

GENERAL WORKPLACE RISK ASSESSMENT POLICY

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CONSULTATION GROUPS:	Health Safety and Security Committee and its sub groups
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POLICY SUMMARY
This is policy sets out how General Workplace risk assessments should be undertaken within the Trust.

The Trust monitors the implementation of and compliance with this policy in the following ways;

The effective implementation of this Policy and associated Procedure will be monitored by the Risk Management Department and the Health Safety and Security Committee via regular review of Risk Assessments and Health & Safety Inspections. The effectiveness of this policy will also be monitored through the Trust Governance systems where risk assessments are monitored, reviewed and escalated.

The Risk Management Department is responsible for reviewing this Policy and associated Procedure as required by, for example, any changes in practice, legislation or guidance. It will be reviewed every 3 years as a minimum. All proposed revisions will be submitted to the Health, Safety and Security Committee prior to presentation to the Trust Board.

Any changes to the Policy and Procedure will be notified to staff via Staff Briefings and will be held on the intranet for access by staff.

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this policy is Chief Executive Officer

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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SAMPLE ONLY

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GENERAL WORKPLACE RISK ASSESSMENT POLICY

1.0 INTRODUCTION

This Policy and associated Procedure sets out how the Trust will identify assess and manage all non-clinical risks including health and safety risks in line with the Trust's Risk Management and Assurance Framework and relevant legislation.

- 1.1 Risks may arise from any activities undertaken by, or for, the Trust. This will include the premises and equipment used, the services provided, processes operated, waste handling and storage.
- 1.2 In order to ensure compliance with Regulation 3 of the Management of Health and Safety at Work Regulations 1999 (MHSWR), the Trust will undertake suitable and sufficient assessments of the risks posed to employees and to those who are not employed by the Trust but who may be affected by the Trust's undertaking.
- 1.3 Although "suitable" and "sufficient" are not defined in the MHSWR, guidance indicates that in practice a risk assessment should:
 - Identify the risks arising from or in connection with the work.
 - Include / take account of risks the Trust is expected to know about, or could be ascertained by the Trust taking reasonable steps to find out; and
 - Be appropriate to the nature of work and identify the period of time for which the assessment is likely to remain valid.
- 1.4 Compliance with the associated Procedure will ensure that risk assessments carried out comply with the above and will be capable of allowing the Trust to identify the measures it needs to take to comply with the requirements placed on it by relevant health and safety legislation.
- 1.5 It is also essential to ensure that risk assessments are reviewed if, for any reason, it is considered that they might no longer be valid (e.g. following an incident) or if there is any significant change in the matters to which the assessment relates. The Procedure outlines the process of review.
- 1.6 It should be noted that the risk assessments covered by this Policy and associated Procedure are in addition to the Health and Safety Inspections that managers are required to complete; alongside the Risk Management Team. The process for completion of the Health and Safety Inspections are detailed in the Corporate Health and Safety Policy (RM01).
- 1.7 The associated Procedure includes definitions for terminology used throughout this Policy and Procedure.

2.0 DUTIES

2.1 Trust Board

The Trust Board is ultimately responsible for Health and Safety throughout the Trust and is deemed the “employer” for the purposes of the Health and Safety at Work Act. Members of the Board have both collective and individual responsibility for health and safety. It therefore needs to ensure that there are written systems in place to effectively identify and assess health and safety risks. The systems the Board puts in place must also ensure that those risks are adequately controlled and that the controls are planned, implemented, monitored and reviewed to ensure that they remain effective.

2.2 Chief Executive

The Chief Executive is responsible for ensuring that this policy is implemented throughout the Trust and that competent advice is available to the Trust and all staff working within it in terms of risk assessment. They will also be responsible for identifying a nominated Director to take operational responsibility for implementation of this Policy and associated procedure.

2.3 Nominated Director

The Director responsible for non-clinical risk management is the Director of Compliance & Assurance. They are the nominated Director responsible for ensuring the implementation, review and day-to-day effectiveness of this policy.

2.4 Risk Management Team

It is the responsibility of the Risk Management Team to advise the Trust on what is necessary to carry out suitable and sufficient risk assessments, to provide training and instruction on Risk Assessment, audit and monitor the Risk Assessment process and provide competent advice.

2.5 Local Security Management Specialist

The Local Security Management specialist (LSMS) is a member of the Risk Management Department and will provide expert advice and support in terms of Security issues. Please refer to the Security Policy and Procedure (RM09) for further information.

2.6 Other Specialist Advisors

Other specialist experts and advisors may be appointed by the Trust to provide specific advice and support depending on the nature of the risk being assessed.

