

Staffing for Safe and Effective Care

A Health and Safety Representative's Resource



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1 Introduction

Staffing for safe and effective care is a key campaign priority for the Royal College of Nursing (RCN). Safe staffing means having enough nursing staff with the right skills and knowledge, in the right place, at the right time.

The RCN is campaigning for a specific law on safe staffing across all the countries that make up the UK. Such a law needs to be clear on roles and responsibilities and accountability for safe staffing. The four countries are at different stages with this objective, with Wales and Scotland already having a law in place.

We know that unsafe working environments can have a major impact on the ability to retain staff. Furthermore, not having enough nursing staff in place can impact further on the safety of patients and the nursing staff caring for them. This guidance has been developed to be used alongside any existing laws on safe staffing, and where no such laws exist, to improve working environments for our members who are currently feeling the effects of unsafe staffing on their own health, safety and wellbeing and consequently that of the patients they care for. Nursing students on placement may also feel the impact of unsafe staffing levels.

With their enhanced workplace role, enshrined in regulation, the RCN recognises the important part that RCN health and safety representatives play in making workplaces safer for nursing staff and consequently, patients and service users. We know that when staffing levels are unsafe and work demands exceed resources, nursing staff can experience work-related stress and fatigue leading to the risk of other injuries and ill health.

This guidance will support health and safety representatives in identifying potential health and safety issues related to unsafe staffing levels. It will also identify areas where representatives can work together as a team.

Addressing these issues locally is important, firstly to highlight and act on areas where unsafe staffing may lead to a risk of injury or ill health to our members and the wider nursing workforce and secondly, where they are in place, to monitor the effectiveness of existing laws on safe staffing.

Thirdly, the information and intelligence gathered locally can also help inform the wider RCN Staffing for Safe and Effective Care campaign.

Members should also be advised to raise any safety concerns with their employer. Your employer should have a policy on raising concerns which you should familiarise yourself with and can signpost members to. Work with your local RCN steward to support members with concerns.

Nurses, midwives and nursing associates must follow the Nursing and Midwifery Council (NMC) Code of Conduct at all times, but other members of the team should also use it to guide their practice. For further information see:

nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives

Further information and advice for members with concerns can also be found in the RCN's guidance for RCN representatives on raising concerns at:

rcn.org.uk/employment-and-pay/raising-concerns/Guide-for-RCN-reps.

2 How to use this guide

This guidance provides a framework for identifying key health and safety issues linked to staffing levels which may affect members. You can use the resource in a proactive or reactive way as outlined below. Whilst it doesn't pick up on specific patient safety issues, by addressing issues affecting members, health and safety representatives will be creating a safer environment for all.

Proactive

You can carry out a proactive workplace inspection every three months. Use the health and safety issues in the framework on pages [7-27](#) as a focus of your inspection activity and make notes in the sections where you identify issues. Use the template in [Appendix 1](#) to collate those concerns and send onto the appropriate manager using the form in [Appendix 2](#).

Reactive

A member, or an RCN steward or learning rep, may come to you with a safety concern relating to one or more of the issues detailed in the framework on pages [7-27](#).

A member may have come to you following an accident or incident.

A member may have come to you with a generic concern around unsafe staffing levels.

Following any of these concerns, you can carry out a workplace inspection using all or specific parts of the framework. For example, if the health and safety issue is about moving and handling use the specific section to do a themed inspection on moving and handling; if the issue is following an assault to a member use the violence and/or lone working section; if it is a generic concern around safety, use the whole framework.

An inspection, be it proactive or reactive, presents a good opportunity to speak to members working in different areas and get their view on the working environment and the impact of unsafe staffing.

If you are unclear on how to use this resource you can contact your RCN senior officer/officer for support.

3 Your role as a health and safety representative

Remember, as an accredited trade union safety representative you are legally entitled to carry out a whole range of activities and functions to protect the health and safety of the members you represent including the actions identified in this section. These are enshrined in the Safety Representative and Safety Committee Regulations 1977 and the Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979, and include:

Carry out inspections

You can carry out a workplace inspection if there has been a substantial change in working conditions or if one hasn't been carried out by you in the past three months. You can also carry out an inspection where a member has been involved in an incident that is reportable under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR). For example, an incident that has resulted in more than seven days off work (three days in Northern Ireland) or a reportable condition such as work-related dermatitis.

Inspection of documents and provision of information

There is a requirement for employers to provide health and safety representatives with information related to matters affecting the health and safety at work of employees. There are some restrictions such as personal identifiable information (unless the member gives you consent); but anonymised data such as sickness absence in a department, risk assessments on work activities and collated incident data should all be made available to health and safety representatives.

Incident investigation

The regulations allow you to investigate potential hazards and dangerous occurrences and to examine the causes of accidents at the workplace.

Consultation

You have the right to be consulted in good time on matters that have the potential to affect the health and safety of the members you represent. This gives a wide scope to be consulted on a number of issues and "in good time" means before the decision has been made. Consultation is a two-way mechanism, sharing information, receiving and considering feedback. Examples could include changes to shift patterns or frequency of mandatory training.

Represent members' concerns

If a member, or members, come to you with a safety concern you can investigate this further. As well as speaking to them, you can also carry out a workplace inspection of the area/issues they have concerns about. You can represent their concerns by raising them with managers, health and safety leads and/or at the health and safety committee.

Under the Safety Representative and Safety Committee Regulations 1977 and the Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979, your employer has a duty to ensure that you are able to carry out these functions and activities.

Of course all this activity takes time, and the regulations allow health and safety representatives to take time off "as is necessary" to carry out their role and functions. We understand that this can be a challenge in a busy nursing role but your employer should accommodate this. You should, however, give your employer reasonable notice of plans to carry out proactive inspections which, depending on the size of the unit/ward/department, may take a day to do and another day to write up. Scheduling regular proactive inspections every three months is good practice.

If you are being stopped from carrying out your role speak to your RCN officer/senior officer for support. For those working in the NHS, it is also useful to speak to the chair of staff side to get support in escalating issues relating to the ability to carry out your role.

You can find further information on inspections and the Safety Representative and Safety Committee Regulations 1977 and the Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979 in the RCN's Health and Safety Representatives Handbook.

rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319

4 The framework

This section outlines some key health and safety issues which could be made worse by not having safe numbers of nursing staff. It outlines the relationship of the issue with staffing for safe and effective care (SSEC), what the law says employers need to do and lists action points for health and safety representatives. You can use this framework as outlined in [Section 3](#).

Remember to work with other representatives, not just health and safety representatives from other unions but also RCN stewards and RCN learning representatives. A team approach can help get the best outcome for members and subsequently patients under their care.



4.1 Issue: Work-related stress



Relationship with SSEC

Excessive pressure and demands in the workplace brought about by a lack of nursing staff can lead to work-related stress, anxiety and depression.

Not being able to deliver the optimum standard of care as demands outweigh resources can cause moral distress in nursing staff.

Work-related stress can lead to errors.

Shortages of staff may result in increased presenteeism, with staff coming into work with poor mental health because they don't want to let already short-staffed teams down. This could lead to longer-term issues such as burnout and compassion fatigue.

See also working hours, bullying, and violence and aggression.



What the law says

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 require employers to assess the risk of stress to staff and put measures in place to reduce the risk.

The Health and Safety Executive's (HSE) Management Standards provide a framework for organisations to use to risk assess stress.



Action by health and safety reps

Policy

- Does the organisation have a policy on mental health and work-related stress?
- Check the policy for references to workload and excessive demands.
- Does the policy outline how this is managed?
- Does the policy requirement match the reality in wards/units/community?

Risk assessment

- Check whether stress risk assessments have been carried out using the HSE Management Standards.
- Where workloads and demands are identified as a cause of work-related stress, have these been addressed as part of a risk assessment?
- If workload and demands have been identified as a risk, check what measures the employer has put in place to address this risk. Inspection of documents and provision of information

Inspection of documents and provision of information

- Review staff survey data on stress and look for hotspots.
- Review staff survey data on presenteeism and look for hotspots.
- Ask for data on sickness absence related to stress, depression or anxiety. Does any of this data correlate with areas of low staffing?
- Does any of this data correlate with areas of low staffing?

Work with other reps

- Work with your RCN steward in relation to cases of sickness absence/capability/disciplinary proceedings related to work-related stress where unsafe staffing was a contributory factor.



Further reading

Your organisation's policy on work-related stress/mental health at work.

Labour Research Department Health and Safety Law, Chapter 11 available at: rcn.libguides.com/c.php?g=703175&p=5058211

Health and Safety Executive Management Standards available at: hse.gov.uk/stress/standards

Health and Safety Executive Northern Ireland Mental Wellbeing at Work available at: hseni.gov.uk/topic/mental-well-being-work

RCN Health and Safety Representative's Handbook chapter 16 available at: rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319

Work-related stress resources available at: [rcn.org.uk/reps-hub/Stress-resource-for-reps](https://rcn.org.uk/ reps-hub/ Stress-resource-for-reps)

4.2 Issue: Bullying



Relationship with SSEC

When nursing staff are under immense pressure due to shortages, this can impact on relationships and interactions with colleagues at work which could be perceived as bullying/ incivility.

Managers may make unreasonable demands on already pressurised staff due to targets from senior management to deliver services.

In bullying cultures staff may not feel able to report issues around safe staffing.

See also section on work-related stress.



What the law says

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 require employers to assess the risk work related stress (including stress caused by bullying behaviours).



Action by health and safety reps

Policy

- Does the bullying and harassment policy recognise that staff shortages and a culture driven by targets may cause bullying behaviours? How does the policy aim to address this?
- Does the policy on raising concerns/whistleblowing recognise the need to acknowledge concerns and not place those who raise concerns at any detriment?
- Speak to members to see if they feel able to speak up around safe staffing issues without fear of reprisal.

Risk assessments

- Are stress risk assessments carried out? If so do they identify relationships at work as a factor which could lead to stress and what measures do they take to reduce the risk (for example, by the implementation of the HSE's stress management standards).

Inspection of documents and provision of information

- Identify hot spots for bullying using staff survey results and/or grievance reports. Do these reports relate to areas where staffing levels are poor?

Working with others

- Work with RCN stewards on an individual case basis to see whether cases of bullying relate to staffing issues.



Further reading

Your organisation's policy on bullying at work/dignity at work.

Labour Research Department Health and Safety Law, Chapter 11 available at: rcn.libguides.com/c.php?g=703175&p=505821

Guidance on bullying, harassment and stress available at: rcn.org.uk/Get-Help/Bullying-harassment-and-stress

4.3 Issue: Violence and aggression



Relationship with SSEC

Fewer staff can increase the risk of violence and aggression. For example, increased waiting time leading to patient anger and frustration.

Lack of staff may create delays in attending training related to violence and aggression at work or in restrictive interventions.

Fatigued nursing staff may be less able to de-escalate situations, for example frustrated patients and families.

Safe staffing levels are necessary to carry out restrictive interventions, when it is appropriate to do so.

Pregnant staff and those with a disability or recovering from surgery may not be able to carry out restraint or restrictive interventions; therefore safe numbers of nursing staff should be available to do this.

See also sections on lone working, working hours and bullying and harassment.



What the law says

The Management of Health and Safety at Work Regulations 1999 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000 require employers to assess the risk of violence to staff and put measures in place to reduce the risk.



Action by health and safety reps

Policy

- Check the violence and aggression policy for references to staffing levels, particularly in relation to restrictive interventions and the management of violent patients. Does the policy requirement match the reality in wards/units/community?

Risk assessment

- Do violence risk assessments exist?
- Are they up to date?
- Do they outline the numbers of staff required to deal with potentially violent patients?
- Do they outline the number of staff required to carry out a restrictive intervention safely?
- Do the risk assessment requirements match the reality? For example, the numbers of nursing staff available at any one time to carry out the activity (including on night shifts)?
- Are the risks to pregnant staff or those with disabilities considered?

Incident reporting

- Encourage members to report all incidents of violence and aggression.
- Discuss with managers the importance of allowing members to report incidents.

Inspection of documents and provision of information

- Ask for incident data on violence and aggression to identify hot spots and whether this correlates to areas of low staffing.
- Check records of mandatory training for violence and aggression related training – are all staff up to date with violence and aggression related training including that on restrictive interventions?
- Look at staff survey data to identify problem areas/hotspots.

Incident investigation

- Get involved in investigations of incidents of violence towards members and ensure that staffing levels are considered when looking at the causes.

