A Safety Representative’s Resource

Staffing for Safe and Effective Care
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As RCN safety representatives, we are uniquely placed to hold organisations to account for having unsafe working conditions, often associated with unsafe staffing levels.

With our role enshrined in legislation, giving us the right to carry out workplace safety inspections, examine health and safety-related data and be consulted on any changes that impact on the health and safety of our members, we can identify and negotiate workplace improvements which not only benefit members but the patients they care for.

This resource has been developed by safety representatives, for safety representatives. It will support us to recognise health and safety problems linked to unsafe staffing levels, from poor moving and handling practice to missed breaks and long working hours.

Of course, we can’t solve the issues alone. This resource recognises the role that learning representatives and stewards can take and how we can work together as a team of representatives. It also recognises the supporting role of RCN staff when we are faced with challenging issues or organisations that don’t act on our findings.

I commend this resource to you and thank you for all the work you do on behalf of our members and ultimately, the patients they care for.

Denise McLaughlin
Chair, RCN UK Safety Representatives’ Committee
2. 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 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 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 on Raising Concerns.
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, 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.
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 Section 3. These are enshrined in the Safety Representative and Safety Committee Regulations 1977 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 or a reportable condition such as work-related dermatitis.

**Inspection of documents and provision of information**
There is a requirement for employers to provide 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 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 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 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 in the RCN’s Safety Representatives Handbook.
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 safety representatives. You can use this framework as outlined in Section 3.

Remember to work with other representatives, not just 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.
5.1 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 (NI) 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 Management Standards provide a framework for organisations to use to risk assess stress.

**Action by 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.

**Further reading (see top right)**
1. LRD Health and Safety Law, Chapter 11. Available at rcn.org.uk/reps-hub/active-representation/supporting-and-representing
3. RCN Safety Representatives’ Handbook, Chapter 16. Available at rcn.org.uk/professional-development/publications/007-097
5.1 ISSUE: WORK-RELATED STRESS

**Action by safety reps (continued)**

**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?

**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.
- LRD Health and Safety Law, Chapter 11¹
- HSE Management Standards²
- RCN’s Safety Representatives’ Handbook (Chapter 16)³

**NOTES**
### 5.2 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 Regs 1999 and The Management of Health and Safety at Work Regulations (NI) 2000 require employers to assess the risk work related stress (including stress caused by bullying behaviours).

#### Action by 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).

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**Further reading (see top right)**


5 NHS Resolution Guidance on Fairness at Work (2019), available at resolution.nhs.uk/resources/being-fair/

5.2 ISSUE: BULLYING

Action by safety reps (continued)

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.

LRD Health and Safety Law, Chapter 11

NHS Resolution Guidance on Fairness at Work

Social Partnership Forum’s Collective Call to Action
5.3 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.

What the law says

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

Action by 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?

Further reading (see top right)

7 RCN Safety Representatives’ Handbook, Chapter 16. Available at rcn.org.uk/professional-development/publications/007-097
8 HSE Violence at Work, available at hse.gov.uk/violence/index.htm
5.3 ISSUE: VIOLENCE AND AGGRESSION

Action by safety reps (continued)

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 Safety Representatives’ Handbook Chapter 16
HSE Violence at Work webpages

NOTES
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 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?

Further reading (see top right)

9 RCN Safety Representatives’ Handbook, Chapter 17. Available at rcn.org.uk/professional-development/publications/007-097
11 HSE Manual Handling, available at hse.gov.uk/msd/manualhandling.htm
12 HSE Pregnancy available at hse.gov.uk/mothers/
13 RCN Mandatory Training Guidance available at rcn.org.uk/professional-development/publications/pdf-006689
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?

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 Safety Representatives’ Handbook, Chapter 17
LRD Health and Safety Law Handbook, Chapter 8
HSE Manual Handling
HSE Pregnancy
RCN Mandatory Training Guidance

NOTES
5.5 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 (NI) 2000 require employers to assess the risk to pregnant employees.

Further reading (see top right)

14 RCN Safety Representatives’ Handbook, Chapter 5. Available at rcn.org.uk/professional-development/publications/007-097
16 RCN’s Rest, Rehydrate and Refuel resources available at rcn.org.uk/healthy-workplace/healthy-workplaces/health-and-safety/rest-rehydrate-refuel
17 HSE Shift Work and Fatigue available at hse.gov.uk/toolbox/organisation/shiftwork.htm
**5.5 ISSUE: WORKING HOURS**

**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.

**Action by safety reps**

**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 consider 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 campaign 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 Safety Representatives’ Handbook, Chapter 5
  - LRD Health and Safety Law Handbook, Chapter 8
  - RCN’s Rest, Rehydrate and Refuel resources
  - HSE Shift Work and Fatigue
### 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 Regs 1992 and The Management of Health and Safety at Work Regulations (NI) 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 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.

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**Further reading (see top right)**

18  HSE Slips, Trips and Falls available at hse.gov.uk/slips/index.htm
5.6 ISSUE: SLIPS, TRIPS AND FALLS

Further reading

HSE Slips, Trips and Falls\textsuperscript{18}.
5.7 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.

**What the law says**

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

**Action by 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.

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

**Further reading (see top right)**

19 RCN Safety Representatives Handbook, Chapter 16. Available at rcn.org.uk/professional-development/publications/007-097


21 RCN Personal Safety at Work (2017). Available at rcn.org.uk/professional-development/publications/pub-005716

22 HSE Working Alone available at hse.gov.uk/toolbox/workers/lone.htm
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.

NOTES

Further reading

Your organisation’s policy on working alone/lone working/personal safety at work.
RCN Safety Representatives Handbook chapter 16
LRD health and safety law handbook
RCN Personal safety at work
HSE working alone

Action by safety reps (continued)
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.

Further reading (see top right)


5.8 ISSUE: FIRE SAFETY

Action by 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
Government web-site
HTM firecode

NOTES
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 Regs 1999 and The Management of Health and Safety at Work Regulations (NI) 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 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?

Further reading (see top right)

25 HSE Guidance on Driving Whilst at Work available at hse.gov.uk/workplacetransport/drivingforwork.htm
26 Royal Society for the Prevention of Accidents (ROSPA) guidance available at rospa.com/Road-Safety
27 RCN Rest, Rehydrate and Refuel available at rcn.org.uk/healthy-workplace/healthy-workplaces/health-and-safety/rest-rehydrate-refuel
5.9 ISSUE: ROAD TRAFFIC INCIDENTS

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.

NOTES

Action by safety reps (continued)

Further reading
- Your organisation’s policy on driving at work
- HSE Guidance on Driving Whilst at Work
- Royal Society for the Prevention of Accidents (ROSPA) guidance
- RCN Rest, Rehydrate and Refuel

25
### Relationship with SSEC

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

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 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 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.

#### Incident investigation

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

### Further reading (see top right)

28 HSE COSHH guidance available at www.hse.gov.uk/coshh/
29 RCN Safety Representatives Handbook, Chapter 4. Available at rcn.org.uk/professional-development/publications/007-097
30 LRD Health and Safety Law, Chapter 6. Available at rcn.org.uk/reps-hub/active-representation/supporting-and-representing
5.10 ISSUE: EXPOSURE INCIDENTS
(BIOLOGICAL AND CHEMICAL AGENTS)

Action by safety reps (continued)

Work with other reps

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

Further reading

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

HSE COSHH guidance

RCN Safety Representatives’ Handbook, Chapter 4

LRD Health and Safety Law Chapter 6

NOTES
6. WHAT TO DO IF YOU HAVE IDENTIFIED HEALTH AND SAFETY ISSUES

Evidence of an issue
Gather your evidence that there are health and safety issues that may be related to unsafe staffing levels. This may be data on incidents or sickness absence, or the results of your inspection of the working environment and associated risk assessments.

Let the local manager know
Use the letter template in Appendix 3 to present the evidence to the manager. If you have carried out a safety inspection you use the templates in Appendix 2 to report the concerns.

Let the health and safety manager/competent person for health and safety know
Every organisation should have a competent person responsible for health and safety. Find out who your competent person is and give them a copy of a completed template report in Appendix 2.

Get support from other trade union reps
Speak to your steward and learning rep to get their support, for example, if the issue relates to mandatory training or large numbers of bullying grievances. You may also need to link up with safety reps from other trade unions to support you in raising concerns – it’s likely that some of their members may be affected too. If you work in the NHS let the chair of your staff side know about ongoing issues that aren’t being resolved.

Escalate to health and safety committee
If the issue cannot be addressed quickly by local managers, you should escalate to the health and safety committee. Ensure that a copy of your letter and or inspection report is on the agenda of the next meeting.

Get support from other internal stakeholders
Think about other stakeholders you can involve, for example, infection prevention and control leads if you are concerned that presenteeism due to short staffing is an infection risk or local security leads around violence concerns.

Let your RCN senior officer/officer know
During your supervision and support sessions you should let your RCN Senior Officer/Officer know what is happening in your organisation and any safety concerns you may have, particularly those that are not being addressed.

Check to see what, if any, actions have been taken
It’s important to follow up any issues that you have raised. If no action has been taken, repeat the steps. Let an RCN Senior Officer/Officer know and seek advice on the appropriate next steps including those outlined in the RCN’s Raising Concerns guidance.

Further information and resources:
HSE raising concerns. Available at: hse.gov.uk/contact/concerns.htm
Ask Listen Act. Available at rcn.org.uk/professional-development/publications/pub-005357
RCN Raising Concerns Guidance. Available at rcn.org.uk/employment-and-pay/raising-concerns
## APPENDIX 1.
SAFETY REPRESENTATIVE’S REPORT FORM

For completion by safety reps for own internal use.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>5.1 WORK-RELATED STRESS</th>
<th>5.2 BULLYING</th>
<th>5.3 VIOLENCE AND AGGRESSION</th>
<th>5.4 MOVING AND HANDLING</th>
<th>5.5 WORKING HOURS</th>
</tr>
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<tbody>
<tr>
<td>CONCERNS</td>
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<tr>
<td>5.6 SLIPS, TRIPS AND FALLS</td>
<td>5.7 LONE WORKING</td>
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<tr>
<td>5.8 FIRE SAFETY</td>
<td>5.9 ROAD TRAFFIC INCIDENTS</td>
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<tr>
<td>5.10 EXPOSURE INCIDENTS</td>
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**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 safety representative(s) and two copies given to the employer’s representative, one of which should be returned to you completed.

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<thead>
<tr>
<th>Area or workplace inspected:</th>
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<th>Date of inspection:</th>
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<tr>
<th>Name(s) of safety officer or management’s representative for the area or workplace:</th>
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<tr>
<th>Name of safety representative(s) taking part in inspection:</th>
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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 safety representative(s)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature(s) of safety officer or management representative

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date

________________________________________________________________________
<table>
<thead>
<tr>
<th>Date and time of inspection or matter observed</th>
<th>Particulars of matter(s) notified to employer or his representative (include location where appropriate)</th>
<th>Name(s) of safety representative(s) notifying matter(s) to employer (or his representative)</th>
<th>Remedial action taken (with date) or explanation, if not taken. This information to be relayed to the safety representative(s)</th>
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(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 safety representative(s) | Date

Signature(s) of safety representative(s) | Date

Record of receipt of form by the employer (or his representative)

Signature | Date
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 Safety Representative

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