

HEALTH AND SAFETY POLICY

		POLICY	
Reference	H&S 01		
Approving Body	Health and Safety Committee		
Date Approved	9 January 2024		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	✓		
Issue Date	9 January 2024		
Version	Version 10		
Summary of Changes from Previous Version	Policy updated with latest information available and alterations made to supporting documents. Roles and responsibilities updated to reflect current Trust structure.		
Supersedes	Version 9		
Document Category	Health & Safety		
Consultation Undertaken	All members of the Health and Safety Committee		
Date of Completion of Equality Impact Assessment	20 December 2023		
Date of Environmental Impact Assessment (if applicable)	20 December 2023		
Legal and/or Accreditation Implications	Compliance with the Health and Safety at Work Act 1974 and associated regulations and guidance.		
Target Audience	All Trust member of staffs and contractors		
Review Date	January 2026		
Sponsor (Position)	Director of People		
Author (Position & Name)	Head of Health and Safety		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	People Directorate		
Position of Person able to provide Further Guidance/Information	Head of Health and Safety		

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
Not Applicable	

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1.0 INTRODUCTION

- 1.1 This policy is issued and maintained by the and Director of people on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

- 2.1 The purpose of this policy is to promote good working practices with regard to health and safety throughout the Trust and to encourage involvement and commitment at all levels of the organisation.
- 2.2 The Trust and its Board of Directors recognises the importance of providing a working environment that is safe and healthy for all member of staffs, patients, contractors, and visitors and undertakes to comply with all relevant legal requirements.
- 2.3 The Trust recognises the importance of engaging with its entire workforce including its contractors on health and safety and ensuring that they share this commitment to excellent standards. The Trust will seek to promote a safety culture that is characterised by good communication, mutual trust, competent staff and the provision of the effective elimination or control measures to manage risk.
- 2.4 It is the responsibility of the Trust to ensure that health and safety policies and procedures are formulated, implemented and regularly reviewed in light of legislative and organisational changes and that appropriate consultative mechanisms are in place. Managers have specific responsibility for implementing operational policies and procedures including ensuring that adequate risk assessments take place. In order to help the Trust fulfil this obligation the Trust employs a number of 'competent people' who play a key advisory role on all health and safety matters. These advisors are documented at page 8.

3.0 DEFINITIONS & ABBREVIATIONS

'The Trust': means the Sherwood Forest Hospitals NHS Foundation Trust.

'Staff ': means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.

4.0 ROLES AND RESPONSIBILITIES

4.1 Organisational Structure:

- 4.1.1 The Chief Executive holds ultimate responsibility for ensuring that the Trust has effective health and safety management processes in place. The Chief Executive discharges overall responsibility for health and safety through the designated accountability of other Executive Directors for different aspects of health and safety and risk management.

- 4.1.2 The Trust Board recognises its responsibility to determine and communicate its attitude to health and safety throughout the organisation, and to ensure that this attitude is applied in decision-making about prioritisation of policies, work streams, programmes, projects, and operational delivery including associated funding.
- 4.1.3 Executives and Corporate Directors are collectively and individually responsible for the management of health and safety at the Trust, and in particular for the areas included in their portfolios and as reflected in their individual job descriptions. These responsibilities will be discharged through Divisional Directors, Managers and Service Managers.
- 4.1.4 The discharge of these responsibilities is overseen and supported by a number of Trust committees that are ultimately accountable to the Trust Board. Each committee is formally constituted and has approved terms of reference.
- 4.2 **Chief Executive:**
 - 4.2.1 Is responsible for establishing and maintaining an effective health and safety system within the Trust to meet all statutory requirements and adhere to guidance issued by NHS Improvement and the Department of Health in respect of governance. The Chief Executive is the Accountable Officer responsible for ensuring an effective system of internal control is maintained to support the achievement of the Trust's strategic goals and objectives.
 - 4.2.2 The Chief Executive is supported in the role by the Executive and Corporate Directors below:
- 4.3 **Executive Board Directors:**
 - 4.3.1 Executive/Directors have a number of responsibilities in relation to risk management. As members of the Trust Board, they have a corporate responsibility to ensure that the Health and Safety Policy is fit for purpose, that it is implemented effectively and that the controls are in place to illustrate that all reasonable care has been taken to manage risk proactively. Executive Directors will ensure their management teams maintain appropriate risk registers and establish processes for the overall scrutiny of divisional risk registers, accepting escalation of risks to executive director level where appropriate, and escalating to executive team level where risks cannot be adequately mitigated at executive director level.
- 4.4 **Non-Executive Directors:**
 - 4.4.1 Are responsible for providing scrutiny of the work of the Trust and holding Executive Directors to account for the decisions made on the operation of the Trust.
 - 4.4.2 Need to satisfy themselves that financial information is accurate, and that financial controls and health and safety systems are robust and defensible and that the Board is kept fully informed through timely and relevant information.
 - 4.4.3 There are nominated Non-Executive Director chairpersons for each of the Board's Sub-Committees.

There is Non-Executive Director membership on and chairmanship of the Trust's Audit and Assurance Committee, with responsibility for ensuring that effective systems are maintained for governance, health and safety and internal control across all of the Trust's activities.

- 4.4.4 Non-executive Directors ensure that underlying assurance processes are in place to demonstrate the achievement of the Trust's corporate objectives.

4.5 Director of People

- 4.5.1 Ensuring that the Trust has access to competent advice on health and safety matters including access to competent advice on the issue of moving and handling, the prevention of musculoskeletal disorders, the prevention of work-related violence and aggression and fire safety precautions.

- 4.5.2 Championing the case for health and safety at the Board of Directors (assisted on occasions by a non-executive director also acting as champion).

- 4.5.3 Ensuring that the Trust has effective training systems in place to help ensure that all staff are competent for the role they carry out and that they receive such training as is reasonably required to remain competent to carry out their duties (with the help of other Board Directors).

- 4.5.4 Ensuring that the Trust has systems in place for the provision of competent occupational health services for all staff.

- 4.5.5 Ensuring that the Trust has in place systems that provide for the welfare of staff such as those listed below:

- Staff counselling service
- Occupational health service
- Policy for Managing Work Related Stress
- Effective staff consultation procedures
- Whistleblowing procedure
- Harassment and bullying policy
- Grievance policy
- Staff benefits including childcare provision

- 4.5.6 Responsible for chairing the Trust's Health and Safety Committee

- 4.5.7 Ensuring that the Trust has systems in place for the recruitment and retention of competent staff and that checks are made to ensure that relevant staff remain registered with their professional bodies.

4.6 Director of Corporate Affairs

- 4.6.1 Ensuring that the Trust has a committee structure that allows the Trust Directors to be properly sighted on health and safety risks and other issues.

- 4.6.2 They will provide a framework for the recognition and management of all business risks across the Trust (including health and safety) and actively promote a positive culture for risk management across the Trust.

4.6.3 Ensuring that the Trust has a system in place for the management of claims made against the Trust and that any lessons arising from these claims are properly highlighted.

4.7 Associate Director of Estates:

4.7.1 Ensuring that Estates based health and safety risks are properly managed in conjunction with the Trust's soft and hard facilities management providers.

4.7.2 The development of health and safety policy on estates-based health and safety risks such as electrical safety, Fire safety, Security, water safety, asbestos, lifts, and the control of contractors.

4.7.3 Ensuring that in any capital construction projects undertaken by the Trust there are systems in place to ensure that the project is procured and delivered in line with the Construction Design and Management Regulations 2015.

4.7.4 Ensuring that where required competent external advice is procured to aid the Trust in discharging its legal duty of care for critical safety systems such as water safety, Fire safety and the management of asbestos.

4.7.5 Ensuring that the Trust has a policy and system in place for the management of major incidents.

4.8 Specialist Advisors:

4.8.1 Risk and Assurance Manager:

4.8.1.1 Promoting a positive culture for the reporting, recording and treatment of risk, including those risks that could result in staff, patients, visitors or contractors being hurt

4.8.1.2 Providing managers with competent advice, guidance and support to promote the implementation of risk identification and control measures.

4.9 Head of Health and Safety:

4.9.1 Will provide competent advice, guidance and support to all levels of the organisation and promote the effective development, implementation and monitoring of health and safety management systems and arrangements in the workplace.

4.9.2 Will contribute to the provision of health and safety training and promote health and safety training by others within the Trust as required. Will support the risk management framework and escalate any identified health and safety risks that require the attention of senior management.

4.9.3 Will provide the Risk Committee with six monthly health and safety reports reviewing the Trust's performance over the previous 6 months and highlighting any emerging risks.

- 4.9.4 Will provide an annual health and safety plan with stated objectives for the next 12 months.
- 4.9.5 Will act in the capacity of secretary and co-chair to the Trust Health and Safety Committee.
- 4.9.6 Will oversee the collection of water flushing information for Trust occupied areas.
- 4.10 **Managers, Divisional Managers and Matrons shall discharge their responsibilities for health and safety by:**
 - 4.10.1 Ensuring adequate resources are made available to effectively manage health and safety within their areas of responsibility.
 - 4.10.2 Ensuring risks to the achievement of divisional / specialty objectives are identified, assessed and effectively managed to minimise those risks as far as practicable.
 - 4.10.3 Ensuring health and safety is incorporated into all clinical and non-clinical processes (including divisional business processes).
 - 4.10.4 Ensuring that this policy and other information related to health and safety processes is disseminated and upheld by all staff.
 - 4.10.5 Identifying staff responsible for championing health and safety and making their roles, responsibilities and accountabilities clear to them and to other staff.
 - 4.10.6 Identifying the health and safety training needs of divisional / specialty managers and ensuring their attendance at relevant training events.
 - 4.10.7 Ensuring all staff have received corporate induction and specific local induction and are aware of their personal responsibility within the health and safety process.
 - 4.10.8 Ensuring new risks are approved by specialty / divisional Governance Forums prior to entry onto the risk register.
 - 4.10.9 Ensuring that risks are reviewed by specialty / divisional Governance Forums.
 - 4.10.10 Ensuring that evidence exists for all health and safety activity to demonstrate that Trust standards and legal and statutory requirements are being met.
- 4.11 **Specialty Governance Leads & Quality and Safety Managers (or specialty equivalent)** shall discharge their responsibilities for health and safety by:

- 4.11.1 Ensuring health and safety, incidents, complaints, claims and risk management processes are embedded within division / specialty / departments.
- 4.11.2 Ensuring that all health and safety risks are captured by the risk management system and included where necessary on the Trust risk register.
- 4.11.3 Ensuring there are sufficient competent people to perform risk assessments.
- 4.11.4 Ensuring that the results of risk assessments are brought to the attention of their staff group.
- 4.11.5 Identifying the health and safety training needs of staff and monitoring and ensuring their attendance at relevant training events.
- 4.11.6 Ensuring that there are suitable arrangements in place for the review and control of serious and imminent danger, where this potential is identified during the risk assessment process.

4.12 All Staff

- 4.12.1 To take reasonable care for the health and safety of themselves and others who may be affected by their acts and omissions at work and to co-operate with the Trust in health and safety matters by: -
- 4.12.2 Attending health and safety training sessions as directed.
- 4.12.3 Applying training and instruction and following safety rules and procedures at all times.
- 4.12.4 Wearing appropriate personal protective equipment following a suitable risk assessment and if so, directed by their line manager.
- 4.12.5 Not undertaking any task for which authorisation and/or training have not been given.
- 4.12.6 Reporting any hazard or defect without delay to a manager.
- 4.12.7 Reporting all accidents/incidents or near misses without delay in accordance with the Trust's Incident Reporting Policy and co-operating in any subsequent investigation.
- 4.12.8 Not interfering with or misusing anything provided for their or other persons, health or safety e.g. tampering with alarms on medical devices.
- 4.12.9 Ensuring that any ill health or medical condition, which may affect their ability to work safely, is reported immediately to their manager and/or the Occupational Health Service.

4.13 The Trust employs other specialist advisors as listed below:

- Legal Services Manager
- Health and Safety Manager
- Fire Safety Adviser

- Security Officers
- Local Security Management Specialist
- Radiation Protection Officer
- Occupational Health Physicians and Nurses
- Clinical psychologist
- External Counselling provision
- Infection Prevention and Control Team.
- Information Governance Lead
- Associate Director of Estates and Facilities
- Emergency Planning & Business Continuity Officer
- Independent Authorising engineers
- Moving and Handling Co-ordinator
- Medical Equipment and Devices Team
- Construction, Design and Management specialists

5.0 APPROVAL

This Policy was approved by the Trust Health and Safety Committee in December 2023

6.0 DOCUMENT REQUIREMENTS

- 6.1 This policy applies to all staff employed by the Trust, the students working within the Trust and contractors and volunteers working on behalf of the Trust. The Trust accepts that the NHS has a duty of care towards persons using NHS services and property, particularly if they are young or vulnerable service-users (patients). Many of the principles laid down in this and related policies can be used to protect such vulnerable patients.
- 6.2 This policy document is the overarching document of the Trust but nothing in it should prevent divisions and departments formulating their own local health and safety procedures provided they meet the overall standards contained in the Trust's overarching health and safety policy and the documents referenced below.
- 6.3 This policy is supported by the following supplementary policies which identify specific areas within the operations of the Trust and should be read in conjunction with this policy as applicable:
- Risk Management and Assurance Policy
 - Incident Reporting Policy
 - Infection Control Policy and the associated policies contained in the infection control manual
 - Security Policy
 - Fire Policy Document
 - Slips, Trips and Falls Prevention Policy (Staff and Others)
 - Lone Working Policy
 - Policy for the Management of Work-Related Violence and Aggression
 - Radiation Safety Policy (Ionising Radiations)
 - Moving and Handling Policy
 - COSHH Policy

- Asbestos Management Policy
- Health and Safety Guidelines for New and Expectant Mothers
- Medical Equipment Management Policy
- Medical Equipment User Training Policy
- Water Safety Policy
- Ventilation Policy

6.4 The latest versions of the above can be found on the Trust's Intranet and these supersede any other versions in circulation.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored	Responsible Individual	Process for Monitoring e.g. Audit	Frequency of Monitoring	Responsible Individual or Committee/ Group for Review of Results
Incident Statistics	Health and Safety Department	Reported on Datix	Quarterly	Trust Health and Safety Committee
Legal Actions Cases	Health and Safety Department	Report following Legal action	As required	Trust Health and Safety Committee
Staff Survey	Health and Safety Manager	Review findings of Survey	Annually	Trust Health and Safety Committee
Compliance with Policy and Guidance	Health and Safety Manager	Health and Safety Audit System	6 monthly	Trust Health and Safety Committee

