

STAFF HANDBOOK

Simply Teeth Dental Practice

OUR VISION (November 2010)

The last five or so years have not always been easy. Finances have been very tight in large part because of the high additional costs of moving to the new contract and we have been incredibly busy seeing a growing number of patients.

At times we have struggled to meet certain targets such as our patient waiting times.

This combination of tight budgets and increased activity has put a great deal of pressure on staff. We have not been able to put as much resource into staff development, quality improvements and new clinical initiatives as we would have liked.

Tough financial and operational decisions, which have not always been popular, have had to be taken.

There is no doubt however that we are now in a much better position: our finances are sound, We are meeting our key waiting time and clinical targets, patient satisfaction ratings are high and we are on course now. There has never been a better time to take the practice forward to a new level of excellence and to set out a new vision that is exciting, ambitious and achievable.

Our vision falls into three parts:

- 1 Improve and expand key clinical services
- 2 Establish a local reputation for excellent teaching and education
- 3 Provide first class quality services and excellent patient experience

We accept that targets have sometimes been difficult to reconcile with providing quality services; We want to develop with you better measures of clinical outcomes and patient safety that are evidence based and in which clinicians have confidence. This will enable us to demonstrate to our patients that they are safe in our hands and that the treatment they receive has the best possible outcome.

We also wish to improve continually the whole experience that patients have in our practice.

This means everything including admission procedures, access, cleanliness and friendly staff.

Above all, we want our patients to expect and receive excellent care and for them, and for their families and carers to be treated with kindness and compassion.

This note will, we hope, give you a flavour of our values and priorities. It will not, of course, be all plain sailing. The tension between limited resources and unlimited demand for more healthcare will always be with us. We are absolutely clear however, that if we focus our efforts on the patient, on quality and on our staff that we will together be able to create an enterprise that has a reputation for excellence.

IMPORTANT INFORMATION and KEY PRACTICE POLICIES AND PROCEDURES

The Human Resources and Dental Recruitment is handled by the practice manager.
For confidential advice on any employment issues please contact Ms Whitaker

Supplementary Statement of Terms and Conditions

As stated in the Supplementary Statement of Terms and Conditions of Employment which you receive on commencing employment in the Practice, you are required to adhere to all practice Policies and Procedures which are applicable to you and your area of employment. This statement contains helpful and important information which should be read and retained for future reference.

Practice Policy Guidelines

Copies of the Practice's Policies and Procedures are available from the Practice manager and on the Intranet.

Staff Charter

The Staff Charter was produced in partnership with staff representatives across the Practice. It is a statement of the core values and of standards staff should expect from each other. The Charter confirms what you can expect from the Practice as an employer and listed below are the values we are committed to :-

- _ Allowing time and capacity to do your job
- _ Developing 2-way communication
- _ Involvement and listening to staff
- _ Providing a safe working environment
- _ Respecting staff's rights
- _ Ensuring a healthy workplace
- _ Providing a work-life balance
- _ Providing education and development opportunities
- _ Ensuring fair pay, term and conditions

Equality & Diversity

The Practice policy aims to ensure that individual employees have a fair and equal chance to develop their abilities and realise their employment potential. This relates to selection for employment or promotion within the Practice, and appraisal, personal development and selection for training.

The NHS Plan rightly expects all NHS employers to challenge discrimination on grounds of race, sexual orientation, colour, marital status, ethnic or national origin, HIV status, Trade Union membership, age, gender, ethnicity, religion and disability and that all NHS staff should be able to seek, obtain and hold employment without discrimination, harassment, bullying or infringement of their human rights.

The Practice wholly supports this view and has clearly laid down policies which aim to help achieve this.

Induction Policy

The Practice is committed to the importance of Induction training in providing all staff with a positive welcome to their employment with the Practice.

The Practice aims through the introduction of this policy and the code of practice, to enable all managers to follow good practice in the induction of their staff.

The underlying objective of this policy is to ensure that all new starters, whatever grade or discipline, undertake a structured and comprehensive induction that will enable them to provide a safe and efficient service within their specialist area.

Disability Policy

The Practice has a Disability Policy, Guidelines and is a 'two-ticks' disability employer. This means we promote employment of disabled people, guaranteeing that any disabled candidate who meets the minimum person specification is invited for interview, and we actively look to make reasonable adjustments to facilitate access to employment where appropriate.

Dignity at Work Policy

The Practice will not tolerate bullying and harassment of its staff. Any member of staff who feels they are bullied or harassed should refer to the Dignity at Work Policy, available on the Practice intranet. Please discuss this with your line manager, or Human Resources Manager. All cases are dealt with sensitively and any actions taken are with the agreement of the member of staff, who will be supported throughout.

Disciplinary & Grievance Policies

Employees have a right to raise grievances relevant to their employment. These procedures are designed to facilitate and encourage all employees to maintain acceptable standards of conduct, performance and attendance, whilst safeguarding the interests of the Practice, its patients, clients and staff.

Speak Up Policy (previously Whistleblowers and Openness Policy)

The main aim of this guide is to help foster openness and constructive criticism and to encourage staff to contribute their views on all aspects of the Practice's activities. Staff are able to raise their concerns freely, without fear of victimisation, harassment or any further action being taken against them when matters are raised in good faith.

Maternity, Paternity and Adoption Leave Policies

These policies contain relevant information concerning antenatal care, leave entitlements and pay, qualifying periods, notice requirements, and returning to work. Information on additional financial support can be obtained from:-

<http://www.berr.gov.uk/whatwedo/employment/workandfamilies/index.html>

Parental Leave Policy

This provides advice on unpaid leave entitlements which must be taken in blocks or multiples of one week. It includes qualifying periods, guidance in requesting leave and return to work arrangements.

Alcohol, Drug and Substance Misuse

The Practice is responsible for providing a safe and healthy working environment for all its employees and recognises that this may be put at risk by employees who misuse alcohol, drugs, or other substances, to such an extent that their health, work performance, conduct and working relationships are affected. Employees of the Practice should not present themselves at work if they are unfit through the consumption of alcohol or misuse of drugs or other substances. No alcohol may be consumed on the Practice's premises or whilst undertaking Practice business. Other drug or substance misuse must not take place on Practice premises or whilst undertaking Practice business.

All Practice premises and grounds are designated smoke free.

Assault / Mistreatment of Patients Policy

If a member of staff witnesses any mistreatment or assault of patients or has reason to suspect any such incidents, then this should be reported directly to their Manager.

Annual Leave

The holiday year is from 1st April until 31st March. There is often pressure on the service over school holiday periods and bank holidays especially Christmas and New Year. The Practice will review its management of annual leave over these holidays in accordance with the expected needs of the service and may vary across the Practice depending on the service required.

Staff are reminded that all requests for annual leave must be authorised and staff should not assume that individual leave requests would be approved. The normal maximum leave to be taken at one time is 2 weeks unless prior approval is obtained for a longer period from the line manager.

Employees may be prevented from taking their full allowance because of the needs of the service and in these circumstances, the service manager may agree to allow the carrying over of up to 5 days into the next leave year (pro rata for part time staff) to be taken within an agreed timescale.

Bank Holidays

Problems sometimes arise over the allocation of bank holidays especially for part-time staff. It is therefore important to agree these on an annual basis as the number of statutory days differs from year to year.

Flexible Working Policy

The Practice recognises that many wards and departments already have flexible work patterns in operation. This document provides a framework for managing the introduction of flexible work patterns on a consistent basis across the Practice.

- _ Patterns based on how much time an employee works
- _ Part-time work, job share,
- _ Patterns based on when an employee works,
- _ Flexitime, earlier/later start and finish times, longer working day/compressed hours, annualised hours, self-rostering, day/night shift only working and regular shift pattern.

Knowledge & Skills Framework

The NHS Knowledge & Skills Framework defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent and comprehensive framework on which to base review and development for all staff. Further detailed information can be found via:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

Self-Referral of Performance, Competence or Capability Concerns

All clinical staff who have concerns about their own performance also have an obligation to report this under their own professional code of practice. This is covered in employee contract documentation. Staff are encouraged to discuss any such concerns at an early opportunity, in confidence, through any of the following routes:

- _ Their line manager/educational or clinical supervisor;
- _ A Human Resources Manager;

Age Discrimination & Retirement Guidelines

The Practice has developed a new policy in line with Government initiatives to promote employment where appropriate to those who wish or need to remain at work later in life. The Practice considers the maximum age at which staff will normally retire is currently 65 years. However, staff may choose to retire between the ages of 50 and 65 depending upon their own personal pension provisions.

The Pensions Service, part of the Department for Work and Pensions, publish a booklet called 'Pensions: The Basics: A guide from the government'. This can be found at <http://www.thepensionsservice.gov.uk/home.asp>

NHS Pension & Pension Clinics

All new staff to the Practice are automatically included in the NHS pension scheme unless they opt out via completion of a form SD502.

Changes of Details

You have a responsibility to notify the Practice of any changes to your name, address or telephone number and such changes must be documented and signed by your line manager.

Practice Property

Practice property includes items such as staff ID badges, uniforms, pagers, Practice mobile phones, keys and any other Practice equipment you are given to undertake your role.

All of these are required to be handed into the Practice Manger on termination of contract.

It is against the law for an employee to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or showing favour, or disfavour, in the handling of contracts. This behaviour is corrupt and an offence that may result in prosecution in Court, loss of employment and loss of superannuation rights in the NHS. In dealing with external bodies such as contractors, suppliers or customers, the acceptance or exchange of gifts, such as promotional items or entertainment is unacceptable.

