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**Health & Safety Committee**

**Annual Report for 2024/25**

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| **REMIT**  The Health and Safety Committee is a key element in ensuring appropriate and robust health and safety governance processes are in place and working effectively within NHS Golden Jubilee. As such, its remit will encompass Occupational Health and Safety enabling and ensuring cooperation between management and staff-side in undertaking, developing and implementing measures to ensure the health, safety and welfare of all employees of the Board and other persons who might be affected by its activities |
| Executive Summary This report provides a summary of principal activity and outcomes relating to the promotion and management of health and safety within NHS Golden Jubilee (NHSGJ) during the financial year 2024/2025. This report also highlights current key priorities for the Health and Safety Committee and its sub-groups for 2025/2026.  The report summarises the prevailing legislative framework within which health and safety concerns are managed and addressed and outlines the local governance arrangements that underpin health and safety management within NHSGJ.  Summary of performance:   * 40% of adverse incidents are negligible, compared with 40% in FY 23/24. * 47% of adverse incidents are minor, compared with 49% FY in 23/24. * 12% of adverse incidents are moderate, compared with 11% in FY 23/24. * >1% of adverse incidents are major, which remains the same as FY 23/24.   There has been marginal movement in the incident statistics shown within the sub categories (by type of incident) from 2023/24 – 2024/25:   * Contact with sharps from 74 in year 2022/23 to 42 in year 2023/24 to 51 in year 24/25 * Contact and collision incidents from 65 in year 2022/23 to 34 in year 2023/24 to 39 in 24/25 * Unsafe environment incidents from 64 in year 2022/23 to 40 in year 2023/24 to 35 in 24/25 * Hazardous substance incidents from 49 in year 2022/23 to 26 in year 2023/24 to 27 in year 24/25. * Slips trips and falls has replaced Unwanted Fire Signals in the top 5 category list with 31 events. Unwanted Fire Signals has reduced from 23 in year 2023/24 to 14 in year 2024/25 and thus no longer features in top 5.   From the seven RIDDOR categories there have been 6 incidents reported as follows:   * 5 incidents over 7 day * 1 incident for specified injury   This represents a reduction of 1 from a total of 7 RIDDOR incidents in FY 23/24.  In addition to the above, SFRS have carried out an audit of both the hospital and hotel as part of their annual audit programme, the main observation rectifications are explained in more detail within appendices section of this report and can be summarised as:   * Fire Risk Assessment review * Defective fire doors * Non-compliance with L1 fire detection standards * Escape corridors to remain free of excessive fire load and obstructions * Fire doors to remain unobstructed from intended automatic door closures   Any deficiencies that are reported from the SFRS audit and inspection are acted upon and resolved at the earliest opportunity where possible. Any longer term strategic areas for improvements will be tracked and monitored under the remit of the newly formed Fire Safety Group.  **Governance**  NHSGJ has well established governance that ensures health and safety matters are reported and issues addressed and/or actions plans identified for future mitigation.  Fire Safety Group  Water Safety Group  Medical Gas Safety Group  Statutory Compliance Group  Electrical Safety Group  Ventilation Safety Group  Corporate Health and Safety Forum  Clinical Divisions Health and Safety Forum  Health and Safety Committee  Staff Governance and Person Centred Committee  NHSGJ Board  Health and Safety Forums are convened bi-monthly and have been well attended throughout the reporting period, as have the Health and Safety Committee meetings.  Throughout the reporting period the above groups have reviewed and endorsed reports from specialist safety groups including:   * Medical Gas Safety Group * Water Safety Group * Ventilation Safety Group * Electrical Safety Group.   Collaborative working with all staff groups and staff side partnership colleagues have been imperative to ensuring a united approach to health and safety.  There is an ambition to establish a Statutory Compliance group in order to provide greater scrutiny of the work of the specialist sub groups. This proposed addition is included in the above governance chart. 3.0 Membership The Director of Finance is Chair of the Committee and the other Members during 2024/25 were:-   * Employee Director * Chair of Clinical Divisional Forum * Chair of Corporate Divisional Forum * Associate Nurse Director (NES & HLD) * Associate Medical Directors (NES & HLD) * Trade Union Staff Side representative  4.0 Meetings Health and Safety Committee had 4 formal meetings during the period 1 April 2024 to 31 March 2025. The actual work programme covered a number of areas, which are included within this report.  