Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

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1. INTRODUCTION & PURPOSE

1.1 This document has been produced in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974. The document is headed Health and Safety Policy and applies to Solent NHS Trust It will be reviewed periodically or where it is believed to be no longer valid, with any amendments will be brought to the attention of all employees.

1.2 This policy which contains details of roles and responsibilities for the management of health and safety throughout the Trust is supported by other more detailed policies which should be read in conjunction with it.

1.3 The policy has been compiled to provide guidance to Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical) and Employees on the arrangements for managing health, safety & welfare throughout the organisation. Whilst comprehensive, the document is not exhaustive and as such all employees are required to take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions, i.e. patients and visitors.

1.4 Where employees identify potential risks during their work or risks that are not covered by this document, they are to bring them to the attention of their line manager directly or via their Safety Representative and/or the health and safety sub-committee.

1.5 The following terms are used throughout this document to identify individuals or groups of employees that have particular responsibilities or roles, the definitions of which are to be construed accordingly.

- **Directors** are those employees who by the nature of their role or status are responsible for the supervision and/or control of managers and/or activities, including those of sub-contractors or service providers within their Directorate;

- **Service providers** are those organisations contracted by Solent NHS Trust to perform specific tasks that enable the organisation to function as required. Service providers may be NHS Trusts, external organisations or individuals, examples of which would include, but not be limited to NHS Trusts providing facilities management, NHS Trusts or individuals providing medical diagnostic services or treatment, or private companies or contractors involved in construction, catering and cleaning services etc.

- **Managers** (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical) are those employees who by the nature of their role or status are not Directors, but are responsible for the management, supervision and control of employees and/or activities, including those of sub-contractors or service providers within their Business Unit.

- **Employees** are those who by the nature of their role are not Directors, Business Unit Leads/Heads of Department or Managers and include office staff, healthcare workers etc.
1.6 **SCOPE**

1.6.1 This policy applies to all directly and indirectly employed staff and other persons working within the Trust in accordance with the Trust’s Equal Opportunities Policy. Where staff undertake procedures for other healthcare providers they must follow their policies and procedures.

1.6.2 This policy extends to all sites, buildings and areas where Solent NHS Trust owes a duty of care and responsibility to employees, patients, visitors, contractors, or any other person affected by its undertaking. Areas of work and activities covered by this policy would for example include, but would not be limited to:

- The provision of any form of medical treatment in inpatient settings
- The provision of any form of medical treatment or service within the community setting or a person’s home;
- The building, demolition or alteration of any premises owned or occupied by the Trust. The management of legionella, asbestos e t c. or a construction project by any organisation contracted to do so, as part of the Trusts undertaking.

1.7 **EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT**

1.7.1 As part of the Trust’s policy an equality impact assessment was undertaken. The author is not aware of any evidence that different groups have different priorities in relation to the implementation of this policy, or that any group will be affected disproportionately or any evidence or concern that this policy may discriminate against a particular population group.

1.7.2 The equality impact assessment concluded there will be no negative impact as a result of the introduction of this policy.

Refer to Appendix 3 equality impact assessment

1.8 **CORPORATE MANSLAUGHTER AND CORPORATE HOMICIDE**

1.8.1 The Corporate Manslaughter and Corporate Homicide Act came into force on 6 April 2008. It is called corporate manslaughter in England, Wales and Northern Ireland and corporate homicide in Scotland.

1.8.2 There are no new duties or obligations under the Act, nor is the new offence part of health and safety law, although it is specifically linked to existing health and safety requirements. Providing the Trust meets the requirements of existing health and safety law and follows current policies and procedures, it is unlikely to breach the new provisions. Nonetheless, the Trust must keep its health and safety management systems under review, in particular, the way in which its activities are managed or organised by senior management.

1.8.3 Under the Act, health and safety legislation means ‘any statutory provision dealing
with health safety and welfare legislation enforced by the Health & Safety Executive.

1.8.4 The Police will investigate suspected cases of corporate manslaughter, with prosecution decisions made by the Crown Prosecution Service. Juries will be required to consider breaches of health and safety legislation in determining liability for corporate manslaughter/homicide. Juries may also consider whether account has been taken of existing health and safety guidance and the extent to which the evidence shows that there were attitudes, policies, systems or accepted practices that were likely to have encouraged any such serious management failure, or have produced tolerance of it.

1.9 ORGANISATION AND ARRANGEMENTS FOR IMPLEMENTATION

1.9.1 The organisational chart at Appendix 1 of this policy identifies the organisational structure for the establishment and maintenance of health and safety in general terms for Solent NHS Trust.

1.9.2 Every employee has a responsibility for both the safety of themselves and that of others who may be affected by their acts or omissions, the extent of which will be dependent on their operational role and position within respective organisations. More detailed duties and responsibilities can be found later in section two of this policy.

1.10 MONITORING AND REVIEWING

1.10.1 The management of health and safety will be monitored by Directors, Facility Managers, Support Services Managers, Premises Managers, responsible persons both clinical and non-clinical, Safety Representatives, Clinical Risk Manager and the Trust's Health and Safety Manager.

1.10.2 To provide assurance to the Board, departments and individuals identified by this policy will be required to provide outline reports to the respective Health and Safety Sub Committee on a quarterly basis.

1.11 RISK ASSESSMENT

1.11.1 To meet the requirements of the Management of Health & Safety at Work (Amendment) Regulations it is Trust policy that risk assessments are undertaken for clinical and non-clinical activities that present foreseeable significant risk.

1.11.2 To avoid duplication and ensure the information gathered is used effectively, initial risk assessments are to be undertaken in accordance with the Solent NHS Trust Risk Management Strategy Policy. The risk assessments are to be held in department risk registers along with the resultant safe system of work which are to be brought to the attention of employees concerned.

1.11.3 The obligation to undertake risk assessments is statutory, i.e. required by law and applies to activities that present significant risk above and beyond that associated with everyday life, unless the risks are compounded by the work activity.

1.11.4 Managers at all levels, clinical or non-clinical are required to identify and assess risks to the health and safety of employees, patients, contractors, visitors and members of the general public and develop and maintain safe systems of work to eliminate or reduce
these risks.

1.11.5 Systems of work, i.e. the process by which any aspect of work is planned, organised or undertaken, (including the introduction of new plant, equipment, processes or substances) shall (using specialist advice where necessary) be developed to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees and other persons who may be affected. This process shall include the identification of significant hazards and the provision of instruction and training in emergency procedures.

1.11.6 Particular attention shall be given to the definition and control of activities which may incur the Trust in joint liability in its relationship with contractors and others involved in on-site work,

1.12 COMMUNICATION & CONSULTATION

1.121 The Trust will ensure that suitable and relevant information regarding health, safety and welfare is disseminated to staff. The Trust Health and Safety Sub-Committee meetings will be held on a quarterly basis during which time employees are encouraged to discuss matters of concern regarding health and safety.

