

## Borders NHS Board



Meeting Date: 27 June 2019

<b>Approved by:</b>	Tim Patterson, Joint Public Health Director Ralph Roberts, Chief Executive
<b>Author:</b>	Sheila MacDougall, Risk & Safety Manager
<b>NHS BORDERS OCCUPATIONAL HEALTH AND SAFETY POLICY 2019-2022</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is to propose an updated Occupational Health and Safety Policy to ensure NHS Borders complies with the requirement of the Health and Safety at Work Act 1974 to have such a policy.</p>	
<b>Recommendations:</b>	
<p>The Board is asked to <b>approve</b> the proposed policy.</p>	
<b>Approval Pathways:</b>	
<p>This Policy has been fully consulted upon including an opportunity for the Health and Safety Union Representatives to make comment. The Occupational Health and Safety Forum has agreed the proposed Policy should be presented to the Health Board for final approval.</p>	
<b>Executive Summary:</b>	
<p>The Health and Safety at Work Act 1974 requires employers to have a Health and Safety Policy; the attached Occupational Health and Safety Policy is proposed to supersede the existing Policy which is now past its review date.</p> <p>This Policy lays out the commitment of NHS Borders as an employer to keep anyone connected to our undertaking such as our staff/patients/visitors/contractors safe. It makes a clear statement of intent to do so and then lays out how this will be achieved including the roles and responsibilities of our organisational structures and managers/staff.</p> <p>Based on the Health and Safety Executive national standards contained in Managing for Health and Safety HSG 65, the Policy describes NHS Borders health and safety management systems and how it connects to the Risk Management Policy.</p> <p>The main improvement from the current Policy is much more detail contained in the roles and responsibilities of managers/staff. Clarity was required to make responsibilities explicit for managers/staff to understand their duties.</p> <p>The template for the Occupational Health and Safety Improvement Action Plans (appendix 6) has been updated and an assurance statement included for senior managers to complete. This is to strengthen governance arrangements.</p>	

<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	This Policy ensures NHS Borders as an employer meets its statutory obligations and addresses corporate liabilities. It supports the implementation of the corporate objectives and delivery of the Clinical Strategy.
<b>Patient Safety/Clinical Impact</b>	This Policy upholds safety and quality improvement by ensuring safe and effective care. It promotes safety for all-patients/staff/relatives/contractors and healthcare partners.
<b>Staffing/Workforce</b>	Duties are already embedded into the operational systems and no extra duties have been proposed.
<b>Finance/Resources</b>	The Policy minimises the risks associated with delivery of healthcare, aides in the prevention of staff sickness absence, reduces corporate liabilities associated with litigation and non compliance with statutory duties.
<b>Risk Implications</b>	The risk is increased by non compliance with statutory requirements and poor implementation of the policy. Risks are recorded within the risk management system.
<b>Equality and Diversity</b>	HIIA –equality and diversity assessment undertaken-no detriment identified, positive impacts found that enhance the safety for all groups of people affected by the organisations delivery of healthcare services.
<b>Consultation</b>	The proposed Policy was made available for comment to all staff and managers via the Intranet. It was specifically presented to the OH&S Forum which includes union H&S Representatives and clinical board/support services representatives.
<b>Glossary</b>	OH&S- Occupational Health and Safety HASAWA-Health and Safety at Work Act BET-Board Executive Team Ce-Ops Group- Clinical Executive Operational Group CDM- Construction (Design & Management) Regulations RSP-Radiation Safety Policy RSC-Radiation Protection Committee

# OCCUPATIONAL HEALTH & SAFETY POLICY

**Proposed**

**Version number:** 5.1

**Prepared by**  
(group or post title): Risk & Safety Team  
Work & Wellbeing Service

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Risk & Safety and Work & Wellbeing Micro site  
Occupational Health & Safety Manual

This policy has been approved for NHS Borders

.....  
Chief Executive

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Employee Director

Approval date:

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Proposed

## **I. STATEMENT OF INTENT**

NHS Borders is committed to ensuring as far as reasonably practicable, the health, safety and welfare of its employees and others that may be affected by NHS Borders activities. It is our intent to demonstrate an ongoing and determined commitment to improving occupational health and safety throughout our organisation.

NHS Borders is committed to ensuring the provision of an improved and safe working environment:-

- a) By planning for effective occupational health and safety controls which contribute to the continuing health of employees and the quality of patient care;
- b) By ensuring an effective approach to the prevention of ill-health, injury and loss, is one based on the systematic identification and control of risks;
- c) Through effective leadership, developing an appropriate organisational structure and a culture which supports risk control, promotes a learning environment and secures the full participation of all NHS Borders employees;
- d) By scrutinizing and reviewing performance so as to learn from experience.

## **II. POLICY OBJECTIVES**

NHS Borders is committed to: -

- a) the prevention of injury and impairment of health of all persons affected by the undertakings of NHS Borders and minimising any loss to resources or finance;
- b) the observance of the requirements of the Health and Safety at Work Act 1974 and all other Acts, Regulations and Approved Codes of Practice applicable to the operation of NHS Borders;
- c) the adoption of safe systems of work and good practice;
- d) applying the risk management systems to ensure occupational health and safety identified risks are recorded on the NHS Borders risk register;
- e) open communication and consultation with all staff and stakeholders;
- f) promoting a learning environment to minimise recurring risks from adverse events, claims, complaints and assessment findings;
- g) reviewing the policy on a 3 year cycle or when a significant organisational or legislative change takes place.

### **III. ORGANISATIONAL RESPONSIBILITIES**

Prime responsibility for occupational health and safety lies with the NHS Borders Board and Chief Executive with specific responsibility for occupational health and safety being delegated to the Joint Director of Public Health and the Director of Workforce. However the objectives of this Policy cannot be met without the full co-operation of all employees who must act responsibly at all times so as not to endanger themselves or others. Competent persons will be appointed to assist NHS Borders in meeting its statutory duties including where appropriate, specialists from outside the organisation. NHS Borders will consult fully with staff representatives and stakeholders in matters concerning occupational health and safety.

### **IV. SCOPE**

NHS Borders is a complex organisation, this Policy will reflect general arrangements; specific arrangements are included in the Risk Management Policy and Specialty/Departmental Policies.

This policy statement been approved for NHS Borders

.....  
**Chief Executive**

.....  
**Employee Director**

**Approval date:**



# OCCUPATIONAL HEALTH AND SAFETY POLICY

## 1. BACKGROUND

Prime responsibility for occupational health and safety lies with the NHS Borders Board and Chief Executive with specific responsibility for occupational health delegated to Director of Workforce and for health and safety and risk management delegated to the Joint Director of Public Health.

The objectives of this Policy cannot be met without the full co-operation of all employees who must act responsibly at all times so as not to endanger themselves or others. Competent persons will be appointed to assist NHS Borders in meeting its statutory duties including where appropriate, specialists from outside the organisation. NHS Borders will consult fully with staff representatives and stakeholders in matters concerning occupational health and safety.

The OH&S Policy and the supporting policies are core elements of the overall risk management policy framework.

The key Health & Safety legislative framework and the key contacts are outlined within the policy.

## 2. AIMS OF POLICY

To describe clearly the occupational health and safety management system (based on HSG 65) NHS Borders will use to ensure legal compliance and good practice.

NHS Borders aims to deliver effective, safe, and person centred care, ensuring there will be no avoidable injury or harm to people or adverse impact on the organisation resulting from the delivery of healthcare or any adverse event. The personal health, safety and wellbeing of patients, their family and carers, staff and members of the public will be achieved through the systematic identification and control of occupational health and safety risks.

### 2.1 Policy Objectives

NHS Borders is committed to: -

- a) following the principles for occupational health and safety management systems as prescribed in British Standard ISO 45001 Occupational Health and Safety and within Managing for Health and Safety HSG 65 which includes the HSE improvement cycle: Plan Do Check Act Cycle(**see Appendix 1**);
- b) the prevention of injury and impairment of health of all persons affected by the undertakings of NHS Borders and minimising any loss to resources or finance;
- c) the observance of the requirements of the Health and Safety at Work Act 1974 and all other Acts, Regulations and Approved Codes of Practice applicable to the operation of NHS Borders;
- d) the adoption of safe systems of work and good practice;
- e) applying the risk management systems to ensure occupational health and safety identified risks are recorded and managed using the NHS Borders risk register;
- f) reviewing the policy on a 3 year cycle or when a significant organisational or legislative change takes place.

