

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Health and Safety Policy and Procedures

Effective: August 2011

Review: August 2014

### 1. Introduction

1.1 The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing an environment that is healthy and safe for all staff, patients and visitors. The Health & Safety at Work Act 1974 requires all employers who employ more than five employees to produce and maintain a safety policy and to bring it to the attention of all its employees. In addition the Management of Health and Safety at Work Regulations (1992) requires that all employers will have in place an effective strategy for the management of health and safety within its organisation. This policy sets out the requirements that the Trust must meet and adhere to in accordance with Health and Safety Law.

- Prepare and establish Trust wide and local Health & Safety Policies
- Develop and apply safety management systems across the organisation
- Continuously develop measures and strategies for the effective control of identified risks.

The contents of this policy and other related health and safety policies and documentation will be reviewed regularly and updated as necessary. This process will be co-ordinated by the Trust Health & Safety Department. Any subsequent proposed amendments will be fully consulted upon prior to implementation.

### 1.2 Application of Policy

This policy applies to all Trust employees, Contractors working within and on behalf of the Trust including Locum and Bank Staff. Newcastle University employees will comply with Newcastle University's Health and Safety Policy and where this is not possible they will comply with any specific instructions provided in this policy. Persons visiting the Trust site as part of their working remit are also requested to comply with this policy as required. This policy also applies to all patients and visitors of patients who are utilising the Trust site and facilities.

### 2. The Management Organisation and Responsibilities

#### 2.1 The Trust Board

The Trust Board is ultimately responsible for fulfilling all Health and Safety duties as an employer, including all Statute Health and Safety Law requirements.

## 2.2 Executive Directors

The Chief Executive has overall responsibility to the Trust Board for ensuring that appropriate and effective health and safety management systems are in place:

- For the overall management of health and safety.
- To control identified risks through the risk assessment process.
- To promote a safety culture at all staff levels.
- To provide health and safety training
- Achieve a continuous improvement in health and safety performance

Ensure appropriate safety policy documentation is produced, established, regularly monitored, reviewed and updated as required.

The Chief Executive delegates responsibility for health and safety to the Director of Quality and Effectiveness. In practice the Director of Quality and Effectiveness deals with matters of health and safety in close association with Executive Directors, Clinical Directors, Senior Managers and the Health and Safety Manager.

## 2.3 Clinical Directors and Heads of Services

Responsible for ensuring that:

- the day-to-day activities of the Directorate/Department are conducted in as safe and suitable manner.
- the Trust Health & Safety Policy is effectively and correctly within their own Directorate/Departments.
- local health & safety policies that describe how health and safety is managed within the Directorate/Department are written and regularly updated, and detail the arrangements and processes are in place for controlling all local significant health & safety risks. This should also include specific protocols or procedures as appropriate.
- Health and Safety training is identified and implemented for all staff within the Directorate, and that the requirements of the Trust Health and Safety Training Strategy are met.
- an ongoing health and safety plan is developed and maintained on an annual basis, this should contain only such items that are specific, measurable, achievable, realistic, and with given deadlines.
- a safety management system is established within the Directorate, and that there is a senior member of staff who has direct responsibility for health and safety and the organisational implementation of the ongoing health and safety programme.
- sufficient priority and management support is given to matters of health and safety to ensure effective action and to promote a safety culture among all staff.

- suitable arrangements exist for effective consultation with safety representatives and all other staff groups not otherwise represented by safety representatives.
- that there is regular discussion and communication between themselves and the Directorate/Departmental manager specifically relating to health and safety issues.

## 2.4 Directorate/Department Managers

- Directorate/department managers have the ultimate responsibility for all health and safety issues within their directorate/department. They must ensure that there is a sound local health and safety function as well as well developed health and safety awareness and culture within their remit.

That risk assessments are undertaken, and there is a health and safety strategy to address identified issues, they must also enable effective communication links for the dissemination health and safety information within their directorate/dept.