Attendance at the 4 meetings were recorded as follows:  Table 1. Committee Meetings and Attendance 2024/25   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Members** | **7 June 2024** | **12 August 2024** | **30 October 2024** | **10 February 2025** | | Director of Finance (Chair) | x | x |  |  | | Employee Director (Deputy Chair) | x | x |  | x | | Chair of Clinical Divisional Forum |  |  |  |  | | Director of Facilities and Capital Projects (Chair of Corporate Divisional Health and Safety Forum) |  |  |  | *x* | | Associate Nurse Directors (HLD and NES) |  |  | x | x | | Associate Medical Directors (HLD and NES) |  | x | x | x | | Trade Union and accredited professional body representatives (in accordance with ‘Scottish model’ for Partnership) |  |  |  | x |   Table 2. In attendance at Committee Meetings in 2024/25   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **In Attendance** | **7 June 2024** | **12 August 2024** | **30 October 2024** | **10 February 2025** | | Head of Corporate Governance and Board Secretary | x |  | x |  | | Director of People and Culture |  |  |  |  | | Occupational Health Clinical Lead | N/A | N/A | *N/A* |  | | Head of Health and Safety | *x* |  |  |  | | Radiation Safety lead | x | x | x | x | | Senior Manager, Prevention and Control of Infection |  |  |  |  | | Head of Clinical Governance and Risk |  |  |  | x |   Where relevant to the subject matter, other officers attended the meetings of the Committee. |
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| 5.0 Health and Safety Commitment Our Health and Safety Policy sets out our approach and the arrangements we have put in place for managing health and safety within our organisation. This commitment demonstrates NHSGJ has health and safety at the core of the organisation and sets the approach through the policy arrangements |
| **Health and Safety Governance**  The Health and Safety Committee and the Health and Safety Forums are the dedicated safety meetings supporting the overall governance structure. These meetings ensure effective structures and processes are in place to manage health and safety within the organisation.  Colleagues from across a wide range of departments and services form the membership of each of the governance groups. Health and Safety Forums met bi-monthly throughout the year 2024/25, as did the Committee. Incidents and health and safety risks are reviewed at the safety meetings and regular reports received from a range of specialist topic sub groups as follows:   * Medical Gas Safety Group * Water Safety Group * Ventilation Safety Group * Electrical Safety Group.   The above Groups have and continue to report on areas on compliance risk and actions to address any mitigation, the above group report on a standard format including:   * On-going capital works specific to the specialist group * Statutory maintenance works specific to the specialist group * Actions in progress specific to the specialist group * Planned works specific to the specialist group.   In addition to the above, in February 2025 we established a new Fire Safety Group. Part of the intended remit of the group will be to agree risk and support implementation of appropriate actions to mitigate those risks and to action reports from enforcing authorities. This Group will meet and report on progress in the same way as the other specialist groups noted above.  The governance arrangements described above rely on input from a number of specialists including:   * Infection Prevention & Control * Occupational Health * Occupational Physiotherapy * Radiation Protection.   As per the diagram under the heading Governance, the Health and Safety Committee is accountable to the Staff Governance Person Centred Committee which in turn reports to the Board.  **Success Indicators**  A number of initiatives have been developed to support the overarching objective of reducing risk to the lowest possible level as follows:   * Introduction of digitised health and safety monitoring system (Synbiotix) to support internal inspection and audit process.   This has involved the delivery of 22 training sessions for users; development of a system overview guide, supplemented by numerous communications as part of the implementation plan/launch. Such communications have included a monthly matters focus, video animation development, staff bulletins and agenda items at Health and Safety Forums and Committee meetings.  Following the introduction of the new system, we provided 3 feedback sessions designed to facilitate engagement with users at an early stage. This enabled further improvements, such as modification of the inspection form to make the process as user friendly as possible.  Prior to the introduction of the digital inspection tool, only 10 % of departments were using the monthly Health and Safety Inspection. Since the introduction of this digital inspection tool we have seen an increase in that figure to 59%.  A short life working group was also facilitated to further support engagement and review at the early stage of implementation. This also helped to emphasise the importance and value of the process.  The system will be improved further within FY 25/26 where we are working with the software developer to improve the capacity for data capture to improve the reporting function.   * The Manual Handing service has continued throughout the year of 24/25, despite key staffing absence in this area. All pre-booked courses and additional requests were fulfilled, including 18 manual handling inductions; 8 competency assessor courses; 15 load handling/lateral transfer courses; and 10 bespoke sessions that were requested from clinical colleagues. * Mask fit testing has been a key focus area with a return to pre-pandemic operational arrangements. This has instigated a policy review and the re-establishment of training sessions for nominated mask fit testers across the site.   5 train the trainer sessions have been delivered, resulting in 37 trained mask fit testers across the site.  During the transitional period of moving from an external resource provision of mask fit testing to the internal resource, we arranged for a number of mask fit testing sessions to be available to enable continuity of service. This interim arrangement allowed us to offer 220 mask fit testing appointments for our staff during this period.   * Safety tours have been re-stablished as an additional resource to support health and safety monitoring. Tours have been undertaken in Level 1 Quad D, E-Health, 4 East, 4 West and the Eye Centre. * Support has been provided to the clinical education team with the induction process for newly qualified and international Nurses. Classroom based fire training sessions were developed and delivered for this cohort in 2024/25. * Local fire procedure have been developed for each department of phase 2 (surgical centre), covering theatres, endoscopy, surgical admissions and CSPD * Pre-Occupancy Fire Risk Assessment and subsequent Full fire Risk Assessment completed for phase 2 * Facilitated Scottish Fire & Rescue Service (SFRS) operational intelligence gathering for phase 2   The work above is not designed to be an exhaustive list, but provides a snapshot of work activity that supports our ambitions for continual improvement. In terms of the adverse event lagging indicators below, they do not show improvement from 2023/24 to 2024/25, as they are largely static. There is a focus for continuous improvement for 2025/26 via the development of the Health and safety Strategic Work plan.   * Contact with sharps from 74 in year 2022/23 to 42 in year 2023/24 to 52 in year 2024/25 * Contact and collision incidents from 65 in year 2022/23 to 34 in year 2023/24 to 39 in year 24/25 * Unsafe environment incidents from 64 in year 2022/23 to 40 in year 2023/24 to 35 in year 2024/25 * Hazardous substance incidents from 49 in year 2022/23 to 26 in year 2023/24 to 27 in year 2024/25.   **Regulatory Inspections**  NHSGJ are, on occasion, required to support regulatory visits or provide information requests from the Health and Safety Executive or Scottish Fire and Rescue Services for example, when visits take place or information is requested the Health and Safety Committee is kept informed of these and any outcomes. 6.0 Policies   All Health and Safety Policies and Guidance Documents are subject to periodic review or sooner where required.  The Policies are all located on a central database (SharePoint) with governance arrangements in place to ensure review dates are monitored and that all Policies have been approved through the governance approval process prior to being uploaded to SharePoint.  **Policy Review 2024/25**  The following policies have been reviewed and approved within the reporting period 2024/25:   * Health and Safety Audit & Inspection Policy – Reviewed June 2024.   This policy was reviewed as part of standard periodic review. Although a new Health and Safety Audit & Inspection digital platform has been introduced in this FY, the policy principles have remained the same. The introduction of Safety Tours as an additional monitoring tool was the only substantial change to this iteration.   * Lone Working Policy – Reviewed February 2025   This policy was subject to interim review whilst we await release of Managing Health at Work Once for Scotland Policies. The only change within this iteration refers to addition of responsibilities for Senior Managers and Health and Safety Department.   * Management of Violence and Aggression Policy – Reviewed February 2025   This policy was subject to interim review whilst we await release of Managing Health at Work Once for Scotland Policies. The only change within this iteration refers to notification of Once for Scotland inclusion of Managing V&A as a corporate mandatory training module.   * Closed Circuit Television (CCTV) Policy – Reviewed February 2025   This policy was updated to include reference to insurance and third party requests; inclusion of body worn cameras; and covert recording clarification; strengthening of wording relating to CCTV management at Hotel and E-Health server rooms.   * Bomb Threat Policy – Reviewed August 2024   This policy was considered to be appropriate to address current statutory and safety requirements as well as reflecting the organisational objectives, as such the policy was accepted unchanged.   * Security Policy – Reviewed October 2024   This policy was reviewed with Minor changes made (changes to reflect current job titles and removal of unnecessary supplementary information previously contained in ‘background’ section). Also added appendix to provide further detail on swipe cards.   * Control of Contractors Policy – Reviews October 2024   This policy was reviewed with updates to include commercial visitors. Updated references to roles and responsibilities; added reference to safe access/egress; and induction process for responsible person.   * Pregnant Workers and New Mothers Risk Assessment Policy – Reviewed June 2024   This policy was considered to be appropriate to address current statutory and safety requirements as well as reflecting the organisational objectives, as such the policy was accepted unchanged.   * Respiratory Protective Equipment (RPE) Policy – Reviewed August 2024.   This Policy was reviewed to detail the arrangements for a return to pre-COVID mask fit testing process with local fit testers to resume with mask fit testing.   * Site Access / Egress Protocol – Developed and approved October 2024   This protocol was developed as a new document to underpin messaging to staff and others regarding site access and egress. 7.0 Communication Communication is key to ensuring health and safety is valued and visible throughout the organisation.  A number of communication streams have been developed within this reporting period to support and underpin our key messaging around:   * Safe Person * Safe Place * Safe Process      * Safe Person – Enabling a competent workforce who understand their health and safety responsibilities. * Safe Place – Creating an environment that allows employees to do their best work. * Safe Process – Putting the right processes in place to manage risk (integrated, transparent and accessible to key stakeholders)   Communications streams have included a range of digital publications (monthly matters, e-bulletins) and formal correspondence via our Health and Safety Forums and Health and Safety Committee. The feedback received from recipients has been positive and provided managers with a platform for wider sharing  **Monthly Matters**  Each month there is a focus on a specific workplace requirement. The aim is to provide a healthy working environment, promote a positive safety culture and ensure legal compliance. These articles are produced by the Health and Safety team and published via the Communications and Marketing Department. Within this reporting period the following topics were covered:   * Health and Safety Consultation and Communication * Display Screen Equipment (DSE) * Focus on Fire Safety * Back Care Awareness * Health and Safety Inspections * Safe Access and Safe Egress * Equipment Safety   The feedback received on these monthly articles via the Divisional Health and Safety Forums continues to be positive. Members of the Forums have advised that they found the articles to be informative and serve as a useful reminder around the chosen topic and any specific responsibilities for them and their staff. As a result of the positive feedback, we will continue to produce these articles for 2025/26 and will seek further feedback on Health and safety communications via a proposed staff engagement survey.   8.0 Incident Reporting Datix is the system we use to report, monitor and investigate our adverse events and formal feedback into the organisation from patients, relatives and visitors.  Datix can be used to report any adverse incident that has the potential to produce unexpected or unwanted effects, or any incident which has a consequence or a learning point. An event that causes a loss, injury or a near miss to a patient, staff or others.  **Events by Severity**  The vast majority of health and safety related incidents are risk rated as negligible or minor. Only  3 were rated ‘major’ by severity. The first major rated incident was a RIDDOR event linked to staff member’s foot being caught under a bed resulting in over 7 day absence (suspected fracture). This event is still an open datix event at this time of writing whilst local investigation continues. The second incident referred to a hotel guest fall at hotel reception. This event was subject to IAT which was discussed as part of the investigation process at the Health and Safety Forum in February 2025. The third refers to remnants of empty vials of midazolam found in CDU staff changing area. This incident was reviewed locally by relevant management team, with datix investigations completed and signed off appropriately.   * Total 161 (40%) Negligible Events for 2024/25 (152, 40% FY 23/24 ) * Total 185 (47%) Minor Events for 2024/25 (188, 49% in FY 23/24) * Total 46 (12%) Moderate Events for 2024/25 (44, 11% in FY 23/24) * Total 3 (>1%) Major Events for 2024/25 (2,1% in FY 23/24)   Figure 1: H&S Incidents by Severity of Harm  **Events by Category**  Each quarter the Health and Safety Forums and Health and Safety Committee receive updated reports, part of which provide details on health and safety incidents from the previous quarter.  This data provides the ability to analyse trends by location or by sub-category type.  