### 3. DEFINITIONS

In line with definitions provided by Managing for Health and Safety HSG65, Healthcare Improvement Scotland, 2013, *"Learning from adverse events through reporting and review: A national framework for Scotland"* Sept 2013, and the from the HSE, NHS Borders subscribes to the following:

**Hazard:** anything with the potential to cause harm

**Harm:** This can apply to patients, family, carers, staff, members of the public or the organisation. Harm is described as physical or psychological suffering, injury, disability, or death, an interruption to services, an adverse impact on the environment, damage to property, equipment or materials, financial loss or increased organisational liabilities.

**NHS Scotland definition of an adverse event:** An adverse event is defined as an event that could have caused, or did result in, harm to people or groups of people.

**Health and Safety Executive definition of an adverse event:**

**Adverse Event (Accident):-** *"any unplanned event that results in personnel injury or damage to property, plant or equipment."*

**Near-miss:-** *"an unplanned event which does not cause injury or damage, but could have done so."* Examples include: items falling near to personnel, incidents involving vehicles and electrical short-circuits.

Source: Example of an Accident & Incident Investigation Policy HSE website

**Risk:** means the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during, work activities or the products and services created by work activities.

**Ill health:** includes acute and chronic ill health caused by physical, chemical or biological agents as well as adverse effects on mental health.

### 4. ROLES AND RESPONSIBILITIES WITHIN THE ORGANISATION

To enable NHS Borders to fulfil its occupational health and safety obligations; duties and responsibilities are allocated or assigned to individuals in the operational hierarchy and the governance and operational structures. **Appendices 2 & 3.**

#### 4.1 NHS Borders Board

NHS Borders Board has ultimate responsibility for ensuring so as far as is reasonably practicable, the occupational health, safety and welfare of all employees, patients and others that may be affected by NHS Borders undertakings. This includes NHS staff who work within the health and social care partnership.

In particular:

- Appoint an Accountable Officer to oversee and be responsible for NHS Borders' undertakings.
- Ensuring that the Health Board risk management strategic approach supported by the Risk Management Policy is implemented, reviewed and monitored accordingly.
- Ensuring that adequate resources are available to implement this policy.

- Receive and action relevant Occupational Health & Safety Reports via the Clinical Executive Operational Group and Audit Committee monitoring the OH&S management systems.
- Reviewing and monitoring the OH&S risks contained within NHS Borders Risk Register
- Liaise with the Governance structure over matters involving the risk management of occupational health and safety.

#### **4.2 Chief Executive**

The Chief Executive is named as the Accountable Officer by the NHS Borders Board and has overall responsibility for making sure that arrangements are in place to:

- Ensure that the NHS Borders Occupational Health and Safety Policy is developed and implemented.
- Monitor regularly the occupational health and safety performance of NHS Borders
- Ensure, so far as reasonably practicable, adequate resources for the implementation of risk identification and appropriate control measures
- Approve specific occupational health and safety policies brought out as part of the NHS Borders Occupational Health and Safety Policy arrangements.
- Provide leadership to ensure a positive safety culture

#### **4.3 Joint Director of Public Health**

The Joint Director of Public Health has overall responsibility for the organisation's risk management arrangements including the OH&S arrangements.

The Director will make arrangements to:

- Co-ordinate NHS Borders's strategic way forward for risk management ensuring the Chief Executive is informed on all occupational health and safety risks.
- Ensure that OH&S risks are reported in accordance with NHS policy, keeping the Clinical Executive Operational Group, Audit Committee, Governance Committees and ultimately the Health Board are fully informed of risks
- Provide leadership to ensure OH&S risks are managed in accordance with risk management arrangements and all associated arrangements are developed, current and supported by an education programme.
- Working with the Director of Finance to ensure adequate resourcing of risk management issues involving *health and safety*.

#### **4.4 Joint Director of Public Health and Director of Workforce**

The Joint Director of Public Health and Director of Workforce have joint responsibility for the provision of OH&S management arrangements, to provide leadership, developing and overseeing the implementation of this policy.

- Ensuring that an OH&S management system is devised, reviewed and sustained that enables the organisation to meet its legal and moral obligations. Following good practice guidance within HSE Key elements of successful health and safety management HSG 65.
- Ensuring that appropriate OH&S arrangements are in place for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.

This will include:

- Ensuring that suitable and sufficient risk assessment systems are in place that facilitates the identification of hazards and risks arising to NHS Borders staff and others not employed by NHS Borders.
- Protective action plans are incorporated into risk management systems.
- Monitoring arrangements are in place for the occupational health and safety policies, lines of accountability and systems of work, ensuring these are reviewed on a regular basis.
- Ensure that mechanisms exist for timely consultation with staff health and safety representatives in respect of NHS Borders' health and safety arrangements
- Co-ordinate NHS Borders health and safety annual report and Work & Well Being annual report based on the performance of the organisation..
- Ensure that where NHS Borders shares a workplace with another employer/s, there are systems for mutual co-operation to enable statutory duties to be complied with and all reasonable steps should be taken to inform other employers of risks arising out of NHS Borders activities.
- The whole management system needs to be reviewed to ensure that it remains effective
- Chair the Occupational Health & Safety Forum

#### 4.5 Board Executive Team – Directors

The Board Executive Team (BET) has overall responsibility to ensure the effective management of health and safety by:

- Providing effective leadership and management (including appropriate processes)
- Ensuring a trained/skilled workforce;
- Providing an environment where people are trusted and involved
- (In context with the wider risk management of the organisation) Understanding the risk profile of the organisation, the health and safety risks experienced in the provision of healthcare and that those risks are clearly identified.

Figure 1 outlines the core elements of managing for health and safety



## Figure 1

Source: *Managing for Health and Safety HSG 65*

The BET provide leadership to implement the OH&S Management System further details of which are outlined at **Appendices 1 & 2**

Collectively the BET must provide the leadership to ensure the OH&S Management System is implemented.

### 4.5.1 Clinical Executive Operational Group (CE – Ops Group)

This group has delegated responsibility for the management of operational risk within the organisation this includes Occupational Health & Safety risk.

The Group has responsibility for the implementation of all occupational health and safety policies ensuring adequate control of risks is achieved through the coordinated actions of the clinical boards and support services.

The CE-Ops Group will achieve this by:

- a) **Planning for implementation:** Ensuring local OH&S Policies are developed that reflect the organisations OH&S related policies and arrangements therein. That proportionate management arrangements, risk control systems and workplace precautions are being systematically developed within clinical boards/support services.
- b) **Profiling of OH&S risks:** Completion of the assessment of risk is taking place that identifies what could cause harm in the workplace, who it may harm and that controls/actions are in place to manage the risk. All stakeholders are involved in the risk assessment process. Together with other indicators such as adverse events, audits, inspections a risk profile of the organisation will be developed to aide in allocation of resources.
- c) **Ensuring organisational arrangements are in place to:** promote leadership, consultation, communication and competence of staff and managers in relation to OH&S roles and responsibilities. Specifically to ensure best use of resources to enable training to be undertaken and statutory obligations are met. Ensuring Training Needs Analysis is based on robust risk assessment and staff attend training relative to risks experienced.
- d) **Ensuring OH&S Improvement Action Plans are developed:** to address areas of weakness, clinical board and support services monitor progress against these plans and use the improvement cycle where appropriate to gain reduction in risk.
- e) **OH&S Adverse events are investigated as appropriate:** In line with the Adverse Event Management Policy all OH&S related adverse events are reviewed specifically that all RIDDOR reported events have as a minimum a management review.
- f) **Performance is measured:** by how well risks are controlled using evidence from:
  - NHS Borders risk register and supporting action plans
  - OH&S Action Plans success
  - The frequency and type of adverse events occurring
  - Work related sickness absence levels
  - Health surveillance feedback
  - Training programmes; attendance levels, did not attend rates
  - Attendance rates for Occupational Health appointments
  - Stress level indicators
  - OH&S adverse event reviews and learning outcomes

- OH&S audit and inspection reports
- Formation of appropriate training plans and the attendance at training as indicated within these plans
- Attendance at statutory/mandatory training

Any weaknesses are addressed through action planning and inclusion onto clinical board/support services improvement action plans as appropriate.

