National Minimum Standards

Introduction:

National Minimum Standards relate to the provision of information to patients and relatives, personalised care, treatment and support, safeguarding & safety, suitability of staffing, quality & management and suitability of management

These policies and procedures have been put in place by HEAD QUARTERS HAIR TRANSPLANTS LIMITED to ensure that we meet and where possible exceed the required standards to ensure our patients receive the highest standards of clinical care.

Named Personnel for HEAD QUARTERS HAIR TRANSPLANTS LIMITED:

Registered Person(s):

Xavier Rush (Responsible Individual)
Nell Brunwin (Registered Manager)

Central Register of Policies

Date Policies Issued:	**14 May 2019**
Date Policies to be Reviewed:	**13 May 2020**
Circulation:	**All Staff**

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Standard 1: Governance and accountability framework

Organisations and services operate within a clear and robust framework for decision making and accountability designed to achieve successful delivery of their purpose, aims, and objectives, in a manner that:

a) upholds organisational values and standards of behaviour;
b) complies with all relevant regulatory, accreditation, licensing requirements, standards, directions and instructions;
c) secures the efficient, effective use of resources;
d) safeguards and protects all assets, including its people; and
e) ensures good governance when working in partnership with others.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will have effective systems and processes in place to assure the organisation, patients, service users, regulators and other stakeholders, that they are:

- Meeting the relevant national minimum standards and complying with regulations;
- Providing high quality, evidence-based treatment and care through services that are patient / service user focused;
- Continually monitoring the quality of treatment and services;
- Putting things right quickly, when they go wrong; and
- Providing treatment and services in accordance with their Statement of Purpose.

Policy and Procedures

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED has produced this Policy and Procedure Manual to ensure that it meets its obligations in reaching and exceeding the National Minimum Standards.

2.0 A Central Register of Polices can be found at the front of this manual. The manual shall be a controlled document. It shall bear the date of issue, version number, intended circulation and date of review for policies and procedures.

3.0 The full Policy and Procedure Manual must be accessible and available to all staff for reference at all times.

- **A copy of this manual will be placed behind the reception desk for easy reference and must not be removed**.

4.0 All staff (permanent or temporary) and those with practising privileges must read this manual as part of their induction program and sign the *Signature Page* confirming that they have read, understand and agree to abide by the policies and procedures contained within this manual.

5.0 This Policy and Procedure Manual shall be reviewed annually and any necessary changes made to reflect alterations in the services provided or the working practices within HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

6.0 The review date for this version of the Policy and Procedure Manual is:

Organisational Structure and Accountability

1.0 The Registered Persons under the Care Standards Act 2000 at HEAD QUARTERS HAIR TRANSPLANTS LIMITED are:

Xavier Rush (Responsible Individual)
Nell Brunwin (Registered Manager)

1.1 The Registered Manager above shall be responsible for the day-to-day running of HEAD QUARTERS HAIR TRANSPLANTS LIMITED including business administration, staff management and management of complaints or untoward incidents.

1.2 The Registered Persons named above are ultimately responsible for the running of HEAD QUARTERS HAIR TRANSPLANTS LIMITED in relation to its registration under the Care Standards Act 2000 to the Healthcare Inspectorate Wales.

1.3 The Registered Manager - Nell Brunwin - shall undertake periodic training to maintain and develop skills, competence and knowledge in relation to management and administration of HEAD QUARTERS HAIR TRANSPLANTS LIMITED in accordance with the law and the national minimum standards.

1.4 The job description of Nell Brunwin shall set out the duties and responsibilities at law for the running of HEAD QUARTERS HAIR TRANSPLANTS LIMITED. This shall include ensuring that all necessary certificates, licenses and other paperwork are obtained, kept up to date and where necessary displayed appropriately.

Policy for Clinical Governance

1.0 What is Clinical Governance?

1.1 Its official definition is: -

'A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.

G Scally and L J Donaldson.
'Clinical Governance and the drive for quality improvement in the new NHS in England' BMJ (4 July 1998); 61-65

2.0 Why is it necessary?

2.1 In order to ensure:

- Continuous improvement of patient services and care
- A patient-centred approach that includes treating patients courteously, involving them in decisions about their care and keeping them informed about treatment results and options
- A commitment to quality, which ensures that health professionals are up to date in their practices and properly supervised where necessary
- The prevention of clinical errors wherever possible and the commitment to learn from mistakes and share that learning with others.

2.2 Clinical governance is a way of maintaining and improving the quality of care. It provides a system to help health care teams ask and answer the following questions:

- Is current patient care of the highest standard?
- Is current patient experience of the highest standard?
- If not, what needs to change?
- How will we ensure that change happens?
- How will we know that care has been improved?

3.0 How Does It Work?-

3.1 There are 9 areas of clinical governance:

1. **Strategic Capacity**:
   - The ability within the service to monitor and improve the quality of patient care.

2. **Patient Experience**:
   - A review of patients' experiences are essential to ensure that a high quality of service is maintained and improvements made as required

Policy for Clinical Governance (cont)

3. **Patient involvement**:
   - Patients must be able to have a stake in their own treatment and how they have a voice in the way that services are provided.

4. **Clinical Risk Management**:
   - Systems must be in place to understand, monitor and minimise risks to patients and to learn from mistakes.

5. **Clinical Audit**:
   - Audit allows the standard of services provided to be reviewed and ensures patient needs and expectations are met. Audit also facilitates changes to be made to improve the service to patients and to meet regulatory expectation.

6. **Staffing and staff management**:
   - Recruitment, management and development of staff must be regularly reviewed – this should include the promotion of good working conditions and effective ways of working.

7. **Education, training and continuing professional development**:
   - Review of support available to ensure staff competence and ensuring that staff develop their skills within their scope of practice.

8. **Research and effectiveness**:
   - Review of evidence based practice.

9. **Using information**:
   - Review of systems the service has in place to collect and interpret clinical information and use it to monitor, plan and improve the quality of patient care.

Policy for Clinical Governance (cont)

4.0 Clinical Governance reports

4.1 In order to ensure high public confidence in the quality of our service HEAD QUARTERS HAIR TRANSPLANTS LIMITED will continually assess and improve the quality of the service, remaining up to date and consistent.

4.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that there are regular review of each of the areas at the Clinical Governance meetings:

1. Clinical Audit
2. Risk Management and Adverse Incidents
3. Complaints and Patient Survey
4. Education and Training

5.0 Adverse incident reporting

5.1 All staff must report adverse events and near misses.

5.2 Staff should be involved in the investigation process.

5.3 A quarterly report will be produced for Clinical governance meetings, to ensure staff are aware of current issues.

6.0 Complaints

6.1 A regular review of complaints will be reported to the Clinical Governance meeting and a report produced on actions arising from complaints and lessons learnt.

6.2 Where a complaint is not resolved an independent review panel may review the complaint.

7.0 Audit reports

7.1 Auditing working practices regularly and making recommendations through the production of audit reports will allow for change or updates for both staff and working practice.

See Clinic Registry

Policy for Corporate Social Responsibility

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED combines its corporate strategic vision and the individual actions of the clinicians and staff within it, to ensure that meets its wider responsibilities to the community within which it operates and interacts.

2.0 What is Corporate Social Responsibility (CSR)?

2.1 CSR is a form of corporate self-regulation integrated into a business model. CSR policy functions as a built-in, self-regulating mechanism whereby business monitors and ensures its active compliance within the spirit of the law, ethical standards, and national and international norms.

3.0 Aims:

3.1 The aim of CSR is to embrace responsibility for the Clinic's actions and encourage positive impact through its activities on:

- environment;
- patients;
- clinicians and employees;
- local communities;
- stakeholders; and
- other members of the public sphere.

3.2 We seek to proactively promote public interest by encouraging community growth and development, and voluntarily eliminating practices that harm the public sphere, regardless of legality.

3.3 CSR is the deliberate inclusion of public interest into HEAD QUARTERS HAIR TRANSPLANTS LIMITED's corporate decision making, which is the core business of the Clinic, and the honouring of a triple bottom line: **people, planet, profit**.

4.0 How will HEAD QUARTERS HAIR TRANSPLANTS LIMITED attempt to achieve its CSR goals?

1. **Adhering to its Mission Statement:**
   "Our service consists of dedicated and professional practitioners and staff. We strive to be acknowledged by our patients, suppliers and regulators as the leader in our sector. This will be achieved by ensuring that we recruit and train highly professional staff whose ambitions are to exceed patient expectations."

Policy for Corporate Social Responsibility (cont)

2. **An emphasis on Education and Research within the Clinic:**

- Education of patients through informative Consultations and provision of educational material

- Involvement in audit and research projects that inform and attempt to improve our understanding of the clinical interventions of the clinic

3. **Responsible sourcing of Medical Supplies**

- To make every attempt to ensure that the procurement of medical supplies and clinic furnishings is sourced from companies that are aware of the raw material and manufacturing chain of their products. This is to ensure that HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not knowingly use products obtained through unethical means such as inappropriate use of labour and the harnessing of rare raw materials.

4. **Promote Ethical practice**

- The Clinic strives to promote the highest standards of clinical practice and to remain aware of the ethical responsibilities bestowed upon a clinician in caring for a patient.
- To utilise, through experience and continuing professional development, current modern evidence-based practices and to be able to pass these onto patients in a format that is readily understandable.
- To make patients and colleagues alike aware of any ethical dilemmas arising out of clinical practice and decision-making, including any financial conflicts of interest.

5. **Maintenance of Legal obligations**

- HEAD QUARTERS HAIR TRANSPLANTS LIMITED is proud of its Healthcare Inspectorate Wales (HIW) registration and will endeavour to maintain the exacting clinical and legal obligations required to maintain its status.

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Policy for Corporate Social Responsibility (cont)

6. **To foster a greener environment**

- HEAD QUARTERS HAIR TRANSPLANTS LIMITED will continually review the impact of its activity on the environment and endeavour to reduce any adverse impact on the same.
- Examples of such measures include:
    - Monitoring of use of utilities especially lighting and heating.
    - Maximise re-cycling of waste material compatible with infection control guidelines.

5.0 Monitoring of CSR Policy

5.1 The Registered Manager (Nell Brunwin), supported by staff members, will regularly monitor progress on attaining the above aims.

5.2 The policy will be issued to all permanent members of staff and those with practising privileges.

Standard 2: Equality, Diversity and Human Rights

Organisations and services have equality priorities in accordance with the legislation which ensure that they recognise and address the:

a) Needs of individuals whatever their identity and background, and uphold their human rights;
b) Rights of children in accordance with the United Nations Convention on the Rights of the Child (UNCRC); and
c) Need to challenge discrimination, promote equality and human rights.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that services are designed, developed, reviewed and implemented so that they do not compromise, or limit access and service users are assured that:

- Their rights and freedom to make choices will be promoted and respected;
- Good equality practices are in place and regularly reviewed to help prevent and eliminate discrimination;
- That reasonable adjustments will be made to services to reflect their individual needs;
- They will not be refused a service, receive a less favourable service or a service on different terms to other patients and service users on the grounds of their age, race, nationality, gender or sexual orientation, religion or belief, disability.

Policy for Equality

1.0 Equal Opportunities Statement:

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to promoting equal opportunities in employment and provision of services. All staff, any job applicants and patients will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (Protected Characteristics).

2.0 Aim:

2.1 To ensure that no job applicant, or employee or service users receive less favourable treatment on grounds of race, colour, nationality, disability, ethnic or national origin, religion, sex, sexual orientation, age or marital status.

2.2 Create a working environment and culture which recognises and values difference;

2.3 Promote an inclusive, human-rights based approach to the delivery of health care services;

2.4 Pro-actively tackle discrimination and ensure that no individual or group is discriminate against, or excluded, for any reason, either in employment or service provision;

2.5 Ensure that all staff understand what their individual roles and responsibilities are in promoting equality and human rights, valuing diversity and tackling discrimination.

3.0 About this Policy

3.1 This policy sets out HEAD QUARTERS HAIR TRANSPLANTS LIMITED's approach to equal opportunities and the avoidance of discrimination within the organisation. It applies to all aspects of employment with us, including recruitment, pay and conditions, training, appraisals, promotion, conduct at work, disciplinary and grievance procedures, and termination of employment.

3.2 Registered Manager (Nell Brunwin) is responsible for this policy and any necessary training on equality.

3.3 This policy does not form part of any employee's contract of employment and may be amended at any time.

Policy for Equality cont…….

4.0 Discrimination:

4.1 Individuals must not unlawfully discriminate against or harass other people including current and former employees, job applicants, patients, clients, customers, suppliers and visitors. This applies in the workplace, outside the workplace (when dealing with customers, suppliers or other work-related contacts or when wearing a work uniform), and on work-related trips or events including social events.

4.2 The following forms of discrimination are prohibited under this policy and are unlawful:

(a) Direct discrimination: treating someone less favourably because of a Protected Characteristic. For example, rejecting a job applicant because of their religious views or because they might be gay.

(b) Indirect discrimination: a provision, criterion or practice that applies to everyone but adversely affects people with a particular Protected Characteristic more than others, and is not justified. For example, requiring a job to be done full-time rather than part-time would adversely affect women because they generally have greater childcare commitments than men. Such a requirement would be discriminatory unless it can be justified.

(c) Harassment: this includes sexual harassment and other unwanted conduct related to a Protected Characteristic, which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Harassment is dealt with further in our Anti-harassment and Bullying Policy.

(d) Victimisation: retaliation against someone who has complained or has supported someone else's complaint about discrimination or harassment.

(e) Disability discrimination: this includes direct and indirect discrimination, any unjustified less favourable treatment because of the effects of a disability, and failure to make reasonable adjustments to alleviate disadvantages caused by a disability.

5.0 Recruitment and Selection:

5.1 Recruitment, promotion and other selection exercises such as redundancy selection will be conducted on the basis of merit, against objective criteria that avoid discrimination. Shortlisting should be done by more than one person if possible.

5.2 Vacancies should generally be advertised to a diverse section of the labour market. Advertisements should avoid stereotyping or using wording that may discourage particular groups from applying.

5.3 Job applicants should not be asked questions which might suggest an intention to discriminate on grounds of a Protected Characteristic. For example, applicants should not be asked whether they are pregnant or planning to have children.

Policy for Equality cont…….

5.4 Job applicants should not be asked about health or disability before a job offer is made, except in the very limited circumstances allowed by law: for example, to check that the applicant could perform an intrinsic part of the job (taking account of any reasonable adjustments), or to see if any adjustments might be needed at interview because of a disability. Where necessary, job offers can be made conditional on a satisfactory medical check. Health or disability questions may be included in equal opportunities monitoring forms, which must not be used for selection or decision-making purposes.

6.0 Disabilities:

6.1 If you are disabled or become disabled, we encourage you to tell us about your condition so that we can consider what reasonable adjustments or support may be appropriate.

6.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will not, however, be required to make adjustments which are unreasonable. Factors to be considered include the value of adjustments to the disabled employee, disadvantages caused to other employees and the costs involved. HEAD QUARTERS HAIR TRANSPLANTS LIMITED needs to be able to show that the treatment of the disabled person was "justified" in the circumstances.

6.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED accepts its responsibilities to provide services to the widest possible group of patients and where practical and possible such adaptations and modifications will be made to allow use of the service by patients having disabilities. Where there is no possibility of disabled persons entering the establishment due to insurmountable building or technical difficulties or where disabled facilities are available in to the form of ramps, toilets etc. these should be explained in the current patient guide.

7.0 Part-time and Fixed Term Work:

7.1 Part-time and fixed-term employees should be treated the same as comparable full-time or permanent employees and enjoy no less favourable terms and conditions (on a pro-rata basis where appropriate), unless different treatment is justified.

Policy for Equality cont…..

8.0 Service Provision:

8.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to a policy of equality and diversity in all aspects of service provision. It will ensure that:

8.1.1 All service functions, policies and procedures are assessed, monitored and reviewed in order to identify and eliminate practices that may present barriers to access for particular groups of people.

8.1.2 Information will be gathered and reviewed for each patient to ensure that we are aware of any potential problems and are able to incorporate appropriate measures where possible.
The information collected will regularly reviewed on an individual patient basis to ensure that appropriate measures, where possible, are incorporated into the individual care/treatment plans where this may affect the delivery of care in any way. The information will also be reviewed on a regular basis as part of our clinical governance meetings to ensure that we take into account the largest variety of inclusion criteria into the provision of the services we provide.

8.1.3 Alongside monitoring, analysing and implementing appropriate changes, we also review any issues which indicate that further training of staff is required in order to ensure that staff are comfortable with recognising difference and know how to respond appropriately to the different needs of service users.

8.1.4 Patient Satisfaction Surveys incorporate equalities monitoring in order to determine the levels of confidence of patients and service users that they will be treated with dignity and respect, their rights and wishes respected and their specific needs met.

8.1.5 Service outcomes are equitable, health inequalities are minimised, and no service user is treated less favourably because of their race, nationality or ethnic origin, disability, gender, gender reassignment, sexual orientation, religion or belief, age, social background, economic circumstances or geographical location.

9.0 Responsibilities:

9.1 At HEAD QUARTERS HAIR TRANSPLANTS LIMITED all staff must be aware of this policy and their individual responsibility for equality and diversity.

9.2 Identify their own learning and development needs on equality and diversity issues continuously and undertake relevant training to maintain and improve their knowledge and apply it in their work;

Policy for Equality cont…..

9.3 Not discriminate against any other employee or service user, or incite, or attempt to incite others to do so.

9.4 Not victimise, harass, bully or intimidate (or attempt to victimise, harass, bully or intimidate) any other employee or service user.

9.5 Challenge what they consider to be unacceptable behaviour, be pro-active with regard to diversity and take personal responsibility to promote good practice and create change.

9.6 Always consider the needs and rights of individual service users.

10.0 Breaches of this Policy:

10.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED takes a strict approach to breaches of this policy, which will be dealt with in accordance with our Disciplinary Procedure. Serious cases of deliberate discrimination may amount to gross misconduct resulting in dismissal.

10.2 If you believe that you have suffered discrimination you can raise the matter through our Grievance Procedure or Anti-harassment and Bullying Policy. Complaints will be treated in confidence and investigated as appropriate.

10.3 Individuals must not be victimised or retaliated against for complaining about discrimination. However, making a false allegation deliberately and in bad faith will be treated as misconduct and dealt with under our Disciplinary Procedure.

Standard 3: Health Promotion, Protection and Improvement

Organisations and services work in partnership with others to protect and improve the health and wellbeing of citizens by:

a) having systems in place to identify and act upon significant public health issues;
b) supporting service users to maintain and improve their health, wellbeing and independence;
c) promoting healthy lifestyles and enabling healthy choices;
d) promoting healthy and safe workplaces;
e) ensuring that needs assessment and public health advice informs service planning, policies and practices;
f) having systems and plans to prevent and control communicable diseases; and
g) having effective systems to screen and detect disease.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will:

Promote health, improvement in health and healthy lifestyles is integral to individualised treatment and care whether addressing service users' immediate and short term health problems or longer term conditions.

Health promotion information, relevant to the service user group, the range of their health problems and types of services offered [in accordance with the Statement of Purpose] is made available.

Working practices need to be informed by public health advice, to ensure appropriate health protection for people who use, work in or visit a service, to minimise the risk of communicable diseases, healthcare associated infections or untoward exposure to radiation or a harmful substance.

Standard 4: Emergency Planning Arrangements

Organisations and services are able to deliver a robust response and ensure business and service continuity in the event of an incident or emergency situation.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

There are appropriate plans are developed for dealing with a range of incidents or emergencies (both clinical and non-clinical and foreseeable) that might adversely affect the health, safety and welfare of service users and/or interrupt the provision of normal services. Policies and procedures are in line with evidence based best practice guidance.

Where necessary, the arrangements can be implemented without delay and provide for a rapid response within measurable timescales.

Policy for Serious Incident or Never Event Reporting

1.0 The general purpose of this policy is that there should be a rapid route to ensure that serious matters are reported to senior management and that is known to all involved in the reporting of such incidents.

1.1 In the clinical setting, we will adopt those standards which are required by best practice itself and the mechanisms will be put in place to facilitate its implementation.

2.0 Definition of a Serious Incident and Never Events:

2.1 A Serious Incident in the context of HEAD QUARTERS HAIR TRANSPLANTS LIMITED can be described as an adverse event where the consequences to patient, families and carers, staff or the organisation are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm or abuse.

2.2 Never Events are incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

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2.2 If there is any doubt, the incident should be reported and treated as if it were covered by this policy.

3.0 Reporting Responsibilities and Timescales:

3.1 Following a Serious Incident or Never Event, the head of the department concerned should make a verbal report to the Registered Person immediately and complete a written report within 24 hours of the incident.

3.2 All Serious Incidents or Never Events will be reported to Healthcare Inspectorate Wales within 24 hours, preferably by telephone by the Registered Person for the establishment followed by written notification.

4.0 Internal Report Format:

4.1 A Serious Incident or Never Event report should be completed immediately.

4.2 As with all accidents and injuries involving staff, patients and visitors, the appropriate accident book should also be completed by the Registered Person.

Policy for Serious Incident or Never Event Reporting: Cont…

5.0 Monitoring Arrangements:

5.1 It is the responsibility of the Registered Person to monitor the frequency and type of serious incidents occurring within the establishment and to detect any patterns or similarities.

5.2 The recognition of any such pattern should be immediately reported to the Registered Person verbally and then in writing.

6.0 Internal Procedure for Handling Serious Incidents or Never Events:

6.1 The incident should be notified to the Registered Person as soon as possible.

6.2 Other agencies such as the Health and Safety Executive or Local Authority should be informed in accordance with statutory responsibility.

6.3 Involvement of the Police in any critical incident should follow as soon as is thought necessary and in conjunction with the Registered Person.

6.4 An internal review should be set in motion as soon as possible conducted by the Registered Person in conjunction with other appropriate staff.

6.5 On completion of the review, copies of the report should be sent on a confidential basis to the Healthcare Inspectorate Wales.

6.6 An action plan identifying action and timescales will be developed following the production of the review report.

6.7 It is vital that information from incidents and particularly “near miss” incidents which could potentially have resulted in harm to either a member of staff or a patient are the subject of consideration by the business and its staff in terms of services development and in terms of future prevention.

6.8 The results of the investigations of such incidents should be circulated to relevant staff members to ensure familiarity with the causes of the incident and staff should be given clear guidance on methods of future prevention.

6.9 Coordination of emergency procedures for major incidents and emergency situations.

6.10 A prepared response for major incidents and emergency situations will include appropriate sharing of information and provision of mutual aid and engagement with appropriate emergency planning and civil resilience partners across the local area including appropriate requirements of response under the Civil Contingencies Act 2004.

Policy for Serious Incident or Never Event Reporting: Cont…

6.11 Emergency procedures will be regularly practiced, monitored and reviewed.

7.0 Alert Letters and Hazard Notices:

7.1 All letters from the Medicines and Healthcare Products Regulatory Authority and guidance from the National Patient Safety Agency, together with other Hazard notices and alert letters will be directed to the Registered Person (Nell Brunwin)

7.2 The Registered Person will be responsible for assessing the effects, if any, upon the working of the establishment. If any action is needed this will be instigated by the Registered Person. The letters will be signed by the Registered Person and filed in the appropriate file if no action is needed.

8.0 Suspension of Staff on Clinical or Professional Grounds:

8.1 Where a member of staff is suspended on clinical or professional grounds, (even pending a disciplinary or other hearing) the Registered Person will notify Healthcare Inspectorate Wales (and any other relevant professional or regulatory bodies) of the suspension immediately. The Healthcare Inspectorate Wales will then be kept informed of the proceedings and eventual outcome of the suspension at the completion of the incident or investigation.

9.0 Summary:

1. An Incident Report should be completed within 2 hours of the incident and submitted to the Registered Person within 24 hours for onward transmission.

2. In the event of a Serious Incident or Never Event, the Registered Person should be informed by telephone immediately.

3. Certain major injuries come under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and have to be reported promptly to the HSE.

4. If a Serious Incident or Never Event occurs, the Registered Person must be informed verbally immediately and a Serious Incident/ Never Event report completed within 24 hours and submitted to the Registered Person. Similarly, the Registered Person will inform the HSE and the Healthcare Inspectorate Wales.

5. REMEMBER – all Serious Incidents and Never Events must be notified in writing to the Registered Person.

6. Any incident which prevents a member of staff from carrying out their normal duties for 3 days or more should be reported to the HSE promptly on the appropriate form. The three-day period includes rest days and holidays.

Policy for Resuscitation

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all patients are resuscitated appropriately if needed and that the patients' rights are central to decision making on resuscitation.

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not undertake the care of any patients where the making of a decision not to resuscitate would be appropriate (i.e. critically or terminally ill patients). It is therefore considered inappropriate for any member of staff or medical practitioner with practising privileges to make a "do not resuscitate" order for any patient.

1.2 At least one member of staff with Immediate Life Support (ILS) training will be on duty at all times when surgical patients are on the premises. This will normally be the treating medical practitioner.

1.3 Resuscitation drills will be conducted every six months involving all those responsible for managing a cardio respiratory arrest.

2.0 Aim:

The aim of this policy is to set out the actions which should be taken in the event of a collapse or verified cardiac arrest in a patient who is undergoing treatment within HEAD QUARTERS HAIR TRANSPLANTS LIMITED

3.0 Life Support:

3.1 Basic life support (BLS) comprises the elements: initial assessment, then airway maintenance, expired air ventilation (rescue breathing), and chest compression.

3.2 Basic life support implies that no equipment is employed. Where a simple airway or facemask for mouth to mouth ventilation is used this is defined as "basic life support with airway adjunct".

3.3 The purpose of BLS is to maintain adequate ventilation and circulation until means can be obtained to reverse the underlying cause of the arrest. It is therefore a "holding operation", although on occasions, particularly when the primary pathology is respiratory failure, it may itself reverse the cause and allow full recovery.

3.4 Failure of the circulation for three to four minutes (less if the victim is initially hypoxaemic) will lead to irreversible cerebral damage. Delay, even within that time, will lessen the eventual chances of a successful outcome.

3.5 Emphasis must therefore be placed on rapid institution of basic life support by a rescuer, who nonetheless should follow the recommended sequence of action.

Policy for Resuscitation: Cont…

4.0 Sequence of actions for adult basic life support

In the event of collapse/unconsciousness of a patient:

Ensure safety of rescuer and patient

Check the victim and see if he responds:
Gently shake his shoulders and ask loudly: "Are you all right?"

- *If he responds by answering or moving:*
  - Leave him in the position in which you find him (provided he is not in further danger), check his condition and get assistance of first-aider if available, otherwise dial 999 for an ambulance.
  - Reassess him regularly as to the need for a 999 ambulance

- *If he does not respond:*
  - Summon assistance from a trained first-aider where available to assess for the need for CPR. If not available then dial 999 for an ambulance.

Where available a BLS trained staff member will continue resuscitation until:

- Qualified help arrives and takes over;
- The victim shows signs of life;
- Rescuer becomes exhausted

When to go for help:

It is vital for rescuers to get help as quickly as possible.

- When **more than one rescuer** is available, one should start resuscitation while another rescuer goes for help immediately it has been established that the patient is not breathing

- A **single** rescuer will have to decide whether to start resuscitation or to go for help first. If the victim is an **adult**, the single rescuer should normally assume that he has a heart problem and go for help immediately it has been established that he is not breathing.

In the event of any potential delay the staff should dial 999 to summon an ambulance to transport the patient to hospital.

A summary of the events should be sent with the patient to the hospital.
If possible a member of staff should accompany the patient to the hospital. If this is not possible a telephone call should be made to the hospital to give details of the patient's treatment and condition prior to transfer.

Policy for the Administration of Therapeutic Oxygen

1.0 Notes:

1. **High concentrations of oxygen strongly support combustion and presents a risk of explosion in certain situations. AVOID all naked flames and smoking whilst oxygen is in use.**
2. **High pressure oxygen cylinders present a risk of explosion. Care must be taken when handling cylinders.**
3. **Oxygen cylinders are heavy and present a risk of physical injury. Take care when moving cylinders. Stored cylinders must be secured to prevent unauthorised use and either chained securely to a wall or stored in a locked cabinet.**

2.0 Use of Therapeutic Oxygen.

2.1 Oxygen may only be administered under the direct supervision of a registered healthcare professional with appropriate training
2.2 Oxygen may be administered within the situations defined by this protocol on the instructions of a qualified healthcare professional
2.3 Any patient requiring treatment exceeding 10 minutes must be transported to hospital by 999 ambulance.
2.4 Any patient receiving oxygen therapy must be continually monitored by an appropriately trained healthcare professional including measurement and recording of:

- Respiratory rate
- Pulse rate
- Blood pressure
- Consciousness level

2.5 In the event of any deterioration in the condition during therapy the patient must be transported to hospital by 999 ambulance.
2.6 Concentration of oxygen must not exceed 60% other than in resuscitation.

3.0 Situations Indicating Use of Oxygen.

- Syncopal attack following treatment
- Acute anaphylaxis during treatment
- Sudden unexplained collapse and or breathlessness

Policy for Treatment of Anaphylaxis

1.0 Indications:

Emergency treatment of acute anaphylaxis; angioedema

2.0 Use:

Adrenaline may be administered by an appropriately trained healthcare professional in situations described above by the subcutaneous or intramuscular routes.

3.0 Dose:

3.1 Acute anaphylaxis, by intramuscular injection (preferably midpoint in anterolateral thigh) (or by subcutaneous injection) of 1 in 1000 (1 mg/mL) solution. Adult dose: 0.5ml of 1:1000 repeated if necessary at 5 minutes intervals.

3.2 Note:

- **Caution** in patients taking tricyclic antidepressants – dose reduction required – see BNF notes – due to risk of arrythmia.
- Patients taking beta blockers may require glucagon if unresponsive to treatment..

4.0 Management:

4.1 Any patient receiving adrenaline therapy must be continually monitored by an appropriately trained healthcare profession including measurement and recording of:

- Respiratory rate
- Pulse rate
- Blood pressure
- Consciousness level

4.2 In the event of necessity of use of adrenaline **ALL** patients must be transported to hospital by 999 ambulances.

Policy for Isolation of Patients

1.0 Background:

1.1 In order to prevent the spread of micro-organisms, it is sometimes necessary to isolate patients.

1.2 The necessity to isolate can arise for two reasons:

1.To protect others from a potentially infective patient (Source Isolation)

2. To protect a vulnerable patient (e.g. immunocompromised) who is at special risk from agent carried by other patients, staff and visitors to the clinic (Protective Isolation).

2.0 Policy:

2.1 The decision to isolate a patient is taken by the clinic staff caring for the patient, in consultation with the relevant medical practitioner and Infection Control Lead for the Clinic.

2.2 Patients requiring isolation must be carried out in consulting rooms with hand washing facilities and with the door closed.

2.3 Patients with certain illnesses ***should be isolated immediately*** when facilities are available, for example:

- Diarrhoea and vomiting
- Undiagnosed rashes and fevers
- Newly diagnosed or suspected “open” tuberculosis
- Suspected Group A streptococcal infection (i.e. acute sore throat or cellulitis)
- Patients shedding methicillin-resistant *S. aureus* (MRSA), glycopeptide-resistant enterococci (GRE), aminoglycoside-resistant Gram-negative organisms, etc.

2.4 For further advice, contact a the Infection Control Lead (Nell Brunwin)

2.5 It is the responsibility of ALL members of staff to comply with Isolation and Infection Control procedures.

2.6 Nosocomial infections are normally transmitted by health care workers.

2.7 The failure of one member of the team to comply with simple procedures (e.g. hand washing) may negate all other efforts put in place to prevent the spread of infection.

Policy for Management of Outbreaks

1.0 KEY POINTS

1.1 If you suspect an outbreak (two or more cases of the same syndrome / organism)

1.2 ON FIRST SUSPICION, staff should:

- Record all the cases, noting the time of onset of symptoms in each suspected case, and dates of admission to the hospital and ward
- Inform the Infection Control Lead for the Clinic
- Collect appropriate microbiology specimens after consultation
- Isolate the index cases where possible
- Make a list of those affected with admission dates and date of onset of the infection

2.0 INTRODUCTION

2.1 Two or more cases of infection with indistinguishable organisms in one area constitute an outbreak and suggest a breakdown in normal hygiene practice. The patients having a common source of infection.

2.2 It is usually impossible to be absolutely certain that two isolates of bacteria or viruses are the same, so they are generally referred to as indistinguishable.

2.3 Commonly detected outbreaks involve:

- Methicillin resistant *Staphylococcus aureus* (MRSA) (see MRSA policy)
- Aminoglycoside or multiply resistant coliforms or pseudomonas
- Diarrhoeal or respiratory pathogens
- *Clostridium difficille* enterocolitis
- Legionnaires' disease

3.0 ACTION

3.1 Decisions as to what action to take are made in consultation with the Infection Control Lead.

3.2 The urgency of a situation is determined by the virulence of an organism, by the nature of the disease involved, and by the vulnerability of the patients concerned.

3.3 It may be necessary to close the clinic to new patients if isolation is not possible (e.g. more than 2 cases of diarrhoea).

Policy for Management of Outbreaks cont…

4.0 MOVEMENT OF STAFF AND PATIENTS

4.1 Staff must not move between rooms and new patients must not be admitted until the outbreak is contained.

4.2 Extra domestic cleaning support may be needed.

4.3 Most outbreaks are dealt with on a day-to-day basis by the staff but in the case of large, serious or community-associated outbreaks or epidemics advice from an external consultant microbiologist may be sought to determine action.

5.0 Definition:

5.1 Food poisoning may be suspected because members of staff are ill (particularly with vomiting, diarrhoea or both), because more than one patient becomes ill or because indistinguishable isolates from staff or patient are identified in the microbiology laboratory.

5.2 Remember that some food poisons are toxins which may cause unusual symptoms.

5.3 Staff must report episodes of diarrhoea and/or vomiting to the Registered Manager (Nell Brunwin). Staff may be referred to their general practitioner for stool sampling to confirm pathogens.

5.4 If food poisoning is suspected:

5.4.1 In a patient: the Infection Control Lead must be informed
5.4.2 In a staff member: The Registered Manager and the Infection Control Lead must be informed

6.0 Action:

6.1 Staff will be removed from duty until they have been clear of symptoms for 48 hours and in the case of diarrhoea a negative stool sample has been obtained.

6.2 Patients will be referred to their general practitioner for further investigation and management of their condition.

6.3 If appropriate, help will be requested from an external consultant microbiologist at an early stage.

Policy for Risk Management:

1.0 General:

1.1 When considering the management of risk associated with HEAD QUARTERS HAIR TRANSPLANTS LIMITED it is necessary to assess several different areas and several different factors, all of which may have impact upon the level of risk being borne:

Prevention, which includes:

- Education and Training
- Experience
- Policies and Protocols
- Equipment
- Environment

Risk Associated with Treatments:

- Pre-treatment Risks
- Intra-treatment Risks
- Post-treatment Risks
- Complications

2.0 Prevention

2.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will be assessed for potential risks both in terms of general health and safety and specifically in terms of use of medical devices and equipment.

2.2 The risk assessments will be used to create an estimate of the level of risk from each potential threat.

2.3 The risk assessment tools will then be used to identify means by which risks can be reduced to the minimum.

2.4 All staff will receive feedback and training on the outcomes of risk assessment.

2.5 The key to minimising risk by prevention is to use knowledge possessed by our own team members and that available from others from various sources (published data, Health Authorities, Internet) to construct our internal systems in such a way that the likelihood of a risk becoming an incident is reduced to the absolute minimum.

Risk Management Policy: Cont…

2.6 HEAD QUARTERS HAIR TRANSPLANTS LIMITED must use information gained from our practice in terms of uneventful treatment, near miss incidents and actual incidents to continually develop our policies and procedures from the viewpoint of risk reduction.

2.7 Finally we must ensure that we have in place the appropriate structures to collect and assimilate the information and implement change where necessary based on the information collected.

3.0 Education and Training:

3.1 Training for all staff will be provided.

- Practitioners
- Support Staff
- Administration Staff

3.2 Practitioners will receive certification from the equipment manufacturers and provide evidence of such as demonstration of competence. (See Training and Continuing professional Development)

4.0 Experience:

4.1 Experience is an important part of the risk minimisation procedure. The greater the level of experience the less the chance of an inadvertent mistake which can lead to incidents.

5.0 Policies and Procedures:

5.1 The Registered Manager (Nell Brunwin) will ensure that policies and protocols are reviewed on an ongoing basis to ensure that they remain current both in terms of the current clinical standards and that they take account of the developments dictated by the process of internal audit described above.

6.0 Equipment:

6.1 Equipment must be calibrated, serviced and maintained according to the manufacturer's instructions.

6.2 Service contacts will be in place for all significant equipment

6.3 Operators must receive ongoing training and information on the operation of devices they use.

Risk Management Policy: Cont…

7.0 Environment:

7.1 The environment must be clean and cleaned regularly to ensure compliance with appropriate regulations.

8.0 Pre-Treatment Risks:

8.1 All patients must be fully assessed and counselled prior to treatment.
8.2 Any possible contraindications must be fully evaluated as to possible effects on the patient.
8.3 All forms and papers must be fully completed and signed by anyone making entries in them as these form a legal record, which can be referred to, in any subsequent legal action.
8.4 Patients must have a full understanding of the procedure and be given sufficient information for them to be able to give an informed consent.
8.5 Patient's questions must be answered openly and honestly.
8.6 Patients must be given time to consider the information provided and have the opportunity to ask further questions.
8.7 Failure to comply with any part of this process could lead to litigation for failure to gain valid consent.

9.0 Intra-Treatment Risks

9.1 Care and attention must be afforded to every patient entering the premises.
9.2 Patients must be protected from the hazards which with they cannot be expected to be familiar (cables, machines etc.) it is the responsibility of the accompanying staff the guide them safely to their destinations.
9.3 Complications are discussed elsewhere and many can be avoided or the incidence of them decreased by attention best practice standards. Some are inevitable or accidental or based on individual patient factors that are beyond our control.
9.4 Personal protective equipment must be worn by all staff and patients as required (eyewear, masks, aprons, gloves etc.)
9.5 All safety requirements must be followed as laid down in policies.

Risk Management Policy: Cont…

9.6 There are three main intra treatment elements that can lead to errors that are totally avoidable:

1. *The Wrong Patient:* - mixing up patient data, records, same or similar names or just the wrong person on the bed.

   ACTION:

   The patient must be asked their name and DOB at each stage.

2. The Wrong Treatment: - the wrong data can be transposed from records or entered incorrectly into equipment.

   ACTION:

   All data must be checked and re checked by the practitioner against the patient's records and confirmed by the name of the person about to undergo treatment.

3 *The Wrong Part:* - when data is collected or recorded in the notes or the wrong data is entered in to the patient treatment programming or treatment site.

   ACTION:

   Check and re-check the data and site being treated and against the person.

9.7 Other elements within the treatment room are the preparation of the medical devices and equipment used in the procedure including:

- Cleaning and preparation of the equipment
- Calibration of the system
- Hygiene and technique of the practitioner

9.8 These elements must be carried out to the highest standards as dictated by the manufacturer and the protocols, policies and procedures laid down by HEAD QUARTERS HAIR TRANSPLANTS LIMITED

Risk Management Policy: Cont…

9.9 The Registered Manager (Nell Brunwin) is responsible for ensuring that the delivery of service is constant and uniform in the establishment and that all practices are regularly checked for compliance.

10.0 Post-treatment Risks:

10.1 Patients should be carefully followed up and checked for the development of post-treatment complications and problems.
10.2 All personnel involved in the process should be fully trained and aware of the possible important complications at each stage of recovery.
10.3 Staff must be aware of necessary actions to avoid worsening of conditions.
10.4 Referral back to the practitioner must be made as and when necessary.

11.0 Personnel (experience, qualification, identification)

11.1 Recent high profile cases make it imperative that the personal identification and credentials of all professional staff are verified before they begin work and that they are re-checked on an ongoing basis to ensure continued registration with the appropriate authorities.

11.2 All professional staff must hold appropriate indemnities to allow them to work.

11.3 Work of this type is exempt from the Rehabilitation of Offenders Act 1974 and so all criminal conviction and cautions must be disclosed by anyone taking part in the procedure including lay-staff.

11.4 All staff members are subject to a Disclosure and Barring Service checks.

11.5 A policy and practice for reporting concerns regarding the competence or activity of any person working within the organisation must be in place and all staff should be aware of its existence and how to access it.

Standard 5: Citizen Engagement and Feedback

Organisations and services use a range of methods and approaches to:

a) engage with partners in supporting and enabling service users to be involved in the design, planning and delivery of services;
b) seek feedback from patients, service users and carers about their experiences; and
c) demonstrate that they act on views and feedback in making changes to improve services.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that:

- The views of people who use services, their representatives and commissioners of services, are actively sought and taken into account in the design, planning, delivery, review and improvement of services.
- Systems are in place to support and develop effective service user involvement.
- Regular service reviews are undertaken and feedback is obtained, which then informs corporate, operational and local developments and improvements.

Policy on Information for Patients

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will produce a Patient Guide.

1.1 The Patient Guide will contain information for patients:

- A summary of the statement of purpose
- Terms and conditions in respect of services provided to patients (including costs, amounts and methods of payment)
- A standard form of contract for provision of services
- A summary of the complaints procedure
- A summary of patient consultations (Patient Survey)
- Contact details for Healthcare Inspectorate Wales
- Information on how to obtain our most recent inspection report

1.2 The Patient Guide shall be a controlled document and bear the date of issue, version and date of review.

1.3 The Patient Guide shall be reviewed annually to ensure it remains up to date.

1.4 As well as details of how to make complaints, information will be provided in the Patient Guide on how patients can make comments or suggestions.

1.5 The Patient Guide and its contents must be approved by the Registered Person to ensure that it is accurate and not misleading and conforms to HEAD QUARTERS HAIR TRANSPLANTS LIMITED's *Policy on Advertising and Promotion.*

2.0 All published information shall at all times respect the confidentiality of staff, patients and relatives.

3.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all patients treated within the service will receive clear information about any proposed treatment in a clear non-technical language which they are able to understand.