1.12.2 Additionally, statutory notices such as the "Health & Safety Law - What you need to Know" are to be displayed advising employees of:

- The address and contact details of the Trust’s Health & Safety Manager;
- The names of employees elected to represent employees on matters of health & safety.
- Contact details for the Health and Safety Executive and the Employment Medical Advisory Service.

Refer to Appendix 4 Health and safety law poster contact details.

1.13 SPECIFIC ADVICE OR INFORMATION

1.13.1 This safety policy lays the foundations for the effective management of health, safety and welfare throughout Solent NHS Trust. Whilst comprehensive, more detailed policies have been produced to provide advice on topics such as the Control of Substances Hazardous to Health (COSHH), waste management, infection control, manual handling, etc. should be read in conjunction with it.

1.13.2 It is however inevitable that from time to time situations will arise where a solution is not apparent from either personal knowledge, expertise or the information contained within these policies. In all such cases advice is to be sought from line managers, who will obtain the necessary advice or information.

1.13.3 Ideally, each departmental area of the Trust will have its own notice board on which it will display relevant information regarding health, safety and welfare. Whilst the board can be used for other matters, reasonable attempts shall be made to keep health and safety matters separate and identifiable, with only current material displayed.

1.13.4 Managers are to ensure that each board displays: Health & Safety Policy
1.14 INFORMATION, INSTRUCTION AND TRAINING

1.14.1 Training plays an essential part in the effective development of human resources, enhancing performance of the individual and improving the quality of patient care. A trained employee is able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it should be done safely.

1.14.2 The Trust recognises that sound training is part of safe clinical and non-clinical working practice and encourages employees to undertake courses designed to improve their health, safety and welfare as well as that of others affected by what they do.

1.14.3 As skill needs are identified, appropriate training will be arranged and employees consulted accordingly. Where new systems of work or products are introduced that require specialist training, appropriate instruction and advice will also be provided to those employees involved.

1.14.4 Managers are to monitor the various activities under their control and ensure compliance with safe working procedures. Where monitoring identifies a need to provide additional training or instruction, managers are to contact the Learning and Development department and make the necessary arrangements.

1.14.5 As a general guide employees should be provided with appropriate training on: Joining the Trust, a department or when transferring between posts; where identified risks are increased due to:

- A change in their task or responsibilities;
- A change in equipment or technology;
- A change in the system of work.

1.14.6 Formal Corporate Induction training is given as part of the staff mandatory training framework to all new employees to the Trust. Corporate Induction is a two stage process. Part A and Part B. The one day classroom based (Part A) covers Patient Safety, Where to find our policies, Reporting procedures, Accessing e-learning and Moving and Handling Inanimate Loads (Part B): the Manager completes local induction on the first day of the new employee joining the workplace and before any duties are undertaken it includes Health and Safety, Fire Safety arrangements, First Aid provision and any specific hazards relating to the workplace. Both Parts A & B are monitored by Learning and Development. E-learning modules including H&S & Fire are then completed by the new employee.

1.14.7 Essential training updates are via e-learning, Training requiring a physical element is classroom based e.g. Patient Moving and Handling
1.14.8 As with other aspects of health & safety, training records are an essential element of safety management and as such accurate records of all training undertaken shall be kept and maintained by Learning and Development.

1.15 REVIEW

1.15.1 This policy will be reviewed on a Tri-annual basis, or where there has been a significant change in health and safety law, where the policy is believed to be no longer valid, or at the request of safety representatives or management.

1.16 LINKS TO OTHER POLICIES

1.16.1 Health and safety related policies can be accessed on Solent NHS Trust Internet and staff intranet site under Polices/ Cooperate Polices.

1.17 SUBORDINATE LEGISLATION, REGULATIONS and GUIDANCE DOCUMENTS

1.17.1 The Trust Health and Safety Management Systems incorporate Health and Safety and Environmental Legislation relevant to the organisation and its work activities, specifically the Health & Safety at Work etc. Act 1974 and subordinate legislation, regulations and guidance documents made under and/or associated with this Act, including:

- Management of Health & Safety at Work Regulations (as amended)
- Workplace (Health, Safety and Welfare) Regulations (as amended)
- Manual Handling Operations Regulations (as amended)
- The health and safety (First Aid) Regulations (as amended)
- Provision and Use of Work Equipment Regulations (as amended)
- Lifting Operations and Lifting Equipment Regulations (as amended)
- Personal Protective Equipment at Work Regulations (as amended)
- Legionnaires Disease – Control of Legionella Bacteria in Water Systems (as amended)
- Control of Asbestos Regulations (as amended)
- Managing and working with asbestos Approved Code of Practice (ACOP) L143 (Second Edition) (as amended)
- Health and Safety (Display Screen Equipment) Regulations (as amended)
- The Control of Substances Hazardous to Health Regulations (as amended)
- The Health and Safety (First Aid) Regulations (as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (as amended)
- The Corporate Manslaughter and Corporate Homicide Act (as amended)
- Health & Safety (Consultation with Employees) Regulations (as amended)
- Safety Representatives and Safety Committee Regulations (as amended)
- Influencing Behaviour and Reducing Errors (HS (G) 48)
- Environmental Protection Act 1990 (as amended)
- And other related health and safety legislation/ guidance notes.
SECTION 2
ROLES & RESPONSIBILITIES

2. CHIEF EXECUTIVE OFFICER

2.1 The Chief Executive Officer (CEO) has delegated responsibility for Health and Safety throughout Solent NHS Trust and is responsible for managing health and safety and monitoring compliance with health and safety legislation, NHS directives and Trust policies. The CEO will achieve this by:

- Ensuring this policy on Health and Safety at Work is implemented in every operational area throughout the Trust
- Arrangements are in place to enable the effective planning, organisation, control, monitoring and review of health and safety in every operational area of the Trust
- Appoint a Director to act on their behalf to ensure adequate structures are in place to ensure, so far as is reasonably practicable, the health, safety and welfare of staff, patients and others affected by the Trusts’ undertakings
- Ensuring active channels of communications for consultation with employees by establishing and maintaining appropriate health and safety subcommittee, groups, forums, structures and receiving feedback
- Ensure that adequate resources are allocated to meet Solent NHS Trust’s commitment to health, safety and welfare
- The Chief Executive Officer’s Health and safety Policy Statement endorses these responsibilities and commitments (Refer to Appendix 2).

2.1 DIRECTOR RESPONSIBLE FOR HEALTH & SAFETY

2.1.1 Although there are no new duties or obligations under the Corporate Manslaughter and Corporate Homicide Act, it is specifically linked to existing health and safety law.

2.1.2 Under the Act, health and safety legislation means ‘any statutory provision dealing with health and safety matters’ i.e. Pedestrian and vehicle transport, food safety, workplace safety, infection control, etc. and other legislation enforced by the Health & Safety Executive.

2.1.3 It is therefore vital that Solent NHS Trust keeps its health and safety management systems under review, in particular, the way in which its activities are managed or organised by senior management.

