Trust Strategy		NHS Worcestershire Acute Hospitals NHS Trust

Health & Safety Objectives 2025 to 2028

Department / Service:	Health & Safety (Estates and Facilities)
Originator:	Julie Noble Head of Health & Safety
Accountable Director:	Director of Estates and Facilities
Approved by:	Health and Safety Committee
Date of Approval:	15th May 2025
Review Date: **This is the most current document and should be used until a revised version is in place:**	15th May 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All
Target staff categories	All

Overview:

The Trust Board will ensure that it provides and maintains safe services to all of its patients, staff and visitors by adopting and promoting a positive safety culture. This will involve all members of staff as health and safety is everyone's responsibility. This document sets out the Trust's health and safety objectives for 2025 – 2028 which have been specifically designed to promote the safety culture and continue working towards providing a safer workplace. It aims to develop a holistic approach to health and safety that will build on the work already achieved and the improvements in health and safety management implemented during previous years.

Key amendments to this Document:

Date	Amendment	By:
June 16	2 Yearly Review	H&S Manager
June 2018	Document extended for 3 months as per TLG recommendation	TLG
Oct 18	2 yearly review	H&S Manager
Oct 2020	Document extended for 6 months whilst review and approval process is finalised	Neil Hodgkiss

April 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement
February 2022	Document extended for 3 months whilst review and approval process is finalised	Julie Noble
March 2022	Document, version 2.3 to be revised	Julie Noble
March 2022	2022-2024 Strategy new objectives added: Objective 1: expansion of the H&S Team, introduction of an audit program by H&S Team and H&S reps, Objective 2: to provide the H&S committee with legal updates/changes; develop a register of H&S legislation. Objective 3: H&S Team / reps to monitor incident actions to ensure suitable to aid prevention of repeat events; Key Performance Indicators to be introduced to track performance. Objective 4: Introduction of Key Performance Indicators to identify H&S training compliance: Use data trend analysis to identify training needs. Objective 5: RIDDOR incidents –Updated regulation reference, Tracking reports to HSC to be the introduced logging recordable type, frequency and number of reportable incidents per month; include tracking the number of lost time days that occur per quarter. Objective 6: New - to have a coordinated response to H&S, Fire and Security by incorporating responsibilities to the H&S Manager / H&S Team. Objective 8: New - improve reporting of violence, aggression and harassment (VAH) incidents; revise policy and processes needed for prevention, reduction and protection, H&S reps to assist in communication. Version 3. (supersedes v2.3)	Julie Noble
January 2025	Title of document changed to reflect the new time period the objectives are in place for (2025 – 2028). Changes to objectives are: Objective 1 deleted and a changed to "To have policies and processes that aid legal compliance with H&S legislation "; Objective 2 deleted and changed to "To have policies and processes that aid legal compliance with Fire Safety legislation (so far as reasonably practicable) and HTM for Fire Safety. Objective 3,4 5 remain. Objective 6 deleted Objective 8 changed to Objective 6: To improve the safety of staff, patients and visitors by encouraging open reporting to enable a reduction in incidents of violence, aggression and harassment (VAH) throughout the Trust. Objective 7 is deleted and changed to: "To improve the security culture of the Trust to aid the reduce in thefts, losses, unauthorized access to controlled areas and protect our staff and patients" The updated 2024 Terms of reference to Appendix 1. Escalation chart revised.	Julie Noble

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Appendices

Supporting Documents

1. Introduction

The Trust Health and Safety Committee will monitor and maintain effective health and safety management by receiving information from the Datix Risk Management System and Divisional Governance Teams. The Divisional Trust leads will undertake regular but random health and safety tours across their areas of responsibility.

This document aims to facilitate implementation of the Health and Safety Key Performance Indictors (KPI's) and will form the basis of the annual planning and review processes. The objectives detailed below are linked to the Trust's strategic objective to 'deliver safe, effective, innovative and compassionate patient care'. The Trust will not meet the prescribed standards for delivery of high quality services unless it also effectively manages health and safety risks to ensure it has the staff, equipment and standard of premises necessary to do so.