Managers must ensure that there is a suitable forum to discuss health and safety issues within the Department, and that themselves and the Clinical Director along with other senior managers within the Directorate/Department regularly participate within the group to address those local issues

- The Directorate manager may appoint an individual to manage health and safety on their behalf (See Paragraph below) however they will still have the overall responsibility for all health and safety issues within their remit and should regularly discuss and communicate on all major health and safety issues with their appointed person.
- Directorate managers may choose to appoint a senior member of staff within the directorate to coordinate and oversee implementation of the local health and safety policies/procedures, the directorate /departmental health and safety audit process, they will ensure that risk assessments are undertaken and manage any ad hoc health and safety issues which may arise on a day-to-day basis.

The directorate health & safety link will ensure that there is a functioning health and safety structure in place and will act as a seamless link between the Directorate manager, staff side representatives and employees. (For detail of the suggested structure Appendix 2 ).

### 2.4.1 Responsibilities of the Directorate Managers

- Ensure that all necessary procedures and arrangements for health and safety are in place and operating efficiently, and that all employees based within the directorate/department are aware

of them, including where appropriate any visitors or employees of other organisations based within the directorate.

- All managers must ensure that they are well versed in the principles of the risk assessment process and basic Health and Safety legislation and requirements.
- Where appropriate draft and maintain local directorate health and safety policies and procedures as and when required and ensure that they reflect trust policy.
- Be informed and aware of any health or safety matters requiring attention and action
- Ensure that departmental managers have appointed suitable Risk, COSHH and VDU Assessors and Manual Handling Facilitators and that assessors and facilitators are given appropriate training and time to carry out assessments.
- Ensure that the risk assessment process is in place and that risk assessments are undertaken and findings are recorded and outcomes/actions are implemented.
- Ensure that risk assessors receive the appropriate training provided by the Trust, **prior** to undertaking any risk assessments. **NB** Only those that have attended the relevant Trust training courses delivered by the Health and Safety Advisors may undertake health and safety risk assessment.
- Ensure that Health and Safety Compliance Audits are undertaken and completed on a quarterly basis and forwarded to the Health and Safety Dept upon completion
- Arrange all health and safety training to meet the needs of staff, including local departmental safety induction, and ensure that all staff complete the individual health and safety questionnaire on commencement of employment.
- Ensure that an efficient communication system is in place for the circulation of hazard warnings and safety action bulletins, in addition to providing a regular forum for staff within the Directorate to discuss health and safety issues and ensure that all staff are aware of hazards, risks and any suitable controls that are in place.
- Timely reporting of accidents and any dangerous occurrences in accordance with Trust policy, including untoward incidents and near misses.
- Will investigate incidents as and when required and ensure that the incident reporting system is adhered followed.

- Ensure that an efficient procedure is maintained for the reporting of any untoward incident involving medical device/medication errors, including issues of clinical risk.
- Draft an annual Health & Safety plan with action points with completion dates for the coming year and ensure that this is discussed in local/departmental meetings with senior managers and medical staff.
- Will maintain a local Risk register and following discussion with the directorate will ensure that any major issues are forwarded to the risk management department for inclusion on the Trust Risk Register
- Ensure that suitable arrangements exist for effective consultation with safety representatives and all other staff groups who may not otherwise be represented by safety representatives.

## 2.5 Directorate/Departmental Health and Safety Link Person

Will be responsible for all of the above in 2.4 and 2.4.1 on behalf of Directorate/Departmental Manager ensuring that Health and Safety Policy and related policies are adhered as required by the Trust Board.

They will ensure that there is a sound Health and Safety function within their Directorate/Department that reflects the local operational requirements of managers and staff.

Should the Directorate Health & Safety Link require advice and guidance they should contact the Health & Safety Department.

## 2.6 The Health and Safety Manager

Reports to the Director of Quality and Effectiveness

- Manages the Trust Health and Safety Advisors and Admin/Clerical function of the department
- Is Responsible for the day-to-day and overall management of the health and safety function and any ad-hoc health and safety events.
- Develops, Implements. Monitors and reviews all current Health and Safety Policies
- Is informed and aware of outstanding risks/hazards that have been identified across the organisation
- Plans and implements suitable risk control strategies to reduce exposure to hazards for employees, patients and visitors on behalf of the Trust.

- Advises and communicates to senior management on current health and safety practice and issues, guidance and health and safety law within the Trust
- Attends appropriate associated Health and Safety groups and meetings as required.
- Provides and contributes to Health and Safety reports and risk assessments on a regular basis and analysis data and health and safety process as required
- Completes an annual Health and Safety report based on directorate health and safety compliance audits, risk assessments, Health and safety inspections, current health and safety issues and statistical data. This will be presented to the Trust Health and Safety Committee and Trust Board.
- Provide quarterly health and safety update reports for the Trust health and safety committee based on current issues and incident data
- Develops and presents Health and Safety Training Programmes and reviews and updates training information as required.
- Liaise with trade union organisations and when required external health and safety enforcement agencies as well as other in-house safety related professionals such as the Manual Handling Co-ordinator, Control of Infection, Estates Department, Assistant Director of Patient Services, Occupational Health, Fire Advisor, Security Manager, Radiation Protection Advisors, Claims/Complaints Officers and Clinical Professionals
- Report to, and assist with the continuing development of Trust and Site Health and Safety Committee's enabling effective communication between management, staff organisations, trade unions, staff safety representatives, and all other interested parties; thus ensuring the Committees remain focal point for the discussion of all health and safety issues.
- Acts as a resource and liaises at all levels on Health and Safety Management issues

## 2.7 The Health and Safety Advisors

### Reports to the Health and Safety Manager

- Advises on current health and safety legislation and Trust policy and procedure and contributes to the review of existing Policies.
- Review accident statistics for accident prevention purposes, investigate where appropriate and report findings to the relevant parties, recommending action in accordance with the Trust's overall risk management strategy.

- Undertake risk assessments and reviews on medium to high-risk hazards within the Trust, producing reports for relevant parties as required.
- Assist Managers, when requested, with the development of their own local Directorate/Departmental Health and Safety Policies, risk assessment process and unit Health and Safety Action Plan and Strategy
- Liaise with all Directorate/Departmental Managers and employees when required to provide guidance and information on issues relating to health and safety.
- Deliver health and safety training for all employees of the Trust, assist in the design and development of training packages as requested
- Liaise with trade union organisations and when required external health and safety enforcement agencies as well as other in-house safety related professionals such as the Manual Handling Co-ordinator, Control of Infection, Estates Department, Assistant Director of Patient Services, Occupational Health, Fire Advisor, Security Manager, Radiation Protection Advisors, Claims/Complaints Officers and Clinical Professionals.
- Report to, and assist with the continuing development of Trust and Site Health and Safety Committee's enabling effective communication between management, staff organisations, trade unions, staff safety representatives, and all other interested parties; thus ensuring the Committees remain focal point for the discussion of all health and safety issues.
- Attend the Security Management Group, Waste Management Group, and other Groups as appropriate.
- Carry out an ongoing health and safety inspections programme across the organisation to ensure a safe environment for patients, visitors and employees and that Inspections are compliant with the key health and safety standards as outlined in the inspection documentation. Providing an annual report of findings when inspections are complete in support of the Trust Board Annual Report
- Provide support and advice for Risk and COSHH assessors relating to hazard identification and completion of assessment documentation.
- Carry out expectant mother risk assessment as and when required
- Provide support, guidance and advice to managers and staff as required.

## 2.8 All Employees

Though this policy and procedure lays down specific responsibilities in respect of health and safety the importance of all employees acting responsibly is paramount. Sound proactive health and safety practice is not the preserve of a few committed individuals but rather it must be of importance to all Trust employees if a healthy and safe working environment and culture is to be

established and maintained. Further information and advice regarding all health and safety legislation and guidance can be obtained by contacting the Trust's Health & Safety Department.

- The Health & Safety at Work Act 1974 places a general duty on **all** employees to take reasonable care of their own health & safety and that of others who may be affected by their acts and omissions.
- Employees must also co-operate with their employer so far as is necessary to enable the employer to comply with his duties under the Act. It is an offence for anyone to intentionally or recklessly interfere with or misuse anything provided in the interests of health or welfare.
- Employees are further required to follow the training they have been given when using any equipment, substance, safety device or safe system of work specified by their employer. It is the duty of employees to attend training sessions once their manager has arranged attendance for them.
- Any serious risk to health & safety that an employee may find must be reported to their line manager, this requirement also applies where shortcomings in the safety arrangements are observed.
- It should be noted that failure to comply with the above could lead to disciplinary action or may in certain circumstances lead to prosecution.

### **3. Safety Management Process**

#### **3.1 Aims and Objectives**

To support the aims and objectives of the Trust Operational Health and Safety Policy.

To provide a system of Health & Safety management which are systematic, thorough and effective.

To comply with the requirements of the "Management of Health and Safety at Work Regulations 1992."

#### **3.2 Health & Safety Risk Assessment**

Risk Assessments are the core of all Health and Safety Planning. Directorate/Departmental Managers are responsible for ensuring the completion and updating of all Health & Safety Risk Assessments as required by 'The Management of Health & Safety at Work Regulations 1992' though they may delegate the task to other suitably experienced and trained members of staff. Risk Assessments will be subject to scrutiny as part of the Health & Safety Inspections.

- Those undertaking risk assessments must be trained in the principles of Health & Safety Risk Assessment to enable them to identify hazards and assess significant risks in their respective working areas.

- Risk Assessments are held on file in the relevant work areas, and are freely accessible to all staff. Risk assessments should form the basis of any safe system of work or procedure and should contribute to the overall Directorate/Departmental Health and Safety Strategy
- The Directorate Health & Safety Link must ensure that Risk Assessors within their Directorate complete a Hazard Checklist to identify any outstanding risks and complete risk assessments as required.
- On an annual basis this process should be repeated and all existing Risk Assessments reviewed.
- Once completed/reviewed any risk assessments that have any outstanding hazards, or remedial action is required suitable action should be taken to reduce the risk accordingly.
- The Health and Safety Department is available to advise and assist with risk assessment issues.

### 3.3 Health and Safety Compliance Audits

Health and Safety Compliance audits are central to monitoring that Directorates are undertaking risk assessments specifically relating to health and safety issues (See Appendix 3). As part of the process they also ensure that managers are aware of and are addressing risks and can monitor that risk assessment are within the review period.

- Managers must ensure that a Compliance Audit is completed for there Dept/ Directorate on a quarterly is basis and submitted to the health and safety Department
- The Health and Safety Team will provide a quarterly report for the Trust Health and Safety Committee on the status of risk assessment compliance across the Trust.
- Where there is low compliance the health and safety team will assist individual managers and provide support and guidance as and when required to achieve a suitable compliance level.

### 3.4 Management of Health & Safety within a Directorate/Department

#### Directorate Health & Safety Action Plan and Local Risk Register

- Copies of all Risk Assessments with outstanding hazards should be forwarded to the Directorate Health & Safety Link so that they can develop an Annual Action Plan. Any Major Risks should be forwarded to the Risk Management Department for Inclusion in the Trust Risk Register
- The Action plan should contain the outstanding hazards, actions and completion dates.
- Directorate/Departmental managers must be aware of the risks identified

and control measures taken within the risk assessments for there Directorate

- Progress on the Departmental Action plan, identified risks and outstanding health and safety issues should be discussed by the Directorate Manager and Medical Director for the Directorate on a regular basis involving other local interested parties to ensure that controls are established and outstanding hazards addressed.
- Local policies and staff training should be addressed as part the regular communication between managers within the department and other interested parties.

