Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland

The Scottish Government, March 2011

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Foreword – Cabinet Secretary for Health and Wellbeing

NHSScotland aims to deliver the highest quality healthcare services and, through this, to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The achievement of this aim is dependent on having a committed, dedicated and healthy workforce, working in a safe environment

NHSScotland has a pivotal role in the health and wellbeing of the population, both as a significant employer and as a provider of health services, including occupational health services, across Scotland's communities. NHSScotland aims to be an exemplar employer which values its staff and cares about their health and safety, recognising that this can deliver many benefits.

I welcome this new Occupational Health and Safety Strategic Framework. It replaces the previous strategy, which is now over 11 years old and allows us to take account of developments since that time which impact upon the occupational health and safety of NHSScotland staff – most notably the Healthcare Quality Strategy, the Scottish Patient Safety Programme and progress with governance arrangements, in particular the Staff Governance Standard. Taking a lead from the Quality Strategy, the framework takes a person-centred, rather than a service-based, approach to looking at the health, safety and wellbeing of staff, and identifies aims, priorities and actions which will deliver improvements for individuals.

This strategic framework provides an opportunity for NHSScotland Boards to confirm their commitment to be exemplar employers who value their staff and have integrated strategies for ensuring a safe and healthy working environment, including occupational health and safety policies and services. Successful implementation will help to reduce the numbers of staff who suffer from work-related injury or illness, promote positive health and wellbeing – and ultimately deliver better quality patient care.

I am grateful to the Occupational Health and Safety Strategic Forum for producing this strategic framework, and for agreeing to take a lead in overseeing its implementation and monitoring progress.

The responsibility for occupational health and safety requires good leadership, with everyone in NHSScotland – Board members, managers, staff, supported by occupational health and safety specialists – having a role to play. All have a responsibility for implementing this framework and ensuring that its aims and priorities are reflected in plans, strategies and practices within each organisation.
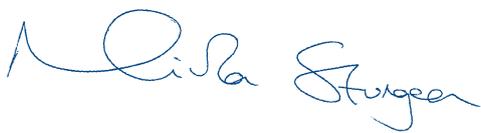
Nicola Sturgeon MSP
Deputy First Minister and Cabinet Secretary for Health and Wellbeing

Executive Summary

1. This strategic framework sets out how NHSScotland Boards should approach occupational health and safety to keep staff motivated and healthy, engaged and safe. It aims to:

    - ensure consistent and effective organisational commitment to improving the health, safety and wellbeing of all staff;
    - demonstrate that the improved health and wellbeing of staff is clearly linked to improvements in patient care; and
    - demonstrate clear links to the Quality Strategy and the Staff Governance Standard.

2. This person centred Occupational Health and Safety Strategic Framework provides a national statement of aims and priorities, together with a clear framework for delivering improvements in the occupational health and safety of NHSScotland staff. In doing so, this strategic framework makes a commitment to ensure that:

    - NHSScotland staff should not be injured or made ill by their work;
    - the health and wellbeing of staff will be promoted and improved within the workplace; and
    - where necessary, staff are supported, when affected by illness or injury, to remain in the workplace with adjustments and support as needed.

3. NHSScotland Boards are expected to build upon existing systems of management, including those covering occupational health and safety risk and controls, to drive forward improvements against the strategic aims outlined in this framework. Boards must ensure these systems of management are fully in place and operating, before focussing attention on the four priority areas which have been identified for action. An effective response to these priority areas will help address the NHSScotland-wide challenges of:

    - promoting a positive safe working environment; and
    - developing cultural changes to workplace attendance and prevention of ill health and injury.

The four key priorities are:

- **mental health and wellbeing;**
- **musculoskeletal disorders;**
- **aggression and violence;** and
- **slips, trips and falls.**

Deliverables

- The successful delivery of this strategic framework will result in NHSScotland Boards having a clearer direction of travel for occupational health and safety which is person-centred and demonstrates a clear commitment to the health, wellbeing and safety of staff.
- The framework will assist Boards in determining future occupational health and safety provision, taking account of the four priority areas, and ensuring that occupational health and safety is incorporated into mainstream management activity as well as the wider health and wellbeing agenda.
- Successful delivery will impact positively on the employee experience, ensuring staff are supported in their role, and able to take responsibility for their own health, safety and wellbeing, which will ultimately benefit patient care.

4.   All NHSScotland staff have a right and a responsibility to implement this framework and ensure that its aims and priorities are reflected in plans, strategies and practices. Successful delivery will depend on demonstrable leadership and ownership at all levels of the organisation, and a commitment to changing culture and behaviours where this is necessary. This will help to ensure that occupational health and safety is fully integrated into all NHSScotland Board activity. This includes the management of the delivery of quality healthcare as well as the wider governance and workforce health and wellbeing agendas that all NHSScotland Boards are responsible for.

5.   A summary of actions is provided at Appendix 2.

Chapter 1: Introduction and Context

Introduction

1.1. Early in 2010, the Cabinet Secretary for Health and Wellbeing invited the newly-established Occupational Health and Safety Strategic Forum (OHSSFor) to develop a new Occupational Health and Safety Strategic Framework for NHSScotland to build upon the previous strategy, "Towards a Safer Healthier Workplace",[1] published in 1999. In the period since the publication of the previous strategy, there have been many developments both within NHSScotland and in broader occupational health and safety policy.

1.2. Within NHSScotland, these include the governance framework, including Staff Governance, the Scottish Patient Safety Programme, *A Force for Improvement*[2] and, more recently, *the Healthcare Quality Strategy for NHSScotland*[3]. More widely, developments such as *Health Works* and the findings of Dame Carol Black's review of the health of the working age population[4], and the NHS Health and Wellbeing Review carried out by Dr Steve Boorman[5] need to be taken into account in developing a new way forward. At the same time, employers continue to have statutory duties and responsibilities under existing health and safety and employment legislation, and across NHSScotland, staff continue to be injured or made ill by work. Against this background, it is clear that a new framework for occupational health, safety and wellbeing within NHSScotland is required.

1.3. This strategic framework takes a person-centred approach towards the health, wellbeing and safety at work of NHSScotland staff. Such an approach is good business practice for NHSScotland and good for staff. Through keeping people motivated and healthy, engaged and safe, NHSScotland will benefit from better clinical outcomes and patient experiences, a more effective and

1 *Towards a Safer Healthier Workplace*, The Scottish Executive, 1999
2 *A Force for Improvement*, Scottish Government, January 2009
3 *The Healthcare Quality Strategy for NHSScotland*, Scottish Government, May 2010
4 *Working for a healthier tomorrow*, Dame Carol Black, March 2008
5 *NHS Health and Wellbeing*, Steve Boorman, Final Report, November 2009

productive workforce, and improved partnership and staff relations. The workforce will benefit personally from improved health and wellbeing, a more rewarding employee experience, and a safer working environment.

1.4. For the purposes of this document, occupational health and safety within NHSScotland is defined as follows:

"NHSScotland employers' responsibility for the health, safety and wellbeing of their employees, and those under training in the NHS. It encompasses line management responsibilities and systems for health and safety, including the statutory duties placed on NHSScotland Health Boards by the Health and Safety at Work Act, as well as the occupational health and safety support and services provided to staff, and the responsibilities of all employees themselves. This aligns to the Health Board's *Health Works* agenda for NHS staff in its promotion of health and wellbeing, prevention of absence, and support for staff in terms of rehabilitation and return to work."

1.5. All Boards must be able to access competent and professional expertise in occupational health and safety, including the provision of advice, training, audit and specialist services. This strategic framework therefore must extend beyond organisational performance into the area of occupational health and safety services.

Approach to Occupational Health and Safety

1.6. NHSScotland Boards must ensure they have robust and effective management systems for occupational health and safety, fully integrated into general management systems, with an emphasis on risk assessment and control measures to proactively protect staff and reduce injury or illness. These management systems should not operate in a silo, but need to take account of a range of wider strategic policies which impact on the workforce at local and national level. Such policies include the Scottish Patient Safety Programme, healthcare associated infection, and regulations in relation to revalidation and remediation, as well as relevant statutory requirements, such as the Equality Act 2010, proposed Patient Rights Bill and existing health and safety and employment regulations. Moreover, this strategic framework reinforces the message that occupational health and safety is the responsibility of all managers and staff within NHSScotland, supported, where necessary, by specialist support and services. Overarching governance of each NHSScotland Board's occupational health and safety should rest at Board level as an integral element of wider governance responsibilities.

1.7. There are already strong links between staff governance and occupational health and safety through the Staff Governance Standard which states that staff will be "provided with an improved and safe working environment". The Healthcare Quality Strategy for NHSScotland further strengthens these links. It ensures that NHSScotland will be able to build on existing activities and reap the full benefits of these to develop a person-centred approach towards keeping people motivated and healthy, engaged and safe within their workplace. This will result in a better employee experience within Boards, create an empowered and flexible workforce, and ultimately deliver better quality patient care.

1.8. This approach to the health, safety and wellbeing of staff complements and supports many of the findings and recommendations set out in the recent reports to the UK Government by Dame Carol Black and Dr. Steve Boorman. Both authors recognised the important role which the workplace plays in preventing ill-health and in promoting health and wellbeing, as well as identifying the link between staff health and wellbeing and productivity/high quality patient care. Both reports recognise that being in meaningful work improves your health. A key finding of Dame Carol Black's report is that the "concept of 'good work' is fundamental to the evidence on the positive effects of work on health for individuals and to the productivity of business."

1.9. The new statement of fitness to work or "fit note", builds on this approach and introduces a new way of managing certified sickness absence. The fit note allows a doctor to advise a patient that, although s/he may not be fully fit, s/he may be fit enough for some work while recovering, taking into account factors such as workplace adjustments, reduced hours or modified duties. This has implications for employers and it is important that managers can access advice and support to help them manage such situations. Staff also need to be able to access advice on the implications of being given a fit note and what their expectations and responsibilities should be.

1.10. Good occupational health and safety practice is essential to ensure that staff have a safe working environment, which benefits both staff and patients. Joint guidance by the Institute of Directors and the Health and Safety Executive on "Leading Health and Safety at Work"[6] states that "Protecting the health and safety of employees or members of the public who may be affected by your activities is an essential part of risk management and must be led by the Board. Health and safety law places duties on organisations and employers, and directors can be personally liable when these duties are breached. Members of the Board have both collective and individual responsibility for health and safety."

Summary and actions:

▶ *NHSScotland Boards must ensure robust and effective management systems for occupational health and safety, fully integrated into general management systems, with an emphasis on risk assessment and control measures to proactively protect staff and reduce injury or illness. These management systems should not operate in a silo, but need to take account of a range of wider strategic policies which impact on the workforce at local and national level.*

Policy Context

1.11. The Healthcare Quality Strategy, with the supporting workforce framework, *A Force for Improvement*, sets out the policy direction for Scotland. Our shared goals are:

- Staff, patients and the public are confident that their NHS is reliably and consistently safe, effective and responsive to their needs.
- Everyone working in and with NHSScotland is confident that they will be supported to do what they came into the NHS to do, and that they are valued for doing that. There will be no avoidable harm or injury to people from healthcare they receive or deliver.

- To have a shared national pride in our NHS and a recognition that it is amongst the best in the world.

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6 *Leading Health and Safety at Work*, Institute of Directors, and Health and Safety Executive, October 2007

1.12. The Quality Measurement Framework which enables monitoring of progress in implementing the Healthcare Quality Strategy, sets out three quality ambitions which provide the framework for this document. These are set out as follows, and are discussed in further detail later in this strategic document:

	Person Centred	**Safe**	**Effective**
Quality Ambitions	Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.	There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.	The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

1.13. A *Force for Improvement* (AFFI) sets out the framework to ensure a quality, sustainable workforce that can deliver shared goals for NHSScotland over the longer term. Within AFFI, Working Well is of particular relevance. This is a broad strategic concept that encompasses actions that influence the workforce culture, the engagement and commitment of staff, health and wellbeing, and staff safety. It covers the whole employee experience from initial recruitment onwards, with benefits including improved morale and levels of employee commitment and enhanced productivity. This Occupational Health and Safety Strategic Framework addresses this agenda in further detail, and supplements the Working Well programme.

1.14. As with AFFI, this strategic framework needs to take into account the increasingly global and constantly changing environment within which NHSScotland is operating. Two factors which impact heavily on NHSScotland are the changing demographic profile of Scotland's population and the Scottish, UK and global economies. It is therefore essential that the existing workforce is working well and that the focus of this framework should be on ensuring the release of resources through better use of existing resources. Given that accidents and work-related ill health have a significant cost and resource impact for NHSScotland, this approach will enable Boards to do more with less as well as ensuring that staff take responsibility for their own health and wellbeing, while also being supported to be resilient and motivated in times of organisational change.

Chapter 2: Aims and Actions

2.1. This Occupational Health and Safety Strategic Framework aims to drive up occupational health and safety standards across the NHSScotland workforce. Specific strategic aims are set out below:

Strategic Aims:
- Clear leadership and ownership for workplace health, safety and wellbeing across NHSScotland, and in partnership with wider public sector bodies as appropriate, from the top of the organisation, leading to reductions in work related injury or illness;
- A workforce that feels valued and is equipped, engaged and involved in developing solutions to challenges and issues;
- A workforce that is working well and where the proactive and effective management of attendance is based on good practice;
- A workforce that is aware and recognises the important personal responsibility that individual members of staff have in respect of their own health, safety and wellbeing;
- An NHSScotland workplace that promotes health and wellbeing, helps prevent illness and accidents and supports people to return to work from illness, including a recognition that work can be part of the recovery process;
- Management commitment at all levels, adequate advice and expertise, and governance through Staff Governance to NHSScotland Boards; and
- A joined up approach towards occupational health and safety, involving Boards, management, occupational health and safety specialists and an engaged and productive workforce to create a continuum that supports a safe and healthy workforce.

2.2. It is recognised that NHSScotland Boards are already actively engaged in this area of work. This strategic framework is designed to provide a new focus for the development and improvement of existing systems of management, leading to improved occupational health and safety provision. Each Board also operates within its own unique set of circumstances and demands to which it needs to respond. Therefore, each Board is likely to apply a specific approach towards the delivery of these strategic aims within their local context.

2.3. It is recognised that there are benefits to the workforce and patients from having a consistent approach, particularly in relation to the priority areas for action set out below. NHSScotland Boards must ensure their systems of management of occupational health and safety risk and controls are fully in place and operating, before focussing attention on the priority areas of action, to ensure a positive step change improvement in occupational health and safety performance. There will be a rolling programme of priority areas for Boards. In the first instance the priority areas of action will be: **mental health and wellbeing; musculoskeletal disorders; aggression and violence; and slips, trips and falls.**

2.4. NHSScotland Boards that are delivering effectively against these priorities are encouraged to share their experience and expertise with others to deliver wider improvements in the health and wellbeing of the NHSScotland workforce. Where appropriate, Boards are also encouraged to work with other Boards and partners to look for opportunities for joint-working and sharing services.

Summary and actions:

▶ ***NHSScotland Boards must ensure their systems of management of occupational health and safety risk and controls are fully in place and operating, before focussing attention on the priority areas of action, to ensure a positive step change improvement in occupational health and safety performance.***

▶ ***There will be a rolling programme of priority areas for action: in the first instance, this will cover:***
  o ***mental health and wellbeing;***
  o ***musculoskeletal disorders;***
  o ***violence and aggression; and***
  o ***slips, trips and falls.***

▶ ***NHSScotland Boards are encouraged to share their experiences and expertise with other Boards, and, where appropriate, to work with other Boards and partners to look for opportunities for joint-working and sharing services.***

Chapter 3: Occupational Health and Safety Performance

The three quality ambitions – person-centred, effective and safe – are at the heart of this strategic framework.

3.1 Person-centred

> The Quality Strategy sets out an ambition for NHSScotland to ensure mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.

3.1.1. NHSScotland Boards must promote and support staff engagement and partnership working. Effective partnership working arrangements and implementation of the Staff Governance Standard will ensure shared decision making in relation to the provision of an improved and safe working environment where staff are appropriately trained to carry out their roles. This should focus specifically on ensuring that all staff, including occupational health and safety staff, are appropriately trained and educated. They should also make use of their local structures, including local health and safety committees, with trade union health and safety representatives having a key contribution to make. The wider benefit from this approach will be the reduction in accidents and incidents for staff, patients and visitors.

3.1.2. All staff across NHSScotland must have equal access to comprehensive, competent, confidential and quality occupational health and safety advice services. NHSScotland Boards should be proactive in informing and supporting staff to manage and maintain their health, and to manage ill health in a constructive manner. Staff, in turn, need to take responsibility for their own health, safety and wellbeing. This includes employee duties under Section 7 of the Health and Safety at Work Act[7] and Regulation 14 of the Management of Health and Safety at Work Regulations[8]. NHSScotland Boards are expected to develop a unique local approach

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7   *Health and Safety at Work etc Act 1974*
8   *Management of Health and Safety at Work Regulations 1999*

encompassing in full the requirements of effective health and safety management, and extending this to encompass the focus on early intervention health promotion and wellbeing, along with resilience and mental health support (e.g. through the Working Well Programme and Healthy Working Lives Awards). It should also include the establishment and development of more robust attendance management systems and processes complemented by targeted communication and promotion.

3.1.3. Employee experience must be supported and improved through effective employment and working practices, e.g. by delivery of Partnership Information Network (PIN) policies and implementation of action in relation to the staff survey findings.

Summary and actions:
▶ *NHSScotland Boards must promote and support staff engagement and partnership working, making use of local structures, including local health and safety committees.*
▶ *NHSScotland Boards must focus on ensuring all staff, including occupational health and safety staff, are appropriately trained and educated.*
▶ *All staff across NHSScotland must have equal access to comprehensive, competent, confidential and quality occupational health and safety advice services.*
▶ *NHSScotland Boards should be proactive in informing and supporting staff to manage and maintain their health, and to manage ill health in a constructive manner.*
▶ *Staff need to take responsibility for their own health, safety and wellbeing. This includes employee duties under Section 7 of the Health and Safety at Work Act and Regulation 14 of the Management of Health and Safety at Work Regulations.*
▶ *NHSScotland Boards are expected to develop a unique local approach encompassing in full the requirements of effective health and safety management, and extending this to encompass the focus on health promotion and wellbeing, along with resilience and mental health support.*
▶ *Employee experience must be supported and improved through effective employment and working practices.*

3.2 Effective

> NHSScotland's ambition is to ensure the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

3.2.1. Clinical governance within NHSScotland requires all Boards to take responsibility for ensuring the quality, safety and effectiveness of the services they provide. Progress is monitored through a set of national standards. However, for Boards to achieve these standards, they need to have a workforce that can effectively deliver the quality of clinical care required.

3.2.2. The first stage in ensuring an effective workforce is for NHSScotland Boards to assure themselves as employers that they are meeting all statutory standards and health and safety regulations as a matter of course. However, standards of performance should go beyond statutory duties and Boards are expected to enhance the standard of provision through risk assessment and a process of continuous quality assurance and improvement.

3.2.3. The next stage is to focus on prevention, supporting staff to avoid illness or injury and, where events do occur, working to retain individuals in the workplace.

3.2.4. The Health and Safety Executive statistics recently reported that "In 2009/10 an estimated 1.3 million people who had worked in the last 12 months, and a further 0.8 million former workers, suffered from ill health which they thought was work related."[9] The same report notes that musculoskeletal disorders (572,000) and stress (435,000) were the most commonly reported illness types. We also know from HSE statistics that the 'health and social work' and 'public administration and defence' employment sectors had prevalence rates of work-related illness statistically significantly higher than average.

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9   *The Health and Safety Executive Statistics 2009/10*, HSE, October 2010

3.2.5. A priority area for action will therefore be **musculoskeletal disorders** as this workforce health issue causes significant sickness absence across NHSScotland.

Staff Story

Client

A female nurse in a busy orthopaedic trauma unit self referred to the occupational health physiotherapy service because of back and leg pain which had come on during a 12½ hour shift. There was no history of any specific accident/injury though the shift had been very busy with patient handling activities. At the time, the nurse felt this problem was not severe enough to require a GP appointment. However, the pain increased significantly over the following two days when she was off, leading to absence from work. She phoned the occupational health physiotherapy service at the hospital and referred herself. She was given immediate self-management advice over the telephone and was e-mailed further information. She was also given an appointment to attend for treatment the following day.

Outcomes

Although the nurse required to be off work for a short period, the speedy advice, assessment and treatment she received from the occupational health physiotherapy service allowed her to get back to work in a timely and safe manner. The specialist service provided advice about modified duties and hours of work in keeping with her stage of recovery. A return to work programme also assisted in her functional rehabilitation and enabled her to continue to actively engage at work which was something she had been worried about. She found the service to be very beneficial as it helped her get back to work more quickly than she would otherwise have been able to. It also allowed her quick access to support at a location that was convenient to her workplace. She felt the workplace input was invaluable for her and also supported other staff in her workplace.

3.2.6. A second priority for action is promoting a **mentally healthy workplace**. The NHSScotland approach must be to adopt policies and approaches that are proactive and are aimed at minimising activity that leads to workplace stress and ill health (through, for example, strong management practices and effectively managed change processes). It also includes working with people who are facing stresses and strains elsewhere in their lives to help support them in the workplace. *Towards a Mentally Flourishing Scotland*[10] outlines the proposed future direction for mental health improvement and population mental health in Scotland.

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10 *Towards a Mentally Flourishing Scotland*, Scottish Government, October 2007

Staff Story

Client

A woman working in housekeeping services was reported to be a good worker who was frequently moved from place to place to cover different areas. She was absent from work, and reported feeling stressed, overloaded and was experiencing difficulties coping at work. She presented with anger issues and issues with her mood which were impacting on relationships at work and home.

Assessment and services provided

The woman was initially seen for a psychological assessment to ensure appropriateness of service. She was then offered a series of appointments for therapy and attended six in total. The assessment highlighted that she was suffering with post-traumatic stress disorder (PTSD) relating to previous events in her personal life; there was an unresolved significant bereavement and significant difficulties with assertiveness. The therapy focused on the unresolved grief, the assertiveness difficulties and worked through the traumas which led to the PTSD.

Outcomes

The woman returned to work on discharge from the staff psychology service. She was able to assert herself to address the work issues which were contributing to her feeling overwhelmed. Her grief was resolved as were the symptoms of PTSD. Her mood was also improved as were relationships at work and home.

Summary and actions:

▶ *NHSScotland Boards must assure themselves as employers that they are meeting all statutory standards and health and safety regulations as a matter of course.*

▶ *NHSScotland Boards are expected to enhance the standard of occupational health and safety provision through risk assessment, meeting accreditation standards and a process of continuous quality assurance and improvement.*

▶ *The key priority is to focus on prevention, supporting staff by avoiding illness or injury and, where events do occur, work to retain individuals in the workplace.*

▶ *The NHSScotland approach must be to adopt policies and approaches which are proactive and are aimed at minimising activity that leads to workplace stress and ill health (through, for example, strong management practices and effectively managed change processes). It also includes working with people who are facing stresses and strains elsewhere in their lives to help support them in the workplace.*

3.3 Safe

NHSScotland's ambition is that there will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times. This strategic framework clarifies that this commitment extends to staff.