#### **4.5.2 Specific Duties of Directors:**

Individual Directors have a duty to ensure that arrangements are in place within their respective services including an OH&S Action Plan to identify and address weaknesses in their OH&S arrangements. Each Director must support the Accountable Officer by undertaking specific duties:

#### **4.5.3 Director of Finance**

- To ensure that advice is available to the Chief Executive and the Clinical Executive-Operational Group in relation to the financial implications of identified and quantified occupational health and safety requirements.
- To ensure that purchasing procedures, contracts etc take account of occupational health and safety issues and of any statutory and NHS Borders requirements in that respect
- To highlight any health and safety risks identified within the financial audit procedure to the Clinical Executive-Operational Group
- To make available advice on the strategic development of NHS Borders that may have occupational health and safety implications
- To assist in the preparation of relevant business cases

##### **4.5.3.1 Duties specific to Estates and Facilities:**

- To provide advice to the Accountable Officer on the requirements for particular health and safety provisions for the Estates and Facilities function throughout NHS Borders
- To ensure that adequate procedures exist to ensure compliance with specific environmental and estates legal requirements such as Fire Acts /regulations, CDM Regulations, Legionella Regulations, Asbestos, Environmental Protections Act, working at height etc
- To ensure that adequate procedures exist that makes contractors and their personnel aware of the Boards health and safety requirements and that these are complied with. Control of contractors systems exist and are monitored.
- To manage the disposal of clinical waste and ensure that the Boards policy and practical procedures are amended to take account of changing legal requirements and best practice
- To ensure that all aspects of fire safety affecting NHS Borders premises and personnel are in effect.

#### **4.5.4 Medical Director**

- To ensure the availability of advice on clinical matters that may have occupational health and safety implications to the Chief Executive.
- To ensure the co-ordination of risk control measures that have both clinical and occupational health and safety implications.
- To ensure that arrangements are made to enable NHS Borders to comply with statutory regulations and codes of practice which particularly affect clinical staff. Such as Codes of Practice for the Prevention of Infection in Clinical Laboratories etc.
- Ensure arrangements are in place for the protection of staff, patients and others who might be affected by the Board's undertakings, and for protection of the environment, from the risks associated with ionising and non-ionising radiations, shall be specified in an NHS Borders Radiation Safety Policy (RSP). The Medical Director of NHS Borders shall be responsible to the Chief Executive for providing and maintaining the RSP and for overseeing implementation of its

provisions. The RSP shall include provisions for establishing an NHS Borders Radiation Protection Committee (RPC) which shall make and annual report to NHS Borders Occupational Health and Safety Forum on the activities of the RPC, including matters related to the maintenance of the Radiation Safety Policy and implementation of its provisions.

#### **4.5.5 Director of Nursing, Midwifery and Acute Services**

- To be the Operational Executive Lead for the policy and arrangements for:
  - Prevention and management of aggression and violence
  - Manual handling
  - Infection Control
  - Statutory and Mandatory education programme
- To ensure that appropriate advice is available on nursing matters
- To advise on and support identified risk control measures that have both clinical and occupational health and safety implications
- To ensure that arrangements are made for the implementation, monitoring and revision of clinical procedures and good practice in relation to occupational health and safety
- Ensure that NHS Borders systems allow for identification of occupational health and safety training requirements.
- NHS Borders Learning Plan incorporates relevant occupational health and safety training to meet legal and policy requirements.
- During the implementation of the Knowledge and Skills Framework, issues arising from the core dimension regarding occupational health and safety are highlighted to the Clinical Executive-Operational Group.

##### **4.5.5.1 Specifically as the Director of Acute Services:**

- To ensure that arrangements are made for the implementation, monitoring and revision of clinical procedures and good practice in relation to occupational health and safety
- To ensure the co-ordination of risk control measures that have both clinical and health and safety implications
- To ensure in liaison with the Director of Finance, that adequate procedures exist to ensure legal compliance with specific environmental (including clinical waste), fire, occupational health and safety, and estates requirements.
- To ensure any management actions arising from organisational or service change includes occupational & health safety issues.

#### **4.5.6 Director of Workforce**

- To be the Operational Executive Lead for Work and Well Being Service including the Occupational Health Service.
- To provide advice on health and safety matters that impact on personnel terms and conditions such as Working Time Directive
- To monitor the job descriptions, appraisal process and PDP to ensure that they reflect occupational health and safety, and infection control (HAI) duties
- To ensure that all elements of risk management are included in the Health Improvement Programme.
- To ensure any management actions arising from organisational or service change includes occupational & health safety issues.
- To ensure that all elements of risk management are included in the Involving People Strategy.
- To make available advice on the strategic development of NHS Borders that may have occupational health and safety implications
- To ensure advice is available on occupational health matters that impact on employee terms and conditions.

#### **4.5.7 Joint Director of Public Health**

- To be the Operational Executive Lead for corporate risk management and health and safety.
- To ensure advice is available on matters of public health that may impact on the occupational health and safety of NHS Borders employees or patients.
- To liaise with Work and Well Being Service and Risk & Safety Team when an emergency outbreak occurs that has a specific health risk to employees.
- To ensure all Public Health Services comply with statutory and governmental requirements.

#### **4.5.8 Chief Officer**

- To ensure advice is available on matters of safety relating to the health and social care partnership and healthcare delivery services that may impact on the occupational health and safety of NHS Borders employees or patients.
- To ensure all services within the health and social care partnership comply with statutory and governmental requirements.
- To ensure in liaison with the Director of Finance, that adequate procedures exist to ensure legal compliance with specific environmental (including clinical waste), fire, occupational health and safety, and estates requirements.
- To ensure any management actions arising from organisational or service change includes occupational & health safety issues.
- Has responsibility to report any occupational health and safety significant risks to the Integrated Joint Board

#### **4.5.9 Director of Strategic Change & Planning**

- To ensure advice is available on matters of strategic change, planning and performance and Information Management and Technology that may impact on the occupational health and safety of NHS Borders employees, patients, visitors and the organisation as a whole.
- To ensure all services within strategic change and planning comply with statutory and governmental requirements.
- To ensure performance reviews include relevant elements of occupational health and safety targets and report to the Chief Executive and Clinical Executive-Operational Group standards attained

#### **4.6 Senior and General Management (Associate Medical Directors/Associate Nursing Directors/General Managers/Clinical Directors, Support Service Heads of Service)**

Directors will delegate the management of occupational health and safety policies and procedures to senior and general managers within their respective areas of authority. Senior and General Managers will ensure relevant managers/Consultants are made aware of their duties under this policy. As part of the organisation's leadership managers must promote a positive approach to occupational health and safety by ensuring occupational health and safety is taken seriously and is embedded into local strategic and operational systems as described in Occupational health and Safety NHS Borders Management arrangements **Appendix 2**

Any non compliance with occupational health and safety policies, arrangements and statutory duties are reported to the clinical board/relevant director and via clinical board governance arrangements to the Health Board's appropriate governance committee in compliance with the Risk Management Policy escalation process **appendix 4**.

General and Senior Managers must ensure an appropriate Occupational Health and Safety Improvement Action Plan is in place appendix 6. This plan should identify areas of weakness/non compliance, show remedial actions and timescales to address the identified issues. These plans



require to be submitted to the OH&S Forum on a quarterly basis. The Quarter 4 plan will include an end of year assurance statement on how well actions have been implemented.

General and Senior Managers can delegate to Clinical Service Managers/ Clinical Development Managers and Heads of Department the responsibility to implement this policy at operational level. The corporate responsibility to ensure statutory compliance with occupational health and safety remains with senior and general managers and that any responsibilities they delegate as below are monitored for compliance.

Senior and general managers have responsibility to:

- Ensure the development of a Specialty/Department/local Health and Safety Policy that allocate duties to specific staff (including Charge Nurses, Supervisors, Ward Managers etc. section 4.8), lays out occupational health and safety arrangements and monitoring procedures. Liaise with appropriate managers from other departments in other locations of the Health Board to ensure functional consistency of practice. Ensure that all staff receive and understand the local occupational health and safety procedures.
- Monitor the implementation of the NHS Borders Occupational Health and Safety Policy, Departmental Policy and all associated health and safety arrangements
- Ensure that suitable and sufficient risk assessments are carried out, control measures are identified and prioritisation of resources is undertaken. Control measures are selected using the hierarchy of controls (**see appendix 5**)
- Develop and implement safe working practices and systems by training, supervision and provision of information within the department, particularly in the case of young or inexperienced workers, to ensure maximum safety for all personnel.
- Monitor the effectiveness of identified operational control procedures.
- Identify the level of knowledge required for all staff under their control and develop training plans to address needs. Ensuring that staff receive the training identified in a timely manner.
- That occupational health and safety matters are discussed and incorporated as necessary into staff job descriptions, appraisals, team meetings.
- Ensure that hazard/fire safety checks take place on a monthly basis. Hazards that cannot be adequately controlled are then subsequently risked assessed. Inspections are conducted on a 6 monthly basis which ensures that:
  - Machinery and equipment is maintained in a safe condition,
  - safety devices are fitted, maintained and operated,
  - safety rules and procedures are observed,
  - the environment is safe for all staff, patients, visitors etc
  - safety equipment is used correctly.
- Reporting any uncontrolled risks to relevant managers.
- Reporting of adverse events and near misses within the department is undertaken in accordance with the Adverse Event Management Policy. Investigations are undertaken in line with policy and the Significant Adverse Events Review Process, ensuring that findings are shared with stakeholders.
- Provide a consultation forum within the department that allows staff to raise occupational health and safety issues and through which new procedures and Policies can be introduced.
- Participate in performance review and take necessary risk management actions to control identified weaknesses.

- Ensuring that where they share a workplace with another employer/s, there must be a mutual co-operation to enable statutory duties to be complied with and all reasonable steps should be taken to inform other employers of risk arising out of the work activities.
- Ensure that due consideration is taken of addressing occupational health and safety matters when prioritising investment decisions.
- The provision to any person they employ on a fixed term contract, bank or through an agency, information on risks and safe working practices required.

#### **4.7 Clinical Development Managers, Operational Managers, Clinical Services Managers, Heads of Department, Clinical Nurse Managers**

General and Senior Managers will delegate to Clinical Service Managers/ Clinical Development Managers, Clinical Nurse Managers, Operational Managers and Heads of Department the responsibility to implement this policy and supporting policies at operational level.

#### **4.8. Charge Nurses/Supervisors/Team Leaders**

Charge Nurses, Supervisors and Team Leaders will have responsibility to implement all the duties described in 4.6 of this policy at local level. They must ensure a local OH&S Policy exists which describes all the OH&S arrangements that are in place to safeguard people from harm. Further duties may be allocated to them within the Departmental Policy as delegated by Clinical Service Managers, Clinical Development Managers and Departmental Heads.

They have a clear operational duty to ensure the safety of staff, patients and visitors within their sphere of responsibility.

#### **4.9 Risk Assessors**

Under the NHS Borders occupational health and safety arrangements within this Policy, Managers may appoint General Risk Assessors and specific Risk Assessors i.e. COSHH Assessors. The duties of these Assessors will be included within the relevant policy and procedures issued.

#### **4.10 Individual Employees**

Quite apart from any specific responsibilities, which may be delegated to them, all employees must: -

- Familiarise themselves with and conform to NHS Borders Occupational Health and Safety Policy and Procedures;
- Take reasonable care for their own health and safety and for others who may be affected by their acts and omissions;
- Not intentionally misuse or interfere with anything provided for occupational health and safety reasons;
- Use all machinery, equipment, dangerous substances, transport equipment or safety devices in accordance with any relevant training and instructions;
- Wear appropriate protective equipment as required by specific policies and procedures;
- Make themselves familiar with the Fire Policy and local procedures;

- Report all adverse events, near misses and damage, whether persons are injured or not, using the electronic adverse event reporting system or to their supervisor or manager. Reporting should be completed within 24 hours of the event. In exceptional circumstances staff related adverse events can be reported up to 4 weeks after the event. It is staff's responsibility to ensure events are reported;
- Report any defect in plant or equipment, or shortcomings in the existing safety arrangements to their supervisors or manager without delay;
- Not to undertake any task for which authorisation and training has not been given;
- Attend health and safety training when requested to do so;
- Co-operate with NHS Borders as an employer to enable any statutory duty or requirement to be met.

#### **4.11 Work and Wellbeing Service and Risk & Safety Team**

The combined services will:

- Develop and prepare NHS Borders occupational health and safety policies and procedures on behalf of the Chief Executive to aid compliance with current legislation;
- Provide advice to all levels of staff regarding matters of occupational health and safety. Offering practical support and guidance to ensure the continuing health of employees and other who may be affected by NHS Borders activities;
- Provide health surveillance legally required or identified as part of the risk management process;
- Oversee the Adverse Event Reporting System, producing statistical information;
- Comply with NHSIS Occupational Health and Safety Strategy;
- Contribute towards identifying NHS Borders training strategies and delivering relevant occupational health and safety training;
- Provide a forum for Union and Professional Health and Safety Representatives that will act as the Health and Safety Committee;
- Provide a forum for consultation purposes through which staff may be involved in producing and implementing occupational health and safety policies and procedures;
- Manage the staff immunisation programme, liaising with the Infection Control Team;
- Promote a healthy lifestyle amongst staff, offering advice, screening and counselling;
- Meet the requirements of Reporting of Injuries Diseases and Dangerous Occurrences Regulations and liaise with relevant officials i.e. Health and Safety Executive, Environmental Officers.

## **4.12 Specialist Advisers**

Particular NHS Borders undertakings require specialist risk management knowledge; NHS Borders will appoint these Specialist Advisers as required.

- Radiation Protection Adviser
- Prevention and Management of Aggression and Violence Advisers
- Moving and Handling Advisers
- Infection Control Nurses
- Fire Safety Adviser
- Infection Control Doctor (Consultant Microbiologist)
- Authorised Engineer- Water Management

## **5. GOVERNANCE & RISK MANAGEMENT STRUCTURES**

The organisational system for governance and monitoring is attached at **Appendix 3**

### **5.1 Risk Management Strategy**

The strategic direction for risk management will be described in the Risk Management Strategy and supporting Risk Management Policy. These documents will outline the risk management framework which will include the arrangements for managing OH&S risks.

### **5.2 Clinical Executive Operational Group**

The Clinical Executive Operational Group has responsibility for the implementation of this policy as described in section 4.5.1

### **5.3 Occupational Health and Safety Forum**

The Forum has comprehensive membership from all disciplines within NHS Borders and has Union and Professional Safety Representatives. The Forum will operate as the Health and Safety Committee to facilitate working in partnership with Safety Representatives, meeting all necessary legal requirements.

The forum will provide assistance in the development of occupational health and health and safety services, designed to meet the Board's requirements in relation to current legislation, the NHSS Human Resource and OH&S Strategies and Risk Management Strategy and Policy.

To provide support and advice on staff governance standard 5, specifically reviewing staff survey results, assisting clinical boards in developing action plans and monitoring outcomes.

A full remit is within the supporting OH&S Protocol.

## **6. OPERATIONAL ARRANGEMENTS**

These arrangements state how NHS Borders will meet its occupational health and safety obligations. NHS Borders has adopted the principles within BS ISO 45001 Occupational Health and Safety Management Systems as the basis of its OH&S management system. This will be further

supplemented by the use of the Plan Do Check Act improvement cycle to resolve any OH&S weaknesses.

An Occupational Health and Safety electronic Manual is provided for all personnel to access Health Board arrangements. This is available on the organisations Intranet page with its own site plus within the Risk, Health and Safety Team web site.

## **6.1 Departmental Policies & Arrangements**

Each Department must have a local Policy that clearly shows the local organisation structure of personnel with health and safety duties. Clear lines of communication must be shown to enable staff to report hazards and risks to the relevant person. Local arrangements required by this Policy and other associated Policies must be made clear.

A format for this Departmental Policy is contained within the OH & S Manual on the intranet

## **6.2 General Risk Assessment – Departmental Risk Register**

The Management of Health and Safety at Work Regulations 1992 (amended 1999) requires a general risk assessment of the Health Board undertakings. The identification of hazards and the risks arising from the hazards is an essential part of the risk assessment process. Once identified, hazards should be eliminated as far as practicable. Any hazards that cannot be removed within 2 weeks of being identified must be formally risk assessed using the current electronic process.

General Risk Assessors will be appointed locally to carry out these risk assessments and enter onto the electronic recording system (Risk Register). The written risk assessment will require the identification of the hazard, risks arising, who is affected, the adequacy of control measures already in place, identification of further controls required, level of risk and suggested further actions. The Risk Assessors will discuss findings with the responsible Line Manager (risk owner) who will agree the risks assessment findings and devise an appropriate action plan. Once satisfied the risk assessment is relevant and accurate (suitable and sufficient) and has adequate controls and remedial actions the line manager (risk owner) must seek approval from their line manager, once approved the risk is entered onto the departmental risk register. It is the responsibility of risk owners, Operational Managers and General Managers to take forward the action plans and to minimise risk in their areas. If these risks cannot be reduced to an acceptable level the Managers must raise this with their Clinical Boards management teams or Directors as appropriate. This process is described within risk register guidance available on the intranet website.

Risk assessments that have been completed and are agreed to be included on the risk register will be reviewed 1 year after completion and re-assessed on a 2-year cycle. If a change in personnel, environment or equipment presents new or increased risks then a new assessment must be undertaken.

All risks must be entered onto the NHS Borders Risk Register, allocated to the Dept/ward risk register as appropriate.

Risk assessments must be considered by managers when developing safe systems of work. Guidance on the health and safety risk assessment process and on using the electronic risk assessment form and risk register is available on the intranet.