### 3.5 Health & Safety Training

- There is a general duty on Employers, so far as is reasonably practicable, to ensure that all employees receive the required training, induction and instruction as is necessary to ensure their health and safety whilst at work.
- The Trust recognises this duty and requires that Directorate/Department Managers ensure that the staff under their control receive appropriate and timely health and safety training commencing with Departmental Induction. This induction should be undertaken as soon as possible for new staff.
- Training is of fundamental importance in the management of health & safety. The aim of training should be to increase the health and safety awareness of employees **at all levels** in the organisation, so that they do not put themselves or others at risk of injury or ill health.
- Managers must complete an annual health and safety training plan in respect of their area, this should outline there training requirements for the year. The plan should then be implemented within the Dept.
- Directorate/Departmental Managers should ensure that the health & safety training plan is regularly reviewed and updated as required as part of their departmental health and safety Strategy and should maintain all registers and training records.

### 3.6 Directorate/Departmental Health and Safety Policies

The structure, activities and risks of each Directorate or Department are quite different. It is therefore appropriate that each Directorate/Department develops its own Health & Safety Policies and protocols, which should reflect their specific requirements.

- Directorate/Department Health & Safety Policies should describe the organisational arrangements for the reporting of accidents and incidents and health and safety issues, and should be updated and reviewed at least annually.
- Advice on the implementation of Directorate/Department health and safety

plans can be obtained from the Trust Health and Safety Department/Advisors.

- Directorate/Department policies, health and safety plans and risk assessments should be made freely available to employees within the Directorate/Department.

### **3.7 Trust Risk Registers**

Where hazards are identified as being of a low/medium risk they will be placed on a Directorate Risk Register. If a risk has been identified as being high or may have a major impact and may be detrimental to patients, staff and the organisation, this will be placed on the Trust risk register and the Clinical Governance and Risk Dept (CGARD) must be contacted. All Hazards that have been placed on the Trust registers will be monitored and reviewed regularly by the CGARD as appropriate to ensure that progress is being made to reduce/eliminate the risk. Hazards that are on the local Risk register should be reviewed regularly until resolved.

### **3.8 Hazard Reporting**

Health & Safety hazards should be reported to the Line manager immediately and should not be left until a safety inspection. Hazards that are identified as requiring urgent attention and which require out of hours intervention, should be reported to the Patient Services Co-ordinator.

So far as is reasonably practicable, responsibility for the maintenance of a safe working environment lies with the line manager, utilising the resources available. Risk assessments should be undertaken on all identified hazards so that suitable controls can be established to reduce the risk of incidents occurring.

### **3.9 Accident Prevention and Reporting Procedures**

#### **3.9.1 Trust Accident Form and Procedures**

See Trust Operational Policy & Procedures for Accident & Incident Reporting for further details.

#### **3.9.2 Use of Accident/Incident Statistics**

- All Directorates have direct access to the Datix Accident/Incident information system and should monitor accidents within their own Directorate on a regular basis. The CGARD. produces statistical reports on all accident/incidents for the Risk Management and Clinical Risk groups. The Health and Safety Dept. also produces quarterly statistics for the Trust Health and Safety Committee.
- The statistics produced are used to review the pattern and number of accident/incidents and to aid in the development of intervention strategies designed to progressively reduce the number and severity of accidents. Priorities will be determined within the Trust and take into account any nationally determined targets. The site Health and Safety Committees

receive a breakdown of incidents specifically for each hospital site provided by the Health and Safety Advisors

- Accident/incident statistics are regularly monitored and investigated by the Health & Safety Advisors and the Risk Management Dept. In addition other Departments also use the Datix System for monitoring purposes e.g. Professional Development, Occupational Health, Control of Infection, Security and the Moving and Handling Service. These statistics are also monitored quarterly by the Trust Complaints & Incidents Group.