8.0 TRAINING, IMPLEMENTATION

8.1 Training Requirements

- 8.1.1 The health and safety training requirements of staff will be assessed on recruitment and periodically through the appraisal system.
- 8.1.2 The Trust operates a system of compulsory induction training for all staff and this covers their immediate health and safety needs on appointment. Managers will identify any additional training needs through the appraisal system.
- 8.1.3 Certain training needs of groups of staff may be identified by others or through the Trust's Risk Management processes. The Trust runs a programme of mandatory training to address training needs identified in this way. The Trust's range of risk management and management development training will be used to provide managers with the knowledge and skills they need to help implement this policy.
- 8.1.4 The Trust offers an extensive range of health and safety related e-learning courses and staff are able to access these via the Intranet.
- 8.1.5 The Board of Directors will receive an update on health and safety legislation and their responsibilities at least every three years.

8.2 Implementation and Arrangements

- 8.2.1 A full description of the terms of reference for the Trust's committees and quality forums involved with health and safety can be found in Appendix 1. The main committees and quality forums involved with health and safety are as follows:

8.2.2 Board of Directors

In the context of effective corporate governance, managing health & safety risk is a key issue for the Board of Directors, who have a collective role in providing committed leadership in the continuous improvement in health & safety performance. The Board of Directors will ensure that their actions and decisions always reinforce this commitment, and that they will review the effectiveness of the health & safety management system and performance, at least annually.

8.2.3 Executive Management Committee

The Executive Management Committee chaired by the Chief Executive is responsible for ensuring that the Trust's health and safety processes are effective.

8.2.4 Risk Committee

As a standing subcommittee of the Executive Management Committee, the RMC will review and develop the Trust's risk, control and governance processes for risk management. This function includes health and safety risks. Risk Committee receives reports from the Health and Safety Committee on a regular basis.

8.2.5 Health and Safety Committee

The Health and Safety Committee is the Trust's main forum for consulting with its workforce on health and safety matters including the development of new and amended health and safety policies and procedures. The membership and terms of reference for the Health and Safety Committee are contained in Appendix 1 of this policy. The Committee is chaired by the Director of People and meets on a bi-monthly basis. The Health and Safety Committee reports to the Risk Committee every six months or sooner if a particular health and safety risk has been identified that requires discussion and action at the Risk Committee. The Risk Committee is chaired by the Chief Executive.

The Trust recognises that the Health and Safety Committee is the statutorily convened meeting under the requirements of Safety Representatives and Safety Committees Regulations 1977 (as amended).

8.2.6 Health and Safety Representatives

- Health and safety representatives are appointed by recognised Trade Unions/ Professional Associations to represent member of staffs on health and safety matters. They shall have the following functions (as opposed to duties):
- To participate in the joint investigation of accidents/incidents, hazards or near misses, in the workplace where appropriate.
- To investigate matters raised by member of staffs relating to their health, safety and welfare at work and make representation on these matters.
- To make representation to management on general matters affecting the health, safety or welfare of member of staffs in the workplace.
- To represent member of staffs in consultation, with Inspectors of the Health and Safety Executive or any other enforcing authority.
- To receive information from Inspectors of the Health and Safety Executive.
- To participate in risk assessments and regular inspections of the workplace.
- To attend health and safety meetings and communicate health and safety information to member of staffs.
- In negotiation with their line manager, permit each of those representatives to take reasonable time off with pay during that representative's working hours as shall be necessary for the purpose of that representative performing their functions.

8.2.7 Staff Well-being Working Group

The Staff Well-being Working Group is concerned with those occupational risk factors that impact on the health and welfare of the Trust's workforce.

The group meets on a quarterly basis and reports to the Workforce Committee. This group is chaired by the Assistant Director of Human Resources. The group is specifically responsible for steering the Trust's efforts to manage the risks of work-related stress and work-related violence.

8.2.8 Radiation Protection Committee

The Radiation Protection Committee meets on a quarterly basis to prepare Trust wide policies, protocols and procedures to ensure compliance with current legislation on the issue of protecting staff and patients during the medical use of ionising radiation. This committee reports to the Risk Committee. All incidents linked to the use by the Trust of ionising radiation are considered by the Radiation Protection Committee with any risks to staff highlighted to the Risk Committee and the Health and Safety Committee. The Radiation Protection Committee also considers the reports provided by the Trust's competent advisors on all aspects of the safe procurement, use and disposal of medical equipment utilising ionising radiation.

8.2.9 Competent Persons

The Trust directly employs a number of competent advisors to help it properly discharge its duties relating to health and safety.