Code of Conduct for Managers

This code sets out the core standards of conduct expected of NHS managers and serves two purposes:-

1. To guide NHS managers and employing health bodies in the work they do and the decisions and choices they have to make.
2. To reassure the public that these important decisions are being made against a background of professional standards and accountability.

The management of the NHS calls for difficult and complicated choices. The interests of individual patients have to be balanced with the interests of groups of patients and of the community as a whole. A balance has to be maintained between national and local priorities. The full document and further information can be found on www.dh.gov.uk

Freedom of Information Act 2000

The Freedom of Information Act 2000 aims to promote a culture of openness and accountability amongst public authorities by providing people with rights of access to the information held by these organisations. It is expected that these rights will facilitate better understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

To comply with the Freedom of Information Act 2000, a publication must specify:

- The classes of information that will be published
- The manner in which the information is to be published
- The format in which the information will be available should be specified within each class of information
- Whether the material is intended to be made available free of charge or whether a fee will be charged
- Any information included in the publication scheme must be routinely available on request.

Any questions regarding Freedom of Information MUST be referred to your line manager or the Practice Team meeting.

CONFIDENTIALITY AND STANDARDS OF CONDUCT

Data Protection Code of Conduct

All staff are required to read the Data Protection Code of Conduct.

Patients and families have the right to believe and expect that private and personal information given in confidence will be used for the purpose for which it was originally given and not released to others without their consent. This includes information stored on computers, transmitted across networks, printed or stored on paper, spoken or recorded.

Everyone in the Practice must safeguard the integrity, confidentiality and availability of sensitive information whether about patients or staff. Staff must never share their passwords with anyone, including their Line Managers.

There are procedures to follow which will facilitate access to email, files etc if the need arises. Contravention of the Data Protection Code of Conduct and abuse of access to I.T. resources, including the internet, is likely to be the subject of disciplinary action. Monitoring of sent or received emails and websites accessed can be undertaken.

Good Practice - Patient Information

The Practice follows official guidance from the Department of Health through the Caldicott report, aimed at improving the way the NHS handles and protects patient information.

There are six principles to observe:

1. Justify the purpose
2. Use patient identity only where absolutely necessary
3. Use the minimum information
4. Access to the information should be on a strict 'need to know' basis
5. All staff should be aware of their responsibilities
6. Every use must be lawful.

Code of Business Conduct

We must be impartial and honest in the conduct of our business. The Practice sets high ethical standards and because of its public function, not only must all employees be honest and impartial in our business activities, we must be seen to be honest and impartial.

Employees are counselled to use the "Front Page rule". This simple guideline is designed to give a little objectivity to a subjective and emotional issue.

If you wake up tomorrow and your recent behaviour, decision making or business transactions are reported on the front page of the Daily Mail, how would you feel? If you would feel compromised, you are probably doing the wrong thing. If you could hold your head up and discuss why your actions were fair, consistent and explainable, then you are probably doing the right thing.

Access Policy Document

A copy of this document should be available for your reference. It should be read and complied with at all times. The purpose of this policy is to ensure conformity with the NHS Code of Connection, Data Protection Act, Caldicott and Code of Conduct ensuring appropriate security measures are taken at all times.

Individual Staff Responsibilities

To maintain patient confidentiality at all times

To attend mandatory training

To follow the Caldicott principles for handling and protecting patient information

To secure the work space if left unattended, ensuring any patient-identifiable information is out of sight

To ensure redundant identifiable documents are dealt with safely as confidential waste

To challenge any person in the work area if there is a risk of breaking confidentiality

To ensure that your computer is password protected

To send person-identifiable documentation addressed to the intended recipient securely

To be vigilant when taking telephone calls from somebody unfamiliar asking for information

To report any breach in patients' confidentiality through the formal incident reporting system

The Practice has a common law duty to protect the confidentiality of patients -identifiable information. Breach of this duty may lead to a legal claim against the Practice and disciplinary action against you.

Data Quality

In order that patients are treated effectively and efficiently, there is a need for accurate and timely information to be available to Practice colleagues caring for them. It is therefore the responsibility of all employees to ensure that any data they create, edit, use and record on Practice databases is accurate and recorded as quickly as possible.

The highest standards of data quality will need to be maintained within the statutory and regulatory framework.

Zero Tolerance Policy

The Practice will do all it reasonably can to prevent abuse, assault and discrimination towards its staff. Aggression, threatening and racist behaviour, to name a few, are unacceptable and will not be tolerated. It is unacceptable for patients to refuse treatment, care or service from a member of staff based on racial discrimination or ethnic origin.

Refusal on these grounds may be perceived as a refusal to accept health care by the Practice.