3.3.1. A safe environment for the workforce is equally as essential as a safe environment for patients. NHSScotland is the first health service in the world to adopt a national approach to improving patient safety. The Patient Safety Programme aims to improve steadily the safety of hospital care right across the country. This is being achieved using evidence-based tools and techniques to improve the reliability and safety of everyday health care systems and processes. In the same way, attention must now be focussed on delivering the same steady improvement in the provision of a safe working environment for all staff across NHSScotland, ensuring this complements and builds upon the patient safety programme as appropriate. A safe working environment includes reducing accidents and injuries, reducing hazards e.g. through improving the physical environment and tackling psychosocial issues (such as stress, violence, bullying, and alcohol misuse), as well as providing support for those with musculoskeletal disorders and other disabling conditions.

3.3.2. It is recommended that there should be a rolling programme of activity to improve safety across NHSScotland. In the first instance, NHSScotland Boards will focus on tackling two priority areas in relation to workforce safety:

Aggression and Violence

3.3.3. Aggression and violence related incidents account for the highest percentage of recorded staff related incidents within the majority of NHS Boards in Scotland. A number of years ago, in an attempt to address this growing trend, the Scottish Government launched a "zero tolerance approach" to dealing with such incidents. This included the consideration of withdrawing clinical care for repeat offenders and the pursuit of offenders through the criminal justice system. However, incidents of aggression and violence still continue to be the major cause of recorded staff related incidents.
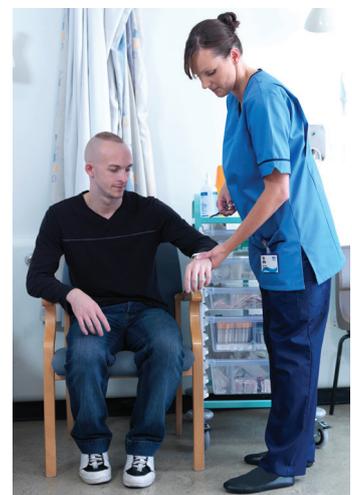
3.3.4. The Emergency Workers (Scotland) Act 2005 provides protection for emergency workers who have to respond to emergency circumstances in the course of their employment. In April 2008, the Act was extended providing doctors, nurses and midwives with protection from obstruction or hindrance whenever they are on duty.

Staff Story

Client

A charge nurse from a medical admission ward had arrived for an early shift to find the night staff in tears. Some staff were refusing to come in to work that night and some were threatening to call the police.

It transpired that the staff had been verbally and physically assaulted during the night shift. The staff were dealing with a gentleman admitted that day. The man had been pleasant and compliant throughout the day, however, he had been incontinent during the night on several occasions and each time the staff attended to him, they were being sworn at, threatened, punched and scratched.

The staff had never experience this level of aggression before, but were concerned about leaving the gentleman in a wet bed.

Assessment and services provided

A violence and aggression advisor visited the ward that morning to assess the situation and offer advice and consultancy.

On assessment, the violence and aggression advisor found that the gentleman was only aggressive during the night and when staff were changing him. The violence and aggression advisor suggested alternative approaches which reduced the need to change bedding during the night.

Outcomes

The staff were able to leave the gentleman to sleep during the night. Staff felt relieved that the solution was not physical restraint and were happy with the focus on addressing the underlying cause of the aggression rather than the aggression itself.

Staff were encouraged to attend management of violence and aggression training to increase their confidence and competence in managing difficult situations. The charge nurse called staff together to reflect on the incident, to discuss concerns and to identify learning points for the future.

3.3.5. Aggression and violence towards staff remains a significant issue, and NHSScotland Boards must therefore give priority to addressing this, both to reduce incidents and to help staff in dealing with such incidents and their consequences.

Slips, Trips and Falls

3.3.6. The second highest percentage of recorded staff related incidents within the majority of NHSScotland Boards is termed as slips, trips and falls. These may be caused by staff falling due to slippery floor surfaces or as a result of attempting to catch an unstable patient while providing assistance to them. The HSE has recently targeted a number of Boards with the intention of ensuring that "Slips Strategy Documents" such as policies and procedures are in place to assess the adequacy and suitability of flooring and cleaning regimes.

3.3.7. Tackling these challenges will ensure a safer working environment for all employees, and will also free up resources that would otherwise be spent treating the consequences of these incidents. All employees have a responsibility for their own safety, including seeking to avoid such incidents, where possible. In addition, it is widely recognised that expertise exists within the workforce that can be used to help create a safer working environment. A bottom up approach building on existing partnership working arrangements and employee engagement activities should be encouraged.

Staff Story

Client

When an NHSScotland Board moved into new accommodation there were a number of slip incidents at the entrance to the building due to the polished marble flooring which became slippery when wet. It was clear that visitors and staff were equally vulnerable and that the costs (actual and potential) associated with slipping accidents were very high. A single slipping incident could cost the Board £15,000 or more.

Assessment and services provided

Following an assessment, a decision was made on three interim actions. These were designed to do three important things:

- improve the drying of customers' footwear as they entered the building.
- identify when water was being walked in onto the floor.
- respond to and remove any 'walk in' water.

Supplementary matting was provided to be laid out in wet weather to provide a large, continuous shoe-drying surface.

Permanent reception staff were already on duty at the main building entrance. They were instructed to ensure that the supplementary mats remained in position, did not fold so as to cause tripping and to continually check to see if water was being walked in beyond the mats.

Cleaning staff were told to respond immediately to a call from reception to replace any wet supplementary matting and to dry mop any walked in water. In particularly bad weather or periods when there was a lot of pedestrian traffic a cleaner would be on standby duty at the entrance to deal with floor contamination.

Umbrella stands were provided at the building entrance door so that rain water from umbrellas did not drip onto the floor.

Outcomes

The interim changes were not seen as a long-term solution but were adopted as sensible responses pending a more permanent floor surface and building entrance systems review. The number of reported slips incidents was reduced significantly within the interim period with staff appreciating that their ongoing safety was being recognised and catered for.

