

# PLEASE NOTE VENUE

## PERFORMANCE PORTFOLIO (HEALTH & SAFETY CONSULTATIVE GROUP) DECISION SCHEDULE



Friday 25<sup>th</sup> January 2008

at 3.15pm or immediately following Performance Portfolio  
being held at 3.00pm whichever is the later

in the Blue Room, Avondale Centre,  
Dyke House, Hartlepool  
(Raby Road entrance)

Councillor Pamela Hargreaves, Cabinet Member responsible for Performance,  
will consider the following items:-

1. **KEY DECISIONS**  
No items
  
2. **OTHER ITEMS FOR DECISION**
  - 2.1 Workers Memorial Day – *Chief Personnel Officer*
  
3. **ITEMS FOR INFORMATION / DISCUSSION**
  - 3.1 Prevention of Violence and Aggression to Employees – *Chief Personnel Officer*
  - 3.2 Safety and Health Work Plan 2007/8 – *Chief Personnel Officer*
  
4. **REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**  
No items

**PERFORMANCE PORTFOLIO (HEALTH AND  
SAFETY CONSULTATIVE GROUP)**

Report to Portfolio Holder  
25<sup>th</sup> January 2008



**Report of:** Chief Personnel Officer

**Subject:** WORKERS MEMORIAL DAY

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**SUMMARY**

**1. PURPOSE OF REPORT**

For HJTUC to present a request regarding Workers Memorial Day.

**2. SUMMARY OF CONTENTS**

See attached letter.

**3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

**4. TYPE OF DECISION**

Non-key decision.

**5. DECISION MAKING ROUTE**

Portfolio Holder only

**6. DECISION(S) REQUIRED**

To determine whether to give support for Workers Memorial Day as requested.

**HARTLEPOOL JOINT TRADES UNION COMMITTEE****Chair:- M Sullivan****Secretary:- E Jeffries****Union Suite****Municipal Buildings****Church Square****Hartlepool****TS24 7EQ****Tel:- 01429 523868****Fax:- 01429 523869****e.mail:- edwin.jeffries@hartlepool.gov.uk**

Joanne Machers  
 Chief Personnel Officer  
 Hartlepool Borough Council

15/01/08 (by email)

Dear Joanne,

**Report to Performance (Health & Safety Consultative) Portfolio Holder's meeting  
 Friday 25<sup>th</sup> January 2008**

**April 28<sup>th</sup> - Workers Memorial Day**

Please see attached an interim report from Hartlepool Trades Union Council on arrangements for the Workers Memorial Day Service, Monday 28<sup>th</sup> April 2008, 12.30pm, Christchurch TIC & Art Gallery, Church Square, Hartlepool.

HJTUC recognize the importance of the event and request that the Portfolio Holder give consideration to the following:-

- a) The Authority consider authorising a minutes silence at 12.30pm on Monday 28<sup>th</sup> April 2008, in remembrance of 'those workers who have lost their lives through industrial accident or disease'
- b) The Authority give consideration to authorising the lowering of flags on public buildings on Monday 28<sup>th</sup> April 2008.
- c) The Authority give consideration to allowing the sale of the Workers Memorial Day remembrance forget-me-not purple ribbons on Council premises to staff and public.

The Theme for this years Workers Memorial Day is 'Occupational Health Services'

Employees who have died through Industrial Accident or Disease whilst trying to earn an honest living for themselves and their families are not publicly remembered on any other day

Edwin Jeffries  
 Secretary.

# Hartlepool Trades Union Council

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## **Workers Memorial Day Service & Wreath Laying Ceremony 2008 Interim report & update on arrangements.**

The service will take place on Monday 28<sup>th</sup> April 2008, 12.30pm, Christchurch TIC & Art Gallery, Church Square, Hartlepool and the laying of the wreaths will follow at the International Workers Memorial in Church Square, Hartlepool.

The honoured guests are still to be confirmed but invitations have been sent to the President of the FBU, the General Secretaries of Amicus, TGWU and the Regional Secretary of the NUM. Further invitations have been made to leading figures includes Frances O'Grady (TUC) Gloria Mills (TUC) and Tony Benn.

Confirmed attendees include,

Cllr C Richardson, Chairman, Hartlepool Borough Council  
Barbara Kinnell, Hartlepool and District Asbestos Support Group  
Iain Wright MP  
Cleveland Fire Brigade – representatives.  
Industrial Chaplain and colleague.  
Bereaved family members.

The Theme for this years Workers Memorial Day is 'Occupational Health Services'

This year wreaths will be laid by representatives of all Workers, the people of Hartlepool, Hartlepool Borough Council, Bereaved Family members, Housing Hartlepool and Cleveland Fire Authority / FBU.

### **Remember the Dead:-**

Those workers who have lost their lives through Industrial Accident or Disease are not publicly remembered on any other day

### **Fight for the Living**

Campaigning for better Health & Safety so workers don't die or get maimed or killed by occupational accident, illnesses or disease.

HTUC are looking at ways of publicizing the event with Alan Wright, Media Consultant and Reverend Michael Gilbertson, Churches Together.

Edwin Jeffries  
President  
Hartlepool TUC.

**NB:-** History of International Workers Memorial Day and poem (Empty Shoes) attached.

# April 28th – International Workers Memorial Day

## Dead, but not forgotten

“The Westray story is a story of incompetence, of mismanagement, of bureaucratic bungling, of deceit, of ruthlessness, of cover-up, of apathy, of expediency and of cynical indifference”. Mr Justice K, Peter Richard, Commissioner, Westray Mine Public Inquiry.

Above all else, the Westray story is a story of preventable tragedy. Most occupational injuries, diseases, and deaths are preventable. Unfortunately in many workplaces throughout the world a commitment to prevention remains less of a priority than other corporate goals.

Nowhere was this more evident than at Westray. On May 9<sup>th</sup> 1992, 26 miners employed at Westray mine in Pictou County, Nova Scotia were killed as a result of a methane gas explosion.

A two-year public inquiry into the disaster, headed by Justice K. Peter Richard, found many disturbing facts. In his findings Justice Richard wrote: “The evidence before this inquiry compels but one conclusion – the Westray operation defied the fundamental rules and principles of safe mining practice. Management failed to adopt and effectively promote a safety ethic underground. Instead, management, through its actions and attitudes, sent a different message – Westray was to produce coal at the expense of worker safety”.

As many are aware, this is not a unique story. The International Confederation of Free Trade unions (ICFTU) estimates more than 1.2 million workers die each year from unsustainable forms of production. This amounts to 3,300 per day. Approximately 335,000 of these deaths result from occupational accidents, 12,000 of which claim the lives of children. 325,000 are due to occupational diseases most of which result from exposure to hazardous substances. Another 300,000 cases per year are unaccounted for. In addition over 160 million new cases continue to be reported each year about workers who are injured or get work related diseases.

Although no country can lay claim to not having anyone die, countries where trade union rights are least respected tend to be those where workplace death and injuries are highest. In 1998 alone, 123 trade unionists were murdered, 1,650 attacked or injured, 3,660 arrested, and a massive 21,427 sacked for trade union activities.

This is the tip of the iceberg. Studies related to the documenting and reporting of accidents or injuries show a great proportion of cases that never reported. For each reported case about another ten are not. A doubling or tripling of official fatality or injury estimates might more accurately reflect the real situation.

Responding to this epidemic, Canadian trade unionists established a day of remembrance for all victims of work related injuries, diseases and fatalities. The Canadian Labour Congress (CLC) first declared April 28<sup>th</sup>, Canada's National day of Mourning, in 1984.

It was on this day in 1914 that the Ontario Legislature enacted Canada's first comprehensive Workers Compensation Act. The Day of Mourning has now been officially recognised by the federal government, each province and by thousands of municipalities across the country. This day is increasingly recognised by trade unions, social justice groups and concerned citizens around the world. In fact events are now held in communities in more than 90 countries.

The way we mark this day is evolving. Sponsored by District Labour Councils and trade councils across Canada, Day of Mourning events initially consisted of simple ceremonies where workers and their families gathered at a prominent location in the community such as City Hall or Municipal Park. Individuals spoke about the meaning of the day and a moment of silence observed.

Through efforts of an increasing number of committed activists, surviving family members, friends, neighbours, students and other concerned citizens, commemoration continues, but now in many different ways. Each April 28<sup>th</sup>, church bells ring, candles are lit, black armbands worn, wreaths are laid, trees are planted, flags hang at half staff and workers put down their tools to remember and recommit.

Mourning the dead is an important part of this day. Fighting for the living, however, is also of utmost importance. For many, this day marks the beginning of a new year in which they will initiate actions in their workplaces and communities aimed at ending the preventable tragedies and suffering.

Throughout the year, workers, unions and social justice groups are initiating public education campaigns. These efforts often focus on issues like occupational disease and the ongoing contamination of our communities by the same toxins to which workers are exposed in the workplace. These campaigns have fuelled public interest. As events grow and the community gets more involved local media has increased their coverage of the Day of Mourning events. This translates into even greater public awareness.

Although not a new practice, health and safety activists, surviving family members and other concerned citizens have also undertaken campaigns to raise funds in order to erect monuments in prominent locations within their communities. Once erected, these monuments become the focal point for Day of Mourning events. Equally important they become educational tools for the entire community throughout the year.

Whether a monument is an anonymous tribute to fallen workers or memorialises a specific tragic event is of less significance than the general message it attempts to convey. It is a message of remembrance and sadness but also of hope. Hope that we can achieve safer and healthier workplaces and communities.

## **Bloodshed in the workplace**

How should we look at the carnage in the workplace?

Well, we could say that if 1.2 million workers who were slaughtered in the workplace in a year were to hold hands, they would form a human chain many miles long. Of course we know that the dead don't hold hands, so we can't use this form of measurement.

However, the blood that has been shed in the workplace can be measured by something we can all understand. For example an average workers body holds 10 pints of blood. Then based on the statistics, the 1.2 million workers killed in one year spilled an amount of blood equal to 12 million pints.

How can we determine how much blood that really is? Well, in Canada, for instance, the Canadian Blood Services (Red Cross) uses 500,000 pints of blood a year. So, if we take the 12 million pints of blood that has been shed in the workplace and divide by 500,000, it would equal enough blood to stock Canada's blood bank for the next 24 years.

Another way to calculate how much blood that has been needlessly spilled is to figure out how many lives it could save. For example, one pint of blood can save up to four lives. Therefore 12 million pints would have the potential of saving 48 million lives. That amounts to enough blood to save 17 million more people than the total population of Canada. However this blood will not save one life, it is gone forever.

THINK ABOUT IT! The madness has got to stop.

## **History behind International Workers Memorial Day**

The Canadian Union of Public Employees became pioneers in 1984 when their National President, Jeff Rose announced at CUPE's National Health and Safety Conference in Vancouver the establishment of a Day of Mourning for workers who had been killed or injured on the job.

Delegates at the 1986 Canadian Labour Congress Convention followed suit and passed a resolution calling for the recognition of April 28<sup>th</sup> for the Day of Mourning. This particular day was chosen because it was on that day in 1914 that the province of Ontario passed the first Workers Compensation Legislation in Canada.

In the later part of 1990, New Democratic Party MP Rod Murphy (Churchill) introduced a private member's Bill calling for the government of Canada to recognise April 28<sup>th</sup>. After receiving full party support, Murphy's bill was passed into law with Royal Assent on February 1<sup>st</sup>, 1991.

History was made; Canada officially became the first country in the world to recognise April 28<sup>th</sup> as the Day of Mourning. As we enter into the year 2000, Canadian workers should be pleased to know that the Day of Mourning is now practiced by trade unionists in over 80 countries worldwide.

(above extracts taken from Dead, But Not Forgotten - Morts, mais pas oubliés by Ed Thomas)

## Empty Shoes

No more footsteps on the path as you come home  
I just sit here with my grief – so all alone  
No key is turned by you in our front door  
No sound of walking to me across our floor  
I've cried so much my eyes are red and sore  
Empty shoes, no more you – just empty shoes

When the kids cry out “I want my dad”  
We cuddle up for comfort when we're sad.  
And we whisper that we miss you  
Want to here your voice, be with you  
We want and need to kiss you  
Left with memories – and empty shoes.

The boss sent you alone, to mend the roof  
No harness, no mate – you fell with a “whoosh”  
No safety there to guard your health.  
Your life forfeit to bring others wealth  
Now I'm without your dearest self  
My empty arms – your empty shoes

Your broken body lay in the dirt  
Your lifeblood drained amidst your hurt  
To honour your great sacrifice  
I hope your workmates unionise  
And do it soon before another dies  
In remembrance of you – no more empty shoes.

### **Wendy Lawrence**

This poem by health and safety campaigner Wendy Lawrence, was penned after she'd read about yet another avoidable death caused by work. It reflects on the tragic and needless waste of someone's life and the effect on those they leave behind.

**PERFORMANCE PORTFOLIO (HEALTH AND  
SAFETY CONSULTATIVE GROUP)**

Report to Portfolio Holder  
25<sup>th</sup> January 2008



**Report of:** Chief Personnel Officer

**Subject:** PREVENTION OF VIOLENCE AND AGGRESSION TO  
EMPLOYEES

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## **SUMMARY**

### **1. PURPOSE OF REPORT**

To provide further information on progress towards the completion of corporate procedures for the protection of employees from violence or aggression or threats of such actions.

### **2. SUMMARY OF CONTENTS**

The report provides a further update on the development of a system for difficult-to-deal-with individuals and premises that should be subject to additional control measures.

### **3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

### **4. TYPE OF DECISION**

Non-key decision.

### **5. DECISION MAKING ROUTE**

Portfolio Holder only

### **6. DECISION(S) REQUIRED**

To note the report.

**Report of:** Chief Personnel Services Officer

**Subject:** PREVENTION OF VIOLENCE AND AGGRESSION  
TO EMPLOYEES

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## **1.0 PURPOSE OF REPORT**

- 1.1 To provide further information on progress towards the completion of corporate procedures for the protection of employees from violence or aggression or threats of such actions.

## **2.0 PROGRESS TO DATE**

- 2.1 An up-date to the current position regarding the implementation of the Employee Protection Register is that progress has been made and a corporate group has been formed consisting of senior representatives from all departments. The group will be named the 'Violence and Aggression to Staff Working Group (VAS).
- 2.2 All departments provided the Health, Safety and Wellbeing Team with names of their representatives and the first meeting took place on the 22<sup>nd</sup> November to decide what the groups remit would be. Unfortunately, representation from the departments was so poor that the group requested that the Corporate Management Team provide a substitute nominee, in the case that the main representative cannot attend. This would allow continuity from all departments when the group meet on a monthly basis.
- 2.3 Staff still require some training on the use of the system and this will continue to be rolled out after the New Year.
- 2.4 The policy and procedures have been approved by the Corporate Management Team. This will be shared with the VAS Group for their comments. Copy attached. (**Appendix 1**)

## **3 RECOMMENDATION**

To note the report.



**HARTLEPOOL**  
BOROUGH COUNCIL

**EMPLOYEES' PROTECTION REGISTER  
POLICY AND PROCEDURES**

**DRAFT**

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APPENDIX 8 EMPLOYEE PROTECTION REGISTER REVIEW

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APPENDIX 10 LETTER TO DATA USER – NON-REMOVAL

### 1. INTRODUCTION

#### 1.1 BACKGROUND

The Authority has a duty under the Health and Safety at Work Etc Act 1974 to provide a safe working environment and system of work for its employees. Any acts of violence and aggression or any other health and safety risk against employees is a concern, and the Authority needs to ensure that the risks of incidents of this nature happening are minimised. This policy should be read alongside the Council's policy on Violence and Aggression to Employees (see Appendix 3)

For some years now a number of different registers of potentially violent persons have been in use across service areas. However, these have never been shared and co-ordinated to provide a readily accessible single source of reference for those employees who need the information.

A review of the different registers and associated procedures and practices operating across the Authority has been undertaken, resulting in the development of a corporate Employee Protection Register.

The register is a database of people, addresses and risks which is to be used as a Hazard Warning System. The aim of the system is to protect visiting officers and front line staff from potentially harmful situations by providing effective information sharing and collaboration between all Services. Individuals or properties placed on the register will constitute a potential threat to the safety of staff when they come into direct face-to-face contact. Such face-to-face situations can be either in the individual's home or place of work, or in a Council office or Contact Centre.

#### 1.2 WHY DO WE NEED AN EMPLOYEE PROTECTION REGISTER?

Many front line staff come into direct face-to-face contact with customers and clients as part of their work. Sometimes these situations are of such a nature that they can lead to violence or other potential risks to the safety of staff, such as when the Council is seeking to recover debts, enforce regulations, or carry out its social services responsibilities.

As an employer, the Council has a duty to ensure as far as possible that all its staff are provided with a safe working environment, whether they work within a Council office or out in the community. This includes informing staff when there is a potential threat to their safety through coming into direct contact with specific individual customers and clients, and providing advice and assistance on how to minimize these risks.

#### 1.3 DEPARTMENTAL RESPONSIBILITY

## 3.1 Appendix 1

An entry on the register will only identify the potential risk in relation to a specific individual, based on past incidents. Departments should therefore undertake a risk assessment of the potential risks where staff have direct contact with customers and clients, and take all reasonable measures to minimise these risks.

### 1.4 WHAT IS THE LEGISLATIVE FRAMEWORK WITHIN WHICH THE EMPLOYEE PROTECTION REGISTER OPERATES?

There are two pieces of legislation which are particularly relevant to the creation and use of the Employee Protection Register

#### **HEALTH AND SAFETY AT WORK ACT 1974**

Section 2(1) imposes a general duty on employers "to ensure so far as is reasonably practicable the health, safety and welfare at work of all their employees". Section 3(1) extends this duty to others not in their employment but who may be affected by such risks. This will cover staff employed by contractors and other agencies who are carrying out work for the Council, or use Council offices as their place of work.

The employer's responsibilities under the Act are further clarified by the Management of Health and Safety at Work Regulations 1999:

**Regulation 3:** To conduct and record risk assessments for the purpose of identifying preventive and protective measures needed to comply with health and safety law.

**Regulation 5:** To devise appropriate arrangements for the effective planning, organisation, control, monitoring and review of preventive and protective measures.

**Regulation 10:** To provide information to employees on risks identified by assessments and the preventive and protective measures put in place.

**Regulation 11:** To co-operate and co-ordinate their health and safety activities with other employers with whom they share premises.

#### **DATA PROTECTION ACT 1998**

Entry on the Employee Protection Register of an individual constitutes personal data as defined by the Data Protection Act. To comply with this legislation, we must ensure that the processing of Employee Protection information does not breach the Data Protection Principles which form the basis of the Act. The Principles which are particularly relevant to the Employee Protection Register are:

**Data Protection Principle 1:** The processing of personal data must be fair and lawful. This includes ensuring that we comply with the conditions for personal data processing

## 3.1 Appendix 1

set out in Schedules 2 and 3 of the Act, as well as informing the individual that an entry in the Register has been made.

**Data Protection Principle 2:** Employee Protection Register data should only be used for this purpose, or another clearly compatible purpose.

**Data Protection Principle 3:** Employee Protection Register data should be adequate, relevant and not excessive

**Data Protection Principle 4:** Employee Protection Register data should be accurate and up to date.

**Data Protection Principle 5:** Employee Protection Register data should be kept for no longer than is necessary.

**Data Protection Principle 6:** The individual has certain rights in relation to the creation and use of information relating to him/her, including the right to see Employee Protection Register data held on them, and the right to prevent processing which causes damage or distress.

**Data Protection Principle 7:** The Council is required to take all appropriate technical and organisational security measures to protect against misuse, damage or loss of personal data. This includes ensuring the reliability of staff through appropriate training.

### 1.5 SUMMARY

An employer is entitled to maintain records (data) relating to the people (data subject) they deal with in the interests of protecting their staff against threats of violence and aggression. The records may be shared with other staff in the organisation who may have contact with the data subject. The records can be maintained in a manner which enables a search to be made against a name or an address. The Data Protection Act provides safeguards designed to ensure that –

- the data is fairly obtained and retained
- the data is accurate and up-to-date
- unnecessary circulation or availability of information is avoided
- the data is kept only as long as is necessary for the purpose it is held
- the data subject is able to ask to be informed if data is held and, if so, what data is held and
- the employer is not required to provide the data subject with requested information where to do so will prejudice the safety of staff, prevention of crime etc. ,

### **3.1 Appendix 1**

The maintenance and operation of the Employee Protection Register must respect and provide for these safeguards in a robust manner consistent with the protection of staff against the risk of violence and aggression.

Further, the Council must pay regard to guidance issued by the Information Commissioner (the agency responsible for policing compliance with the DPA), and in relation to the register, the practice note – “The use of violent warning markers” – is relevant. This practice note provides for the routine notification of a person who is the subject of a marker, unless to do so would itself create a substantial risk of a violent reaction from them. See Appendix 4

The application of the Data Protection Act can give rise to complex issues of legal interpretation. The Data Protection Officer – Tony Brown, Chief Solicitor – and Alyson Carman should be consulted if clarification, advice or guidance is required, Ext. 3182.

### 2 THE REGISTER - OVERVIEW

#### 2.1 DEFINITION OF AN INCIDENT

The register is based upon records of incidents involving persons or addresses. An incident is any occurrence which may compromise the health and safety of an employee e.g. actual or threat of physical violence or verbal abuse, hazardous places, dangerous animals etc. With regard to actual or threat of violence or abuse the register and associated procedures only relate to external threats i.e. threats or abuse from members of the public. Incidents involving threats or abuse from employees are dealt with separately under the Dignity at Work policy.

#### 2.2 ENTERING AN INCIDENT ON THE EMPLOYEE PROTECTION REGISTER : PRINCIPLES

##### 2.2.1. The entry

Entries should be limited to those situations where individuals pose or could possibly pose a risk to staff when they come into direct face-to-face contact with the individual. Where the risk is not considered to be significant, or where it specifically relates to the member of staff involved in the originating incident, other measures may be more appropriate.

An entry should usually only be created following specific and recorded incidents. This will normally be where a safety incident report form (Appendix 5) has been completed and a risk assessment has been undertaken by the line manager. Entries may also be created on the basis of a known criminal offence. Particular care will need to be taken if it is proposed to create an entry based on information received from a third party (e.g. other agencies). In such cases, the received information, will nearly always be hearsay (that is information provided from someone other than the person witness to the incident) and therefore must be from a recognised credible and reliable source listed in Appendix 6.

Entries on the register will be recorded using 3 categories of potential risk:

- A: Actual violent behaviour
- B: Serious verbal or written abuse or threats from individual or violent and /or threatening associate
- C: Environmental hazard at the property

These categories are dealt with in greater detail in para 4.6 below

## 3.1 Appendix 1

Each entry will also include details of originator of entry and departmental details to assist managers and staff in deciding an action to be taken when dealing with the individual or risk concerned.

### 2.2.2 Notice to Data Subject

It should be standard practice to inform the individual against whom the entry has been created. This should include the reasons for the entry on the register and any sanctions to be taken against them. Not informing an individual should **only** be considered where there is a specific, increased and significant risk that the individual will resort to violence against staff by being informed of the entry on the register. Such decisions should only be taken on a case-by-case basis. The DPA gives a data subject a right to ask the Council to stop processing information relating to them. (See further Appendix 4 - IC Good Practice Note and section 8 below)

### 2.2.3 Violence and Aggression to Staff Working Group

The entries and operation of the Employee Protection Register will be monitored and managed by a corporate group with senior representation from each Department, known as the Violence and Aggression to Staff Working Group (VAS). The continuity of this group is vital to ensure the consistent operation of the system across the Council, to review and decide on difficult cases, to make changes to the system where necessary. This will ensure continuing compliance and minimise the risk to the Council.

The group will be lead by a member of the Health and Safety Team

### 3. RESPONSIBILITIES

#### 3.1 The Council

3.1.1 The Council as employer is responsible for the implementation of the Register in accordance with its duty under the Health and Safety at Work Act 1974.

#### 3.2 The Data Protection Officer

3.2.1 The Data Protection Officer is responsible for day to day data protection matters and for developing specific guidance notes on data protection issues.

#### 3.3 Staff Members and third parties

3.3.1 Compliance with this policy and associated legislation is the responsibility of all designated staff of the Council, and third parties with access to personal data on the register held by the Council.

#### 3.4 The Corporate Management Group (CMG)

3.4.1 The Corporate Management Group are responsible for approving and overseeing a corporate framework for the management of the Register

#### 3.5 Departmental Management Team (DMT)

3.5.1 Responsible for ensuring that any policies, procedures or protocols agreed by Corporate Management Group are implemented within the department/service;

3.5.2 Responsible for ensuring that appropriate employees are designated to assist with the implementation of this policy

3.5.3 Responsible for ensuring that employees are supported in terms of training and development in adhering to this policy and procedures.

3.5.4 Responsible for ensuring that concerns are brought to the attention of Corporate Management Group at the earliest opportunity.

#### 3.6 Violence and Aggression to Staff Working Group (VAS)

3.6.1 A cross council group responsible for the overview and monitoring of the Register, give final approval to entries on the register and consider complex issues arising, make recommendations relating to adding and removing entries on the register and as such will be an appropriate forum for reviewing this policy and related policies and procedures on data protection and health and safety. The first meeting of the group will set out the remit of the group and procedures to be followed.

## 3.1 Appendix 1

3.6.2 Report to respective DMTs and CMG on progress.

### **Health and Safety Wellbeing Team**

The Health and Safety and Wellbeing Team are responsible for the overall administration and maintenance of the Register and, following recommendations from the VAS working group, has powers to remove and set review date for entries on the Register. However, the success of the system depends upon the commitment and support of all employees. It is vital that incidents of violence and aggression (actual or threatened) or of hazardous places or animals etc are reported immediately.

## 3.1 Appendix 1

### 4. OPERATIONAL PROCEDURES IN RELATION TO THE EMPLOYEE PROTECTION REGISTER

This section should be read in conjunction with the Reporting an Incident flowchart and Workflow Appendices (Appendix 1 and 2)

#### 4.1 User Types

Staff with access rights to the register are categorised as Users. Only registered users can access the application. They have to enter a valid password when logging in to the application.

A user can be one of four types:

- **User** – staff member with User ID whose job brings them into face to face contact with members of the public
- **Approver 1** – Line Manager
- **Approver 2** - Violence and Aggression to Staff Working Group
- **Administrator** – Health and Safety and Wellbeing Team

#### 4.2 Searching the Register

##### 4.2.1 Viewing and Searching Incidents

Before creating an entry on the register, a search of the register should be made under name or address details to see if there is an existing entry on the register. Any incident in the database, regardless of status will be available for viewing.

The main page contains an incidents pane which is used to display either search results or 'My Incidents'.

##### 4.2.2 'My Incidents'

When a user successfully logs into the application, they are presented with a 'My Incidents' list, a list of incidents that are deemed relevant to the user. These are incidents that are either of interest to them or require the user's attention.

Some Incidents may be highlighted; these incidents will be considered 'overdue' and requiring immediate attention. Only incidents that have pending actions on them can be considered 'overdue'.

#### 4.3 Creating an Entry of an incident in the Register

Entries of an incident can be created by a User, Approver and Administrator of the system. An incident will always have a status as it moves through the Employee Protection Register workflow, its status will be one of the following values:

## 3.1 Appendix 1

- Awaiting Completion
- Awaiting Approval
- Stored For History
- Under Review
- Deleted

The normal process to create an entry is:

### 4.3.1 Users

A member of staff reports an incident involving a member of the public using the relevant Safety Incident Report Form (See Appendix. 5). A corresponding entry is made on the Employee Protection Register. Any registered user can create and complete an incident.

When creating an incident the user can save it and return to 'Creating' it at a later time. Whilst an incident is being created, it will have a status of 'Awaiting Completion'. Only the user who created it or an administrator can edit it whilst it is 'Awaiting Completion'.

The user can either submit the incident for approval or delete it.

### 4.3.2 Approver 1

If submitted for approval, an email will be sent to the user's line manager or acting line manager, known as Approver 1 who makes an assessment of the nature and severity of the incident including any potential risks to the safety of staff. Where the Approver 1 considers that the incident is serious enough to warrant an entry being created against the individual, he approves the entry on the register. If he does not approve the entry on the register, the entry will be deleted immediately. Any incident requiring approval will have a status of 'Awaiting Approval'.

Only approvers or administrators can edit, delete or approve an incident with a status of 'Awaiting Approval'. The user who created the incident cannot approve it regardless of whether they are an approver or an administrator.

### 4.3.3 Approver 2

The entry will be considered by the VAS Working Group, known as Approver 2, who can decide to direct the Administrators of the Register to store the entry to history for reviews in 12 months time, or to delete from the system, overriding the Approver 1 decision. The reasons for decision should be recorded in the relevant section of the notes on the Register by the Administrator.

### 4.3.4 Administrators

The Administrators are members of the Health and Safety Wellbeing Team and they will add decisions by the VAS group on the notes section of the Register, store an entry for history, set a review date, add or delete an entry. Any incident 'Stored For History' cannot be edited or deleted. It can be set to 'Under Review', but only by an approver or administrator.

When an incident is 'Under Review' it can be edited, deleted or Stored for history, but only by an approver or administrator. The user set the incident to 'Under Review' cannot delete it or store it for history, regardless of whether they are an approver or an administrator.

## 4.4 OTHER ISSUES RELEVANT TO CREATION OF AN ENTRY ON THE REGISTER .

### 4.4.1 Sensitive personal information

All information relating to an incident is available for viewing for any registered user of the system.

Sensitive information is defined by the Data Protection Act to include information regarding a person's racial or ethnic origins, political views, membership of a trade union, religious beliefs, physical or mental health, sexual life, and details of any offence (committed or alleged) and related proceedings. If it is required to associate sensitive information to an incident, then this should be added as a note and flagged as private. Private notes can only be viewed by the user who created it and Approvers or Administrators.

### 4.4.2 Audit

A comprehensive audit log is maintained of all incident inserts, edits and updates record. A summary of this information is presented on the incident page. The system also maintains records of searches made.

## 4.5 SECURITY AND ACCESS RIGHTS TO DATA ON THE REGISTER

**4.5.1 Users** will only have full access rights to view their own entries and that of their department. They will also be able to search all entries on the register but where entries are created by another department, viewing will be limited to name, address and category of incident and originator/department of entry. They will not be able to view the private notes of other departments and if they seek additional information, should contact the department direct. However, in most cases this should not be necessary as they only need to know what the potential risk is so that they can act accordingly.

## 3.1 Appendix 1

**4.5.2 Approver 1** will have same rights as users of the register. In addition, however, they have approval rights and are the only ones who can approve an incident at approval 1 stage

**4.5.3 Approver 2.** Members of the VAS Working Group will have full access rights to data on the Register for the purposes of monitoring and reviewing and approving new entries on the Register. However, if they have acted at Approver 1 stage in relation to making a decision about approving a new entry on the register, they cannot act at Approver 2 level in making a decision to direct retention or removal of that particular entry on the register.

**4.5.4 Administrators** will have full access rights, with powers to create, delete entries, add notes, store entry for history, set a review date.

### 4.6 CATEGORISING ENTRIES UNDER A, B OR C CATEGORY

#### 4.6.1 Category A: actual violent behaviour

This category covers recorded incidents of physical violence which have been carried out against a member(s) of Council staff, where it is reasonable to believe that there is a significant risk that the behaviour will be repeated.

#### 4.6.2 Firearms or other weapons

The category would include acts of physical violence, which involve firearms or other weapons

#### 4.6.3 Crimes of violence and incidents referred to the Council from recognised agencies

The category could also include recorded incidents of physical violence against other individuals where there is a strong likelihood that similar behaviour could be repeated against Council staff. This could include:

- a recorded crime of violence
- incidents referred to the Council from other recognised agencies (e.g. through MAPPA, the police see Appendix 6.)

#### 4.6.4 Physical abuse to staff property

This category can include incidents of physical abuse to staff property (e.g. cars; homes) as long as it is properly reported and witnessed.

#### 4.6.5 Intention to cause harm

Physical violence does not necessarily have to lead to injury in order to justify an entry on the register. Rather it is the intention that is important (e.g. if an individual throws a chair at a member of staff and misses).

### 4.6.6 Violent Friend or Associate

This category can also include incidents where, there is a recorded incident where a relative, friend or other associate of the individual has been violent to staff (or other individuals)

**and**

There is a significant likelihood that the associate will be present when the individual comes into direct contact with staff, and their behaviour is likely to be repeated.

### 4.6.7 Category B: serious verbal or written abuse or threats

An entry on the register should only be created under this category where there is a recorded incident of serious verbal or written abuse or threats of physical violence aimed at Council staff or members of their families, **and** where there is a significant likelihood that the individual will try to carry out the threats, **or** where the abuse is likely to turn into physical violence.

### 4.6.8 Threats by email

Threats issued by e-mail (both in terms of content and volume) or when posted on a website may also come under this category.

### 4.6.9 Threatening or abusive associate

This category can also include where there is a recorded incident where an associate of the individual has threatened or abused staff, **and**

There is a significant likelihood that the associate will be present when the individual comes into direct contact with staff, and their behaviour is likely to be repeated.

### 4.6.10 Incidents of an inappropriate nature relating to sex or that of sexual orientation

This Category can also be considered where there is a recorded incident of inappropriate and unwelcome behaviour (remarks, gestures, acts) which is directed at a member of staff because of their sex or sexual orientation, which causes them humiliation, offence or distress and is perceived as objectionable. Sexual harassment by e-mail (both in terms of content and volume) or when posted on a website may also come under this category. To warrant an entry, the incident should normally be part of a pattern of behaviour and not a single remark.

Managers should also consider whether this type of behaviour is likely to be repeated in the presence of other staff of the same sex or sexual orientation, and would be found offensive or objectionable by them. If not, then managers may need to consider other

## 3.1 Appendix 1

courses of action (e.g. ensuring that the individual does not come into direct contact with the member of staff).

It should be remembered that there is often no clear division between race and religion when such harassment occurs, for instance, when it is aimed at Jews or Muslims.

### 4.6.11 Category C: environmental hazard

An entry on the register should be considered under this category where there is a formally reported hazard at the property in question which raises a significant risk to the safety of Council staff, and which is not obvious or cannot easily be avoided. Possible examples are dangerous animals; significant structural defects, poor house / garden conditions where operatives are required to undertake repair or improvement. An environmental hazard involving a work activity (e.g. at business premises) should be reported to Environmental Health.

Premises that are filthy (the presence of excrement) and/or verminous should not normally be entered on the Register unless there is a significant threat to staff safety, and only with the agreement of Environmental Health. Where staff come across filthy or verminous properties, they should be reported to Environmental Health.

## 4.7 MATTERS FOR CONSIDERATION BEFORE CREATING AN ENTRY ON REGISTER

4.7.1 In general terms, an entry on the register should only be considered where it is believed that there is a **significant** future risk to the safety of Council staff when they come into direct contact with the individual concerned.