OCCUPATIONAL HEALTH

The **Centre for Occupational Health** provides a range of services to support staff in remaining fit for work and advise managers on maintaining a healthy work force. A highly trained team of specialist Occupational Health Nurse

Advisers and Doctors provide the following services for all staff:-

- Pre-employment health screening
- Health Surveillance in appropriate areas
- Fitness Assessment
- Self referral for support where work and health interact
- Consultations following referrals from managers
- Advice & treatment following a blood and or body fluid exposure
- Immunisation and vaccination programmes
- Advice on basic ergonomics relating to working posture and activity.
- First line support and referral to outside professionals where this is more appropriate than the usual NHS route
- Advice on referral for fast track physiotherapy assessment for spine and upper limb conditions.
- Eye sight screening for staff working with computers. (See Health & Safety Management System, Display Screen Equipment Policy).
- Advice and support where ill health retirement has to be considered

General Information

Location

The Centre for Occupational Health is based in Harlow. Further information can be seen at:

www.hohs.org

Contact Details

Telephone: 01279 422377

Fax: 01279 439 946

Email: Enquiries@hohs.org

Confidentiality

The Centre for Occupational Health recognises how important this is for users of the service. They make every effort to maintain your confidentiality whether employee or manager; records are held securely and in confidence and the Centre adheres rigorously to the requirements of the Data Protection Act and Access to Medical Reports Act.

Services

Pre employment Health Assessment

All job applicants are screened initially by a health questionnaire issued by the recruiting officer and returned in confidence to the Centre for Occupational Health. Staff involved in certain work activities or those disclosing health problems on the questionnaire which may affect their fitness will be required to attend a clinic appointment with an Occupational Health nurse or Doctor for a more detailed discussion.

Staff working in clinical environments will also be required to provide evidence of immunity to certain infectious diseases prior to or within the first week of employment depending on where they will be working. This is in response to the Dept of Health Guidance issued in 2007. This guidance also incorporates the offer of HIV and Hepatitis C testing for all staff and for some roles it is mandatory where it is necessary in the interests of protecting patients.

Health screening for Staff who undertake Exposure Prone Procedures

Exposure Prone Procedures (EPPs) are those activities where there is a risk of injury to the worker, which may result in the exposure of the patients open tissue to blood of the worker or vice versa. These procedures include those where the gloved hand maybe in contact with sharp instruments, needle tips and sharp objects (inc. spicules of bone or teeth) inside a patient's body cavity, or in a confined space where the fingertips may not always be visible.

Staff MUST NOT undertake EPPs until they have been screened by the Centre for Occupational Health and received written confirmation that they are fit to undertake EPPs.

Health Surveillance

Health surveillance is concerned with the detection of early signs of work-related ill health in staff who are exposed to certain health hazards and it is not possible to absolutely protect them from risks of harm. Your manager will already have informed you of any hazards within the workplace and whether you may be required to participate in a health surveillance programme e.g. latex, respiratory sensitisers. Occupational Health work with managers to ensure this screening is undertaken on a regular basis and will give you the opportunity to discuss any health concerns you may have which may be related to your work activity. The screening undertaken may involve the completion of a health questionnaire which may lead to an appointment to have an assessment or other appropriate test.

Fitness Assessment

Staff can be referred to Occupational Health for a formal assessment and report on their fitness for work where there is a concern that a person's health may be affected by work or their health may be impairing their work; referrals may be part of the Practice's sickness absence management policy. Consultations with an Occupational Health adviser or physician include developing a plan for returning to work which may include a phased return which would be undertaken in liaison with OH, Human Resources and Managers. In order to support the individual and best advise managers your consent may be requested to obtain information from your GP or treating consultant; the process will be carefully explained during the consultation.

Consultations and Self Referral

All staff can seek advice from an Occupational Health adviser if they are concerned that their work may be affecting their health. This can be by telephone via the duty nurse adviser or you may request an appointment through your manager or HR officer. If you are referred by your manager or HR officer it is expected that a report will be made after an appropriate consultation. Your consent will requested for this process and it will be ensured that you receive a copy of the adviser's report.

Advice and treatment for staff following a Blood and or Body Fluid Exposure incident

Occupational Health Action Line

If you have a needlestick/sharps injury or blood accident

Remember.....

Bleed it

(don't suck!)

Wash it Cover it Report it

(in the accident book)

Then..... _ Contact Occupational Health

Staff who work in clinical areas are potentially at risk from blood borne viruses. The greatest risk of transmission is from inoculation injuries but transmission is known to have occurred following splashes onto mucous membranes and damaged skin.

If you are exposed to blood or body fluids you must

- Bleed/wash/cover and report the incident to the person in charge of the ward/department you are working in who will undertake a risk assessment.
- If the incident occurs between 08.30 and 17.00 on a week day you **must** contact Occupational Health at the earliest opportunity
- If the incident occurs between 17.00 – 08.30 or at a weekend or bank holiday the A&E department will provide any advice or treatment required. It is important that you contact Occupational Health on the next working day for any further follow up and support.

Immunisation & Vaccinations

Occupational Health will provide any vaccinations which are required to ensure protection of staff at work. This includes BCG, VZV, MMR, and Hepatitis B. You will be informed by Occupational Health that you require an appointment for an immunisation assessment; it is important you attend as requested and complete courses of immunisation. Incomplete protection puts your health at risk and could lead to you not being able to do your job.

Advice on basic ergonomics relating to working posture

At times, musculo-skeletal problems may occur which are often exacerbated by work activities. For example, computer work, manoeuvring and handling of patients and equipment. If you have any concerns about your health and working posture you can discuss this with an Occupational Health Adviser and a work place assessment can be carried out to advise you and your manager on the best way in which your health and safety at work can be protected.

First Line support & referral to outside professional

There may be times when work and life pressures cause ill health; if you are concerned about this then please contact the Centre for Occupational Health for a self referral appointment. If necessary you may benefit from a confidential referral to an external professional counsellor. All staff are able to access 6 free counselling sessions via Occupational Health.

Advice on referral to fast track physiotherapy assessment

Staff at work or who are off sick with spine or upper limb problems may access the fast track physiotherapy assessment service at NNUH. Please contact the Centre for Occupational Health to discuss this further.

Eyesight screening for staff working with computers

If a large proportion of your work involves using a computer then under the Display Screen Equipment Regulations you are entitled to an eye sight screening test. Advice will be given to staff at this appointment on healthy working practices and where necessary staff may be advised to see their optician.

Guidance on Infectious Disease risk

Staff with diarrhoea and/or vomiting should be guided by the Practice Policy and must not attend work until they have been symptom free for 48 hours. Staff in contact with infectious diseases must contact occupational health for further advice and guidance.

If you come into contact with a notifiable or infectious disease, you should contact your line manager immediately. If it is necessary for you to stay away from work on the advice from the Centre for Occupational Health, you will receive occupational sick pay for the period of absence.

Work Place Stress

Work place stress can lead to ill health and may manifest itself in many ways

- Headaches • Indecisiveness
- Insomnia • loss of concentration
- Irritability • High Blood Pressure
- Depression • Poor performance
- Tearfulness • Frustration & Aggression

It is vital to inform your manager at an early stage if you are experiencing symptoms that upset you or change the way that you behave towards others. Your manager can only help to prevent your work situation getting worse if they are aware of your concerns.

Work place stress can only be tackled by Staff, managers and HR working together to identify the causes of stress at source and agree realistic and workable ways to tackle these.

There are 6 main causes of stress in the work place and knowledge of these can help with understanding and identifying where the problem may be arising

1. The **demands** of a job
2. **Roles** and values within the organisation
3. The **support** individuals receive
4. **Change** & how it is managed
5. The **control** individuals have over work.
6. **Relationships** at work

Staff experiencing work-related stress can refer themselves to an Occupational Health Adviser for a confidential appointment. Where necessary a referral to our external counselling service can be arranged.

Stress Risk Assessment

A stress risk assessment is a recognised tool to allow employee and manager to identify the causes of workplace stress and assists both in developing realistic ways to tackle these causes of stress. The Practice's 'Stress in the Workplace' policy promotes stress risk assessments to help to manage the causes of stress for both staff and managers.

The Practice policy recommends an individual risk assessment be conducted whenever a staff member returns from a sickness episode related to stress. Where an individual risk assessment identifies on-going concerns expressed either by the manager or member of staff, a referral to Occupational Health should be made, and copies of the individual risk assessment forwarded with the referral.

Occupational Health can offer expert advice to assist both the manager and the member of staff to address the causes of work-related stress and protect the health of staff in the workplace.

Contact/Support information

- **National Debt Helpline 0808 808 4000** www.nationaldebtline.co.uk
- **NHS Direct:** Gives information about common health problems and numbers of your local voluntary groups. Tel 0845 4647
- **NHS Smoking Helpline: 0800 169 0169**
- **Royal College of Nursing RCN** (counselling for members): 0345 697 064
- **RELATE:** For relationship problems

Telephone helpline: 0845 130 4010 Telephone counselling (to book) 0845 130 4016

www.relate.org.uk

- **Samaritans:** 24 hour national helpline 0345 909 090 www.samaritans.org.uk
- **Victim Support Helpline:** 0845 3030900 www.victimsupport.org.uk

Further publications and website to support Managers in tackling workplace stress.