Escalating occupational health and safety risks follow the same communication process as all risks and are described within the Risk Management Policy. **See appendix 4**

These assessments will inform the clinical board/directorate OH&S Improvement action plans (**see Appendix 6**)

### 6.3 Induction & Training

There is a legal requirement to ensure that all new staff will receive local health and safety induction specific to their duties/environments. The NHS Induction Policy sets out the principles of the corporate induction programme for each new employee. For local health and safety induction the responsibility lies with the departmental managers to ensure that new employees receive this training prior to taking up working duties. All induction training records must be kept for evidence in local personnel files or when applicable KSF.

The NHS is committed to an education programme to raise awareness in occupational health and safety matters. Specific training will be available to personnel with duties and responsibilities highlighted within all occupational health and safety policies. This programme is considered as statutory training and attendance will be mandatory. It is the duty of the departmental managers to ensure attendance as appropriate and to record this locally. All areas must have safe working practices supported by appropriate training. The NHS Borders Statutory/Mandatory Training Policy outlines the commitment to occupational health and safety training and contains the processes for manager/staff to follow.

A training needs analysis for individual staff is required to be undertaken annually by each local manager and fed into the Clinical Board/Directorate training needs plan. Local managers must ensure that training needs are based on identified local risks and safe systems of work. Training is one component of keeping staff/others safe.

A comprehensive training programme will be available to ensure that staff are well prepared and skilled so as not to endanger themselves or others. Managers will be equipped to participate in leadership of occupational health and safety and undertake their responsibilities

### 6.4 Consultation Systems

NHS Borders encourages staff to participate in risk management systems (including OH&S risk) and provides forums for staff and staff representatives to communicate concerns and to identify risks encountered. These will include:

- Departmental Meeting with Occupational Health and Safety as standing item on agenda **OR** a Departmental /Directorate Health and Safety Committee;
- NHS Borders Partnership Forum – Local and Area wide;
- Occupational Health and Safety Forum (Health and Safety Committee);
- All policies are published on the staff intranet for 4 week consultation during the review process. The OH&S Forum approves all OH&S Policies as delegated by the Clinical executive Operational Group.

All members of staff encountering hazards should make the situation safe and/or communicate the risks arising to Supervisors and Line Managers.

### 6.5 First Aid

Arrangements for local first aid will be detailed in the Departmental Policies. First aid treatment will be available for all staff, this may be provided by suitable clinically qualified staff or by trained First Aiders. First aid equipment will be supplied by the Department and will be clearly marked and

available at all times. The Occupational Health and Safety Service deliver the training required to gain the First Aid at Work qualifications.

## **6.6 Adverse Event Management Policy**

The primary objective of the OH&S Policy is to prevent harm through the provision of a safe, controlled environment together with working practices and policies that take into account risks. The Adverse Event Management Policy recognises that adverse events may/do happen, this policy:

- ensures all events are reported, reviewed and lessons learned to ensure effective risk management in accordance with legal and national standards. Maximise safety to patients, family, carers, staff, and members of the public.

## **7. MONITORING**

Monitoring the effectiveness of control mechanisms and systems is essential to ensure that risk is indeed being minimised to an acceptable level.

Monitoring tools will include:

- Adverse event statistics are available through the electronic reporting system to all managers and Clinical Boards.
- Occupational health and safety will be included as part of performance review of clinical boards.
- The appraisal system will include occupational health and safety as part of CPD and PDP.
- Environmental monitoring will be carried out as identified in COSHH Assessments.
- Health Surveillance statistics will be provided annually for Departmental Managers and OH&S Forum.
- Departmental Managers will review risk assessments annually specifically checking the effectiveness of control mechanisms.
- Estates will collect and analysis data on equipment failures, environmental and transport events.
- All line managers will submit an OH&S self assessment return depicting to what standard their area is performing in OH&S policy implementation.
- Feed back on OH&S performance will be given to Directors and Clinical Boards on via performance reviews, the clinical executive-operational group, OH&S Forum and to individual managers as appropriate.
- Appropriate annual reports will be submitted to the Health Board

### **7.1 Annual Self Assessment**

Each Line Manager will submit a self assessment return to the Risk and Safety Team on occupational health and safety performance. The Risk and Safety Team will feedback the results of these to each Clinical Board/Directorate plus submit an occupational health and safety management report to the Clinical Executive – Operational Group for agreement on actions prior to submitting final report to OH&S Forum. Each specialist adviser will feed back on the results from

their area to relevant managers/directors and relevant committees/groups including the OH&S Forum.

## **8. OCCUPATIONAL HEALTH AND SAFETY AUDITING**

Each specialist team/department will audit health and safety arrangements within specific areas on a cyclical basis. An Audit and Inspection Protocol is developed in agreement with the OH&S Forum. All results of audits and inspections will be reported back to the OH&S Forum and Clinical Executive –Operational Group.

Audit and Inspection Protocol is available within the OH&S Manual on the intranet.

## **9. ISSUE AND REVIEW**

A copy of this Policy will be brought to the attention of all members of staff via induction and departmental meetings. It shall be reviewed by the NHS Borders Board on a 3 year cycle, added to, or modified and supplemented by further arrangements, as these are required.

Proposed



## LEGISLATIVE FRAMEWORK

All employers have duties under health & safety legislation. The key legislation of relevance in the healthcare environment is tabled below. More detail and further information is available from the HSE website at [www.hse.gov.uk](http://www.hse.gov.uk)

Statute	Year	Subject	Guidance
<a href="#">Employment of Women, Young Persons, and Children Act 1920 (c. 65)</a>	1920	<a href="#">Workers</a>	No specific guidance available
<a href="#">Health and Safety at Work etc Act 1974 (c. 37)</a>	1974	<a href="#">Businesses</a>	No specific guidance available
<a href="#">Health and Safety (Offences) Act 2008 (c.20)</a>	2008	<a href="#">Enforcement</a>	No specific guidance available
Name of Regulation	Year	Subject	Regulation Status: Substantive or Administrative?
<a href="#">Classification , Labelling and Packaging of substances and mixtures (EC No 1272/2008)</a>	2009	<a href="#">CLP</a>	Substantive
<a href="#">Confined Spaces Regulations 1997 (S.I. 1997/1713)</a>	1997	<a href="#">Confined spaces</a>	Substantive
<a href="#">Construction (Design and Management) Regulations 2015 (S.I. 2015/51)</a>	2015	<a href="#">Construction</a>	Substantive
<a href="#">Control of Asbestos Regulations 2012 (S.I. 2012/632)</a>	2012	<a href="#">Asbestos</a>	Substantive
<a href="#">Control of Lead at Work Regulations 2002 (S.I. 2002/2676)</a>	2002	<a href="#">Lead</a>	Substantive
<a href="#">Control of Major Accident Hazards Regulations 1999 (S.I. 1999/743)</a>	1999	<a href="#">COMAH</a>	Substantive
<a href="#">Control of Noise at Work Regulations 2005 (S.I. 2005/1643)</a>	2005	<a href="#">Noise</a>	Substantive
<a href="#">Control of Substances Hazardous to Health Regulations 2002 (S.I. 2002/2677)</a>	2002	<a href="#">COSHH</a>	Substantive
<a href="#">Control of Vibration at Work Regulations 2005 (S.I. 2005/1093)</a>	2005	<a href="#">Vibration</a>	Substantive
<a href="#">Electricity at Work Regulations 1989 (S.I. 1989/635)</a>	1989	<a href="#">Electrical safety</a>	Substantive
<a href="#">Health and Safety (Consultation with Employees) Regulations 1996 (S.I. 1996/1513)</a>	1996	<a href="#">Workers</a>	Substantive
<a href="#">Health and Safety (Display Screen Equipment) Regulations 1992 (S.I. 1992/2792)</a>	1992	<a href="#">Offices</a>	Substantive
<a href="#">Health and Safety (Fees) Regulations 2012 (S.I. 2012/1652)</a>	2012	<a href="#">Fee for Intervention</a>	Administrative
	1981	<a href="#">First aid</a>	Substantive

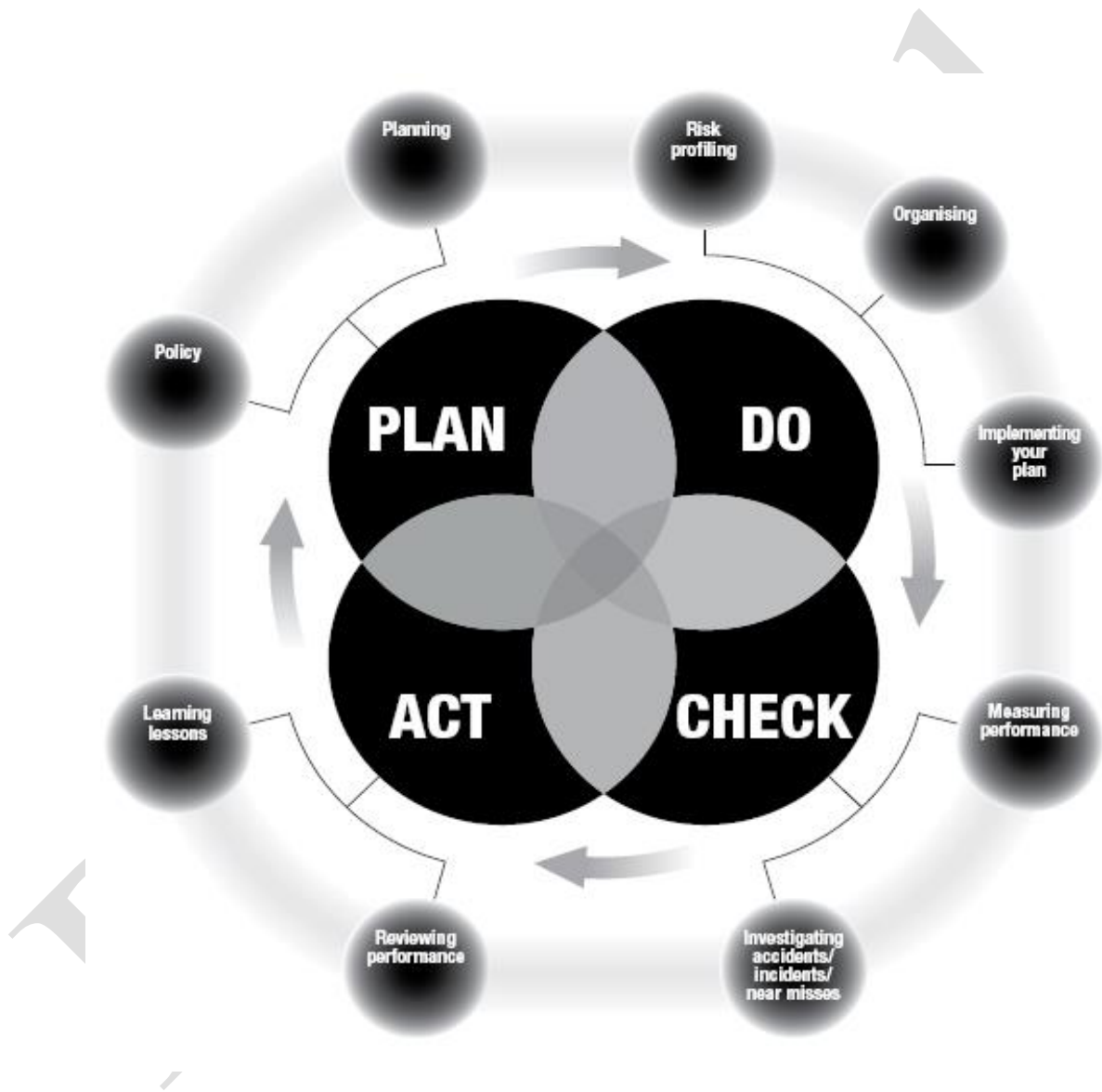
Statute	Year	Subject	Guidance
<a href="#">Health and Safety (First- Aid) Regulations 1981 (S.I. 1981/917)</a>			
<a href="#">Health and Safety (Safety Signs and Signals) Regulations 1996 (S.I. 1996/341)</a>	1996	<a href="#">Safety Signs</a>	Substantive
<a href="#">Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (S.I. 2013/645)</a>	2013	<a href="#">Sharps Injuries</a>	Substantive
<a href="#">Health and Safety Information for Employees Regulations 1989 (S.I. 1989/682)</a>	1989	<a href="#">Workers</a>	Substantive
<a href="#">Ionising Radiations Regulations 2017 (S.I. 2017/1075)</a>	2017	<a href="#">Radiation</a>	Substantive
<a href="#">Lifting Operations and Lifting Equipment Regulations 1998 (S.I. 1998/2307)</a>	1998	<a href="#">Work equipment</a>	Substantive
<a href="#">Management of Health and Safety at Work Regulations 1999 (S.I. 1999/3242)</a>	1999	<a href="#">Risk</a>	Substantive
<a href="#">Manual Handling Operations Regulations 1992 (S.I. 1992/2793)</a>	1992	<a href="#">Manual handling</a>	Substantive
<a href="#">Provision and Use of Work Equipment Regulations 1998 (S.I. 1998/2306)</a>	1998	<a href="#">Work equipment</a>	Substantive
<a href="#">Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (S.I. 2013/1471)</a>	2013	<a href="#">RIDDOR</a>	Substantive
<a href="#">Safety Representatives and Safety Committees Regulations 1977 (S.I. 1977/500)</a>	1977	<a href="#">Safety representatives</a>	Substantive
<a href="#">Work at Height Regulations 2005 (S.I. 2005/735)</a>	2005	<a href="#">Falls from height</a>	Substantive
<a href="#">Workplace (Health, Safety and Welfare) Regulations 1992 (S.I. 1992/3004)</a>	1992	<a href="#">See HSE home page</a>	Substantive

## KEY CONTACTS

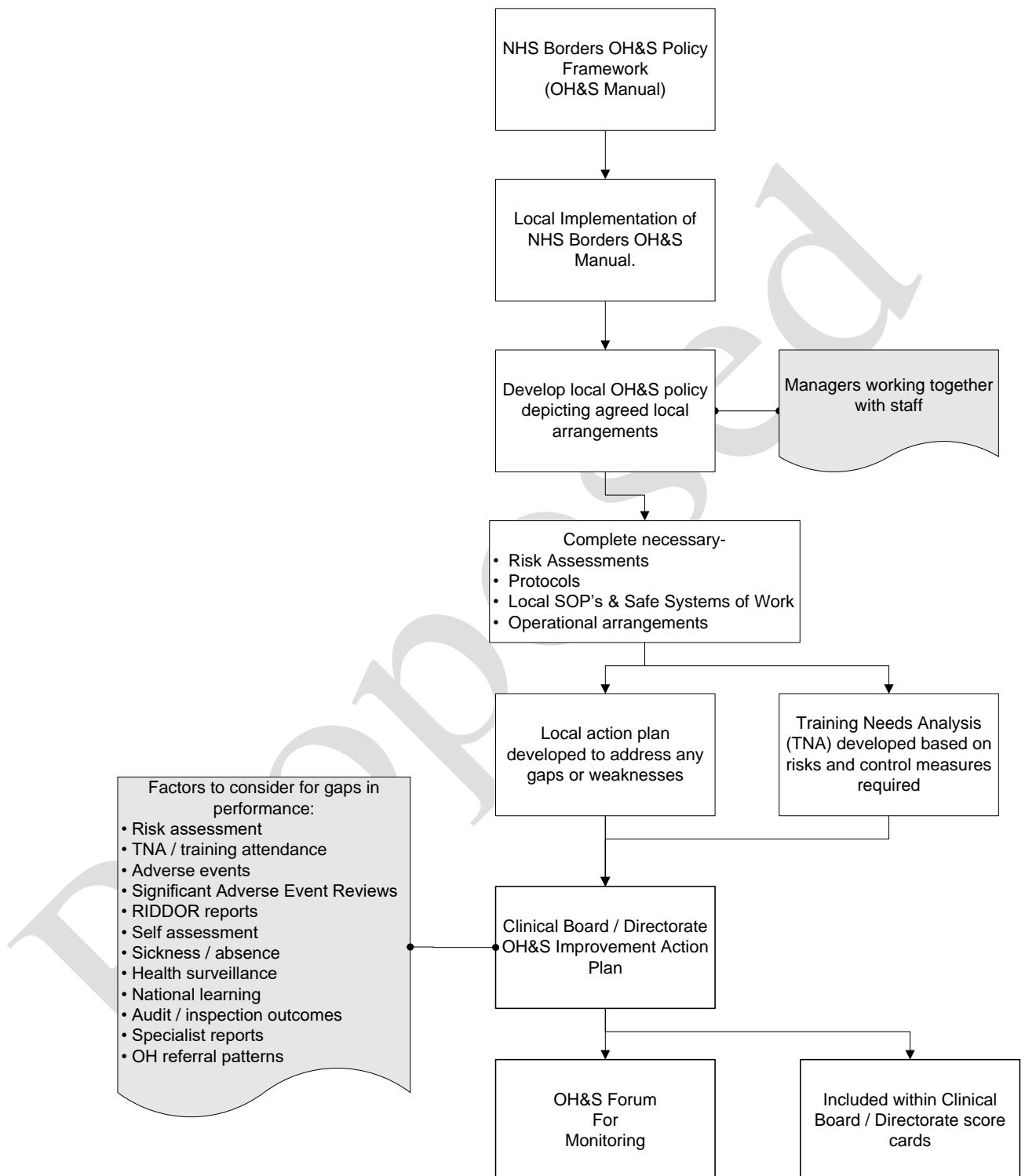
Clinical Governance & Quality	01896 826719	<a href="mailto:ClinicalGovernanceSupportTeam@borders.scot.nhs.uk">ClinicalGovernanceSupportTeam@borders.scot.nhs.uk</a>
Occupational Health Service	01896 825982	<a href="mailto:OHSAdmin@borders.scot.nhs.uk">OHSAdmin@borders.scot.nhs.uk</a>
Risk Health & Safety	01896 828250	<a href="mailto:Riskhealth&amp;safetyteam@borders.scot.nhs.uk">Riskhealth&amp;safetyteam@borders.scot.nhs.uk</a>

