Towards a Safer, Healthier Workplace

Foreword

How NHSScotland treats its staff can send a clear message to the Scottish population about how we treat patients. It is therefore important that we get the message right and can show that we treat our staff well and want to provide a quality service to patients. We are firmly committed to becoming an exemplar employer. Becoming an exemplar employer is not just about more pay and better terms and conditions, it is about the value we place on our staff. It is about empowering and giving staff responsibility for day to day decisions, about ensuring they have opportunities for training so that they have the right skills to provide patients with the best healthcare we can provide, about being treated fairly and consistently, and about having the right to a safe working environment and regard for their well-being.

We will rightly be judged on our success in turning those value aims into reality. *Towards a Safer Healthier Workplace*, the occupational health and safety strategy for those who work in NHSScotland, makes the clear statement that no-one should be made ill by their work. This aim is encapsulated in the Staff Governance Standard which entitles our staff to be provided with an improved and safe working environment as well as promoting their well-being.

The Health White Paper *Partnership for Care* has provided a commitment to invest in “One Stop Centres” for occupational health and safety. This is in accordance with the occupational health and safety strategy for NHSScotland staff, *Towards a Safer Healthier Workplace* which encourages employers to have fully integrated policies on staff health and related issues, comprising for example occupational health; health and safety; health promotion, staff security, accident prevention, counselling and the working environment.

This places the occupational health and safety community at the forefront to assist in achieving exemplar employer status. The “Healthy Working Lives” concept is seen as the key means through which occupational health and safety can deliver. This involves human resources, occupational health and safety community, health promotion and others developing an integrated approach to delivering holistic policies and practices aimed at improving safety in the workplace, staff health and well-being.

Having good policies is all very well but they need to work in practice.

A key element to delivering practical change and continuous improvement is developing and raising Standards. A sub group of the Occupational Health and Safety Strategy Implementation group (OHSSIG) comprising the occupational health and safety community, health service management, trade unions and professional organisations has been working to produce this first set of standards which underpins a system of self assessment audit and peer review.

It is important to recognise that the whole process is an integral part of the Staff Governance Standard and associated self assessment audit and will provide supporting evidence for these. It also sits alongside and supports the work of NHS Quality Improvement Scotland.
Key outcomes will be the sharing good practice across Scotland resulting in improved standards and quality of service along with greater consistency and fairness in the way occupational health and safety services are delivered to our staff. It will also provide improved networking opportunities for the occupational health and safety community throughout Scotland and enable them to keep informed about good practice, be involved in helping to set and raise standards and carry out their role more effectively to the benefit of patients.

I would like to take this opportunity to thank everyone who helped in the development of the standards and process. I know it has been hard work and I am grateful to each of them for the commitment they have shown. I hope everyone involved together with their parent organisation feel they have gained from the experience and that the standards and peer audit process will become a key "driver for improvement".
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Introduction

Accountability

The Performance and Accountability Framework for NHS Scotland ensures that Boards are as accountable for how they behave as employers (or as a family of employers) as they are for financial and clinical matters. Boards are therefore expected to demonstrate that they are exemplar employers, and it is for this reason that the Staff Governance Standard has been established.

Under the Staff Governance Standard, staff are entitled to be:

- Well informed
- Appropriately trained
- Involved in decisions which affect them
- Treated fairly and consistently
- Provided with an improved and safe working environment

It is intended to extend the Staff Governance Standard to include a commitment to improving the wellbeing of staff providing NHS health services, whether permanent, temporary, agency or from the private sector.

Performance against the Staff Governance Standard will be assessed by the Scottish Partnership Forum and Local Partnership Forums and form an integral part of the Performance and Accountability Framework. The Human Resources Forum will provide guidance on the monitoring and evaluation on the Standard.