- Tackling Work Related Stress: A managers' guide to improving and maintaining employee health and wellbeing. HSE 218. Available from HSE Books see HSE website for details
- HSE (2003). Real Solutions, Real people: A Managers Guide to tackling work-related stress. ISBN 0717627625
- www.bullyonline.org
- www.doh.gov.uk/healthyworkplaces/
- www.hse.gov.uk – for updates on ongoing development of stress risk assessment tools
- www.workhealth.org

Reporting Sickness Absence

The Practice requires all Staff members to make it their responsibility to: -

Telephone their line manager (or designated deputy) at their place of work as soon as possible with the following information, if they are unable to attend due to sickness:

_ Name, reason for absence, start date of sickness, when next due at work and anticipated date of return (if employees are unaware when they will be able to return they should inform their manager or deputy as soon as is reasonably practical of their return date).

Submit a medical certificate to the Absence Information Officer for every absence over 7- calendar days duration. Employees should ensure that they arrange to see their GP within reasonable time if they are fit to return to work or a further medical certificate is required; failure to provide a certificate could lead to absence being considered as "unauthorised" and thereby affect pay.

In line with Practice policy and depending on the individual circumstances your line manager may need to contact you whilst you are on sick leave to discuss the following:

- _ Current work commitments
- _ Make enquiries as to your health
- _ When you hope to return to work
- _ Any assistance that the Practice can offer you, such as referral to Occupational Health

In some circumstances you may not wish your line manager to contact you, if this is the case please inform your line manager as soon as possible.

After every episode of sickness your line manager will conduct a return to work interview with you to discuss the reasons for your absence and any additional assistance the Practice can offer you. A record will be made of the interview and this will be placed on your file.

Any delay or failure to comply with these procedures could result in loss of entitlement to either occupational sick pay or statutory sick pay.

A delay in notifying a return to work (following a period of absence) can result in an overpayment or underpayment. Please ensure your manager is aware of your return to work.

If you have any queries concerning any of the above then please discuss these with your line

HEALTH AND SAFETY

The Practice has a responsibility to ensure a safe place of work for all staff and also have regard for the health and safety of those people that are not employed who are affected by the work activities. Health and Safety is a legal requirement and is covered by a large number of Statutory Acts, Regulations and Guidance. These are enforced by the Health and Safety Executive, Environment Agency, Fire Service and Environmental Health Department All staff have a responsibility for the health and safety of themselves and others whilst they at work. There is a health and safety team that advises the Practice management and staff on the management of health and safety. The team comprises of health and safety and manual handling advisors and an administrator.

The Team activities and responsibilities include the following:

- Health and safety monitoring and inspection
- Assisting with health and safety risk assessments
- Assisting with health and safety incident investigations
- Liaising with external agencies including the Health and Safety Executive, Octagon, SERCo and all the associated sub-contractors, NCS Facilities Management , Environmental Health, Environment Agency,

Fire Service and others as required.

- Writing and review of health and safety policies and procedures that are included in the Practice Health and Safety Management System.
- Training all levels of staff in health and safety related topics, including mandatory induction and updates, Control of Substances Hazardous to Health, manual handling, management of sharps and stress management.
- Health and Safety Audit and review

There are also close links with other people and Departments including Fire Safety, Incident Reporting, Risk Management, Dangerous Goods Safety Advisor, Facilities and Occupational Health to ensure that all aspects of Health and Safety are considered.

All staff should be aware of the Policies and procedures that are contained in the Health and Safety Management System and this is accessible via the H&S department page on the Intranet site.

If you have any issues that are relating to health and safety and need help or advice that cannot be provided by your line manager.

Manual Handling

The Practice aims to reduce the risks involved in manual handling by the provision of education, equipment, supervision and safe systems of work. Manual handling of patients and inanimate objects should be avoided; where this is not possible, risk assessments and subsequent control measures should reduce the risk to the lowest practicable level.

Staff who move patients must be conversant with the equipment and systems used to avoid the manual lifting of patients.

It is a Practice requirement that all staff attend mandatory updates in manual handling every two years following an initial induction session if required.

Fire Safety

The fire safety policy of the Department of Health aims to minimise the incidence of fire within health service premises and to minimise the impact of fire on life safety, delivery of service, the environment and property.

All members of staff have a responsibility to support this policy by developing their own knowledge of the fire

Safety features of the Practice, in particular:

- a. The Practice fire safety policy
- b. Fire instruction notices
- c. The evacuation strategy
- d. The location of all fire safety precautions in your working area

Fire safety training is a mandatory requirement for all staff working in healthcare.

All staff should be given a tour of their working area on their first day at work, to identify the location and purpose of local fire precautions. This tour should be conducted by the line manager, or someone with substantial knowledge of the area, delegated by the line manager.

All new staff should then attend Induction training as soon as possible after joining the Practice and annual mandatory training sessions which are arranged by the Training department.

