

<b>Corporate</b>	<b>ICBP034 - Provision of Use of Work Equipment Policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
V1	July 2022	July 2024

<b>Prepared By:</b>	Senior Governance Manager, NHS North of England Commissioning Support Unit
<b>Consultation Process:</b>	Integrated Governance Workstream
<b>Formally Approved:</b>	July 2022
<b>Approved By:</b>	ICB Board

## EQUALITY IMPACT ASSESSMENT

<b>Date</b>	<b>Issues</b>
March 2022	None identified.

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## 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 [NECSU.comms@nhs.net](mailto:NECSU.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1.0	July 2022	Senior Governance Manager, NECS	First issue

## Approval

Role	Name	Date
Approver	ICB Board	July 2022

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## **1. Introduction**

The aim of this policy is to ensure that the NHS Integrated Care Board (the ICB) 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 ICB employees' daily duties.

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**

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

The purpose is to:

- Enable the ICB to provide 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 ICB including work and lifting equipment, must be procured in accordance with the organisation's Standing Financial Instructions and Procurement Policy.

Equipment should be ordered via the Established Procurement Route, 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**

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

## **4. Implementation**

4.1 This policy will be available to all Staff.

4.2 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.

## **5. Training Implications**

It has been determined that there are no specific training requirements associated with this policy/procedure.

## **6. Documentation**

No related documents within this policy.

## **7. Monitoring, Review and Archiving**

### **7.1 Monitoring**

The ICB Board will agree with the Senior Governance Manager CSU a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **7.2 Review**

7.2.1 The ICB Board 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.

7.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Director will then consider the need to review the policy or procedure outside of the agreed timescale for revision

7.2.3 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 Executive Director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **7.3 Archiving**

The ICB Board Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

## Schedule of Duties and Responsibilities

<b>ICB Board</b>	The ICB Board has responsibility 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.
<b>Chief Executive</b>	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
<b>Senior Governance Manager CSU</b>	<p>The Senior Governance Manager will advise on:</p> <ul style="list-style-type: none"> <li>• adaptations required to enable employees with a disability to commence/remain in employment, including any adaptations required for the safe use of equipment;</li> <li>• advising managers on any work adjustments required for the safe use of working equipment;</li> <li>• advise on manual handling risk assessments for the safe use of work equipment;</li> <li>• incidents relating to the use of work equipment.</li> </ul>
<b>ICB Responsibilities</b>	<p>The ICB will ensure that:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• that work equipment is so constructed installed or adapted as to be suitable for purpose for which it is used or provided;</li> <li>• the equipment is accompanied by suitable safety measures, e.g. protective devices, markings, warnings;</li> </ul>

<p><b>Is this meant to be a separate section or part of the above?</b></p>	<ul style="list-style-type: none"> <li>• work equipment is used only for operations for which, and under conditions for which, it is suitable;</li> <li>• only people who have received the relevant information, instruction and training are permitted to use the equipment.</li> <li>• An asset register of all equipment will be kept.</li> </ul>
<p><b>Managers# Responsibilities</b></p>	<p>All Managers are responsible for the health and safety of the staff, service users and workplaces. They must ensure when using equipment at work:</p> <ul style="list-style-type: none"> <li>• that appropriate training is provided;</li> <li>• adequate supervision is provided;</li> <li>• that testing, maintenance, inspection, service and calibration of equipment is in place;</li> <li>• all equipment is assessed to identify significant risks to employees and other persons;</li> <li>• control measures are implemented to eliminate or reduce risks to a minimum;</li> <li>• assessments and controls are recorded and reviewed;</li> <li>• safe working procedures are monitored and reviewed;</li> <li>• staff are competent to use equipment supplied for their workplace activities;</li> <li>• that staff are familiar with the equipment and it's use;</li> <li>• appropriate statutory signs relevant to the equipment used are displayed;</li> <li>• Any faulty equipment is removed from service and reported.</li> </ul>
<p><b>Employee's Responsibility</b></p>	<p>All employees have a responsibility to:</p> <ul style="list-style-type: none"> <li>• only use equipment if they have had the appropriate training;</li> <li>• check workplace equipment prior to use;</li> <li>• report any defect, failure, hazard</li> <li>• ensure that they are familiar with any risk assessments;</li> <li>• use safe working procedures.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> <li>• It is the responsibility of all staff to report any defects of equipment which pose a risk to their manager.</li> </ul>

<b>Commissioning Support Staff.</b>	Whilst working on behalf of the ICB CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.
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## Appendix A – Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Lee Crowe

**Job Title:** Governance Manager, H&S/Fire/Security

**Organisation:** NHS North of England CSU

**Title of the service/project or policy:** Provision of Use of Work Equipment

#### Is this a;

**Strategy / Policy**

**Service Review**

**Project**

**Other** [Click here to enter text.](#)

#### What are the aim(s) and objectives of the service, project or policy:

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

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

Click here to enter text.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Claire Riley	Director of Corporate Governance, Communications and Involvement	June 2022

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