4.7.2 An entry on the register should only be created following an incident or incidents which have been reported by staff or a recognised Agency listed in Appendix 6 and properly recorded on an Safety Incident Report Form, or are otherwise reliably recorded (e.g. a recorded crime).

4.7.3 Entries should only be created on the basis of reliable and substantiated information..

4.7.4 If the incident is clearly a one-off event which is unlikely to recur, then it would not normally warrant the creation of an entry on the register.

4.7.5 If there is a history of other recorded incidents involving the individual, these should also be considered when making a decision on whether to add details to the Register.

## 3.1 Appendix 1

- 4.7.6 The views of the member of staff involved in the incident are important, but the manager must also try to take a wider and objective view of the potential risk to Council staff in general.
- 4.7.7 Where a group of staff are deemed to be at risk than an entry on the register may be an appropriate action. In particular instances, there may only be a risk to a specific member of staff with no reason to believe that there is any risk to other staff. In such cases, it may be more appropriate to consider measures other than an entry on the register (e.g. banning the individual from the member of staff's workplace; changing the officer who deals with the individual).
- 4.7.8 Managers should be aware that individuals' behaviour may be influenced by their previous dealings with the Council or other local authorities, or because they find it difficult to articulate what they want or how they feel.
- 4.7.9 In considering whether to approve an entry, the manager must undertake an assessment of the risk to staff and record this in the notes section of the register. The manager should also consider the potential risk to staff of **not** creating an entry against the individual in question.

In taking a decisions on whether to create an entry in the register or not, the Council must be seen to be acting reasonably in relation to both its staff and the individual concerned.

## 3.1 Appendix 1

### 5. INFORMING INDIVIDUALS

- 5.1 Under the Data Protection Act 1998, the Council is required to inform individuals about the processing of personal data about them by providing them with “the fair processing information”. This obligation arises upon a request being received
- 5.2 Additionally, although there is no statutory requirement to inform a data subject on the creation of a record, the Information Commissioner has issued a Data Protection Good Practice Note - The use of violent warning markers (Appendix 4) – which states that a person should normally be informed .

There may be extreme cases where you believe that informing the individual would in itself create a substantial risk of a violent reaction from them. For example, because of the nature of the incident or the risk to another individual. In these cases it may not be sensible to inform the individual as described earlier. If this is the case, you must be able to show why you believe that by informing the individual of the marker there would be a substantial risk of further threatening behaviour. You should make all decisions on a case-by-case basis and keep records

- 5.3 It should therefore be standard practice to inform the individual when an entry is created on the register, unless an exemption can be invoked.

The individual should be given the following information:

- The incident(s) that led to the creation of the entry;
- When the entry on the register will be reviewed;
- Any action or sanctions to be taken against the individual;
- The circumstances under which information will be disclosed to other organisations;

A sample letter for this purpose is included at Appendix 7.

The line manager will write to the appropriate party informing them of the action taken. In certain circumstances it may be considered inappropriate to notify the perpetrator in writing. Such circumstances would include :

- a. a health care professional assessing that notification would cause the perpetrator unnecessary distress e.g. where there are mental health issues
- b. a manager considering that writing to the perpetrator would be likely to escalate the situation and jeopardise the safety of another individual
- c. Under Section 29 of the Data Protection Act 1998, the Council is exempt from informing the individual when an entry has been created against them, where it believes that informing would “prejudice the prevention of crime”, i.e. informing the individual is *in itself* is likely to lead to violence against staff. The Information Commissioner has provided guidance in applying this exemption See Appendix 4
- d. Information provided by MAPPA procedures

### **3.1 Appendix 1**

It is not a blanket exemption to be applied to whole categories of data, i.e. it cannot be invoked as a matter of course for all entries on the register. Each application of the exemption must be considered on a case-by-case basis.

In all such cases a record must be kept of the reason(s) for the decision not to notify the perpetrator, and the decision maker must be able to justify the action.

There must be a substantial chance (rather than a mere risk) that, in a particular case, informing the individual will lead to further violence or other unacceptable behaviour against staff.

If challenged, the Council must be prepared to defend its decision to rely on the exemption to the Information Commissioner or the Courts.

Decisions to invoke the exemption should be taken by appropriately senior staff and be fully documented in the notes section of the register.

- 5.4 There may be instances where a member of staff who was involved in the incident which led to the entry on the register does not wish the individual to be informed. If the manager or officer does not believe that the exemption can be invoked, other actions may need to be considered (e.g. ensuring that the individual does not come into contact with that particular member of staff).

If a manager wishes to recommend not informing the individual, they must specify their reasons on the notes section of the register.

### 6. MANAGEMENT AND MAINTENANCE OF THE REGISTER

#### 6.1. MAINTAINING THE REGISTER

The register will be maintained by the designated officer from the Health and Safety team from incident reports and change of detail requests. Incident reports will generally come directly from the victim via their line manager, but reports may also be received from the Corporate Complaints Procedure where appropriate. The register will be reviewed annually in accordance with good practice by the Violence and Aggression to Staff Working Group and depending upon the decision made the proforma letters (Appendix 9 and 10) will be sent out.

#### 6.2 REVIEWING EMPLOYEE PROTECTION REGISTER

All entries will be reviewed on a 12 monthly basis. All entries will be stored for history in accordance with the seriousness of the incident and their category status. Category A incidents will remain on the register for 5 years, Category C instances will remain on the register for 3 years and Category C incidents will remain on the register for 1 year unless, in any individual case, circumstances justify retention for longer than the normal retention period. All are subject to review on a yearly basis to assess whether they should remain on the register or are still relevant.

The review should be undertaken by the manager who made the original register entry and be endorsed by the VAS Working Group. Appendix 8 includes a review form for this purpose. Reviews will need to consider:

- The behaviour of the individual over the last 12 months (the views of staff will need to be sought);
- Any subsequent incidents which have occurred;
- The severity of the original incident.

The individual should be informed of the outcome of the review, and a sample letter is included at Appendix 9 and 10.

When a review has been completed, the originating manager should inform staff who were involved in the original incident, or who will subsequently come into contact with the individual.

#### 6.3. INFORMATION SHARING

Where appropriate the information may also be made available to central government departments, the police and other public, private and voluntary sector organisations. Protocols for information sharing will be developed.

## 3.1 Appendix 1

### 7. USING THE REGISTER – DEPARTMENTAL PROCEDURES

- 7.1 It is the responsibility of visiting officers and front line staff to check the database and validate the information before they conduct a visit or an office based interview. In the event that the information is found to be inaccurate or out of date, the Violence and Aggression Working Group and System administrator should be notified.

Employees who do not have access to a system on site should be provided with the information in an appropriate format by their line manager.

### 7.2 OPERATIONAL PRECAUTIONS ASSOCIATED WITH EACH CATEGORY A - C

All entries on the system will be classified in accordance with the following 3 categories depending upon the assessed level of risk. Employees must make sure that the actions associated with each category are strictly adhered to.

Category	Action
A	<ul style="list-style-type: none"><li>No home visits to be undertaken</li><li>Office visits only in secure interview rooms</li><li>Where essential maintenance / works are required two (or more) members of staff to be present</li></ul>
B	<ul style="list-style-type: none"><li>Home visits to be carried out in pairs</li><li>Office visits to be carried out in secure interview rooms</li></ul>
C	Treat with caution – seek further guidance from your line manager

The above is a guide to minimum requirements. Each incident should be individually risk assessed according to prevailing circumstances.

### 7.3 REDUCING THE RISK TO STAFF

An Employee Protection system is only one factor that will contribute towards reducing the level of risk to staff who interface directly with individual clients. Departments need to ensure that they have other procedures in place:

The implementation of a corporate Employee Protection System will not in itself stop violent incidents occurring. An Employee Protection Register will only identify a potential risk in relation to a specific individual, based on past events. Departments therefore need to undertake a risk assessment of the potential risks of all situations where staff have direct contact with clients, and take all reasonable measures to reduce these risks.

## 3.1 Appendix 1

When incidents occur, managers should consider whether changes in policy or procedure are warranted, or in the way in which staff are expected respond to individuals.

Staff who interface directly with members of the public should be provided with training in personal safety and dealing with difficult situations where this is appropriate to their situation.

Managers should ensure that staff are aware, and make use of facilities provided to support their safety (e.g. signing out; panic alarms; phoning-in facilities).

### 7.4 LOCAL POTENTIAL RISK INDICATORS

Some Departments may wish to hold information about clients where the nature of the incident or individual does not warrant the creation of an entry on the Employee Protection Register. Departments must ensure that any incident logs comply with these guidelines, and are compliant with the Data Protection Act 1998.

### 7.5 OTHER ACTIONS THAT CAN BE TAKEN

In many cases, creating an entry on the Employee Protection Register will not be the appropriate response to an incident. Managers and officers should think carefully about what other options are available which may be followed instead of, or in addition to an entry on the register:

- Writing to the individual stating that their behaviour is unacceptable.
- Restricting which members of staff an individual can come into contact with, or which offices they can visit.
- Counselling the individual member of staff involved in the incident.
- Offering further training to staff (e.g. dealing with difficult situations).

It is also important that whenever a decision not to create an entry on the register is made by the line manager that the reasons are recorded.

### 7.6 DECIDING NOT TO TAKE RECOMMENDED ACTIONS ON A REGISTER ENTRY

There may be situations where a manager is aware of the existence of an entry on the Register against a particular individual, but decides not to act on it (e.g. where the section already deals with the individual and has a good relationship with them). Where this occurs, it is recommended that managers record their reasons for the decision.

### 8. RIGHTS OF DATA SUBJECT

#### 8.1 SUBJECT ACCESS TO EMPLOYEE PROTECTION REGISTER INFORMATION

8.1.1 Any individual has the right to request to see a copy of the personal information that the Council holds about them (a subject access request). This includes entries on the register and supporting information, including incident report forms if these refer to the individual.

A subject access request must be in writing. On receipt the Council has 40 calendar days to determine–

- whether the data subject is entitled to know whether information is held about him/her,
- if so, whether s/he is entitled to be informed what information is held, and,
- if so, to comply with the request or to decline or rely on exemption, and to supply the individual with the following:
  - A description of the personal data and the purposes for which it is held;
  - Those to whom it is or may be disclosed;
  - The actual personal information held on the individual, in an intelligible form (e.g. with an explanation of any codes used).

#### 8.1.2 Amendment of data following request

It is unlawful to amend an individual's personal data between receipt of a subject access request and compliance with the request, other than normal amendments.

#### 8.1.3 Information received from third parties

(a) Where the personal data includes information provided by, or relating to third parties, this should only be disclosed where:

- The other individual has consented to the disclosure, **or**
- It is reasonable in all the circumstances to disclose the information without third party consent, **or**
- The information can be disclosed with references to third parties deleted.

(b) Entries on the register may include third party information (e.g. an incident form completed by a member of staff).

Decisions on whether to release third party information will need to be taken on a case-by-case basis, and if managers have any doubts they should always consult the Council's Data Protection Officer before taking a decision.

8.1.4 Subject access requests could be made in three ways:

- An individual asks if they are on the register. In this case, we should normally disclose the information on the register and supporting information, unless we can invoke an exemption.,

### 3.1 Appendix 1

- An individual asks to see the personal information held on them by a particular service area (e.g. Housing benefit file; Social Services client file). In these cases, information on the register information should normally only be disclosed where it relates to incidents which have occurred in that service area.
- An individual asks to see **all** the personal information held by the Council on them. In this case, we should normally disclose the register data and supporting information, unless we can invoke an exemption,

#### 8.2 Preventing processing likely to cause damage or distress

The data subject does not have an automatic right of appeal, however, Section 10 of the Data Protection Act allows the data subject, where the processing of personal data is causing or is likely to cause unwarranted and substantial damage or unwarranted and substantial distress, to issue a data subject notice. The notice must be in writing and specify the reasons why the processing is or will cause damage or distress. The Council would then have 21 days from receipt of the notice to make a response. The response (must be in writing) must consist of one of the following to options:-

- A statement that the Council has complied, or intends to comply with the request in the data subject notice or
- A statement that the Council regards part of or all of the data subject notice as unjustified and the extent to which the Council has complied or intends to comply with it.

#### 8.3 Rectification, Blocking erasure and destruction

Under Section 14, where a court is satisfied that personal data processed by the Council are inaccurate (i.e. incorrect or misleading to any matter of fact) it may make an order for the rectification, blocking, erasure or destruction of such data.

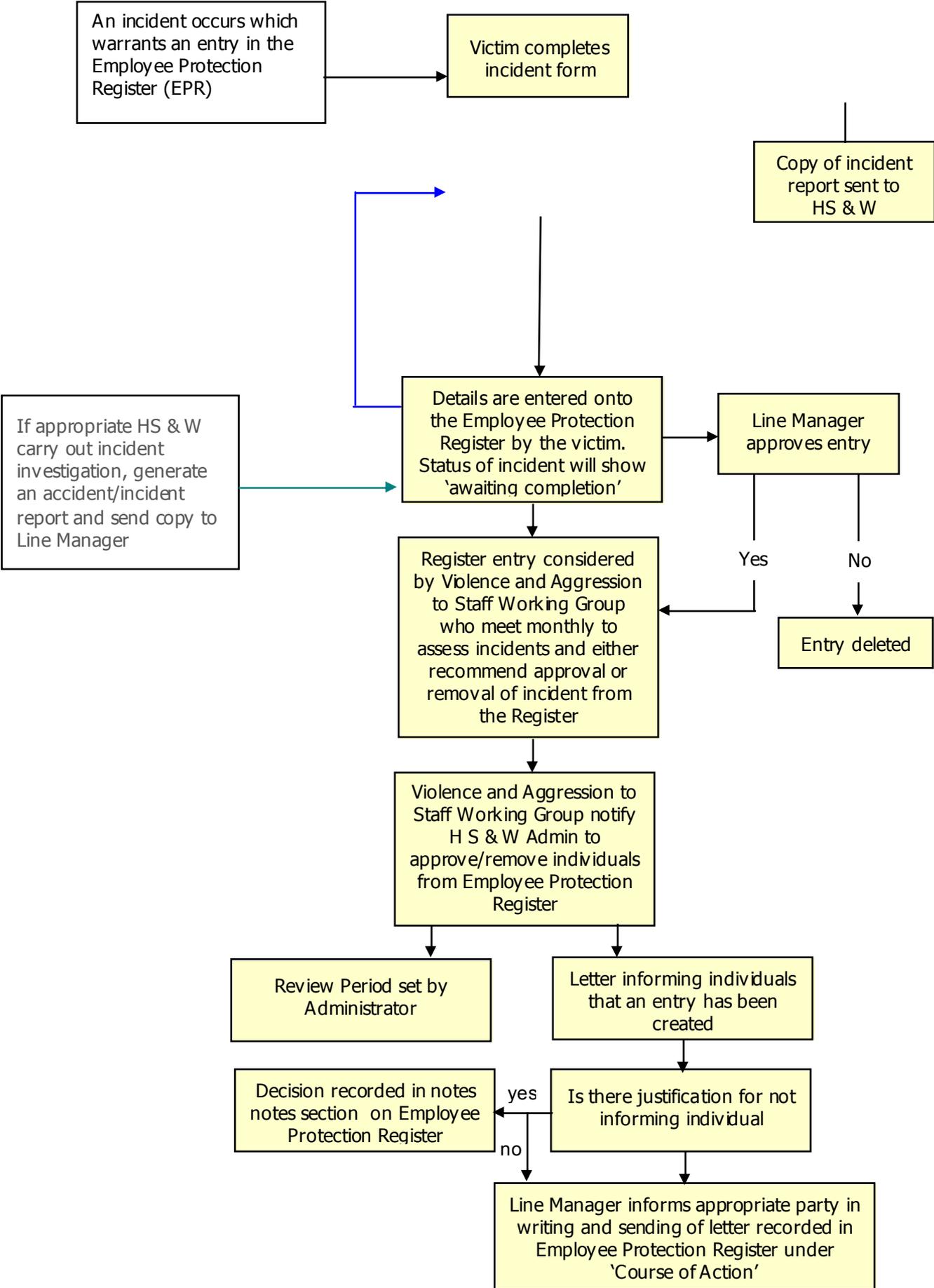
### 9. GENERAL PROCEDURES

see attached appendix 1 and 2 for :

1. flowchart on reporting an incident
2. workflow

### 3.1 Appendix 1 APPENDIX 1

#### REPORTING AN INCIDENT



Note: an incident is an occurrence which may compromise the health and safety of an employee e.g. actual or threat of physical violence or verbal abuse, hazardous places, dangerous animals etc

### **Workflow**

An incident will always have a status as it moves through the Employee Protection Register workflow, its status will be one of the following values:

- Awaiting Completion
- Awaiting Approval
- Stored For History
- Under Review
- Deleted

### **Creation**

Any registered user can create and complete an incident.

When creating an incident the user can save it and return to 'Creating' it at a later time. Whilst an incident is being created, it will have a status of 'Awaiting Completion'.

Only the user who created it or an administrator can edit it whilst it is 'Awaiting Completion'.

The user can either submit the incident for approval or delete it.

### **Approval**

Any incident requiring approval will have a status of 'Awaiting Approval'.

Only approvers or administrators can edit, delete or approve an incident with a status of 'Awaiting Approval'.

The user who created the incident cannot approve it regardless of whether they are an approver or an administrator.

An incident 'Awaiting Approval' can either be deleted or approved. When an incident is approved it has a status of 'Stored for History'

### **Deleted Incidents**

Deleted incidents are physically removed from the database; they are not 'Soft Deleted', however the audit trail will still exist.

### **Stored For History**

Any incident 'Stored For History' cannot be edited or deleted. It can be set to 'Under Review', but only by an approver or administrator.

It is possible to configure the application so it is not possible to Store an Incident for History if there are outstanding reviews relevant to that incident and/or outstanding courses of action.

## 3.1 Appendix 1

### Under Review

When an incident is 'Under Review' it can be edited, deleted or Stored for history, but only by an approver or administrator. The user set the incident to 'Under Review' cannot delete it or store it for history, regardless of whether they are an approver or an administrator.

If an incident is deleted it will be physically removed from the database.



## **POLICY STATEMENT AND PROCEDURES ON VIOLENCE & AGGRESSION TO EMPLOYEES**

This edition was published July 2006

This policy statement and procedures complements the Corporate Health and Safety Policy and should be read in conjunction with that policy

See also: Guidance on Personal Safety and the Prevention of Violence and Aggression in the Workplace

### **1.0 Purpose**

**1.1** It is recognised that employees of Hartlepool Borough Council may be subject to violence or aggression by persons with whom they come into contact in the course of their work.

**1.2** The purpose of this policy statement and procedures (Policy) is to describe the Council's approach to the avoidance of violence and aggression to its employees and its arrangements for dealing with such matters.

**1.3** The Policy makes clear the Council's commitment to provide, as far as is reasonably practicable:

- A safe working environment for all its employees;
- The necessary training, advice, guidance and support to prepare employees to avoid, prevent and if need be respond to such situations;
- To deal sensitively with the possible distressing aftermath for employees of such situations.

### **2.0 Policy Statement**

**2.1** The Council deplores and regards as unacceptable any acts or threats of violence or aggression by anyone to any of its employees.

**2.2** The Council acknowledges that it has responsibility to protect the health and safety at work of those it employs and of others who work on the Council's premises.

**2.3** It is the policy of the Council to do everything reasonably practicable to avoid and prevent the risk of violence or aggression to its employees at work

## 3.1 Appendix 1

and to do everything reasonably practicable to minimise, manage and control such risk and such actions.

**2.4** The Council will do everything reasonably practicable in conjunction with the police to help bring a prosecution against any individual where there are allegations of violence and aggression to any employee. The following statement of intent will be displayed wherever appropriate throughout the Council's premises:

***'The Council takes very seriously the use of abusive, threatening or violent conduct towards its employees and will consider legal action against anyone that displays this behaviour.'***

### 3.0 Definition

**3.1** For the purposes of this document the terms violence and aggression have assigned to them the following definition:

***"Incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well being or health" (National Task Force on Violence against Social Care Staff)***

**3.2** For the purposes of this Policy it also includes threats of or actual violence to employees and/or their relatives and/or threats of or actual damage to the property of Council employees or that of their relatives.

**3.3** Incidents do not necessarily need to cause physical harm in order to be regarded as violence or aggression. They therefore include incidents which:

- Cause major injury;
- Require medical assistance;
- Require first aid only;
- Involve a threat, even if no physical injury results;
- Involve verbal abuse (including abuse on the telephone);
- Involve non verbal abuse (for example stalking, abusive letters or other correspondence including e communications);
- Involve other threatening behaviour;
- Involve threats to relatives;
- Involve threats to the property of Council employees or that of their relatives.

### 4.0 Scope

**4.1** This Policy applies to all Council employees. It also applies to others engaged in the work of the Council including students, volunteers or people employed to carry out work on behalf of the Council.

**4.2** This Policy also covers acts or threats of violence or aggression to its employees when they are off duty, if such issues are connected with work.

**4.3** This Policy does not cover actual or potential violence or aggression to employees from fellow employees, as these will be dealt with in accordance with the Council's dignity at work and/or disciplinary policy.

### 5.0 Principles

**5.1** The implementation and fulfilment of this Policy concerning violence and aggression to employees is subject to the following principles:

- Employees have the right to work in a safe environment and to be protected from acts or threats of violence, aggression or abuse related to work activities as far as is reasonably practicable;
- The Council has a duty to take all reasonably practicable steps to ensure it safeguards its employees from such acts or threats;
- Employees who are free from worry or fear of attack or abuse are more likely to perform better in supporting the delivery of good quality services.

### 6.0 Roles and Responsibilities

#### 6.1 Chief Executive

As indicated by part 2.4 of the Corporate Health and Safety Policy (Corporate Policy) ultimate responsibility for compliance with legal requirements and with this Policy rests with the Chief Executive.

#### 6.2 Directors and Chief Executive's Department Divisional Heads

As indicated by part 2.6 of the Corporate Policy, responsibility for the implementation of this Policy is delegated to the Directors and Chief Executive's Department Divisional Heads (Directors and Divisional Heads). It is therefore the responsibility of Directors and Divisional Heads to ensure that:

- Information is provided on this Policy and on the support that is available to employees;
- Risk assessments are carried out and safe systems of work are devised and implemented;
- Incidents are correctly reported, recorded, investigated and, where appropriate, reported to the enforcing authority;
- Steps are taken to identify and implement changes required to work arrangements;
- Appropriate support is offered to employees who are subject to violence and aggression at work.

#### 6.3 Oversight and Co-ordinating Role

As a part of the responsibilities imposed by part 2.14 of the Corporate Policy, the Chief Personnel Services Officer will monitor the implementation of this Policy, ensure that it is reviewed at appropriate intervals and that any amendments are communicated to the Chief Executive, Directors and other Divisional Heads.

#### 6.4 Employees

As required by part 2.1 of the Corporate Policy, all employees will ensure that they:

- Comply with safe systems of work;
- Familiarise themselves and comply with this Policy;
- Attend training made available to them;
- Report any potential or actual incidents to their appropriate line manager in accordance with this Policy.

