

7.13 Provision of Work Equipment

Any machinery, appliance, apparatus or tool for use at work is subject to the Provision and Use of Work Equipment Regulations 1998. All equipment used for work must be suitable for the task, safe to use and meet specific European harmonised or British standards. It is the manager's responsibility to ensure that all equipment is well maintained and does not pose a risk to employees or others. Therefore, managers must ensure that regular inspections of work equipment takes place to make sure it is and remains safe.

7.14 Employees with Disabilities

A disability can be defined as 'a physical and/or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.

Where a disabled person is employed by the Trust then reasonable adjustments will need to be made to the workplace for the benefit of the employee and to prevent discrimination. The reasonable adjustments required will be identified through risk assessment.

The risk assessments will need to be regularly reviewed (12 monthly) or if there is a change in circumstances that affects the individual. It is the responsibility of the manager to ensure that such reasonable adjustments to the workplace are completed and it is the responsibility of the disabled employee to notify their manager of any changes to their disability that will affect their day to day activities. All such requirements must be done in full consultation with the disabled employee.

7.15 Mobile working

Under the Health and Safety at Work Act 1974, the organisation is responsible for employees' safety at work and this applies to mobile working and working from home. However, the employee also has an obligation to ensure that they take reasonable care not to harm themselves or others. A risk assessment of the workplace should be completed prior to mobile working or working from home commences. The workspace where mobile working takes place should be maintained to the same safety standards as are applicable to the employee's base.

- **Points to consider when Mobile Working:**

- Ensure that an adequate health & safety risk assessment has been carried out
- Information Governance – storage and disposal of confidential waste e.g. paper documents and reports – security, confidentiality and safety issues connected with using IT equipment off site
- Ensure that your colleagues know how to contact you while working from home
- If you are taken ill while working at home you must report your sickness absence in the normal way to your line manager

7.16 Lone Working/Personal Security

The organisation has statutory obligations under the Health and Safety at Work Act to ensure a safe working environment for their employees as well as a duty of care to minimise the risk of violence and aggression against them.

Lone workers are those staff who work by themselves without close or direct supervision; this policy applies to all employees (permanent, temporary, or agency) and contracted staff who can be classified as lone workers. The organisation is committed to ensuring personal safety while at work and aims to do this by:

- Providing a safe working environment which, as far as is reasonably practicable, is free from violence and aggression and reduces the personal risks of lone working;
- Implementing a proactive approach to risk assessment to identify where risks need to be controlled; guide management and staff on implementing adequate control measures;
- Providing a system of reporting violent incidents and support for victims.

7.17 Children and Young Persons

The organisation's premises or places from which services are delivered are potentially dangerous place for unsupervised children. Where children are brought onto the premises, they must be supervised at all times during their visit by a nominated person and not permitted to roam free.

Any members of staff who make arrangements for young persons to visit premises for work experience or short courses must take into account their inexperience and their lack of awareness of potential risks. The organisation is legally required to ensure that any work activities undertaken by persons under 16 years of age are risk assessed and the main findings communicated to, for example, parents or guardians.

For young persons between 16 and 18, there is still a requirement to do a risk assessment but not to notify the parent or guardian. Work experience students must also receive a special safety induction before commencing work, as well as a risk assessment.

The organisation is committed to ensuring the safety of young persons while at work by:

- Providing a safe working environment which, as far as is reasonably practicable, reduces the personal risks to the young person/child;
- Implementing a proactive approach to risk assessment to identify where risks need to be controlled;
- Guiding managers and supervising staff in implementing adequate control measures;
- Ensuring no young person is involved in activities where a significant risk of harm exists;
- Ensuring each young person receives sufficient information, instruction, and supervision to enable them to work safely.

7.7 Expectant and New Mothers

The organisation has statutory obligations under the Management of Health and Safety at Work Regulations to ensure any workplace hazards are risk-assessed for expectant and new mothers and that these risks are removed or reduced so far as is reasonably practicable. This Policy applies to all employees who are contracted to work for the organisation.

The organisation is committed to ensuring their safety while at work by:

- Providing a safe working environment which, as far as is reasonably practicable, reduces the personal risks to the new or expectant mother and their unborn child;
- Implementing a proactive approach to risk assessment to identify where risks need to be controlled;
- Guidance to management and staff on implementing adequate control measures;
- Managers must ensure that the findings from any assessments are understood by the staff members and are communicated to their colleagues when any work changes impact on the team. A copy of the risk assessment will be kept on the personal file for that staff member.

8 IMPLEMENTATION OF POLICY AND TRAINING REQUIREMENTS

PH has determined the following is mandatory for all members of staff employed directly by PH. Where staff are employed by the partner Hospital as part of their clinical/nursing/administration support services, the partner Hospital would be responsible to ensure that the training requirements are fulfilled.

- Basic risk management, including Health and Safety, moving and handling awareness and slip, trip and fall awareness before commencing employment.
- Basic manual handling advice with practical training for any staff whose role involves lifting, at induction and three yearly after that.
- Fire awareness and safety at induction and annually for all staff.

9 PROCESS FOR MONITORING THE EFFECTIVENESS OF THE POLICY

The Governance Lead provides a quarterly report to the Governance Committee:

- issues relating to Health and Safety Incident numbers, investigation and lessons learned
- Training requirements and feedback from and Safety training sessions
- RIDDOR reportable incidents
- Other

Members of the Governance Committee will feedback this information through the partner Hospital Risk reporting system for discussion, review and resolution where appropriate.

10 ASSOCIATED DOCUMENTS

Relevant Policies

- Incident Reporting Policy
- Moving and Handling Policy
- Restraint Policy
- Infection Control Policy