- Fire Safety Specialist
- Local Security Management Specialist
- Health and Safety Manager
- Patient Safety manager
- Moving and Handling Co-ordinator
- Infection Prevention and Control Team including Consultant Microbiologists
- Occupational Health Team including consultant Occupational Health Physicians
- Medical Equipment Management Department (MEMD) Staff
- Medical Equipment Credentialisation Officer
- Authorising Engineers for Water, Medical gases, Asbestos, HV/LV electrical systems, ventilation
- Staff Physiotherapist
- Psychologist
- Clinical Governance Advisors
- Medical Consultants
- Specialist Nurses

In addition, the Trust may from time to time buy in additional expertise on a contract basis to help it control a specific risk and discharge its duties regarding that risk, for example specialist advice on radiation protection, occupational hygiene matters, staff counselling and construction design and management.

8.2.10 Occupational Health Service

- A comprehensive Occupational Health Services will be provided to all staff employed by the Trust. Services provided by the Trust's Occupational Health Service include:

- The completion of health surveillance in accordance with Trust Policy and relevant legal frameworks.
- Advice to managers and member of staffs on sickness related absence and measures available to rehabilitate member of staffs who have experienced ill health.
- Provision of advice to managers and staff on occupational health matters
- Promoting health and well-being amongst staff.
- Providing health advice following the completion of risk assessments as required.
- Promoting the provision of an independent external staff counselling service.
- The provision of care pathways for staff on specific work-related health issues e.g. the musculoskeletal care pathway.
- The provision of vaccinations relating to the health of member of staffs whilst at work for the trust.

8.2.11 Risk Assessment

The Trust will carry out health and safety risk assessments of all its premises and services on a regular basis. The relevant manager, together with a trained risk assessor/competent person, will generally carry out the assessments with input from relevant safety representatives or staff affected by the risk being considered. The Risk Management and Assurance Policy is available on the Trust's intranet and additional information will also be available in individual health and safety related policies e.g. the manual handling policy, the health and safety guidelines for new and expectant mothers etc.

Risks will be scored and recorded in accordance with the Trust's Risk Management and Assurance Policy and Framework

8.2.12 Accident, Incident and Near Miss Reporting

All accidents, incidents and near misses occurring at the Trust must be reported in accordance with the Trust's Incident Reporting Policy. Line managers are responsible for reporting any statutory reportable injuries, diseases or dangerous occurrences to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Full guidance on making reports under RIDDOR 2013 is available within the Incident Reporting Policy and online at the HSE website.

8.2.13 Smoking and E Cigarettes

The Trust acknowledges that breathing other people's smoke is both a public health hazard and a welfare issue, proven to cause ill health.

This policy recognises that second-hand smoke adversely affects the health of individuals and has been developed to promote health and protect non-smokers whilst considering the needs of those who choose to smoke. It is not concerned with whether anyone smokes but with where they smoke and the effect that this has on patients, visitors and staff. It is also concerned with the exclusion of preventable carcinogenic substances in the locality of our premises as such all Trust buildings are smoke free (Including E-Cigarettes).

8.2.14 Alcohol and Drug Use

- The misuse of alcohol and drugs can affect a member of staff's ability to carry out tasks in a safe manner. Alcohol and illicit drugs should therefore not be consumed on or brought onto our premises or sites.
- If any member of staff is found with alcohol or illicit drugs on their person, in their vehicles or is found to be under its influences whilst at work, they will face disciplinary action and possible dismissal. This also applies to any member of staff found to be misusing any substances that have a detrimental effect on their standard of work or general conduct.
- Any member of staff with an addiction can speak in complete confidence to their manager or the Occupational Health Department. They will assess the situation and provide relevant guidance and referral to professional assistance.

8.2.15 Mobile Telephones

The use of mobile telephones whilst driving vehicles is illegal and an unsafe practice. The Trust enforces the policy of not using a mobile phone at all whilst driving even with a hands-free kit fitted. Calls should only be made with the vehicle parked in a safe place and the messaging service should be set to take calls whilst driving.

8.2.16 Young Workers

- Young workers (under 18 years of age) are provided with a higher level of supervision, information, training and instruction for the tasks they are carrying out. This is required under the Management of Health Safety at Work Regulations 1999 Regulation 3 sections (4) (5).
- A specific Risk Assessment and safe working method will be established prior to young workers commencing any tasks.
- A competent person will be required to constantly supervise each young worker.
- Young workers will not be allowed to operate any complex, dangerous equipment and will not be able to work in high-risk situations.

8.2.17 New & Expectant Mothers

- Once the member of staff has informed the Trust that she is pregnant, specific Risk Assessments will be undertaken and safe working methods will be established. A further Risk Assessment will also be established on her return to work.
- The assessment may result in temporary changes to the member of staff's working conditions, environment or hours. If the foreseeable risks cannot be sufficiently reduced through these changes, it may be necessary to find the member of staff suitable alternative work within the Trust. If a safe working environment (through either alteration to existing tasks or alternative tasks) cannot be offered to the pregnant worker / new mother, she will be entitled to paid leave to protect both herself and her unborn child.

