

# 8 Issues in an acute NHS hospital

## Background

**Name:** Susan Lloyd

**Safety representative:** H&S – six years Steward – 11 years

**Job-title:** Full-time facilities, lead RCN steward.  
Previously ward manager, ophthalmology  
with theatres background

**Employer:** NHS Lothian

**Speciality/setting:** Acute



**“I decided to become a safety representative in order to develop the bigger picture. I saw it as an instrumental part to change practices in the organisation. With the health and safety (H&S) training, I could be at the H&S table and be on the relevant committees.**

I see health and safety as integral to being a nurse – they go hand in hand. I used to do risk assessments of working environments.

## Examples of issues

**Unidentified odour in theatre:** a theatre was closed down because there was an unidentified odour, which staff had originally highlighted. There was an inspection carried out by the employer and the problem was rectified in that theatre. Although it was deemed safe, the work force were concerned and didn't want to go back as they didn't trust that it was absolutely safe. I was able to do an independent inspection and looked at all the data collected and looked at different H&S reports/inspections. I also had an independent H&S check carried out and called in the Health & Safety Commission for advice. I got a good report and staff felt reassured that it had been properly looked at.

**Heating:** the hospital I work at is very hot. Ventilation is an issue and there are definite 'hot spots'. Again, we worked with the H&S commission. The role involves working hand-in-hand with other organisations, and involved a lot of different people. Some parts of the hospital had unacceptably high temperatures. The organisation purchased air humidifiers as a result.

**Sickness absence and the impact on remaining work force:** we needed to ensure that staff are supported so that they do not feel penalised by still working when other staff members are off sick. Policies were in place to support those staff that are sick to give appropriate support where needed. We use back to work talks – and put the responsibility back to managers to ensure they are looking at the whole work force. When there is long term sickness, patterns of sickness absence are monitored. The data shows the percentage of sickness absence reduced. The unions along with managers monitor the overall process, ensuring that the back to work interview is applied consistently and that everyone has them.

**Smoking:** when it became clear that there are no areas in the hospital where you can smoke, I made sure that smoking cessation sessions were set up and that smokers are supported with patches etc.

I find it satisfying to make the work environment healthy and safe for staff and for patients who come into the area. Raising the profile of H&S is everyone's responsibility. In some situations it's about taking down the barriers. For example, in one area gloves weren't being supplied. There was a feeling on the ground that something should be done about this, but nothing happened. Misunderstandings can arise. But then when it was brought up as a health and safety issue it was fairly easily addressed.

We've thought about how we investigate as a team. Not apportioning blame, just getting to the root of problem.

In many ways safety representatives have more control than other representatives, because of the regulatory backing – we have the legislation and the Health and Safety Commission. When I'm writing out a H&S paper, I list all the regulations that are being breached and can be explicit that if they continue they will be fined. For example, one member of staff was driving a van with heavy equipment. The H&S adviser supported the need for change. Initially the manager did not listen. We wrote, specifying all the legislation they were in breach of and giving firm deadlines, and copied it to all the relevant parties. The next day the changes were made.

It's a rewarding role – I would recommend it to others. You get out of it as much as you put into it. It's a vital role in any organisation, although it's often not high enough on the agenda in workplaces.

I work with three other safety representatives, with guaranteed two hour facilities time per fortnight for them to attend meetings – any additional time that they need, they get. They link in with each other as a network, and it's good they have sufficient facility time. We have monthly representatives meetings in total 18 people are RCN activists in the organisation.

If you've got support from all your activists, and can work together with work force and management, it ultimately makes for a better environment. The dynamics are changing. The majority of my work is partnership working – which is not always easy. We have to find where the boundaries are in terms of compromises.”

### **Becoming a RCN safety representative**

If you are interested in becoming a safety representative you can find further information on the RCN website [www.rcn.org.uk/support/becoming\\_activist/how\\_to\\_become\\_a\\_representative](http://www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative)