

# HS Shetland

<b>Meeting:</b>	<b>Board</b>
<b>Meeting date:</b>	<b>26 April 2022</b>
<b>Agenda Reference</b>	<b>Board Paper 2022/23/08</b>
<b>Title:</b>	<b>Health and Safety Policy</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lorraine Hall, Director Human Resources and Support Services</b>
<b>Report Author:</b>	<b>Lawrence Green, Health &amp; Safety Lead</b>

## 1 Purpose

**This is presented to the Committee for:**

Decision

**This report relates to:**

Local Policy

**This aligns to the following NHS Scotland quality ambition(s):**

Safe

## 2 Report summary

### 2.1 Situation

NHS Shetland has a number of safety related policies that are being reviewed to accurately reflect current working practices and any legal updates that may have taken place since the previous policy versions were approved and implemented. The Health and Safety Policy has been reviewed and updated by the Health & Safety Lead, agreed by the Health, Safety and Wellbeing Committee on the 08 December 2021 and is submitted to the Board for approval.

### 2.2 Background

Due to the increased pressures faced by the NHS in Shetland created by the pandemic situation over the past 2 years, many policies have understandably exceeded their review timescales. We are now in the process of undertaking a programme of systematically

reviewing safety related policies that fall under health and safety departmental ownership. This includes the overarching Health and Safety Policy.

## **2.3 Assessment**

Failure to maintain policy documents has the potential to blur areas of responsibility where roles and/or job titles change over time and so the policy may no longer reflect who has responsibility for safety critical arrangements and oversight. HSE inspectors could also be critical of any organisation that fails to properly maintain their policies and procedures and may result in Fee for Intervention charges being levied, depending upon the circumstances.

### **2.3.1 Quality/ Patient Care**

Patient care may not be directly affected by out of date policies, but there may be knock on effects where safety related information is compromised due to out dated policy arrangements, which may cause confusion or ambiguity.

### **2.3.2 Workforce**

Policies that have a direct bearing upon the corporate safety arrangements may adversely affect staff who may be relying upon out dated control measures or continuing to follow out dated regulations or guidance.

### **2.3.3 Financial**

Any organisation that fails to properly maintain their policies and procedures may be subject to HSE Fee for Intervention charges should out dated policies be discovered, especially following a serious adverse incident.

### **2.3.4 Risk Assessment/Management**

The updating of local safety related policies reduces the risks the NHS Shetland by ensuring that all staff are following up to date procedures and roles and responsibilities and clearly defined and allocated to the correct person/team within the organisation.

### **2.3.5 Equality and Diversity, including health inequalities**

Safety related policies are fully inclusive for all groups within the workforce.

This fully inclusive nature supports the public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes.

Full EQIA is not required because all safety related policies are fully inclusive in their approach and methodology. It does not require any identification or information regarding equality and diversity categorisation.

Health and safety related policies comply with the Health and Safety at Work etc. Act 1974. Therefore the impact for the update and introduction of safety related policies as

detailed within this report has been assessed as positive in relation to equality and diversity.

#### **2.3.6 Other impacts**

None identified.

#### **2.3.7 Communication, involvement, engagement and consultation**

All Health and Safety policies are promulgated on the NHS Shetland website to enable all staff to access the information as and when required. They are also subject to consultation and feedback via the Health, Safety & Wellbeing Committee.

#### **2.3.8 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Health, Safety & Wellbeing Committee - 08 December 2021

Area Partnership Forum- circulated via email January 2022

Staff Governance Committee- 24 February 2022

### **2.4 Recommendation**

2.5

Decision

It is recommended that the Board approves the updated Health and Safety Policy.

## **3 List of appendices**

The following appendices are included with this report:

- Health and Safety Policy

# Health and Safety Policy

<b>Approval date:</b>	
<b>Version number:</b>	<b>9.0</b>
<b>Author:</b>	<b>Lawrence Green</b>
<b>Review date:</b>	<b>December 2023</b>
<b>Security classification:</b>	<b>Official – Green: unclassified information</b>

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069.

Document reference number: HRPOL038

## NHS Shetland Document Development Coversheet\*

<b>Name of document</b>	Health and Safety Policy		
<b>Document reference number</b>	HRPOL038	<b>New or Review?</b>	<b>Review</b>
<b>Author</b>	Lawrence Green, Health and Safety Lead		
<b>Executive lead</b>	Lorraine Hall, Director of Human Resources and Support Services		
<b>Review date</b>	March 2024		
<b>Security classification</b>	Official – Green: unclassified information		

### Proposed groups to present document to:

Health and Safety Committee	Staff Governance Committee	NHS Shetland Board
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Date	Version	Group	Reason	Outcome
June 2013	4	Health and Safety Committee	PI/ C/S	MR/ PRO
August 2013	4	Staff Governance Committee	C/S	PRO
December 2013	4	Board	FA	A
June 2014	5	Health and Safety Committee	PI/ C/S	MR/ PRO
July 2014	5	SMT	FIO	PRO
August 2014	5	Staff Governance Committee	C/S	PRO
October 2014	5	Board	FA	A
January 2017	6	Health and Safety Committee	PI/ C/S	MR/ PRO
January 2017	6	EMT/ HMT/ CHSC	FIO	PRO
January 2017	6	APF	C/S	PRO
February 2017	7	Health and Safety Committee	C/S	PRO
February 2017	7	Staff Governance Committee	FA	A

June 2019	8	Health and Safety Committee	C/S	PRO
July 2019	8	Staff Governance Committee	C/S	PRO
August 2019	8	Board	FA	A/ INT
December 2021	9	Health and Safety Committee	C/S	PRO
January 2022	9	Area Partnership Forum	C/S	PRO
February 2022	9	Staff Governance Committee	C/S	PRO

Examples of <b>reasons</b> for presenting to the group	Examples of <b>outcomes</b> following meeting
<ul style="list-style-type: none"> <li>Professional input required re: content (PI)</li> </ul>	<ul style="list-style-type: none"> <li>Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
<ul style="list-style-type: none"> <li>Professional opinion on content (PO)</li> </ul>	<ul style="list-style-type: none"> <li>To amend content &amp; re-submit to group (AC&amp;R)</li> </ul>
<ul style="list-style-type: none"> <li>General comments/suggestions (C/S)</li> </ul>	<ul style="list-style-type: none"> <li>For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)</li> </ul>
<ul style="list-style-type: none"> <li>For information only (FIO)</li> </ul>	<ul style="list-style-type: none"> <li>Recommend proceeding to next stage (PRO)</li> </ul>
<ul style="list-style-type: none"> <li>For proofing/formatting (PF)</li> </ul>	<ul style="list-style-type: none"> <li>For upload to Intranet (INT)</li> </ul>
<ul style="list-style-type: none"> <li>Final Approval (FA)</li> </ul>	<ul style="list-style-type: none"> <li>Approved (A) or Not Approved, revisions required (NARR)</li> </ul>

**\*To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
July/August 2013	<ul style="list-style-type: none"> <li>• Paragraph re patient safety revised (Section 2)</li> <li>• Removal of reference to HWL Mental Health Commendation Award – now an integral part of HWL Award Scheme (Section 2)</li> <li>• Amendment to Section 7.4 to reflect the introduction of the Safety and Risk Support Tool</li> <li>• Inclusion of role of Infection Control „Link Nurses“ (Appendix C; 16)</li> <li>• Web addresses updated</li> <li>• Other minor amendments re job roles and policies, procedures, guidelines and other arrangements</li> </ul>
June/ July 2014	<ul style="list-style-type: none"> <li>• Terminology changed to reflect NHS Scotland national approach to learning from adverse events. Throughout the document the term ‘incident’ has been changed to ‘adverse event’ and ‘investigation’ to ‘review’</li> <li>• Reference to Incident Reporting, Investigation and Management Policy changed to updated Adverse Event (Identification, Reporting, Review and Learning) Policy</li> <li>• Information on Scottish Patient Safety Programme (SPSP) updated to reflect reworded aim and the extension of the programme from an initial focus on acute hospitals to include safety improvement programmes for maternity and children, mental health and primary care (Section 2)</li> <li>• Web addresses updated</li> <li>• Other minor amendments re job roles and policies, procedures, guidelines and other arrangements</li> </ul>
January 2017	<ul style="list-style-type: none"> <li>• Complete review of Policy</li> <li>• Comments around should the policy focus on health and wellbeing – agreed not to incorporate as part of policy</li> </ul>
February 2017 Version 7	<ul style="list-style-type: none"> <li>• Added in specific section on responsibility of key personnel –Chief Executive, Directors, Director of Nursing and Acute, Medical Director, Director of Community Health and Social care, Director of Finance</li> <li>• Added in Governance and Reporting structure i.e. Staff Governance Committee</li> </ul>
January 2019	<ul style="list-style-type: none"> <li>• Review of Policy to take account of Control Books.</li> <li>• Section regarding the Health and Wellbeing Group/Health Improvement Update</li> <li>• Policy statement updated by interim Chief Executive. Focus on bullying and harassment.</li> <li>• Health and safety training</li> </ul>
December 2021	<ul style="list-style-type: none"> <li>• Update Document Development Sheet</li> <li>• Replace all references to H&amp;S Manager with Health &amp; Safety Lead.</li> </ul>

- Replace all references to Health, Safety & Wellbeing Committee to Health, Safety & Wellbeing Committee
- 6.4 Replace Equipment Co-ordinators role with Incidents Reporting & Investigation Centre (IRIC), Incidents and Alerts Safety Officer role
- 6.5 Replace LearnPro with Turas.
- 7.3 Remove reference to “Joy in Work” initiative.
- 8.3 Risk Assessment. Add new sub-para detailing arrangements for Risk Assessment.
- 9 Change Health & Safety Team to Health & Safety Lead and Manual Handling Trainer
- 10 New para to detail adverse event reporting, including reference to Adverse Event Reporting Flow Chart
- 11 Update to include reference to Safety Communications Flow Chart
- Appendix A New Adverse Event Flow Chart
- Appendix B New Staff Safety Communication Flow Chart
- Combine “The Director of Nursing and Acute Services / The Director of Community Health and Social Care’s key responsibilities”
- Replace “The Director of Nursing and Acute Services” responsibilities with “The Nurse Director” responsibilities.



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## 1. Executive Summary

The Health and Safety Policy:

- Explains the Health and Safety legislative framework within which the policy has been developed.
- Makes explicit the organisation's commitment to health and safety.
- Highlights the importance of the relationship between health and safety and patient safety.
- Contains descriptions of responsibilities for health and safety within the organisation.
- Contains a summary of the practical arrangements in place to manage health and safety across the organisation.

