NHS
Herts Valleys
Clinical Commissioning Group

Checklist for the Review and Approval of Procedural Documents
To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/ Unsure	Comments
Title of Document		Health and Safety Policy and Strategy
Could this policy be incorporated within an existing policy?	No	
Does this policy follow the style and format of the agreed template?	Yes	
Has the front sheet been completed?	Yes	
Is there an appropriate review date?	Yes	
Does the contents page reflect the body of the document?	Yes	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
Are all appendices appropriate and/or applicable?	Yes	
Have all appropriate stakeholders been consulted?	Yes	
Has an Equality Impact Assessment been undertaken?	Yes	
Is there a clear plan for implementation?	Yes	
Has the document control sheet been completed?	Yes	
Are key references cited and supporting documents referenced?	Yes	
Does the document identify which Committee/Group will approve it?	Yes	

| Plans for communicating policy to – staff; practice membership; public (as appropriate)	Yes	• Circulation in weekly newsletter • To be posted on the intranet

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Rod While Head of Corporate Governance	Date	March 2018
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	Kathryn Magson	Date	April 2018
Signature			
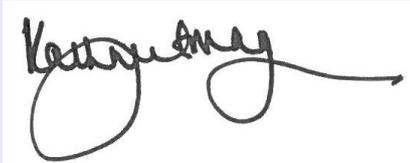
HEALTH AND SAFETY POLICY AND STRATEGY

Version Number	1.3
Ratified By	Exec Team
Date Ratified	April 2018
Name of Originator/Author	Amanda Yeates
Responsible Director	Chief Finance Officer
Staff Audience	All Staff
Date Issued	April 2018
Next Review Date	April 2019

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
1.0		New Plan	Oct 14	AY
1.1	11	Roles and responsibilities for Head of Corporate Support and all staff updated in section 4.1	Sep 15	AY
1.1	12	Guidance in section 5.3 updated	Sep 15	AY
1.2	8	Change made to referenced Health and Safety guidance	Nov 16	AY
1.2	9	Responsibility for review and update changed from Health & Safety team to the Risk Management Committee	Nov 16	AY
1.2	10-12	Stakeholder list updated and reference to Health & Safety Offences Act removed	Nov 16	AY
1.2	14	Reference to Cabinet Office (2008) Health & Safety Offences Act removed. Training responsibilities updated and references updated.	Nov 16	AY
1.2	15	Checklist in appendix A updated	Nov 16	AY
1.2	13	3 year Health & Safety Strategy added	Dec 16	AY
1.3	7-10	Job titles updated. leads and roles clarified	Mar 18	AY
1.3	11	Staff consulted updated	Mar 18	AY
1.3	12	Link to HSE strategy updated	Mar 18	AY
1.3	15	Section 7 updated in line with current practice	Mar 18	AY
1.3	16	Reference to RMC removed from section 8.3	Mar 18	AY
1.3	16	Associated documentation updated	Mar 18	AY
1.3	20-29	Progress for 2017/18 updated on the work plan	Mar 18	AY
1.3	31-32	EQIA updated	Mar 18	AY

CONTENTS

1. INTRODUCTION

Herts Valleys Clinical Commissioning Group (HVCCG) is committed to ensuring the health, safety and welfare of its employees, clients, patients, students, contractors, visitors and members of the general public as a matter of prime importance and will, **so far as is reasonably practicable,** establish procedures and systems necessary to implement this commitment and to comply with their statutory obligations under Section 2 of the Health and Safety at Work etc. Act 1974.

2. PURPOSE

In order to provide and maintain a healthy and safe working environment with the objective of minimising the number of instances of occupational accidents and illnesses, the CCG has committed to the following Statement of Intent:

2.1 The CCG will pay particular attention to ensuring that:

- Safe systems of work are set and followed;
- A safe working environment without risks to health is maintained;
- There is provision of adequate welfare facilities;
- There is provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control risks;
- Plant and equipment are safe;
- There are safe arrangements for the use, handling, storage and transport of articles, materials and substances;
- There is safe access and egress.

2.2 Whilst the CCG will take all reasonable steps to ensure the health, safety and welfare of its employees, health and safety at work is also the responsibility of the employees themselves. It is the duty of each employee to take reasonable care of their own and other people's health, safety and welfare, and to report any situation which may pose a serious or imminent threat to the wellbeing of themselves' or any other person.

2.3 The Governing body endorses the need for managers and staff to work together positively to achieve a situation compatible with the provision of high quality services to patients and clients where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum. This risk must be assessed and significant findings recorded.

2.4 This policy is supplemented by other policies on specific areas of law. This

document sets out the arrangements for health and safety management; it determines the level of responsibility at all levels and the channels of communication for health and safety matters.

2.5 It is the responsibility of **employees at all levels** to familiarise themselves and comply with the CCG's procedures and systems on health and safety.

3. DEFINITIONS

3.1 **Manager –** the Corporate Manslaughter and Corporate Homicide Act 2007 defines senior managers as those who play a significant role in making decisions about the management of the whole or a substantial part of their organisations' activities and those who actually manage or organise those activities.

3.2 **Competent Persons –** the Management of Health and Safety at Work Regulations 1999, Regulation 7 requires every employer to appoint one or more competent persons to assist with putting measures in place to ensure legal compliance. The Competent Person can be either an individual or a company providing these services. The person is regarded as competent if they have "sufficient training and experience or knowledge and other qualities to properly assist the employer to meet their safety obligations."
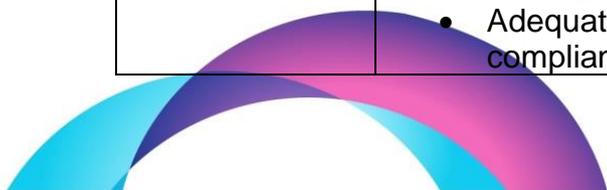
4. ROLES AND RESPONSIBILITIES

4.1 Roles and Responsibilities within the Organisation
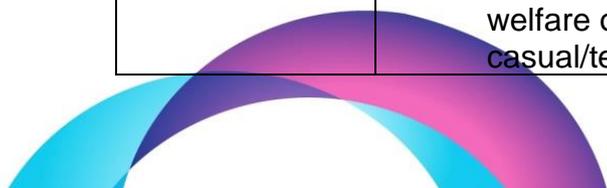
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Lead Responsible for Policy (Health and Safety Lead)	The Head of Corporate Support will be responsible for the policy and will: • Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identify and implement any necessary revisions to this policy • Be responsible for ensuring that the specific activities, stated in section 5 of this policy, are undertaken

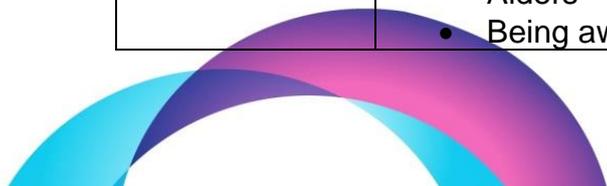|	
Governing Body	The Governing Body, as the employer, is responsible for ensuring health and safety and conducting the CCG's undertakings in such a way as to ensure the safety of staff, visitors and others affected by its undertaking so far as is reasonably practicable. The Executive Team is responsible for giving the Board assurance on the following: • Ensuring that there is an effective policy for Health and Safety at Work in respect of its employees, visitors, others and that it is reviewed and updated on a regular basis. • The promulgation of the policy and of health and safety information among CCG staff. • The establishment of health and safety procedures (HSG65 Managing for Health and Safety). • Ensuring that all liability is covered by adequate insurance. • Ensuring that sufficient resources are made available to enable managers of the CCG to fulfil their legal obligations.
Nominated Director	The responsibilities of the Chief Executive are discharged through the Nominated Director for Health and Safety. The nominated Director is the Chief Finance Officer. The Chief Finance Officer will ensure that: • The CCG complies with a statutory obligations in relation to health and safety • Mechanisms are in place to effectively monitor performance on behalf of the Governing body and that they are fully implemented • The Governing body and appropriate committees are informed and advised regarding action needed or any significant health and safety event and actual or potential risk • The establishment and maintenance of an effective health and safety advisory service to the CCG through the appointment and/or training of adequate numbers of Competent Persons • The availability of adequate health and safety training programmes for all levels of staff • Adequate resources are made available to ensure compliance with statutory health and safety

	obligations • Update and review with the Executive team and the Board the Health and Safety policy in accordance with the Health and Safety at Work etc. Act 1974 and the associated regulation issued by the Health and Safety Executive • The appropriate committees function in accordance with statutory and mandatory health and safety regulations • So far as is reasonably practicable that all Directors are aware of their responsibilities • A management system exists for reporting and investigating incidents • Health, safety and welfare performance is measured, strategic targets set and progress monitored and reviewed • Adequate provision for health and safety is included in any service level agreements/contracts
Executive Team	The Directors are responsible for ensuring that all activities within their areas of responsibility are managed and for the communication of health and safety information, in particular; • Ensuring that CCG policy is implemented within their areas of responsibility and supporting the progress of the organisational Health and Safety Action Plan as appropriate • Ensuring that risk minimisation is integrated into new service developments which may affect the health and safety of the CCG • Ensuring that adequate information, instruction, training and supervision is provided as necessary for all levels of staff to ensure they are safe and without risk to health A health and Safety Leadership Checklist is at Appendix 1.
Managers	Managers will have a special knowledge of their department and will therefore have a key role to play in ensuring good health and safety practice. They will advise their Director and provide a first point of contact for safety representative, trade union officials and others who wish to make representation on health and safety matters. Their responsibilities include ensuring: • So far as is reasonable, the health, safety and welfare of all persons, including visitors, casual/temporary staff in their place of work

