NHS HIGHLANDS HEALTH AND SAFETY POLICY AND STRATEGIC IMPLEMENTATION PLAN

Report by Bob Summers, Head of Health and Safety on behalf of Elaine Mead, Chief Operating Officer and Anne Gent, Director of Human Resources

The Board is asked to:

- **Endorse** both the Health and Safety Policy and Strategic Implementation Plan.
- **Recognise** that both the Policy and Implementation Plan enhance quality and patient safety by improving staff health, safety and wellbeing.
- **Note** the implications of this Policy and Implementation Plan.

1 Summary

The Board has a statutory duty under s2(3) of the Health and Safety at Work etc. Act 1974, to prepare a written statement of its health and safety policy, which includes the organisation and arrangements for carrying it out, and to bring this policy to the attention of its employees. The minimum legal standard is that we ensure, so far as is reasonably practicable\(^1\), the health, safety and welfare at work of all our staff and patients and other third parties.

To do this, the legislation mandates that we identify, assess, and control our significant risks and we do this within a safety management system model. The policy and the plan have therefore taken an approach which focuses on; improving our leadership, accountability, systems, compliance and integration across NHS Highland.

As we strive to maintain and improve quality we should take the maximum opportunity to reduce our preventable risks and losses. This paper will set the context for our new policy and strategic plan, give an indication on the benefits to be gained and outline the implications, actions and resources required for implementation.

2. Context

The existing NHS Highland Health and Safety Policy was written in 2005. Since 2005 the structure, governance arrangements, legislation\(^2\), and our national standards have changed significantly. The HSE have also recently reshaped their strategy\(^3\) and the manner in which they regulate Health and Safety, with Healthcare being deemed as one of their priority areas. So it is important that our approach in managing our risks is aligned to our own objectives, plans and changing environment as well as the wider national policy drivers. These aspects are considered in both documents.

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\(^1\)This term means that we have to take action to control our health and safety risks **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. Organisations can establish this for themselves or they can simply apply accepted good practice. [http://www.hse.gov.uk/risk/faq.htm#alarp](http://www.hse.gov.uk/risk/faq.htm#alarp) accessed 21/07/10.

\(^2\)In particular the following: Corporate Homicide and Manslaughter Act 2007; Health and Safety Offences Act 2008; R v Chargot and Others December 2008 (Burden of Proof)

Internally, in line with the Boards Strategic Framework, the policy and its plan, supports a number of service strategies and forms an inextricable part of the quality and patient safety framework. It should be viewed as an enabling document and our resources, such as people, money, assets and technology must be aligned and measured against this.

3. **Benefits**

Beyond the legal requirements there are a number of interrelated staff and financial benefits to be gained. Achieving this will require commitment by all, ensuring that significant Health and Safety issues are dealt with in a proportionate manner and on an equal footing to other organisational risks. Good practice in health and safety makes sound business and financial sense. The benefits of this policy are:

- Improved quality of services for our patients
- Protection for our staff and patients
- Savings & efficiency gains through
  - Minimising direct and indirect costs associated with accidents and absence on the basis that there is a strong correlation between good health and safety performance and reduced turnover and greater patient experience and outcomes.
  - Improved regulatory compliance, a safer, healthier workforce, resulting in reduced civil claims and insurance premiums both which should be viewed as investment opportunities.
- Improved outcomes in change management and redesign programmes by “designing out” our Health, Safety or Statutory problems before implementation
- Improved safety culture and staff motivation
- Support and enhancement to the board’s business and the more specific service strategies.
- Minimise the likelihood of prosecution and consequent penalties - by satisfying the requirements of our regulators - the HSE will look for successful policy implementation evidence.

4. **Implications for NHS Highland**

Health and Safety cuts across all boundaries and agendas, clinical and non-clinical, but to effective in making continual risk reduction improvements in it has to be integrated well and not viewed as an add on. The principles of managing health and safety are similar to those managing quality, and it is important that the focus of our interventions are more proactive than reactive. The policy and the plan embrace those principles. To be a success, the following changes will be necessary to ensure that NHS Highland meets its policy aims and strategic objectives. We will need to:

- Continue to improve the leadership, promotion and ownership of health and safety risks across the organisation through better planning, delivery, monitoring and review on the basis that if “you create the risks you manage them”
- Enhance the Health and Safety Committee’s work programme and monitoring

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5 The Healthcare Quality Strategy for NHS Scotland, May 2010
6 NICE public health guidance 22, 2009, Promoting mental wellbeing through productive and healthy working conditions: guidance for employers
7 HELA LAC 38/3 Written Health and Safety Policy Statements June 2005
Enhance the operational governance and performance reporting arrangements to facilitate General managers to meet their statutory requirements.

Produce an annual Operational Health and Safety Development Plan.

Ensure that Health and Safety expectations and responsibilities are clear and established for all levels of management - this is a key facet in controlling our risks.

Ensure managers have the competence to deliver the above responsibilities.

Have the necessary policies, procedures and systems in place to identify and manage our significant workplace risks and strengthen our safety management system.

Improve our performance monitoring through audit, DATIX monitoring and assessment against our Performance Indicators.

Meet the minimum legal standards for our significant risks, where reasonably practicable.

Enhance the Estates department with additional Health and Safety support to improve their compliance and competence.

Implement our strategic plan.

We have used a HSE adapted safety culture model to help us determine; our current status, our gaps and where we should be in the future. At the moment NHS Highland is more at the “Emerging and Managing Phase” of this model, and our intention over the next 3 years is to enhance these systems to achieve an improved safety culture, compliance and be operating at the “Involving Phase”. This implementation plan and its associated performance indicators are linked with to the culture model, realistic, and important to achieve particularly as our fiscal constraints take hold.

The rolling compliance programme, identified in the plan, will focus on our key risks. This will require input from the operational units and will involve audit, review and policy and procedural updates, with potential resource implications, particularly for those that involve the built environment and the estate.

Part 4 of the Policy relates to our arrangements to manage specific risk and our compliance programme. Further work is required over time to mature those systems, hence the reason the policy has a short review period of 1 year.

4. Contribution to Board Objectives and Strategic Framework

NHS Highland's Health and Safety function supports the Boards Corporate Objectives by improving efficiencies and staff and patient safety through our risk reduction and compliance measures.

5. Governance Implications

Staff Governance – The implementation of the Health and Safety Policy and plan, fulfils the staff governance standard of being “appropriately trained” and “provided with an improved and Safe Working Environment”. The SG Committee will provide assurance that the joint consultation processes and structures between managers, human resources, trade union / employee representatives and staff, work effectively through the Local Partnership and Highland Partnership Forums. Additionally, the Health and Safety Committee will issue the quarterly minute to the Staff Governance Committee for scrutiny, comment and routine monitoring.

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8 Specific requirement made in the 01 Feb 10 Board Action Plan
Health and Safety Committee – This committee, jointly Chaired by the Chief Operating Officer (who is also the Boards Lead Executive for Health and Safety) and the elected staffside representative. It reports directly to the Board, as well as the staff governance committee. It is responsible for strategic and pan highland operational issues. Its primary role is to support NHS Highland’s board in fulfilling its policy and strategic objectives, as well as providing assurances that statutory compliance, health and safety systems, structures and processes across NHS Highland are in place to secure legal and best practice as far as is reasonably practicable.

Risk Management Steering Group – This group is responsible for ensuring that strategic risk management objectives are in place and working effectively, and this includes health and safety practice.

Clinical Governance This policy and plan is risk management based and strongly aligned to NHS Highland’s Quality & Patient Safety Framework from a staff and patient safety and experience perspective.

Financial Impact– Sustained implementation of the policy aims, through the strategic plan, will assist the Board not only in meeting its statutory requirements but also deliver, in time, significant financial savings through improved risk management and reduced loss by “getting right first time”. This is likely to be achieved through a reduction in incidents, sickness absence, civil litigation and enforcement action.

6 Risk Assessment

The policy and the implementation plan were revised to take into account the external and internal drivers and issues highlighted at Paragraph 2 using a risk assessment / benchmarking approach. In addition the policy document describes how the organisation is to identify, coordinate and manage its health and safety hazards, at the various organisational levels, using risk assessment as a management tool. A number of controls detailed in the policy and the strategic objectives in the plan will minimise a number of threats currently held on NHS Highland Risk Register.

6. Impact Assessment

This policy and the strategic plan has been subject to the EQIA process with minimal issues raised or noted.

Anne Gent
Director of Human Resources

Bob Summers
Head of Health and Safety

30 July 2010

9 The Healthcare Quality Strategy for NHS Scotland, May 2010
# HEALTH AND SAFETY POLICY

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<td>Date of Review: August 2011</td>
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HEALTH & SAFETY POLICY STATEMENT OF INTENT

NHS Highland vision for patients and the communities is to provide high “quality care to every person, every day”. We will achieve this through our strategic aims of Better Health, Better Care and Better Value in the context of our corporate objectives. We recognise that to deliver these aims well, and to provide effective services, we must ensure that risks to health, safety and welfare, for all patients, staff, visitors, volunteers, contractors and others who are affected by or involved in our activities, are managed and controlled as far as possible.

The Staff Governance Standard, incorporated in our Workforce Strategy, makes it clear that an “Improved and Safe Working Environment” is paramount to ensure we improve retention, minimise turnover, and develop a positive employee experience and improve commitment to enhance patient care. We can achieve this, but also recognise that our financial landscape has changed significantly. This will require radical change, in a more cost effective environment, and this has the potential to generate additional risk. We therefore need to take a more robust and strategic approach to occupational health and safety management.

NHS Highland Board understands and unreservedly accepts that for us to be successful we must conduct our business and operations with certain commitments in mind at all times. With respect to occupational health and safety, it is the general policy of NHS Highland, through its Strategic Implementation Plan, to:

1. Lead by example, through our managers, in promoting a positive culture
2. Take measures to ensure the health, safety and wellbeing of our employees, patients, contractors, voluntary organisations and members of the public
3. Clearly define responsibility and accountability from the Board to the frontline
4. Improve our governance and integrate Health and Safety into every facet of the organisation
5. Comply with and go beyond the law, professional and NHS related policies and standards
6. Continually improve our Health and Safety systems and performance
7. Provide adequate control of risks arising from our work activities
8. Take account of Health and Safety in all change and service redesign programmes and projects
9. Reduce our incidence of accidents and work related ill health
10. Ensure safe handling and use of substances
11. Provide information, instruction, training and supervision for employees
12. Ensure all employees are competent to do their tasks
13. Consult with our employees, and others affected by our work activities
14. Provide and use safe premises, plant and equipment

As Chief Executive, I have overall responsibility for occupational health and safety across NHS Highland. I have appointed the Chief Operating Officer as the Lead Executive Director for Health and Safety and the Director of Human Resources to oversee the implementation of this policy through the activities of the Boards Health and Safety Committee.

Effective control can only be achieved through cooperative effort at levels of the organisation and this Policy Statement, which is to be observed by all in NHS Highland, reflects the importance which I attach to the health, safety and welfare for all our employees, patients, contractors, voluntary organisations and members of the public.

Roger Gibbins
Chief Executive
August 2010

TO BE COMMUNICATED AND DISPLAYED WIDELY ACROSS NHS HIGHLAND
PART 1 - HEALTH AND SAFETY POLICY INTRODUCTION

1. Status  The Board of NHS Highland has a statutory duty under s2(3) of the Health and Safety at Work etc. Act 1974 (HSWA 1974) to prepare a written statement of its health and safety policy, including the organisation and arrangements for carrying it out, and to bring this policy to the attention of its employees. This Policy and its Strategic Implementation Plan [HYPERLINK] fulfil this requirement.

This policy applies to NHS Highland employees, students, volunteers and contractors, and all other people working at our premises regardless of status, grade, occupation, whether clinical or non-clinical. All employees should be aware of its contents and understand that it has a legal standing and will be used and referred to from time to time by the Health and Safety Executive to measure our performance.

1.1 Context  The policy and its accompanying Strategic Implementation Plan [HYPERLINK] will assist NHS Highland in meeting our duty of care to our staff and others by providing a safe workplace free from the risk of foreseeable injury and ill health. This document is set within the context of the triple aim of Better Health, Better care and Better Value, and more specifically the Board’s Corporate Objectives. This document also forms part of the quality agenda and is deemed as an enabling policy and plan. Our resources, such as people, money, assets and technology must be aligned and measured against this policy. In line with our Strategic Framework it also supports a number of service strategies such as: clinical and quality strategy; quality and patient safety framework; efficiency and redesign and workforce plans.

Health and Safety practice cuts across all organisational boundaries whether they are clinical or non-clinical issues, whether it involves staff, patients and third parties, whether it involves a Human Resource policy, an Infection Control issue, Service Redesign, a Capital Build project, or equipment purchase health and safety must be considered and taken into account in all of these examples. The link between staff wellbeing and safety, turnover, efficiency and patient care and quality is well documented. Setting this within the context of our current and future challenges means that we should maximise our opportunity now to invest and improve on our health and safety performance rather than a short term view of “cutting back” and increasing our risk profile for the future.

Improving our standards will require effective leadership, ensuring that those who create risks take ownership and responsibility for managing them, prioritising our “real” not “trivial” risks, building improved competence and taking a holistic organisational approach to improving work related ill health and safety. Taking more of an integrated approach to identifying and managing health and safety risks will help us to reduce our losses, and minimise waste through duplication of effort. These factors are paramount in establishing a successful safety management system and our regulators, the HSE, acknowledge this in their 2009 strategy.

1.2 Scope  This Policy applies to all employees of the Board and it is produced in compliance with common law and the statutory health and safety framework, namely the Health and Safety at Work, etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. It is supported in NHS Highland by more specific policies, which arise as a result of our risk profile. These specific policies will be underpinned by this policy and ratified through the Health and Safety Committee.

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2 NICE public health guidance 22, 2009, Promoting mental wellbeing through productive and healthy working conditions: guidance for employers
Operational Units may produce their own specific procedures and protocols to implement this or any other related Health and Safety Policy, taking into consideration the guidance and definitions in the “NHS Highlands Management of Policy Procedure Guideline and Protocol” [HYPERLINK].

1.3 Board Aims and Strategic Objectives  The aim of this document is to provide improved governance, the organisational framework and systems, and general arrangements to ensure that NHS Highland continues to deliver improvements in health and safety culture and performance through its healthcare activities and services as part of the quality agenda. We will achieve this through our policy aims [HYPERLINK], our strategic implementation plan [HYPERLINK] and our objectives.

1.4 NHS Highlands Safety Management System (SMS)  The legislation essentially requires us to identify, assess and control our significant risks. To do this well in a complex, multidisciplinary, geographically and resource challenged healthcare organisation a management system or model is required. A safety management system (SMS) helps us to coordinate this effort by establishing a standard framework to manage health and safety risks to a level that is as low as reasonably practicable, in a consistent and structured manner. If implemented effectively, this will enable NHS Highland to progress through the safety culture model (detailed above) in an incremental manner improving our culture and increasing consistency whilst minimising our losses. It will also reduce our reactive nature and urge to look for “quick fixes” to unexpected or unidentified risks, and improve our resource management by prioritising our real risks, and creating better control through improved planning and monitoring, so we all know the “right way” of doing things.

The Health and Safety Executive’s HSG65 “Successful Health and Safety Management” model will be used and this is based on the traditional Plan-Do-Check-Act (PDCA) principle, where the organisation's plans reflect the policy document and the implementation phase is dominated by risk assessment and application of controls. The operational implementation of this model is described in detail at Part 3 [HYPERLINK]

1.5 Key Themes  This policy and our strategic implementation plan have a number of key themes:

1.5.1 Integration  Health and Safety management is an integral part of good corporate governance and risk management. As previously mentioned, there are clear links between staff health and well-being and the three dimensions of service quality: patient safety, patient experience, the effectiveness of patient care. Injury, Ill health and ultimately our costs will increase if Health and Safety is seen as something distinct, or a desirable “add-on”, from other aspects of quality and risk management aspects.

1.5.2 Systems  Development of a SMS and documented evidence of legislative compliance and other requirements are essential to ensure the effective management of health and safety and to minimise the risk of prosecution and litigation. Key elements of an effective health and safety management system are summarised above and detailed in Part 3 [HYPERLINK]

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4 HSE, 1997, Successful Health and Safety Management
1.5.3. Legislative Compliance  The Common Law, the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the remaining statutory provisions form the legal framework for managing Health and Safety in the UK and they set the minimum standards of achievement. Arrangements to ensure compliance with these and all other relevant health and safety legislation and approved codes of practice are detailed either within this policy at Part 4 [HYPERLINK] or in other more specific policies, procedures and protocols.

1.6 Benefits  Good Health and Safety makes real benefits for the Board, the workforce and its patients by:

- Seeking to protect staff from injury or illness as a result of work
- Ensuring a systematic approach to the identification of health and safety risks and the allocation of resources to control them
- Minimising the financial losses arising from avoidable unplanned events
- Supporting quality initiatives that bring about continual improvement
- Ensuring compliance with statutory and best practice requirements
- Enhancing and protecting the reputation of the Board

1.7 Document Structure  The document is structured as follows:

- Health and Safety Policy – Statement of General Intent
- Part 1 – Introduction [this section]
- Part 2 – Organisation for Health and Safety
- Part 3 – Arrangements for Planning and Implementing this Policy
- Part 4 - Specific Arrangements for Managing Risk
- Appendices

The health and safety strategic implementation plan is separate document and can be found here [HYPERLINK]

1.8 Action.  All NHS Highland employees are to familiarise themselves with this document and managers are to bring it to the attention of all new, existing staff and third parties where appropriate. It is a “live” document with legal force and will be reviewed and updated regularly.
PART 2 – ORGANISATION FOR HEALTH AND SAFETY

2. Control, Cooperation, Communication and Competence – 4C’s

To deliver improved health and safety performance and culture a robust management framework is required which considers the following four interrelated aspects:

- Our methods of health and safety **control**
- The means of securing **co-operation** between employers, staff, staffside representatives and other groups and partners
- Our methods of **communication** throughout the organisation and
- The **competence** of our individuals

These are commonly known as the 4C’s and this section will detail how these aspects will be applied and implemented within NHS Highland.

2.1 Control – Responsibility & Accountability for Health & Safety

Health and safety, like clinical governance, is integral to NHS Highland’s governance structures, which includes the Board, the Staff Governance and Audit Committee and Risk Management Steering Group. These structures ensure that the management systems, levels of performance and outcomes continue to be scrutinised throughout the organisation. Our policy statement [HYPERLINK] sets the direction of travel for health and safety in NHS Highland, and our strategic objectives [HYPERLINK] provide the detail on how we will achieve this. Operational Units should use the strategic implementation plan [HYPERLINK] as an enabling tool for service delivery and translate this into operational priorities in the form of a Health and Safety Development Plan.

Our directors, managers and staff must take full responsibility for controlling factors that could lead to ill health injury or loss on the basis that if you create risk by your activities then you control it. To support this effort, the assurance and governance framework for our committees and the individual roles, responsibilities and levels of accountability for all employees are specified in detail below. The overall structure for health and safety organisation and governance is shown at Appendix 1 [HYPERLINK]. The roles and responsibilities of our specialist committees, services and advisers that link with or overlap with the broader Health and Safety Agenda are detailed at Appendix 2 [HYPERLINK].

2.2 Control - Assurance, Governance and the Operational Framework

2.2.1 NHS Highland Board

The Boards nominated Executive Lead for Health and Safety is the Chief Operating Officer. A Board non-executive lead with a particular interest in Health and Safety shall also be nominated. All board members should have a clear understanding of the key health and safety issues affecting NHS Highland, provide exemplary leadership and take every opportunity to maintain and develop their knowledge and skills. The board’s role, with respect to health and safety matters, is to ensure that:

- All directors understand their legal responsibilities and the board’s governance role
- Directors take ownership for key issues and be ambassadors for good performance
- It drives forward the agenda and understands the risks, opportunities and pressures that might compromise standards and values, and ultimately establish a strategy to respond
- Key objectives and targets are set for health and safety management and improvement
- Risks are managed, controlled and adequately resourced to ensure compliance
2.2.2 Staff Governance Committee  The Staff Governance (SG) Committee is one of the established three governance committees in NHS Highland, its role is to assure NHS Highland Board that systems are in place to ensure the fair and effective management and development of all staff, and that performance is monitored and evaluated. It is responsible through its nominated non-executive (holding an interest in health and safety), for monitoring the performance of the health and safety related SG standards, that being “Appropriately Trained” and “Provided with an improved and Safe Working Environment”. In addition, it is also to ensure that the joint consultation processes and structures between managers, human resources, trade union / employee representatives and staff, work effectively through the Highland Partnership and Local Partnership Forums. The Health and Safety Committee will issue the quarterly minute to the Staff Governance Committee for scrutiny and comment.

2.2.3 Risk Management Steering Group  NHS Highlands risk management framework, which is supported by the RMSG, provides a positive and proactive approach to the management of risk across the organisation. The RMSG is a high-level group responsible for ensuring that strategic risk management objectives are in place. It is responsible for monitoring and reviewing the Corporate and Operational Risk Registers. The group as part of its remit will consider progress against the strategic health and safety objectives and targets as reflected in the risk registers and provide direction as appropriate.

2.2.4 Health and Safety Committee  The committee, meets quarterly, and is Jointly Chaired by the Chief Operating Officer (who is also the Boards Lead Executive for Health and Safety) and the elected staffside representative. It reports directly to the Board, as well as the staff governance committee. The committee membership comprises management, staff and specialist (ex officio) advisers. It is responsible for strategic and pan highland operational issues. Its primary role is to support NHS Highland’s board in fulfilling its policy and strategic objectives, as well as providing assurances that statutory compliance, health and safety systems, structures and processes across NHS Highland are in place to secure legal and best practice as far as is reasonably practicable.

It is responsible for recommending, devising and ratifying policy, monitoring safety performance and promoting a positive safety culture and climate. Policies will be subject to review in line with health and safety legislation or if there are changes to technology, processes or practice. The review of policies will also be based on the prioritisation of risk within the Board and as a consequence of any serious incidents Health and Safety Committee members and any specific stakeholders will be involved in the consultation phase. It will receive on a quarterly basis a report from each of the Operational Units for consideration and comment. A full description of its role, remit, structure, membership and proceedings is detailed at Appendix 3 [HYPERLINK]

2.2.5 Highland Operations Group (HOG)  HOG is responsible for the operational management of health services in NHS Highland. It comprises four CHP’s, Raigmore Hospital, Pharmacy, Facilities and Estates. It is responsible for directing and ensuring all operational units that systems are implemented and health and safety is managed and monitored effectively.
2.2.6 CHP and Raigmore Governance Committee  Each Operational Unit has a Governance Committee which is chaired by a non-executive director. It is directly accountable to the Board for operational units in terms of; planning coordination, the development and provision of services, provision of safe and effective services, partnership, service change and modernisation, as well as ensuring that frontline staff have the resources to achieve these objectives, which includes the objectives set within this policy. Health and safety, in conjunction with clinical governance, is a principal component in supporting these functions.

It is responsible for and tasked with ensuring that:

- Health and safety is a standing agenda item at the CHP/Raigmore Management Team
- Health and Safety is discussed openly between managers, staff and their staffside representatives
- Health and Safety is planned, organised, controlled, monitored and reviewed in order to manage the more significant operational health and safety risks.
- An Operational Health and Safety Development Plan is developed and implemented.
- A quarterly Health and Safety Report is submitted to the Health and Safety Committee

2.2.7 CHP / Raigmore Management Teams  The management team is responsible for the day to day operational management and professional leadership of the CHP / Raigmore, which includes health and safety performance. It is also accountable to the CHP / Raigmore Governance Committee. It is to discharge its accountability for health and safety, by ensuring that appropriate arrangements are in place for effective planning, organisation, control, monitoring and review of protective and preventative measures, in line with its own risk profile whilst assisting the board in achieving its strategic health and safety aims and objectives. This is a statutory requirement. It decides on whether risks or incident outcomes are acceptable or if escalation is required. Units are to establish appropriate formal arrangements to:

- Implement the requirements of this policy and the strategic implementation plan
- Facilitate the early anticipation of risks, and
- Effectively manage significant Health and Safety risks

The management team is responsible for ensuring that:

- It provides Health and Safety assurance to the CHP / Raigmore Governance Committee
- Health and Safety is a formal standing agenda item at the management team
- The Operational Health and Safety Manager(s) attend and provide appropriate feedback to the management team on health and safety performance etc
- An annual health and safety development plan is produced which translates the boards strategic objectives, and sets key performance indicators based on its own operational priorities and tasks. A template example is shown at end of Appendix 4
- It sets operational objectives and allocates clear responsibilities and accountability to its managers and supervisors for Health and Safety management and performance
- It receives, considers and provides direction on feedback from the Boards Health and Safety Committee (top down) and its Operational Health and Safety Group (bottom up).
- It receives, endorses and submits, with staffside support, a quarterly Health and Safety report for the Boards Health and Safety Committee. A suggested template example is shown at Appendix 4
Operational Risk Register Reviews, with Health and Safety actions, should be directed to the Health and Safety Group, for consideration and action.

2.2.8 Operational Health and Safety Groups

A Health and Safety Group is to be established in each Operational area, within existing structures. Its purpose is to establish an appropriate framework, using Appendix 4 [HYPERLINK] as a guide, to plan, organise, control, monitor and review operational day to day health and safety issues, effectively and systematically, to reduce risk and fulfil our statutory requirements. This also includes the monitoring of health and safety systems, processes and procedures to re-assure the CHP / Raigmore Management Team, Governance and Health and Safety Committee that they are in place to deliver continuous health and safety improvement throughout the Operational Units and across NHS Highland. It will also enable senior managers to fulfil their responsibilities detailed below.

It is a decision making group which is to be jointly chaired by the General Manager (or his/her delegated management representative) and a Staffside Health and Safety Representative, with strong collaborative links with the Local Partnership Forums to fulfil our statutory Health and Safety Consultation requirements. Both whom are members of Health and Safety Committee. The Terms of Reference, responsibilities and membership requirements for this group are enclosed at Appendix 4.