## 2. Scope and Application

This Policy applies to **all** NHS Shetland employees, students, volunteers and contractors and all other people working at our premises regardless of status, grade, occupation, whether clinical or non-clinical.

## 3. Introduction and Legislative Framework

This policy is based on UK Health and Safety Legislation and:

- Demonstrates the Board's commitment to health and safety and sets out aims and objectives in relation to this;
- Identifies the individual health and safety roles and responsibilities and the communication channels within the organisation; and,
- Summarises the practical ways in which Health and Safety is managed and objectives met.

The Board is required to have a written health and safety policy in order to comply with the Health and Safety at Work etc. Act (HSWA) 1974. The act is the primary piece of health and safety legislation within the UK. It is an enabling act, often referred to as an "umbrella" act, which means that regulations can be introduced without the need for additional primary legislation.

This policy is written as a primary policy to allow existing and any new Health and Safety (H&S) regulations and any amendments to be implemented timely as procedures.

The HSWA 1974 states that employers must, so far as is reasonably practicable, provide:

- A safe place of work;
- A safe working environment and adequate welfare facilities;
- Safe equipment and systems of work;
- Safe arrangements for using, handling, storing and transporting articles and substances associated with work; and,
- Sufficient information, instruction, training and supervision for employees.

The act is supported by many other regulations and pieces of legislation, one of the most significant being the Management of Health and Safety at Work Regulations (MHSWR) 1999. A crucial element of these regulations is the requirement for employers to have in place systems to manage health and safety. The technique of risk assessment - used to identify hazards, evaluate risks, support planning and put effective control measures in place - underpins such systems.

Whilst the Health and Safety Policy and its implementation are kept under Bi-Annual review by the Health, Safety & Wellbeing Committee, this is a live document with legal force and as such all NHS Shetland 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.

#### **4. Context**

Safety is a principle dimension of quality. Both are underpinned by NHS Shetland's values. The policy underpins the Staff Governance Standard of being 'provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community' and "being appropriately trained and developed" and CEL 13 (2011) Safe and Well at Work: Occupational Health and Safety Strategic Framework for Scotland.

#### **5. Definitions**

For the purpose of this document the Board defines:

1. **Employee** – Any member of staff who holds a contract directly with the Board
2. **Worker** – Any person carrying out work on behalf of or for the Board who does not hold a contract of employment directly with the Board. This includes self-employed staff and those staff supplied and paid by contractors and agencies
3. **Volunteer** – Any person undertaking designated tasks on behalf of the Board and who is unpaid.

#### **6. Governance Assurance and Roles and Responsibilities**

The roles and responsibilities of the management structure are detailed below:

##### **6.1. NHS Shetland Board**

The Board's nominated executive lead for Health and Safety is the Director of Human Resources and Support Services. This post along with a nominated staff side lead act as co-chairs for the Health and Safety Committee. All Board members should have a clear understanding of the key health and safety issues affecting NHS Shetland, providing exemplary leadership and take every opportunity to maintain and develop the knowledge and skills.

Through its officers the Board are responsible for ensuring:

- That there is a written Health and Safety Policy which is regularly updated.
- Assessing health and safety risks to staff and others- to identify measures needed under health and safety law.
- Making arrangements for putting these measures into practice- including planning, organisation, control, monitoring and review. This also involves ensuring that departments have up to date business continuity plans in place.

- In conjunction with the Occupational Health Service, identify and provide health surveillance when a risk assessment identifies that a particular work activity may pose a risk to the health of employees or volunteers and where that risk cannot be eliminated.
- Identifying and appointing competent people who are trained to carry out specific health and safety tasks.
- Establishing the systems for communicating procedures to deal with serious and imminent danger.
- Giving staff understandable information.
- Giving staff adequate and appropriate training and instruction on health and safety issues
- Co-operating with other employers where premises are shared.
- Consulting with safety representatives.
- Developing and implementing appropriate organisational health and safety procedures and standards.

## **6.2. The Chief Executive**

The Chief Executive in line with the Scheme of Delegation, has overall accountability for ensuring that the organisational structure, arrangement and resources exist to implement this policy, its objectives, and associated plans to ensure that health, safety and welfare of staff employed by NHS Shetland and all persons (e.g. patients, visitors, contractors) liable to be affected by the activities of the NHS Shetland.

In practice the Chief Executive will discharge this responsibility by delegation to the Directors then through their line management structure.

The Chief Executive is responsible for:

- Demonstrating visible and active health and safety leadership.
- Ensuring robust and effective policies for Health and Safety Management.
- Ensuring effective systems are in place for reporting, learning and improvement.
- Delegation of roles and responsibilities to Executive Team Members.
- Monitoring the arrangement and performance for Health and Safety through reports from the Director of Human Resources and Support Services and the Health and Safety Committee.
- Allocating sufficient resources to meet the requirements of Health and Safety matters.
- Ensuring that all health and safety considerations are included in any Board contingency or Emergency Plans.
- Ensuring that all change management and service redesign leads identify, consider and manage the associated health and safety risk and engage appropriately with all stakeholders and experts in order to 'design out' hazards.
- Ensuring that the Directors engage and participate in the Board's Health and Safety requirements.

### 6.3. Executive Directors

The Executive Directors 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.

They are responsible for:

- Delegated responsibilities from the Chief Executive.
- Lead and champion health and safety in a positive manner
- Know and understand the aims of the Board's Health and Safety Policy and ensure that they are implemented in their areas.
- Ensure the appropriate level of resources (funding, personnel and time) and commitment are employed to achieve the above 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, staff side representatives and Health Safety throughout the process in order to 'design out' hazards.
- Attend training to help fulfil their responsibility when required to do so.
- Ensure that all adverse events and work induced ill health are monitored in their area of responsibility and initiate appropriate action to reduce occurrences where appropriate.
- Ensure that Health and Safety is on the agenda for all of their operational groups/committees and issues raised and passed onto the Health, Safety & Wellbeing Committee.
- Set out clear accountabilities concerning ownership of the relevant Health and Safety Control Book(s) and ensure their HoDs/Managers maintain and update their Health and Safety Control Book.
- Ensure HoDs/managers are competent to identify risk in their workplace and manage them effectively with support where necessary.
- Ensure that adverse events are reported and investigated and that data is reviewed regularly, trends identified, action taken to reduce occurrence and learning disseminate and shared widely.
- A role determining the level of review of adverse events.
- Ensuring compliance within their directorates with the adverse event policy and procedures.
- Engaging with patients, service users and families.
- Ensuring staff are supported and attend the training outlined in this policy.
- Ensuring actions are implemented and improvements made within their directorates.

**The Director of HR and Support Services** is the designated Executive Director with responsibility for Health and Safety and Risk Management and is responsible for:

- Leading Occupational Health and Safety development across NHS Shetland having regard to this policy and its associated objectives and plans.
- Championing and communicating the Boards Health and Safety Plan.
- Providing regular assurance to the Chief Executive and The Board on Health and Safety matters internally and externally to ensure NHS Shetland is aware of and prepared for new health and safety legislative development – this will be delegated to the Health and Safety Lead.

**The Nurse Director's** key responsibilities include:

- That appropriate advice is available on nursing matters.
- They fulfil the responsibilities detailed above for Directors.
- That arrangements are made for the implementation, monitoring and revision of all procedures and safe systems of work for their area and to ensure that the NHS Shetland Health and Safety Policies are complied with and implanted in their area.
- To ensure that Health and Safety forms part of the agenda for key operational and strategic meetings.
- To ensure that staff that attend the Health and Safety Committee are provided with the time and resources to fulfil their remit within that group.
- Set out clear accountabilities concerning ownership of the relevant Health and Safety Control Book(s).

**The Medical Director's** key responsibilities are to ensure:

- The availability and advice on medical matters by appointment of appropriate qualified staff.
- That arrangements for the dissemination of information and advice of a medical nature are in place.
- They fulfil the responsibility detailed above for Directors.
- That arrangements are made to ensure NHS Shetland complies with statutory regulations and codes of practice which particularly affect clinical staff.
- To ensure that health and safety forms part of the agenda for key operational and strategic meetings.
- Ensuring that staff within their line management remit attend relevant training as provided and engage with the Health and Safety agenda.

**The Director of Finance's** key responsibilities are to ensure:

- To ensure that advice is available to the Chief Executive/Director of Human Resources and Support Services in relation to the financial implication of identified and quantified health and safety requirements.
- To ensure that the procurement department, their purchasing procedures, contracts etc. take account of health and safety issues and any statute and NHS Shetland requirement in that respect.
- To ensure that health and safety forms part of the agenda for key operational and strategic meetings.

- To fulfil the responsibility detailed above for Directors.
- Set out clear accountabilities concerning ownership of the relevant Health and Safety Control Books.

**The Director of Nursing and Acute Services / The Director of Community Health and Social Care's key responsibilities are to ensure:**

- They implement the respective policies, objectives, procedures and plans of both NHS Shetland and Shetland Island Council as appropriate and bring these to the attention of all managers and staff.
- Ensure health and safety accountabilities and responsibilities are clearly allocated to appropriate managers under their control, including clear accountabilities concerning ownership of the relevant Health and Safety Control Books.
- To ensure that health and safety forms part of the agenda for agenda for key operational and strategic meetings.
- To ensure that staff that are on the Health and Safety Committee are provided with the time and resources to fulfil their remit within that group.

**6.4. The Health and Safety Lead**

The Board's Health and Safety (H&S) Lead is part of the Human Resources and Support Services Directorate, and is responsible for advising managers and staff about their legal obligations and for providing specialist advice and support to tackle problems relating to health, safety and welfare.

The Health and Safety Lead is required to have an advanced qualification in Health and Safety Management to ensure that the Board complies with Regulation 7 of the Management of Health and Safety at Work Regulations 1999, which require the employer to appoint a competent person to assist with the delivery of the organisation's health and safety agenda. The Health and Safety Lead is responsible for:

- The day to day management of health and safety, advising the Board on health and safety matters and for ensuring that the Board meets all health and safety legislative requirements.
- Formulating and developing health and safety policy.
- Undertaking the Incidents Reporting & Investigation Centre (IRIC,) Incidents and Alerts Safety Officer role and functions.
- Supporting NHS Shetland in ensuring that appropriate action is taken as a result of Health and Safety adverse event reporting.
- Advising and overseeing the management of adverse events relating to Health and Safety.
- Ensure any RIDDOR reportable adverse events are reported to the Health and Safety Executive (HSE) within the appropriate timeframe.
- Managing administrative support in delivering the functions of health and safety.

The Health & Safety Lead is responsible for supporting the delivery of the Board's health and safety policy and ensuring that health and safety is integral to all the Board's activities by:

- Producing up-to-date, clear, written policies, procedures and guidelines which set out the organisational structure, identify the groups and individuals.
- Responsible for health and safety and the arrangements for risk assessments to identify hazards, assess risks and preventing or controlling them.
- Supporting managers to maintain the H&S Control Book which is an integral part of the H&S management system.
- Managing safety notices, ensuring that safety notices, including patient safety notices are distributed appropriately throughout the organisation.

### **6.5. Heads of Department/ Service Managers/ Senior Charge Nurses/ Team Leaders**

Heads of Department, Service Managers and Senior Charge Nurses/ Team Leaders are responsible for the health and safety of all persons – including patients and visitors - who report to their designated work area. They are also responsible for making sure that:

- Ensuring that this policy is implemented and that staff with specific delegated responsibilities are fully aware of and discharge these responsibilities with the appropriate level of competence and authority.
- Ensuring that all employees have either read or been given a copy of this policy and made aware of local policies and procedures.
- Ensure that their staff attend Induction, Mandatory Refresher, Fire, Moving and Handling and all other health and safety training as required including the completion of Turas modules and that this is discussed and signed of at the annual appraisal/review.
- A proactive approach is taken to Health and Safety management. This involves ensuring that the H &S Control Book contains valid, up to date health and safety information and that an audit of the Control Book, using the audit pro-forma, is undertaken annually.
- Ensuring that the H&S Control book whether in electronic or paper format is accessible by all staff.
- Work activity risk assessments are carried out and the findings discussed with relevant employees and copies filed in the H&S Control Book.
- Identified major departmental risks are recorded and managed via Datix, the Board's electronic risk management system.
- Annual health and safety inspections are carried out within their department using the clinical areas or non-clinical areas H&S Inspection.
- Forms as appropriate. Where action is needed Managers are responsible for reviewing the progress of actions required and reporting the actions, progress and completion date to the H&S Team.
- When a reactive approach is necessary in response to an adverse event, the Event is reported and reviewed appropriately in accordance with the Learning from Adverse Events through Reporting and Review Policy. Learning from adverse events is shared and influences ongoing work practice to prevent recurrence and improve the safety of staff and patients.
- They provide, as far as is practical, a safe working environment and safe systems of work and support and implement policies, procedures and guidelines which underpin



such processes, ensuring that staff have enough information about the risks they face and the preventative measures to be taken.

- Overall within the department or ward there is the right level of expertise and staff are appropriately trained.
- Fire procedures are set up and maintained in their department in accordance with the Board's Fire Policy.
- Up-to-date business continuity plans have been developed and tested.
- They notify appropriate staff when changes to working practices take place, and update risk assessments to reflect such changes and adjust controls appropriately.
- Specialist advice is sought as necessary either from within or outside the organisation.
- There is an effective way of consulting and involving staff and Safety representatives at departmental or ward level.
- Safety notices when received are actioned appropriately.

## **6.6. All Staff and Volunteers**

All staff and volunteers are responsible for their own acts or omissions and the effect that these may have upon the safety of themselves or anyone else. Whilst NHS Shetland accepts the main responsibility for the implementation of the policy, individuals are legally obliged to co-operate to ensure a safe and healthy working environment. The normal reporting line for health and safety matters is through the line management structure.

Staff and volunteers are responsible for:

- Taking care of their own health and safety and the health and safety of all others who may be affected by their acts
- Making themselves familiar with and adhering to all organisational instructions and procedures designed to protect the health, safety and welfare of everyone affected by the organisation's services. This involves following safe working practices, using machinery and equipment as instructed, co-operating at all times on matters of health and safety and using personal protective equipment (PPE) issued by the Board appropriately
- Completing a Datix report on adverse events, including equipment failures, accidents, injuries, near misses) within 24 hours and informing their Head of Department or immediate line manager of the problem as soon as possible.
- Not deliberately or recklessly interfering with or misusing any equipment provided for the protection of health and safety
- Speaking up when they see practices which might endanger their own, colleagues and/or patient safety
- Knowing all emergency procedures including evacuation and fire precautions relating to their place of work
- Attending health and safety training courses and compulsory refresher courses provided by the organisation
- Taking part in risk assessments and identifying safe working practices

- Consulting the H&S Control Book on a regular basis to keep up to date with changes in H&S matters (The H&S Control book may be in electronic or paper format)
- Supporting and engaging with any Healthy Working Lives initiatives being promoted.

### **6.7. The Occupational Health Service**

Looks at the effect on health and health at work and is responsible for:

- Overall promotion of the physical and psychological health of all employees
- Pre-employment assessment of fitness to work
- Providing OH support and guidance for employees when their health is affecting their ability to fulfil their terms of employment
- Promoting the health and wellbeing – including dignity and respect – of employees in the workplace
- Health surveillance and assessment to detect early signs of work- related ill health among employees exposed to certain health risks and acting on the results
- Immunisation programmes for staff.

The full range of services provided are listed on the OH intranet pages accessed via the following link: <http://intranet/departments/oh/index.html> . The OH service is subject to a range of statutory restrictions that ensure patient confidentiality and protection of sensitive medical information.

### **6.8. The Health Improvement Team**

Health Improvement has a Shetland-wide responsibility for delivery of Healthy Working Lives. This is a national programme for promoting health in the workplace which provides:

- Help with writing health related policies
- Health related training
- Support in promoting health information and campaigns, and undertaking health needs assessments.

