

HEALTH AND SAFETY POLICY

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.

Purpose of Agreement	This document has been produced in accordance with the general requirement of Section 2 (3) of the Health & Safety at Work Act 1974. The policy has been compiled to provide guidance to Directors, Managers, Supervisors and Employees on the arrangements for managing health & safety throughout Solent NHS Trust provider services
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2	Dave Keates	Various	Review and Minor Changes	20 May
3	Dave Keates	Various	Estates provider changes. New Chief Executive Officer "statement of intent"	April 2015
4	Dave Keates	Various	Review and Minor Changes	April 2018

Review Log:

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1	March 2011	Dave Keates	Operational Policy Steering Group & Assurance Committee	
2	March 2015	Dave Keates	Policy Steering Group & Assurance Committee	
3	April 2018	Dave Keates	Policy Steering Group & Assurance Committee	

SUMMARY OF POLICY

This policy has been produced in accordance with the legal requirement of Section 2 (3) of the Health & Safety at Work Act 1974.

This policy identifies arrangements for managing the safety, health and welfare of staff, clients, patients, visitors and anyone else who can be affected by the Trusts work activities.

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

The policy has been compiled to provide guidance to all Solent employees and shows the arrangements for managing health, safety & welfare throughout the organisation.

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1. INTRODUCTION & PURPOSE

- 1.1 This document has been produced in accordance with the legal requirement of Section 2 (3) of the Health & Safety at Work Act 1974.
- 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 all Solent 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.

2.0 SCOPE AND DEFINITIONS

- 2.1 The main aspects covered are the health and safety management arrangements and applies to all bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including associate hospital managers), Non-Executive Directors, governors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 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
 - Influencing Behaviour and Reducing Errors (HS (G) 48)
 - Environmental Protection Act 1990 (as amended) EPA
 - Managing Risk, Adding Value - Health & Safety Executive ISBN 0-7176-1536-7
 - Managing Contractors – Health & Safety Executive ISBN 978-0-7176-1196-6

And other related health and safety legislation/ guidance notes.

Related Trust Policies

- Risk Management Framework
- Fire Safety Policy
- Moving and Handling of Patient and Inanimate loads Policy
- Working with Display Screen Equipment Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Security Policy
- Sharps Safety Policy
- Lone Worker Policy
- Management of Medical Devices policy

- Slips, Trips and Falls (Patient) Policy
- Waste Management Policy
- All Occupational Health policies relating to Health and Safety
- All other Estates policies and procedures relating to Health and Safety

And other related health and safety Policies.

10. GLOSSARY

EPA	Environmental Protection Act 1990 (as amended)
RRFSO	Regulatory Reform (Fire Safety) Order
COSHH	Control of Substances Hazardous to Health
(HS (G))	Health and Safety Guidance Note
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrence
ACOP	Approved Code of Practice
SFAiRP	So Far As is Reasonably Practicable
PUWER	Provision and Use of Work Equipment Regulations
CEO	Chief Executive Officer

Reasonably Practicable: means that you have to take action to control the health and safety risks in your workplace except where the cost (in terms of time and effort as well as money) of doing so is "grossly disproportionate" to the reduction in the risk.

Competency: knowledge, skills, qualifications, training, experience or ability to undertake a particular job, the term 'competent person' also refers to the roles and responsibilities of those managing health & safety matters

Contractors: persons or agencies engaged by the Trust to provide a specific service. This includes bank staff, agency staff, staff employed by other Trusts, organisations and agencies occupying Trust premises

Hazard: a hazard is anything with the potential to cause harm e.g. chemicals, electricity, working at height, noise etc.

Risk: the likelihood that the hazard will actually cause harm, injury or damage; it also considers the consequences, extent and outcome of a hazardous event occurring

Suitable and Sufficient: that all significant hazards have been identified, the risks have been properly evaluated considering likelihood and severity of harm, measures necessary to achieve acceptable levels of risk have been identified, actions have been prioritised to reduce risks, the assessment will be valid for some time, actual conditions and events likely to occur have been considered during the assessment, everyone who may be harmed has been considered.

Appendix: A

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To outline the Organisational arrangements for the effective planning, organisation, monitoring, control and review or health & safety		
2. Who will be affected by it?	All NHS Trust staff Independent Contractors		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Risk Register, workplace inspection reports and incident reports, the information from which will assist in the effective management of health & safety		
4. What information do you already have on the equality impact of this document?	The previous policy and its impact assessment statement.		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	None identified		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		✓	The policy applies to all staff groups
2. Can any group benefit or be excluded?		✓	The policy applies to all staff groups
3. Can any group be denied fair & equal access to or treatment as a result of this document?		✓	The policy applies to all staff groups
4. Can this actively promote good relations with and between different groups?	✓		The policy applies to all staff groups
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Policy steering group members consulted and wider groups represented. Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement	✓		Via e-mail and face to face meetings
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act		✓	

document for further information)			
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			This policy has taken into consideration all Health and Safety Executive legislative management changes that have taken place
9. Are there any external implications in relation to this policy?			No
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			N/A

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

Appendix B

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 \[65KB\]](#)'

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

Appendix C

HEALTH AND SAFETY POLICY STATEMENT OF INTENT

This health and safety policy statement of Intent 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 or omissions.

Health, safety and welfare is the responsibility of all Directors, Heads of Department, Managers, responsible persons both clinical/ non clinical and employees and is an integral 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 defines responsibilities and identifies general and specific arrangements relating to the Trust's undertaking which extends to all premises, buildings, and working activities throughout the Trust.

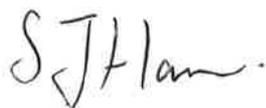
A copy of the health and safety policy is made available to all employees at induction and subsequent training; it is also available on the Trust intranet. Where employees do not have access to the intranet, line managers are to make such arrangements as may be necessary to ensure employees have access to this policy.

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 other persons who may be affected by their acts or omissions whilst at work. All employees are legally required to co-operate with their employer in regards to health and safety matters, not to misuse anything provided for safety so the Trust can fulfil its legal obligations.

To enable the effective implementation of the health and safety 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 health and safety policy statement of intent shall be reviewed and amended annually, or as dictated by significant changes to legislation and/or Trust policies or adverse conditions, whichever is the sooner.



Sue Harriman
Chief Executive Officer
Solent NHS Trust
July 2018

Appendix D

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. 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.
- 1.2 To comply with the latter and promote the proactive involvement of employees on matters of health, safety & welfare, Solent at request of the Chief Executive established a Health & Safety Subcommittee, (hereafter known as 'The Committee') who will provide assurance to the Board via the Assurance Committee in the form of minutes and reports where required.
- 1.3 The Chief Executive has delegated responsibility for Health, Safety & Welfare within Solent NHS Trust to the Chair of the Committee. The Committee shall be chaired by Director with lead responsibility, 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. 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 so far as is reasonable practicable compliant with relevant statutory obligations and act as a central co-ordinating body for matters concerning the management of health and safety;
- 3.2 Assessing the implication of new and proposed legislation and discussing/agreeing appropriate recommendations and disseminating them accordingly.
- 3.3 Taking operational decisions on the management of health and safety within the professional frameworks approved by the Trust Board;
- 3.4 Monitoring the effectiveness of the Trust Health and Safety Management systems by reviewing reports and action plans from relevant groups, etc.
- 3.5 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.
- 3.6 Providing and promoting a forum for the effective consultation and

communication on matters of health, safety & welfare between management and employees.

- 3.7 Acting as the forum for monitoring procedures for the prevention of incidents, injuries, occupational illnesses and ill health;
- 3.8 Monitoring the requirements arising from health and safety audits/inspections conducted in-house or by outside authorities/agencies.
- 3.9 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.
- 3.10 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

- Associate Director of Estates with responsibility for Health & Safety (Chair)
- One representative from each of the clinical divisions with authority to take decisions
- Health and Safety Manager
- Fire Safety Advisor
- Security Advisor (LSMS)
- Health and Safety Representatives (Union or Non-Unionised)
- Chair of the Clinical Equipment Group (or representative)
- Chair of the Resuscitation Group (or representative)
- Infection Control Representative
- Heads of Estates Projects and Head of Asset Management
- Emergency Planning Representative

4.2 Co-opted Members

- Learning and development Representative
- Other specialist's representatives (as required)
- Human Resources Representative

- 4.3 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.

5. Quorum

- 5.1 A quorum for the health & safety subcommittee will be at least 5 members, one of who is a staff side representative.
- 5.2 No business shall be transacted at the meeting unless two of the following are present;

- Director and/or Associate Director with responsibility for Health & Safety (Chair) or Designated deputy Chair
- Health and Safety Manager or deputy
- At least two representative from clinical divisions who can make decisions

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.

6. Administration and Format of Meetings

- 6.1 The Committee will meet on a quarterly basis in the following months April, July, October and January.
- 6.2 The Chair is responsible for arranging the Secretariat to the Committee and dissemination of The Committee's minutes.
- 6.3 Where appropriate the Committee will convene if an extraordinary meeting is called by the Chair. The agenda will be determined by the Chair who will arrange administration support.

7. Reporting

- 7.1 The committee will receive reports and updates from the subordinate groups 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 The committee will identify opportunities for shared learning across the organisation and with interface providers and ensure that these are disseminated in a timely manner.
- 7.3 The committee will bring to the attention of the Assurance Committee matters which cannot be resolved either at the committee or through the Quality Improvement and Risk Group for items that are of a level of risk to the Trust, which needs to be escalated
- 7.4 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

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 must be consulted through the unionised representatives and require the signature of the Chief Executive.