- That necessary information, instruction, training and supervision are provided to all employees
- That all employees attend all relevant health and safety training
- That they complete any additional Health and Safety training as requested, which is relevant to their managerial role.
- That any relevant local procedures are developed and implemented in accordance with relevant corporate policies
- That suitable and sufficient risk assessments are carried out in their area of work and appropriate action taken
- That health and safety issues, including health and safety policies, are communicated and discussed at team meetings or relevant forums
- That specialist roles are acknowledged, e.g. Risk Assessors, Fire Wardens and First Aiders
- That staff are familiar with CCG risk assessments and health and safety policies and implement them, calling on the assistance of the health and safety lead and other specialist advisors as necessary
- Compliance with all legal requirements and CCG policies in relation to health and safety in their areas of responsibility
- That all accidents and near misses are reported in a timely manner and properly investigated as per policy and any recommendations to prevent a recurrence are implemented as soon as practicable
- That there are adequate arrangements in place at local level which are to be followed in the event of serious/imminent danger and that these procedures are brought to the attention of relevant employees, contractors and others as necessary
- That they fully consult with and involve staff on matters relating to health and safety.
- That relevant staff have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

A helpful checklist for Managers is attached as Appendix

	2.
Head of Corporate Support	The Head of Corporate Support is the key contact for staff in relation to Health and Safety (supported by the Office Manager) and will ensure that: • This policy document is reviewed in accordance with the timescale specified at the time of approval. • Corporate, generic risk assessments are completed and communicated to staff as appropriate • Copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009
Staff Health & Safety Representative	The Staff Health & Safety Representative will provide a point of contact for staff who do not wish to raise any health and safety concerns directly with a manager. They will also contribute to the approval and / or ratification process for corporate health and safety policies and risk assessments.
All Staff	All staff, including volunteers, temporary and agency staff, are responsible for: • Taking reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions • Following safe working practices applicable to their work at all times • Reporting any accident, hazardous situation or shortcomings in the existing safety arrangements to their manager or on the Incident reporting system • Working in accordance with information and training provided • Not misusing or interfering with anything that has been provided for their health and safety • Fully co-operating and abiding by risk assessments • Being aware of the location of first aid equipment and of the identity and location of qualified First Aiders • Being aware of the arrangements for evacuating

	- the building - Practicing good housekeeping, e.g. keeping work areas tidy and free from obstructions - Attending training/awareness sessions when provided - Advising their line manager if they become aware of any change which may affect the policy as soon as possible. The Governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision

4.2 Consultation and Communication with Stakeholders

The following stakeholders have been consulted in relation to this policy.
- Head of Corporate Governance
- Qualified Health and Safety Adviser
- Exec Team
- Senior Leadership Team
- Local Counter Fraud Officer
- Staff Involvement Group
- Staff Health and Safety Representative
- CCG Governing Body

5. ORGANISATIONAL ARRANGEMENTS FOR HEALTH AND SAFETY

5.1 HVCCG has ultimate responsibility for managing Health and Safety.

5.2 It is a disciplinary offence, which could lead to dismissal, to work or permit others to work in a way which is contrary to the requirements of health and safety legislation and the CCG's Health and Safety policy.

5.3 The relevant legislation includes the following:
- **Health and Safety at Work etc. Act 1974**
    (i) It is the duty of every employer, so far as reasonably practicable, to ensure the health, safety and welfare at work of all employees
    (ii) Every employer must conduct their undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in their employment are not exposed to risks to health and safety
    (iii) Employees are to take reasonable care for the health and safety of themselves and of others who may be affected by their acts of omissions at work

- **Corporate Manslaughter and Homicide Act 2007**

5.4 Policy documents and Standard Operating Procedures on particular aspects of health and safety will be developed in consultation with stakeholders and will be approved at the appropriate committee on behalf of the CCG Governing body.

5.5 Health and safety training should be included in the Personal Development Plan, and agreed between the employee and the line manager. In addition to mandatory training requirements, additional training necessary for the job should be determined as a result of a risk assessment process.

5.6 HVCCG will ensure that suitable and relevant information relating to health, safety and welfare in the workplace is communicated to staff and users. Statutory notices will be displayed throughout the workplace. Consultation and communication over health and safety issues will be encouraged at all levels within the CCG.

5.7 **Specialist Advice**

5.7.1 HVCCG will have appropriate arrangements in place to provide expert advice on complying with health and safety legislation and CCG policy, where necessary the Chief Executive will ensure staff have access to other Competent Persons (as defined in the Management of Health and Safety at work Regulations 1999) either through separate appointments or robust and appropriately monitored Service Level Agreements with third party providers.