### 7.0 Assessment of Risk

**7.1** As required by part 2.7(c) of the Corporate Policy, managers and supervisors will ensure that a suitable and sufficient generic risk assessment is undertaken and recorded in respect of each job function and working

## 3.1 Appendix 1

environment, so as to identify hazards and to be the basis for specifying precautionary actions to minimise and manage risks identified.

**7.2** The process of carrying out a risk assessment will be in accordance with the Council's usual risk assessment procedure and normally as part of the general risk assessment for the tasks concerned.

**7.3** Risk assessments will be based on the fullest information available about the work, in order to cover all foreseeable risks. Separate additional assessments will be undertaken as necessary for particular activities, including where there is the need to do so because of contact with specific individuals.

**7.4** Managers and supervisors will note and take into account in their assessments the varying levels of risks of violence and aggression.

Consideration will therefore be given to such factors as:

- The kind of work undertaken by employees;
- Where the work is carried out;
- When the work is carried out;
- The type of customers, service users and other persons with whom they come into contact as a result of the work.

**7.5** Where significant risks are identified in relation to specific individuals then appropriate use will be made of the Multi-Agency Public Protection Arrangements (MAPPA) Procedures and also the Council's internal difficult customer record and data base.

### **8.0 Training**

**8.1** The Council will ensure that suitable and adequate training is provided, with the objective of achieving continuing improvements in:

- The recognition of the problems associated with violent incidents;
- Reducing in the number of incidents that occur;
- Reducing the seriousness of any incidents;
- Reducing the psychological effects of such incidents;
- Employee morale in relation to violence and aggression;
- The immediate response to incidents;
- The overall management of incidents;
- The effectiveness of senior management monitoring and review of incidents and responses.

**8.2** Managers and supervisors will ensure that all employees who are considered as being potentially at risk are trained. Different levels of training requirement and particular needs will be identified by managers through the generic risk assessment process and the supervision and appraisal processes.

### **9.0 Recording and Reporting**

**9.1** The Council will maintain, via the use of its Safety Incident Report Form (SIRF), an adequate system for the reporting, recording and investigation of instances of violent and aggressive behaviour. This internal system will be used to capture information about a wide range of incidents, including apparently less serious ones. This information will be used by managers,

## 3.1 Appendix 1

supervisors, health and safety committees and others to monitor the effectiveness of precautions.

**9.2** As with other safety incidents, where reporting is required under the Reporting of Diseases, and Dangerous Occurrences Regulations (RIDDOR), the Employee Wellbeing Team will make all such reports, in accordance with part 2.12(k) of the Corporate Policy.

**9.3** Employees will report, without avoidable delay, every incident of violence or aggression using the Council's SIRF, so as to enable prompt reporting to the Health and Safety Executive where this is required and to facilitate, in all cases, timely investigation and the taking of remedial actions.

**9.4** Following reporting and investigation of incidents, the remedial actions to be considered by managers and supervisors will include:

- Ceasing to carry out the task/s involved;
- Changes to the workplace;
- Changes to working procedures;
- New working procedures;
- Additional training.

**9.5** As well as providing the basis for the investigation of individual incidents, such records will also be used by managers and supervisors to identify trends, to assist them with the review process and inform risk assessments.

Information to be collated will include:

- The number of incidents;
- The nature of incidents;
- The types of staff involved;
- The environments and locations where incidents occur;
- When incidents occur;
- The level of injuries sustained;
- The preventative measures recommended.

### **10.0 Investigation of Incidents**

**10.1** Every incident will be followed up and investigated, at an appropriate level, as determined by the manager, supervisor or other officer delegated to do so by the relevant Director or Divisional Head.

**10.2** The relevant Director or Divisional Head will arrange for more significant incidents of violence or persistent aggression, including the use of threats, to be the subject of formal and detailed investigations, so as to establish the causes and to identify any actions required to prevent a recurrence or resumption.

**10.3** The relevant Director or Divisional Head will ensure that officers who carry out such internal investigations are competent and adequately resourced.

**10.4** Investigations will not focus on blame, but on what went wrong and how to reduce risks in the future.

### **11.0 Debriefing and Post Incident Support**

### **3.1 Appendix 1**

**11.1** Systems will be maintained in departments and divisions to enable the employees concerned to be brought together soon after an incident. Discussion between these employees will be used to establish the details of what happened and to provide opportunity for emotional support.

**11.2** In addition at corporate level the Council will, where required, supplement such discussions by making confidential and sensitive counselling available, through appropriately qualified persons.

**11.3** The Council also acknowledges that it has, in many instances, statutory responsibilities in respect of persons who are alleged to have used violence or aggression against Council employees. Therefore a corporate system will be maintained in place to ensure that, where required, assessments are made of the risks that these individuals pose and of the care and support needs that they may also have. These risk and need assessments will also be used to determine how future Council services will be made available to the persons concerned.

#### **12.0 Monitoring, Review and Audit**

**12.1** At department and divisional level, systems will be maintained in place to monitor the effectiveness of approaches to reducing and minimising the impact of incidents of violence and aggression.

**12.2** For these purposes, active monitoring will be used to check that systems and processes are working, without waiting until something goes wrong.

**12.3** Similarly, reactive monitoring will be used to look at incidents after the event, to facilitate learning from the experience.

**12.4** All employees will note that effective monitoring relies on full and timely reporting and recording of incidents and employees are therefore referred in particular to the requirements of section 9.3 of this Policy and to their responsibilities in these respects.

**12.5** In order that monitoring is effective, Directors and Divisional Heads, within their own department or division, will ensure that the officers delegated to carry out monitoring:

- Are clearly identified and adequately resourced;
- Understand the details of what monitoring is required;
- Know what form reports on the monitoring should take;
- Are aware of how frequently monitoring reports are required.

**12.6** As the officer with an oversight and co-ordinating role in this respect, the Chief Personnel Services Officer will ensure that this Policy and the associated guidance is kept under review, including periodic formal review and, if required, revision and reissue.

**12.7** Using, in part, the results of monitoring carried out for and provided by Directors and other Chief Executive's Department Divisional Heads, the Chief Personnel Services Officer will report periodically to the Performance Management Portfolio Holder on the operation corporately of this Policy, including when relevant on the following matters:

- Compliance with the Policy and its associated guidance;

### **3.1 Appendix 1**

- Achievement of any planned objectives;
- Levels of staffing required to operate the Policy;
- Training of staff;
- Analysis of records;
- Whether accommodation is appropriately designed to minimise violence and aggression risks;
- Lone working arrangements;
- The maintenance and performance of security systems;
- Revisions made to this Policy and its associated guidance.

## **Data Protection Good Practice Note**

### **The use of violent warning markers**

This guidance explains to those working with the public how best to manage the use of violent warning markers.

Employers have a duty of care to their staff to protect them in the workplace. Violent warning markers are a means of identifying and recording individuals who pose, or could possibly pose, a risk to the members of staff who come into contact with them. We understand that, in practice, a flagged piece of text is attached to an individual's file. These markers should be used very carefully and should contain the reasons for identifying individuals as being potentially violent. They are likely to record information relating to:

- the apparent mental stability of an individual; or
- any threatening actions, incidents or behaviour they have or are alleged to have committed.

This means personal data, and often sensitive personal data, will be included in a violent or potentially violent warning marker and so must comply with the Data Protection Act 1998 (the Act).

#### **Compliance with the Act – fairness**

The first data protection principle requires that the processing must be fair and lawful. This means that a decision to put a marker on an individual's file must be based on a specific incident or expression of clearly identifiable concern by a professional, rather than general opinions about that individual. The individual should pose a genuine risk and the decision should be based on objective and clearly defined criteria and in line with a clear and established policy and review procedure. The criteria should take into account the need to accurately record any incident.

For consistency, you should make sure a senior nominated person in the organisation is responsible for making these decisions. Decisions should be reviewed regularly. When making a decision this person should take into account:

- the nature of the threat;
- the degree of violence used or threatened; and
- whether or not the incident indicates a credible risk of violence to staff.

For the processing to be fair, you should normally inform individuals who have been identified as being potentially violent soon after you make the decision to add a marker to their record. It should be part of your procedure to write to the individual setting out why their behaviour was unacceptable and how this has led to the marker.

You should tell them:

- the nature of the threat or incident that led to the marker;
- that their records will show the marker;
- who you may pass this information to; and
- when you will remove the marker or review the decision to add the marker.

There may be extreme cases where you believe that informing the individual would in itself create a substantial risk of a violent reaction from them. For example, because of the nature of the incident or the risk to another individual. In these cases it may not be sensible to inform the individual as described earlier.

If this is the case, you must be able to show why you believe that by informing the individual of the marker there would be a substantial risk of further threatening behaviour.

You should make all decisions on a case-by-case basis and keep records.

### **Compliance with the Act - processing conditions**

The Act states that you should not process personal data unless you can meet one of the conditions in schedule 2 of the Act, and for sensitive personal data, one of the conditions in schedule 3.

As employers have a duty of care towards their staff, for example, under health and safety legislation, the appropriate schedule 2 condition to allow processing of information in markers is that processing is necessary to comply with any legal obligation imposed on the data controller (which in this case would be the employer). The appropriate schedule 3 condition is that processing is necessary to comply with any legal obligation imposed on the data controller in connection with employment.

### **The individual's rights**

The Act gives individuals the right to make a subject access request. In most circumstances, you should reveal the fact that there is a violent warning marker on the individual's record. Although, in most cases, you should already have informed the individual. However, you should make this decision on a case-by-case basis and consider any other individuals (third parties) that may be included in the information. For more information about this, please see our guidance 'Subject access requests involving other people's information'.

There may be rare cases where you will need to consider whether:

- revealing the existence of the marker;
- revealing the information in the marker; or
- what the individual may infer from the existence of the marker;

may actually cause serious harm to the physical or mental health or condition of that individual. In these cases, you must get specialist advice from health and data protection professionals. For some of these cases there may be relevant statutory instruments that modify the provisions in the Act that relate to the individual's rights (see note 1).

### **Requests from individuals to stop processing their personal information**

Section 10 of the Act gives individuals the right to require you to stop processing their personal information if this is likely to cause them substantial and unwarranted damage or distress. If an individual gives you a section 10 notice relating to a violent warning marker then you should be aware that you may ultimately have to justify creating the marker in court.

### **Passing the information to other organizations**

From a legal point of view, the appropriate schedule 3 condition for processing mentioned earlier will not cover disclosing the marker information to other organisations, as the condition relates to a legal obligation on the employer for their own staff, not other organisations' staff. However, where there is a good reason for providing the information to another organisation, for example, to alert them to the potential risk to their staff, this will be justified even though no Schedule 3 condition obviously applies. In these cases, our focus is on whether the processing is justified and not unfair.

The senior nominated person in the organisation should determine this on a case-by-case basis where there is a credible risk that an unlawful act, such as an assault, will occur. They should only provide the information to an individual of a similar level in the other organisation.

If you pass the information on to another organisation, you should inform the individual, unless that would be a serious risk to the person or another individual as described earlier. If you review the marker and decide to change or remove it, you should then inform the other organisations you previously sent the information to.

### **Retention**

The fifth data protection principle states that personal information should not be kept longer than necessary. You must make sure violent warning markers are removed when there is no longer a threat. This should be part of the standard review procedure. The retention period is likely to depend in part on:

- the original level or threat of violence;
- how long ago this was;
- the previous and subsequent behaviour of the individual; and

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#### Note 1

SI 2000 No. 413 'The Data Protection (Subject Access Modification) (Health) Order 2000'  
SI 2005 No.467 'The Data Protection (Subject Access Modification) (Social Work) (Amendment) Order 2005'

V2.0

21.12.06

- whether or not an incident was likely to have been a 'one-off'. For example, where the individual was suffering an unusual amount of stress due to a particular set of circumstances.