2.1.4 In support of the Chief Executive Officer, the Director responsible for the management of health and safety shall, ensure that they establish a Trust Health and Safety Sub-Committee, the Terms of Reference for which are to be approved by Solent NHS Trust Board.

Health and Safety Sub-Committee, Terms of Reference can be found at (Appendix 3)

2.1.5 The Director will be fully converse and comply with the terms of reference of the health and safety sub committee
2.1.6 Be kept informed of changes in the relevant statutory provisions and assess the implications of such changes with regard to their area of responsibility for health and safety.

2.1.7 Appoint a Health and Safety Manager to provide specialist advice on all health, safety and welfare matters relating to the Health and Safety at Work Act.

2.2 MANAGERS (FACILITY MANAGERS, SUPPORT MANAGERS, SERVICE MANAGERS, PREMISES MANAGERS, and RESPONSIBLE PERSONS BOTH CLINICAL and NON CLINICAL)

2.2.1 In support of the Director responsible for managing health & safety, Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical) shall, within their area of responsibility ensure that day to day work activities under their control are carried out with full regard to good health and safety management and compliance with this policy. In particular within their area of responsibility shall ensure:

- Arrangements are in place to enable the effective planning, organisation, control, monitoring and review of preventative and protective measures within their area of responsibility

- The Statement of Intent contained within this policy is brought to the attention of all employees within their area of responsibility

- Managers and employees are made aware of their health and safety responsibilities as determined by this policy and respective job descriptions

- They monitor the safety performance of their area on a suitable basis (dependant on the risks) but no longer than annually and take such steps as may be necessary to improve the performance

- They develop an appropriate risk register in accordance with Solent NHS Trust Risk Management Strategy Policy that is reviewed on a quarterly basis, or where it is believed to be no longer valid, whichever is the sooner. The register is to be kept, maintained and made available to the Clinical Risk Manager and Trust Health & Safety Sub-Committee.

- They promote and encourage consultation and communication on matters of health and safety. Ensure that employees are provided with such health surveillance as is appropriate with regard to risks to their health & safety

- Arrange for the assessment of employees' capabilities, in particular their specific training needs and provide appropriate training to ensure they can perform their work without risk to themselves or others

- Appoint Staff Side Safety Links, First Aiders and Fire Wardens in sufficient numbers, ensuring that sufficient time and resources are made available to assist them to discharge the duties placed upon them

- Ensure that all employees, especially part time or temporary staff receive
comprehensible and relevant information on:
- any risks to their health & safety
- protective and preventative measures
- emergency procedures
- the identity of individuals nominated to assist them in the event of an emergency

- By using Solent’s internal reporting system “safeguard” report to risk management the details of any incidents, dangerous occurrences or cases of disease
- Make suitable and sufficient assessments of risks to the health and safety of employees and others, record the significant findings and ensure the adequacy of preventative and protective measures
- Review and, if necessary, revise risk assessments at regular intervals to ensure the continuing adequacy of preventative and protective measures
- Recommend improvements or remedial action to risk management and the Director of the relevant Health and Safety Subcommittee, arising from reviews or the findings of any investigations into the cause of accidents or dangerous occurrences.

2.3 **TRUST HEALTH & SAFETY MANAGER**

2.3.1 The Health and Safety Manager is the competent person, accountable to the Chief Executive through a functional management chain, who advises Solent NHS Trust in respect of health and safety policy formulation and development. Trust safety manager shall, as part of their duties:

- Ensure that Managers and employees are aware of their health and safety responsibilities as determined by this policy;
- Review and amend policies and procedures on a regular basis or on the introduction of new legislation, whichever is the sooner;
- Keep themselves informed of changes in the relevant statutory provisions and assess the implications of such changes for the Trust's safety policies, arrangements and procedures;
- Monitor the safety performance of the Trust and its service providers, taking such steps as may be necessary to improve safety performance;
- Recommend improvements or remedial action to the Trust’s Health and Safety Sub-Committee arising from reviews of Directorates, Service Providers or the findings of investigations into the cause of accidents or dangerous occurrences;
- Promote interest in and enthusiasm for health and safety throughout the Trust;
- Review the details of accidents, dangerous occurrences and cases of disease reported to the Health and Safety Executive;
- Assist managers in providing employees with adequate information, instruction and
training as may be necessary to perform their work without risk to themselves or others;

- Advise and assist Staff Side Safety Links appointed by line managers in carrying out their duties;
- Maintain the health and safety webpage on Solent NHS Trust staff intranet.

2.4 STAFF SIDE SAFETY LINKS

2.4.1 Whilst Managers are responsible for all aspects of health & safety, to assist and support them Staff Side Safety Links shall be elected (or appointed) and trained. The names and telephone numbers of Safety Links is to be displayed on notice boards.

2.4.2 As part of their duties Safety Links shall assist managers to ensure:

- That employees are aware of the health and safety arrangements for premises in which they occupy
- Employees whom they represent are provided with such information or instruction as may be necessary to ensure, so far as is reasonably practicable, their health, safety and welfare at work
- That all registers, posters, notices, circulars are made available and when necessary, brought to the attention of employees
- All accidents, incidents, dangerous occurrences and cases of disease are reported through Solent’s internal reporting system “Safeguard”
- Health and safety practices and procedures are monitored on a regular basis via observations and completing the appropriate workplace inspection sheet and sent to Solent’s health, safety manager
- That the recommendations of any risk assessments undertaken are implemented
- That the significant findings and recommendations of any risk assessment are recorded and brought to the attention of those concerned
- That those groups they represent are consulted in good time about:
  - the introduction of any new health and safety measures in the workplace
  - the names of competent persons who administrate emergency and evacuation procedures, i.e. Fire Wardens, First Aiders, etc.
  - any health and safety information the employer gives to employee the introduction of new technology, as it affects the health and safety of employees.

2.5 FIRE WARDENS

2.5.1 As part of their duties, managers are to ensure adequate arrangements, equipment, facilities and trained personnel are available to implement emergency procedures in the event of the
outbreak of fire.

2.5.2 Employees are to be made aware of local fire arrangements and procedures during local inductions.

2.5.3 As part of their duties Fire Wardens shall:

- Undergo initial and refresher training courses coordinated by Learning and Development Department
- Inspect on a regular basis, the fire preventative and control measures within their areas of responsibility and report and defects through Solent’s online incident reporting System “Safeguard”
- Ensure that all designated escape routes are kept free of obstructions at all times
- In the event of a fire, implement the areas evacuation procedures determined by the fire risk assessment/management plan
- Ensure that all personnel for whom they are responsible are accounted for and that a statement to that effect is made to the senior on site Manager
- Where appropriate, ensure that no one re-enters the premises until it has been declared safe to do so by the Fire Brigade Officer or senior on site Manager
- Undertake any other reasonable duty requested by the senior on site Manager that is within their capability.

2.6 FIRST AIDERS

2.6.1 As part of their duties, managers are to ensure adequate arrangements, equipment, facilities and trained personnel are available to administer First Aid to employees whilst at work, irrespective of where this may be.