Proposed

Managing for Health and Safety HSG 65  
Plan Do Check Act Cycle



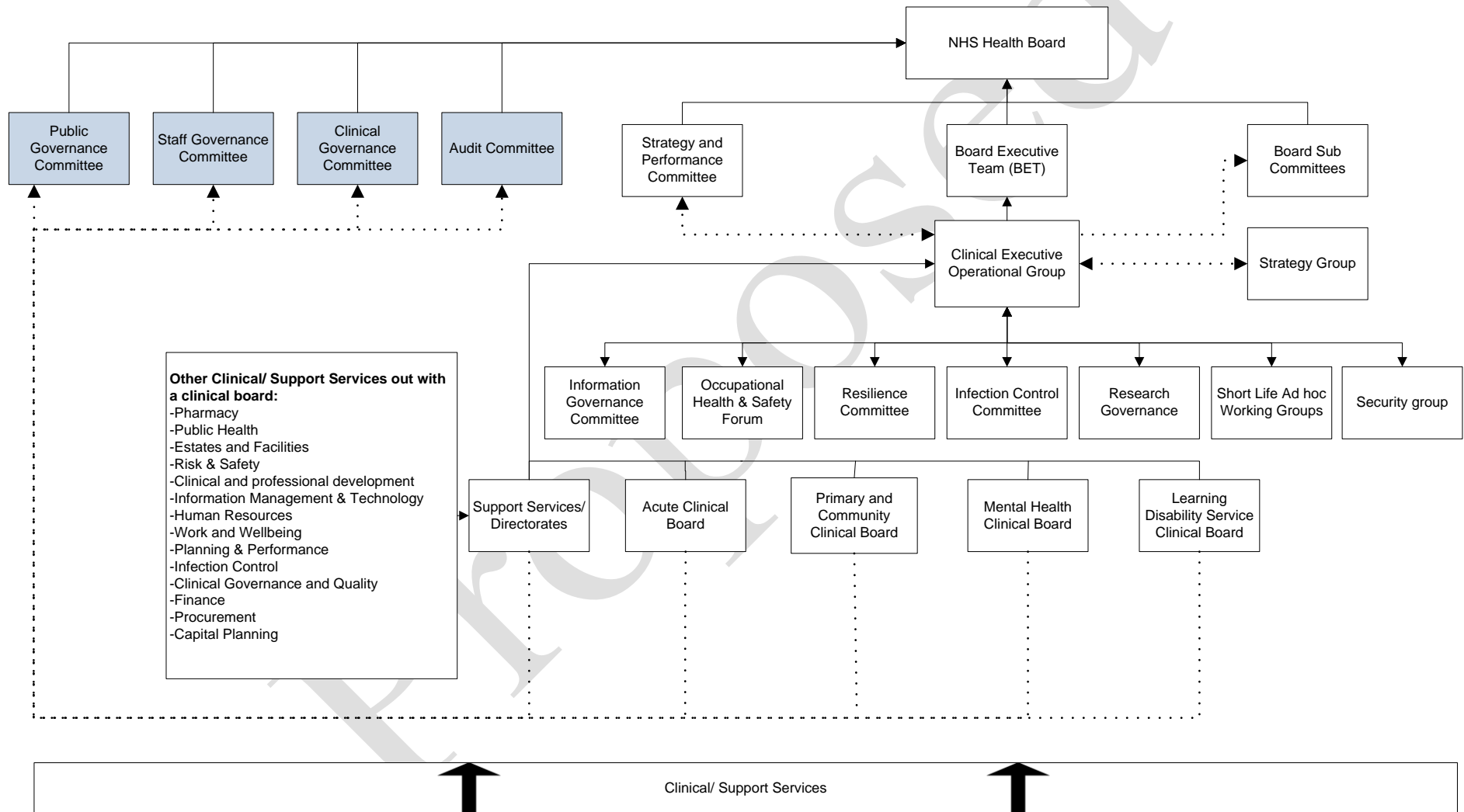
## Occupational Health & Safety (OH&S) NHS Borders Management Arrangements

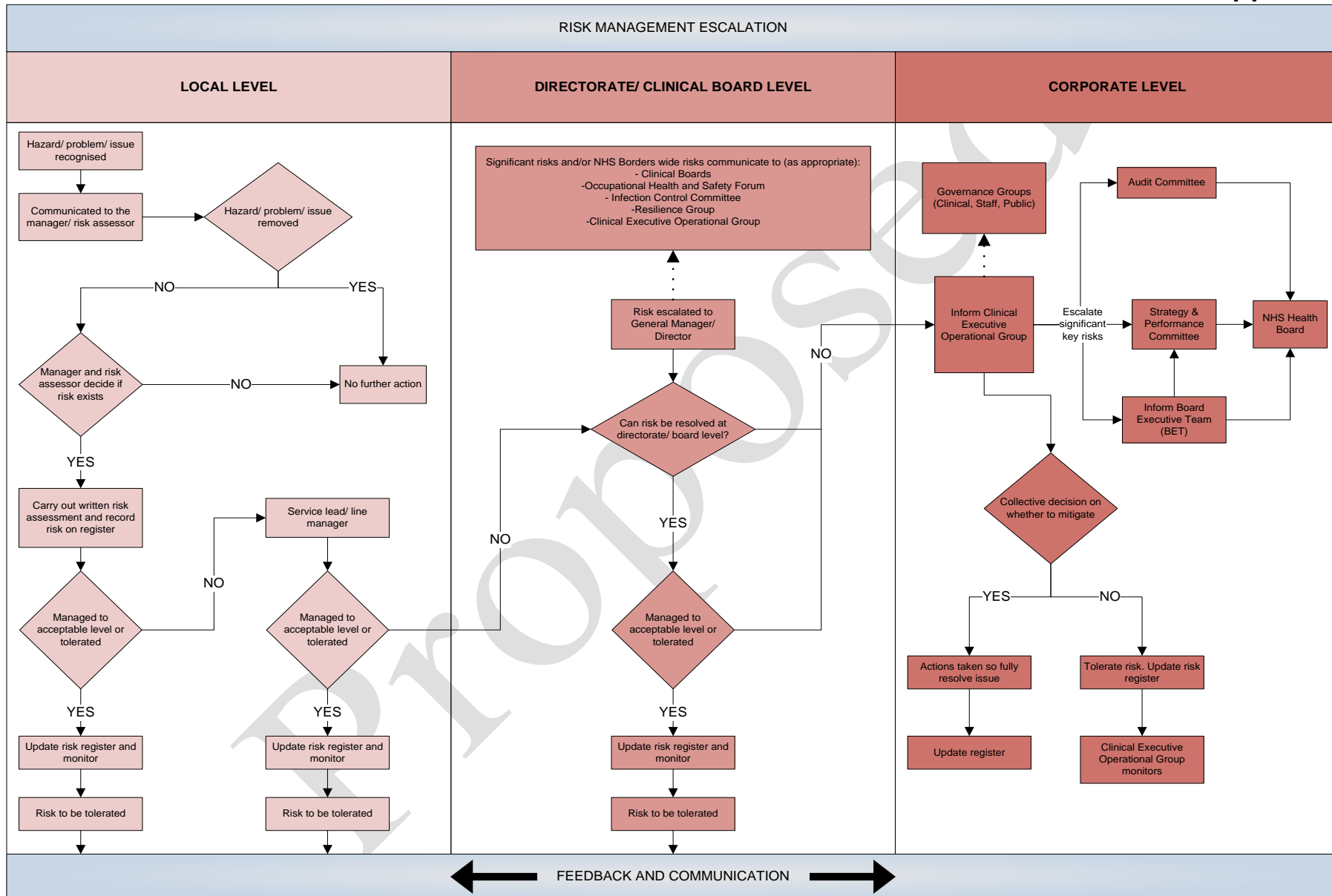


# Appendix 3

**NHS Borders Structure**  
 Depicting reporting lines for the purpose of board scrutiny and assurance and operational delivery


..... Scrutiny and assurance  
 ——— Operational accountability





## APPENDIX 5– HIERARCHY OF CONTROL SUMMARY

When controlling risks, apply the hierarchy below, begin by considering the most effective option, only consider the next option on the list if the more effective one can't be used.

	Principle	Example
<p><b>Most effective</b></p> 	<p>A Avoid risk eliminating the hazards</p> <p>(If the hazard is removed, all the other management controls, such as assessment, record keeping, training, auditing are no longer needed, with subsequent time/cost savings.)</p>	<ul style="list-style-type: none"> <li>o Remove trailing cables that are a tripping hazard.</li> <li>o Contain the hazard by enclosure <b>e.g.</b> Lock sharps bins once full.</li> </ul>
	<p>B Evaluate the risks which cannot be avoided</p>	<ul style="list-style-type: none"> <li>o Risk assessing your environment, equipment and activities will ensure all risks are identified and assessed.</li> </ul>
	<p>C Combat the risk at the hazard source, rather than just taking palliative measures</p> <p>(Palliative measures are those which alleviates a risk without tackling the under lying issue. E.g. putting up warning signs rather than tackling the risk itself. Installing signs warning pedestrians of vehicles rather than installing barriers to physically keep them separate)</p>	<ul style="list-style-type: none"> <li>o Remove the person from the hazard, make hazard inaccessible - restrict dangerous areas to authorised personnel only.</li> <li>o Patients falls – undertake a Cannard falls assessment, rather than just reminding the patient to ring when getting up.</li> <li>o Train staff in verbal de-escalation techniques to reduce likelihood of physical aggression.</li> </ul>
	<p>D Adapt the work to the individual, especially in regards the design of workplaces, the choice of work equipment, personal protective equipment and the choice of work methods.</p>	<ul style="list-style-type: none"> <li>o Provide height adjustable tables for work that requires a variety of staff to work while standing.</li> </ul>
	<p>E Install new technology, which often offers opportunities for improving working methods and making them safer.</p>	<ul style="list-style-type: none"> <li>o Introducing electric profiling beds to replace old manual beds.</li> </ul>
	<p>F Replace the dangerous with the non-dangerous or less dangerous.</p>	<ul style="list-style-type: none"> <li>o Replace old slippery flooring with new non-slip flooring.</li> </ul>
	<p>G Implement controls as part of a coherent safe system of work</p>	<ul style="list-style-type: none"> <li>o Written safe systems of work should be developed by managers/staff to reduce risks and control risks to a tolerated level. They must take into account the way work is organised, working conditions, environment and relevant healthcare needs.</li> </ul> <p><b>(Further guidance on developing safe systems of work available from Risk, Health &amp; Safety Team website)</b></p>
	<p>H Give priority to measures which protect everyone over individual protective measures</p>	<ul style="list-style-type: none"> <li>o Putting noisy equipment in an acoustic enclosure rather than issuing individual personal protective equipment.</li> </ul>
<p><b>Least effective</b></p>	<p>I Give appropriate instructions to staff</p>	<ul style="list-style-type: none"> <li>o Providing staff with safe systems of work, local induction, fire action plans, moving &amp; handling instruction, etc.</li> </ul>



# NHS BORDERS OCCUPATIONAL HEALTH AND SAFETY IMPROVEMENT ACTION PLAN

CLINICAL BOARD / DIRECTORATE: .....

GENERAL MANAGER / HEAD OF SERVICE PLAN LEAD:.....

**Aim:**

The overall aim of this plan is to .....

**Key Priorities:**

Our Key priorities are:

- .....
- .....
- .....

<b>Document Type</b>	Action Plan
<b>Version No</b>	To be entered
<b>Original issue Date</b>	
<b>Submission Date</b>	
<b>Next Review Date</b>	Quarterly:  <b>2018/19</b> (Q1 – Apr to June) (Q2 – Jul to Sept) (Q3 – Oct to Dec) (Q4 – Jan to Mar)

<b>Distribution</b>	e.g. Mental Health Services (incl. Local Partnership Forum)
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#### **QTR 4 ASSURANCE STATEMENT**

Section must be completed at the end of Quarter 4 and included in submission to NHS Borders Occupational Health & Safety Forum. Please complete the relevant statement of assurance, which must be signed by Clinical Board Governance Lead or Director of Service.

The final decision on the level of assurance must be made by the Clinical Board/Directorate Committee members before submitting to the NHS Borders Occupational Health and Safety Forum for discussion and noting.

*(Complete one statement only)*

<p><b>COMPLIANT</b></p> <p>The Clinical Board/Directorate named on page 1 can provide sufficient evidence based assurance to NHS Borders Occupational Health &amp; Safety Forum and to the Health Board, of completion of all actions identified within this Action Plan.</p> <p>NHS Borders can take assurance that the actions identified in the plan achieve or will achieve the purpose that it was designed to deliver. There may be a low to medium amount of residual risk or none at all.</p> <p><i>Note: Boards/Directorates may be requested to provide evidence supporting assurance statements.</i></p>	<p><b>Clinical Board Governance Lead / Director of Service</b></p>
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**NON COMPLIANT**

The Clinical Board/Directorate named on page 1 can provide limited assurance as only some actions identified within the Action Plan have been completed.


A significant amount of risk remains which requires actions to be taken. Non compliance will be escalated to the Clinical Executive Operational Group and/or the Audit Committee.



**Please state which actions have not been completed, the reason why and what further action is to be taken.**

**Version Control:**

Version	Document Date	Document Type	Summary of Document	Owner
1.0				
2.0				
3.0				

**Total Number of Actions:****Number of Live Actions at Each RAG Status:**

	Q1	Q2	Q3	Q4
 Red Status – Target Not Met / Not Started				

 Amber Status – In Progress				
 Green Status – Target Achieved / Complete				
<b>TOTAL LIVE ACTIONS</b>				

## OH&S Action Plan Guidance

### Plan Submission

Plans must be submitted to the Occupational Health & Safety Forum each quarter. Submission dates can be found in a Word document accessible from the shared OH&S Forum drive: \\itsnas\OH&S Forum\Meetings\OH&S Action Plans\Year

### Quarter 4 submission – Assurance Statement

For the Quarter 4 submission the Clinical Board/Directorate Committee must review the success of implementing the action plan and agree the appropriate assurance statement for submission to the OH&S Forum. The Clinical Board Governance Lead/Director of Service shall then sign the agreed assurance statement. Please note evidence may be requested to support the statement of assurance.

All assurance statements **must** be submitted to the Occupational Health & Safety Forum for review, failure to submit an assurance statement will be assumed to indicate non-compliance and shall be notified to the Health Board.

### Completing Plans

A General Manager or Head of Service must be identified as the lead for the Action Plan. They are expected to provide overall leadership for the implementation of the plan, ensure it is reviewed each quarter and discussed at the Clinical Board or Directorate Safety Meetings.

Overall plan aim: shows the desired outcome from implementing the improvement actions in the plan. The three key priorities should reflect the main occupational health and safety areas that the plan seeks to improve. For example: identify teams with significant triggers for stress, improve usage of the lone worker system and increase staff awareness of fire evacuation plans.

Action plans should consist of a number of live actions that are currently in the process of being implemented and pending actions. The pending actions should be brought forward on completion of live actions.

When selecting actions it is important that they are **SMART**: *Specific, Measurable, Achievable, Realistic and Time bound*. Avoid setting generic actions such as: train all staff in X, as it is not realistic or achievable and to some extent difficult to measure as there is no time frame. Instead this goal should read as: train 5 staff per quarter in X.

Please see over the page for the content required in each column of the plan.







ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
<p>Enter details of the main issue to be addressed eg Local Occupational Health &amp; Safety policy</p>	<p>Enter details of each Improvement Action required</p>	<p>Who is the lead for this improvement action?</p>	<p>Enter details of actions currently being undertaken and those required to complete the improvement action</p>	<p>Enter the timescale by which this action will be completed</p>	<p>Enter details of the target / Key Performance Indicator this action relates to</p>	<p>Enter details of current performance against the action</p>	<p>Enter RAG status using definitions from template</p>

### Missed timescales







If the target date for an action is missed, it must not be simply changed on the plan. Instead the missed date must be left in the timescale column and the new target date added, this is to highlight to the OH&S Forum that an issue has been encountered.

In addition the RAG status must be updated, if the action has not been started then the RAG is Red, if the action is still in progress it would be Amber.

**OH&S ACTION PLAN – LIVE ACTIONS**







ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							
ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							

**OH&S ACTION PLAN – PENDING ACTIONS**

ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							
ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							

Proposed

**OH&S ACTION PLAN – COMPLETED ACTIONS**

ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							
ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET	CURRENT PERF.	RAG STATUS
							
							
							

Proposed