### **Security**

All files containing an indication that an individual is potentially violent should be retained securely whether they are paper files or held on computer. You should also take steps to prevent unauthorised access to any information indicating that an individual has been violent.

### **Staff training**

Staff should be trained to use the system and procedures you have relating to violent warning markers. They should be aware of:

- their duty to report all violent or threatening incidents or professional expressions of concern about real or potential violence;
- the name of the person they should report the incidents to; and
- the senior nominated person who makes the decisions about markers.

### **More information**

If you need any more information about this or any other aspect of data protection, please contact us.

Phone: 08456 30 60 60 (Lo-call rate)  
01625 54 57 45 (National rate)

E-mail: please use the online enquiry form on our website

Website: [www.ico.gov.uk](http://www.ico.gov.uk)

21.12.06



### 3.1 Appendix 1

### APPENDIX 5

<b>C :Initial Investigation:</b>	To be completed by the immediate supervisor/manager within <b>2 days</b> from date of incident	<b>Incident Report No.</b>
<b>About the kind of accident.</b> Please tick the box, which best describes what happened.		
Hit by/Collision with:- moving, flying, or falling object <input type="checkbox"/> vehicle <input type="checkbox"/> something fixed or stationary <input type="checkbox"/> Injured while handling, lifting or carrying <input type="checkbox"/>	Slipped, tripped on same level <input type="checkbox"/> Fell from height ..... metres <input type="checkbox"/> Trapped by something collapsing <input type="checkbox"/>	Exposed to, or in contact with, a harmful substance <input type="checkbox"/> Contact with electricity <input type="checkbox"/> Property Damage <input type="checkbox"/> Theft <input type="checkbox"/> Injured by an animal <input type="checkbox"/> Harassment: sexual <input type="checkbox"/> racial <input type="checkbox"/> Verbal Abuse/Aggression <input type="checkbox"/> Physically assaulted by a person <input type="checkbox"/> Another kind of accident .....
<b>PPE (if Worn)</b>	<b>Environmental Conditions</b>	<b>Possible Factors</b>
Safety <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection <input type="checkbox"/> Safety Footwear <input type="checkbox"/> Gloves <input type="checkbox"/> Workwear <input type="checkbox"/>	Hearing Protection <input type="checkbox"/> Safety Harness <input type="checkbox"/> Hi-Vis Clothing <input type="checkbox"/> Chemical protection <input type="checkbox"/> RPE <input type="checkbox"/> Other <input type="checkbox"/>	Snow/Ice <input type="checkbox"/> High Winds <input type="checkbox"/> Hot/Humid <input type="checkbox"/> Dusty <input type="checkbox"/> Slippery Floor <input type="checkbox"/>
Tripping Hazard <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Unfenced Hole <input type="checkbox"/> Uneven Ground <input type="checkbox"/> Other ..... <input type="checkbox"/> ...	Capability <input type="checkbox"/> Training <input type="checkbox"/> Personal Factors <input type="checkbox"/> Other ..... <input type="checkbox"/>	Sketch <input type="checkbox"/> Photograph <input type="checkbox"/> Other info. provided <input type="checkbox"/> ..... .....
<b>Immediate Preventative Action:</b> Describe what immediate action was taken to prevent further injury/loss or recurrence		
Continue on separate sheets as required		
<b>Initial Investigation:</b>		
Are Incident details accurate in Part A & B? Y <input type="checkbox"/> N <input type="checkbox"/> If No, further information:- Continue on separate sheets as required		
<b>Person Completing Part C</b>	Name	Job Title
Tel.	Signature	Time Date
<b>D :Incident Appraisal</b>	To be completed by Manager within <b>10 days</b> from date of incident.(Can be person completing Part C if appropriate)	
<b>Relevant Risk Assessment (Attached):-</b>	<b>Further Action</b>	Y N
General <input type="checkbox"/> Manual Handling <input type="checkbox"/> Fire <input type="checkbox"/> COSHH <input type="checkbox"/> Security <input type="checkbox"/>	Violence <input type="checkbox"/> PPE <input type="checkbox"/> DSE <input type="checkbox"/> Lifting Plan <input type="checkbox"/> Other <input type="checkbox"/>	Endorsement of further action <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No further action req. <input type="checkbox"/> <input type="checkbox"/> Further Investigation req. <input type="checkbox"/> Counselling <input type="checkbox"/>
Person/s to undertake further investigation in conjunction <b>with HSU:</b>	Person responsible for implementing further action:	To be completed by :
<b>Person Completing Part D</b>	Name	Signature Time Date
<b>E: HSU</b>	Lost Time Accident Y <input type="checkbox"/> N <input type="checkbox"/>	Over 3 day Accident Y <input type="checkbox"/> N <input type="checkbox"/>
Details Entered on computer <input type="checkbox"/> Date by		
Reported <b>to</b> HSU by Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Verbal <input type="checkbox"/> Date	From (Name)	Location To
Notified	Manager <input type="checkbox"/> Director <input type="checkbox"/> Legal <input type="checkbox"/> JFSC <input type="checkbox"/> Insurance <input type="checkbox"/> Personnel <input type="checkbox"/> Other .....	
Notified HSE by Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Date	HSE F2508 <input type="checkbox"/> F2508A <input type="checkbox"/> Posted date	
<b>Comments</b> (Risk Assessment Refs. Training Implications Communications/Procedure(s))		
Continue on separate sheets as required		
<b>Person from HSU Auditing</b>	Name	Signature Time Date

**LIST OF APPROVED AGENCIES FOR THE PURPOSES OF SHARING OF INFORMATION UNDER THE EMPLOYEE PROTECTION REGISTER**

Cleveland Fire Authority

Hartlepool PCT

Housing Hartlepool

Police

MAPPA (Multi-Agency Public Protection Panels)

Information may be disclosed to other agencies where it is felt that there is a significant risk to staff of those agencies who come into face-to-face contact with individuals. This will include agencies that undertake work on behalf of the Council, or where staff of other agencies share front line buildings with the Council. **Disclosure should only take place within the terms of a data sharing agreement or contract.**

In addition information may be provided from these agencies which results in an entry being made on the Employee Protection Register.

**IMPORTANT DISCLOSURE SHOULD ONLY BE MADE UNDER THE TERMS OF A DATA SHARING AGREEMENT AND IN ACCORDANCE WITH THE EMPLOYEE PROTECTION POLICY AND PROCEDURES**

**Letter for informing individuals that an entry has been created on the Employee Protection Register**

Dear

It has been brought to my attention that an incident took place on *[date]* when *[details of the incident or nature of environmental hazard identified]*. The incident caused extreme distress to the staff involved and is regarded by the Council as entirely unacceptable.

The Council takes very seriously its duty of care to its staff under section 2 of the Health and Safety at Work Act 1974. Because of the seriousness of the incident, I am informing you that your name has now been placed on the Council's Employee Protection Register. This database records situations where we believe there is a significant risk to the health and safety of staff through contact with specific individuals. The information will be made available to managers and staff who may come into contact with you whilst carrying out their work responsibilities. It may also be made available to the staff of other agencies that undertake work on behalf of the Council, accompany Council staff on home visits, or work on Council premises.

***(Only if applicable:***

*I must also advise you that, due to the nature of the incident, you [details of any specific sanctions against the individual, e.g. no home visits; visits to Council offices only appointment, etc])*

The Potential Risk to Staff Indicator on your record will be reviewed in 12 months time, and you will be advised of the outcome of this review.

Yours sincerely

**3.1 Appendix 1**  
**APPENDIX 8**

**EMPLOYEE PROTECTION REGISTER REVIEW**

<b>Individual against whom the entry on register is placed</b>  Name: Address:	<b>Originating manager</b>  Name: Job title:  Date created:
<b>Review of the entry and any other additional information</b> (e.g. subsequent incidents involving the individual)	
<b>Recommended action</b>  Delete entry:      Yes/No  Maintain entry for a further 12 months:      Yes/No  Other recommended action (and by whom):	
<b>Decision</b> VAS Working Group Approver 2 ~  Do you agree with the manager's recommendations:      Yes/No  If No, please state your reasons and any alternative courses of action you recommend:        Date letter issued:      Date computer system updated:	

**Letter informing individuals that the entry has been removed from the Employee Protection Register**

Dear

On *[date of original letter]* the Council informed you that, as a result of an incident in which you were involved, your name was placed on the Council's Employee Protection Register database. I am writing to inform you that the entry against your name has now been reviewed, and it has decided that it should be removed from the database.

However, you should be aware that any further similar incidents may lead to the Potential Risk to Staff Indicator being reinstated. I hope, therefore that in future you will try to ensure that your behaviour towards Council staff is of an acceptable nature and does not force the Council to consider such a reinstatement.

Yours sincerely

## 3.1 Appendix 1

### APPENDIX 10

#### **Letter informing individuals that the entry will remain on the Employee Protection Register**

Dear

On *[date of original letter]* the Council informed you that the entry against your name has now been reviewed and it has been decided that it should remain on the database due to the following reasons:-

*[Insert reasons]*

This decision will be reviewed again in 12 months time.

Yours sincerely

**PERFORMANCE (HEALTH AND SAFETY  
CONSULTATIVE GROUP) PORTFOLIO**

Report to Portfolio Holder  
25<sup>th</sup> January 2008



**Report of:** Chief Personnel Officer

**Subject:** SAFETY AND HEALTH WORK PLAN 2007/8

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SUMMARY

**1. PURPOSE OF REPORT**

To provide updated information on progress of work on the health and safety projects included in the Health, Safety and Wellbeing Team's plan of work for 2007/8

**2. SUMMARY OF CONTENTS**

The report, via its appendix, provides a commentary on progress made on the projects included in the plan for safety and health work to be carried out during the current year, by the Health, Safety and Wellbeing Team. This is work on specific projects, rather than the scheduled and reactive work that is carried out continuously.

**3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

**4. TYPE OF DECISION**

Non-key decision.

**5. DECISION MAKING ROUTE**

Portfolio Holder only.

**6. DECISION(S) REQUIRED**

To note the report.

**Report of:** Chief Personnel Officer

**Subject:** HEALTH AND SAFETY WORK PLAN 2007/8

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**1. PURPOSE OF REPORT**

To provide information on the health and safety projects included in the Health, Safety and Wellbeing Team's plan of work for 2007/8.

**2. BACKGROUND**

At its meeting in July, the Health and Safety Consultative Group received a report on the plan for safety and health projects for the current year. This report has now been up-dated to include further projects and what progress has been made with the tasks involved and on the final completion of each of the projects included in the plan.

**3. THE PROGRESS MADE TO DATE AND OTHER DEMANDS**

An updated edition for 2007/8 of the Work Plan forms the appendix to this report, with the comments column used to indicate the progress made to date, in comparison with the originally planned target date milestones.

A full gap needs analysis was carried out in November 2007 to implement and expand occupational health, screening services to comply with legislative requirements and best practise. Hierarchy of needs established and systems and supporting paperwork under review.

To support and deliver the new occupational health strategies HBC underwent a change in Occupational Health provider and we are advised on a weekly basis of occupational health activities and employee take up. The system allows the production of statistics by the Occupational Health Adviser and these are fed into HR to be presented at the Sickness Champions Group.

On the 4<sup>th</sup> December a wellbeing seminar was held at a local school in order to promote early recognition of illness to impact upon long - term sickness absence reduction.

**4. RECOMMENDATION**

To note the report.