8.2.18 Display Screen Equipment (VDU's)

- All display screen equipment used within the Trust shall be assessed in line with the requirements of the Health and Safety (Display Screen Equipment) Regulations. The necessary facilities and support equipment shall be provided in order that the computer workstations are set up to minimise the risk to users from eyestrain, musculoskeletal and stress hazards. Eyesight tests shall be carried out for 'users' when requested and if necessary corrective appliances can be provided via a reimbursement scheme.
- Workstations shall be reassessed on a regular basis and when new users are engaged, or a workstation is significantly altered.

8.2.19 Driving Trust Vehicles

- The Trust will ensure that all members of staff driving Trust vehicles are competent to do so and have current licences. Licenses shall be checked on a regular basis. The necessary arrangements shall be put in place to control driving hours, the transportation of goods, insurances and the maintenance activities associated with company vehicles.

8.2.20 Electricity in the Workplace

- All Trust electrical installations shall be in line with the requirements of the current edition of the IEE Regulations and shall be checked and tested according to the requirements of the regulations. Records of all tests shall normally be held by SFS.
- All portable electrical equipment shall have Portable Appliance Tests (PAT) carried out as required and as per IEE recommendations, Records of all tests shall be held by Skanska.

8.2.21 First Aid

- The Trust will ensure that first aid requirement is provided for on a local risk assessment basis.
- Where required well-equipped first aid boxes shall be made available in appropriate locations. All provided first aid boxes shall be of sufficient size to service the required number of persons. Boxes will be checked regularly for adequate stocks of first aid materials, cleanliness and general control.

8.2.22 Hazardous substances (COSHH)

- In line with the requirements of the Control of Substances Hazardous to Health Regulations, all hazardous substances used within the Trust shall be assessed for the risks to health to those affected by their use. An inventory of hazardous substances used shall be held and maintained by the responsible Manager along with a file of assessments. Department and office COSHH assessments shall be held in the respective areas. Processes generating hazardous substances shall be assessed as a separate activity.

8.2.23 Manual Handling

- Further to the risk assessment requirements under the Management of Health and Safety Regulations 1999, the Trust shall ensure that all manual handling operations are identified and addressed according to the requirements of the Manual Handling Operations Regulations 1992. All activities carried out by staff shall be examined and the requirements for manual handling operations established.
- As far as is reasonably practicable, manual handling operations shall be avoided, but where this is not possible, the operations shall be assessed and the risk of injury reduced by the use of mechanical means or the provision of other suitable means. All aspects of manual handling involved in the Trusts operations shall be examined, including any areas where pushing, pulling, lifting, carrying, supporting, etc., are part of the expected work. Manual handling assessments shall be suitably documented.
- The findings of all assessments and the control measures to be adopted shall be fully communicated to the respective member of staff via the information, instruction and training aspects of the Trusts operations.

8.2.24 Noise and Vibration

- The Trust will assess all processes and operations carried out so as to ensure that the requirements of the Control of Vibration at Work Regulations 2005 and Control of Noise at Work Regulations 2005 are complied with. Where the noise and/or vibration levels exceed the action levels specified in the regulations, appropriate arrangements will be put in place to ensure that no member of staff, or others affected by the work activity, is subjected to injurious conditions.

8.2.25 Personal Protective Equipment (PPE)

- The Trust will ensure that adequate supplies of all necessary protective clothing or equipment are available in all workplaces for issue as required, and that when issued to member of staffs, a record is kept.
- Managers and Ward Leaders will ensure that, before member of staffs are set to work, they are provided with any necessary protective clothing.
- Any person in a workplace, who is observed not wearing protective clothing while carrying out a process which requires the use of protective clothing or equipment, will be informed of statutory and or Trusts policy requirements, and instructed not continue working until protective clothing or equipment is obtained. This applies to any sub-contractor as well as direct member of staffs.
- Managers and Ward Leaders will ensure that the protective clothing or equipment is suitable for the specific process for which it is provided. The Trusts Health and Safety Department will provide information and advice on the correct equipment to be issued.
- All personal protective equipment will be maintained, serviced, cleaned and replaced where necessary. Facilities will be provided for the correct storage of PPE.

8.2.26 Safe Systems of Work

- Where the risk assessments for work activities identify residual high-risk situations, written safe systems of work shall be provided.
- The Health & Safety Manager will assist in the development of the safe systems of work and to this end will ensure that detailed instructions and information is compiled for staff and contractors and that adequate instruction and training is provided to ensure compliance with the system. Managers shall ensure that the safe systems are in place and followed faithfully.