Occupational Health and Safety for NHSScotland Staff

All six elements of the Staff Governance Standard apply to occupational health and safety services within NHSScotland. However, in preparing the Occupational Health and Safety Standards we have concentrated on the entitlement of staff to be provided with an improved and safe working environment.
Towards a Safer, Healthier Workplace

Towards a Healthier Safer Workplace, the Occupational Health and Safety Strategy for NHSScotland was launched in 2000. This strategy aims to drive quality improvement in NHSScotland, and led to the formation of the Occupational Health and Safety Strategy Implementation Group (OHSSIG). The OHSSIG is currently working towards ensuring the Action Points set out in Towards a Safer, Healthier Workplace are met, and membership is drawn from a wide range of interests within NHS Scotland, including management, trade unions, professional organisations and occupational health and safety specialists. The OHSSIG reports to the Human resources Forum.

Occupational Health and Safety Standards and the Peer Review Process

The Occupational Health and Safety standards set out in this document are designed to provide occupational health and safety organisations with a guide to the level of service provision required by Towards a Safer, Healthier Workplace. These standards have been produced by the NHSScotland occupational health and safety community themselves in association with partnership representatives.

The standards are part of the NHSScotland Occupational Health and Safety Peer Review Process. As well as the standards, the peer review process will consist of a self-assessment by the organisation of their performance against the standards, and peer review visits by trained peer reviewers. The results of the self assessment and peer review process will assist organisations to provide the information required for the Staff Governance Standard and Performance and Accountability Framework. The OHS Standards and peer review processes therefore complement the Staff Governance Standard and Self Assessment Audit Tool as well as the work of NHS Quality Improvement Scotland. Further details of what the peer review process entails can be obtained in the Occupational Health and Safety Self Assessment Audit Tool.

The peer review process will enable occupational health and safety organisations within NHSScotland to not only meet minimum requirements but, through a process of continuing development, to increase the quality of occupational health and safety service by:

- Enabling a two-way transfer of knowledge.
- Emphasising outcome above process.
- Identifying gaps/emerging issues.
- Using an integrated approach to the delivery of services.
Roles and Responsibilities

OHSSIG

OHSSIG is responsible for:

- Overseeing on behalf of the HRF the implementation of the OHSS Strategy in the service
- Ensuring the action points within Towards a Safer, Healthier Workplace are met within the set timescale and that the strategy is working and making a difference
- Ensuring that staff locally are actively being involved in the process

Peer Audit Review and Benchmarking Systems (PABS) Group

PABS was set up by the OHSSIG, and is responsible for:

- Setting up a peer review and benchmarking system of NHSScotland occupational health and safety services
- Ensuring that the NHSScotland occupational health and safety standards set out in this document are up-to-date
- Producing further occupational health and safety standards as appropriate
- Ensuring the OHSSIG are aware of issues that emerge from the peer review visits
Peer Review Team
Occupational health and safety professionals and partnership representatives from within NHSScotland have been trained and now form peer review teams. These teams will visit occupational health and safety services across the country, in order to:

- Identify if national standards are being met
- Identify improvement opportunities and emerging issues
- Identify best practice which could be shared
- Provide recommendations for an Improvement Action Plan
- Facilitate communication between Occupational Health & Safety professionals across Scotland
- Enable Benchmarking
- Provide the OHSSIG with an overview of progress towards the goals of Towards a Safer, Healthier Workplace

NHS - Occupational Health and Safety Organisations
In order to develop and improve Occupational Health and Safety Standards in NHS Scotland each NHSScotland Organisation should:

- have a health and safety strategy in place which is reviewed regularly
- ensure OHS minimum data requirements are met and an action plan put in place as appropriate
- ensure Staff absence rates are monitored
- ensure the number of accidents/near misses are monitored
- ensure compliance with the Working Time Regulations is achieved
- ensure CNORIS level 1 is achieved
- achieve the SHAW bronze award in the first instance
Summary

Human Resources Forum

Staff Governance
Standard/Self Assessment
Audit Tool/Independent
Review

Towards a Safer, Healthier Workplace

Occupational Health and Safety Self Assessment
Audit Tool

Peer Review
ACCESS STANDARDS A

A1 Access to Occupational Health & Safety Services

Standard

- All NHS Scotland staff will have access to comprehensive, competent and confidential OHSS services of the standard recommended by Towards a Safer Healthier Workplace.