# Health and Safety Work Plan: April 2007 – March 2008

## Progress on Projects - 04/12/07

### 1. Safety policy development and reviews

Activity 1.1	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Implement violence and aggression policy via Employee Protection Register launch and administration	BT	<ul style="list-style-type: none"> <li>Edit existing draft policy &amp; guidance</li> <li>Carry out final consultation</li> <li>Obtain members' approval</li> <li>Publish policy &amp; guidance</li> <li>Start to monitor to ensure implementation of policy &amp; guidance</li> <li>Report to Portfolio Holder on implementation monitoring</li> </ul>	AC	Jun. '07	<p><i>Guidance has now been produce.</i></p> <p><i>Violence and Aggression Group (VAS) set up monthly meetings</i></p> <p><i>Rolling Programme for Training</i></p> <p><i>First meeting has taken place 19/11/07</i></p>
Activity 1.2	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Review new inspection procedures following operational experience and customer feedback	BT	<ul style="list-style-type: none"> <li>Sent questionnaire to all departments and schools</li> <li>Analyse data</li> </ul>	Services/ Schools	July '07 August. '07	<p>Questionnaire sent 15/06/07</p> <p>Feedback date 06/07/07</p> <p>Now in a position with the hierarchy of risks to identify new inspection strategies e.g. low risk workplaces visits less frequent.</p>
Activity 1.3	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Ensure compliance with vibration regs.	SC	<ul style="list-style-type: none"> <li>Review existing policy &amp; procedures to determine a gap analysis and realign with Vibration at Work Regs 2005 Requirements</li> <li>Identify 'High risk workgroups' and Strategy</li> <li>Draft new policy &amp; procedures</li> </ul>	SH Depts	Sep. '07  Sep 07 Sep '07	<p>HAV's Questionnaire goes out routinely as an integral part of the Pre-employment Health Questionnaire.</p> <p>HAV's awareness pack completed.</p> <p>Working with Insurance Sections to reduce the likelihood of daims.</p> <p>Draft Policy complete.</p>

		<ul style="list-style-type: none"> <li>Consult on draft policy &amp; procedures</li> <li>Publish policy &amp; provide guidance to depts.</li> <li>Start monitoring to ensure implementation of new policy &amp; procedures</li> </ul>		<p>Sep. '07 Mar. '08</p> <p>Mar '08</p>	
<b>Activity 1.4</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Date Milestones</b>	<b>Comments</b>
Ensure compliance with work at height regs.	BT	<ul style="list-style-type: none"> <li>Continue to monitor use of initial guidance &amp; training material compliance with regs.</li> <li>Continue to monitor delivery of training in NS Dept.</li> <li>Start to review guidance &amp; training material in light of experience gained, prior to revision of material</li> </ul>	FD Terry Duggan NS	<p>Sep. '07</p> <p>Sep. '07</p> <p>Mar. '08</p>	<p><i>Training Issue identified.</i></p> <p>HSW delivered 'pilot' courses for Work At Height and Ladder Safety by 30/09/07.</p> <p>Continue to review</p>
<b>Activity 1.5</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Date Milestones</b>	<b>Comments</b>
Ensure compliance with noise regs.	SC/BT	<ul style="list-style-type: none"> <li>Review existing policy and procedures realign with the Control of Noise at Work Regulations 2005</li> <li>Develop draft policy &amp; procedures</li> <li>Consult on policy &amp; procedures</li> <li>Identify suitable noise monitoring facility, arrange initial sampling work &amp; continuing availability of service</li> <li>Publish policy &amp; procedures and guidance to depts. Start to monitor compliance</li> </ul>	Depts	<p>Sep. '07</p> <p>Mar. '08 Mar. '08</p>	<p><i>Draft policy complete.</i></p> <p><i>Audiometry and Health Screening for noise induced hearing loss agreed with Britannia (Occupational Health) provision.</i></p> <p><i>Training pack completed.</i></p>
<b>Activity 1.6</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Dates Milestones</b>	<b>Comments</b>
Ensure compliance with fire regs. & produce report & project plan on modifications to	SC	<ul style="list-style-type: none"> <li>Realign existing risk assessment procedures in accordance with the Regulatory Reform (Fire Safety Order) 2005</li> </ul>	SH Terry Duggan All Premises	Sep. '07	<p>Draft policy.</p> <p>Currently viewing a software package for installation HBC Server for E-Learning.</p> <p><i>Planning 2 training seminars for Fire Warden's and Deputies.</i></p>

buildings & procedures to ensure proper evacuation of disabled persons		<ul style="list-style-type: none"> <li>• Arrange training for fire risk assessors</li> <li>• Form working group to assess &amp; report on requirements to ensure evacuation by disabled persons, identify refuges and fire resistant (one hour bum through fire doors).</li> <li>• Draft &amp; present report &amp; project plan</li> <li>•</li> </ul>		<p>Mar '08</p> <p>Mar '08</p>	<i>Roles and Responsibilities – how to carry out a Fire Risk Assessment by 30/09/07.</i>
<b>Activity 1.7</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Dates Milestones</b>	<b>Comments</b>
Update & publish revised asbestos procedures	SC	<ul style="list-style-type: none"> <li>• Devise and deliver awareness training required by current legislation.</li> <li>• Ensure compliance with CDM 2007 survey available pre-construction information.</li> </ul>	<p>BT, FD &amp; S. Home</p> <p>Colin Dorward Steve Hearn</p>	<p>Sep '07</p> <p>Mar '08</p>	<p>Meeting held 28/09/07. 'Training Issue' Site Asbestos Checking Officer ongoing. 'Person's Arranging Work' devised and ready to deliver.</p> <p>Revising current policy in line with CAW 2006.</p>
<b>Activity 1.8</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Dates Milestones</b>	<b>Comments</b>
Review bomb procedures & appointments of officers to carry them out	SC/BT	<ul style="list-style-type: none"> <li>• Review each building for occupancy and dissemination of employees.</li> <li>• Review &amp; re-publish procedures</li> <li>• Devise &amp; establish system for re-defining re-appointment of bomb team members</li> <li>• Establish consequence analysis and safety by distance of evacuated employees.</li> </ul>	<p>JE</p> <p>SC/BT</p>	<p>Jul. '07</p> <p>Jul. '07</p>	<i>4 seminars to be carried out. Working with the Disability Group with regards to Personal Evacuation Programme (PEPS).</i>
<b>Activity 1.9</b>	<b>Lead Resp.</b>	<b>Tasks</b>	<b>Input From</b>	<b>Target Dates Milestones</b>	<b>Comments</b>

Draft and Publish Connexions visits procedures and guidance	BT	<ul style="list-style-type: none"> <li>Establish in line with the Schools and Youth Service Policy and procedures</li> </ul>	Connexions	June '07	<i>Completed.</i>
Activity 1.10	Lead Resp	Tasks	Input From	Target Dates Milestones	Comments
Re-instate CDM Project Inspections	SC/BT	<ul style="list-style-type: none"> <li>Inspections need to be discussed at Project Lead In stage to establish project duration and inspection frequency. Linked with F10 submission.</li> </ul>	FD CDM Co-ordinators AK	July '07	<i>Notifiable CDM Projects produced by a spreadsheet by the co-ordinators.</i>  <i>More work needed to capture non-notifiable projects.</i>
Activity 1.11	Lead Resp	Tasks	Input From		Comments
Assess requirements for non-construction contractor vetting inspections & implement	SC/BT			Sept '07	<i>Well established desk top system.</i> <i>Proposed strategy of random contractor inspections (on-site).</i> <i>Attendance at 2 Centre of Excellence North East Meetings.</i> <i>Working with other Local Authorities on a standardised system.</i>
Activity 1.12	Lead Resp	Tasks	Input From	Target Dates Milestones	Comments
Complete and Implement First Aid Policy	BT			Sep '07	<i>Review 'Draft Policy'.</i>  <i>Require input from HR with regards to who the first aiders are across the authority.</i> <i>Information not received</i>
Activity 1.13	Lead Resp	Tasks	Input From	Target Dates Milestones	Comments
Revise and Republish DSE Procedures	SC		JE	Dec '07	<i>Full procedure now complete for workplace.</i>  <i>Draft procedure discussed with HR re-homeworking policy.</i>

					Amendments and comments supplied to HR 07/11/07  <i>'Pilot assessment completed awaiting</i>
Activity 1.14	Lead Resp	Tasks	Input From	Target Dates Milestones	Comments
Devise and implement procedure for ensuring renewal of fire, bomb, first aid, SACO etc.appointments.	SC			Sep '07	<i>Included in 1.6.</i>
Activity 1.15	Lead Resp	Tasks	Input From	Target Dates Milestones	
Revise and Republish standard H&S Forms	SC/BT		HSW	Sep '07	<i>Ongoing- See 1.13, 1.15, 1.17.</i>
Activity 1.16	Lead Resp	Tasks	Input From	Target Dates Milestones	Comments
Assess Contractors in compliance with procurement procedures	FD		HSW	Oct '07	<i>See 1.11.</i>
Activity 1.17	Lead Resp	Task	Input From	Target Dates Milestones	Comments
Improve SIRF AND RIDDOR procedures	BT			Dec '07	Proposals to have two separate forms. One separate for violence and aggression. See 1.15 Working with Gas Management in Neighbourhood Services to ensure smarter actions reference 2508G (Gas Incidents Reportable to the HSE). Successful meeting with gas management

					and gas maintenance departments to improve reporting.
Activity 1.18	Lead Resp	Task	Input From	Target Dates Milestones	Comments
Devise and implement additional H&S PI's	SC			Sept '07	Currently being established. Have a PI for Inspections.
Activity 1.19	Lead Resp	Task	Input From	Target Dates Milestones	Comments
Develop Health and Safety Scenarios	SC/BT		WBT	Mar '08	Not yet commenced.

## 2. Development of safety culture

Activity 2.1	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Review of corporate H&S training	SC/BT	<ul style="list-style-type: none"> <li>Refer to Workforce Development.</li> <li>Review status of health and safety training</li> <li>Establish training matrix appropriate for posts.</li> <li>Link training to specific business need.</li> </ul>	RW Depts	Sep '07	<p>Concerns presented to CMT unofficial awaiting feedback.</p> <p>SC proposed to CMT to support the development of <i>IOSH Managing Safety. For Local Authorities. First of its kind.</i></p>
Activity 2.2	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
HBC/HJTUC safety partnership agreement	SC	<ul style="list-style-type: none"> <li>Undertake actions from the first H&amp;S Partnership Agreement Review.</li> <li>Undertake 2<sup>nd</sup> Partnership Agreement Review</li> </ul>	Edwin Jeffries Other TU Reps.	July '07 Jan '08	<p><i>Meeting Edwin Jefferies 02/08/07</i></p> <p><i>Arrange further meeting with full members.</i></p>

### 3. Departmental activities

Activity 3.1	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Publish Children's Services Dept. services H&S manual	SC/BT	<ul style="list-style-type: none"> <li>Edit &amp; add to A&amp;CS Dept. manual as required</li> </ul>	Alan Macnab Other CSD officers	June. '07	<p><i>Work progressing in parallel with A&amp;CS manual, as content expected to be fairly similar</i></p> <p><i>Departmental safety policy done, which is a key component of the manual</i></p>
Activity 3.2	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
<b>Publish A&amp;C Services Dept. H&amp;S Manual.</b>	SC/BT			June '07	<p><i>Further Manuals available. Progress up-date – demonstration (05/09/07) with Margaret Hunt department pleased with results.</i></p>

### 4. Safety governance

Activity 4.1	Lead Resp.	Tasks	Input From	Target Dates Milestones	Comments
Undertake evaluation of reports, recording mechanisms.	SC/BT	<ul style="list-style-type: none"> <li>Tasks relate to policies and procedures for producing statistical and trends via Norton Waugh and sickness spreadsheets (see report safety performance).</li> <li>Gap analysis on incident recording, investigation and route cause analysis.</li> <li>SMART actions regarding incident dose out and learnings from incidents.</li> <li>Report to Portfolio Holder</li> </ul>		Sep. '07	<p><i>Installation of up-graded package from Norton Waugh (05/08/07)</i></p>