

**Health & Safety**

**Organisational Arrangements Document (OAD)**

|  |  |
| --- | --- |
| **Service/Department:**  |  |
| **Service Manager/****Equivalent:**  |  |
| **Date:** |  |

1. **SCOPE**

This Document supports the overarching NHS Lothian Health and Safety Policy. The roles and responsibilities described in the NHS Health and Safety Policy are applicable within this document.

The Document is for use by Service Managers or Equivalent to assist them in ensuring that the NHS Lothian Health and Safety Management System (The Manual) is fully implemented within their areas of responsibility.

1. **ARRANGEMENTS**

**2.1 Policies**

NHS Lothian lays out its commitment and responsibilities for staff at all levels in the Health and Safety Policy. Managers are required to ensure this is effectively communicated and implemented within their areas of responsibility, making staff aware of their allocated responsibilities and general duties under this policy. The policy is supported by a range of other Health and Safety related policies which can be found on the [**Health and Safety Website**.](http://intranet.lothian.scot.nhs.uk/Directory/HealthAndSafety/Pages/default.aspx) The applicable policies for the ward/department area should also be clearly communicated and implemented.

*In Brief:* Service *Managers/Equivalent must ensure policies that are relevant to the risks that staff and others are exposed to: are understood by all and implemented.*

**2.2 Objectives Targets & Plans**

NHS Lothian plans its health and safety activities at all levels, setting objectives and targets to meet the objectives and planning activities to meet the targets. NHS Lothian has in place an Annual Health and Safety Plan detailing KPI’s (Risk Topics) that have to be met. The plan provides clear direction for the organisation. Each ward/department must comply with the requirements of the Plan. The Health and Safety Performance Management System (Health and Safety Quarterly Reports) assist with monitoring progress against the Annual Health and Safety Plan

*In Brief: Service Managers/Equivalent must ensure that all the requirements of the Annual Health and Safety Plan are met and the Health and Safety Quarterly Review Reports are completed.*

**1.4 Communication**

Communication on health and safety matters will be through the most appropriate medium for the issue concerned; these include ward department Team meetings, Safety Briefings, Charge Nurse Meetings, Tool Box talks and other forms such as the Team Brief and Connections. Formal and informal correspondence and other appropriate means can be used. On specific operational health and safety matters at Ward & Departmental level the responsibility for consultation, where it is required, rests with the Charge Nurse/ Clinical Nurse Managers or equivalent.

*In Brief: Service Managers/Equivalent must ensure that there are in place communication systems (team meetings. PDPR’s, Safety Huddles) that are effective in transmitting safety and health information in all directions and that they include staff at all levels within their Service.*

**1.5 Risk Assessment Process**

The risk assessment process will primarily be the responsibility of the Charge Nurse/Department Manager and will be completed as far as possible, in consultation with their staff and wherever possible staff side nominated partnership health and safety representatives, with the findings and risk controls effectively communicated.

Suitable information, instruction and training related to the significant findings are made available to staff and others involved/undertaking the task, activity, process or other risk criteria.

*In Brief: Service Managers/Equivalent must ensure that they clearly understand the risk profile for their Service and that those risks are effectively controlled.*

*Any risks that are not must be escalated in line with the appropriate escalation process.*

**1.6 Education/Awareness/Training**

Health and safety related education/awareness**/**training will, so far as possible, be planned and organised and related to the risks that staff will or potentially could be exposed to.

Responsibility for this risk based approach to health and safety education/awareness**/**training rests with the Service Manager and their teams.

*In Brief: Service Managers/Equivalent with their team(s) must ensure that staff within their area of responsibility attends training that is relevant to the risks that they are or could be expose to.*

**1.7 Emergency Preparedness and Response.**

NHS Lothian has developed, and will keep under review, plans and procedures to prepare for reasonably foreseeable emergency situations. These are currently detailed under separate procedures and guidance covering:

* First aid arrangements
* Fire precautions and emergency evacuation
* Major incidents

Any planning for other contingencies that do not threaten life, health or safety, and for business continuity planning, is not part of the Health and Safety Management System. These issues are dealt with under Estates, Finance and other relevant procedures.

