



Health and Safety Annual Report 23/24

Public Board
30 May 2024

Presented for:	Assurance and Information
Presented by:	-
Author:	Karen Armitage, Head of Health and Safety
Previous Committees:	Risk Management Committee, 4 April 2024 Health and Safety Consultation Committee, 23 April 2024

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	
Reduce Healthcare Acquired Infections by 15%	
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	
Strengthen participation and growth in research and innovation	
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Operational Risk	✓	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Moving Towards
Operational Risk	✓	Health& Safety Risk - We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines.	Minimal	Moving Towards
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
1. This report provides a summary of the activity related to Health and safety in 2023/24, including the results of Active and Reactive Monitoring activities and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR).	Assurance

2. The annual report was received and reviewed at Risk Management Committee on 4 April 2024 and at Health and Safety Consultation Committee, 23 April 2024	Assurance
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1. Summary

The Health and Safety Annual Report provides a retrospective review of the previous twelve months and an outline of activities planned for the forthcoming year.

The arrangements currently in place which identify, assess and control health and safety risks are detailed in the Health and Safety Policy (approved June 2022) and the associated risk specific procedures.

2. Background

It is a statutory requirement of all employers to establish occupational health and safety management arrangements so that harm is either eliminated or reduced to an acceptable level. It is therefore an important priority for the Trust that this objective is met as a minimum standard.

The Trust has adopted best practice guidance published by the Health and Safety Executive (HSE) to ensure that an effective health and safety management system is in place and that the duty of care objective is met.

3. Proposal

This report is presented for information and to assure the Board that the safety culture within the Trust continues to develop and mature. This is evidenced by the continued reduction of RIDDOR reportable incidents over time, which are an outcome of episodes of moderate harm and above being sustained by our workforce and others that may be affected by the Trust's undertakings, e.g., members of the public.

4. Financial Implications

There are no specific financial implications or additional risks identified by this report

5. Risk

The Risk Management Committee provides assurance oversight of the Trust's Health and Safety risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the Risk Management Committee meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

6. Communication and Involvement

The Health and Safety Annual Report 2023/24 has been shared with the Health and Safety Consultation Committee members at the April 2024 meeting.

7. Equality Analysis

The Health and Safety Annual Report does not require a specific Equality Analysis

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

9. Recommendation

Trust Board are asked to receive the report and the assurance provided in the Health and Safety Annual Report.

10. Supporting Information

The following papers make up this report:

Appendix 1 - The Health and Safety Annual Report.

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Karen Armitage
Head of Health and Safety

23 April 2024

Appendix 1

Health and Safety Management Annual Report 2023/24

Public Board

Introduction

This is the Health and Safety Annual Report to be presented to the Risk Management Committee and Trust Board. The report provides a reflective review of the previous financial year and a summary of the developments planned for the next year (2024/25). A half yearly update is also provided in October to the Risk Management Committee.

Further information relating to the Trust's arrangements, roles and responsibilities for identifying, assessing and controlling Health and Safety risks can be found in the Health and Safety Policy which is currently undergoing a routine review and will be updated by June 2024. This Policy review is being undertaken involving consultation with LTHT risk specific Specialist Advisors, members of the Health and Safety Consultation Committee including Staff Side Union Representatives, Counter Fraud and other relevant stakeholders.

The Health and Safety team continue to work collaboratively and contribute to the wider Trust objectives alongside colleagues in Occupational Health, Human Resources, Estates and Facilities, including review of relevant Policies and Procedures, including the Safe Management of Contractors; Capital and Operational Estates, including engagement with Drees & Sommer (formerly AA Projects) to include a monthly walk round of LTHT estate to assess health and safety standards of appointed contractors activities and the Premises Assurance Model (PAM); Staff Side Union Representatives (facilitation of working towards common aspirations on behalf of LTHT) and Infection Prevention and Control. This collaborative approach is also extended to our wider WYAAT colleagues and peers with whom we share intelligence and horizon scanning activities.

The routine work of the Health and Safety team continues, and the team continue to successfully adopt some degree of remote and adapted ways of working combined with being actively on-site when required. Training and coaching support continues to be delivered virtually alongside face-to-face methods where appropriate and support continues to be provided to CSU/Corporate Departments in relation to their successful involvement in the Controls Assurance process and reflective reviews of incidents. It is also encouraging to note that Staff Survey 23 results indicate a 'significant statistical improvement' for staff feeling safe and healthy at work.

The Terms of Reference for the 'Health and Safety Consultation Committee' were reviewed and agreed collaboratively during February 2024 (Appendix 3) and the meetings have continued to be held remotely during 2023/24.

Our Staff Side colleagues have engaged with us constructively throughout the year, including the process for reviewing health and safety incidents affecting staff. We continue to work towards

improving our processes to meet these common aspirations. The Health and Safety team meet with the Staff side H&S Chair monthly.

The Health and Safety Controls Assurance process 2024 will continue to receive reassurances that key, topical processes are in place and under regular review as part of the overall ten standards being assessed. The team plan to conduct the usual workplace 'Genba' visits, which form part of the overall validation and assurance process, and these will be planned to cover approximately 10% of the Trust over the course of the forthcoming twelve months (clinical and non-clinical wards/depts.). We have received appreciative, positive feedback on the visits carried out so far as they allow a more personalised approach to understanding and problem solving and help us to better understand each other and our associated priorities. The Health and Safety Controls Assurance process is currently a focus of the internal audit team and the results of this will be shared as part of the 6 monthly update report in October 24.

