NHS Grampian

Meeting:	NHS Grampian Board
Meeting date:	13 August 2026
Item Number:	17
Title:	Health and Safety Update
Responsible Executive:	Melanie Saunders, interim Director of People & Culture
Report Author:	Ian Cowe, Head of Health & Safety

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendation(s)

The Board is asked to:

- **Assurance** – review the information provided in this paper and receive assurance on current health and safety governance arrangements, including the actions underway to strengthen local oversight, improve compliance and address identified risks.
- **Future reporting** – request a further update report in quarterly on progress with health and safety governance, compliance improvement and actions arising from HSE activity.

This report relates to:

- NHS Grampian Strategy: Plan for the Future – specify which section (People, Places, Pathways and specific issue covered)
- Board Annual Delivery Plan – specify which deliverable
- Service Operational Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below) [delete all that are not relevant to this report]:

- Inability to affectively maintain and invest in NHS Grampian's infrastructure
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Deteriorating Workforce Engagement

2 Report summary

Executive Summary

This report provides assurance on current health and safety governance arrangements and highlights areas where further improvement is required.

The Health and Safety Committee met on 28 May 2026, approved revised Terms of Reference, and agreed a programme of thematic deep dives into key health and safety data. The May meeting reviewed CoSHH, FFP3 face fit testing and PMVA training, alongside workplace inspection compliance, an update from the Radiation Safety Committee, and current HSE enforcement activity and investigations affecting NHS Grampian.

This report highlights progress in strengthening governance arrangements, including closer alignment of Committee focus with statutory health and safety requirements and the development of more structured local reporting. However, local health and safety governance remains a work in progress.

The data reviewed by the Committee shows a mixed picture, particularly:

- The majority of CoSHH assessments recorded on Sypol are current, but gaps remain in assessment coverage and active Sypol Editor input.
- FFP3 fit testing compliance varies across areas, with particular improvement needed in some high-risk services.
- PMVA training compliance remains below target, particularly for Levels 1 and 2, although work is underway to improve training capacity, make better use of available courses and progress the Behaviour Protocol for Patients and Visitors.

The Committee was updated on Health and Safety Executive activity and the work required to address recent enforcement relating to handling of brucella-positive samples, RIDDOR reporting, and Containment Level 3 lab safety.

Continued monitoring of workplace inspection compliance is a priority for the Committee and there are some areas where improvements are required.

Statutory and mandatory e-learning compliance continues to show improvement in key subjects, but compliance with several health and safety toolbox remain low.

Pressures on Health and Safety Team capacity also continue, although recruitment is progressing in key areas.

Overall, the report indicates that governance arrangements are improving, but further action is needed to ensure consistent local oversight, stronger compliance and sustained delivery against statutory health and safety requirements.

2.1 Situation

The Health and Safety Committee met on 28 May, when it approved the Committee's Terms of Reference and agreed a schedule of thematic deep dives. The meeting included detailed reviews of Control of Substances Hazardous to Health (CoSHH), FFP3 face fit testing, and PMVA, with the PMVA discussion focusing on training only.

Other matters considered included compliance with the requirement to complete workplace inspections every 12 months, an update from the Radiation Safety Committee, and current HSE enforcement activity and investigations affecting NHS Grampian.

The next meeting of the committee is scheduled for 29 July 2026.

2.2 Background

Control of Substances Hazardous to Health (CoSHH)

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, NHS Grampian is required to assess and manage risks associated with hazardous substances. The organisation uses the Sypol system to record and maintain chemical risk assessments, with designated trained staff responsible for managing information within the system. Current assurance indicates a high level of compliance, with **98% of 3,703 chemical risk assessments recorded in Sypol being in date**. However, there remains no systematic mechanism to reconcile chemicals purchased across the organisation with those recorded within Sypol, creating a potential gap in assurance.

Further review has identified gaps in COSHH assessment coverage across some Sypol work areas along with a variation in system utilisation.

Work is underway to better understand the reasons for gaps in recorded assessments, strengthen local accountability, and improve assurance that all relevant work areas using hazardous substances have appropriate COSHH assessments in place. Overall compliance remains high, but further improvement is required to ensure consistent coverage and

provide greater confidence that all chemicals in use across NHS Grampian are appropriately assessed and monitored

Improvement Actions:

Since 1 June, a new Health and Safety Specialist has taken lead responsibility for the CoSHH Sypol system and will focus over the next six months on improving reporting and identifying gaps. They are also contacting inactive Sypol Editors to confirm their current status. Discussions will also take place with Procurement on any national developments relating to codes for tracking ordered chemicals.

Following the Health and Safety Committee, Chairs of Divisional, HSCP and Service Health and Safety Committees have been asked to review Sypol Editor coverage through their local governance arrangements.

Improvement will continue to be monitored through the H&S Committee.

FFP3 Face Fit Testing Update

FFP3 face fit testing remains a key control measure for staff required to use respiratory protective equipment. Current compliance is 55% across NHS Grampian, increasing to 69% in Level 1 high-risk clinical areas and 70% in High Consequence Infectious Disease (HCID) areas.

Further improvement is required in a number of services, work also continues to improve the accuracy of compliance reporting and strengthen assurance arrangements.

NHS Grampian is contributing to national work reviewing face fit testing frequencies across Scotland. In addition, uncertainty remains regarding the availability of FFP3 mask models from national pandemic stockpiles, an issue being considered through national health and safety governance arrangements

Improvement Actions:

A face fit testing dashboard is available on Illuminate for managers to monitor compliance. Following the Health and Safety Committee meeting, Chairs of Divisional, HSCP and Service Health and Safety Committees have been asked to review local fit test compliance data and consider areas for improvement.

Improvement will continue to be monitored through the H&S Committee, any specific areas/division continuing to lack compliance will be escalated via the Executive Lead.

Prevention and Management of Violence and Aggression (PMVA)

As one of our core strategic priorities for 2026/27 the H&S Committee continue to progress the delivery of the PMVA Action Plan, a key component of NHS Grampian's strategy to reduce the risk of violence and aggression towards staff.

PMVA training compliance remains below the organisational target of 80%, with overall compliance at 38%, whereas e-learning module sits at an average of 74% (June 2026 data). The Committee noted that improving compliance and maximising utilisation of available training capacity remain priority actions to strengthen staff safety and ensure effective use of training resources.

Progress is also being made through a multidisciplinary short-life working group developing a behavioural protocol for patients and visitors to support implementation of NHS Scotland's Zero Tolerance approach to violence and aggression. The protocol is intended to provide a consistent framework for escalation, information sharing, governance oversight and balancing staff safety with the delivery of patient care. This is expected to be presented to the next GAPF and Staff Governance Committees for approval.

Workplace Inspection

An annual workplace inspection template has been introduced to support areas in meeting the requirement to provide a safe environment for staff and service users. Compliance with this requirement remains a standing item on the Committee agenda.

2.3 Assessment

We continue strive to strengthen local/divisional ownership of Health & Safety to ensure governance is active, visible, and effective and not solely reliant on corporate oversight. While corporate structures provide overall assurance, improvement depends on strong local leadership, more disciplined governance arrangements, and clearer accountability for compliance at local/division level.

The Corporate Health & Safety Team will be came together during July, along with the Employee Director, Director of Infrastructure & Estates and trade union H&S Representative to explore actions needed to improve overall governance and assurance of H&S across NHS Grampian, this is included:

- Strengthening local H&S committees
- Clear local leadership and accountability
- Improved compliance discipline
- Stronger escalation and reporting arrangements through to Corporate Health & Safety Committee

The group will be coming back together during August to progress the improvements identified, including bringing together chairs and co-chairs of divisional H&S committees to agree strengthen governance and reporting arrangements.

2.3.1 Quality / Patient Care

Lack of appropriate oversight of the management of health and safety can increase the likelihood that patients are at risk from, for example, inappropriate interventions by staff who have not had sufficient training towards patients who display aggression.

2.3.2 Workforce

The management of health and safety within a service level context needs to be discussed at Division/HSCP/Service H&S Committees using the local data available for their areas. Lack of functioning health and safety Committees in some cases means a lack of oversight on issues such as adverse events, training compliance and workplace inspections.

2.3.3 Financial

- Unplanned regulatory, legal and enforcement costs arising from health and safety non-compliance (including HSE investigations, violence and aggression, and infrastructure risks), with potential for fines, legal claims and reactive remediation spend.
- Escalating workforce-related costs driven by violence and aggression, low training compliance and capacity constraints, resulting in increased sickness absence, agency/backfill expenditure, recruitment turnover and lost productivity

2.3.4 Risk Assessment / Management

Efforts to enhance health and safety governance, along with the use of health and safety data through in-depth topic reviews, are addressing current challenges relating to the engagement of managers in Divisions, HSCPs, and Services. These actions also ensure that staff are given a voice via effective local health and safety committees.

The introduction of a behavioural protocol for patients and visitors who display violent or aggressive behaviour will further support and empower staff.

2.3.5 Equality and Diversity, including health inequalities

- Disproportionate impact on protected groups – Failures in health & safety controls (notably violence and aggression, training compliance and infrastructure risks) are more likely to affect staff who are younger, disabled, pregnant, agency/bank staff, or working in high-risk clinical environments, potentially exacerbating existing inequalities.
- Risk of unequal access to safety training and protections – Variability in local compliance with PMVA, fire safety and mandatory training may result in inconsistent protection for staff across Divisions/HSCPs, with those in understaffed or high-pressure services at greater risk.

2.3.6 Other impacts

Describe other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

This has been previously considered by the following committee/group/meeting as part of its development. The committee/group/meeting has/have either supported the content, or their feedback has informed the development of the content presented in this report.

- Partnership workshop re H&S governance 1st July 2026

2.3.8 Route to the Meeting

This has been previously considered by the following committee/group/meeting as part of its development. The committee/group/meeting has/have either supported the content, or their feedback has informed the development of the content presented in this report.

- Health and Safety Committee, 28th May 2026.
- Chief Executive Team meeting on 16th June 2026.
- Staff Governance Committee, 2nd July 2026

2.4 Recommendation(s)

The Board is asked to:

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- **Future reporting** – request a further update report in quarterly on progress with health and safety governance, compliance improvement and actions arising from HSE activity.

3 Appendix/List of appendices

N/A