3.3.8. In taking forward all four of the priority areas, NHSScotland Boards need to consider how the broader *Health Works* activity can benefit their own workforce. *Health Works* focuses on ensuring NHSScotland services improve access and care pathways for people in the general population whose health is affecting their capacity to work. The principles and practice of *Health Works* apply equally to serving the NHS workforce, and will enable staff to access and benefit from services predominantly provided to patients.

3.3.9. Exercise can play an important role in promoting positive health and wellbeing amongst staff. A total of 30 minutes of moderate intensity exercise, five days a week, will not only help reduce the risk of heart disease, cancer and diabetes, but will also reduce stress levels. The Green Exercise Partnership, in a project inspired by *A games legacy for Scotland* called NHS Greenspace, has offered support to those NHSScotland Boards which want to develop the NHS estate to promote better health for patients, visitors, staff and the wider community.

3.3.10. The efficiency of NHSScotland should also be improved further to ensure the benefits of a unified health service are more fully realised – for example, through proactively sharing good practice across NHSScotland, and Boards more proactively learning from each other to deliver excellent services and care. This should be supported through the utilisation of national and local partnership arrangements, as well as more effective use of the Staff Governance website. Wider partnerships with other agencies should also be considered, including sharing delivery of services, where appropriate.

3.3.11. The NHSScotland ambition is to be an exemplar employer in relation to the provision of occupational health and safety; to be a centre of excellence and to work with public sector partners to share good practice, learn from experience, and, ultimately, to ensure excellent occupational health and safety provision across Scotland.

Summary and actions:
▶ *NHSScotland Boards must give priority to addressing aggression and violence towards staff, both to reduce incidents and to help staff in dealing with such incidents and their consequences.*
▶ *All employees have a responsibility for their own safety, and to seek to avoid slips, trips and falls, where possible.*

▶ *A bottom up approach to developing activity to reduce slips, trips and falls is advantageous and should be encouraged, building on existing partnership working arrangements and employee engagement activities.*

▶ *The efficiency of NHSScotland should be improved further to ensure the benefits of a unified health service are more fully realised – for example, through proactively sharing good practice across NHSScotland, and Boards more proactively learning from each other to deliver excellent services and care.*

Chapter 4: Governance and Measures

4.1. NHSScotland Boards must demonstrate clear leadership and reassure themselves that governance arrangements in accordance with the Staff Governance Standard are in place to enable accountability at Board level for delivery of occupational health and safety standards. This will ensure that leadership for occupational health and safety is embedded at the very top of the organisation and that occupational health and safety is an integral part of NHSScotland Board staff governance arrangements. Boards should also recognise that clinical occupational health is a clinical specialism, and must be included within clinical governance arrangements.

4.2. As part of embedding governance arrangements, NHSScotland Boards are expected to clarify roles and responsibilities, at every level of the organisation, to ensure high standards of occupational health and safety are delivered. Boards must ensure that, where appropriate, existing local occupational health and safety strategies and plans are reviewed and revised, to ensure consistency with the approach and priorities identified in this strategic framework. They must also ensure there are appropriate monitoring and audit arrangements in place to measure progress and to ensure that risk management and governance arrangements in relation to occupational health and safety are in place and working well, for example through the utilisation of a closed loop health and safety management system.

4.3. At a national level, the Occupational Health and Safety Strategic Forum (OHSSFor) will play a leading role in facilitating the delivery of high standards of occupational health and safety across NHSScotland through steering implementation, as appropriate, in relation to national delivery of actions, monitoring and evaluation of progress. This should include measuring progress against the four identified priority areas for action (mental health and wellbeing, musculoskeletal disorders, violence and aggression, and slips, trips and falls). OHSSFor will also consider whether any additional guidance or standards are required to assist Boards with implementation, as well as reviewing and, where

required, introducing systems for collecting and considering data and evidence, and for gathering good practice and disseminating to other Boards. Over time, OHSSFor will also review the priority areas for action with a view to advising Ministers and the Management Steering Group (MSG) on whether other priority areas should be adopted. This work will be taken forward, working closely with the Scottish Workforce and Staff Governance Committee (SWAG).

4.4. In addition to its continuing role as a co-chair of OHSSFor, the Scottish Government will provide the overall policy direction for occupational health and safety for NHSScotland, and ensure that policies and approaches developed and implemented take account of broader government policy.

4.5. This overarching programme of activity will lead to the delivery of a number of outcomes, such as a safer working environment, improved staff health and wellbeing, and improvements in staff attendance. This will be demonstrated through a number of measures of success, such as an increased level of staff engagement and a reduction in incidents across the four priority areas, which in turn can be measured through, for example, the staff survey, sickness absence targets, and the Occupational Health and Safety minimum dataset.

Summary and actions:
► *NHSScotland Boards must demonstrate clear leadership and reassure themselves that appropriate governance arrangements via the Staff Governance Standard at Board level are in place to enable accountability at local level for delivery of occupational health and safety standards.*
► *NHSScotland Boards are expected to clarify roles and responsibilities at every level of the organisation to ensure high standards of occupational health and safety are delivered.*
► *NHSScotland Boards must ensure that, where appropriate, existing local occupational health and safety strategies and plans are reviewed and revised, to be consistent with the approach and priorities identified in this strategic framework.*
► *NHSScotland Boards must ensure there are appropriate monitoring and audit arrangements in place to measure progress and to ensure that governance arrangements in relation to occupational health and safety are in place and working well, for example through the utilisation of a closed loop health and safety management system.*

- ▶ *NHSScotland Boards should recognise clinical occupational health as a specialism to be included within clinical governance.*
- ▶ *The Occupational Health and Safety Strategic Forum (OHSSFor) will play a leading role in facilitating the delivery of high standards of occupational health and safety across NHSScotland, through steering implementation, as appropriate, in relation to national delivery of actions, monitoring and evaluation of progress.*
- ▶ *OHSSFor will consider whether any additional guidance or standards are required to assist NHSScotland Boards with implementation, as well as reviewing and, where required, introducing systems for collecting and considering data and evidence, and for gathering good practice and disseminating to other Boards.*
- ▶ *Over time, OHSSFor will review existing priority areas for action, with a view to advising Ministers and MSG on whether other priority areas should be adopted.*
- ▶ *This work will be taken forward, working closely with the Scottish Workforce and Staff Governance Committee (SWAG).*
- ▶ *The Scottish Government will provide the overall policy direction for occupational health and safety for NHSScotland, and ensure that policies and approaches developed and implemented take account of broader government policy.*

Chapter 5: Conclusion

5.1. This strategic framework builds on good practice that already exists across NHSScotland. Partnership working and strong leadership at all levels in NHSScotland and beyond will be crucial in taking forward this programme of work. NHSScotland Boards should make use of the strong partnership working arrangements that already exist to engage the workforce in the development and improvement of occupational health and safety provision within NHSScotland.

5.2. Successful delivery will result in NHSScotland Boards having a clearer direction of travel for the development of occupational health and safety which is person-centred and demonstrates a clear commitment to the health, wellbeing and safety of staff. The framework will assist Boards in determining future occupational health and safety provision, taking account of the four priority areas, and ensuring that occupational health and safety is incorporated into the wider health and wellbeing agenda. The development of an occupational health and safety minimum dataset will give Boards robust data to inform activity at a local level, as well as providing accountability at a national level.
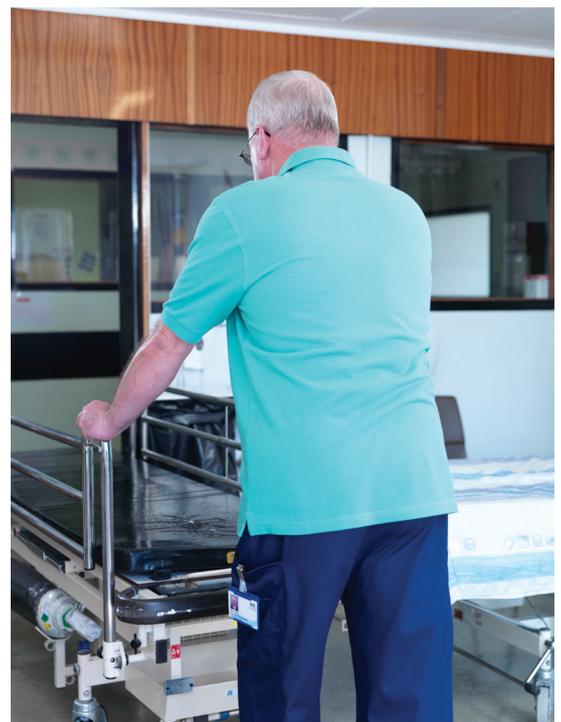
5.3 The framework will contribute towards the delivery of the right of all staff to be provided with an improved and safe working environment, as specified in the Staff Governance Standard, while at the same time clarifying the responsibilities of staff at all levels of the organisation, in actively promoting health, safety and well being in the workplace.

5.4. Success will be demonstrated by improvements in employee attendance and engagement, patient experience and service delivery, workforce efficiency/productivity, and the health, wellbeing and safety of the workforce. Ultimately, this benefits NHSScotland Boards, managers, staff and patients.

Appendix 1

SAFE AND WELL AT WORK: OCCUPATIONAL HEALTH AND SAFETY STRATEGIC FRAMEWORK FOR NHSSCOTLAND

Publications

The Staff Governance Standard (3rd Edition), Scottish Government, 2007

A Force for Improvement, Scottish Government, January 2009

Better Health, Better Care: Action Plan, Scottish Government, December 2007

Common Sense, Common Safety, Lord Young of Graffham, September 2010

Health and Safety at Work etc Act 1974

Health Works: A Review of the Scottish Government's Healthy Working Lives Strategy, Scottish Government, December 2009

HSG 65 *Successful Health and Safety Management*, HSE Books 1997 (www.dwp.gov. uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf)

Leading Health and Safety at Work: Leadership Action for Directors and Board Members, Institute of Directors, Health and Safety Executive, October 2007

Management of Health and Safety at Work Regulations 1999

Managing Health at Work, Partnership Information Network (PIN), 2005

NHS Health and Well-being, Steve Boorman Final Report, November 2009.

NHSScotland Occupational Health Nursing Strategy 2010-2013

Partnership for Occupational Safety and Health in Healthcare (POSHH): *Occupational Health and Safety Standards:* www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/Pages/ HealthAndSafetyStandards.aspx

Towards a Mentally Flourishing Scotland, Scottish Government, October 2007

Patient Rights (Scotland) Bill, Scottish Parliament, March 2010

Self-reported work-related illness and workplace injuries in 2008/09: Results from the Labour Force Survey, Health and Safety Executive, March 2010

The Healthcare Quality Strategy for NHSScotland, Scottish Government, May 2010

Working for a healthier tomorrow, Dame Carol Black, March 2008

Working Together: Staff involvement and organizational Performance in the NHS. Final Report, West et al., 2005

Useful Links

Better Together: Scotland's Patient Experience Programme,
www.bettertogetherscotland.com

Scottish Centre for Healthy Working Lives, www.healthyworkinglives.com

Information Services Division (ISD), www.isdscotland.org

Keep Well, www.keepwellscotland.org.uk

Scotland's Health on the Web (SHOW), www.show.scot.nhs.uk

Scottish Government, www.scotland.gov.uk

Scottish Government's Health and Work webpages,
www.scotland.gov.uk/Topics/Health/workingage-1

Scottish Patient Safety Programme,
www.patientsafetyallicance.scot.nhs.uk/programme

Staff Governance, www.staffgovernance.scot.nhs.uk

Working Well Challenge Fund,
www.scotland.gov.uk/Topics/Health/HNHS-Scotland/nhsworkforce/experience/
wwchallenge

Appendix 2

SAFE AND WELL AT WORK: OCCUPATIONAL HEALTH AND SAFETY STRATEGIC FRAMEWORK FOR NHSSCOTLAND

SUMMARY OF ACTIONS

Actions for the Scottish Government

- The Scottish Government will provide the overall policy direction for occupational health and safety for NHSScotland, and ensure that policies and approaches developed and implemented take account of broader government policy.