Reactive Monitoring of Health and Safety Performance Quarterly Data Report

The Health and Safety Executive (HSE) and Royal Society for the Prevention of Accidents (RoSPA) provide guidance on current best practice for the Measures of workplace injury: Definitions and formulae ([hse.gov.uk](https://www.hse.gov.uk)) and Measuring of Occupational Safety & Health Performance, this guidance recommends the development of active monitoring (Proactive) rather than solely focussing on the number of times that harm occurs (Reactive).

Reactive monitoring of incidents is one way of evaluating the success of the Trust's Health and Safety Management System (SMS). It gives an indication of the most commonly occurring causes of harm.

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

RIDDOR places duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

The process for making a report under RIDDOR is straightforward and the responsible person/ line manager will be responsible for the gathering of information and consulting with the Trust's Health and Safety team.

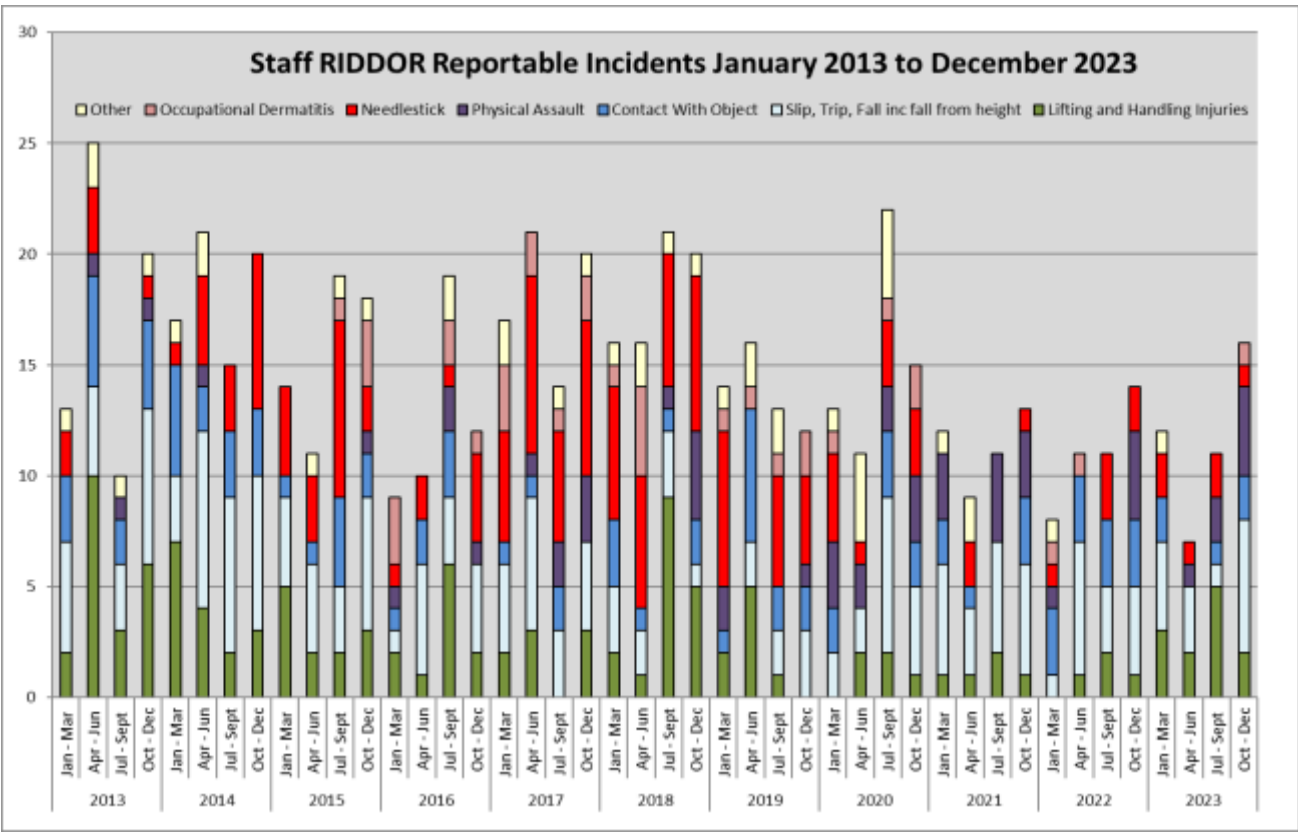
In Leeds Teaching Hospitals NHS Trust, it is the Health and Safety team that submit the RIDDOR report to the HSE. The management role is to obtain the required information from the staff member and contact the Health and Safety team if they conclude from the information gathered from the employee and their own knowledge that a RIDDOR report may be applicable.

Numbers and types of RIDDOR Incidents are shown in the charts below along with an explanation below the charts as to what the most common types of significant injuries (RIDDOR) are that affect our colleagues.

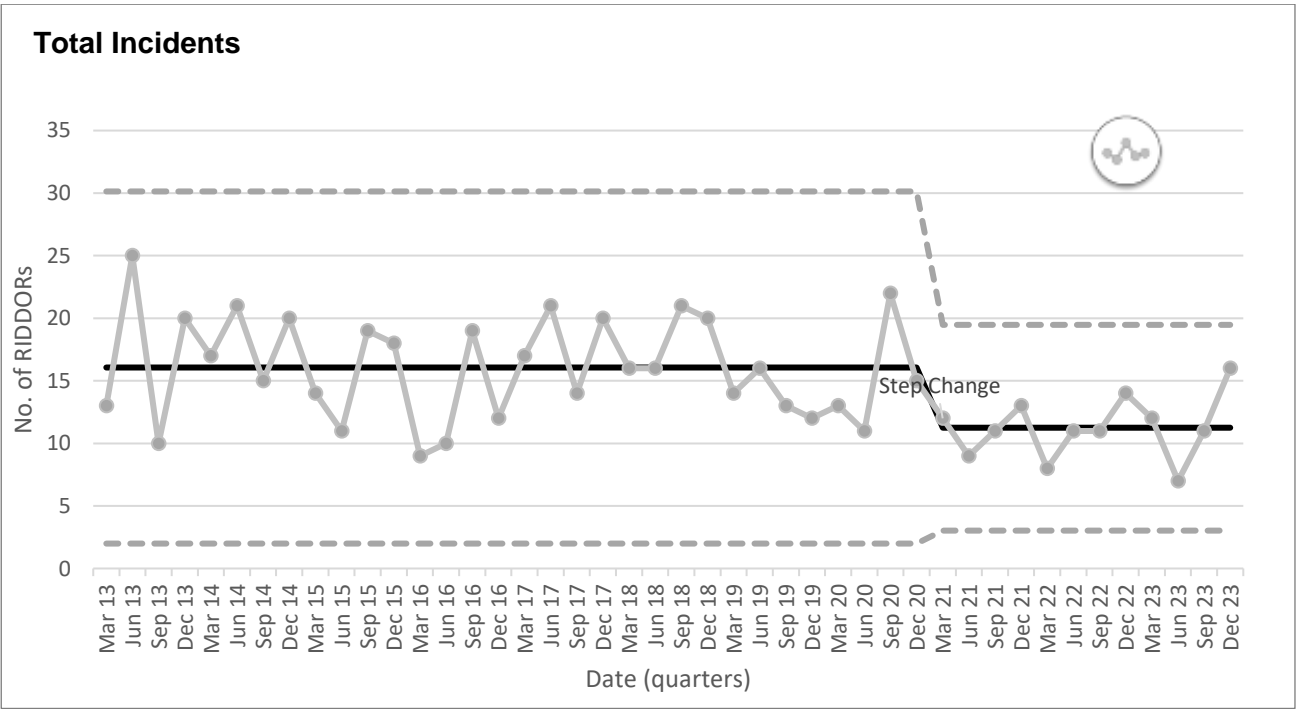
Caution is required when interpreting reactive incident data; those services with a positive and mature safety culture can appear high risk because they are more likely to report all incidents and near misses.

It has been widely reported that high incident reporting organisations with a small number of serious incidents are demonstrating a positive safety culture.

More detailed monitoring data is provided to the Health and Safety Consultation Committee (HSCC) at each quarterly meeting.



The SPC Chart below highlights change over time. The Step Change was created mainly by the impact of the pandemic and fewer serious incidents occurring due to reduced footfall of staff and others on LTHT premises.



Reactive Health and Safety Data Review (Quarter 4 23/24 data to be added at year end)

Cause of RIDDOR	2022 / 2023				2023 / 2024		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Slip, Trip, Fall	6	3	4	4	3	1	6
Moving & Handling	1	2	1	3	2	5	2
Contact With Object	3	3	3	2	0	1	2
Needle stick (Dangerous Occurrence)	0	3	2	2	1	2	1
Needle stick (Occupational Disease)	0	0	0	0	0	0	0
Dermatitis Occupational Disease	1	0	0	0	0	0	1
Physical Assault	0	0	4	0	1	2	4
Other	0	0	0	1	0	0	0
Total	11	11	14	12	7	11	16

Slips, Trips and Falls (non-patient)

The causes of slip, trip and fall type incidents are varied and no specific trends have been identified. Some of the common causes of these types of incidents are spillages of liquids/liquid residues after cleaning, defective equipment e.g., chairs, stepping up to a higher level to reach objects and falling as a result, stumbling on loose objects on the floor. We continue to closely examine the causes of slips, trips and falls and suggest corrective actions where possible.

‘Contact with Object’ relates to staff interactions with either moving or stationary equipment e.g., equipment in transit, obstacles in corridors/circulation areas etc.

Physical Assault

This topic is included within associated Security and Conflict Resolution reports that are provided to Risk Management Committee and relate to the intentional or unintentional harm reported by staff as part of their routine work activities.

Blood & bodily fluid contamination via inoculation injuries

The Health and Safety team continue to support those responsible for the completion of specialised reviews with the aim of understanding how incidents are occurring and implementation of any remedial actions as a result. The findings of these reviews continue to be an agenda item at the Trust Inoculation Injury and Safer Sharps Group meeting (II&SS) and Infection Prevention and Control Sub-committee (IPCS-C). These types of injuries have markedly decreased over time.

No HIV, Hepatitis B or Hepatitis C infections have been reported by those staff sustaining high risk inoculation injuries.

Moving & Handling Injuries

These types of injuries arise when staff members engage in activities which have the potential for significant risk e.g., assisting patients to mobilise or interactions which involve unpredictable patient behaviours e.g., post anaesthetic recovery, medical conditions.

Completion of a specialised review facilitates improved understanding of the circumstances involved in the incident and what can be learned from incidents to prevent further occurrences. This process involves the relevant Specialist Advisors, as appropriate, working collaboratively with the Health & Safety team and the relevant CSU. These types of injuries have reduced over time assisted by technological advances in lifting aids and increases in their use.

RoSPA Gold Medal Award 2023 Occupational Health and Safety

The Trust holds the RoSPA Gold Medal Award 2023 for the eighth consecutive year and an on-going programme of work is in place to ensure that this is consistently improved over time.

Leeds Teaching Hospitals is one of a small number of NHS Trusts to be awarded this prestigious international recognition of successful Health and Safety Management arrangements and is a measure of external, independent assurance.

Health and Safety Executive (HSE) investigations and enforcement

The table below highlights those periods when the HSE has taken formal enforcement action against Leeds Teaching Hospitals Trust since 2006.

Year	HSE Improvement Notice/NoC Summary
2006	Skin Health Surveillance not in place
2009	Control of Biological Agents - No patient self-phlebotomy procedure
2011	Risk of Falls - fatal fall of a patient from a window (Chancellor Wing)
2012	Radiation Safety - lack of a contingency plan if a CT scan fails to complete
2019	Occupational Disease (Dermatitis) - lack of a risk assessment for 'wet working'
2023	Radiation Safety – Notice of Contravention (NoC) re staff dosimetry

Health & Safety Controls Assurance Process (Active Monitoring)

The 2023 H&S Controls Assurance process was launched during August 23 with a completion deadline of October 2023. It is once again really encouraging to report that most of the areas involved (approx. 700) participated in this process. This process reported an overall self-assessed 95% compliance rate **Appendix 1**.

The 'validation' of the self-assessed data provided is being subject to quality checking by the Health and Safety Team and the various Specialist Advisors with the validated scores being made available for publishing to CSUs/Corporate Departments during April 2024. Those wards/depts that didn't participate in the process will receive a 'Genba' visit to help us to understand if there were any particular difficulties they experienced which prevented their participation and to assist them accordingly. The Health and Safety team are actively involved in Leeds Improvement Methodology (LIM) regarding the process and endeavour to make improvements where possible and respond to stakeholder feedback as part of that process.

Each of the areas participating in the process will receive feedback on their validated results along with an action plan for improvement which is then managed by the relevant CSU/Corporate Department as part of their own governance arrangements. The Specialist Advisors have provided a summary of their planned priority activities for 2024/25 **Appendix 2**.

Another aspect of Active Monitoring is the completion of Mandatory Training in relation to 'Health, Safety & Welfare' which is led by the Head of Health and Safety. The current compliance status of this training is 92%

Recommendation

Risk management Committee are asked to receive the annual Health and Safety report, for assurance.

Karen Armitage, Head of Health and Safety

March 2024

Appendix 1 - Self-assessed results from the 2023 Health and Safety Controls Assurance process

Appendix 2 - Specialist Advisor work plans for the next 12 months

Appendix 3 - Health and Safety Consultation Committee Terms of Reference

Appendix 1

Health and Safety Controls Assurance 2023

Self-Assessed Results

CSU/Business Unit	Standards										Score
	1 H&S Governance	2 Fire Safety	3 Security & Conflict Resolution	4 MSD Prevention	5 COSHH	6 Safe Use of Sharps	7 Ionising Radiation	8 Laser Safety	9 Medical Devices	10 Work Related Stress	
Abdominal Medicine and Surgery	92	97	94	97	96	98	N/A	N/A	89	84	94
Adult Critical Care	100	99	100	100	100	100	N/A	N/A	91	100	99
Adult Therapies	97	97	99	100	100	100	N/A	N/A	96	100	98
Cardio-Respiratory	96	98	98	100	97	100	100	100	96	94	97
Centre for Neurosciences	92	97	95	100	95	100	N/A	N/A	96	100	95
Chapel Allerton	99	98	99	100	100	100	N/A	100	95	100	99
Chief Nurse CSU	86	95	89	100	100	100	N/A	N/A	N/A	83	90
Chief Operating Officer's Team	98	99	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	99
Children's	83	89	84	87	88	89	N/A	100	78	52	83
Communications	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Estates & Facilities	95	94	96	90	84	N/A	100	N/A	N/A	87	94
Executive Support	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Digital Information Technology	98	98	99	100	100	N/A	N/A	N/A	N/A	100	98
Finance	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	100	100
Head & Neck	88	97	89	100	96	100	N/A	96	92	100	93
Human Resources	80	80	80	50	100	100	N/A	N/A	80	N/A	81
Leeds Dental Institute	99	99	100	100	99	100	100	N/A	96	100	99
Medical Directorate	97	98	97	100	100	100	N/A	N/A	N/A	N/A	97
MMPS	91	95	95	86	86	88	78	N/A	N/A	75	93
Oncology	96	98	98	100	97	100	89	100	97	94	97
Outpatients	91	99	99	100	100	100	N/A	95	76	100	95
Pathology	94	95	99	100	93	100	100	N/A	N/A	100	96
Planning & Capital Estates	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Radiology	97	99	99	100	98	100	94	100	97	100	98
Research & Innovation	96	98	98	95	96	100	N/A	N/A	89	100	97
Specialty & Integrated Medicine	91	95	96	95	97	96	N/A	N/A	87	86	93
Theatres & Anaesthesia	91	90	91	90	89	90	95	98	88	83	90
Trauma & Related Services	78	85	85	90	90	86	N/A	N/A	83	57	83
Urgent Care	92	98	100	100	100	100	N/A	N/A	74	100	96
Women's	96	100	100	100	100	100	N/A	N/A	94	77	95

CSU's Completing Standard:	30	30	30	25	25	23	8	8	19	24	
Average Score:	94	96	96	95	96	98	94	99	89	91	95
Lowest Score:	78	80	80	50	84	86	78	95	74	52	81
Highest Score:	100	100	100	100	100	100	100	100	97	100	100

Trust Compliance with Health & Safety Controls:

95 %

Rag Rating	
	95 - 100
	60 - 94
	0 - 59

Appendix 2 Health and Safety Management - Risk Specific Objectives

Each Trust Policy and Procedure which supports the following risks defines the specific governance arrangements to ensure the risk specific objectives are met. The information below has been provided to the Head of Health and Safety by the Trust Specialist Advisors to outline their individual work plans in relation to the specific risk that they lead on for 2024/25

	Objective	Specific Actions	Evidence of completion
Prevention of Non-Clinical Slips Trips and Falls (Karen Armitage)	Objective 1 Completion of the annual Health & Safety Controls Assurance process, Health & Safety General Risk Assessment and Quarterly Workplace Inspections.	LTHT H&S Controls Assurance Process: Compliance with Standard 1.1 (General Risk Assessment) i.e., The ward/Department has completed a General Health and Safety Risk Assessment within the last 2 years. Compliance with Standard 1.2 (Quarterly Workplace Inspections) i.e., At least 4 completed Workplace Inspections will be completed every year. Compliance with Standard 1.5 (Slip, Trip and Falls) i.e., The Slips, Trips and Falls section of the Health & Safety Controls Assurance Checklist will be completed every year.	Current assurance data is based on 2023 self-assessment. Following the completion of the current Controls Assurance cycle a review and analysis (validation) is underway. Local Action Plans will be developed if self-assessed compliance less than 100%, H&S team undertaking desk top assessments to validate the data. This will be completed before the next cycle of the Controls Assurance which is anticipated to commence in August 2024.
	Objective 2 All internal and external common circulation areas within LTHT premises are	Estates colleagues' co-ordinate a programme of planned, preventative inspections to main hospital and peripheral sites at LTHT to identify defects which present slip, trip or fall	A documented process for the 'Circulation Areas Condition Report' is used across all LTHT

	inspected by the Estates Department (at least annually)	hazards. This is carried out at least annually and includes external and internal common circulation areas used by staff, patients, visitors, members of the public and contractors.	
COSHH (Amrit Rait and Erica Lieberman)	Objective 1 To continue to support the Health and Safety team in the delivery of the Health and Safety Controls Assurance	To promote understanding of and compliance with COSHH within LTHT Provide up to date information for staff: <ul style="list-style-type: none"> • Ensure Inventory is up to date • Ensure users are aware of Workplace Exposure Limits (WELs) and where to find information. • Ensure risk assessments templates available and example risk assessment templates on the intranet are up to date. 	Health and Safety Controls Assurance published with updated standard. COSHH queries answered as they arise. Information and guidance for the COSHH standard can be used Risk assessments completed with the correct information about controls in place justifying why monitoring is not required. Updated inventory live on intranet
	Objective 2 To ensure that COSHH risk assessment template and inventory are updated.	To complete 2023 validations of H&S controls assurance. To work towards updating risk assessment template and inventory, tailor to common 'issues' found during validation standard 5. Update COSHH Learning Burst to reflect this. Ensure users are aware of when exposure monitoring is required for substances with WELs or whether a justification for monitoring is sufficient. Provide advice to	Updated inventory and COSHH risk assessment template are completed before 2024 H&S controls assurance process starts. Communicate update of COSHH inventory and risk assessment template. If COSHH Learning Burst is also updated, then this should be communicated e.g.,

		<p>departments when completing risk assessments.</p> <p>Update COSHH Risk Assessments so that its clearer when exposure monitoring is required and when justification of control measures in risk assessments is sufficient.</p>	Screensaver or similar.
	<p>Objective 3</p> <p>To ensure exposure monitoring is carried out of substances thought LTHT.</p>	<p>Ensure ward/ department exposure monitoring is carried out as per schedule, and results are shared to department and COSHH Steering Group.</p> <p>Escalate WEL concerns to CSU/ COSHH steering group Chair. Ensure CSU raises Datix report. Ensure re-monitoring is carried out where required.</p> <p>Write exposure monitoring SOP for internal COSHH team use. Formalise process for arranging a quote, raising a PO and communicating results.</p>	<p>Exposure monitoring results communicated to COSHH steering group and ward/ department.</p> <p>Keep exposure monitoring schedule updated and accessible</p>
Asbestos (Michael Burton)	<p>Objective 1</p> <p>The roll out to site at SJUH and the LGI of the new Alpha tracker system to enable all operatives to be able to access live asbestos data for the locations of their work where required. The Trust Asbestos team and Acorn are currently in the process of installing QR codes to enable access to Alpha tracker, these</p>	<p>New Asbestos Management Surveys that are live are stored within the new system. Once all locations throughout the Trust have the QR codes installed all Estates operatives will be able to access live Asbestos data via their PDAs.</p>	<p>Adoption of a new Asbestos Management Survey information system which is easy to access via LTHT IT systems and with the ability to run detailed reports to pass to contractors or other interested parties as required.</p> <p>This will also enable all necessary staff to have the information readily available on handheld devices.</p>

	are being placed on doors throughout the Trust. This will complete the migration from the outdated Asbestos Register system (MICAD) onto an up-to-date IT software platform.		
	Objective 2 Audit and sense check all plant room Asbestos information to the Trust Estate and to re-assess the colour coding system that is displayed to each plant room entrance doorway	All plant rooms within the Trust have now been re-surveyed. An audit is to take place of all plant rooms and the risk scores of each plant room are to be assessed and updated accordingly. Remediation works have commenced in some plant areas with others to follow where required on a risk basis. Priorities will be assessed along with all necessary parties should numerous ACMs be found.	All plant rooms have been surveyed and new signage will adorn each door into the plant rooms where necessary once any necessary changes have been made. Clear points of contact in relation to Asbestos are included within each notice to make the team more visible to those with queries, however minor they may feel they are.
	Objective 3 Continue the roll out and delivery of the bespoke training programme for members of Estates staff alongside Acorn. Classroom based training with an overview of specific areas of concern within the Trust, what processes apply to specific roles and what info staff can	A PowerPoint presentation was devised that included the Trust's own ACMs to make the training as relevant to all staff as possible. This training also is to aide with receiving feedback from staff on what they feel helps them deliver their works safely and helps instil a safety culture from the Senior team down to the works delivered on site. This feedback loop helps with continual improvements to the service.	The training has been developed and rolled out and initial feedback has been very positive, so the aim is now to continue that improvement and engagement with staff to help improve the service provided even more going forward. Future training on a bi-annual basis can be

	expect to receive for particular tasks.		via an internal toolbox talk with a knowledge check to confirm that the training has been successful.
	Objective 4 To be involved with and support the roll out of the second phase of the BTLW Asbestos removal works. The buildings that are to be included within this have been provided to us and quotes have been requested from Acorn for the demolition surveys that are required. The aim upon completion of the surveys will be to devise specifications and to go to market with these to obtain an Asbestos removal contractor to undertake the necessary Asbestos removal works prior to demolition.	Continuation of onsite audit programme once the surveys have been completed and sharing of the results of the audits with all relevant parties. Attend site meetings with external consultant and provide feedback on progress. Procure a removal contractor with the aim of completing the asbestos works as per a suitable priced scheme of works with a comprehensive and realistic programme.	Comprehensive on-site audits undertaken and numerous site visits to ensure works are progressing as planned and to target as well as working to the required safety standards.
	Objective 5 Continue to re-assess all high-risk Asbestos areas. This work is an ongoing rolling task where necessary Asbestos removal	Continue to prioritise areas with change of use or that have been decommissioned. Prioritise Estates maintenance/PPM areas where asbestos is limiting their ability to work.	Annual re-inspections of all Asbestos containing materials are up to date Comprehensive on-site audits

	<p>works are to take place to make areas safe. Any remaining high-risk areas will be assessed over the course of 2024 in order of risk.</p> <p>Continue with a robust audit programme of all works undertaken to the Trust estate to ensure the standards that are expected are met.</p>	<p>Monitoring Asbestos containing materials and removal if deemed necessary due to risk of deterioration or due to negative impact on a capital scheme.</p> <p>On site audit programme to continue with information shared with all parties to aid improvement and continued learning. Attend site meetings with external consultant and provide feedback on progress on site.</p>	<p>undertaken and numerous site visits to ensure works are carried out safely and to the correct standard. Any poor working practices or standards of works are shared with the contractor to allow them the opportunity to correct them and to learn from them to ensure they are not repeated. A robust auditing programme will be implemented to ensure the issue is not recurring.</p>
	<p>Objective 6</p> <p>Installation of signage where appropriate to warn of any relevant Asbestos risks outside of plant rooms such as back-office corridors etc where Asbestos removal in the first instance is not a practical solution but a risk exists.</p>	<p>Assess high risk items list and audit location to confirm accuracy and potential activities within the location and install appropriate signage where necessary. Lock down any areas where immediate action may be required following audit and new findings.</p>	<p>Installation of all necessary signage in appropriate locations and securing any areas where works cannot be undertaken either due to difficulties with service isolations, access or disproportionate costs required to carry out removal works.</p>
<p>Prevention of Inoculation Incidents (Sue Horvath)</p>	<p>Objective 1</p> <p>Ensure that the use of sharp safety devices in LTHT is in line with current legislation</p>	<p>Bring any new legislation to the quarterly (Inoculation and Incident Safer Sharp Group) IISSG meeting.</p>	<p>Quarterly minutes from IISSG meeting</p>

	Objective 2 Ensure that clinical areas have introduced sharp safety devices into practice. If they are not suitable for safety reasons that an Exemption Form has been completed	Procurement are aware of all new sharp safety devices that are available, and these are introduced into practice with training for staff. Where patient safety is compromised by use of safe sharp devices an assessment is carried out and an exemption form completed appropriately. The clinical area must review annually whether new appropriate devices are available and if not submit a new exemption form.	The exemption form is required as evidence within the annual Health and Safety Controls Assurance process. The clinical area review annually and submit a form via the IISG for sign off.
	Objective 3 Ensure if there are any supply disruptions for standard or sharp safety devices that procurement is sighted on this and seek alternative products	Procurement needs to be aware of any supply issues and seek the most appropriate alternative devices and ensure that information pertaining to these devices and any training is shared with the CSU's	Record to be made at the IISG meetings of any alternative devices and the Trust wide communication that has been shared
	Objective 4 RCA investigations are carried out for high risk (RIDDOR reportable) sharps injuries by the relevant CSU with assistance from the H&S team and any 'Lessons Learned' will be shared with the wider staff group as part of the CSUs communication forums. 'Lessons Learned' are shared with the wider Trust	Ensure that a current document is available for clinical teams to use, and that RCAs are completed in a timely manner. The RCA will be signed off by either the CSU CD or HoN. Input by Inoculation Injury & Safer Sharps Group (IISG) members into Trust-wide Lessons Learned Group. Submission of relevant material to bulletins/communications Trust-wide or more restricted	Attendance at relevant CSU IPC or QSAG meetings (H&S representative &/or IPN &/or Microbiologist) & presentation / discussion of relevant findings & actions etc. Trust-wide sharing of 'Lessons Learned' from outcomes of incidents via the Lessons Learned

	to raise awareness relating to sharp safety and reduce injuries overall	if only appropriate to defined groups of staff.	bulletin/Quality and Safety Matters
Prevention of Musculoskeletal Disorders (Anna Edgren-Davies)	<p>Objective 1</p> <p>Maintain the number of Musculoskeletal Health Champions, until such time as the numbers can be increased.</p> <p>These Champions support local staff and managers to prioritise musculoskeletal health & wellbeing and decrease risk.</p>	Champions will be supported digitally and personally as necessary to continue undertaking their important role.	The number of Musculoskeletal Health Champions will be maintained so far as is reasonably practicable as Champions are lost thorough natural wastage.
Ionising and Non-Ionising Radiation (Alexis Moore, Steve Rimmer and Jason Britton)	<p>Objective 1</p> <p>To support LTHT in demonstrating that work with Ionising and Non-Ionising Radiation is carried out in a safe and effective manner and in accordance with the requirements of the relevant legislation.</p>	<p>Undertake a review of the personnel monitoring requirements for LTHT staff working with Ionising Radiation to ensure that all LTHT staff are appropriately monitored and to provide assurance that radiation doses are restricted to levels which are as low as reasonably practicable.</p> <p>Ensure that the designation of all LTHT staff is correct and that processes are developed around cooperation between employers for personal dosimetry sharing.</p> <p>Ensure that there are current and sufficient risk assessments and local rules in place for working in all areas using ionising radiation.</p>	<p>A review will be completed with recommended actions</p> <p>Procedures developed for new and existing staff around cooperation between employers.</p>

		<p>Develop and implement a process for routine environmental monitoring of areas using ionising radiation.</p> <p>Ensure that the Trust is aware of and is prepared for the changes in the HSE's requirements with regard to granting consents.</p> <p>Specialist advisers (RPA's, RWA, LPA, MRSE and DGSA) to undertake compliance audits based on areas identified from the annual Health and Safety Controls Assurance process. Provide additional support and guidance for staff completing the HSCA process.</p>	<p>Review of uploads from H&S controls assurance process.</p> <p>Process developed and implemented</p> <p>Report on new requirements submitted to the Radiation Safety Governance Group.</p> <p>Specialist Advisor reports produced identifying level of compliance with legislation including areas of non-compliance and recommendations for improvement.</p>
	<p>Objective 2</p> <p>Assess the requirements and support for Ionising Radiation Safety Training programmes including delivery where appropriate.</p>	<p>Where appropriate and if resources allow, develop and deliver appropriate levels of training to relevant Trust staff.</p>	<p>Training materials developed and delivered.</p>
<p>Work Related Stress (Anna Edgren-Davies)</p>	<p>Objective 1</p> <p>Raise awareness of the Stress Risk Assessment process.</p>	<p>Increased communications.</p>	<p>Increase in Stress Risk Assessment usage. Reduction in mental health sickness absence</p>

	Objective 2 Simplify the Stress Risk Assessment to make more accessible and easier to follow.	Review of existing process. Consultation with managers.	Increase in Stress Risk Assessment usage. Reduction in mental health sickness absence
Conflict Resolution (Peter Aldridge)	Objective 1 Review plans to ensure there is a risk-based training programme that delivers training commensurate with the risks staff are facing with regards to conflict resolution and de-escalation. Introduce PMVA Team to support delivery of training.	Review training needs analysis (TNA). Agree training programmes with stakeholders. Implement with Wards/Dept. areas.	Increased numbers at training, training is delivered that is appropriate and reflective to CSUs with risk.
	Objective 2 Carry out thematic reviews of Conflict Resolution (CR) related DATIX incidents. Visit the victims and offer support to staff that have been subject to incidents. Underpinning this will be the re-assertion of 'report	Review DATIX process. Provide one central address for reporting incidents so initial investigations are consistent. Provide a website with signposting to resources Provide additional training capacity within existing whole time equivalent staff.	LTHT will demonstrate that support is offered to those staff involved in CR incidents and staff will be reassured that their safety is a priority

	to support and work without fear.'		
Fire Safety (Peter Aldridge)	Objective 1 Review the fire safety management across LTHT; this includes delivery of fire training, PPM, fire safety advice information, requirements of the new Building Safety Act, changes to HTM Fire code and fire risk assessment programme.	Provide report detailing any changes required. Agree gap analysis plan. Annotate each fire risk assessment to ensure information within is suitable and sufficient.	This review is dynamic and on-going, and findings will underpin the on-going department work plans.
	Objective 2 Review all operational site responses to fire incidents	Review fire box contents and locations, Review peripheral fire response, especially Seacroft. Continue with CSU tabletop exercises. Continue with live WYFRS exercise. Complete a major LTHT/WYFRS exercise.	Review each operational risk document. Exercises debrief reports and supporting action plans in place.

Appendix 3 - Health and Safety Consultation Committee Terms of Reference



Health and Safety Consultation Committee

Constitution, Terms of Reference and Functions

1. Introduction

The Health and Safety Consultation Committee (HSCC) was established to facilitate effective communication and consultation with appointed staff representatives. Consultation involves the Trust providing information to staff and their representatives and listening to and taking account of what staff say before they make decisions relating to health and safety.

The Trust Health and Safety Committee is constituted in accordance with the requirements of The Safety Representatives and Safety Committees Regulations 1977 and Consulting Employees on Health and Safety

2. Definitions

- 2.1 Staff** refers to all those employed by the Trust, irrespective of role or status, who are not directly responsible for the policy or proposal under consideration.
- 2.2 Management** will normally refer to the Executive Directors and/or Senior Management Team but may occasionally apply to specific managers who are directly responsible for a particular policy or proposal.
- 2.3 Staff Involvement** is about sharing and exchanging information with staff across the Trust, so that all staff have an opportunity to understand our objectives and to contribute to their design and delivery.
- 2.4 Consultation** is a process by which the Trust seeks and properly considers the views of staff and their representatives before making decisions. Consultation will provide a genuine opportunity for staff and their representatives to influence events and should not be seen simply as the passage of information.
- 2.5 Staff organisations** are those trades unions and professional associations recognised by the Trust as representing the interests of their members.

3. Terms of Reference (ToR)

It is the role and responsibility of the Trust's Chief Executive and Directors to establish policy, plan and implement effective health and safety arrangements, and to monitor compliance with agreed Trust Policies. Whilst it is important that the HSCC participates in this process, these are the legal responsibilities placed on the Trust's Chief Executive and Directors and explicitly described in [The Health and Safety Policy](#).

The HSCC is constituted to include Senior Managers, Specialist Advisors and appointed Staff Representatives. Membership will give adequate representation to both management and staff; the number of management representatives will not exceed the number of staff representatives.

3.1 Sub Committees

The HSCC may agree the appointment and terms of reference of such standing, special or ad-hoc sub-committees as are agreed to be necessary.

CSUs are required to establish and hold local Consultation Committees to provide opportunity to discuss issues relating to Health and Safety in line with the Partnership Agreement, raising concerns through the Health and Safety Consultation Committee and arranging representation where this is required.

3.2 Membership of HSCC

<u>Senior Managers</u>	<u>Specialist Advisors</u>	<u>Staff Side Reps (8)</u>
Director of Quality	Fire Safety	
Head of Health and Safety	Prevention of Musculoskeletal Disorders	Nominated by Staff Side
Associate Director - Estates, Fire and Security	Control of Substances Hazardous to Health (COSHH)	
Director of Nursing (Operations)	Ionising & Non-ionising Radiation	
Clinical Services Manager (Occupational Health)	Infection Prevention and Control	
Head of Human Resources	Occupational Health	
	Security/Conflict Resolution	
	Work Related Stress	
	Risk Management	
	Waste Management	
	Asbestos	

3.4 Health & Safety - Policy

The HSCC will consult on and consider final drafts of policies and recommend Trust Board approval of Health and Safety policies.

Implications of new and revised legislation and NHS performance standards relating the Health and Safety will be considered.

3.5 Health & Safety - Planning and Arrangements

The HSCC will consider and recommend Trust Board approval of the Annual Health and Safety Plan and Report.

Monitor the effectiveness of the Trust's Health and Safety Management arrangements. This will include reports from Specialist Advisors and the consideration of incident data.

Suggest improvements to the Trust's Health and Safety Management System

Comment on the provision and effectiveness of Health and Safety training opportunities.

Comment on any internal and external audits and assurances, for example Health and Safety Executive (HSE) audits and inspections and reports relating to Health and Safety issued by the Care Quality Commission (CQC).

Changes in the workplace affecting the health, safety and welfare of employees

3.6 Learning from Incidents and Investigations

Consider incident data and investigations into the causes of significant accidents and occupational ill health. Endorse and support recommendations for improvement.

3.7 Issues of concern (Items raised by Staff Representatives)

Staff representatives will be invited to raise issues to be included on the agenda for discussion at HSCC, liaising with the Head of Health and Safety. It is expected that local issues will be first raised with line managers and CSU Health and Safety forums. If the issue is not successfully resolved, then it may be referred to the Trust HSCC.

3.8 Communications (Agenda Items and Minutes)

Agenda items must be received at least six working days before the scheduled Committee meeting date.

Agendas and minutes will be circulated by e-mail.

Minutes will be produced by the Health and Safety team; draft minutes will be circulated within 14 working days of the meeting.

Copies of all agendas and minutes will be available on the Trust [Health and Safety Intranet Site](#).

3.9 Frequency of Meetings

The Health and Safety Consultation Committee will meet four times each year.

3.10 Quorum

Senior Managers (4) and staff reps (4)

3.11 Chair Director of Quality **Secretary** Head of Health and Safety

Approved: February 2024

Review date: February 2026