**2. 0 Monitoring & Review**

**2.1 Active Monitoring**

Checking (monitoring) involves regular inspection and auditing to ensure that standards are being implemented and management controls are working. Arrangements are in place for undertaking health surveillance, stress management, staff surveys, safety tours & reviewing risk assessments.

Service Managers and their Teams are responsible for ensuring each workplace is inspected regularly as part of the quarterly review cycle and that the outcomes are recorded. Furthermore, they must ensure that an action plan is developed to prioritise and mitigate risk and that the necessary remedial actions are carried out within agreed prioritised timescales.

A programme of specific health and safety audits is maintained and carried out, by the Health and Safety department.

*In Brief: Service Managers/Equivalent must ensure through their management teams that the risk controls identified in the risk assessments are systematically monitored to check their effectiveness.*

*The frequency of control checking will based on the level of risk.*

**2.2 Adverse Event Reporting/Investigation**

The DATIX reporting system is accessible to all staff.

All adverse events must be investigated to an appropriate level in line with the requirements of the NHS Lothian Adverse Event Review Policy with a view to finding the root cause and incidental failures, to learn lessons and take improvement actions where appropriate. Line management and staff must be engaged in this process. Information will be analysed in order to develop meaningful statistics on performance and trends.

Statutory reports i.e. RIDDOR reports to relevant authorities will be submitted within the timeframe required under law.

**3.0** **Risk Profile**

NHS Lothian as an organisation has identified and agreed that there **12 key health and safety risks** that staff and vulnerable patients can be exposed to. These are listed below. -

1. Violence & Aggression
2. Slips, Trips & Falls
3. Traffic Management
4. Manual Handling
5. Clinical Sharps
6. COSHH (inc Skin Health Surveillance and RPE/FFP3 use)
7. Window Management (Preventing Vulnerable Patients for Falling for Windows/Balconies)
8. Adverse Event Investigation (inc RIDDOR reporting)
9. Hot Water Management (Preventing Vulnerable Patients being Scalded/Burned)
10. Environmental Ligature Point Management
11. Stress Management
12. Fire Safety Management-

*\*All of the above key risks may or may not be applicable to the Service. As part of the risk profile process each Service Manager with their Teams needs to review/identify what hazards and risks that their staff may/could be exposed to. Once identified the significant findings should be recorded on the NHSL General Risk Assessment Form. In the case of violence and aggression, manual handing and stress on the appropriate risk assessment form.*

**4. Health and Safety Organisational Chart and Reporting Framework**

*In Brief: In order to establish the risk profile for the Service, Service Managers/Equivalent must discuss with their management teams what are the* significant *safety and health risks that staff and others are exposed to. Specifically any of the 12 key risks that staff and others may be exposed to. Examples are as follows:*

* *Working with hazardous chemicals,*
* *Manual handling tasks,*
* *Dealing with and caring for patient who become violent and aggressive,*
* *Caring for vulnerable patient in relation to safe bathing temperatures,*
* *Patients who through their vulnerability/confusion could fall from a window and or balcony.*
* *Staff who may work alone.*

Use the framework below to show the reporting and governance arrangements

**NHS Lothian Health and Safety**

**Committee**

**NHSL SGC**

**The <insert> Health and Safety Committee?**

**Chairperson is the Site or Service Director or their Representative)**

**Charge Nurse/**

**Equivalent**

**Senior Management**

**Team**

**(Made aware of key risks and actions taken)**

**Service Manager or Equivalent (owner of the OAD and for managing the Quarterly HS Reports from their managers)**

**CNM or Equivalent (Implementation of Annual Health and Safety Plan and for pulling together the Quarterly HS Reports from their managers)**

**Charge Nurse/Equivalent (Implementation of the Annual Health and Safety Plan, Reviewing the health and safety arrangements and implementing the risk controls linked to the requirements of the Health and Safety Plan)**

**Charge Nurse/**

**Equivalent**

**Manager’s and staff work together on risk control.**

**\*Member of staff notifies their manager if risks are not controlled.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name** (print): |  |
| **Date:**  |  |