Rationale

- Staff are entitled to equity of access to OHS services regardless of shift patterns or whether they work in a hospital, community, primary care, general practice or are staff working on NHS premises for an NHSScotland contractor.
- Equity of access must consider availability of competent OHS staff and accessibility of OHS Departments.

Criteria

- Provide access to a comprehensive OHS service. As a minimum this must be the standard of service provision in Towards a Safer Healthier Workplace.
- Ability of staff through the partnership process to influence OHSS policy and practice.
- Provision of a competent and confidential service to staff.
- Services provision must be made by appropriate and competent staff with access to best practice, training opportunities and continuous professional development.
- OHS should provide advice to the organisation and staff on rehabilitation issues.
- OHS should provide staff with equity of access to services as far as is practical, taking account of location, shift patterns and availability of trained staff.
OCCUPATIONAL HEALTH PRACTICE STANDARDS B

B1 Health Surveillance - Sensitising Agents

Standard

• NHS Employers are required to provide health surveillance for staff who are exposed to significant risk of respiratory and skin sensitises and irritants if a COSHH risk assessment identifies a health risk despite control measures.

Rationale

• The COSHH Regulations require that risk assessments are undertaken for significant risks to health from hazardous substances.
• Risk assessment will identify situations where health surveillance is necessary.

Criteria

• All NHS Employers must be able to identify those workers who require health surveillance.
• A procedure must exist during recruitment to identify posts where health surveillance is required. This information must be provided to the NHS OHS which will assess applicants for such posts as to fitness in relation to the hazard as well as any other post specific factors.
• NHS Employers must advise the OHS of current workers requiring health surveillance. Current workers must be offered health surveillance at regular intervals while they perform work with the specific hazardous substance.
• The purpose of the health assessment (to determine fitness to work with the substance) must be clearly indicated to staff when they are offered assessments.
• Any internal staff movement or a change in current duties which will result in work with a hazardous substance that is risk assessed as requiring health surveillance must be notified to the OHS. The OHS will offer health surveillance in such circumstances.
B2 Health Surveillance - Night Workers

Standard

- All NHS Employers must identify those workers who are classified as night workers under the Working Time Regulations.
- All night workers employed by NHS Employers must be offered a free health assessment under the Working Time Regulations.

Rationale

- Night work is associated with effects on health and effectiveness of medication. A free health assessment is offered to identify the fitness of a worker to undertake night work.

Criteria

- A procedure must exist during recruitment to identify posts involving night work. This information must be provided to the NHS OHS, which will assess applicants for such posts as to fitness for night work as well as any post specific health factors.
- NHS Employers must advise the OHS of current night workers. Current workers must be offered a free health assessment at regular intervals while they perform night work.
- The purpose of the health assessment (to determine fitness for night work) and possible outcomes of the assessment must be clearly indicated to staff when they are offered assessments.
- Any internal staff movement or a change in current duties, which will result in night work, must be notified to the OHS. The OHS will offer a health assessment in such circumstances.
- The OHS will have a written protocol/process/procedure describing their system for dealing with night workers health assessments.
# B3 Health Surveillance - Audiometry

## Standard

- Employees occupationally exposed to noise at or above the First Action Level (Noise at Work Regulations 1989) will be identified and advised of the need for regular health surveillance which will be undertaken by the NHS OHS.

## Rationale

- Screening audiometry is a requirement of the Management of Health and Safety at Work Regulations where a risk to health from noise has been identified.