2. Scope of this document

A vision statement:

"The Trust will ensure the safety of its patients, staff and visitors by monitoring and improving safe systems and the quality of service."

This document has been produced in order to provide a series of objectives that will enable the Trust to achieve and maintain compliance with the various legislative requirements of health and safety in the workplace.

3. Responsibility and Duties

The Trust Health & Safety Committee will be responsible for overseeing the delivery of the health and safety objectives. The Trust's Executive Directors and Senior Managers will be responsible for ensuring that health & safety risks are assessed and reduced as low as reasonably practicable in accordance with the Management of Health & Safety at Work Regulations 1999. All staff has a responsibility for their own and others health and safety.

4. Strategy Objectives

Objective 1:

To have policies and processes that aid legal compliance with H&S legislation (so far as reasonably practicable)

Key Deliverables

There is a vast array of H&S regulations that underpin the Health and Safety at Work etc Act 1974 to which organisations must ensure legal compliance. Not all of the regulations are relevant to the Trust activities however there are many. To ensure the Trust is legally compliant an assessment of H&S regulations must be conducted and those relevant identified. From this each regulation must be assessed and compliance analysed that follows the "Plan, do, check, act" methodology (e.g. is

there an overarching policy? Is there suitable training? equipment? Etc). The gaps noted from this review will lead to action plans per regulation. This task will require regulations to be identified, prioritized and the assessment completed during the years of this document

The objective will be measured by:

  ➢ A list of regulations being produced and shared with the H&SC during 2025
  ➢ A workplan will be produced and shared with the H&SC noting the regulations for assessment during the following time periods: 25/26, 26/27 and 27/28. Those of higher priority or concern will be assessed first.
  ➢ Each regulation and its required duties / criteria will be listed on a tracker; an assessment of compliance will be made for each item listed. E.g. is there a policy for the topic or not. Any gaps will be noted as actions
  ➢ The H&S team will work with different subject matter experts / manager for evidence of compliance (e.g. the Management of H&S at Work Regulations 1999, requires risk assessments to be conducted for those who are at work and pregnant; evidence of compliance with this will be conducted by spot check sampling).
  ➢ An annual update will be included in the H&S Annual report noting any gaps and improvements or notable good practices.

Objective 2

To have policies and processes that aid legal compliance with Fire Safety legislation (so far as reasonably practicable) and HTM for Fire Safety

There is an array of Fire Safety regulations and supporting regulations that underpin the Health and Safety at Work etc Act 1974 to which organisations must ensure legal compliance.
To ensure the Trust is legally compliant an assessment of Fire Safety and relevant H&S regulations must be conducted and those relevant must be identified. From this each regulation must be assessed and compliance analysed that follows the "Plan, do, check, act" methodology (e.g. is there an overarching policy? Is there suitable training? equipment? Etc). Similarly, HTM-05 must be assessed. The gaps noted from this review will lead to an action plan. This a task which will require regulations to be identified, prioritized and the assessment to be completed during the years of this document

The objective will be measured by:

  ➢ A list of regulations being produced and shared with the Fire Safety Group and H&SC during 2025
  ➢ A workplan will be produced and shared with the Fire Safety Group and H&SC noting the regulations and HTM for assessment, during the following time periods: 25/26, 26/27 and 27/28. Those of higher priority or concern will be assessed first.
  ➢ Each regulation and its required duties / criteria will be listed on a tracker; an assessment of compliance will be made for each item listed. E.g. is there a policy for the topic or not. Any gaps will be noted as actions
  ➢ The HTM will also be listed into key points to enable an assessment of compliance.
  ➢ The Fire Safety team will work with different subject matter experts / managers for evidence of compliance (e.g. fire training compliance, equipment servicing records such as fire extinguishers, fire dampers).
  ➢ An annual update will be included in the Fire Safety Annual report noting any gaps and improvements or notable good practices.