Work with other reps

- Work with your RCN learning rep around access to mandatory training relating to violence and aggression.
- Work with your RCN steward around any formal sickness absence review cases relating to injuries following assaults at work. Could there be patterns and trends to these cases?



Further reading

Your organisation's policy on violence and aggression/restraint/restrictive interventions.

RCN Health and Safety Representative's Handbook chapter 16 available at: [rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319](https://www.rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319)

RCN position on work-related violence available at: [rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-work-related-violence-in-health-and-social-care](https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-work-related-violence-in-health-and-social-care)

RCN position on the use of body worn cameras available at: [rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-statement-on-the-use-of-body-worn-cameras](https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-statement-on-the-use-of-body-worn-cameras)

Health and Safety Executive guidance on violence and aggression at work available at: [hse.gov.uk/violence](https://www.hse.gov.uk/violence)

4.4 Issue: Moving and handling



Relationship with SSEC

Fewer nursing staff can increase the risk of injuries from moving and handling activities.

Examples include:

- moving and handling patients in hospital/care home settings (lateral transfers, toilet transfers)
- caring for bariatric patients safely and with dignity
- community nursing staff moving and handling patients in their own home
- moving inanimate objects such as heavy equipment in and out of a ward or into patient's homes.

Lack of nursing staff may create delays in attending mandatory moving and handling training.

Nursing staff who are pregnant, disabled, recovering from surgery, may have temporary or permanent restrictions on carrying out certain moving and handling activities.



What the law says

The Manual Handling Operations Regulations 1992 and The Manual Handling Operations Regulations (Northern Ireland) 1992 require employers to assess the risk of injuries from manual handling activities and put measures in place to reduce the risk. For example, hoists and equipment such as slide sheets and safe numbers of trained staff to carry out such operations.

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 require employers to assess the risk to pregnant employees.



Action by health and safety reps

Policy

- Check the moving and handling policy for references to staffing levels in relation to activities and care for bariatric patients.
- Does the policy requirement match the reality in wards/units/community?

Risk assessment

- Do moving and handling risk assessments exist?
- Are they up to date?
- Do they outline the numbers of staff required to move and handle the patient or object?
- Do numbers of staff match with the moving and handling policy?
- If so does the risk assessment requirements match the reality, such as the numbers of nursing staff available at any one time to carry out the activity (including on night shifts)?
- Are the risks to pregnant staff or those with disabilities considered?

Incident reporting

- Encourage members to report incidents of back and musculoskeletal injuries using internal reporting mechanisms.
- Encourage members to report near misses or unsafe working conditions related to moving and handling activities using internal reporting mechanisms.

Incident investigation

- Get involved in investigations of moving and handling incidents involving members and ensure that staffing levels are considered when looking at the cause of the incident.

Inspection of documents and provision of information

- Ask for data on anonymised sickness absence relating to musculoskeletal disorders. Identify hotspots.
- Look at staff survey results on musculoskeletal disorders in your organisation and identify hotspots.
- Do hotspots correlate with areas of staffing shortages?
- Check records of mandatory training for moving and handling – are all staff up to date with their moving and handling training?

Work with other reps

Work with your RCN learning rep around access to mandatory training.

Work with your RCN steward around any formal sickness absence review cases relating to musculoskeletal injuries at work. Could there be patterns and trends to these cases?



Further reading

Your organisation's moving and handling/manual handling policy

RCN Health and Safety Representative's Handbook chapter 17 available at: rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319

Labour Research Department Health and Safety Law Handbook, Chapter 8 available at: rcn.libguides.com/c.php?g=703175&p=5058211

Health and Safety Executive guidance on manual handling available at: hse.gov.uk/msd/manual-handling/index.htm and hseni.gov.uk/topic/manual-handling (Northern Ireland)

Health and Safety Executive guidance on protection pregnant workers and new mothers available at: hse.gov.uk/mothers and hseni.gov.uk/topic/new-and-expectant-mothers (Northern Ireland)

Improving mandatory training guidance available at: rcn.org.uk/Professional-Development/publications/pdf-006689

4.5 Issue: Working hours



Relationship with SSEC

Fewer staff can lead to issues around working hours including missed breaks, overtime at the end of a shift or doing extra shifts to cover shortages.