## Criteria

- NHS Employers must assess risks to health from noise levels, which will include noise surveys undertaken by competent staff/contractors.
- Regular health surveillance will include baseline/pre-employment audiometry and subsequent periodic audiometry of staff exposed to noise at or above the First Action Level to detect any indications of possible noise-induced hearing loss.
- Audiometric testing is undertaken and its results are categorised and acted upon in accordance with the Health and Safety Executive guidance (\MS26: A guide to audiometric testing programmes).
- Audiometric equipment and headphones are calibrated regularly in accordance with the manufacturer's recommendations.
- Audiometry is undertaken by staff able to demonstrate competence in audiometric screening for noise-induced hearing loss.
- The OHS will have a written protocol/process/procedure describing their system for dealing with audiometry.
B4 Immunisations

Standards

- All NHS Employers must provide a clinical immunisation service to NHS staff via the NHS OHS.
- All NHS Employers must ensure that a system exists to assess applicants being considered for a post for their TB immunity status.

Rationale

- Staff protection from infection is a requirement of the Control of Substances Hazardous to Health Regulations 2002.

Criteria

- The NHS OHS must use expert evidence to maintain an immunisation service.
- The OHS will maintain guidelines on staff immunisation that are regularly reviewed to ensure that they take account of developments in vaccine licensing and provision within Scotland.
- The OHS will provide immunisation programmes which meet these guidelines
- The OHS will ensure that immunisations are administered in a safe manner within suitable facilities.
- All clinical and laboratory NHS workers must be offered pre-employment assessment of TB immunity status and (with consent) be offered with BCG vaccination, if clinically indicated.
- A system must also exist to exclude staff that are not immune from work with TB as far, as is reasonably practicable.
- A system must be in place for internal staff movement that results in review of TB immunity prior to a change of work to a high risk TB environment.
- The OHS will have a written protocol/process/procedure describing their system for dealing with immunisations.
B5 Clinical Governance

Standard

- All NHS Scotland OHS must have an annual clinical governance programme that complies with NHS Scotland requirements.

Rationale

- NHS staff should expect their OHS as a clinical service to them, to undertake clinical governance equivalent to that practised by other clinical parts of the NHS.

Criteria

- Annual programmes must be submitted to the Clinical Governance Committee and reports on progress submitted quarterly.
- Each programme will identify the methods used to involve clients and their representatives.
- There will be evidence of consultation with clients on service developments
- There will be evidence of actions to demonstrate compliance with the programme.
B6 Exposure to Serious Communicable Diseases

Standards

- All NHS Employers must have arrangements in place to ensure a service for staff who have needlestick and other injuries that could result in transmission of BBV’s.
- NHS Employers must ensure that a system of notification of staff contacts of TB to the OHS must exist and that the OHS provides suitable follow-up of staff.

Rationale

- The follow up of staff following needlestick and other contamination injuries is required under the COSHH Regulations.
- Staff who receive needlestick and other contamination injuries can be exposed to a risk from BBV in the source patient. Prevention of infection with HIV and Hepatitis B can occur with early assessment and provision of treatments. Early treatment of Hepatitis C may prevent chronic carriage of this infection.
- Exposure to TB could lead to infection in susceptible health care workers.

Criteria

- Arrangements will include the NHS OHS for initial assessment of all cases during the normal working hours of the OHS. An out of hours arrangement must be in place and staff made aware of all the arrangements for their care.
- Alternative arrangements will be in place where the NHS OHS is not present to assess cases (rural ad remote areas) or where the assessment is undertaken by another clinical service.
- Support from GUM/ID for the follow-up of staff commenced on HIV PEP is necessary.
- Arrangements must ensure that PEP can be provided immediately if required at the time of initial assessment.
- The arrangements must include consideration of rural practice and out-of-hours assessments.
- Notification to the OHS will result in appropriate follow-up of the workers appropriate to the risk from the source, the workers TB immunity status and any symptoms that exist or develop.
- The OHS will have a written protocol/process/procedure describing their system for dealing with serious communicable disease exposures.
C1 Risk Management - Integration of OHS Services

Standard

- The organisation must be able to demonstrate a common risk management strategy which integrates all aspects of risk and risk advisory services, and utilises a consistent framework for the identification, evaluation and control of risks.

Rationale

- An integrated approach is the most effective and efficient manner to approach risk management in the NHS.

Criteria

- The risk management strategy must clarify linkages between all aspects of risk and specialist advisors.
- The strategy must detail organisational arrangements for all aspects of risk.
- The organisation must have systems in place to ensure a consistent role of specialist advisors.
- All risk related policies and procedures must demonstrate a consistent approach with regard to risk control and line management responsibilities. Policies must clarify the input of specialist advisors.
- Each aspect of risk management must be led by an Executive Director.
- One Executive Director should be designated to hold a co-ordinating role for all aspects or risk management.
C2 Auditing of the Health and Safety Management Systems

Standard

- The organisation must be able to demonstrate a regular audit process of the overall management system. The audit must identify the effectiveness of the system and deficiencies either in the structure of the system or its application. An action plan for corrective action must be available which has partnership representation and is signed by an Executive Director.

Rationale

- Ensure that the organisation has a documented process to audit the management system. The rationale is that the audit process will incorporate feedback and stimulate the improvement of the system as part of a quality management cycle.

Criteria

- Evidence must be available of senior management commitment to the audit process.
- Evidence must be available that all staff involved in the audit were informed of the purpose and outcome of the process.
- The resultant action plan included details of relevant policies, systems, procedures and training programmes, where improvements are required.
- The resultant action plan identifies required resources and priorities remedial action against agreed timescale, ensuring mention is made of which actions are statutory.
- The audit should attempt to measure the level of involvement of managers and staff in the application of management system.
- A time-scale for a repeat audit must be indicated.
C3 Hazard Identification, Risk Assessment and Control

Standard

• The organisation will require to demonstrate that it has an auditable system for the systematic identification of hazards at all levels. This system must lead on to a robust risk assessment procedure which will allow evaluation and prioritisation of risks, leading to effective control and good practice.

Rationale

• A comprehensive and robust system must be in place for the identification, evaluation and control of all risks.

Criteria

• The process for hazard identification must be robust and evidence available of its suitable use in practice.

• The risk assessment procedure must be 'suitable and sufficient' and identify control measures to reduce the risk. These include risk avoidance and minimisation procedures. The procedures must be agreed by the 'competent person' and have a risk rating process and recommendations/action section. This procedure may be directly linked to the risk register required through CNORIS.

• A system must be in place to identify relevant legislation when undertaking hazard identification and risk assessment procedures.

• The organisation must be able to demonstrate that managers have had suitable and sufficient training in the system to enable them to undertake the process competently and know when to ask for specialist assistance where necessary.

• A written system must be in place to demonstrate how identified risks are flagged up to the relevant level of management for action or prioritisation for resource allocation.
C4 Management Review

Standard

- A documented procedure must be in place requiring an annual review of the health and safety management system which is supported by an Executive Director with employee representation from the Health & Safety Committee and Partnership Forum.

Rationale

- Ensure that the health and safety management system and process is reviewed thoroughly, and acted upon each year.

Criteria

- An annual report presented to the Board on the operation and effectiveness of the Occupational Health and Safety management system agreed at Partnership Forum.
- Annual Reviews should be conducted by a responsible Executive Director and include employee representation.
- All Reviews are communicated extensively through the organisation.
- All Reviews should include partnership involvement.
- Resource requirements for the forthcoming financial year should include the OH&S Review.
C5 Policy and Procedures for Health and Safety

Standard

- The organisation must be able to demonstrate a system for recognising the need to devise and implement effective health and safety policies and procedures across the organisation.

Rationale

- Ensure that there is a system in place to recognise what policies and procedures are required for health and safety and act upon any omissions.

Criteria

- A process must be in place to evaluate what organisational policies are required.
- All policies must be devised and compiled through a mechanism which includes experts/specialists in the field and representation from areas/locations affected and partnership.
- Robust systems must be in place for the consultation, development and dissemination of policies and the implementation at departmental level.
- A system must be in place for managers to demonstrate how they have implemented relevant policies.
- Where appropriate, written procedures and guidelines should be devised in order to fully implement health and safety policies. Evidence must be available for this process.
C6 Structure, Planning and Implementation of Health and Safety

Standard

- The organisation will require to demonstrate that it has appropriate written arrangements for the management of health and safety throughout all levels, which clearly define the organisational structure for securing the health, safety and welfare of staff, visitors and patients.

Rationale

- Ensure that the system for the management of health and safety has been devised thoroughly and is appropriate and relevant to the organisation.

Criteria

- The Health and Safety Policy of the organisation must be current, and have a clear statement of the intent to manage occupational health and safety.

- The Policy or associated documents must define, the detailed means by which risk is managed and by which all occupational health and safety risks are systematically controlled.

- The organisation must be able to demonstrate and produce a current Health and Safety Action Plan which details priorities for the organisation to minimise risk.

- The Policy or associated documents must indicate the Health and Safety committee structure of the organisation which must reflect the management arrangements within the organisation.

- Evidence must be available of Partnership representation on all such committees.

- Evidence must be available of how any health and safety management system has been implemented across the organisation.
C7 Measuring and Monitoring Performance for Health and Safety

Standard

- The organisation must be able to demonstrate a system for pro-actively and reactively measuring performance against the health and safety management system and applicable health and safety legislation to promote learning from adverse events including near misses.

Rationale

- Ensure that all relevant health and safety data is captured and acted upon.

Criteria

- The measurement of performance should be undertaken in accordance with principles of 'quality management' whereby results of such measurements form part of a continuous improvement plan.

- Performance indicators must be identified and agreed by the organisation.

- Evidence must be available to show that performance indicators are measured and the results used to improve health and safety performance.

- The organisation must be able to demonstrate a system for performance measurement by reactive means. A detailed system and procedure must be in place for reporting, recording, analysis and investigation of all health and safety related incidents.

- A searchable database must be available for incidents, to provide such data as that required to provide the 'Minimum Data Set'.

- Evidence must be available of incident analysis reports being sent to senior executives, health and safety committees and partnership representatives within the organisation.

- Evidence must be available of actions resulting from analysis reports at the highest level.

- A system must be agreed for the detailed investigation and report of certain types of incidents such as those reported to the Enforcing Authorities. Management actions based on these investigations must be documented.
## C8 Training and Competent Advice for Health and Safety

### Standard

- The organisation must have in place systems for the evaluation of training needs for staff and for training delivery. The organisation must place adequate resourcing into the provision of competent advice for all aspects of risk management.

### Rationale

- Ensure that training needs are properly identified and acted upon and sources of competent advice for risk management are available.

### Criteria

- The organisation must have undertaken an analysis of OHSS specialist advice requirements and resourced/prioritised accordingly.
- A system for staff training needs analysis must be in place.
- An organisation wide system for the evaluation and funding of training needs must be evident.
- Training needs for the organisation must be prioritised on the basis of statutory, mandatory and best practice training.
- Evidence must be available that OHSS/risk management staffing numbers have been agreed on the basis of organisational needs and statutory compliance.
C9 Communication and Consultation for Health and Safety

Standard

- The organisation must be able to demonstrate how it communicates and consults on all matters affecting the occupational health and safety of employees. This process must form an integral component of all matters that affect the health, safety and welfare of people affected by the organisations undertaking.

Rationale

- Ensure that employee representation is included and taken into account in all matters affecting health and safety.

Criteria

- Evidence must be available of Partnership working on discussions affecting health and safety.
- A documented policy or procedure must be in place across the organisation with respect to Partnership.
- Systems must be in place to involve staff with the health and safety management system and to ensure that the results of risk assessments, inspections, etc are disseminated to staff.
- Procedures must be in place to ensure staff are aware of incident analysis trends for the organisation and their department.
- Systems must be in place to ensure minutes of relevant meetings are circulated to staff and that staff have the opportunity to highlight health and safety issues at departmental level.
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