


## Name of Policy: NNUH Health & Safety Policy Statement

|   |  |
|---|--|
| <b>For Use in:</b>  | NNUH Organisation-wide   |
| <b>By:</b>  | All NNUH departments   |
| <b>For:</b>   | All Employees  |
| <b>Division responsible for document:</b>   | Corporate  |
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| <b>Name of document author:</b>   | Lee Carter   |
| <b>Job title of document author:</b>  | Health & Safety Lead Advisor   |
| <b>Name of document author's Line Manager:</b>  | Hillary Winch  |
| <b>Job title of Author's Line Manager:</b>  | Head of Workplace Health, Safety & Wellbeing                                       |
| <b>Supported by:</b>  | Paul Jones<br>Chief People Officer   |
| <b>Assessed and approved by the:<br/><br/>Chief Executive – Sam Higginson</b>                           |  |
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| <b>Ratified by or reported as approved to (if applicable):</b>  | Health & Safety Committee,<br>Hospital Management Board                            |
| <b>To be reviewed before:</b><br>This document remains current after this date but will be under review | (3 years unless agreed by ratifying committee).                                    |
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| <b>Compliance links: (is there any NICE related to guidance)</b>  | (e.g. NICE, CQC)   |
| <b>If Yes - does the strategy/policy deviate from the recommendations of NICE?<br/>If so why?</b>       |  |

## Non-Clinical Policy: NNUH Health & Safety Policy Statement for All Employees

### Version and Document Control:

| Version Number | Date of Issue | Change Description                                  | Author      |
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| 3              | 11/04/2013    | Annual Review                                       | Lynne Ainge |
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| 5              | 28/04/2015    | Annual Review                                       | Janis Baugh |
| 6              | 24/06/2016    | Annual Review                                       | Janis Baugh |
| 7              | 27/04/2017    | Annual Review -<br>Superseded                       | Janis Baugh |
| 8              | 25/05/2017    | Annual Review -<br>Superseded                       | Janis Baugh |
| 9              | 31/05/2017    | Final Annual Review                                 | Janis Baugh |
| 10             | 02/05/2018    | Annual Review -<br>Superseded                       | Janis Baugh |
| 11             | 24/05/2018    | Final Annual Review                                 |             |
| 12             | 14/05/2019    | Annual Review                                       | Janis Baugh |
| 13             | 05/05/2020    | Annual Review                                       | Lee Carter  |
| 14             | 12/03/2021    | Annual Review                                       | Lee Carter  |
| 15             | 02/03/2022    | Annual Review – Chief<br>People Officer added to 6. | Lee Carter  |

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# Non-Clinical Policy: NNUH Health & Safety Policy Statement for All Employees

## 1. Introduction

### The vision statement of the Trust:

***“To provide every patient with the care we want for those we love the most”***

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.

## 2. Purposes

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.

## 3. Scope

This policy statement applies to all staff.

## 4. Aim

The aim 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 NNUH meets it’s legal obligations and are available on ‘Trust Docs’.

## 5. Definition

This policy statement is regarded as ‘Organisation-wide’.

## 6. Duties

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.

### The Trust:

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- Recognises that people are a key resource within the organisation and as such protecting their health and safety is paramount. Without the contribution from employees 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 individual staff members but could also be as a result of failings in management controls. The Trust will investigate accidents, incidents and 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.

### **7. Processes to be followed:**

The Trust will ensure that:

- 7.1 An annual review of health and safety performance will be reported to Health and Safety committee by Health and Safety Lead Advisor and included in the Trust Annual Report.
- 7.2 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.
- 7.3 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.
- 7.4 Effective communication systems are in place to impart information on health and safety matters. The Trust understands the importance of consulting with employees and will support the appointment of suitable and sufficient employee representation with regard to health and safety.

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7.5 Sufficient health and safety training and supervision is provided to ensure that employees are competent to work safely.

7.6 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.

### **8. CONSULTATION PROCESS**

This policy statement will be approved by the Chief Executive and Health and Safety Committee prior to publishing on Trust Documents.

### **9. MONITORING COMPLIANCE**

Not applicable.

### **10. SUPPORTING REFERENCES**

Not applicable.

### **11. Associated Documentation**

Not applicable

### **12. EQUALITY IMPACT ASSESSMENT**

This policy statement has been screened to determine equality relevant for the following Equality Group; race, gender, age, sexual orientation and religious groups.

Refer Appendix 1.

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## Equality Impact Assessment Initial Screening Form

|   |  |            |                                   |
|---|--|------------|-----------------------------------|
| Name of the Policy or Function/Service: <b>HEALTH AND SAFETY POLICY STATEMENT</b> |  |            |                                   |
| Type of function or policy  | Existing <input checked="" type="checkbox"/> |            | Proposed <input type="checkbox"/> |
| Division  | Corporate                                    | Department | Health and Safety                 |
| Name of person completing form  | Lee Carter                                   | Date       | March 2022                        |

| 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                                     |

- 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

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- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED