

PERFORMANCE PORTFOLIO (HEALTH AND SAFETY CONSULTATIVE GROUP) DECISION SCHEDULE



Tuesday 26 October 2010

At 3.30 pm

**(or immediately following Performance Portfolio starting at 3.00 pm
whichever is the later)**

**in Committee Room C
Civic Centre, Hartlepool**

Councillor J Brash, Cabinet Member responsible for Performance will consider the following items.

1. KEY DECISIONS

No items.

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Employee Wellbeing Strategy – *Chief Customer and Workforce Services Officer*
- 2.2 Prevention of Violence and Agression to Employees - *Chief Customer and Workforce Services Officer*
- 2.3 Corporate Smoking Policy - *Chief Customer and Workforce Services Officer*

3. ITEMS FOR INFORMATION

No items

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

Report to Portfolio Holder
26 October 2010



Report of: Chief Customer and Workforce Services Officer

Subject: EMPLOYEE WELLBEING STRATEGY

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the intention to adopt an Employee Wellbeing Strategy for the Authority and seek the approval and endorsement of the Portfolio Holder for this 3 year strategy.

2. SUMMARY OF CONTENTS

The report provides a background to the planned strategy, proposes a basis for implementation of the actions within, and highlights the potential risks and considerations to be made.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for Performance Management.

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Performance Portfolio Holder only.

6. DECISION(S) REQUIRED

The Portfolio Holder is requested to approve the planned strategy and associated actions.

Report of: Chief Customer and Workforce Services Officer

Subject: EMPLOYEE WELLBEING STRATEGY

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the intention to adopt an Employee Wellbeing Strategy for the Authority and seek the approval and endorsement of the Portfolio Holder for this 3 year strategy.

2. BACKGROUND

- 2.1 One of the Council's strategic objectives is to improve corporate plans to promote Healthy Working. A key way to achieve this is by the Council taking a proactive approach to the mental, emotional, spiritual, physical health, safety and general wellbeing of all employees and those affected by the activities of the Council.
- 2.2 In order to coordinate the work on this issue it is proposed to adopt the attached Employee Wellbeing Strategy, **Appendix A**. This strategy aims to give strategic direction to health, safety and wellbeing initiatives across the Authority and underpin all policies and procedures relating to the protection of Council staff over the next 3 years. It describes the approach to embedding a wellbeing culture within the organisation in order to minimise avoidable accidents, occurrences of low productivity, low morale and ultimately, sickness absence and the associated financial and emotional costs.
- 2.3 The strategy will be underpinned by various action plans to tackle key areas such as the management of health and safety, health promotion campaigns and initiatives, and support for employees who have issues with stress and mental health. The Council can also ensure there is a coordinated approach to wellbeing activity and that is in accordance with best practice e.g. by achievement of the criteria for the North East Better Health at Work (BHaW) Award. Investors in People (IIP) has recently introduced a Health & Wellbeing Award and the Council is currently considering this as a way of also assessing the effectiveness of the Wellbeing initiatives.
- 2.4 The strategy has an outward-facing element which allows the Council, as a leader within the community it serves, to support and share good practice with contractors, partners and external organisations to improve the health and wellbeing of the wider Hartlepool population. This approach not only links back to the corporate aims of the Local Strategic Partnership in relation to Health and Wellbeing, it is also critical in order to meet the criteria of BHaW and IIP Health & Wellbeing Award (should the Council decide to pursue this route).

This approach may also fit into the proposed Department of Health structural reform plan for a new Public Health Function, which will sit within Local Authorities from March 2012.

- 2.5 Funding is currently provided to HBC via NHS Hartlepool to employ a Workplace Health Improvement Specialist to lead on this work until March 2012. A small working capital to establish wellbeing initiatives and activities is also in place.
- 2.6 A Health Advocate Steering Group was established in April 2010 comprising several managers and members of staff from each department, to facilitate development and communication of wellbeing initiatives and campaigns to staff, and aid communication and engagement across the organisation.

3. PROPOSALS

- 3.1 It is proposed that the Employee Wellbeing Strategy will provide a structured framework for the organisation to better address health, safety and wellbeing issues within the workforce, with individual action plans developed for issues such as the management of health and safety, health promotion campaigns, mental health and physical activity programmes.
- 3.2 As indicated in the 'Responsibilities' section of the strategy, ideas and proposals from the Health Advocates Steering Group will be passed to the Employee Wellbeing and Protection Strategic Group for approval. Where any proposed projects require funding this would be either funded through existing budgets or an appropriate bid for that funding would be made to the relevant body.
- 3.3 The Employee Wellbeing Strategy will encourage and support managers and staff to take more proactive and coordinated decisions regarding health, safety and wellbeing both within the working environment and personally.
- 3.4 It is also proposed that the strategy could be adopted by the HBC-led Hartlepool Healthy Workplace Forum and form the basis of a town-wide workplace health strategy for other organisations to implement.
- 3.5 It is envisaged that this good practice approach could in future enable HBC to be commissioned by GP consortia and / or other funding bodies to provide the types of workplace health support detailed above to small and medium enterprises across Hartlepool.

4. RISK IMPLICATIONS

- 4.1 The risk of not implementing the strategy could be that (a) managers are not supported in managing staff wellbeing issues, and (b) employees are not fully supported with personal health and wellbeing issues, leading to:

- increased sickness absence;
- lower staff morale;
- reduced productivity; and
- increased staff turnover.

This particularly applies in areas where mental health and stress are already an issue.

5. FINANCIAL CONSIDERATIONS

- 5.1 As funding is provided externally from NHS Hartlepool until March 2012 and must be accounted for, there are no financial issues to consider in the short-term.

6. RECOMMENDATIONS

- 6.1 That the Portfolio Holder notes the content of the report and approves and endorses the proposed 3 year Employee Wellbeing Strategy and associated actions.

7. BACKGROUND PAPERS

- 7.1 See **Appendix A**, 'Employee Wellbeing Strategy'

8. CONTACT OFFICER

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2.1 Appendix A

Hartlepool Borough Council Employee Wellbeing Strategy

Executive Summary

As the biggest single element of a Council's costs are associated with staff, it is essential that in order to deliver effective services its employees are healthy, safe and motivated. In order to achieve this goal the Council aims to promote healthy working to help reduce sickness absence and improve the underlying health of the workforce in order to ensure optimum performance and thereby deliver excellent services.

The Council's Employee Wellbeing Strategy 2010-2013 has taken account of local, regional and national priorities relating to health and safety standards as well as health improvement initiatives to improve the long-term health of the Council's workforce and the wider community.

The Employee Wellbeing Strategy will deliver key actions to help develop the health, safety and wellbeing of its workforce, others undertaking work on behalf of the Council and partner organisations with whom the Council can share best practice to improve general health and wellbeing across the Borough of Hartlepool.

The Strategy is based around four themes:-

1. Establish and promote a positive health, safety and wellbeing culture amongst Hartlepool Borough Council employees and partners.
2. Develop, implement and monitor working procedures that contribute to the provision of healthy and safe working environments for Hartlepool Borough Council employees and partners.
3. Proactively support the physical and mental wellbeing of Hartlepool Borough Council employees and partners.
4. Act as an exemplar and role model to support workplace health in the wider community and to other local businesses including sharing good practice.

There are actions under each theme which together describe the direction towards achieving better health at work over the next 3 years.

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Context

Work has an impact on an individual's health and wellbeing whether this is physically or mentally. This impact can be positive or negative depending upon the task, the individual and the working environment. This relationship can be very complex, but health affects a person's ability to carry out their duties at work to such an extent that it is essential that not only does the Council consider this issue for its own staff, but also in the wider community. This would therefore support the corporate aims of the Local Strategic Partnership in relation to Health and Wellbeing in that it encourages other businesses to follow best practice. The Council wants to create a culture that promotes the positive physical and mental health of its employees and shares evidence of good practice with other employers within the community.

This Employee Wellbeing Strategy has been developed as part of Hartlepool Borough Council's ongoing commitment to improving the health and wellbeing of its workforce. This includes the legal and financial responsibilities and duties the organisation holds for the health, safety and welfare of employees. This strategy also builds upon the Government's priorities for Health at Work – increasing productivity, reducing sickness absence, improving mental health and limiting reliance on long-term state benefits such as incapacity benefit and thereby delivering more efficient and value-for-money services.

The World Health Organisation (WHO) has stated "Every citizen of the world has a right to be healthy and safe at work and to work in an environment that enables him or her to live a socially and economically productive life." It is therefore the Council's aim to promote healthy working across all areas of the organisation and reflect this in all future policies and procedures.

The National Health, Work & Wellbeing strategy, led by Dame Carol Black, highlighted the case for engaging management in improving workplace health & wellbeing. This also links to the challenges posed by demographic changes such as an ageing workforce that is expected to work longer, increased opportunities for disabled people in the workplace (as a result of workplace adaptations being encouraged by the Equality Act) and a working population that has more health issues due to obesity and sedentary lifestyles.

The challenges facing the Government are significant; every week around 1 million employees in the UK take time off due to sickness.

3000 will remain off work after 6 months

2400 will not work again in the next five years

People who are off work due to sickness for 6 months have an 80% chance of remaining off work for 5 years

After two years on incapacity benefit an individual is more likely to retire or die than return to work.

In Local Government where staffing costs can be as high as 70 - 80%, ill health can have a significant impact and therefore by adopting a long-term strategic approach to developing a safe and healthy workplace the Council is acknowledging that people are its most important asset. The Council, by investing in the health of its workforce,

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is not only fulfilling its statutory obligations, it is also safeguarding its investment in its employees and thereby ensuring it can continue to provide quality services for the community which it serves.

The Council currently has a range of policies in place that support health and wellbeing including:

- Alcohol, Drugs and Substance Abuse
- Absence Management
- Health & Safety
- Managing stress in the workplace
- Employee Protection
- Smoking
- Violence & Aggression to Staff
- Equality & Diversity

A number of support services are already in place including risk management, manual handling, first aid, occupational health support, physiotherapy and counselling services. Existing policies to address work / life balance include working from home, carer's leave and flexible working procedures.

In 2009/10, face-to-face counselling sessions were delivered with positive feedback from those who had utilised the service. 21% of employees were referred for stress, anxiety, depression or panic attacks. Initial referrals continued to be made to Occupational Health and in the period from July 2009 – May 2010. Referrals continued to be made to K2 Physiocare, the Authority's physiotherapy service provider. 34% of these were related to lumbar (lower back) and 12% of cases were cervical (neck) issues. During this time there were also 42 RIDDOR reportable accidents and 708 non-reportable occurrences across the Authority.

This strategy aims to provide a framework for the further development and improvement of policies, procedures, campaigns and initiatives in relation to the health, safety and wellbeing of the workforce with the aim of reducing sickness absence, accidents and stress in the workplace.

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Responsibilities

The Chief Executive in his capacity as lead officer of the Council has adopted the role as Corporate Health & Safety Champion, and as such has highlighted the importance that he personally places on ensuring the health and safety of employees and others who may be affected by the work of Council. With the support of the Portfolio Holder for Performance who leads on the issue within the Cabinet thereby representing the views of electorate, they will provide leadership and direction to the strategy by ensuring the health, safety and wellbeing of Council employees and others who are affected by the Council's activities is considered during the decision making process.

The Corporate Management Team, through individual Department Directors, is expected to deliver services to an agreed standard for health, safety and wellbeing and report on their department's performance to the Chief Executive and the appropriate elected representatives. They will nominate representatives to attend the Employee Wellbeing and Protection Strategic Group.

The Employee Wellbeing and Protection Strategic Group, comprising a nominated strategic manager from each Directorate, will provide leadership, direction and support on the implementation of this strategy. They will ensure the spirit and promises of this Strategy are delivered through their respective management teams. They will also oversee the work of the Health Advocates Steering Group.

The Health Advocates Steering Group will be responsible for operational issues including ongoing consultation, planning and promotion of wellbeing initiatives across the organisation. CMT Support Group representatives will ensure their department has at least three nominated health advocates to ensure good communication on health related matters across all service areas.

The Trade Union representatives through the Single Table Consultative Group, Health & Safety Committees and meetings with CMT and Portfolio holders, will be responsible for voicing any concerns and representing members with any issues, including representation on the Health Advocates Steering Group.

All Elected Members are expected to reflect the corporate values and spirit of this strategy in their capacity as employers. They will ensure that their decisions give due consideration to the health, safety and wellbeing of staff.

All employees are expected to acknowledge their rights and responsibilities within the context of the strategy.

The Health, Safety and Wellbeing Manager and Workplace Health Improvement Specialist will coordinate the implementation of the strategy, monitoring and reporting progress of action points to Members, senior managers and employees on a regular basis.

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Business Case

The Council through targeting resources, staff training and support mechanisms has been successful in reducing sickness absence over the last three years as demonstrated below:

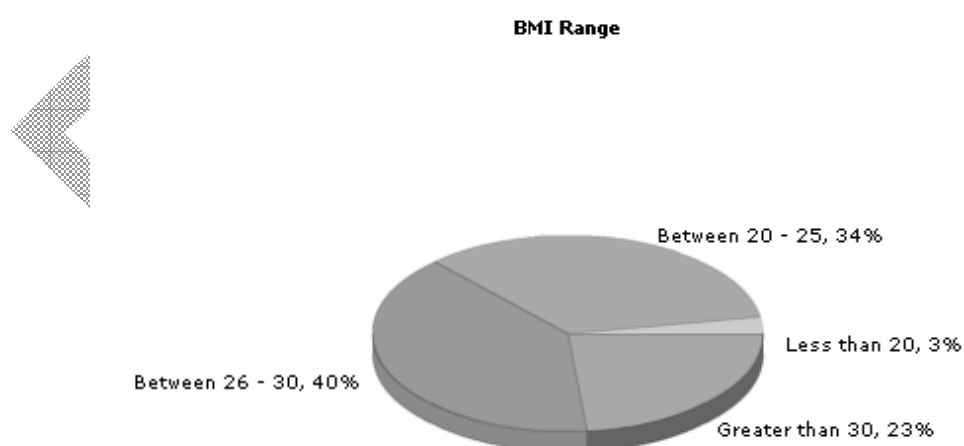
2009/10	9.27 wte days / FTE employee / annum
2008/09	9.93 wte days / FTE employee / annum
2007/08	10.57 wte days / FTE employee / annum

The economic benefits of reducing sickness absence are well understood. For example, there has been drop of 1.3 Whole Time Equivalent (wte) days per employee per annum over the past 3 years. This equates to savings due to reduced sick leave pay, fewer cover arrangements and reduced use of agency staff.

Although the economic benefits of reducing sickness absence are quite easy to measure, this situation becomes more complex for schemes aimed at improving general health as these are more aimed at an individual's motivation, productivity and approach to work. 'Managing an ageing workforce' (CIPD / CMI, 2010) did highlight that over 50% of organisations surveyed stated 'managing health and wellbeing' as the key issue for management of older employees.

From June – September 2009, the Authority conducted Employee Healthy Heart Checks in conjunction with the Tees Cardio-Vascular Disease (CVD) Screening Programme. 401 checks of eligible employees were made in total with 40% of employees categorised as overweight (having a body mass index (BMI) of 26 – 30) and 23% with an obese BMI of over 30 (highlighted below in chart 1).

Chart 1: BMI range of 401 HBC employees taking up Healthy Heart Checks



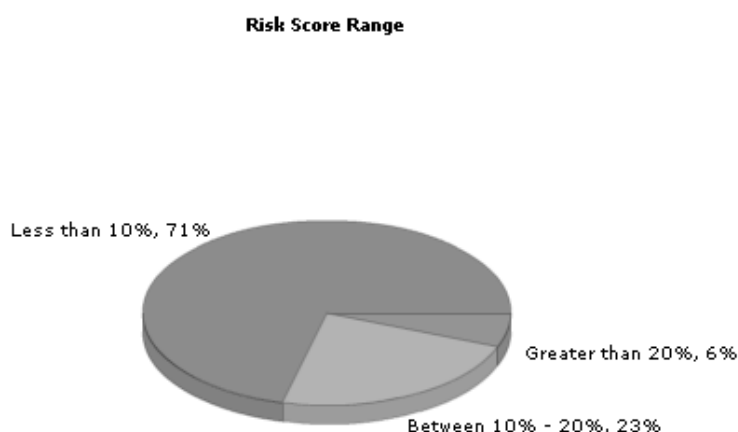
Individuals with an obese BMI (>30) have a 50 – 100% increased risk of premature death from all causes, compared to individuals with a healthy weight, according to some estimates. Very high waist measurements also appear to double the risk of

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mortality.

Chart 2 demonstrates the CVD risk score of the 401 employees taking up checks, with 23% having a medium CVD risk of 10 – 20% and 6% having a high risk over 20%.

Chart 2: CVD risk score of employees taking up Healthy Heart Checks



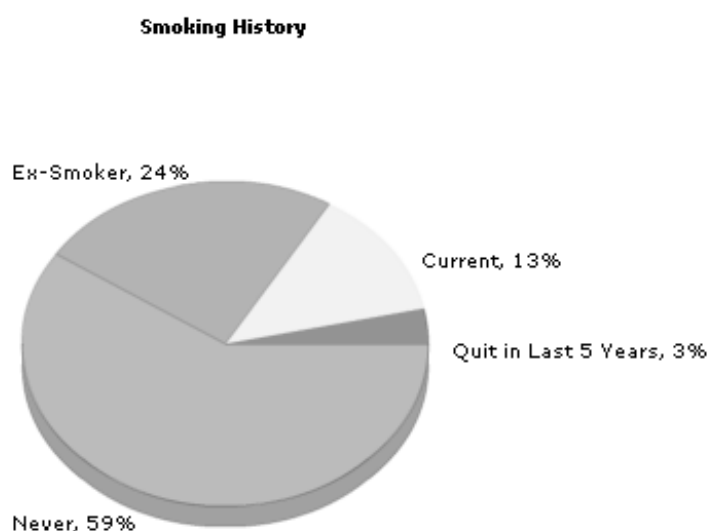
Staff with a high risk (>20%) have over a 2 in 10 chance of developing a cardiovascular disease within the next 10 years. Those with a medium risk between 10 – 20% have between a 1 and 2 in 10 chance and those with a less than 10% risk have under a 1 in 10 chance of developing CVD in the next 10 years.

62 employees were also diagnosed with high blood pressure (hypertension). Hypertension further increases the risk of an individual suffering from heart disease and having a heart attack or stroke. Health checks were conducted on a further 208 members of staff from manual roles with 50 referred to their GP for high blood pressure or high cholesterol and one member of staff sent directly to hospital. It is estimated that reducing a high diastolic blood pressure by 6mmHg reduces an individual's relative risk of having a stroke in the future by about 35 – 40% and reduces the relative risk of developing heart disease by about 20 – 25%.

Chart 3 highlights smoking prevalence within those employees taking up Healthy Heart Checks. Smoking is highlighted as the biggest single preventable cause of early death, killing 15 people per day and 5,500 per year in the North East alone. This is more deaths than from alcohol, drugs, obesity and road accidents combined.

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Chart 3: Smoking prevalence within those employees taking up Healthy Heart Checks



PricewaterhouseCooper has undertaken substantial research to establish the benefits of wellbeing initiatives and this found that they could have a substantial impact if implemented properly. For example:

- An education establishment with 6,000 staff introduced stress management, counselling and access to on-site physical activity, leading to a reduction in long-term sick leave of 8% over 3 years and reduced absenteeism costs of £166K.
- A utilities business with 2,500 employees saw absence reduced by 12% and staff turnover decreased by 25% following the introduction of workplace competitions, stress interventions and an employee assistance programme. Smoking cessation and fitness classes were also introduced. The company also reported an improved external reputation and PR.
- A financial services organisation with 3,000 staff saw stress-related absence fall 80% and staff turnover fall 20% with absence-related cost savings of £250,000 in lost wages alone, through the implementation of stress management, counselling and healthy living initiatives.

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Overall Aim :

To promote and provide a healthy and safe working environment across all areas of the Authority and support staff and partners in maintaining and improving their personal health and wellbeing.

