

Health and Safety Strategy and Delivery Plan (2023-2025)



Health and Safety Strategy Summary

Our Vision: To create and maintain an environment across all RCHT work areas that is healthy and safe for staff, patients, visitors and anyone who may be affected by our activities.

Our Priorities:



Priorities	What does good look like?
Positive and visible leadership	- Managers of all levels engaging staff in positively identifying and supporting good practice - Ensuring safety is set as a standard agenda item at all meetings - Senior managers undertaking safety tours: challenging and influencing practices that require improvement
Safe people doing things safely	- Training for all staff to enable them to undertake their roles safely - Clear and easy to understand procedures for all aspects of work - All work-based activities are risk assessed, monitored, and reviewed and shared with staff - Staff are empowered to check and challenge behaviours of others and to report issues
Reduce harm to staff	- Completing leading indicator surveys and lagging indicator investigations - Proactively reporting and investigating accidents, incidents and near misses - Ensuring clear lessons are learnt and shared from incidents within the Trust and other organisations
Working with others	- Contractors are managed in accordance with Trust policies and procedures - Standards set by the Trust are monitored and measured - Working relationships are nurtured - Communication is actively encouraged through open doorways

Priorities	What does good look like?
Consultation and Communication	- Managers consult and engage with their workforce - Workforce opinions are valued - Regular meetings are held between the representatives of the workforce and Managers - Communicating Notices of Contravention and recommendations via the Health and Safety Committee, Health and Safety Leadership Team, Health and Safety Newsletter Noticeboards, Websites, and other approved communication methods. - Responsible person appointed without delay to manage specific safety groups. Meetings held on a regular basis with timelines set for completion. Clear governance structure established to report to Trust Board.
Safe Premises	- All equipment is inspected, maintained, and serviced in accordance with scheduled programmes, recorded and subject to regular audits - Buildings are inspected through a regular audit programme - Building work is proactive rather than reactive
Continual Improvement	- Reporting processes are accessible and easy to use - All accidents, incidents and near misses are investigated - Investigators are trained and competent for the assigned task - Staff are actively encouraged to report issues - Outcomes are shared and action is taken to avoid repetition of unwanted events - Methods of sharing of lessons at local, Care Group and organisational levels are identified through the investigation process.

Our Strategy

1. Aim of our strategy

- 1.1 Health and safety is the responsibility of every member of staff in the Trust. The aim of the strategy is to set out the actions required and to measure improvements in health and safety practice and performance primarily over the next three years, and then extending further.
- 1.2 In formulating the strategy, the Trust has identified key actions that will reduce risks to the lowest reasonably practicable levels.
- 1.3 Good, integrated, health and safety management helps to reduce costs, sickness absence, improve health and well-being, and make the healthcare environment safe and secure. The Trust shall achieve this by an on-going commitment to the health, safety, and welfare of its staff through the provision of appropriate and effective advice, support and guidance on all health and safety matters to maintain a safe working environment that is without significant risks.
- 1.4 The Health and Safety Strategy supports the delivery of **RCHT's Trust Strategy**, which aims to deliver **outstanding care for one + all**. The Health and Safety Strategy achieves this by detailing how we manage our staff, processes, and environment to ensure we have safe staff completing safe acts in a safe place.
- 1.5 This Health and Safety Strategy comprises of an overarching strategy and a supporting Delivery Plan. The strategy follows guidance from the Health and Safety Executive's management recommendations to follow a Plan-Do-Check-Act model, similar to the NHS Plan-Do-See-Act model with which you are probably already familiar. Further detail on this can be found in section 3.5 below.

1.6 There are responsibilities for the Trust, laid down in health and safety legislation, regarding the management of your workplace, activity and environment that must be adhered to. There are also individual responsibilities that have to be complied with. The Trust will provide assessments of risk, safe systems of work and mitigations (including safe equipment, workplaces and Personal Protective Equipment, PPE), information, instruction, training, and supervision of all activities our staff are expected to complete, in line with our clinical model, vision, mission and values detailed in the Trust Strategy 2022-2032 document.

1.7 **Goals and Commitments**

There are seven key goals in the Health and Safety Strategy, these are summarised in the following pages with information on the Trusts commitments to our staff, the commitments our staff need to make to the Trust, and the benefits of these commitments to all, including patients, staff, contractors, and visitors alike. These commitments can also be found in full at the end of the document and displayed on posters throughout the Trust.

1.8 **Our commitment to you**

This section is about what the Trust is committed to doing to make sure that we exceed our obligations and provide all at RCHT, be they staff, patients, visitors or contractors with the best environment, tools, and training to work and receive care in.

Positive and Visual Leadership – How our leaders will be leading from the front, alongside you in your departments.

Working together to identify best practice and improve health and safety in everything we do.

Putting safety at the heart of everything we do for our workforce, our patients, and visitors.

Being with you in your workplace to discuss and work together to resolve health and safety concerns.

Safe People Doing Things Safely – How we work to stopping things from going wrong.
Making sure you have access to the right training to allow you to work safely and effectively.

We will provide you with all the information required to complete your work in a clear and easy to understand manner.

Assessing and reducing risk as far as reasonably practicable, to make your environment healthy, safe, and productive.

Empowering you to challenge practices and behaviours that do not meet the standards we expect.

Reducing Harm To Staff – How we learn from when things do go wrong.
We will investigate issues and incidents thoroughly to identify where we can make improvements.

Continually improving the systems that support you, enabling you to do your best work in the environment you deserve.

Listening and learning from your experiences and those of other agencies and organisations to make our environment safer.

Working With Others – How we manage information and relationships to ensure we understand each other's needs.

Making sure our contractors and external agencies work to keep everyone safe, setting the same high standards we expect of ourselves.

We work with our partner organisations to create an open and fair healthcare system that learns from experience.

Consultation And Communication – How you will be involved in the decisions that affect you. We will involve you in changes to process and procedures and listen to your concerns.

We will quickly tell you about any shortcomings in health and safety arrangements, especially where they are considered to be insufficient by inspectors and auditors.

You will be represented at every level by trained and supported representatives who hold a valued and permanent position in the Health and Safety Committee.

Safe Premises - Providing a safe and healthy environment for all. The equipment you use and buildings you work in will be maintained to ensure they are in good working order and fit for purpose.

Regular inspections of equipment and buildings will be completed, and a programme of preventative maintenance followed to ensure a proactive approach is applied.

Continual Improvement – How we make long term changes based on learned experience

We will make long term changes to policies and procedures based on Trustwide learning.

The outcomes of investigations will be shared with you, enabling you to see the result of raising your concerns.

1.9 Your commitment to us

This section is about what the Trust expects from you, relating to your responsibilities as an employee to work in as safe a manner as possible, report issues that you see and play an active role in improving health and safety standards.

Positive and Visual Leadership

You'll be proactive in approaching your team leader or manager with your ideas for improving the way we work.

You are asked to tell your team leader or manager about issues you wish to be discussed at safety meetings, or better still, join the meeting.

Be proactive in discussing your health and safety concerns with your team leader or manager; offering solutions where you have identified them.

Safe People Doing Things Safely

Keep up to date with mandatory training for your role; it is your responsibility, as well as your managers to know your skills are current.

Read, understand, and follow the policies and operating procedures RCHT provides.

Read the risk assessments associated to your work and use the mitigations to keep you safe. You must report any shortcoming in the risk assessment or process you are asked to follow.

Do speak up when things are going or about to go wrong. Don't ignore or walk past something that is a risk to you or others.

Reducing Harm To Staff

Report incidents accurately and straight away so they can be investigated quickly and thoroughly.

When changes are made to processes and procedures, you must adopt them. You should raise any concerns you have over new processes with your team leader or manager.

Make time to read all user emails and other communications that share our corporate learning from incidents and near misses.

Working With Others

Follow all reasonable instructions when asked to and report any issues with external agencies to your team leader or manager.

Your voice is vital in helping us learn as an organisation and as a wider healthcare system. Speak up about systemwide improvements we could make.

Consultation And Communication

Talk to your line management and voice your concerns over changes to your work or environment.

Read published information and ensure you follow any immediate actions required. If you are not sure what something means, ask.

Talk to your departmental representatives and unions. You could train as a Union representative and join the Health and Safety Committee.

Safe Premises

You need to report issues with equipment and buildings as soon as possible. Do not accept things being wrong. See it - Report it.

Always cooperate with estates colleagues and contractors when they are working in your area. We will always do our best to have minimal impact on your work.

Continual Improvement

Make sure you have access to the policies and procedures used in your department and keep up to date with changes.

Look out for the feedback on issues you have raised and if you are not satisfied with the outcome, suggest further improvements.

1.10 Benefits to all

Good health and safety management benefits everyone affected by the work activity or in the work environment. Some of these benefits are listed below

Positive and Visual Leadership

Our hospitals and work places will provide the safest environments and procedures for our people to work in and our patients to be cared for.

Helping to reduce staff absence with consequent benefit to patient care.

Increased safety for everyone through better identification of hazards and taking mitigating actions.

Safe People Doing Things Safely

Well trained staff, delivering outstanding patient care and services.

Clear processes ensuring valuable resources are directed to patient care and staff wellbeing.

Reducing harm and creating a safe and healthy working and care environment.

Quick and effective response to risk and implementation of mitigating actions.

Reducing Harm To Staff

As a learning organisation, we will adapt our practices to improve efficiency and reduce risk.

Adapting to more efficient or safer practices releasing resources and reducing losses.

Championing improvement and inspiring others to adopt change and best practice.

Working With Others

Hospitals and work places better equipped to meet the needs of patients and staff.

Enabling improvements to deliver greater benefits across our wider health and care system.

Consultation And Communication

Issues will be identified sooner, enabling quicker responses and prompt developments.

Quick adoption of new practices removing known hazards and potential harm.

Listening to our people and using their knowledge is key to making our hospitals safer.

Safe Premises

Ensuring we have an environment that is fit for purpose and works as it should.

Striving for minimum disruption whenever we are making improvements to our buildings or equipment.

Continual Improvement

Issues will be addressed quickly and rectified efficiently.

Issues will be resolved comprehensively, giving you our people the ability to do their best work.

2. Scope

- 2.1 This strategy forms an integral part of the Trust's management and governance processes, including the Health and Safety Management arrangements. The strategy also seeks to explore and utilise innovative solutions to manage health and safety risks and synergies with other departments to improve continuously the management of health and safety across the Trust.
- 2.2 The Trust's [Health and Safety General Policy HSP 001 \(cornwall.nhs.uk\)](https://www.cornwall.nhs.uk/health-and-safety/general-policy-hsp-001) and associated documents support this strategy. This policy describes in more detail the organisation, structure and arrangements of our Health and Safety management systems. The Health and Safety roles and responsibilities including those of managers and employees are summarised within the policy. The policy details the Trust's arrangements for the statutory obligations laid down in the Health and Safety at work etc Act 1974, section 2 – General Duties of the Employer, highlights include:
 - Ensuring as far as reasonably practicable, the health, safety and welfare of employees
 - Provision and maintenance of plant
 - Provisions for use, handling, storage and transportation of articles and substances
 - Provision of information, instruction, training and supervision
 - Maintenance of the workplace, including access and egress
 - Provision of a safe working environment.
- 2.3 The aim is to clearly set and measure improvements in health and safety practice and performance over the next year. In this way ensuring that Royal Cornwall Hospitals NHS Trust becomes an increasingly safer, healthier place to work and receive care.
- 2.4 A further aim is to implement the Health and Safety action plan and to test its effectiveness to redress issues which were identified in the Health and Safety Diagnostic Review 2020 and the lessons identified from Notices of Contravention received from the HSE.

- 2.5 The Trust Board considers the minimum acceptable standard as compliance with all statutory duties and requirements contained in the Secretary of State's instructions, Approved Codes of Practice, and other published guidance.
- 2.6 Effective safety planning requires a clear understanding of key risk areas, along with the activities and circumstances involved. Planning allows resources and effort to be focused where they will have the greatest impact and prioritised based on the greatest risk. For the purposes of this strategy, all risks are considered in terms of our patients, visitors, staff, and others, as well as the organisation and wider community.

3. Management Process

- 3.1 A clear and robust management process is key to the successful implementation of our strategy. These principles will be adopted into all our policies, procedures, and guidelines.
- 3.2 The Trust will maintain competent specialist advice on all matters related to and impacting upon the safety, health and wellbeing of our staff and stakeholders. See Figure 3 Reporting Arrangements for Health and Safety.
- 3.3 Maintain a proactive Health and Safety Committee including robust consultation and discussion with stakeholders. Health and Safety Committee will report to the Trust Board, via the Quality Assurance Committee. See Figure 2 Trust Health and Safety Committee Reporting Structure.
- 3.4 The Trust Board will receive biannual reports of generic health and safety progress in addition to ad-hoc reports and updates as requested by the Board and/or in response to specific issues or concerns.
- 3.5 We adopt the "Plan – Do – Check – Act" management model¹ (Figure 1 Plan-Do-Check-Act Safety Management Model). This model is a well-established management tool based on continual improvement.
- **Plan** – determine the organisation's plan and policies.
 - **Do** – identify risks, report incidents and near misses, organise work for the promotion of a safe and healthy workplace
 - **Check** – measure performance, monitor events, investigate incidents
 - **Act** – Review performance, learn from incidents, and act on lessons learnt

¹ Health and Safety Executive, HSG65 Managing for Health and Safety, 2013, ISBN: 978-0-7176-6456-6, London.

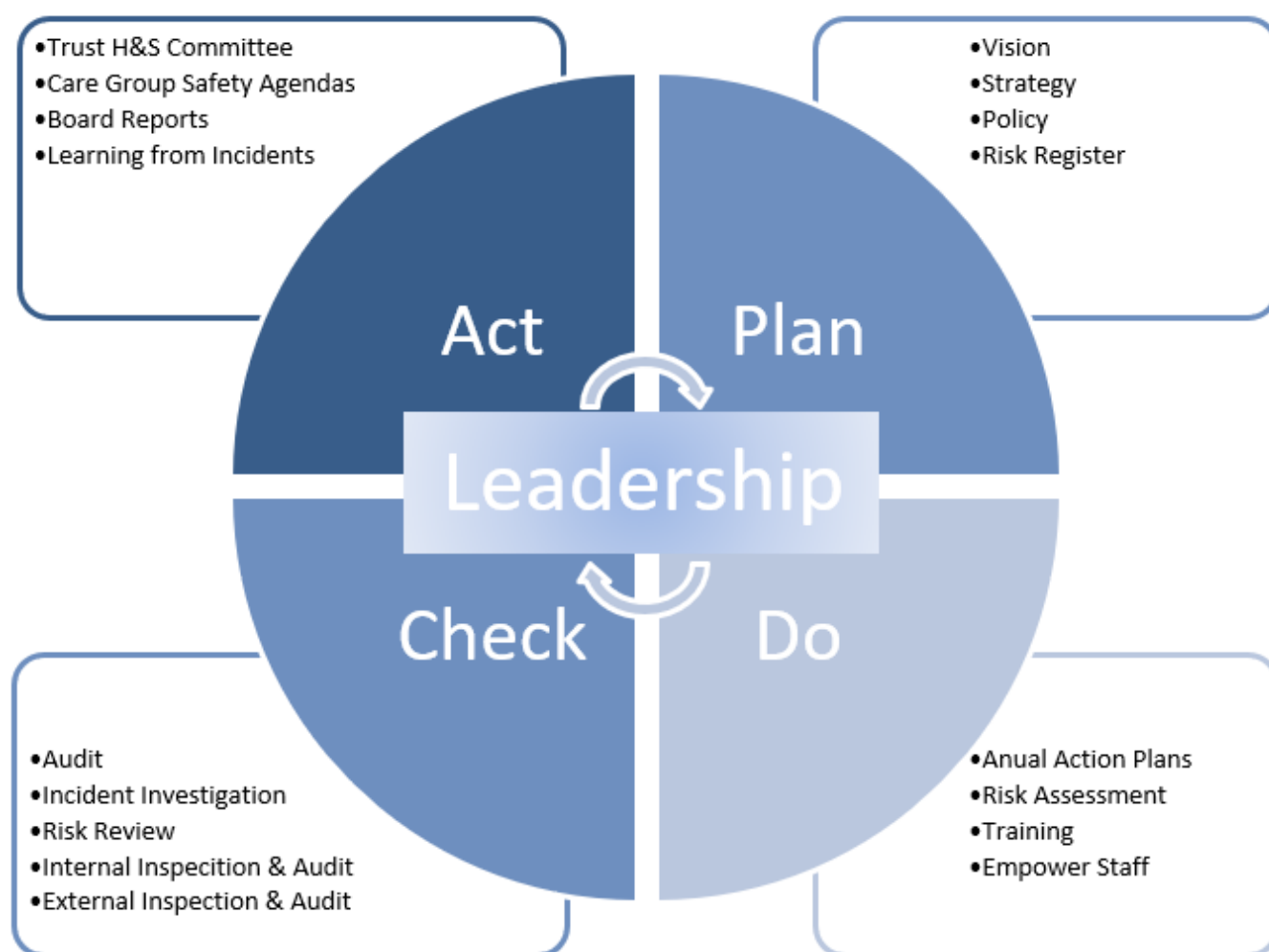


Figure 1 Plan-Do-Check-Act Safety Management Model

- 3.6 To evaluate our progress, the Trust will carry regular ‘check and challenge’ assessments and audits to monitor our progress. The outcome will be reported to the Leadership Team and the Health and Safety Committee.
- 3.7 The foundation of health and safety management is suitable and sufficient risk assessment. All activity that presents a hazard to those affected by the activity must have a valid assessment of the risk posed and actions taken to control that risk. This assessment is a departmental responsibility and must be completed by a person who is competent in the task being assessed or knowledgeable in the workplace and activity.
- 3.8 Following the production of a suitable and sufficient risk assessment, Information, Instruction, Training and Supervision (known as IITS in health and safety methodology) must be provided to members of staff to ensure competency in the execution of their duties.
- 3.9 There is a detailed action plan to support delivery of the Health and Safety Strategy, aligned to the strategic priorities. This action plan is owned by the Head of Health and Safety, with progress reported to the Operational Leadership Group (monthly) and Quality Assurance Committee (quarterly).

5. Health and Safety Delivery Plan

5.1 Priority 1 – Positive and Visible Leadership

Successful health and safety management comes from the top of an organisation therefore health and safety leadership must also start here. Visible and active commitment from the Trust Board, Executive Team and managers to health and safety clearly demonstrates a commitment which will be embraced by other staff. This commitment must invigorate and galvanise attitudes and behaviours at all levels.

Actions:

- 5.1.1 The Trust Board and Senior Managers will ensure that the promotion of a safe and healthy culture is maintained throughout the Trust through robust two-way communication.^{[1][6]}
- 5.1.2 Health and Safety will feature on the agenda of all Trust Boards until this Strategy has been embedded throughout the organisation^[1]
- 5.1.3 The Trust Board will receive regular reports on matters related to safety.^[1]
- 5.1.4 Managers, at all levels, will lead by example to promote and lead in establishing a safe and healthy workplace.^[2]
- 5.1.5 Health and Safety matters will feature on all Care Group meetings as an agenda item.^[5]
- 5.1.6 Senior Managers from each Care Group will attend or nominate a Deputy to attend on their behalf the monthly health and Safety Leadership Groups.^[5]
- 5.1.7 Senior Managers will ensure appropriate representation at the Health and Safety Committee^[7]
- 5.1.8 Senior Managers will lead by example ensuring they had attended all appropriate Health and Safety Courses^[15]
- 5.1.9 Senior Health and Safety representation at all statutory compliance groups to ensure all legislative requirements are met.^[7]

Outcomes:

Positive and Visible Leadership Performance Indicators		
Indicator	Responsibility	Measure
Maintain proactive Executive Lead for all Health and Safety Management issues.	Chief Executive.	Delegate to Head of Health and Safety to feed information and escalated issues into the monthly Health and Safety Leadership Team (HSLT) meeting with minutes and action log updated and available for audit. 4 Committee and 12 Leadership Team meetings to be held per year.
Executive Directors, Non-Exec Directors, Corporate Department and Triumvirate leads will complete a one-day Health and Safety course.	Chief Executive.	Register of training and attendees to be maintained by Health and Safety. Information delivered to LandD for ESR update. 80% in 3 years.
Annual Health and Safety Management report to the Trust Board.	Nominated Executive Director and Head of Health and Safety Management.	Each area within Health and Safety and Moving and Handling will have their own KPIs which they can be measured against.
Bi-monthly Executive walkabouts with key leads from Health and Safety and Estates.	Chief Operating Officer.	Outcomes to be shared with Triumvirate after each walkabout. Findings to be reported to the Leadership Groups. Significant findings to be logged in first year.
Health and Safety matters to be a "standing agenda" item of all Care Group and Departmental Meetings.	Triumvirate and senior managers.	A sample of agendas and minutes to be checked monthly from the Care Groups by April 2022 and on annual audit thereafter. Minute templates to have as lead items on any agenda Health and Safety incidents. Any Health and Safety incidents that cannot be resolved at the local level will be DATIX reported and escalated to the Health and Safety departmental.
All staff with responsibility for managing or supervising staff to complete the 1-day Health and Safety programme.	Triumvirate and senior managers.	Delegate to Head of Health and Safety to ensure the associated course is fit for purpose, required attendees identified and trained. 80% to be trained within 2 years.
Implement Health and Safety Leadership Team to meet monthly to address health and safety issues.	Chief Operating Officer.	Minutes and action log of the HSLT meeting reflect a proactive approach to HandS management. Actions set with target dates and completion by those dates with clear evidence available for audit.

5.2 Priority 2 – Safe People doing things safely

Ensure that our staff are trained and competent to undertake all activities in a safe manner. Where students and less experienced staff are working, competent professional colleagues will provide supervision. Those employed on duties at home or working on remote sites require an assessment of the activity they complete to ensure their working environment (so far as is reasonably practicable) remains free from unmitigated risk. Increased safety in the actions of our staff reduces the risk of work-related absence through injury or ill health, and as such, increases the capacity for patient facing activity that directly improves patient safety.