2.6.2 Undergo initial and refresher training courses coordinated by Learning and Development Department

2.6.3 Employees are to be made aware of how to obtain First Aid during local inductions, the details of which are to be displayed on local notice boards.

2.6.4 First Aiders and/or emergency first aid responders shall, as part of their duties:

- Be responsible for any First Aid box placed in their care, ensuring that it is available to all staff and that it contains an adequate stock of usable materials.
- Attend to persons requiring First Aid in accordance with the training they have receive

2.7 EMPLOYEES

2.7.1 Whilst at work, all employees have a responsibility for their own health and safety and that of others who may be affected by what they do or don’t do. Employees shall, in support of
their managers and colleagues:

- Use all work equipment, materials, personal protective equipment and clothing provided in accordance with the information, instructions and training received
- Not to interfere with any work processes and/or procedures or misuse any work equipment, materials, personal protective equipment or clothing provided
- Co-operate with the Trust in discharging any relevant statutory obligations
- Participate in health and safety reviews and reporting procedures
- Inform Staff Side Safety Links and line managers without delay, of any work situation which they consider represents a serious or immediate danger to the health and safety of themselves or others
- Inform Staff Side Safety Links and line managers of any matter they reasonably consider represents a shortcoming in the health and safety arrangements, even when no immediate danger exists
- Familiarise themselves with all the designated means of escape in case of fire and bring to the attention of Staff Side Safety Links and Trusts Fire Advisor any defective equipment which might result in a fire
- Prevent, or bring to the attention of the Staff Side Safety Links and Trusts Fire Advisor and line managers the obstruction of any staircase, landing, escape route or fire appliance
- Make themselves familiar with those work procedures in place for reasons of health and safety, which are relevant to their work. Those who visit other sites shall themselves familiar with the health and safety procedures and requirements of those locations and act responsibly
- In all cases, particularly at non Solent NHS Trust controlled premises, employees are to make themselves aware of local First Aid arrangements and procedures. Particular attention should be paid to:
  - Arrangements and procedures for summoning First Aid
  - The names of the First Aiders
  - The location of First Aid equipment
- Attend mandatory and statutory training sessions and other training, as directed by their Line Manager. Employees must bring to the attention of their line manager any outstanding training requirements needed to ensure they can carry out their work activities in a safe and competent manner. A member of staff should carry out no work activity if they are not trained or competent to complete the task safely

2.8 **OCCUPATIONAL HEALTH & WELLBEING DEPARTMENT**

2.8.1 The Occupational Health and Wellbeing Department exists to offer a comprehensive, specialist advisory service to management and employees within the Trust on all matters relating to safety and health and staff wellbeing.
2.8.2 Its role is to create the necessary conditions to improve awareness throughout the Trust and of the need to promote and maintain safety, as well as ensuring the physical and mental well-being of all employees.

2.8.3 As part of their role, the Occupational Health and Wellbeing Department shall:

- Undertake risk assessments at all stages of employment and provide advice on the effects of health on work activities and individual’s work capacity;

- Provide advice to managers/employees in relation to risks form health hazards in the workplace.

- Undertaking Work Health Assessments for new recruits to identify susceptible individuals who may be likely to be at excessive risk of developing work-related disease from hazards/hazardous agents present in the workplace and to ensure as far as possible, that the prospective employee does not represent a risk to others and that the employee is physically and psychologically capable of carrying out the work proposed. Risk assessment will consider relevant current or previous illness, e.g. serious communicable diseases i.e. blood borne viruses (tuberculosis, hepatitis B, hepatitis C and HIV) when indicated by risk assessment; and offer protection against pathogens in the workplace thereby reducing the risk of healthcare worker-to–patient- transmission of infection. All assessments made take into account the manager’s occupational risk assessment, the requirements of the Equality Act 2010 and will consider reasonable adjustments that may be required, to ensure that people can work regardless of physical impairment, mental illness or learning disabilities where it is safe to do so.

- Provide advice to managers/employees in relation to reasonable adjustments required by the Equality Act;

- Provide health surveillance programmes to employees who may be exposed to hazardous substances at work, to ensure that any change in health are detected at an early stage.

- Ensure that vulnerable group’s i.e. pregnant workers, receive health surveillance throughout their pregnancy (and as new mothers), to ensure that workplace activities do not affect the health of the mother or her baby.

- Undertake risk assessment following occupational injury i.e. inoculation, contamination, sharps (bites, cuts, scratches, splashes), provide support and treatment as appropriate.

- Support staff and managers to create a safe and healthy work environment where the health and wellbeing of employees is highly valued and encourages and supports employees to maintain and adopt healthy lifestyles.
2.9 HEALTH & SAFETY SUB SUBCOMMITTEE

2.9.1 The Trust acknowledges the importance of employee involvement in health and safety matters and the positive role played by Safety Representatives.

2.9.2 The Trust will establish respective Health and Safety Sub Committee that will be chaired by a nominated Director, who on behalf of the Chief Officer has the authority to act upon the decisions reached by the Sub Committee.

2.9.3 The Trust’s Health & Safety Sub Committee role in monitoring its health and safety management systems is vital, in particular, the way in which its activities are managed or organised by senior management. Establishing a system for the development and review of Solent NHS Trust policies relating to Health and Safety, which will support the overall management for Health and Safety:

- Establishing a system for undertaking and reviewing Risk Assessments and associated risk and control strategies

- Receiving quarterly Safeguard monitoring reports (including but not limited to Health safety, fires and fire alarm activations), identifying cross-Directorate issues and developing effective management plans to control them, in liaison with Directorates and other relevant persons.

- Evaluating and taking appropriate action following reports from Trade Union Health and Safety Representatives, external agencies and other appropriate bodies, concerning Health and Safety.

- Identifying Health and Safety training needs and resources required for an on-going training plan to be developed, implemented and reviewed to meet these needs (which may also be informed by the findings of risk assessments). Monitoring staff attendance and compliance with Solent NHS Trust mandatory/ statutory Health & Safety Training, and any other corporate Health & Safety related training.

- Ensuring that responsibilities for Health and Safety are clearly defined in job descriptions, Solent NHS Trust policies and procedures and ensure adequate training is provided to enable staff tasked with Health and safety duties to fulfil these requirements.

- Supporting Health & Safety Representatives (union/non-union) in their role.

- Ensuring that performance standards for Health and Safety are identified and that there is an appropriate appraisal/audit mechanism, so that the effectiveness of services in meeting their responsibilities for Health and Safety can be monitored.

- Liaising with other organisations and ensure good communications on shared policies and awareness in shared premises.

- Promoting the management of Health and Safety in a positive light.

- Receiving reports from and supporting/ reviewing the work of specialist risk groups.
2.9.4 The terms of reference for the health and safety subcommittee can be found at Appendix 2 of this policy.