5.7.2 These will include as a minimum;
- Occupational Health Service (including physiotherapy)
- Advice relating to infection control and prevention
- Estates/facilities services
- Human resources
- Fire
- Security

6. 3 YEAR HEALTH & SAFETY STRATEGY

6.1 Background

Nationally the Health and Safety Executive (HSE) has worked in partnership with both central and local government departments to encourage a proactive approach to improving workplace safety and promoting longer term strategies to improve health and well-being.

Details of HSE's 2016 national strategy for Health and Safety "Helping Britain Work Well" is available here http://www.hse.gov.uk/strategy/ This provides priority themes at a national level for the next 5 years. HVCCG

will work collaboratively with external agencies, partners and stakeholders to support this strategy.

The HVCCG Health and Safety Strategy has been informed by, and developed, to support our organisational aims and objectives as laid out in the Corporate Health and Safety policy. Herts Valleys Clinical Commissioning Group (HVCCG) Health and Safety policy outlines the arrangements in place to fulfil that commitment and comply with the law.

HVCCG is committed to providing and maintaining a safe and healthy environment and a positive health and safety culture which helps to support our strategic objectives and delivery of services. This strategy sets

out HVCCG's overall approach to the management of health and safety and core themes for development over the next 3 years to help embed and seek continual improvements in our health and safety management systems.

6.2 Health and Safety Management System

Corporately HVCCG will implement the HSE management model as detailed in HSG 65, this is based upon a Plan, Do, Check, Act model and aims to achieve a balance between systems and behavioural aspects of safety management. It is designed to control and continually improve the management of health and safety at both corporate and service level.

The key areas of implementation for HVCCG are outlined below:
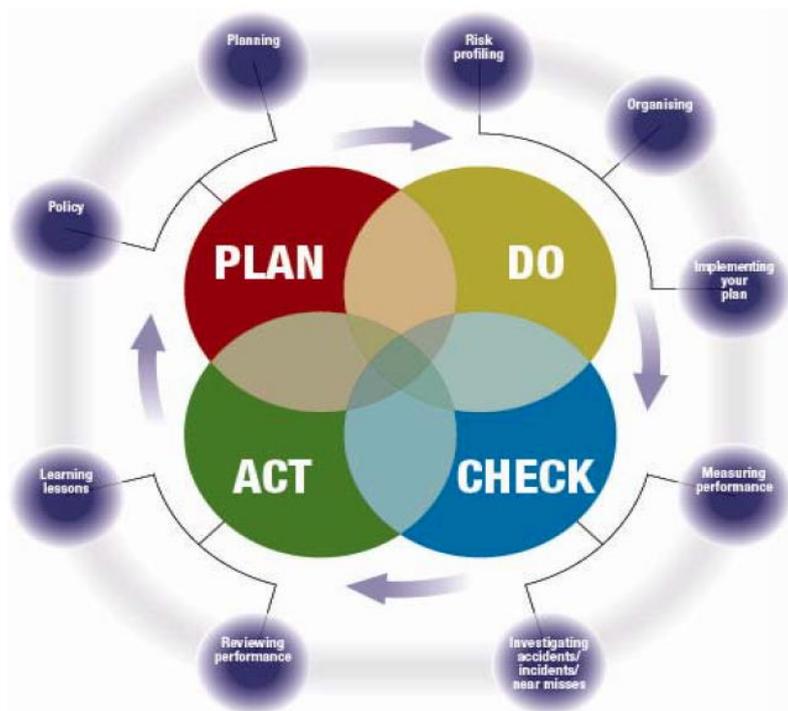
Plan:
- Written policies, standards and procedures are established that are reviewed periodically to support and control the Health and Safety Management System.
- Responsibilities, core competencies and compliance standards for health and safety are identified and allocated for management, employees and others providing a service.
- Health and safety performance measures are monitored.

Do:
- Risks are assessed and profiled, allowing priorities and training needs to be determined.
- Staff are involved and Health and Safety expectations are clearly communicated so that everyone understands what is needed.
- Consultation and communication mechanisms are established to encourage and involve employees, their representatives and management with health and safety. Health and Safety issues are reported quarterly to the Board via the Risk Management Committee.
- All health and safety policies are effectively implemented.
- Health and safety training and development programmes are established to ensure employees are appropriately competent.
- The appointment of union / staff safety representatives is encouraged and appropriate resources provided.

- All appropriate health and safety records are maintained and statutory notifications made.

6.3

Check:
- Monitoring takes place to check that key elements of the health and safety management systems are operating effectively.
- An appropriate health and safety audit programme is operated at planned intervals based on corporate risk to objectively measure health and safety performance.
- Accident and ill-health data is analysed to determine statistical trends and investigate the causes of accidents, incidents or near misses.

Act:
- A health and safety audit cycle is operated to objectively measure health and safety performance
- Health and safety performance is reviewed against set targets and measurable objectives to inform the creation of written health and safety plans

Strategic Vision

The Board endorses the need for managers and staff to work together positively to achieve a situation compatible with the provision of high quality services to patients and clients where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum.

Strategic health and safety themes, from current HSE strategies applicable to HVCCG are:

6.4

- Managing risk well
- Acting together / collaborative working
- Tackling ill health / health and wellbeing
- Keeping pace with change
- Sharing our success

Through action on the following it has been shown that organisations tend to generate an improvement in performance and achieve a positive change in their health and safety culture, hence improvement in these areas form the key strategic aims for HVCCG:

- Leadership and management
- Competence
- Risk management
- Involvement and Communication

Identified Risks for HVCCG

- Driving / Road Risk
- Stress / wellbeing
- Contract Management
- Musculoskeletal Disorders
- Lone Working and Personal Safety
- Holding Events

7.   MONITORING COMPLIANCE

The Head of Corporate Support will ensure that the Health and Safety strategy is reviewed every 3 years, with the organisational Health and Safety policy and operational action plan updated on an annual basis to ensure it remains fit for purpose.   The Head of Corporate Support will report on progress against the KPIs included in the action plan (see appendix 4) to the Board on an annual basis.

The Head of Corporate Support will ensure that an internal audit of Health and Safety compliance is conducted annually and an external audit is conducted bi-annually.

8.   EDUCATION AND TRAINING

8.1   In order to ensure that all employees, whether with specific responsibilities for health and safety or not, are aware of the implications of the Act and of their own responsibilities in relation to it, the organisation recognises its duty to provide effective induction and training on a continuing basis for all levels of staff. The lead responsibility for the co-ordination of the training will rest with the Learning and Development department.

8.2   HVCCG will ensure that managers and staff are aware of and accept their responsibilities regarding health and safety issues. Wherever possible these responsibilities should be incorporated into their job descriptions and covered in the induction process.

8.3   The Head of Corporate Support will identify all areas where specific training is required. This training analysis will be used to work with the Learning and Development Team to ensure all relevant training is delivered. The Health and Safety Lead will work with the Head of Learning and Development to ensure mandatory and statutory training in health and safety are delivered.

9.   REFERENCES

- Cabinet Office (1974) *Health and Safety at Work Etc. Act 1974.* London. HMSO.
- Cabinet Office (2007) *Corporate Manslaughter and Homicide Act 2007.* London. HMSO.

• Management of Health and Safety at Work Regulations 1999

10.   ASSOCIATED DOCUMENTATION

- HVCCG Fire Safety Policy December 2017
- HVCCG Manual Handling Policy December 2017 and associated risk assessment
- DSE policy January 2018
- Electrical Safety policy December 2017
- First Aid policy December 2017
- Lone Working policy September 2015 & associated Risk Assessment November 2017
- Security policy December 2017
- Smoke Free policy December 2017
- Stress Risk Assessment December 2017
- Driving Risk Assessment December 2017
- Events Risk Assessment April 2017
- Home Working Risk Assessment January 2018
- Hemel One Office Risk Assessment January 2018
- Waste Management policy November 2016
- Asbestos policy December 2017
- HVCCG Incident Reporting Policy January 2016
- Risk Management Procedure / Strategy Jan 2017

Appendix 1

Organisational Checklist

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

How do you demonstrate the Governing Body's commitment to health and safety?

What do you do to ensure appropriate governing body level review of health and safety?

What have you done to ensure your organisation, at all levels including the Governing body, receives competent health and safety advice?

How are you ensuring all staff – including the Governing body – are sufficiently trained and competent in their health and safety responsibilities?

How confident are you that your workforce, particularly safety representatives, are consulted properly on health and safety matters, and that their concerns are reaching the appropriate level including, as necessary, the Governing body?

What systems are in place to ensure your organisation's risks are assessed and that sensible control measures are established and maintained?

How well do you know what is happening on the ground, and what audits or assessments are undertaken to inform you about what your organisation and contractors actually do?

What information does the Governing body receive regularly about health and safety, e.g. performance data and reports on injuries and work related ill-health?

What targets have you set to improve health and safety and do you benchmark your performance against others in your sector or beyond?

Where changes in working arrangements have significant implications for health and safety, how are these brought to the attention of the Governing body?
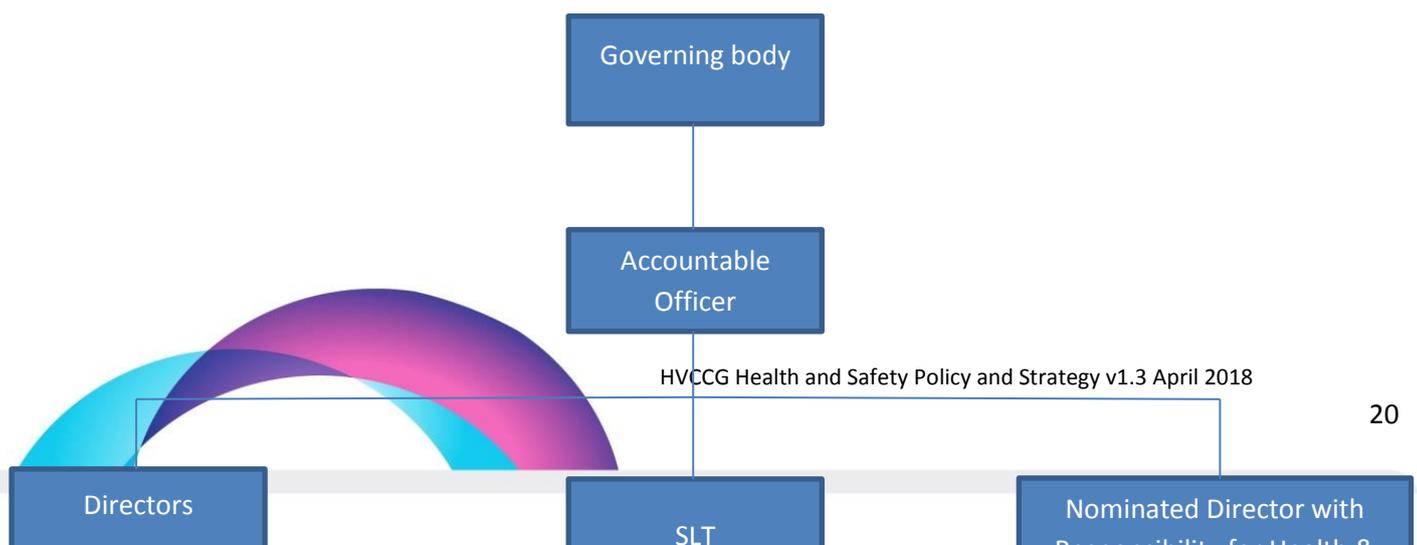
Appendix 2

Checklist for Managers

- Are all relevant health and safety policies and procedures accessible to your staff?

- Are your staff aware of their health and safety legal obligations?

- Have your staff undertaken on-line mandatory health and safety training?

- Are health and safety responsibilities included in Job descriptions?

- Are specific health and safety roles recognised, e.g. Fire Wardens, Risk Assessors?

- Do your staff have any problems discharging their health and safety responsibilities? If so, please note at appraisal.

- Is health and safety an agenda item at team meetings?

- Do you have suitable and sufficient risk assessments, relevant to the risks from your environments/activities?

- Are staff involved in the risk assessment process, and/or included in their circulation/communication?

- Are risk assessments reviewed regularly (when any changes happen or annually?)

- Do your staff know how to report accidents/incidents?

- Are your staff aware of their emergency procedures, and is it adequately covered as part of their local induction?

This list is not exhaustive, and can be added to by managers, and can be used as a questionnaire at team meetings to inform all relevant persons.

Appendix 3

OUTLINE OF ORGANISATION FOR HEALTH AND SAFETY

Who ensures
appointment of

APPENDIX 4 – Health and Safety Action plan supporting 2016 – 19 Health and Safety Strategy and key strategic themes

- **Leadership and Management**
- **Competence**
- **Risk Management**
- **Involvement and Communication**

Theme 1: Leadership and Management

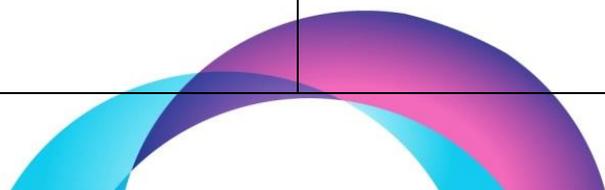| Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
Ensure sufficient training and guidance is provided regarding leadership in health and safety	• Arrangements in place for qualified Health and Safety advice • Line Managers have received appropriate Health and Safety Training	• Signed SLA • 90% of Line Managers have completed Health and Safety for Managers training	AY	• Draft SLA for 2016/17 for approval • 76% of Line Managers have received Health and Safety for Managers training (not including Board members who had a separate development Day in 2015)	• Signed SLA in place for 2017/18 • 66% of line managers have received Health and Safety for Managers training (not including Board members who had a separate Development session in Oct 2017) Online training module to be considered for 2018/2019 in order to increase compliance	

HVCCG Health and Safety Policy and Strategy v1.3 April 2018

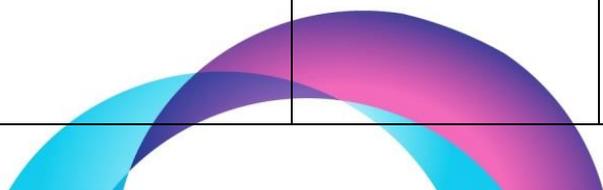| Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
	• IOSH training to be completed by relevant staff	• Office Manager and Head of Corporate Support to complete IOSH Managing Safely Qualification	AM/AY	IOSH Qualification completed by both staff	N/A	
Ensure strategic health and safety aims are communicated and embedded	Strategy Communicated	Strategy is understood and effectively implemented	AY	Strategy drafted for approval	Strategy signed off by the Board and policy brief circulated to staff via the weekly newsletter. Review now due and updates to include identity of the health and safety lead	
Policies, procedures, guidance and advice are regularly reviewed and are accessible to all staff	Timetable for guidance revision in place and monitored. Reduction in content where practicable with improved focus.	Revised guidance published on intranet in a timely manner and communicated effectively.	AY	All Health and Safety policies are included on the Corporate policy register, which is reviewed on a regular basis. All health and safety policies (and any revisions) are communicated to staff via a policy brief in the weekly newsletter and the intranet.	Appropriate review has taken place, policies updated appropriately and brief circulated to staff via weekly newsletter. Risk assessments updated and staff sign individual health and safety records annually to indicate they have read and understood the latest version.	

Theme 2: Competence

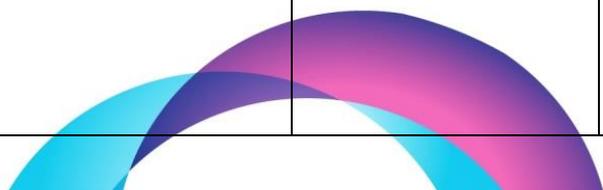| Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
Develop specific training relating to specific risks	New training modules to be developed and introduced	90% of all staff have completed on-line mandatory Fire Safety, Manual Handling and Risk Management training	AY	• Mandatory training compliance for all staff at Sep 2016 showed 85.71% compliance for Fire Safety Training; 86.43% for Manual Handling training.; and 77.78% for Risk Management training	• Mandatory training compliance at Jan 2017 for Fire Safety Training; 95.15%; 93.98% for Manual Handling training; and 96.59% for Risk Management training	
Providing managers and staff with appropriate health and safety training to enable them to manage the risks within their own work areas		90% of all staff have completed on-line mandatory health and safety training	AY	• Mandatory training compliance for all staff at Sep 2016 showed 91.43% for Health and Safety Training.	• Mandatory training compliance for all staff at Jan 2017 showed 95.45% for Health and Safety Training.	
		Review of training modules and content to be completed to ensure fit for purpose and "meaningful"	AY/DG	N/A	• External audit highlighted need for online training modules to be reviewed for all staff 2018/19 to ensure training meaningful and fit for purpose	

Theme 3: Risk Management (to improve the control of risks and ensure continuous improvement in health and safety standards)
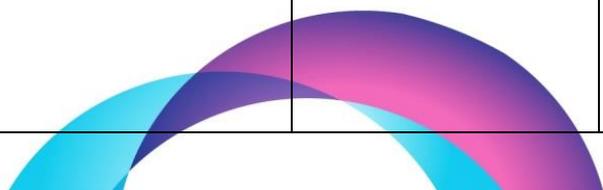
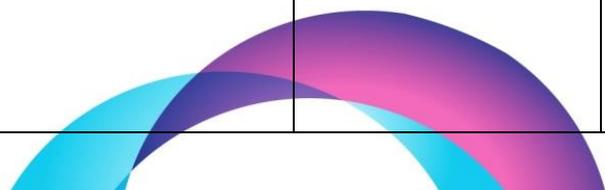| Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
Ensure key risk areas of the CCG's activities are identified and audited	High risk areas to be identified and risk assessments carried out which include appropriate mitigation	• Completed risk assessments implemented, high risk activities included on the Corporate Support risk register.	AY	• Risk assessments completed for: driving, stress, lone working, home working, manual handling. Circulated to all staff via the weekly newsletter and displayed on the intranet. Activities also included on the Corporate Support Risk Register.	• Risk assessments reviewed at appropriate intervals, circulated via weekly newsletter and staff asked to sign individual health and safety records to confirm understanding of the latest version where appropriate • Risks on Corporate Support Risk Register reviewed on a regular basis	

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
	Areas audited according to audit plan appropriate and proportionate resource is provided to support these areas	• Year on year improvement in audit outcomes measured. All action plans to be monitored and high risk requirements tracked effectively so suggestions can be made to improve work place health, safety and wellbeing	AY	Internal audit highlighted the following areas for action: • Accident reporting on Datix needed to improve • Further health and safety training for managers required • First Aid / Fire Warden / Evacuation Chair training, possibly evacuation chair required for CHC staff at Apsley • Annual review of risk assessments to be finalised • Completion of Lone Worker risk assessments needed to increase	• This has been achieved with only 2 non-recorded incident this year • 2 sessions were arranged for 2017 • No longer required as CHC staff have relocated to Hemel One offices • Completed • This has not been achieved. Policies to be reviewed and simplified for 2018/19	

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
				• Process for reporting work related ill health to Board to be put in place	• Sick absence now reported to Quality Committee but does not highlight work related absences. Internal and external audit highlighted the following areas for action : • Identity of health and safety lead to be made clear at policy review • Lone working policy / processes require review / simplifying • Consideration to be given to Corporate Support role in managing health and safety and whether a more active role should be taken by line managers	

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
		•			• Monitor / scrutinise new process of health and safety reporting (to Exec by exception) and ensure it allows for informal briefing of emergency risks / issues for Chief Exec • Increase sample size for annual driving licence check and incorporate check on staff business insurance • Review EAP contract and access rates / categories • Ensure invacuation exercises are carried out with appropriate frequency	

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
Measuring and reviewing health and safety performance to ensure standards are being met and maintained	Evaluation carried out and improvements implemented	• Relevant standards being met or robust action plans in place to ensure future compliance	AY		• Internal and external audit this year have highlighted a number of low and medium priority risks which require action. These actions have been included within this action plan (see above).	
Reporting, recording and investigation of accidents and incidents	Reporting, recording and investigation of accidents and incidents	• All RIDDOR events reported and investigated • Maintain database of incidents	AY	• No RIDDOR events occurred as of Sep 2016 • Health and Safety incidents / accidents now recorded on DATIX	• 1 RIDDOR event was reported in August 2017 • Audit showed reporting on datix has improved significantly from 2016/17	

Theme 4: Involvement and Communication

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
Promote and encourage participation, support initiatives that enhance occupational health and wellbeing	• Participation in wellbeing initiatives • Establishing mechanisms for staff to raise suggestions to improve health, safety and wellbeing	• Programme of staff health and wellbeing events in place, which tie in with national initiatives where appropriate. • Improved awareness by managers of health • Levels of absence are reduced and proactively monitored • Mechanisms for staff feedback in place • Staff consulted as key stakeholders during the draft or revision of corporate health and safety policies, risk assessments or changes to working practices (e.g. agile / home working)	AM AY/WB	• Comprehensive staff HWB programme in place • Flu jabs and other interventions (e.g. chiropractic)offered to staff within the workplace • Mental Health Lite training provided for managers • Health and Safety for Managers training carried out • All line managers have been asked that Health and Safety is a standing agenda item for team meetings	• Comprehensive staff HWB programme continues • Flu jabs and other interventions (e.g. chiropractic) offered to staff within the workplace for 2017 • Health and Safety for Managers training carried out • Staff health and safety representative now also in place, also involved with health and safety policy review or can be approached by staff wanting to raise health and safety issues	

Objective	KPI	What success looks like	Owner	Progress 2016/17	Progress 2017/18	Progress 2018/19
				• Staff involvement group in place. They have looked at a number of health and safety policies / risk assessments • Health and Safety contacts displayed on notice board by the photocopier	• Staff suggestion box in place, has been used to raise health and safety issues	
	•	•		• Staff consultation conducted in relation to proposed changes to on-call service		
Providing an annual performance report to review the suitability, adequacy and effectiveness of the health and safety management system	• Establishing mechanisms for annual reporting	• Annual report to Board via Risk Management Committee	AY	• Annual report directly to to Board December 2016	• Annual report to Board March 2018 (awaited external audit results)	

APPENDIX 5 - HVCCG Equality Impact Assessment Screening Form

Name of policy / service	Health and Safety policy
What is it that is being proposed?	Herts Valleys Clinical Commissioning Group (HVCCG) is committed to ensuring the health, safety and welfare of its employees, clients, patients, students, contractors, visitors and members of the general public as a matter of prime importance and will, **so far as is reasonably practicable,** establish procedures and systems necessary to implement this commitment and to comply with their statutory obligations under Section 2 of the Health and Safety at Work etc Act 1974.
What are the intended outcome(s) of the proposal	In order to provide and maintain a healthy and safe working environment with the objective of minimising the number of instances of occupational accidents and illnesses. The CCG will pay particular attention to ensuring that: • Safe systems of work are set and followed; • A safe working environment without risks to health is maintained; • There is provision of adequate welfare facilities; • There is provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control risks; • Plant and equipment are safe; • There are safe arrangements for the use, handling, storage and transport of articles, materials and substances; • There is safe access and egress.
Explain why you think a full Equality Impact Assessment is not needed	This policy will not assist with any of the aims of the Equality Act or have any specific impact on the characteristic groups
On what evidence/information have you based your decision?	H&S Legislation
How will you monitor the impact of policy or service?	Please see section 7 of the policy "Monitoring Compliance"
How will you report your findings?	Via annual H&S audit (internal and external) and annual report to Board.

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.	
Assessors Name and Job title	Amanda Yeates
Date	March 2018