RISK MANAGEMENT

There will always be a degree of Risk involved when delivering health care. This Practice believes that it is important to minimise those risks and ensure that those making decisions do so by making judgements and delivering care from a range of agreed and understood options.

Incidents can occur because of inadequate policies or procedures, poor working practices, lack of training, inadequate communication, or staff working beyond their competence.

The challenge for the Practice is to eliminate or reduce the potential for such misfortunes by ensuring positive risk management practice is firmly embedded within the Practice's existing structure and operations. The function of risk management is to work within an agreed framework to identify, analyse and control the risks appropriately.

The Practice Risk Strategy together with a detailed Risk Management Policy sets out how the Practice will seek to manage its risks and describes clearly the responsibilities of all staff working within the Practice.

INCIDENT REPORTING

The Practice will ensure that any incidents or 'near misses' are recorded correctly and that the appropriate action is taken to minimise the risk of a re-occurrence.

The Practice is committed to reducing the risks of health care and to implementing risk management at every level throughout the Practice. An important part of reducing risk involves the reporting of incidents.

Reporting an incident implies no blame on the persons concerned. The Practice management recognise that the fear of disciplinary action may deter staff from reporting an incident. The Practice holds the view that disciplinary action should not form part of the response to a report of an incident, except in certain cases (please see full policy for exceptions).

Definitions:

The definitions that follow are intended as a guide and must be interpreted at the discretion of the Practice with reference to the individual circumstances of each case:

An **incident** is defined as:

“ Any event or omission which has given, or may give rise to actual or possible injury, involving a patient, member of staff, or visitor on Practice Property, contractor or other persons to whom the Practice owes a duty of care”

A **Near Miss** is defined as:

“An unexpected event or occurrence which, but for skilful management or a fortunate turn of events, would have led to harm, loss or damage to an individual on Practice premises or Practice property.”

This would include:-

- Accidents /incidents with or without injury involving patients, visitors or staff.
- Accidents involving equipment

- Property loss or damage or a Fire Incident
- Disturbances or unfavourable situations that could disrupt functions, e.g. breakdown of boilers or contamination of water supply
- Violence to patients visitors or staff

Incident Components:

A reportable incident /near miss is an event that contains one or more examples of the following components:

- An incident / accident which results or could result in injury or ill health
- An incident / accident which involves equipment
- Property loss or damage
- Disturbances or unfavourable situations that could disrupt hospital functions, e.g. breakdown of boilers or contamination of water supply
- Violence to patients, visitors or staff.
- That which is contrary to the specified or expected standard of patient care or service.
- That which puts the Practice in an adverse position with potential loss of reputation.

Incident Reporting Procedure:

All members of staff are expected to report incidents as part of their basic responsibility to their patients and colleagues. This includes serious incidents, minor events and 'near misses'.

All incidents must be documented using the **Practice Incident Report Form** available in all wards and departments.

At the time of the incident, staff should take any immediate action required and report the incident immediately to the person in charge of the work area at the time. It is the responsibility of that person to;

- Ensure that any person involved in the incident receives appropriate treatment
- Ensure that all at risk patients, staff, visitors and others are moved to a safe environment if necessary.
- If the incident could recur, take immediate action to prevent this.
- Ensure that immediate remedial action is taken as necessary
- Investigate the incident as far as possible
- Identify any witnesses, record names and contact addresses
- Complete the Practice Incident Report Form
- Ensure that any equipment involved is identified and, if faulty or damaged, removed from use and retained for inspection and reported to the medical equipment technician on call. A Medicines and Healthcare Products Regulatory Agency (MHRA) electronic form should be completed and sent, with a copy to Medical Physics and Bioengineering.
- The patient **must** be informed that he/she has been involved in an incident. Ensure that any person involved in the incident receives appropriate treatment

Where death or serious injury has occurred or the incident is regarded as very serious, reporting must be immediate.

Medical equipment that has caused an incident should be immediately removed from service, retained and reported to the medical equipment technician on call.

Serious Untoward Incidents

Definition:

A **Serious Untoward Incident** is defined as:

“Any incident resulting in serious harm to a person or persons, or serious damage to or loss of property, with the potential to generate significant legal, media or other interest, or to seriously compromise the continuity of service and the reputation /integrity of the Practice”

Incident Components

This section gives examples of incidents that could lead to the invoking of the serious untoward incident policy. The examples given below (that are not exhaustive) are intended to be consistent with incidents that:

- The National Patient Safety Agency indicate would be coded “red”
- Would require reporting to the NHS Primary Care Trust
- Are otherwise likely to lead to public concern.