2.10 RADIATION PROTECTION ADVISOR

2.10.1 Solent NHS Trust, with the Health and Safety Executive, formally appoints the Radiation Protection Advisor as required by Ionising Radiations legislation. The RPA is the competent person to advise Solent in respect of radiation protection policy formulation and development if required. Additional duties are to:

- Provide advice on all aspects of radiation protection
- Carry out periodic audits of work places
- Act as the Qualified Person in relation to radiation monitoring equipment
- Appoint Radiation Protection Supervisors for areas working with ionising radiation
- Assist with the provision of appropriate training for staff
- Be a resource to Solent NHS Trust for ensuring compliance with the necessary statutory instruments and policies.

2.11 HEADS OF ESTATES PROJECTS AND HEAD OF PROPERTY

2.11.1 In support of the Director responsible for managing health and safety, Heads of Estates Projects and Head of Property shall, within their area of responsibility ensure that:

- Arrangements are in place to enable the effective planning, organisation, control, monitoring and review of preventative and protective measures within the Estates and Facilities service
- Ensuring Solent NHS Trust health and safety policy is brought to the attention of all (including the Estates and Facilities service level providers) within his/her area of responsibility and that they are made aware of their health and safety responsibilities as determined by this policy
- They monitor the performance of the Estates and Facilities inclusive of service provider’s health and safety performance on a quarterly basis and take such steps as may be necessary to improve performance
- They are kept informed of the risk register appropriate to their remit
- They attend and report on a quarterly basis to the health and safety Sub Committee on the Estates compliance in regards to buildings that Solent own and occupy
SECTION 3

3. SAFETY MANAGEMENT ARRANGEMENTS AND PROCEDURES

3.1 The ultimate aim of the Trust’s health and safety management system is to prevent injury and ill health to employees and others affected by its undertaking and working environment.

3.2 The Trust believes that effective planning is the key to achieving this aim through the identification, elimination and control of hazards and risks. However, given the range of activities undertaken by the Trust and the geographical locations covered, the detailing of all necessary precautions and procedures required managing health & safety is beyond the scope of a single policy.

3.3 To ensure Clinical Delivery Unit Leads/Heads of Department, Managers and employees are provided with suitable and sufficient information and advice on how to manage health and safety in non-clinical areas such as manual handling, lifting equipment, substances hazardous to health, etc., this policy is supported by other more detailed policies which are to be read in conjunction with this policy.

3.4 These policies have been produced in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974 and are available on the Solent NHS Trust’s intranet. They will be reviewed periodically, where there has been a significant change, they are believed to be no longer valid, or at the request of staff side safety representatives.

3.5 These policies and any amendments must be brought to the attention of employees concerned, although it is important to stress that whilst comprehensive, the documents are not exhaustive and all employees are required to take reasonable care of their own health and safety and that of others who may be affected by their activities, i.e. patients and visitors.

3.6 PLANNING HEALTH AND SAFETY MANAGEMENT SYSTEMS

3.6.1 Additional policies and procedures compliment this policy to form part of the overall Safety Management System, incorporated in all Solent NHS Trust business activities, to address specific health and safety work-related issues and facilitate the needs of individual Directorates and those of the Trust as a whole. Although specific policies are provided, their effective introduction, management, control and monitoring will be the responsibility of Directors and Managers and will reflect their areas of operation.

3.6.2 As this policy outlines the health and safety management systems for the Trust as a whole, it will be necessary for Directors to replicate these systems within each of their Directorates/Operational Areas.

3.6.3 In developing area specific health and safety management systems, Directors will need to consider:

- Management Arrangements
- Risk Control Systems
- Workplace Precautions.

3.6.4 When planning and developing respective health and safety management systems, Directors
will need to consider:

- Designing, developing and installing suitable management arrangements, risk control systems and workplace precautions that are proportionate to the needs, hazards and risks of the specific area
- Operating, maintaining and improving the systems to suit changing needs, hazards and risks.

3.6.5 In developing respective systems, it is recommended that a systematic approach is taken for each of the main elements, for which the following three key questions are asked:

- Where are we now?
- Where do we want to be?
- How do we get there?

3.6.6 As the activities and venues of each Clinical Delivery Unit will vary, Directors are encouraged to develop management arrangements, risk control systems and workplace precautions that are proportionate to the needs, hazards and risks of their operational area.

3.6.7 Planning will need to be co-ordinated to ensure consistent implementation of respective policies that will avoid the duplication of effort and critical omissions. As a general guide, an effective planning process should encompass:

- Accurate information about the current situation
- Suitable benchmarks against which to make comparisons
- Competent people to carry out the analysis and make judgements.

3.7 SERVICE PROVIDERS & CONTRACTORS

3.7.1 As the client, the Trust is responsible for the health, safety and welfare of staff, patients, visitors and others affected by its undertaking irrespective of their nature, i.e. clinical/non clinical, NHS/non NHS, etc.

3.7.2 The Trust will need to identify the level of risk associated with those activities they want the Service Provider & Contractor to undertake, the level of competence required to undertake such services and the necessary control measures required to ensure the Service Provider & Contractor provides a safe service.

3.7.3 The assessment process must be undertaken, the assessment will include, but may not be limited to the selection of someone suitable to do the job, assessing the risks, deciding what information, instruction and training is required, how co-operation and co-ordination between all parties will be achieved, arrangements for consultation and determining the level of management and supervision required.

3.8 SELECTION AND MANAGEMENT of CONTRACTORS or SERVICE PROVIDERS

3.8.1 To ensure the safety of staff, patients, visitors and others affected by the Trust’s undertaking, Managers responsible for the selection or engagement of Service Providers & Contractors shall, prior to any engagement, ensure they:

- Satisfy themselves that those they engage are competent by finding out:
- what experience they have in the activity to be undertaken;
- what their health and safety policies and practices are;
- about their recent health and safety performance (number of accidents etc.);
- what qualifications and skills they have;
- their selection procedure for sub-contractors;
- their safe working procedures;
- what health and safety training and supervision they provide;
- their arrangements for consultation;
- if they have any independent assessment of their competence;
- if they are members of a relevant trade or professional body;

- Satisfy themselves that those they engage have sufficient skills and knowledge to undertake the activity safely and without risks to health and safety of themselves, staff or patients, visitors, etc.;

- Ensure Service Providers & Contractors know and understand what safety performance and standards are expected of them;

- Explain relevant health and safety arrangements to Contractors and Service Providers which may include, but would not be limited to subjects such as fire safety, traffic management, waste disposal, site rules etc.

- Show procedures, permit systems, health and safety policy statement where appropriate, making sure they understand the information provided and act in accordance with it.

3.8.2 Throughout their period of engagement, Managers are to ensure there is co-operation and co-ordination between all the parties involved in the Contract or Service Level Agreement.

3.8.3 Managers responsible for the engagement of Contractors or Service Providers must decide what controls need to be in place to effectively manage and supervise the work of the Contractor or Service Provider.

3.8.4 The greater the impact the Contractor or Service Providers activities could have on the Trust and the health and safety of anyone likely to be affected, the greater the management and supervisory responsibilities imposed on the Manager by relevant health and safety law.