Tangible Outcomes:

- Achieve the North East Better Health at Work Bronze, Silver and Gold Awards by 2010, 2011 and 2012 respectively
- Maintain the year-on-year improvements in sickness absence by at least 0.5 wte days / FTE employee / annum
- Give employees a voice and consult on staff wellbeing via an annual Health Needs Assessment accessible to all employees
- Deliver a programme of targeted wellbeing initiatives each year via an Annual Health Promotion Plan and evaluate effectiveness of initiatives in improving staff wellbeing
- Ensure Council premises are inspected annually to ensure the working environment is conducive to health, safety and wellbeing

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Theme 1:

Establish and promote a positive health, safety and wellbeing culture amongst all of our employees and partners.

In recognition of national strategies, such as the Health and Safety Commission's 'Revitalising Health and Safety', our aim is to develop a variety of campaigns and initiatives to tackle the causes of work-related ill health and absence. These programmes and initiatives will offer scope for proactive measures and the opportunity for early intervention to support the health, safety and wellbeing of our employees.

In order for us to be successful in achieving this aim, Directors and Senior Managers are expected to provide the necessary leadership, within the areas for which they are responsible, by setting the standards for the organisation and the promotion of good practice throughout Hartlepool Borough Council.

As a major procurer of services; the Council is also in a strong position to ensure that service providers consider the health, safety and wellbeing of their employees (and others who may be affected by their operations) whilst they are undertaking work on behalf of the Council. To achieve this aim, regular checks of company policies and procedures will be undertaken and supported by inspections, visits and audits of the work being undertaken by the provider.

Actions:

- Deliver a clear vision for health, safety and wellbeing to employees and partners
- Ensure that staff are aware of their roles and responsibilities, in relation to health, safety and wellbeing
- Ensure senior managers are aware of the vision for the Council in relation to health, safety and wellbeing and their roles and responsibilities in achieving this vision
- To demonstrate commitment to the wellbeing strategy the council aims to achieve the North East Better Health at Work Bronze, Silver and Gold Awards by 2010, 2011 and 2012 respectively
- Improve the physical and mental health of employees through better management of workplace health
- Creation of an environment conducive to good health and safe working practice

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Theme 2:

Develop, implement and monitor working procedures that contribute to the provision of healthy and safe working environments for all our employees and partners

Developing a positive health and safety culture depends upon effective management systems. Senior managers, within the Council, can influence this culture by introducing management systems and procedures that ensure risks are dealt with sensibly, responsibly and proportionately.

All employees (and others who may be affected by these procedures) should be provided with information and trained, where necessary, on the control measures.

Actions

- Ensure that there are robust procedures in place for monitoring and evaluation of health, safety and wellbeing performance
- Develop a Council-wide health and safety management system which can be adapted to meet the needs of departments and local managers including a system of training to increase awareness
- Utilise the working environment to help staff maintain and improve their health and wellbeing through Council policies and procedures
- Provide a pro-active Occupational Health Service and Health Surveillance Programme
- Ensure that managers are aware of their responsibilities as regards to vetting and monitoring the work of contractors who are undertaking activities on behalf of the Council
- Make contractors aware, on appointment, of how the council expects them to perform regarding health, safety and wellbeing

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Theme 3

Proactively support the physical and mental wellbeing of Hartlepool Borough Council employees and partners

During their working life people may have health issues which can have an impact on their capacity to undertake their work. Whilst these health issues may be caused by the work the individual does or the lifestyle they lead the Council aims where appropriate to provide support during these periods.

In order to ensure this support is effective the Council will provide appropriate co-ordinated support services that compliment each other and are adaptable to the individual's circumstances and the operational needs of the Council.

The support could be achieved by providing assistance and resources for targeted campaigns aimed at reducing ill health. This should improve the length and quality of life of the Council's employees and as such also help reduce the level of sickness.

Actions

- Improve the work-life balance and health of the workforce
- Develop health promotion initiatives and associated launch strategies in order to promote the physical and mental wellbeing of Hartlepool Borough Council employees
- Skill and resource managers to identify risks to health and better able to protect the workforce from any harm that work can cause and to have a positive influence on the wellbeing of their team members
- Provide effective wellbeing services including physiotherapy, counselling and training in order to mitigate the effects of ill health and ensure that employees and managers are aware of the services that are available
- Support employees who have been ill and raise awareness of opportunities for rehabilitation back to work as early as possible
- Promote the health and wellbeing of employees through information and opportunities to encourage participation in activities and campaigns
- Provide opportunities and incentives for employees to take advantage of Council facilities and programmes to improve their health and wellbeing

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Theme 4:

Act as an exemplar and role model to support workplace health in the wider community and to other local businesses including sharing good practice

As the largest employer in Hartlepool with a strong history of partnership working, it is important the Authority shares ideas and good practice with partners and small businesses across all sectors in order to support the wider community, particularly around workplace health issues.

In order to achieve the gold standard of the North East Better Health at Work Award, the organisation must demonstrate a willingness to share good practice and encourage others to participate in the Better Health at Work award and ensure health topics are promoted in the wider community and to families of the workforce.

Actions

- Facilitate a Healthy Workplace Forum to support other partners and local businesses with initiatives and campaigns
- Participate in local, regional and where appropriate national events to share the benefits of projects and initiatives led by the council
- Promote wellbeing initiatives in the wider community and to the families of the workforce
- Share good practice and encourage and support other businesses to participate in and achieve the North East Better Health at Work Bronze, Silver and Gold Awards and consider applying for the Investors in People Health and Wellbeing Award

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

Report to Portfolio Holder
26 October 2010



Report of: Chief Customer and Workforce Services Officer

Subject: PREVENTION OF VIOLENCE AND AGGRESSION TO
EMPLOYEES

SUMMARY

1. PURPOSE OF REPORT

To provide an update on progress towards the adoption of robust procedures for the protection of employees from violence or aggression or threats of such actions.

2. SUMMARY OF CONTENTS

The report provides an 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 and support the revised policy.

Report of: Chief Customer and Workforce Services Officer

Subject: PREVENTION OF VIOLENCE AND AGGRESSION
TO EMPLOYEES

1. PURPOSE OF REPORT

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

2. BACKGROUND

- 2.1 In January 2008 the Performance Portfolio holder was provided with an update on the position as regards the implementation of the Employee Protection Register (EPR) which is software used for recording the names and addresses of individuals who pose a risk to Council staff. In February 2009 a further report was submitted to the Performance Portfolio Holder regarding the implementation of the system.
- 2.2 Following the successful adoption of the procedures across the Council this has raised some operational issues which now need addressing. In order to ensure the system remains fit for purpose the Council's Violence and Aggression Policy has been revised (a copy of the revised policy is attached as **Appendix 1**). To supplement the policy guidance notes on the use of EPR, which were originally contained within the policy, have been updated and are now contained within a stand alone document.
- 2.2 Training has been rolled out across the various departments to ensure that staff are aware of their responsibilities regarding data protection issues and that the register is used appropriately. To date over 700 Council employees have been trained on the system.
- 2.3 The Violence and Aggression to Staff (VAS) working group has been reconstituted following the recent organisational changes and meets regularly to monitor the implementation of the system.

3. RECOMMENDATION

- 3.1 That the Portfolio Holder supports the adoption of the revised Violence and Aggression to Staff Policy.

4. REASONS FOR RECOMMENDATIONS

- 4.1 To clearly demonstrate that the Council will not tolerate violence and aggression to staff and others undertaking work on behalf of the Council.

5. CONTACT OFFICER

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2.2 Appendix 1



Violence and Aggression to Staff Policy

POLICY ON VIOLENCE & AGGRESSION TO EMPLOYEES

POLICY

The Council deplores and regards as unacceptable any acts or threats of violence or aggression by anyone to any of its employees. To mitigate the risk to staff from these incidents the Council will do everything reasonably practicable to avoid and prevent the risk of violence or aggression to its employees arising from or in relation to the work they do on behalf of the Council at work and to do everything reasonably practicable to minimise, manage and control the risk of such incidents.

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 behalf of the Council and to those visiting Council premises.