3.1 All patients will be provided with written information about treatments to take away with them for further consideration after the initial consultation.

3.2 Materials provided to patients will be written in plain language without technical medical terms.

3.3 Written materials will explain the nature and purpose of the procedure as well as any alternative treatments which the patient should consider.

3.4 Written materials will also explain specific risks and complications associated with the procedure or proposed treatment.

Policy on Information for Patients: cont…..

3.5 All patients will be provided with written information dealing with post-operative care and any specific instructions following any surgical procedure or treatment.

3.6 All costs/fees associated with any treatment or care will be provided to patients.

3.7 All documentation provided to patients will be reviewed and approved by the named Registered Person (Nell Brunwin) prior to introduction and use.

4.0 **Statement of Purpose**

4.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will:

4.1.1 Have a statement of purpose that is kept under review and give a copy to Healthcare Inspectorate Wales.

4.1.2 Regularly review the information contained within the Statement of Purpose and any changes will be notified to Healthcare Inspectorate Wales.

4.2 In accordance with Regulation 6, HEAD QUARTERS HAIR TRANSPLANTS LIMITED will make available a Statement of Purpose which sets out:

- The aims and objectives of the service
- The name, address, telephone, fax and email contact details of the provider and any registered manager
- The relevant qualifications and experience of the registered provider and registered manager
- The details of the responsible individual's roles and responsibilities within the organisation
- The number, relevant qualifications and experience of the staff working within the organisation
- The organisational structure
- The kinds of treatment, facilities and all other services provided for in or for the purposes of the establishment or agency, including details of the range of needs which those services are intended to meet
- The arrangements made for seeking patients' views about the quality of services provided by the establishment.

- The arrangements for dealing with complaints
- The arrangements for respecting the privacy and dignity of patients
- The date the statement of purpose was written and, where revised in accordance with regulation 8(a), the date of such revision.

Policy for Monitoring Patients Views

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall carry out a Patient Survey on an annual basis.

1.1 The results of the Patient Survey will be summarised in a report and made available to patients, prospective patients and Healthcare Inspectorate Wales.

1.2 The results of the Patient Survey shall be made available to staff members and shall be reviewed by the Registered Manager (Nell Brunwin) in relation to reviewing the aims and objectives of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.0 PROCEDURE:

2.1 Patient survey forms shall be given to a random sample of at least 10% of patients who have been seen and /or treated during the preceding year.

2.2 Patients will be asked to complete the forms anonymously and return the form for the attention of the Registered Manager (Nell Brunwin) who will be responsible for collation of the forms and assembly of findings and results.

2.3 The Registered Manager (Nell Brunwin) shall produce a report summarising the key finding and highlighting and important matters requiring action.

2.4 The results of the Patients Survey shall be made available as detailed above.

See ***Patient Survey, Clinic Registry***

Standard 6: Participating in Quality Improvement Activities

Organisations and services reduce harm by:

a) identifying and participating in quality improvement activities and programmes;
b) supporting and enabling teams to identify and address local improvement priorities;
c) using recognised quality improvement methodologies;
d) measuring and recording progress; and
e) spreading the learning.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

There are processes in place which can assist in improving the quality of outcomes, whether this is directly relevant to particular clinical treatment, such as clinical audit, or wider care provision and activities, for example, internal audit, risk assessment or patient satisfaction surveys.

Service users will benefit from improvement activities where these are:

- embraced as a high priority;
- proactively planned and;
- actively embedded into day to day practice of people who work in the service, (this includes directly employed staff as well as clinicians who have been granted practising privileges).

Policy for Monitoring Quality

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED recognises the importance of monitoring quality of treatments provided to patients.

1.1 As part of the commitment to providing the highest standards of care HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

1.1.1 Regular multidisciplinary audit takes place in relation to:
- Compliance with policies and procedures
- Outcomes of treatment
- Management of complaints
- Risk management

1.1.2 Complaints are managed in accordance with the Complaints Procedure

1.1.3 Ensure that all staff have job descriptions and/or role profiles giving details of duties and responsibilities.

2.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall fully document and ensure effective communication of any improvement activities to all staff within the organisation

*See **Clinical Audit Registry***
*See **Policy on Complaints Management***
*See **Policy on Risk Management***
*See **Human Resources Policies***

Standard 7: Safe and Clinically Effective Care

Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:

a) based on agreed best practice guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;
b) that complies with safety and clinical directives in a timely way; and
c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that:

Appropriate arrangements for clinical governance are in place including:

• mechanisms for agreeing, adopting and implementing new or revised clinical guidance;
• dealing with safety and advice bulletins.

Where appropriate, if new procedures and guidance are introduced, this are linked to a training and skills strategy to support effective implementation.

Clinical care, treatment and decision making, should reflect evidence based and best practice guidance to ensure that the risk of inappropriate or unnecessary treatment and care is reduced to the lowest possible level.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall provide clinical guidelines for specific treatments and conditions where appropriate.

Where available, such guidelines will be produced with reference to information and evaluations produced by relevant authoritative bodies:

- National Institute for Health and Clinical Excellence (NICE)
- Medical Royal Colleges
- Health Professional Organisations
- Specialist bodies or associations
- National Patient Safety Agency (NPSA)
- Healthcare Inspectorate Wales Schedule of Applicable Guidance

Where necessary training and or information will be provided to staff in meeting the needs of patients with disabilities.

See also:
Clinical Guidelines & Protocols
Policy for the Provision of Treatment
Policy for Consent
Policy for Monitoring Quality
Policy for Dignity, Care and Protection of Patients

Policy for Acceptance and Discharge of Patients

1.1 Patients may attend the HEAD QUARTERS HAIR TRANSPLANTS LIMITED in a number of ways:

- Following telephone or written enquiry
- Response to advertising
- Word of mouth or direct referral
- Walk-in from the street

1.2 All patients undergoing treatment will be subject to a full assessment by a trained member of staff in accordance with HEAD QUARTERS HAIR TRANSPLANTS LIMITED's policy.

1.3 All cautions will be assessed, and contraindications noted before any decision to treat is made.

1.4 During the consultation for treatment all patients will be provided with verbal and written information regarding the benefits and risks of the treatment and also asked to read and sign a consent form prior to receiving any invasive treatment or one where there are significant risks of side effects or involves the use of an anaesthetic.

1.5 In the event of a contraindication being found the patient will be informed that treatment is not appropriate in their case and the consultation terminated. A full explanation will be given to the patient of why the treatment is not appropriate and this will be fully documented in the clinical records.

1.6 All patients will be offered with a copy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED's Patient Guide, which contains details of the services provided by the establishment.

1.7 We do not accept in-patients of any sort for any form of treatment.

1.8 Communication with the patients General Practitioner

1.8.1 Patient consent will be sought to inform their General Practitioner of treatments carried out by the establishment which are regulated by Healthcare Inspectorate Wales. In the event of the patient agreeing to such information a signed authorisation will be obtained from the patient prior to any information being released.

1.8.2 It is our policy to keep our patients' GP's fully informed at all times when we have our patients' consent to do so.

Policy for Day Surgery

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that only patients suitable for day case surgery are selected and treated in the establishment.

1.1 Patients will be assessed by the treating medical practitioner at the time of the pre-treatment consultation as to suitability for day case treatment.

1.2 Areas to consider when assessing patient suitability for day case surgery could include:

- Patient living alone
- Difficulty with compliance with post-operative instruction without help
- Inability to provide a responsible adult to accompany them home

1.3 Any patient who is deemed unsuitable for day case surgery will be declined treatment at HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.4 All patients will be provided with detailed post-operative instructions in respect of the specific procedure which has been carried out.

Policy for Surgical Procedures

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that patients should be offered surgery which is safe and effective.

2.0 Pre-Treatment Consultation:

2.1 All patients offered surgical treatments at HEAD QUARTERS HAIR TRANSPLANTS LIMITED must attend a pre-treatment consultation with the treating medical practitioner who will be carrying out the procedure on that patient.

2.2 All patients must have the following baseline investigations carried out at the time of the pre-treatment consultation:

- Height
- Weight
- Calculation of BMI
- Blood pressure

2.3 During the pre-treatment consultation it shall be the responsibility of the treating medical practitioner to assess the patient in terms of suitability for treatment including:

- General state of health
- Mental state and expectations from surgery
- Past medical history
- Impact of pre-existing medical conditions on proposed surgery
- Impact of proposed surgery on pre-existing medical conditions
- Medications being taken by the patient and any interactions
- Necessity of additional examination or investigation
- Suitability for day case surgery
- Consultation with the patient GP regarding surgery

2.4 The treating medical practitioner will carry out such physical examinations and request such further investigations (if any) as he/she deems appropriate and clinically necessary prior to making a decision to proceed with surgery.

2.5 The treating medical practitioner must ensure effective consent has been obtained from the patient for the procedure and the consent form has been signed by both the treating medical practitioner and the patient. A copy of the consent form must be provided to the patient.

2.6 The treating medical practitioner shall record the information derived from the pre-treatment consultation in the patient's clinical notes and shall sign, date and time the entry.

Policy for Protocols for Surgical Treatments

1.0 All protocols must be approved by the Medical Advisory Committee prior to adoption and protocols will be signed by the named Registered Person (Nell Brunwin) to confirm adoption by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.1 A detailed treatment protocol must be in place for all treatment carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED. The protocol will include:

- Positioning of patients for surgery
- Protection of the patient from intra-operative risks (e.g. diathermy burns)
- Protection of the patient from risks associated with any specific equipment
- Indications, contraindications, pre-treatment tests, associated risks, precautions to be taken, actions to be taken in the event of accident or adverse incident
- Post-operative care
- Follow up

1.2 Protocols will be controlled documents which shall bear date of issue, date for review and version number.

1.3 Protocols must be signed and dated by all treating medical practitioners to confirm agreement and compliance.

Policy for Provision of Patient Post-Operative Instructions

1.0 All patients treated will be provided with written post-operative instructions to take away with them.

1.1 The instructions will be specific to the procedure carried out and will include:

- description of the type of treatment
- care of the operative site
- management of post-operative pain
- what action to take in the event of unexpected events e.g.: bleeding
- possible effects on the patient of any drugs administered including the ability to drive or operate machinery
- telephone number of HEAD QUARTERS HAIR TRANSPLANTS LIMITED

1.2 All post-operative instruction leaflets must be approved by the Medical Advisory Committee and the named Registered Manager (Nell Brunwin) prior to introduction.

Policy for Discharge of Patients

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED endeavours to ensure that all patients have a safe and effective discharge, taking into account the patient's own individual views and needs.

1.1 This document has been developed to provide guidance to all healthcare staff on the process of planning appropriate, effective, safe and timely discharge for our patients.

1.2 Every patient, who is discharged from the HEAD QUARTERS HAIR TRANSPLANTS LIMITED, must be assessed prior to discharge. All discussions and plans regarding a patient's discharge will be clearly documented within the patient's health records.

1.3 In view of the nature of procedures carried out by HEAD QUARTERS HAIR TRANSPLANTS LIMITED patients will not be formally admitted as in-patients and all patients will be fully mobile, self-caring and able to return to normal activities of daily life within a very short period following their procedure.

2.0 PROCEDURE:

2.1 No patient will be discharged following a surgical procedure until they have been deemed fit for discharge following the recovery process and assessment.

See Anesthesia and Recovery

2.2 A member of staff will go through the written post-operative instructions with the patient prior to discharge together with written instructions for any medications which the patient has been given to ensure that the patient understands both of these documents.

2.3 No patient may be discharged without the consent of the treating medical practitioner.

2.4 Should a patient wish to leave HEAD QUARTERS HAIR TRANSPLANTS LIMITED other than under the terms of this policy the risks of early discharge must be explained to the patient and if they wish to proceed the facts must be recorded in the patient record and the patient asked to sign a statement indicating that they are discharging themselves against medical advice.

Procedures for Surgery

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that written policies and procedures shall be in place for carrying out surgical procedures.

2.0 Staffing Arrangements:

2.1 No surgical procedures shall commence within HEAD QUARTERS HAIR TRANSPLANTS LIMITED unless the responsible medical practitioner is present in the treatment room.

2.2 At least one other person, excluding the patient, must be present during any surgical treatments carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED (normally this will be the surgical assistant).

3.0 Equipment:

3.1 Prior to commencement of any surgical procedure it shall be the responsibility of the treating medical practitioner to ensure that all equipment to be used during the procedure is present and has been checked and found to be in good operational condition.

3.2 The treating medical practitioner must review the servicing and maintenance history of the equipment to ensure that the equipment is fit for use

3.3 Procedures must not be commenced if any required equipment is missing or if any fault is discovered with any equipment to be used.

3.4 All special requirements for equipment use must be adhered to during procedures or treatments.

3.5 Under no circumstances must any equipment be brought into HEAD QUARTERS HAIR TRANSPLANTS LIMITED or used without the knowledge and consent of the named Registered Manager (Nell Brunwin).

Facility Management: Cont…

3.6 Protocols for the use of any equipment must be present in the treatment room for reference purposes prior to the commencement of any procedure.

3.7 All single use sterile equipment will be checked prior to use by the surgical assistant to ensure that packs are undamaged and that items are within expiry date.

4.0 Installations:

4.1 Any equipment installed for use within HEAD QUARTERS HAIR TRANSPLANTS LIMITED must be approved by the named Registered Manager (Nell Brunwin).

4.2 Installation must be carried out in accordance with the manufacturer's instructions by an approved engineer, who must confirm in writing that the installation is complete, satisfactory and that the equipment is fully operational.

5.0 Facility Management:

5.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not operate a full surgical operating theatre; however, minor surgical procedures are carried out in the treatment room.

5.2 Surgical procedures will not be carried out in any other location within the premises.

5.3 All treatments will be carried out on an appropriate treatment couch.

5.4 The couch will be of a washable, non-porous type which can be readily disinfected and cleaned. The couch will be cleaned using a proprietary cleanser before and after each patient to reduce the chances of cross infection.

5.5 Flooring will be of a hard type which can be adequately cleaned and disinfected as necessary. All edges will be sealed, capped and coved to prevent them harbouring dirt and infected material

5.6 Walls will be painted with a durable and resistant covering which can be washed and disinfected as necessary.

Facility Management: Cont…

5.7 No porous or absorbent surfaces have been used in the construction of the treatment room, to minimise infection risk.

5.8 The treatment rooms will be cleaned daily using appropriate disinfectants to the floors and hard surfaces. Walls, cupboard tops and other areas will be cleaned on a weekly basis or more frequently as necessary to ensure a sufficiently clean environment.

5.9 Cleaning records showing work done and signed, dated and timed by the person carrying out the work will be kept in the treatment room. Cleaning will be checked for compliance by the Registered Manager or other designated individual.

Policy for Prevention of Venous Thromboembolism

1.0 Patients treated in HEAD QUARTERS HAIR TRANSPLANTS LIMITED are generally considered of low risk from venous thromboembolism by the age group, level of fitness, nature of the procedures carried out. However, where procedures are not of short duration even when carried out under local anaesthetic the patient will be assessed for the prevention of venous thromboembolism due to the associated period of immobility.

1.1 In view of the above, use of prophylactic measures must always be assessed.

1.2 Where, for specific patients, either with associated risk factors or where in the opinion of the treating medical practitioner it would be appropriate to institute such prophylactic measure, individual patients may be prescribed preventative compression hosiery and or short duration injectable anticoagulant therapy.

1.3 Such instructions will be recorded in the patient notes and it will be the duty of the treating medical practitioner to ensure that such measures are instigated prior to the procedure.

Policy for Scheduling of Operating Sessions

1.0 PROCEDURE:

1.1 All surgical procedures carried out in HEAD QUARTERS HAIR TRANSPLANTS LIMITED are elective.

1.2 A surgical diary will be maintained by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.3 The surgical diary will show allocated operating sessions and give the name of the treating medical practitioner, the surgical assistant, together with details of proposed procedures for the session.

1.4 A maximum number of surgical procedures will be assigned to each operating session by the named Registered Manager (Nell Brunwin) who shall retain the power of veto over any procedure or allocated operating session.

Procedure for Patient Identification & Pre-Operative Checks

1.0 No procedures carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED are under general anaesthetic.

1.1 When patients arrive their basic details will be checked and reconfirmed with those on the patient notes. Any correction will be highlighted and brought to the attention of the treating medical practitioner.

1.2 No sedation is used in in the clinic.

1.3 When patients are called for their pre-operative check their details will again be checked – confirming full name, date of birth, postcode and proposed procedure (including location). Details must be checked prior to any sedative drugs being administered.

1.4 The treating medical practitioner will be responsible in the pre-operative check for

- Confirmation of patient details and proposed procedure
- Marking of the patient as appropriate to indicate the extent and location of the proposed procedure.
- Checking results of any pre-operative investigations
- Recording of all information in the patient's surgical notes

1.5 Once in the treatment room the surgical assistant will make final confirmation of the patient's details against the surgical notes and proposed procedure from the operating session list.

1.6 Any discrepancy must be brought to the attention of the treating medical practitioner immediately and before the procedure starts.

Procedure for Completion of the Operation Record Form (ORF)

1.0 The Operation Record Form (ORF) must be completed for each procedure carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED. This form records the basic details of the patient and describes the procedure and events surrounding it. The ORF forms part of the patient's notes and is a medico-legal document.

1.1 It shall be the responsibility of both the treating medical practitioner and the surgical assistant to ensure that the ORF is completed fully and accurately at the time of the surgical procedure.

1.2 Both the treating medical practitioner and the surgical assistant, together with any other person involved in the procedure must sign the ORF to confirm that this is a true and accurate record of the procedure carried out.

1.3 Information recorded on the ORF shall include:

- Patient's full name, date of birth and postcode
- Date of procedure
- Name of treating medical practitioner
- Name of surgical assistant
- Confirmation of obtaining effective consent and signature on consent form
- Description of procedure carried out
- Details of the procedure including any complications or unexpected / adverse reactions encountered.
- Doses, volumes and amounts of any drugs or other medications prescribed and used during the procedure including times administered
- Record of batch number and expiry date of any drugs or medical devices used during the procedure.
- Tracking data of any reusable medical devices used
- Completed checklist of items used in the procedure (counted and signed twice)
- Details of any special post-operative instructions

1.4 The completed ORF shall be filed in the patient's clinical notes.

Procedure for Accounting of Surgical Instruments, Swabs, Blades and Needles

1.0 While no “open cavity” procedures are carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED, it is still important that all items used during a surgical procedure are accounted for at the end of the procedure.

1.1 An Operation Record Form (ORF) must be completed for each procedure carried out at HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.2 Information recorded in the ORF will include a completed checklist of items used during the procedure and two independent counts of the items, at the end of the procedure, both counts being signed by separate staff members (normally these will be the treating medical practitioner and the surgical assistant).

1.3 In the event of any discrepancy being found between items used and items found at the final counts the named Registered Manager (Nell Brunwin) must be informed and an investigation mounted immediately. Including a search of all waste bags and the treatment room.

1.4 An entry must be made in the surgical register to confirm that instrument and consumable tally is correct. The entry must be signed by both persons responsible for carrying out the counts of items used.

Anaesthesia and Recovery

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all will receive the highest possible standard of care in relation to anaesthesia and the recovery period.

2.0 Anaesthesia:

2.1 Patients of HEAD QUARTERS HAIR TRANSPLANTS LIMITED will be treated only under local anaesthetic (injectable and/or topical).

2.2 Under no circumstances will any patient be given a general anaesthetic on HEAD QUARTERS HAIR TRANSPLANTS LIMITED premises.

2.3 It shall be the responsibility of the treating medical practitioner to assess the patient during the pre-treatment consultation for suitability for treatment using local anaesthetic, based on history, medications and any necessary physical examination.

2.4 The treating medical practitioner will be responsible for the decision as to which local anaesthetic is to be used for each individual patient and there upon individual doses (within clinically accepted guidelines based on patient weight).

2.5 Local anaesthetic will be administered by the treating medical practitioner during the procedure.

2.6 The treating medical practitioners will discuss pain control in the immediate post-operative period with the patient during the pre-treatment consultation and this will again be discussed during the discharge process.

2.7 Patients may receive oral or intravenous sedatives for relief of anxiety and relaxation during minor surgical procedures at the discretion of the treating medical practitioner.

3.0 Recovery:

3.1 Following procedures patients will be allowed to dress and rest in the recovery area with a comfortable chair and drinking water available.

3.2 Patients will remain in the clinic for an appropriate minimum period following procedure.

Recovery cont…

3.3 The treating medical practitioner should see the patient before discharge.

3.4 If at any time the patient feels unwell, observations are not satisfactory or if there is any other concern the treating medical practitioner must review the patient immediately and assess the need for further intervention.

3.5 Patients will remain under observation in the clinic if they feel unwell in any way or if observations are not stable or if there is any other cause for clinical concern.

Policy for Cosmetic Surgery

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all patients clearly understand the nature of all procedures offered and are aware of the qualifications and experience of treating medical practitioners.

1.1 Treating medical practitioners shall only be granted practicing privileges in accordance with these policies and procedures.

1.2 All treating medical practitioners must submit full details of their qualifications and experience to the named Registered Manager (Nell Brunwin) and this information will be presented to patients during their pre-treatment consultation.

1.3 All treating medical practitioners will complete patient records with detailed contemporaneous clinical entries including suitability for proposed procedures.

1.4 No patient will receive treatment on the same day as their initial consultation appointment.

1.5 In the event that treatment is deemed inappropriate for psychological reasons patients will not be treated and if appropriate will be referred to their General Practitioner for further assessment and consideration of onward referral for psychological assessment.

1.6 All patients will be provided with specific information leaflets for proposed procedures including specific risk factors and provide details of alternative treatments where available.

1.7 Medical devices and equipment will only be used in accordance with written procedures.

- ***See Policy for Protocols for Surgical Treatments***

1.8 Staff and treating medical practitioners will only use equipment for which they have received appropriate, documented training and have competence.

1.0 Assessment for cosmetic surgical procedures

2.1 A full assessment must be carried out to establish the patient's suitability for any cosmetic surgical procedure, taking into account their medical history, general health, age, co-morbidities, ongoing medications and any other planned procedures.

2.2 The patient must be asked why they would like cosmetic intervention and the outcome they hope for in order to establish if the intervention is appropriate and likely to meet their needs.

2.3 Where the cosmetic intervention is unlikely to meet the patient's desired outcome or be of overall benefit to the patient, the surgeon must discuss this with the patient with a full explanation. If after discussion the surgeon still believes the procedure is not appropriate then the procedure must not be carried out.

2.4 Assessment must include attempts to identify a psychologically vulnerable patient and where concerns are identified the procedure must be avoided or deferred pending appropriate psychological assessment.

2.5 Where the psychological state of the patient may affect the patient's satisfaction with the outcome of surgery, a referral to a mental health expert should be considered, for example:

- When it is considered that the expectations of the outcome of surgery are unrealistic, and this discrepancy is not resolved as part of consultations;
- When the patient has a history of repeated cosmetic procedures, particularly when those are in one anatomical area and there is evidence of dissatisfaction: and
- When the patient's mental health history reveals co-existing psychological disturbances.

2.6 Consultation for surgical procedure must have the appropriate time allocated to allow for in-depth discussion of the procedure with the patient. This may require multiple consultations.

2.7 The following topics must be included in the pre-operative discussion:

- The patient's history of previous cosmetic procedures, their outcome and patient's satisfaction;
- A full explanation of the procedure and its implications, including complexity, duration of pain, length of recovery and associated complications including any associated procedures such as anaesthesia;
- Explanation of the quality of evidence for the proposed procedure;
- The likely outcome of the procedure, including the anticipated impact on day-to-day life. The surgeon should be confident that the patient has realistic expectations of the likely outcome;
- Explanation of any adverse outcomes that may result from the proposed intervention (paying particular attention to those the patient is most concerned about) and the potential for the adverse physical and psychological impact of the procedure going wrong or failing to meet the patient's expectations;
- Follow-up treatment required, aftercare and relevant financial implications;
- Full explanation of the fee structures including management of any complications;
- Alternative options, both operative and non-operative, including the option of doing nothing;
- Information on the specific location (if different to that of the pre-operative consultation) and the date/time the proposed procedure will take place; and
- Where relevant, information about the surgeon's personal complication rate or their most common complications.

Policy for Pathology Services

1.0 Management of pathology services:

1.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that where pathology services are provided staff are qualified and trained.

1.1 No pathology services are provided on the premises of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.2 In order to provide pathology services to patients HEAD QUARTERS HAIR TRANSPLANTS LIMITED has established an agreement with an external commercial laboratory for:

- Haematology
- Biochemistry
- Microbiology

1.3 The pathology service provider for HEAD QUARTERS HAIR TRANSPLANTS LIMITED is The Doctors Laboratory.

1.4 The Doctors Laboratory has published standards for quality assurance management and quality assurance.

2.0 Pathology Service Processes:

2.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that pathology services are undertaken in a manner which provides quality assurance to patients.

3.0 Pathology Procedure:

3.1 Taking of samples and specimens:

3.1.1 Samples and specimens may be taken on site using equipment provided by the approved pathology service provider The Doctors Laboratory.

3.1.2 All samples and specimens must be taken in accordance with the written instructions provided by The Doctors Laboratory (see pathology instruction sheet).

3.2 Identification of samples and specimens:

3.2.1 All samples and specimens must be labelled including the name of the patient, date of birth and either reference number or post code.

3.2.2 Investigation request forms must be fully completed and signed by the treating medical practitioner.

Policy for Pathology: cont…..

3.3 Packaging and despatch of samples and specimens:

3.3.1 Samples and specimens must be packaged in the supplies provided by TDL prior to despatch.

3.3.2 All items, including the investigation request form must be included in the outer envelope.

3.3.3 Appropriate biohazard labels must be displayed.

3.3.4 The details of the investigation requested must be made in the patients notes and an entry made in the pathology log including:

- Date of collection / posting
- Name, address and post code of patient
- Investigation requested
- Name of requesting medical practitioner

3.3.5 All samples must be posted on the day of collection.

4.0 Quality Control of Pathology Services:

4.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that pathology services are undertaken in a manner which provides quality assurance to patients.

4.2 Audit of Results:

4.2.1 It shall be the responsibility of the named Registered Manager (Nell Brunwin) to audit the pathology log at no less than 2 week intervals to ensure that any results which have not been returned are checked with the laboratory as being received and are being processed.

4.2.2 The named Registered Manager (Nell Brunwin) shall sign and date the pathology log to confirm that the audit has been completed and any necessary action taken.

5.0 Facilities and Equipment for Pathology Services

5.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that pathology services are provided using safe and effective facilities and equipment.

5.2 Samples and specimens will be collected using equipment provided by The Doctors Laboratory.

5.3 Any damaged, defective or expired sampling equipment will be discarded and or returned to the laboratory for destruction.

Policy for Pathology: cont…..

5.4 Equipment for samples, specimens and forms will be kept in the treatment rooms

5.5 Samples and specimens will be collected in the treatment rooms.

6.0 Handling of Results:

6.1 All pathology results must be checked against the pathology log and an entry made against the request to confirm that the result has been returned.

6.2 The treating medical practitioner must be made aware of the result of all investigations.

6.3 Any result which it marked as urgent or is telephoned from the laboratory must be drawn to the attention of the treating medical practitioner immediately by telephone.

Standard 8: Care Planning and Provision

Organisations and services will recognise and address the needs of patients, service users and their carers by:

a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;
b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and
c) working in partnership with other services and organisations, including social services and the third sector.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Patient health and wellbeing needs are identified through appropriate levels of assessment and a plan of care developed to meet those needs.

Patient and service user needs and preferences are central to the assessment, planning and provision of their care. Good quality care planning and provision will help ensure a positive patient experience.

To ensure that patients receive safe, individualised treatment and care, registered persons will need to consider the following when developing plans of care:

- Application of relevant legislation (for example, the requirements of the Data Protection Act 2018 or Health and Safety at Work Act 1974).
- How evidence based and best practice guidance informs all stages of the care pathway.
- How to ensure that the right staff perform the right tasks and roles.
- The role of team leaders or managers in the provision of treatment and care.
- Access to timely specialist or expert advice.
- How to empower and support service users (and where appropriate their family or representatives) to enable them to understand what is proposed for their treatment, express preferences, make decisions and care for themselves after discharge (including decisions about resuscitation).
- How to resolve service user preferences, where these may not be possible to meet (for legal or other reasons).
- Consistency of the quality of care planning and provision.
- Arrangements for liaising with external agencies and professionals

Policy for the arrangements for provision of treatment

1.1 All patients presenting to HEAD QUARTERS HAIR TRANSPLANTS LIMITED will be formally assessed prior to initiation of any form of treatment. The assessment will be appropriate to the particular service or speciality to which the patient is presenting.

1.2 The assessment will be carried out (or may be reviewed and supervised by – in the case of a trainee or less experienced member of staff) a fully trained and qualified practitioner appropriate to the discipline concerned. A full assessment of needs will be carried out in the consultation and will be used as a basis for the development of the management plan. This will be reviewed and updated at each subsequent consultation.

1.3 Assessment for medical treatment will be carried out by a registered medical practitioner who has undergone (or is undergoing training, supervised by an experienced medical practitioner) specific specialist postgraduate training in the particular area.

1.4 All assessments will take into account the needs and preference of the patient. All possible treatment options will be fully discussed with the patient and where preferences about choice of treatment cannot be met then the practitioner will fully explain why and document the reason in the clinical records.

1.5 All assessments will take into account current legislation and consider nationally recognised evidence-based guidance.

1.6 The outcome of any diagnostic tests and assessments carried out as part of consultation/treatment with be fully explained and discussed in a way which they are able to understand, and which enables the patient to make informed choices about their treatment and care.

1.7 HEAD QUARTERS HAIR TRANSPLANTS LIMITED policy is that all relevant information gathered will be documented in the patient's records. This record constitutes a medico legal document and remains the property of the Company.

1.8 No treatment will be carried out without fully informed consent of the service user. As the treatments provided by HEAD QUARTERS HAIR TRANSPLANTS LIMITED are elective cosmetic procedures, HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not treat persons who are unable to give fully informed consent and does not treat persons detained undertrained or liable to be maintained under the Mental Health Act 1983

1.9 HEAD QUARTERS HAIR TRANSPLANTS LIMITED publishes a professional fee scale that is freely available to the public. All patients will be presented with this together with a brochure outlining the services provided by HEAD QUARTERS HAIR TRANSPLANTS LIMITED, prior to initiation of any treatment.

Policy for the arrangements for the provision of treatments cont….

1.10 Where, during the course of any consultation, it becomes apparent that a patient needs or may need referral to another health care professional (e.g.: their general practitioner) for further investigation of treatment of any condition, then the HEAD QUARTERS HAIR TRANSPLANTS LIMITED practitioner will make such a referral formally in writing, providing the patient with a letter. Should there be a more urgent or pressing need for intervention, the HEAD QUARTERS HAIR TRANSPLANTS LIMITED practitioner will telephone the patients general practitioner to pass on the necessary information.

1.11 All consultations within the HEAD QUARTERS HAIR TRANSPLANTS LIMITED premises will be carried out in private and out of the hearing of any other staff or members of the public.

1.12 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will actively seek patient feedback on a regular basis in relation the services provided. Any required action from such feedback will be fully documented.

Standard 9: Patient Information and Consent

Organisations and services recognise and address the needs of patients, service users and their carers by:

a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements;
b) providing opportunities to discuss and agree options;
c) treating their information confidentially;
d) obtaining informed consent, in line with best practice guidance; and
e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

People who use services know that they will receive the right information, at the right time, provided by the right people, in a way and language they can understand, to make the choice that is best for them, because; policies, guidance and processes are in place dealing with consent, in relation to adults which:

• establish whether a person has capacity to give consent;
• establish what constitutes valid consent;
• details the form that consent might take and the duration of that consent;
• deals with lack of capacity to consent;
• deals with advanced decisions;
• deals with refusal to consent;
• deals with consent issues arising from additional procedures that maybe required during treatment and are not covered by the original consent and where appropriate;
• deals with consent relating to the subsequent use of removed tissue;
• deals with consent to visual and audio recordings;
• deals with requirements concerning gametes and the requirements for living donation and for research and innovative treatment.

Policy for Consent

1.0 Background

1.1 In order that a patient can give "valid Consent" certain procedures must be followed. The simple signing of a consent form does not in itself guarantee informed consent; likewise, the absence of a signature does not in itself mean that informed consent has not been obtained.

1.2 It is a general legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a patient. This principle reflects the right of patients to determine what happens to their own bodies and is a fundamental part of good practice. A health professional who does not respect this principle may be liable both to legal action by the patient and action by their professional body. Employing bodies may also be liable for the actions of their staff.

1.3 The Human Rights Act 1998 came into force in October 2000, giving further effect in the UK to the rights enshrined in the European Convention on Human Rights. In future, courts will be expected to take into account the case law of the European Court of Human Rights in Strasbourg, as well as English case law.

1.4 Certain basic principles should be adhered to in the pursuit of best practice. The Department of Health has produced a document (Health Service Circular HSC 2001/023 Good practice in Consent) detailing best practice and this has been followed wherever possible in the production of this document.

1.4.1 To give informed consent a patient must

- Be able mentally to make a decision
- Be fully informed about procedure
- Know the risks and benefits
- Know the alternatives
- Not be placed under any duress

1.4.2 Informed Consent involves

- Explanation to the patient (verbal and written)
- Time to reflect and think about the decision
- Discussion about concerns
- Answering the patient's questions
- Signing of the Consent Form
- Signing of the Consent by Practitioner

Policy for Consent: cont…..

2.0 What is a consent form for?

The Consent Form documents the patient's agreement to go ahead with the investigation or treatment proposed. It is not a legal waiver - if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoir to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

2.1 Who can obtain consent?

Consent must be obtained by a person who has sufficient knowledge about the patient and their care, treatment and support options. For a cosmetic procedure, the consent must be obtained by the medical practitioner responsible for carrying out the procedure.

2.2 Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for him or herself, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for him or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

2.3 When NOT to use this form

2.3.1 A patient will not be legally competent to give consent if:

they are unable to comprehend and retain information material to the decision
and / or
they are unable to weigh and use this information in coming to a decision.

Policy for Consent: cont…..

2.3.2 The practitioner should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

2.3.3 Where a person's disability impairs their ability to communicate the practitioner must take all reasonable steps to ensure that the disabled person is able to ask questions and express their views, by use of interpreters or other appropriate means such as an induction hearing loop.

2.4 Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'material risks" involved in a proposed treatment (*Montgomery v Lanarkshire Health Board*). "The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it". In addition, if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused by the patient, the fact should be documented on the form.

2.5 The Patient

2.5.1 Only patients who are mentally competent, and who are able to give an informed consent will be considered for treatment.

2.5.2 Everyone aged 16 or more is presumed to be competent to give consent for him or herself, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for him or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a

Policy for Consent: cont…..

form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

2.5.3 Any person who by reason of physical or mental impairment is unable to give such consent must be declined treatment.

2.5.4 Where language is a barrier to the establishment of informed consent, the patient may bring an interpreter with them. However, if the staff member giving information is not confident as to the adequacy of the translation, then again, treatment should be declined.

2.6 Information Provided

2.6.1 Information must be provided in written and verbal form.

2.6.2 The patient must understand that the written version of the information is the basis upon which we agree to carryout treatment and the patient must read the consent form and other written information thoroughly prior to treatment.

2.6.3 The consent process will include verbal information from practitioner. This information will at all times be consistent with the written information provided. Under no circumstances will any representative of the establishment provide information which is inconsistent with printed material. It is the responsibility of all staff members to ensure that they are fully familiar with all current printed material and that they advise patient accordingly.

2.6.4 Patient attending for an initial consultation must be provided with all written information and they must have adequate opportunity to read, review and understand the consent form and other material.

2.6.5 Patients should be encouraged to ask questions relating to the consent form to ensure that any and all queries are answered fully and to the satisfaction of the patient.

2.7 Process of Consent

2.7.1 The Consent process shall consist of:

Information (written and verbal) concerning risks and benefits of the treatment

- Expected outcomes
- Significant complications
- Alternatives to the suggested treatment
- What the treatment involves

Policy for Consent: cont…..

The consent process must take into account the Royal College of Surgeons Professional Standards for cosmetic surgery – (see also ***Policy for Cosmetic Surgery***).

An adequate period for reflection and consideration

An opportunity to ask questions and to have these answered fully and truthfully.

Cosmetic surgery procedures will not take place on the same day as the consultation.

Signature of both the Patient and the Practitioner on the consent form.

All patients should be offered a copy of their consent form.

Consent should be regularly reviewed to take into account the patient's changing needs.

2.8 Records and Procedures

2.8.1 All consent forms and associated material must be filed in the patient's notes. These form part of the medico legal record and must be complete.

2.8.2 All signatures will be checked by practitioners prior to treatment.

2.8.3 Failure by any member of staff to comply with this policy shall be a disciplinary offence.

2.9 Consent to Release Information to Patients General Practitioner:

All patients are asked on their consent forms for permission to provide information to their personal doctor. Patients have the right to withhold this consent. Should they choose to do so a copy of their treatment record will be given to them with the advice that this information should be passed to their General Practitioner.

2.10 Directives:

ALL patients must be given both the Consent Form and written information.

Patients MUST read BOTH thoroughly

Patients must sign and date the consent form with the practitioner.

Policy for Consent: cont…..

2.11 Summary of Consent Actions:

- All patients must be given a consent form appropriate to the suggested procedure.
- The patient must be given a verbal explanation of the procedure consistent with the written information leaflets by a practitioner who is familiar with the procedure and its possible complications and alternatives. Risks must be explained based on the materiality test.
  "The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it."
- The patient must have read the printed information.
- All patients must be given the opportunity to discuss questions, worries or concerns with the practitioner prior to the procedure.
- Only when the individual patient is satisfied that they fully understand the procedure should they be invited to sign the consent form.
- The practitioner must also sign the consent form to confirm that they have explained the procedure and that they are satisfied that the patient understands the procedure.
- Failure to comply with the terms of this policy shall constitute a disciplinary offence under the disciplinary procedure.

Standard 10: Dignity and Respect

Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, religious and spiritual needs / choices and preferences of individuals and that their right to dignity and respect will be protected and provided for.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

People who use services will know that their privacy, dignity, independence and autonomy will be respected because registered persons ensure:

- facilities are available to optimise privacy and dignity;
- staff receive training and development to be able to uphold privacy, dignity and independence
- the provision of information in a format and way which service users can understand;
- that there are processes in place to ensure communication with service users and that policies and procedures are informed by service user views and experiences;
- that they have established benchmarks for dignity and respect which are regularly audited;
- that they encourage independence and autonomy

Policy for Dignity, Care and Protection of Patients

1.0 It is the Policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all of its patients will be treated, at all times, with courtesy and consideration and that staff members will promote and maintain the dignity of its patients.

2.0 Form of Address:

2.1 We recognise that patients vary in preference for the way in which they are addressed by healthcare professionals or other staff members caring for them. On first meeting a new patient it is essential that the practitioner establishes the most appropriate form of address. Where this is not obvious from the consultation process, the patient should be specifically asked how they would prefer to be addressed. This preference should be documented in the patient's notes.

2.2 It is recognised that this preference may change during the course of the professional relationship but, at least initially, the patient's expressed wishes should be noted.

3.0 Consent to Treatment:

See *Consent Policy*

4.0 Confidentiality:

4.1 Patients have a right to expect that their personal information is respected and remains private and confidential.

See *Access to Health Records and Information Management Policy*.

5.0 Personal Privacy and Dignity:

5.1 Consultations prior to treatment are conducted in a private consultation room. All information regarding patients is treated as confidential.

5.2 When changing is required for a particular examination or treatment, all patients are permitted to change into appropriate attire in a private and secure environment to respect their privacy and dignity.

6.0 Identification of Staff Members:

6.1 Staff members will be provided with name badges to clearly identify them and their position within the organisation. These will be worn by all staff members whenever they are on duty within the organisation.

Policy for Dignity, Care and Protection of Patients: cont…..

7.0 Practitioner / Patient Relationship and Prevention of Abuse:

7.1 It is the responsibility of the Practitioner to ensure that they safeguard the interest of their patients at all times.

7.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is responsible for ensuring that Practitioners can practise within an environment that is safe, supportive and free from abuse of any kind.

7.3 Patients are vulnerable whenever their health or usual function is compromised. This vulnerability increases when they enter unfamiliar surroundings, situations or relationships.

7.4 HEAD QUARTERS HAIR TRANSPLANTS LIMITED has a philosophy of zero tolerance of abuse in the interests of protecting its patients.

7.5 Practitioners are personally accountable for ensuring that they promote the interests of patients in their care, irrespective of gender, age, race, disability, sexuality, culture or religious belief. The only appropriate relationship between Practitioner and patient is one which focuses on the needs of the patient and it is the responsibility of the Practitioner to ensure that the professional boundaries are maintained at all times.

Personal relationships with vulnerable patients are never acceptable.

7.6 Abuse within the practitioner-patient relationship is the result of misuse of power or a betrayal of trust, respect or intimacy between practitioner and patient which the practitioner should know would cause physical or emotional harm to the patient.

7.7 Abuse takes many different forms and can be physical, psychological, verbal, sexual, financial /material or based upon neglect.

7.8 Where an incident is brought to the attention of the Registered Person and it could be construed that the incident constitutes an issue in which an adult was placed in a position of being vulnerable and so subject to a possible assault (e.g. sexual) then the matter should be immediately referred to the appropriate authorities (Police, Local Authority Social Services) to be dealt with under the local authority vulnerable adult policy. Any proven instance of abuse will be treated as gross misconduct and render any staff member liable to summary dismissal as well as likely action by external authorities.

7.9 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will also inform the relevant authorities (e.g. police, GMC, NMC, Healthcare Inspectorate Wales).

Policy for Dignity, Care and Protection of Patients: cont…..

8.0 Care and Protection of Children and Young Adults:

8.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED recognises that the care and treatment of children (under 16 years) and young adults (between 16 and 18 years) requires special consideration in terms of protection from abuse and in terms of consent to treatment due to their inherently increased vulnerability.

8.2 It is not the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED to treat persons under the age of 18 years using any registered treatment.

See also:
Policy for Safeguarding Adults
Policy for Safeguarding Children

Standard 11: Safeguarding Children and Safeguarding Vulnerable Adults

Organisations and services promote and protect the welfare and safety of children and vulnerable adults by:

a) conforming to legislation and guidance;
b) ensuring effective multi-agency working and co-operation;
c) training and supporting staff to recognise and act on issues and concerns, including sharing of information; and
d) sharing good practice and learning.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Registered persons will ensure that robust processes are in place and do all that they can, to ensure that people who use their services are protected from abuse or the risk of abuse, neglect, harm and exploitation. Systems and procedures mirror best practice guidance for the protection of children and vulnerable adults (safeguarding).

This includes compliance with the Mental Health Act 1983 in relation to persons liable to be detained and the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards.

Support, empowerment and anti-discriminatory practices will also be essential components of the care provided and in dealing with any safeguarding matters.

Policy for Safeguarding Adults

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Care and Support Statutory Guidance, Department of Health, para 14.7updated October 2018

1.0 Statement:

1.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all vulnerable adults have the right, at all times and in all situations to feel safe and protected from any situation or practice which would result in a vulnerable adult being harmed physically or mentally.

1.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to safeguarding adults at risk and does not tolerate abuse of adults in any form.

1.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED adheres to the 6 key principles that underpin adult safeguarding and should inform how we engage with people at risk of abuse, harm or neglect:
Empowerment
Prevention
Proportionality
Protection
Partnership
Accountability

1.3 People are considered vulnerable whenever their health or usual function is compromised. This vulnerability increases when they enter unfamiliar surroundings, situations or relationships. Patient undergoing treatments or therapies can be considered to be vulnerable in this regard and care must be taken by all concerned within the organisation that abuse of the practitioner-patient relationship does not take place.

1.4 An adult may not be able to protect themselves from exploitation or harm for many reasons. This could include mental or physical incapacity or disability or learning disability. An adult could be temporarily unable to protect themselves due to an accident, disability, frailty, addiction or illness.

1.5 HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not as a matter of policy carryout procedures for patients who are unable to understand the procedures or give an informed consent.

1.6 Where there is a question as to the suitability of a patient to give informed consent the healthcare practitioner will be responsible for ensuring that the advice of the patient's General Practitioner or other medical attendant is sought prior to treatment.

1.7 ***Note:*** Where language presents a barrier to the process of gaining informed consent there may be a possibility that the patient could be considered to be vulnerable. Under no circumstances should any patient undergo any treatment procedure without the benefit of a full and adequate explanation in a language with which they are fully conversant and able to comprehend the full implications. If the healthcare practitioner is not happy with the

Policy for Safeguarding Adults: Cont…

comprehension of any patient then the patient should be advised to seek further explanation and official translation.

1.8 Where an incident is brought to the attention of Safeguarding Lead and it could be construed that the incident constitutes an issue in which an adult was placed in a position of being vulnerable and so subject to a possible assault (e.g. sexual) then the matter should be immediately referred to the appropriate authorities (Police, Local Authority Social Services) to be dealt with under the local authority Safeguarding Policy.

1.9 Any proven instance of abuse by a staff member will be treated as gross misconduct and render any staff member liable to summary dismissal as well as likely action by external authorities.

1.10 The Safeguarding Lead (Nell Brunwin) will also inform the relevant authorities (GMC, NMC, Healthcare Inspectorate Wales)

2.0 What is Vulnerable Adult Abuse?:

2.1 There are ten commonly recognised categories of abuse of vulnerable adults:

1. Physical Abuse – includes assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

2. **Sexual Abuse** – when an adult exploits their power, authority or position and uses a vulnerable adult sexually to gratify their own needs – including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse and non-consensual pornographic activities.

3. Psychological Abuse – when a vulnerable adult is not given help and encouragement and is constantly derided, ridiculed and ignored. This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable or unjustified withdrawal of services or supportive networks.

4. Neglect and acts of omission – this usually means failing to meet vulnerable adult’s basic needs. It could also mean failing to ensure that they are safe or exposing them to harm. This includes wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care (including not supporting a person to access clinical appointments and support), the withholding of the necessities of life (such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication).

5. Financial or material – This involves the exploitation of the financial position of the vulnerable adult in terms of money or other property or any other financial gain to the abuser. This includes theft, fraud and exploitation, coercion in relation to an adult’s financial affairs or arrangements, including pressure in connection with will, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include “cuckooing” where a person’s property is taken over and used for illegal activities.

Policy for Safeguarding Adults: Cont…

6. **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

7. **Domestic abuse**. The cross-government definition of domestic violence and abuse is: "*any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality*" (Gov.UK, 2013). The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015) and recognition of violence against women, domestic abuse and sexual violence (VAWDASV) is part of the Social Services and Well-being (Wales) Act 2014.
This includes Female Genital Mutilation (FGM). FGM comprises all procedures involving partial or total removal of the external female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people, this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM then a referral should be made in line with the usual local safeguarding arrangements (Gov UK 2012)

8. **Discriminatory** – any form of discrimination towards an adult based on "protected characteristics" under the Equality Act (2010). This includes unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

9. **Organisational abuse**- is the mistreatment, abuse or neglect of a vulnerable adult by a regime or individuals within settings and services that vulnerable adults live in or use, that violate the person's dignity, resulting in lack of respect for their human rights. An incident or series of incidents involving on-going ill-treatment. It can be from neglect of poor professional practice resulting from inadequate structure, policies, processes and practices within an organization (this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in a person's own home).

10. **Modern slavery** – The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of modern slavery. People can be trafficked for many different forms of exploitation (e.g. prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude, forced organ removal). Trafficking can occur within the UK as well as countries outside the UK.
Definitions adapted from the Intercollegiate Guidance – Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018)

Policy for Safeguarding Adults: Cont…

3.0 Prevent

Prevent is a programme designed to safeguard people in a similar way to safeguarding processes to protect them from gang activity, drug abuse and physical and sexual abuse. Radicalisation is a form of emotional and/or psychological exploitation which can occur through direct personal contact or indirectly through social media. It is necessary to have due regard to the need to prevent people from being drawn into terrorism and therefore ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation. The Prevent framework provides guidance to ensure appropriate competencies in training.

If a member of staff is concerned at any stage that an adult with care and/or support needs is being radicalised then this should be treated as a safeguarding concern.

4.0 Safeguarding Lead

4.1 Nell Brunwin is the Safeguarding Lead for HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

4.2 Nell Brunwin will ensure that all staff are familiar with this policy and their responsibilities.

4.3 Any member of staff who has safeguarding concerns or queries should contact the Safeguarding Lead (Nell Brunwin).

4.4 The Safeguarding Lead (Nell Brunwin) must keep a log of any safeguarding concerns or queries raised by any member of staff or the public.

4.5 The Safeguarding Lead (Nell Brunwin) is responsible for making decision about notifying adult social services when required and any other relevant actions.

5.0 How does this affect us at HEAD QUARTERS HAIR TRANSPLANTS LIMITED? :

5.1 There may be a time when a vulnerable adult approaches a member of staff to discuss a problem in their life. It is vital that we know how to react to this in a sensitive and appropriate manner.

5.2 To protect members of staff the following guidelines should be adopted:

5.2.1 Good practice guidelines:

- Treat all vulnerable adults with respect and dignity.
- The needs of the vulnerable adult must always be paramount.
- Maintain an appropriate distance when dealing with vulnerable adults.
- Always work in an open environment.
- Always investigate and record any allegations made by a vulnerable adult fully.

5.2.3 Practices to be avoided:

- Avoid spending excessive amounts of time alone with vulnerable adults away from others.
- Avoid taking vulnerable adults to your home where they would be alone with you.
- Never engage in rough, physical or sexually provocative games including horseplay.
- Never allow or engage in any form of inappropriate touching.
- Never make sexually suggestive comments to vulnerable adult
- Never allow vulnerable adults to use inappropriate language unchallenged
- Never reduce a vulnerable adult to tears as a form of control

Policy for Safeguarding Adults: Cont…

5.3 If any vulnerable adult becomes distressed, accidentally hurt or if a vulnerable adult becomes sexually aroused by any action of a member of staff (or other adult) or if a vulnerable adult misinterprets something that a member of staff has done the incident must be reported to the Safeguarding Lead (Nell Brunwin) and the matter fully recorded and investigated.

6.0 How listen and react:

6.1 Staff should never trivialise or exaggerate vulnerable adult abuse issues.

6.2 If a vulnerable adult confides a sensitive issue of concern to a member of staff:

- Allow the vulnerable adult time to speak without interruption or leading them by making suggestions
- Do not try to interrogate other than to clarify your understanding.
- Reassure the vulnerable adult that you are glad that they have told you and that they were right to tell you.
- Be honest in telling the vulnerable adult that you cannot keep it confidential and that you will have to tell someone who can help.
- Remain calm – no matter how difficult it may be to listen
- Actively listen to what the vulnerable adult is saying – take what they say seriously.
- As soon as possible afterwards, write down what they have told you – remember that this highly confidential.

7.0 What to do:

7.1 *Respond:*
Take emergency action (call 999 if emergency is immediate or 101 if not) if someone is at immediate risk of harm or in need of urgent attention.
Get brief details, if possible, about what has happened and what the adult would like to be done. Do NOT, however, conduct a mini-investigation.
Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

7.2 *Report:*
Nell Brunwin is the Safeguarding Lead for HEAD QUARTERS HAIR TRANSPLANTS LIMITED. Any potential safeguarding concerns should be reported the Safeguarding Lead as soon as possible.

7.3 *Record:*
An incident report form must be completed and given to the Safeguarding Lead.
Whenever possible, records should be written contemporaneously, dated and signed.
All records relating to safeguarding concerns must be kept confidential and in a location where the alleged abuser would not have access to the record. Access should not be given to any unauthorised personnel. Every effort must be made to maintain confidentiality for all concerned. Information should be handled and disseminated strictly on a "need to know" basis.

7.4 *Refer:*

The Safeguarding Lead must decide whether or not to refer, taking into account:

- Adult's wishes and preferred outcome;
- Whether the adult has the mental capacity to make an informed decision about their own or others' safety;
- The safety or wellbeing of children or other adults with care and support needs;
- Whether there is a person in a position of trust is involved;
- Whether a crime has been committed.

This will assist in making the decision whether to notify:

- The police if a crime has been committed; and/or
- Social services safeguarding team;
- Regulatory bodies (e.g. Healthcare Inspectorate Wales);
- Family/ relatives – ensure that advice is sought from social services safeguarding team before doing this.

7.5 If the allegation is against a member of staff – contact the Local Authority Designated Officer (LADO) within 1 working day .

Policy for Safeguarding Adults: Cont…

If for any reason the safeguarding lead is not available and you are in any doubt, then you should seek advice from a suitable source e.g. social services safeguarding team

Contact details of local Safeguarding Team:

Telephone: _____

Out of Hours
Telephone:_____

Email
Address:_____

Safeguarding Lead contact details:

Safeguarding Lead (Nell Brunwin)

8.0 Training

8.1 Safeguarding Lead (Nell Brunwin) will ensure that all staff are familiar with this policy and their responsibilities.
8.2 Safeguarding Lead (Nell Brunwin) will ensure that all staff are appropriately trained:

Level 1 Safeguarding Training – all staff working in healthcare settings

Level 2 Safeguarding Training – all non-clinical and clinical staff who have regular contact with patients, their families or carers or the public.

Level 3 Safeguarding Training – all registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of a adults where there are safeguarding concerns.

8.3 The Safeguarding Lead will complete Level 3 Safeguarding training.

Policy for Protection of Children (and Young Adults)

1.0 Introduction:

1.1 All healthcare providers have a duty to make arrangements to safeguard and promote the well-being of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

1.2 Providers who are registered with the Healthcare Inspectorate Wales (HIW) must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported.

1.3 All staff who come into contact with children and young adults have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection. This responsibility also applies to staff who primarily work with adults who have dependent children that may be at risk because of their parents/carers health or behaviour.

1.4 In order to fulfil these responsibilities, healthcare providers must ensure that all staff have access to appropriate safeguarding training and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

1.5 Under the 1989 and 2004 Children's Act a child or young person is anyone under the age of 18 years.

1.6 The Safeguarding Lead for HEAD QUARTERS HAIR TRANSPLANTS LIMITED is Nell Brunwin.

1.7 It is not the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED to treat children under the age of 18 years.

1.8 It is not our policy to encourage children to be brought to the establishment whilst parents or other family members or friends are being treated. Parents and guardians are asked not to bring children who are not receiving treatment to the establishment as we do not have facilities specifically to care for children.

1.9 Whilst bearing the above statements in mind we must always be aware that there are situations in which children are brought to the establishment against our advice and in these circumstances, we must make every endeavour to actively protect them from harm and show constant vigilance for signs of abuse which may be apparent.

2.0 Statement of Policy:

2.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all children have the right, at all times and in all situations to feel safe and protected from any situation or practice which would result in a child being harmed physically or mentally.

Policy for Safeguarding Children. Cont…

2.2 The following key principles should be guidance:

- All children have a right to be safe and should be protected from all forms of abuse and neglect;
- Safeguarding is **everyone's** responsibility;
- It is better to help children as early as possible, before issues escalate and become more damaging; and
- Children and families are best supported and protected when there is a co-ordinated response from the relevant agencies.

2.3 The Safeguarding Lead (Nell Brunwin) will:

- promote good practice within HEAD QUARTERS HAIR TRANSPLANTS LIMITED;
- provide expertise for fellow practitioners; and
- ensure safeguarding training is in place.

3.0 What is Child Abuse?:

3.1 There are many commonly recognised categories of child abuse:

1. Physical Abuse – is deliberately hurting or injuring a child, for example, by hitting, pinching, shaking, throwing, poisoning, scalding, drowning, suffocating or otherwise causing physical harm to a child/young person. This category also includes bullying them.
Physical harm may also be caused when a parent or carer fabricates symptoms of, or deliberately induces, illness in a child. Harm can also occur due to practices linked with faith and culture (e.g. Female Genital Mutilation (FGM)).
Female Genital Mutilation (FGM). FGM comprises all procedures involving partial or total removal of the external female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people, this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM then a referral should be made in line with the usual local safeguarding arrangements (Gov UK 2012)

2. **Sexual Abuse and Sexual Exploitation** – when an adult exploits their power, authority or position and uses a child sexually to gratify their own needs – it could range from sexually suggestive comments to full intercourse.
Sexual abuse is any sexual activity with a child or young person, not necessarily involving violence, whether or not the child is aware of what is happening. Sexual abuse may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may also include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the

Policy for Safeguarding Children: Cont…

internet). Sexual abuse can be perpetrated by male or female adults, or other children.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating or degrading assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

3. **Emotional Abuse** – is sometimes called psychological abuse and is the persistent emotional maltreatment of a child/young person. This can have severe and persistent adverse effects on the emotional development of the child.
Emotional abuse is when a child is not given love, help and encouragement and is constantly derided, made to feel worthless, ridiculed and ignored. This also includes racially and sexually abusive remarks. It may also involve not allowing a child to express their views, deliberately silencing them or ridiculing what they say or the way in which they communicate.
Emotional abuse may also involve serious bullying by a child's peers – this includes online bullying through social networks, online games or mobile phones.

4. Neglect – this usually means failing to meet children's basic needs such as adequate food, warmth, clothing, hygiene, supervision, shelter or medical attention etc. It could also mean failing to ensure that they are safe or exposing them to harm. Children who are neglected often suffer from other types of abuse, therefore it is important that you remain alert to this and take action where appropriate.
Neglect may occur if a parent/carer becomes physically or mentally unable to care for the child. Addiction of any description may result in the parent prioritising their addiction needs (e.g. alcohol or drugs) over the needs of the child which could impair their ability to keep the child safe – even during pregnancy.

5. Fabricated od Induced Illness (FII) and Perplexing Presentations – in both cases the Child's clinical presentation is not adequately explained by any confirmed genuine illness and the situation is impacting on the child's health or social wellbeing (RCPCH 2013). There is a spectrum ranging from "true" FII involving deception of services by the carer including induction of illness or falsification of specimens, and more common "perplexing presentations' that should be considered in the same way but do not necessarily involve deliberate deception.

6. Domestic Abuse – is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial or emotional. Domestic abuse also includes honour based violence, forced

Policy for Safeguarding Children: Cont…

marriage and Female Genital Mutilation (FGM). Children who witness domestic abuse can be affected both emotionally and physically (DOH 2013)

7. Toxic Trio – it the term used to describe the issues of domestic abuse, mental health concerns and substance misuse which have been identified as common features of families where harm to women and children has occurred. They should be identified as indicators of increased risk of harm to children and young people (DOH 2014).

8. **Modern slavery** – The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of modern slavery. People can be trafficked for many different forms of exploitation (e.g. prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude, forced organ removal). Trafficking can occur within the UK as well as countries outside the UK.

4.0 Prevent

Prevent is a programme designed to safeguard people in a similar way to safeguarding processes to protect them from gang activity, drug abuse and physical and sexual abuse.
Radicalisation is a form of emotional and/or psychological exploitation which can occur through direct personal contact or indirectly through social media. It is necessary to have due regard to the need to prevent people from being drawn into terrorism and therefore ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation. The Prevent framework provides guidance to ensure appropriate competencies in training.
If a member of staff is concerned at any stage that an adult with care and/or support needs is being radicalised then this should be treated as a safeguarding concern.

5.0 How does this affect us at HEAD QUARTERS HAIR TRANSPLANTS LIMITED? :

5.1 There may be a time when a child approaches a member of staff to discuss a problem in their life. It is vital that we know how to react to this in a sensitive and appropriate manner.

5.2 Staff who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to questions their motivation and intentions.

5.3 Staff should always work in an open and transparent manner.

5.4 To protect members of staff the following guidelines should be adopted:

Policy for Safeguarding Children: Cont…

5.5 Good practice guidelines:

- Treat all children and young adults with respect and dignity.
- The needs of the child must always be paramount.
- Maintain an appropriate distance when dealing with children.
- Always work in an open environment.
- Always investigate and record any allegations made by a child fully.

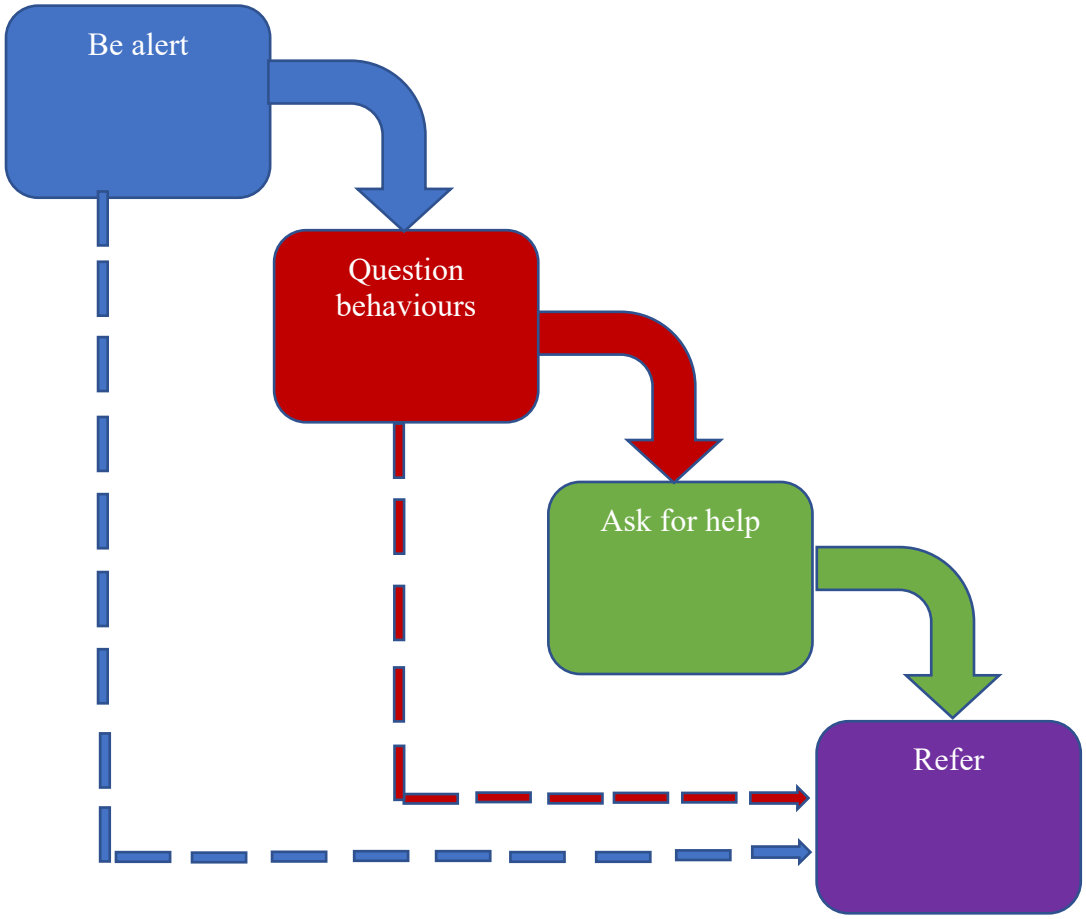
5.6 Practices to be avoided:

- Avoid spending excessive amounts of time alone with children away from others.
- Avoid taking children to your home where they would be alone with you.
- Never engage in rough, physical or sexually provocative games including horseplay.
- Never allow or engage in any form of inappropriate touching.
- Never make sexually suggestive comments to children
- Never allow children to use inappropriate language unchallenged
- Never reduce a child to tears as a form of control

5.7 If any child becomes distressed, accidentally hurt or if a child becomes sexually aroused by any action of a member of staff (or other adult) or if a child misinterprets something that a member of staff has done the incident must be reported to the Safeguarding Lead (Nell Brunwin) and the matter fully recorded and investigated.

Policy for Safeguarding Children: Cont…

6.0 What to do:



(What to do if you're worried a child is being abused: Advice for practitioners (March 2015))

6.1 Be Alert

6.1.1 All staff will have appropriate training to help them to be alert to the signs of abuse and neglect and understand the procedures set out in your local multi-agency safeguarding arrangements. These arrangements will be available from the local social services safeguarding team

6.2 Recognise - Questioning behaviour

6.2.1 The signs of abuse may not always be obvious and a child may not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child and if appropriate to seek further information.

6.2.2 If you are unsure then you should make the Safeguarding Lead aware of your concerns

Policy for Safeguarding Children: Cont…

6.2.3 How listen and react:

Staff should never trivialise or exaggerate child abuse issues.

If a child confides a sensitive issue of concern to a member of staff:

- Remain calm – no matter how difficult it may be to listen
- Actively listen to what the child is saying – take what they say seriously.
- Allow the child time to speak without interruption or leading them by making suggestions
- Do not try to interrogate other than to clarify your understanding.
- Reassure the child that you are glad that they have told you and that they were right to tell you.
- Be honest in telling the child that you cannot keep it a secret and that you will have to tell someone who can help. Tell them what you will do next.
- As soon as possible afterwards, write down what they have told you – remember that this highly confidential.

6.3 Respond - Asking for help

6.3.1 Concerns about a child's safety and welfare can vary greatly in nature and seriousness. If you have concerns you should seek help from the Safeguarding Lead (Nell Brunwin).

6.3.2 If you have concerns about a child's welfare or safety and you feel they are not being acted upon by the Safeguarding Lead, it is your responsibility to take action.

6.3.3 You can also seek help at any time from the local safeguarding team or NSPCC helpline – 0808 800 5000 or help@nspcc.org.uk

6.4 Refer

6.4.1 If you feel at any time that a child may be in need, or that a child is being harmed or likely to be harmed, then you should refer immediately to local authority children's safeguarding team and/or the police. **A referral can be made by any member of staff.**

6.4.2 Contact with local authority children's safeguarding team should be made by telephone to advise of concerns and follow up with a written referral.

6.4.3 Parents should be informed that a referral is being made to local authority children's safeguarding team and why, unless it is thought to be unsafe to do so.

Policy for Safeguarding Children: Cont…

6.4.4 Every effort must be made to maintain confidentiality for all concerned. Information should be handled and disseminated strictly on a "need to know" basis as the decision
about how much information to share, with whom and when can have a profound effect on people's lives. You should weigh up what might happen if the information is shared against the consequences of not sharing the information as early sharing of information is the key to providing effective early help. Sharing information can be essential to put in place effective protection services for the child.

6.5 If the allegation is against a member of staff – contact the Local Authority Designated Officer (LADO) within 1 working day.

7.0 Records

7.1 An incident report form must be completed and given to the Safeguarding Lead.

7.2 Whenever possible, records should be written contemporaneously, dated and signed.

7.3 All records relating to safeguarding concerns must be kept confidential and in a location where the alleged abuser would not have access to the record. Access should not be given to any unauthorised personnel.

7.4 Every effort must be made to maintain confidentiality for all concerned. Information should be handled and disseminated strictly on a "need to know" basis.

Contact details of local Social Services department: Telephone: Out of Hours Telephone: Email: Safeguarding Lead for HEAD QUARTERS HAIR TRANSPLANTS LIMITED contacts: Safeguarding Lead (Nell Brunwin):

Policy for Safeguarding Children: Cont…

8.0 Training

8.1 The Safeguarding Lead (Nell Brunwin) will ensure that all staff are familiar with this policy and their responsibilities.

8.2 The Safeguarding Lead (Nell Brunwin) will ensure that all staff are appropriately trained:

Level 1 Safeguarding Training – all staff working in healthcare settings

Level 2 Safeguarding Training – all non-clinical and clinical staff who may have contact with children, young people and parents/carers

Level 3 Safeguarding Training – all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.

8.3 The Safeguarding Lead (Nell Brunwin) will complete Level 3 Safeguarding training.

Policy for Use of Chaperones

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

1.1 This policy is to be clearly advertised through patient information leaflets and as a notice in reception. All staff must be aware of this policy and agree to comply with its terms.

1.2 All formal chaperones must receive instruction upon the role and responsibilities of the position and must be competent to carry out the role.

2.0 Role of the Chaperone:

- Provide emotional comfort and reassurance to patients.
- To assist with the treatment if required
- To provide protection to the healthcare practitioner against unfounded allegations
- To identify unusual or unacceptable behaviour on the part of the practitioner.
- To act as a witness of the continuing consent of the patient to the treatment.

3.0 Check List for Chaperone:

- All patients must be aware of their right to have a chaperone present at any consultation or treatment.
- Chaperones may be informal (friend or family member) or formal (staff member or other healthcare professional)
- Adequate privacy and measures to ensure the dignity of the patient must always be considered.
- If there is a genuine need for a chaperone the practitioner must discuss this with the patient.
- If the patient declines a chaperone this must be recorded in the notes.
- The patient's consent must be obtained before any examination or treatment commences.
- Consent may be withdrawn at any time by the patient and the treatment or examination must be discontinued.

4.0 A verbal explanation must be given during each stage of the examination of treatment.

4.1 Comments must be relevant and avoid personal comments.

4.2 The identity of the chaperone must be recorded in the patient's notes.

4.3 Patient confidentiality must not be breached while the chaperone is present.

4.4 All additional comments and concerns and further actions must be discussed after the chaperone has left

Standard 12: Environment

Organisations and services comply with legislation and guidance to provide environments that are:

a) accessible;
b) well maintained;
c) fit for purpose;
d) safe and secure;
e) protect privacy; and
f) sustainable.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

The establishment is designed, developed, adapted and commissioned to meet its intended purpose. Design and procurement should take account of current:
• Health Technical Memorandum (HTMs);
• Health Building Notes (HBNs);
• Infection Control in the Built Environment (HFN 30 or guidance which supersedes this);
• Recognised standards;
• Other relevant best practice guidance and specialist expertise;
• Requirements of the Disability Discrimination Act 1995, Health and Safety Act 1974, Fire Safety and other relevant legislation.
Design and procurement should have regard to:
• the range of needs of the people who will work in, visit or use the services to be provided;
• their rights to privacy, dignity, make independent choices; and
• the need for patients to be treated in a safe environment.

The health, safety and wellbeing of people who will work in, visit or use the services, is not adversely affected by the design or condition of the building or its fixtures, fittings and services.

Policy for Moving and Handling

1.0 Aims:

1.1 To comply with the health and safety regulations
1.2 To make all personnel performing manual handling duties aware of safe practice
1.3 To provide adequate training to personnel required to perform manual handling
1.4 To provide suitable equipment for manual handling tasks (steps, kick stools, trolleys etc.)

2.0 Guidelines:

2.1 The HSE publishes the following guidelines for manual handling close to the body:

Full height: 10kg
Shoulder height: 20kg
Elbow/waist height: 25kg
Knuckle/below waist height: 20kg
Lower leg/floor height: 10kg

2.2 For manoeuvring objects further away from the body, these weights are approximately halved.

2.3 Note that these are recommendations only and do not constitute necessarily safe limits. It is important to remember that the weight of the load is not the main priority. The task must be fitted to the person and not the other way around.

2.4 Each manual handling job should be assessed individually. If the load falls inside the above recommendations, then the risk can be taken to be low.

2.5 Otherwise, the risk may be taken to be higher and a fuller assessment should be carried out.

3.0 Assessing the risk:

3.1 Does the task need to be undertaken? It may not be necessary to risk injury at all if the handling is not necessary.

3.2 Is the load difficult? It may be heavy or an awkward shape/size. It may be hard to grasp if slippery, hot or cold.

3.3 Does the task require risky manoeuvring? Do you need to stretch, twist, bend or perform other risky movements?

Policy for Moving and Handling: cont…

3.4 What is the environment like? It may be outside in the rain or on a poor surface. Is there clear passage?

3.5 Who is performing the task? He/she should be physically up to the job and for medium and high risk jobs, should be properly trained.

4.0 Controlling the risks:

4.1 Formal training should be provided to all staff involved in manual handling of loads or patients on an annual basis.

4.2 If the risk of injury is seen to be medium or high then some controls should be put in place. The simplest is to avoid a manual-handling task.

4.3 Large or heavy objects may be better handled by more than one person. Use personnel that are trained in manual handling activities where possible.

4.4 Use suitable equipment for the task such as steps and trolleys. Use the lift for transporting loads between floors.

4.5 For extraordinary loads or tasks, a specific risk assessment may be required.

4.6 Risk assessment forms are available from Nell Brunwin.

4.7 Training is available to personnel who undertake manual handling tasks as part of their job.

5.0 Summary:

- FORMAL training (carried out annually by an accredited trainer)
- CARRYOUT risk assessment (and document results)
- INFORM those at risk of results
- AVOID the manual handling task if possible
- ASSESS the risks involved
- CONTROL the risks identified
- MONITOR compliance and effectiveness of solution

Policy for Wheelchair Disability Access

1.0 Aim:

1.1 Compliance with the Equality Act in relation to provision of services to persons with disabilities.

2.0 Scope:

2.1 Persons with mobility needs in relation to the use of wheelchairs.

3.0 Information for Service Users:

3.1 Details of our disability access statement are included in our Statement of Purpose and within our Patient Guide.

4.0 Statement:

4.1 We are unable to offer both access and toilet facilities for those patients with wheelchair mobility needs.

4.2 Where, for reasons of individual needs, we are unable to provide services to patients we will, where possible provide patients with details of an alternative, registered local treatment facility who is able to offer services.

Policy for Maintenance of Healthcare Premises

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED has put in place a schedule for preventive maintenance for premises and key equipment.

See ***Clinic Registry File***

3.0 Emergency Service Providers:

2.1 Contact details for emergency utility maintenance providers (plumbers, electrician etc.) will be provided for use in the event of a major failure. Details can be found in the *Clinic Registry* File.

4.0 Electricity and Lighting:

3.1 Emergency lighting will be put in place. In the event that automatic emergency lighting is not available, torches will be placed at strategic locations to ensure that lighting can be provided in the absence of mains electricity.

3.2 All areas of the premises will be well lit.

3.3 Emergency Lighting will be tested and maintained according to the manufactures instructions and checks recorded.

3.4 Torches will be tested on a monthly basis and checks recorded.

5.0 Water Supplies and Heating:

4.1 Water storage and heaters will be maintained according to manufacturer's instructions and serviced on an annual basis.

4.2 Hot water delivery temperatures where patient have access will not exceed 43 degrees centigrade.

4.3 Hot water storage will be between 55-60 degrees centigrade.

4.4 Surface temperatures of radiator and heaters will be regulated to 43 degrees or below to reduce the risk of burns.

4.4 A policy is in place for the reduction of risk of legionellosis

Health Care Premises : Cont…

6.0 Maintenance Assessment

5.1 All members of staff are encouraged to report issues arising with the premises directly to the Registered Manager (Nell Brunwin) to ensure that they can be remedied quickly without causing disruption to the service.

5.2 In addition to the requirements and responsibilities of the other policies having bearing upon maintenance (e.g. checking of fire alarms, smoke detectors, emergency lighting etc.) the Registered Manager (Nell Brunwin) will, on a weekly, basis conduct an inspection of the entire premises to ensure that the general appearance of the establishment is satisfactory and that all minor maintenance requirements are recorded in a log and are either corrected or where more significant brought to the attention of the appropriate maintenance group to ensure that remedial action is taken.

5.3 When tasks are corrected or completed, they should be signed off as such in the maintenance log.

5.4 The Registered Manager (Nell Brunwin) will be responsible for ensuring that such tasks are completed on an ongoing basis.

7.0 Carrying out Maintenance Tasks

6.1 Minor maintenance tasks can be carried out by members of staff if it is considered that they are competent to do so by the Registered Manager (Nell Brunwin).

6.2 More significant tasks (e.g. those involving electrical, gas or water) will be dealt with by a professionally qualified tradesman who will be retained for the purpose by HEAD QUARTERS HAIR TRANSPLANTS LIMITED

7.0 Relevant Policies:

- *Policy for General Cleaning and Hygiene*
- *Policy for Handling of General and Clinical Waste*
- *Policy for Reduction of Risk from Legionella*
- *Policy for Fire Risk Management*
- *Policy for Health and Safety Measures*

Operating Theatres

1.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that surgical procedures will take place in an environment which is suitable and fit for purpose in terms of facilities, equipment and staff.

1.2 Note: HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not carry out surgical procedures which require a full operating theatre suite. All surgical procedures are carried out in a Minor Treatment Room suite.

1.3 No surgical procedures may be carried out at any location within HEAD QUARTERS HAIR TRANSPLANTS LIMITED other than in a designated Minor Treatment Room suite.

2.0 Minor Treatment Room Suite:

2.1 The Minor Treatment Room (MTR) shall contain the Resus Trolley:

See Risk Management - Resuscitation
See Risk Management - Resuscitation Equipment
See Resuscitation Policy

2.2 Surgical procedures will only be conducted in accordance with these policies and procedures:

See Surgery Documented Procedures for Surgery

3.0 Roles and Responsibilities:

3.1 The treating medical practitioner shall have responsibility during surgical procedures for:

- the care and safety of the patient;
- preparation and administration of drugs;
- the safety of all persons in relation to the use of medical devices;
- ensuring that medical devices are properly operational; and
- safe conduct of the procedure.

3.2 The surgical assistant shall have responsibility during surgical procedures for:

- preparation of equipment and supplies;
- preparation of surgical trolleys and instruments;
- ensuring that all equipment is present and correct; and
- checking patient identity and details prior to the procedure.

Policy for the Prevention and Management of Natural Rubber Latex Allergy

1.0 Introduction:

1.1 Over the last 20 years the health risks associated with exposure to natural rubber latex (NRL) have been increasingly recognised. The development of allergy to NRL is associated with a range of reactions including skin rashes (urticaria or 'hives') 'hay-fever' like symptoms and asthma through to anaphylaxis, which has resulted in fatalities.

1.2 Allergy to NRL is a concern for staff who will be exposed to NRL in the course of their work, and for patients who may be exposed during treatment.

1.3 The risk of developing NRL allergy is associated with the extent of individual exposure to latex proteins. The purpose of this policy is to detail the responsibilities of all staff in ensuring the effective management of NRL risks.

2.0 Scope:

2.1 This policy applies to all employees and practitioners working at HEAD QUARTERS HAIR TRANSPLANTS LIMITED

2.2 Policy Objectives:

This policy defines the specific organisational arrangements through which HEAD QUARTERS HAIR TRANSPLANTS LIMITED will reduce the risk of staff or patients developing NRL allergy, and ensure safe employment or treatment for those who become sensitised. The policy is supported by specific protocols relating to the management of staff or patients with known or suspected latex allergy, and for the management of patients considered to be at increased risk.

3.0 Responsibilities

3.1 The Responsible Individual (Xavier Rush) is responsible for development, implementation and ensuring compliance with this policy.

3.2 The Registered Manager (Nell Brunwin) is responsible for ensuring that a NRL risk assessment is carried out in the specific areas which are affected and that specific individual risk assessments are carried out where a member of staff or patient is identified as allergic to NRL.

3.3 The Registered Manager (Nell Brunwin) must implement and action any controls required following assessment and ensure that information, instruction and training are given as appropriate.

Policy for Prevention and Management of Natural Rubber Latex Allergy: Cont..

4.0 Responsibilities of Staff:

4.1 All staff and practitioners, having been provided with this policy and appropriate training and instruction must comply with the policy and adopt safe systems of work. Staff must report any reaction or confirmed allergy to Nell Brunwin.

5.0 Core Advice:

5.1 Carry out general and specific risk assessments and take appropriate action.

5.2 Inform, educate and train staff about risk reduction.

5.3 Enquire as to patient status with regard to NRL

5.4 Eliminating the risk where appropriate - gloves should only be worn where there is a risk of infection.

5.5 Substituting to other glove materials where appropriate - nitrile, vinyl, synthetic.

5.6 Limiting exposure of staff and patients wherever possible.

Policy for Recording of Accidents

1.0 Scope:

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED recognises it duties under health and safety law to assist in the gathering and recording or data and reporting of incidents in relation to accidents occurring at work to staff, patients and members of the public.

2.0 Reporting to Management:

2.1 All accidents and injuries occurring on the premise must be reported to Nell Brunwin who will be responsible for recording and if necessary reporting incidents.

3.0 Accident Record Forms:

3.1 Accident report forms will be kept in the custody of the Registered Manager (Nell Brunwin).

3.2 Completed Accident report forms will be kept in a locked cabinet to prevent unauthorised access – Data Protection.

4.0 Procedure:

4.1 Accident or incident will be reported to Nell Brunwin.

4.2 Accident report form will be completed – in triplicate and be:

- Retained by HEAD QUARTERS HAIR TRANSPLANTS LIMITED;
- Provided to the person sustaining the accident or incident; and
- Forwarding to authorities, if required.

4.3 Clinic copy placed under lock and key to prevent unauthorised access.

4.4 Reporting of incident will be carried out, as necessary under:

- HSE
- RIDDOR

4.5 Action taken to prevent recurrence.

4.6 Information passed to staff regarding actions taken if necessary.

Policy for Disruption to Services

1.0 Aim: To ensure service interruptions are dealt with swiftly and appropriately in order to minimise disruption to service provision to clients.

2.0 Electricity Disruptions

2.1 In the event of disruption to the electricity supply to the building the Registered Manager will ensure that the electricity supplier is contacted immediately. The emergency contact number will be recorded in the emergency contact list in the Clinic Registry.

2.2 Where necessary, emergency lighting will be used to ensure that any procedure is safely stopped, and the patient made safe and comfortable. All patients attending HEAD QUARTERS HAIR TRANSPLANTS LIMITED are elective day cases. If the electricity disruption is likely to continue for an indefinite period, then the patient must be informed of the problem and arrangements will be made for the patient to return home.

2.3 The Registered Manager will ensure that all persons due to attend for an appointment are contacted by mobile telephone in order to advise them not to attend HEAD QUARTERS HAIR TRANSPLANTS LIMITED until the situation has been resolved. Any patients already at the premises should be fully informed of the problem and advised to return home.

3.0 Gas Disruptions

3.1 In the event of disruption to the gas supply to the building the Registered Manager will ensure that the gas supplier is contacted immediately. The emergency contact number will be recorded in the emergency contact list in the Clinic Registry.

3.2 Where necessary, emergency lighting will be used to ensure that any procedure is safely stopped, and the patient made safe and comfortable. All patients attending HEAD QUARTERS HAIR TRANSPLANTS LIMITED are elective day cases. If the gas disruption is likely to continue for an indefinite period, then the patient must be informed of the problem and arrangements will be made for the patient to return home.

3.3 The Registered Manager will ensure that all persons due to attend for an appointment are contacted by telephone in order to advise them not to attend HEAD QUARTERS HAIR TRANSPLANTS LIMITED until the situation has been resolved. Any patients already at the premises should be fully informed of the problem and advised to return home.

4.0 Water Disruptions

4.1 In the event of disruption to the water supply to the building the Registered Manager will ensure that the water supplier is contacted immediately. The emergency contact number will be recorded in the emergency contact list in the Clinic Registry.

Policy for Disruption to Services cont…

4.2 Where necessary, any procedure will be safely stopped, and the patient made safe and comfortable. All patients attending HEAD QUARTERS HAIR TRANSPLANTS LIMITED are elective day cases. If the water disruption is likely to continue for an indefinite period, then the patient should be advised of the problem and asked to return home.

4.3 The Registered Manager will ensure that all persons due to attend for an appointment are contacted by mobile telephone in order to advise them not to attend HEAD QUARTERS HAIR TRANSPLANTS LIMITED until the situation has been resolved. Any patients already at the premises should be fully informed of the problem and advised to return home.

Resuscitation Equipment

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that resuscitation equipment must be readily available and be in a satisfactory condition when the need arises for its use.

1.2 Equipment available within HEAD QUARTERS HAIR TRANSPLANTS LIMITED for resuscitation of patients will include:

- An automatic external defibrillator (AED)
- Portable oxygen and valves, masks, metering and giving sets.
- A portable suction device
- Emergency resuscitation drugs
- Bag and mask and appropriately sized airways
- Intravenous canulae, iv giving sets and intravenous fluids including both normal saline and colloid.

1.3 The equipment shall be located in the minor treatment room in a separate mobile kit – the “Resus Kit”.

1.4 The Resus Kit shall contain a list of all items to be kept in the kit with a separate list of all drugs including their batch number and expiry date.

1.5 All equipment will be checked on a daily basis to ensure that drugs are in date and that equipment including AED battery check, that oxygen supply is present, correct and functional.

1.6 The results of the daily check including any items, changed or replaced will be recorded in a log book to be attached to the Resus Kit. All entries must be signed by the person carrying out the check and must be dated and timed.

1.7 The Resus Kit and all items must be cleaned, decontaminated, checked, restocked after each use, including resuscitation drills.

1.8 All new staff members will be informed of the location of the Resus Kit as part of their induction programme.

Policy for management of medical devices and decontamination

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that no single use sterile items will be re-processed for reuse.

1.1 All single use sterile items will be used on only one occasion and then disposed of appropriately.

1.2 Where appropriate, re-useable medical devices and equipment will only be processed and handled according the best practice and in accordance with manufactures guidance.

See also ***Policy for Infection Control***

Standard 13: Infection Prevention and Control (IPC) and Decontamination

Organisations and services comply with legislation and guidance on IPC and decontamination, in order to:

a) eliminate or minimise the risk of healthcare associated and community acquired infections;
b) emphasise high standards of hygiene and reflect best practice;
c) support, encourage and enable patients, service users, carers, visitors and staff to assist and maintain high standards of hygiene;
d) segregate, handle, transport and dispose of waste so as to minimise risks to patients, service users, carers, staff, the public and environment; and
e) handle human tissue and subsequently dispose of it appropriately and sensitively.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

The establishments is designed, developed and adapted to ensure all aspects of infection prevention and control (IPC) can be effectively and efficiently managed. Design and procurement should take account of:

- Health Technical Memorandum (HTMs).
- Health Building Notes (HBNs).
- Infection Control in the Built Environment.
- Recognised standards.
- Other relevant best practice guidance and specialist expertise.

Design and procurement should have regard to:

- the range of treatments and services to be provided.
- IPC measures for people who will work in, visit or use the services to be provided.

Policy for Infection Control.

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that risks of infection from healthcare acquired infection for patients, staff and visitors is minimised.

1.1 The Infection Control Lead (ICL) shall have responsibility for infection control within HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.2 The ICL shall undertake and provide evidence of training in control and prevention of healthcare acquired infection.

1.3 The ICL shall take advice where necessary from other individuals or organisations in relation to the prevention and control of risks associated with health care associated infection, including where necessary the advice of a consultant microbiologist.

1.4 The ICL will give special consideration to control of infection associated with:

- Service development
- Advice to healthcare workers
- Purchase of medical devices and equipment
- Service delivery (laundry, disposal of clinical waste, general housekeeping)
- Training of staff members in infection control

1.5 The ICL shall undertake and provide evidence of continuing professional development and training in infection control, including access to up to date legislation and guidance.

1.6 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will have in place an agreement with a pathology service provider including microbiology to support the ICL in specialist testing and interpretation of results in relation to infection control.

1.7 Written policies and procedures are in place for the prevention and control of infection which reflect current guidance and legislation, including:

- Major outbreaks of communicable infections
- Antimicrobial prescribing
- Control of MRSA and VRE or other resistant organisms
- Collection, packaging, handling and delivery of laboratory specimens
- Processing and management of pathology results

Policy for infection Control: Cont…

1.8 This policy must be read in conjunction with the following policies and Standards:

- Policy for General Cleaning and Hygiene
- Policy for Handling General and Clinical Waste
- Policy for Risk Reduction from Legionella
- Health Care Workers and Blood Borne Viruses
- Policy for Hand Hygiene
- Policy for the Control and Prevention of MRSA
- Policy for Recording of Accidents
- Policy for Needle Stick Injuries
- Policy for “Sharps”

2.0 Risk of Infection:

2.1 The following situations could cause infection / cross infection: -

- Contaminated equipment or instruments.
- Infection sources in the clinical environment
- Unwashed hands
- Failure to dispose of swabs and other potentially infected waste
- Accidental needle stick/sharp injury

3.0 Methods of Control:

3.1 All staff involved with the treatment of patients must wash their hands thoroughly with soap and water between each patient and must not touch the tips of instruments that come into contact with the patient.

3.2 An acceptable alternative to hand washing between patients when the hands are visibly clean is the use of an alcohol based gel (compliant with EN1500).

3.3 All staff must wash their hands thoroughly before and after meal or other breaks and after using the toilet.

3.4 All lancets, needles or other sharps used during procedures must be sterile before use and disposed of safely in accordance with the “sharps” policy.

3.5 Any contaminated swabs or sponges must be disposed of by incineration. Sharps must be disposed of by an approved method (see "Policy for Handling General and Clinical Waste).

Infection Control: Cont…

3.6 Under no circumstance must any single use item be re-sterilised or reused on another patient.

3.7 It is not the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED to use any re-usable sterile surgical medical devices or equipment used for any invasive treatment.

3.8 The treatment couch will be cleaned using antibacterial solution and the towels and/or couch roll will be replaced between each patient and sent to laundry or disposed of.

3.9 Actions to be taken in the event of a “sharps” or needle stick injury is detailed in the *Policy for “Sharps*”.

3.0 Reusable Devices (Non-Sterile)

4.1 All reusable devices :

4.1.1 Must be appropriately cleaned and disinfected between patients and areas of the body in accordance to the manufactures instructions.

4.1.2 Must be thoroughly cleaned and disinfected at the end of each treatment session.

5.0 Personal Protective Equipment

5.1 All PPE must be cleaned and decontaminated according to manufacturer’s instructions at the beginning and end of each treatment session and before and after use by individual patients.

5.2 PPE must be inspected before each use to ensure that it is undamaged prior to each use.

5.3 Any damaged PPE must not be used.

5.4 Disposable PPE (e.g. gloves and aprons) should be appropriately disposed of.in clinical waste.

Policy for Hand Hygiene

1.0 Introduction:

1.1 Hand decontamination is the single most important measure for preventing the transmission of infection in the health care environment.

1.2 In order to prevent and control infection all staff are required to take responsibility for their hand decontamination practice and to challenge the poor practice of others.

1.3 It is essential that hand decontamination occurs before any contact with patients or sites and after hands have been potentially contaminated with micro-organisms.

1.4 Damaged hands resulting in ineffective hand decontamination can also pose an infection risk to patients and staff members. Therefore, if staff members experience problems with their hands it is vital that they seek medical advice at the earliest opportunity.

2.0 General Principles:

2.1 Wearing gloves is **not** an alternative to effective hand decontamination.

2.2 Hands must be decontaminated under the following circumstances:

- Contact with any patient
- After any potential contamination with micro-organisms (eating, handing food, use of toilet etc.)

2.3 Alcohol hand gel may be used as an alternative to washing when hands are visibly clean and free from dirt.

2.4 Alcohol hand gel must be available in all clinical environments.

2.5 Wrist watches, stoned rings and bracelets or bangs must not be worn while staff are at work as they impede the hand decontamination process.

2.6 Nails must be kept short, clean and free from varnish or nail jewellery.

2.7 Bar soap must not be used in at any hand wash station.

Policy for Hand Hygiene: Cont…

2.8 Non-medicated soap or alcohol hand gel may be used for routine hand decontamination.

2.9 Visibly soiled hands must be decontaminated using soap and water.

2.10 Long sleeves must be rolled up as these can impede the washing process.

3.0 Routine Hand Decontamination:

3.1 Procedure for Hand Decontamination using Soap and Water:

- Wet hands with tepid water before applying soap
- Apply liquid soap to all surfaces of the hands
- Rub the hands together vigorously for at least 15 seconds
- Rinse thoroughly using tepid water
- Dry thoroughly using a disposable paper towel

3.2 Procedure for Hand Decontamination using Alcohol Hand Gel:

- Ensure hand are free from visible soiling
- Apply alcohol gel to all surfaces of the hands
- Rub continuously until all of the alcohol has dried

3.3 Hand decontamination must take place in the additional situations:

- On arrival at work
- On leaving work
- Before and after each patient contact
- Before handling food or drink
- After removing gloves
- After handling body products or laundry

Policy for Surgical Hand Decontamination

1.0 Surgical hand decontamination must take place before any invasive procedure (this usually means anything involving the use of sterile gloves).

1.1 Aqueous chlorhexidine or iodine solution should be used for surgical hand decontamination.

1.2 Wrist watches and stoned ring must be removed prior to surgical hand decontamination.

1.3 As a minimum, surgical decontamination must take place:

- Before performing or assisting in any surgical procedure or minor operation
- Between cases on an operating list
- Before any invasive procedure

1.4 Routine scrubbing of skin and nails which are visibly clean is not required.

1.5 Nail brushes should be available for the first scrub of the day if required.

2.0 Procedure for Surgical Hand Decontamination:

- Wet hands with tepid water
- Apply antiseptic wash
- Antiseptic wash must come into contact with all surfaces of the hands (6 Step Method)
- Rub hand together vigorously for a minimum of 30 seconds at each step
- Rinse thoroughly with tepid water
- Dry thoroughly with sterile disposable paper towels (from finger tips to elbows – one direction only)

2.1 Alcohol gel may be used as an alternative after the first scrub of the day.

3.0 Hand Care:

3.1 All cuts and grazes on hands and forearms must be covered with waterproof dressings

3.2 Hands must be wet before applying soap and rinsed and dried thoroughly in order to prevent skin problems.

.Policy for Surgical Hand Decontamination cont…

4.0 Hand Cream:

4.1 A moisturising hand cream must be available to prevent drying and chapping of hands.

4.2 Hand creams are best used before breaks and at the end of shift when there is time for them to absorb into the skin.

Policy for General Cleaning and Hygiene

2.0 General:

1.1 Workplace, furniture, furnishings, telephones and fittings shall be kept clean and free from visible dirt.

1.2 All floors, walls and ceilings shall be kept sufficiently clean.

1.3 Waste materials shall not be allowed to accumulate in the workplace except in suitable receptacles, which will be emptied daily.

1.4 Toilets with hot and cold running water are available. These are cleaned and disinfected daily by staff.

1.5 Soap and paper towels will be provided in each washroom.

1.6 Fresh drinking water and suitable drinking cups are available in the reception area.

1.7 All taps will be clearly marked showing whether the water is suitable for drinking.

1.8 The whole of the premises is a **no-smoking** area.

1.9 All lighting, heating and ventilation will be in accordance with the Health & Safety Commission Approved Code of Practice (Workplace -Health, Safety & Welfare Regulations 1992).

1.10 All electrical appliances will be tested annually (PAT) and test certificates are affixed to the plug tops. All appliances will be labelled with PAT certificates and a record of the testing will be made and kept.

1.11 Any maintained electrical lighting will be tested in accordance with the Fire Log and inspected annually; the details of the inspection will be recorded in the FIRE section of the Clinic Registry

1.12 A register will be kept detailing when cleaning is done and by whom for each area within the premises.

2.0 Consulting / Treatment Rooms:

2.1 In addition to the above Consulting / Treatment Rooms shall be cleaned twice daily to all surfaces with additional 'spot cleans' as required.

2.2 Care will be taken when cleaning electrical equipment to ensure that water is not allowed to enter any live components.

2.3 Couches and treatment chairs will be washed twice daily using detergent where appropriate and in accordance with the manufacturers' instructions.

2.4 Paper tissue will be changed between patients and couch surface cleaned with isopropyl alcohol wipe/spray.

2.5 Hand wash facilities will be available with liquid soap and paper towels.

2.6 Where appropriate alcohol saturated wipes will be used to clean hard surfaces in clinical areas as a contributing factor in the control of infection

2.7 High surfaces will be damp dusted on a once weekly basis by the staff and fully cleaned monthly.

2.8 Hard floors will be washed on a daily basis with proprietary detergents.

2.9 A mop and bucket will be available for any cleaning required during the day.

2.10 Note: Mops will be stored clean and dry with the head up and the bucket empty.

2.11 A cleaner's utility is provided. This shall contain a low level sink for filling and emptying buckets and a hand wash facility.

2.12 Ensure all cleaning equipment is clean and suitable for use.

SEE: Guidance for Cleaning Plans

Policy for Decontamination

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that patients should not be put at risk wherever possible from infection related to the use of any medical device.

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED recognises the importance of cleaning and disinfection as part of the processes involved in the reuse of reusable medical devices.

1.2 No sterile reusable items are to be cleaned, disinfected or sterilised on HEAD QUARTERS HAIR TRANSPLANTS LIMITED premises.

1.3 All sterile reusable medical devices must be cleaned, disinfected and sterilised in accordance with the manufacturer's instructions, using appropriate detergents and other agents in accordance with their manufacturer's guidelines.

1.4 No single use sterile items will be processed for reuse under any circumstances.

1.5 HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall ensure that the approved CSSD facility has in place indemnity and professional liability insurance for the provision of its services to external service users.

1.6 All persons involved in the handling of contaminated medical devices or in the processing of such devices will receive documented training in correct handling, packaging, labelling and transport of such devices.

1.7 Systems will be put in place to facilitate traceability of medical devices used on patients to ensure sterility and tracking of usage of reusable medical devices.

1.8 All persons involved in the use of reusable medical devices will receive documented training in the systems in place to ensure traceability of reusable medical devices.

Guidance for Cleaning Plans

The following cleaning plans are intended as guidance – cleaning plans should be subject to regular audit and frequency of cleaning should be appropriately altered as a result of audit, where necessary. These plans do not negate the role of structured cleaning schedules.

GENERAL

Element	Standard	Frequency	Responsibility	Changes required
Weighing scales, manual handling equipment	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Clean contact points after each patient use. One full clean weekly.		
Medical equipment e.g. blood pressure monitor, ECG machine etc	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Clean contact points after each patient use. One full clean weekly.		
Medical gas equipment	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Clean contact points after each patient use. One full clean weekly.		
Consultation room/treatment room Examination couch	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	Two full cleans daily with additional 'spot cleaning' as required		
Dressing/minor operations trolley	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages	One full clean between each procedure.		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

FIXED ASSETS

Element	Standard	Frequency	Responsibility	Changes required
Switches. Sockets and data points	All wall fixtures e.g. switches/sockets/ data points should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	One full clean weekly.		
Walls	All wall surfaces (including skirting) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	Dust weekly. Full wash yearly.		
Ceiling	All ceiling surfaces should be visibly clean with no blood or body substances, dust, dirt, debris or spillages.	Dust weekly. Full wash yearly.		
All doors, including handles	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	Clean handles and push plates daily. One full clean weekly.		
All internal glazing including partitions and mirrors	All internal glazed surfaces should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape or spillages and should have a uniform shine appearance.	One full clean monthly.		
All external glazing	All external glazed surfaces should be clean.	One full clean 6 monthly.		
Radiators	All part of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	One full clean weekly.		
Ventilation grilles – extractor and inlets	The external part of the ventilation grille should be visibly clean with no blood or body substances, dust, dirt, debris or cobwebs.	Dust weekly. Full wash yearly.		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

FLOORS

Element	Standard	Frequency	Responsibility	Changes required
Floor - hard	The complete floor (including all edges, corners and main floor spaces) should have a uniform finish or shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages or scuff marks.	Vacuum and mop daily.		
Floor - soft	The complete floor (including all edges and corners) should be visibly clean with no blood or body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.	Vacuum daily Full wash 6 monthly or if significantly stained.		

FIXTURES – ELECTRICAL FIXTURES & APPLIANCES

Element	Standard	Frequency	Responsibility	Changes required
Electrical items including computer equipment, telephones and waiting room televisions/radio	The casing of any electrical item should be visibly clean with no blood or body substances, dust, dirt, debris or adhesive tape.	Dust daily. Phones and keyboards cleaned with detergent wipe or equivalent daily.		
Cleaning equipment	Cleaning equipment should be visibly clean with no blood or body substances, dust, dirt, debris or moisture.	Full clean after each use.		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

FURNISHINGS AND FIXTURES

Element	Standard	Frequency	Responsibility	Changes required
Low surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	One full clean daily.		
High surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.	Dust weekly. One full clean monthly		
Chairs	All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages.	One full clean daily.		
Tables/desks	All parts of the table (including wheels/ castors and underneath) should be visibly clean with no blood or body substances, dust, dirt, debris, stains, adhesive tape or spillages.	One full clean daily.		
Hand wash containers/hand rub dispenser	All part of the surfaces of hand soap/ paper towel containers should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages. Dispensers should be kept stocked.	One full clean daily.		
Waste receptacles	The waste receptacle should be visibly clean (including lid and pedal) with no blood or body substances, dust, dirt, debris, stains or spillages.	One full clean daily.		
Curtains & blinds	Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.	Change 6 monthly.		
Toys	Toys should be visibly clean with no dirt, dust debris adhesive or body substances.	One full clean daily or when contaminated with body fluids.		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

KITCHEN FIXTURES AND APPLIANCES

Element	Standard	Frequency	Responsibility	Changes required
Dishwashers	Dishwashers should be visibly clean with no blood or body substances, dust, dirt, debris, stains, spillages or food debris.	One full clean weekly.		
Fridges and freezers	Fridges and/or freezers should be visibly clean with no blood or body substances, dust, dirt, debris, spillages, food debris or build up of ice.	One full clean weekly.		
Ice machines and hot water boilers	Ice machines and/or hot water boilers should be visibly clean with no blood or body substances, dust, dirt, debris or spillages.	One full clean weekly.		
Kitchen cupboards	Kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains, spillages or food debris.	One full clean monthly.		
Microwaves	All microwave surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, spillages or food debris.	One full clean weekly.		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

TOILETS, SINKS, WASH HAND BASINS AND BATHROOM FIXTURES

Element	Standard	Frequency	Responsibility	Changes required
Toilets	The toilet should be visibly clean with no blood or body substances, scum, dust, removable lime scale, stains, deposits or smears.	Checked at intervals throughout the day for cleanliness. Full clean daily with additional 'spot cleaning' as required		
Sinks	The sink (and such equipment as wall attached dispensers, etc.) should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build-up.	Checked at intervals throughout the day for cleanliness. Full clean daily with additional 'spot cleaning' as required		
Baby changing areas	All parts should be visibly clean with no body substances, dust, dirt, debris stains or spillages. Restraints should be capable of being removed for cleaning. Cleaning materials should be made available for cleaning between use.	Checked at intervals throughout the day for cleanliness. Full clean daily with additional 'spot cleaning' as required		

(Adapted from: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (NPSA 2010))

CLEANING EQUIPMENT AND COLOUR CODING

National colour coding scheme

Colour coding of cleaning materials and equipment is intended to reduce the risk of cross contamination between areas. All practices are recommended to adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded.

RED

Sanitary areas including sinks in sanitary areas

BLUE

General areas, e.g., waiting rooms and consulting rooms (including sinks in general areas)

GREEN

Kitchens

YELLOW

Treatment and minor operation rooms

Policy for Handling General Policy for Handling General and Clinical Waste

1.0 General:

1.1 All areas of the premises to which the public has access will be kept clean and tidy, free from waste paper and other materials that could pose a health and safety or fire risk.

2.0 Household and General Waste:

2.1 Household and general waste will be placed in black plastic sacks for disposal.

2.2 Household type waste will be placed in rubbish bins provided. These will be emptied on a daily basis by staff.

2.3 Confidential or sensitive paper waste will be shredded before being disposed of in household rubbish bins.

2.4 Arrangements will be made with the local authority for the removal of household and general waste from the premises at appropriate intervals.

3.0 Clinical Waste – General:

3.1 Clinical waste is defined as: “Waste arising from medical, nursing, dental, pharmaceutical or similar practice, investigation, care, teaching or research which by nature of its toxic, infectious or dangerous content may prove a hazard or give offence unless previously rendered safe and inoffensive”.

3.2 Such waste includes human or animal tissue or excretions, swabs and dressings, disposable instruments or similar substances and materials.

3.3 Drugs and medicinal products are to be placed in appropriate pharmaceutical waste bins for disposal.

Policy for Handling General and Clinical Waste: Cont…

4.0 Duty of Care:

4.1 Individuals have responsibilities:

- To discard waste especially used needles, syringes and sharps in the correct manner, so that it does not place any other person likely to come into contact with the material at any risk.
- To pack waste properly and change the bag when it reaches 75% full.
- To store clinical waste in a secure area that is separate from other waste.
- To take steps to prevent injury to all staff involved in segregation, handling, transportation and incineration of waste.
- To ensure that “high risk” waste is double bagged.
- To ensure that all bags are securely fastened in the approved manner and there after only handled by the neck.

4.2 ALL CLINICAL WASTE WILL BE KEPT IN A LOCKED SECURE STORE SEPARATE FROM GENERAL WASTE

4.3 Tags are to be supplied by the waste disposal contractor.

4.4 Intervals will be appropriate for the establishment.

4.5 A contract for the removal and disposal of clinical waste is in place details can be found on the appropriate section of the Clinic Registry.

4.6 Clinical waste will only be disposed of via a contractor who is approved for the purpose under the Environmental Protection Act / Control of Pollution Act and who is duly authorised by the Environment Agency.

4.7 A copy of the Environment Agency Approval – Certificate of Compliance, must be provided to HEAD QUARTERS HAIR TRANSPLANTS LIMITED and this will be kept on file.

4.8 A duty of care transfer note **must** be provided by the waste contractor for every collection of clinical waste from the premises. These will be retained in the Clinic Registry.

Policy for Handling General and Clinical Waste: Cont…

5.0 Clinical Waste – Soft (soiled swabs, drapes, cloth etc.)

5.1 Soft clinical waste will be placed only in YELLOW/ORANGE sacks provided.

5.2 Clinical waste bins will be foot operated with a closing lid

5.3 All bags will be sealed when 75% full and placed in the designated clinical waste store.

5.4 When sealed and labelled yellow bags will be placed in the locked clinical waste store to await collection.

6.0 Clinical Waste – Pharmaceutical (Drugs, vials, drops etc.)

6.1 Pharmaceutical waste will be placed into approved hard bins provided.

6.2 Care will be taken not to overfill these bins and they will be carefully sealed when they reach the marked fill level and placed in the locked clinical waste store ready for collection and disposal.

7.0 Clinical Waste – Sharps (blades, needles and lancets etc.)

7.1 All sharps will be placed immediately into the designated hard waste bins provided.
Care will be taken not to overfill these bins and they will be sealed when they reach the fill level and placed in the locked clinical waste store ready for collection.

7.2 NOTE: Drugs must not be placed into ordinary clinical waste sharps boxes – the method of destruction is different and inappropriate handling could lead to prosecution.

Policy for Healthcare Workers and Blood Borne Viruses

1.0 HIV, Hepatitis B and C

1.1 All staff who are at the time of employment, or who subsequently have knowledge that they are or may be infected with a blood born virus must inform the Registered Manager (Nell Brunwin) so that appropriate guidance may be obtained from a medical practitioner regarding risks and further action.

1.2 Transmission is possible during any invasive procedures or from contact with body fluids.

1.3 All care will be taken by practitioners to ensure the highest level of attention is paid to avoid possible incidents which could involve exposure of themselves or their colleagues to blood or blood products.

1.4 Particular care must be shown to the disposal of contaminated needles, blades and other sharps, ensuring that they are safely placed in designated sharps bins in accordance with the “Sharps” Policy.

2.0 Hepatitis B Vaccination of Staff:

2.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED recommends that all employees in positions where there is a significant risk of exposure to blood or blood products be vaccinated against Hepatitis B.

2.2 Staff members will be advised to contact their general practitioner for vaccination - usually consisting of a course of 3 injections one month apart with a final blood test to confirm seroconversion and adequate blood antibody levels.

2.3 Staff must produce a certificate confirming the result and this will be retained in the personnel file.

2.4 The following groups are considered to be at significant risk of exposure and will be offered vaccination. Other employees may be considered on an individual basis.

2.5 Practitioners working with sharps or coming into contact with blood or body fluids.

Policy for the Control and Prevention of MRSA

1.0 Scope of Policy

1.1 This policy is intended for all staff working in the HEAD QUARTERS HAIR TRANSPLANTS LIMITED and for its patients and visitors. It provides a basic framework for controlling the introduction and the spread of methicillin-resistant *staphylococcus aureus* (MRSA) within the premises of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.0 Introduction

2.1 The organism staphylococcus aureus (s. aureus) is found on many individuals skin and seems to cause no major problems. It is a bacterium often found in 20-30% of the noses of normal healthy people. Individuals who carry this organism are usually totally healthy, have no problems whatever and are considered simply to be carriers of the organism. This is called colonisation. However, if it gets inside the body, for instance under the skin or into the lungs, it can cause important infections such as boils or pneumonia. Most strains of this bacterium if causing an infection are sensitive to many antibiotics and the infection can be effectively treated.

2.2 Staphylococcus aureus, which are resistant to an antibiotic called methicillin, are referred to as methicillin resistant staphylococcus aureus or **MRSA**.

2.3 Individuals can become carriers of **MRSA** in the same way that they can become a carrier of ordinary staph aureus. If the organism is on the skin, then it can be passed around by physical contact. If the organism is in the nose or is associated with the lungs rather than the skin then it may be passed around by droplet spread from mouth and nose.

2.4 The clinical care of any patient should not be compromised because of MRSA infection or colonisation, and no patient must be denied any diagnostic or therapeutic procedure deemed clinically necessary because of MRSA carriage.

3.0 What does MRSA cause?

3.1 Most patients from whom MRSA is isolated are colonised with this organism rather than infected. Colonisation means the presence of the organism on the skin, or in the nose, or in the back of the throat but without any illness. Occasionally individuals appear to carry S.aureus or MRSA only on their skin. Abnormal skin (e.g. eczematous) may be heavily colonised with these organisms, and this can lead to a large number of bacteria being dispersed into the environment on skin scales. However, if the patient also has a fever and inflammation associated with the presence of MRSA, then they are considered to be infected.

Policy for Control and Prevention of MRSA: Cont…

3.2 A proportion of patients become infected particularly if they have been put at greater risk, such as following an operation, or have a malignancy, or the presence of a bladder catheter, intravenous infusion or surgical drain. These patients may then develop illnesses similar to those caused by methicillin-sensitive staph aureus such as **wound and skin infections (boils, spots, abscesses, cellulitis and impetigo), urinary tract infections, pneumonia and bacteraemia or 'blood poisoning'**.

3.3 MRSA rarely, if ever, presents a danger to the general public. It is no more dangerous or virulent than methicillin-sensitive staph aureus but it can be more difficult to treat. Usually this bacterium is confined to hospitals and in particular to vulnerable or debilitated patients.

4.0 Preventative Measures

4.1 If basic good hygiene precautions are followed, patients with MRSA are not a risk to other patients or healthy staff.

4.2 Basic Good Hygiene Precautions

- Good hand hygiene practice by all staff is the single most important infection control measure
- Disposable gloves and aprons should be worn when attending to dressings, performing aseptic techniques or dealing with blood and body fluids
- Hands must be washed after removing gloves
- Cuts, sores and wounds should be covered with an impermeable dressing
- Blood and body fluid spills should be dealt with immediately according to local policy
- The user should dispose of sharps into the proper sharps container at the point of use. (Do not re-sheaf needles)
- Ensure that 'single use' items are disposed of in accordance with local policy
- Equipment that is re-usable must be cleaned and autoclaved/disinfected if appropriate after each use
- Blankets and linen should be changed on a regular basis
- Ensure that domestic cleaning is of a high standard in clinical areas

Policy for Control and Prevention of MRSA: Cont…

5.0 Special Precautions

5.1 Patients who are colonised with MRSA do not normally require special treatment. The only special precautions required are that staff:

- With inflamed eczema or psoriasis should not perform intimate nursing care on patients with MRSA
- With inflamed eczema, psoriasis or infected cuts, a wound swab should be sent for culture to exclude MRSA.
- Should carry out all clinical procedures and dressings in the clinical rooms only.
- Dispose of clinical waste according to local policy immediately after each patients treatment/dressing procedure

6.0 Handling MRSA Infected Patients Undergoing Surgery.

6.1 As patients colonised with MRSA may unknowingly attend for treatment of unrelated conditions, the practice of good basic hygiene precautions, particularly hand washing, is the mainstay of prevention of spread.

6.2 Where patients who are known to be infected with MRSA, effort should be made to eliminate MRSA before any surgical procedure is undertaken. If this is not possible, the patient should be placed last on the list/session.

6.3 After dealing with an infected MRSA patient ensure the area is thoroughly cleaned using disposable paper, liquid soap and water and then dried.

7.0 Other Services

7.1 Unless the patient is to undergo invasive procedures good basic hygiene precautions and a high standard of domestic cleaning is all that is required to prevent and control the spread of MRSA.

8.0 Non-Clinical Staff

8.1 High standards of personal hygiene and good housekeeping by all staff are essential.

9.0 Cleaning of Equipment

9.1 Any equipment that has been used on an infected MRSA patient must be thoroughly cleaned and decontaminated and disinfected in accordance with manufactures recommendations. Equipment used on colonised patients should be washed wiped with a disposable cloth, liquid soap and water, and then thoroughly dried.

Policy for the Management of Sepsis

1.0 Aim:

To ensure the early recognition and management of sepsis in order to reduce morbidity and mortality.

2.0 Introduction:

It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that the NICE guidelines for the recognition, early diagnosis and management of sepsis will be followed.

3.0 The NICE Guidelines:

3.1 If a person presents with signs or symptoms that indicate possible infection, think "could this be sepsis?"

3.2 You must take into account that people with sepsis may have non-specific and non- localised presentation (e.g. feeling unwell but without a high temperature)

3.3 It is essential to pay particular attention to concerns expressed by the person or family/carers (e.g. change in behaviour).

4.0 Assessment
4.1 Assess the person with suspected infection, taking particular care if they are unable to give a good history (such as young children, those with communication problems or where English is not their native language) to identify:

- Possible source of infection
- Factors that increase the risk of sepsis
- Indicators of clinical concern (e.g. new onset abnormalities of behaviour, circulation or respiration)

4.2 For healthcare professionals carrying out a remote assessment, it is essential to identify factors that increase risk of sepsis or indicators of clinical concern to decide the urgency of the requirement for a face-to-face assessment.

4.3 People who are more vulnerable to sepsis:

- Young children (under 1 year)
- Older people (over 75 years)
- Very frail people
- Those who have had recent trauma, surgery or invasive procedures (within the last 6 weeks)
- People with impaired immunity due to illness or drugs (e.g. immunosuppressants, steroids or chemotherapy)
- People with indwelling lines or catheter,
- Intravenous drug misusers

- People with any breach of skin integrity (e.g. cuts, burns, blisters or skin infections)

If the patient is at risk of neutropenic sepsis – refer to secondary care.

4.4 Additional risk factors for women who are pregnant, have given birth, had a miscarriage or had a pregnancy terminated within the last 6 weeks who have:

- Have impaired immune system;
- Gestational diabetes, diabetes or other co-morbidities;
- Need invasive procedures (e.g. caesarean section, forceps delivery, removal of retained products of conception);
- Prolonged rupture of membranes;
- Close contact with group A streptococcal infection;
- Continued vaginal bleeding or offensive discharge.

5.0 Sepsis not suspected

5.1 If there is no clinical cause and no risk factors identified then uses clinical judgement to treat the person, using NICE guidance relevant to their diagnosis.

6.0 Sepsis suspected

6.1 If sepsis is suspected:

- Use a structured set of observations to assess people in a face-to-face setting
- Consider using early warning scores in hospital settings
- Parental / carer concern is important and should be acknowledged

6.2 Stratify the risk of serious illness and death from sepsis using the algorithm appropriate to age and setting.

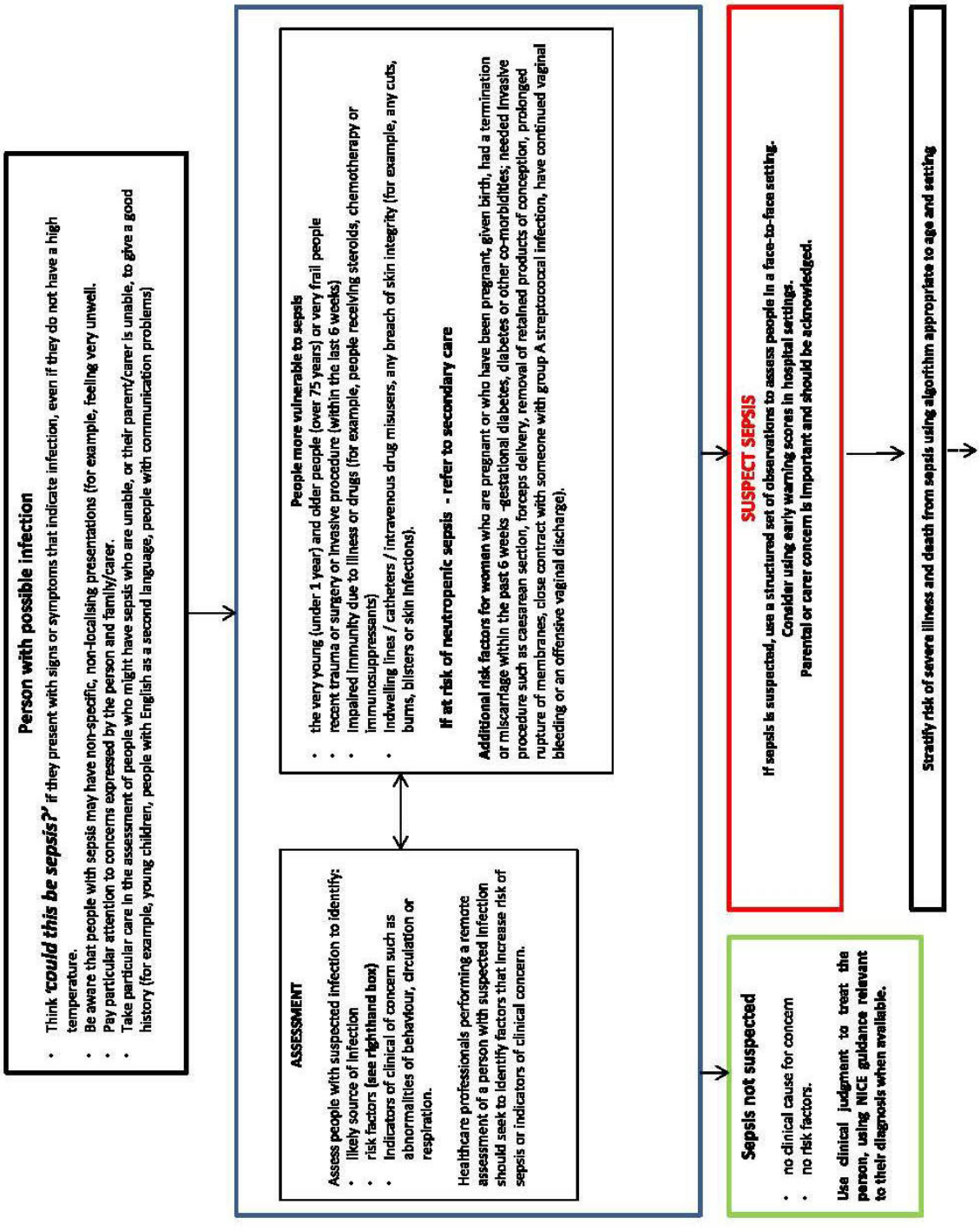
For full guidance please refer to NICE Guidance [NG51] found at:
https://www.nice.org.uk/guidance/ng51

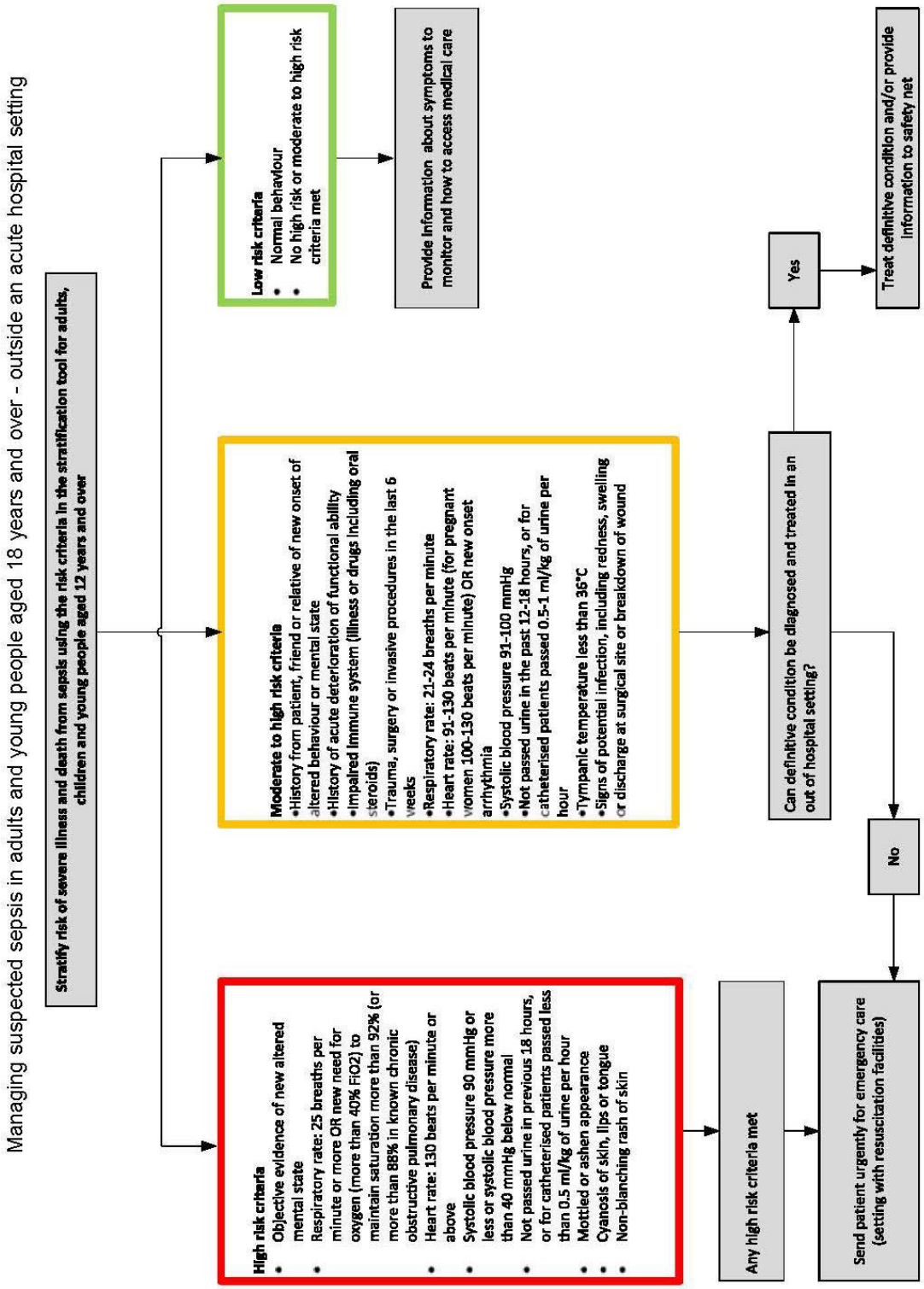
Table 1 Risk stratification tool for adults, children and young people aged 12 years and over with suspected sepsis

Category	High risk criteria	Moderate to high risk criteria	Low risk criteria
History	Objective evidence of new altered mental state	History from patient, friend or relative of new onset of altered behaviour or mental state History of acute deterioration of functional ability Impaired immune system (illness or drugs including oral steroids) Trauma, surgery or invasive procedures in the last 6 weeks	Normal behaviour
Respiratory	Raised respiratory rate: 25 breaths per minute or more New need for oxygen (more than 40% FiO2) to maintain saturation more than 92% (or more than 88% in known chronic obstructive pulmonary disease)	Raised respiratory rate: 21–24 breaths per minute	No high risk or moderate to high risk criteria met
Blood pressure	Systolic blood pressure 90 mmHg or less or systolic blood pressure more than 40 mmHg below normal	Systolic blood pressure 91–100 mmHg	No high risk or moderate to high risk criteria met
Circulation and hydration	Raised heart rate: more than 130 beats per minute Not passed urine in previous 18 hours. For catheterised patients, passed less than 0.5 ml/kg of urine per hour	Raised heart rate: 91–130 beats per minute (for pregnant women 100–130 beats per minute) or new onset arrhythmia Not passed urine in the past 12–18 hours For catheterised patients, passed 0.5–1 ml/kg of urine per hour	No high risk or moderate to high risk criteria met
Temperature		Tympanic temperature less than 36°C	
Skin	Mottled or ashen appearance Cyanosis of skin, lips or tongue Non-blanching rash of skin	Signs of potential infection, including redness, swelling or discharge at surgical site or breakdown of wound	No non-blanching rash

Table from NICE Guidelines [NG51] – July 2016

Algorithm for managing suspected sepsis in children and young people aged 18 years and over outside an acute hospital setting
NICE Guideline July 2016




Managing suspected sepsis in adults and young people aged 18 years and over - outside an acute hospital setting
Stratify risk of severe illness and death from sepsis using the risk criteria in the stratification tool for adults, children and young people aged 12 years and over
Low risk criteria
• Normal behaviour
• No high risk or moderate to high risk criteria met
Provide information about symptoms to monitor and how to access medical care
Moderate to high risk criteria
•History from patient, friend or relative of new onset of altered behaviour or mental state
•History of acute deterioration of functional ability
•Impaired immune system (illness or drugs including oral steroids)
•Trauma, surgery or invasive procedures in the last 6 weeks
•Respiratory rate: 21-24 breaths per minute
•Heart rate: 91-130 beats per minute (for pregnant women 100-130 beats per minute) OR new onset arrhythmia
•Systolic blood pressure 91-100 mmHg
•Not passed urine in the past 12-18 hours, or for catheterised patients passed 0.5-1 ml/kg of urine per hour
•Tympanic temperature less than 36°C
•Signs of potential infection, including redness, swelling or discharge at surgical site or breakdown of wound
Can definitive condition be diagnosed and treated in an out of hospital setting?
Yes
Treat definitive condition and/or provide information to safety net
No
High risk criteria
• Objective evidence of new altered mental state
• Respiratory rate: 25 breaths per minute or more OR new need for oxygen (more than 40% FiO2) to maintain saturation more than 92% (or more than 88% in known chronic obstructive pulmonary disease)
• Heart rate: 130 beats per minute or above
• Systolic blood pressure 90 mmHg or less or systolic blood pressure more than 40 mmHg below normal
• Not passed urine in previous 18 hours, or for catheterised patients passed less than 0.5 ml/kg of urine per hour
• Mottled or ashen appearance
• Cyanosis of skin, lips or tongue
• Non-blanching rash of skin
Any high risk criteria met
Send patient urgently for emergency care (setting with resuscitation facilities)

Policy for Reduction of Risk from Legionella

1.0 Introduction:

1.1 Legionnaires Disease is one of a group of diseases collectively known as legionellosis. Thirty-seven different species of bacteria are associated with legionellosis, the most dangerous being Legionella pneumophilia.

1.2 Infection by L. pneumophilia can result in pneumonia and other potentially life-threatening effects.

1.3 Legionellosis is associated with a fatality rate of approximately 12%.

2.0 Source:

2.1 Legionella organisms are widespread in natural water sources and have been found in rivers, lakes, mud and soil. However, Legionella can also colonise man-made recirculating hot and water systems such as storage tanks, heaters and air conditioning systems.

3.0 Route of Infection:

3.1 Legionellosis is caused by the inhalation of airborne droplets, which contain legionella bacteria. However, infection can only occur under certain conditions that permit the growth and multiplication of the organism and involve the creation of droplets, which can be inhaled.

4.1 Legal Requirements:

4.2 Duties under the Health and Safety at Work etc. Acts 1974 extend to risks from Legionella arising from work activities.

4.3 The Control of Substances Hazardous to Health Regulations 1999 relate to risks from biological hazards such as Legionella.

4.4 The HSE Approved Code of Practice, “The Prevention or Control of Legionellosis”, provides guidance on standards that must be met in order to comply with legal requirements for dealing with these risks.

Policy for Reduction of Risk from Legionella: Cont…

4.5 The Approved Code of Practice applies whenever water is stored or used in a way that may create a foreseeable risk of Legionellosis and particularly to the following water systems:

- Water systems incorporating a cooling tower.
- Water systems incorporating an evaporative condenser.
- Hot water services in which the volume of hot water exceeds 300 litres.
- Hot and cold water services, irrespective of size in premises where occupants are susceptibly aged or sick.
- Humidifiers and air washers that create a spray of water droplets and in which the water temperature is likely to exceed 20ºC.
- Spa baths and pools in which warm water is deliberately agitated or recirculated.

4.6 The Notification of Cooling Towers and Evaporative Condensers Regulations 1992 require notification to the local authority of installations of wet cooling towers and evaporative condensers.

5.0 Actions Required:

5.1 The principles of a Legionella control system are:

- The identification and assessment, by a competent person, of sources of risk.
- The preparation of a scheme for the prevention or control of such risks.
- The implementation and management of precautions.
- Keeping records of precautions implemented.
- The appointment of a person who is managerially responsible for the system.

6.0 Prevention of Legionellosis:

6.1 Legionellosis can be prevented and controlled as follows: -

- Eliminating conditions which permit the proliferation of legionella bacteria
- Minimising the creation and release of water sprays and aerosols.

6.2 Precautions that limit the proliferation of Legionella species include: -

- Avoiding water temperatures between 20ºC and 45ºC.
- Avoiding water stagnation.
- Avoiding the use of materials in the system that can harbour or provide nutrients for bacteria.
- Keeping the system clean to avoid the build-up of sediments that may provide nutrients or harbourage
- The use of a suitable water treatment programme that involves the disinfection and maintenance of the system.

Policy for Reduction of Risk from Legionella: Cont…

- Ensuring the system operates safely and is well maintained.

7.0 Legionella Check List:

1)	Have potential sources of Legionella been identified and assessed by a competent person?	YES	NO
2)	Has a scheme for the prevention or control of Legionella been prepared and implemented?	YES	NO
3)	Have precautions to prevent the proliferation of Legionella and the creation of water droplets or aerosols been implemented?	YES	NO
4)	Has a suitable water treatment programme including the disinfection and maintenance of the system been implemented, supported by appropriate information, instruction and training?	YES	NO
5)	Are records of precautions taken and water treatment programmes kept?	YES	NO

8.0 Responsibility:

8.1 Nell Brunwin is managerially responsible for overseeing this policy and ensuring that the system operates safely in HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

Policy for Needle Stick Injuries

1.0 General:

1.1 Needle stick injuries have potential to transmit infection and as such must be taken seriously and dealt with appropriately.

1.2 Particular attention must be paid to the handling of sharps – see *Policy for "Sharps"*

1.3 All needle stick injuries must be reported to Nell Brunwin and the incident must be recorded under the Recording of Accidents Policy.

1.4 All members of staff with needle stick injuries must be referred to the local Accident and Emergency Department for further assessment and management.

2.0 First Aid Measures:

2.1 In the event of a needle stick or other sharps injury to any member of staff the following procedure will be followed for at least 15 minutes:

1 Encourage the affected part to bleed (pressure above the part to force blood out of the wound).

2 Thoroughly clean the affected part under running water

3 Report the incident to Nell Brunwin for recording as an accident

4 Telephone the local A&E Department and inform them of the impending arrival of a member of staff with an injury.

5 Attend the local A&E Department for advice and treatment

6 Attempt to obtain a history from the individual concerned and obtain informed consent for a blood sample and HIV test.

Policy for "Sharps"

1.0 Introduction:

1.1 It is the responsibility of all staff to safeguard the general public, themselves and other members of staff against the risk of a sharps injury by complying with the Duty of Care code of Practice, Environmental Protection Act 1990.

1.2 Failure to comply with these guidelines could result in prosecution under the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations.

1.3 All Managers and Medical staff must ensure that this policy is fully understood and is being implemented in their area of responsibility.

1.4 At no time must any sharps be disposed of in such a way that is likely to cause injury to any other person e.g.; in a clinical waste sack etc. or in anything other than a BS specification Sharps Bin approved by the establishment.

1.4.1 All sharps including needles, lancets, syringes and blades must be discarded directly into a sharps bin.

1.4.2 Needles must not be re-sheathed prior to disposal.

1.4.3 If blood needs to be transferred from a syringe to a bottle extreme care should be taken when removing the needle from the syringe. The needle must then be discarded directly in to a sharps bin.

1.4.4 Sharps bins must be readily available in any area where sharps are likely to be used.

1.4.5 Due regards must be given when placing sharps bins to the working practices in the area so that patients and visitors (especially children – bins on floors etc) are not placed at risk.

1.4.6 Sharps must never be carried on a tray or any form of receiver.

1.4.7 Sharps bins must be correctly assembled with the lid fastened into position.

1.4.8 The person who assembles the bin must complete the certificate using an appropriate pen.

1.4.9 The person who locks the box must also complete the certificate on the side.

1.4.10 Sharps containers must not be left open when unattended. They should remain closed except when in use be a practitioner.

Policy for "Sharps": Cont…

1.4.11 Sharps bins must be properly sealed when they are 75% full – never shake them to "make more room".

1.4.12 Following a sharps injury the part should be encouraged to bleed and the incident managed under the ***Policy for Needle Stick Injuries***.

1.4.13 All staff working in an "at risk" environment must be suitably vaccinated against Hep B.

Standard 14: Nutrition

Organisations and services will comply with legislation and guidance to ensure that:

a) patients' / service users individual nutritional and fluid needs are assessed, recorded and addressed;
b) any necessary support with eating, drinking or feeding and swallowing is identified and provided;
c) breastfeeding is promoted and supported wherever mothers who are breastfeeding are treated.

Where food and drink are provided:
d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and
e) is accessible 24 hours a day.

It is not the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED to provide any catering services for patients or staff.

- Drinking water is available on the premises for patients.

- No food preparation or handling will take place on the premises.

Standard 15: Medicines Management

Organisations and services will ensure that:

a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;
b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and
c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

The health, safety and wellbeing of people who receive medicines, is not adversely affected by inadequate training, accountability, operational systems and arrangements, for the management of medicines.

Patients have been provided with information about their medicines and be able to receive:

- medication that is appropriate for their condition;
- the correct medication; and
- their prescribed medication when they need it.

Policy for Medicines

1.0 General statements:

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will put in place a medicines policy which will be available to all staff and practitioners with practising privileges covering all aspects of medicines and gas handling and safety where this is required.

1.2 Where appropriate all medicines will be dispensed against a written prescription signed by an authorised prescriber.

1.3 Where medicines are provided, they will be dispensed in an appropriate container, labelled and patients will be provided with information about the use benefits and potential harms of medications prescribed.

1.4 Where medicines are prescribed, prescribers will have access to a current copy of the British National Formulary within the establishment to provide information on medicines and possible interactions.

1.5 Where appropriate medicines will be used as specified within the published manufacturer's data sheets.

1.6 Where products are used outside manufacturer's specified indications all patients will be informed that this is the case.

1.7 HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not take part in clinical trials of medications.

1.8 Group Patient Directives are not used within the establishment.

2.0 Introduction:

2.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all medications used are dealt with in a safe and appropriate manner.

2.1.1 Nell Brunwin shall be responsible for ensuring the safe and secure handling of medications at HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.1.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not have a Pharmacy Department.

2.1.3 All medications used on the premises or dispensed to patients to take home are administered on the personal authority of the treating medical practitioner.

2.1.4 Treating medical practitioners are responsible for ensuring that this policy is followed in the administration or dispensing of all medications to patients.

Policy for Medicines: Cont…

2.1.5 Purchasing, use, recording and disposal of medicines shall be the responsibility of the Senior Medical Practitioner.

2.2 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all medications, dressing and gases are handled in a safe and secure manner.

4.0 Authorisation and Purchasing of Medicines:

3.1 All requisitions and orders for the purchase of medicines must be authorized and signed by the Senior Medical Practitioner prior to the order being placed.

4.0 Storage of and Access to Medicines:

4.1 Medicines will only be stored in locked cupboards or a locked pharmacy fridge within the Treatment Room.

4.2 Access to the keys of medicines stores will be restricted to treating medical practitioners and suitably authorised personnel:

- Keys to medicines stores will be kept in a locked key safe when not required.
- Key to the key safe will be on the person of the Nell Brunwin or their deputy when not on duty.
- A medicines Key Log must be kept to record access to the medicines keys
- Keys to the medicines stores must be signed out by treating medical practitioners (including time) and signed back in at the end of the session (including time).
- While “signed out” the keys to the medicines stores will be kept on the person of the treating medical practitioner.

4.3 Nell Brunwin or their deputy together with one other person may jointly access the medicines stores to accept medicines for safe storage in the absence of medical practitioner. All access must be recorded in the Key Log.

5.0 Pharmacy Fridge Procedure:

5.1 Access to the keys of medicines stores will be restricted to treating medical practitioners and suitably authorised personnel.

Policy for Medicines: Cont…

5.2 The following information will be recorded:

- Date
- Current temperature at time of recording
- Maximum temperature
- Minimum temperature
- Signature of person making the record

5.3 The fridge recording device will then be reset

5.4 The fridge temperature for the storage of medicines unless otherwise stated should be between 2 and 8 degrees C.

5.5 Should the fridge temperatures be outside these values, without obvious explanation (e.g.: temperature rise momentarily whilst stocking the fridge) then no products from the fridge may be used until the matter has been investigated by the Nell Brunwin or their deputy.

5.6 No medicines shall at any time be stored in a domestic refrigerator used for the storage of food or food products.

6.0 Prescription of Medication:

6.1 All medication used within or dispensed to patients to take away will be recorded on the patient Prescription Sheet which will be kept in the patient's notes.

6.2 The Prescription Sheet must be completed by the treating medical practitioner prior to the medicines being dispensed.

6.3 The Prescription Sheet shall include the following information:

- Date of prescription
- Name, date of birth and postcode of the patient
- Name, dose, form, strength, frequency, and route of administration for the medicine
- Details of any known allergies
- Any special requirements

6.4 Records of medicines prescribed shall be retained in the patient notes for 8 years from the date of prescription.

6.5 Patient will not be permitted to bring any medications of their own onto the premises.

Policy for Medicines: Cont…

7.0 Administration of Medicines

7.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all medications, dressing and gases are handled in a safe and secure manner.

7.2 Medicines may only be administered against a properly completed, legible prescription, signed by a treating medical practitioner.

7.3 Medications shall only be administered by treating medical practitioners or if present a registered nurse who has been trained in and have been judged competent in administration of that medicine.

7.4 Where there is any doubt about a prescription which has been signed by a treating medical practitioner but is to be administered by another person, the treating medical practitioner must be contacted for clarification before the medicine is administered.

8.0 Dispensing of Medicines:

8.1 Medicines may only be dispensed by a treating medical practitioner for patients of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

8.2 It shall be the responsibility of the treating medical practitioner to ensure that all medicines dispensed are the intended preparation (product, form and strength) and that the product is being dispensed prior to the expiry date.

8.3 Only unopened, undamaged original pack (OP) medicines will be dispensed from the medicines store.

8.4 All medicines dispensed must bear a label with details which shall include:

- Name of the patient
- Date of dispensing
- Name of medicine, form, strength and amount dispensed
- Dose and frequency
- A warning: “KEEP OUT OF REACH OF CHILDREN”
- Any special pharmacy instructions (see BNF)
- The name, address and telephone number of the HEAD QUARTERS HAIR TRANSPLANTS LIMITED

Policy for Medicines: Cont…

8.5 Only unopened, undamaged original pack (OP) medicines will be dispensed from the medicines store.

8.6 The treating medical practitioners shall be responsible for completion of the dispensing log which shall include:

- Date dispensed
- Name, date of birth and postcode of patient
- Drug name, form, strength and amount dispensed
- Batch number and expiry date
- Remaining stock of the specified medicine
- Signature of treating medical practitioner

8.7 It is the responsibility of the treating medical practitioner to ensure that the medicine stores are secure after all dispensing activities.

8.8 It is not the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED to allow patients to self-administer any medications while on the premises.

8.9 Patients are not permitted to self-administer medications while on the premises of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

9.0 Disposal of Pharmaceutical Waste:

9.1 A contract is in place with a provider approved by the Environment Agency for the disposal of group D - pharmaceutical waste.

9.2 All duty of care transfer notes will be retained for a period of 8 years from the date of issue.

9.3 No cytotoxic waste is produced within HEAD QUARTERS HAIR TRANSPLANTS LIMITED

Policy for Medicines: Cont…

10.0 Adverse Incidents:

10.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all adverse incidents are managed appropriately.

10.2 In the event of any suspected adverse drug reaction in respect of any medicine administered to a patient or/and adverse incident in respect of any medical device, it shall be the responsibility of the treating medical practitioner to make a report to the MHRA under the yellow card system where appropriate.

10.3 Reports can be made on line at:

www.mhra.gov.uk

11.0 Drug Safety Updates:

11.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is registered with the MHRA at www.mhra.gov.uk – Online Services, for email receipt of drug safety updates.

11.2 Emailed updates will be reviewed by the senior practitioner who will take action in response to any relevant alerts.

11.3 Where appropriate all treating medical practitioners will be made aware of relevant alerts and action taken to ensure that patient safety if maintained.

12.0 Errors of Administration:

12.1 Errors of administration could include:

- Medicine given to the wrong patient
- The wrong medicine given
- An incorrect dose being given
- The wrong route of administration used for a medicine
- Failure to record a patient's not taking a medicine.

12.2 In the event of an error of administration, the following actions will take place

- Any necessary first aid or medical treatment will be given in accordance with the instructions of the treating medical practitioner.
- The Registered Manager (Nell Brunwin) must be informed immediately
- A record of the error will be entered in the patient record.
- In all cases, an incident form will be completed.

Policy for Medicines: Cont…

12.3 The Registered Manager (Nell Brunwin) shall conduct an investigation and formulate an action plan to introduce all necessary measures to reduce chances of a recurrence.

13.0 Audit and Discrepancies of Medicines:

13.1 Nell Brunwin will on a monthly basis carry out an audit of the medications retained in the clinic to ensure that the correct balances remain.

13.2 If any loss or discrepancy of medicines occurs, Nell Brunwin will investigate the matter and make a written report.

14.0 Aseptic Dispensing, Non-sterile Manufacturing and Repackaging:

14.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED not to carryout preparation of any sterile products, manufacturing or re-packing of medicines and we do not prepare any extemporaneous preparations.

15.0 Storage and Supply of Medical Gases:

15.1 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that where medical gases are used, they are stored and supplied appropriately.

15.2 No medical gas pipelines are installed within HEAD QUARTERS HAIR TRANSPLANTS LIMITED premises.

15.3 Nell Brunwin shall be responsible for control of medical gas cylinders where used e.g. emergency oxygen cylinders.

- Ordering of supplies
- Ensuring contract is in place for maintenance and re-filling with a named supplier
- Safe storage including ensuring that appropriate warning signs are in place and cylinder chained to the wall if necessary
- Provision of trolleys for movement of larger cylinders where necessary

15.4 Use of medical gases shall be restricted to use by or on the order of a treating medical practitioner or where present a registered nurse under the emergency oxygen protocol.

Policy for Antimicrobial Stewardship

Purpose of this Policy

The purpose of this policy is to outline the principles of good antimicrobial prescribing and improving the quality of antimicrobial prescribing.

Objectives

- To raise awareness of the principles of good antimicrobial prescribing
- To improve the quality of antimicrobial prescribing and reduce inappropriate prescribing
- The anticipated outcomes of improved antimicrobial prescribing are:
    - To reduce morbidity from infection
    - To reduce the length of infection-related illness
    - To reduce infection-related complications
    - To reduce the risk of adverse drug reactions to antimicrobials
    - To decrease antimicrobial resistance and hospital-acquired infection
    - To increase patient satisfaction and improve the patient experience
    - To increase cost-effectiveness of antimicrobial therapy

Scope of this Policy

This policy applies to all prescribers working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED

- All prescribers are responsible for making themselves familiar with this policy and for adhering to it.
- The Senior Medical Practitioner (SMP) shall have responsibility to content, control and supervision of this policy.

Non-compliance with any policy or procedure may result in disciplinary action being taken and could result in withdrawal of practising privileges from prescribers.

Principles of good antimicrobial prescribing

- Antimicrobial therapy should not be started without clear and documented justification
- Antimicrobial therapy should be used solely as an adjunct in cases where surgery or
- wound management is the primary intervention
- Every effort should be made to collect relevant specimens for microbiological investigations prior to starting antimicrobial therapy
- The indication and choice of antimicrobial agents should be clearly documented
- The anticipated course length or review date should be clearly documented
- Narrow-spectrum antimicrobial agents should be prescribed in preference to broad-spectrum agents where appropriate

Policy for Antimicrobial Stewardship Cont…

- Empirical (best-guess) antimicrobial prescriptions should be reviewed no later than 48 hours and de-escalated to narrow spectrum agents promptly when appropriate
- Antimicrobial therapy should be prescribed at an appropriate dose and frequency
- The oral route should be used for antimicrobial therapy in preference to the intravenous route wherever possible
- Intravenous antimicrobial therapy should be reviewed within 48 hours and switched to
  oral therapy if appropriate
- Antimicrobial therapy courses should be reviewed after no later than 5 days and discontinued as soon as infection has resolved

Standards to be followed:

Prudent Antimicrobial Prescribing

- Do not start antimicrobial therapy without clear clinical justification.
- Patients who receive antimicrobial therapy are at increased risk of colonisation and infection with Clostridium difficile, MRSA and other multi-resistant pathogens. Patients should not be subjected to this increased risk without reasonable evidence of infection or established prophylactic benefit. See Appendix 1 for sepsis definitions.
- Document the indication for antimicrobial therapy in the case notes and on the drug chart and record a stop date or a review date on the drug chart.
- Review of antimicrobial therapy by medical colleagues following transfer of care is facilitated by clear documentation of the reason for initiating prescribing and the original intended course length. In general, antimicrobial courses must be reviewed within 5 days (48 hours for intravenous antimicrobials).
- Antimicrobial therapy should be used solely as an adjunct in cases where surgery or wound management is the primary intervention
- The presence of foreign bodies has a profound effect on the activity of antimicrobial
  agents and it is often necessary to remove the foreign material to cure an infection in the vicinity of a foreign body such as a prosthetic heart valve or joint implant. Similarly, drainage of infected abscesses or empyema and debridement of necrotic tissue is critical to successful outcomes.
- Before starting antimicrobial therapy, make every effort to collect relevant specimens for microbiological investigations. Cultures are important to isolate the infecting organism and determine the presence of antimicrobial resistance. The sender of a specimen for culture is responsible for checking the culture result, whether they are medical or nursing staff, and antimicrobial therapy must be amended accordingly.
- Prescribers must follow British National Formulary (BNF) guidelines for the treatment of infection. Guidelines recommend antimicrobial agents known to penetrate to the site of infection and supported by evidence of clinical efficacy for each indication should be used.

Policy for Antimicrobial Stewardship Cont…

- Narrow-spectrum antimicrobial agents should be prescribed in preference to broad-spectrum agents where appropriate. Broad-spectrum agents cause the most collateral damage to non-pathogenic normal flora, which form an integral component of the host defence against infection by competing with pathogens for nutrients and producing antibiotic secretions. Broad-spectrum agents also apply selection pressure to colonising bacteria increasing the risk of a patient becoming colonised with antimicrobial-resistant strains, which may later cause infection unresponsive to first-line antimicrobials.
- Broad-spectrum empirical antimicrobial therapy may be indicated in certain circumstances. Examples are listed below.
    - For patients with life-threatening infection or severe sepsis for whom prompt appropriate therapy is critical to a successful outcome.
    - For patients who are immunosuppressed.
    - For patients with suspected or confirmed polymicrobial infection.
    - For patients who have been recently exposed to antimicrobial agents or failed first-line therapy with more narrow spectrum antimicrobial agents.
    - For patients who are at risk of infection with resistant microorganisms due to recent contact with a healthcare environment or exposure to antimicrobials.
    - For patients with a laboratory-confirmed resistant microorganism.
    - For patients with a history of colonisation or infection with resistant microorganisms in the previous year.

- Empirical antimicrobials must be reviewed no later than 48 hours and de-escalated to narrow spectrum agents promptly when appropriate
- Step-down to narrow spectrum therapy if a causative organism is identified and
  antimicrobial sensitivity data are available. Prolonged treatment with broad-spectrum
  antimicrobials increase selection pressure for multi-resistant microorganisms and limits options for salvage therapy in patients who later relapse.
- Established infection discovered during surgery is an indication for converting antimicrobial prophylaxis into a treatment course.
- Antimicrobial therapy must be prescribed at an appropriate dose, as recommended
  in the BNF guidelines.
- The dose must be appropriate for the patient's renal and hepatic function.

Policy for Antimicrobial Stewardship Cont…

Appendix 1 – Sepsis definitions

Infection
Presence of microorganisms in a normally sterile site.

Bacteraemia
Cultivatable bacteria in the bloodstream.

Systemic Inflammatory Response Syndrome (SIRS)
SIRS is the systemic response to a wide range of stresses and is defined in adult patients
as TWO or more of:

- Temperature >38ºC or <36ºC
- Heart rate >90 beats per minute
- Respiratory rate >20 breaths per minute OR PaCO2 <32mmHg
- WBC >12 x 106 cells / mL or < 4 x 106 cells / mL OR >10% immature (band) forms

Sepsis
Sepsis is defined as SIRS associated with proven or clinically suspected infection

Severe sepsis
Sepsis associated with organ dysfunction (distant from infection site), hypo-perfusion or
hypotension (systolic BP <90mmHg, MAP <70mmHg or reduction of 40mmHg from baseline).

Septic shock
Sepsis with hypotension requiring pressor therapy despite adequate fluid resuscitation. In
addition there are perfusion abnormalities that may include lactic acidosis, oliguria, altered
mental status and acute lung injury.

Septicaemia
Sepsis associated with bacteraemia.

Policy for controlled drugs:

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that no Schedule 2 controlled drugs are used on the premises.

Standard 16: Medical Devices, Equipment and Diagnostic Systems

Organisations and services ensure the safe and effective procurement , use and disposal of medical equipment, devices and diagnostic systems that:

a) conform to health, safety and environmental legislation and guidance;
b) are maintained, cleaned and calibrated in accordance with manufacturer's guidelines;
c) are appropriate for their intended use and for the environment in which they are used;
d) decontaminate reusable medical devices properly;
e) is supported by an ongoing programme of training and competence assessment for staff and users of the equipment; and
f) there is timely reporting and management of any device, equipment or system faults.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Service users are not put at risk through inadequate equipment (including medical devices) because these are:

• available when required;

• suitable for its intended purpose;

• safe to use; and

• used by staff who have been properly trained and know how to use the device safely and can carry out pre use day to day checks (and where qualified and appropriate, routine maintenance).

Policy for ensuring Safety, Availability and Suitability of Equipment

1.0 Introduction:

1.1 The purpose of this document is to ensure that all equipment and supplies used within HEAD QUARTERS HAIR TRANSPLANTS LIMITED are safe and are in good condition.

2.0 Equipment:

2.1 All electrical and other equipment will be purchased from recognised commercial organisations. A register will be maintained by the Registered Manager (Nell Brunwin) of all equipment purchased to include:

- Name and address of the supplier
- Description of equipment
- Serial number (if any)
- Date of purchase

2.2 All equipment will be installed and maintained according to the manufacturer's instructions.

2.3 Where required by the equipment manufacturer a maintenance or service agreement will be put in place with the approved service organisation to ensure continued safe and effective use.

2.4 Equipment will be used only in accordance with the manufacturer's instructions.

2.5 No modifications will be made to any equipment without the written consent and approval of the manufacturer or their approved agent.

2.6 All electrical equipment will be tested annually to ensure electrical safety in accordance with PAT requirements by a qualified electrician

Policy for Safety, Availability & Suitability of Equipment: Cont…

3.0 Maintenance:

3.1 Where appropriate a register of maintenance will be maintained for each piece of equipment including

- dates of servicing or maintenance
- name of engineer or technician carrying out work
- description of the work
- an entry detailing the work carried out and any additional comments

3.2 If a service or maintenance record is provided by the establishment carrying out the work then this will be kept in a file designated for the purpose.

3.3 Contact details for the approved agent of each piece of equipment will be kept in the Maintenance log file in the event of urgent for advice.

4.0 Stock Products and Consumables:

4.1 All stock product and consumables will be used in strict rotation to ensure that they are used in optimal condition.

4.2 Storage of all products will be in accordance with manufacturers' instructions. Where required products will be stored protected from light or in a temperature regulated environment.

Policy for management of medical devices and decontamination:

It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that no single use sterile items will be re-processed for reuse.

All single use sterile items will be used on only one occasion and then disposed of appropriately.

Where appropriate, re-useable medical devices and equipment will only be processed and handled according the best practice and in accordance with manufactures guidance.

See also ***Policy for Infection Control***

Standard 17: Blood Management

Organisations and services ensure that patients have access to a safe and sufficient supply of blood, blood products and blood components, through:

a) compliance with legislation and national guidance on the supply and use of blood, blood products and blood components;
b) the use of schemes and systems to reduce wastage of blood, blood products and blood components;
c) effective planning for blood shortages;
d) an ongoing programme of education, training and competence assessment for all staff involved in the transfusion process; and the reporting of all adverse blood reactions and incidents.

No blood or blood products are used by HEAD QUARTERS HAIR TRANSPLANTS LIMITED therefore this standard is not applicable to this service.

Standard 18: Communicating Effectively

Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:

a) internally and externally;
b) with patients, service users, carers and staff using a range of media and formats;
c) about patients, service users and their carers;
d) on the full range and locations of services they provide; and
e) addressing all language and communication needs.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Service users and, where appropriate, their representatives, receive clear and accurate information about:

• the aims, objectives, purpose and range of services provided by the organisation;
• their treatment options, treatment received, care and any advocacy or support services;
• the costs of any treatment and services which they are required to pay for;
• how to raise a concern, or make a complaint;
• how to comment on or influence the way a service is provided;
• the outcome of any investigation, when something has gone wrong.

Information provided is reliable, accurate, regularly reviewed and not misleading.

Information is provided in a format that takes account of:
• service users language and communication needs;
• the complexity of the information.

Legal obligations to protect confidential personal information are met and environments where confidential and sensitive information is discussed are appropriate.

Regular ongoing communication with persons who work in the organisation is essential to ensure they comply with operation policies and know how to carry out their day to day activities safely.

Policy for Ensuring Communication of Treatment Cost

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED publishes a professional fee scale that is freely available to the public. All patients will be presented with this together with a brochure outlining the services provided by HEAD QUARTERS HAIR TRANSPLANTS LIMITED, prior to initiation of any treatment. Patients will be made fully aware of the requirement for them to pay for their treatment and care.

1.1 At consultation, all patients will be given information on the cost of treatment proposed and what this covers at consultation. If a fixed price cannot be given, then an estimate of cost will be provided. Patients will be informed of any likely additional costs to the estimated price. They are not placed under any undue pressure to proceed with treatment.

1.2 Patients will be given the time they need to consider whether they wish to proceed with treatment and are not placed under any undue pressure to agree to sign an agreement.

1.3 Patients will be informed immediately when any unexpected additional costs may be incurred before the care, treatment and support that will lead to these additional costs is provided.

1.4 Patients will be notified of any planned increases in fees with sufficient time to allow them to consider if they wish to continue with the care, treatment or support.

1.5 Patients are provided with information on how they can make payments and are offered a receipt if they require one. They will also be provided with a statement of their account at any time they request it, and when the account is fully paid.

See also:
Policy for the arrangements for provision of treatment
Policy on Information for Patients
Policy on Consent.

Policy for Advertising and Promotion

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will strive to comply with the requirements of The UK Code of Non Broadcast Advertising, Sales Promotion and Direct Marketing (12th Ed) – The CAP Code - as laid down in accordance with the Advertising Standards Authority (ASA) and the Blue Guide as detailed by the MHRA.

1.1 In our advertising and promotional material we will adhere to the general principles of the Code as summarised below:

- All marketing communications should be legal, decent, honest and truthful.
- All marketing communications should be prepared with a sense of responsibility to consumers and to society.
- All marketing communications should respect the principles of fair competition generally accepted in business.
- No marketing communication should bring advertising into disrepute.
- Marketing communications must conform to the Code. Primary responsibility for observing the Code falls on marketers. Others involved in preparing and publishing marketing communications such as agencies, publishers and other service suppliers also accept an obligation to abide by the Code.
- Any unreasonable delay in responding to the ASA's enquiries may be considered a breach of the Code.
- The Code is applied in the spirit as well as in the letter.

1.2 In particular HEAD QUARTERS HAIR TRANSPLANTS LIMITED will give special consideration to the elements of the Code relating to Medicines, Treatment & Health as summarised below:

1.3 MEDICINES, TREATMENT & HEALTH

1.3.1 General

Advertisements for products subject to licensing under the Medicines Act 1968, as amended, must comply with the requirements of the Act, Regulations made under it and any conditions contained in the current marketing authorisation.

1.3.2 Advertisers in this category, and/or the treatments, products and services they offer, and all claims made for them, require very close scrutiny. Whenever a proper assessment of such claims can only be made by an appropriate independent qualified expert, whether medical or other health specialist, such advice must be sought before seeking clearance.

1.3.3 Advertisements for medicinal products or treatments available only on prescription are not acceptable.

1.3.4 Advertisements for products which do not hold a marketing authorisation under the Medicines Act 1968, as amended, must not include medical claims.

Policy for Advertising and Promotion: cont…..

1.3.5 No advertisement for a medicinal product may suggest that health can be enhanced by taking the medicinal product, or suggest that health could be affected by not taking the medicinal product.

1.3.6 Advertisements must not offer any product or service for conditions for which qualified medical advice should be sought, or give the impression that a medical consultation or surgical operation is unnecessary (this excludes advertisements for spectacles, contact lenses and hearing aids), in particular by offering a diagnosis or by suggesting treatment by post, fax, telephone or email.

1.3.7 Unless otherwise allowed by its marketing authorisation, words or phrases that claim or imply the cure of any ailment, illness, disease or addiction, as distinct from the relief of its symptoms, are unacceptable. (Words such as ‘help’ or ‘relieve’ should be used).

1.3.8 Advertisements for medicinal products must not contain any material which could, by description or detailed representation of a case history, lead to erroneous self-diagnosis.

1.3.9 Advertisements must not imply or encourage indiscriminate, unnecessary or excessive use of any medicinal product or treatment.

1.4 Note on Promotional Events:

- No patient will be offered a financial incentive to book a consultation appointment at the event.
- All staff, speakers and other presenters will be clearly identified as to their profession and role within the organisation.

Being Open (Duty of Candour) Policy

1.0 Introduction

1.1 Promoting a culture of openness is fundamental to improving patient safety and quality of healthcare. The process of being open involves explaining and apologising for what has happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment. It requires that communication is open, honest and occurs as soon as possible following the incident.

1.2 All moderate, severe harm and death incidents **must** have documented evidence of the "Being Open" process.

2.0 Definitions

2.1 **Being Open** – is defined by the NPSA (2005) as a process which "*involves apologising and explaining what happened to patients who have been harmed as a result of a patient safety incident. It encompasses communications between healthcare professionals, patients and their carers"*

2.2 **Duty of Candour** – this is a duty which applies to patient safety incidents which occur whilst care is provided to the patient which results in moderate harm, severe harm or death. There is a requirement in such a circumstance to ensure that patients, and where appropriate their family and/or carers, are told about the patient safety incidents that affect them, receive an appropriate apology, are kept informed of investigations and are supported to deal with the consequences.

2.3 **Notifiable Safety Incident** – any unintended or unexpected incident that occurs during the provision of care which, in the reasonable opinion of a health care professional
:

a) Could have resulted in, or has resulted in:
   - Death as a direct result of the incident not as a result of the underlying illness or condition;
   - An impairment of the sensory, motor or intellectual functions of the service user which has lasted, or is likely to last, for a continuous period of at least 28 days;
   - Changes to the structure of the service user's body;
   - The service user experiencing prolonged pain or prolonged psychological harm: or
   - The shortening of life expectancy of the service user; or

Being Open (Duty of Candour) Policy cont…

b) Requires treatment by a healthcare professional in order to prevent:
   - The death of the service user; or
   - Any injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a)

2.4 **Moderate harm** – means a harm that requires a moderate increase in treatment: and significant, but not permanent harm.

2.5 **Moderate increase in treatment** - means an unplanned return to surgery , an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another area.

2.6 **Prolonged psychological harm** – means psychological harm which the service user has experienced, or is likely to experience, for a continuous period of at least 28 days.

2.7 **Prolonged pain** – means pain which s service user has experienced, or is likely to experience, for a continuous period of at least 28 days.

2.8 **Severe harm** – means a permanent lessening of bodily, sensory, motor, psychological or intellectual functions, including the removal of the wrong limb or organ or brain damage that is related directly to the incident and not related to the natural course of the service user's illness or underlying condition.

2.9 **Relevant person** – person who should receive the apology and explanation. In most circumstances, this should be the patient. Exceptions would apply where the patient has died, lacks capacity or is under the age of 16.

2.10 **Apology** – means an expression of sorrow or regret in respect of a notifiable safety incident.

Being Open (Duty of Candour) Policy cont…

3.0 Aim

3.1 The key aim of this policy is to provide guidance to staff with regard to the principles of when the "Being Open" and the Duty of Candour requirements apply and the process to be followed.

3.2 The principles of "Being Open" as set out by the NPSA in relation to the communication of patient safety incidents are essential to support this policy.

3.3 The 10 principles of being open are as follows:

- **Acknowledgement**: All patient safety incidents should be acknowledged and reported as soon as identified. In cases where the patient (and/or their carers) informs healthcare staff when something untoward has happened, it must be taken seriously from the outset. Any concerns should be treated with compassion and understanding by all healthcare staff. Denial of patient's concerns will make future open and honest communication more difficult.

- **Truthfulness, timeliness and clarity of communication**: Information about a patient safety incident must be given to patients (and/or their carers) in a truthful and open manner by an appropriately nominated person, Patients should be provided with a step-by-step explanation of what happened, that considers their individual needs and is delivered openly. Communication should also be timely; patients (and/or their carers) should be provided with information about what has happened as soon as is practicable. It is also essential that that any information given is based solely on the facts known at the time. Healthcare professionals should explain that new information may emerge as an incident investigation is undertaken, and patients (and/or their carers) should receive clear, unambiguous information and be given a single point of contact for any questions or requests they may have. They should not receive conflicting information from different members of staff, and the use of medical jargon, which they may not understand, should be avoided.

- **Apology**: Patient (and/or their carers) should receive an expression of sorrow or regret for the harm that has resulted from a patient safety incident. This should be in the form of an appropriately worded apology, as early as possible. Both verbal and written apologies should be given. The decision on which member of staff should give the apology should consider seniority, relationship to the patient, and experience and expertise in the type of patient safety incident that has occurred. Verbal apologies are essential because they allow face-to-face contact between the patient (and/or their carers) and the relevant healthcare team. A written apology, which clearly states the organisation is sorry for the suffering and distress resulting from the incident, must also be given. This should be given as soon as staff are aware an incident has occurred. It is important not to delay for any reason including: "Being Open" discussion with the patient; fear and apprehension; or lack of staff availability. Delays are likely to increase the patient's (and/or their

Being Open (Duty of Candour) Policy cont…

carer's) sense of anxiety, anger or frustration. An apology is not an admission of liability.

- **Recognising patient and carer expectations**: Patients (and/or their carer's) can reasonably expect to be fully informed of the issues surrounding a patient safety incident and its consequences in a face-to-face meeting. They should be treated sympathetically, with respect and consideration. Confidentiality must be maintained at all times. Patients (and/or their carers) should also be provided with support in a manner appropriate to their needs – including the consideration of special circumstances that can include a patient requiring additional support, such as an independent patient advocate or a translator.

- **Professional support**: Healthcare organisations must create an environment in which all staff, whether directly employed or independent contractors, are encouraged to report patient safety incidents. Staff should feel supported throughout the incident investigation process because they too may have been traumatised by being involved. They should not be **unfairly** exposed to punitive disciplinary action, increased medico-legal risk or any threat to their registration.

- **Risk management and systems of improvement**: Root cause analysis (RCA) should be used to uncover the underlying causes of a patient safety incident. These investigations should focus on improving systems of care, which will then be reviewed for their effectiveness.

- **Multidisciplinary responsibility**: This principle applies to all staff who have key roles in the patient's care. Most healthcare provision is through multidisciplinary teams and this should be reflected in the way that patients (and their families/carers) are communicated with when things go wrong. This will ensure the "Being Open" process is consistent with the philosophy that incidents usually result from system failures and rarely from the actions of an individual.

- **Clinical governance**: "Being Open" requires the support of patient safety and quality improvement processes through clinical governance frameworks in which patient safety incidents are investigated and analysed to find out what can be done to prevent their recurrence. It is essential to learn from patient safety incidents and that the information is disseminated to all staff. This involves a system of accountability to ensure that the changes are implemented and their effectiveness reviewed.

- **Confidentiality**: Full consideration of, and respect for, the patient's (and their family/ carers) and staff privacy and confidentiality. Details of a patient safety incident should at all times be considered confidential. The consent of the individual concerned should be sought prior to disclosing information beyond the clinicians involved in treating the patient. Where this is not practical, or an individual refuses to consent to disclosure, it may still be lawful if it is justified

Being Open (Duty of Candour) Policy cont…

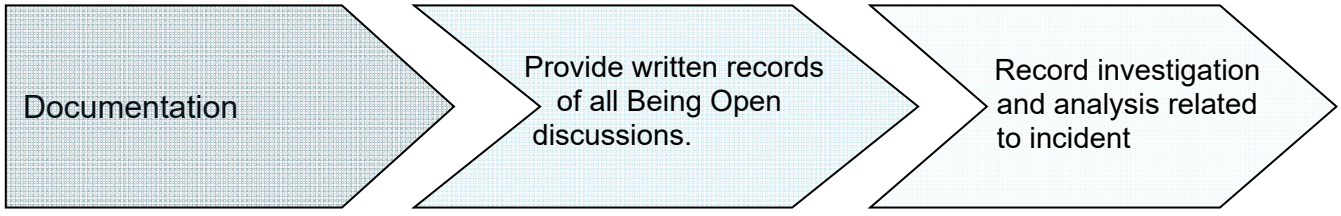
in the public interest or where those investigating the incident have statutory powers for obtaining information. Communication with parties outside of the clinical team should also be on a strictly need-to-know basis and, where practicable, records should be anonymous. In addition, it is good practice to inform the patient (and/or their carers) about who will be involved in the investigation before it takes place and give them the opportunity to raise any objections.

- **Continuity of care**: Patients are entitled to expect they will continue to receive all usual treatment and continue to be treated with dignity, respect and compassion. If a patient expresses a preference for their healthcare needs to be taken over by another team, the appropriate arrangements should be made for them to receive treatment elsewhere.

3.4 The principles of "Being Open" must be applied to any incident, complaint or claim occurring as a result of healthcare treatment with HEAD QUARTERS HAIR TRANSPLANTS LIMITED resulting in harm to the patient.

4.0 The "Being Open" Process

<table>
<tr><th>Incident detection or recognition</th><th>Preliminary team discussion</th><th>Initial Being Open discussion</th><th>Follow-up discussion</th><th>Process completion</th></tr>
<tr><td>Detection and notification through appropriate systems</td><td>Initial assessment</td><td>Verbal and written apology</td><td rowspan="2">Provide update on known facts at regular intervals</td><td>Discuss findings or investigation and analysis</td></tr>
<tr><td rowspan="4">Prompt and appropriate clinical care to prevent further harm</td><td>Establish timeline</td><td>Provide known facts to date</td><td>Inform on continuity of care</td></tr>
<tr><td rowspan="3">Choose who will lead communication</td><td>Offer practical and emotional support</td><td rowspan="3">Respond to queries</td><td>Share summary with relevant people</td></tr>
<tr><td rowspan="2">Identify next steps for keeping informed</td><td>Monitor how action plan is implemented</td></tr>
<tr><td>Communicate learning with the staff</td></tr>
</table>



(Being Open. Communicating patient safety incidents with patients, their families and carers (NPSA 2009))

Being Open (Duty of Candour) Policy cont…

4.1 Stage 1: Incident Detection and Recognition

4.1.1 The process begins with recognising that a patient has suffered harm as a result of a patient safety incident. This incident itself may be identified by:

- a member of staff at the time of the incident;
- a member of staff retrospectively when an unexpected outcome is detected;
- a patient and/or their carers either at the time of the incident or retrospectively;
- a formal incident or complaint;
- a litigation claim;
- incident detection systems such as incident reporting or medical records review; or
- other sources such as identification by other patient, visitors or non-clinical staff.

4.1.2 The Duty of Candour applies to moderate, severe or death incidents.

4.1.3 Staff are encouraged to apologise when things go wrong, offering sympathy and caring. Apology is not an admission of liability. There is no requirement to report prevented or “no harm” incidents to patients and relatives.

4.1.4 The first priority as soon as a patient safety incident is identified is prompt and appropriate clinical care and to ensure further harm is prevented. Where additional treatment is required this should be occur as soon as is reasonably practical after a discussion with the patient and appropriate consent.

4.1.5 HEAD QUARTERS HAIR TRANSPLANTS LIMITED’s processes for reporting, investigation and analysis of incidents should be implemented. The process should include the principles of acknowledgement and apology.

4.2 Stage 2: Preliminary Team Discussion

4.2.1 Appropriate members of staff involved in the patient safety incident should meet as soon as possible to:

- establish the facts;
- assess the incident and determine the level of response;
- identify who will be responsible for the conversation with the relevant person;
- consider whether appropriate to involve suitable patient support at this stage (patient advocate, facilitator, another healthcare professional;
- identify immediate support needs for staff involved; and
- ensure consistent approach by all staff in relation to discussions with patient.

Being Open (Duty of Candour) Policy cont…

4.2.2 All incidents should be initially assessed by appropriate members of staff to determine the level of response required.

Incident	Level of response
No harm (including prevented patient safety incident)	Patients are not usually contacted or involved in investigations and these types of incidents are outside the scope of the Being Open policy. The company may decide whether "no harm" incidents are discussed with patients depending on the individual circumstances and what is in the best interest of the patient.
Low harm	Unless there are specific indications or the patient requests it, the communication, investigation and analysis, and the implementation of changes will occur at local service delivery level with the participation of those directly involved in the incident. Appropriate risk management, reporting and analysis will take place. Communication should take the form of an open discussion between the staff providing the patient's care and the patient (and family / carers where appropriate) **Apply the principles of Being Open.**
Moderate harm, severe harm or death	A higher level of response is required in these circumstances. The Registered Person should be notified immediately and be available to provide support and advice during the Being Open process if required. **Apply the Being Open process.**

4.2.3 The initial Being Open discussion with the patient (and their family/carers where appropriate) should occur as soon as possible after recognition of the patient safety incident

4.2.4 Choosing the individual to communicate with the patient and/or carers. This should be the most senior person responsible for the patient's care and/or someone with experience and expertise in the type of incident that has occurred. For incidents to which the Duty of Candour applies, it is usual for that person, if appropriate, to be the clinician responsible for the episode of care during or as a result of which the Notifiable Safety Incident occurred. The individual should:

- have a clear understanding of the facts relevant to the incident;
- be senior enough to have sufficient experience in relation to the type of patient safety incident to be credible to the patient, carers and colleagues;
- have excellent interpersonal skills and be able to communicate with the patient (and family/carers where appropriate) in a way that they can understand, and avoiding use of medical jargon;

Being Open (Duty of Candour) Policy cont…

- be willing to offer a meaningful apology, reassurance and feedback to patients (and family/carers where appropriate);
- be able to maintain a long-term relationship with the patient (and family/carers where appropriate), and to provide continued support and information; and
- be culturally aware and informed about the specific needs of the patient (and family/carers).

4.2.5 Involving healthcare staff who made mistakes. In circumstances where a healthcare professional has made a mistake which has resulted in harm, the member of staff may or may not wish to participate in the Being open discussion with the patient (and family/carers where appropriate). Each case must be considered individually, balancing the needs of the patient (and family/carers where appropriate) with those of the healthcare professional concerned. Where the healthcare professional wishes to attend the discussion to apologise personally, they should feel supported throughout the meeting. The patient (and family/carers where appropriate) may express a preference for the healthcare professional not to be present – in this circumstance then it is advised that a personal written apology be handed to the patient (and family/carers where appropriate) during the initial discussion.

4.3 Stage 3: Initial Being Open Discussion

4.3.1 The relevant person will be given a full apology and an explanation of the Being Open process. This should be confirmed promptly in writing with a letter inviting the patient (and family/carers where appropriate) to further meetings.

4.3.2 If staff try but fail to contact the relevant person then this should be documented in the patient's records.

4.3.3 The content of the initial meeting should be as follows:

- The relevant person should be introduced to all those present at the meeting and informed of their role before the discussion takes place.
- An expression of sympathy, regret and an apology for the harm that has occurred.
- The facts as known at the time of the initial meeting will be provided to the relevant person. Where there is any lack of clarity, communication about specific matters should be deferred until the investigation is complete.
- Inform the relevant person that an investigation is being carried out and more information will become available as it progresses.
- There should be consideration and formal noting of the patient's (and family/carers where appropriate) views and concerns, and demonstration that these are being taken seriously.
- Appropriate language and terminology must be used when speaking to patients (and family/carers where appropriate). If the relevant person first language is not English or they have other communication difficulties then these needs should be appropriately addressed.

Being Open (Duty of Candour) Policy cont…

- An explanation should be given of the next stages including information about the short and long term treatment plan and any relevant information relating to the incident analysis.
- An offer of practical and emotional support should be made to the relevant person. This may involve using a third party organisation where appropriate. Information must not be disclosed to any third party without the patient's consent.
- The relevant person will be provided with the contact details of a member of staff who will act as a point of contact.
- The relevant person should be provided with information on the procedure for making a complaint and supported as necessary.
- Staff should be aware that even when the discussion is conducted correctly that patients (and family/carers where appropriate) may still be anxious, frustrated and angry.

4.3.4 It is essential that the following **does not** occur during the Being Open discussion:

- Speculation
- Attribution of blame
- Denial of responsibility
- Provision of conflicting information from different individuals.

4.3.4 A written record must be kept of the discussion.

4.4 Stage 4: Follow-up discussions

4.4.1 Follow-up discussions with the relevant person are an important part of the Being Open process. There may be more than one follow-up conversation, depending on the nature of the incident and the timeline for investigation.

4.4.2 The following are guidelines for effective communication:

- The discussions happen at the earliest possible opportunity.
- The patient's health and personal circumstances must be considered when timing the meeting(s) and to the location of the meeting.
- Feedback is given on the progress to date and any further information on the investigation process.
- There should be no speculation or attribution of blame. Healthcare professionals communicating the incident must not criticise or comment on matters outside their own experience.
- If relevant, the patient (and family/carers where appropriate) should be offered the opportunity to discuss the situation with another relevant professional.
- A written record of the discussion must be kept and shared with the patient (and family/carers where appropriate).
- All queries must be appropriately responded to.

Being Open (Duty of Candour) Policy cont…

- If completing the process, then the patient (and family/carers where appropriate) should be asked if they are satisfied with the investigation and a note made in the patient's records.
- The patient should again be provided with contact details so that if there are further issues which arise at a later stage they can get in touch with the relevant healthcare professionals or an agreed substitute.

4.5 Stage 5: Process completion

4.5.1 After completion of the incident investigation, feedback should take the form most acceptable to the patient. Whatever the method, the communication should include the following:

- A chronology of the clinical and other relevant facts;
- Details of the relevant person's concerns and complaints;
- A repeated apology for the harm suffered and any shortcomings in the delivery of care that led to the patient safety incident;
- A summary of the factors that contributed to the incident; and
- Information on what has been done, and will be done, to ensure that recurrence of the incident is avoided. This should also include information on how these improvements will be monitored to ensure they are effective.

4.5.2 In some cases, information may be withheld or restricted, for example:

- Where communicating the information may adversely affect the patient's health
- Where investigations are pending the coronial process; or
- Where specific legal requirements preclude disclosure.

If this is the case, the relevant person must be informed of the reason.

4.5.3 Monitoring: any recommendations for system improvements and changes implemented should be monitored for effectiveness in preventing a recurrence.

4.5.4 Communication of lessons learned with staff is vital to ensure the recommended changes are fully implemented and monitored.

4.5.5 If the relevant person consents then before discharge, a brief communication to the patient's GP describing what happened. The discharge letter should contain a summary of:

- The nature of the patient safety incident and continuing care and treatment;
- The current condition of the patient
- Key investigations that have been carried out to establish the patient's clinical condition;
- Recent results; and
- Prognosis.

Being Open (Duty of Candour) Policy cont…

5.0 Documentation

It is essential part of the process to ensure that discussion with the patient (and family/carers where appropriate) and the incident investigation is documented. The required documentation is to include:

- A copy of relevant medical information which should be filed in the patient's medical records;
- Incident report(s); and
- Records on the investigation and analysis.

A copy of the incident report should be kept as part of the clinical governance reports for the organisation.

Records of the Being Open discussions should include:

- Time, date and place of the meeting as well as name and role/relationship of all attendees;
- Plan for providing further information;
- Offers of assistance and patient's (and family/carers where appropriate) response;
- Questions raised and answers given;
- Plans for follow-up meetings;
- Progress notes for clinical situation and an accurate summary of all points explained to the patient;
- Copies of letter sent to the patient (and family/carers where appropriate) and GP where appropriate;
- Copies of any statements taken in relation to the incident; and
- Copy of the incident report.

6.0 Training

It is essential that all staff are familiar with this policy and the processes involved.

Policy for Public Interest Disclosure - 'Whistle-blowing Policy'

Advice and Instructions for Staff

The term "whistle-blowing" has no legal definition within EC or UK law; however, it has been used to describe incidents where an employee publicly discloses some alleged wrongdoing within an organisation.

The Public Interest Disclosure Act 1998 aims to promote greater openness in the workplace and, by amending the Employment Protection Act 1996, protects "whistle-blowers" from detrimental treatment, i.e. victimisation or dismissal, for raising concerns about matters in the public interest. In providing this protection, the Act also reinforces the obligations of all persons employed by HEAD QUARTERS HAIR TRANSPLANTS LIMITED not to disclose to external sources any trade secrets or confidential information acquired during the course of their employment unless they fall within the qualifying for protection disclosures.

Introduction

All persons employed by HEAD QUARTERS HAIR TRANSPLANTS LIMITED are under an obligation implied in their contract of employment to give honest and faithful service to their employer. This includes an obligation not to disclose to external sources any trade secrets or confidential information acquired during the course of employment or act in a manner that will undermine the mutual trust and confidence on which the employment relationship is based. The Public Interest Disclosure Act 1998 complements those obligations by providing protection to employees for disclosure made without malice and in good faith of certain specific confidential information to a third party in defined circumstances. These are outlined below in paragraph 3. The purpose of this policy is to provide a means by which staff are enabled to raise concerns with the appropriate HEAD QUARTERS HAIR TRANSPLANTS LIMITED authorities if they have reasonable grounds for believing there is serious malpractice within the Establishment. HEAD QUARTERS HAIR TRANSPLANTS LIMITED encourages staff to raise matters of concern responsibly through the procedures laid down in this policy statement.

Scope of the Policy

The policy is designed to deal with concerns raised in relation to the specific issues which are in the public interest and are detailed in paragraph 3 below, and which fall outside the scope of other HEAD QUARTERS HAIR TRANSPLANTS LIMITED policies and procedures. The policy will not apply to personal grievances concerning an individual's terms and conditions of employment, or other aspects of the working relationship, complaints of bullying or harassment, or disciplinary matters.

Public Interest Disclosure Policy cont…

The policy may deal with specific concerns which are in the public interest and may include:

- a criminal offence
- failure to comply with legal obligations or regulations of HEAD QUARTERS HAIR TRANSPLANTS LIMITED
- financial or non-financial misadministration or malpractice or impropriety or fraud
- professional malpractice
- a risk to the health or safety of any individual
- environmental damage
- a miscarriage of justice
- improper conduct or unethical behaviour
- attempts to suppress or conceal any information relating to any of the above.

If in the course of investigation any concern raised in relation to the above matters appears to the investigator to relate more appropriately to grievance, bullying or harassment, or discipline, those procedures will be invoked.

Who can raise a concern?

Any member of staff who has a reasonable belief that there is serious malpractice relating to any of the protected matters specified in paragraph 3 above, may raise a concern under the procedure detailed in paragraph 6 below. The issues raised under the protected list may relate to another member of staff, a group of staff, the individual's own Institution or another part of HEAD QUARTERS HAIR TRANSPLANTS LIMITED. Concerns must be raised without malice and in good faith, and the individual must reasonably believe that the information disclosed, and any allegations contained in it, are substantially true. The disclosure must not be made for purposes of personal gain, and in all the circumstances it must be reasonable to make the disclosure. HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that any member of staff who makes a disclosure in such circumstances will not be penalised or suffer any adverse treatment for doing so. However, a member of staff who does not act in good faith or makes an allegation without having reasonable grounds for believing it to be substantially true, or makes it for purposes of personal gain, or makes it maliciously or vexatiously may be subject to disciplinary proceedings.

In view of the protection afforded to a member of staff raising a bona fide concern, it is preferable if that individual puts his/her name to any disclosure. The identity of the person raising the matter will be kept confidential, if so requested, for as long as possible provided that this is compatible with a proper investigation. Anonymous complaints are not covered by this procedure, but may be reported, investigated or acted upon as the person receiving the complaint sees fit (including the use of this procedure), having regard to the seriousness of the issue raised, the credibility of the complaint, the prospects of being able to investigate the matter, and fairness to any individual mentioned in the complaint.

Public Interest Disclosure Policy cont…

Procedure

Initial step

Normally any disclosure about a protected matter should be made to the Registered Manager:

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The person to whom the disclosure is made will decide whether the matter should be dealt with under this procedure. If he or she considers that the matter should be dealt with under a different HEAD QUARTERS HAIR TRANSPLANTS LIMITED procedure, s/he will advise the person making the disclosure as to the appropriate steps which should be taken.

Process

The person to whom the disclosure is made will normally consider the information and decide whether there is a prima facie case to answer. He or she will decide whether an investigation should be conducted and what form it should take. This will depend on the nature of the matter raised and may be

- investigated internally
- referred to the external authorities
- the subject of independent enquiry
- some matters following investigation, will need to be referred to the relevant outside body, e.g. the Police.
- If the person to whom the disclosure is made decides not to proceed with an investigation, the decision will be explained as fully as possible to the individual who raised the concern.

Investigation

Any investigation will be conducted as sensitively and speedily as possible.

Should an investigation or referral lead the appropriate HEAD QUARTERS HAIR TRANSPLANTS LIMITED authority to conclude there has been a breach of HEAD QUARTERS HAIR TRANSPLANTS LIMITED discipline, the member or members of staff responsible may, in addition to any civil or criminal proceedings, be subject to disciplinary action in accordance with the appropriate disciplinary procedures for the relevant category of staff.

Public Interest Disclosure Policy cont…

Records

An official written record will be kept of each stage of the procedure (see also paragraph 10 below).

Advice for staff raising a concern

HEAD QUARTERS HAIR TRANSPLANTS LIMITED acknowledges the difficult choice a member of staff may have to make in raising a concern. As the issues that prompt the concern are likely to be complex, how the member of staff proceeds with his or her concern will vary from situation to situation. The following advice is recommended if a member of staff wishes to make a disclosure:

- make any objections to illegal, unsafe or unethical practices promptly so as to avoid any misinterpretation of the motives for doing so;
- focus on the issues and proceed in a tactful manner to avoid unnecessary personal antagonism which might distract attention from solving the problem;
- be accurate in his/her observations and claims and keep formal records documenting relevant events.

Members of staff may also wish to seek independent legal advice.

Complaints of retaliation as a result of disclosure

HEAD QUARTERS HAIR TRANSPLANTS LIMITED accepts that it has an obligation to ensure that staff who make a disclosure without malice and in good faith are protected, regardless of whether or not the concern raised is upheld. A member of staff who has made a disclosure and who feels that, as a result, he or she has suffered adverse treatment should submit a formal complaint under the grievance procedure as set out in the relevant staff handbook detailing what has been done to him or her. If it appears that there are reasonable grounds for making the complaint, the onus will be on the person against whom the complaint of adverse treatment has been made to show that the actions complained of were not taken in retaliation for the disclosure.

Where it is determined that there is a prima facie case that a member of staff has suffered adverse treatment, harassment or victimisation as a result of his or her disclosure, a further investigation may take place and disciplinary action may be taken against the perpetrator in accordance with the relevant procedure.

Public Interest Disclosure Policy cont…

External disclosure

If, having exhausted this procedure, a member of staff is not satisfied with the HEAD QUARTERS HAIR TRANSPLANTS LIMITED response and reasonably believes that the information disclosed, and any allegation contained in it, are substantially true, he or she is at liberty to take the matter further by raising it with certain bodies or persons such as

- a member of Parliament
- a legal adviser
- The Healthcare Inspectorate Wales
- other bodies or persons (if any) prescribed by the Secretary of State under Section 43F of the Employment Protection Act 1996, as amended by Section 1 of the Public Interest Disclosure Act 1998
- A member of staff who makes an external complaint in good faith to any prescribed body or person after exhausting HEAD QUARTERS HAIR TRANSPLANTS LIMITED procedure, will be protected against victimisation or other adverse treatment.

Standard 19: Information Management and Communications Technology

Organisations and services support and facilitate patient care and service delivery by:

a) developing and using safe and secure information systems in accordance with legislation and within an effective governance framework;
b) having processes to operate and manage information and data effectively and to maintain business continuity;
c) ensuring data quality is robust and timely;
d) using information to review, assess and improve services; and
e) sharing information with relevant partners using protocols when necessary.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

That information management and technology systems, where used, are developed, managed and effectively supported to ensure they are fit for purpose in the delivery of safe patient care and safeguarding personal information.

The quality of data, and the information produced as a by-product from information management systems, is assured if it is to be used to monitor, improve, inform or in support of, direct patient care. Where information is shared with relevant partners to assist in the seamless delivery of safe patient care, it is essential to ensure that relevant information sharing protocols are adhered to at all times.

See ***Policy for Information Management and Access to Health Records***

Data Protection Policy

1.0 Introduction

1.1 This Policy sets out the obligations of HEAD QUARTERS HAIR TRANSPLANTS LIMITED ("the Organisation") regarding data protection and the rights of clients, members, business contractors, customers, suppliers, patients and other business contacts ("data subjects") in respect of their personal data under the General Data Protection Regulation (Regulation (EU) 2016/679) ("the Regulation").

1.2 The Regulation defines "personal data" as any information relating to an identified or identifiable natural person (a data subject); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

1.3 This Policy sets out the procedures that are to be followed when dealing with personal data. The procedures and principles set out herein must be followed at all times by the Organisation, its employees, agents, contractors, or other parties working on behalf of the Organisation.

1.4 We recognise that the correct and lawful treatment of Personal Data will maintain confidence in the organisation and will provide for successful business operations. Protecting the confidentiality and integrity of Personal Data is a critical responsibility that we take seriously at all times. The Company is exposed to potential fines of up to EUR20 million (approximately £18 million) or 4% of total worldwide annual turnover, whichever is higher and depending on the breach, for failure to comply with the provisions of the Regulation.

1.5 The Organisation is committed not only to the letter of the law, but also to the spirit of the law and places high importance on the correct, lawful, and fair handling of all personal data, respecting the legal rights, privacy, and trust of all individuals with whom it deals.

1.6 Please contact the Data Protection Officer (DPO) with any questions about the operation of this Policy or the Regulation or if you have any concerns that this Policy is not being or has not been followed.

2.0 The Data Protection Principles

2.1 This Policy aims to ensure compliance with the Regulation. The Regulation sets out the following principles with which any party handling personal data must comply. All personal data must be:

a) processed lawfully, fairly, and in a transparent manner in relation to the data subject;

b) collected for specified, explicit, and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes;

c) adequate, relevant and limited to what is necessary in relation to the purposes for which it is processed;

d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, is erased or rectified without delay;

e) kept in a form which permits identification of data subjects for no longer than is necessary

for the purposes for which the personal data is processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the Regulation in order to safeguard the rights and freedoms of the data subject;

f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

g) only be transferred to another country with appropriate safeguards being in place.

h) made available to data subjects and data subjects allowed to exercise certain rights in relation to their personal data.

3.0 Data Processing

3.1 The Regulation restricts actions regarding personal data to specified lawful purposes. Data processing must be lawful, fair and transparent. These restrictions are not intended to prevent processing but ensure that personal data is processed fairly and without adversely affecting the data subject.

3.2 The Regulation allows processing for specific purposes and data processing is lawful only if and to the extent that at least one of the following applies:

a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes;

b) processing is necessary for the performance of a contract to which the data subject is a party or in order to take steps at the request of the data subject prior to entering into a contract;

c) processing is necessary for compliance with a legal obligation to which the controller is subject;

d) processing is necessary to protect the vital interests of the data subject or of another natural person;

e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

f) processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child.

3.3 The legal ground must be identified and documented for each processing activity.

4.0 Purpose Limitation

4.1 Personal data is collected only for specified, explicit and legitimate purposes. It is not further processed in any manner incompatible with those purposes.

4.2 The Organisation collects and processes the personal data set out in Part 21 of this Policy. This may include personal data received directly from data subjects (for example, contact details used when a data subject communicates with us) and data received from third parties (for example, information transferred from regulators, inspectors, assessors, appraisers, patients, medical or healthcare professionals or members of the public).

4.3 The Organisation only processes personal data for the specific purposes set out in Part 21 of this Policy (or for other purposes expressly permitted by the Regulation). The purposes for which we process personal data will be informed to data subjects at the time that their personal data is collected, where it is collected directly from them, or as soon as possible (not more than one calendar month) after collection where it is obtained from a third party.

5.0 Adequate, Relevant and Limited Data Processing

The Organisation will only collect and process personal data for and to the extent necessary for the specific purpose(s) informed to data subjects as under Part 4, above.

6.0 Accuracy of Data and Keeping Data Up to Date

The Organisation shall ensure that all personal data collected and processed is kept accurate, complete, up-to-date and relevant to the purpose for which it is collected. The accuracy of data shall be checked when it is collected and at annual intervals thereafter. Where any inaccurate or out-of-date data is found, all reasonable steps will be taken without delay to amend or erase that data, as appropriate.

7.0 Storage Limitation

The Organisation shall not keep personal data in an identifiable form for any longer than is necessary in light of the purposes for which that data was originally collected and processed. When the data is no longer required, all reasonable steps will be taken to erase it without delay unless a law requires such data to be kept for a minimum period of time.

8.0 Security of Persona Data

The Organisation shall ensure that all personal data collected and processed is kept secure and protected against unauthorised or unlawful processing and against accidental loss, destruction or damage. Further details of the data protection and organisational measures which shall be taken are provided in Parts 22 and 23 of this Policy.

9.0 Record Keeping

9.1 Accurate organisational records reflecting the processing of personal data including records of data subjects' consent and procedures for obtaining consent are maintained. These records shall include:

9.2 The Organisation's data protection officer is Xavier Rush.

9.3 The Organisation shall keep written internal records of all personal data collection, holding, and processing, which shall incorporate the following information:

a) The name and details of the Organisation, its data protection officer, and any applicable third-party data controllers;

b) Details of the types of personal data collected, held, and processed by the Organisation; and the categories of data subject to which that personal data relates;

c) The purposes for which personal data is processed;

d) Personal data storage locations

e) Details (and categories) of any third parties that will receive personal data from the

Organisation;

f) Details of any transfers of personal data to non-EEA countries including all mechanisms and security safeguards;

g) Personal data retention periods; and

h) Detailed descriptions of all technical and organisational measures taken by the Organisation to ensure the security of personal data.

10.0 Privacy Impact Assessments

10.1 The Organisation shall carry out Privacy Impact Assessments when and as required under the Regulation. Privacy Impact Assessments shall be overseen by the Organisation's data protection officer and shall address the following areas of importance:

10.1.1 The purpose(s) for which personal data is being processed and the processing operations to be carried out on that data;

10.1.2 Details of the legitimate interests being pursued by the Organisation;

10.1.3 An assessment of the necessity and proportionality of the data processing with respect to the purpose(s) for which it is being processed;

10.1.4 An assessment of the risks posed to individual data subjects; and

10.1.5 Details of the measures in place to minimise and handle risks including safeguards, data security, and other measures and mechanisms to ensure the protection of personal data, sufficient to demonstrate compliance with the Regulation.

11.0 The Rights of Data Subjects

11.1 The Regulation sets out the following rights applicable to data subjects:

a) The right to be informed;

b) The right of access;

c) The right to rectification;

d) The right to erasure (also known as the 'right to be forgotten');

e) The right to restrict processing;

f) The right to data portability;

g) The right to object;

h) Rights with respect to automated decision-making and profiling.

12.0 Keeping Data Subjects Informed

12.1 The Organisation shall ensure that the following information is provided to every data subject when personal data is collected:

a) Details of the Organisation including, but not limited to, the identity of its Data Protection Officer;

b) The purpose(s) for which the personal data is being collected and will be processed (as detailed in Part 21 of this Policy) and the legal basis justifying that collection and processing;

c) Where applicable, the legitimate interests upon which the Organisation is justifying its collection and processing of the personal data;

d) Where the personal data is not obtained directly from the data subject, the categories of personal data collected and processed;

e) Where the personal data is to be transferred to one or more third parties, details of those parties;

f) Where the personal data is to be transferred to a third party that is located outside of the European Economic Area (the "EEA"), details of that transfer, including but not limited to the safeguards in place (see Part 24 of this Policy for further details concerning such third country data transfers);

g) Details of the length of time the personal data will be held by the Organisation (or, where there is no predetermined period, details of how that length of time will be determined);

h) Details of the data subject's rights under the Regulation;

i) Details of the data subject's right to withdraw their consent to the Organisation's processing of their personal data at any time;

j) Details of the data subject's right to complain to the Information Commissioner's Office (the 'supervisory authority' under the Regulation);

k) Where applicable, details of any legal or contractual requirement or obligation necessitating the collection and processing of the personal data and details of any consequences of failing to provide it;

l) Details of any automated decision-making that will take place using the personal data (including but not limited to profiling), including information on how decisions will be made, the significance of those decisions and any consequences.

12.2 The information set out above in Part 12.1 shall be provided to the data subject at the following applicable time:

12.2.1 Where the personal data is obtained from the data subject directly, at the time of collection;

12.2.2 Where the personal data is not obtained from the data subject directly (i.e. from another party):

a) If the personal data is used to communicate with the data subject, at the time of the first communication; or

b) If the personal data is to be disclosed to another party, before the personal data is disclosed; or

c) In any event, not more than one month after the time at which the Organisation obtains the personal data.

13.0 Data Subject Access

13.1 A data subject may make a subject access request ("SAR") at any time to find out more about the personal data which the Organisation holds about them. The Organisation is normally required to respond to SARs within one month of receipt (this can be extended by up to two months in the case of complex and/or numerous requests, and in such cases the data subject shall be informed of the need for the extension).

13.2 All subject access requests received must be forwarded to the Organisation's data protection officer using the details provided in 9.1 above.

13.3 The Organisation does not charge a fee for the handling of normal SARs. The Organisation reserves the right to charge reasonable fees for additional copies of information that has already been supplied to a data subject, and for requests that are manifestly

unfounded or excessive, particularly where such requests are repetitive.

14.0 Rectification of Personal Data

14.1 If a data subject informs the Organisation that personal data held by the Organisation is inaccurate or incomplete, requesting that it be rectified, the personal data in question shall be rectified, and the data subject informed of that rectification, within one month of receipt the data subject's notice (this can be extended by up to two months in the case of complex requests, and in such cases the data subject shall be informed of the need for the extension).

14.2 In the event that any affected personal data has been disclosed to third parties, those parties shall be informed of any rectification of that personal data.

15.0 Right to Erasure of Personal Data - "right to be forgotten"

15.1 Data subjects may request that the Organisation erases the personal data it holds about them in the following circumstances:

a) It is no longer necessary for the Organisation to hold that personal data with respect to the purpose for which it was originally collected or processed;

b) The data subject wishes to withdraw their consent to the Organisation holding and processing their personal data;

c) The data subject objects to the Organisation holding and processing their personal data (and there is no overriding legitimate interest to allow the Organisation to continue doing so) (see Part 18 of this Policy for further details concerning data subjects' rights to object);

d) The personal data has been processed unlawfully;

e) The personal data needs to be erased in order for the Organisation to comply with a particular legal obligation

15.2 Unless the Organisation has reasonable grounds to refuse to erase personal data, all requests for erasure shall be complied with, and the data subject informed of the erasure, within one month of receipt of the data subject's request (this can be extended by up to two months in the case of complex requests, and in such cases the data subject shall be informed of the need for the extension).

15.3 In the event that any personal data that is to be erased in response to a data subject request has been disclosed to third parties, those parties shall be informed of the erasure (unless it is impossible or would require disproportionate effort to do so).

16.0 Restriction of Personal Data Processing

16.1 Data subjects may request that the Organisation ceases processing the personal data it holds about them. If a data subject makes such a request, the Organisation shall retain only the amount of personal data pertaining to that data subject that is necessary to ensure that no further processing of their personal data takes place.

16.2 In the event that any affected personal data has been disclosed to third parties, those parties shall be informed of the applicable restrictions on processing it (unless it is impossible or would require disproportionate effort to do so).

17.0 Automated Processing

17.1 The Organisation does not process personal data using automated means.

18.0 Objections to Personal Data Processing

18.1 Data subjects have the right to object to the Organisation processing their personal data based on legitimate interests (including profiling), direct marketing (including profiling), and processing for scientific and/or historical research and statistics purposes.

18.2 Where a data subject objects to the Organisation processing their personal data based on its legitimate interests, the Organisation shall cease such processing forthwith, unless it can be demonstrated that the Organisation's legitimate grounds for such processing override the data subject's interests, rights and freedoms; or the processing is necessary for the conduct of legal claims.

18.3 Where a data subject objects to the Organisation processing their personal data for direct marketing purposes, the Organisation shall cease such processing forthwith.

18.4 Where a data subject objects to the Organisation processing their personal data for scientific and/or historical research and statistics purposes, the data subject must, under the Regulation, 'demonstrate grounds relating to his or her particular situation'. The Organisation is not required to comply if the research is necessary for the performance of a task carried out for reasons of public interest.

18.5 The Organisation shall not be obliged to comply with a request for erasure where and to the extent that processing is necessary:

a) for exercising the right of freedom of expression and information;

b) for compliance with a legal obligation which requires processing by law to which the data controller is subject or for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

c) for reasons of public interest in the area of public health.

d) for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in so far as it would seriously impair the achievement of the objective of the processing.

19.0 Automated Decision-Making

19.1 The Organisation does not use personal date in any automated decision-making processes.

20.0 Profiling

20.1 The Organisation does not use personal data for profiling purposes.

21.0 Personal Data

21.1 The following personal data may be collected, held, and processed by the Organisation:

a) Basic contact data including title, name, address, date of birth, email and telephone numbers, this data is collected, held and processed in order to communicate with the data subject, to enable the establishment or continuation of a business relationship, education and training, financial and billing purposes and to ensure accurate handling of data both

internally and in communication with other organisations;

b) Professional registration numbers and details of registrations, places and scope of work, insurance and indemnity arrangements, CV details, trade union membership, passport data and other identification data, dates for appraisals, revalidations, details of appraisal and revalidation information, this data is collected, held and processed in order to establish identity, facilitate management and administration of the appraisal and revalidation system and to enable efficient and accurate communication with regulators, appraisers, designated bodies and the data subject;

c) Patient data such as name address, date of birth, contact details and including special category personal data including medical history, medications, details of tests and investigations, ethnic origin, sexual orientation, marital status, family, biometric data, this information may be collected, held and processed in order to provide medical care to the data subject and where necessary may be shared with other healthcare providers involved in the delivery of care to the patient;

d) Data including details of directors and employees including details of past employment, GP details, home address, personal and professional references, criminal record checks, past registrations with regulators, this data may be collected, held and processed in order to meet the requirement by healthcare regulators to have checking processes in relation to staff and company directors.

22.0 Data Protection Measures

22.1 The Organisation shall ensure that all its employees, agents, contractors, or other parties working on its behalf comply with the following when working with personal data:

a) All emails containing personal data must be encrypted;

b) Where any personal data is to be erased or otherwise disposed of for any reason (including where copies have been made and are no longer needed), it should be securely deleted and disposed of. Hardcopies should be shredded, and electronic copies should be deleted securely.

c) Personal data may be transmitted over secure networks only; transmission over unsecured networks is not permitted in any circumstances;

d) Personal data may not be transmitted over a wireless network if there is a wired alternative that is reasonably practicable;

e) Personal data contained in the body of an email, whether sent or received, should be copied from the body of that email and stored securely. The email itself should be deleted. All temporary files associated therewith should also be deleted;

f) Where personal data is to be sent by facsimile transmission the recipient should be informed in advance of the transmission and should be waiting by the fax machine to receive the data;

g) Where personal data is to be transferred in hardcopy form it should be passed directly to the recipient or sent using Royal Mail;

h) No personal data may be shared informally and if an employee, agent, sub-contractor, or other party working on behalf of the Organisation requires access to any personal data that they do not already have access to, such access should be formally requested from the Data Protection Officer.

i) All hardcopies of personal data, along with any electronic copies stored on physical, removable media should be stored securely in a locked box, drawer, cabinet or similar;

j) No personal data may be transferred to any employees, agents, contractors, or other parties, whether such parties are working on behalf of the Organisation or not, without the authorisation of the Data Protection Officer;

k) Personal data must be handled with care at all times and should not be left unattended or on view to unauthorised employees, agents, sub-contractors or other parties at any time;

l) If personal data is being viewed on a computer screen and the computer in question is to be left unattended for any period of time, the user must lock the computer and screen before leaving it;

m) No personal data should be stored on any mobile device (including, but not limited to, laptops, tablets and smartphones), whether such device belongs to the Organisation or otherwise without the formal written approval of the Data Protection Officer and, in the event of such approval, strictly in accordance with all instructions and limitations described at the time the approval is given.

n) No personal data should be transferred to any device personally belonging to an employee and personal data may only be transferred to devices belonging to agents, contractors, or other parties working on behalf of the Organisation where the party in question has agreed to comply fully with the letter and spirit of this Policy and of the Regulation (which may include demonstrating to the Organisation that all suitable technical and organisational measures have been taken);

o) All personal data stored electronically should be backed up daily with backups stored onsite and offsite. All backups should be encrypted;

p) All electronic copies of personal data should be stored securely using passwords;

q) All passwords used to protect personal data should be changed regularly and should not use words or phrases that can be easily guessed or otherwise compromised. All passwords must contain a combination of uppercase and lowercase letters, numbers, and symbols;

r) Under no circumstances should any passwords be written down or shared between any employees, agents, contractors, or other parties working on behalf of the Organisation, irrespective of seniority or department. If a password is forgotten, it must be reset using the applicable method. IT staff do not have access to passwords;

s) No personal data shall be stored for marketing purposes without the express written consent of the data subject.

23.0 Organisational Measures

23.1 The Organisation shall ensure that the following measures are taken with respect to the collection, holding, and processing of personal data:

a) All employees, agents, contractors, or other parties working on behalf of the Organisation shall be made fully aware of both their individual responsibilities and the Organisation's responsibilities under the Regulation and under this Policy, and shall be provided with a copy of this Policy;

b) Only employees, agents, sub-contractors, or other parties working on behalf of the Organisation that need access to, and use of, personal data in order to carry out their assigned duties correctly shall have access to personal data held by the Organisation;

c) All employees, agents, contractors, or other parties working on behalf of the Organisation handling personal data will be appropriately trained to do so;

d) All employees, agents, contractors, or other parties working on behalf of the Organisation handling personal data will be appropriately supervised;

e) Methods of collecting, holding and processing personal data shall be regularly evaluated and reviewed;

f) The performance of those employees, agents, contractors, or other parties working on behalf of the Organisation handling personal data shall be regularly evaluated and reviewed;

g) All employees, agents, contractors, or other parties working on behalf of the Organisation handling personal data will be bound to do so in accordance with the principles of the Regulation and this Policy by contract;

h) All agents, contractors, or other parties working on behalf of the Organisation handling personal data must ensure that any and all of their employees who are involved in the processing of personal data are held to the same conditions as those relevant employees of the Organisation arising out of this Policy and the Regulation;

i) Where any agent, contractor or other party working on behalf of the Organisation handling personal data fails in their obligations under this Policy that party shall indemnify and hold harmless the Organisation against any costs, liability, damages, loss, claims or proceedings which may arise out of that failure.

24.0 Transferring Personal Data to a Country Outside the EEA

24.1 The Organisation may from time to time transfer ('transfer' includes making available remotely) personal data to countries outside of the EEA.

24.2 The transfer of personal data to a country outside of the EEA shall take place only if one or more of the following applies:

a) The transfer is to a country, territory, or one or more specific sectors in that country (or an international organisation), that the European Commission has determined ensures an adequate level of protection for personal data;

b) The transfer is to a country (or international organisation) which provides appropriate safeguards in the form of a legally binding agreement between public authorities or bodies; binding corporate rules; standard data protection clauses adopted by the European Commission; compliance with an approved code of conduct approved by a supervisory authority (e.g. the Information Commissioner's Office); certification under an approved certification mechanism (as provided for in the Regulation); contractual clauses agreed and authorised by the competent supervisory authority; or provisions inserted into administrative arrangements between public authorities or bodies authorised by the competent supervisory authority;

c) The transfer is made with the informed consent of the relevant data subject(s);

d) The transfer is necessary for the performance of a contract between the data subject and the Organisation (or for pre-contractual steps taken at the request of the data subject);

e) The transfer is necessary for important public interest reasons;

f) The transfer is necessary for the conduct of legal claims;

g) The transfer is necessary to protect the vital interests of the data subject or other individuals where the data subject is physically or legally unable to give their consent; or

h) The transfer is made from a register that, under UK or EU law, is intended to provide information to the public and which is open for access by the public in general or otherwise to those who are able to show a legitimate interest in accessing the register.

25.0 Data Breach Notification

25.1 All personal data breaches must be reported immediately to the Organisation's Data Protection Officer.

25.2 If a personal data breach occurs and that breach is likely to result in a risk to the rights and freedoms of data subjects (e.g. financial loss, breach of confidentiality, discrimination, reputational damage, or other significant social or economic damage), the Data Protection Officer must ensure that the Information Commissioner's Office is informed of the breach without delay, and in any event, within 72 hours after having become aware of it.

25.3 In the event that a personal data breach is likely to result in a high risk (that is, a higher risk than that described under Part 25.2) to the rights and freedoms of data subjects, the Data Protection Officer must ensure that all affected data subjects are informed of the breach directly and without undue delay.

25.4 Data breach notifications shall include the following information:

a) The categories and approximate number of data subjects concerned;

b) The categories and approximate number of personal data records concerned;

c) The name and contact details of the Organisation's Data Protection Officer (or other contact point where more information can be obtained);

d) The likely consequences of the breach;

e) Details of the measures taken, or proposed to be taken, by the Organisation to address the breach including, where appropriate, measures to mitigate its possible adverse effects.

26.0 Implementation of Policy

26.1The legal requirements of this policy became effective from 25 May 2018. No part of this policy shall have retroactive effect and shall thus apply only to matters occurring on or after this date.

Data Breach Policy

1. Introduction

GDPR defines a personal data breach as “a breach of security leading to accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed”. Examples include:

- Access by an unauthorised third party
- Deliberate or accidental action (or inaction) by a controller or processor
- Sending personal data to an incorrect recipient
- Computing devices containing personal data being lost or stolen
- Alteration of personal data without permission
- Loss of availability of personal data

2. Security of Data

HEAD QUARTERS HAIR TRANSPLANTS LIMITED takes the security of personal data seriously, computers are password protected and hard copy files are kept in locked cabinets.

3. Consequences of a personal data breach

A breach of personal data may result in a loss of control of personal data, discrimination, identity theft or fraud, financial loss, damage to reputation, loss of confidentiality of personal data, damage to property or social disadvantage. A breach of personal data can therefore have a range of effects upon an individual depending on the circumstances of the breach.

4. HEAD QUARTERS HAIR TRANSPLANTS LIMITED’s duty to report a breach

If the data breach is likely to result in a risk to the rights and freedoms of the individual, the breach must be reported to the individual and the Information Commissioners Office (ICO) without undue delay and, where feasible, not later than 72 hours after having become aware of the breach.

The Data Protection Officer must be informed immediately so they are able to report the breach to the ICO in the 72-hour timeframe.

If the ICO is not informed within 72 hours, HEAD QUARTERS HAIR TRANSPLANTS LIMITED via the DPO must give reasons for the delay when they report the breach.

When notifying the ICO of a breach, HEAD QUARTERS HAIR TRANSPLANTS LIMITED must:

i. Describe the nature of the breach including the categories and approximate number of data subjects concerned and the categories and approximate number of personal data records concerned.
ii. Communicate the name and contact details of the DPO.
iii. Describe the likely consequences of the breach.
iv. Describe the measures taken or proposed to be taken to address the personal data breach including, measures to mitigate its possible adverse effects.

When notifying the individual affected by the breach, HEAD QUARTERS HAIR TRANSPLANTS LIMITED must provide the individual with (ii)-(iv) above.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED would not need to communicate with an individual if the following applies:

- It has implemented appropriate technical and organisational measures (e.g. encryption) so those measures have rendered the personal data unintelligible to any person not authorised to access it;
- It has taken subsequent measures to ensure that the high risk to rights and freedoms of individuals is no longer likely to materialise, or
- It would involve a disproportionate effort

However, the ICO must still be informed even if the above measures are in place.

5. Data processors duty to inform HEAD QUARTERS HAIR TRANSPLANTS LIMITED

If a data processor (i.e. payroll provider) becomes aware of a personal data breach, it must notify HEAD QUARTERS HAIR TRANSPLANTS LIMITED without undue delay. It is then HEAD QUARTERS HAIR TRANSPLANTS LIMITED's responsibility to inform the ICO, it is not the data processors responsibility to notify the ICO.

6. Records of data breaches

All data breaches must be recorded whether or not they are reported to individuals. This record will help to identify system failures and should be used as a way to improve the security of personal data.

Record of Data Breaches

Date of breach	Type of breach	Number of individuals affected	Date reported to ICO/individual	Actions to prevent breach recurring

To report a data breach, use the ICO online system:
https://ico.org.uk/for-organisations/report-a-breach/

Policy for Confidentiality

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED holds the confidentiality of information regarding its patients and staff in the highest esteem.

1.1 All staff members are required to meet this high level of expectation.

1.2 It is the right of every patient to expect that the information provided to practitioners looking after them will be held in complete confidence with the exceptions laid down by the professional bodies in relation to matters of public interest and protection.

1.3 All staff are required to comply with this policy and breaches of confidentiality shall be considered under our disciplinary policy and may constitute gross misconduct rendering the staff member responsible liable to dismissal.

1.4 All staff must acknowledge this policy and sign HEAD QUARTERS HAIR TRANSPLANTS LIMITED's *Confidentiality Agreement* as part of their terms and conditions of service.

Confidentiality Agreement

HEAD QUARTERS HAIR TRANSPLANTS LIMITED ("The Establishment")

HEAD QUARTERS HAIR TRANSPLANTS LIMITED holds the confidentiality of information regarding its patients and staff in the highest esteem. All staff members are required to meet this high level of expectation.

1.0 By signing this policy, employees or contractors agree that it shall constitute part of the contract of employment or agreement for practising privileges, and agree to be bound by its terms as such.

1.1 In the course of your work for the Establishment you may have access to confidential medical or other information concerning patients, staff or the Establishment. As such, this information must not be divulged, unless you are acting on the instructions of an authorised person or it is required during the performance of your normal duties.

1.2 Breaches of confidentiality will be dealt with in accordance with the Establishment's Disciplinary Procedure and all breaches of confidentiality will be classed as gross misconduct for the purposes of that procedure rendering employees/contractors liable to summary dismissal and the possibility of civil action by the affected party.

1.3 Breaches of confidentiality will include unauthorised access to, or disclosure of confidential information whether on paper or in computer form.

1.4 The greatest care will be taken by employees/contractors at all times to guard against release of information by careful handling of patient notes and other documents.

1.5 The employee/contractor confirms that they have read and understand the Establishment's policy on confidentiality and agrees to follow the principles laid down therein.

_____ _____
Signature of Employee/Contractor Date

(NAME: _____)

_____ _____
Signature for HEAD QUARTERS HAIR TRANSPLANTS LIMITED Date

(NAME: _____)

Standard 20: Records Management

Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:

a) designed, prepared, reviewed and accessible to meet the required needs;
b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;
c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and
d) shared as appropriate.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Records are created, received, maintained, used, stored and disposed of, to standards which meet legal and regulatory compliance and professional practice recommendations. The Data Protection Act 2018 is adhered to.

Registered persons retain any records that are required to be kept under the Independent Health Care (Wales) Regulations 2011.

The scope of records created, should to be documented, to ensure that the registered person makes appropriate arrangements to safeguard the whole range of potential records that records management

Policy on Information Management & Access to Health Records

1.0 Aim:

1.1 The aim of this policy is to ensure compliance with good practice and the legislative framework associated with the handling of records and other information relating to patients.

1.2 Specifically this policy will be taken to ensure consistency with the Access to Health Records Act 1990 and the Data Protection Act 2018 and will take into account the Caldicott Review.

2.0 Background:

2.1 Under the above legislation everyone has the right to access personal data about themselves held either in computerised or manual form whenever the record was made.

2.2 For the purposes of this policy the “record holder” shall be HEAD QUARTERS HAIR TRANSPLANTS LIMITED, the representative and Caldicott Guardian shall be Xavier Rush, whose decision in all matters pertaining to the handling of health care records and information will be final.

3.0 Persons having access to medical records:

3.1 The individual concerned
3.2 Another person, with written permission
3.3 A parent or guardian of a person under 16 years (if the person agrees)
3.4 A court appointed representative
3.5 Personal representative of a person who has died.

4.0 Methods of gaining access to a medical record:

4.1 An individual may ask the person holding the record to look at it. If another person is concerned then written permission will be needed.

4.2 If an individual makes a request for a copy their medical record or a written explanation of the contents then they must make a written request to Xavier Rush. One copy will be provided only upon receipt of appropriate identification and authority.

Policy on Information Management & Access to Health Records: cont…

5.0 Timescales for production of records:

5.1 After the written request for records it shall take no longer than 1 month to produce a copy.

5.2 No charge will be made for a written explanation of any part of the record which the individual does not understand.

6.0 Withholding information:

6.1 Certain information may be withheld

- Until such time as the identity of the individual or proof of authenticity of any written authority is established.
- If the records are likely to cause the individual or another person serious physical or mental harm.
- If the individual requests that the information is not disclosed.
- Where disclosing information will reveal information relating to another person.
- Where the information is not available or has been destroyed.
- Third party information may not be released without the consent of that party.

7.0 Inaccurate or potentially inaccurate records:

7.1 If the individual thinks that the records are incorrect or inaccurate they may ask for the record to be amended. If the record holder does not think that the amendment is appropriate then a statement from the individual must be included in the record challenging the information concerned.

7.2 The individual may apply for a court order for the correction of inaccurate information in medical records.

8.0 Costs of obtaining medical records:

8.1 Access to records is free unless requests are manifestly unfounded or excessive, in particular because of their repetitive character, in which case a reasonable fee may be charged or the request may be refused.

Policy on Information Management & Access to Health Records: cont…

9.0 Confidentiality and appropriate use of medical records:

9.1 All members of staff having access to health records of patients or who are involved with the treatment of such patients must sign a copy of the HEAD QUARTERS HAIR TRANSPLANTS LIMITED Confidentiality Agreement. This will form part of their terms and conditions of service.

9.2 All information held in medical records will remain confidential within the team treating the Patient except where consent is granted or where release is required by law either under public interest disclosure or court order.

10.0 Breach of confidentiality shall be a disciplinary offence.

10.1 Inappropriate remarks, comments or notes made by any practitioner shall constitute a disciplinary offence.

10.2 No information regarding patients shall be released to any form of media by any staff member without the written consent of the person concerned and with the knowledge of the Xavier Rush.

11.0 Access to and Safe Storage of Health Records:

11.1 Access to health records within HEAD QUARTERS HAIR TRANSPLANTS LIMITED is restricted to those having a legitimate need.

- Practitioners while seeing patients or planning treatment
- Clerical staff for filing or other administrative tasks

11.2 At other times all health records will be stored in a locked cabinet or a password protected computer system.

11.3 No records will be removed from the establishment without the consent of the Xavier Rush.

11.4 Xavier Rush will be responsible for ensuring safe custody of keys for access to health records.

Policy on Information Management & Access to Health Records: cont…

12.0 Computerised Health Records:

12.1 All patient records at HEAD QUARTERS HAIR TRANSPLANTS LIMITED will be computer based.

12.2 Access to records within HEAD QUARTERS HAIR TRANSPLANTS LIMITED is restricted to those having a legitimate need.

- Practitioners while seeing patients or planning treatment
- Clerical staff for administrative tasks

12.3 Access to patient records will be password restricted and levels of access will be appropriate to individual members of staff.

13.0 Backing Up and Off-Site Storage:

13.1 Patient records and other data will be backed up daily and held off-site.

13.2 No data will be removed from the premises without the consent of the Xavier Rush.

14.0 Entries to Health Records:

14.1 All entries made by staff will

- be contemporaneous, accurate, legible, relevant and professionally appropriate;
- be signed, dated and timed by the person making the entry (including any amendment);
- If records are electronic then users must have unique, identifiable access which records who has created, accessed or amended the record and when;
- if the signature is not legible have the person's name printed alongside the signature;
- have the designation of the person making the entry written next to the signature (see above for electronic records);
- contain details of all treatments provided and recommendations made to patients; and
- be appropriate and in accordance with normal clinical practice.

14.2 All documents shall have at least two points of identification (e.g.: name, date of birth, record number or address)

Policy on Information Management & Access to Health Records: cont…

15.0 Retention and Destruction of Health Records:

15.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will retain medical records for a period of 8 years following the last entry made in written records. (or 8 years following the 21st birthday of any patient under that age).

15.2 All records being destroyed will be shredded to render them unreadable or appropriately deleted from a computer system.

16.0 Management of Non-Health Records:

16.1 Other records kept by the establishment include:

16.2 Wherever they are relevant to the service, records about the following are also kept:

- Any incidents, events or occurrences that require notification to the Healthcare Inspectorate Wales
- Maintenance of the premises
- Maintenance of equipment
- Electrical testing
- Water safety
- Medical gas safety, storage and transport
- Risk assessments
- Purchasing
- Financial accounting
- Adverse events, errors and near-misses
- Cleaning
- Decontamination
- The surgical procedures undertaken in each room where they are undertaken.
- Preventative Maintenance Plan
- Register of Equipment Used to Treat Patients
- Accident Records
- Personnel Records (including employee and practising privileges records)

16.3 The service takes into account relevant guidance, including that from the Healthcare Inspectorate Wales's Schedule of Applicable Guidance

Policy on Information Management & Access to Health Records: cont…

16.4 All records will be held securely in a locked file when not in use or an appropriately password restricted computer system.

16.5 Access will be restricted to persons who have a need to access such documents as appropriate (e.g. Registered Person(s) or where relevant practitioners).

16.6 The records will be maintained for a minimum of 8 years from date of last entry where patient details are contained within the documentation. All records will be destroyed by shredding after the retention period or appropriately deleted from a computer system.

17.0 Data Protection Notification:

17.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall maintain an appropriate notification under the Data Protection Act 2018 with the Information Commissioners Office in relation to its handling of patient records.

18.0 Data Protection

See **Data Protection Policy**

Policy for records management

1.0 Patient records will be kept for the time period required under relevant legislation:

Type of Patient:	Minimum Retention Period
Patient under 17 at the date of treatment	Until 25th Birthday
Patient under 17 at the date of conclusion of treatment	Until 25th Birthday
Patient dies before the age of 18	8 years after date of death
Patient treated for a mental disorder	20 years from date of last entry
Patient treated for mental disorder and subsequently died.	8 years from the date of death
Patient treated by a GP	10 years from date of last entry
Patient who has received organ transplant	11 years from discharge or death (whichever is the earlier
All other case	8 years from date of last entry

1.2 Records will be destroyed by secure shredding to render them illegible or appropriately deleted from a computer system.

1.3 Where computer records are used all data will be backed up regularly and records will be secured by password entry and restricted access requirements.

See ***Policy for Information Management and Access to Health Records***

Policy for completion of health records:

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all patient records should be completed appropriately.

1.1 All record must:

- be contemporaneous, accurate, legible, relevant and professionally appropriate;
- be signed, dated and timed by the person making the entry (including any amendment);
- If records are electronic then users must have unique, identifiable access which records who has created, accessed or amended the record and when;
- if the signature is not legible have the person's name printed alongside the signature;
- have the designation of the person making the entry written next to the signature (see above for electronic records);
- contain details of all treatments provided and recommendations made to patients; and
- be appropriate and in accordance with normal clinical practice.

1.2 Any alteration or amendments must be signed, dated and timed and made in such a way as to remain legible.

1.3 A summary of treatment given to patients will be sent to their GP within 28 days where the patient has given consent for this.

1.4 Patients will be asked to confirm in writing whether or not they wish their GP to be informed of treatments provided.

1.5 Where a patient declines consent to inform their GP the patient will be provided with a summary of treatment for future reference.

"Clean Desk" Policy

1.0 Purpose

The purpose of this policy is to ensure that all sensitive and/or confidential information about our patients, employees/contractors, intellectual property and other areas of our service provision are kept securely.

2.0 Scope

This policy applies to all employees, contractors, those with practising privileges, and other affiliates.

3.0 Policy

3.1 All those involved with the provision of services of HEAD QUARTERS HAIR TRANSPLANTS LIMITED are required to ensure that:

- any information which is sensitive / confidential whether in verbal, hardcopy or electronic format;
- any area where computers (including laptops, tablet devices and mobile phones) are used must be locked when the working area is not in use/occupied;
- any computers (including laptops, tablet devices and mobile phones) must be either shut down or locked with restricted password access;
- passwords must not be left in any accessible location;
- mobile devices must be securely stored when not in use or unattended;
- any sensitive or confidential information must be removed from any desk area and securely stored when the desk is not occupied;
- any filing cabinets which store sensitive or confidential information must be locked when not in use or unattended;
- keys used to access sensitive or confidential information must not be left unattended:
- any printed information which contains sensitive or confidential information must be removed immediately from any printer or fax facility:
- sensitive or confidential information in printed or written format should be disposed of with compliant shredding or placed in locked confidential waste disposal bins.

Standard 21: Research, Development and Innovation

Organisations and services will:

a) ensure that the principles and requirements of the Research Governance Framework for Health and Social Care are consistently applied;
b) have an outcome focused research and development strategy that benefits patients and improves service delivery; and
c) promote research, development and innovation.

This standard is applicable to those who undertake or participate in research to ensure that they conduct and manage all aspects of research for which they have responsibility, in accordance with best practice guidance and relevant legislation.

Patients are assured that those involved in the conduct and management of research, in addition to the scientific, legal, ethical and financial aspects of research projects, hold in highest regard, the health and safety of patients who have lawfully consented to participate.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED does not participate in research therefore this standard is not applicable to the service.

Standard 22: Managing Risk and Health and Safety

Organisations and services will have systems and processes in place which comply with legislation and guidance that:

a) applies best practice in assessing, managing and mitigating risk;
b) implements policies and arrangements for reviewing and continuously improving all aspects of their activities and environment to protect and improve the health, safety and wellbeing of their patients, service users, carers, staff and the public; and
c) acts upon safety notices, alerts and other such communications.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Risk management is carried out to ensure a careful examination and assessment of what could cause harm to patients, visitors and people who work in the organisation, so that the registered person can consider what prospective precautions need to be taken.

Risk management is integrated into day to day activities and actions to reduce identified risks are taken promptly to prevent further risk of harm.

A risk management policy will be developed and include appropriate safeguards.

Policy for Health and Safety Measures

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED regards the promotion of effective health and safety measures as a shared objective for management and staff at all levels.

1.1 Health & Safety is to be considered a management responsibility equal to that of any other function. HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure that the premises are suitable for its service delivery and at all times ensures regard for people's rights to privacy, dignity, choice autonomy and safety

1.2 It is therefore the law and policy, so far as is 'reasonable', to provide and maintain a working environment that is safe, suitable and without risk to health.

1.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will also ensure that any persons not in the establishment's employment are not exposed to risks to their health, safety or welfare, which could potentially arise from any of the establishment's activities.

1.4 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will provide such resources and competent technical advice as may be necessary to enable all management, staff and trainees to meet their health and safety responsibilities.

1.5 HEAD QUARTERS HAIR TRANSPLANTS LIMITED gives full backing to this policy and will give their full support to any person implementing it and recognises the need and accept responsibility for the health and safety matters arising from all undertakings coming within their area of control and must arrange adequate information, instruction and training for employee's and trainees for whom they are responsible.

1.6 All staff must ensure adequate delegation of those responsibilities when they are absent.

1.7 Successful implementation of this policy requires the whole-hearted commitment of everyone in the establishment and the acceptance by each individual member of staff of their responsibility to:

1.7.1 take reasonable care for the health and safety of themselves and of other persons who may be effected by their acts or omissions at work

1.7.2 to cooperate with the establishment or other appropriate persons so far as is necessary to enable the establishment or those other persons to comply with their legal duties.

Health & Safety Measures: Cont…

1.8 Everyone concerned is reminded that it is a criminal offence to misuse or recklessly interfere with any provision in the interest of health and safety and welfare and the establishment stresses its commitment to this policy to the extent that where wilful disregard for safe practices by an employee or trainee seriously puts at risk the health and safety of themselves or any other person, this will be considered a gross misconduct and may lead to the severest disciplinary action.

1.9 A copy of this general statement shall be given to every employee and appropriate training will be arranged to ensure that all members of staff are aware of their responsibilities as outlined in our Health & Safety policy

Signed: … … … … … … … … … … … … … …
Xavier Rush
Registered Person

Date: _____

Health and Safety Measures: Cont…

Relevant Policies and Procedures:

Policy for Risk Management
Policy for Reporting Critical and Untoward Incidents
Policy for Infection Control

Policy for Moving and Handling

1.0 Aims:

1.1 To comply with the health and safety regulations
1.2 To make all personnel performing manual handling duties aware of safe practice
1.3 To provide adequate training to personnel required to perform manual handling
1.4 To provide suitable equipment for manual handling tasks (steps, kick stools, trolleys etc.)

2.0 Guidelines:

2.1 The HSE publishes the following guidelines for manual handling close to the body:

Full height: 10kg
Shoulder height: 20kg
Elbow/waist height: 25kg
Knuckle/below waist height: 20kg
Lower leg/floor height: 10kg

2.2 For manoeuvring objects further away from the body, these weights are approximately halved.

2.3 Note that these are recommendations only and do not constitute necessarily safe limits. It is important to remember that the weight of the load is not the main priority. The task must be fitted to the person and not the other way around.

2.4 Each manual handling job should be assessed individually. If the load falls inside the above recommendations then the risk can be taken to be low.

2.5 Otherwise, the risk may be taken to be higher and a fuller assessment should be carried out.

3.0 Assessing the risk:

3.1 Does the task need to be undertaken? It may not be necessary to risk injury at all if the handling is not necessary.

3.2 Is the load difficult? It may be heavy or an awkward shape/size. It may be hard to grasp if slippery, hot or cold.

3.3 Does the task require risky manoeuvring? Do you need to stretch, twist, bend or perform other risky movements?

Policy for Moving and Handling: cont…

3.4 What is the environment like? It may be outside in the rain or on a poor surface. Is there clear passage?

3.5 Who is performing the task? He/she should be physically up to the job and for medium and high risk jobs, should be properly trained.

4.0 Controlling the risks:

4.1 Formal training should be provided to all staff involved in manual handling of loads or patients on an annual basis.

4.2 If the risk of injury is seen to be medium or high then some controls should be put in place. The simplest is to avoid a manual-handling task.

4.3 Large or heavy objects may be better handled by more than one person. Use personnel that are trained in manual handling activities where possible.

4.4 Use suitable equipment for the task such as steps and trolleys. Use the lift for transporting loads between floors.

4.5 For extraordinary loads or tasks, a specific risk assessment may be required.

4.6 Risk assessment forms are available from Nell Brunwin.

4.7 Training is available to personnel who undertake manual handling tasks as part of their job.

5.0 Summary:

- FORMAL training (carried out annually by an accredited trainer)
- CARRYOUT risk assessment (and document results)
- INFORM those at risk of results
- AVOID the manual handling task if possible
- ASSESS the risks involved
- CONTROL the risks identified
- MONITOR compliance and effectiveness of solution

Policy for Fire Risk Management:

1.0 If a fire occurs sound the alarm.

- **Shout, in a loud voice, repeatedly – FIRE, FIRE**
- **If available activate a fire alarm**
- **Dial 999**

1.1 You should only attempt to tackle a fire with an extinguisher is this does not place you OR others in any danger.

1.2 For the purpose of this policy, the person in charge of the clinic on the day will be the *Responsible Person* (Registered Manager, Responsible Individual or their deputy)

1.3 If the alarm is sounded during a procedure or treatment, the patient should be made ready immediately for exit and the procedure aborted.

2.0 EXIT FROM THE PREMISES

- Patients must be instructed to exit by the **nearest emergency exit**.
- The Responsible Person will help escort all patients and staff off the premises and will check the building to ensure it has been vacated.
- Patients and staff are to assemble outside the building on the opposite side of the road "The Assembly Point".
- The diary record of patients attending and a list of staff on duty will be brought out by the Responsible Person and used to check names off against.

3.0 Dangerous Equipment:

3.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED has carried out a fire risk assessment and has identified equipment which could pose a risk of fire or explosion which are kept on the premises.

3.2 In the event of a fire occurring during an IPL or laser procedure the Operator should immediately turn off the system (and gas cylinders – if present).

4.0 Fire Detection Equipment:

4.1 There are smoke alarms in all of the corridors.

4.2 These must be maintained as per manufacturer's instructions and tested and the result recorded in the Fire Section of the *Clinic Registry*.

Policy for Fire Risk Management: Cont…

4.3 A Guide to Fire Extinguishers

Colour of Sticker	Contains	Elements Removed	Fire to use on
Red	Water	Heat	Paper, Wood, Masonry, Fabric
Black	Carbon Dioxide	Air	Equipment e.g. Electrical items
Yellow	Foam	Air	Flammable Liquids, Fats & Chemicals
Blue	Powder	Air	Any Type

DO NOT USE A WATER TYPE EXTINGUISHER ON ELECTRICAL FIRES

5.0 Using Fire Extinguishers:

5.1 They are to be used against small fires only. They do not replace the fire brigade. NB: H_20 extinguishers are NOT to be used in the Treatment Room or on any electrical apparatus.

6.0 On Discovering a fire:

Basic advice should be followed in the event of a fire:-

1) Raise the alarm (Dial 999 or use a glass call point if available)

2) Close doors and windows, but don't take any risks.

3) Evacuate the building helping others if possible.

4) <u>Do</u> <u>Not</u> <u>Run</u>

5) Do not collect personal belongings

6) Gather at the assembly point outside the main entrance on the opposite side of the road.

7) DO NOT RE-ENTER the building

8) Wait for the Fire Brigade and follow instructions.

Policy for Fire Risk Management: Cont…

7.0 Routine Safety Checks and Precautions: -

7.1 At the end of each day all staff must check that all electrical equipment is turned off in their offices, in the consulting rooms, treatment room and waiting areas.

7.2 Fire exits must be kept clear of all obstructions and fire doors must not be wedged open.

7.3 Staff must know the fire routine, the location of the fire alarms and firefighting equipment and should familiarise themselves with the route out of the building.

7.4 Fire extinguishers, smoke detectors and fire alarms must be routinely checked to ensure that they are in good working order.

7.5 All staff as part of their induction procedure will be shown the locations of fire extinguishers and fire exits on their first day on the premises.

7.6 Checks on fire extinguishers, emergency lighting, fire exits, bell tests and alarm points will be carried out according to the establishment fire log protocol.

7.7 Records of checks will be kept in the appropriate section of the Clinic Registry.

Standard 23: Dealing with Concerns and Managing Incidents

Organisations and services comply with legislation and guidance to deal with complaints, incidents, near misses, and claims - known collectively as 'concerns' which ensure that they:

a) are reported, acted upon and responded to in an appropriate and timely manner;
b) are handled and investigated openly, effectively and by those appropriately skilled to do so;
c) offer patients, service users and their carers support including advocacy and where appropriate redress;
d) provide appropriate support to staff; and
e) learn and share lessons from local and national reviews to improve services.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Service users have their concerns listened to and acted on in a timely manner. When things go wrong, they or their families should receive an acknowledgement with an apology and explanation of what went wrong. They may need support in dealing with the consequences.

Effective processes will be in place which:

• set out how the concerns will be handled;

• the timescales for responding;

• ensure a thorough investigation as soon as possible after the incident;

• ensure concerns will be investigated by staff who have the competency and skills to do so and which;

• promote the rights and choices of services users so they know they will be fairly treated, their concerns handled sensitively and can be supported by an advocate; and

• ensure that any improvements are implemented without delay.

Policy on Complaints Management

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED has put in place policies and procedures for handling and investigating complaints about all aspects of the service, treatments and care provided to patients.

1.1 All staff (including those with practising privileges) will receive a copy of the complaints procedure and will receive training on complaints and the complaints handling process at HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

See ***Policy for Induction of New Staff***

2.0 Timescales for Handling and Investigating Complaints:

2.1 All complaints will receive a written acknowledgement within 2 working days of receipt (unless a full reply can be sent within 5 working days)

2.2 A full response will be made within 20 working days of receipt of the complaint (if this is not possible a letter, explaining the reason for the delay will be sent to the complainant and a full response will be made within 5 working days of the conclusion of the process)

3.0 Outcome:

3.1 Complainants will be notified of the outcome of their complaint and any action taken as a result of the complaint.

4.0 Complaints Register:

4.1 A register will be kept of complaints containing the following information:

- Date of complaint
- Name of complainant
- Date complaint acknowledged
- Nature of complaint
- Action taken to investigate
- Outcome / action taken
- Date full response to complainant

Complaints Process: Cont..

5.0 Records of Complaints:

- All correspondence relating to a complaint will be kept for 3 years.
- A register will be kept of all complaints including appropriate details including outcome.
- A quarterly audit of complaints will be produced detailing the nature and outcomes of complaints and an annual summary of complaints will be sent to the Healthcare Inspectorate Wales

5.1 An annual summary of complaints, including

- Number
- Nature
- Resolution
- Actions taken

5.2 The summary will be provided to the Healthcare Inspectorate Wales and upon request a copy may be viewed by any patient or prospective patient.

Policy for Handling and Investigation of Complaints

1.0 Policy:

1.1 All complaints will be dealt with quickly and effectively between the individuals concerned and any justified grievances will be promptly remedied. It will be made clear to the complainant that they may contact the Healthcare Inspectorate Wales at any time in connection with a complaint.

1.2 If the Healthcare Inspectorate Wales wishes to investigate a complaint, HEAD QUARTERS HAIR TRANSPLANTS LIMITED will provide adequate facilities for any authorised person to interview, in private, any patient.

1.3 Any complaints of unprofessional conduct against a doctor will be referred to the General Medical Council. Complaints about nursing staff will be referred to the Nursing and Midwifery Council.

1.4 A notice will be posted in the waiting rooms giving a clear indication to all Patients that should they wish to register a complaint they should in the first instance address it in writing to:

Nell Brunwin
HEAD QUARTERS HAIR TRANSPLANTS LIMITED
44 Charles Street
Cardiff
CF10 2GE

1.5 The notice will also contain the name, address and telephone number of the Healthcare Inspectorate Wales.

2.0 Procedure for Handling of Complaints:

2.1 All complaints will be fully investigated by the Registered Manager (Nell Brunwin).

2.2 All complainants will receive a written acknowledgement within **2** working days of the complaint.

2.3 The complainant will receive a written response within **20** working days or a written explanation of why the response is taking longer and when they can expect a response. A full response being made within **5** working days of a conclusion being reached.

2.4 All staff involved in a complaint will be informed of the outcome and advice on preventing recurrence.

Policy for Handling and Investigation of Complaints: Cont…

2.5 On completion of a complaint a full written report will be made including any recommendations and actions by the Registered Manager (Nell Brunwin).

2.6 Where a complainant is not satisfied at the conclusion of the complaint process they have several options depending upon the nature of the complaint:

1. Independent arbitration service (see below).
2. Where the complaint may relate to a breach of professional standards of conduct, clinical competence or fitness to practise, patients can raise their concerns with the appropriate professional regulator (Doctors – General Medical Council, Nurses – Nursing & Midwifery Council (see below).
3. Where the complaint relates to a breach of statutory regulations and the organisation is registered with the Healthcare Inspectorate Wales patients can contact the HIW (see below).
4. Patients retain the option of seeking legal advice relating to a complaint about the service provided by any healthcare provider.

2.7 Any complaint proceeding to litigation will be notified to the Healthcare Inspectorate Wales

3.0 Complaint should be made in writing to the Registered Manager (Nell Brunwin)

3.1 The Registered Manager (Nell Brunwin) will conduct an investigation and will gather information

3.2 This will lead to a full written report being produced and made available to those concerned.

3.3 The investigation will include:

- Speaking to all persons concerned
- Reviewing records and other documents
- Producing a written summary of the facts of the complaint
- Producing responses to written complaints
- Completing the appropriate records of the complaint
- Informing all relevant parties as to the outcome of the complaint and any remedial action.

Policy for Handling and Investigation of Complaints: Cont…

3.4 The Healthcare Inspectorate Wales is the regulator for independent Healthcare. The Healthcare Inspectorate Wales has no statutory powers to investigate any complaints that patients or other members of the public make about independent healthcare services, nor do they have a regulatory role to manage, arbitrate or resolve their complaints, concerns or allegations. However, they will take account of all information that they receive from the public about registered independent providers, or about unregistered providers that they consider should be registered. They assess whether this 'concerning information' suggests that:

- An offence has been committed as set out in the Care Standards Act 2000
- A regulation has been breached as set out in the associated regulations, or
- The provider has contravened a condition of their registration with us, as set out in their registration certificate.

3.5 If they suspect that the provider has committed an offence under the Act or a breach under the regulations, they are required to take action to bring about improvement.

3.6 Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Tel: 0300 062 8163
Email:**hiw@gov.wales**

Web: www.hiw.org.uk

3.7 Staff will provide help to any patient or relative of a patient wishing to make a complaint.

3.8 Contact Details:

The General Medical Council
350 Euston Road
London
NW1 3JN

Tel: 0161 923 6602
Web: www.gmc-uk.org

The Nursing & Midwifery Council
23 Portland Place
London, W1B 1PZ

Tel: 0207 7333 9333
Web: www.nmc-uk.org

Independent Arbitration Organisation:	**Centre for Effective Dispute Resolution**
Address: International Dispute Resolution Centre 70 Fleet Street London EC4Y 1EU	Tel: +44 (0)20 7536 6000 Web: www.cedr.com

Standard 24: Workforce Recruitment and Employment Practices

Organisations and services ensure that their workforce:

a) have all necessary recruitment and periodic employment checks and are registered with the relevant bodies;
b) are appropriately recruited, trained, qualified and competent for the work they undertake;
c) act and are treated, in accordance with identified standards and codes of conduct;
d) have access to processes which permit them to raise, in confidence and without prejudice, concerns over any aspect of service delivery, treatment or management;
e) are supervised and supported in the delivery of their role; and
f) are dealt with fairly and equitably when their performance causes concern.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

Registered persons have safe and effective recruitment and staff performance management arrangements in place so that service users can be confident that they will receive treatment and care from persons with the appropriate knowledge, skills and experience and who do not pose a risk to their health, safety and welfare.

To safeguard the health, safety and welfare of service users, all staff and persons granted practising privileges, are recruited in line with the requirements of legislation and pre employment procedures include those checks set out below, as a minimum.

Arrangements are in place to enable staff to deliver treatment and care to an appropriate standard with support systems that permit them to work within their codes of professional conduct

Policies for Human Resources

1.0 HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall maintain policies and procedures to ensure that staff are recruited, trained and qualified appropriately.

1.1 Human resources policies have been put in place in the following areas:

- Policy for Recruitment and Selection of Staff
- Policy for the Induction of New Staff
- Policy for Recruitment of Professional Staff
- Policy for Training and Continuing Professional Development
- Policy for Agency and Temporary Staff
- Policy for Public Interest Disclosure
- Policy for Acceptance of Gifts and Invitations
- Policy for the Prevention of Harassment, Bullying and Discrimination
- Policy for the Prevention of Disability Discrimination
- Policy for Wheelchair Disability Access
- Policy for Equal Opportunities
- Policy for Disciplinary Action
- Policy for Resignation

Policy for Recruitment and Selection of Staff

1.0 Aim:

1.1 The aim of this policy is to outline good practice and to ensure compliance in the selection and appointment of staff members in line with requirements under legislation and regulations.

1.2 In preparing to appoint a new employee the following items will be addressed prior to any other action being taken.

2.0 Job Description and Specification:

2.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will provide a written job description including main duties and responsibilities for each post. The definition of the role will also include location, job title and line manager and a statement that the post is exempt from the Rehabilitation of Offenders Act 1974.

2.2 All appointments will comply with race and other equal opportunity legislation.

2.3 The specification must provide a profile of the individual required to fill the post including qualifications and past experience necessary to successfully carry out the duties of the post.

3.0 Advertising of Positions:

3.1 Advertising of posts will be carried out in a fair and open way. All advertisements will contain the role title, location, main criteria for the position including essential qualifications and or experience and details of how applications can be made. A clear closing date for applications will be stated.

3.2 All advertisements will be approved by Nell Rush prior to placement.

4.0 Applications for the Position:

4.1 The following information will be provided by each applicant for the post:

- Name
- Address
- Date of birth
- Education and further training details
- Full career history (including “from and to” dates, details of the posts, employers’ names and addresses, and explanation of any career breaks).

Policy for Recruitment & Selection of Staff: Cont…

- Completion of Rehabilitation of Offenders Act 1974 (Exemption Order) form and details of any criminal convictions with dates.
- 2 references.

4.2 Professional and other practitioners must also disclose details of any past action taken by regulatory bodies (e.g.: GMC, NMC etc) for misconduct or negligence and also give details of any possible future or pending actions.

4.3 It shall be a condition of service that all employees will inform the employer of any future criminal conviction or caution or any action by a regulatory body.

5.0 References:

5.1 Appointments will be dependent upon receipt of *two* satisfactory written references from (where possible) the two most recent employers.

5.2 All potential staff will be interviewed by a panel of at least two people (a Registered Person being one). Notes of the interview will be kept for at least 3 years irrespective of outcome.

5.3 All staff must undergo a check with the Disclosure and Barring Service, the results must be assessed by the Registered Person prior to confirmation of appointment or it will be a condition of offer of appointment. All staff coming into direct contact with patients must undergo an **enhanced** DBS check. Other members of staff must have a **standard** DBS check.

5.4 All staff must provide suitable evidence of identity prior to commencement of work in the form of a birth certificate and passport or picture card driving license.

5.5 Any non-EEA national normally requires a work permit to take up employment in the UK. All candidates who cannot provide an EEA member passport will be asked to provide a valid work permit. In case of doubt regarding the validity of a work permit or in the necessity of obtaining a permit prior to employment the Immigration and Nationality Directorate's Helpline should be contacted on: 0208 649 7878

Policy for Recruitment of Professional Staff:

1.0 This policy shall apply to Medical, Nursing and other Healthcare Professionals:

1.1 Prior to appointment to any position, all professional staff shall complete a ”Fitness to Practice” questionnaire and have the results approved by the Registered Manager (Nell Brunwin).

1.2 A full career history must be provided and checked by the Registered Manager (Nell Brunwin).

1.3 Professional staff shall provide evidence of their registration and continued registration with any professional bodies – all should be validated.

1.4 A full CV and originals of all postgraduate qualifications must be provided to be copied by the Registered Person.

1.5 Copies of Passport and Birth Certificate will be kept in the employees personnel file.

1.6 All professional staff will be asked to sign an agreement on the services they will provide as part of their contract of employment.

1.7 There will be a requirement to comply with HEAD QUARTERS HAIR TRANSPLANTS LIMITED’s policies protocols and procedures, to take part in ongoing training and professional development.

1.8 Breach of HEAD QUARTERS HAIR TRANSPLANTS LIMITED policies and procedures will be a breach of contract of employment and render the employee liable to a disciplinary procedure.

1.9 Professional staff must agree to abide by published code of practice for their profession. Breaches of codes of practice shall be treated as disciplinary matters

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Policy for Compliance with Professional Codes of Practice

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that, where applicable, all staff should work within the scope of published codes of professional practice.

1.1 Where a health care professionals acts in breach of their published code of practice, HEAD QUARTERS HAIR TRANSPLANTS LIMITED will consider that a disciplinary offence has occurred and may proceed to disciplinary action against the individual.

1.2 Breaches of professional codes of practice may also render the staff member liable to action by their professional body and HEAD QUARTERS HAIR TRANSPLANTS LIMITED would be bound to notify the appropriate body if such breaches were proven.

1.3 It shall be a requirement for any professional staff working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED, whether employed or having practising privileges, to take part in relevant continuing professional development to ensure that they maintain the skills, knowledge and competence to carry out their duties.

See ***Practising Privileges***
See ***Supporting Workers***

1.4 Where no published code exists all staff must seek to maintain the highest professional and ethical standards when dealing with patient, relatives and other staff members.

Policy for Practising Privileges:

1.0 Scope:

1.1 This policy is aimed at health care professionals who work within HEAD QUARTERS HAIR TRANSPLANTS LIMITED but who are not directly employed.

2.0 Pre and Post Employment checks:

2.1 All professionals applying for practising privileges within HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall be subject to the following checks prior to granting of such privileges.

- Where appropriate the practitioner is registered with the relevant regulatory body and that the registration covers to intended scope of practice.
- That the practitioner can produce evidence that they are trained and experienced in the types of treatment to be performed
- That the practitioner signs the declaration of fitness to practise covering
    - past or pending investigation or prosecution in UK or other countries
    - criminal convictions in the UK or other countries
    - current or past investigations by any regulatory body in the UK or other countries
    - disqualification or restriction to practise imposed by any regulatory body in the UK or other countries.
- All practitioners shall be subject to interview and records of the interview shall be kept for a minimum of 3 years
- Two suitable professional references from past two employers shall be obtained and retained in the practitioners human resources file.
- All qualifications relevant to the post shall be verified by sight of original documentation and where necessary checks with issuing bodies to verify authenticity.
- That the practitioner has in place suitable indemnity to carry out the treatments concerned
- Where relevant, on an ongoing basis documentary evidence of continuing registration with appropriate regulatory body shall be retained.
- The practitioner must produce satisfactory evidence of identity (passport and driving licence or birth certificate).
- Where relevant, due to nationality, any necessary work permits must be checked.

Practising Privileges: Cont…

3.0 Written Agreement with Practitioners:

3.1 There will be a written agreement with the practitioner detailing:

- Attendance and availability to see patients when notified of a problem
- Agreement of the practitioner to inform HEAD QUARTERS HAIR TRANSPLANTS LIMITED of any complaints made against them directly.
- Agreement that all clinical notes relating to the patient must be retained by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.
- The practitioner must participate in continuing professional development
- The practitioner must read the current Policies and Procedures Manual and sign a declaration agreeing to abide by all of HEAD QUARTERS HAIR TRANSPLANTS LIMITED's policies and procedures.
- The practitioner must comply with relevant published codes for their professional practice and breaches of such code shall be a disciplinary offence and may be subject to disciplinary action

4.0 Review of Practising Privileges:

4.1 All grants of practising privileges will be reviewed at a minimum of every 2 years or more frequently where there is concern about standards of practice or due to complaints received by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

Medical Advisory Committee

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that a Medical Advisory Committee (MAC) shall be appointed.

1.1 The MAC shall consist of:

- The Senior Medical Practitioner practising at HEAD QUARTERS HAIR TRANSPLANTS LIMITED
- The named Registered Person (Nell Brunwin) (where different from above)
- An external registered medical practitioner appointed by the organisation who has experience in the field of services provided by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.2 The MAC shall meet quarterly and minutes shall be kept of meetings.

2.0 Role of the MAC:

2.1 The MAC shall provide advice and recommendations to the Registered Persons in respect of:

- Eligibility criteria for practising privileges
- Applications for practising privileges
- Review, suspension, restriction and withdrawal of practising privileges
- The introduction of new clinical techniques to the hospital including training requirements for medical practitioners, equipment and training for other staff to support the techniques.

2.2 The MAC shall review twice per year the information relating to the work carried out by all practitioners with practising privileges including:

- Deaths
- Unplanned re-admissions
- Unplanned returns to theatre
- Transfers to other hospitals
- Clinical incidents
- Incidence of post-operative DVT
- Post-operative infection rates

Policy on Fitness to Practice

1.0 Scope:

1.1 All health care professionals working in HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.0 Reference:

2.1 Proceedings by a licensing/regulatory body and relating to criminal investigations in the UK or overseas.

3.0 Background:

3.1 Employers registered under the Care Standards Act 2000 have a duty to ensure that patients receive a good standard of care and ensure as far as possible the safety of patients.

3.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED must establish if any health care professional has been found guilty of a criminal offence, been bound over or cautioned or is currently the subject of proceedings which might lead to a conviction, an order binding over or a caution in the UK or any other country.

4.0 Procedure:

4.1 Applicants for posts in HEAD QUARTERS HAIR TRANSPLANTS LIMITED are exempt from the Rehabilitation of Offenders Act 1974. Application forms will include a declaration for all applicants to complete declaring any previous or pending prosecutions or convictions, including those considered “spent” under this Act. Also it will include a declaration of any cautions or bind-overs.

4.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED must establish if any health care professional has been the subject of any fitness to practice proceedings in the past or if any fitness to practice proceedings are being contemplated by any licensing or regulatory body in the UK or another country and this will also be reflected in the declaration.

4.3 This information will be treated in the strictest confidence and will not debar applicants from appointment unless HEAD QUARTERS HAIR TRANSPLANTS LIMITED considers that it renders you unsuitable for the appointment. In reaching such a decision HEAD QUARTERS HAIR TRANSPLANTS LIMITED will consider the nature of the conviction, how long ago it took place and any other factors that may be relevant.

Fitness to Practice: Cont…

4.4 Failure to disclose a criminal offence, having been bound over or cautioned or that health care professionals are currently the subject of criminal proceeding which might lead to a conviction, a caution or an order binding over or fitness to practice proceeding undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify applicants from appointment or result in summary dismissal and referral to the appropriate regulatory body for consideration if such a discrepancy came to light.

Name:
Position:

Declaration Statement

a) any criminal offence being bound over or cautioned or current proceedings which might lead to a conviction an order binding you over or a caution and

b) fitness to practice proceedings taken or being currently contemplated by a licensing/regulatory body

1. **Have you ever been convicted of a criminal offence been bound over or cautioned or are you currently the subject of any police investigations which might lead to a conviction and order binding you over or a caution in the UK or an other country?** YES / NO

Note: Applicants are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions **including those considered spent under this Act**.

If **YES** please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction an order binding you over or a caution including approximate date, the offence and the authority and country which dealt with the offence.

_____

_____

_____

_____

2 **Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country?** YES / NO

If **YES** please provide details of the nature of the proceedings undertaken or contemplated including approximate date of the proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

_____

_____

_____

I hereby declare that the information given here is true.

I agree to comply with any published codes of practice for my profession and understand that breaches will be dealt with as a disciplinary matter.

I also confirm that I am physically and mentally fit to carry out my duties.

Signature _____ Date: _____

Name: _____

Policy for Agency and Temporary Staff:

1.0 Aim:

1.1 To ensure that staff are appropriately trained, qualified, experienced and have their identity validated prior to working with HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.0 General:

2.1 It is not HEAD QUARTERS HAIR TRANSPLANTS LIMITED's policy to use agency or temporary staff.

3.0 Procedure:

3.1 Where in extraordinary circumstances this may be necessary, the temporary member of staff should provide **all** relevant identification and qualifications as specified under the above section.

3.2 The details of the agency should be recorded and there should be written confirmation from the agency that references have been taken up and validated by them.

3.3 Copies of all certificates, qualifications and a passport photo page must be retained by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

Policy for Acceptance of Gifts and Invitations

1.0 Objectives

1.1 To ensure that the standards of professional conduct and personal integrity demanded within the establishment are not compromised by the acceptance of business related gifts or invitations.

2.0 Scope

2.1 This policy applies to all employees of HEAD QUARTERS HAIR TRANSPLANTS LIMITED

3.0 Acceptance and Non Acceptance of Business Gifts and Invitations

3.1 Gifts or invitations must never be solicited from third parties, including agents/representatives of the establishment
3.2 Cash gifts should never be accepted from third parties, including agents/representatives of the establishment, under any circumstances
3.3 If an individual receives more than four gifts in any one month, then regardless of value this must be declared to Nell Brunwin
3.4 Nell Brunwin must ensure that details of all declared gifts or invitations are recorded
In deciding whether it is appropriate to accept particular gifts or invitations from third parties, 3.5 Nell Brunwin should consider all relevant factors, in particular:

- 3.5.1 Whether acceptance could constitute or be interpreted as a bribe or other inducement to influence business/clinical decisions
- 3.5.2 Whether the value and/or nature of the gift or invitation is reasonable, as judged by Nell Brunwin.
- 3.5.3 Whether the gift or invitation is directly relevant to the role/product line/service area of the recipient and therefore has business benefit

3.6 If gifts or invitations are judged to be reasonable and/or were made as a token of the donor's gratitude for a service carried out as part of the recipient's business/clinical role, the gift/invitation may be retained /accepted

3.7 If gifts or invitations are judged to be inappropriate, the recipient will be required to return the gift/decline the invitation explaining HEAD QUARTERS HAIR TRANSPLANTS LIMITED's policy

4.0 Tax Liability on Gifts

4.1 Any tax liability incurred will be met by the employee unless otherwise agreed

Policy for Acceptance of Gifts and Invitations: cont….

5.0 Breach of Policy

5.1 Failure to declare gifts or invitations from third parties or, to adhere to the guidelines above, will be considered a disciplinary offence and will be handled in accordance with the disciplinary procedure.

6.0 Further Information

6.1 These guidelines are not intended to be exhaustive and where further guidance is needed, queries should be referred, in the first instance, to Nell Brunwin.

Policy for Prevention of Harassment and Bullying and Discrimination

1.0 Objective

1.1 To provide a working environment for all employees that does not permit harassment or bullying on any grounds whatsoever.

2.0 Scope

2.1 This policy applies to all employees within HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

3.0 General Policy

3.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to creating a harmonious working environment in which employees do not feel threatened because of their race, colour, creed, ethnic or national origin, marital status, disability, age, gender, sexual orientation, political opinion, religion, trade union or non trade union membership

3.2 Intimidation, harassment and bullying of any form will be considered unacceptable behaviour and may lead to disciplinary action, including dismissal

3.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED aims to protect employees from incidents of harassment and bullying and procedures will be put in place to enable employees to raise complaints or concerns confidentially

3.4 In all instances, employees are encouraged to bring such issues to their line manager's attention, or if the 'issue' concerns their line manager, Nell Brunwin. Employees should always document such instances. All complaints will be dealt with as a priority

4.0 Definition of Harassment

4.1 'Harassment' may be defined as unprofessional and unwanted behaviour which a person or group of people find intimidating, embarrassing, offensive, humiliating or upsetting. This may include, abuse of power, or behaviour which causes offence or worry, prevents another person from doing their job, undermines their self-confidence or is intended to undermine their reputation or image or, causes them to suffer stress.

4.2 Harassment may take many forms, ranging from extreme forms such as violence and bullying to less obvious actions such as ignoring someone at work. The following examples, though not an exhaustive list, may constitute harassment and bullying:

- written communication that is defamatory or intimidating
- unfair treatment, including that relating to gender, race or disability

Prevention of Harassment and Bullying and Discrimination: Cont…

- verbal or physical threats or violence
- persistent negative comments and unjustified, persistent criticism
- humiliating someone in front of others, threatening someone's job or targeting people's weaknesses
- verbal (face to face or by telephone) and/or written harassment through jokes, offensive language, slander or gossip, obscene gestures
- ignoring someone, isolation or exclusion
- pestering, spying, stalking
- setting unattainable targets or constantly changing work targets in order to cause someone to fail
- claiming credit for someone else's work
- belittling someone's opinion
- unnecessarily and intrusively monitoring someone's work,
- removing areas of work without justification
- making false allegations
- withholding information to reduce someone's effectiveness.

4.3 It should be emphasised that arguments, the occasional raised voice or constructive and fair criticism of an individual's performance or conduct at work do not necessarily amount to bullying.

5.0 Definition of Discrimination

5.1 This consists of treating a person less favourably purely on the grounds of race, gender, disability or other identity. Refer to the Equal Opportunities policy for further guidance.

6.0 Definition of Sexual Harassment

6.1 This occurs when a person is subject to physical or verbal abuse or hostile behaviour because of his/her sex. It may be defined as 'unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of men and women at work.'

7.0 Employee Responsibilities

7.1 All employees have a responsibility to help create a working environment in which the dignity of people is respected. They should be aware of the serious and genuine problems which harassment can cause, and ensure that their behaviour is beyond question and could not be considered in any way to be harassment. They should also provide support to colleagues who are being harassed, by encouraging them to follow the agreed harassment complaints procedure

Policy for the Prevention of Harassment and Bullying and Discrimination: cont…

8.0 Management Responsibilities

8.1 Managers and supervisors, in particular, have a responsibility to ensure that harassment does not occur in work areas for which they are responsible. Any manager or supervisor who becomes aware that harassment may have occurred must intervene to attempt to resolve the situation and follow up promptly with the individuals concerned. If appropriate, they should notify their line manager immediately. These situations should then be documented by the manager concerned and future behaviour monitored

8.2 Managers should communicate this policy to their employees and take steps to positively promote it. They will be responsible and supportive to any employee who complains about harassment or bullying, provide full and clear advice on the procedure to be adopted, respect confidentiality as far as possible and ensure that there is no further problem or any victimisation after a complaint has been resolved

9.0 Dealing with Unwanted Behaviour

9.1 All complaints made under this policy should be fully investigated by the Registered Manager. Notes and records should be kept detailing the findings, interviews and the outcome of the complaint.

10.0 Breach of Policy

10.1 All employees are responsible for the way in which they behave at work. Any individual found to be subjecting another employee to this type of conduct, will be dealt with under the Disciplinary Procedure.

10.2 Unless prohibited by local legislation, HEAD QUARTERS HAIR TRANSPLANTS LIMITED reserves the right to suspend the alleged bully, on full pay, until a full investigation has been carried out to establish the veracity of the claims made and resolve the matter

Policy for Equality

1.0 Equal Opportunities Statement:

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to promoting equal opportunities in employment and provision of services. All staff, any job applicants and patients will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (Protected Characteristics).

2.0 Aim:

2.1 To ensure that no job applicant, or employee or service users receive less favourable treatment on grounds of race, colour, nationality, disability, ethnic or national origin, religion, sex, sexual orientation, age or marital status.

2.2 Create a working environment and culture which recognises and values difference;

2.3 Promote an inclusive, human-rights based approach to the delivery of health care services;

2.4 Pro-actively tackle discrimination and ensure that no individual or group is discriminate against, or excluded, for any reason, either in employment or service provision;

2.5 Ensure that all staff understand what their individual roles and responsibilities are in promoting equality and human rights, valuing diversity and tackling discrimination.

3.0 About this Policy

3.1 This policy sets out HEAD QUARTERS HAIR TRANSPLANTS LIMITED' approach to equal opportunities and the avoidance of discrimination within the organisation. It applies to all aspects of employment with us, including recruitment, pay and conditions, training, appraisals, promotion, conduct at work, disciplinary and grievance procedures, and termination of employment.

3.2 Registered Manager (Nell Brunwin) is responsible for this policy and any necessary training on equality.

3.3 This policy does not form part of any employee's contract of employment and may be amended at any time.

4.0 Discrimination:

4.1 Individuals must not unlawfully discriminate against or harass other people including current and former employees, job applicants, patients, clients, customers, suppliers and visitors. This applies in the workplace, outside the workplace (when dealing with customers, suppliers or other work-related contacts or when wearing a work uniform), and on work-related trips or events including social events.

Policy for Equality cont.…….

4.2 The following forms of discrimination are prohibited under this policy and are unlawful:

(a) Direct discrimination: treating someone less favourably because of a Protected Characteristic. For example, rejecting a job applicant because of their religious views or because they might be gay.

(b) Indirect discrimination: a provision, criterion or practice that applies to everyone but adversely affects people with a particular Protected Characteristic more than others, and is not justified. For example, requiring a job to be done full-time rather than part-time would adversely affect women because they generally have greater childcare commitments than men. Such a requirement would be discriminatory unless it can be justified.

(c) Harassment: this includes sexual harassment and other unwanted conduct related to a Protected Characteristic, which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Harassment is dealt with further in our Anti-harassment and Bullying Policy.

(d) Victimisation: retaliation against someone who has complained or has supported someone else's complaint about discrimination or harassment.

(e) Disability discrimination: this includes direct and indirect discrimination, any unjustified less favourable treatment because of the effects of a disability, and failure to make reasonable adjustments to alleviate disadvantages caused by a disability.

5.0 Recruitment and Selection:

5.1 Recruitment, promotion and other selection exercises such as redundancy selection will be conducted on the basis of merit, against objective criteria that avoid discrimination. Shortlisting should be done by more than one person if possible.

5.2 Vacancies should generally be advertised to a diverse section of the labour market. Advertisements should avoid stereotyping or using wording that may discourage particular groups from applying.

5.3 Job applicants should not be asked questions which might suggest an intention to discriminate on grounds of a Protected Characteristic. For example, applicants should not be asked whether they are pregnant or planning to have children.

5.4 Job applicants should not be asked about health or disability before a job offer is made, except in the very limited circumstances allowed by law: for example, to check that the applicant could perform an intrinsic part of the job (taking account of any reasonable adjustments), or to see if any adjustments might be needed at interview because of a disability. Where necessary, job offers can be made conditional on a satisfactory medical check. Health or disability questions may be included in equal opportunities monitoring forms, which must not be used for selection or decision-making purposes.

Policy for Equality cont…..

6.0 Disabilities:

6.1 If you are disabled or become disabled, we encourage you to tell us about your condition so that we can consider what reasonable adjustments or support may be appropriate.

6.2 HEAD QUARTERS HAIR TRANSPLANTS LIMITED will not, however, be required to make adjustments which are unreasonable. Factors to be considered include the value of adjustments to the disabled employee, disadvantages caused to other employees and the costs involved. HEAD QUARTERS HAIR TRANSPLANTS LIMITED needs to be able to show that the treatment of the disabled person was "justified" in the circumstances.

6.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED accepts its responsibilities to provide services to the widest possible group of patients and where practical and possible such adaptations and modifications will be made to allow use of the service by patients having disabilities. Where there is no possibility of disabled persons entering the establishment due to insurmountable building or technical difficulties or where disabled facilities are available in to the form of ramps, toilets etc. these should be explained in the current patient guide.

7.0 Part-time and Fixed Term Work:

7.1 Part-time and fixed-term employees should be treated the same as comparable full-time or permanent employees and enjoy no less favourable terms and conditions (on a pro-rata basis where appropriate), unless different treatment is justified.

8.0 Responsibilities:

8.1 At HEAD QUARTERS HAIR TRANSPLANTS LIMITED all staff must be aware of this policy and their individual responsibility for equality and diversity.

8.2 Identify their own learning and development needs on equality and diversity issues continuously and undertake relevant training to maintain and improve their knowledge and apply it in their work;

8.3 Not discriminate against any other employee or service user, or incite, or attempt to incite others to do so.

8.4 Not victimise, harass, bully or intimidate (or attempt to victimise, harass, bully or intimidate) any other employee or service user.

8.5 Challenge what they consider to be unacceptable behaviour, be pro-active with regard to diversity and take personal responsibility to promote good practice and create change.

8.6 Always consider the needs and rights of individual service users.

Policy for Equality cont…..

9.0 Breaches of this Policy:

9.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED takes a strict approach to breaches of this policy, which will be dealt with in accordance with our Disciplinary Procedure. Serious cases of deliberate discrimination may amount to gross misconduct resulting in dismissal.

9.2 If you believe that you have suffered discrimination you can raise the matter through our Grievance Procedure or Anti-harassment and Bullying Policy. Complaints will be treated in confidence and investigated as appropriate.

9.3 Individuals must not be victimised or retaliated against for complaining about discrimination. However, making a false allegation deliberately and in bad faith will be treated as misconduct and dealt with under our Disciplinary Procedure.

Qualification of Medical Practitioners

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all medical practitioners working within the organisation are appropriately trained, qualified and insured to carry out the procedures which they have elected to provide.

2.0 ALL medical practitioners working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED must be registered with the General Medical Council.

2.1 Medical practitioners must provide original documentary evidence of registration on an annual basis and must notify the named Registered Manager (Nell Brunwin) of any change in their registration status immediately.

3.0 ALL medical practitioners must undergo annual appraisal and when appropriate must comply with revalidation requirements of the General Medical Council.

3.1 Medical practitioners must provide documentary evidence of annual appraisal to the named Registered Manager (Nell Brunwin).

4.0 ALL medical practitioners must provide evidence of satisfactory insurance or medical indemnity cover from a recognised defence organisation on an annual basis for all procedures carried out within HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

4.1 Medical practitioners must provide documentary evidence of insurance or indemnity cover to the named Registered Manager (Nell Brunwin) on an annual basis.

5.0 ALL medical practitioners must provide to HEAD QUARTERS HAIR TRANSPLANTS LIMITED the following details in relation to the following clinical and performance indicators in respect of patients they have treated.

- Deaths
- Unplanned re-admissions
- Unplanned returns to theatre
- Transfers to other hospitals
- Adverse clinical incidents
- Incidence of post-operative DVT
- Postoperative infection rates

5.1 Medical practitioners must provide details in respect of all patients treated within the hospital to the named Registered Manager (Nell Brunwin) on an annual basis.

Qualification and Experience of Medical Practitioners undertaking Private Practice without Supervision

1.0 It shall be a requirement of granting practising privileges within HEAD QUARTERS HAIR TRANSPLANTS LIMITED that medical practitioners comply with this policy and cooperate with the production of necessary information and data to meet the requirements of this policy.

2.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all medical practitioners working within the organisation can clearly demonstrate that they have the necessary qualifications, expertise and experience to undertake competently and safely the treatment and services they provide.

3.0 ALL medical practitioners working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED:

3.1 must provide satisfactory evidence to the named Registered Manager (Nell Brunwin) that they have completed the appropriate medical or surgical training for any procedures or treatments which they provide.

3.1.1 Medical practitioners must provide original documentary evidence of training and details of experience for any surgical procedure to the named Registered Manager (Nell Brunwin).

3.2 must provide evidence of either completion of specialist training (CCST) or evidence of qualification as a General Practitioner (JCPTGP Cert).

3.2.1 Medical practitioners must provide original documentary evidence of training and certification to the named Registered Manager (Nell Brunwin) before taking up post within the organisation.

3.3 must provide a full record of all patients to whom they have provided treatment or services within the organisation to the named Registered Manager (Nell Brunwin) and the Healthcare Inspectorate Wales.

3.3.1 Medical practitioners must provide original documentary evidence of training and certification to the named Registered Manager (Nell Brunwin) before taking up post within the organisation.

3.4 must undertake regular patient satisfaction surveys, the results of which will be provided to the named Registered Manager (Nell Brunwin) and made available to the Healthcare Inspectorate Wales.

3.4.1Medical practitioners must provide original documentary evidence of patient satisfaction surveys and provide the results to the named Registered Manager (Nell Brunwin) and make the results available to the Healthcare Inspectorate Wales.

Qualification and Experience of Medical Practitioners undertaking Private Practice without Supervision cont…

3.5 must provide evidence of relevant continuing professional development to the named Registered Manager (Nell Brunwin).

3.5.1 Medical practitioners must provide documentary evidence of CPD to the named Registered Manager (Nell Brunwin) on an annual basis.

Qualification of Nursing Staff

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all nursing staff working within the organisation are appropriately trained, qualified and insured to carry out the procedures which they have elected to provide.

2.0 ALL nursing staff working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED must be registered with the Nursing & Midwifery Council.

2.1 Nursing staff must provide original documentary evidence of registration on an annual basis and must notify the named Registered Manager (Nell Brunwin) of any change in their registration status immediately.

3.0 ALL nursing staff must undergo annual appraisal and when appropriate must comply with revalidation requirements of the Nursing & Midwifery Council.

3.1 Nursing staff must provide documentary evidence of annual appraisal to the named Registered Manager (Nell Brunwin).

4.0 ALL nursing staff must provide evidence of satisfactory insurance or medical indemnity cover from a recognised insurer on an annual basis for all procedures carried out within HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

4.1 Nursing staff must provide documentary evidence of insurance or indemnity cover to the named Registered Manager (Nell Brunwin) on an annual basis.

Allied Healthcare Professionals

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that where patients require consultation with or treatment from a member of one of the allied health professions they will be seen only by a practitioner who is registered with the Health Professions Council.

2.0 It shall be a contractual obligation of any allied health professional working within HEAD QUARTERS HAIR TRANSPLANTS LIMITED that they comply with their professions code of professional practice and standards of care when treating patients.

3.0 It shall be a contractual obligation of any allied health professional that they take part in and provide an out of hours service for emergency advice and where necessary treatment of patients.

4.0 All allied health professionals working in within or contracted by HEAD QUARTERS HAIR TRANSPLANTS LIMITED must participate in the multidisciplinary care of patients working closely with other health professions and medical staff as appropriate.

5.0 Allied health professionals will produce a plan of treatment for patients within their care in accordance with best practice for their profession. A summary of the plan must be made available to the referring medical practitioner.

6.0 Allied health professionals must take part in approved continuing professional developments relevant to their speciality and approved by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

Lone Workers Policy

1.0 Introduction

1.1 Generally, there is no requirement in law that prohibits working alone, but the law does require that all work should be organised and controlled such that risks are identified, eliminated or reduced so far as is reasonably practicable.

1.2 All workers have a responsibility to take reasonable care of themselves and others who may be affected by their acts or omissions at work. Individuals have a duty to co-operate with their employer regarding any statutory obligation or requirement.

1.3 HEAD QUARTERS HAIR TRANSPLANTS LIMITED requires its staff to observe health and safety regulations in force in its premises as specified in the Policy and Procedure Manual for the company.

1.4 The general duties of the Health and Safety at Work Act 1974 and the Management of the Health and Safety at Work Regulations 1999, must be observed at all times. These require the identification of the hazards of the work, assessment of the risks involved and the devising and implementation of safe working procedures to ensure that the risks are eliminated or adequately controlled. Lone working should always be restricted whenever possible.

1.5 Where it is not possible to introduce safe working procedures to overcome such risks to a lone worker, other procedures, support and back up must be provided.

1.6 If a worker has a medical condition that makes it unsuitable for them to work in a solitary situation, they should advise the Registered Manager immediately. The Registered Manager should seek medical advice to evaluate any working restriction that may need to be applied to the worker and ensure that the workplace is suitable and safe.

2.0 Definitions

2.1 A Lone Worker is someone who works alone or away from their employer's premises, or by the nature of their work, runs the risk of violence or abuse.

2.2 Situations where only one person is working on the premises for example:

- Single handed Practitioner
- Cleaners
- Staff working out-of-office hours

Lone Workers Policy cont'd.....

3.0 Training

3.1 Training must be provided for all workers who have to work alone or where there is limited supervision.

3.2 Such training must include:

- the identification and assessment of risks
- how to stay calm in uncertain situations
- any necessary precautions and preparations to be made before any tasks are undertaken.

4.0 Restrictions and Limitations

4.1 The following limiting factors apply for any solitary worker working on the company's premises:

- No worker is permitted to carry out work on an electrical installation that is live other than for testing or diagnostic purposes.
- Entry into confined spaces is prohibited
- Attempting to lift, carry or manually handle equipment that is too large, heavy or difficult for one person to move safely is prohibited.
- No attempt must be made to operate controls or equipment that falls beyond the scope or competence of the worker, or is beyond the capability of one person.
- A lone worker must not perform any task that may expose them to a hazard.
- A lone worker must not be responsible for locking up premises at night nor for taking large amounts of cash of site (eg. Banking)

4.2 Should there be any doubt, the worker must stop work immediately and seek advice from the Registered Manager (Nell Brunwin).

Lone Workers Policy cont'd.....

5.0 Operational Procedure

5.1 In all lone working situations, the solitary worker must:

- obtain permission from the Registered Manager to work before any task is undertaken.
- ensure that female staff do not treat male clients when they are in a solitary worker situation.
- evaluate any possible risks every time they enter an area, however familiar the workplace may be.
- be aware of the precautions applicable to foreseeable emergency situations that may occur, for example, fire, equipment failure, illness and accidents.
- ensure that the workplace does not present a special risk to the solitary worker.
- ensure that there is safe access and exit for one person to and from the work area.
- ensure that one person can adequately carry out the work.
- ensure that were chemicals or hazardous substances are to be used that suitable COSHH assessments have been carried out and that they are available to the worker.
- establish the location of all fire alarm call points and firefighting equipment.
- ensure that all emergency exit routes from the work place are clear and free from obstruction.
- ensure that all communication devices are available and in good working order.
- report any incidents to the Registered Manager (Nell Brunwin) immediately.

6.0 Communication

6.1 When workers are required to work in solitary situations, and they experience any adverse incidents, they must report these incidents to the Registered Manager.

6.2 When working in a solitary situation workers will be contacted at intervals not exceeding 2 hours by another member of staff (by telephone).

6.3 If the solitary worker cannot be contacted the alarm must be raised and the solitary worker must be visited at the premises immediately.

6.4 If the solitary worker is under duress or in danger a pre-arranged code phrase will be used during the telephone call. This will be **"Mrs Robinson has not arrived for her appointment"** – use of this phrase will result in the alarm being raised and the police called by 999.

Policy for Disciplinary Action

1.0 Aim

1.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED is committed to providing services where users of our services can expect to be cared for by committed members of staff who display positive attitudes and high standards of professionalism in their work.

2.0 Scope

2.1 **All levels of staff** and others working at HEAD QUARTERS HAIR TRANSPLANTS LIMITED that are covered by a contract or letter of authority are expected to work to high standards of conduct and behaviour. These standards are essential to providing high quality services of HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.2 Failure to work in accordance with these standards may be regarded as misconduct, which may, depending upon the circumstances be regarded by HEAD QUARTERS HAIR TRANSPLANTS LIMITED as serious or gross misconduct.

3.0 Definitions

3.1 Misconduct - Conduct which falls short of that which HEAD QUARTERS HAIR TRANSPLANTS LIMITED expects of its employees and which is less than gross misconduct.

3.2 Serious Misconduct - the following is a guide to the type of offence constituting serious misconduct:-

- Unauthorised absence
- Neglect causing damage to or loss to the establishment or other employees
- Wilful or excessive wastage of materials
- Unsatisfactory behaviour to customers
- Insubordination
- Failure to comply with a stated establishment policy or procedure

3.3 Gross Misconduct - Gross misconduct is generally seen as misconduct serious enough to overturn the contract between the employer and the employee thus justifying summary dismissal. (ACAS Guide to Discipline and Grievances at Work 2009). Actions which constitute gross misconduct can take many forms, and therefore this list is not intended to be exhaustive:

- Theft, or falsification or records, (books, expenses claims or attendance records)
- Assault
- Being under the influence of alcohol or narcotic drugs.
- Any action constituting a criminal offence
- Gross negligence
- Wilful entry into any unauthorised areas
- Any action that jeopardises HEAD QUARTERS HAIR TRANSPLANTS LIMITED's relationship with its patients.
- Some serious breaches of policy or procedures

Policy for Disciplinary Action: Cont…

4.0 Procedure:

4.1 The Registered Manager (or a suitable alternative) will carry out an investigation in relation to any potential disciplinary matter without unreasonable delay.

4.2 Where it is decided that there is a disciplinary case to answer, the employee will be notified of this in writing together with sufficient information about the alleged misconduct or poor performance and its consequences to enable the employee to prepare to answer the case. The notification will also contain the time and venue for the disciplinary meeting.

4.3 The disciplinary meeting will be held without unreasonable delay. At the meeting the employer will explain the complaint and the employee will be allowed to set out their case and answer any allegations. The employee shall also have the opportunity to ask questions, present evidence and call relevant witnesses if necessary (48 hours advance notice of any intention to call witnesses must be given)

4.4 The employee has the right to have a companion to assist and accompany them at all stages of this policy and procedure. This companion can be an accredited representative of a recognised Trade Union or Professional Organisation or by a work colleague acting in a personal capacity. The Registered Manager (Nell Brunwin) will take all reasonable steps to facilitate the availability of this support. There shall be no right to legal representation nor shall the companion have the right to answer questions on behalf of the employee.

4.5 Following the meeting the employer shall decide whether or not disciplinary or any other action is justified and shall inform the employee in writing in accordance with this policy.

4.6 The Registered Manager ((Nell Brunwin) will undertake sufficient enquiry to enable them to make a decision relating to the severity of the allegations received and to determine whether the allegations are minor and can therefore be dealt with informally, or are of a gravity that requires a detailed investigation to be undertaken to determine the full facts and circumstances of the matter.

5.0 Informal Warnings

5.1 Minor issues with discipline or misconduct may result in informal action being taken. This involves a structured discussion with the employee regarding the standards required and the required improvement in their performance. A record of the meeting, and any subsequent review meetings, will be made and provided to the employee and a copy placed in their personnel record. This record will be disregarded after 6 months of the final review meeting so long as the required improvements are made.

Policy for Disciplinary Action: Cont…

6.0 Formal Warnings

6.1 The formal disciplinary procedure will apply where:

- The employee does not improve their conduct / behaviour satisfactorily, following meetings held to discuss issues of minor misconduct; and /or
- An allegation of misconduct is considered by the Registered Person to be of a serious nature and requires proper and due investigation to be undertaken to determine the full facts and circumstances of the matter, in the first instance.

6.2 A formal disciplinary hearing will be held. Before the hearing, the employee will be advised in writing of the reason for the formal disciplinary proceedings (i.e. details of alleged misconduct or unsatisfactory job performance) and will be provided with any evidence or witness statements.

6.3 At the hearing, the Registered Manager will interview the employee and give them the opportunity to respond to the allegations and to provide their own evidence. If disciplinary action is to be implemented following the hearing then the employee must be informed of this decision and a letter confirming the decision provided to them within 10 days.

6.4 If the decision relates to a more minor offence, then a formal oral warning will be given. As a formal oral warning constitutes the first stage of the formal disciplinary procedure then the employee also has the right to appeal.

6.5 If the decision relates to a more serious offence (or if the incident occurs whilst the employee is on a prior formal oral warning) then a formal written warning will be issued. This written warning must state:

- the reason for the warning;
- the standard of conduct required;
- timescale for the improvement;
- that the consequences of failure to improve will result in:
    - further disciplinary hearing and final written warning
    - dismissal with notice if already on final written warning

6.6 Where a case of misconduct is established, full consideration will be given to the most appropriate action for securing an improvement in the employee's standard of conduct and prevent similar incidents occurring in the future. In such instances consideration will be given to whether the employee poses any future risks to patients, colleagues or others. Consideration will also be given to whether the employee concerned has acknowledged accountability for their actions and displays a willingness to improve.

Policy for Disciplinary Action: Cont…

7.0 Dismissal

7.1 Continued unsatisfactory work, attendance, or conduct will be the subject of another interview. Again, the same procedure will take place and if the employee's explanation is again unsatisfactory, the employee will be dismissed.

7.2 This will be confirmed in writing, stating the reasons for dismissal.

7.3 Dismissal may not necessarily be for the same reason as previous warnings

8.0 Suspension

8.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED reserves the right at any stage of the procedure to suspend the employee. Suspension will be for as short a period as possible in order to carry out investigation of an alleged serious offence and will be on full pay.

9.0 Summary Dismissal

9.1 HEAD QUARTERS HAIR TRANSPLANTS LIMITED reserves the right to dismiss an employee without prior warning, notice, or payment, when a serious offence has been committed. Though not complete, the following is a guide to the type of offence, which normally results in summary dismissal:-

- Theft, or falsification or records, (books, expenses claims or attendance records)
- Assault
- Being under the influence of alcohol or narcotic drugs.
- Any action constituting a criminal offence
- Gross negligence
- Wilful entry into any unauthorised areas
- Any action that jeopardises HEAD QUARTERS HAIR TRANSPLANTS LIMITED's relationship with its patients.
- Some serious breaches of policy or procedures

Policy for Disciplinary Action: Cont…

10.0 Where formal warnings are required the following principles apply:

Verbal Warning	To be confirmed in writing with a copy retained on the employee's personal file, to be disregarded after a 6 month period
First Written Warning	To be confirmed in writing with a copy retained on the employee's personal file, to be disregarded after a 9 month period
Final Written Warning	To be confirmed in writing with a copy retained on the employee's personal file, to be disregarded after a 12 month period
Dismissal	Where the decision to dismiss an employee follows a current 'live' warning this will be confirmed in writing to the employee detailing their period of statutory notice or payment in lieu of notice. Where the decision is taken to dismiss an employee on the grounds of established gross misconduct this will constitute summary dismissal without statutory notice.

11.0 Right of Appeal

11.1 If at any stage in the disciplinary procedure, the employee feels that they have been treated unfairly, they may appeal against the decision. This appeal must be made in writing within 10 working days of receipt of the letter of confirmation of the outcome of the disciplinary hearing to the Registered Manager (Nell Brunwin).
The appeal hearing will normally be held within 10 working days of receipt of the letter but in any event must be held without unreasonable delay. The appeal will normally be heard by a senior manager who was not previously involved in the disciplinary procedure.

11.2 The purpose of the appeal is to ensure that the processes and procedures have been followed and that any decisions made within the disciplinary hearing can be supported as reflecting fair, equitable and reasonable employment practice in all circumstances.

11.3 The employee has a statutory right to be accompanied (as described above) at an appeal hearing.

Policy for Grievance Procedure

1.0 In the event of a grievance arising, you should discuss the matter with the Registered Manager (Nell Brunwin). If this does not resolve the matter then a formal procedure should be followed reasonably promptly.

1.1 The procedure is as follows:

EMPLOYEE RAISES ISSUE WITH THEIR SUPERIOR
|
|
IF NO SETTLEMENT IS REACHED, THE ISSUE IS RAISED
WITH THE REGISTERED PERSON WHOSE DECISION IS FINAL

1.2 The issue may be resolved at any stage in which case the remaining stages of the procedure are dismissed.

2.0 Formal Grievance Procedure

2.1 **Step 1: Written Grievance**

2.1.1 A formal grievance should be made in writing to the Registered Manager. If the grievance concerns the Registered Manager then it should be submitted to another senior member of organisation (e.g. Responsible Individual, Company Director).

2.1.2 The written grievance should set out the nature of the complaint including relevant facts, dates and names of individuals involved so that it can be fully investigated.

2.2 **Step 2: Meeting**

2.2.1 A grievance meeting will be arranged within one week of receipt of the written grievance. The employee will be encouraged to attend the meeting.

2.2.2 The employee may bring a companion to the grievance meeting. The name of the chosen companion must be provided in advance of the meeting. The companion may be either a trade union representative or a colleague who will be allowed reasonable paid time off from their duties to act as a companion.

2.2.3 If the companion is unable to attend the arranged meeting, then Registered Manager must be informed as soon as possible and, within reason, an alternative meeting time will be arranged.

2.2.4 The meeting may be adjourned at any stage if it is necessary to carry out further investigation after which the meeting may be reconvened.

2.2.5 The Registered Manager will write to the complainant, usually within 1 week of the grievance meeting, to confirm the decision and notify of any further action that is planned to resolve the grievance. The letter will also contain information of the right of appeal.

2.3 Stage 3: Appeal

2.3.1 The complainant has the right to appeal a decision that has not been resolved to their satisfaction. The complainant will be informed in writing who they should address their appeal to. The appeal must be made in writing within one week of the date on which the decision was sent, stating the full grounds of appeal.

2.3.2 An appeal meeting will be held, within 14 days of receiving the appeal unless there is justifiable reason to delay. This will be dealt with impartially, ideally by a senior member of the organisation who has not previously been involved. The employee may bring a companion to the appeal meeting.

2.3.3 A confirmation of the final decision will be sent to the employee in writing, usually within one week of the appeal meeting.

Policy for Resignation

1.0 Employees who resign are expected to give the notice period as stated in their individual Contract of Employment before their departure from HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

1.1 Notice must be given in **writing** to the Registered Manager (Nell Brunwin).

1.2 For a week to be accepted as part of the notice period, written notice must be given to your manager by 12pm on a Monday.

1.3 Pay / salary and or bonuses may be withheld in proportion for failure to comply with resignation notice periods.

Standard 25: Workforce Planning, Training and Organisational Development

Organisations and services ensure that:

They have an appropriately constituted and sustainable workforce, who are provided with appropriate support to enable them to:

a) have effective workforce plans;
b) maintain and develop competencies in order to be developed to their full potential;
c) participate in induction and mandatory training programmes;
d) have an annual personal appraisal and a personal development plan enabling them to develop their role;
e) demonstrate continuing professional and occupational development; and
f) access opportunities to develop collaborative practice and team working.

HEAD QUARTERS HAIR TRANSPLANTS LIMITED will ensure:

The safety and quality of services is underpinned by staff and people who work in the organisation, who have the right knowledge, skills and experience.
Workforce plans will be developed and regularly reviewed to ensure there is always appropriate capacity and skill mix of competent staff available, when required.
To plan ahead to enable them to meet organisational objectives (which will be referenced in the Statement of Purpose)
Ensure that staff have the necessary knowledge, skills and behaviours required to undertake their specific roles and to:
• enable registered persons to meet the current and future service needs of their organisation; and
• ensure, that high standards of treatment and care are maintained.

Will establish a co-ordinated system of skills development and training which will ensure that staff are trained, motivated and competent to deliver the services they provide.

Competence will be regarded as a vital element for compliance, mitigation of risk and improvement in the effectiveness and efficiency of services, treatment and care.

Training, Experience and Qualification of Staff

1.0 It is the policy of HEAD QUARTERS HAIR TRANSPLANTS LIMITED that all healthcare professionals are qualified and trained for the roles which they undertake.

2.0 Resuscitation Training for Staff:

2.1 All clinical staff must undertake satisfactory annual update training in cardiopulmonary resuscitation (CPR) appropriate to their level of clinical responsibility.

- All Staff – Basic Life Support (BLS)
- Clinical and Medical Staff ILS and Automated External Defibrillator (AED)

2.2 Training and certification will be in line with the current UK Resuscitation Council's - "Resuscitation Guidelines 2015"

2.3 At a minimum frequency of every six months staff will take part in a simulation exercise to be conducted by HEAD QUARTERS HAIR TRANSPLANTS LIMITED to help maintain awareness and familiarity with emergency procedures.

See **Resuscitation Policy**

3.0 Staff Conduct and Indemnity:

3.1 Nursing staff or other healthcare professionals undertaking procedures within HEAD QUARTERS HAIR TRANSPLANTS LIMITED must carry indemnity insurance for and must have provided documented evidence of training in the appropriate techniques to the named Registered Manager (Nell Brunwin).

3.1.1 In accordance with the NMC "Code of Professional Conduct" – section 6, nurse must also deem themselves competent to carry out any procedure delegated.

3.2 Healthcare professionals using equipment in their duties must have documented evidence of training in safe clinical use, prior to initiating patient treatments. This evidence must be provided to the named Registered Manager (Nell Brunwin) and a copy retained in the professionals personnel file.

3.3 Where required healthcare professionals must demonstrate evidence of compliance with requirements for continued professional registration and must on an annual basis provide evidence of such continued registration, with the appropriate body, to the named Registered Manager (Nell Brunwin).

Ongoing Education, Training and Professional Development:

3.4 All healthcare professionals must agree to take part in ongoing education, training and continuing professional development in areas relevant to their clinical practice and procedures performed.

3.5 All staff will be required to attend and cooperate with such training and educational activities as are arranged by HEAD QUARTERS HAIR TRANSPLANTS LIMITED in connection with changes to our policies and procedures, feedback on clinical audit, infection control, service provision, induction of new staff or related activities.

4.0 Infection Control:

4.1 Infection control training will be provided to all staff commensurate with their level of responsibility and clinical duties.

4.2 Basic training in infection control will be provided to all staff as part of their induction training to HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

See also **Policy for Infection Control.**

Policy for Training and Continuing Professional Development

1.0 All members of staff will be expected to participate in ongoing training and continuing professional development.

1.1 This may be by means of:

- Informal internal training
- Formal internal training sessions
- Course arranged with external providers for relevant subjects, but provided in-house
- Course arranged with external providers which require attendance by staff members

1.2 Evidence of completion of all formal training whether internal or external will be kept and recorded in the staff members personnel file.

1.3 General training will be provided to all staff:

- Fire Safety
- General Health and Safety
- Infection Control Awareness
- Training on HEAD QUARTERS HAIR TRANSPLANTS LIMITED policies protocols and procedures
- Complaints management
- Safeguarding
- Mental Capacity Awareness

1.4 Specific training will be provided to those who are involved directly with patient care and use specific medical devices or equipment, for example:

- Manual handling
- Specific manufacturer approved training medical devices or equipment
- Infection Control
- Being Open/Duty of Candour

2.0 Registered Person / Registered Manager

2.1 The Registered Person will undertake specific training in:

- Role and responsibilities of the position.
  (This will be updated periodically by additional courses and training.)

- Risk Assessment and Management

Training and Continuous Professional Development: Cont…

3.0 Practitioners

3.1 All practitioners using medical devices must undergo update training in the use of the equipment and changes to therapeutic indications etc. on an ongoing basis.

3.2 All training must be documented, and copies of evidence will be kept by practitioners personnel file.

Policy for Assessment and Appraisal of Staff.

1.0 Aim:

1.1 To ensure that patients receive treatment from staff who are subject to appraisal to ensure that they are aware of duties and responsibilities with regards to delivery of the services provided by HEAD QUARTERS HAIR TRANSPLANTS LIMITED.

2.0 Scope:

2.1 This policy shall apply to all Practitioners involved in delivery of treatments to patients.

3.0 Policy:

3.1 All Practitioners working for or providing services to HEAD QUARTERS HAIR TRANSPLANTS LIMITED shall be subject to annual appraisal.

3.2 Appraisals will be carried out by the Registered Manager (Nell Brunwin) in accordance with this policy or in the case of medical practitioners, by an appropriately appointed appraiser In line with the Policy for Medical Appraisal.

3.3 Where practitioners are able to demonstrate that they have undergone annual appraisal as part of another position then that appraisal and personal development plan may be submitted and accepted by HEAD QUARTERS HAIR TRANSPLANTS LIMITED at the discretion of the Registered Manager (Nell Brunwin).

3.4 All Practitioners will:

- be given a minimum of 3 weeks' notice of the date of the Annual Appraisal Meeting;
- be provided with a copy of the Annual Appraisal Pack at that time; and
- complete Annual Appraisal Forms at least one week prior to the appraisal interview and submit this, with supporting documentation to the Registered Manager (Nell Brunwin).

3.5 The interview will be conducted in private.

3.6 Objectives and the Personal Development Plan will be completed during the Appraisal Meeting and actions required should be agreed by Practitioner and by the Registered Manager (Nell Brunwin).

3.7 The results of the appraisal will be retained within the Practitioner personnel file for future reference.

3.8 The Registered Manager (Nell Brunwin) shall have responsibility for ensuring that the action times and requirements are adhered to and complied with.

Policy for Assessment and Appraisal of Staff: Cont…

3.9 Failure to comply with agreed actions may be taken by HEAD QUARTERS HAIR TRANSPLANTS LIMITED as a disciplinary matter.

See ***Appraisal Forms, Clinic Registry***.
See ***Policy for Medical Appraisal***