



Department of Health

ISP LIBRARY B044
Common Services Agency
NHS in Scotland
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NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
5th December 1997

Dear Colleague

HEALTH AND SAFETY ISSUES IN THE NHS IN SCOTLAND

Summary

1. MEL(1997)2 (issued erroneously as NHS MEL(1997)99) informed the NHS in Scotland of the results of a National Audit Office (NAO) report on 'Health and Safety in Acute Hospitals in England and Wales'. The Report was commended to Health Boards and Trusts as a source of good practice.
2. The NAO Report was highly critical of the performance of the NHS in England and Wales on health and safety matters and made clear the NAO view that patients had a right to expect health care premises to be safe.
3. The NAO Report, together with the earlier SCOTMEG report published in 1993 entitled "Accidents in the NHS in Scotland" and an increase in formal enforcement by HSE over the last 5 years has lent impetus to the Health and Safety inspection programme. As a result the Health and Safety Executive are to give a higher priority to inspection audits in the NHS in Scotland. The number of audits is to be increased and these will be more robust and seek to increase top management awareness of their statutory duties and responsibilities.
4. Clearly accidents to staff or patients and cases of occupational ill health, represent a significant cost to the NHS, whether in the form of sick pay, increased insurance premiums, loss of highly trained staff, litigation or low morale. Such costs are unacceptable and indefensible and action must be taken at the top to ensure that a high priority is given to improving the health and safety of staff, patients and visitors in Health Boards and Trusts.

Addressees

For action:

General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospitals Board for Scotland

Chief Executives, NHS Trusts

General Manager, Health Education Board for Scotland

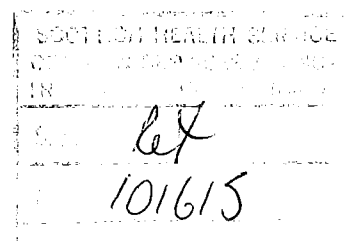
Executive Director, Scottish Council for Postgraduate Medical and Dental Education

Enquiries to:

General

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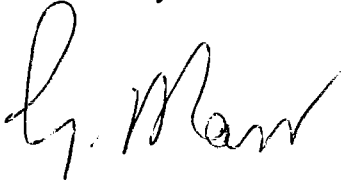
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Action

5. All NHS in Scotland employers:
 - 5.1 are reminded of the comprehensive guidance on Occupational Health and Safety Services issued in NHS Circular GEN(1995)4 dated 12 April 1995 and of the earlier detailed evidence gathered by SCOTMEG and published in 1993 entitled "Accidents in the NHS in Scotland".
 - 5.2 are reminded of the instructions for "Reporting of Adverse Incidents and Defective Equipment" contained in NHS MEL(1995)74 dated 23 November 1995;
 - 5.3 are reminded that there has been an increase in formal enforcement by the Health and Safety Executive with a number of prosecutions of Trusts. Trust Chief Executives are reminded in particular of Sections 36 and 37 of the Health and Safety at work Act 1994 which sets out Directors and Managers duties.
 - 5.4 should give a high priority at Board level in Health Boards and Trusts to ensuring the safety of staff, patients and visitors and to meeting their statutory Health and Safety obligations;
 - 5.5 should note the Health and Safety Executive proposals for more robust audits as outlined in the Annex.
6. Health Boards are reminded that they are responsible for working with their Trusts to ensure the quality of services. A brief note on how they might tackle this is contained in the attached Annex.

Yours sincerely



GERRY MARR
Director of Human Resources

HEALTH AND SAFETY PERFORMANCE SERVICE PLANNING AND DELIVERY

Health Boards are responsible for assuring themselves of the quality of services provided by Trusts delivering services to their population. The service planning process can be used by them and by Trusts to show the importance they attach to quality and their commitment to following best practice. Health and Safety policy can be seen as an important element of the quality agenda and can be addressed directly in this process. At the outset, the Health Boards might ensure that a credible health and safety policy is in place. They might then ensure that the commitments in the policy are explicitly referred to in the agreed service plans. If the Board chooses this route, it will be important that the monitoring arrangements cover the effectiveness of the policy and the performance of the Trust against agreed criteria. However, detailed health and safety monitoring should properly remain the responsibility of individual Trusts.

HEALTH AND SAFETY EXECUTIVE AUDIT PLANS FOR SCOTLAND

The Health and Safety Executive Inspectorate intend to increase the number of audits of Trusts in Scotland from 2 to 6. Trusts will be given one months notice of the visit and such inspections are expected to last around 25 inspection days. The inspections are expected to take a more robust form to that in the past and to focus on particular and specific areas such as manual handling, ionising and non-ionising radiation and hot water management. The purpose of these more robust inspections is to increase the awareness of top managers to their statutory obligation to Health and Safety management.