Provision of Use of Work Equipment Policy

CO30

Table of Contents

Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
1	December 2017	Executive Committee	August 2020	Deborah Cornell
1.1	April 2020	Head of Corporate Affairs; Extension request due to COVID19 priorities	April 2021	Deborah Cornell
1.2	January 2021	Extended for 12 months in light of COVID19	April 2022	Deborah Cornell

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact SUNCCG.sccg@nhs.net

1. Introduction

The Provision and Use of Work Equipment Regulations 1998 (PUWER 98) are made under the Health and Safety at Work etc. Act 1974 (HSW Act) and came into force on 5 December 1998. PUWER 98 brings into effect the non-lifting aspects of the Amending Directive to the Use of Work Equipment Directive (AUWED). The primary objective of PUWER 98 is to ensure that work equipment should not result in health and safety risks, regardless of its age, condition or origin.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

The aim of this policy is to ensure that NHS Sunderland CCG meets its statutory obligations in reducing the risks in relation to the provision and use of workplace equipment and any equipment used in the course of any CCG employees daily duties.

This policy is available to all employees, volunteer's contractors and any others identified as being at risk.

The purpose is to:

- Enable to ensure NHS Sunderland CCG provides a safe working environment;
- Ensure that the appropriate risk assessments and control measures are in place.

2. Definitions

There are no abbreviations, technical terms or acronyms within this policy.

3. Safe Use of Work Equipment

3.1 Procurement

All equipment purchased for use in the CCG including work and lifting equipment, must be procured in accordance with the organisations Standing Financial Instructions and Procurement Policy.

Equipment should be ordered via the Supplies Department, irrespective of the funding source. Details regarding on-going maintenance and servicing must be agreed and arranged at the time of purchase.

3.2 Equipment Risk Assessment and Suitability

There is a requirement under the Management of Health and Safety at Work Regulations 1999 (as amended) for a general risk assessment which may include:

- weather conditions and environment that the equipment is used in;
- selection of suitable work and lifting equipment and accessories for the tasks and processes that make it possible to eliminate or reduce risks;
- safety measures that can be taken to make the use of equipment safer;
- the positioning of work and lifting equipment to make it safer.

3.3 Special Inherent Equipment Risks

Some equipment will have a specific risk associated with it and the manager must ensure that use of that equipment is restricted to those individuals who have been trained and given the task of using it.

3.4 Marking of Equipment Associated with Health & Safety Hazards

All equipment where necessary should be clearly marked in respect of any aspect relating to health and safety.

4. Duties and Responsibilities

Council of Members	The Council of Members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer 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.
Governance Manager (H&S)	The Governance Manager (H&S) advise on: • adaptions required to enable employees with a disability to commence/remain in employment, including any adaptations required for the safe use of equipment; • advising managers on any work adjustments required for the safe use of working equipment; • advise on manual handling risk assessments for the safe use of work equipment; a • incidents relating to the use of work equipment.

CCG Responsibilities	The CCG will ensure that: • adequate resources are available to enable the organisation to comply with the statutory duties of the Health and Safety at Work etc. Act 1974, the Provision and Use of Work Equipment Regulations 1998, Lifting Operations and Lifting Equipment Regulations 1998; • adequate and suitable risk assessments are carried out for staff required under the Management of Health and Safety at Work Regulations 1999 and introduce control measures to eliminate or minimise the risks; • when selecting work equipment the working conditions and the risks to the health and safety of persons which exist in the premises or how that work equipment is to be used and any additional risk posed by its use are considered; • that work equipment is so constructed installed or adapted as to be suitable for purpose for which it is used or provided; • the equipment is accompanied by suitable safety measures, e.g. protective devices, markings, warnings; • work equipment is used only for operations for which, and under conditions for which, it is suitable; • only people who have received the relevant information, instruction and training are permitted to use the equipment. • An asset register of all equipment will be kept.
Managers Responsibilities	All Managers are responsible for the health and safety of the staff, service users and workplaces. They must ensure when using equipment at work: • that appropriate training is provided; • adequate supervision is provided; • that testing, maintenance, inspection, service and calibration of equipment is in place; • all equipment is assessed to identify significant risks to employees and other persons; • control measures are implemented to eliminate or reduce risks to a minimum; • assessments and controls are recorded and reviewed; • safe working procedures are monitored and reviewed; • staff are competent to use equipment supplied for their workplace activities; • that staff are familiar with the equipment and it's use; • appropriate statutory signs relevant to the equipment used are displayed; • Any faulty equipment is removed from service and reported.