Supporting the Board and Directors to promote the health of NHS Shetland employees is a key part of this, through policy development (e.g. Drug & Alcohol policy), awareness raising and promotion of campaigns (e.g. physical activity through the Step Count Challenge) and health improvement related training (e.g. Mental Health for Managers).

### **6.9. Health and Safety Representatives**

The functions of trade union-appointed health and safety representatives are laid down in the Safety Representatives and Safety Committee Regulations (SR&SCR) 1977) and are as follows:

- To investigate possible dangers at work, the causes of accidents, complaints by employees on health and safety and welfare issues and to take these matters up with the employer.
- To carry out inspections of the workplace particularly following accidents, diseases or other events.

- To represent employees in discussions with health and safety inspectors and to receive information from those inspectors.
- To attend and participate in safety committees.

Arrangements for the provision of facilities and time off for accredited representatives of independent trade unions/professional organisations are detailed in the Board's Facilities Arrangements Policy.

## **7. Committees and Sub Groups**

### **7.1. Health, Safety and Wellbeing Committee**

The role of the Health, Safety and Wellbeing Committee is to support the Board in developing, promoting, monitoring and amending the organisation's health and safety management systems. The Committee's role is primarily to advise and review, identify areas where health and safety advice is needed as well as non-conformances in working conditions or practices. This is achieved through review of leading and lagging H&S indicators, such as adverse events, review of the audit of the departmental H&S Control Books, and discussion with managers, supervisors and staff.

The Health, Safety and Wellbeing Committee is chaired by the Director of Human Resources and Support Services. The Vice-chair is elected by the safety representatives and is, therefore, a nominated, accredited trade union representative. The Committee reports to the Staff Governance Committee (SGC) submitting committee minutes and, on behalf of the Health, Safety and Wellbeing Committee, the Health and Safety Lead contributes written quarterly updates on progress made in managing identified Health and Safety issues as well as preparing an Annual Report.

The Terms of Reference for the Health, Safety and Wellbeing Committee can be found on the Committee's intranet page.

### **7.2. Staff Governance Committee**

The Staff Governance Committee (SGC) is one of the established governance committees of NHS Shetland, its role is to assure NHS Shetland 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 for monitoring the performance of the health and safety related Staff Governance standards that are being "Appropriately Trained" and "Provided with an Improved and Safe Working Environment". In addition it is also to ensure that the joint consultation process and structure between managers, human resources, trade unions/staff side representation and staff work effectively through the Area Partnership Forum and the Joint Staff Forum. An update from the Health and Safety Lead will be a standing item on the Staff Governance Committee agenda.

### **7.3. Staff Wellbeing Sub-Group**

The Staff Wellbeing Sub-Group feeds into the Health, Safety and Wellbeing Committee and Area Partnership Forum. Its membership is made up from representatives from across the Board and is jointly chaired by the Director of Human Resources and Support Services and the Employee Director.

The group has the following remit:

- To provide support for the Board in achieving its key objectives for staff health & wellbeing as outlined in the Health, Safety & Wellbeing action plan and Health & Safety Policy.
- To provide support for Directorates and Committees to achieve quality standards expected by the Board relating to the staff governance agenda.
- To advocate for and drive forward changes to enable healthier working practices for NHS Shetland staff.
- To develop and act upon a rolling action plan for staff health and wellbeing in line with staff needs, NICE guidance 13 “Workplace Health: Management Practices” and Healthy Working Lives criteria.
- To embed a holistic approach which incorporates staff health, safety and wellbeing across the organisation.

The Group works with the Health, Safety and Wellbeing Committee, Area Partnership Forum and Staff Governance Committee to ensure projects/work streams are identified and staff / managers are supported to deliver change across the organisation.

## **8. Arrangements**

### **8.1. Policies, procedures and Guidelines**

A number of policies, procedures and guidelines have been developed to manage specific and significant risks and help provide a safe and healthy working environment. These documents detail the practical ways in which health and safety is managed across the Board. The approved H&S Policies / procedures and H&S Control Book are available on NHS Shetland intranet.

<http://www.shb.scot.nhs.uk/board/policies.asp> .

### **8.2. Departmental Risk Registers**

Each Clinical Manager/ Head of Department is responsible for developing and maintaining a register of significant departmental risks which are recorded on Datix.

### **8.3. Risk Assessment**

In accordance with “The Management of Health & Safety Regulation 1999”, NHS Shetland recognises Risk Assessment as a fundamental necessity of safety management within the organisation.

The ultimate responsibility for health and safety rests with the Chief Executive. However, Departmental Line Managers have been delegated to ensure risk assessments are completed, recorded, reviewed and communicated to all relevant staff in line with the Management of Health & Safety Regulations.

These managers have a suitable level of authority and budget control to allow them to make judgements regarding safety that impact upon their operational area based upon the principles of ‘reasonable practicability’.

To assist managers to fulfil their obligations; it is appropriate to include Supervisors / Team Leaders in the completion of risk assessments. These supervisory roles will also have a good insight into the day to day tasks of their staff. As such they can provide an invaluable contribution to ensuring “suitable and sufficient” risk assessments are produced for all tasks in consultation with the employees who may be affected by such assessments. Employees who

carry out the activity may have a different insight into specific hazards they face within a task, compared to managers as risk assessment is a subjective process. Therefore, having a range of roles involved is likely to produce a more accurate assessment of the hazards, associated risks and potential control measures.

