

Health and Safety Policy

Hub reference:	PC074	Policy Lead:	<i>Head of Health and Safety</i>
Version:	6.4	Policy Author (if different):	<i>Head of Health and Safety</i>
Approved by:	Executive Team	Name of responsible committee/group:	<i>Health and Safety Consultation Committee</i>
Date of approval:	June 2026	Review date:	June 2028
Policy supersedes:	6.3 June 2024		
Executive Lead:	Executive Director; Estate and Facilities		
Target audience:	All Trust Directors, Managers and Employees		
Keywords	Health, Safety, Governance, Leeds Way, Responsibility, Accountability, Statutory Duty, Compliance, Quality.		

Health and Safety Policy

Contents

Section		Page
1	Staff Summary & Introduction	3-4
2	Purpose & Effect	4-5
3	Key Definitions	5-6
4	Process Flow Charts & Supporting Information	6-10
5	Key Staff and Committees/Groups	10-18
6	Equality Analysis	18
7	Consultation and Review Process	18-19
8	Standards/Key Performance Indicators	19
9	Process for Monitoring Compliance and Effectiveness	20-22
10	Plan for Communication and Dissemination of Policy	23
11	References/ Associated Documentation	23

1 Staff Summary and Introduction

What is Health and Safety?

The Trust has a statutory duty to prevent harm occurring to its employees, patients, members of the public, contractors and anyone who could be adversely affected by the activities of the Trust. The Trust is a large and complex organisation that creates many situations and circumstances which have the potential to cause harm to these groups if hazards are not identified, risks assessed and subsequently eliminated or reduced.

The Health and Safety Policy defines the Trust-wide governance arrangements which are required to be in place to ensure that harm arising from physical, chemical, biological and psychological risks are identified, risks assessed and eliminated or reduced to an acceptable level. This includes alignment with the HSE Management Standards for work-related stress.

Who does it impact?

The Trust's Chief Executive, Executive Directors and Senior Managers are ultimately responsible for ensuring that the Trust operates safely and effectively. All staff have a responsibility to ensure they work safely, particularly those staff with some degree of control e.g., designing safe systems of work and the supervision and provision of information, training and instruction to their staff.

All staff, including those who do not have a supervisory or managerial role are required to:

- Comply with their employer's arrangements for ensuring a safe place of work.
- Ensure the health and safety of themselves and others
- Report all incidents/near misses, concerns and take action to minimise risk

The Leeds Way encompasses a set of values that are common to Health & Safety including:

- Accountable: Encouraging staff to accept responsibility for their actions
- Collaborative: Consideration and inclusion of staff, and their representatives in our discussions and decisions
- Patient Centred: Our health and safety arrangements are intended to ensure the safety of **ALL** those who may be affected by our work activities
- Fair: Listening to and understanding the concerns of others
- Empowered: Supporting local managers and staff to continually improve their health and safety arrangements

There are several risk specific procedures linked to the Health and Safety policy which can be located here <http://nww.lhp.leedsth.nhs.uk/policies/>.

Health and Safety policy information is held on the Trust's intranet, this can be accessed via the following [Health & Safety — LTH Web](#)

Further information and support can be obtained from your line manager in the first instance or the Trust's Health and Safety team or the Specialist Advisors and Trade Union Safety Representatives

Policy Monitoring and Evaluation

The effectiveness of the Trust's Safety Management System will be monitored and evaluated by the collection and consideration of data from the following sources:

- Annual Health and Safety Controls Assurance process of self-assessment and review (Active Monitoring)
- Incident reporting (DATIX and RIDDOR) and Employers Liability/Public Liability Insurance claims data (Reactive Monitoring)

An annual Health and Safety Report and Work Plan will be prepared by the Head of Health and Safety and presented to the Risk Management Committee; an executive Committee chaired by the Chief Executive; this will be presented to the Trust Board for assurance.

Consultation with Staff

The Trust actively engages with staff on Health and Safety matters and with Trades Union bodies through the Health and Safety Consultation Committee. Previous agendas, reports, minutes and Terms of Reference can be found at <http://lthweb/sites/health-and-safety-committee/health-and-safety-committee>

2 POLICY PURPOSE

The purpose of this policy is to set out how the Leeds Teaching Hospitals NHS Trust (LTHT) manages health and safety, so far as is reasonably practicable, to reduce the risk of injury and/or ill health to an acceptable level.

This policy is issued in accordance with the duties imposed under the Health and Safety at Work Act 1974 (HASWA). This policy applies to all employees of LTHT and to patients, contractors, visitors and others who may be affected by the Trust's activities and undertakings.

The policy illustrates the Trust's commitment to health and safety and the arrangements to ensure that the Trust provides a safe environment and complies with the HASWA and other associated relevant health and safety legislation.

Within this policy there is reference to other relevant health and safety legislation, this policy should be read and used in conjunction with other LTHT specific policies and procedures.

The Management of Health and Safety at Work Regulations 1999 state that the employer must implement appropriate health and safety arrangements. Employers need to manage health and safety by ensuring that the arrangements they have in place are planned, organised, controlled, monitored and reviewed appropriately.

The Health and Safety Executive (HSE) has published a document; reference HSG 65, 3rd edition published 2013, titled 'Managing for Health and Safety' that is a guide for employers to establish a system for managing health and safety; it includes 'Plan, Do, Check and Act.

Many of the features of effective health and safety management are comparable to the management practices that can be found in quality systems, business excellence models and financial planning. Therefore, the purpose of this system is to enable health and safety to be embedded into all LTH management systems.

POLICY EFFECT

In addition to the Health and Safety Policy, the Trust has a number of [policy/procedural documents](#) which define and describe how a range of significant and specific health and safety risks will be controlled e.g., Conflict Resolution (Reducing Violence and Aggression in the Workplace) Policy, Management of Asbestos Policy.

Each of the policies and procedures will set objectives and standards to be achieved across the Trust. Additionally risk specific policies and procedures will include specific monitoring and assurance reporting arrangements.

The Trust Health and Safety Policy includes a responsibilities matrix (section 5.3) which describes the leadership and responsibility for each significant risk e.g., Fire Safety, Radiation Safety etc.

The responsibilities matrix will be routinely reviewed and included in the Trust's Annual Health and Safety Report to be approved by the Risk Management Committee.

All related policies and procedural documents will be published electronically via the Trust's intranet policy pages.

3 KEY DEFINITIONS

Hazard	Something that has the potential to cause harm
Severity	Seriousness of an incident resulting in harm measured on a scale of 1 to 5
Likelihood	Frequency of the hazard to cause or result in harm measured on a scale of 1 to 5
Harm	Includes injury, ill-Health or damage to equipment e.g., equipment, property, environment and/or interruption to service delivery

Risk and Risk Assessment	Considers the identified hazards and assesses the likelihood of the event occurring and the severity of the event when it occurs measured on a scale of 1 - 25
Active Monitoring	Checking the effectiveness of risk controls periodically and before an incident occurs, examples include local 'hazard identification' workplace inspections, planned preventative maintenance and the annual health and safety controls assurance process
Reactive Monitoring	Checking the outcomes of the Safety Management System by the consideration of data such as incident reports, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reports, insurance claims.
Policy/Procedure	A binding statement for all LTH employees that specify what the Trust requires employees to do and/or how they are expected to act. All policies will be Trust wide documents. These may be supported by procedures and/or guidance and tool kits which support staff in the implementation of a policy and sets out a standardised series of actions to be taken, with clear responsibilities, to achieve a task in an agreed and consistent manner to achieve a safe and effective outcome. When used as part of a policy, procedures will provide the means to fulfil the objectives of the policy.
Assurance	Demonstrated using data and evidences the strengths and weaknesses of the Safety Management System.
Safety Management System (SMS)	Co-ordinated activities to direct and control the organisation with regard to health and safety risks.

4 PROCESS AND SUPPORTING INFORMATION

4.1 Governance and Assurance - Risk Management Committee

Health and Safety is integrated into the Trust's governance arrangements and is overseen by the Risk Management Committee, an executive committee Chaired by the Chief Operating Officer. Assurance of compliance or issues of concern will be

reviewed through this structure and escalated or referred to the Quality and safety Assurance Group, or Corporate Operations team, if required.

The Risk Management Committee will: -

1. Be assured that suitable and sufficient competent health and safety advice is provided and accessible to all Trust employees.
2. Review and endorse the Health and Safety Policy prior to approval by the Executive Directors group and Trust Board.
3. Receive and act on reports (Active and Reactive Monitoring data) relating to the Trust's occupational Health and Safety management arrangements.
4. Agree, review and approve a risk profile for health and safety and the responsibilities matrix.

The Health and Safety Policy should be read in conjunction with the [Risk Management Policy](#).

The Trust applies a structured approach to assurance, incorporating local operational management (first line), specialist oversight and validation (second line), and independent assurance through governance committees and external review (third line).

There are two formal processes (Active and Reactive Monitoring) which provide an assurance of policy/ procedural compliance and continual improvement in the management of health and safety risks. It naturally follows that these processes identify where further scrutiny and management actions are needed:

4.2.1 Annual Health and Safety Controls Assurance (Active Monitoring)

The Head of Health and Safety, in conjunction with Specialist Advisors and Policy Leads, will implement an annual Health and Safety Controls Assurance process which reflects the statutory requirements relating to health and Safety policy and procedures.

The Controls Assurance programme is the most significant active monitoring arrangement process within the SMS. Active monitoring is intended to check and provide assurance to senior and local managers that agreed risk controls outlined in Trust approved Health & Safety related policy/procedural documents have been fully implemented in every part of the Trust.

Each Clinical Service Unit (CSU) and non-clinical support services will be provided with an Annual Controls Assurance Report, which will be considered and acted upon through local performance and governance arrangements.

The Controls Assurance process also enables the following:

1. Complex legal/policy requirements are presented in a simple and easy to understand format (plain English).
2. Local areas will be able to measure increasing and decreasing performance over time based on previous audit data.

3. Benchmarking health and safety performance with other similar services.

An Annual Health and Safety Report will be provided to the Risk Management Committee and Health and Safety Consultation Committee, which will include a summary of the Controls Assurance process. This will be shared with Trust Board, for assurance.

4.2.2 Incident data and Learning Lessons (*Reactive Monitoring*)

A retrospective report of occupational health and safety will be provided to the Risk Management Committee and Health and Safety Consultation Committee every six months. The report will highlight significant events, locations, causes, trends and further actions implemented to prevent reoccurrences.

Staff should report incidents in accordance with the Trust Incident Reporting Procedure, which includes guidance on reporting routes, investigation and escalation arrangements.

4.3 CSU Governance

Each CSU/Corporate Dept. will ensure health and safety management is successfully implemented and included within their local governance and performance monitoring forums. This will be achieved by ensuring Health and Safety is a standing agenda item on the CSU/Corporate department governance and performance meetings.

Each CSU/Corporate Dept. is required to develop, consult and communicate a local 'Health and Safety Implementation Plan', which describes their safety management system to ensure compliance with all legal requirements and policy/procedural requirements. Consultation will take place with Trade Union Safety Representatives/ Health and Safety Co-ordinators via local consultation committees e.g., joint consultation forums/committees.

The CSU/Corporate department. 'Health and Safety Implementation Plan' will be reviewed and approved through the local governance arrangements established by the CSU/Corporate department.

If the monitoring and performance management arrangements identify risks that may lead to non-compliance with legislation and Trust Policies, actions will be implemented by the CSU/Corporate department to address this to achieve compliance. If significant risks are identified, they will be escalated via the Trust risk management framework, where appropriate, and recorded on the relevant risk register, together with actions to mitigate the risk.

CSU/Corporate departments will review their annual Health and Safety Controls Assurance findings through their local governance and performance forums and develop action plans to address areas for improvement.

Learning from incidents and assurance processes is shared locally and, where appropriate, across the Trust, with actions monitored to ensure they are implemented and sustained.

Local managers are required to consult with all staff when Health and Safety improvements are being planned and implemented in addition to the results of Active Monitoring e.g., Health and Safety Controls Assurance process outcomes.

Arrangements are in place to ensure that contractors are appropriately selected, inducted, managed and monitored in line with Trust procedures.

4.4 Specialist Advisors

The Trust is required to provide competent specialist advice to ensure it effectively controls and manages its health and safety risks and complies with statutory requirements.

Regulation 7 of the Management of Health and Safety at Work Regulations 1999 requires employers to appoint one or more competent persons to assist in undertaking the measures required to comply with statutory requirements.

A person shall be regarded as competent where they have sufficient training, experience, qualifications and/or knowledge and other qualities to enable them to properly assist in undertaking measures to comply with Health and Safety legislation.

A list of competent persons can be found in section 5.9 of this Policy

4.5 Consultation with Employees

It is important that employees and their representatives are consulted on regarding the Trust's health and safety management arrangements. Consultation will occur locally e.g., local discussions relating to improving risk controls, learning lessons following investigations or raising concerns. Team meetings and other existing communication routes are used for this purpose e.g., local H&S meetings, local consultation committees.

Employees may also raise health, safety and wellbeing concerns with an accredited Trade Union Safety Representative, who can support staff and raise matters through appropriate consultation arrangements.

4.6 Consultation with Trade Union Safety Representatives

The Trust has established, as part of the Trade Union Partnership Agreement and as required by the Safety Representatives and Safety Committee Regulations 1977, a 'Health and Safety Consultation Committee'. The Committee meets formally on a quarterly basis. [Copies of minutes, agendas and reports](#) may be accessed via the Health and Safety intranet pages.

It is best practice to consult with staff about their work and workplace and in addition the following statutory duties place a legal responsibility on employers to consult with employees on health and safety matters such as policy, monitoring the effectiveness of health and safety arrangements and discussion about any issues of concern raised by staff representatives.

[The Safety Representatives and Safety Committees Regulations 1977](#)

The Trust meets these obligations through the 'Health & Safety Consultation Committee'. The Committee exists to facilitate effective communication, consultation

and co-operation with appointed staff representatives. Accredited Trade Union Safety Representatives also meet through the Staff Side Safety Representatives Committee to discuss health, safety and wellbeing issues and to identify matters for escalation through local consultation arrangements or the Trust Health and Safety Consultation Committee

See the terms of reference for this Committee for further information:

<http://lthweb/sites/health-and-safety-committee/health-and-safety-committee>

One of the main requirements of the Health and Safety at Work Act 1974 is to make employees aware of the Health and Safety statutory poster or leaflet. The link below to the Health and Safety intranet pages facilitates this process: <http://lthweb/sites/health-and-safety/pages/health-safety-law-poster-leaflet>

5 ROLES AND RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive has overall responsibility for the health, safety and well-being of all patients, staff, contractors, members of the public and other persons who may be affected by the activities of the Trust. This objective will be achieved through the development and successful implementation of the Trust's Health and Safety Management System (SMS).

- The Chief Executive will assure the Trust Board on the effective operation and management of health and safety within the Trust and that the statutory duties of the Board are met and will sign the Trust Health and Safety Policy Statement.
- The Chief Executive will ensure that all health and safety policies/procedures and preventative measures are subject to consultation with staff via Trade Union Safety Representatives.
- The Chief Executive delegates the authority to develop and review the Trust's Safety Management System to the Executive Director; Estate and Facilities, supported by the Associate Director - Estates Compliance & Risk and Head of Health and Safety.
- Other Directors/Responsible Managers have delegated authority for specific health and safety risks (section 5.3)

5.2 Executive Director; Estate and Facilities

The Executive Director; Estate and Facilities has the delegated authority of the Chief Executive to undertake the following health and safety responsibilities.

- Report directly to the Trust Board on health and safety matters.
- Present an Annual Health and Safety Report and six-monthly update reports to the Risk Management Committee and Trust Board.
- Ensure provision of sufficient and competent Health and Safety advice
- Delegate the Chair of the Trust's Health and Safety Consultation Committee to the Associate Director - Estates Compliance & Risk.

- Provide executive leadership to the Trust's Health and Safety Policy. Recommend this policy for approval to Trust Board and ensure it is communicated effectively.
- Ensure that Health and Safety Management System requirements are included in the Trust's business planning and performance management arrangements e.g., participation and compliance with the annual Health and Safety Controls Assurance process
- Provide reports to the Trust Board and other committees/groups on the Trust's Health and Safety performance including Active and Reactive monitoring data.

5.3 Executive Directors - Policy / Appointed Leads for Specific Risks

Executive Directors and Responsible Managers have delegated authority from the Chief Executive and Executive Director; Estate and Facilities for the effective management of specific health and safety risks. Included in this function is the requirement to develop procedural documents and robust assurances of legal and Trust procedural compliance.

The following table identifies the specific risks and confirms which Directors / Senior Leaders have the delegated authority to successfully develop the Trust's Safety Management arrangements:

Specific Risk and relevant Policy	Trust Executive Director / Appointed Lead
Musculoskeletal Disorders: Musculoskeletal Disorders Prevention (Moving and Handling) Policy	Chief Nurse
Psychological Risks (Work-related stress and wellbeing): Supporting Attendance Policy, Supporting Performance Policy and associated procedures and guidance	Chief People Officer
Risk Management: Risk Management Policy	Chief Medical Officer
Violence and Aggression: Conflict Resolution (Reducing Violence and Aggression in the Workplace) Policy	Executive Director; Estate and Facilities

Slip, Trip and Fall Prevention: Non-Clinical Slip, Trip and Fall Prevention Procedure Slips, Trips and Falls Clinical Procedure	Executive Director; Estate and Facilities Chief Nurse
Chemical Agents (COSHH): Procedure for the Control of Substances Hazardous to Health	Chief Medical Officer
Biological Agents (Infection Prevention and Control): Prevention and Management of an Inoculation Incident Policy	Chief Medical Officer
Radiation Safety: Ionising Radiation Safety Policy	Chief Medical Officer
Medical Devices and Equipment: Medical Devices Management Policy	Chief Medical Officer
Laser Safety: Laser Safety Policy	Chief Medical Officer
Magnetic Resonance Imaging Safety: Magnetic Resonance Imaging Safety Policy	Chief Medical Officer
Fire Safety: Fire Safety Policy	Executive Director; Estate and Facilities
Health Surveillance: Health Surveillance Procedure and Associated Procedural Documents	Chief People Officer
Waste Management:	Executive Director; Estate and Facilities

Waste Policy	
Water Safety: Water Safety Policy	Executive Director; Estate and Facilities
Physical Risks - Estates e.g., lifting equipment, pressure systems, window safety, confined spaces, electrical safety, external condition surveys, asbestos, hot water and surfaces temperature control, safe management of contractors Associated Procedural Documents	Executive Director; Estate and Facilities
Food Safety: Food Safety Policy	Executive Director; Estate and Facilities
Asbestos: Management of Asbestos Policy	Executive Director; Estate and Facilities

The responsibilities of the Risk Specific Trust Leads are to:

- Prepare and recommend for approval by the Trust Board or delegated Sub-Committee/Group a policy or procedure which defines the roles, responsibilities and management arrangements for the identification, assessment, elimination or control of the specific risk and process. Provide assurance of compliance or escalation of significant residual risk if further risk reduction is not possible.
- Communicate the requirements of the risk specific procedures to all relevant staff and ensure specific training is provided if required.
- Provide support to the commissioning managers at the design stage of service developments including new buildings and refurbishments.
- Include via the Trust's intranet sites the risk specific procedures and supporting documentation e.g., risk assessment documentation and audit to facilitate full compliance with Trust Policy.
- Audit/Monitor compliance with the policy and report the findings through the Trust's governance structure.
- Provide assurance of effective risk control to the relevant quality management and assurance group or group with a similar function.
- Investigate significant Incidents relating to Health and Safety and ensure that the learning points are communicated to all relevant areas.

5.4 Clinical Director (CD), Head of Nursing (HoN), General Manager (GM), Lead Clinician, Directors of Corporate Departments

- Are responsible for the effective management of health and safety in their departments and the implementation of Trust policies relating to health and safety. They have responsibility for implementing management systems to assure themselves that all risks are being controlled as set out in the policy and procedural framework of the Trust.
- Each CSU/Corporate Department will ensure that arrangements are in place for local consultation with Trade Union Safety Representatives so that identified topics can be discussed and actions agreed or escalated accordingly.
- Each CSU/Corporate Department are required to implement local processes to ensure compliance with the Health and Safety Policy and review health and safety activity through their local governance arrangements.
- Each CSU/Corporate Department will develop, consult and communicate a local Health and Safety Implementation Plan, which describes their safety management systems to ensure compliance with all legal requirements and policy requirements.
- The CSU/Corporate Department Health and Safety Implementation Plan will be reviewed and approved through the local governance meeting arrangements.
- If the monitoring and performance management arrangements identify risks that may lead to non-compliance with legislation and Trust Policies, actions will be implemented by the CSU/Corporate Department to address this to achieve compliance. If significant risk is identified this will be escalated and documented on the CSU/Corporate Department Risk Register, identifying the actions that are being taken to mitigate the risk.
- Clinical Directors, General Managers and Heads of Nursing will review their annual Health and Safety Controls Assurance findings through their quality governance arrangements/forums and develop action plans for addressing areas for improvement. [Health & Safety — LTH Web](#)

5.5 Head of Health and Safety

The Head of Health and Safety will on behalf of the Executive Director; Estate and Facilities:

- Prepare for approval by the Trust Board a Health and Safety Policy and communicate the approved policy.
- Establish a comprehensive range of minimum performance standards based on legislation, authoritative guidance and Trust Policies and Procedures.
- Prepare, consult and publish risk assessment tools, documents and templates.
- Provide an annual assurance report on compliance with minimum performance standards to the Risk Management Committee and Trust Board.
- Report on Health and Safety matters to the Risk Management Committee and People Committee.
- Liaise with regulators, including Health and Safety Executive (HSE) and other external agencies.
- Engage with staff side and Trade Union Safety Representatives.

- Co-ordinate Health and Safety Consultation Committee.
- Create and maintain a Trust intranet site which supports local compliance with best practice e.g., RIDDOR reporting.
- Undertake investigations into the causes of serious incidents.
- Co-ordinate the receipt, distribution and subsequent assurances of compliance relating to NHS Safety Alerts.
- Ensure that timely and reliable Health and Safety information is provided to all staff via the intranet.
- Ensure processes are in place to audit compliance with the Trust's Health and Safety Management requirements.
- Ensure sufficient training and development opportunities are provided to staff relating to Health and Safety.
- Provide expert advice and support to all Groups, Committees, managers and staff.
- Visit ward and departments through an agreed and established rolling programme to validate the Health and Safety Controls Assurance data and support local leaders.

The Head of Health and Safety has additional duties as a Specialist Advisor please refer to section 5.9

5.6 Managers, Team Leaders, Supervisors

The responsibility for day-to-day management of health and safety at a local level lies with Ward Managers and/or Heads of Department. They are responsible for, so far as it is within their control to do so, implementing and monitoring the Health and Safety Policy and systems pertaining to health and safety within their areas of control (including those staff that work remotely from the Trust and at home), and:

Specific duties are to:

- Undertake suitable and sufficient documented risk assessments, as required by The Management of Health and Safety at Work Regulations 1999 <https://www.legislation.gov.uk/ukxi/1999/3242/contents/made> and the various associated Trust Policies and Procedures, compliance with the relevant legislation and seeking the assistance of the Trust's Specialist Advisors and consultation with Trade Union Safety Representatives.
- Ensure that all staff are fully aware of local health and safety requirements and safe systems of work such as policies and risk specific procedures. <http://nww.lhp.leedsth.nhs.uk/policies/>
- Ensure the Trust's Mandatory Training Policy is fully complied with.
- Ensure that health and safety is a standing agenda item at staff meetings, to promote communication, to ensure performance is reviewed and to ensure that appropriate actions are taken.
- Ensure that all staff have the necessary skills and competence to work safely. <http://lthweb.leedsth.nhs.uk/sites/health-and-safety/home-page/pages/mhr-s-workshops-pages/training>
- Audit local safety management via the annual Health and Safety Controls Assurance self-assessment process. <http://lthweb.leedsth.nhs.uk/sites/health-and-safety/pages/risk->

[assessment-1/risk-assessment-homepage/pages/audit-pages/copy_of_audit](#)

- Investigate the cause of incidents, alongside Trade Union Safety Representatives and identify lessons that can be learned from incidents, arrange to share these with the wider team.
<http://lthweb.leedsth.nhs.uk/sites/risk-management/incident-reporting/incident-reporting-1/ir1s/datix/incident-reporting/incident-reporting-1/front-page-incidents>
- Consult with staff and Trade Union Safety Representatives on the development of local health and safety arrangements.
- Consult with Trade Union Safety Representatives when carrying out routine, proactive safety inspections of the workplace, when investigating specific safety concerns that arise from staff.

5.7 Trade Unions

Trade Unions have explicitly confirmed their commitment to the pursuit of the objectives agreed. The Partnership Agreement sets out a framework agreed by the Department of Health, NHS Employers and Trade Unions. It outlines the principles of how partners will work together to promote effective partnership working on the workforce implications of policy. This approach aligns with current NHS partnership working principles and guidance from NHS Employers and the Social Partnership Forum.

[Partnership Working, Trade Union and Professional Organisations \(Staff Side\) - Leeds Teaching Hospitals NHS Trust \(leedsth.nhs.uk\)](#)

5.8 All Employees

Individuals have a duty to look after their own health, safety and well-being, but are equally responsible for the health and safety of others who may be affected, directly or indirectly, by their acts or omissions. Therefore, in addition to the health and safety roles and responsibilities contained within an employee's contract of employment, job description, this and other Trust policies all employees will:

- Work safely in accordance with the information and training provided and refrain from intentionally misusing or recklessly interfering with anything that has been provided for health and safety purposes
- Encourage colleagues to adopt a positive approach to health and safety
- Follow Trust safe systems of work, use any identified safety equipment and Personal Protective Equipment (PPE).
- Attend mandatory training sessions for those significant risks identified in their departmental risk assessments.
- Immediately inform line managers of any situation that is a potential or significant risk and take action to address risks locally where this is appropriate.
- Promptly report all health and safety incidents via the Trust's Incident Reporting System Datix.
- Co-operate with their managers in improving health and safety in the working environment.

5.9 Specialist Advisors

The Trust is required to provide competent specialist advice to ensure it effectively controls and manages its Health and Safety risks and complies with statutory requirements.

Regulation 7 of the Management of Health and Safety at Work Regulations 1999 requires employers to appoint one or more competent persons to assist in undertaking the measures needed to comply with statutory requirements.

A range of advisors within the Trust fulfil the role of competent person, according to their relevant area of expertise.

The principal specialist advisors to the Trust are:

- Head of Health and Safety
- Associate Director, Estates Compliance and Risk (Estate Physical Risks)
- Associate Director, Estate Operations (Fire Safety)
- Associate Director, Estate Operations (Violence and Aggression/Lone Working)
- Deputy Head of Estates (Water Safety)
- Waste Compliance and Sustainability Manager (Waste)
- Deputy Head of Facilities (Food Safety)
- Pharmaceutical Scientist (COSHH)
- Trust Risk Manager
- Head of Radiological Physics & Radiation Protection (Ionising Radiation and Laser Safety)
- Head of Clinical Engineering (Medical Devices and Equipment)
- Head of Magnetic Resonance Imaging (MRI)
- Radiation Protection Adviser (Ionising Radiation Safety)
- Laser Protection Adviser (Laser Safety)
- Radioactive Waste Adviser (Storage, Disposal and Transport of Radioactive Sources and Radioactive Waste).
- Senior Asbestos Manager
- Head of Occupational Health
- Infection Prevention and Control Senior Nurse
- Head of HR
- Lead Nurse - Education

The roles and responsibilities of Specialist Advisors as competent persons are to:

- Provide independent advice to management and staff in devising and applying protective measures.
- Monitor Trust health and safety performance against the Trust plan for their area of competence on behalf of the Trust Director or Appointed Lead with responsibility for the specific health and safety risk.
- Report on performance against the Trust Health and Safety plan via the Corporate Governance arrangements
- Challenge Senior Leaders on the effectiveness of their management arrangements and provide support to staff in the management of Health and Safety at work.
- Provide written guidance and training to staff as required.
- Contribute to incident investigations as required.

- Liaise with the Health and Safety Department and attend the Health and Safety Consultation Committee to ensure effective sharing of information.
- Deliver a programme of audit and assurance.
- Validate/check the accuracy of compliance assurance provided by the Annual Health and Safety Controls Assurance self-assessment.
- Legislation requires the Trust to ensure that Specialist Advisors are allocated the time and resources to fulfil their functions.
- Specialist advisors will seek advice from the Head of Health and Safety where this is required and may liaise with the relevant Executive Director and Chief Executive to raise concerns about risks if they are not being adequately controlled via the existing line management arrangements.

The role of the advisors is to provide advice and support. They are not responsible for the operational management of the Health and Safety management system.

The appointment of specialist Health and Safety advisors does not absolve the employer (LTHT) from responsibilities under the Health and Safety at Work Act 1974 and any other relevant statutory provisions

6.0 Agency, Bank and Locum Staff

In addition to the requirements of all staff, agency, bank and locum staff must:

- Only use equipment they are competent to use and do not bring their own equipment to work.
- Should follow all safe systems of work as indicated to them by their supervisory staff for any equipment they use
- Provide the Trust with assurance that they have received basic health and safety training. Staff should provide proof of training prior to commencing work
- Before using any equipment, demonstrate that they are competent and trained to use the equipment; and follow any guidance given on how to correctly use the Trust's equipment in-case of variation
- Meet the minimum health and safety competency requirements as identified in all contractual agreements between the Trust and Agency providers, to ensure safe working practices for all staff and patients
- Ensure they work in accordance with the local induction provided

6 Equality and Diversity Impact

This Policy has been assessed for its impact upon equality. The Leeds Teaching Hospitals NHS Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

7 Consultation and review process

This Policy review has involved extensive consultation with relevant stakeholders including their representatives. It has been discussed and disseminated through the Health and Safety Consultation Committee.

8 Standards/ Key Performance Indicators

Please refer to Appendix A below

9 Monitoring Compliance and Effectiveness

Appendix A

Policy element to be monitored	Standards/ Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency or monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
Annual Health and Safety Report provided to the Risk Management Committee	Annual Health and Safety report is included within the Forward Work Plan, Agenda and Minutes	Evidence of Annual Health and Safety report is included within the Forward Work Plan, Agenda and Minutes	Head of Health and Safety	Annual	Head of Health and Safety, in conjunction with relevant Risk Leads and Specialist Advisors	Risk Management Committee
Six monthly update of the Health and Safety report is provided to the Risk Management Committee	Six monthly update Health and Safety report is included within the Forward work Plan, Agenda and Minutes	Evidence of six-monthly Health and Safety report is included within the Forward Work Plan, Agenda and Minutes	Head of Health and Safety	Six months	Head of Health and Safety, in conjunction with relevant Risk Leads and Specialist Advisors	Risk Management Committee
All wards and departments undertake a self-assessment of their local	Wards and departments undertake a self-	The annual Health and Safety Controls	Head of Health and Safety (Trust-wide oversight)	Annual	Departmental Managers, supported by	Risk Management Committee

Health and Safety Standards and arrangements via the Health and Safety Controls Assurance process; Health and Safety team support this via data validation sampling.	assessment of their local Health and Safety Standards which is validated by a programme of workplace visits from the Health & Safety team	Assurance report to include ward/dept. participation data.	CSU/Corporate Department governance arrangements		CSU/Corporate H&S Co-ordinators	
CSU/Corporate Services senior leaders are provided with a Health and Safety Controls Assurance Report, identifying areas of full compliance and areas requiring improved levels of compliance	The Head of Health and Safety to provide Health and Safety Controls Assurance report to CSU/Corporate Services Senior Leaders.	Audit via the annual Health and Safety Controls Assurance report and subsequent inclusion in CSU/Corporate Services Governance arrangements	Head of Health and Safety (Trust-wide oversight) CSU/Corporate Department governance arrangements	Annual	Departmental Managers, supported by CSU/Corporate H&S Co-ordinators	Risk Management Committee
CSU/Corporate Services senior leaders include the Controls Assurance reports within their normal governance arrangements.	CSU/Corporate Services actively consider health and safety performance data and take corrective action where required.	Audit via the annual Health and Safety Controls Assurance report and subsequent inclusion in CSU/Corporate Services Governance arrangements	CSU/Corporate governance arrangements (Triumvirate)	Annual	CSU/Corporate senior leadership (Triumvirate)	Risk Management Committee

Consultation with staff representatives	Trust Health and Safety Consultation Committee meet on a quarterly basis with Agendas and Minutes published on the Trust Intranet	Audit via Agendas, Specialist Advisor reports and Minutes published on the Trust Intranet within 4 weeks of the previous meeting	Head of Health and Safety	Annual	Head of Health and Safety	Health and Safety Consultation Committee (for consultation and staff-side input)
Communication of Policy and Procedures via the Health and Safety Intranet.	Health and safety content to be continually reviewed and updated.	6 monthly audit of the Health and Safety intranet site	Head of Health and Safety	Annual	Head of Health and Safety	Policy and Procedures Review Group

10 Plan for Communication and Dissemination of Policy

The Health and Safety Policy is relevant to all employees of Leeds Teaching Hospital Trust therefore it is important that this policy is easily accessible via the Trust intranet and that employees are aware when a review has taken place.

This information will be disseminated to all staff via Trust wide communication mechanisms such as the Operational Update which is accessible to all employees of Leeds Teaching Hospitals Trust.

11 References / Associated Documentation

The Health and Safety at Work Act 1974

The Management of Health and Safety at Work Regulations 1999

Workplace Health, Safety and Welfare Regulations 1992

The Safety Representatives and Safety Committees Regulations 1977

Health and Safety (Consultation with Employees) Regulations 1996

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Corporate Manslaughter and Corporate Homicide Act 2007

HSE Managing for health and safety at work

HSE Leading Health and Safety at Work

NHS Employers - Health and Safety

MoU between the Care Quality Commission (CQC) and HSE

LTHT Intranet Health and Safety Resources

Checklist for the Review and Approval of Policy

LEEDS TEACHING HOSPITALS NHS TRUST

Approving Body Checklist for the Review and Approval of Trust Policy or Procedure

To be completed and attached to the policy when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Format and Content		
	Is it in the correct format?	Yes	
	Is the staff summary clear and adequate?	Yes	
	Are the intended outcomes clearly described? (the Policy/Procedure Effect)	Yes	
	Is there a Definitions section giving an explanation of key terms used.	Yes	
	Has the policy's impact on Equality and Diversity been fully considered?	Yes	
2.	Consultation and Review		
	Has there been appropriate consultation with stakeholders and users?	Yes	
	Has an appropriate governance group reviewed and supported the document prior to submission for formal approval?	Yes	
	For HR Policies only, has the TCNC approved the document?	N/A	
	If it is a clinical policy/procedure has it been reviewed by the Clinical Guidelines Group?	N/A	
	Has it been reviewed by the counter fraud team?	Yes	
3.	Dissemination and Implementation		
	Is there a communications plan to identify how it will be communicated and implemented? The Communications Team can help you with advice.	Yes	
4.	Process to Monitor Compliance and Effectiveness		
	Is there a monitoring table setting out measurable standards or KPIs together with clear monitoring and reporting mechanisms (to ensure there is assurance of implementation)	Yes	
5.	Review Date		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is the review date in 2 years? If not is there a justified reason?	Yes	

If the document needs urgent approval before all of the above are satisfactorily addressed, please bring this to the attention of the appropriate committee so conditional approval can be given.

Endorsement from appropriate group(s) (This will vary depending on content and nature of policy) For example, a policy relating to radiation should be considered by the radiation safety committee. A staff policy should be reviewed by TCNC.			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Group		Date	
Group		Date	

Version Control Sheet

This document to be maintained by the Policy/Procedure/Protocol Lead, and a copy attached to each version as it is circulated for consultation/input.

Version	Date	Author	Status	Comment (including actions taken)
6.3	June 24	Karen Armitage, Head of Health and Safety		
6.4	June 26	Hayley Lancaster Head of Health and Safety		Updates to reporting lines; notably Executive Lead for H&S, and for MSD training.