

HEALTH AND SAFETY REPRESENTATIVES

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	March 2017	Next Review Date:	April 2024
Version:	2.0	Last Review Date:	April 2022
Author:	Health and Safety Manager		
Directorate:	Estates and Facilities Management		
Authorised by		bClarke	
Approval Route: Health and Safety Committee			
Approved By:		Date Approved:	
Health and Safety Committee		13 th July 2022	
Links or overlaps with other procedures/policies:			
Health and Safety Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
2.0		April 2022	Full review	Health and Safety Committee

Please note:

If you require a copy of this document in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this document, please contact the Human Resources (HR) team on 01803 656680.

CONTENTS

Introduction	4
Purpose	4
Functions of Health and Safety Representatives	4
Workplace Inspections	4
Consultation with Health and Safety Representatives	5
Health and Safety Committee	5
Role of Managers	5
Training	6
Liaising with the Health and Safety Team	6
References	6
Appendices	6

1. Introduction

Health and Safety Representatives (HSR) are an integral part of the Trusts health and safety management system. These functions complement the responsibilities of managers to enable the Trust to protect the health, safety and welfare of its staff, patients and visitors so far as is reasonably possible.

HSR represent staff at the Trust and others, with their consent on all matters concerning health and safety

The Trust positively recognises its responsibilities to consult with HSR on health and safety matters, this will be carried out at a local and organisational level and will include consultation through the Health and Safety Committee.

2. Purpose

The purpose of this document is to provide information and guidance to HSR on their roles to enable them to carry out their respective duties and identifies the procedures to be adopted by the Trust, its managers and HSR.

3. Functions of Health and Safety Representatives

The functions of the HSR are defined under The Safety Representatives and Safety Committees Regulations 1977, their roles are:

- To investigate possible dangers at work, the causes of accidents and general complaints by Trust employees on health and safety and welfare issues and to take these matters up with their manager or the Health and Safety Team
- Receive information and sight of any documentation relating to the circumstances which led to an incident (e.g. risk assessments, safety data sheets, procedures and guidelines, equipment operating manuals, etc)
- To carry out inspections of the workplace particularly following accidents, diseases or other events
- To take up general matters affecting the health and safety of the Trust employees
- To represent employees in discussions with health and safety inspectors and to receive information from those inspectors
- To attend meetings of the Trust Health and Safety Committee

The Trust must give HSR the paid time necessary to carry out their functions.

4. Workplace Inspections

HSR are entitled to inspect the work place but prior to carrying out an inspection the HSR must give the Trusts Health & Safety Team and the location manager reasonable notice in writing of his/her intention to carry out a planned inspection.

If the HSR believes an ad hoc inspection must be carried out (for example due to changes

to the workplace or working practices) the HSR must again give Trusts Health & Safety Team and the location manager reasonable notice in writing of his/her intention to carry out an ad hoc inspection.

The location manager and a member of the Trusts Safety Team should accompany the HSR during the inspection.

HSR may conduct a Workplace Inspection on a quarterly basis or more frequently in areas or on activities of especially high risk. A flow chart on the inspection process can be seen at Appendix 1 with a copy of the inspection report form at Appendix 2.

During inspections or correspondence Health and Safety Inspectors may want to liaise directly with employees HSR therefore the employees must be informed that the inspection is going to take place. HSR represents the voice of employees when communicating with these Inspectors.

5. Consultation with Safety Representatives

Under the Health & Safety (Consultation with Employees) Regulations 1996 the Trust has a duty to consult with HSR.

At a local management level consultation must be carried out by managers regarding the following:

- Matters arising from risk assessments undertaken as required under the Health and Safety Policy
- Any measure which may substantially affect health & safety
- The planning and organising of any health & safety training specific to the department
- The health and safety consequences of new technology that it is planned to be brought into the workplace
- Any planned or new developments that may affect health and safety

6. Health and Safety Committees

HSR are expected to attend meetings to:

- Provide a vital link between staff and managers on local and organisational issues
- Bring local issues and ideas which cannot be resolved at the local level
- Consider and review the implementation of policies and procedures at a local level

7. Role of Managers

Managers play an important role supporting and building positive health and safety systems with SR. Key roles for managers are:

- To provide HSR with time off during work time to enable them to carry out their duties
- To support the roles of HSR
- Meet reasonable costs of health and safety training including travel
- To provide facilities and assistance reasonably required for the HSR to carry out their role this may include access to:
 - A telephone and quiet area where they can have private conversations
 - A lockable cabinet or desk for paperwork, records or reference material
 - Intranet and internet facilities (if available)
 - A photocopier and a notice board to circulate information to the employees they represent
 - Time with the employer to discuss health and safety issues

8. Training

The Trust will give paid time to HSR as necessary to undergo training in their functions, as is reasonable in the circumstances relevant to the carrying out of their role.

9. Liaising with the Health and Safety Team

HSR can contact the Health and Safety Team by telephone, email, fax or letter. The Health and Safety team will also liaise with the HSR if there are issues or work on going in their working area, if they are part of a safety project or if there are questions relating to their Workplace Inspection.

10. References & Further Information

The following references and further reading are applicable to this document:

- The Health and Safety at Work Act 1974
- The Safety Representatives and Safety Committees Regulations 1977
- The Health and Safety (Consultation with Employees) Regulations 1996
- The Management of Health and Safety at Work Regulations 1999

Information for employees and details of contacts can be seen on the Health and Safety Poster.