3.8.5 It should be noted that this duty is further expanded where the Trust knows more about the health and safety implications of the contracted activity, than the Contractor or Service Provider. In all circumstances, the Trust must have sufficient knowledge and expertise to manage and supervise the contracted activity; with the nature of the controls exercised by the Trust agreed with the contractor or service provider prior to the start of any activity.

3.8.6 Throughout the duration of the Contract or Service Level Agreement, Managers, Contractors and Service Providers are to monitor their health and safety performance, which will mean checking whether the risk assessments are up to date and that safe working procedures are being adhered to.

3.8.7 The level of monitoring will depend on the level of risk and the activities being undertaken, i.e. the greater the risks, the more stringent the monitoring. Managers responsible for the engagement of Contractors or Service Providers shall, as part of their duties:
- Make periodic checks on the Contractor’s or Service Providers performance to see if the activity is being undertaken as agreed;
- Ensure Contractor’s or Service Providers carry out day-to-day checks to verify that what should be undertaken is actually happening;
- Review work-related accidents, diseases and dangerous occurrences, irrespective as to whether they have to be reported to the enforcing authorities;
- Review ‘near misses’ to find out what went wrong and why it wasn’t prevented;
- Ensure all parties involved share the lessons learnt from monitoring and investigations with each other.

3.8.8 Where it is identified that agreed health and safety requirements are not being met, Managers are to find out why and introduce appropriate control measure to rectify the situation.

3.8.9 If after an agreed period of time health and safety performance is not brought up to requirements, the Trust will where appropriate and at the cost of the Contractor or Service Provider suspend, their activities until such a time that agreed and relevant safety standards can be met.

3.9 WORKPLACE PRECAUTIONS

3.9.1 Adequate workplace precautions must be provided and maintained to ensure the health and safety of employees, patients and visitors.

3.9.2 These precautions should reflect the hazards and risks associated with the area, its undertaking and work environment and could include, but may not be limited to features such as security, manual handling, local exhaust ventilation, traffic management, safety instructions, systems of work, training, infection control, fire, etc.

3.10 CONTROLLING HEALTH RISKS

3.10.1 Health and Safety law places a duty on the Trust to ensure the health as well as the safety of their employees. The principles for controlling health through risk assessment are the same as those for general safety. However, the nature of health risks can make the link between work activities and employee ill health less apparent than in the case of injury from an accident.

3.10.2 Unlike safety risks which can lead to immediate injury, the results of daily exposure to health risks may not become apparent for months, years and in some cases, decades. An employee’s health may therefore be reversibly damaged before the risk is apparent.

3.10.3 It is therefore essential that Directors ensure appropriate strategies are in place within their area of operation that prevent, or adequately control risks that could include, but may not be limited to:
- skin contact with irritant substances, leading to any adverse reaction, i.e. anaphylactic shock, dermatitis etc.
- inhalation of respiratory sensitizers, triggering immune responses such as asthma;
- badly designed workstations requiring awkward body postures or repetitive movements, resulting in upper limb disorders, repetitive strain injury and other musculoskeletal conditions;
- noise levels which are too high, causing deafness and conditions such as tinnitus;
- vibration from hand-held tools leading to hand-arm vibration syndrome and circulatory problems;
- exposure to ionising and non-ionising radiation including ultraviolet in the sun's rays, causing burns, sickness and skin cancer;
- infections ranging from minor sickness to life-threatening conditions caused by inhaling or being contaminated by micro-biological organisms;
- stress causing mental and physical disorders;
- illnesses or conditions such as asthma and back pain that have both occupational and non-occupational causes where it may be difficult to establish a definite link with a work activity or exposure to particular agents or substances.

3.10.4 Where appropriate, advice should be sought from specialist or professional advisers such as the Trust Safety Advisor, or Occupational Health and Safety Department.

3.10.5 The Trust believes that the management of health and safety is part of everyone’s role and not an adjunct to it. It is not a complex subject and providing everyone is working to recognised standards, the Trust should be doing all that is required to ensure the health, safety and welfare of all who are affected by its undertaking.

3.10.6 There is much that can be done to prevent or control risks to health at little or no cost by taking straightforward measures such as:
- Consulting employees on the design of workplaces and workstations
- Talking to suppliers of substances, plant and equipment about minimising exposure, etc.
- Enclosing machinery to cut down noise; researching the use of less hazardous materials, etc.
- Ensuring that employees are trained in the safe handling of all the substances and materials with which they come into contact.

3.11 IMPLEMENTING THE HEALTH AND SAFETY MANAGEMENT SYSTEM

3.11.1 It is well established that workplace precautions, risk control systems and management arrangements that are well designed and recognise best practice, human capabilities and
fallibilities; are easier to implement.

3.11.2 Likewise the reverse is also true. Complex systems, overly detailed forms or electronic systems that do not recognise human factors and fallibilities in system design, will lead to a poorly designed system discourages use, is hard to monitor and will probably be costly in terms of time, effort and resources. Even in well-designed and developed health and safety management systems there is still the challenge of ensuring that all requirements are complied with consistently.

3.11.3 To secure the continued effective operation of all the components of the health and safety management system it will need to be adequately inspected, maintained and monitored.

3.11.4 The type, frequency and depth of maintenance should reflect the extent and nature of the hazards and risks, with the resources allocated to the various risk control systems reflective of the hazard profile of the area.

3.11.5 To ensure the successful implementation of the Trust’s Safety Management Systems it is important that Clinical Delivery Unit Leads/Heads of Department and Managers:

- Take positive steps to address human factors and to encourage safe behaviour at all times
- Recognise that the prevailing health and safety culture within their area of responsibility will be a major influence in shaping employees’ safety related behaviour and the success of the Trust’s Safety Management Strategy.
The health and safety subcommittee is to provide assurance to the Board by:
- Reviewing reports from subordinate groups or forums required to address specific health and safety issues.
- The Health and Safety Sub-Committee is to provide assurance to the Board by:
- Reviewing reports from subordinate groups or forums required to address specific health and safety issues.
- All employees must contribute to the management of health and safety by identifying and assessing risks. Taking actions to eliminate or reduce those risks. Reporting all untoward incidents.

Business units are to provide assurances to the health and safety subcommittee by:
- Reviewing health and safety risk graded moderate or high and actions taken to reduce the risk.
- Reviewing non-clinical and actions to prevent reoccurrence.
- Reviewing any concerns raised by employees or representatives.
HEALTH AND SAFETY POLICY

STATEMENT OF INTENT

This health and safety policy statement identifies the commitment of Solent NHS Trust to provide and maintain a working environment and systems of work that are, so far as is reasonably practicable, safe for employees, patients, visitors and other persons affected by the Trust’s undertaking.

Health, safety and welfare is the responsibility of all Directors, Business Unit Leads/Heads of Department, Managers and employees and is an integral and important part of their duties. The Trust’s commitment to health and safety therefore ranks equally with all other aims, objectives and activities.

The Health and Safety Policy establishes both general and specific arrangements relating to the Trust’s undertaking and extends to all premises, buildings, areas and activities throughout the Trust.