2.3 Control - Individual Post Holders Responsibilities and Accountability

2.3.1 Chief Executive

The Chief Executive has ultimate accountability for health, safety and welfare within the Board and ensures that there are adequate resources to implement the Health and Safety Policy and Strategic Implementation Plan to promote good risk management and to enable the Board to comply with its statutory requirements. The Chief Executive supports other Board members in their functions and has appointed the Chief Operating Officer as the Lead Executive Director for Health and Safety and the Director of Human Resources to oversee the implementation of this policy and strategic plan through the activities of the Boards Health and Safety Committee.

2.3.2 Chief Operating Officer (COO)

The COO is the Boards Lead Executive Director for Health and Safety (See NHSH Scheme of Delegation)[HYPERLINK]. The Executive Lead ensures that health and safety risk management issues are addressed by the senior management team and more widely in the Board by supporting the HR Director and the Head of Health and Safety. Principle duties include:

- Leading health and safety development across NHS Highland having regard to this policy and the financial framework of NHS Highland
- To establish health and safety performance expectations for all General Managers
- Identifying, anticipating and responding positively with other Executive Leads, or through committee, as appropriate, any significant organisational or service delivery change that may impact on NHS Highland’s health and safety risk profile and culture.
- Liaising with Directors and managers as appropriate, to ensure that operational managers are fully aware of key issues which might affect them
- Ensure that all health and safety considerations are included in any Board Contingency /or Emergency Plans.
- Ensuring General Managers establish a health and safety development plan to meet the Boards Strategic Objectives and to manage key operational health and safety risks
• Ensuring that all Projects Directors / Leads consider and manage the health and safety risks involved with Change Management and Service Redesign and engage appropriately with all stakeholders and experts in order to “design-out” hazards.
• Identifying and disseminating health and safety objectives to Executive Directors, and Senior Operational Managers
• Jointly Chairing the Boards Health and Safety Committee
• Ensuring that General Managers or their representatives attend and participate in Boards Health and Safety Committee
• Representing the NHS Highland in correspondence and contact with the Health and Safety Executive when enforcement action is taken.
• Providing regular assurance to the Chief Executive and the Board on Health and Safety.
• Endorses and approves the nominated Estates “Authorised Persons” are appointed in writing where appropriate

2.3.3 Executive Directors

They are responsible for the safety and activities of their staff, and are expected to promote a high degree of health and safety leadership and awareness amongst their staff. This involves the following key responsibilities:

• Lead and champion health and safety in a positive manner
• Know and understand the aims and objectives of the Boards Health and Safety Policy and the Strategic Implementation Plan, and ensure they are implemented
• Monitor their area of responsibility against the strategic objectives and KPIs [HYPERLINK] detailed in this document
• To ensure effective systems are established to identify, assess, manage and monitor significant hazards and risks within their areas of responsibility
• To ensure that the appropriate level of resources (funding, personnel and time) and commitment are employed to identify, assess, manage and monitor significant hazards and risks within their area of responsibility.
• Ensure that they consider and manage the health and safety impacts of Change Management and Service Redesign projects appropriately and they engage and consult with staff, staffside representatives, and Health and Safety Managers throughout the process in order to “design out” hazards.
• Ensure appropriate senior managers are nominated, accountable and aware of their Health and Safety responsibilities.
• Ensure that nominated senior managers with health and safety responsibilities are appropriately trained.
• Attend training for their responsibilities when required to do so
• Ensure employees are consulted on matters relating to Health and Safety through the elected representatives and associated groups.
• Ensure that all Incidents and work-induced ill health are monitored, in their area of responsibility, and initiate appropriate action to reduce occurrences where appropriate.
• Make certain that effective communication systems are established to ensure that Health and Safety policies, strategies and procedures are made known, understood and observed by all staff
2.3.4 **Director of Human Resources**  The Director of Human Resources is an executive director of the board and, in addition to the above, is responsible for:

- Acting as Lead Executive for the Health and Safety Committee
- Communicating the strategic implementation plan
- Horizon scanning to ensure NHS Highland is aware of and prepared for new health and safety developments
- Monitoring and evaluating the implementation of the health and safety policy and strategic plan
- Ensuring that staff are involved in all health and safety process
- Managing the Health and Safety and Occupational Health function across NHS Highland
- Line managing and resourcing the Occupational Health Service and the Corporate Health and Safety Team

2.3.5 **CHP & Raigmore General Managers / Clinical Directors**  These managers shall have day-to-day responsibility for ensuring that suitable and sufficient arrangements are made for health and safety in all aspects of each NHS establishment for which they have responsibility (including any services which may be provided off-site). They shall provide direction for the management of health and safety for all staff and activities in each area of responsibility and under their control. It is the responsibility of the Raigmore and CHP Senior Management to:

- Implement this Policy and the Boards strategic objectives and bring it to the attention of all Managers and Staff
- Demonstrate visible and active health and safety leadership
- Sufficient resources should be allocated to meet the requirements of the Boards strategic objectives and the Operational Units Health and Safety Development Plan
- Ensure health and safety responsibilities and accountabilities are clearly allocated to appropriate managers under their control
- Ensure effective systems are established to identify, assess, manage and monitor significant operational hazards and risks using appropriately trained staff and the resources of the Operational Health and Safety Managers
- Ensure that they consider and manage the health and safety impacts of Change Management and Service Redesign projects appropriately and they engage and consult with staff, staffside representatives, and Health and Safety Managers throughout the process in order to “design out” hazards.
- Ensure an Operational Health and Safety Development Plan is developed and maintained
- Monitor progress against plans and key performance indicators where established
- Assess operational priorities for health and safety and take action where appropriate
- Ensure that managers and staff are competent to identify risks in the workplace and manage them effectively, with support where necessary
- Adhere to **NHS Highland’s Incident Management policy** [HYPERLINK]
- Ensure that incident data is reviewed regularly, trends identified, action taken to reduce reoccurrence and that learning is disseminated and shared widely.
- Ensure that work place safety monitoring is undertaken regularly.
- Ensure that the Chief Operating Officer is informed in timely manner when Health and Safety Executive or Fire and Rescue Service enforcement action is being considered.
- Ensure that all significant Health and Safety Executive advice and guidance is adhered to and actioned, with appropriate allocation of resources. If the advice cannot be actioned it is to be escalated to the next management tier for decision-making.
- Encourage and support joint consultation on health and safety issues with elected representatives and facilitate/support health and safety representatives to undertake their statutory functions.

**2.3.6 Heads of Service / Locality / Directorate Managers**

In general, these Managers are responsible for ensuring that:

- Each locality/directorate/service has in place an organisational structure that will secure effective health and safety management.
- Appropriate systems are implemented across the locality/directorate/service to identify, assess, manage and review significant health and safety risks.
- Where significant risks are identified prepare action plans to minimise and control that risk, ensuring that unacceptable risks are escalated up the management chain for action where appropriate.
- All staff for which they are responsible receives appropriate Health and Safety induction and update training (deemed Statutory Training) where appropriate in line with extant [NHS Highlands Induction Policy](#) and as identified through a local risk assessment.
- Regular workplace inspections are carried out and action plans implemented where hazards are identified. Ensuring the departments are kept clean and tidy, with safe access and egress, and safe storage, use and disposal of materials.
- Ensure that effective emergency plans are in place for instances of serious and imminent danger, where appropriate, and that all staff are aware of their responsibilities.
- All accidents, incidents and near misses are reported through DATIX and in line with the [Boards Incident Management Policy](#).
- Local procedures are in place for maintaining appropriate health and safety records.
- All managers are aware of their local responsibilities with regards to the management of contractors on health care sites. Essentially the contractor is to be informed of our healthcare based hazards on site (risk of hospital acquired infection) and the appropriate control measures (e.g. infection control measures). NHS Managers are to ensure that the contractor has provided the appropriate paperwork, be content that they are carrying out the work safely, and they leave the site in a safe condition.
- Visitors to their departments are segregated from hazards, or are advised of any significant hazards they may encounter.
- Suggestions and proposals are made through the appropriate routes for improvements to the Boards safety policies, and contributing towards the preparation of safety policies, where appropriate.

**2.3.7 Managers and Supervisors**

Managers and Supervisors must fully familiarise themselves with the Boards health and safety policies and associated procedures and protocols. They are responsible for the effective management of health and safety within his/her own area or function. With respect to their area of responsibility this will include:

- Ensuring that all significant local hazards are identified, assessed, managed and monitored using appropriately trained staff.
- Making sure that all staff, including visitors and contractors, visiting or carrying out work for or on behalf of NHS Highland know: What health and safety risks will affect them; What measures must be taken to carry out the work safely and without risk to health; What steps must be taken in event of an emergency.
- Make sure that arrangements are made to deal with emergencies.
- Promoting positive cultures and behaviours where staff can communicate health and safety issues without conflict or prejudice.
- Monitoring that risk controls have been implemented and are working satisfactorily.
- Ensure that where controls fail, resulting in near miss events and accidents, that these are promptly reported through DATIX and within their teams in line with the Boards Incident Management Policy.
- Ensure that all newly appointed employees, locums, bank / agency staff, students, volunteers, young persons or those on work placement are provided with the appropriate level of information, instruction and supervision and attend induction and follow on training where relevant to be able to carry out the work safely in line with the extant NHS Highlands Induction Policy.
- Maintaining suitable and sufficient, up-to-date departmental records.

2.3.8 All Employees Are to ensure that they:

- Take reasonable care of the health and safety of themselves and others who might be affected by the action they take or fail to take.
- Co-operate with all Board officials on matters relating to health and safety.
- Familiarise themselves with Boards policy, procedures, protocols and guidance or preventative and protective measures relating to health and safety that have been brought to their attention.
- Attend training when advised to do so by the respective manager.
- Act in accordance with any information, instruction or training that has been provided or given to them.
- Make full and proper use of all personal protective equipment provided to them whilst at work in accordance with any training or instructions received.
- Report any hazards or defects in the equipment, arrangements or procedures and systems of work to their immediate line managers as soon as possible.
- Report any incident occurring to them or brought to their attention by informing their immediate line manager and completing the NHS Highlands online DATIX incident report.
- Adhere to the responsibilities outlined in the extant incident management policy and procedures [HYPERLINK] for reporting incidents and near misses.
- Make suggestions for improvement, where appropriate, or report any shortcomings in their managers / departments protection arrangements for health and safety.

2.3.9 Agency and Temporary Staff Managers must be assured that staff employed via recruitment agencies have received basic health & safety training within the last twelve months. To achieve this, such staff will be required to produce a proof of training before commencing work. Before any agency or temporary worker uses equipment, NHS Highland staff must ensure that they are shown the correct operation, etc. Minimum health & safety competency requirements shall be identified in all contractual agreements between the NHS Highland and Agency providers, to ensure safe working practices for all staff and patients.
2.3.10 Policy Leads, Specialist Advisors and Competent Persons  
NHS Highland has several sources of specialist and competent expertise to provide advice and practical assistance in distinct areas of health and safety risk. The Health and Safety Team contact details can be found [here](#) and the details of the Occupational Health Department can be found [here](#).

Their roles and responsibilities along with those of other specialists are detailed at Appendix 2 [here](#). In general the role of Policy Leads and Specialist Advisers, who will be nominated by the HS Committee, are to:-

- Act as policy lead for their specialist field and ensure that it is subject to an equality impact assessment
- Review, update and monitor policy in their specialist field in line with the Boards Health and Safety Compliance plan
- Provide specialist advice and guidance
- Undertake the role of Competent Adviser under the terms of specific legislation(where appropriate)
- Assist management to identify health and safety problems and advise on appropriate action
- Advise on training needs
- Assist in the investigation and monitoring of incidents at work
- Provide active monitoring in their specialist field, which includes audit.
- Set performance standards
- Maintain contact with operational health and safety managers and through the Health and Safety Committee.
- Keep the Health and Safety Committee / Board abreast with new developments in their area of competence

2.3.11 Change Management / Service Redesign Project Leads  
Organisational change is an opportunity to improve business performance as well as health and safety performance. However if this is undertaken without sufficient planning then it may result in inadvertent reduction of emphasis on safety and health, loss of established formal and informal safety processes, loss of critical knowledge and expertise or lack of sufficient personnel to safely operate and maintain work processes. These factors can result in deterioration of performance, the introduction of new hazards and a significant increase in costs. Project Directors, Leads and those responsible for service redesign are to, in a manner proportionate to the risk:

- Involve all stakeholders, including Health and Safety managers and representatives, at an early stage.
- Identify and understand the nature and scope of the pending change so that an effective impact assessment can be conducted.
- Review preliminary project plans to identify risks
- Undertake a risk assessment - the depth and involvement of the risk assessment should be dependent on the magnitude and complexity of the change.
- Develop, approve and implement action plans
- Use the Health and Safety impact assessment guide.

More detailed guidance on managing the health and safety impacts of change management can be found on the Health and Safety Webpage of the Intranet [here](#)
2.3.12 Purchasers of Equipment, Substances and Services

Those responsible for the procurement and “use”⁵ of “work equipment”⁶ are to identify, assess and manage the potential hazards and risks with new and existing equipment. If the equipment is specialist, complex or will result in building adaptations or new connections to existing services then those responsible must seek specialist advice e.g. from the Estates Department, Fire and Health and Safety Staff and others where appropriate. In addition those responsible are to ensure that “work equipment” is:

- Suitable for use, and for the purpose and conditions in which it is used
- Maintained in a safe condition for use so that staff and third parties health and safety is not at risk
- Inspected in certain circumstances to ensure that it is, and continues to be, safe for use. Any inspection should be carried out by a competent person (this could be an employee if they have the necessary competence to perform the task) and a record kept until the next inspection

**Specific Responsibilities Include:**

- The Director of Finance is to ensure that legal compliance, health and safety and welfare considerations and those detailed in “Scottish Health Technical Memorandum 00” are taken into account in purchasing policy and procedures.
- Medical equipment will be procured, commissioned, installed and maintained in line with the NHS Highlands “Policy for Medical Equipment”
- In line with NHS Highlands Radiation Safety Policy, Heads of Service shall ensure that no radiation equipment shall be acquired for use without approval (in terms of radiation safety) by the relevant RPA, LPA or specialist advisor. This includes loan equipment, charitable, donated or research equipment. Supplies Departments shall not process purchases without this approval
- The Head of Estates (Authorised Person responsible for engineering services) must be consulted during initial discussions on the purchase of any significant piece of medical equipment which will be connected to the engineering services.
- The Estate Department are responsible for ensuring, from a health & safety perspective, that non-medical equipment is included in a planned preventative maintenance schedule.

2.3.13 Independent Healthcare Contractors

Contractors in this context are defined as private or independent service providers who supply care, staff, equipment, buildings or other services or facilities for the direct care of NHS patients or clients. They are likely to include GP, Dental, Optometrist and Pharmacist services. NHS Highland requires all Independent Contractors providing services to NHS patients and service users to have:

- A suitable and sufficient health and safety policy
- Effective health and safety management procedures. This will include written standard operating procedures, safe systems of work and permits to work where required for the activity undertaken.
- Undertake investigations into any patient safety or health and safety incident
- Comply with the requirements of NHS Scotland’s CEL 43 (2009) dated 30 October 2009
- Ensure their premises meet the minimum statutory requirements for health and safety and the built environment.

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⁵ Use defined in PUWER as: any activity, involving work equipment and includes starting, stopping, programming, setting, transporting, repairing, modifying, maintaining, servicing and cleaning

⁶ Work Equipment defined in PUWER as: any machinery, appliance, apparatus, tool or installation for use at work
• For GP Practices, comply with and regularly monitor against the Royal College of General Practitioners (Scotland) Health and Safety Checklist
• To fully participate and share in learning outcomes.

Prior to the award of any contract NHS Highland will ensure that the contractor complies with all relevant health and safety requirements.

2.3.14 Commercial Contractors The use of contractors is an area of risk for all organisations including the NHS. The following measures are to be taken to ensure that risks posed by the use of contractors is minimised and the benefits maximised. Responsibilities are established for Contracting Managers and local managers and supervisors.

Responsibilities of Contracting Managers: They are to ensure that:

• NHS Highland only uses pre-evaluated contractors for the provision of any works or services.
• The Estates Department must be informed if the contract work will alter or make substantial changes to the built environment or will impact on the building services or their delivery.
• Contracting Managers are also to ensure that there is a clause that states that failure to comply with the requirements below is a breach of contract that allows the contact to be terminated at the NHS Highland’s discretion.
• All contracts contain clauses requiring that the contractor must:
  • Have relevant insurance cover for the contract work and any extension of it.
  • Provide copies of Plans of Work and Method Statements before the works start.
  • Ensure that his/her employees have copies of the plan of work and method statements on site at all times and at places where works are in progress.
  • Ensure that his/her staff work in accordance with the plan of work and method statements.
  • Sufficient supervision must be provided to ensure safe systems of work are followed at all times.
  • Sign in and out, before entering the NHSH properties.
  • Report any accidents or incidents occurring on the NHSH premises.
  • Comply with legislation and your safety rules.

Responsibilities of Local Managers and Supervisors: They are to ensure that

• Each contractor is informed when they arrive on site of:
  o The above minimum standards
  o Known hazards to which their employees may be exposed and of the necessary precautionary measures which must be taken.
  o Any specific health & safety requirements applicable to the area local to where the work will be carried out.
  o Emergency Procedures.

• Managers and Supervisors must also:
  o Inform the local Estates Department if the contracted work involves any alterations, refurbishment etc to the built environment

7 The person responsible for organising the contract or work package, which will allow that specified work to be undertaken on a NHS Highland facility / site. In NHSH this could be managers, but is not exclusive to, Estates, eHealth, Telecoms, Medical Physics, Facilities etc
Every Manager is to ensure that the Contractor provides plant and equipment that is in good condition and free from damage.

Every Manager is to regularly visit all contractors to ensure that they are complying with all of the above requirements and that they are working safely. Records of the visits are to be kept. If the Contractors are failing to comply with the law or are not working in accordance with the plans of work or method statements, or are working unsafely, then the Manager is to stop work, investigate the matter and take the appropriate action to prevent a recurrence. In all cases the Estates Department and the Operational Health and Safety Manager is to be informed.

2.3.15 Volunteering and Voluntary Groups  NHS Highland has a common law as well as a statutory duty of care to implement measures to protect our volunteers from harm. What this means in practice is that reasonable steps should be taken to ensure that the likelihood and potential seriousness of injury to volunteers is reduced. Depending on circumstances and numbers, this will include preparing written risk assessments, providing adequate information, induction training, closer supervision and so on.

Employment services and recruitment staff and those designated as immediate “supervisors” or “named contact persons” are to ensure that NHS Highlands Volunteer Policy and Procedures are adhered to. In particular they must be aware of the tasks and activities that volunteers will undertake and ensure that all significant hazards have been identified; assessed and suitable protective and preventative measures are implemented.

Volunteer-only organisations do not have a statutory duty to carry out assessments. However NHS Highland’s view is that volunteer-only organisations should take a systematic approach to protecting the health and safety of their volunteers. Written risk assessments will identify potential problems and provide a basis for putting health and safety measures in place. It makes sense for volunteers and their organisations to have an overall risk assessment for the volunteer programme and smaller risk assessments for individual roles. Other organisational risk assessments should also take volunteers into account.

2.4 Document Control  In line with NHS Highlands Management of Policy Procedure Guideline and Protocol [Hyperlink], we shall establish, implement and maintain procedure(s), through the proceedings of the Health and Safety Committee, to:

- Approve and review documents for adequacy prior to issue
- Review and update as necessary and reapprove documents
- Ensure that documents remain legible and readily identifiable
- Prevent the unintended use of obsolete documents and apply

Strategic documents and policies will be reviewed from time to time by nominated (by the Health and Safety Committee) policy leads, to ensure that they are still valid and accurate. In addition to routine review, policies, procedures, guidelines and protocols must also be reviewed by managers as part of and following:

- A review of risk assessment of processes
- A response to an incident
- The management of change procedure, and
- Changes in legal and other requirements, processes, equipment, workplace layout, etc.
The Health and Safety Team and Operational Health and Safety managers are to retain records of communications, interviews, incident investigations, enforcement activities, inspections and internal audits and records of training. Records are to be dated and archived where appropriate.

2.5 Cooperation  Particiation by employees supports risk control by encouraging “ownership” of health and safety policies, procedures and protocols. Pooling knowledge and experience through good participation, commitment and involvement means health and safety really becomes everybody’s business. NHS Highland has a legal obligation to consult, not just inform, with all employees about those health and safety issues in the workplace that affect them.

NHS Highland shall consult with recognised TU bodies via the safety representatives they appoint under the Safety Representatives and Safety Committee Regulations 1977. Their functions are detailed at Appendix 2 [HYPERLINK]. All other employees not represented in this way shall be consulted, either directly or via representatives, elected by those employees that they represent, under the Health and Safety (Consultation with Employees) Regulations 1996.

Staff at all levels are where possible to be involved in:

- Helping set performance standards
- Devising operating systems and procedures for risk control
- Monitoring and auditing, and
- Participating in problem solving teams

NHS Highland shall actively encourage and support formal consultation for Health and Safety purposes through the CHP / Raigmore Local Partnership Forums, Staff Governance Committee and Health and Safety Committee. An elected Joint Chair Staffside Health and Safety Representative is to be nominated, through the Employee Director for the Health and Safety Committee. Likewise elected staffside representatives are required as members for the Operational Health and Safety Groups if established.

2.6 Communication Effective communication must be a two way process, with clear visible leadership and a common approach to health and safety across the Board and at all levels throughout the organisation. Managers have a key responsibility to keep staff informed about changes in process and new risks and controls. Effective communication can take on many forms and should include some if not all of the following:

- Written - policies, procedures, protocols, instructions, reports, intranet notices, “team update” briefings, etc.
- Verbal - meetings, team briefs, one-to-one, etc.
- Visual Behaviour - Senior Managers, undertaking safety tours and inspections, chairing meetings, involvement in investigations, etc.
- All Staff reporting hazards and risks to senior staff with perhaps escalation

There shall be a rolling statutory compliance programme, which will review and update, written policy arrangements. In terms of keeping up to date with legal and best practice information, there is a standing agenda item on the Boards Health and Safety Committee which considers the impact of new developments on NHS Highland and its activities. This will also be published through the intranet as a quarterly Health and Safety Bulletin.

Minutes from the Health and Safety Committee shall be uploaded, once approved, onto the intranet and internet and distributed to all senior managers for information and action and cascading where necessary.
The nature of the audience in terms of age, ability, staff group, language, must be assessed prior to delivering specific information on health and safety. This will help to ensure that communications are expressed in terms understood by all relevant staff. It is important that managers take into account their audience, target the message to that required, use appropriate styles and methods and state what the audience is expected to do as a result of the information they receive. Unless the messages state clearly what is required, they are unlikely to fulfil their purpose.

2.7 Competence  Part 4 [HYPERLINK] provides more specific detail on the arrangements for securing competence in NHS Highland.

2.7.1 General Requirement  Wide-ranging requirements in respect of the provision of health and safety training are contained in Section 2(2)(c) of the Health and Safety at Work etc Act 1974. Training in Health and Safety legislation is associated with the provision of information, quite often with instruction and sometimes with supervision. There are often legal requirements in respect of two or three of these issues, rather than training in isolation. Managers are, where possible, to avoid the common pitfall of assuming that the provision of information and / or written instruction is an adequate substitute for training, it is not.

2.7.2 Provision of Information  The above requirement is made more prescriptive by Section’s 10 and 13 of the Management of Health and Safety at Work Regulations 1999. Regulation 10 is about the requirement of employers and managers to provide “information” to employees.

All Line Managers are to ensure that employees\(^8\) are informed of the following in association with their job, work activities and role:

- **Risks to Health and Safety** - All significant risks must have been assessed and information from those assessments must be given to all staff that are likely to be affected by those risks.
- **Preventative and Protection Measures** - Where risk assessments identify how to prevent harm from happening employees must have that information.
- **Emergency procedures** - Primarily these are the fire safety emergency arrangements but may include other emergencies more specific to a particular area. Employees must have information given to them on exactly what to do in an emergency and who are identified to implement such arrangements.
- **Individuals with responsibilities for implementing the above procedures**
- **Risks presented by other employers sharing the workplace**  This primarily relates to soft and hard service providers (e.g. cleaning, catering and maintenance) where they have risks to health and safety that could affect NHS Highland staff. It will be for the service providers to notify the NHS Highland of these risks. Conversely NHS Highland would have to notify service providers of risks to which their staff may be exposed which arise from our operations.

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\(^8\) Employees – this includes volunteers, students, work experience, youths and others. Where the person has not reached school leaving age then the information must be given to the parents or guardians of such children.
Line Managers and those responsible for instigating work placements involving children must ensure that information on the first two and last items, in the above list, are provided to parents of a child to be employed, before that child is employed. More detailed advice on the risks associated with “persons at special risk”\(^9\) and their control can be found at Part 4 [HYPERLINK]

2.7.3 **When to Provide Training** Regulation 13, requires all managers to ensure that employees are provided with adequate health and safety training on recruitment (ie induction training) and on being exposed to new or increased risks because of:

- Job transfer or secondment
- Change of responsibilities
- New or changed work equipment
- New technology
- New or changed systems of work

2.7.4 **Refresher Training** Training is to be repeated periodically where appropriate (based on risk and need) in order to ensure continued competence, and the need to do so may be identified through a number of mechanisms in NHS Highland such as:

- Knowledge and Skills Framework
- Personal Development Plans and Reviews
- Proactive monitoring; audits, inspections etc
- Supervision
- Lessons learnt from Accident investigation
- Near-miss reporting

In particular, managers should pay more attention to the needs of staff employees who occasionally deputise for others, and whose skills are therefore likely to be under-developed.