Employee's Responsibility	All employees have a responsibility to: • only use equipment if they have had the appropriate training; • check workplace equipment prior to use; • report any defect, failure, hazard or any risk that may arise from the use of equipment; • ensure that they are familiar with any risk assessments; • use safe working procedures. It is the responsibility of all staff to report any defects of equipment which pose a risk to their manager.
Commissioning Support Unit Staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

5. Implementation

5.1 This policy will be available to all Staff for use in relation to the specific function of the policy.

5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

7. Related Documents

No related documents within this policy.

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager 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.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2016.

9. Equality Impact Assessment

Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	**Lee Crowe**
Title of service/policy/process:	**Provision of Use of Work Equipment Policy**

Existing: ☐　　　**New/proposed:** √　　　**Changed:** ☐

What are the intended outcomes of this policy/service/process? Include outline of objectives and aims

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

Who will be affected by this policy/service /process? (please tick)

☐ **Consultants**　　☐ **Nurses**　　☐ **Doctors** √ **Staff members**　☐ **Patients**　☐ **Public**
☐ **Other**
If other please state:

What is your source of feedback/existing evidence? (please tick)

☐ **National Reports** ☐ **Internal Audits**
☐ **Patient Surveys** ☐ **Staff Surveys** ☐ **Complaints/Incidents**
☐ **Focus Groups** ☐ **Stakeholder groups** ☐ **Previous EIAs**
√ **Other**
If other please state:
- Health and Safety at Work Act
- Management of Health and Safety at Work Regulations
- Health and Safety Guidance HSG65
- Feedback from CCG staff and regular service line meetings between NECS/CCG.

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Not applicable
Patient Surveys	Policy has no impact on patients
Staff Surveys	Staff Survey's to include questions around H&S
Complaints and Incidents	This policy will ensure that systems are in place should there be any complaints received or Incidents regarding Health and Safety and that the CCG has robust systems in place around H&S Management
Results of consultations with different stakeholder groups – staff/local community groups	Only applicable to staff within CCG
Focus Groups	Only applicable to staff within CCG
Other evidence (please describe)	

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
The Policy will ensure that individuals of all ages are considered in relation to Health and Safety tasks.
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
This Policy has a positive impact on any staff who have a physical/Mental impairment by considering their needs regarding H&S and the subsequent policies and procedures that underpin the Health and Safety Strategy.
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.
As far as we are aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content within the strategy does not include vocabulary that should cause offense.
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
The Policy has no impact on marriage or civil partnership.
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
The Policy can be accessed by all staff via intranet and policies/procedures are in place which underpin the policy's aims.
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
There are no requirements for translation within the current staff group should the staff group characteristics change then versions in other languages can be obtained.
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Risk assessments and training can be arranged for staff unavailable due to religious or other reasons.
Sex/Gender A man or a woman.
There is no discriminations between males and females within the strategy
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
Policy uses appropriate language no additional considerations are required.
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
Risk assessments and training can be arranged for those staff that have caring responsibilities and there is also online training which can be accessed whilst working within the CCG or at home.
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers
Other groups have been considered however as the Policy is for staff there are no additional impacts on health inequalities.

 STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
Please list the stakeholders engaged:
Shared policy with Governance Colleagues within CCG. Regular service line meetings with CCG to discuss any H&S issues that arise.

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?
√ Verbal – stakeholder groups/meetings   √ Verbal - Telephone ☐ Written – Letter   ☐ Written – Leaflets/guidance booklets √ Email ☐ Internet   ☐ Other
If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:
☐ Sending out correspondence in alternative formats. ☐ Sending out correspondence in alternative languages. ☐ Producing / obtaining information in alternative formats. ☐ Arranging / booking professional communication support. ☐ Booking / arranging longer appointments for patients / service users with communication needs.
If any of the above have not been considered, please state the reason: As this is a staff policy needs have been considered internally and appropriate recommendations made.

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce Characteristics	May require other formats such as braille, size of font etc. May also need to consider if face to face training takes place that accessibility of training venues is sufficient.

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access Strategy	Age, Disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment.	All staff can access the policy for reference	CCG/NE CS H&S	On receipt of individual request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	CCG Governance Colleagues	NECS Health and Safety Team	Regular Service Line Meetings

 SIGN OFF

Completed by:	**Lee Crowe**
Date:	**December 2017**
Signed:	
Presented to: (appropriate committee)	**Executive Committee**
Publication date:	**December 2017**