A copy of the policy is made available to all employees at induction and subsequent training. It is also available on the Trust intranet. The Trust ensures that all employees are fully aware of their legal obligations to take reasonable care for their own health and safety and that of any persons who may be affected by their acts or omissions at work. All employees are legally required to co-operate with their employer in health and safety matters.

Where employees do not have access to the intranet, line managers are to make such arrangements as may be necessary to ensure employees have access to this policy.

To enable the effective implementation of this policy and the performance of all tasks safely and without risk to employees, patients or visitors, staff will be provided with suitable and sufficient information, instruction and training.

To encourage and promote effective consultation, communication and co-operation between management and employees, all departments shall develop appropriate systems by which the contributions and concerns of employees can be raised at departmental management meetings, and the Health and Safety Subcommittee.

This policy shall be reviewed and amended periodically, or as dictated by changes to legislation, working procedures, policies or conditions, whichever is the sooner.

Sue Harriman
Chief Executive Officer
Solent NHS Trust

September 2014
Appendix 3

HEALTH & SAFETY SUBCOMMITTEE
Terms of Reference

1. Purpose

1.1 By virtue of the Safety Representatives and Safety Committee Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers are required to consult with their employees on matters of health and safety.

1.2 Because of its unionised status and the repeal of Crown Immunity in 1996, the organisation must, where requested to do so by safety representatives elected under the Safety Representatives and Safety Committee Regulations 1977, establish a Health and Safety Committee in accordance with the requirements of section 2(7) of the Health and Safety at Work Act 1974.

1.3 To comply with the latter and promote the proactive involvement of employees on matters of health & safety, the organisation has, at the request of the Chief Executive established a Health & Safety Subcommittee, (hereafter known as ‘The Committee’). The Chief Executive has delegated responsibility for Health & Safety within Solent NHS Trust to the Chair of the Committee.

1.4 The Committee shall be chaired by Director with lead responsibility for Health and Safety, who on behalf of the Solent NHS Trust Chief Executive has the authority to act upon the decisions reached by the Committee.

2. Aims

2.1 The Committee will be responsible for overseeing the strategic and operational implementation of all health and safety related policies in operational areas and seeking assurance that the activities of Solent NHS Trust are managed in a manner where health and safety is of primary importance.

2.2 In doing so the Committee will provide the Trust Board with assurance that robust health and safety management systems are in place throughout the organisation.

3. Responsibilities & Scope of Authority

To collate the information necessary to assure the Board of Statutory Compliance, the Committee’s functions shall include, but may not be limited to:

3.1 Ensuring Solent NHS Trust is compliant with relevant statutory obligations and act as a central co-ordinating body for matters concerning the management of health and safety;

3.2 Deciding health & safety policy and agree actions plans prior to submission to the Board;

3.3 Assessing the implication of new and proposed legislation and discussing/agreeing appropriate recommendations and disseminating them accordingly.

3.4 Taking operational decisions on the management of health and safety within the governance and quality frameworks approved by the Trust Board;

3.5 Monitoring the effective implementation of the Trust’s policy on health and safety and
ensuring all required targets are set and are achieved;

3.6 Monitoring the effectiveness of the Trust Health and Safety Management systems by reviewing reports and action plans from relevant services, committees / groups, etc.;

3.7 Monitoring progress on safety issues relating to accident reports (particularly those submitted to the Health & Safety Executive), relevant untoward occurrences and the remedial and preventative action taken.

3.8 Monitoring statistics and data relating to ‘Adverse Event reports’ and ‘Fires & Fire Alarm Activation’ and agree appropriate actions to prevent re-occurrences of particular incidents;

3.9 Promoting a healthy and safe environment for staff, patients, visitors, contractors, volunteers and others affected by the organisations undertaking;

3.10 Providing and promoting a forum for the effective consultation and communication on matters of health, safety & welfare between management and employees;

3.11 Ensuring employees are provided with suitable and sufficient health and safety related training and monitoring of levels of attendance at such training;

3.12 Providing a framework for agreeing and endorsing health and safety policies and procedures, prior to submission to the Board;

3.13 Acting as the forum for monitoring procedures for the prevention of incidents, injuries, occupational illnesses and ill health;

3.14 Monitoring the requirements arising from health and safety audits/inspections conducted in-house or by outside authorities/agencies.

3.15 Reducing health and safety related risks in the workplace by ensuring that systems are in place to raise safety awareness to all staff, through active communication via the intranet, newsletters, staff forums, management briefings, training, etc.;

3.16 Discussing any significant health and safety issues tabled that cannot be resolved through the normal management chain, with an aim of resolving tabled issues and/or providing advice and support.

3.17 Form and establish subordinate groups or forums as required to address specific health and safety issues outside of the Committee, reporting back to The Committee as directed by the Chair.

3.18 Investigating any activity within its terms of reference, for which it is authorised to seek any information it requires from any employee. In doing so the Committee is authorised by the Solent NHS Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of those with relevant experience and expertise.

4. Membership

4.1 Members

Director of Infrastructure with responsibility for Health & Safety (Chair)
Lead Director responsible for Finance (Deputy Chair)
Lead Director responsible for Human Resources (Deputy Chair)
One representative from each of the clinical divisions with authority to take decisions
Clinical Risk Manager
Health and Safety Manager
Fire Safety Advisor
Learning and Development Representative
Security Advisor (LSMS)
Health and Safety Representatives (Union or Non-Unionised) Chair of the Medical
Devices Committee
Infection Control Representative
Emergency Planning Representative

Co-opted Members
Heads of Estates Projects and Head of Property “Estates and Facilities”
Occupational Health Representative Radiation Safety Advisor (as required)
Other specialist’s representatives (as required)
Chair of the Resuscitation Group
Human Resources Representative

4.2 Safety Representatives (Unionised/non-unionised) shall, so far as is reasonably practicable,
have been employed by the organisation for a minimum of one year and have had two years’
experience in similar employment.

4.3 Safety Representatives (Unionised/non-unionised) wishing to attend a committee meeting
must inform the PA to the Chair at least one week prior to the meeting taking place.

5. Quorum

5.1 A quorum for the health & safety committee will be 6 members, one of who is a staff side
representative, i.e. Safety Representatives (Unionised).

5.2 No business shall be transacted at the meeting unless two of the following are resent;

- Lead Director with responsibility for Health & Safety (Chair) or
- Designated deputy Chair
- Clinical Risk Manager (or deputy)
- Health and Safety Manager or deputy

6. Administration and Format of Meetings

6.1 The Committee will meet on a quarterly basis in the following months.

- April
- July
- October January

6.2 List of standing agenda items:

- Welcome, introductions, and apologies
- Minutes from the last meeting
- Matters arising from previous meeting
• Summary reports
  o Learning and development
  o Risk Management
  o Security
  o Safety
  o Estates
  o Fire
  o Trade union health and safety reps
• New agenda items submitted
• AOB
• Date/time/venue of next meeting

6.3 The Chair is responsible for arranging the Secretariat to the Committee and dissemination of The Committee’s minutes.