8.2.27 Safe Place of Work (including Work at Height)

- In line with the Workplace (Health, Safety and Welfare) Regulations 1992 and the Work at Height Regulations 2005, the Trust will provide and maintain a safe place of work and working environment for all staff and others.
- Safe means of access and egress shall, so far as is reasonably practicable, be provided and maintained to every place of work, including access to height where applicable.
- Every such place shall, so far as is reasonably practicable, be made and kept safe for persons using the facilities by regular audits and inspections and, where necessary, corrective actions.

8.2.28 Health, Wellbeing & Stress in the Workplace

- In accordance with our Vision and Values, it is acknowledged that staffs mental health and wellbeing is of paramount importance. Wellbeing is an important factor in the job satisfaction of our staff and is therefore a management issue for the Trust. This arrangement is designed to bring existing employees wellbeing issues to the fore, whilst seeking to create an organisational culture where negative wellbeing issues are identified, minimised and managed before they affect the wellbeing of staff. We have a clear aim to promote the positive aspects and ideas associated with health and wellbeing at work.

8.2.29 Asbestos

- The Trust recognises the risk imposed on it from the potential exposure of its staff to Asbestos. In doing so it is essential that we ensure that our staff and any contractors that work on our premises are made aware of the presents of Asbestos its location and how it interacts with our planned works, ensuring that all required safe systems are in place and adequate supervision is provided.

8.3 Monitoring

- 8.3.1 The trust's Incident reporting procedure will be used to monitor the effectiveness of this policy. The Trust's Health and Safety Committee will monitor any incidents that are reportable to the Health and Safety Executive under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 on a quarterly basis. Investigations into incidents resulting in a specified injury will be reported to the Risk Committee and or the Health and Safety Committee as appropriate.

9.0 IMPACT ASSESSMENT

9.1 Equality Impact Assessments

The Trust is committed to ensure that none of the policies procedures and guidelines, discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliations, trade union membership and social employment status. An Equality Impact Assessments has been undertaken on this policy and has not indicated that any additional considerations are necessary (Appendix 2)

9.2 Environmental impact Assessment

An Environmental impact assessment has been undertaken on this draft policy and has not indicated that any additional considerations are necessary (Appendix 3)

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their member of staffs.
- The Management of Health and Safety at Work Regulations 1999 Employers must consider the risks to member of staffs (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Employers must notify their enforcing authority in the event of an accident at work to any member of staff resulting in death, major injury, on incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work.
- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Member of staffs) Regulations 1996 (b) Employers must inform, and consult with, member of staffs in good time on matters relating to their health and safety. Member of staff representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

11.0 KEYWORDS

None

12.0 APPENDICES

APPENDIX 1 - HEALTH AND SAFETY COMMITTEE

TERMS OF REFERENCE

Name of Committee	Health and Safety Committee
Constitution	The Trust Risk Committee hereby resolves to establish a committee to be known as the Health and Safety Committee.
Membership	The Chairman of the Committee shall be appointed by the Risk Committee The Chair of the Committee is the Deputy Director of People?
Attendance at Meetings	<p>The following staff and partners are entitled to nominate members of the Health and Safety Committee</p> <ul style="list-style-type: none"> • RCN • Unison • RCM • UNITE • GMB • BDA • BMA • Chartered Society of Physiotherapy • Society of Radiographers <p>The following organisations working in partnership with the Trust will be entitled to send one representative to the Committee:</p> <ul style="list-style-type: none"> • Medirest (Soft FM Contractor) • Skanska (Hard FM Contactor) • Central Nottinghamshire Hospitals (CNH) <p>Representation from the Trust will normally include a nomination from the following:</p> <ul style="list-style-type: none"> • Director of People – Chair • Head of Health and Safety– Secretary/Co-Chair • Representative from SFHT Estates • Corporate Development Representative • Divisional Manager/Health and Safety lead (to represent all divisions) • Specialist Fire and Specialist Security Advisor • Infection Prevention and Control • Occupational Health • Newark Joint Staff Partnership Forum (JSPF) representative • Representatives from Wards and Departments • Staff Side Representatives • Moving and handling Co-ordinator • Representative from corporate Nursing • Risk and Assurance Manager?

	Other members shall attend if invited by the Health and Safety Committee
Role	<p>To support the Trust's health and safety policy by helping to secure co-operation between the managers, employees and contractors of the Trust at all levels within the organisation.</p> <p>To instigate, develop and implement measures to achieve these objectives and to ensure that the Trust's employees are properly consulted on the health and safety arrangements in place within the Trust.</p> <p>The Health and Safety Committee will also help monitor the Trust's performance on health and safety and act as a forum for safety representatives to raise any concerns regarding the health and safety performance of the Trust.</p>
Duties	<ol style="list-style-type: none"> 1. The study of accidents, diseases and statistics and trends so that reports can be made to the management of the Trust on unsafe, unhealthy conditions and practices, together with recommendations for corrective actions. 2. Examination of safety audit reports and risk assessments that may be put to the Committee for information and consultation. 3. Identifying trends in any staff group-related safety events such as accidents or illness attributable to work. 4. Assist in the development and continuous improvements of safe systems of work and safety rules. 5. Consideration and discussion of new health and safety legislation and European Council Directives that may be applicable to the work activities of the Trust. 6. Consideration and discussion of any reports submitted by safety representatives with regard to health and safety matters. 7. To comment on first aid, medical and related welfare facilities and on the provision for safety equipment and clothing. 8. To make recommendations on additional or revised health and safety policies. 9. To receive the minutes and reports from other safety groups that may operate within the Trust.

	<p>10. To highlight to the Risk Committee any health and safety matters that Committee members feel are not being addressed sufficiently or effectively by the risk management processes within the Trust.</p> <p>11. The Health and Safety Committee will review and approve on behalf of the Audit and Assurance Committee relevant Trust Policies, Procedures, Guidelines, Standard Operating Procedures and Pathways.</p>
Serviced By	<p>Head of health and Safety whose duties will include;</p> <ul style="list-style-type: none"> • Agreement of agenda with Chairman. • Advising the Committee on pertinent areas and ensure it is fully informed of activities in its sub committees. • Ensuring minutes and collation of papers are undertaken. <p>Minutes are taken by a nominated HR secretary.</p>
Frequency of Meetings	<p>Meetings shall be held not less than six times a year.</p> <p>Extra-ordinary meetings of the Committee may be called on an ad-hoc basis by the chairman, secretary or if requested by two or more members of the Committee, when it would not be prudent to wait until the next scheduled ordinary meeting.</p> <p>Meetings should not be cancelled or postponed except in very exceptional circumstances. Where postponement is absolutely necessary an agreed date for the next meeting should be made and announced as soon as possible. The cancellation or postponement of meetings must be by mutual consent of the Committee membership.</p>
Required Attendance	Members should attend the majority of meetings (the aim is to attend 80% of meetings)
Quorum	To be quorate the meeting must have at least two members from the staff side and two members from the management side of the Trust present.
Reporting Procedures	The Health and Safety Committee reports every six months to the Trust's Risk Committee.
Minutes Circulated To	The Secretary shall circulate minutes of meetings of the Committee members and to the Governance Support Unit for the SFH Quality CCG Internal Paper Review Meeting
Date Approved	10 June 2023

Process For Monitoring The Effectiveness Of The Above	The Health and Safety Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties. This review will be presented to the Risk Committee in the form of the Committee's annual report.
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APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Health and Safety Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 20th December 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
Age	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None

Religion	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Disability	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Marriage and Civil Partnership	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None
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Area of Service/strategy/function

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.

What data or information did you use in support of this EQIA?

Trust policy approach to availability of alternative versions.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No.

Level of impact

From the information provided above and following EqIA guidance document ([click here](#)), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Robert Dabbs

Signature:

Date: 20th December 2023

APPENDIX 3 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact of policies, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No	Not Applicable
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No	Not Applicable
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No	Not Applicable
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No	Not Applicable
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	Not Applicable
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	Not Applicable

Name of Responsible Person undertaking this assessment: Robert Dabbs

Signature:

Date: 20th December 2023

APPENDIX 4 –STATEMENT OF INTENT

HEALTH AND SAFETY POLICY STATEMENT

Health and Safety is a fundamental part of the Trust's business and essential for the efficient operation of the Trust. The Trust needs people with passion and energy to ensure that safety stays at the core of this organisation.

All managers will conduct the Trusts business in a manner that is in line with current legislation and codes of practice. They will ensure that appropriate arrangements are in place to comply with all legislative duties and will continuously strive to improve our management of health and safety risks.

Engaging with the workforce in the promotion and achievement of safe and healthy conditions at the Trust is an essential part of our policy for health and safety.

Putting staff wellbeing and patient safety at the core of our health and safety policy ensures we give ourselves the highest possible chance of achieving our goal of zero avoidable accidents.

I believe that addressing health and safety should not be seen as a regulatory burden but as a worthwhile endeavor that offers significant opportunities and benefits which can lead to:

- reduced costs and reduced risks,
- reduced employee absences and turnover rates,
- a reduction in incidents and accidents,
- an improved standing with patients and partner organisations.
- increased productivity,
- improved staff well-being, moral and motivation.

Equally, it is the duty of each and every member of staff to assist the Trust in the attainment of its Health and Safety objectives. The Trust expects staff to take reasonable care of their own health, safety and welfare and that of others who may be affected by their actions.

In its commitment to prevent injury and ill health to staff, contractors and others affected by day-to-day activities, and in striving for continual improvement, the Trust sets annual objectives and targets against which its performance is monitored.

The Board of Directors will give full support to all those who endeavour to carry out this policy. This policy will be communicated to all members of staff, contractors and other interested parties and will be reviewed at least annually for effectiveness and relevance to the Trust.

Authorised By:

Paul Robinson
Chief Executive
Approving body is H&S Committee

Date: 9th January 2024