Within the reporting period, 4 of the top 5 sub categories have remained static from 2023/24 to 2025/26 (contact with sharps, collision with objects, unsafe environmental conditions, and exposure to hazardous substances). The only change in the top 5 categories has seen the emergence of ‘slips, trips and falls’ replacing ‘Fire Alarm Activations’. The number of Fire Alarm activations dropped from 23 in 23/24 to 14 in 204/25.The spike in 23/24 is linked to the volume of project (contractor) works during that period, i.e. phase 2 and project work task orders.  The overall numbers within each of the sub categories by comparison of last FY to this FY is marginal. The top 5 sub categories for 24/25 will remain a focus for 2025/26 and will continue to feature on reports for the Health and Safety forums and Health and Safety Committee with a particular emphasis on sharps injury prevention and investigation. Sub categories for 2024/25 are shown in figure 2 and for 2023/24 in figure 3 below.  Figure 2: Top 5 H&S Incident sub categories 2023/2024  Figure 3: Top 5 H&S Incident sub categories 2023/2024  **Events by Subcategory and Severity**  Managers investigate incidents, supported by specialists when required and any trends are reported to the Health and Safety Committee.  Contact with sharps is showing as the highest sub category. Datix has been updated to capture the specific information around this subcategory. Further work is required to review the existing question set for sharps incidents with the aim of improving the investigation section. This will allow for a focus on root cause analysis to support learning and avoid recurrence. This action is currently logged at the Health and Safety Committee and will be a focused area for work in 2025/26.  Figure 4: Health and Safety Incidents by Subcategory and Severity 24/25  Figure 5: Health and Safety Incidents by Subcategory and Severity 24/25  Figure 6: Types of RIDDOR injuries 24/25  Figure 7: Types of RIDDOR injuries 2023/2024  **Controls**  The Health and Safety Committee has developed an organisational Health and Safety Risk Register to facilitate a focus on the main areas of health and safety and the current controls in place, as well as any planned improvements or mitigating actions.   9.0 Fire Safety The site Fire Risk Assessments have been reviewed within this reporting period in line with the requirements of statutory legislation (Fire Scotland Act 2005 and Fire Safety Scotland Regulations 2006) and additionally compliant with NHS mandates, notably Fire Safety Policy for NHS Scotland 2011; CEL11; and the requirements of Scottish Health Technical Memorandum 86: Fire Risk Assessment.  The Risk Assessments have been undertaken by the Health and Safety team and peer reviewed from within the same team. The lessons learned and continuous improvement of Fire Safety will be considered within the existing governance arrangements and by the newly formed Fire Safety Group.    **Fire Activations**  There were 14 fire alarm activations during the reporting period, a reduction from 23 in year 2023/24.   * 6 activations within clinical areas * 3 activations due to accidental break glass unit being struck * 1 activation due to system fault * 1 activation due to toaster misuse * 1 activation due light fitting fault. * 5 activations within corporate areas * 1 activation due to contractor activities * 1 activation due to aerosol in staff changing room * 1 activation in main kitchen from oil spilling from oven * 1 activations due to steam * 1 activation cause unknown * 3 activations within the hotel * 1 activations due to panel fault * 1 activation due to contractor activity in stairwell * 1 activation from equipment malfunction in plant room   There were no confirmed fires in this reporting period.  As described above Datix is a system that permits investigation and reporting of relevant information pertaining to the fire alarm activation. Activations are discussed in detail with the department and/or external partner agencies in order to mitigate and avoid further activations.  Although the number of Unwanted Fire Alarm Signals (UFAS) has reduced from 2024/25 and continues to be well within the parameters set out in BS 5839 part 1, it is vitally important that we strive to reduce this number as much as is reasonably practicable in order to ensure better use of resources, less disruption, reduced costs etc.  We have agreed to continue to work in partnership with the Scottish Fire and Rescue Service to reduce this number and to date and they are content with our collective efforts. UFAS is a standard agenda item at the Fire Safety Group.  **Fire Safety Training**  Fire Safety training is available to all staff via an e-learning module. Following the lunch of TURAS learn, department managers now have direct and immediate access to real time attendance/compliance figures which enables them to actively monitor their staff member’s compliance without the previous issue of lag time in the available information.  Fire Safety training is now a feature on the work plan for the Fire Safety Group and any proposed changes to the fire training strategy for NHS Golden Jubilee will be considered in the first instance by this group. This work will align with the requirements for compliance with Fire code, notably SHTM80 and SHTM83.  