6.4 Where appropriate the Committee will convene if an extraordinary meeting if called by the Chair. Agenda setting will be determined by the Chair and administration will be provided by their PA.

6.5 Members of the Committee who cannot attend a meeting shall nominate a deputy to attend in their place, who is appropriately briefed and able to attend meetings on their behalf.

7. Reporting

7.1 The Committee will receive reports and updates from the subordinate groups and other committees as required, plus from special advisors, who are responsible for ensuring relevant information and decisions, are reported back to The Committee within required timescales.

7.2 Although the precise nature and detail of the reports presented to the Committee will vary; it is recommended that they include:

**Summary report from Clinical Divisions Associate Directors regarding:**

- The management of health & safety within their area of responsibility;

- The identification of all health and safety risks graded moderate and high as contained within their Service risk registers;

- A summary of action being taken to reduce those risks identified above;

- A summary of all non-clinical incident and accident statistics within their area of responsibility as a percentage of those employed;

- A summary of action being taken to reduce the likelihood of the above incidents being repeated;

- Three month action plan to reduce those health & safety risks identified by the Service risk register;

**Summary report from HR regarding:**

- Employee work related absence as a percentage of those employed within areas;
- Report from JCC (Joint Consultative Committee) regarding health & Safety concerns raised by employees;

**Summary report from Estates and Facilities regarding:**

- Quarterly Status reports on Estates building compliance against but not limited to Legionella, Asbestos, Gas, five yearly fixed electrical wiring testing, Lifts, and Fire legislation for properties that we either own or occupy
- The identification of all health and safety risks graded high as contained within the Estates Service Risk Register

**Summary report from Learning & Development regarding:**

- Attendance at Corporate Induction training;
- Attendance at mandatory training, i.e. Health and Safety, patient handling, resuscitation, etc.
- Any area of concern regarding the provision of training that may have an adverse impact on the health, safety and welfare of employees, patients and others that may be affected by the lack of such training.
- Moving and handling training;

**Summary report from Risk Manager regarding:**

- Areas of health & safety risk i.e. violence and aggression, manual handling, slips, trips and falls for staff, patient or others as identified by the Corporate risk register;
- Areas of high risk as identified by the corporate incident reporting system;

**Summary report from LSMS regarding:**

- Areas of risk regarding personal safety, security, fraud, violence, aggression, etc.

**Summary report from Trust Safety Manager regarding:**

- Health & Safety Executive’s latest drives & initiatives;
- Areas of noncompliance regarding the effective management of health & safety;
- Action plans and initiatives designed to enhance the effective management of health & safety and ensure statutory compliance;

7.3 The Committee will also receive regular reports from the following subcommittees:
- The Resuscitation Group
- Medical Devices Group

7.4 The Committee will provide assurance to the Board via the Assurance Committee in the form of minutes and reports where required, providing assurance that Health & Safety is being managed in every operational area and activity for which it has a responsibility;
7.5 A copy of the minutes will also be posted on the intranet for which Service/Department Managers shall ensure all employees have access to. The minutes are also to be kept available for requests made under the Freedom of Information Act.

7.6 Minutes of the Committee will be circulated to committee members, and any other group determined by the Chair.

8. **Review**

8.1 These Terms of Reference shall be reviewed by The Committee on a Tri annual basis, where they are believed to be no longer valid or there is a significant change in the matter to which they relate, whichever is the sooner.

9. **Arrangements for the Dissolution of the Health and Safety Subcommittee**

9.1 The Committee may be dissolved and replaced by alternative Health and Safety Consultative arrangements in the event that changes in legislation or where the organisational structure affects the viable operation of the Committee. The arrangements for dissolution of the Committee require the signature of the Chief Executive.
### Equality Impact Assessment

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the main aims and objectives of the policy?</td>
<td>To outline the Organisational arrangements for the effective planning, organisation, monitoring.</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All staff.</td>
</tr>
<tr>
<td>3. What are the existing performance indicators or measures for this? What are the outcomes you want to achieve?</td>
<td>Risk Register, workplace inspection reports and incident reports, the information from which will assist in the effective management of</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this policy?</td>
<td>The previous policy and its impact assessment statement.</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>No.</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>None.</td>
</tr>
</tbody>
</table>

#### Step 2 - Assessing the Impact; consider the data and research

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the policy unlawfully against any group?</td>
<td>./</td>
<td>The policy applies to all staff group</td>
<td></td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td>./</td>
<td>The policy applies to all staff group</td>
<td></td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this policy?</td>
<td>./</td>
<td>The policy applies to all staff group</td>
<td></td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td>./</td>
<td>The policy applies to all staff group</td>
<td></td>
</tr>
<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual groups?</td>
<td>./</td>
<td>Policy Steering Group members consulted and wider groups represented</td>
<td></td>
</tr>
<tr>
<td>6. Have you used a variety of different methods of consultation/involvement</td>
<td>./</td>
<td>Via email and face to face meetings</td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act implications</td>
<td>./</td>
<td>The policy applies to all staff group</td>
<td></td>
</tr>
<tr>
<td>7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)</td>
<td>./</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there is no negative impact – end the Impact Assessment here.

### Step 3 - Recommendations and Action Plans

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the impact low, medium or high?</td>
<td>Low</td>
</tr>
<tr>
<td>2. What action/modification needs to be taken to minimise or</td>
<td>No action required</td>
</tr>
<tr>
<td>3. Are there likely to be different outcomes with any modifications? Explain these?</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Step 4 - Implementation, Monitoring and Review

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the implementation and monitoring arrangements, including timescales?</td>
<td>This policy will be reviewed tri annually, where there has been a significant change in the matter to which it relates or it is believed to be no longer valid</td>
</tr>
<tr>
<td>2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?</td>
<td>Trust Safety Manager</td>
</tr>
</tbody>
</table>

### Step 5 - Publishing the Results

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).</td>
<td>Trust Safety Committee Minutes Board Minutes Trust intranet</td>
</tr>
</tbody>
</table>
**Health and safety law “What you Need to Know” Poster contact details**

If you employ anyone, you must display HSE’s health and safety law poster. Or you can give your employees a leaflet called ‘[Health and safety law: What you need to know](#)’.

The poster includes basic health and safety information and lets people know who is responsible for health and safety in your workplace. You must display the poster where your workers can easily read it, and it must be in a readable condition. You must also include some contact details, for example of your local enforcing authority.

**Information to be placed on the Health and Safety Law “What you should know poster”**

**H&S representative is:**

David Keates

Health and Safety Manager  
Estates and Facilities  
Western Community Hospital SO16 4XE  
Tel: 07867528151

**Enforcing Authority**

Health & Safety Executive  
Priestley House, Priestley Road, Basingstoke, RG24 9NW  
Tel: 01256 404 4000

Employment Medical Advisory Service (EMAS)

Priestley House, Priestley Road,  
Basingstoke,  
RG24 9NW  
Tel: 01256 404000