Objective 3

To increase staff involvement in health and safety management by encouraging them to participate in the risk assessment process and report accidents and incidents.

Key deliverables

The Trust will continue to encourage its staff to engage in the risk assessment and incident reporting processes. It will also ensure that its managers have the knowledge and skills to be able to carry out suitable and sufficient risk assessments and undertake basic investigation techniques.

The objective will be measured by:

➢ Managers engaging with their staff in carrying out risk assessments in their respective work areas.

➢ Significant findings from risk assessments being shared with the relevant staff.

➢ Health and safety accidents and incidents initially being investigated by the local manager with input from the Health and Safety Manager as required.

➢ The H&S team (with support by H&S representatives where possible) to monitor the actions documented following incidents and support managers in ensuring actions are suitable and sufficient to prevent repeat events

➢ The root causes being identified and any reasonably practicable changes implemented and communicated back to the appropriate staff. Where the lessons learnt are more far reaching the H&S Manager will communicate back to the managers and staff in all relevant work areas

➢ Setting of Key Performance Indicators to track performance of incident reporting for year 1, and then implementing actions to improve any adverse findings for year 2.

Objective 4

To provide appropriate training and guidance for managers and staff that enables them to safely undertake their work activities.

Key Deliverables

Effective management of health and safety involves people using their skills and knowledge to work safely. To achieve this it is necessary to identify the skills and knowledge that are needed to work safely and ensure the individuals who do the work are trained accordingly. The Trust has in place clear organisational values, organisational behaviours, core competencies and technical/professional competency frameworks. It is committed to ensuring that people are properly competent to undertake their work including the health and safety aspects.

This objective will be measured by:

➢ Staff attending corporate induction, completing local induction and attending risk management update training as required.

> Relevant managers completing the Trust's 'Managing Health & Safety' course

> All roles being evaluated by ward/departmental managers to identify any necessary health and safety competencies, which are then recorded and used in recruitment and staff training and development.

> Setting of Key Performance Indicators to identify H&S training compliance.

> Use data trend analysis to identify training needs.

Objective 5

To reduce the number of accidents and incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Key Deliverables

The Trust acknowledges that it has a legal obligation to report accidents and incidents that are covered by the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The board has a commitment to reduce the numbers of reportable events to zero.

This objective will be measured by:

> Tracking reports to the Trust H&S Committee logging recordable type, frequency and number of reportable incidents per month.

> Tracking the number of lost time days that occur per quarter.

> Changing the workplace, work practice and/or equipment as a result of lessons learnt

> Achieving an overall reduction in the number of reportable incidents

Objective 6

To improve the safety of staff, patients and visitors by encouraging open reporting to enable a reduction in incidents of violence, aggression and harassment (VAH) throughout the Trust.

Key Deliverables

The Trust will ensure staff, patients and visitors are safe from incidents of violence, aggressions or abuse through effective procedures, communication and supporting infrastructures.

The objective will be measured by:

• Implementation of an effective policy for the Management of the Prevention of Violence , Aggression or Abuse, which lays out what is non-acceptable behaviour and the consequences that will be actioned if incidents occur. The number of sanction letters issued to be monitored.

- H&S Team and H&S reps implementing use of posters and communication tools to ensure all persons are aware of the consequence of unacceptable behaviours

- A review of training provided to areas noted as "hot spots"

- Assessment of additional resources required to protect staff, patients and visitors from those of harmful intent

Objective 7

To improve the security culture of the Trust to aid the reduction in thefts, losses, unauthorized access to controlled areas and protect our staff and patients

Key Deliverables

The Trust will ensure staff, patients and visitors are safe and secure through effective procedures, communication and supporting infrastructures.