11. Appendices

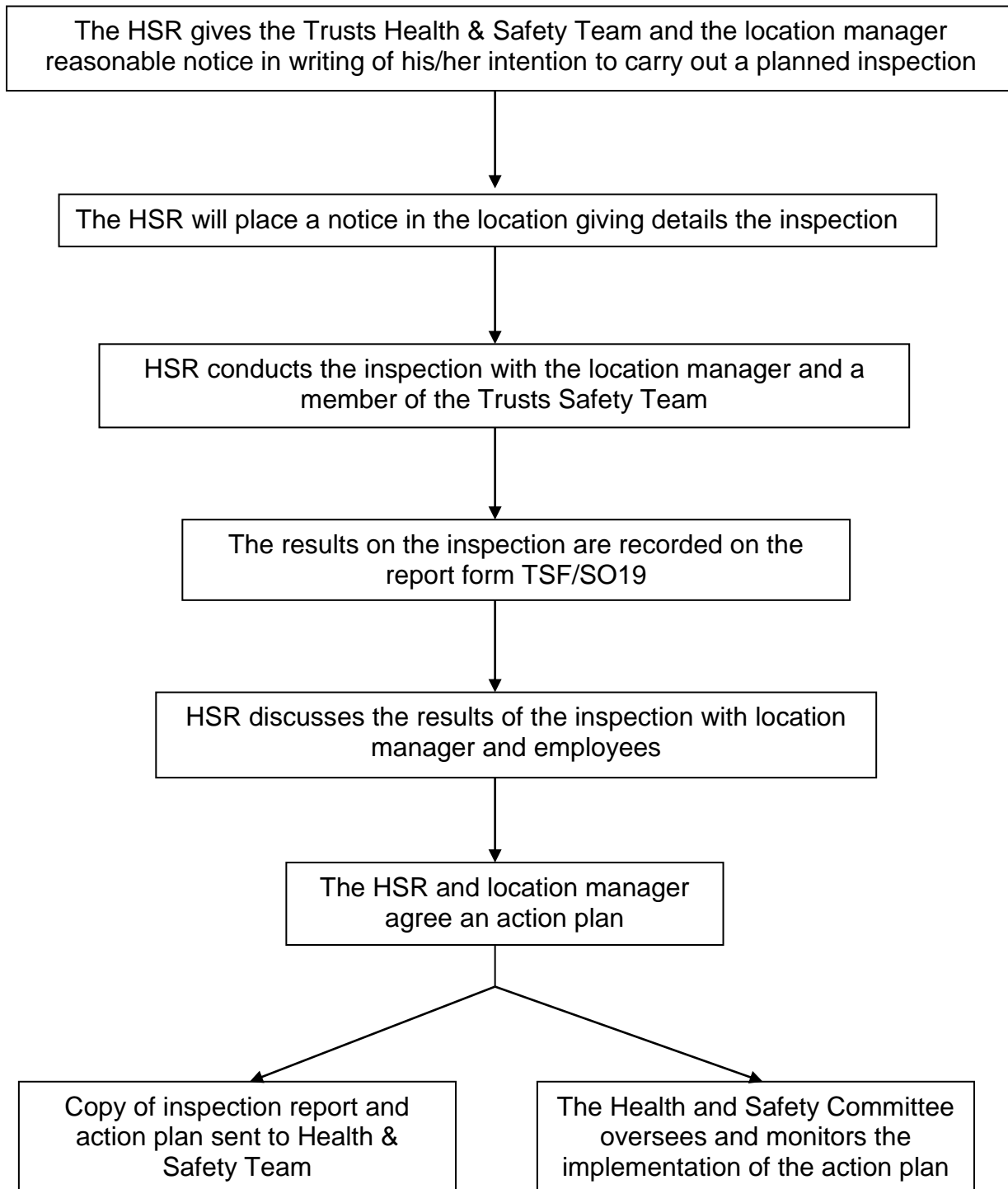
Appendix 1 - Flowchart for Inspections carried out by Staff Side safety Representatives

Appendix 2 - Copy of Safety Representatives Inspection report

Appendix 3 - Equality Impact Assessment

Appendix 1

Flowchart for inspections carried out by staff side safety representatives



Appendix 2

Example of TSF/S019

Safety Representatives Inspection/Report Form

Safety Representative		Date	
Inspection Location		Managers Name	

GUIDANCE							
1	COSHH	2	Health & Welfare	3	PPE (Protective Clothing)	4	Manual Handling
5	Equipment Maintenance	6	Housekeeping/Storage	7	Security	8	First Aid
9	Fire Safety/Precautions	10	Hygiene & Cleanliness	11	Staff Training	12	Waste Management
13	General Maintenance	14	Paperwork	15	Working at Height	16	Slip, trips & falls

ACTION PLAN				
SER	DETAILS OF ISSUE	REMEDIAL ACTION REQUIRED	TARGET DATE	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				

Appendix 3

Equality Impact Assessment

Policy Title (and number)	HEALTH AND SAFETY REPRESENTATIVES		Version and Date	V1	
Policy Author	Maurice Lidster				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'. Suitable risk assessment will be completed depending on staff circumstances.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access? See individual Risk Assessment.					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
The purpose of this Procedure is to provide information and guidance to HSR on their roles to enable them to carry out their respective duties and identifies the procedures to be adopted by the Trust, its managers and SR.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Health and Safety Committee					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
none					
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form			Signature		
Validated by (line manager)			Signature		