Examples include:

- Missed breaks and long working hours, particularly in hot environments are a patient safety issue. They can lead to nursing staff becoming fatigued and dehydrated which can impact on cognitive function.
- Excessive overtime (both paid and unpaid) can lead to staff being pressured into working longer hours.
- Annual leave and days off may be cancelled due to shortages of nursing staff.
- Poorly designed shift rotas to try and compensate for staff shortages. For example, inadequate rest days after a night shift and going straight onto days.
- Organisations moving towards longer days to compensate for nursing staff shortages leading to fatigue and a lack of recovery time between shifts.
- Nursing staff who are pregnant, disabled, recovering from surgery, may have temporary or permanent restrictions on shift patterns/working hours.



What the law says

The Working Time Regulations 1997 and Working Time Regulations (Northern Ireland) 1998 requires employers to ensure that staff who work for six hours or more have a minimum of a 20-minute break and are able to take that break away from their immediate workstation. Working weeks should average no more than 48 hours over a 17-week period. Where staff are happy to work more than 48 hours an individual opt out should be completed.

Employers must also keep records of the hours employees work.

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 require employers to assess the risk to pregnant employees.



Action by health and safety reps

Policy

- Does your organisation have a policy on working time? Does the policy have reference to breaks and excessive working hours? If so, is the policy being followed at a unit/ward/community level?
- Speak to members about the break culture and excessive hours of work in their unit.

Incident reporting

- Encourage members to formally report missed breaks as a safety issue (for example, as a tally at the end of a stretch of shifts). Discuss with managers the importance of allowing members to report missed breaks.

Inspection of documents and provision of information

- Ask for anonymised incident report data on missed breaks.
- Ask to see anonymised data on the working hours for nursing staff to identify areas where excessive overtime is being worked or working over 48 hours a regular occurrence.

Work with other reps

- Work with RCN stewards and get involved in e-roster working groups to ensure that safety and working time compliance is considered when implementing e-rostering systems.
- Work with RCN stewards to ensure that you are consulted on any changes to shift patterns and work with stewards to highlight any health and safety issues.

Campaign

- Promote the RCN's Rest, Rehydrate and Refuel resources and lobby for improvements in the facilities at work.



Further reading

Your organisation's policy on the working time regulations/shift work and or preventing fatigue

RCN Health and Safety Representative's Handbook chapter 5 available at: rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319

Labour Research Department Health and Safety Law Handbook, Chapter 8 available at: rcn.libguides.com/c.php?g=703175&p=5058211

Rest, Rehydrate, Refuel guidance available at: rcn.org.uk/Professional-Development/publications/pub-006702

4.6 Issue: Slips, trips and falls



Relationship with SSEC

Fewer staff can lead to poor housekeeping, for example, spillages of liquids/body fluids on the floor not being cleaned up by responsible staff due to pressure of work.

Community nurses rushing between patient homes due to high case load may be at more risk of trips and falls, especially in uncontrolled environments such as patient's homes.



What the law says

The Management of Health and Safety at Work Regulations 1992 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 requires employers to assess the risk of slips, trips and falls to staff and put measures in place to reduce the risk.



Action by health and safety reps

Incident reporting

- Encourage staff to report incidents using formal reporting procedures.
- Inspection of documents and provision of information
- Ask for accident/incident data on slips, trips and falls and identify hot spots – do these correlate with areas of poor staffing?

Incident investigation

- Get involved in investigations of incidence of slips, trips and falls and ensure that staffing levels are considered when looking at the contributory factors.

Work with other reps

- Work with your RCN steward in relation to formal reviews and sickness absence cases related to slips or falls at work where unsafe staffing was a contributory factor.



Further reading

Health and Safety Executive guidance on slips, trips and falls available at: [hse.gov.uk/slips/index.htm](https://www.hse.gov.uk/slips/index.htm) and [hseni.gov.uk/topic/slips-and-trips](https://www.hseni.gov.uk/topic/slips-and-trips) (Northern Ireland)

4.7 Issue: Lone working



Relationship with SSEC

Whilst lone working is an accepted working practice there may be incidences where it becomes the default position due to inadequate staffing. There may be instances where lone working is inherently unsafe. For example:

- Community nurses going into homes alone where there is a known risk to their personal safety.
- Not enough nursing staff to go to the help of a colleague in a vulnerable situation, for example, one-to-one patient supervision.
- Staff with a disability may have a reasonable adjustment such as not undertaking specific tasks alone.
- Not enough staff to provide cover for lone or isolated workers to have rest breaks.