2.7.5 **Managers Training Responsibilities** NHS Highland and its managers are to ensure that staff under their control, performing tasks that impact on their own or others health and safety, are competent on the basis of appropriate information, instruction training and supervision. Records of all training will be maintained, by managers at departmental level, and by the Health & Safety Department at Corporate Level through the AT-L, learning management system. Managers are to ensure that staff are released in good time to attend pre booked training, and be aware of the liability they retain if appropriate timely training is not provided.

2.7.6 **Employees Duties** Employees also have legal duties with regard to training. There is the general duty contained in s.7 of HSWA for employees to co-operate with their employer to enable the employer to comply with statutory duties for health and safety. This includes taking part in training provided by the employer in fulfilment of statutory requirements. Where an employee refuses to co-operate in this way, prosecution is an available option but a more likely route is disciplinary action.

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\(^9\) This term refers to the following groups of people, who are more vulnerable to health and safety risks: children and young persons, new or expectant mothers, disabled persons, inexperienced workers, trainees, students etc. Lone workers are dealt with separately.
2.7.7 Estates Staff

All personnel employed in the operation and maintenance of critical engineering services, including maintenance personnel and operators, should receive appropriate, documented training. Staff should not commence their duties until their level of competence has been determined and training completed. All estates personnel should meet the minimum training requirements detailed in Sect 7 to SHTM 00.

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10 Scottish Health Technical Memorandum 00: Best Practice Guidance for Healthcare Engineering
PART 3 – ARRANGEMENTS FOR PLANNING AND IMPLEMENTING
OUR HEALTH AND SAFETY MANAGEMENT SYSTEM

3. Introduction

3.0.1 Aim The ultimate aim of the Board's health and safety management system is to prevent injury and ill health to employees and others affected by its undertaking and working environment. At each level of the organisation, effective systems should be planned to: identify, eliminate and control our hazards and risks, as well as help us react to changing demands and sustain a positive health and safety culture. We must do this in a collaborative and integrated manner, involving groups and individuals throughout the organisation. The responsibilities for the implementation of this policy are set out in the preceding ‘Organisation’ section. All parts of this policy, including the organisation section are approved by the Board and reviewed annually or more frequently if required.

3.0.2 Legal Requirement The Management of Health and Safety at Work Regulations 1999 make it clear that health and safety must be managed systematically, like any other aspect of the Board's affairs. The main requirements of these regulations relate to: risk assessment, the establishment of management systems, provision of competent health and safety advice and ensuring that emergency procedures are employed. The Board through governance structures and its senior managers must make and give effect to appropriate arrangements for the effective planning, organisation, control, monitoring, review and recording of preventative and protective measures. These aspects are discussed further in the document.

3.0.3 Existing Policies Given the range and diversity of our activities and the challenges posed by its geographical spread, the detailing of all health and safety related procedures and precautions, excluding those listed at Part 4 [Hyperlink], required to manage our risks is beyond the scope of this single policy.

To ensure Directors, Managers and Employees are provided with suitable and sufficient information and advice on how to manage health and safety, this policy is supported by other detailed policies which link with this overarching policy; a list of which is available at Appendix 5 [Hyperlink]. These policies have been produced in accordance with the general requirements of Section 2 (3) of the Health & Safety at Work Act 1974 and are available on the NHS Highland Intranet website in the Policy Section. They will be reviewed periodically or where it is believed to be no longer valid.

3.0.4 Risk Management NHS Highlands Risk Management Policy [HYPERLINK] outlines the approach, framework and rationale for managing business risk at all levels of the organisation in line with ISO AUS/NZ 4360:2004 Integrated Risk Management Standard which is the standard used by all Boards throughout Scotland. It is not the purpose of this document to restate the above policy but its principles, terminology and spirit will be followed as far as possible when assessing and controlling workplace risks. It is not the purpose of this section to restate the above policy but it is important to demonstrate how its principles, terminology and spirit will be followed when assessing and controlling workplace health and safety risks.

11 Definition - Risk management is the identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimise, monitor, and control the probability and/or impact of unfortunate events or to maximise the realisation of opportunities ISO 31000:2009.
The aim of Risk Management is to identify and control all significant business risks and keep them under review to prevent unsustainable loss. Risk management is a system to methodically evaluate and treat risks so as to gain assurance that the business objectives of the Board will be met successfully. Risk Management has a number of components, one of which is Risk Assessment (detailed below). Health and Safety, along with the risks of other disciplines such as Infection Control and Clinical Governance, are part of the overall business risk scenario and must be fully integrated in the Board and Operational Units risk register processes. It is vitally important, therefore, that objectives are set and understood by all at each level in the organisation.

Risk can never be eliminated entirely, though it can be substantially reduced through application of the hierarchy of controls (see below). Residual risk (defined as the remaining risk after controls have been implemented) will always exist and it is the organisation's responsibility to determine whether that residual risk is acceptable for each task and associated hazard. Where it is not the further actions will be needed to manage that risk to an acceptable level. However, high risk levels cannot be accepted if they result in harm to staff, patients and others. Risk management, therefore, aims to optimize risk and cost such that proper emphasis is applied to risks that cannot be tolerated and resource is not wasted on trivial risks. This policy of the Board towards health and safety risks is entirely consistent with the management of any other business risk that the Board faces.

For health and safety the Board arrangements for risk management\(^{13}\) follow the legal requirement set out in Regulation 3, 4 and 5 of the Management of Health and Safety at Work Regulations 1999. Regulation 3 requires organisations to make "suitable and sufficient" assessments of their risks, Regulation 4 states that our risks are to be controlled using the "principles of prevention" and Regulation 5 requires that our risks and their controls are put into practice effectively using a systematic management cycle. We will achieve this in NHS Highland using the national HSE standard HSG65 “Successful Health and Safety Management”\(^{14}\)

The following will now describe how NHS Highland will plan, implement, operate and maintain this system to secure continuing improvements in safety management and progress the organisation through the steps in culture model discussed at Part 1.

3.1 Safety Management System (SMS) This system, outlined in Figure 1 below must be present throughout the Board, at all levels, to be effective in controlling and managing our risks. The arrangements set out in this section of the policy enable this to take place but only as long as each Operational Unit, Locality, Directorate / Department and ward follows the system. In practical terms the level of implementation will be dependant on factors such as size, activities task and hazards. The key elements are:

\(^{13}\) NHS Highlands Risk Management Policy

3.2 Policy  At a Corporate level, the Board, through its Senior Management and Governance arrangements will provide the authority and the appropriate resource to ensure we meet our policy aims and maintain continual improvement. Operationally, the implementation of this policy is to be achieved through a Health and Safety Development Plan, with local supporting plans and work programmes where necessary. This policy, supporting local plans along with any subsequent changes are to be widely communicated to all managers, supervisors and staff alike in an understandable format.

3.3 Organising  Establishing and maintaining control is central to all management functions. Control is achieved by getting the commitment of senior managers, line managers and staff employees to health and safety objectives. It begins with senior managers taking full responsibility for controlling factors that could lead to ill health, injury or loss.

3.3.1 Levels of Organisational Control  The HSE\textsuperscript{15} suggest three Levels of Organisational Control for Health and Safety. In terms of NHS Highland and our SMS, our three levels of control are translated as follows:

- **Corporate Level - Level 1 Controls** — The key elements of a health and safety management system will be established here. This will include the governance and management arrangements, policies, plans, strategic objectives and audits necessary to organise, plan, control and monitor the design and implementation of control measures in the operational units.

\textsuperscript{15} Successful Health and Safety Management, HSG65, HSE Books, 1997
• **Operational Units – Level 2 Controls** – These are known as “Risk Control Systems”\(^\text{16}\) and are the basis for ensuring that adequate workplace precautions are provided and work effectively at the “frontline”. Local operational procedures or protocols are to be produced to ensure employees follow a standard method, particularly where deviation from the procedure may lead to injury or ill health. These should be considered by management teams, health and safety groups with health and safety staff and other specialists, such as Estates, Occupational Health or Infection Control staff, providing guidance and support where appropriate.

• **Operational Frontline – Level 3 Controls** – These are known as “workplace precautions”. The “frontline” is where staff, equipment, facilities, systems and behaviours interact with technology and as such the area where hazards occur most frequently. The purpose of Level 1 and Level 2 controls are to reduce risks at the “frontline”. Typical Level 3 controls are to include; hazard identification and risk assessments, assessment and development of health and safety plans, setting performance standards and priorities, achievement and maintenance of risk controls, incident investigation, workplace inspections, checks on compliance, development and implementation of safety rules.

Each of the following sections will use the above “organisational levels of control” as an approach to explain how health and safety should be planned, maintained and controlled throughout the organisation; however this should not be viewed as a prescriptive approach.

### 3.3.2 Designating Responsibilities

Corporately the Health and Safety Committee will coordinate and monitor policy implementation. General Managers, through their locality / directorate / service managers should establish and then allocate Health and Safety responsibilities to line managers, with input from specialist advisors where appropriate. This will provide clear direction and control and help create a positive atmosphere with improved performance. Staffside Safety Representatives can also make an important contribution. The emphasis here is on a collective effort to develop and maintain systems of control before, rather than after, the event. Other activities that should be employed at an operational level include:

- Involvement of employees and staff representatives in the risk assessment process
- Establishment of effective communication and consultation
- Securing competence, particularly for those who carry out risk assessments and make decisions about control measures
- Clarifying health and safety responsibilities and co-ordinating activities
- Making sure that staff know how to discharge their health and safety responsibilities and that they have the resource to do so
- Ensuring adequate and appropriate supervision, particularly for new starts and young adults

\(^{16}\) Risk control systems consist of precautions such as; working procedures and “safe systems of work”, permit to work procedures, management of change, emergency plans. It also includes specific control measures for our key risks such as; lone working, occupational road risk, COSHH, violence and aggression, inspection and maintenance activities etc
3.4 Planning and Implementing  
Planning is a prerequisite for the implementation of any health and safety policies, and risk assessment is key to any successful plan. Planning, through the stages of the SMS, is critical to ensure that our significant risks have been anticipated, assessed, and appropriate measures implemented to control them. To be effective in managing and controlling our risks, Health and Safety must be planned at all management levels (Corporate - Level 1 Controls, Operational Units – Level 2 Control and the Operational Frontline – Level 3 Control).

In particular planning must address the following key areas:

- Hazard identification, risk assessment and establishing controls
- Benchmarking against statutory, national and other standards such as HTM/SHTM’s[^17]
- Setting objectives
- And establishing an Operational Health and Safety Development Plan / Work Programme

The responsibilities for planning and implementing this policy lie with those individuals and governance groups identified at Part 2 and Appendix 2 [HYPERLINK] and it should, where possible, be carried out following the cycle below.

**Figure 2 - Operational Planning Example**

Some of the elements of planning will now be discussed. Operational units should use this as a guide but implementation may vary based on local circumstances and structures.

[^17]: Health Technical Memorandum / Scottish Health Technical Memorandum’s
3.4.1 Risk Assessment. A comprehensive Workplace Risk Assessment Procedure, with examples, can be found on the Health and Safety Intranet [HYPERLINK]. It describes the terminology, hazard identification, the hierarchy of control, the step by step process and the more detailed assessments required for specific hazard based legislation. This element will outline how risk assessments should be coordinated, action planned and escalated onwards for further action if necessary.

Basics The foundation for effective management is being fully aware of and understanding our organisational and workplace hazards and risks in order to protect our staff, reduce our losses and comply with the law. The main purpose of the risk assessment is to understand the hazards that might arise in the course of our activities and ensure that the risks to staff arising from these hazards are assessed, prioritised and controlled to a level that is acceptable, so we manage the ones that really matter e.g. the significant ones with real potential to cause harm.

The Legal Requirement The law requires us to undertake “suitable and sufficient” risk assessments in our working practices and environment and to ensure that effective planning is in place to control those risks. The law does not expect us to eliminate all risk, but we are required to protect staff and others “so far as is reasonably practicable”\(^\text{18}\). It requires employers to exercise their general duty of care towards our staff, whatever their physical ability and conditions of work.

The level of detail recorded in the assessment should relate to the level of risk. Where similar activities from similar workplaces, departments, wards etc are carried out, it may be appropriate to produce a basic or generic Risk Assessment that addresses those risks. However, local circumstances may require the assessment for each workplace or work activity to be adapted or amended. In addition, there are a number of pieces of legislation that require a specific Risk Assessment which involve hazards associated with:

- High noise levels,
- Hazardous substances (including biological agents)
- Display Screen Equipment,
- Ionising Radiation,
- Lifting and Moving
- Fire
- Persons at Special Risk\(^\text{19}\)

The specific assessments above are to be carried out by a competent person; guidance on this should be sought from the relevant Health and Safety Manager.

The outputs from the risk assessment and control process should be used to implement and develop other parts of the Health and Safety management system such as training, operational control and measuring and monitoring. The risk assessment process must not be a substitute for making things safe, for example; spilled liquids should be cleaned up rather than a risk assessment produced warning of the slip hazard.

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\(^{18}\) This is the level of liability laid down by the Health and Safety at Work etc Act 1974. The term relates to the degree of risk in a particular situation which must be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk.

\(^{19}\) Persons at Special Risk includes: Children (under the minimum school leaving age), Young Persons (under the age of 18), Inexperienced workers, Peripatetic (lone workers), Less able bodied staff, Expectant and nursing mothers
**Risk Assessment Planning**

Taking a carefully planned approach to risk assessment will always pay dividends in terms of reducing bureaucracy, duplication of effort and ensuring that the risk assessment is used, implemented and remains a “live” document and process. There is an absolute link between the outcome of a department’s / directorate’s risk assessment(s), and its arrangements for managing health and safety effectively, as well as linking with this policy.

Operational Units should consider how they will plan for risk assessment across their sites and decide on whether an individual or team approach is best. Additionally sites should consider how the process of risk assessment will be coordinated and managed, for example, work activities may be divided into assessment units on the basis of:

- Department or sections
- Buildings or rooms
- Parts of processes
- Product lines; and
- Services provided

In dividing workplaces into units like this, it is important to take account of aspects which may be common to all assessment units, e.g. fire precautions, electrical supply, the impact of work activities on other departments and others. Where workplaces to be assessed have similarities to each other (e.g. wards, other departments, offices), then use of the concept of a ‘model risk assessment’ may be appropriate.

**Recording Significant Findings**

A written statement of the workplace hazards, the extent of the risks they represent and action taken to control those risks must be recorded, maintained and be retrievable on request.

**Risk Assessments Review**

Workplace risks should be regularly monitored to ensure that:

- The controls originally identified in the risk assessment are working and
- To make sure that all hazards are covered by the departments risk assessments

Reviews should be conducted when it is suspected that the risk assessments are no longer valid or if there has been a significant change to the workplace. Typical changes may include: new work routines after a service redesign, new equipment, a change in a hazardous substance, a change to a process, a significant near-miss or accident, a case of ill-health etc. The latter examples may highlight the need for a risk assessment to be reviewed because:

- A previously unforeseen possibility has now occurred
- The risk of something happening (or the extent of its consequences) is greater than previously thought
- Precautions prove to be less effective than anticipated

As a minimum departmental risk assessment reviews are to be conducted no later than every 2 years.

**Risk Assessment Training**

For risk assessments to be suitable and sufficient, it is important that they are carried out by “competent persons”. Operational Units should ensure that line managers and supervisors are competent and have the confidence to plan, coordinate and complete risk assessments. Where training deficiencies exist local risk assessment training should be carried out by Operational Health and Safety Managers.
3.4.2 Risk Control Principles\textsuperscript{20}. In any given set of circumstances, some risk control measures will be 'better' than others and it is obviously preferable to use the 'best' option. However, there are various different criteria which can be used to define 'best', including:

- The number of people protected by the risk control measure.
- The extent to which the continuing effectiveness of the risk control measure relies on human behaviour.
- The extent to which the risk control measure requires testing, maintenance, cleaning, replacement and so on.
- The cost of the risk control measure.
- The extent to which the risk control measure reduces the risk.

When assessing the adequacy of existing controls or introducing new controls, a hierarchy\textsuperscript{21} should be considered. It reflects the fact that eliminating and controlling risk by using physical engineering controls and safeguards is more reliable than relying solely on people or procedures. The principles of prevention in the Management of Health and Safety at Work Regulations 1999 must be considered alongside the usual “hierarchy of controls”, which are shown in the diagram below.

\textbf{Figure 3 - Hierarchy of Controls}

\textsuperscript{20} Health and Safety Risk Management, 3rd Revised Edition, 2008, Boyle T

\textsuperscript{21} It should be noted that these are general requirements rather than specific requirements and may differ for specific legislation e.g. COSHH, PUWER.
3.4.3 Risk Reduction, Action Plans, Risk Escalation and Registers

Risk Reduction  Once a risk rating is determined, you should consider what needs to be done to reduce the risk using the hierarchy of controls above as a guide. If the risk rating falls in the red area you will need to look at what can be done, by way of additional measures, to reduce the risk to the lowest possible rating as shown in the table below. This is Step 5 of the process, (described in the Workplace Risk Assessment Procedure [HYPELINK]), and shown below.

Figure 4 - Risk Acceptability Table

<table>
<thead>
<tr>
<th>RISK RATING</th>
<th>ACTION REQUIRED TO REDUCE RISK SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Acceptable Risk</td>
</tr>
<tr>
<td></td>
<td>Manage by monitoring and review of existing control measures, any further actions to reduce risk</td>
</tr>
<tr>
<td></td>
<td>should take place within 2-3 months</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>Manageable Risk</td>
</tr>
<tr>
<td></td>
<td>Decide on any new control measures and develop action plan aim to implement these actions within</td>
</tr>
<tr>
<td></td>
<td>4 weeks</td>
</tr>
<tr>
<td>HIGH</td>
<td>Unacceptable Risk</td>
</tr>
<tr>
<td></td>
<td>Task must be stopped immediately. Decide on any new control measures and develop action plan,</td>
</tr>
<tr>
<td></td>
<td>new controls must be implemented prior to resuming/starting the task.</td>
</tr>
<tr>
<td>VERY HIGH</td>
<td>Unacceptable Risk</td>
</tr>
<tr>
<td></td>
<td>Task must be stopped immediately. Decide on any new control measures and develop action plan,</td>
</tr>
<tr>
<td></td>
<td>new controls must be implemented prior to resuming/starting the task.</td>
</tr>
</tbody>
</table>

Action Plans  An action plan should be prepared after the risk assessment has been carried out. The RA1 form (see the Workplace Risk Assessment Procedure) offers up the opportunity to detail a management action plan. However a more comprehensive action plan may be required depending on the complexity and nature of the hazard(s)

Risk Escalation and Risk Registers  It is recognised, that it will not always be possible even after the introduction of additional controls or if the risk is outside the control of the ward, department or operational unit, to reduce it further. If line management are unable to manage an unacceptable risk (Very High or High) through the application of Level 3 or Level 2 controls (see paragraph 3.3.1 [HYPERLINK]), then the risk should be referred to the next tier of management for a decision. If a decision cannot be made at that level, then it should be escalated to the Operational Health and Safety Group and / or CGRM Group and then the Management Team for consideration and direction. If the Management Team cannot reduce the risk and it remains unacceptable then it should be placed on the Operational Risk Register and escalated further to either the Health and Safety Committee or the Clinical Governance Risk Management Forum. Again if a resolution is not made then the issue will move to the Corporate Services Team and then finally the Risk Management Steering Group. Once a decision is made this will be handed back to the risk owner for action. A risk escalation schematic is shown at Appendix 7.
3.4.4. Setting Objectives  The strategic objectives help NHS Highland to fulfill its policy commitments, including its commitments to the prevention of injury and ill health. Setting objectives is an integral part of the planning of an SMS. The objectives should be measurable, where practicable, and consistent with this policy. When establishing and reviewing objectives, we should take into account legal and other requirements to which the NHS Highland subscribes, as well as our Health and Safety Risks. We should also consider our technological options, financial, operational and business requirements, and the views of our stakeholders.

The process of setting and reviewing objectives, and implementing plans to achieve them, provides the mechanism for NHS Highland to continually improve our performance through our SMS. Examples of types of Health and Safety objectives include:

- Reduction of risk levels
- The introduction of additional features into the SMS
- The steps taken to improve existing features, or the consistency of their application
- The elimination or the reduction in frequency, of particular undesired incidents

All objectives are to be SMART in nature (specific, measurable, achievable, realistic and time-oriented). Issues that the may wish to be taken into consideration when setting objectives include:

- Results of hazard identification and risk assessment
- Statutory and other requirements such as compliance with national healthcare standards
- Financial and operational requirements
- Internal Audit results on the effectiveness of the SMS
- Views of workers (e.g. from attitude surveys)
- Information from staffside health and safety consultations, reviews and improvement activities in the workplace
- Analysis of performance against previously established objectives, using the KPIs in the strategic implementation plan
- Past records of Health and Safety compliance issues and incidents;
- Information or data from clients, contractors or other interested parties;
- The results of the annual review
- The need for and availability of resources.

Objectives can be broken down into tasks, depending on their complexity and timescales, and the size of the unit (e.g. directorate / hospital site / locality / operational unit etc). There should be clear links between the various levels of tasks and the Health and Safety objectives. All objectives should be endorsed by the next tier of governance. Not all functions and departments will need specific objectives.

It is important to guard against setting too many objectives. It is preferable to focus on a limited set of key objectives.
3.4.5 Plans

In order to achieve the above objectives plans should be established. Action plans are to be established, implemented and maintained as required at the organisational levels below. At a minimum plans should include the following:

- Designation of responsibility and authority for achieving objectives at relevant functions and levels detailed below
- The means and time-frame by which the objectives are to be achieved.
- Have a monitoring plan and carry out checks of the control measures for effectiveness

The level of the resource required (financial, human and infrastructure) and the tasks to be performed should also be considered. The objectives and the plan should be communicated (e.g. via training, briefing sessions etc) to relevant personnel. Plans should be reviewed at regular and planned intervals, and adjusted as necessary, to ensure that the objectives are achieved.

Corporate Level

At this level, most of planning activity for Health and Safety will be carried out through the work of the Health and Safety Committee using the strategic implementation plan, and this will be executed through a NHS Highland Annual Work Programme. The work programme will be cascaded to operational units, in particular the Chairs of the Health and Safety Groups, to assist with priority and objective setting in their own Development Plans.

Estates Department

The estates department should also establish its own Annual Health and Safety Plan. The plan may be integrated into other mechanisms, but it should base its objectives on the strategic implementation plan, the outcome of its risk assessments (which may be complex), SCART audit results, its incident data and other relevant sources of hazard information.

Operational Unit Level

The Boards policy and strategic implementation plan should be translated operationally into an Annual Operational Health and Safety Development Plan. This plan will assist the Board in meeting its corporate objectives and also the Operational units’ statutory obligations and responsibilities to improve performance. It should be agreed by the Operational Management Team, with staffside engagement, and be driven ideally by a dedicated Health and Safety Group. The plan should be reviewed and revised regularly to take account of changes taking place both externally (such as: new regulations, changes in ACOPs, new standards, HSE guidance etc) and internally (such as: new equipment, processes, materials, organisational restructuring & service redesign, priorities).

Operational Frontline Level

Depending on the extent, complexity and nature of the hazards, sites and departments should also be encouraged to develop local plans or integrate action points into other departmental plans to manage their own risks and assist its operational unit to meet its objectives identified in the Development Plan.

3.5 Risk Communication

It is essential that information on hazard and risk is communicated to all relevant personnel, including those who may be incidentally affected. This is required by Regulation 10 of the Management of Health and Safety at Work Regulations 1999, ‘Information for employees’. Those identified by the risk assessment as being at risk are provided either the completed risk assessment, a summary of the findings or an information sheet detailing the hazards and essential controls to be used. The nature of the work and extent of involvement determine which is the most appropriate type of information.
The assessment should detail both hardware (engineering, physical etc) and software (administrative, policy, procedures etc) control measures. Where other employers share common facilities or work areas, risk assessments created by the NHS Highland should take these other employees into account. Where there are risks to such persons the authorised risk assessments should be communicated to their employers. This may be done via Operational health and Safety Managers for example. Where monitoring and review has taken place the results need to be communicated to all who are affected by the risk assessments. This should be recorded.

3.6 Measuring Performance Measuring our performance is a vital, but usually weakest part of any SMS. The main purpose of measuring health and safety performance is to provide information on the progress and current status of the strategies, processes and activities employed to control health and safety risks. No one measure is ideal, what is required is a “basket of measures” providing information on a range of health and safety activities, that is adapted to NHS Highlands risk profile, up down and across the organisation.

3.6.1 Purpose The main purposes of performance measurement for Health and Safety are to:

- Ensure that our plans have been implemented and the objectives achieved
- To check we are doing what we said we would do
- Check that our risk controls measures (our systems, workplace procedures, precautions, safe systems of work, emergency plans, PPE) have been implemented
- Check that we have learned from our failures, including: non compliance with risk controls, hazardous events, and cases of ill health
- Promote implementation of plans and risk controls by providing feedback to all parties
- Provide information that can be used to review and, where necessary, improve aspects of our SMS
- Demonstrate the effectiveness, to our stakeholders, of our approach to health and safety
- Evaluate our statutory compliance with legislation and national standards

Information from performance measurement is needed at different levels by various committees, management teams and individuals. Each will need information appropriate to their position and responsibilities within the SMS so achieving a one size fits all is a challenge. However it is important that the approach taken fits as far as possible with our general performance measurement framework.

Monitoring and Measuring should cover all elements of our organisational control levels ([detailed at paragraph 4.4.1][HYPERLINK]) and include all of the elements below in a balanced way. In Figure 6 the idea at the “input stage” is to minimise hazards and risks entering NHS Highland organisation and sites. At the “process stage”, the focus is on containing our risks associated with our tasks, activities, and processes. At the “output stage” our working procedures and precautions should prevent the export of risks off-site, or through our healthcare services for example: through staff, patient or public injury. The “outcome” is what we aim to achieve, and this can measured using reactive methods such as measuring our incident statistics.
3.6.2 Scope of Monitoring

Four areas should be covered by monitoring at the Corporate, Operational Unit and Operational Frontline level:

- **Documents** Examples of documents which should be checked include this policy, health and safety manuals, safe working procedures. They should be checked periodically to ensure they are current, accurate and relevant.

