

Morecambe Bay



Primary Care Collaborative

Health and Safety Policy

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| Document Reference | POL007 |
| Purpose | The purpose of this document is to support managers to manage health and safety within their areas of responsibility. |
| Author | Federation Support |
| Application/Scope | Organisation-wide |
| Approval Date | 01/03/2026 |
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| Status | Approved |



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1. INTRODUCTION

1.1 Summary

The organisation is committed to providing safe, effective and supportive services. The organisation believes that its staff are their most important asset and accepts responsibility for ensuring, so far as is reasonably practicable, the health, safety and welfare of our staff, service users, visitors and others affected by the organisation's activities.

The Board of Directors recognises and accepts its role for effective Health & Safety management, including the requirement to comply with relevant legislation.

Management of health and safety is an integral part of every manager's role. All managers are required to adopt the approach set out in the Management of Health and Safety at Work Regulations 1999.

All staff are reminded of their statutory duty to take reasonable care for their own health and safety and that of others who may be affected by their actions. This includes compliance with this policy.

The requirements of the Health and Safety at Work Act 1974 and other related and relevant legislation form the minimum standards to be achieved. This includes the provision of:

- A safe working environment
- Safe entry and exist to all workplaces
- Adequate occupational health and welfare facilities
- Safe systems of work
- Safe plant and equipment
- Adequate training, information, and supervision for employees whilst at work.

The organisation will ensure that sufficient training, information and supervision is provided to enable all members of staff to competently fulfil their duties with regards to health and safety. Where necessary the organisation will engage expert health and safety advice from external agencies.

1.2 Purpose

The organisation is fully committed to ensuring that there are sufficient systems, processes and resources in place to effectively manage health and safety in the workplace.

1.3 Scope

This policy applies to all MBPCC employees and directors.

From time-to-time MBPCC may utilise the resources of sub-contractors to deliver contractual obligations. For avoidance of doubt, where a sub-contractor is providing care to patients, as laid out in the contracts between MBPCC and subcontractors, they are solely responsible for delivery of the regulated activity they are providing and must ensure all their employees operate under their own policies which must meet the relevant CQC standards. MBPCC will seek assurance from all sub-contractors that suitable policies are in place and may at their discretion request copies of any relevant policies for review and for verification. In such cases this policy document does not apply.



2. PROCEDURE

2.1 Duties and Responsibilities

The Chief Executive accepts ultimate and overall responsibility for all matters relating to Health and Safety and will ensure that appropriate arrangements are in place to cover:

- Risk management
- Emergency planning resilience and response
- Human resources
- Lone working
- Incidents and Near Misses including Reporting of Injuries, Disease, Dangerous Occurrences Regulations 2013 (RIDDOR)
- Fire Safety
- First Aid
- Occupational Health

Managers are responsible for ensuring that the Health and Safety policy is adhered to in their area of responsibility, and that work activities are carried out, in so far as is reasonably practicable, safety and without risk to health. Their responsibilities include:

- Ensuring effective communication of health and safety matters
- Releasing staff for health and safety training
- Ensuring hazards are identified, risk assessments and accident/incident reports completed and acted upon
- Ensuring that staff are aware of, and fulfil, their responsibilities for their own health and safety and that of others
- Ensuring that their staff co-operate with any advice of external Health & Safety Advisors.

Employees have a legal duty, and are expected to:

- Take reasonable care of their own health and safety and that of others affected by their acts or omissions
- Cooperate with the organisation to enable it to fulfil its duties under health and safety
- Make proper use of health and safety facilities provided
- Attend mandatory health and safety training when required
- Comply with the requirements of this, and accompanying, Health and Safety Policies
- Inform their line manager without delay of any work situation which may present serious and/or imminent danger.

The Board is responsible for ensuring the health and safety policy is implemented, communicated and carried out through appropriate management.

The organisation will require all sub-contractors providing services to NHS service users to have a suitable and sufficient health and safety policy and robust health and safety management procedures. This will include risk assessments, written standard operating procedures and safe systems of work. Sub-contractors will also be required to carry out investigations into any health and safety incident and to share the learning outcomes with the organisation.



2.2 Organisation of Health and Safety

The Chief Executive considers and monitors the organisation's approach to managing health and safety and advises the Board on appropriate matters.

To assist the Chief Executive with this responsibility once a quarter the Senior Management Team meeting will have a dedicated Health and Safety Agenda to provide the opportunity for discussion of health, safety and wellbeing issues.

The organisation will commission expert health and safety, fire and security advice when necessary.

This policy recognises that the organisation is in its infancy and as such the organisation does not yet employ a large number of staff. This will be kept under review and as the organisation expands local arrangements for health and safety will be put in place.

Health and safety (including fire safety) will be included within mandatory training for all staff working across the organisation.

2.3 Incident Reporting

All incidents and accidents must be reported as soon as reasonably possible to the Chief Executive using the form found at Appendix A.

Immediate investigation and remedial action (if required) is the responsibility of the direct Line Manager.

All RIDDOR accidents can be reported via <http://www.hse.gov.uk/riddor/index.htm>

2.4 Risk Assessments

The organisation utilises the risk matrix and assessment form set out in Appendix B. This form can be used for assessing local risks, for example, lone working within a team or building; and will also be used to record the organisation-wide health and safety risk assessment.

The organisation-wide health and safety risk assessment will be reviewed on a quarterly basis at the dedicated health and safety meeting of the senior management team.

2.5 Monitoring

The Chief Executive will review the effectiveness of this policy through the quarterly review of incidents, quarterly health and safety audits to measure compliance and the organisation's health and safety risk assessment.

3. REFERENCES

RIDDOR (2013) RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Available at: <http://www.hse.gov.uk/riddor/index.htm>

4. DEFINITIONS/GLOSSARY OF TERMS

| Abbreviation or Term | Definition |
|----------------------|--|
| MBPCC | Morecambe Bay Primary Care Collaborative |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 |
| CQC | Care Quality Commission |



5. CONSULTATION WITH STAFF, PRACTICES AND PATIENTS

| Name | Job Title | Date Consulted |
|------|-----------|----------------|
| | | |
| | | |
| | | |

6. DISSEMINATION/TRAINING PLAN

| Action by | Action Required | Implementation Date |
|-------------------------|---|--|
| Jo Knight/Boyan a Konar | Upload policy to MBPCC website | Following approval of V1.1 end Sept 2020 |
| Jo Knight | Delete out of date copies and host current copy on Federation G Drive (supporting induction process), updating Policy tracker | Following approval of V1.1 end Sept 2020 |
| Andrew Giles | Confirm all employees are aware and understand the policy | MBPCC Board Meeting 22/09/20 |
| Liz Stedman | Upload to TeamNet | Jan 2021 |

7. AMENDMENT HISTORY

| Version No. | Date of Issue | Section/Page changed | Description of change | Review Date |
|-------------|---------------|----------------------|--|-------------|
| V1.0 | 27/02/2020 | Approved Policy | Updated to reflect organisational change | 27/02/2022 |
| V1.1 | 20/09/2020 | All | Transferred to new policy format | 27/02/2022 |
| V2.0 | 22/09/2020 | N/A | Approval by MBPCC Board | 22/09/2022 |
| V2.1 | 19/01/2021 | Page 5 | Additional Definitions/Glossary of Terms added | |
| V2.2 | | Page 4 and 5 | Review and update | |
| V3.0 | 01/03/2023 | | Approval by MBPCC Board | 01/03/2026 |



8. APPENDICES

Appendix 1: Incident Report Form

Date of Incident:

Location of Incident:

Service:

Person(s) affected:

Description of Incident:

Immediate Action Taken:

Date Reported:

Reported by:

Contact number:

Appendix 2: Risk Assessment Form

Date of Risk Assessment:

Names of Assessors:

Area/Activity being assessed:

Date of review:

| Risk Number | Description of the Hazard/Risk? | Initial Risk Rating (LxC=R) | Controls in place | Additional Actions to be taken | Residual Risk Rating (LxC=R) | Deadline for completion | Named Lead | Comments |
|-------------|---------------------------------|-----------------------------|-------------------|--------------------------------|------------------------------|-------------------------|------------|----------|
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Risk Grading Matrix:

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

Risk Scores:

| | |
|---------|---------------|
| 1 – 3 | Low risk |
| 4 – 6 | Moderate risk |
| 8 – 12 | Major risk |
| 15 – 25 | Extreme risk |

Risks which score 8 and above must be communicated to your Line Manager.