### 3.10 Trust Health and Safety Committee and Associated Groups and Committees

#### 3.10.1 Trust Health and Safety Committee

The Trust Health and Safety Committee meets quarterly to provide a forum where senior managers and the Trust's Safety Professionals meet with local Health and Safety Representatives to discuss Trust-wide health and safety issues, receive reports and formulate policies, procedures and documentation. The committee also seeks to develop proactive accident reduction strategies and health and safety planning initiatives

#### 3.10.2 Site Health & Safety Groups

In addition to the Trust Health & Safety Committee, quarterly Site Committees take place at the Newcastle General Hospital, Royal Victoria Infirmary and Freeman Hospital, and deal with site specific operational health and safety issues. The chair of each site committee is required to report to the Trust Health and Safety Committees

Due to the close interface between the University of Newcastle and the Dental Hospital, a Dental Health & Safety Committee is in place and is attended by Managers and safety representatives for those areas respectively. Health & Safety Professionals from both organisations are members of this committee.

#### 3.10.3 Associated Committees

The Health and Safety Department liaises and participates in a number of other related Groups and Committees:-

University and Trust Links  
Radiation Protection Advisory Committee  
Security Management Group  
Clinical Risk Group  
Trust Board

For a descriptive outline of the groups/committees and the work undertaken refer to Appendix 3

#### **4. Communication/Documentation**

##### **4.1 Risk Management/Health and Safety Toolkit**

The Trust Intranet site provides a number of contact details for the Health and Safety, Risk Management and the Manual Handling Service. The site has a wide range of documentation e.g. General Risk Assessment, COSHH and VDU Assessments, Health and Safety Staff Information Booklet Book, Self Help Booklets, Training Information as well as extensive range of information relating to all the Health and Safety Subjects.

##### **4.2 Related Health and Safety Policies and Guidelines (See Appendix 4 for a concise list)**

#### **5. Monitoring and Compliance**

**5.1** Compliance of this policy will be monitored by the Health and Safety Department who will monitor the policy by undertaking quarterly risk assessment compliance audits as well as an Annual ongoing Health and Safety Inspection program which relates to providing a safe environment for Trust employees and patients. All outstanding specific local issues will be reviewed and monitored until resolved. Quarterly update reports will be provided by the health and safety advisors for the Trust and Site Health and Safety Committees in conjunction with accident investigation outcomes and statistical analysis of accident data.

**5.2** Issues relating to all health and safety standards in this policy and other related health and safety policies will be reviewed and monitored by the Health and Safety Manager and Advisors. As quarterly reports are provided for the Trust Health and Safety Committee any non-compliance issues of this policy will be reported to the Committee.

**5.3** All outstanding major health and Safety issues will be forwarded to the Trust Clinical Governance and Risk Group and where unresolved will be placed on Trust Risk Register, the Trust Board will be informed as appropriate.

**5.4** An Annual Health and Safety Report is provided for the Trust Board by the Trust Health and Safety Manager, The report will provide a progress report of the previous year and future targets and objectives for the coming year, it will also provide statistical data for the year and outline any major issue concerning Health and safety within the Trust as well as policy compliance.

**5.5** This policy will be reviewed in a timely manner by the Health and Safety Manager and will reflect any changes required under statutory Health and Safety Law

