Health & Safety Services

Health and Safety Management Systems Audit

NHS Greater Glasgow and Clyde

Department Assessed / Manager:	
Date of Assessment:	
Assessor (s):	

Summary of Performance

Section	% Score/ Rating	Summary of areas for improvement
General	N/A	
Hazard Identification & Risk Assessment	N/A	
Hazardous Substances	N/A	
Violence & Aggression	N/A	
Lone Working	N/A	
Moving & Handling	N/A	
Display Screen Equipment	N/A	
Stress	N/A	
Workplace Inspection/ Work Equipment	N/A	
Slips, Trips and Falls	N/A	
Sharps	N/A	
Overall	N/A	

differences between the old and new audit forms

The Previous audit form (used from 2010 to 2016) had three possible answers for each question; yes, no and N/A.

Good   80% or above
Moderate 60 to 79%
Poor 59% or below

General

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
1	How do managers provide (and staff access) the organisation's health & Safety management manual system, policies, and its resources within your service?						Is an up to date site specific manual including supporting documents available to all staff either hard copy or electronic? Describe system in place.
2	Provide evidence of the Directorate/ Sector / HSCP Strategy, & Action plan, and how staff input to achieving relevant objectives.						Board Strategy tabled at Directorate H&S Committee. Local action plan developed at Directorate level and discussed at local forums.
3	Describe the process for reporting, investigating, and feeding back to staff and Senior managers following an incident.						Discuss all aspects of Datix, including access to reporting system, training, resolution of faults/ issues and feedback to staff. How is information / learning outcomes shared with other services / senior management?
4	Where do staff access contact information with regard to H&S?						H&S contacts list / placard. Are these complete and up to date and displayed / accessible in hard copy or electronic format?
5	Has the annual self assessment been completed (including countersignature) to identify any outstanding H&S issues?						Date and who signed and any issues identified / action taken.
6	How are H&S training needs identified, arranged, managed and recorded within your service, and who is responsible for this?						Details of training needs analysis, scheduled training and recording of training undertaken and who co-ordinates.
7	Where are H&S issues raised and discussed within your service, and how is this escalated / cascaded to staff?						Discuss team / leads meetings and governance (such as H&S and other committees) and how information is cascaded and escalated.
8	What evidence is there to demonstrate that risk assessments have been formally shared with staff?						Is there a system for recording information having been disseminated? Do staff feed back?
	General topic Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Hazard Identification & Risk Assessment

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
9	From the Health & Safety policy, which of the key performance indicators are the main priorities for your service?						Discuss KPIs and those relevant to department. Have these been addressed? Does the manual holder have a copy of their Directorate / HSCP H&S strategy and action plan? How do they ensure that they input to ensuring that objectives are met / identified shortcomings are addressed?
10	Has the summary of hazards and risk form been used to identify significant risk requiring written risk assessments?						What is recorded on list? Do the risk levels appear to be correct? Is anything missing?
11	Where a significant risk is identified, has a suitable and sufficient risk assessment been carried out by a trained risk assessor, and reviewed as required?						When was risk assessment last reviewed? Have staff been involved in conducting the risk assessment? Has risk assessor attended RA training? When? Have they received further support form H&S support e.g. attended workshops? What experience do they have?
12	Where significant risks have been identified within your service/department which cannot be managed locally what action has been taken?						Have they escalated the matter? Has it been added to risk register? Ask for documentary evidence.
	Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Hazardous substances

Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
13 What evidence is there that the list of hazardous substances and COSHH assessments have been reviewed in line with the COSHH Policy?						What is recorded on list? Do the risk levels appear to be correct? Is anything missing?
14 What evidence is there that the department has up to date Safety Data Sheets sourced by the manufacturer or supplier?						Ask to see copies (paper or electronic). Are these official and specific to the material being used?
15 What evidence is there that the relevant COSHH assessments have been carried out by a trained COSHH assessor where necessary?						When was COSHH assessment last reviewed? Review a sample of COSHH assessments and record any areas of improvement required. where specific COSHH assessments are required, has a COSHH assessor been trained within the department? Date when assessor attended training and details of experience. Additional details such as workshops / other support from H&S.
16 What evidence is there to demonstrate that suitable control measures have been identified, implemented and maintained?						Ask staff to walk through a process from start to finish to verify that controls identified in the COSHH assessment are implemented and if they appear to be suitable and sufficient. This includes safe storage, transportation, use and disposal of hazardous substances.
17 Can you explain what actions are taken in the event of uncontrolled release /spillage?						Discuss. Ask to see spillage kits.
18 Provide details of atmospheric testing / monitoring and health surveillance required to be undertaken within your department.						What equipment requires testing? What substances require monitoring? What health surveillance is required? Are all of these measures in place and recorded?
19 For staff that have been deemed at risk of dermatitis, through work activities, explain the measures taken to minimise and control the risk to staff						Wet work, exposure to irritants or through allergenic chemicals or persistent glove wearing Risk assessment Skin Surveillance programme including questionnaire, skin checks, referrals to OH
20 Provide evidence of the appropriate training being carried out for both manager/ responsible person						e-learning Managing skin care for responsible persons and managing skin care for managers.
Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Violence & Aggression

Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
21 Have all areas / activities within your service/department been covered by a Violence and Aggression risk assessment?						Discuss type of service provided and client group / locations etc.
22 Are suitable control measures in place to minimise the risk in each area / activity?						V&A RA, local protocols, training etc. Can they demonstrate that all identified control measures are adhered to? Do all controls appear to be suitable and sufficient?
23 What training has been identified through the TNA, and have all staff attended up to date training?						Ask to see TNA and training records.
24 Following an incident what measures have been put in place to reduce the likelihood of reoccurrence and to support staff in line with policy?						Discuss Datix, feedback, debrief / post incident review, SCI etc. and support available for staff.
Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Lone Working

Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
25 What areas/ activities within your service carry out lone working as defined in the policy?						RA, local protocols, training etc.
26 Describe the risks associated with lone working within your service and the identified control measures to minimise these risks.						Discuss type of service provided and client group / locations etc. Do controls appear to be suitable and sufficient?
27 How does your service ensure that staff who undertake lone working follow service policies /procedures and local protocols?						Can they demonstrate that all identified control measures are adhered to?
Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Moving & Handling

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
28	How are moving and handling risks to staff and patients managed within your service?						Discuss the range of relevant generic RAs and patient specific RAs / care plans, as well as training and education / passport and M&H equipment.
29	Are all clinical and non clinical activities currently covered by moving and handling risk assessments?						Record.
30	Has the appropriate training been identified and undertaken in line with the current Moving & Handling Policy?						**people**: 2 day induction then competency assessment risk outcome determines frequency of retest (low 18months, medium 12 months, high 1 month, very high >1 month) **static**: learnpro then stat mand
31	What measures are in place for arranging maintenance, repairs and servicing of moving and handling equipment?						Have they identified all equipment? Ask to see records of inspection / maintenance.
	Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Display Screen Equipment

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
32	What are the procedures for managing the risks to individuals who are identified DSE users in accordance with the policy?						Is an individual DSE assessment completed for each user in conjunction with a trained DSE assessor? Are these reviewed annually by a trained DSE assessor and the staff member? Has section A been completed for agile workers who have no permanent DSE workstation?
33	Have all shared work stations been assessed for suitability?						Has part B of DSE assessment form been completed for all DSE workstations and reviewed annually by a trained DSE assessor?
34	What measures are in place to ensure that remedial actions are implemented following assessment?						Is the action required section completed where necessary and is there evidence that issues are resolved?
	Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Stress

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
35	What training has been undertaken by managers and staff within your department?						Record all training undertaking including e-learning.
36	Has the stress survey been undertaken in line with policy (including focus groups and action plans)?						Record when this was done and outcome of action plan.
37	If identified as a significant risk what measures have been taken to minimise the risk?						Has a local stress RA been undertaken and identified remedial action been implemented?
	Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Workplace Inspection/ Work Equipment

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Questions
38	Are quarterly inspections undertaken as required and where remedial actions are identified appropriate steps taken to resolve?						Record dates of previous inspections and whether or not identified actions have been resolved. For long standing issues identify whether this has been escalated up the management structure
39	Where there is a legal requirement for work equipment to be inspected periodically, is there a pre-planned maintenance schedule in place and how is the information recorded?						Record relevant equipment not included in M&H an COSHH sections.
	Manual Score	**0**	**out of**	**0**	**=**	**N/A**	

Slips Trips and Falls

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Question
40	How do you manage your environment to minimise the risk of slips, trips and falls?						Has a risk assessment been completed for slips, trip and falls to identify suitable control measures and have these been implemented? Are patients subject to falls assessments within their care plans and are these reviewed regularly to ensure that suitable control measures are identified and implemented.
41	How do you manage / reduce the risk of patient falls within your area						Ask MA the key 5 things that should be in place – RA / etc where applicable Falls bundle Bedrail Risk Assessment Lying & Standing BP chart SPSI medical post falls review patient monitoring chart
	Manual Score	0	out of	0	=	N/A	

Sharps

	Item	Result	Comments	Recommended Corrective Action	Individual Responsible	Review Date	Guidance on Question
42	What measures are in place to ensure safe use and disposal of sharps						What types of sharps do they use? Risk assessments in place for use with safer sharps and with use of non safe sharps if required. What sharps bin s do they use and are they appropriate for the area – waste stream.
43	What protocols, procedures do you follow to minimise and manage the risk of sharps injuries?						NHS GGC Management of Occupational Exposure to BBV (posters, tool box talks). How is this information communicated to staff. Reporting on Datix and to OH within 1 working day. e-learning as appropriate for Dept. Occupational and non Occupational exposure. NES Prevention and management of Occupational exposures.
	Manual Score	0	out of	0	=	N/A	

During the course of this Audit a brief walk-round inspection was undertaken. The following findings are detailed below:-