Any departmental manager who is unable to implement proposed safety controls due to limitations upon their financial control or lack of appropriate authority, are to refer the risk assessment up the normal reporting 'chain of command'. This process will continue until the appropriate level of authority is achieved and a decision can be made with appropriate budgetary authority.

To facilitate the completion of assessments, the Board provides a range of generic risk assessments on key topics, which are available to control book owners. These generic assessment documents can act as a starting point for specific activities that may be common tasks, but due to variations to location or fixed equipment for example, may require a dynamic assessment in situ to identify further controls. The dynamic risk assessment process enhances the generic assessment information with live intelligence at the task location and should facilitate the completion of a task in a safe manner, based upon the latest information available.

Communication of all completed risk assessments to the staff that may be affected by them is vitally important. To this end, all managers must involve staff in the risk assessment process from start to finish and ensure the end results are communicated to all their staff. This may be done by a range of methods such as toolbox talks, discussion at team meetings, sign-off sheets etc.

## **9. Health and Safety Training**

The Management of Health and Safety at Work Regulations 1999 require the Board to ensure that employees are provided with adequate health and safety training.

The Board's health and safety arrangements are supported by a staff training programme that includes induction and compulsory refresher training alongside topic-based sessions such as Datix, as well as training generated from the H&S Control Book (i.e. Manual Handling, COSHH). On-the-job training at departmental level is also provided to ensure compliance with the law.

Additional management and specialist training opportunities are advertised in the organisation's quarterly Staff Development Bulletin and tailored sessions can also be offered for departments and individuals by the Health and Safety Lead and the Manual Handling Trainer.

## **10. Adverse Event (Accident) Reporting & Investigation**

NHS Shetland has an obligation to ensure that appropriate records are maintained of any injury, damage, incident or near miss, which is reported to a member of management.

NHS Shetland has a legal obligation to report to the Health and Safety Executive certain accidents, violent incidents, dangerous occurrences and diseases as soon as possible after they occur under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These accidents must be reported on Form F2508 or F2508A for occupational diseases, which should be completed by an appropriate manager. This form must be returned to the Health and Safety Executive usually within fifteen days. Fatalities and Specified Injuries must be reported to the HSE's Incident Contact Centre immediately by telephone (0845 300 9923 or 0345 300 9923).

NHS Shetland designates the Health & Safety Lead as the 'responsible person' to carry out this legal obligation on behalf of the Board.

Should an adverse event occur, the member of staff involved must complete a Datix report as soon as practicable. The appropriate manager will then investigate and identify any possible direct and/or indirect safety failures by reviewing all the facts including the relevant risk assessments. Consideration is to be given to implementing further control measures where reasonably practicable to do so, to prevent a re-occurrence of the incident. The Health & Safety Lead can be contacted to offer advice on possible control measures, if required. Also, where RIDDOR reporting is required or a view is needed on the potential need to report under RIDDOR, the Health & Safety Lead must be consulted. Managers must also be aware that adverse events that leads to a staff member being away from their place of work for over 7 days, is likely to need to be reported under RIDDOR, depending upon the specific circumstances.

Adverse events will be reviewed by the Health, Safety & Wellbeing Committee on a quarterly basis to consider trends, lessons learnt and provide a conduit for safety communications throughout the organisation in relation to safety matters.

Appendix A contains an "Adverse Event Reporting Flow Chart" to assist all staff to follow the correct procedure for the reporting of accidents.

## **11. Communication**

An effective mechanism for sharing Health and Safety information with employees, volunteers, patients, members of the public and other stakeholders is maintained by the Health and Safety Lead and the Health, Safety and Wellbeing Committee.

To this end, key functions of the Health and Safety Lead / Committee are:

- To ensure that Health and Safety information is accessible to all employees, volunteers, patients, members of the public and other stakeholders
- To inform employees, volunteers, patients and other stakeholders of measures being taken to reduce risk.
- To ensure that all employees and volunteers are well informed about and understand safety and risk management structures, systems and processes across the Board.
- To ensure that appropriate systems are in place to facilitate effective communication flow of risk management information into, within and out from the organisation.
- Ensure lessons learned from incidents and investigations, as well as nationally generated alerts, are shared with all relevant personnel.

Appendix B contains a "Staff Safety Communications Flow Chart" which details the routes safety communication will take around the organisation to ensure staff at all levels are able to give and receive feedback on safety issues and the management of health and safety within NHS Shetland.

## **12. Monitoring**

A systematic review of performance based on data from management H&S Inspections, internal audit of the H&S Control Books and from regular independent external audits of the H&S Management System is undertaken.

The Health and Safety Lead, Health and Safety Representatives and Management will carry out audits/checks. These checks will include but not be limited to H&S inspections.

- Health and Safety Control Books
- Managers Health and Safety Control Book Audits

Where an audit identifies departmental issues the Health, Safety and Wellbeing Committee will meet with management to clarify any points and offer advice and support.

A review of reported adverse events and instances of ill health which could cause harm or loss will be undertaken by the Health, Safety and Wellbeing Committee on a quarterly basis. If a serious Health and Safety adverse event occurs an emergency meeting of the Committee will be called.

Learning from all adverse events will be shared appropriately to improve care, services and working conditions. Further information can be found in the Board's Learning from Adverse Events through Reporting and Review Policy.

## **13. Equality and Diversity Impact Assessment (EDIA)**

The Health and Safety Policy complies with the Health and Safety at Work etc. Act 1974 therefore the impact of the Health and Safety Policy and supporting procedures, processes and documents has been assessed as positive in relation to equality and diversity.