The objective will be measured by:

- Implementation of an effective Security Policy;
- A quarterly assessment of thefts and losses; this will be monitored by the H&SC with improvement plans where hot spots or concerns are noted.
- Communications, noting causes of security breaches (e.g. tailgating) and how to safely challenge and improve the security of the workplace
- The LSMS / H&S Team and H&S reps implementing use of posters and communication tools to ensure all persons are aware of the consequence security lapses.
- A review of training provided to staff on security
- Develop a culture in which employees are able to challenge unknown people in their work area (as long as it is safe to do so) and deter tailgating.

5. Implementation

5.1 Plan for implementation
The objectives will be overseen by the Trust's Health and Safety Committee.

5.2 Dissemination
This document will be available to all staff via the Trust's intranet.

5.3 Training and awareness
All staff will be made aware of the Trust's objectives during their induction process. There are no specific training requirements associated with this document.

6. Monitoring and compliance

Progress towards meeting the above objectives will be monitored by the Trust H&S Committee on a quarterly basis. The Chair of the Committee will present a six monthly summary report to the Trust's Leadership Group.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Strategy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
5	Achieving the objectives	Divisional H&S Audit programme	Annually	Divisional Directors of Operations	The Health and Safety Committee will monitor progress. Report progress to JNCC	Quarterly
5	Achieving the objectives	Submission of a summary compliance report	Six monthly	Director of Estates and Facilities	Trust Leadership Group / JNCC	Six monthly

7. Strategy Review

This document will be reviewed by the Head of H&S Manager annually. The Health & Safety Committee will receive and approve any amendments. The strategy document will be reviewed in February 2028

8. References

References:	Code:
Management of Health & Safety at Work Regulations 1999	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995	
Health & Safety Policy	WAHT-CG-125

9. Background

9.1 Consultation

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Director of Estates and Facilities (includes Health & Safety Lead and Security Management Director (SMD))
Fire Safety Team
Health & Safety Team
Local Security Management Specialist (LSMS)

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health & Safety Committee
Joint Negotiating Consultative Committee (JNCC)

9.2 Approval process

The Health and Safety Objectives will be approved by the Trust Board.

10.3 Equality requirements

This document has no equality issues associated with its implementation.

10.4 Financial risk assessment

This document has no financial implications.

Health and Safety Committee
Terms of Reference

1. **Introduction**

The Health and Safety committee will act as a subcommittee of the Trust Board. The purpose of committee is to ensure the Health, Safety and Welfare legal obligations (to Staff, Employees, Contractors, and visitors) for the Trust, are met (so far as reasonably practicable). The committee will monitor, review and take action to ensure there is effective health and safety management across all Worcestershire Acute Hospitals NHS Trust sites.

2. **Membership**

In attendance:
- Director of Estates and Facilities (Chair)
- Head of Health and Safety (Deputy Chair)
- Deputy H&S Manager
- Health and Safety Officer
- Divisional Representation (From each of the Clinical Divisions)
- Deputy Director of Estates and Facilities
- Head of PFI, Estates and Technical Services
- Representative from Clinical Governance Group (Co-opted as required)
- Staff Side Representatives
- Representatives from PFI partners i.e. Siemens, ISS and Catalyst
- Occupational Health representative
- Representative from Infection Prevention and Control
- Representative from Human Resources
- Representative from the Capital Team
- Representation from Learning and Development
- Representation from Occupational Health

2.1 The Chair of the Group is appointed by the Chief Operating Officer.

3 **Arrangements for the conduct of business**

3.1 **Chairing the meetings**

Director of Estates and Facilities will chair the meetings. In their absence, the Chair will be the Head of Health and Safety. A standardised agenda will be used as the basis for the management of each meeting.

3.2 **Quorum**

The Group will be quorate when 3 managers and 1 staff side representative plus the Chair are present.

3.3 Frequency of meetings

The Committee will meet on a quarterly basis and dates set at the beginning of each year. Ad hoc meetings may be called at the discretion of the chair or Head of Health and Safety, when urgent decisions are required to ensure the health, safety and wellbeing of staff members and other parties.