The Health and Safety team continues to work closely with Estates Management team and specialist contractors for Fire Detection and Alarm systems, Electrical and Emergency Lighting and Passive Fire Protection. Evidence is provided to the Health and Safety team during the fire risk assessment process on passive and reactive fire measures. Such examples include maintenance and inspection of fire doors, gas suppression systems, sprinkler systems, fixed firefighting equipment including fire extinguishers and fire blankets, lightning protection and maintenance of fire alarm system. This evidence is also sought during external audit from Scottish Fire and Rescue Service. These items will be included in the work plan for the Fire Safety Group with ‘Fire Safety Systems’ as a standard agenda item at that group.  The Health and Safety team have been involved in advising and working with stakeholders on a number of projects (circa 25) of different scale over the reporting period. This close relationship will continue for the year ahead with the Health and Safety team included as a key stakeholder for current and future project meetings  Project Contractors supply regular progress reports throughout duration of the project with health and safety noted as a standard item on such reports. No health and safety adverse events have been reported in this period. |
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| 10 Risk Management Routine Health and Safety Risk Management is in place across the organisation at departmental and divisional level to monitor and where required, address health and safety issues at source.  The Health and Safety team also advise the Health and Safety Committee on external health and safety factors that create new risks or require additional mitigations to existing Board level risk management and controls. These factors can include changes to legislation, safety action notices and issues arising from Health and Safety Executive visits to other NHS Boards.  Within 24/25 the risk register was reviewed to enable the current risk register entries to transition onto the new risk register platform which will be hosted within datix. Reasonably foreseeable risks were listed and scored individually with consideration of additional control measures and actions identified. This led to an impact score to potentially allow focused actions based on the highest area of risk. As a result of this review the number of risks on the risk register has reduced from 21 to 10. The intention is for these risk register items to be located within the new datix site. This piece of work is being led by Clinical Governance with support from Health and Safety and other key stakeholders as required.  The table contained within Appendix 1 highlights the year end Risk Register entries relating to Health and Safety, Fire and Security which have been monitored and discussed by the Health and Safety Committee throughout the year with each change to score or status highlighted and explained to the members.  We have also provided information to enable addition of Health and Safety to the strategic risk register.   |  |  | | --- | --- | | Risk ID | Risk Title | | HS1 | Violence and Aggression | | HS2 | Fire Safety | | HS3 | Lift Entrapment | | HS4 | Infrastructure of Site | | HS5 | Out of Hours Resilience | | HS6 | On site Traffic Management - Emergency Vehicles | | HS7 | On site Traffic Management – Slips, trips, falls | | HS8 | Building Fabric – engineering failures | | HS9 | Estates team ability to respond to issues | | HS10 | Limited Manual Handling Service Provision |   **Risk grading tool:**    **Strategic Risk Register Entry**  C:\Users\wilsond\Desktop\Capture.PNG 11. Health and Safety Competence Regulation 7 of the Management of Health and Safety at Work Regulations 1999 requires organisations to have competent health and safety advice. The Health and Safety Executive (HSE) defines a competent person as someone who has necessary skills, experience and knowledge to manage health and safety.  NHS Golden Jubilee have a dedicated Health and Safety team comprising of a Head of Health and Safety, a Health and Safety Advisor, a Manual Handling Lead and a Health, Safety and Security Coordinator as well as five Security Officers. |
| **Health and safety Monitoring**  The Health and Safety team have introduced a digitised portal for Health and Safety audit and inspections. This has enabled transition of existing Microsoft word documents to be saved into the digitised system. This system is designed to enable findings and statistical data to be available via dashboards which will allow for improved reporting via the Divisional Forums and Health and Safety Committee.  The audit tool will be utilised annually by the Health and Safety team. This monitoring will support compliance with safety management systems and legal requirements. Managers will be able to demonstrate commitment to safety by ensuring that action plans are carried out within agreed timeframes. Findings from audits will be shared with the Health and Safety Committee and used to plan site wide continuous improvements in safety.  Each department has the ability to carry out monthly health and safety inspections within their own areas. This system will enable managers to receive automated prompts to undertake health and safety inspections and upload their findings directly to the platform.  