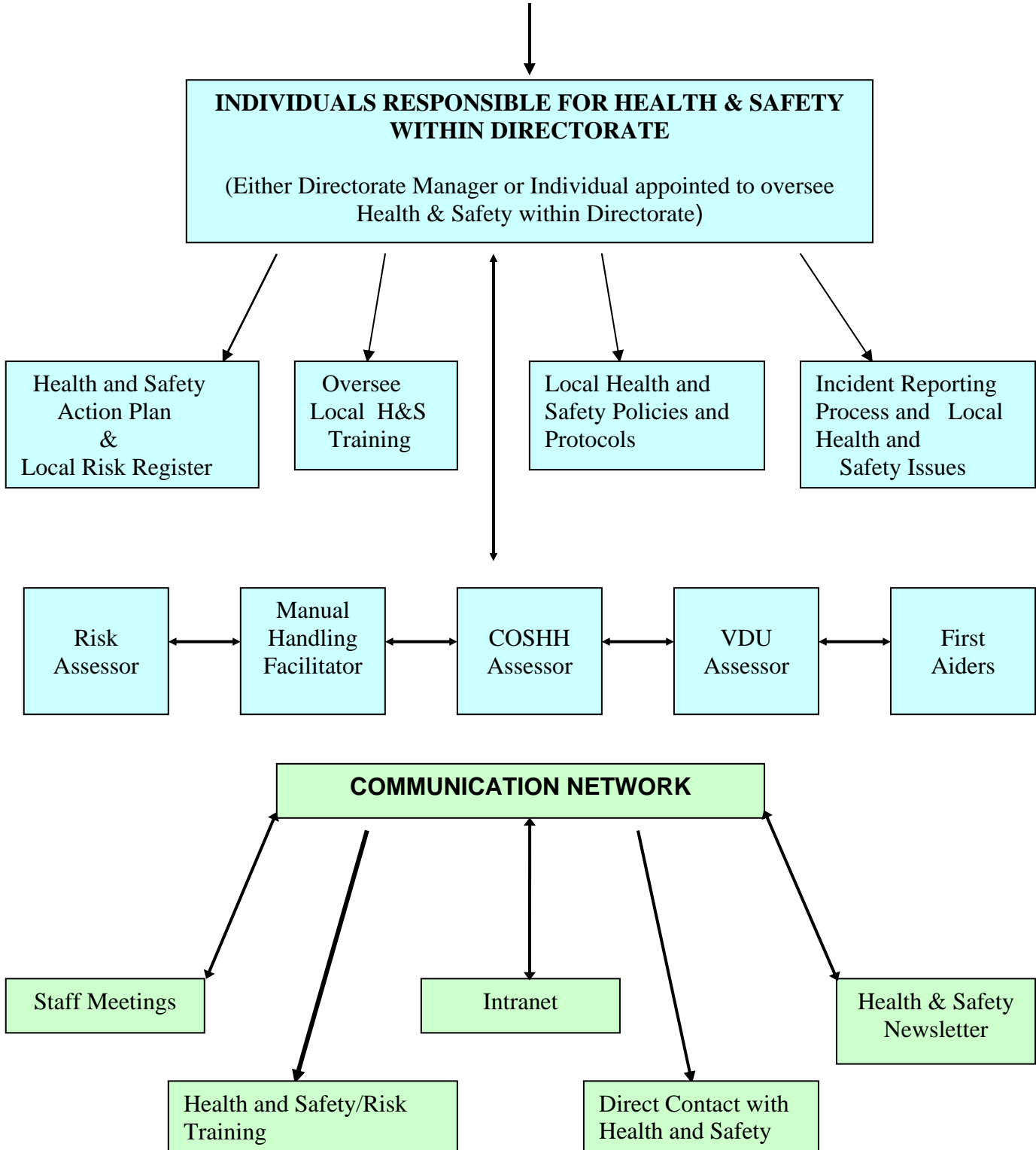
Policy Author: Programme Lead - Safety and Risk

**Health & Safety Training Provided Centrally**

<b>Training Session</b>	<b>To whom it Applies</b>	<b>Status</b>
Departmental Risk Assessor	Nominated Assessor	Compulsory Management of Health and Safety at Work Regs. Section 7(5)
Departmental COSHH Assessor	Nominated Assessor	Compulsory Control of Substances Hazardous to Health Regs. Section 12(3)
Moving & Handling Facilitator	Nominated Facilitator	Compulsory Management of Health and Safety at Work Regs (MHSW) Section 7(5)
Display Screen Equipment	All users	Compulsory Display Screen Equipment Regs. Section 6
Radiation Safety	Those identified by managers	Compulsory Ionising Radiation Regs
Food Hygiene	All Food Handlers	Compulsory Food Hygiene Regs
Fire ( <i>Annual</i> )	All staff	Compulsory Fire Safety Regs
CPR ( <i>Annual</i> )	All Nursing staff	Compulsory Clinical and Department of Health Requirement
Clinical Moving & Handling ( <i>Annual</i> )	All Nursing staff and staff who carry out non-medical manual handling	Compulsory Manual Handling Regs
First Aid at Work ( <i>4 day or 1 Day</i> )	First Aid (4 days) and Appointed persons (1 Day) Required in <u>Non</u> clinical areas	Compulsory First Aid Regs
Violence & Aggression <i>Basic Front Line Training</i> <i>Breakaway</i> <i>Control and Restraint</i>	All front line staff must have basic Violence/De-escalation training. Staff experience Violence and Aggression often may require Breakaway or Control & Restraint Training	Managers are required to provide training to the level that is identified in their Risk assessment. In accordance with the Health and Safety at Work Act. (Provision of a Safe working Environment)
Stress Workshop	Those requesting it for there own development or at there Manager's request.	As requested by the employee with the Managers Discretion
Control of Infection	All staff identified by Manager	Compulsory Department of Health
-Health & Safety Training Induction Programme	All new staff-As Soon As Possible	Compulsory
-Slips Trips and Falls Prevention Training (Breeze)	To be completed within 3 months of commencement	Health and Safety at Work Act and MHSW

