

HEALTH AND SAFETY MANAGEMENT

Standard

There is a managed environment which ensures, as far as is reasonably practicable, the health, safety and welfare of all service users, staff, visitors, contractors and all others who are affected by the activities of the organisation.

Overview

With removal of Crown Immunity, all HPSS organisations are subject to the full impact of health and safety legislation and the law requires HPSS employers to properly manage health and safety. The law sets minimum standards for health and safety management. Failure to meet these minimum legal standards can result in enforcement action, including prosecution of Chief Executives, Directors and Senior Managers.

The Department's Guidelines on HPSS Health and Safety Issues (HSS (Gen1) 4/2000) requires HPSS employers to "ensure that they are aware of and comply with their statutory health and safety obligations." A management framework for complying with statutory health and safety obligations is contained in the 'Management of health and safety in the health services' publication issued by the Health and Safety Commission's Health Services Advisory Committee (HSAC).

The law on health and safety is voluminous, wide-ranging and complex. This standard attempts to help HPSS organisations identify significant 'high level' weaknesses in the management of health and safety in its broadest sense. It is not a substitute for having access to competent health and safety advice.

It should be pointed out that while most of this standard addresses occupational health and safety, the Health and Safety at Work (Northern Ireland) Order covers non-employees (e.g. patients and visitors). Thus the spirit of this standard involves a commitment to the safety of all service users and the general public.

Assessment Guidance

HPSS organisations vary significantly in size and in the nature of the services they deliver. It follows that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the

criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HPSS organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

KEY REFERENCES

Northern Ireland (1995) Great Britain (1994) *The Construction (Design and Management) Regulations (Northern Ireland) 1995.*(SR 1995No.209).

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Northern Ireland (2003) *Control of Substances Hazardous to Health Regulations (Northern Ireland)2003 (SR 2003 No. 34) and Control of Substances Hazardous to Health (Amendment) Regulations (Northern Ireland) 2003 .(SR 2003 No.288)*

Control of substances hazardous to health (fourth edition) – Approved Code of Practice and Guidance. L5 ISBN 0-7176-2534-6 HSE Books.

Northern Ireland (1991) *Electricity at Work Regulations (Northern Ireland) 1991. (SR 1991 No. 13)*

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Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978. (S.I.1978/1039 (N.I. 9)). The Stationery Office..*

Northern Ireland (2000) *Ionising Radiations Regulations (Northern Ireland) 2000. (SR 2000 No.375).*

Work with Ionising radiation- Approved Code of Practice and Guidance L121 ISBN 0-7176-1746-7 HSE Books.

Northern Ireland (2000) *The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 (IRMER) (SR 2000 No.194). The Stationery Office.*

Northern Ireland (1999) *Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 .(SR 1999 No.304).*

Safe use of lifting equipment – Approved Code of Practice L113 ISBN 0-7176-1628-2 HSE Books.

Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* .(SR 2000 No.388).

Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books.

Northern Ireland (1992) *Manual Handling Operations Regulations (Northern Ireland) 1992*. (SR 1992 No.535).

Manual Handling - Guidance on Regulations HSENI 02 03 A ISBN 0-33-708544-7 The Stationery Office.

Northern Ireland (1993) *Personal Protective Equipment at Work Regulations (Northern Ireland) 1993*. (SR 1993 No.20).

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Northern Ireland (1997) *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR)*. (SR 1997 No. 455).

A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 HAS 31 (Rev 98) ISBN 0-337-11259-2 The Stationery Office

Northern Ireland (1979) *Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979*. (SR 1979 No.437). Amended by SR 1992/459; SR 1996/511; SR 1999/150; SR 2000/87; SR 2000/388

Code of Practice and Guidance. HSENI 02 03 C Free HSENI publication.

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Northern Ireland (1993) *Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993*..(SR 1993 No. 37).

Workplace Health, Safety and Welfare – Approved Code of Practice 66/HAS/96 ISBN 0-337-11222-3 The Stationery Office.

Health and Safety Commission *Directors' Responsibilities for Health and Safety.*
HS (G) 65

Health and Safety Executive *Successful Health and Safety Management.* ISBN 0-7176-1276-7 HSE Books.

Health Services Advisory Committee (1997) *Management of health and safety at work in the health services.* ISBN 0-7176-0844-1 HSE Books.

Health Services Advisory Committee (1998) *Manual Handling in the health services.* ISBN 0-7176-1248-1 HSE Books.

Health Services Advisory Committee (1993) *The management of occupational health and safety services for healthcare staff.* ISBN 011882127X HSE Books.

Health Services Advisory Committee (1998) *Manual handling in the health services*
ISBN 0-7176-1248-1 HSE Books.

Health Services Advisory Committee (1998) *Guidance on Manual handling of loads in the health services.* ISBN 0-1188-6354-1 HSE Books.

Health Services Advisory Committee (1999) *Safe Disposal of clinical waste.* ISBN 0-7176-2492-7 HSE Books.

Health Services Advisory Committee (1997) *Violence and aggression to staff in the health service: guidance on assessment and management.* ISBN 0-7176-1466-2 HSE Books.

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DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services HSS (Gen1) 4/2000*

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NHS Executive (1999) *Working together, securing a quality workforce for the NHS: managing violence, accidents and sickness absence in the NHS; the performance management process for incidents of violence to staff, accidents and sickness absence* HSC 1999/229 1999

DHSSPSNI 1998 *Amendment to the General Working Terms and Conditions of Service Handbook -Working Time Regulations* HSS (TC1) 5/98 supplemented by HSS (GEN1)3/98

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Northern Ireland HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services

Northern Ireland HSS (PPM) 10/2002 – Governance in the HPSS: *Clinical and Social Care Governance – Guidelines on Implementation*

Northern Ireland HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management

Northern Ireland HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Northern Ireland HSS (PPM) 8/04 Governance in the HPSS: Controls Assurance Standards – Update

Northern Ireland DAO (DFP) 5/2001 – Corporate Governance: *Statement on Internal Control*

Northern Ireland DAO (DFP) 25/2003 – *Statement of Internal Control*

INDEX OF HEALTH AND SAFETY MANAGEMENT CRITERIA

Criteria 1 to 4 inclusive (Accountability)

Board level responsibility for health and safety is clearly defined and there are clear lines of accountability for health and safety matters throughout the organisation, leading to the Board.

Where required, there is a health and safety committee, or equivalent, constituted and working according to the requirements laid down in HSS (Gen1) 4/2000 and Article 4(7) of the Health and Safety at Work (Northern Ireland) Order 1978, which facilitates consultation on all health and safety matters.

The organisation has a health and safety policy that complies with the requirements of the Health and Safety at Work (Northern Ireland) Order 1978, Health Services Advisory Committee guidance and HSS (Gen 1) 4/2000.

Individual directorates/departments have health and safety procedures, which address their own specific health and safety concerns and are compatible with the organisation's overall policy.

Criteria 5 to 15 inclusive (Processes)

All staff are made aware of the organisation's health and safety policy and, where appropriate, any directorate/departmental policies.

Staff and safety representatives are properly consulted on health and safety matters.

Compliance with health and safety legislation is routinely monitored.

Health and safety incidents, including injuries, diseases and dangerous occurrences, are dealt with in accordance with the processes contained in the Risk Management standard.

Where two or more employers share the workplace, there is demonstrable evidence of co-operation on and co-ordination of health and safety measures.

Contractors are briefed on health and safety requirements and, where appropriate, contractual obligations are formally notified.

Plans are in place to address all situations that pose serious or imminent danger.

The effectiveness with which management of health and safety responsibilities has been carried out is systematically assessed within individual performance reviews.

Manual handling operations that involve risk of injury are, where possible, avoided. Risk of injury relating to any remaining manual handling operations is reduced to the lowest level reasonably practicable.

All risks to employees and to other persons affected by the activity of the organisation are continuously and systematically assessed.

The risk control measures identified during risk assessments are implemented in order of priority.

Criterion 16 (Monitoring and review)

All identified health and safety risks and the effectiveness of implemented risk treatments are monitored and reviewed on a continuous basis.

Criteria 17 & 18 (Processes)

The Board is informed of and, where necessary, consulted upon all significant health and safety risks and associated treatment plans on a continuous basis.

Other stakeholders are kept informed and, where appropriate, consulted on the management of health and safety risk.

Criteria 19, 20 & 21 (Capability)

There are sufficient 'competent persons' to provide health and safety assistance to the organisation.

There is access to up-to-date information on health and safety legislation and guidance, including DHSSPSNI guidance, to all within the organisation who require the information.

Employees, including managers and the Board, are provided with adequate information, instruction and training on health and safety matters.

Criterion 22 (Outcomes)

Key indicators capable of showing improvements in health and safety management and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

Criterion 23 (Monitoring and review)

The system in place for health and safety management, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Criterion 24 (Internal Audit)

The Board seeks independent assurance that an appropriate and effective system of managing health and safety is in place and that the necessary level of controls and monitoring are being implemented.

Criterion 1

Board level responsibility for health and safety is clearly defined and there are clear lines of accountability for health and safety matters throughout the organisation, leading to the Board.

Source

- NHS Executive (1999) *Clinical Governance in the New NHS*. HSC 1999/065. 1999
- NHS Executive (1999) *Governance in the New NHS. Controls Assurance Statements 1999/2000 Risk Management and Organisational Controls*. HSC 1999/123. 1999.
- HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.
- HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland
- DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services* HSS (Gen1) 4/2000
- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

The Chief Executive of the organisation has the overall statutory responsibility for managing health and safety. Guidance may be found in the HSC leaflet “Directors’ Responsibilities for Health and Safety”, INDG 343.

Five “action points” are suggested:

- Action 1: the Board needs to accept formally and publicly its collective role in providing health and safety leadership in its organisation.
- Action 2: each member of the Board needs to extract their individual role in providing health and safety leadership for their organisation.
- Action 3: the Board needs to ensure that all board decisions reflect its health and safety intentions, as articulated in the Health & Safety Policy Statement.
- Action 4: the Board needs to recognise its role in engaging the active participation of workers in improving health and safety.
- Action 5: the Board needs to ensure that it is kept informed of, and alerted to, relevant health and safety risk management issues. The Health and Safety Commission recommends that Boards appoint one of their number to be the “health and safety director”.

Clear lines of accountability throughout the organisation should be established, defining the relationship between the Risk Management committee, or equivalent, and the Health and Safety Committee. Heads of directorates or departments are responsible for managing health and safety in their areas of control and the Health and Safety Policy should encompass the issue of delegation of responsibility for health and safety management to people with appropriate decision making authority, who are

competent to deal with the issues arising and who are provided with sufficient time and resources to fulfil these management functions.

Examples of Verification

- Accountability arrangements chart
- Job descriptions for appropriate managers
- Committee Terms of Reference
- Board minutes

Links with other standards

All standards (generic criterion)

Criterion 2

Where required, there is a health and safety committee, or equivalent, constituted and working according to the requirements laid down in HSS (Gen1) 4/2000 and Article 4(7) of the Health and Safety at Work (Northern Ireland) Order 1978, which facilitates consultation on all health and safety matters.

Source

- Northern Ireland (1996) *The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) 1996. (SR 1996 No.511)*
- *A Guide to the Health and Safety (Consultation with Employees) Regulations (Northern Ireland) 1996 – Guidance on Regulations 91 HSA 97 ISBN 0-337-11245-2 The Stationery Office.*
- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978. The Stationery Office. (S.I.1978/1039 (NI.9))*
- Northern Ireland (1979) *Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979 (SR1979 No. 437). Amended by SR 1992/459; SR 1996/511; SR 1999/150; SR 2000/87; SR 2000/388*
- *Code of Practice and Guidance. HSENI 02 03 C Free HSENI publication.*
- DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services HSS (Gen1) 4/2000*

Guidance

HPSS organisations should set up a Health and Safety Committee, which meets regularly and includes a senior manager representing the Chief Executive. Membership and composition of the committee should be posted. The committee should have equal representation of staff and management and should include not only line managers but also others who have responsibility for health and safety, such as estates professionals. Safety committees should meet as often as necessary, the frequency of meetings will depend on the volume of business, as well as local conditions such as the size of the workplace, the numbers employed, the kind of work carried on and the degree of inherent risks. To facilitate consultation on health and safety issues the committee should consider drawing up agreed objectives and terms of reference, with particular regard to the following:

- The study of accident/ notifiable disease statistics and trends, so that reports can be made to management on unsafe or unhealthy conditions and practices, along with recommendations for remedial action.
- Examination of safety audit reports.
- Analysis of information and reports provided by enforcing authority inspectors, e.g. HSE and District Council inspectors. Consideration of reports from appointed safety representatives.
- The development, introduction and monitoring of works safety rules and safe systems of work.
- The constant appraisal of the effectiveness of safety training.
- Monitor the adequacy of safety and health communication and awareness in the workplace.
- The provision of a link with the appropriate inspectors appointed by the enforcing

authority.

Examples of Verification

- Health and Safety Committee, or equivalent, minutes.

Links with other standards

None

Criterion 3

The organisation has a health and safety policy that complies with the requirements of the Health and Safety at Work (Northern Ireland) Order 1978, Health Services Advisory Committee guidance and HSS (Gen1) 4/2000

Source

- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978*. The Stationery Office, (S.I.1978/1039 (NI.9))
- Health and Safety Commission *Directors' Responsibilities for Health and Safety*, HS (G) 65
- Health and Safety Executive *Successful Health and Safety Management*. ISBN 0-7176-1276-7 HSE Books.
- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books.
- DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services* HSS (Gen1) 4/2000

Guidance

Every employer must prepare, and routinely revise, a written statement of the organisation's policy on health and safety together with the arrangements currently in place for carrying out that policy. The health and safety policy should be clearly written and should:

- Contain a general statement of aims and objectives for improving health and safety.
- Contain an organisational structure that specifies who is responsible for doing what.
- Specify the systems/procedures that are in place for identifying hazards, assessing risks, and controlling and reviewing them.
- Express clear commitment to the health and safety of staff and, where appropriate, patients, visitors and others.
- Express clear commitment to the allocation of appropriate resources, e.g. human resources, financial resources, etc.
- Express clear commitment to the adoption of best practice in health and safety management.
- Be endorsed by the Board and supported by senior management.
- Be signed by the Chief Executive.
- Include a review mechanism, which recognises the need to regularly scrutinise and review performance.
- Specify the systems in place for the identification and delivery of health and safety training needs.
- Set out the means by which information on Health and Safety is communicated to all employees.
- Be subject to regular review.

Examples of Verification

- Documented health and safety policy

- Board Minutes
- Terms of reference for Board sub-committees (or equivalent)

Links with other standards

Human Resources

Criterion 4

Individual directorates/departments have health and safety procedures, which address their own specific health and safety concerns and are compatible with the organisation's overall policy.

Source

- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books.
- DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services* HSS (Gen1) 4/2000

Guidance

Whilst not a legislative requirement, it is considered good management practice for directorates/departments to develop their own health and safety procedures to reflect local risks and other issues.

The directorate/departmental policy should:

- Set out the organisation and arrangements for identifying hazards, assessing risks and preventing or controlling them.
- Be compatible with the overall organisation health and safety policy.
- Be brought to the attention of all staff within the directorate/department.
- Identify the need to scrutinise and review performance.

Examples of Verification

- Directorate / department procedures are available
- Staff informed / aware of local procedures

Links with other standards

None

Criterion 5

All staff are made aware of the organisation's health and safety policy and, where appropriate, any directorate/departmental policies.

Source

- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978*. The Stationery Office. (S.I.1978/1039 (NI.9))
- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books

Guidance

There are a number of ways the organisation's health and safety policy can be brought to the attention of staff and the method(s) chosen will be dependent upon the size of the organisation and current communication systems. As a minimum, staff should be notified that the organisation has a health and safety policy and each member of staff should either be given a copy when taking up employment, or advised of the location of the policy. The whereabouts of the health and safety policy should be posted on staff notice boards, and the health and safety policy itself should be easily accessible at the workplace where staff are able to view it. Policies could be distributed to staff through induction training programmes, booklets, newsletters or posted on the organisation's intranet. Some organisations periodically bring attention to the health and safety policy through notifications on pay slips.

Examples of Verification

- The whereabouts of the health and safety policy is posted on staff notice boards.
- Health and safety policies are issued to staff at induction training programmes.

Links with other standards

Human Resources

Criterion 6

Staff and safety representatives are properly consulted on health and safety matters.

Source

- Northern Ireland (1996) *The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) 1996. (SR 1996 No. 511)*
- *A Guide to the Health and Safety (Consultation with Employees) Regulations (Northern Ireland) 1996 – Guidance on Regulations 91 HSA 97 ISBN 0-337-11245-2 The Stationery Office.*
- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978. The Stationery Office, (S.I.1978/1039 (NI.9))*
- Northern Ireland (1979) *Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979 SR 1979 No. 437) Amended by SR 1992/459; SR 1996/511; SR 1999/150; SR 2000/87; SR 2000/388*
- *Code of Practice and Guidance. HSENI 02 03 C. Free HSENI publication.*

Guidance

Employers have a specific duty under the Health and Safety at Work Order to consult safety representatives on health and safety matters. In particular HPSS organisations should consult safety representatives about:

- The introduction of any measure that will affect the health and safety of the employees represented by the safety representative.
- The persons nominated to provide health and safety assistance, and assist in emergency procedures.
- Any health and safety training or information the employer is required to provide to the employees and the safety representatives.
- Health and safety consequences of the planning and introduction of new technologies into the workplace. In particular, the drawing up and maintaining of arrangements for the effective promotion, development and monitoring of measures to ensure the health and safety at work of employees.

Consultation can be in the form of committees, letters, meetings and/or with elected safety representative, but the health and safety issues raised and outcomes should always be documented and posted (e.g. on notice boards) for good communication to all staff.

Examples of Verification

- There is/are nominated health and safety representative(s) who has/have been appropriately trained
- Health and Safety representatives are regularly informed of organisational and legislative updates.
- Minutes of health and safety meetings

Links with other standards

Fire Safety

Criterion 7**Compliance with health and safety legislation is routinely monitored.****Source**

- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books
- DHSSPSNI (2000) *Health and Safety in the Health and Personal Social Services* HSS (Gen1) 4/2000

Guidance

Organisations should have in place a means of continuously monitoring compliance with health and safety legislation.

All organisations should ensure that they:

- Review the systems in place to develop and implement health and safety policies
- Consider the processes in place for the identification and management of all health and safety risks
- Undertake routine inspections to ensure that preventative and protective measures are in place and are effective
- Adequately investigate the immediate and underlying causes of incidents and accidents to ensure remedial action is taken and that lessons are learnt and longer term objectives relating to health and safety are introduced.
- Promote a positive health and safety culture across the organisation

There are many laws and regulations covering health and safety. The following is a selection:

- Health and Safety at Work (Northern Ireland) Order 1978
- Management of Health and Safety at Work Regulations (Northern Ireland) 2000
- Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 as amended
- Working Time Regulations (Northern Ireland) 1998
- Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999
- Provision and Use of Work Equipment Regulations (Northern Ireland) 1999
- Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993
- Health and Safety (Display Screen Equipment) Regulations (Northern Ireland) 1992
- Manual Handling Operations Regulations (Northern Ireland) 1992
- Personal Protective Equipment at Work Regulations (Northern Ireland) 1993
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997
- Construction (Design and Management) Regulations (Northern Ireland) 1995
- Electricity at Work Regulations (Northern Ireland) 1991
- Noise at Work Regulations (Northern Ireland) 1990 (SR1990 No. 147)
- The Pressure Systems and Transportable Gas Containers Regulations (Northern Ireland) 1991

- Ionising Radiations Regulations (Northern Ireland) 2000
- The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 (IRMER)
- Health and Safety (First-Aid) Regulations (Northern Ireland) 1982 (SR 1982 No. 429).

Examples of Verification

- Statutory compliance monitoring
- Process for systematically inspecting premises, plant and equipment.
- Environmental monitoring and health surveillance to check the effectiveness of health control measures.
- Direct observation of work and behaviour to assess compliance with safe systems of work.
- Report to the Board on health and safety performance.
- Quarterly return to Department on violent incidents as required by Circular HSS (Gen1)1/2004
- Minutes of health and safety committee/forum

Links with other standards

Risk Management
Infection Control
Fire Safety

Criterion 8

Health and safety incidents, including injuries, diseases and dangerous occurrences, are dealt with in accordance with the processes contained in the risk management standard.

Source

- Northern Ireland (1997) *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (SR 1997 No. 455)*
- *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 HAS 31 (Rev 98) ISBN 0-337-11259-2 The Stationery Office.*

Guidance

An effective incident reporting system will help organisations identify problem areas where incidents are frequently arising and will help organisations to conduct suitable and sufficient risk assessments. It will also help in providing useful evidence when handling a claim for negligence.

An incident can be defined as any event or circumstance which could have or did lead to actual or possible personal injury, to personal harm, patient dissatisfaction, property loss or damage. This definition covers all areas including patient or client accident and injury (including iatrogenic injuries), fire, theft, assault and staff accident. The use of separate systems to record accidents to patients and staff can lead to failure to identify common causes of accidents and so prevent appropriate remedial action.

The following are the salient requirements of a hazard and incident reporting system for health and safety purposes:

- Complies with RIDDOR requirements
- Preferably uses one form for reporting all incidents
- All incidents graded by severity
- Investigations of more serious incidents carried out to determine underlying cause
- Injuries, ill health, sickness absence and other unplanned events should be analysed to establish underlying trends
- Regular management reports should be produced which result in management action

Examples of Verification

- Completed incident report forms
- Copies of RIDDOR report forms
- Quarterly return on violent incidents as required by Circular HSS(Gen1)1/2004
- Incident reporting procedure
- Incident management procedure
- Incident software

Links with other standards

Risk Management
Fire Safety
Security Management (when published)

Criterion 9

Where two or more employers share the workplace, there is demonstrable evidence of co-operation on and co-ordination of health and safety measures.

Source

- Northern Ireland (2000) Management of Health and Safety at Work Regulations (Northern Ireland) 2000 (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books.*
- Northern Ireland (1995) *The Construction (Design and Management) Regulations (Northern Ireland) 1995. (SR 1995 No. 209)*
- *Managing Health and Safety in Construction HSG 224. ISBN 0-7176-2139-1 HSE Books*

Guidance

Where the activities of different employers (and self-employed people) interact they must co-operate with each other to ensure their respective statutory obligations are met.

All employers must be able to demonstrate that they have:

- Co-operated with the other employer(s) to enable them to comply with any requirements imposed on them by any relevant health and safety legislation.
- Co-ordinated the measures taken to comply with any relevant health and safety legislation with the measures the other employer(s) have taken to enable them to comply with their duties under that legislation.
- Taken all reasonable steps to inform the other employers concerned of any risks to their employees' health and safety arising out of in conjunction with their undertaking.

Such measures will require organisations to:

- Exchange information on risks within their work environment and safe systems of work.
- Co-operate on matters such as implementing evacuation procedures, first aid, and waste disposal.
- Undertake routine inspections in common parts of the facility.

Examples include: where the provision of services within the site are contracted out, for example, through PFI etc, university staff sharing hospital premises, staff of HSS Boards and Trusts sharing premises with GPs and their staff and situations where contractors share the workplace (e.g. construction contractors or catering companies).

Examples of Verification

- Joint risk assessments
- Minutes/notes of meetings between parties.
- Evidence of involvement of all employers at health and safety committee/forum meetings.

Links with other standards

Risk Management

Criterion 10

Contractors are briefed on health and safety requirements and, where appropriate, contractual obligations are formally notified.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books.*
- Northern Ireland (1995) *The Construction (Design and Management) Regulations (Northern Ireland) 1995* (SR 1995 No. 209)
- *Managing Health and Safety in Construction HSG 224. ISBN 0-7176-2139-1 HSE Books*

Guidance

All contractors should be considered, including building and engineering, catering, cleaning and other contractors.

The Construction (Design and Management) Regulations contain specific requirements for briefing contractors involved in works of construction.

Mechanisms should be in place to ensure that contractors who work for the organisation are adequately briefed on the risks posed to them from the 'host' organisation. This may be done either by providing them with information directly or by ensuring that their employer provides them with information. It is important that the organisation receives information from contractors on the risks from the work they are undertaking that may produce risks to the organisation's own staff.

Examples of Verification

- Correspondence between organisation and contractor
- Permits to work
- Safety method statements

Links with other standards

Management of Purchasing and Supply

Criterion 11

Plans are in place to address all situations that pose serious or imminent danger.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388).
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21* ISBN 0-7176-2488-9 HSE Books
- Northern Ireland (1992) *Manual Handling Operations Regulations (Northern Ireland) 1992* (SR 1992 No. 535).
- *Manual Handling - Guidance on Regulations HSENI 02 03 A* ISBN 0-33-708544-7 The Stationery Office
- Northern Ireland (1992) *Health and Safety (Display Screen Equipment) Regulations (Northern Ireland) 1992* (SR 1992 No. 513).
- *Work with display screen equipment: Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 L26* ISBN 0-7176-2582-6 HSE Books.
- Northern Ireland (1993) *Personal Protective Equipment Regulations (Northern Ireland) 1993* (SR 1993 No. 20).
- *Personal Protective Equipment at Work – Guidance on Regulations HAS 69* ISBN 0-337-11194-4 The Stationery Office
- Northern Ireland (1999) *Provision and Use of Work Equipment Regulations (Northern Ireland) 1999* (SR 1999 No. 305).
- *Safe use of work equipment – Approved Code of Practice and Guidance L22* ISBN 0-7176-1626-6 HSE Books.
- Northern Ireland (1993) *Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993* (SR 1993 No.37).
- *Workplace Health, Safety and Welfare – Approved Code of Practice 66/HAS/96* ISBN 0-337-11222-3 The Stationery Office.

Guidance

Plans should be developed to deal with all situations, which may present serious and imminent danger. These include fire, flood and bomb threats, radiation release, use of genetically modified organisms and public disorder.

Plans involving evacuation of the workplace should contain clear guidance on when employees and others at work should stop work and how they should move to a place of safety.

An appropriate number of people should be nominated to implement evacuation procedures.

Examples of Verification

- Fire evacuation plan.
- Major incident plan (internal)
- Estates continuity plan e.g. for loss of utilities
- Table top exercises/drills

Links with other standards

Fire Safety
Emergency Planning
Security Management (when published)

Criterion 12

The effectiveness with which management of health and safety responsibilities has been carried out is systematically assessed within individual performance reviews.

Source

- *HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.*
- *HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.*
- *HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland*

Guidance

Effective management of health and safety is a legal requirement. Managers and others with health and safety responsibilities should, as part of their performance reviews, be assessed on their effectiveness at managing health and safety.

Examples of Verification

- Performance review policy

Links with other standards

Human Resources

Criterion 13

Manual handling operations that involve risk of injury are, where possible, avoided. Risk of injury relating to any remaining manual handling operations is reduced to the lowest level reasonably practicable.

Source

- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978*. The Stationery Office, (SI 1978/1039 (NI.9)).
- Northern Ireland (1999) *Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (SR 1999 No. 304)*
- *Safe use of lifting equipment – Approved Code of Practice L113 ISBN 0-7176-1628-2 HSE Books.*
- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000 (SR 2000 No. 388).*
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*
- Northern Ireland (1992) *Manual Handling Operations Regulations (Northern Ireland) 1992 (SR 2000 No. 535).*
- *Manual Handling - Guidance on Regulations HSENI 02 03 A ISBN 0-33-708544-7* The Stationery Office
- Northern Ireland (1999) *Provision and Use of Work Equipment Regulations (Northern Ireland) 1999 (SR 1999 No. 305).*
- *Safe use of work equipment – Approved Code of Practice and Guidance L22 ISBN 0-7176-1626-6 HSE Books.*
- Health Services Advisory Committee (1998) *Manual Handling in the health services*. ISBN 0-7176-1248-1 HSE Books

Guidance

Many of the workplace accidents reported to the HSE in the health services involved manual handling. The majority of these involved patient handling. Injuries will continue unless manual handling tasks are eliminated or modified to reduce risk. The best way to assess risks from manual handling is through an approach based on ergonomics – this involves looking at the task, individual, the load and the environment (T.I.L.E).

Organisations with a health and safety management system to control risks from manual handling are more likely to be able to reduce the number of accidents and meet the targets set by Department.

The key components of a system to control the risk include:

- A manual handling policy understood by employees at all levels.
- Access to competent advice e.g. back care or manual handling co-ordinator(s) to advise on risk assessment, ergonomic design of tasks, training needs, suitability of moving/lifting aids. The organisation should ensure that sufficient resources are available, both in terms of time & means, having regard for the size of the organisation and the personnel within it, for the competent advisor to fulfil their role.

They should complement the occupational health service.

- Risk assessments for all moving and lifting operations (patients and inanimate objects);
- Assessments for the lifting/moving needs of individual patients that are recorded. Staff should be involved in the assessment process, be aware of their conclusions and be working in accordance with them.
- The provision of sufficient moving and handling aids, which are suitable for the task, properly maintained and thoroughly examined and tested as per LOLER.
- Training – no staff should undertake manual handling operations, or use lifting aids, until they have been trained and assessed as competent. Bank and agency staff should be given training in the policies and procedures for the organisation.
- A programme to identify candidates and deliver refresher training.
- Access to Occupational Health service for advice on individual, capability, risk assessment, and rehabilitation for injured workers.

Examples of Verification

- Policy document
- Appropriate number of back care/manual handling co-ordinators
- Risk assessments (patients and objects)
- Documents for maintenance, thorough examination and testing of moving and handling aids
- Training and refresher programme
- Training records
- Occupational health provision

Links with other standards

Human Resources
Medical Devices Management

Criterion 14

All risks to employees and to any other persons affected by the activity of the organisation are continuously and systematically assessed.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE BOOKS*
- Northern Ireland (2003) Campaign to stop Violence against Staff working In the HPSS Circular HSS(Gen1) 3/2003
- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

Risk assessments are legally required under the Management of Health and Safety at Work Regulations. The main reason for undertaking a risk assessment is to identify what needs to be done to comply with health and safety law. A risk assessment should identify the significant risks arising out the tasks/activities undertaken within each work area and assess their potential to cause harm to all groups of employees who may be affected by them, taking into consideration existing control measures that may be in place.

Assessments should also cover others who may be affected by the work activity e.g. patients, visitors, contractors.

HSE's "Five steps to risk assessment" (INDG163) sets out the key elements in the risk assessment process:

- Identify the hazards (those things which can cause harm).
- Decide who might be harmed and how (include young workers, new and expectant mothers, visitors, patients etc).
- Evaluate the risks and decide whether existing precautions are adequate or more should be done. Risk is the chance that somebody will be harmed by the hazard. This step requires an evaluation of whether the hazard can be eliminated and if not what measures are necessary to control the risk.
- Record the significant findings.

Review the assessment and revise it if necessary.

Risk assessments should, amongst other things, take into consideration:

- Exposure to hazardous substances e.g. DHSSPSNI (2000) *Latex Medical Gloves and Powdered Latex Medical Gloves* HSS (GEN1) 2/2000, glutaraldehyde, Health Estates Advice Notice AN(NI)1999/03 "Glutaraldehyde" 4 August and formalin

- Manual handling
- Risk of violence or harassment
- Display screen equipment
- New and expectant mothers at work
- Young people at work
- Circumstances in which health surveillance of employees is required
- Requirements for training
- Foreseeable events of serious or imminent danger
- Information which should be provided to employees for the purposes of health and safety
- Current legislation, including Working Time Regulations (HSC 1998/204)
- New and non-routine events, including new medical procedures, the introduction of a new piece of equipment, etc.

External assessments (i.e. H&S inspections) also provide the organisation with an understanding of its strengths and weaknesses which should be considered in the management of risk. Historic data, including incidents, ill health, staff absence, complaints and claims information are also additional key sources of information regarding risk.

Examples of Verification

- Risk assessment procedure document
- Risk assessment logs
- Completed risk assessment pro-forma
- Contents of risk register
- Training programme for risk assessors

Links with other standards

All standards

Criterion 15

The risk control measures identified during risk assessments are implemented in order of priority.

Source

- Northern Ireland (1978) *The Health and Safety at Work (Northern Ireland) Order 1978*. The Stationery Office.(SI 1978/1039 (NI.9)
- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance*. L21 ISBN 0-7176-2488-9 HSE Books
- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books
- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

Safety improvements should be prioritised according to risk level and risk reduction potential and included in a health and safety action plan or risk action plan which forms part of the organisation's risk register. Health and safety risk treatments requiring significant expenditure will inevitably need to be considered alongside other requirements for resources, including risk treatment requirements in other areas (ie; fire safety, waste management etc). However, some legal requirements are **absolute** i.e. they must be complied with as a minimum. Other requirements are qualified by the words "so far as is reasonably practicable". If this is the case, the degree of risk can be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk. The greater the risk, the more likely it is that it is reasonable to go to very substantial expense, trouble and invention to reduce it. If the consequences and extent of a risk are small, insistence on great expense would not be considered reasonable.

Examples of Verification

- Risk action plan
- Health and safety action plan

Links with other standards

Fire Safety
 Infection Control
 Management of Purchasing and Supply
 Emergency Planning
 Medical Devices & Equipment Management
 Security Management (when published)

Fleet Transport and Management
Waste Management

Criterion 16

All identified health and safety risks and the effectiveness of implemented risk treatments are monitored and reviewed on a continuous basis.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*
- Health Services Advisory Committee (1997) *Management of health and safety at work in the health services*. ISBN 0-7176-0844-1 HSE Books
- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

To comply with the law, health and safety risk assessments are required to be current. They should be reviewed each time there is a change in the task or activity that may render the assessment invalid. The assessment may no longer be valid because of, for example, the results of health surveillance, a confirmed case of occupational disease, the results of other monitoring activities.

It is recommended that they are reviewed at least yearly (more frequently for higher risks) and after any accident or near miss.

Examples of Verification

- Documented evidence of formal review

Links with other standards

All standards

Criterion 17

The board is informed of and, where necessary, consulted upon all significant health and safety risks and associated treatment plans on a continuous basis.

Source

- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

The Risk Management committee, or equivalent, should present to the Board information on any significant health and safety risks and associated treatment plans.

Examples of Verification

- Controls Assurance reports
- Annual health and safety report
- Annual risk management report

Links with other standards

All standards

Criterion 18

Other stakeholders are kept informed and, where appropriate, consulted on the management of health and safety risk.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*
- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.

Guidance

Other stakeholders include service users HSS Boards, the Health and Safety Executive, etc.

A list of stakeholders should be compiled prior to responding to this criterion. This stakeholder list should be added to the list maintained under the Risk Management standard.

Examples of Verification

- Correspondence with HSS Boards
- Correspondence with HSE
- Patient surveys

Links with other standards

Fire Safety

Criterion 19

There are sufficient 'competent persons' to provide health and safety assistance to the organisation.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*

Guidance

A competent person is one who has sufficient training and experience or knowledge to undertake the task required. Wherever possible 'in-house' rather than out-sourced expertise is preferred.

Examples of the type of competent persons that are likely to be candidates in an HSS Trust to help comply with this criterion include:

- Health and safety professional
- Estates professional
- Radiation protection adviser
- Manual handling/back care adviser
- Medical equipment professional
- Infection Control Doctor/Nurse
- Biological safety professional
- Fire Safety Officer
- Occupational Health Practitioner
- Safety representative(s)

Examples of Verification

- Health and safety policy showing various responsibilities.

Links with other standards

Human Resources

Criterion 20

There is access to up-to-date information on health and safety legislation and guidance, including DHSSPS guidance, to all within the organisation who require the information.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance*. L21 ISBN 0-7176-2488-9 HSE Books

Guidance

Access to legislation and guidance is essential for the organisation to carry out the statutory duties imposed upon it by law and mandatory duties imposed by the Department. Individuals within the organisation who will require access will include health and safety advisers, risk managers, estates/facilities professionals, heads of directorate/department, etc.

There are many sources of information on legislation and health and safety guidance, including books and, through subscriptions to specialist information providers, CD-ROMs containing the full text. **Up-to-date NHS Executive guidance can be accessed on the internet on the Department of Health COIN database (<http://www.doh.gov.uk>).** The Health and Safety Executive's website <http://www.hse.gov.uk> contains up-to-date information on legislation and guidance. **The NI equivalent is <http://www.hseni.gov.uk>** . Full text copies of all legislation issued from 1 January 1997 can be downloaded from <http://www.official-documents.co.uk>, which contains information on UK official documents.

Wherever possible, the Health Care Standards Unit (formerly the Controls Assurance Support Unit) website <http://www.hcsu.org.uk> and CD-ROM will contain electronic copies of relevant legislation and guidance.

Examples of Verification

- Library
- CD-ROMs
- Internet access

Links with other standards

All standards (generic criterion)

Criterion 21

Employees, including managers and the board, are provided with adequate information, instruction and training on health and safety matters.

Source

- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*

Guidance

Provision of information, instruction and training is an important means of achieving competence and capability and helps to ensure safe working practices are adhered to. It contributes to the organisation's health and safety culture and is needed at all levels, including senior management and the Board. The risk assessment will help determine the level of information, instruction and training needed for each type of work as part of the preventative and protective measures.

Employees must be provided with information on the hazards and risks associated with their work, such as potential for exposure to violence and aggression, exposure to infectious agents, manual handling risks and emergency response situations. They should also be provided with information on the systems to minimise exposure to these risks. The information provided should be comprehensible; that is, easy to understand and in some cases where English is a second language, it may be more effective to provide information in the employee's native language. Information may be in the form of printed material, video or verbal instructions. The employee should be provided with information on any special occupational qualifications or skills required to undertake the work safely and any health surveillance required to be provided under any relevant legislation.

HSS Trusts and HSS Boards should provide their staff with access to confidential competent occupational health services.

Staff induction programmes should include one or more modules on health and safety management and the responsibilities of the individual. Managers and supervisors should also receive health and safety training. Board members should receive health and safety awareness as part of induction programmes. Medical staff including junior doctors should also be provided with appropriate health and safety training.

Records of attendance at training should be maintained and inadequate attendance rectified. Job rotation/re-location should trigger a training needs review.

Examples of Verification

- Training records

- Training needs analyses
- Programme to deliver identified training needs
- Monitoring that programme is being progressed

Links with other standards

Human Resources

Criterion 22

Key indicators capable of showing improvements in health and safety management and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

Source

- HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.
- HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland
- NHS Executive (1999) *Working Together: Securing a quality workforce for the NHS* HSC 1999/079. 1999

Guidance

The organisation should develop indicators that demonstrate health and safety performance. One indicator is degree of compliance with this standard.

Ideally the indicators should be designed to demonstrate improvement in health and safety management over time. The number of indicators devised should be sufficient to monitor key health and safety concerns. It is not necessarily the case that the Board will use all the indicators. The Board should select those, which are useful for ensuring that the internal controls are working satisfactorily and objectives for health and safety management are being met.

Examples of Verification

- Indicators
- Evidence of usage at all levels

Links with other standards

All standards (generic criterion)

Criterion 23

The system in place for health and safety management, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Source

- HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.
- HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland
- Northern Ireland (2000) *Management of Health and Safety at Work Regulations (Northern Ireland) 2000* (SR 2000 No. 388)
- *Management of health and safety at work – Approved Code of Practice and Guidance. L21 ISBN 0-7176-2488-9 HSE Books*

Guidance

It is the responsibility of the Chief Executive and the Board to monitor and review all aspects of the health and safety management system, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Outcomes
- Internal audit findings

The Health and Safety Committee will review the detailed issues surrounding health and safety management. The Risk management committee, or equivalent, will play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to and dealt with by the Board. The Audit Committee should review internal audit findings.

Examples of Verification

- Internal audit report(s)
- Health and Safety Committee minutes
- Risk management committee, or equivalent, minutes
- Audit Committee minutes

Links with other standards

All standards (generic criterion)

Criterion 24

The board seeks independent assurance that an appropriate and effective system of managing health and safety is in place and that the necessary level of controls and monitoring are being implemented.

Source

- NHS Executive (1999) Guidelines for Implementing Controls Assurance in the NHS:Guidance for Directors. NHS Executive, London
- HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services.
- HSS (PPM) 13/2002 – Governance in the HPSS: Risk Management.
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance. Northern Ireland
- NHS Executive (1995) *NHS Internal Audit Manual 1995*. NHS Executive, London.

Guidance

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission.

The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the Board.

Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical. The HPSS is given external assurance by such bodies as:

- External auditors, as appointed by the NI Audit Office
- Northern Ireland Health and Personal Social Services Regulation and Improvement Authority (from 2005)

More specific assurance for this standard may be gained from visits by:

- Health and Safety Executive
- Health Estates

Links with other standards

All standards (generic criterion)