Actions:

- 5.2.1 Risk assessments for all work-based activities held and maintained on an electronic database. Risk assessment is to be easily accessible to all staff.^[11]
- 5.2.2 The Trust to provide appropriate equipment to enable people to carry out their work safely, maintained and serviced in line with the manufacturer's guidelines and the health and safety legislative requirements.^[3]
- 5.2.3 Ensure all staff are trained in the use of all equipment, by competent persons and electronic records are maintained surrounding this training.^[3]
- 5.2.4 Clear training matrix identifying the training requirements of all posts within the Trust.^[5]
- 5.2.5 All staff are trained in alignment to the matrix, by people deemed competent to deliver this training.^[5]
- 5.2.6 All training courses provided by the Trust are in alignment with the guidance issued by professional bodies and are in consultation with the Subject Matter experts in the Trust.^[5]
- 5.2.7 Regular check and challenge walkabouts by Managers and key members from the Hands Team to promote best practice.^[5]
- 5.2.8 Provide an easily accessible 'Health and Safety Hotline' to enable and empower staff to seek advice and without recrimination report poor practice.^[5]
- 5.2.9 Provide all staff with a "Safe and Healthy RCHT" handbook (online reference guide), in hard copy, as a quick reference guide to common issues.^[5]
- 5.2.10 Monthly checks completed by Health and Safety Leadership Team of compliance rates for Health and Safety related courses.^[5]

Outcomes:

The identification of hazards and the timely resolution will result in proactive reporting, reduced incidents, accidents, harms, and claims. The provision of appropriate health and safety courses to equip and empower staff will knowledge, information, and skills to enable them to carry out work related tasks.

Safe People doing things Safely

Performance indicators

Indicator	Responsibility	Measure
Risk assessments to be carried out on work-based activity. Data to be stored electronically and Risk Assessment is to be easily accessible to all staff.	Head of Health and Safety.	Monthly audits of the database analysing the number of risk assessments in the databases. Outcomes to be shared with the Leadership Team.
Training for Managers in risk assessment and the use of the database.	Director of People and Organisational Development.	Monthly audits of the database to monitor attendance levels of Managers on the risk management course.
All staff who deemed as DSE users to complete the training and assessment package using the Cardinus Management System.	Head of Health and Safety.	DSE users to be identified by line managers and assessments complete by 31 March 2023.
The Trust should provide equipment sufficient in quantity and form as per the associated risk assessment.	Head of Health and Safety.	Department audits by HandS measuring equipment availability against risk assessments.
Training Matrix of all Health, Safety and Moving and Handling training, as per job role.	Director of People and Organisational Development.	Monthly random samples of the training matrix against staff records on ESR. Reports to Senior Managers informing them of performance. 10% dip check to be performed each year.
Appropriate levels of training in all aspects of Health, Safety and Moving and Handling.	Director of People and Organisational Development.	Monthly monitoring of the provision of training courses to ensure sufficient numbers. Activity to be monitored through the Health and Safety Committee. 80% Staff trained and competent within 2 years
Ensure all staff have attended the appropriate Health, Safety and Moving and Handling Training courses.	Director of People and Organisational Development.	Monthly monitoring of the attendance and competency levels at training courses to ensure sufficient numbers. Activity to be monitored through the Health and Safety Committee. 80% Staff trained and competent within 2 years
Matrices to be used to demonstrate skills required and training provided.	Triumvirate and senior managers.	Triumvirate to measure ESR data against training matrices. Outcome to be reported to Health and Safety Committee.
Annual staff survey to include questions to measure staff moral and empowerment.	Management teams.	Responses to be analysed and information fed into the Health and Safety Committee for further action.
All staff and new starters to receive a copy at induction issue of a "Safe and Healthy RCHT" handbook/guide and signed pledge card.	Director of People and Organisational Development.	Records to be checked for completion.
Implement a reward scheme to encourage best practice.	Head of Health and Safety.	Records to be checked of vouchers issued.

5.3 Priority 3 – Reduce harm to Staff

To reduce the number and severity of incidents resulting in harm to our staff based around the identified key risks (**Appendix 3 – Key Risks**). Ensure that clear lessons are learnt and shared from incidents within the Trust. Increased clinical staff attendance directly increases patient care ratios, improving patient safety. Increased non clinical staff attendance improves support services to clinical staff and therefore has an indirect benefit to patient safety.

Actions:

- 5.3.1 Improve work related sickness reporting to provide accurate meaningful data which can be understood.^[12]
- 5.3.2 Promote reporting of all incidents, accidents, near misses and hazards in a timely manner through simple, accessible systems and processes.^[16]
- 5.3.3 Ensure robust and appropriate level of investigation is carried out to identify and address the cause.^[18]
- 5.3.4 Share the lessons learnt across the department, Care Group, and organisation to help reduce the chance of a similar situation arising.^[14]
- 5.3.5 Introduction of a Health and Safety Hot line to enable staff to report and seek advice surrounding health and safety issues.^[14]
- 5.3.6 Health Surveillance for all employees who are exposed to noise or vibration, ionising radiation, solvents, fumes, dusts, biological agents, and other substances hazardous to health.^[12]

Outcomes:

To move towards: simple and clear reporting of incidents and near misses, thorough and robust investigation of reports; the sharing of meaningful findings with others throughout the organisation; learning from peer groups, partner organisations and other healthcare providers; reduction in staff sickness absence and improved wellbeing.

Reduce harm to Staff – Performance Indicators		
Indicator	Responsibility	Measure
Regular reports to Health and Safety Committee from Health and Wellbeing Group.	Health and wellbeing group leads.	Quarterly reporting received at each Health and Safety Committee meeting.
Improved work-related sickness absence data quality, through promotion to all groups on the importance of reporting.	Director of Integrated Governance.	ESR records to be checked against Datix to ensure work related sickness is reported and acted upon.
Reduction in work related sickness absence, the provision of risk assessment and work-related Health and Safety training for areas of concern.	Director of People and Organisational Development.	Sickness records and associated actions to be checked and reported through the HandS Committee.
Improved quality of incident investigation reviewed and monitored through Care Group and Department safety forums.	Director of Integrated Governance.	Regular reports to the Health and Safety Committee.
Outcomes of investigations to be shared throughout the Trust to avoid repetition and to reduce the numbers of accidents, incidents and near misses.	Head of Health and Safety.	Communications messages to be checked and reported to the Leadership Team.
Improved options for the reporting of incidents, through a 'Safety Hotline.'	Head of Health and Safety.	Health and Safety Committee to monitor the effectiveness of the hotline.
Link staff and patient databases to incident reporting system to aid quality reporting and statutory compliance.	Datix lead.	Records to be checked for completion.
Occupational Health to begin Health Surveillance in all risk areas, using national guidelines.	Head of Occupational Health.	To be reviewed in line with risk assessments that highlight specific Health Surveillance needs.

5.4 Priority 4 – Working with others

All contractors and partner organisations are aware of Health and Safety duties and requirements. We will only work with organisations that are committed to attaining the highest standards of safety and wellbeing of their staff and stakeholders.

Actions:

- 5.4.1 All staff responsible for the appointment and management of contracts that bring personnel on to site will be trained and supported to actively manage contracts.^{[8][9]}
- 5.4.2 All contractors and other partner's personnel will receive a copy of the site rules and undertake a Trust Induction prior to attempting to undertake work on any site.^{[8][9]}

- 5.4.3 All contractors will display a valid Trust photographic ID badge when on site, the management of ID badges will be tightly controlled.^{[8][9]}
- 5.4.4 Improve communication between commissioning departments and others affected by third party activities.^[9]
- 5.4.5 Periodic audit of contractor arrangements to ensure compliance.^{[9][18]}
- 5.4.6 All agency workers to receive the appropriate training before attempting to work on any of our sites.^[17]
- 5.4.7 Effective communication exists throughout the Trust, partner bodies and external organisations.^{[8][9]}

Outcomes:

Establish clear and robust arrangements for the selection and management of contractors that supports both the Trust and partners to maintain high standards of work, health and wellbeing of Trust and contractors' personnel.

Working with Others Performance Indicators		
Indicator	Responsibility	Measure
Clear, consistent, and accurate contractor information is held (Contractor Database).	Director of Estates coordinate with Care Group and Department Governance Leads.	Contractor Database to be monitored by Estates Department and included in reports to the Health and Safety Committee.
Contractor RAMS, qualifications, training records, equipment servicing and inspections certificates to be produced before work commences.	Director of Estates.	Documents to be kept in a folder and to be checked each month by Health and Safety personnel any shortcomings to be reported to the Head of Estates.
All contractor personnel attend Trust Contractor Induction and be issued with a Trust photographic ID	All staff with responsibility for contract commissioning and Estates Dept.	Health and Safety staff to check records for compliance during audits.
All Contractors must wear their ID badge when on site.	All staff with responsibility for contract commissioning and Estates Dept.	All Trust staff to check and challenge and report any contractor without an ID badge to the Trust security officer. Outcomes to be shared with the Health and Safety Committee through the Trust security officer's report.
Training to be provided for all contractors in basic HandS awareness.	Senior Health and Safety Advisor.	Training records to be checked by Head of Health and safety.
Robust pre award health and safety analysis of contractors.	Head of Procurement.	Process and outcomes to be shared with the Health and Safety Committee.
Planned unannounced audit of third-party sites/works.	Head of Estates.	Outcomes of audits to be shared with the Health and Safety Committee in the Estates officers report.

5.5 Priority 5 – Consultation and Communication

Support and facilitate safety representatives to undertake duties and activities to support the organisation, improving standards of safety throughout all Trust activities and locations. To enhance good communications across and outside the Trust. Acting on lessons identified from our workforce through formal and informal meetings, committees and focus groups reduces hazards in the workplace, improves working practices and increases patient safety.

Actions:

- 5.5.1 The Trust will formally support staff-side health and safety representatives and work with them in their duties.^{[19][20]}
- 5.5.2 The Trust will support staff representatives in premises inspections and audits and assisting with formal risk assessments of premises. Health and safety representatives will have full membership of the Health and Safety Committee in accordance with the Terms of Reference and statutory provision.^{[19][20]}
- 5.5.3 Local safety representatives will attend meetings where safety related items are discussed as agenda items.^{[19][20]}
- 5.5.4 Establish a process for non-union appointed representatives to be given the same protected time and resources as Trade Union appointed representatives to provide support to the organisation on matters of safety, health, and wellbeing.^{[19][20]}
- 5.5.5 Encourage improved communications with Contractor Management Teams and Trust Managers. Ensure consultations take place between all parties.^{[8][9]}
- 5.5.6 Increased communication to partnerships outside the Trust, such as the Cornwall and Devon Police force.^[13]
- 5.5.7 The Leadership Team and Health and Safety Committee are consulted over health and safety issues.^[6]
- 5.5.8 Compliance with external organisations and auditors is well communicated and the legislative requirements detailed to the Trust from these reports are met and evidenced.^{[1][14]}

Outcomes:

Achieve high standards of communication between management and staff side representatives at all levels. Establish and maintain high levels of communication with partners and other professional groups.

Consultation and Communication Performance Indicators		
Indicator	Responsibility	Measure
Improved staff side attendance at Health and Safety Committee through negotiation with Union staff groups.	Head of People and Organisational Development and Head of Health and Safety.	Minutes to be checked for attendance levels.
Staff side to be active members of the Leadership group monthly meetings.	Head of Health and Safety.	Attendance to be monitored and reported to the Health and Safety Committee
Improved interaction from staff side at Care Group and Department and corporate safety meetings.	Staff side reps.	Monitor and measure attendance at Health and Safety Leadership Groups and Health and Safety Committee.
Effective TUPE of previous MITIE workforce to Trust employment and training plans in place to ensure staff competency and training compliance.	Deputy Director of Estates.	Minutes of meetings to be reviewed quarterly.
Trust to encourage good communications between themselves and Devon and Cornwall Police to promote safety on all our sites.	Security Manager	Datix records to be checked to ensure all appropriate information is shared with the Police.
Compliance with external audits, notices, and legal actions to be managed effectively via established management groups, communications to agencies to be regular and clear on actions taken to address issues.	Chief Operating Officer, via Head of Health and Safety.	Records of all inbound notices to be kept by the HandS department. Records of outbound communications to be kept by the HandS department. All timescales detailed in audits, notices, and legal actions to be adhered to and reported on through the HandS Committee.

Priority 6 - Safe Premises

To ensure our buildings and equipment are safe and secure and all risks are managed through processes or assessment, maintenance, and inspection. The maintenance of safe working premises reduces both the likelihood and consequence of an unwanted event that could present a severe risk to patients, staff, visitor, and contractor safety.

Actions

- 5.6.1 The Trust will manage its plant and equipment through robust systems of maintenance, inspection, and servicing.^[3]
- 5.6.2 The Trust will maintain an asset register for safer management of equipment and plant.^[3]
- 5.6.3 The Trust will meet its legal obligations in relation to the management, of specialist assessments, such as, asbestos, and legionella.^{[4][22]}

- 5.6.4 The Trust will fulfil its legal obligations in relation to all legal duties relating to fire management.^[1]
- 5.6.5 The Trust will manage the risk assessment process.^{[1][11]}
- 5.6.6 The Trust will ensure all buildings are secure and access is controlled.^[9]
- 5.6.7 Fire risk assessments will be carried out on an annual basis, findings will be implemented, and any risk maintained on a risk register.^[20]

Outcomes

The Trust will meet fulfil all its legal duties to provide a safe, well-maintained plant and premises where risk is measured, managed, recorded, and audited.

Safe Premises Performance Indicators		
Indicator	Responsibility	Measure
Carry out risk assessments on all premises and plant and record all findings on an electronic system where the assessments can be monitored and audited.	Director of Estates. Head of Health and Safety.	Electronic system to be purchased and implemented. Risk assessments to be implemented and monitored.
Robust systems to manage the maintenance (including backlog maintenance), servicing and inspection of all plant in line with the requirements.	Director of Estates.	Checking electronic recording systems to ensure compliance.
Ensure all premises meet legal requirements and relevant standards.	Chief Operating Officer.	Measure a sample of office, space allocation, against HTM and HandS legal requirements. Reported through the HandS Committee to the COO.
All assessments of water and asbestos are carried out in line with legal requirements.	Director of Estates.	Reports to be produced outlining these duties have been completed through the Asbestos and Water Safety Groups to the Health and Safety Committee.
Fire risk assessments of all premises to be carried out and outcomes highlight, shared and action plans developed to address.	Head of Fire Safety	Monthly audits of risk assessments, managed through the Fire Safety Group and reported to the Health and Safety Committee.
Assessments of compartmentation and fire doors.	Director of Estates.	Monthly audits of assessments and outcomes through the Fire Safety Group reported to the Health and Safety Committee.
Remedial work to be carried out to ensure fire safety compliance.	Director of Estates.	Monthly audits of action plans for fire safety completed and reported through the Fire Safety group to the Health and Safety Committee.
Effective maintenance, servicing, and inspection of all work equipment.	Director of Estates.	Monthly auditing of all documentation to ensure equipment is maintained, inspected, and serviced as required.

Priority 7 – Continual Improvement - Monitor and review

To monitor and review the effectiveness of the Trust's arrangements and where appropriate to implement improvements:

Actions:

- 5.7.1 The Trust will monitor the effectiveness of this strategy against the Key Performance Indicators which are contained within this document.
- 5.7.2 Monitor on-going performance through Executive led Health and Safety Committee.
- 5.7.3 Facilitate a comprehensive external review of arrangements across the organisation.
- 5.7.4 Improvements identified by the review will be acknowledged and implemented as changes to strategy/policy/procedure or any other appropriate documents or training.
- 5.7.5 Annual review of all health and safety training to ensure compliance with current legislation, best practice, and Trust performance.

Outcomes:

To ensure actions put in place work and provide the outcomes required to ensure statutory and best practice compliance.

Continual Improvement - Monitor and review Performance Indicators		
Indicator	Responsibility	Measure
The Health and Safety Leadership Team will monitor the progress of the implementation of the HandS review.	Chief Operating Officer.	Check the minutes of the Leadership Team for progress, outcomes to be reported to the HandS Committee.
Self-auditing by Cornwall IOSH Group.	Chief Operating Officer.	Audit outcomes produced by IOSH Auditors to be shared with the HandS Leadership Team and Committee.
Health and Safety Committee to monitor progress of the implementation of HandS action plan.	Head of Health and Safety.	Head of Health and Safety to report to the Health and Safety Committee on progress made through the HandS implementation plan.

Appendix 1 – Reporting Structures for Health and Safety Committee

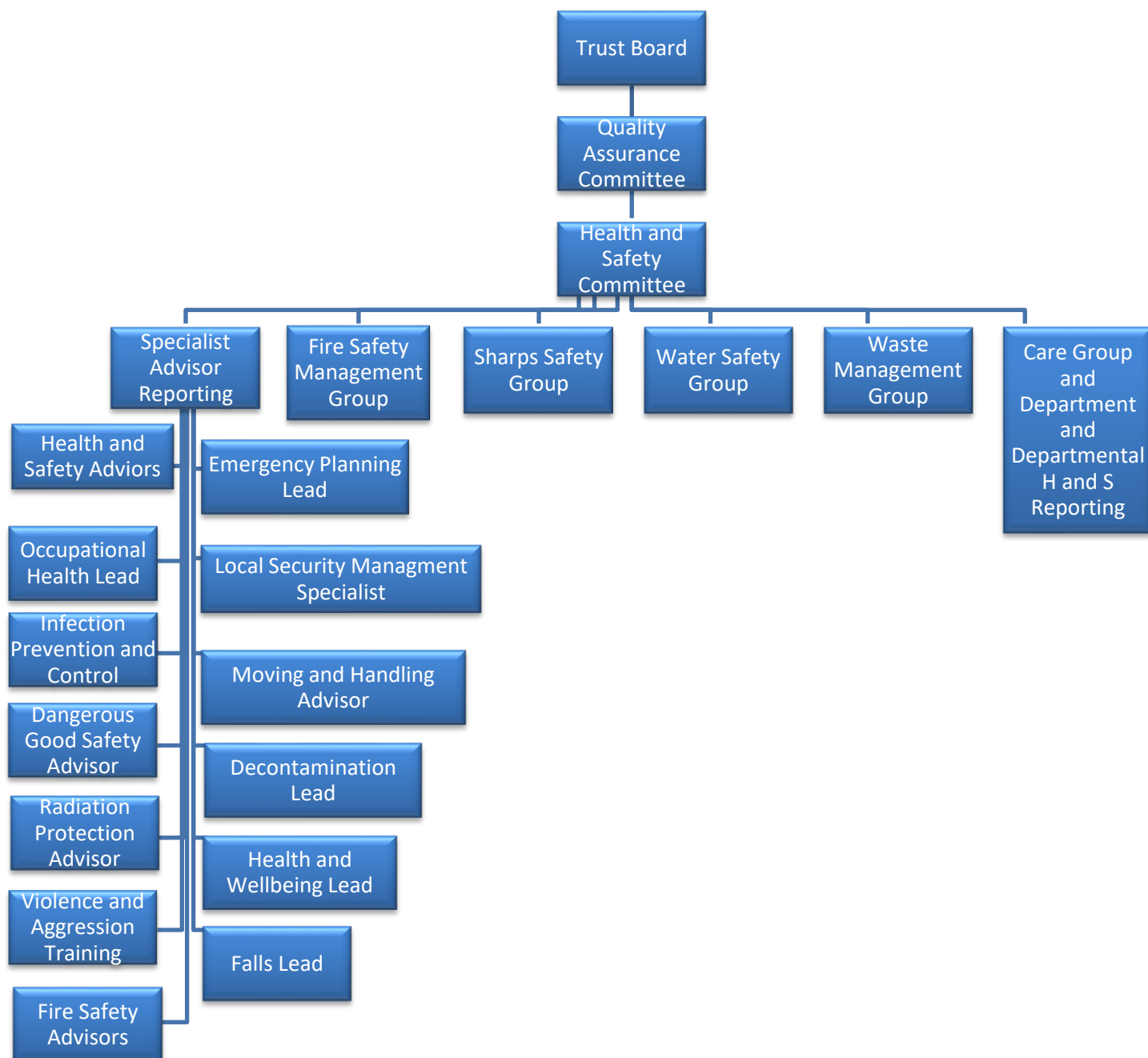


Figure 2 Trust Health and Safety Committee Reporting Structure

Health and Safety Specialist Advisors support all clinical and non-clinical areas across the organisation and at all levels.

* The Health and Safety Committee is a statutory committee as required under the *Safety Representatives and Safety Committee Regulations 1977* and *Health and Safety (Consultation with Employees) Regulations 1996*.

Appendix 2 – Reporting Arrangements for Health and Safety

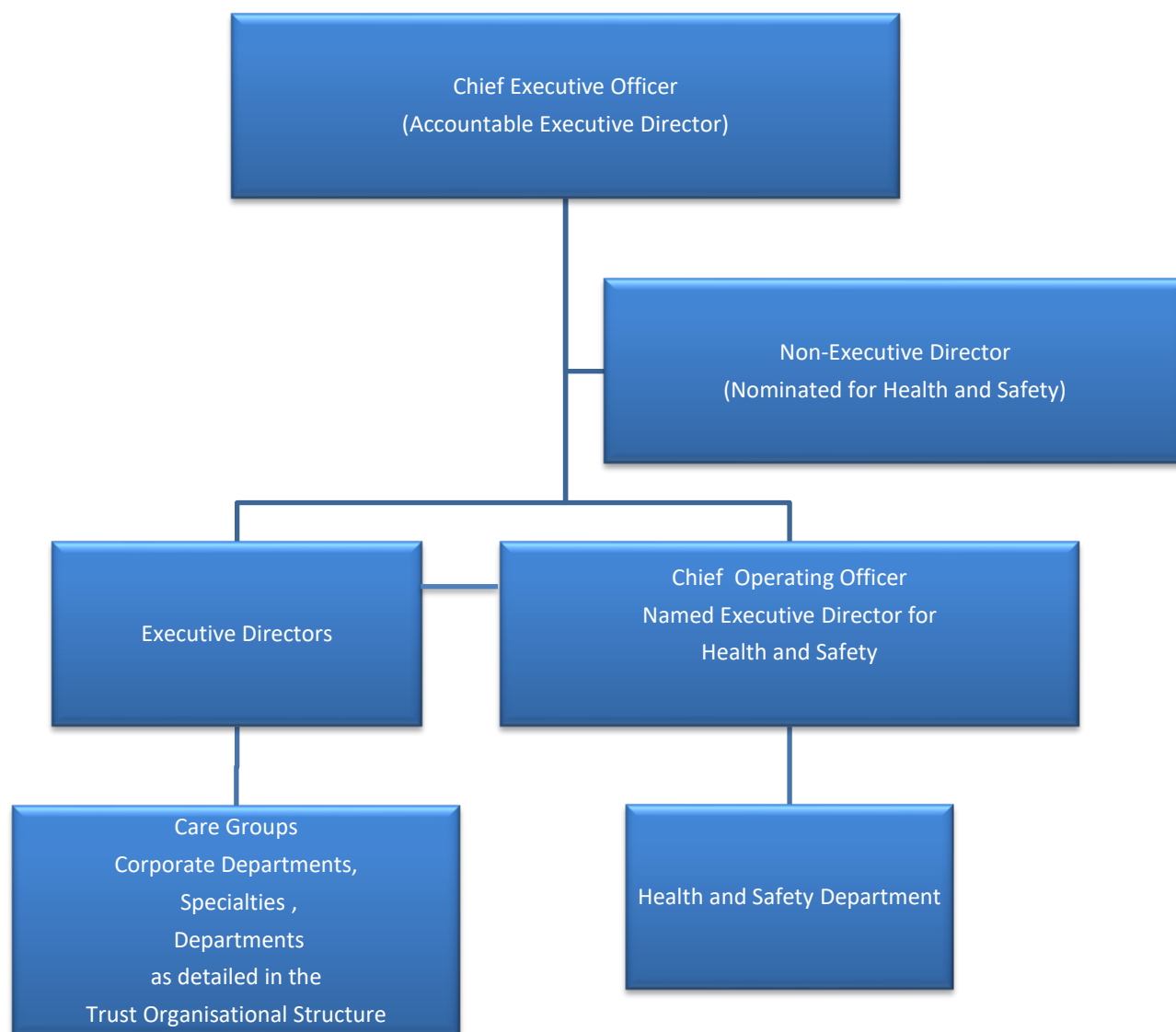


Figure 3 Reporting Arrangements for Health and Safety

Appendix 3 – Key Risks and Evidence Schedule

What does good look like? Illustrative examples of actions and evidence

Each ward/department will have robust evidence to support the 11 key risk topics:

Risk Topic	Actions	Evidence
1. Slips, Trips and Falls, Patients and Staff	Each patient is assessed for falls risk on admission to area. Appropriate care plan actions in place to minimise risk of falling.	Documented in patient notes.
	Flooring regularly checked for hazards and maintenance requests made in a timely manner.	Estates to carry out regular audits.
	Routes kept clear of obstructions or contamination that may contribute to falls.	Soft monitoring to carry out monthly safety checks.
	Staff to adhere to the uniform Policy and wear appropriate footwear.	Management practice of check and challenge.
	Staff tasks include assessment of falls risk.	Risk assessments to be uploaded onto the system.
2. Sharps – use of safer sharps	All devices used have been assessed and replaced with a safety device where reasonably practicable.	Documented risk assessment.
	All staff have been trained in the use of relevant sharps devices.	Training record (ESR and local record).
	Where a safety device cannot be used for clinical reasons, the following actions relating to the non-safety device are completed: • Device assessed and recorded • Staff are trained in the safe use • Market is monitored for safer alternative • Alternatives are trialled and trials recorded with outcomes • Risk assessment is reviewed every 6 months	Risk Assessment Trial documentation Training records Speciality/Care Group and Department meeting notes
	All sharps' incidents are accurately recorded in a timely manner.	Datix records Action plan recorded and maintained
	Needlestick pager is contacted for every sharp's incident.	
	Comprehensive investigation is conducted into every incident and appropriate action taken.	

Risk Topic	Actions	Evidence
3. Dermatitis and Occupational skin conditions	All staff have direct access to approved hand care products.	Adequate provision of soap, emollient, and gel in appropriate locations.
	Staff not using own or other staff products.	No personal products in work area.
	Annual screen via Appraisal/PDR process.	PDR records (pfile and ESR).
	High risk (including all clinical) staff visual check by manager at 6 months.	Pfile information/ occupational health referral.
	Occupational Health referral for any staff reporting issue.	Pfile information.
	Implementation of recommendations from Occupational Health.	Provision of alternative products.
	Attendance at occupational health appointments as required.	Occupational Health records.
4. Repetitive Strain and Vibration Injuries	Clear identification of equipment with potential for causing harm.	Training for all staff.
	Robust risk assessment for equipment and tasks using equipment.	Documented risk assessments.
	Records of training for use.	Training records.
	Competency assessment for using equipment.	
	Maintenance and service records for equipment.	Service and maintenance reports at local level.
	On-going market monitoring for improved/safer devices.	Meeting notes. Equipment trial. Business case.
	Occupational Health referrals for staff reporting injury.	Pfile information.
	Attendance at Occupational Health appointments.	Occupational Health records.
	Proactive monitoring and support of staff through general supervision and PDR process.	PDR records and local HandS meeting notes.

Risk Topic	Actions	Evidence
5. Radiation, lasers, and MRI Safety	Staff understanding of risks and controls.	Training records. Safety Briefing.
	Clear inventory of equipment	Documented and accessible by all relevant staff. SOPs signed by all relevant staff confirming understanding.
	Clear safe working procedures (SOPs/SSOW/etc.)	
	Accessible clearly documented risk assessment.	Local and electronic record.
	Proactive health monitoring.	Management practices. PDR process.
	Occupational Health referrals for staff reporting issues or concerns.	Pfile information.
	Attendance at Occupational Health appointments.	Occupational Health records.
	Provision of appropriate protective equipment.	Equipment available. Training records (local and ESR).
	Appropriate storage facilities for personal PPE.	Internal audit documentation.
6. Moving and Handling – handling patients and inanimate loads	All patients routinely assessed for manual handling risks.	Patient notes. Documented process.
	All tasks involving handling of inanimate loads assessed.	Documented moving and handling assessments.
	Appropriate equipment available.	Detailed in moving and handling risk assessment.
	Equipment services, tested and maintained.	Maintenance records. Test certificates.
	Staff training and competency in tasks and equipment.	Training records.
	Provision of appropriate protective equipment.	Equipment available. Training records (local and ESR).
	Key workers appointed, trained, and supported.	Training records (local and ESR) Staff perception.
	Staff awareness of key workers.	Staff understanding. Notices identifying key workers.

Risk Topic	Actions	Evidence
7. Workstations and Display Screen Equipment – Computers, laptops, handheld devices	All PC Users must complete DSE training.	Training records.
	Self-assessments completed by user.	Self-assessment. Pfile information.
	Management review of self-assessment with user.	
	Actions implemented based on assessment.	
	Escalation of complex assessment needs.	Self-assessment. Referral to Occupational Health or Health and Safety Management.
	Workstations dimensions meets the requirements laid down with the DSE Regulations.	Online DSE assessment.
	Appropriate space per user 11cubic metres per User.	
	Appropriate work equipment provided and utilised (footrests, specialist keyboards etc).	
	Work environment suitable for work activities.	
8. Hazardous Substances – Chemicals, Biological agents, bi-products	Ventilation maintenance.	Routine and emergency maintenance and test records held locally Estates Operations data.
	Provision of personal protective equipment (PPE).	Audit.
	Provision of appropriate respiratory protective equipment (RPE).	Training records (local and ESR).
	Inventory of substances documented and accessible.	Documented and accessible.
	Assessments in central database and accessible.	Alcamus/Q-Pulse database.
	Training – including use/handling of substances, PPE/RPE, emergency procedures.	Local and ESR training records.
	MSDS accessible with substance and task assessments.	Clear, accessible current records and documents held with Alcamus/Q-Pulse. Audit and self-inspection returns.
	Spillage/emergency procedures.	
	Clear and accessible SOP's.	
	Task risk assessments documented and accessible.	
	Appropriate and accessible secure PPE/RPE storage.	

Risk Topic	Actions	Evidence
9. Violence and Aggression – physical and verbal	Local violence and aggression risks assessed.	Clear, accessible current records and documents.
	Staff training at appropriate level for risk.	Training records (local and ESR).
	Security risk assessment.	Clear, accessible current records and documents.
	Panic/personal safety alarm systems in situ, tested and maintained.	Local records of maintenance and test. Estates records.
	Clear SOP's for dealing with aggression/alarms.	Clear and accessible documents.
10. Stress Management	Stress assessment completed and documented.	Stress assessments.
	Opportunities for staff to raise issues in open and safe environment.	Staff perception – audit Annual Staff Survey.
	Robust management of concerns.	Pfile information.
	Proactive and supportive management of stress related sickness.	Occupational Health referral. Sickness records.
	Formal and informal arrangements for de-stressing opportunities with department.	Staff perception – internal and external audit.
11. Knowledge and Understanding - training	Staff have access to and understand the procedures and risk assessment relevant to their activities.	Accessible current records and documents.
	Where staff have specialist responsibilities, they have appropriate training and opportunities to effectively deliver on the tasks required (i.e., M and H key workers trained, attend support sessions, are given time and management support to train and assess other staff).	Clear details of staff responsibilities. Training records (local and ESR).
	Staff with additional/special requirements (i.e., young workers, new and expectant mothers, disability) have appropriate assessments recorded and regularly updated.	Appropriate risk assessments completed, updated, and communicated.
	Managers and supervisors have clear understanding of their responsibilities.	Training records. Incident management. Self-audit returns.
	Clear and accessible local records for training undertaken, refreshed dates and competencies.	Local records. Staff reporting access and understanding during audits and discussion.

Appendix 4 – Legal References

1. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(1) General duties of the employer to their employees
2. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(2) General duties of the employer to their employees
3. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(2) (a) General duties of the employer to their employees – Maintenance of plant and systems of work
4. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(2) (b) General duties of the employer to their employees – Management of harmful substances
5. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(2) (c) General duties of the employer to their employees – information, instruction, training, and supervision
6. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(6) Consultation with Safety Representatives and Representatives of Employee Safety
7. Health and Safety at Work etc. Act 1974 – Part 1 - Section 2(7) General duties of the employer to their employees – Formation of a Health and Safety Committee
8. Health and Safety at Work etc. Act 1974 – Part 1 – Section 3 – General duties of employers and self-employed to persons other than their employees
9. Health and Safety at Work etc. Act 1974 – Part 1 – Section 4 – General duties of persons concerned with premises to persons other than their employees
10. Health and Safety at Work etc. Act 1974 – Part 1 – Section 7 – General duties of employees at work
11. The Management of Health and Safety at Work Regulations 1999 – Regulation 3 – Risk Assessment
12. The Management of Health and Safety at Work Regulations 1999 – Regulation 6 – Health Surveillance
13. The Management of Health and Safety at Work Regulations 1999 – Regulation 9 – Contacts with External Services
14. The Management of Health and Safety at Work Regulations 1999 – Regulation 10 – Information for Employees
15. The Management of Health and Safety at Work Regulations 1999 – Regulation 13 – Capabilities and Training
16. The Management of Health and Safety at Work Regulations 1999 – Regulation 14 – Employees' Duties
17. The Management of Health and Safety at Work Regulations 1999 – Regulation 15 – Temporary Workers
18. HSG 65 – Managing for health and safety
19. Safety Representative and Safety Committee Regulations 1977
20. Health and Safety (Consultation with employees) regulations 1996
21. Regulatory Reform Order 2005 – Regulation 9 – Risk Assessment
22. The Control of Asbestos Regulations 2012

Our Health and Safety Commitments
"Making our hospitals and work places healthy and safe for everyone."



Our commitment to you	Your commitment to us	Benefits to all
Positive and Visual Leadership - Leading from the front, alongside you Working together to identify best practice and improve health and safety in everything we do. Putting safety at the heart of everything we do for our workforce, our patients and visitors. Being with you in your workplace to discuss and work together to resolve health and safety concerns.	You'll be proactive in approaching your team leader or manager with your ideas for improving the way we work. You are asked to tell your team leader or manager about issues you wish to be discussed at safety meetings, or better still, join the meeting. Be proactive in discussing your health and safety concerns with your team leader or manager; offering solutions where you have identified them.	Our hospitals and work places will provide the safest environments and procedures for our people to work in and our patients to be cared for. Helping to reduce staff absence with consequent benefit to patient care. Increased safety for everyone through better identification of hazards and taking mitigating actions.
Safe People Doing Things Safely - Stopping things from going wrong Making sure you have access to the right training to allow you to work safely and effectively. We will provide you with all the information required to complete your work in a clear and easy to understand manner. Assessing and reducing risk as far as reasonably practicable, to make your environment healthy, safe and productive. Empowering you to challenge practices and behaviours that do not meet the standards we expect.	Keep up to date with mandatory training for your role; it is your responsibility, as well as your manager's to know your skills are current. Read, understand and follow the policies and operating procedures RCHT provides. Read the risk assessments associated to your work and apply any mitigations to keep you safe. You must report any shortcoming in the risk assessment or process you are asked to follow. Do speak up when things are going or about to go wrong. Don't ignore or walk past something that is a risk to you or others.	Well trained staff, delivering outstanding patient care and services. Clear processes ensuring valuable resources are directed to patient care and staff wellbeing. Reducing harm and creating a safe and healthy working and care environment. Quick and effective response to risk and implementation of mitigating actions.
Reducing Harm To Staff - Learning from when things do go wrong We will investigate issues and incidents thoroughly to identify where we can make improvements. Continually improving the systems that support you, enabling you to do your best work in the environment you deserve. Listening and learning from your experiences and those of other agencies and organisations to make our environment safer.	Report incidents accurately and straight away so they can be investigated quickly and thoroughly. When changes are made to processes and procedures, you must adopt them. You should raise any concerns you have over new processes with your team leader or manager Make time to read all user emails and other communications that share our corporate learning from incidents and near misses.	As a learning organisation, we will adapt our practices to improve efficiency and reduce risk. Adapting to more efficient or safer practices releasing resources and reducing losses. Championing improvement and inspiring others to adopt change and best practice.
Working With Others - Ensuring we understand each others needs Making sure our contractors and external agencies work to keep everyone safe, setting the same high standards we expect of ourselves. We will work with our partner organisations to create an open and fair healthcare system that learns from experience.	Follow all reasonable instructions when asked to and report any issues with external agencies to your team leader or manager. Your voice is vital in helping us learn as an organisation and as a wider healthcare system. Speak up about systemwide improvements we could make.	Hospitals and work places better equipped to meet the needs of patients and staff. Enabling improvements to deliver greater benefits across our wider health and care system.
Consultation And Communication - Involving you in the decisions that affect you We will involve you in changes to process and procedures and listen to your concerns. We will quickly tell you about any shortcomings in health and safety arrangements considered to be insufficient by inspectors and auditors. You will be represented at every level by trained and supported representatives who hold a valued and permanent position in the Health and Safety Committee.	Talk to your line management and voice your concerns over changes to your work or environment. Read published information and ensure you follow any immediate actions required. If you're not sure what something means, ask. Talk to your departmental representatives and unions. You could train as a Union representative and join the Health and Safety Committee.	Issues will be identified sooner, enabling quicker responses and prompt developments. Quick adoption of new practices removing known hazards and potential harm. Listening to our people and using their knowledge is key to making our hospitals safer.
Safe Premises - Providing a safe and healthy environment for all The equipment you use and buildings you work in will be maintained to ensure they are in good working order and fit for purpose. Regular inspections of equipment and buildings will be completed and a programme of preventative maintenance followed to ensure a proactive approach is applied.	You need to report issues with equipment and buildings as soon as possible. Don't accept things being wrong. See it - Report it. Always cooperate with estates colleagues and contractors when they are working in your area. We will always do our best to have minimal impact on your work.	Ensuring we have an environment that is fit for purpose and works as it should. Striving for minimum disruption whenever we are making improvements to our buildings or equipment.
Continual Improvement - Long term changes based on learned experience We will make long term changes to policies and procedures based on Trustwide learning The outcomes of investigations will be shared with you, enabling you to see the result of raising your concerns.	Make sure you have access to the policies and procedures used in your department and keep up to date with changes. Look out for the feedback on issues you have raised and if you are not satisfied with the outcome, suggest further improvements.	Issues will be addressed quickly and rectified efficiently. Issues will be resolved comprehensively, giving you our people the ability to do their best work.