3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances. Members should notify the chair in advance if they are unable to attend the meeting and ensure a suitable deputy attends in their place to ensure full presentation.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Secretariat support

Secretarial support will be through the PA to the Director of Estates and Facilities, duties will include scheduling meeting dates, distributing the agenda and reports, request divisional reports and taking minutes of meetings. All reports will be for a defined reporting period and produced using a standard reporting template.

4 Authority

The Committee is authorised by the Trust Board

5. Purpose & Functions

The Health and Safety Committee will:

- Establish strategic health and safety aims and objectives which underpin and support the Trusts commitment to legal compliance and continual improvement of Health and Safety throughout the Trust.

- Review the Trust Health & Safety Strategy and regularly monitor the actions taken towards meeting the strategic objectives

- Consult on and monitor the effectiveness of Trust Policies for health, safety and security. Implement H&S Policy subcommittees (where applicable) to ensure there is effective collaboration and accuracy in the production of key health and safety documents.

- To ensure the Trust acts upon new H&S legislation, guidance or approved codes of practice in a timely manner and communicate to applicable personnel.

- To promote a culture of routine risk identification and effective control that supports H&S regulatory requirements.

- Ensure the Trust implements its responsibilities to ensure fire prevention, and monitors and acts upon results of fire audits, inspections, actual incidents and pre-arranged drills.

- To analyse Trust wide accidents and near miss events using appropriate key performance indicators, ensuring effective investigations and remedial actions are monitored and / or implemented. Promote and encourage Trust wide reporting of accidents and near misses. Implement Trust wide improvement plans where improvement opportunities are notable.

- Ensure an annual H&S and security report is produced incorporating achievements, training, changes in practices, legal issues etc for the past year and record recommendation for initiatives for the next year.

- Receive reports from each Division plus PFI partners to assist in identifying and monitoring any actions that will continuously improve the divisional and corporate approach to health and safety including accident & incident reporting, risk assessment and health and safety audit.

- Receive reports from staff-side representatives on for example accident investigations, workplace inspections etc.

- Implement a health and safety internal inspection / audit program and monitor the adherence to, findings and effectiveness of the audits.

- Ensure there is an H&S training program in place that covers the health, safety and security risks faced by staff, which is monitored by the H&S committee to ensure effectiveness and suitability.

- Respond to and report on External H&S Audits

- Ensure there are up to date health and safety information resources available (e.g. Health and safety intranet page) that provides effective communication and information to assist staff fulfilling their responsibilities.

- Ensure any health and safety issue which cannot be acted upon and controlled will be escalated to the Executive Risk Management Group urgently.

6. **Relationships and reporting**

The Head of Health & Safety will provide an annual report to committee and a summary report the Trust's Joint Negotiating and Consultative Committee. The
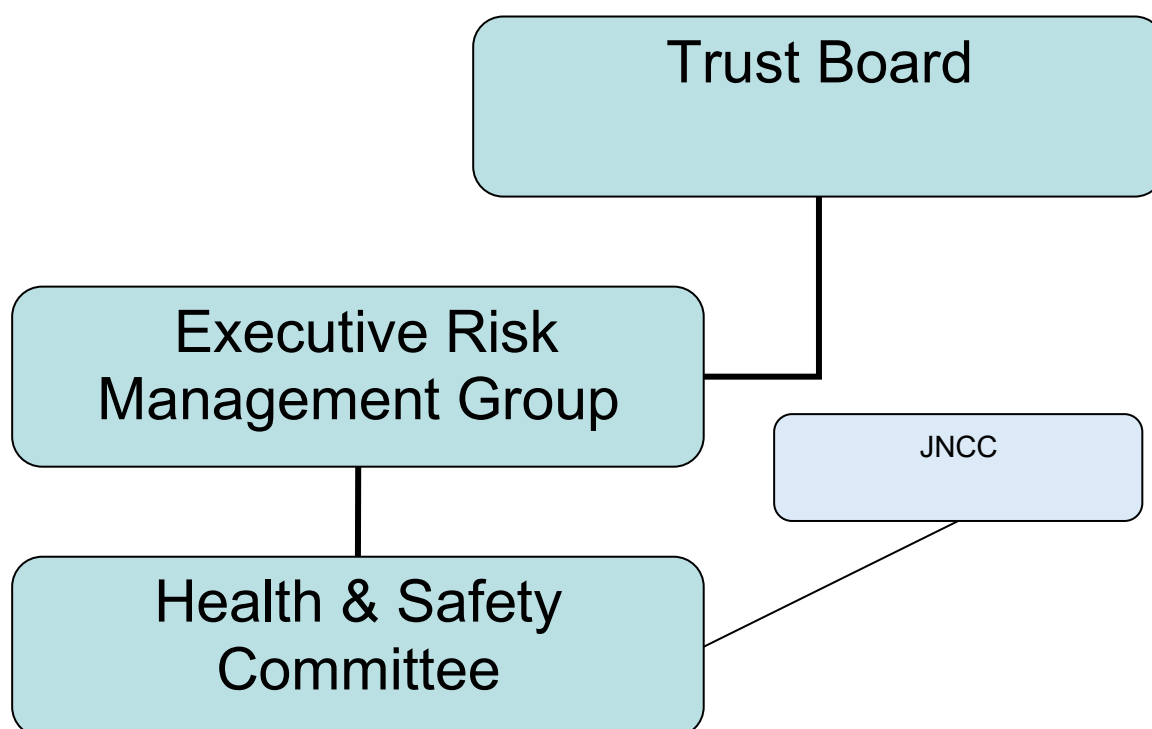
Health & Safety Committee will also report into the Executive Risk Management Group for assurance purposes.

7.   Review of the Terms of Reference
These Terms of reference will be reviewed annually.

Appendix B

Health and Safety Management – Committee Structure

1. The Trust Health & Safety Committee will meet quarterly to consider issues concerning general health & safety and the security of personnel and property.
2. The minutes from each Committee meeting will be distributed to all members and promulgated on the health and safety page of the Trust intranet site.
3. The Head of Health & Safety will present an Annual Report to the H&S Committee for onward distribution to the JNCC and Executive Risk Management Group (TME) and finally the Trust Board.

4. Any significant health & safety issues that either cannot be managed at a site level or require a more strategic approach will be escalated up to the ERMG for appropriate consideration.
5. The Chair of the Trust H&S Committee will be the Director of Estates and Facilities or in their absence one of the Head of H&S..
6. Membership of the Committee will be representative of the organisation and the number of wards/departments within.
7. Staff-side representatives will be attendance will be over seen by the Chair of Staff-Side.

Supporting Document 1 - Equality Impact Assessment Tool

NHS
Worcestershire
Acute Hospitals
NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Julie Noble, H&S Manager

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
Date assessment completed	xxxx		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: H&S Objectives 2025 – 2028** (Strategy)
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the direction and improvement objectives for the Worcestershire Acute Hospitals NHS Trust resources, function and performance.
Who will be affected by the development & implementation of this activity?	❏√ Service User ❏√ Patient ❏√ Carers ❏√ Visitors ❏√ Staff ❏ Communities ❏ Other _____ ❏
Is this:	❏ √ Review of an existing activity ❏ New activity ❏ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff	A review of applicable Worcestershire Acute Hospitals NHS Trust policies, systems / resources has been conducted (policy, SOPs, resources, etc) which has led to the development of this document

groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been included in discussions for change of resources; JNCC/HSC committee aware of introduction of KPI`s
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
Health Inequalities (any	√			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Samantha Reid
Date signed	
Comments:	
Signature of person the Leader Person for this activity	Julie Noble
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	Yes
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.