## 14. Health and Safety Policy Statement



### Health and Safety Policy Statement

Shetland NHS Board is committed to providing safe, high quality, sustainable healthcare and health improvement services to the people of Shetland.

The Board recognises that it cannot provide these services unless it ensures, so far as is reasonably practicable, freedom from risks to the health, safety and welfare of staff and others affected by the work undertaken and/or the nature of the business. The prevention of injury and ill health together with the continual improvement in health and safety performance are primary objectives of the Board, including corporate culture and focus on bullying and harassment and are prioritised equally alongside other business and operating objectives.

The minimum acceptable standards of health and safety are those contained within Health and Safety Legislation. The Board's aim is to improve upon these standards.

The Board recognises that the overall responsibility for health and safety rests with The Chief Executive. However responsibility extends from the Chief Executive through the Director of Human Resources and Support Services to Senior Managers, Heads of Department and Front Line Supervisors.

Managers and Supervisors are directly accountable for the prevention of accidents, injuries and occupational illness, as well as damage to property, within their area of responsibility.

All staff within the Board are responsible for making safety at work a priority to protect themselves, their colleagues, patients, visitors and others and the interests of the Board.

Date: 11 December 2021

Signed

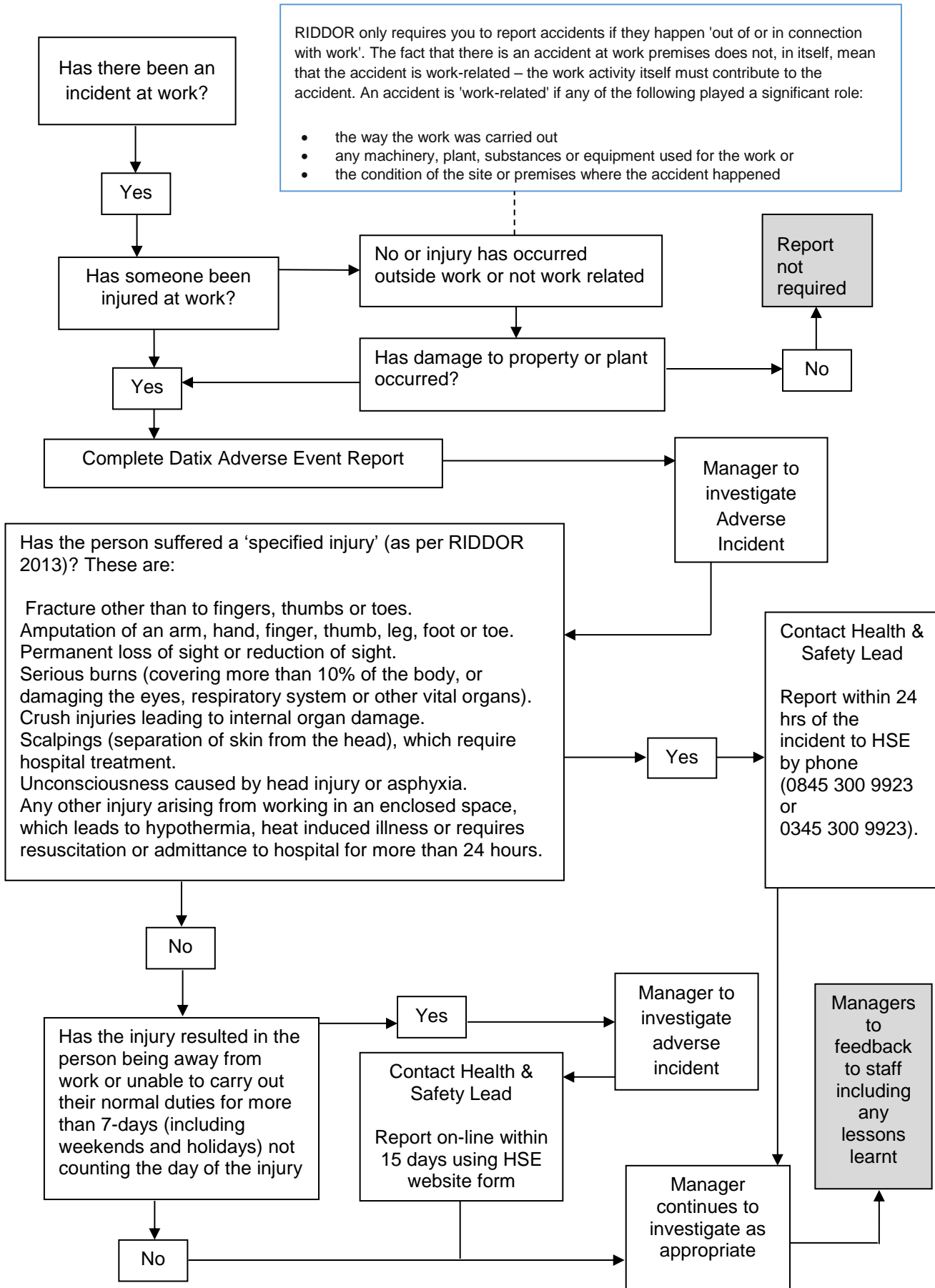
A handwritten signature in black ink, appearing to be 'M. Dickson', written over a horizontal line.

**Michael Dickson**

Chief Executive NHS Shetland



**ADVERSE EVENT - REPORTING FLOW CHART**



Staff Safety Communication - Flow Chart