2.7 Director of Capital Planning and Estates

The Director of Capital Planning and Estates will ensure that actions relating to the estates arising from health and safety risk assessments are completed as well as advice relating to new developments / alterations

2.8 Directors / Heads of Service / Service Leads / Line Managers / Nursing Home Managers

Trust Directors and Managers will ensure that:

- This policy is implemented in their areas of responsibility;
- Staff are familiar with its contents and supported to carry it out;
- All personnel who require information on the range of hazards identified are apprised of the necessary facts prior to commencement of work with the Trust. This includes all direct and non-direct contractors, personnel from the relevant statutory authorities who require access to the Trust's working environment and any other person who may lawfully enter onto the Trust's premises;
- Sufficient staff within their area of work are identified, appointed and trained, where necessary, to work as Risk Assessors;
- Suitable and sufficient risk assessments are carried out and reviewed regularly within their area of work;
- All risk assessments are agreed by the manager and approved by the Director of the service;
- Any actions arising from risk assessments are taken forward within appropriate timescales and any problems escalated appropriately;
- Copies of any risk assessments undertaken in the department must be available at all Health and Safety Inspections and upon request.

2.9 All Employees (including permanent, temporary and bank staff)

It is the responsibility of employees to:

- Co-operate with the Trust in implementing this policy;
- Support the risk assessment process from identification of hazards, estimation of the level of risk and implementation of control measures;
- Undergo relevant training and instruction; and
- Report any hazards that may arise following an assessment, whether arising for unforeseen reasons, or because the controls implemented are not effective or not implemented.

2.10 Contractors and Consultants

Contractors and Consultants must cooperate with Risk Assessments and observe measures necessary to control risks.

3.0 PRINCIPLES – GOVERNANCE STRUCTURE TO SUPPORT GENERAL WORKPLACE RISK ASSESSMENT

3.1 The Health, Safety and Security Committee will oversee the implementation and operation of this Policy and Procedure, reporting to the corporate Quality Committee which is a standing committee of the Trust Board. They will maintain an oversight of risk assessments and of progression of action plans arising from these assessments.

- 3.2 Local Quality and Safety Groups will monitor risk assessments relevant to their area and will be responsible for maintaining oversight that actions have been implemented. Any concerns will be escalated to the Health, Safety and Security Committee.
- 3.3 This robust governance structure ensures that assurance can be provided to the Trust Board and that any matters of concern are escalated within the organisation to the appropriate level, up to and including to the Trust Board.

4.0 IMPLEMENTATION AND COMPLIANCE

This policy and associated procedure will be implemented and reinforced by the following means:

- Formal induction of new staff at corporate and local level. Both inductions include Health and Safety elements, including risk assessment. Please refer to the Induction, Mandatory & Essential Training policy (HR21) and Procedure for more information.
- Regular undertaking of scheduled / ad-hoc risk assessments across the Trust, led by managers in accordance with the associated Procedure.
- Risk Assessment training – optional general Managers' training includes health and safety risk assessment
- In addition provision of specific Risk Assessment training to nominated staff.
- Ongoing review of risk assessments locally and risk registers at local, directorate and Trust level through established governance and risk management arrangements.
- The Trust's Risk Management and Assurance Framework approved by the Board which provides details of how risks will be escalated and managed.
- The application of supervision and performance appraisal processes: health and safety is a core dimension at all grades.
- Resources relating to health and safety and risk assessment on the Trust Intranet which are available to all staff.
- Trust communications systems – any changes to the risk assessment process or to the policy / procedure will be communicated via these normal communications channels.
- Availability of advice and support (including expert advice) from the Risk Management Team to any staff undertaking risk assessments.

5.0 MONITORING

- 5.1 The effective implementation of this Policy and associated Procedure will be monitored by the Risk Management Department and the Health Safety and Security Committee via regular review of Risk Assessments and Health & Safety Inspections. The effectiveness of this policy will also be monitored through the Trust Governance systems where risk assessments are monitored, reviewed and escalated.

- 5.2 The Risk Management Department is responsible for reviewing this Policy and associated Procedure as required by, for example, any changes in practice, legislation or guidance. It will be reviewed every 3 years as a minimum. All proposed revisions will be submitted to the Health, Safety and Security Committee prior to presentation to .
- 5.3 Any changes to the Policy and Procedure will be notified to staff via Staff Briefings and will be held on the intranet for access by staff.

6.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

The following policies must be read in conjunction with this document:

- Corporate Health & Safety Policy (RM01)
- Fire Safety Policy (RM02)
- Adverse Incident (including Serious Incidents) Reporting Policy and Procedure (CP3)
- Trust Risk Management and Assurance Framework (RMAF)
- Induction, Mandatory & Essential Training Procedure (HRPG21)
- Display Screen Equipment Policy (RM07)
- Control of Substances Hazardous to Health (COSHH) Policy (RM04)
- Health and Safety of Young Persons Policy (RM15)
- Security Policy (RM09)
- Maternity, Adoption, Paternity & Parental Leave / Shared Parental Leave Procedure (HRPG24A)
- Restrictive Practice Policy (RM05)
- Ligation Risk Assessment & Management Policy (CP75)
- Lone Worker Policy (RM17)
- Moving and Handling Policy (RM03)
- First Aid Policy (RM08)
- Waste Management Policy (RM13)

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