



## Health and Safety Policy

### 1. INTRODUCTION

- 1.1 The Chesterfield Royal Hospital NHS Foundation Trust (hereafter known as 'The Trust') is committed to ensuring the health and safety of its employees and others affected by its activities and also acknowledge its statutory duties under the Health and Safety at Work etc Act 1974. The Trust recognises that it has a major role to play in the minimisation of risk to the Safety and Health of its employees, its patient's, contractors and visitors to its site(s) and in protecting the environment.
- 1.2 The Trust is committed to the achievement of a high quality of provision in all aspects of its activity, and recognises that health and safety is an integral part of any such achievement. The needs to identify hazards, assess risks and select, implement and monitor control measures is the essential foundation of safety management. The success of this depends upon the full participation of all employees of the Trust.
- 1.3 Safety at the Trust is the responsibility of all employees in the promotion of a safe environment; however, it is acknowledged that supervisors and managers have additional responsibilities for the continued safety of their teams, patients and visitors in their respective area of the Trust. Heads of department and Senior Managers are accountable for Health & Safety in their respective areas and for ensuring appropriate resources are made available to ensure identified risks are adequately controlled.

### 2. POLICY STATEMENT

- 2.1 Chesterfield Royal Hospital NHS Foundation Trust (The Trust) demonstrates and supports its organisational commitment to each of the sections in its Safety Management System (SMS) through the following:

#### 2.1.2 Injury, ill health and well-being / Continual Improvement

We are committed to the prevention of injury and ill health, with a continual improvement in Occupational Health and Safety (OHS) Management and performance as well as providing proactive and where appropriate, confidential occupational health and well-being support.

#### 2.1.3 Legal obligations

We are committed to the design, management and the maintenance of a comprehensive SMS that is in line with national guidelines and best practices (Health & Safety Executive guidance document no: 65, HSG65 and the requirements set out in BS18001 standard for Occupational Health & Safety Management Systems)

We will employ other best practice standards that enable our Trust to comply with all relevant legislation, regulations and other standards to which the Trust subscribes with an overall commitment to managing safely.

We are committed to establish OHS procedures to enable management and employees to fulfill their duty with regard to OHS compliance.

#### 2.1.4 **Impacts and risks**

The Trust is committed to evaluate and manage the health and safety risks and the environmental impacts of all activities undertaken within the Trust.

#### 2.1.5 **Objectives and Targets**

The Trust will set clear objectives and targets with the overall commitment for continual improvement in OHS performance. The objectives will be published in the relevant section within the Trusts Safety Management System.

We are committed to evaluate the Trusts overall OHS performance and the effectiveness of the OHS Management Systems through our audit processes and through bi-monthly meetings of our Health and Safety Committee.

#### 2.1.6 **Work systems, products and services**

The Trust is continuously improving processes for the delivery of all health and support services to incorporate OHS requirements.

#### 2.1.7 **Potential actions / Legislative review / Stakeholder forums**

The Trust is committed to engage in appropriate legislative review processes and actively participate in stakeholder forums. It reports regularly to the Trusts Health & Safety Committee to ensure that matters that can only be dealt with at senior level are addressed at this level and take into account the Trusts health & safety strategy

#### 2.1.8 **Awareness and information**

The Trust is committed to make this document available to all interested parties and provide appropriate information as required, through the Trusts appropriate representative(s). Copies of this statement will be displayed in the main reception area.

#### 2.1.9 **Training / Culture**

The Trust is committed to provide the necessary information, instruction, training and support to all its employees in order to ensure competence to fulfill the commitments of the Policy and this statement.

#### 2.1.10 **Involvement**

Every operational function within the Trust is committed to best OHS practice and each is accountable for its own OHS performance.

#### 2.1.11 **Contractors' and Suppliers' commitment**

The Trust is committed to ensure external contractors and suppliers work in accordance with the Trusts OHS policy in all activities undertaken at or on behalf of the Trust. The responsibility for the OHS performance of any such contractors or suppliers is that of the respective Head of Department who has engaged with the external contractor or supplier as part of the provision of services for the Trust.