- **Records** Examples of records which should be checked include: risk assessment records, COSHH records, scheduled quarterly workplace inspections, DATIX incident records, permits to work (relevant to Estates staff), contractor’s method statements, training records, LEV inspection and testing records, LOLER records etc. These records should be inspected to ensure that they are being filled in accurately and stored as per paragraph 3.5.

- **Site Premises** All sites for which NHS Highland is responsible should be checked at appropriate intervals. Site inspections should be used as an opportunity to check that the physical conditions are adequate and the necessary risk control measures are in place and effective. Examples include: ensuring fire refuge areas and emergency evacuation routes are free from obstructions; electrical cables are free from wear and tear; chemicals are clearly labelled and stored.

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22 Records are a subset of documents. Its convenient to deal with them separately because they require different checks.
- **Activities** All significant activities in across the organisation should be checked at appropriate intervals. This should not only include core service activities but also consider non-routine activities such as maintenance and cleaning. It should be used as an opportunity to check that all activities are being carried out safely.

### 3.6.3 Who Should Monitor

Documents, Records, sites and activities are to be monitored, as appropriate, by the person responsible for them or that risk. This means that everyone has responsibility for monitoring health and safety, but its nature and extent will depend on a number of factors. The most important influencing monitoring factors are:

- **Level of Risk Being Controlled** The higher the risk, the more detailed and frequent monitoring should be.
- **Degree of Reliability in Risk Control Measures** The lower the reliability, the more detailed and frequent the monitoring should be.
- **Rate of Change and Service Redesign** As change is normally associated with increased risk, monitoring should increase during times of change / service redesign.
- **Level of Management** The Corporate end of organisation is more focused on monitoring our SMS, systems and those who monitor. Whereas at the operational frontline level more detailed examinations, testing, inspections and observations are needed.

### 3.6.4 Corporate Level Monitoring

Appendix 1 [HYPERLINK](#) details the governance arrangements and structures across the organisation. They will provide the assurance required to ensure our systems and processes are maintained for managing safety. The Health and Safety Committee will, monitor performance against the KPI's detailed in the strategic implementation plan and the work programme, which are both corporate and operational in context. The committee will receive quarterly reports from Operational Units, including the results of completed site based system audits.

It will undertake reactive monitoring of its DATIX incident data through a standing quarterly Health and Safety Committee report where trends in incidence data and any significant events will be discussed and direction provided. Health and Safety, Clinical Governance and Occupational Health staff also monitor DATIX data on a routine basis and will involved in incident investigation in line with the [Incident Management Policy and Procedures](#).

In terms of active monitoring, NHS Highland is a member of the HSE’s Public Sector Corporate Health and Safety Performance Index (CHaSPI) and this will be conducted annually to benchmark our progress against national best practice and similar NHS organisations across the UK. A high level management systems audit will be carried out annually to assess our internal systems, using the CHASE Evaluation software. This should be carried out before the Boards Annual Review process.

### 3.6.5 Operational Unit Monitoring

Monitoring should be carried out by an established Health and Safety Group, using the KPI’s, to ensure that the objectives in the development plan are being met and improvements are continuously made. The Management Team are to be informed through regular reports from the Group. Local Reactive Monitoring informs us about what has failed and the steps that are needed to rectify the deficiency, effective operational systems are needed to gather information about what has gone wrong. The three main sources of reactive data are: DATIX incident data, complaints by staff and others and enforcement action.
The Health and Safety Group should ensure that active monitoring systems; such as routine workplace inspections, maintenance inspections, formal safety inspections, walk rounds and Internal Audits (conducted by Health and Safety Managers) are employed across its sites. All hospital sites will go through an Annual Internal Audit. The audit is a management system audit, aimed at site, not departmental or ward, level. It will involve locality /directorate managers as well as the site head and it will be carried out face to face by the Operational Health and Safety Manager. Each site and locality manager will receive an audit report and action plan and results will be cascaded upwards to the Management Team and Health and Safety Committee. This audit is linked to the higher level audit carried out at the corporate. Specific compliance based audits will be directed from the corporate level based on the priorities detailed in the strategic implementation plan.

Locality managers, clinical service managers, directorate managers, lead nurses and team leaders are to be familiar and support all health and safety monitoring activities.

3.6.6 Estates Department

The Estates Health and Safety Group are to use the strategic implementation plan, the relevant KPI’s, along with the Guidance and Direction of Health Facilities Scotland Health Technical Memorandum standards, and the SCART Compliance tool to develop a NHS Highland performance monitoring programme for specific hazard areas, activities and tasks associated with the Built Environment and its equipment. This is to include Fires Safety and Prevention. All Estates staff are to use and record all incidents on DATIX.

3.6.7 Operational Frontline Monitoring

Monitoring frontline services, departments and wards is crucial in identifying deviations from safe practice and defects in workplace precautions. A failure to carry out monitoring here is likely to lead to a reactive, costly approach with an increase in incidents and potential enforcement. The two stages of monitoring controls above should provide assurance that monitoring is carried out effectively at this level. Line managers must make certain that they are familiar with the Incident Management Policy and Procedures and they and their staff know how to report and investigate incidents through DATIX in line with the specified timeframes. DATIX is a valuable reporting tool for Line Managers, and although the measure is negative (e.g. success results in the absence of an outcome e.g. accidents or ill health), it frequently accessed it will provide managers with information to act upon immediately (e.g. underlying causes) whilst providing more medium to longer term trends. All wards and departments (unless they operate procedures under a specific accreditation quality scheme) are to carry frequent walk rounds and quarterly workplace inspections [HYPERLINK].

Based on the monitoring exercises, priorities for remedial action in respect of deficiencies should be identified and feedback into local or operational plans (if the risk is unacceptable), with the information being recorded and maintained. This needs to be based on the causes of the problem e.g. immediate or underlying. Plans should be monitored to ensure that remedial action is taken and that lessons are learned.

3.7 Reviewing Performance

Performance review describes the part of the safety management process by which information is collected by monitoring and auditing and then used to make judgements about the adequacy of performance and take decisions about the actions necessary to maintain continuous improvement. The results obtained by our monitoring processes and through the audits are fed into our annual review. It is pointless exercise to accumulate data form sources, we have to take stock of our data and compare it with our desired or expected outcome. It is an evaluation of our performance and then learning form that experience. Identified gaps year on year then set the priorities for the following year.
Annual Performance Reviews are instigated by the Board and delivered through the Health and Safety Committee. The committee should review the SMS, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. Reviews should include assessing opportunities for improvement and the need for changes to the SMS, including the policy, strategic implementation plan and objectives. Records of the performance reviews should be retained.

3.8 Audit Our Internal Audit supports our monitoring processes by assessing the effectiveness of our SMS from the Corporate Level to the Site Level by ensuring that:

- Appropriate management arrangements are in place
- Adequate risk control systems exist, are implemented, and consistent with our risk profile
- Appropriate workplace precautions are in place

The audit is designed to assess the effectiveness of the component parts of our SMS detailed at Figure 2[HYPERLINK] across the Boards sites. The audit will be carried initially on a hospital sites basis, as detailed above, annually with results cascaded up through the Operational Management Team to the Health and Safety Committee. This will provide us with the opportunity to view the entire performance of our SMS and prioritise efforts for future strategies and plans.

3.9 Summary The above should now place all managers in good position to effectively manage health and safety across NHS Highland irrespective of the level. Appendix 6 [HYPERLINK] gives a simple one page overview on what actions should be undertaken at differing levels of the organisation with regards to arrangements for managing effective Health and Safety practice. The next section will now detail some of the key arrangements in place, based on our principle risks that will protect staff, patients and others from harm.
PART 4 – ARRANGEMENTS FOR MANAGING RISK

4. Introduction

The previous section explained how our SMS will be implemented, maintained, and monitored to manage our risks effectively. This section provides a short overview of some of the systems, procedures and other measures that are required to put the policy into effect. It will detail the arrangements to be made in respect of reducing the risk presented by specific workplace hazards. New procedures will be developed and referenced in this policy from time to time, to reflect new or revised legislation and standards, trends identified through DATIX, lessons learnt from incidents or internal audits. All existing procedures can be found in the policy section of NHS Highlands Intranet [HYPERLINK], as well as Appendix 5 [HYPERLINK].

4.1 Safe Systems of Work

Safe systems of work (SSoW) are required to be implemented under the Health and Safety at Work Act and other more specific Regulations, including those applying to asbestos, carcinogens (COSHH), confined spaces, electricity and lifting operations. NHS Highland also has duties under common law to establish SSoW’s.

4.1.1 What is a SSoW?

Essentially a SSoW is a risk control measure which is identified through the risk assessment process. It must be written down and it chronologically lists the methods of doing a particular job in such a way as to avoid or minimise risk. A SSoW is needed when hazards cannot be physically eliminated and some element of risk / residual risk remains. It is therefore an important workplace precaution or control measure, alongside engineering controls, which should be known, understood and rigorously enforced within the workplace, commensurate with the degree of risk highlighted in the risk assessment(s).

4.1.2 Components of a SSoW

The following are typical components of a SSoW. Managers, Supervisors and Estates Officers are to ensure that they follow this approach when establishing written SSW’s, where appropriate.

- Co-ordination of the work of different departments and activities.
- Layout of plant and appliances for special tasks.
- The method of using particular equipment or machines.
- The method of carrying out particular processes.
- The instruction of trainees and inexperienced employees in particular tasks beyond their normal experience.
- The sequence in which the work is to be carried out.
- The provision of warnings, notices, and the issue of special instructions in particular cases.
- The procedure for introducing changes into normally accepted routines and practices, including explanations of why the changes are necessary.
- A contingency plan to deal with foreseeable emergencies.
- An auditing or monitoring regime to ensure the system is working safely.

These points are illustrative of what goes to make a system safe and attention to the above components will enable NHS Highland to meet its statutory duties.

23 Safe System of Work - the work method resulting from an assessment of the risks associated with a task and the identification of the precautions necessary to carry out the task in a safe and healthy way.
Managers, Supervisors and Estates Officers are to establish and maintain SSoW’s (where appropriate) not only for routine activities, which are repeated every day, but also for tasks that occur infrequently at certain times for example during annual maintenance work. It also applies to single, one-off jobs, which happen only once in a lifetime. It will be clear that there is a different emphasis in each of the three categories given. In the first there may be problems of familiarity and the potentially hazardous complacency arising from it. In the last there needs to be emphasis on meticulous planning and constant close supervision by qualified, skilled and experienced staff.

4.1.3 Which Type of SSoW is Appropriate for the Level of Risk

Different jobs require different systems, depending on the level of risk highlighted via the risk assessment process. A low risk job may require adherence to simple safety rules, whereas a very high risk job may require a formal written “permit to work” system. Both types qualify as SSoW.

Managers, Supervisors, Heads of Departments and Estates Officers are to use the following matrix to help them decide which SSoW is appropriate to the task or job.

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>TYPE OF SAFE SYSTEM OF WORK (SSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>Permit to Work System</td>
</tr>
<tr>
<td>High</td>
<td>Permit to Work System</td>
</tr>
<tr>
<td>Medium</td>
<td>Written SSW</td>
</tr>
<tr>
<td>Low</td>
<td>Written SSW</td>
</tr>
<tr>
<td>Very Low</td>
<td>Verbal (with written back up, such as safety rules)</td>
</tr>
</tbody>
</table>

4.1.4 Developing a SSoW

An outline of the process to follow in developing a SSoW is as follows:

- Make a risk assessment.
- Determine what can be done so far as is reasonably practicable to remove the identified hazards and do it.
- Should hazards remain, develop a SSoW.
- Where necessary formalise these SSoW’s into procedures.
- Include in the procedures where necessary the use of “permits to work” coupled with physical lock-off systems.
- Monitor the observance of all parts of the procedure. Feed-back any information on weaknesses or failures in the system.
- Rectify these by modifying the system.
- Keep monitoring and modifying the systems as necessary.

4.1.5 Reviewing SSoW’s

Manager, Supervisors and Estates Officers are to ensure that all SSoW’s / safe working procedures are reviewed:

- After any accident or incident;
- After any changes in work processes or activity;
- Routinely every 2 years.
4.1.6 Record Keeping Manager, Supervisors and Estates Officers are to ensure that copies of safe working procedures are to be retained for:

- 5 years for risk of injury;
- 40 years if there is a risk of ill health.

4.2 Training and Competence of Individuals The requirements for Health and Safety training, when to provide it and the responsibilities of managers and staff are detailed in Part 2. Further detail will be available in NHS Highlands Provision of Induction, Mandatory and Statutory Training Policy which categories all training into statutory, mandatory, core and non-core, Health and Safety training falls into the first three categories. Health and Safety Training is required when:

- New safety rules, procedures, work processes or equipment / substances are introduced
- After any significant change management / service redesign programme
- At induction for all new starters and
- Periodically where appropriate to maintain competence

4.2.1 Health and Safety Induction Training This is to be delivered at:

- Pre-Induction - through the NHS Highland Induction Handbook which is included in all Appointment Packs and sent to new starts.

- Corporate Induction – where all new employees, regardless of occupation and working arrangements, employed on substantive full / part-time (this includes Bank Staff) or fixed term contracts of 3 months or more, are required to attend a Corporate Induction Programme on joining the organisation. Non-attendance and compliance rates are reported to Operational Unit General and Locality Managers on a monthly basis for action. Local Managers are responsible for ensuring that staff are booked onto induction promptly. Staff have a responsibility to attend.

- Local Induction - Line managers are responsible for local site based induction for any new member of staff regardless of status, where appropriate, based on need and level of risk.

4.2.2 Regular Health and Safety Training Local Managers are responsible for booking staff onto the appropriate regularly delivered induction training for Fire Safety (delivered and managed by Estates Fire Safety staff), Moving and Handling and Violence and Aggression Prevention Training. Further course details can be found on the Intranet.

4.2.3 Specific Health and Safety Training Certain legislation requires specific types of training to be delivered. For example First Aid, Confined Spaces and Hazardous Substances etc. Managers are to identify training needs through local risk assessments and contact the Health and Safety Team for further support if required. With respect to training related to Display Screen Equipment (DSE) see below. Health and Safety Management and Risk Assessment Training will be delivered throughout the year, dependant on need and uptake.
4.3 Emergencies and Serious & Imminent Danger  Planning for emergencies is essential in accident prevention. Emergencies in this context arise from adverse events that may potentially affect staff, patients, visitors, and others in the area. All sites are to determine which emergencies, apart from fire, need to be documented locally. These will be recorded and managers will inform employees of the procedures to be followed in the event of serious/imminent danger to staff. Emergency situations may involve:

- Fire / Bomb alert
- Gas escape
- Major escape or leaks of hazardous substances, including cryogenic gases
- Incidents in Restricted Access Areas

Each site, where appropriate, will have a local Evacuation / Fire Action Plan. Employees need to know the identity of those who will assist in evacuation and other emergency responses. For example, where fire wardens are nominated, they should make themselves known to staff in their area. This information needs to be given at local induction by managers and at suitable intervals afterwards. Where premises are shared managers are to ensure consultation with other users of the premises occurs to ensure a co-ordinated approach is achieved

With respect to our duties under the Civil Contingencies Act 2004, NHS Highland acts as a Category 1 Responder, and has a series of contingency plans in place for preventing, reducing and controlling emergencies. At a strategic level, the Emergency Planning & Service Continuity Group (EPSCG) convenes as a forum to shape and inform the Board’s emergency planning and service continuity agenda. Further information can be found on the intranet site.

4.4 Accidents, Incidents and Near-Miss Reporting and Investigation  Incidents within the context of this policy mean accidents, deliberate acts, near misses and any other untoward event that may have a detrimental effect to the health and safety of staff, patients, contractors, visitors or members of the public. All managers and staff are to be familiar with NHS Highlands Incident Management Policy and Procedures which provides detail on how to report, grade, investigate, action plan and identify lessons learnt from our incidents.

4.4.1 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations  NHS Highland has a statutory responsibility under RIDDOR to report and record some work-related accidents to the Health and Safety Executive within a specified timeframe. The specific categories are:

- Deaths
- Major injuries
- Over-3-day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 3 consecutive days;
- Injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital
- Some work-related diseases
- Dangerous occurrences – where something happens that does not result in an injury, but could have done
- Gas Safe registered gas fitters must also report dangerous gas fittings they find, and gas conveyors/suppliers must report some flammable gas incidents

Although the Regulations specify varying timescales for reporting different types of incidents, managers are encouraged to contact the Health Safety Team by phone as soon as possible, if
unsure, especially if the incident is significant. NHS Highland uses the DATIX system to record and initially notify all RIDDOR incidents.

In “Northern Highland” Local Managers (known as the DATIX Handler’s) are to make initial RIDDOR notifications through DATIX. These will be forwarded to the Health and Safety Administrator at John Dewar Building, Inverness, who will then make the formal notification directly to the Health and Safety Executive.

In Argyll and Bute CHP Local Manager’s are to make initial RIDDOR notifications through DATIX, and then report the incident, within the specified timeframes, directly to the HSE by phone (especially if significant) through the Incident Contact Centre on 0845 300 99 23 or by completing a F2508 form online.

All RIDDOR related incidents must be fully investigated and the investigating manager (DATIX Handler). More detailed guidance can be found in the Incident Management Policy and Procedures, the HSE RIDDOR webpage or in the HSE document RIDDOR in Healthcare (which provides some useful examples of what to and what not to report).

4.5 Persons at Special Risk The Management of Health and Safety at Work Regulations 1999 states that when carrying out risk assessments employers should identify groups of workers who might be particularly at risk. The following staff or groups should be included:

- Young persons (under the age of 18) which includes children (under the minimum school leaving age - MSLA),
- New or expectant mothers,
- Person with a Disability

Health and safety law makes no distinction between someone who is paid and someone who works voluntarily they are both employees and the full weight of health and safety law applies.

4.5.1 Young Persons / Children NHS Highland will develop a comprehensive policy for the management of work placements and young workers in line with the minimum requirements of the Management of Health and Safety at Work Regulations 1999. Young workers and children completing work experience placements are at particular risk because of their lack of experience, immaturity or general lack of knowledge and could be at greater risk in the workplace.

Restrictions apply to certain types of work which young people, including children, are allowed to do. Mangers are to ensure that ALL tasks are to be appropriately risk assessed before they start work / work experience. They must also be informed of those risks and the appropriate measures to control them (which must remove them altogether or reduce them to the lowest possible level). Aspects of risk that require particular attention are:

- Work beyond the physical or psychological capability of a young person. The latter is particularly important if young persons could be in clinical areas and inadvertently witness a distressing situation.

24 Young Person – defined as any person who has not attained the age of eighteen - Regulation 1(2) of the Management of Health and Safety at Work Regulations 1999
25 Child – defined as under the minimum school leaving age in accordance with Section 31 Education (Scotland) Act 1980
26 Work experience is work undertaken or observed, often by students or young people, which helps them gain knowledge and/or experience in an area they are considering as a future career.
• Exposure to harmful substances and harmful radiation.
• Exposure to extreme cold, heat, noise or vibration.
• Tasks with increased risk of injury which likely may not be recognised or avoided by a young person as opposed to an adult

The parents and guardians of children are also to be informed of the key findings of the risk assessment and the control measures to be implemented before the child commences the placement.

**ALL** requests for work placements, either from Schools, the Council or individual parents, in NHS Highland (the Placement Provider) are to be initially coordinated through Employment Services at Raigmore Hospital. They will liaise with the respective Council Education Authority, College, Parent, Health and Safety Manager and the local Line Manager to ensure the process is managed effectively.

Further comprehensive information about the management and safety of young people at work can be found on the [HSE website](https://www.hse.gov.uk).

### 4.5.2 New or Expectant Mothers

The Management of Health and Safety at Work Regulations 1999, provides the legal requirements on employers to protect their employees who are or in the future could be a new or expectant mother (NEM) may be more at risk than others due to the nature of the hazard and the changing physical capabilities.

The above regulations make an explicit requirement to carry out a risk assessment providing the individual has informed their Line Manager that they are pregnant, have “given birth”\(^{27}\) in the previous six months or are breastfeeding. The notification should be given in writing, as early as possible and must take into account any advice provided by the woman's health professional.

If any risks are identified the Local Line Manager must take action to remove, reduce or control the risk. If the risk cannot be removed then the line manager is to liaise with their personnel manager and / or Occupational Health or Health and Safety. If the risk cannot be reduced then potential options are:

- Temporarily adjust to the working conditions and/or hours of work; or if that is not possible:
- Offer suitable alternative work (at the same rate of pay) if available; or if that is not feasible:
- Suspension of work on paid leave for as long as necessary to protect the mother's health and safety and that of her child.

Where a pregnant worker has concerns about the risk assessment or her conditions of work these should be discussed with her Line Manager or health professional. Managers should contact Occupational Health or Health and Safety if further assistance is required. it is important to keep the risk assessment under review as the pregnancy develops.

Further guidance can be found on the Health and Safety Intranet Site [HYPERLINK] and on the [HSE Website](https://www.hse.gov.uk).

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\(^{27}\) ‘Given birth’ is defined as delivery of a living or stillborn child after 24 weeks of pregnancy.
4.5.3 Disabled Persons  Disabled persons must not be exposed to increased risks due to their disability. Managers of disabled people should be made aware of adjustments they need to make to ensure that the health and safety of such persons is not compromised. This information may be provided by the occupational health department or employees themselves may discuss their needs with the line manager or department manager. An assessment of their needs should include consideration of the following and should be recorded:

- The nature of their limitations;
- The extent to which changes need to be made to their work environment or task design;
- The nature of any assistance they may require in day-to-day work and in the event of emergencies;
- How often their needs are reviewed.
- It is important to pay particular attention to induction to ensure that all the measures are fully understood and implemented. Should the location of the disabled person move then a reassessment of their needs must be made.

4.6 Selection, Management and Control of Contractors  NHS Highland will develop a comprehensive policy for the management and control of contractors. Part 2 paragraph 2.3.14 details the responsibilities and actions that are to be implemented by all NHS Highland contracting managers.

4.7 Health Surveillance  Health surveillance enables the identification of those employees most at risk from occupational ill-health. Health surveillance detects the start of an ill-health problem and collects data on ill-health occurrences, as well as providing an indication of the effectiveness of the control procedures. Line management are initially responsible for the identifying health related hazards, through the risk assessment process, however Occupational Health or Health and Safety staff may provided additional support for complex issues if required.

NHS Highland Occupational Health Service provides a Health Surveillance service the objectives of which are to:

- Protect the health of the individual staff members by the early detection of adverse changes.
- Assist in evaluating measures taken to control exposure.
- Collect, maintain and use data for the detection and evaluation of health hazards.
- Assess the immunological status of staff in relation to specific work activities involving exposure to biological hazards / pathogens.

Staff may self refer to Occupational Health or be referred by their Manager.
4.8 Management of Violence and Aggression

Violence and aggression is a significant healthcare sector threat. The nature of the work undertaken by NHS Highland means that staff are often required to work with patients and visitors who are in a distressed or disturbed condition, who are anxious or in pain. There is an inherent risk of violence in such situations. The Board recognises its responsibility to minimise the risk, and to protect staff, patients and the public from violence in all its forms. The Managing Health at Work PIN 6 - Protecting against Violence and Aggression at Work Policy sets out the responsibilities and arrangements for managing violence and aggression, including the requirement for risk assessment, incident reporting and investigation and the provision of training support. All Managers and Staff in NHS Highland are to be fully aware and implement this policy, where relevant.

Further support and guidance can be obtained from the Violence and Aggression Prevention Team, which are based at John Dewar Building in Inverness. Contact details can be found on the Health and Safety Team Intranet site.

4.9 Mental Health and Wellbeing in the Workplace

Well-designed, organised and managed work helps to maintain and promote individual health and well-being. But where there has been insufficient attention to job design, work organisation and change management the benefits and assets associated with ‘good work’ are easily lost. One common result is Work Related Stress. In healthcare, work related stress, depression or anxiety are major causes of work-related ill health and sickness absence.

NHS Highland will continue to implement our policy, Dealing Positively with Stress at Work, which is based on the HSE’s Management Standards approach and methodology to promote and protect staff mental wellbeing. The responsibilities for Executive Directors, Managers, Staff, Human Resources and Occupational Health and Safety staff are clearly defined in the above policy. In terms of Risk Control the Mental Health at Work Sub-Group will develop a work programme that considers further improvements to our primary, secondary and tertiary interventions.

Line / Departmental Managers are to assess the risks of work related stress using the “HSE Management Standards Indicator Tool” and produce a departmental action plan to reduce and manage the risk. Background information on using the indicator tool can be found here and the detail on completing a work related stress risk assessment can be found here. Carrying out a risk assessment prior to and after a change management or service redesign project is particularly useful. The indicator tool and a completed action plan can be found here.

Line Managers are also strongly encouraged to complete the Management Competency Indicator Tool. This tool enables managers to undertake a self-assessment of their own competency in managing stress in a preventative way. Managers with difficulties in initiating the process or with known work related mental health problems are to contact either Health and Safety or Occupational Health staff for further support and guidance. Psychological support is provided by Occupational Health.

To access any of the documents, tools or case studies, either follow the links above or look in the “Guidance for Managers” folder on the Occupational Health Intranet Site.
4.10 **Ionising and Non Ionising Radiation** The Boards procedures for the management and control of ionising and non ionising radiation can be found in [NHS Highlands Radiation Safety Policy](#).

4.11 **Occupational Noise** The Control of Noise at Work Regulations 2005 requires employers to prevent or reduce risks to health from exposure to noise at work. Staff also have duties under the Regulations.

Deciding on whether you have a noise problem at work will depend on how loud the noise is and how long people are exposed to it. As a simple guide you will probably need to do something about the noise if the noise is intrusive for most of the working day, staff have to raise their voices to carry out a normal conversation when about 2m apart for at least part of the day, or if noisy powered tools or machinery are used or if there are noises due to impacts.

Managers are required to ensure that risk assessments have been undertaken and that if noise levels are of a concern, adequate control measures must be introduced should the values exceed the upper exposure action level. These control measures should eliminate or reduce the noise levels to within the required legal limit. Should Staff have concerns about noise at work, they are required to report this to their line manager, who will decide if further action is required. Where noise has been established and hearing protection provided then it is the duty of the employee to make full and proper use of such equipment and to report to their line manager any defects.

Any work process, equipment or workplace, which is expected of exposing staff to excessive noise, will be subject to a formal assessment carried out by a competent person either from Health and Safety or Occupational Health.

Any work area in which staff report that noise distracts or represents a nuisance shall be subject to an assessment to confirm whether there is a case and whether noise levels can be reduced. All new equipment and machinery purchased shall require a check on noise emissions (information from the supplier) and be considered within the procurement decision. Where it is necessary to wear hearing protection, this will reduce the audibility of fire alarms. Visual beacons or strobes should be employed in these areas as well.

For further advice contact Health and Safety or Occupational Health or go to the [HSE Noise at Work Webpage](#).

4.12 **Work with Display Screen Equipment (DSE)**

4.12.1 **DSE** The Health and Safety (Display Screen Equipment) Regulations seek to protect the health of workers by reducing risks from display screen work. Typical risks may include musculoskeletal disorders in the upper limbs, eye and eyesight effects together with general fatigue. The Regulations require NHS Highland to:

- Analyse workstations to assess and reduce risks
- Ensure workstations meet specified minimum requirements
- Plan work activities so that they include breaks or changes of activity
- Provide eye and eyesight tests on request, and special spectacles if needed.
- Provide information and training

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32 Display Screen Equipment - any item of computer apparatus having a screen that displays text, numbers or graphics. It includes Monitors, VDUs (Visual Display Units) and VDTs (Visual Display Terminals).
Managers are to ensure that **ALL** staff identified as DSE users\textsuperscript{33} are to complete the Complywise online DSE training and workstation risk assessment within 1 month of taking up post. The online risk assessment is to be repeated no later than every 2 years or earlier if there is a change in equipment or workstation. Staff have the option of resolving identified problems themselves, if this is not possible, then this is to be escalated to immediate Line Managers. If the issue can still not be resolved then Health and Safety or Occupational Health are to be contacted for further support and guidance.

Course and risk assessment completion will be audited regularly by the Health and Safety Team, and managers informed of non-compliance. Automated notification will be forwarded to new starts. All users are required to register with the online system which can be located [here](#).

More comprehensive advice can be found at the [HSE DSE website](#).

**4.12.2 Eyecare Scheme** If eye or eyesight problems are identified in the users risk assessment then the staff member may be eligible for additional support, in the form of a free occupational eye test, through NHS Highlands eyecare scheme which is managed by the Health and Safety Team at John Dewar Building in Inverness. Argyll and Bute CHP have separate arrangements. Once the employee has had their eye examination, a “certificate of recommendation” will be issued by an optician. The results in the certificate determine whether your employee is eligible for a Spectacle Voucher, specifically for DSE work. **NOTE**: applications for eye tests or spectacle vouchers **WILL NOT BE ACCEPTED** unless the user has completed both the training and workstation risk assessment. This will be checked.

**4.13 Management of Moving and Handling** The “Managing Health at Work PIN – Moving and Handling Policy” is the current policy for this area. Managers in the higher risk areas may have access to the support and guidance from local Key Workers. Specialist advice, and assistance with complex moving and handling, patient positioning and lifting risk assessments, as well as guidance on designing safe systems of work is available from the Moving and Handling Team based at John Dewar Building in Inverness. Contact details can be found on the [Health and Safety Intranet Web Page](#).

**4.14 Management of Chemical and Biological Hazards** NHS Highland is responsible for the implementation of the Control of Substances Hazardous to Health Regulations 2002 (as amended). The overall duty on the employer is to avoid or reduce the health risks for their employees and others.

In order to fulfil these duties senior and line managers have specific responsibilities to ensure:

- Completion of a COSHH Assessment and where the use of the substance cannot be avoided prevention or control of exposure using a hierarchy of control measures.
- Arrangements are in place for monitoring exposure levels where there is a need identified through the COSHH Assessment.
- Suitable Health Surveillance is available and records maintained.
- Suitable and sufficient information, instruction and training is available including the significant finding within the COSHH assessment.
- Arrangements are in place to deal with accidents, incidents and emergencies.

\textsuperscript{33} DSE User - employees who habitually use DSE equipment as a significant part of their normal work.
Up to date COSHH assessments for all identified substances in use within NHSH are available and accessible via the COSHH Management System (Sypol CMS) on the intranet. Managers wishing to purchase a new substance should refer to the COSHH Guidance Note and purchase request proforma. Detailed and supporting information in relation to the management of harmful substances can be found in: PIN policy 8: Biological and Chemical Hazards or on the HSE COSHH website.

4.15 First Aid  The Health and Safety (First Aid) Regulations 1981 set out the statutory requirements for first aid in the workplace. The regulations are further interpreted by the 2009 Approved Code of Practice (ACOP), with specific NHS Guidance detailed in CEL (48) 2008.

The Regulations place a duty on the employer (irrespective of sector) to provide adequate facilities, equipment, and trained personnel to render first aid treatment to employees who are injured or who become ill at work. The provision of first aid cover within the workplace applies to treatment of staff (patients / clients do not fall within the scope of these regulations) and the level of cover should be based on risk assessment. Certain qualified nursing staff and Doctor’s are deemed classed as first-aiders and will provide this service in all clinical areas. Non clinical areas for example; office accommodation, ancillary hospital buildings, Estate workshops or isolated buildings are likely to need (dependant on risk) some form of first aid provision. NHS Highland will develop a comprehensive policy for the management and control of first aid.

4.16 Falls from Height  The Working at Height Regulations 2005 applies to all work, at height, where there is a risk of a fall liable to cause personal injury. They place duties on employers, the self-employed, and any person that controls the work of others (for example site managers, contracting managers, Estates Officers or those may contract others to work at height). As part of the Regulations, duty holders must ensure that:

- All work at height is properly planned and organised;
- Those involved in work at height are competent;
- The risks from work at height are assessed and appropriate work equipment is selected and used;
- The risks from fragile surfaces are properly controlled; and
- Equipment for work at height is properly inspected and maintained.

There is a simple hierarchy for managing and selecting equipment for work at height. Duty holders must:

- Avoid work at height where they can;
- Use work equipment or other measures to prevent falls where they cannot avoid working at height; and:
- Where they cannot eliminate the risk of a fall, use work equipment or other measures to minimise the distance and consequences of a fall should one occur.

The Regulations include schedules giving requirements for existing places of work and means of access for work at height, collective fall prevention (e.g. guardrails and working platforms), collective fall arrest (e.g. nets, airbags etc), personal fall protection (e.g. work restraints, fall arrest and rope access) and ladders (ref: http://www.hse.gov.uk/falls/regulations.htm)

For further advice contact Health and Safety Team / Managers or go to the HSE Falls from Height Webpage.
4.17 Lone Working

In general terms, lone workers are people who work on their own with little or no supervision. There is no time limit attached to working alone and so someone could be a lone worker the whole work period or only for a limited time. In NHS Highland the following staff groups are likely to be identified as Lone Workers:

- Staff working away from their fixed base such as: community staff and staff undertaking long distance driving,
- Staff working out with normal hours such as: domestic staff, community staff, staff on escort duties on call staff and transport staff
- Staff Working in Isolation such as: security staff, reception staff, facilities/maintenance staff, staff in some accident and emergency departments and clinical staff

Managers and Supervisors of the above groups are to refer to and use the “Managing Health at Work PIN 5 Protecting the Health, Safety & Welfare of People Working Alone Policy”, to investigate the potential hazards faced by their lone workers and assess the risks involved both to the lone worker and to any person who may be affected by their work. They should also ensure that measures are in place to control or avoid such risks. Risk assessments are to be reviewed regularly.

Managers and Supervisors of Lone Workers should

- Involve staff or their staffside representatives when undertaking risk assessments
- Take steps to check control measures are in place (examples of control measures include instruction, training, supervision and issuing protective equipment, booking in and out etc)
- Review risk assessments annually or when there has been a significant change in working practice
- When a risk assessment shows it is not possible for the work to be conducted safely by a lone worker, address that risk by, for example, making arrangements to provide help or back-up; and
- Where a lone worker is working at another employer’s workplace, that employer should inform the lone worker’s employer of any risks and the required control measures.

For further advice please contact your respective Operational Health and Safety Managers or the HSE document INDG73 Working Alone.

4.18 Occupational Road Risk

NHS Highland will continue to develop and improve its policy and practice on managing occupational road risk. The organisational responsibilities and arrangements are detailed in the extant Managing Health at Work PIN 7 Reducing Work Related Driving Risk Policy. Additional responsibilities are detailed at Appendix 2 to this policy.

Managers are to ensure that all staff who drive at work are aware of the existing policy, occupational road risk assessments are carried out and reviewed, at-risk groups and individuals are given appropriate information, instruction and training and support is provided to staff involved in any incident associated with work-related driving.

Staff are responsible for ensuring they are familiar with the Work-Related Driving Risk Procedures for their area of work, take reasonable care of themselves and other people who may be affected by driving activities, comply with the existing policy and procedures, report ALL work-related driving incidents through DATIX and report to their manager any dangers they identify or any concerns they might have about work-related driving (see also NHS Highland’s Dealing with Employee Concerns Policy).
Managers and staff are to follow the risk assessment procedures and adopt the control measures specified in the above policy. Further advice and support can be obtained from the Facility Support Manager, or the Transport Manager at Raigmore. Alternatively please contact Health and Safety.

4.19 Work Equipment Part 2 to this policy clearly defines the responsibilities for those procuring and using work equipment in NHS Highland. Those responsible for the commissioning, installation, operation, use and decommissioning are to ensure that they do so in line with the Provision and Use of Work Equipment Regulations and associated legislation.

4.20 Estates Managed Risks Engineering Scottish Health Technical Memoranda (SHTM) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. The focus of SHTM guidance remains on healthcare specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle.

SHTM’s are a vital tool in the healthy, safe and efficient operation of healthcare facilities and it is the main source of specific healthcare-related guidance and procedures for Estates and Facilities professionals. They provide best practice engineering standards and policy enabling NHS Highland to manage its duty of care with respect to the built environment.

All SHTM’s are supported by the initial document “SHTM 00:Best practice Guidance for Healthcare Engineering”. This document embraces the management and operational policies from previous documents and covers risk management issues.

Estates staff will use these documents / procedures to plan and manage engineering based healthcare services. The specialist subject areas covered by SHTM’s are detailed below. Some subject areas may be further developed into topics shown as -01, -02 etc and further referenced into Parts A, B etc.

Principle SHTM Series include:

- SHTM 01: Decontamination includes management, environment and equipment
- SHTM 02: Medical gases includes design, installation, validation and verification and operational management
- SHTM 03: Heating and ventilation systems. This includes the design, installation of ventilation systems and the close-control of ‘specialist’ environments. Also includes the arrangements for managing healthcare ventilation and air-conditioning systems
- SHTM 04: Water systems includes the control of Legionella
- SHTM 06: Electrical services provides guidance for all works on the fixed wiring and integral electrical equipment used for electrical services. It includes electrical design work, maintenance work and operational guidance on electrical safety requirements for low and high voltage systems.
- SHTM 08: Specialist Services. This is the suite of guidance which relates to building services systems or system components of a ‘specialist’ nature such as acoustics, lifts, bed head services, pathology laboratory gases and pneumatic air tube transportation systems.
Estates managers will work within Health Facilities Scotland (HFS) Guidance and/or produce local safe systems of work following the principles either stated in SHTM’s or outlined above at Paragraph 4.1. In addition NHS Highland’s Estates staff are to populate the SCART (Statutory Compliance Audit and Reporting Tool) regularly and share this information with Health and Safety Managers to improve risk control.

4.18.1 Fire Safety and Prevention CEL 25 (2008) Fire Safety Policy for NHS Scotland sets the statement of fire safety policy for all NHS boards. Annex B to CEL sets out the mandatory requirements to be adopted by all Boards. NHS Highland will implement these requirements through its NHS Highlands Fire Safety Policy [HYPERLINK], which will define the organisational responsibilities and arrangements for managing fire safety.

The Estates Department are responsible for creating and maintaining fire safety management systems across NHS Highland. This includes undertaking fire safety risk assessments, giving advice on risk reduction measures, establishing policy, assisting site management to establish and implement Emergency Fire Safety Action Plans, and the provision of information, drills and routine needs based training.

Details of routine fire safety refresher training sessions are available through the Estates Department.

4.18.2 Asbestos The Boards procedures for the management and control of asbestos is detailed a separate policy which can be found on the intranet site.
APPENDIX 1
NHS HIGHLAND – GOVERNANCE & JOINT CONSULTATION STRUCTURES FOR HEALTH AND SAFETY

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**KEY**
- RED - Escalation, governance and assurance route for OHS
- BLUE - Consultation route for Health and Safety
- RED DOTTED LINE - HS Group is the aspiration for all Operational Units, in its absence an explicit assurance route is to be identified and communicated.
APPENDIX 2
ROLES AND RESPONSIBILITIES FOR SPECIALIST COMMITTEES, SERVICES, POLICY LEADS AND COMPETENT PERSONS

2.1 Health and Safety Department / Head of Health & Safety

- Lead, professionally manage and maintain the knowledge, skills and competence of a partially devolved Health and Safety service, within allocated resources and support
- Advising the Board / Chief Executive / Lead Executive for Health and Safety / Directors / Joint Chairs of the Health and Safety Committee and Managers on their duties and responsibilities under health, safety and welfare law.
- Advising on the strategic and operational priorities for the Board for all health and safety issues
- To put in place a health and safety framework through policies, procedures, monitoring and audit
- Preparing an annual report which includes priorities for action and the associated risks
- Horizon scanning managers on health & safety matters in order to ensure compliance with relevant current and proposed safety legislation
- Coordinating all interest and communications from the Health & Safety Executive, referring onto local departments / individuals as appropriate
- Providing and evaluating health & safety training, in line with statutory requirements, national recommendations and local priorities, maintaining accurate and complete records, within allocated resources and support
- Ensuring that all Board health & safety documentation complies with legal requirements, and reflects best standards of practice
- Working with the Clinical Governance Risk Management Team to investigate, review, advise and learn from adverse incidents. More detailed responsibilities for the latter are contained in the extant Incident Management Policy and Procedures
- To centrally collate all RIDDOR reportable incidents and produce an annual report on such to the Executive and the Board and external agencies as required
- To monitor and review, with key policy leads and departments, health & safety policies and associated documentation
- To highlight to appropriate managers any areas where standards fall short of HSE or Board requirements

2.2 Occupational Health Department / Director of Occupational Health

The occupational health department provides a full occupational health service to the Board. The department has a responsibility to preserve and enhance the health of Board employees and to advise the Board and managers on all matters relating to the health of employees at work. The Director of Occupational Health is responsible to the Director of Human Resources for promoting the well being of the individual by providing advice to managers and staff on the effects of health on work and work on health. The responsibilities of the department and its director are to provide:

- Lead an effective OH service
- Pre-employment screening to assist managers in the placement of staff
- In-employment health and medical assessments
- Vaccination programme to protect staff against known infection hazards
- Health surveillance for known workplace hazards in accordance with legislation
- Health education regarding workplace hazards and promotion of a good healthy lifestyle
• Identification of workplace hazards following routine workplace visits in liaison with the Risk management team
• Counselling service to all staff with referral to outside agencies as necessary
• Advice to human resources and managers regarding sickness absence and rehabilitation programmes for employees
• Assist in the development of health and safety and Infection Control related policies/procedures to assist managers in fulfilling local and statutory health and safety requirements

2.3 Clinical Governance Support Team/ Head of Clinical Governance & Risk Management are responsible for:

• Leading the development and implementation of NHS Highland’s Clinical Governance Principles and Framework.
• Developing and monitoring strategic plans for the areas covered by the post in particular clinical governance, risk management, and clinical effectiveness.
• Being responsible for corporate policy in relation to the areas covered by the post including, for example, clinical governance, risk management, patient safety, consent, and related matters.
• Assuming overall corporate responsibility for the Incident Reporting System and the Risk Register Process.
• Working with the Head of Health & Safety to ensure that a Risk Management culture is embedded into the organisation.
• Developing and overseeing systems for disseminating lessons for learning following adverse events, risk assessment, root cause analysis, patient feedback and service evaluation.
• Advising and supporting the Chair of the Clinical Governance Committee, the Chief Executive, the Chief Operating Officer and in particular the Medical and Nursing Directors, the Head of Health and Safety and other senior clinicians and managers, to deliver the Clinical Governance and Risk Management Agenda.
• Supporting CHPs, Raigmore, Facilities Management, Pharmacy and Corporate Services to plan and deliver their clinical governance agenda and risk management agenda.
• Developing, reviewing and monitoring NHS Highland’s annual Clinical Governance development plan and Risk Management Action Plan and produce the Clinical Governance and Risk Management Annual Reports
• Producing reports and briefings on all aspects of clinical governance and risk management for NHS Highland Board, Clinical Governance Committee, Risk Management Steering Group and others as required.
• Co-ordinating NHS Highland’s implementation of NHS Quality Improvement Scotland (NHS QIS) Clinical Governance & Risk management standards.
2.4  Radiation Safety Committee / Director of Medical Physics and Bio-Engineering

The Board’s Radiation Policy Lead appointed in writing by the Chief Executive and shall be responsible to him / her through the Chief Operating Officer (Joint Chair of the Board’s Health and Safety Committee), for the duties stated in extant Radiation Safety Policy. The duties detailed in the policy are required in order to comply with the Ionising Radiation (Medical Exposure) Regulations 2000 (As amended 2006) (IRMER); the Ionising Radiations Regulations 1999; the Radioactive Substances Act 1993, the Control of Artificial Optical Radiation at Work Regulations 2010 and other topic specific regulations. The responsibilities for the Boards Radiation Safety Committee, Radiation Protection Advisers, Laser Protection Advisers and the Radiation Protection Supervisors are also detailed in the policy. These individuals are appointed by the Radiation Policy Lead in writing.

2.5  Infection Control  

The Management of Health and Safety at Work Regulations 1999 and Control of Substances Hazardous to Health Regulations 2002 (COSHH) make an implicit and explicit requirement respectively to assess the risk from hazardous substances / infection in the workplace, which includes Biological Agents. This is a wide definition and because there are a range of overlapping responsibilities and stakeholders involved when controlling these hazards and maintaining the controls it is important that a coordinated effort is employed when undertaking risk assessment, and implementing exposure controlling measures.

The responsibility of the Clinical Lead for Infection Control is to: provide expert advice on the risk from microbiological agents with regards to the identification, evaluation and control and management of hospital acquired pathogens and / or infections as they affect both patients and staff.

The Infection Control Manager’s responsibilities are to:

- Engage with Health and Safety, Occupational Health, Estates, Facilities, and others, where appropriate, to ensure that policies and procedures meet current legislative compliance.
- Ensure Infection Control Policies cover all areas where there is potential exposure to a range of biological agents. This will include patient care areas such as wards, surgeries and operating theatres. They should also cover service departments such as sterile services, and domestic services such as cleaning, laundry and portering.

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34 In general terms Biological agents are included within the definitions of a "substance hazardous to health" and defined as: "biological agent" means a micro-organism, cell culture, or human endoparasite, whether or not genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health; "micro-organism" means a microbiological entity, cellular or non-cellular, which is capable of replication or of transferring genetic material; "cell culture" means the in-vitro growth of cells derived from multicellular organisms.

35 HSE, Advisory Committee on Dangerous Pathogens, Biological agents: Managing the risks in laboratories and healthcare premises.
2.6 Health and Safety Representatives  Health and safety representatives have functions given by law under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. They help to promote and develop measures to ensure the health, safety and welfare of their members. The regulations define functions of safety representatives but require no duties. In carrying out their functions, a safety representative may:

- Investigate potential hazards and dangerous occurrences and examine causes of accidents at the workplace
- Investigate complaints by any employee he/she represents relating to health, safety and welfare
- Make representations to the Board regarding the above or on general matters of health, safety and welfare
- Carry out workplace and equipment inspections
- Represent employees in consultation with, and receive information from, inspectors of the Health and Safety Executive
- Attend relevant Operational Health and Safety groups and forums, as well as the Boards Health and Safety Committee

In order to fulfil their functions safety representatives should

- Take all reasonably practical steps to keep themselves informed of: (1) legal requirements relating to the health and safety of persons at work, particularly the group of persons they directly represent (2) the particular hazards of the workplace and the measures deemed necessary to eliminate or minimise the risk deriving from those hazards and (3) the Board and any departmental health and safety policy including the organisation and arrangements for fulfilling that policy
- Encourage co-operation between the Board and its employees in promoting and developing essential health and safety measures and in checking their effectiveness
- Bring to the Board’s attention any unsafe, unhealthy or unsatisfactory working conditions, practices or welfare arrangements that come to their attention.

2.7 Operational Health & Safety Managers  The role and responsibilities of the Operational Health and Safety Manager is to support and facilitate all levels of CHP / Raigmore management and staff to:

- Improve the safety culture
- Identify, evaluate and manage health and safety related risks
- Maintain legal and best practice compliance
- Implement and establish methods to regularly monitor safety performance in line with the CHP / Raigmore risk profile and the boards strategic objectives
- Provide a robust approach to safety management
- Review accident data; undertake internal audits and regular workplace safety inspections

The above shall be achieved by:

- Maintaining and fostering partnership working
- Representation on Operational groups and forums relevant to Risk Management and Health and Safety, as well as the Management Team Meetings
• Actively monitoring the successful implementation of health and safety systems through the Internal Audit programme
• Assist managers to identify health and safety training needs
• Regularly reviewing incident data, identify trends and lessons to be learnt and action planning to make improvements
• Undertaking accident investigation where appropriate and implementing actions to avoid reoccurrence Providing an internal HS audit and inspection function
• Supporting the Executive Lead for Health and Safety, the Health and Safety Committee, General and Senior Managers, Head of Clinical Governance and Risk Management, Director of Human Resources and associated Heads, Head of Facilities and others in maintaining a consistent approach to health and safety across NHS Highland in policy and practice

2.8 Violence and Aggression Prevention Manager With respect to violence and aggression prevention responsibilities include:

• Lead and professionally manage an effective Violence and Aggression Prevention service, within allocated resources and support
• Developing and promoting a proactive, preventative culture in line with best practice
• Advising the Board, Directors, Senior Managers, Managers, Head of Health and Safety and the Health and Safety Committee on their responsibilities, new developments and their strategic and operational priorities in managing violence and aggression at work.
• Ensuring that a comprehensive policy and its associated procedures, protocols and guidelines are in place, fit for purpose and integrated with this policy
• Providing evaluated need and risk based information, training and competence to all levels of staff ensuring that it meets our statutory and best practice requirements
• Embedding the Key Worker model across Highland, providing mentorship and support to all Key Workers, Part Time Trainers and staff
• Reviewing policy, risk control procedures and performance through audit and incident data analysis
• Ensuring that adequate records and documentation are maintained
• Supporting to develop behaviours and attitudes that reflect the importance of patient-centred care.

2.9 Moving and Handling Team / Moving and Handling Manager Responsibilities include:

• Lead and professionally manage an effective Moving and Handling service, within allocated resources and support
• Advising the Health and Safety Committee, Operational Units on developments necessary to statutory and best practice compliance, equipment procurement principles, and new projects.
• Reviewing moving and handling policy, risk control procedures and performance through audit and incident data analysis
• Developing systems to audit the effectiveness of the Moving and Handling Policy across NHS Highland
• Reporting to the Area Partnership Forum and Health and Safety Committee on Moving and Handling developments, priorities and risks
• Co-ordinating and providing support to the Moving and Handling team and the associated Part Time Trainers
• Supporting the implementation of the Moving and Handling Education Programme ensuring a record of all employees who receive training is maintained
• Carrying out on-site visits to reinforce the requirement of moving and handling training and safer practice
• Providing feedback and support to managers where standards or practice fall short of HSE or NHS Highland standards
• Investigate, where appropriate, incidents relating to moving and handling

2.10 Head of Facilities  In support of the Chief Operating Officer, the Head of Facilities, in conjunction with the Head of Estates, is responsible for health and safety compliance in the built environment. Responsibilities include:

General Responsibilities
• To act as the Senior Operational Manager\textsuperscript{36} in line with the requirements of SHTM 00\textsuperscript{37}
• Providing sufficient resource and support, proportionate to the risk, to the Senior Authorised Person
• Having systems in place to identify, assess, manage and monitor significant risks
• Ensuring arrangements are in place to enable the effective planning, organisation, control, monitoring and review of preventative and protective measures
• Ensuring that Health and Safety performance monitoring is undertaken to manage key risks
• Ensuring staff are competent and trained effectively
• Allocating sufficient resources for training and to enable projects to be managed competently
• Ensuring that accidents and injuries are reported through DATIX, followed up and properly investigated in line with the Boards Incident Management Policy [HYPERLINK]

Specific Responsibilities:
• Coordinating the Boards responsibilities to establish and maintain procedures and allocate sufficient resources for the management and control of contractors in line with the provisions of the Construction (Design and Management) Regulations 2007
• To ensure that a system of control is implemented and maintained across NHSH Highland’s estate to assess, identify, manage and monitor the risk from legionella proliferation in our at-risk water systems.
• Allocating appropriate resources to achieve reduction in the legionella risk, so far as is reasonably practicable.
• Ensuring that NHS Highland has an effective fire safety management system in place in line with the Fire Safety Policy for NHS Scotland [HYPERLINK]
• Ensuring the provision of suitable and sufficient fire safety advice, guidance, and compliance with fire safety regulations and HFS Firecode [HYPERLINK]
• Appointing a suitably qualified Nominated Officer (Fire) to be responsible for all fire safety matters at a strategic level
• Implementing arrangements for the statutory inspection, examination and maintenance of lifting equipment, pressure vessels, electrical and gas systems and portable electrical appliances in accordance with relevant statutory requirements
• Assuring the Radiation Policy Lead that waste disposal arrangements and supporting written documentation in each operational unit where radioactive materials are used

\textsuperscript{36} The SOM may have operational and professional responsibility for a wide range of specialist services. It is important that the SOM has access to robust, service specific professional support, which can promote and maintain the role of the “informed client” within the healthcare organisation. This will embrace both the maintenance and development of service-specific improvements, support the provision of the intelligent customer role and give assurance of service quality.

\textsuperscript{37} Engineering Scottish Health Technical Memoranda, Best Practice Guidance for Healthcare Engineering, August 2007, NHS NSS HFS
complies with the requirements of valid authorisations issued by the Scottish Environmental Protection Agency for the accumulation, and disposal of radioactive substances.

2.11 Head of Estates. The Head of Estates is responsible for health and safety compliance in relating to the built environment and engineering technology used in the delivery of healthcare in NHS Highland. The post holder is the Senior Authorising Engineer in line with the requirements of SHTM 00 and is nominated by the Independent Authorised Engineer. In addition this role acts as the Boards “Design Champion”. Key responsibilities are to ensure that:

- Significant risks are identified, assessed, managed and monitored in line with the requirements set in the SHTM series, including the SHTM Firecode Series.
- Arrangements are in place to enable the effective planning, organisation, control, monitoring and review of preventative and protective measures
- Health and Safety performance monitoring is undertaken to manage key risks
- Records are maintained and maintenance of system safety assured where possible
- The suite of SHTM Guidance is adhered to and implemented for all new build projects and / or refurbishment programmes
- Additional Authorised Persons are appointed in writing and appropriately trained where appropriate
- The roles and validation of Competent Persons are established and maintained
- Competent Persons are appointed, or authorised (if a contractor) to work.
- Competent Persons work under the direction of the Authorised Person and in accordance with policy, operating procedures, and standards of service.
- Staff are competent and trained effectively
- Sufficient resources are allocated, proportionate to the risk, for training and to enable projects to be managed competently
- All accidents and injuries are reported through DATIX, followed up and properly investigated in line with the Boards Incident Management Policy [HYPERLINK]
- A document control system is established and maintained for statutory and mandatory records.
- Health and Safety Policies, Procedures and systems that relate to the Estate function are reviewed, established and updated regularly.
- Estates risk register, in line with the HFS SCART compliance audit tool, and the Boards Risk Management Policy is developed and regularly maintained and reviewed.

2.12 Head of Capital Projects In line with Framework Scotland Guide, this post holder will on some occasions act as the Project Director for NHS Highland Projects as well as the NHS Client\(^\text{38}\) under the Construction (Design and Management) Regulations 2007 (CDM). The client is at the head of the supply chain and exercises control over the project in terms of contract arrangements and management of funds, and is therefore the key duty holder who sets the entire tenure of the project. Key responsibilities are to ensure that:

- The Boards Design Champion is consulted in all new project builds
- SHTM Guidance is adhered to for all new build projects and / or refurbishments
- They are appropriately trained to discharge the NHS clients duties under the CDM regulations for projects (whether notifiable or not)

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\(^{38}\) HSE Website - A ‘client’ is anyone having construction or building work carried out as part of their business. This could be an individual, partnership or company and includes property developers.
The NHS Client / Project Teams are led by a single point of contact and are clear on their responsibilities and roles with respect to Health and Safety.

NHS Client / Project Teams are aware of the responsibilities and requirements under CDM and other Health and Safety statutory requirements.

A competent and experienced CDM coordinator is selected.

Capital Projects staff engage actively with the respective operational Health and Safety Manager for new builds / projects.

2.13 **Nominated Officer for Fire**

NHS Highlands nominated officer for Fire shall:

- Ensure that all new build projects or refurbishments are designed to comply with the relevant SHTM’s.
- Receive sufficient training to undertake their fire safety duties and fully understand the extent of their responsibilities.
- Ensure that suitable and efficient fire safety risk assessments are undertaken.
- Ensure the findings of fire safety risk assessments are appropriately acted upon and followed.
- Ensure fire safety risk assessments are regularly reviewed.
- Monitor all fire safety provisions including the provision and review of local fire evacuation plans, staff training at all levels, the keeping of records in relation to the testing and maintenance of systems and staff training and fire drills.
- Ensure that regular reports of the fire safety performance of the organisation are provided to the Executive Director with fire safety responsibility.
- Receive reports of fire and unwanted fire signals and shall instigate and monitor actions to mitigate the potential for their recurrence.
- Liaise with the fire safety adviser in regard to these and any other relevant fire safety matters.

2.14 **Fire Safety Adviser(s)**

The fire safety adviser is responsible for:

- Advising on the application of the provisions of legislation, NHS Scotland Fire Safety Guidance in respect of fire safety in premises owned, occupied or managed by the NHS Highland.
- Involvement with appropriate staff in fire safety audits, fire safety risk assessments and recording and, assisting with reports to management.
- Preparing training programmes, organising regular fire drills and staff training, witnessing the effectiveness or otherwise of fire drills.
- Recommending remedial action when necessary and arranging for accurate records of staff training and fire drills to be kept centrally.
- Managing and supervising the provision, siting and maintenance of all fire fighting equipment, fire safety signs and notices.
- Keeping records of all fire incidents and ensuring that fire reports are prepared and reported as necessary.
- Where applicable, advising on the specific and more onerous requirements of patients who are detained, for their own safety and/or the safety of others, in a secure environment.
2.15 Transport Department is responsible for the day-to-day operation and implementation of the NHS Highlands policy and procedures relating to transport / occupational road risk. The Facilities Support Manager and the Transport manager have the following responsibilities, and are accountable through the Head of Facilities to the Board.

Facilities Support Manager (Based in Raigmore) is responsible for:

- Ensuring that effective arrangements are in place to manage NHSH Transport needs efficiently and in line with the statutory requirements
- Developing, monitoring and reviewing the Transport and Occupational Road Risk Policies
- The efficient procurement of all NHSH vehicles
- Ensuring that the Transport Manager has the appropriate level of training and competence
- Ensuring that appropriate advice is provided to managers

Transport Manager (Based in Raigmore) will have the appropriate level of competence and training in particular; the National Certificate of Professional Competence and the Standard National Goods Vehicle Operator’s Licence and is responsible for:

- Providing advice, on a day to day basis, to NHSH managers on all aspects of Vehicle Transport
- Recommending the selection of business (commercial and pooled) vehicles to be procured which are appropriate for the work purpose for which they are intended
- Developing and maintaining appropriate relationships with regulatory authorities to maintain compliance.
- The efficient and cost effective management of the NHSH commercial fleet
- Providing and monitoring appropriate driver training on behalf of local managers
- Ensuring that only competent and approved organisations are retained in the provision of driver training
- Maintaining an up to date database of all staff who are required and qualified to drive a vehicle on NHSH business
- Collating and analysing the vehicle records received from local managers and advising of required actions
- Ensuring that all Commercial Vehicle drivers employed are assessed for competence, appropriate checks undertaken and data recorded for specific driving tasks
- Ensuring that all drivers obtaining a vehicle via the Transport Department have been assessed for competence in line with extant transport policy requirements.
- To ensure that all accidents are notified to him by Local Managers and the insurer through the DATIX system
- To ensure that all accident reports are appropriately investigated and any consequent action undertaken e.g. safety records of drivers are tracked and action taken
APPENDIX 3
HEALTH & SAFETY COMMITTEE – REMIT, MEMBERSHIP AND WORKPLAN

1. Committee Role and Remit

The role and remit of the Health and Safety Committee, as a formal Sub Committee of the Board is:

<table>
<thead>
<tr>
<th>Overall role and remit</th>
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<tbody>
<tr>
<td>• To develop, endorse, promote and review the Board’s Health and Safety Policy aims and strategic objectives and to oversee implementation.</td>
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<td>• To ensure that Health and Safety Risks are identified and managed and that the Board meets both organisational and legislative requirements.</td>
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<td>• To promote the ownership of Health and Safety as an integral part of the provision of high quality health and health care services.</td>
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<tr>
<td>• To ensure the organisation meets the Staff Governance Standard that entitles staff to an “improved and safe working environment”.</td>
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<tr>
<td>• To ensure that the appropriate level of competence in Health and Safety is identified, supported and maintained.</td>
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<td>• To monitor Health and Safety performance and strive for continual improvement, both in the operation units and at corporate level.</td>
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<tr>
<td>• To assure the Board that effective systems are in place for the management of Health and Safety.</td>
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These working arrangements have been developed to ensure the committee functions efficiently and effectively and achieves its purpose.

<table>
<thead>
<tr>
<th>Specific responsibilities</th>
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<tbody>
<tr>
<td>• To improve health and safety leadership, management commitment and employee participation</td>
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<tr>
<td>• To endorse Health and Safety Policies and recommend them to the Highland NHS Board as appropriate</td>
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<tr>
<td>• To supervise the commissioning of health and safety policy development and consultation</td>
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<tr>
<td>• To monitor the dissemination and implementation of Health and Safety Policies across the organisation</td>
</tr>
<tr>
<td>• To inform and influence Health and Safety planning, developments and budgeting</td>
</tr>
<tr>
<td>• To consider the impact of significant change / service management processes on Health and Safety</td>
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<tr>
<td>• To consider and act upon enforcement representations, reports and factual information provided by Health and Safety Executive inspectors</td>
</tr>
<tr>
<td>• To monitor performance from Health and Safety internal audit reports, incident statistics and trends and provide direction for corrective action</td>
</tr>
<tr>
<td>• To monitor and oversee action planning arising from Health and Safety inspections, audits, and incident data</td>
</tr>
<tr>
<td>• Consideration of reports which safety representatives may wish to submit</td>
</tr>
<tr>
<td>• To communicate Health and Safety information and advice to the organisation</td>
</tr>
<tr>
<td>• To translate statutory and best practice requirements into operational targets for use by the organisation</td>
</tr>
<tr>
<td>• To review and approve Health and Safety information reporting requirements</td>
</tr>
</tbody>
</table>
• To consider UK / Scottish Government proposals for new/amending Legislation and recommend NHS Highland responses
• To establish ‘Short Life Working Groups’ as it deems necessary to fulfil its obligations
• To establish and support formal Sub Groups adhering to the NHS Highland Partnership Agreement

**Performance Targets**

• The Health and Safety Committee and Highland Partnership Forum are jointly responsible for ensuring that the appropriate processes and resources are in place to facilitate the achievement of Health and Safety Policy Aims and Strategic Objectives

**Standard Agenda**

• Welcome and Apologies
• Minutes of Previous Meetings
• Matters Arising (not on Agenda)
• Topic Specific Items
  • Advisors' Reports
    o Health and Safety
    o Infection Control
    o Radiation Protection
    o Estates/Fire Safety
    o Occupational Health
    o Clinical Governance and Risk Management (to include Incident Monitoring Reports)
• Working Group/s Reports
• Reports from the Operational Units
• Items raised by Health and Safety Staff Side Representatives
• Legislative Update
• Items for Information
• AOCB
• Date and Venue of Next Meeting

Items for the agenda can be lodged with either the Chair or the Committee Administrator up to 10 days prior to the meeting.

**Boundaries and Accountabilities**

• Promotion and ownership of Health and Safety as an integral part of the provision of health and healthcare services
• Recognition of the importance of developing a culture of continuous improvement
• Explicit structure, fully integrated into operational and performance management arrangements of Operational Units and Corporate Services
• Clarity about accountability, roles and responsibilities and reporting arrangements
• Harmonised approach, including polices, procedures, systems and processes
• Effective involvement of everyone at every level
• Focus on implementation, monitoring, audit and review
• Easy and quick access to competent advice as necessary
• Full understanding and ownership of the need for Health and Safety competence and
agreement as to the best way to ensure competence
• Ensure Health and Safety agenda is appropriately resourced

**Reporting Arrangements:** The Health and Safety Committee will report to the Highland NHS Board and through the minutes of the meetings and through the nominated Director for Health and Safety, the Chief Operating Officer who acts as Joint Chair of the Committee, and or the Director of Human Resources. In addition the minutes of the Health and Safety Committee will be submitted to the Staff Governance Committee in relation to the Staff Governance Standard – ‘Provided with an improved and safe working environment’.

2. **Committee Membership** The membership of the Committee consists of the following groups:

2.1 **Management Representatives**

- Chief Operating Officer (Joint Chair)
- Director of Human Resources
- Director of Finance
- Head of Facilities
- CHP General Manager South East Highland
- CHP General Manager Mid Highland
- CHP General Manager North Highland
- CHP General Manager Argyll and Bute
- Raigmore Hospital General Manager

Each member will identify a single named deputy

2.2 **Staff Side Representatives** Each Trade Union/Professional Organisation will be invited to nominate one staff side representative to sit on the Committee. However in specific circumstances more that one representative may attend the Committee as appropriate and necessary.

2.3 **Advisors** Advisors will attend the Committee but not be formal members. This should facilitate them providing independent advice. Membership can be supplemented by co-opted attendees to provide additional knowledge or expertise

- Head of Health and Safety
- Nurse Manager (Policy) Occupational Health Service
- Radiation Protection Advisor
- Estates Manager
- Head of Clinical Governance and Risk Management
- Infection Control Nurse

The Chairmanship of the Health & Safety Committee will be held jointly, at alternative meetings, between the Chief Operating Officer and a nominated staff side representative. Other Executive Directors and Board employees may attend as required.
3. **Administrative Arrangements**

- **Frequency of Meetings**  The Committee will meet quarterly in May, August, November and February and administrative support will be provided by the NHS Board Committee Secretariat.

- **Quorum**  To be quorate meetings will require the attendance of not less than five members of the Group

- **Minutes**  The minutes of the Committee will be included within the formal agenda of the NHS Board
APPENDIX 4
OPERATIONAL HEALTH AND SAFETY GROUP - REMIT, MEMBERSHIP AND WORKPLAN

This guide is to assist Operational Units considering the establishment of a Health and Safety Group or equivalent forum to manage Health and Safety.

### Overall Role and Remit

- To facilitate the Board in achieving its policy aims and strategic Health and Safety Objectives as applicable in an operational setting
- To establish, maintain and monitor the implementation of the Operational Health and Safety development plan
- To set health and safety objectives for local managers
- To ensure that significant Operational Health and Safety Risks are identified, controlled and monitored
- To promote the “ownership” of health and safety at all levels of management

### Specific Responsibilities

- Work through the requirements in the CHP/ Raigmore Health and Safety Development Plan
- Ensure that operational sites adopt a systematic approach to completing risk assessments in order to decide on priorities and set objectives for eliminating hazards and reducing risks and costs
- Establish effective means of communication and consultation across the Operational area in which a positive approach to health and safety is visible and clear.
- Secure competence by providing adequate information, instruction and training, particularly for those who carry out risk assessments and make decisions about preventive and protective measures.
- Clarify health and safety responsibilities and ensure that the activities of key personnel are well understood and co-ordinated
- Review, follow up trends and recommend action from CHP/Raigmore DATIX Incident Data
- Review and recommend implementation action from Boards Health and Safety Committee Minutes, Health and Safety Internal Audits, Inspections, Senior Management Walk Rounds
- Produce a quarterly report / minute for the CHP Management Team, Governance Committee and the Health and Safety Committee
- Develop and implement programs to protect staff health and safety and to improve employee training and education
- Make recommendations to CHP / Raigmore Management Team and the Health and Safety Committee for accident prevention and health and safety activities
- Deal with staff complaints and suggestions concerning health and safety
- Monitor effectiveness of health and safety procedures and protocols and pilots

### Reporting and Accountability

- Meets on a quarterly basis 6 weeks before the Boards Health and Safety Committee
- Reports to CHP / Raigmore Management Team and the Health and Safety Committee.
<table>
<thead>
<tr>
<th>Suggested Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Designation (not a definitive or exhaustive list)</strong></td>
</tr>
<tr>
<td>Jointly Chaired by the General Manager (or his/her delegated management representative) and a Staffside Health and Safety Representative. (Both are members of Health and Safety Committee)*</td>
</tr>
<tr>
<td>Clinical Governance Representative (<em>ex officio advisor</em>)</td>
</tr>
<tr>
<td>Lead Nurse</td>
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<tr>
<td>Locality / CSM / Directorate Managers</td>
</tr>
<tr>
<td>Operational Health and Safety Manager* (<em>ex officio advisor</em>)</td>
</tr>
<tr>
<td>Health and Safety Representative</td>
</tr>
<tr>
<td>Occupational Health Nurse (<em>ex officio advisor</em>)</td>
</tr>
<tr>
<td>Fire Safety Advisor</td>
</tr>
<tr>
<td>Facilities Manager</td>
</tr>
<tr>
<td>Estates Manager (<em>ex officio advisor</em>)</td>
</tr>
<tr>
<td>Security Representative</td>
</tr>
<tr>
<td>Supplies Representative</td>
</tr>
<tr>
<td>HR / Personnel Representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items for agenda must be submitted two weeks before each meeting</td>
</tr>
<tr>
<td>Agenda and papers will be sent to group one week before each meeting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Programme (this is not an exhaustive list) should be used as a tool to translate the Boards HS Strategic Implementation Plan in Operational Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular Business</strong></td>
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<tr>
<td>Health and Safety Planning</td>
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<tr>
<td>Significant Risks &amp; their control</td>
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<tr>
<td>Incident &amp; near miss / RIDDOR Reporting</td>
</tr>
<tr>
<td>Internal Audits &amp; <strong>Workplace Inspections</strong></td>
</tr>
<tr>
<td>HSE Enforcement Activity / Visits</td>
</tr>
<tr>
<td>Health &amp; Safety Development Plan</td>
</tr>
<tr>
<td>Performance Monitoring Progress</td>
</tr>
<tr>
<td>Training</td>
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<tr>
<td>Minutes of NHSH H&amp;S Committee</td>
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<tr>
<td>Horizon Scanning</td>
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</table>

3. **Administrative Arrangements**

- **Frequency of Meetings**  The Group should ideally coincide its meetings well in advance of the Boards Quarterly Health and Safety Committee to facilitate paper submission. So ideally it would meet in March, June, September and December. Administrative support will be provided by the Operational Unit.

- **Quorum**  To be quorate meetings will require the attendance of not less that eight members of the Group

- **Minutes**  The minutes of the Group will be included within the formal agenda of the CHP / Raigmore Management Committee and the Health and Safety Committee.
<table>
<thead>
<tr>
<th>Key Deliverables</th>
<th>High Level Actions</th>
<th>Measurement</th>
<th>Leads</th>
<th>Timescales</th>
<th>Comments</th>
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</tbody>
</table>
The following items are to be reported to the Health and Safety Committee on a quarterly basis. This is not an exhaustive list.

Progress on the following:

- Health and Safety Planning / Group Development
- Health and Safety Development Plan
- KPI Monitoring – See Health and Safety Strategic Implementation Plan Appendix 4 [HYPERLINK]
- Results of Internal Audits undertaken in last Quarter
- Workplace Inspections / Walk rounds
- Enforcement Activities / Visits to include RIDDOR notified incidents
- Quarterly DATIX Incident and Near Miss Data
- Significant Operational events, incidents, issues
- Service redesign / change management projects with Health and Safety Implications
- Capital Project work
- Horizon scanning implications
- Topic Specific Issues:
  - Fire Safety
  - Violence & Aggression
  - Slips and Trips
  - Lone Working
  - Management of Contractors
  - Equipment Safety and Maintenance
  - Estates led / managed Health and Safety issues.
APPENDIX 5
POLICY AND PROCURES REGISTER

The policies below can be found on NHS Highlands Health and Safety Intranet in the Policies & Procedures Library. The list below is not exhaustive and will change frequently as policies are merged, deleted or update.

<table>
<thead>
<tr>
<th>Specific Policies, Strategies, procedures etc</th>
<th>Owner / Lead</th>
<th>Review Date</th>
<th>Related Policies</th>
<th>Owner / Lead</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Implementation Plan</td>
<td>Health and Safety Committee</td>
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<td></td>
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</tr>
<tr>
<td>PIN 1 – Managing Health at Work Dealing Positively with Stress at Work</td>
<td>Health and Safety Committee</td>
<td>Created in 2005</td>
<td>Incident management Policy and Procedures</td>
<td>As above</td>
<td>01/11/2011</td>
</tr>
<tr>
<td>PIN 4 – Managing Health at Work Moving and Handling Policy</td>
<td>Health and Safety Committee</td>
<td>Created in 2005</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PIN 6 - Managing Health at Work Protection Against Violence and Aggression at Work</td>
<td>Health and Safety Committee</td>
<td>Created in 2005</td>
<td>PIN 3 – Managing Health at Work PIN 3a – Substance Misuse Policy PIN 3b – Tobacco Policy</td>
<td>Created in 2005</td>
<td></td>
</tr>
<tr>
<td>PIN 8 – Managing Health at Work</td>
<td>Health and Safety Committee</td>
<td>Produced in 2005</td>
<td>Standards of Dress Policy</td>
<td>Director of Nursing</td>
<td>2012</td>
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<tr>
<td>Biological and Chemical Hazards Policy</td>
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<tr>
<td>PIN 10 - Managing Health at Work</td>
<td>Health and Safety Committee</td>
<td>Produced in 2005</td>
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<tr>
<td>Glove Section Policy</td>
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<tr>
<td>Radiation Safety Policy</td>
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</tr>
<tr>
<td>Control of Asbestos Policy</td>
<td>Head of Estates</td>
<td>01/09/2011</td>
<td></td>
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</tr>
<tr>
<td>Legionella Policy</td>
<td>Head of Estates</td>
<td>December 2010</td>
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<tr>
<td>Policy on Needlestick injury or similar incident involving blood or body fluids</td>
<td>Occupational Health</td>
<td>May 2010</td>
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<tr>
<td>Policies in Development (with effect from 06 May 10)</td>
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<tr>
<td>Management of Contractors</td>
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<tr>
<td>Confined Spaces</td>
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<tr>
<td>Hot Work</td>
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<td>Noise At Work</td>
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<tr>
<td>Personal Protective Equipment</td>
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</tr>
<tr>
<td>Specific Procedures</td>
<td>Owner / Lead</td>
<td>Review Date</td>
<td>Related Procedures</td>
<td>Owner / Lead</td>
<td>Review Date</td>
</tr>
<tr>
<td>Workplace Risk Assessment Procedures</td>
<td>Head of Health and Safety</td>
<td>2012</td>
<td>Interim Procedure for Medical Device Alerts (MDAs), Estates &amp; Facilities Alerts (EFAs), and National Patient Safety Alerts / Guidance</td>
<td>As above</td>
<td>May 2010</td>
</tr>
</tbody>
</table>
## Appendix 6 - How This Policy Applies to You

<table>
<thead>
<tr>
<th>Levels of Management</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief and Executive Directors</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give authority to policies and allocate sufficient resources to attain policy commitments</td>
</tr>
<tr>
<td></td>
<td>Configure the Board in such a way that responsibility for achieving goals is clear and duties are appropriately assigned</td>
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<tr>
<td></td>
<td>Establish and maintain a committee structure to review all potential areas of loss of relevance to the whole Board</td>
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<tr>
<td></td>
<td>Receive reports from relevant officers identifying significant hazards and showing trends in performance</td>
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<td></td>
<td>Prioritise actions to control loss and enhance performance at Board level</td>
</tr>
<tr>
<td><strong>General Managers &amp; Service Directors</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give authority to policies with limited local application and allocate sufficient resources to attain policy commitments, aims and strategic objectives</td>
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<tr>
<td></td>
<td>Assign within job descriptions clear safety criteria and review their attainment through PDP &amp; R and appraisals</td>
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<td>Support within the service a decision making mechanism to allow consultation on all areas of health and safety risk capable of local resolution. Develop a health and Safety Development Plan</td>
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<td>Receive feedback and reports from managers, identifying significant hazards and trends in performance and consult on control measures</td>
</tr>
<tr>
<td></td>
<td>Identify hazards capable of control and set action targets to minimize loss and assign responsibilities to managers and services for their attainment</td>
</tr>
<tr>
<td><strong>Locality Managers &amp; Directorate Managers</strong></td>
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<td></td>
<td>Prepare action plans to reduce identified hazards to acceptable levels and provide necessary resources</td>
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<td>Assign targets to be achieved and resources to individuals within appraisal</td>
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<td></td>
<td>Track progress on assigned targets within the business agenda and address difficulties to maintain progress</td>
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<td>Review data on losses such as incident and claims reports (CGRM &amp; DATIX) and liaise with appropriate officers to review performance</td>
</tr>
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<td>Participate in Root Cause Analysis to identify and control causes of significant loss to prevent repetition</td>
</tr>
<tr>
<td><strong>Ward &amp; Dept Manager</strong></td>
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<td></td>
<td>Ensure all staff are aware of safety hazards and safe working practices</td>
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<td>Liaise with staff and advisers to identify and control hazards via risk assessment, and routine workplace inspections</td>
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<td></td>
<td>Correct bad practices as observed and identify causes by investigation. Maintain good housekeeping standards.</td>
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<td></td>
<td>Periodically review incident reports to ensure that lessons have been learned</td>
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<td></td>
<td>Review and revise Risk Assessments to ensure all risks are controlled in a practicable manner</td>
</tr>
<tr>
<td><strong>All staff</strong></td>
<td></td>
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<td></td>
<td>Be familiar with significant local hazards and know safe work systems</td>
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<tr>
<td></td>
<td>Take care for your own and other’s safety and follow safe working procedures</td>
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<tr>
<td></td>
<td>Do not deviate from or amend work systems without proper consultation</td>
</tr>
<tr>
<td></td>
<td>Report any incidents or actual accidents to your supervisor and assist in investigation</td>
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<td></td>
<td>Contribute to risk assessment where required to ensure that the actual hazard is controlled</td>
</tr>
</tbody>
</table>
APPENDIX 7 - ESCALATION OF HEALTH AND SAFETY RISKS

Risk Assessment Process

START HERE!