Actions for the Occupational Health and Safety Strategic Forum (OHSSFor)

- The Occupational Health and Safety Strategic Forum (OHSSFor) will play a leading role in facilitating the delivery of high standards of occupational health and safety across NHSScotland, through steering implementation, as appropriate, in relation to national delivery of actions, monitoring and evaluation of progress.

- OHSSFor will consider whether any additional guidance or standards are required to assist NHSScotland Boards with implementation, as well as reviewing and, where required, introducing systems for collecting and considering data and evidence, and for gathering good practice and disseminating to other Boards.

- Over time, OHSSFor will review existing priority areas for action, with a view to advising Ministers and MSG on whether other priority areas should be adopted.

- This work will be taken forward, working closely with the Scottish Workforce and Staff Governance Committee (SWAG).

Actions for NHSScotland Boards

Approach to Occupational Health and Safety:

- NHSScotland Boards must ensure robust and effective management systems for occupational health and safety are in place, fully integrated into general management systems with an emphasis on risk assessment and control measures to proactively protect staff and reduce injury or illness. These management systems should not operate in a silo, but need to take account of a range of wider strategic policies which impact on the workforce at local and national level.

- NHSScotland Boards must ensure their systems of management of occupational health and safety risk and controls are fully in place and operating, before

focussing attention on priority areas for action to ensure a positive step change improvement in occupational health and safety performance.

- NHSScotland Boards are expected to develop a unique local approach encompassing in full the requirements of effective health and safety management, and extending this to encompass the focus on health promotion and wellbeing, along with resilience and mental health support.

- NHSScotland Boards must assure themselves as employers that they are meeting all statutory standards and health and safety regulations as a matter of course.

- NHSScotland Boards are expected to enhance the standard of occupational health and safety provision through risk assessment, meeting accreditation standards and a process of continuous quality assurance and improvement.

- NHSScotland Boards must ensure that, where appropriate, existing local occupational health and safety strategies and plans are reviewed and revised, to be consistent with the approach and priorities identified in this strategic framework.

- NHSScotland Boards are encouraged to share their experiences and expertise with other Boards, and, where appropriate, to work with other Boards and partners to look for opportunities for joint working and sharing services.

Staff Support and Engagement:

- All staff across NHSScotland must have equal access to comprehensive, competent, confidential and quality occupational health and safety advice services.

- NHSScotland Boards must promote and support staff engagement and partnership working, making use of local structures, including local health and safety committees.

- NHSScotland Boards should be proactive in informing and supporting staff to manage and maintain their health, and to manage ill health in a constructive manner.

Delivery of Occupational Health and Safety Services:

- NHSScotland Boards must focus on ensuring all staff, including occupational health and safety staff, are appropriately trained and educated.

- NHSScotland Boards should recognise clinical occupational health as a specialism to be included within clinical governance.

Governance Arrangements:

- NHSScotland Boards must demonstrate clear leadership and reassure themselves that appropriate governance arrangements via the Staff Governance Standard at Board level are in place to enable accountability at local level for delivery of occupational health and safety standards.

- NHSScotland Boards are expected to clarify roles and responsibilities at every level of the organisation to ensure high standards of occupational health and safety are delivered.

Monitoring Progress:

- NHSScotland Boards must ensure there are appropriate monitoring and audit arrangements in place to measure progress and to ensure that risk management and governance arrangements in relation to occupational health and safety are in place and working well, for example through the utilisation of a closed loop health and safety management system.

Actions for Staff

- Staff need to take responsibility for their own health, safety and wellbeing. This includes employee duties under Section 7 of the Health and Safety at Work Act and Regulation 14 of the Management of Health and Safety at Work Regulations.

- All employees have a responsibility for their own safety, and to seek to avoid slips, trips and falls, where possible.

- A bottom up approach to developing activity to reduce slips, trips and falls is advantageous and should be encouraged, building on existing partnership working arrangements and employee engagement activities.

Appendix 3

SAFE AND WELL AT WORK: OCCUPATIONAL HEALTH AND SAFETY STRATEGIC FRAMEWORK FOR NHSSCOTLAND

OCCUPATIONAL HEALTH AND SAFETY STRATEGIC FORUM (OHSSFor)

MEMBERSHIP

The Forum is co-chaired by John Burns, Chief Executive of NHS Dumfries and Galloway (on behalf of the Management Steering Group of NHSScotland) and Dr Ingrid Clayden, Interim Director of Health Workforce, The Scottish Government. The full membership comprises the following:

John Burns, Chief Executive, NHS Dumfries and Galloway (co-chair)
Dr Ingrid Clayden, Interim Director of Health Workforce, Scottish Government (co-chair)
Irene Bonnar, Senior Occupational Health Nurse Manager, NHS Borders
Julie Carter, Director of Finance, National Waiting Times Centre
Emma Currer, Royal College of Midwives
Roderick Duncan, Head of Community Health Improvement (including workplace health and wellbeing), Scottish Government
Joanne Gillies/Jane Hamilton, Head of Employee Experience, Health Workforce Directorate, Scottish Government
Dr Chris Kalman, NHS Lothian (representing SOPG)
Lynne Khindria, formerly Director of Human Resources, NHS Lanarkshire (until September 2010)
Rona King, Director of Human Resources, NHS Fife
Lynn McDowall, Royal College of Nursing (until December 2010)
Dr Elizabeth Murphy, British Medical Association
John Nicholls, Deputy Director, Health Workforce, Scottish Government
Ian Wilson, NHS Lothian (representing IOSH)

The Secretariat for the Forum is provided by the Employee Experience Unit of the Scottish Government Health Workforce Directorate.

The Scottish Government

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