### **3. SMS FRAMEWORK**

3.1 The SMS is defined as 11 specific sections that meet the requirements of its general Statement of Intent.

The sections are as follows:

- Section 1: H&S Policy, OHS Roles and Responsibilities
- Section 2: Risk assessments, significant risks, Control measures, Safe systems of Work and supporting procedures
- Section 3: Register of applicable Health and Safety Legislation
- Section 4: Objectives and Targets
- Section 5: Training Requirements, Training needs analysis (where relevant), Competence and induction processes
- Section 6: Communications to Employees
- Section 7: Emergency Planning / Response / Recovery
- Section 8: Audit Structure and Process
- Section 9: Records
- Section 10: Review Meetings, Record of Minutes, Agenda's, KPI's, Actions
- Section 11: Annual Action Plans

The relevant sections and the specific documents therein will be annotated when appropriate to do so and as a result of:

- Event
- Action
- Occurrence/breach
- Agreement
- Amendment
- Review
- Audit
- Legislative change/introduction

### **4. DEFINITIONS**

#### **4.1 Contractor/Supplier**

A Contractor/Supplier is: Anyone engaged by the Trust to work at or on the Trust's premises who is not an employee of the Trust. The term contractor is equally applicable to a main contractors supply chain i.e. sub-contractors; suppliers of materials; waste collectors etc. An example of contractors can be:

- Maintenance / construction workers appointed by the Estates team
- IT workers appointed by IT
- Medical equipment engineers/installers appointed by Medical Engineering
- Service contractors appointed by Procurement, Theatres, X-ray etc.
- Non-medical Consultants
- Specialist Advisors / Agents representing Companies
- Agency / Bank Staff
- NHS Professionals & Locum Services

## 4.2 **Legislation**

Regulations can be considered in lay terms to be a set of rules that have the force of law. They are not however primary legislation and must have an enabling Act to bring them into force. E.g. The Health & Safety at Work Act 1974 and the Manual Handling Regulations 1992

Approved Codes of Practice (ACoP) generally supplement Regulations in order to give guidance on the requirements of any particular regulation. ACoP's are generally considered to be 'best practice'. They can be considered in the same manner as the highway code i.e. not the law itself, but tends to be a strong indicator of whether the law has been contravened, or complied with.

## 4.3 **Risk Assessment**

This is a process where hazards associated with an activity or a particular area, or equipment are identified. The risk assessor will also consider the likelihood that a particular hazard will cause harm, damage or loss. The aim is to control risk by either eliminating hazards, or reducing the harm they can do. This may mean avoiding or limiting certain work or activities.

## 4.4 **Control Measures**

Control measures are things that need to be put in place to reduce the risk of harm, damage or loss being caused by a hazard. Not all hazards can be eliminated entirely, but control measures can be used to reduce risks to acceptable levels. The control measures required are detailed for managers on the action sheets provided along with the risk assessment document.

## 5. **MONITORING**

5.1 This policy will be reviewed as part of the Safety Management System section 1 requirements in preparation for a full membership review by the Trusts Health & Safety Committee.

## 6. **KEYWORDS**

6.1 Health and Safety

## 7. **RELATED POLICIES**

7.1 Environmental Compliance Policy  
Incident Reporting Policy  
Fire Safety Policy  
Security Policy  
Waste Management Policy

## 8. **EQUALITY IMPACT ASSESSMENT SCREENING TOOL**

8.1 Please see appendix 1

Date ratified	Hospital Leadership Team – November 2016
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For Review by	Head of Fire & Safety Management
Director Responsible	Director of Finance and Contracting

## EQUALITY IMPACT SCREENING TOOL

## Appendix 1

Please complete the following when screening your policy for potential impact on equality groups.

1. Name of lead	<b>Russ Morrow</b>
2. Directorate/ Department	<b>Facilities Services</b>
3. Name of policy	<b>Health &amp; Safety Policy</b>
4. Is this a new or existing policy?	<b>Replaces existing Health &amp; Safety Policy (previous expired as well as new CEO in position at Trust)</b>
5. Target audience  e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	<b>All employees and contractors working at Trust premises</b>
6. What are the aims of the policy?	<b>The Health &amp; Safety Policy at Chesterfield Royal Hospital NHS Foundation Trust (The Trust) sets out its organisational H&amp;S commitment to all persons using the Trust as outlined in each of the sections in its Safety Management System</b>
7. Does any part of this policy have a positive impact on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation?  If No, please provide brief reasons.	<b>No – Health &amp; Safety policy which is broad and the scope is trust wide so meets with the Trust's Equality requirements.</b>
8. Could any part of this policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation?  If No, please provide brief reasons.	<b>No – The Health &amp; Safety Policy as well as the H&amp;S intent is applicable to all. The scope is trust wide so meets with the Trust's Equality requirements.</b>
9. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation?  If No, please provide brief reasons	<b>No- Trust Health &amp; Safety policy which is broad and the scope is trust wide so meets with the Trust's Equality requirements.</b>

If you have answered yes to any of questions 5-7, you must now complete a full Equality Impact Assessment. If you have answered No to all of the above questions, a full assessment is not required. Please include a copy of this assessment as an Appendix to the policy.