The system for inspections has been configured and rolled out across the site within 2024/25. The introduction of this system has allowed for improved oversight of monthly inspection completion rates and will allow for easier analysis of trends captured from the data within the inspections. The annual audits are planned to roll out 2025/26 with a report on the findings from the audits to be shared via the Health and Safety Forums and Committee.  **Safety Tours**  The Health and Safety team have continued with the use of Safety Tours. These are unannounced inspections of the work place to assess whether or not acceptable standards of safety are being maintained. This approach also provides opportunity to recognise good practice and to reinforce the Health and Safety Policy. The concept was shared with the Forums and Health and Safety Committee in 24/25. A limited number of tours have been carried out during 2045/25, however there is now a schedule in place for these to be consistently carried out in year 2025/26. Feedback from these tours will be shared via the Forums sharing both good practice as well as areas for improvement. In order to build on the theme of collaboration, the Health and safety Team have extended the invite to staff side for such inspections.  **External Audit**  Scottish Fire and Rescue Service (SFRS) carried out a fire safety audit and inspection of the Hospital and Hotel within this reporting period.  The audit examined the fire risk assessment, maintenance records relating to fixed fire-fighting equipment (extinguishers, fire blankets, gas suppression systems and sprinkler system), dry risers, hydrants, gas and electrical certificates, fire alarm system, staff training records etc.  This was then followed by a site walk round to visually inspect the site. Specific recommendations are being addressed and reported via the Health and Safety Committee. We have taken the opportunity to use the recommendations from these inspections to inform our work plan for the Fire safety Group. The recommendations and lessons can be seen in Appendix 2.  Regular and close liaison with SFRS continues and has proven to be an effective way of dealing with issues that arise from their audits of our premises. This has helped to ensure that to date, no enforcement or prohibition notices have been served.  There has been no enforcement from the Health and Safety Executive (HSE) in this time period.  **External Fire Audit Recommendations and Lessons** |
| |  |  | | --- | --- | | Recommendation | Lessons Learned | | Ensure fire doors not impeded from closing (obstruction/wedges) | Communications sent to staff regarding importance of not impeding automatic fire doors. Issue raised via Divisional Forum and Committee. Item within H&S monthly inspections. | | Ensure separate Fire Risk Assessments for Hospital and Hotel | Immediate action taken to separate these documents. | | Review of faults and isolations on fire Alarm panel | N/A – faults are evident linked to current isolations in the system | | PPM to be established for Eye centre stairwell smoke vent. | Immediate action taken to establish PPM for smoke vents in Eye Centre and Phase 2. | | Non-compliance with L1 fire detection standard | Survey to be undertaken and planned programme for upgrade works to be established; this will be undertaken under remit of FSG 25/26. | | Escape corridors to remain free of excessive fire load and obstructions | Section on fire safety included in monthly digitised health and safety inspections, annual health and safety audits, safety tours, fire risk assessments; individual department heads accountable for their respective areas. Bins stores being constructed to reduce fore risk in corridors. | | Ensure reinstatement of walls, ceilings etc post maintenance and repair works | Additional section on fire stopping added to Fire policy. Policy document sent for approval at H&S Committee April 2025. Further consideration required from Estates and key stakeholders on how to provide assurance that internal and external contractor works are suitably inspected on completion of any works breaching fire compartments. This item will be managed via the FSG | | Missing ceiling tiles in service areas | Immediately rectified. | | Recommendation for fire drills | This has been identified as part of SHTM80 review and will therefore be managed via FSG | |
| 12. Chair’s Conclusion |

As Chair of the Health and Safety Committee during the financial year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has allowed us to fulfil our remit. As a result of the work undertaken during the year, I am able to conclude that the Committee has maintained an adequate framework of internal control which provides reasonable assurance that material errors or irregularities will either be prevented or detected within a timely period. The Committee has also taken direct action in areas where performance improvement was necessary. The committee will seek to ensure continued maintenance and improvement of effective internal control arrangements within the Board.

**Jonny Gamble**

**Director of Finance**

**April 2025**