- Preliminary Risk Assessment
  - YES
  - Further Risk Assessments Required?
    - YES
    - Risk Assessment Checklist
      - Risks Identified?
        - YES
        - General Risk Assessment and Action Plan discussed with Manager?
          - YES
          - Risk Escalation Process
            - Can Risk be Managed Locally?
              - NO
              - Refer to Line Manager
                - NO
                - Can the risk be managed?
                  - NO
                  - Can the residual risk be accepted by this person?
                    - NO
                    - Operational Health and Safety Group or CGRM Group makes a decision
                      - YES
                      - Report decision/action to local staff and return risk assessment documentation to local assessor
                        - YES
                        - Implement Risk Action Plan
                          - NO
                          - Operational Units Risk Register and Manage
                            - NO
                            - Corporate Risk Register
                              - NO
                              - Depending on the issue refer to other:
                                1. Health and Safety Committee
                                2. CGRM Committee
                                3. Risk Mgt Steering Group
NHS Highlands Health and Safety Strategic Implementation Plan 2011–2013

“Safe Care to Every Person, Every Day”
1.1 Vision  
NHS Highland’s vision is to deliver “Safe Care, to Every Person, Every Day”. NHS Highland’s Health and Safety Policy and this plan will drive the Board, over the next three years, to ensure the development and sustainability of high quality health and safety support services and systems. People are our most important asset and their preservation along with our physical resources is an important means to minimize our costs especially as we move in a new and more challenging future.

This plan will provide an effective framework for health and safety management, whilst enabling the Board to meet, and exceed, its statutory obligations to safeguard the health, safety and welfare of staff, patients and others who might otherwise be adversely affected by our actions and/or omissions of NHS Highland. To be a success it will need cooperative effort at all levels, on the basis that “Safety is Everyone’s Business” and that if you create risks you take responsibility and you control them. It will also assist the Board in achieving its policy aims, with are detailed in NHS Highlands Health and Safety Policy [HYPERLINK].

1.2 The Outcome  
In three years time, NHS Highland will be in a situation where:

- All levels of management and staff understand and have the level of competence and confidence to accept and discharge their responsibilities for managing health and safety effectively in line with the policy.
- Each Operational unit has an active health and safety forum, will develop annual plan, set objectives and reports its performance regularly to the Health and Safety Committee.
- Health and safety, and its associated benefits in improving staff and patient safety, is accepted as a core value and integrated throughout NSH Highland.
- The level of competency amongst management and staff is raised to a level where health and safety is integrated as an operational norm, significant risks are identified and controlled, and the organisation is moving towards a positive health and safety culture.
- Regular workplace inspections are conducted at local level, with non-conformities being actioned by managers wherever reasonably practicable.
- Existing and new systems will be developed and improved for our key health and safety risks

1.3 Structure  
The document is structured as follows:

- Appendix 1 Strategic Implementation Plan
- Appendix 2 A summary of all Key Performance Indicators’ Corporate and Operational
- Appendix 3 Corporate Monitoring Template & Dashboard
- Appendix 4 Operational Monitoring
1.4 Ownership & Benefits  
The ownership of this document and its acceptance, along with the commitment and will to achieve the strategic objectives lie with the Board, its Directors and Senior Management. To do this well in a changing environment means that we need to maintain and strengthen our commitment to health and safety by complying with our minimum statutory requirements and good practice. Simply put good practice in health and safety makes sound organisational sense, by:

- Protecting our staff from the suffering caused by accidents and ill health
- Enhancing patient experience and outcomes - the association between staff wellbeing and safety, turnover, efficiency and patient care and quality is well documented\(^1\).
- Reducing our absences and sick leave
- Motivating and Retaining staff
- Maintaining our reputation
- Reducing our uninsured costs and civil action costs – which are and can be substantial

1.5 Linkages  
The Board’s Health and Safety Policy [HYPERLINK] and this strategic plan are linked with the triple aim of Better Health, Better care and Better Value, the Board’s Corporate Objectives our risks and legal and best practice standards. It integrates and delivers elements of the quality agenda and is deemed as an enabling strategic plan by cutting across all organisational and disciplinary boundaries. It also supports a number of service strategies such as the: clinical and quality strategy; quality and patient safety framework; efficiency and redesign and workforce plans.

1.6 Safety Culture.  
A number of “safety culture models” exist to steer organisations through a step by step continual improvement cycle to success. The adapted model\(^3\) below (Figure 1), which is based on the Safety Culture components devised by the HSE\(^4\), is useful to set the context and vision on the direction of travel for NHS Highland in terms of Health and Safety performance and culture in the next 3 years. It enables us to determine where we are now, where our improvement gaps exist and where we should be going over time. Our identified gaps in controlling our risks are highlighted at Appendix 1 and form the basis of this plan.

The Board, its Operational Units and sites should decide, based on the outcome of audits, incident data, risk assessments, enforcement action, legislative compliance, litigation cases etc at what phase in this model they are at and then, using the guidance in the Health and Safety Policy [HYPERLINK] and Appendix 1 below, produce an Operational Plan, to progress sequentially through the five phases, building on their strengths and the weaknesses of the previous level. This is an incremental model and it is therefore not advisable to skip or jump a level. By way of example, it is important to go through the “managing” phase before the “involving” phase because it is essential that managers develop a commitment to safety and understand the need to involve frontline staff.

---

\(^2\) NICE public health guidance 22, 2009, Promoting mental wellbeing through productive and healthy working conditions: guidance for employers
\(^3\) HSE Research 2001, Keil Centre, Offshore technology Report 2000/49, Safety Culture Maturity Model
\(^4\) HSE, 1999, HSG48: Reducing Error and Influencing Behaviour

Draft Version 3
1.7 Performance Improvement

Figure 1 above sets in frame the continual improvement approach for NHS Highland and its operational units to progress through increasing levels of culture maturity in towards continuous improvement. This will be achieved by focusing on the issues that are most important for improving our performance and outcomes to progress to the next maturity level.

This three year plan will initially focus our effort between Phases 1 to 3 with future strategic plans concentrating on Phases 4 and 5. Our key performance indicators therefore focus on “compliance” and “improvement”, shown in Figure 2 as first and second level indicators. This approach will assist the board in achieving its policy aims and strategic objectives.
1.8 Framework The framework for continuous improvement (our plan - Appendix 1) has a series of strategic objectives, targets and a number of key indicators to measure progress. The plan is divided into a number of key improvement themes, which are deemed necessary for to meet the Boards policy aims. These themes are focused on:
The themes above, which represent our principle risks, are cascaded from the plan and broken down into detailed areas of work in the NHS Highlands Annual Health and Safety Work Programme, and this will be our approach to securing improvements in health and safety performance and statutory compliance over the three-year period.

1.9 Key Performance Indicators (KPI's)  
Health and safety differs from many areas measured by organisations because “success results in the absence of an outcome (accidents or ill-health) rather than a presence. However, a low accident rate, even over a long period, is no guarantee that risks are being controlled and that there will not be accidents or ill-health in the future. So we need to recognise that there is no single reliable measure of health and safety performance. What is required is a 'basket' of measures providing performance information on a range of health and safety activities such as:

- Our incidence data
- The achievement of strategic objectives and operational development plans
- The operation of our health and safety management system;
- Compliance with performance standards

Thus our KPI’s have followed the above approach and are split across the Corporate and Operational domains. Most, if not all, support and enhance NHS Highlands quality agenda.

Each indicator has a Year 1, Year 2 or Year 3 collection start point. Those in Year 1 are important for establishing key systems. A summary of all KPI’s, by year, and whether corporate or operationally based, are detailed at Appendix 2. Appendix 3 provides a Corporate Health and Safety Monitoring template to be used by the Health and Safety Committee to monitor progress against the key indicators, which will be reviewed on a quarterly basis. An example dashboard is also attached.

Appendix 4 shows an Operational Template, this is to be used by Health and Safety Groups/Forums, to monitor the progress of their plans against the strategic objectives and provide detail on operational performance. This is to be submitted to the Health and Safety Committee along with the main report on a quarterly basis.

1.10 Delivery  
This implementation plan and its associated work programme should be considered as the working programme / risk register for the Boards Health and Safety Committee. Operational Management Teams are to use this document to establish and guide their own Health and Safety Development Plan, preferably managed through the establishment of an Operational Health and Safety Group.

The targets and monitoring arrangements in the plan below should not be viewed as being overly prescriptive standards or requirements on the basis that structures, arrangements, and practice may vary widely between operational units.

Bob Summers  
Head of Health and Safety  
18 July 2010
### Leadership and Management Commitment

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead by example, through our managers, in promoting a positive culture</td>
<td>NHSH will ensure its Executive Directors, Senior Management and Heads of Service demonstrate commitment and champion Health and Safety, through active and accountable leadership by taking ownership of its risks and accepting responsibility for managing them.</td>
<td>Corporate: • Conduct an annual safety climate survey to measure the safety perceptions of target workforce groups and develop an action plan • Devise &amp; Deliver an Annual Safety Leadership Day Operational: • Communicate and integrate the policy widely • Carryout regular senior management walkrounds / tours • Attend, or nominate a representative, to regularly attend the Boards Health and Safety Committee • Set expectations and goals in writing that reflect the Boards safety policy aims in order to maintain safety and seek opportunities for improvement • Nominate an Operational Manager (not Health and Safety Manager) to act as a “Health and Safety Champion” • Move health and safety up the Management Team Agenda</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Director (s)</th>
<th>Lead Manager</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Corporate &amp; Operational – Increase % of Senior Managers attending Annual HS Leadership Training against numbers of senior managers invited. Yr1 50%, Yr2 65%, Yr3 80%+</td>
<td>Y1</td>
<td>Monitor through the quarterly Operational Health and Safety Report that is submitted to the HS Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operational – Increase the number of completed walkrounds against number of visits planned. Progress in Yr1 20%, Yr2 40%, Yr3 65%+ of sites visited</td>
<td>Y1</td>
<td></td>
</tr>
</tbody>
</table>
### Operational
- Increase the number of times Operational Unit representatives attend the Boards Quarterly Health and Safety Committee. Yr1 60%, Yr2 70%, Yr3 80%+

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#### Strategic and Operational Governance Framework

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve our governance and integrate Health and Safety into facet of the organisation</td>
<td>NHSH will review and monitor its strategic and operational framework to ensure that it facilitates effective planning, organisation, control, monitoring and the review of its key health and safety risks.</td>
<td>Corporate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operational</td>
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<tr>
<td></td>
<td></td>
<td>• Carryout an annual Corporate Health and Safety internal HS audit</td>
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<td>• Complete an internal annual review based on Audit Results</td>
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<td></td>
<td>• Re-orientate the work streams of the HS Committee to reflect and implement this policy and this strategic plan</td>
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<td></td>
<td></td>
<td>• Produce an Annual Health and Safety Committee / NHSH work programme to identify responsibilities and leads to progress this 3 year strategic plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve / streamline the operational framework for managing Health and Safety risks</td>
</tr>
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<td></td>
<td></td>
<td>• Establish an Operational Health and Safety Group</td>
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<td></td>
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<td>• Ensure Op HS Group reports formally to the HS Committee every quarter</td>
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<td></td>
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<td>• Estates department to form a estates wide health and safety group</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Director</th>
<th>Lead Manager</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer Director of HR</td>
<td>Head of Health &amp; Safety Staffside RCN Representative General Managers</td>
<td>Health and Safety Committee CHP / Raigmore Committees</td>
<td>Operational – Increase No of Operational Units that have established Health and Safety Groups. Yr1 – All Units.</td>
<td>Y1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Operational – Groups are to meet at least 4 times per year to coincide with the Boards HS Committee</td>
<td>Y1</td>
</tr>
</tbody>
</table>
# Planning for Hazard Management - Risk Assessment

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Corporate</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continually Improve our Safe Systems and Performance</td>
<td>NHSH will revitalise and improve its approach to “sensible” hazard identification, risk assessment and control of its significant risks arising from its work activities across the organisation</td>
<td>• Develop a new generic workplace risk assessment procedure&lt;br&gt;• Scope the feasibility of adopting a e-risk assessment tool&lt;br&gt;• Develop a series of templated risk assessment examples for work areas and specific hazards&lt;br&gt;• Work with Estates to ensure a standardised approach is taken with routine work tasks</td>
<td></td>
<td>• All sites to have in place, current risk assessments (for significant risks) and action plans.&lt;br&gt;• Managers to ensure that actions identified by risk assessment are implemented&lt;br&gt;• Regular workplace and hazard specific risk assessment training to be undertaken</td>
</tr>
<tr>
<td>Provide adequate control of our risks arising from our work activities</td>
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</table>

<table>
<thead>
<tr>
<th>Responsible Director(s)</th>
<th>Lead Manager(s)</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer, Director of HR</td>
<td>Head of Health &amp; Safety, General Managers</td>
<td>Health and Safety Committee, CHP / Raigmore Committees, CHP / Raigmore Management Team</td>
<td><strong>Operational</strong> – Increase the No of Risk Assessment Training sessions delivered annually by Operational Unit and site&lt;br&gt;Identify the training need for risk assessments and Increase the % of staff trained against approximate number required by site&lt;br&gt;Reduce the No of sites / departments where risk assessments are NOT evident.</td>
<td><strong>Y1</strong>&lt;br&gt;↑&lt;br&gt;<strong>Y2</strong>&lt;br&gt;↑&lt;br&gt;<strong>Y2</strong>&lt;br&gt;↓&lt;br&gt;• Monitored through Internal HS Audit Results and through summarised reports to the HS Committee&lt;br&gt;• Management Teams + HS Groups also to review progress</td>
</tr>
</tbody>
</table>
## Setting Objectives, Targets and Establishing Plans

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve our governance and integrate Health and Safety into every facet of the organisation</td>
<td>All Operational Units are to establish a series of objectives with measurable targets for Health and Safety improvement and incorporate these into an annual health and safety development plan.</td>
<td>Operational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assess and examine information from; risk assessments, audits, workplace inspections, DATIX / incident data, enforcement and statutory guidance and national healthcare standards etc and identify key risks</td>
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<td></td>
<td>- Consult, agree and produce a series of measurable, realistic and achievable Operational Health and Safety Objectives to manage the key risks and make health and safety improvements</td>
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<td>- Use the agreed objectives to formulate a Health and Safety Development Plan.</td>
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<td>- Communicate the objectives widely to all managers</td>
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<td>- Monitor progress against the plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Director(s)</th>
<th>Lead Manager(s)</th>
<th>Assurance Monitoring</th>
<th>Operational KPI</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer, Director of HR, Director of Nursing, Medical Director</td>
<td>All General Managers</td>
<td>Health and Safety Committee, CHP / Raigmore Committees</td>
<td>Operational</td>
<td>Tracked through the:</td>
</tr>
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<td>- Risk Management Steering Group</td>
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<td></td>
<td></td>
<td>- Health and Safety Committee</td>
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<td></td>
<td>- CHP / Raigmore Committee</td>
</tr>
</tbody>
</table>

By Yr 3, 60+% of sites and departments with known hazards, are to have up to date risk assessments in place. Y3 ↑
# Hazard Management - Statutory Compliance

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comply with and go beyond the law, professional and NHS related policies</td>
<td>NHSH will ensure, through its compliance and audit programme, that its policies and</td>
<td>Corporate: • Establish a rolling compliance plan • Establish Sub Committees to implement the</td>
<td>• HS Managers &amp; Estates staff are to contribute to the policy development process, when required</td>
</tr>
<tr>
<td>and standards</td>
<td>procedures are reviewed, harmonised, prioritised and updated in line with its risk</td>
<td>compliance work below • Audit, review, update and produce key policies based on our principle</td>
<td>by the HS Committee • HS Managers to undertake specific compliance based audits, as necessary</td>
</tr>
<tr>
<td></td>
<td>profile, statutory requirements, and national standards e.g. Scottish Health Technical</td>
<td>risk profiles. The HFS SCART compliance audit, managed by Estates, will be integrated with this</td>
<td>• Review, Update or produce new local procedures and reinforce with appropriate training</td>
</tr>
<tr>
<td></td>
<td>Memorandum. The HFS SCART compliance audit, managed by Estates, will be integrated</td>
<td>process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with this process.</td>
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<td></td>
</tr>
</tbody>
</table>

### Policies to be reviewed/produced/updated or over 3 years include:

<table>
<thead>
<tr>
<th>AREA FOR REVIEW</th>
<th>PRIORITY</th>
<th>LEAD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Fire &amp; DSEAR</td>
<td>P1a</td>
<td>Head of Estates</td>
</tr>
<tr>
<td>2 Legionella</td>
<td>P1b</td>
<td>Head of Estates / Head of HS</td>
</tr>
<tr>
<td>3 Management of Contractors</td>
<td>P1c</td>
<td>Head of Estates / North CHP HS Manager</td>
</tr>
<tr>
<td>4 First Aid at Work</td>
<td>P1d</td>
<td>Head of HS</td>
</tr>
<tr>
<td>5 Mental Health in the Workplace</td>
<td>P1e</td>
<td>Occupational Health rep</td>
</tr>
<tr>
<td>6 Violence &amp; Aggression</td>
<td>P2a</td>
<td>VA Prevention Manager</td>
</tr>
<tr>
<td>7 Occupational Road Risk</td>
<td>P2b</td>
<td>Head of HS / Facility Support Manager</td>
</tr>
<tr>
<td>8 Lone Working</td>
<td>P2c</td>
<td>To Be Confirmed</td>
</tr>
<tr>
<td>9 Persons at Special Risk</td>
<td>P2d</td>
<td>Head of HS / Employment Services</td>
</tr>
<tr>
<td>10 Moving &amp; Handling (includes Bariatric patients)</td>
<td>P3a</td>
<td>Moving &amp; Handling Manager</td>
</tr>
<tr>
<td>11 Artificial Optical Radiation</td>
<td>P3b</td>
<td>Radiation Protection Advisor</td>
</tr>
<tr>
<td>12 Equipment Safety</td>
<td>P3c</td>
<td>Head of Facilities</td>
</tr>
<tr>
<td>13 Confined Spaces</td>
<td>P3d</td>
<td>Head of Estates</td>
</tr>
<tr>
<td>14 Hazardous Substances</td>
<td>P3e</td>
<td>Raigmore / AB HS Managers</td>
</tr>
<tr>
<td>Responsible Director</td>
<td>Lead Manager(s)</td>
<td>Assurance Monitoring</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| Chief Operating Officer Director of HR | Head of Health and Safety  
Head of Facilities  
Head of Estates  
Other Policy Leads / Competent Persons | Health and Safety Committee  
CHP / Raigmore Committees | **Corporate** – Increase the No of compliance reviews above, year on year. Yr1 30%, Yr2 60%, Yr3 90%+ | Y1 ↑ Track performance against the compliance plan and HFS SCART. |
<p>|                      |                                                                                 |                                 | <strong>Operational</strong> – Increase the % of procedures reviewed updated and/or created in line with policy development above, where applicable. | Y2 ↑                                                                                 |
|                      |                                                                                 |                                 | <strong>Operational</strong> – Increase the No of First Aiders trained to the numbers required, in line with CEL 48 2008. Yr 1 all FA identified, trained and in-situ. | Y1 ↑                                                                                 |</p>
<table>
<thead>
<tr>
<th><strong>Hazard Management – Management of Change</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Aim</strong></td>
</tr>
<tr>
<td>Take account of Health and Safety in all change and service redesign programmes and projects</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Responsible Director(S)</strong></th>
<th><strong>Lead Manager</strong></th>
<th><strong>Assurance Monitoring</strong></th>
<th><strong>KPI</strong></th>
<th><strong>Method of Approach</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer</td>
<td>General Managers</td>
<td>Health and Safety</td>
<td><strong>Corporate &amp; Operational</strong></td>
<td>Track and report performance through the Health and Safety Committee, and Management Teams</td>
</tr>
<tr>
<td>Director of HR</td>
<td>All Project</td>
<td>Committee</td>
<td>• Increase the No of projects, by Op Unit, that have impact assessed Health and Safety risks during the project start-up, initiation and design stages. Yr1 40%, Yr2 60%, Yr3 80%+</td>
<td>Feedback from Health and Safety Managers</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Directors/Chairs/Leads</td>
<td>CHP / Raigmore Committees</td>
<td><strong>↑</strong></td>
<td></td>
</tr>
<tr>
<td>General Managers</td>
<td></td>
<td></td>
<td><strong>↑</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
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<td><strong>↑</strong></td>
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</table>

**KPI Method of Approach**

- **Y1**: Year 1
<table>
<thead>
<tr>
<th><strong>Policy Aim</strong></th>
<th><strong>Strategic Objective</strong></th>
<th><strong>Targets</strong></th>
</tr>
</thead>
</table>
| Provide and use safe premises, plant and equipment | NHSH will improve the manner in which equipment is purchased, installed and maintained across the organisation, through its policies and procedures, to ensure effective risk control, reduce duplication of effort and minimise costs and waste. | **Corporate** **Operational**  
Develop training sessions / awareness briefs for equipment users / specific groups on statutory requirements of PUWER & LOLER  
Work with NHS Supplies to ensure that chemical substances purchased present the lowest risk reasonably practicable and are assessed via SYPOL  
Contribute to CEL 48 2009 equipment policy development process. |

<table>
<thead>
<tr>
<th><strong>Responsible Director</strong></th>
<th><strong>Lead Manager</strong></th>
<th><strong>Assurance Monitoring</strong></th>
<th><strong>KPI</strong></th>
<th><strong>Method of Approach</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Finance</td>
<td>General Managers Procurement Managers</td>
<td>Asset Management Group Procurement Group Health and Safety Committee</td>
<td><strong>Corporate</strong> – Reduce the No of incidents &amp; near misses associated with equipment, and substances. Yr1 20%, Y2 40%, Yr 50%.</td>
<td><strong>Y2</strong> Tracked through DATIX and reported quarterly to Health and Safety Committee</td>
</tr>
</tbody>
</table>
### Hazard Management – Management of Contractors

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce our incidence of accidents and ill health at work</td>
<td>NHSH recognises that the use of contractors is an area of potential risk and it will develop and implement a robust system to Manage all Contractors on NHS sites.</td>
<td>• Identify a tiered pre qualification route for contractors – either adopt a recognised scheme in partnership where possible or develop and adopt an in-house pre-tender scheme • Implement a work control solution for hospital based sites • Develop and implement a Management of Contractors Policy • Develop a training programme for all NHSH Contract Managers and Estates staff</td>
<td>• Train local managers and supervisors on how to manage contractors effectively. • Implement the new policy • Develop local management of contractors procedures in conjunction with Estates Staff • Check effectiveness of work control programme on sites</td>
</tr>
<tr>
<td>Ensure safe handling and use of substances</td>
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</table>

<table>
<thead>
<tr>
<th>Responsible Director</th>
<th>Lead Manager</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Method of Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer Director of HR</td>
<td>Head of Estates Head of Capital Projects Head of Health and Safety Heads of Facilities</td>
<td>Health and Safety Committee CHP / Raigmore Committees</td>
<td><strong>Corporate</strong> - To have a pre-qualification / tender scheme in place within 12 months of this policy date <strong>Corporate</strong> – Increase training for all contract managers. Yr1 30%, Yr 60%, Yr 3 90%+</td>
<td>Monitored through Health and Safety Committee on quarterly basis. Monitored through Health and Safety Audit</td>
</tr>
</tbody>
</table>

**Y1**

**Y2**
## Ensuring Capability – Setting Accountability & Responsibility

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly define responsibility and accountability from the Board to the frontline</td>
<td>NHSH will ensure that all senior managers, line managers and specialist staff have clearly defined health and safety responsibilities with the appropriate level of accountability.</td>
<td>Corporate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure that the Scheme of Delegation is appropriately amended to reflect the responsibilities of the Boards accountable officers for Health and Safety</td>
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<td></td>
<td>• Ensure managers know and understand their responsibilities as per the Boards Policy</td>
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<td>• Clearly define Health and Safety Responsibilities for all levels of management in job descriptions</td>
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<td></td>
<td>• Review KSF Core Dimension 3 responsibilities during PDP Review or during annual performance assessment for other non AfC staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Director</th>
<th>Lead Manager</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Method of Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer</td>
<td>All General Managers</td>
<td>Health and Safety Committee CHP / Raigmore Committees</td>
<td><strong>Corporate</strong> – Define Health and Safety responsibilities for Directors and General Managers in Job Descriptions. Increase by 30% Yr 1, 50% Yr2, 70%+ Yr3.</td>
<td>Assessed through Health and Safety Internal Audit</td>
</tr>
<tr>
<td>Director of HR</td>
<td></td>
<td></td>
<td><strong>Operational</strong> – Increase % of Heads of Service, Locality, Directorate Managers with Health and Safety responsibilities defined in Job Descriptions. 30% Yr 1, 50% Yr2, 70%+ Yr3</td>
<td>Y3 ↑</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td></td>
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<tr>
<td>Medical Director</td>
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</tbody>
</table>
## Ensuring Capability - Training and Competence

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Operational</th>
</tr>
</thead>
</table>
| Provide information, instruction, training and supervision for employees  | NHSH will ensure that directors, managers and staff are competent to recognise the risks in their activities and apply the right measures to control and manage those risks. | • Collaborate with and contribute to Learning and Developments, Statutory and Mandatory Training Policy  
• Restructure Corporate Health and Safety Induction Training  
• Design and implement an appropriate learning evaluation tool  
• Implement a integrated blended learning solution as part of the Health and Safety competence pathway  
• Integrate Health and Safety Leadership training with NHSH leadership programme.  
• Develop appropriate Health and Safety Manager Training to support KSF Core Dimension 3 Level 3-4  
• Carry out a feasibility study on the impacts and benefits of adopting the Scottish Manual Handling Passport Scheme  
• Maintain, within allocated resources, the competence of Health and Safety staff | • Deliver Health and Safety Induction Training  
• Deliver bespoke training based on identified health and safety needs  
• Fire Safety staff to deliver fire safety training as per requirements of NHSH Fire Safety Policy  
• Where appropriate ensure that all training bookings and delivery is recorded on AT-L only.  
• Deliver annual Health and Safety Management Training to support KSF Core Dimension Level 3 and 4  
• Stimulate local managers to support the implementation of both VA and MH key workers  
• Scheduled toolbox meetings for Estates staff, where appropriate.  
• Make sure that Nurse Bank Staff have received mandatory VA and MH training prior to or within 1 week of commencing employment. |
| Ensure all employees are competent to do their tasks                       |                                                                                                                                                                                                                       |                                                                                                                                                      |                                                                                                        |

<table>
<thead>
<tr>
<th>Corporate</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deliver Health and Safety Induction Training</td>
<td>• Deliver bespoke training based on identified health and safety needs</td>
</tr>
<tr>
<td>• Deliver annual Health and Safety Management Training to support KSF Core Dimension Level 3 and 4</td>
<td>• Fire Safety staff to deliver fire safety training as per requirements of NHSH Fire Safety Policy</td>
</tr>
<tr>
<td>• Stimulate local managers to support the implementation of both VA and MH key workers</td>
<td>• Where appropriate ensure that all training bookings and delivery is recorded on AT-L only.</td>
</tr>
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<td>• Scheduled toolbox meetings for Estates staff, where appropriate.</td>
<td>• Deliver annual Health and Safety Management Training to support KSF Core Dimension Level 3 and 4</td>
</tr>
<tr>
<td>• Make sure that Nurse Bank Staff have received mandatory VA and MH training prior to or within 1 week of commencing employment.</td>
<td>• Stimulate local managers to support the implementation of both VA and MH key workers</td>
</tr>
<tr>
<td>Responsible Director</td>
<td>Lead Manager</td>
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</tr>
<tr>
<td>Chief Operating Officer&lt;br&gt;Director of HR</td>
<td>Head of Health and Safety&lt;br&gt;General Managers&lt;br&gt;All Line Managers</td>
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</tbody>
</table>
## Ensuring Capability - Consultation & Communication

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult with our employees, and others affected by our work activities</td>
<td>NHSH will improve its communication processes and workforce support through partnership and consultation with its nominated Health and Safety Representatives (HSR)</td>
<td><strong>Corporate</strong></td>
<td><strong>Operational</strong></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
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<tr>
<td>• Prepare regular quarterly horizon scanning bulletins</td>
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<tr>
<td>• Communicate this policy and strategic plan widely and effectively to all managers and staff</td>
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<tr>
<td>• Develop and roll out themed awareness campaigns focusing on:</td>
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<tr>
<td>1. Violence &amp; Aggression</td>
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<tr>
<td>2. Slips and Trips</td>
<td></td>
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<tr>
<td>3. Risk Assessment</td>
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<tr>
<td>4. Mental Health in the Workplace</td>
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<tr>
<td>5. Musculoskeletal Disorders</td>
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<tr>
<td>6. Hazardous Substances</td>
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<tr>
<td>• Cascade safety alerts</td>
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<tr>
<td><strong>Consultation</strong></td>
<td></td>
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<tr>
<td>• Generate a staffside Health and Safety Representative database for NHSH</td>
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<tr>
<td>• Identify training needs / gaps for HSR’s</td>
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<tr>
<td>• Identify training needs and scope out and establish additional routes for training HSR’s</td>
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<tr>
<td><strong>Consultation</strong></td>
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<tr>
<td>• Identify TU elected staffside Health and Safety representatives and support their development and statutory functions</td>
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<tr>
<td>• Utilise the skill and resource, and recognise the benefits of engaging more effectively with HSR’s</td>
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<tr>
<td>• Ensure that HSR’s contribute and are involved in capital builds, refurbishments, change management and service redesign projects</td>
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<tr>
<td>• Promote staff suggestion schemes for safety and health improvements</td>
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<tr>
<td>Responsible Director</td>
<td>Lead Manager</td>
<td>Assurance Monitoring</td>
<td>KPI</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>General Managers, Operational Health and Safety Managers, Staffside RCN Rep</td>
<td>Health and Safety Committee Staff, Governance Committee High</td>
<td><strong>Corporate</strong> – Increase the No of safety bulletins issued to the workforce per year based on 2010 levels.</td>
</tr>
<tr>
<td>Director of HR</td>
<td></td>
<td></td>
<td><strong>Operational</strong> – Increase the No of staff health and safety suggestions and complaints submitted based on 2010 levels.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Operational</strong> Increase No of documented communications to staff / workforce on health and safety matters</td>
</tr>
<tr>
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<td></td>
<td><strong>Operational</strong> Reduce the No of verifiable instances where HSR’s have NOT been granted sufficient time, resources to undertake their statutory functions in line with the TUC “Brown Book” requirements.</td>
</tr>
</tbody>
</table>

- Monitor quarterly/annual bulletins and alerts
- Monitor through Management Teams / Local Partnership forums
- As above
- As above and through fulltime RCN staffside representative
### Injury and Ill Health Management

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
<th>Corporate</th>
<th>Operational</th>
</tr>
</thead>
</table>
| Reduce our incidence of accidents and ill health at work | NHSH will target key health, safety and wellbeing issues, based on its risk profile, to bring about a reduction our injuries, the number of cases of work related ill health and continual improvements in sickness absence and attendance at work | Corporate | • Contribute to the development of the Staff Health and Wellbeing Framework  
• Establish and deliver on the Mental Health in the Workplace Work Programme  
• Cross reference map OH Health Surveillance programmes with outcome of SYPOL health surveillance results.  
• Rollout a Noise at Work (NAW) Programme  
• Deliver HSE slips & trips awareness / education campaign “Shattered Lives” throughout NHSH - target at-risk groups  
• Review progress on existing high risk flooring assessments  
• Improve and update Legionella Risk Assessments | Operational | • Follow up work related stress focus groups, action plans, new risk assessments  
• Rollout HSE Line Manager Competency Indicator Tool  
• Identify through SYPOL those groups / health conditions that need health surveillance and cross reference with OH records to check compliance.  
• Identify and conduct NAW assessments  
• Review and update progress on flooring risk assessments  
• Roll out HSE Shattered Lives education campaign on slips and trips  
• Estates to update Legionella risk assessments and maintain appropriate monitoring records . |
<table>
<thead>
<tr>
<th>Responsible Director</th>
<th>Lead Manager</th>
<th>Assurance Monitoring</th>
<th>KPI</th>
<th>Method of Approach</th>
</tr>
</thead>
</table>
| Chief Operating Officer  
Director of HR  
Director of Occupational Health | Head of Health and Safety in collaboration with OH and Personnel staff | Health and Safety Committee  
Staff Governance Committee  
CHP / Raigmore Committees | **Corporate**  
- Produce a Workplace Mental Health Work Programme (link with Staff Health and Wellbeing Framework + Healthy Working Lives Mental Health commendation) in Year 1  
- Identify at-risk noise sources and establish a monitoring programme by Yr2 | **Operational**  
- Increase the number of at-risk sites / departments etc where HSE Shattered Lives and STEP tool rolled out  
- Reduce the No of sites where flooring risk assessment have NOT been carried out or recently updated and implemented  
- Increase the % of NAW assessments carried out against number required. By Yr3 90%+ to be complete | **Corporate**  
Y1  
Monitor through Health and Safety Committee  
Monitor Work related stress through Staff Governance Committee + HSE Annual Progress Visit  
**Operational**  
Y1  
↑  
**Operational**  
Y2  
↓  
**Operational**  
Y3  
↑ |
| Head of Health and Safety  
in collaboration with OH and Personnel staff | Health and Safety Committee  
Staff Governance Committee  
CHP / Raigmore Committees | |  | Management Teams and / or Health and Safety Groups to monitor progress |
### Safety Management System Monitoring

<table>
<thead>
<tr>
<th>Policy Aim</th>
<th>Strategic Objective</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continually improve our safety systems and performance</td>
<td>NHSH will have a single system approach to health and safety management across NHS Highland. Each operational unit and hospital based sites will develop its systems and provide management assurance that all significant hazards arising from work activities have been identified, appropriately controlled and documented. All NHSH operational units and hosted services will prepare an annual development plan which focus on the Boards strategic objectives and annual work plan as well as its own operational Health and Safety risks</td>
<td><strong>Corporate</strong></td>
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<tr>
<td></td>
<td></td>
<td>• Finalise internal audit questions and guidance and communicate widely</td>
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<td>• Develop compliance audit questions for the more significant risk control systems</td>
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<td>• Develop quarterly Highland Wide SMS reports for HS Committee</td>
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<td>• Collaborate with CGRM and OH to elicit maximum intelligence on health and safety risks from existing data sets</td>
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<td>• Regularly monitor, draw conclusions from Highland Wide DATIX incidence data and reduce incidence through action planning</td>
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<tr>
<td>Responsible Director</td>
<td>Lead Manager</td>
<td>Assurance Monitoring</td>
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</tr>
<tr>
<td>Chief Operating Officer</td>
<td>General Managers</td>
<td>Health and Safety Committee Risk Management Steering Group CHP / Raigmore Committees</td>
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<tr>
<td></td>
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<td>CHP / Raigmore Management Team</td>
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</table>
## APPENDIX 2

**SUMMARY OF CORPORATE AND OPERATIONAL HEALTH AND SAFETY KPI’s**

<table>
<thead>
<tr>
<th>THEME</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CORPORATE OPERATIONAL</td>
<td>CORPORATE OPERATIONAL</td>
<td>CORPORATE OPERATIONAL</td>
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<tr>
<td><strong>GOVERNANCE &amp; POLICY</strong></td>
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<tr>
<td>Leadership &amp; Management Commitment</td>
<td>Increase % of Senior Managers attending</td>
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<td></td>
<td>Annual HS Leadership Training against</td>
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<td></td>
<td>numbers of senior managers invited. Yr1 50%</td>
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<td></td>
<td>Yr2 65%, Yr3 80%+</td>
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<tr>
<td>Increase the number</td>
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<td></td>
<td>of completed walkrounds against number of</td>
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<td></td>
<td>visits planned. Progress in Yr1 20%, Yr2 40%</td>
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<td></td>
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<tr>
<td></td>
<td>Yr3 65%+ of sites visited</td>
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<tr>
<td>Increase the number</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of times Operational Unit representatives</td>
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<td></td>
<td>attend the Boards Quarterly Health and</td>
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<tr>
<td></td>
<td>Safety Committee. Yr1 60%, Yr2 70%, Yr3 80%+</td>
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<td></td>
</tr>
<tr>
<td>Strategic and Operational Governance</td>
<td>Increase No of Operational Units that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framework</td>
<td>have established Health and Safety Groups.</td>
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<tr>
<td></td>
<td>Yr1 – All Units.</td>
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<tr>
<td>Ensure HS Groups meet at least 4 times</td>
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<td></td>
<td>per year to coincide and report to the</td>
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<td></td>
<td>Boards HS Committee</td>
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<tr>
<td>THEME</td>
<td>YEAR 1</td>
<td>YEAR 2</td>
<td>YEAR 3</td>
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<td></td>
<td>CORPORATE</td>
<td>OPERATIONAL</td>
<td>CORPORATE</td>
</tr>
<tr>
<td><strong>PLANNING</strong></td>
<td></td>
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</tr>
<tr>
<td>Risk Assessment</td>
<td>Increase the No of Risk Assessment Training sessions delivered annually by Operational Unit and site</td>
<td>Identify the training need for risk assessments and Increase the % of staff trained against approximate number required by site</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase the No of Operational Units to develop HS objectives in line with this policy and this plan. Yr1 50%, Yr2 100%</td>
<td>Reduce the No of sites / departments where risk assessments are NOT evident.</td>
<td></td>
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<tr>
<td><strong>IMPLEMENTATION</strong></td>
<td></td>
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<tr>
<td>Statutory Compliance</td>
<td>Increase the No of compliance reviews, year on year. Yr1 30%, Yr2 60%, Yr3 90%+</td>
<td>Increase the No of First Aiders trained to the numbers required, in line with CEL 48 2008. Yr 1 all FA identified, trained and in-situ.</td>
<td>Increase the % of procedures reviewed updated and/or created in line with policy development above, where applicable.</td>
</tr>
<tr>
<td>Change Management</td>
<td>Increase the No of projects, by Op Unit, that have impact assessed Health and Safety risks during the project start-up, initiation and design stages. Yr1 40%, Yr2 60%, Yr3 80%+</td>
<td>Based on the above, increase the level of engagement, where appropriate, between Project / Change Management Boards and Health and Safety / Occupational Health staff on direct changes in the workplace as result of project outcomes</td>
<td></td>
</tr>
<tr>
<td>THEME</td>
<td>YEAR 1</td>
<td>YEAR 2</td>
<td>YEAR 3</td>
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<td>CORPORATE</td>
<td>OPERATIONAL</td>
<td>CORPORATE</td>
</tr>
<tr>
<td><strong>Purchasing Controls</strong></td>
<td></td>
<td>Reduce the No of incidents &amp; near misses associated with equipment, and substances. Yr1 20%, Y2 40%, Yr 50%.</td>
<td></td>
</tr>
<tr>
<td><strong>Management of Contractors</strong></td>
<td>To have a pre-qualification / tender scheme in place within 12 months of this policy date</td>
<td></td>
<td>Increase training for all contract managers. Yr1 30%, Yr 60%, Yr 3 90%+</td>
</tr>
<tr>
<td><strong>Setting Responsibility &amp; Accountability</strong></td>
<td></td>
<td>Define Health and Safety responsibilities for Directors and General Managers in Job Descriptions. Increase by 30% Yr 1, 50% Yr2, 70%+ Yr3.</td>
<td></td>
</tr>
<tr>
<td><strong>Training &amp; Competence</strong></td>
<td>Increase the % of staff that completes Corporate Induction against number of newstarts. Yr1 60%, Yr2 70%, Yr3 85%+</td>
<td>Reduce the No of untrained Bank Nurse Staff working on wards against numbers employed. Reduce by Yr1 30%, Yr2 50%, Yr3 80%+.</td>
<td></td>
</tr>
<tr>
<td>THEME</td>
<td>YEAR 1</td>
<td>YEAR 2</td>
<td>YEAR 3</td>
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<tr>
<td><strong>CORPORATE</strong></td>
<td><strong>OPERATIONAL</strong></td>
<td><strong>CORPORATE</strong></td>
<td><strong>OPERATIONAL</strong></td>
</tr>
<tr>
<td>Reduce the % of newstarts that &quot;did not attend&quot; (DNA) booked training against numbers booked. Reduce by in Yr1 by 20%, Yr2 40%, Yr3 60%+.</td>
<td>Increase the % of HS training rated satisfactory or higher, from end of course evaluations, for effectiveness and appropriateness, against number of evaluations conducted. Yr1 30%, Yr2 50%, Yr3 70%+.</td>
<td>Increase the No of managers that have completed annual KSF Core Dimension 3 (HS) Level 3 &amp; 4 training against numbers of managers needing to be trained. Increase by Yr1 30%, Yr2 40%, Yr3 60%+.</td>
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</tr>
<tr>
<td><strong>Consultation &amp; Communication</strong></td>
<td>Increase the No of safety bulletins issued to the workforce per year based on 2010 levels</td>
<td>Reduce the No of verifiable instances where HSR’s have NOT been granted sufficient time, resources to undertake their statutory functions in line with the TUC “Brown Book” requirements.</td>
<td>Increase the No of staff health and safety suggestions and complaints submitted based on 2010 levels</td>
</tr>
<tr>
<td><strong>Injury and Ill Health Management</strong></td>
<td>Produce a Workplace Mental Health Work Programme (link with Staff Health and Wellbeing Framework + Healthy Working Lives Mental Health commendation) in Year 1</td>
<td>Increase the No of at-risk sites / departments etc where HSE Shattered Lives and STEP tool is rolled out.</td>
<td>Increase No of documented communications to staff / workforce on health and safety matters</td>
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<td></td>
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<td>Reduce the No of sites where flooring risk assessment have NOT been carried out or recently updated and implemented</td>
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<td></td>
<td>Increase the % of NAW assessments carried out against number required. By Yr3 90%+ to be complete</td>
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<tr>
<td>THEME</td>
<td>YEAR 1</td>
<td>YEAR 2</td>
<td>YEAR 3</td>
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<tr>
<td><strong>CORPORATE OPERATIONAL</strong></td>
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<tr>
<td><strong>MEASURING PERFORMANCE</strong></td>
<td><strong>MEASURING PERFORMANCE</strong></td>
<td><strong>MEASURING PERFORMANCE</strong></td>
<td><strong>MEASURING PERFORMANCE</strong></td>
</tr>
<tr>
<td>Safety Management System Monitoring</td>
<td>Increase the No of Internal Health and Safety audits planned and completed</td>
<td>Increase Health and Safety Audit module scores, year on year by site, by 20% from initial baseline audit.</td>
<td>Increase Health and Safety Audit module scores, year on year by site, by 20% from initial baseline audit.</td>
</tr>
<tr>
<td></td>
<td>Increase No of quarterly workplace inspections undertaken by site</td>
<td>Increase the No of Priority 1 (high) action items, identified through audits, that have been closed out and / or escalated</td>
<td>Increase Health and Safety Audit module scores, year on year by site, by 20% from initial baseline audit.</td>
</tr>
</tbody>
</table>
This monitoring tool will be used to report quarterly on NHS Highland’s progress against the both corporate based and operational KPI’s (Appendix 4). It will be managed and reviewed by the Health and Safety Committee. These results from this and the Operational monitoring tool will be integrated into a NHS Highland Health and Safety Performance Dashboard shown below.

<table>
<thead>
<tr>
<th>KPI TRACKING - YEAR OF COLLECTION</th>
<th>YEAR 1</th>
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<tbody>
<tr>
<td></td>
<td>FEB</td>
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<tr>
<td>Example</td>
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<tr>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td>1. Increase % of Senior Managers attending Annual HS Leadership Training against numbers of senior managers invited. Yr1 50%, Yr2 65%, Yr3 80%+</td>
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</tr>
<tr>
<td>2. Increase the No of compliance reviews, year on year. Yr1 30%, Yr2 60%, Yr3 90%+</td>
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</tr>
<tr>
<td>3. Increase the No of projects, by Op Unit, that have impact assessed Health and Safety risks during the project start-up, initiation and design stages. Yr1 40%, Yr2 60%, Yr3 80%+</td>
<td></td>
</tr>
<tr>
<td>4. Based on the above, increase the level of engagement, where appropriate, between Project / Change Management Boards and Health and Safety / Occupational Health staff on direct changes in the workplace as result of project outcomes</td>
<td></td>
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<tr>
<td>5. To have a pre-qualification / tender scheme in place within 12 months of this policy date</td>
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</tr>
<tr>
<td>6. Increase the % of staff that completes Corporate Induction against number of newstarts. Yr1 60%, Yr2 70%, Yr3 85%+</td>
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</tr>
<tr>
<td>7. Reduce the % of newstarts that “did not attend” (DNA) booked training against numbers booked. Reduce by in Yr1 by 20%, Yr2 40%, Yr3 60%+.</td>
<td></td>
</tr>
<tr>
<td>8. Increase the No of safety bulletins issued to the workforce per year based on 2010 levels</td>
<td></td>
</tr>
<tr>
<td>9. Produce a Workplace Mental Health Work Programme (link with Staff Health and Wellbeing Framework + Healthy Working Lives Mental Health commendation) in Year 1</td>
<td></td>
</tr>
</tbody>
</table>

R.A.G. Progress Status
R – Red Alert = timescale/deadline missed or major issue encountered 
A – Amber = unexpected delay, issue arising on horizon 
G – Green = activity running to plan, no problem with timescale
<table>
<thead>
<tr>
<th>YEAR 2</th>
<th>FEB</th>
<th>MAY</th>
<th>AUG</th>
<th>NOV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Reduce the No of incidents &amp; near misses associated with equipment, and substances. Yr1 20%, Y2 40%, Yr 50%.</td>
<td></td>
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</tr>
<tr>
<td>2 Increase training for all contract managers. Yr1 30%, Yr 60%, Yr 3 90%+</td>
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</tr>
<tr>
<td>3 Define Health and Safety responsibilities for Directors and General Managers in Job Descriptions. Increase by 30% Yr 1, 50% Yr2, 70%+ Yr3.</td>
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</tr>
<tr>
<td>4 Increase the % of HS training rated satisfactory or higher, from end of course evaluations, for effectiveness and appropriateness, against number of evaluations conducted. Yr1 30%, Yr2 50%, Yr3 70%+.</td>
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</tr>
</tbody>
</table>
NHS Highland Health and Safety Performance Dashboard – An Example – To be overseen by the Health and Safety Committee
The template below is to be populated by using the RAG scheme. Incident data should be described as a No and % not RAG. Those indicators which commence in Year 1 are to be followed through into Year 2 and 3. Likewise those in Year 2 follow through into Year 3 etc.

### KPI TRACKING - YEAR OF COLLECTION

<table>
<thead>
<tr>
<th>Example for Incident Data</th>
<th>YEAR 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>FEB</td>
</tr>
<tr>
<td><strong>Example for Incident Data</strong></td>
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</table>

<table>
<thead>
<tr>
<th><strong>YEAR 1</strong></th>
<th><strong>FEB</strong></th>
<th><strong>MAY</strong></th>
<th><strong>AUG</strong></th>
<th><strong>NOV</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Increase the number of completed walkrounds against number of visits planned. Progress in Yr1 20%, Yr2 40%, Yr3 65%+ of sites visited</td>
<td></td>
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</tr>
<tr>
<td><strong>2</strong></td>
<td>Increase the number of times Operational Unit representatives attend the Boards Quarterly Health and Safety Committee. Yr1 60%, Yr2 70%, Yr3 80%+</td>
<td></td>
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</tr>
<tr>
<td><strong>3</strong></td>
<td>Increase No of Operational Units that have established Health and Safety Groups. Yr1 – All Units.</td>
<td></td>
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</tr>
<tr>
<td><strong>4</strong></td>
<td>Ensure HS Groups meet at least 4 times per year to coincide and report to the Boards HS Committee</td>
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</tr>
<tr>
<td><strong>5</strong></td>
<td>Increase the No of Risk Assessment Training sessions delivered annually by Operational Unit and site</td>
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<tr>
<td><strong>6</strong></td>
<td>Increase the No of Operational Units that develops HS objectives in line with this plan and policy. Yr1 50%, Yr2 100%</td>
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<tr>
<td><strong>7</strong></td>
<td>Increase the No of First Aiders trained to the numbers required, in line with CEL 48 2008. Yr1 all FA identified, trained and in-situ.</td>
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<tr>
<td><strong>8</strong></td>
<td>Increase the No of projects, by Op Unit, that have impact assessed Health and Safety risks during the project start-up, initiation and design stages. Yr1 40%, Yr2 60%, Yr3 80%+</td>
<td></td>
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<tr>
<td><strong>9</strong></td>
<td>Based on the above, increase the level of engagement, where appropriate, between Project / Change Management Boards and Health and Safety / Occupational Health staff on direct changes in the workplace as result of project outcomes.</td>
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<tr>
<td><strong>10</strong></td>
<td>Reduce the No of untrained Bank Nurse Staff working on wards against numbers employed. Reduce by Yr1 30%, Yr2 50%, Yr3 80%+.</td>
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<tr>
<td><strong>11</strong></td>
<td>Reduce the No of verifiable instances where HSR’s have NOT been granted sufficient time, resources to undertake their statutory functions in line with the TUC “Brown Book” requirements.</td>
<td></td>
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<tr>
<td><strong>12</strong></td>
<td>Increase the number of at-risk sites / departments etc where HSE Shattered Lives and STEP tool rolled out</td>
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<tr>
<td><strong>13</strong></td>
<td>Increase the No of Internal Health and Safety audits planned and completed</td>
<td></td>
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<tr>
<td><strong>14</strong></td>
<td>Increase No of quarterly workplace inspections undertaken by site</td>
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<td>INCIDENT DATA FROM QUARTERLY CGRM REPORT</td>
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### YEAR 2

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<tbody>
<tr>
<td>1</td>
<td>Identify the training need for risk assessments and Increase the % of staff trained against approximate number required by site</td>
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<tr>
<td>2</td>
<td>Reduce the No of sites / departments where risk assessments are NOT evident.</td>
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<td>3</td>
<td>Increase the % of procedures reviewed updated and/or created in line with policy development above, where applicable.</td>
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<tr>
<td>4</td>
<td>30% of local suppliers and contractors have had their health and safety arrangements assessed in Year 2, 60% in Year 3 and 90%+ in Year 4.</td>
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<tr>
<td>5</td>
<td>Increase the No of managers that have completed annual KSF Core Dimension 3 (HS) Level 3 &amp; 4 training against numbers of managers needing to be trained. Increase by Yr1 30%, Yr2 40%, Yr3 60%+.</td>
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<td>6</td>
<td>Increase the No of staff health and safety suggestions and complaints submitted based on 2010 levels</td>
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<tr>
<td>7</td>
<td>Reduce the No of sites where flooring risk assessment have NOT been carried out or recently updated and implemented</td>
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<tr>
<td>8</td>
<td>Increase the No of Priority 1 (high) action items, identified through audits, that have been closed out and / or escalated</td>
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By Yr 3, 60+% of sites and departments with known hazards are to have up to date risk assessments in place.

Increase % of Heads of Service, Locality, Directorate Managers with Health and Safety responsibilities defined in Job Descriptions. 30% Yr 1, 50% Yr2, 70%+ Yr3

Increase No of documented communications to staff / workforce on health and safety matters

Increase the % of NAW assessments carried out against number required. By Yr3 90%+ to be complete.

Increase Health and Safety Audit module scores, year on year by site, by 20% from initial baseline audit.

---

**INCIDENT DATA FROM QUARTERLY CGRM REPORT**

- No of accidents expressed as a percentage of total Quarterly Operational Unit incidents
- No of Slip, Trips and Falls incidents expressed as a percentage of total Quarterly Operational Unit incidents
- No of Moving and Handling Incidents expressed as a percentage of total Quarterly Operational Unit incidents