The following is an indicative list of some possible examples of serious incidents:

- Unexpected death following falls, medication errors, surgery etc
- Maternal and foetal deaths
- Any incident that creates adverse media/legal attention
- Suicide/self harm cases
- Major chemical leak or outbreak of serious fire affecting property
- Equipment problems which cause harm to patients etc

Where death or serious injury has occurred this must be reported immediately by telephone to your Service Manager or out of hours to the Site Practitioner or On Call Manager.

Having completed the Initial Report Form, the Practice will then take the appropriate measures to review, analyse and learn from the incident. Following a full investigation identifying the underlying cause of the incident a comprehensive report must be sent to the Strategic Health Authority within 45 days. The Practice will then ensure that any recommendations for improvement are implemented within the specified timescale.

FRAUD

A quick guide to what to do if you suspect fraud or corruption

STAFF – DO....

Make an immediate note of your concerns. Note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved. Convey your suspicions to someone with the appropriate authority and experience. This is your line manager, or your Local Fraud Specialist (LFS).

Deal with the matter promptly, if you feel your concerns are warranted. Any delay may cause the Practice to suffer further financial loss.

STAFF – DON'T.....

Do nothing.

Be afraid of raising your concerns. You will not suffer any recriminations from the Practice as a result of voicing reasonably held suspicion. The Practice management will treat any matter you raise sensitively and confidentially.

Approach or accuse any individuals directly.

Try to investigate the matter yourself. There are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The Local Fraud Specialist is trained in handling investigations in the proper manner.

Convey your suspicions to anyone other than those with the proper authority.

MANAGERS – Do.....

Be responsive to staff concerns. The Practice needs to encourage staff to voice any reasonably held suspicion as part of developing an effective anti-fraud culture. As a manager, you should treat all staff concerns seriously and sensitively.

Note details. Note all relevant details. Get as much information as possible from the reporting staff member. If the staff member has made any notes, obtain these also. In addition, note any documentary evidence which may exist to support the allegations made. But do not interfere with this evidence in any way.

Evaluate the allegation objectively. Before you take the matter further, you need to determine whether any suspicions appear to be justified. Be objective when evaluating the issue. Consider the facts as they appear, based on the information you have to hand. If in doubt, report your suspicions anyway.

Advise the appropriate person. Please refer to the list below. For advice on what constitutes fraud the LFS should be contacted in the first instance.

Deal with the matter promptly, if you feel your concerns are warranted. Any delay may cause the Practice to suffer further financial loss.

MANAGERS - Don't....

Ridicule suspicions raised by staff. The Practice cannot operate effective anti-fraud and whistleblowing policies if staff are reluctant to pass on their concerns to management. Staff may be reluctant to raise concerns for fear of ridicule or recrimination. You need to ensure that all staff concerns are given a fair hearing. In addition, you should reassure staff that they will not suffer recrimination as a result of raising any reasonably held suspicion.

Approach or accuse any individuals directly. Convey your suspicions to anyone other than those with the proper authority.

Try to investigate the matter yourself. Remember that poorly managed investigations by staff who are unfamiliar with evidential requirements are highly likely to jeopardise a successful criminal prosecution.

Patient Advice and Liaison Service (PALS)

It is a key role of all Practice Staff to ensure that patients, visitors and the general public are offered all necessary information, support and advice. You will undoubtedly encounter situations where your knowledge or authority may mean you cannot achieve what is required. In such cases it is appropriate for you to refer to someone who has the necessary knowledge or authority and you should then seek advice from your immediate manager.

Staff are encouraged to refer patients and public to PALS where normal contacts have been unable to resolve problems. Alternatively PALS will act where patients or relatives are not comfortable in expressing their concerns to those directly involved in their care.

PALS has a responsibility to support the development of patient and public involvement in improving our service. This is achieved by Listening, Learning and working with all concerned to that end.

Contact details are:

Fax: 020 7363 8181 (clearly mark your fax "for PALS Office")

Tel: 020 7363 9292 (24 hour answerphone) internal extension 3292

Minicom: 020 7363 8790 or

email: PALS@nnuh.nhs.uk

Write to:

Patient Advice & Liaison Service
NewhamGeneral Hospital
Glen Road
Plaistow
London E13 8SL

Breaking down language barriers

Most people are apprehensive about coming into a new environment. If you have difficulty with language or come from a different cultural background this apprehension is increased. There are many disadvantages of using friends, relatives and in particular children for interpreting medical consultation. In many families details of bodily function and dysfunction are private and an unsuitable subject for discussion with children. In other cases friends or relatives may not understand the information being conveyed and be able to translate information accurately. The Practice uses a range of interpretation/translation services and will make arrangements in advance for interpretation or translation facilities to be available for a booked appointment.

Maintenance

Practice staff should contact their line managers regarding the maintenance of all equipment with the exception of medical equipment, IT and patient entertainment systems.

No individual is allowed to bring any cooking apparatus, microwaves, kettles, heating or cooling equipment for use on site.