


NNUH Health & Safety Policy Statement

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Version	Date	Author	Reason/Change
V1.0	Dec. 2011	Health & Safety Lead Advisor	Annual Review
V2.0	Feb. 2012	Health & Safety Lead Advisor	Annual Review
V3.0	April 2013	Health & Safety Lead Advisor	Annual Review
V4.0	March 2014	Health & Safety Lead Advisor	Annual Review
V5.0	April 2015	Health & Safety Lead Advisor	Annual Review
V6.0	June 2016	Health & Safety Lead Advisor	Annual Review
V7.0	April 2017	Health & Safety Lead Advisor	Annual Review - Superseded
V8.0	May 2017	Health & Safety Lead Advisor	Annual Review - Superseded
V9.0	May 2017	Health & Safety Lead Advisor	Final Annual Review
V10.0	May 2018	Health & Safety Lead Advisor	Annual Review - Superseded
V11.0	May 2018	Health & Safety Lead Advisor	Final Annual Review
V12.0	May 2019	Health & Safety Lead Advisor	Annual Review
V13.0	May 2020	Health & Safety Lead Advisor	Annual Review
V14.0	March 2021	Health & Safety Lead Advisor	Annual Review
V15.0	March 2022	Health & Safety Lead Advisor	Annual Review – Chief People Officer added to 6.
V16.0	March 2023	Health & Safety Lead Advisor	Extension
V17.0	March 2023	Health & Safety Lead Advisor	Annual Review – vision amended
V18.0	March 2024	Health & Safety Lead Advisor	Annual Review – Chief Executive name change. Staff/Employees references have been amended to colleagues.
V19.0	April 2024	Health & Safety Lead Advisor	Policy broadens the scope to include patients, visitors or contractors attending Trust premises.

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Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:
The Chief People Officer and the Chief Executive.

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a non-clinical procedure, please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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1. Introduction

The vision statement of the Trust:

“The best care for every patient”

Alongside this is an equal commitment for the Trust to look after the health and safety of all employees and any others who may be affected by the Trust's activities.

1.1. Rationale

This policy statement confirms that the Chief Executive acknowledges responsibility for health and safety for all employees of the Norfolk and Norwich University Hospital NHS Trust.

1.2. Objective

The objective of this policy statement is to ensure that a health and safety culture is maintained to the highest level throughout the Trust. Health & Safety subject specific policies are in place to ensure the Trust meets its legal obligations and are available on 'Trust Docs'.

1.3. Scope

This policy statement applies to all colleagues to ensure a health and safety working environment including patients, visitors or contractors attending Trust premises.

1.4. Glossary

This policy statement is regarded as 'Organisation-wide'.

2. Responsibilities

2.1 The Chief Executive has overall workforce responsibility for health and safety but has assigned the Chief People Officer with the responsibility of co-ordinating health and safety within the organisation.

2.2 The Trust:

- Recognises that people are a key resource within the organisation and as such protecting their health and safety is paramount. Without the contribution from colleagues to the implementation of Health and Safety policy and procedures, the expected standards would not be achieved.
- Will continue to attain the highest level of health and safety performance by progressive improvements of those issues outlined in the objectives and action plan. Compliance with legal requirements will be the minimum level of achievement that will be acceptable.
- Recognises that accidents, incidents and ill health can arise from the actions of individuals but could also be as a result of failings in management controls. The Trust will investigate accidents, incidents and

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work-related conditions affecting health, primarily to prevent recurrence and to ensure that the Trust's management controls remain effective.

- Considers the assessment of foreseeable risks and the establishment of appropriate risk control measures as fundamental to controlling workplace hazards and achieving best practices.

3. Processes to be followed

The Trust will ensure that:

- 3.1 An Annual Review of Health and Safety Performance will be reported to the Health and Safety Committee by the Health and Safety Lead Advisor and included in the Trust Annual Report.
- 3.2 Divisional Action Plans will be identified at governance, risk and health and safety committee meetings and will contribute to service delivery by reducing injuries, ill health, legal claims and damage to property and equipment. The cost-effective management of health and safety is as essential as all other service objectives.
- 3.3 Risks which are more specific to Healthcare will be highlighted and adequately addressed in order to reduce the impact of these risks to as low as reasonably practicable. These include manual handling, Violence and Aggression, Needlestick Injuries and Slips, Trips and Falls.
- 3.4 Effective Communication Systems are in place to impart information on health and safety matters. The Trust understands the importance of consulting with colleagues and will support the appointment of suitable and sufficient colleague representation with regard to Health and Safety.
- 3.5 Sufficient Health and Safety Training and Supervision is provided to ensure that colleagues are competent to work safely.
- 3.6 Adequate Financial and Physical resources for the implementation of this policy and for pursuing progressive improvements in health and safety performance are provided. This includes ensuring the provision of any necessary expert advice from Trust's appointed Health and Safety Advisors and other experts, if and when required.

4. Monitoring Compliance

Not Applicable

5. Appendices

There are no appendices for this document.

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6. Equality Impact Assessment (EIA)

Type of function or policy	Existing NNUH Health & Safety Policy Statement
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Division	Corporate	Department	Health and Safety
Name of person completing form	Lee Carter	Date	March 2024

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	Nil	Nil	Staff	No
Pregnancy & Maternity	Nil	Nil	Staff	No
Disability	Nil	Nil	Staff	No
Religion and beliefs	Nil	Nil	Staff	No
Sex	Nil	Nil	Staff	No
Gender reassignment	Nil	Nil	Staff	No
Sexual Orientation	Nil	Nil	Staff	No
Age	Nil	Nil	Staff	No
Marriage & Civil Partnership	Nil	Nil	Staff	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.