See also sections on violence and aggression, moving and handling, working hours.



What the law says

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 requires employers to assess the risks to lone workers and put in measures to reduce the risk.



Action by health and safety reps

Policy

- Does the lone working policy (sometimes included within the violence and aggression policy) identify situations where workers should not work alone?
- If so, is the policy recommendation implemented in practice?

Risk assessments

- Are risk assessments of lone working situations carried out?
- If so, is the employer putting measures in place to ensure lone working is safe and appropriate and that lone workers have access to back up support in emergency situations (or when required to take breaks)?

Inspection of documents and provision of information

- Ask for data on incident reports involving lone workers.

Incident investigations

- Get involved in investigations of safety incidents involving lone working nursing staff and ensure that staffing levels are considered when looking at the contributory factors.

Working with others

- Work with RCN stewards on an individual case basis to see if there are any issues involving lone workers, for example, failure to carry out reasonable adjustments or sickness absence reviews following an assault to a lone worker.



Further reading

Your organisation's policy on working alone/lone working/personal safety at work.

RCN Safety Representative's Handbook chapter 16 available at:

Labour Research Department Health and Safety Law Handbook, Chapter 8 available at: rcn.libguides.com/c.php?g=703175&p=5058211

RCN lone working guidance available at: rcn.org.uk/Professional-Development/publications/pub-005730

Health and Safety Executive guidance on lone working available at: hse.gov.uk/lone-working and hseni.gov.uk/articles/lone-working (Northern Ireland)

4.8 Issue: Fire safety



Relationship with SSEC

Safe staffing is necessary in cases where buildings/units need to be evacuated. Whilst the need to fully evacuate may be reduced through compartmentation and horizontal evacuation, organisations still need to be prepared to support the needs of vulnerable patients being moved or evacuated including those in critical care environments or secure mental health units.

Lack of staff may create delays in attending training related to fire safety and evacuation procedures.



What the law says

The Regulatory Reform (Fire Safety Order) 2005 (England and Wales) require fire risk assessments to be carried out and for health and social care organisations (in addition to other non-domestic premises) to establish appropriate procedures such as fire safety drills and ensure there are adequate 'competent' people to oversee such procedures.

Fire Scotland Act 2005 require fire risk assessments to be carried out and require health and social care organisations (in addition to other non-domestic premises) to establish appropriate procedures such as fire safety drills and ensure there are adequate 'competent' people to oversee such procedures in order to evacuate premises.

Scottish Health Technical Memorandum 86 Guidance on Fire Safety Risk Assessments makes reference to staffing to ensure safe evacuation.

The Fire Safety Regulations (Northern Ireland) 2010 require fire risk assessments to be carried out and for health and social care organisations (in addition to other non-domestic premises) to establish appropriate procedures such as fire safety drills and ensure there are adequate 'competent' people to oversee such procedures in order to evacuate premises. Supporting guidance on risk assessment in health care premises in Northern Ireland highlights the need to ensure that staffing levels are both sufficient and available at all material times to facilitate the movement of patients to a place of safety within the determined safe escape time.



Action by health and safety reps

Risk assessment/Fire evacuation plans

- Are fire risk assessments up to date?
- Do fire emergency evacuation plans exist for the department/unit? Does the number of nursing staff required to carry out an evacuation of a clinical area reflect the reality of staffing on the ward/unit (including during night shifts)?
- Are fire drills taking place? Is learning taking place from the fire drills?

Inspection of documents and provision of information

- Check records of mandatory training for fire safety – are all staff up to date with their fire safety/evacuation training.
- Ask for inspection reports following fire incidents within clinical areas (including reports by external bodies).

Work with other reps

- Work with your RCN learning rep around access to mandatory fire safety/evacuation training.



Further reading

Your organisation's policy on fire safety

Fire Safety (England) Regulations 2022 available at: [gov.uk/government/publications/fire-safety-england-regulations-2022](https://www.gov.uk/government/publications/fire-safety-england-regulations-2022)

NHS Estates (England) HTM firecode available at: [england.nhs.uk/estates/health-technical-memoranda](https://www.england.nhs.uk/estates/health-technical-memoranda)

Health and Safety Executive guidance on managing fire safety in the workplace (Northern Ireland) available at: hseni.gov.uk/publications/managing-fire-safety-workplace

Scottish Fire and Rescue Service guidance for businesses and landlords available at: firescotland.gov.uk/businesses-and-landlords

NHS Wales HTM firecode available at: thenbs.com/PublicationIndex/documents/details?Pub=NWSSP&DocID=325428

4.9 Issue: Road traffic incidents



Relationship with SSEC

Where there are shortages of community nursing staff, staff may be under more time pressure when driving to and from patients/service users. Driving under pressure may increase the risk of road traffic incidents (RTIs), especially in inclement weather.

Nursing staff driving home after a long shift may be at more risk of RTIs if they haven't had adequate breaks or are doing excessive hours due to staff shortages.

See also sections on stress, lone working and working hours.



What the law says

The Management of Health and Safety at Work Regulations 1999 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 requires employers to assess the risks to those whose job involves driving at work and put in measures to reduce the risk including fatigue management.



Action by health and safety reps

Policy

- Does the driving at work policy outline issues such as fatigue and work pressures as a risk factor?
- Check that community staff are having rest breaks and encourage them to report long periods of driving/working without a break as a safety incident.
- Does the policy include stopping driving to speak on hands free mobile phone whilst driving? If so, is this followed or do staff feel pressurised to drive due to workload.

Risk assessment

- Do risk assessments exist for driving at work?
- Is fatigue and workload considered as a risk factor? If so, what measures are employers putting in place to reduce the risk?

Incident reporting

- Encourage members to report RTIs related to work.
- Inspection of documents and provision of information.
- Ask for incident reports of RTIs to nursing staff in the community.

Incident investigation

- Get involved in investigations into work-related RTIs and ensure that staffing levels are considered when looking at the causes.

Work with other reps

Work with your RCN steward around cases relating to driving at work, for example, RTIs or injuries from involvement in an RTI.



Further reading

Your organisation's policy on driving at work

Health and Safety Executive guidance on driving for work: [hse.gov.uk/workplacetransport](https://www.hse.gov.uk/workplacetransport) and [hseni.gov.uk/topic/driving-work](https://www.hseni.gov.uk/topic/driving-work) (Northern Ireland)

Royal Society for the Prevention of Accidents guidance available at: [rospa.com/policy/road-safety/advice/employers](https://www.rospa.com/policy/road-safety/advice/employers)

Rest, Rehydrate, Refuel guidance available at: [rcn.org.uk/Professional-Development/publications/pub-006702](https://www.rcn.org.uk/Professional-Development/publications/pub-006702)

4.10 Issue: Exposure incidents (biological and chemical alerts)



Relationship with SSEC

Lack of nursing staff and working under pressure has been linked to an increased risk of needle stick/sharps injury/chemical spillages.

When staff need to use personal protective equipment (PPE) to protect from exposure to highly infectious biohazards they should have a buddy system to keep them safe whilst changing into and out of PPE. Unsafe staffing may impact on the ability to practice such safe systems of work.

Shortages of staff may result in increased presenteeism, where staff may come into work with a viral infection because they don't want to let their colleagues down. This could present a risk to themselves and an infection risk to patients.

Lack of staff may create delays in attending mandatory training related to infection prevention control policies and procedures.



What the law says

The Control of Substances Hazardous to Health Regulations 2002 and Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 require employers to assess the risk of exposure to hazardous substances and put measures in place to reduce the risk.

The Health and Safety (Sharps Injuries) Regulations 2017 and the the Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2018 require employers to assess and reduce the risk of sharps/needlestick injuries to staff.



Action by health and safety reps

Risk assessment

- Check that appropriate risk assessment have been carried out on the prevention of needlesticks and exposure to chemicals (including cytotoxic drugs and other hazardous medicinal products) and that safe staffing is considered as a risk reduction factor.

Inspection of documents and provision of information

- Ask for data on incident reports involving biological or chemical exposure incidents to nursing staff – do these incidents correlate with areas of poor staffing.
- Look at staff survey data on presenteeism and identify hotspots – do these correlate with areas of poor staffing?

Incident reporting

- Encourage members to report exposure incidents.

Work with other reps

- Work with your RCN steward around cases of disciplinary action that may be linked to presenteeisms.
- Work with your RCN learning rep around access to mandatory training on infection prevention and control.

Incident investigation

- Get involved in investigation into exposure incidents – was lack of staff and stress/fatigue contributory factors?



Further reading

Your organisation's infection control policies (including policies on infectious diseases and wearing of personal protective equipment).

Control of Substances Hazardous to Health (COSHH) guidance available at: [hse.gov.uk/coshh](https://www.hse.gov.uk/coshh) and [hseni.gov.uk/topic/coshh](https://www.hseni.gov.uk/topic/coshh) (Northern Ireland)

RCN Health and Safety Representative's Handbook chapter 4 available at: [rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319](https://www.rcn.org.uk/Professional-Development/publications/rcn-health-and-safety-representatives-handbook-uk-pub-011-319)

Labour Research Department Health and Safety Law Handbook, Chapter 6 available at: [rcn.libguides.com/c.php?g=703175&p=5058211](https://www.rcn.libguides.com/c.php?g=703175&p=5058211)

5 What to do if you have identified health and safety issues



Further information and resources

HSE raising concerns available at: [hse.gov.uk/contact/concerns.htm](https://www.hse.gov.uk/contact/concerns.htm)

RCN Raising Concerns guidance available at: [rcn.org.uk/employment-and-pay/raising-concerns](https://www.rcn.org.uk/employment-and-pay/raising-concerns)

NHS Staff Council Working in Partnership on health and safety guidance available at: [nhsemployers.org/engagement-and-networks/nhs-staff-council/health-safety-and-wellbeing-partnership-group/hswpg-guidance](https://www.nhsemployers.org/engagement-and-networks/nhs-staff-council/health-safety-and-wellbeing-partnership-group/hswpg-guidance)

Appendix 1: Health and safety representative's report form

ISSUE	CONCERNS	NOTES
5.1 Work-related stress		
5.2 Bullying		
5.3 Violence and aggression		
5.4 Moving and handling		
5.5 Working hours		
5.6 Slips, trips and falls		
5.7 Lone working		
5.8 Fire safety		
5.9 Road traffic incidents		
5.10 Exposure incidents		

Appendix 2: Sample inspection report to employer

Health and safety representative report form

Form to be used for notifying the employer's representative of unhealthy or unsafe conditions and working practices or unsatisfactory arrangements for welfare at work.

One copy should be retained by the RCN health and safety representative(s) and two copies given to the employer's representative, one of which should be returned to you completed.

Area or workplace inspected:	
Date of inspection:	
Name(s) of safety officer or management's representative for the area or workplace:	
Name of health and safety representative(s) taking part in inspection:	

This record does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory.

Signature(s) of health and safety representative(s)

Signature(s) of safety officer or management representative

Date



Appendix 3: Health and safety representative's report form

Area or workplace inspected	Date of inspection
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Notification to the employer (or their representative) of conditions and working practices considered to be unsafe or unhealthy and of arrangements for welfare at work considered to be unsatisfactory.

			<i>This column to be completed by the employer.</i>
Date and time of inspection or matter observed	Particulars of matter(s) notified to employer or his representative (include location where appropriate)	Name(s) of health and safety representative(s) notifying matter(s) to employer (or their representative)	Remedial action taken (with date) or explanation, if not taken. This information to be relayed to the safety representative(s)

(This record does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory.)

Signature(s) of health and safety representative(s)	Date
Signature(s) of health and safety representative(s)	Date

Appendix 4: Template letter



Template Letter

Dear {INSERT NAME OF MANAGER RESPONSIBLE}

On {INSERT DATE} nursing staff made me aware of a health and safety issue at {INSERT LOCATION}

{INSERT DETAILS OF THE HEALTH AND SAFETY ISSUE/S for example how it is affecting members; the potential for it to cause harm; the risks}

I respectfully ask you to address the issue to prevent nursing staff and others being harmed by the conditions at {INSERT LOCATION}.

I look forward to hearing from you by {INSERT DATE 14 days from date of letter} on the actions that are being taken to address these issues.

Yours sincerely

{INSERT NAME}

RCN Health and Safety Representative

cc. {INSERT NAME OF HEALTH AND SAFETY MANAGER AND COPY LETTER TO THEM}

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