# THE STATE HOSPITALS BOARD FOR SCOTLAND

# HEALTH, SAFETY AND WELFARE POLICY

| Policy Reference Number | OHS02 | Issue: 7 |
|---|---|---|
| Lead Author | Head of Risk & Resilience | |
| Contributing Authors | Security Director | |
| | Health & Safety Advisor | |
| | Risk Management Facilitator | |
| | Head of Risk and Resilience | |
| Advisory Group | Security, Risk, Resilience, Health & Safety Committee | |
| Approval Group | Policy Approval Group (PAG) | |
| Implementation Date | 8 June 2022 | |
| Next Review Date | 8 June 2025 | |
| Accountable Executive Director | Director of Security, Estates & Resilience | |

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

**REVIEW SUMMARY SHEET**

| | |
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| **No changes required to policy** (evidence base checked) | ☐ |

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| **Changes required to policy** (evidence base checked)  ☒ |
| **Summary of changes within policy:** |
| • Health and safety and welfare committee has been changed to reflect the new Security, Risk, Resilience, Health and Safety Committee and reformed Health and Safety Committee. |
| • Senior Management Team has been changed to reflect new Corporate Management Team. |
| • Updated Governance Arrangements added into policy. |

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# 1. HEALTH AND SAFETY POLICY STATEMENT

The State Hospital exists to provide high quality health care services to the people of Scotland and Northern Ireland with forensic mental health needs.

The State Hospital Health Board recognises that these services cannot be provided unless it ensures, so far as is reasonably practicable, freedom from risk to the health, safety and wellbeing of patients, staff, and others affected by the hospital's activities.

As Chief Executive, I have ultimate responsibility for ensuring that The State Hospital meets the statutory requirements of current or future health and safety legislation.

The State Hospital's Corporate Management Team (CMT) will provide the organisational framework for effective health and safety management and to promote a positive health and safety culture by establishing:
- Robust governance arrangements
- Effective safety management systems
- Co-operation between individuals and groups on matters of health and safety
- Clear methods of communication at all levels of the organisation
- Employee competency so that individuals and groups can fulfil their role effectively and safely

I have appointed The State Hospital's Security Director as Joint Chair of the Health and Safety Committee, to implement the measures required to meet statutory requirements. To achieve this, the Security Director will ensure that effective arrangements are in place for monitoring and reviewing the State Hospital's health and safety performance.

Day-to-day responsibility for health and safety rests with the State Hospital's managers and supervisors, who are directly accountable for the prevention of accidents, injuries and occupational illness within their area of responsibility, as well as damage to State Hospital property.

Departmental Health and Safety Control Books are used to ensure that our organisational policies are implemented effectively. Control Book Holders are responsible for applying the risk assessment process effectively in order to proactively identify and evaluate any emerging departmental health and safety risks, informing their staff of any relevant findings.

All staff within the State Hospital have a responsibility to familiarise themselves with all policies and procedures and the contents of departmental Health and Safety Control Books, in order to protect themselves, their colleagues, patients, visitors and the interests of the State Hospital.

The State Hospital Risk and Resilience Department and other specialist advisors, where appropriate, are responsible for advising State Hospital managers and staff with regard to their legal obligations and to provide advice and support in tackling problems relating to health and safety. The State Hospital encourages all staff and managers to utilise these resources fully.

This Health and Safety policy statement is supplemented by additional internal policies and procedures available from The State Hospital's Intranet,

As Chief Executive, I will routinely review the organisational arrangements required of this policy, with the Security Director and the other Executive Directors.

**Gary Jenkins, Chief Executive, The State Hospitals Board for Scotland**
**February 2022**

## 2. STRATEGIC OVERVIEW

The State Hospital Boards Health, Safety and Welfare Policy is based on *Safe and Well at Work* (2011), NHS Scotland's Occupational Health and Safety Strategic Framework which sets out the direction of travel for the occupational health and safety (OHS) provision for staff throughout NHS Scotland.

To deliver against the strategic aims outlined in this framework The State Hospital Board will ensure consistent and effective commitment to improving the health, safety and wellbeing of staff by building upon existing management systems and local occupational health and safety provision to keep staff motivated, healthy, engaged and safe.

Key principles detailed within Health and Safety Executive guidance "*Leading Health and Safety at Work*" (2013) have also been incorporated within this Health, Safety and Welfare Policy.

## 3. LEGAL FRAMEWORK

The *Health and Safety at Work Act* (1974) is the primary piece of legislation covering occupational health and safety in the UK. It places legal duties on employers to take all reasonably practicable steps to ensure the health, safety, and welfare of employees and anyone else who might be affected by work activities.

Employer legal duties are expanded further within the *Management of Health and Safety at Work Regulations* 1999 (as amended) which place a legal duty on employers to:

- Implement a safety management system
- Assess all work associated risks with special consideration to risks associated with 'new/ expectant mothers and 'young workers' work activities
- Establish appropriate emergency procedures
- Provide employee health surveillance (where indicated)
- Have access to suitable competent persons
- Provide suitable and sufficient health and safety related information, instruction and training for employees and contractors/ visiting workers

Other Health and Safety Regulations place a legal duty on employers to risk assess and control specific 'hazards' through implementation of effective safety management systems.

## 4. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

**The State Hospitals Board for Scotland**
The Board has the ultimate governance role for health, safety and welfare matters and will set the direction for effective health and safety management by:

- Integrating health and safety within existing governance arrangements
- Demonstrating strong and active leadership and providing visible and active commitment to managing health and safety systems and initiatives
- Integrating, health and safety management into our decision making process
- Establishing effective communications and management structures and engaging in partnership to promote and achieve a proactive health and safety culture
- Ensuring that staff have means to feedback issues and concerns through established partnership committees
- Ensuring relevant health and safety training is made available to all staff so that individuals and groups can fulfil their role effectively and safely.

An annual report (contained within the Risk Management Annual Report) and work programme will be approved and agreed by the Security, Risk, Resilience, Health, Safety and Welfare Committee. Minutes will be provided to the Partnership Forum and the Corporate Management Team for information.

**Chief Executive**

The Chief Executive has ultimate responsibility for all health, safety and welfare matters associated with The State Hospitals undertakings. The Chief Executive must ensure adequate resources are provided to implement our statutory responsibilities. The Chief Executive has overall accountability for the implementation of the Health, Safety and Welfare policy and for ensuring that this policy is widely communicated and its effectiveness is monitored.

**Corporate Management Team**

The Corporate Management Team (CMT) has overall responsibility for the successful planning, developing and implementation of all approved operational health and safety policies and procedures. The Security Director, co-chair of the Health and Safety Committee will ensure that any health and safety implications of any proposed organisational changes have been fully considered and discussed with staff side representation.

**Security Director**

The Security Director as co-Chair of the Health and Safety Committee will assist, support and advise the Chief Executive on health and safety matters and will routinely act on his behalf, to ensure the Hospital-wide management of matters of Health and Safety.

The Security Director has the delegated responsibility for ensuring that the Hospital's Operational Managers have clearly defined responsibilities that ensure effective health and safety management within their areas of responsibility.

The Security Director is also responsible for the development, implementation and monitoring of arrangements to ensure the provision and maintenance of plant, equipment and accommodation in a manner which is safe and without risk to health.

Day-to-day responsibilities for managing health and safety have been devolved to Departmental Line Managers and Supervisors as identified by the Security Director, who must ensure that the systems provided are fully utilised in order to adequately control any risks arising from routine and foreseeable work activities, including the care and treatment of patients within the State Hospital.

**Control Book Holders/Deputy Control Book Holders/ Control Book Co-ordinators**

Operational Managers have identified 'Control Book Holders' as individuals responsible for local health and safety management within an identified area or work speciality by the effective implementation of all approved operational health and safety policies, procedures and management systems.

This includes maintaining evidence of local safety health and safety arrangements within a Health and Safety Control Book.

Control Book holders are responsible for bringing the content of the Control Book to the attention of their staff and encouraging staff to become familiar with its use and contents.
Control Book holders are supported by deputy Control Book holders and Control Book coordinators.

Control Book coordinators are individuals nominated to maintain control book evidence but who have no line management responsibilities for staff/ work activities within that area (e.g. shared office areas).

Control Book holders, deputies and coordinators should attend appropriate health and safety training sessions to allow them to undertake their duties appropriately.

**Employees of The State Hospital**

Health and Safety legislation also places legal duties on employees while they are at work. Whilst striving to continuously improve occupational health & safety standards, The State Hospital fully expects all employees to play their own part in the development of a positive health and safety culture and for all employees, contractors and temporary workers to:

- Act diligently and with due care for the health and safety of themselves, and any other persons who may be affected by their acts or omissions
- Follow all safe working procedures/ work instructions
- Comply with all occupational health & safety instructions whether they be verbal, written or pictorial
- Not interfere with or misuse any equipment provided in the interests of health and safety, environmental protection, welfare or fire protection
- Report any shortcomings in health and safety arrangements, to their line manager
- Accurately report all incidents and near misses to their line manager as soon as possible
- Notify line manager of all work related injuries as soon as possible, preferably on the day of incident
- Aid any investigation into incidents, dangerous occurrences or near misses
- Conduct themselves in an orderly manner and refrain from any form of horseplay at work
- Avoid improvisation of any form that could create unnecessary risk to the health and safety of themselves, employees and all 'others'
- Wear or use any protective clothing/equipment as stipulated by State Hospital policies, procedures and risk assessments and report any loss or defect immediately
- Use all machinery, work equipment, substances, transport or safety device provided in accordance with safe working procedures, work instructions and training
- Maintain all tools and equipment in good condition and report any defects to the relevant department/ manager
- Attend, as requested, all indicated training, fully participate in that training and apply training objectives when performing routine and foreseeable work activities
- Observe all fire evacuation procedures and learn the position of the fire exits and escape routes

**Escalation of unresolved health and safety issues can be progressed by reporting to Risk Management Department or by approaching any staff side representative/Employee Director for those staff who are not union members.**

**The Health and Safety Committee**

The Health and Safety Committee exists to ensure, in partnership, that arrangements detailed within this policy are fully implemented, in order to protect the health, safety and welfare of our staff, our patients and others who may be affected by our activities.

The primary purpose of the Health and Safety Committee is to proactively monitor and review the organisation's health, safety and welfare arrangements to assure compliance with the relevant statutory obligations as the minimum level of performance for the organisation.

Minutes from the Health and Safety Committee will be provided to the Security, Risk, Resilience, Health, Safety and Welfare Group, the Partnership Forum and the Staff Governance Committee for information.

**Organisational Chart for Health and Safety**
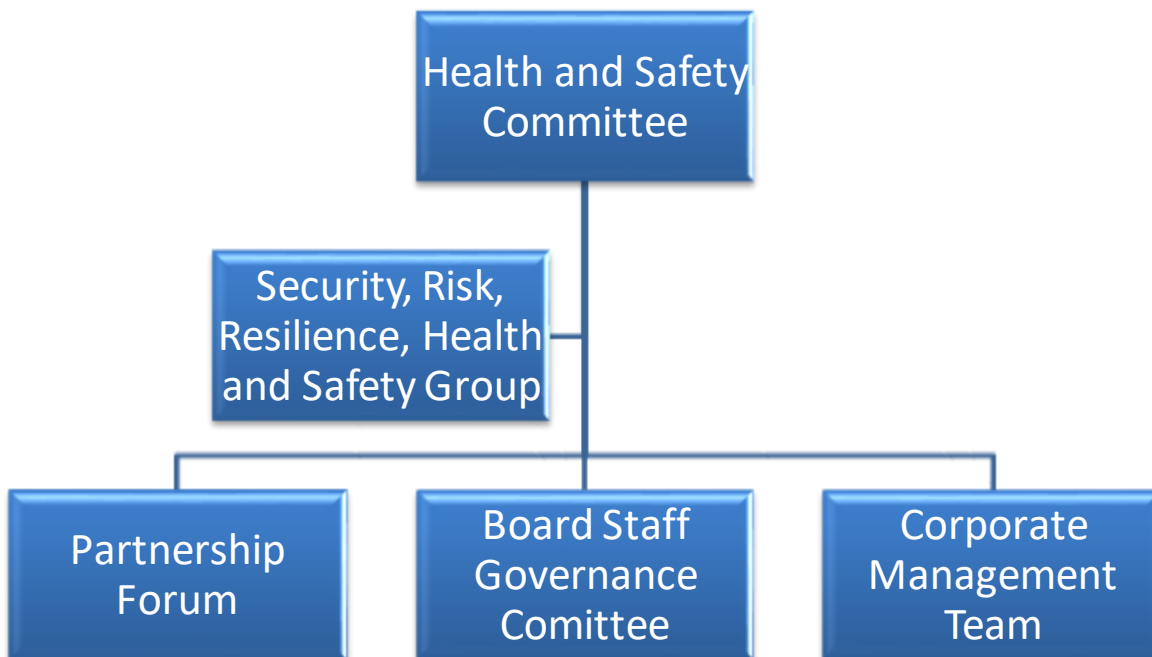


**Safety Representatives**
The State Hospital will work in partnership with staff Safety Representatives and will give all reasonable assistance to them carrying out their functions as stipulated within the *Safety Representatives and Safety Committees Regulations* (1977).

**Risk Management**
The Risk and Resilience department is responsible for monitoring the effectiveness of all Health and Safety policies, procedures and management controls through proactive and reactive measures.

The Risk and Resilience department will source specialist occupational health and safety services for practical services such as auditing safety management control systems, development and delivery of occupational health and safety training and post incident investigation as well as advice on emerging health and safety issues and legislation.

## 5.    IMPLEMENTATION

**Health and Safety Policies**
Policies and procedures relating to health and safety will be published on the hospital's intranet following approval by the relevant hospital groups.

The Health, Safety and Welfare Committee will be responsible for monitoring and reviewing policies relevant to health and safety.

Policies will be reviewed at least every three years in line with existing hospital guidance.

**Health & Safety e-Control Book**
The hospital's Health and Safety e-control book assists identified Control Book holders (supported by Control Book deputies and Coordinators) to discharge their health and safety responsibilities

and to identify, assess and adequately control risks associated with routine and foreseeable work activities and work environments. This will be regularly audited to ensure compliance.

**Incident Reporting**

All health and safety incidents should be reported via Datix, in the first instance in line with the hospital's Incident Reporting and Review Policy (RM01). This policy also outlines the action to be taken following the reporting of an incident where follow-up action or additional learning may be necessary.

Further reporting under the *Reporting of Injuries Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)* may be required depending on the type and severity of the incident.

On notification of RIDDOR reportable incidents, the Risk and Resilience department will facilitate all RIDDOR reports to the Health and Safety Executive

**Occupational Health**

The State Hospital provides an independent, confidential multi-disciplinary Occupational Health & Safety Service to its employees and volunteers. The Occupational Health and Safety Service provides advice to staff and managers throughout the organisation on occupational health and safety matters but not limited to:

- Pre-employment health screening of employees / volunteers prior to commencing input
- Immunisation
- Health surveillance
- Medical assessments
- Referrals to specialist agencies
- Lifestyle screening / health promotion activities
- Training and awareness

**Training**

Control Book holders will identify employee's occupational health and safety training needs and liaise with The State Hospitals Learning Centre to arrange indicated statutory/ role based or elective training and refresher training. All volunteers require to complete the 'Health and Safety Essentials' training module.

**Supporting Policies and Procedures**

A number of supporting policies and procedures underpin the Health and Safety Policy including but not limited to:

- Occupational Health and Safety Policies – e.g. policies covering fire, electrical safety, legionella, display screen equipment, manual handling.
- Risk Management Policies – e.g. incident reporting and review; safety action notice procedure.
- Infection Control Policies:
  - *IC06 The State Hospital Operational Guidance for Hand Hygiene*
  - *IC13 The State Hospital Operational Policy for Waste Management (including clinical waste)*
  - *IC16 The State Hospital Operational Guidance on Immediate Action Following Blood and Body Fluid Exposure*

## 6.    EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in

relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.


## 7.   STAKEHOLDER ENGAGEMENT

| Key Stakeholders | Consulted (Y/N) |
|------------------|-----------------|
| Patients | N |
| Staff | Y |
| TSH Board | Y |
| Carers | N |
| Volunteers | Y |


## 8.   COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin. The Health and Safety Committee will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or sooner if required by changes to legislation, national guidance or recognised best practice.