**Health & Safety Communication Procedure**

**REPORTING OF INCIDENTS PROCEDURE**



### Associated Committees

#### University and Trust Links

Trust Health and Safety Advisors and University Safety Officers each have seats on one another's Health and Safety committee. This ensures that effective communication links are maintained between the two organisations.

#### Radiation Protection Advisory Committee

The Radiation Protection Advisory Committee consists of Radiology Staff, Radiation Protection Advisors, Health & Safety Advisors and other relevant Professional staff. The Committee meets regularly to review radiation protection issues and is chaired by the Assistant Director of Quality.

#### Security Management Group

The Security Management Group is a Trust wide group that meets bi-monthly, under the Chairmanship of the Hospital Manager (RVI/NGH) to discuss all issues relating to site and Trust security and violent and aggressive incidents well as Counter Fraud and Security Management Service requirements. The group consists of managers from across the Trust, and representatives of the Police and Fire Services who attend on a quarterly basis.

#### Clinical Risk Group

Is a standing panel of the Trust Board, this group seeks to ensure that major risks within the Trust are identified, reported and measures are put in place to ensure that the level of risks within the Trust are identified and managed appropriately. The group meets monthly and includes Executive Directors and Non- Executive Director's representation.

#### Trust Board

Has the ultimate responsibility for all health and safety issues. The Trust board are informed of all major risks and significant incidents, including those resulting in claims against the Trust. In addition they receive monthly quality indicator progress reports on health and safety reduction targets as well as a full annual report year on year.

**Related Health and Safety Policies**

Asbestos Management Policy and Action Plan  
Decontamination of Health Care Equipment Prior to Service or Repair  
Disabled Persons\*  
Display Screen Equipment  
Employees Using Their Own Vehicles on Trust Business  
Exclusion from Treatment of Violent or Abusive Patients  
Fire Policy Incident and Evacuation Procedure  
First Aid Policy\*  
Hot Working Conditions - Advice and Guidance\*  
Latex Operational Policy  
Lone Workers Safety\*  
Management and Control of Pressure Systems  
Management and Prevention of Slips, Trips and Falls  
Management of Stress\*  
Mandatory Training  
Medical Gas Pipeline Systems  
Moving and Handling of Bariatric Patients  
Moving and Handling  
Needlestick Injuries and Blood Borne Virus Exposure- Code of Practice  
Personal Protective Equipment\*  
Safe Use and Storage of Liquid Nitrogen and Solid Carbon Dioxide (Dry Ice)\*  
Safety Alert Broadcast System  
Strategy for Slips, Trips and Falls\*  
Use of Mobile Phones within Trust Premises  
Violence and Aggression at Work\*  
Ward Food Hygiene  
Waste Management and Procedures  
Young Persons Under 18 Years of Age\*

\*Health and Safety Dept Direct Ownership

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Health and Safety Operational Policy	Policy Author:	Dru Parnaby
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: .....Tim White (CGARD)..... Date: 31/08/11  
Names & Designations of those involved in the impact assessment screening process: .....Tim White (CGARD).....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)