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 arising out of or in connection with the work they undertake on behalf of the Council.

Scope and Purpose

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. The purpose of this 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.

This policy applies to all employees and to others engaged in the work of the Council including students, volunteers or people employed to carry out work on behalf of the Council. The policy complements the Council's approach to risk management by following the principles contained within the Corporate Health and Safety Policy and should be read in conjunction with that Policy.

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 the work they do on behalf of the Council.

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 arising out of or in connection with the work they do on behalf of the Council.

This Policy does not cover actual or potential violence or aggression to employees from fellow employees (but would cover situations where an employee's partner, relative or other person connected to an employee is the cause of the incident), as these will be dealt with in accordance with the Council's Dignity at Work and/or Disciplinary Policy.

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.

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)

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.

In order to demonstrate the Council's commitment 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.'

Principles

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.

Roles and Responsibilities

Chief Executive

As indicated within the Corporate Health and Safety Policy ultimate responsibility for compliance with legal requirements and with this Policy rests with the Chief Executive.

Managers

Managers have delegated responsibility to ensure they protect the health, safety and welfare of those who work for or on behalf of the Council. It is therefore the responsibility of Directors or appropriate deputy 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, in consultation with the Health, Safety and Wellbeing Team 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.

Oversight and Co-ordinating Role

As a part of the responsibilities imposed by the Corporate Health and Safety Policy, the implementation of this Policy and associated working arrangements will be reviewed at appropriate intervals by the Council, Elected Major, Cabinet and Elected Members so that any amendments are communicated to relevant managers.

Employees

All employees will ensure that they:

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

Assessment of Risk

Managers and supervisors will ensure that a suitable and sufficient risk assessments are undertaken and recorded, so as to identify hazards and to be the basis for specifying precautionary actions to minimise and manage risks identified.

The process of carrying out a risk assessment will be in accordance with the Council's risk assessment procedure.

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.

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.

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 Employee Protection Register.

Training

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.
- The employee protection register

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 risk assessment process and the supervision and appraisal processes.

Recording and Reporting

The Council encourages the reporting of incidents and 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, supervisors, health and safety committees and others to monitor the effectiveness of precautions.

Consideration should be given as to whether the incident should be recorded on the Employee Protection Register.

As with other safety incidents, where reporting is required under the Reporting of Diseases, and Dangerous Occurrences Regulations (RIDDOR), the Health, Safety and Wellbeing Team will make all such reports.

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.

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.

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.

Investigation of Incidents

Every incident will be followed up and investigated, at an appropriate level and if appropriate the relevant union representative informed, as determined by the

manager, supervisor or other officer delegated to do so by the relevant Director or appropriate representative.

The relevant Director or appropriate representative 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.

The relevant Director or appropriate deputy will ensure that officers who carry out such internal investigations are competent and adequately resourced.

Investigations will not focus on blame, but on what went wrong and how to reduce risks in the future. The results of the investigation will be communicated to the relevant safety committees.

Debriefing and Post Incident Support

Systems will be maintained in departments 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.

In addition at corporate level the Council will, where required, supplement such discussions by making confidential and sensitive counselling available, through appropriately qualified persons. Further information is available from the Health, Safety and Wellbeing Team.

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 known as the Employee Protection Register will be maintained in place to ensure that, where required, assessments are made of the risks that these individuals pose. This will be supplemented by care and support needs assessments that relevant officers may also have undertaken. These risk and need assessments will also be used to determine how future Council services will be made available to the persons concerned. **It is important to note that whilst the risks an individual poses to Council staff will be shared to relevant staff throughout the Council via the Employee Protection Register. This will not apply to care/needs assessments which will only be shared to those staff/agencies who will need this information in order to provide the appropriate care.**

Monitoring, Review and Audit

At department 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.

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

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

All employees will note that effective monitoring relies on full and timely reporting and recording of incidents and employees are therefore reminded of their responsibilities in these respects.

In order that monitoring is effective, Directors or appropriate representative, within their own department, 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.

As the officer with an oversight and co-ordinating role in this respect, the Chief Customer and Workforce 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.

Using, in part, the results of monitoring carried out for and provided by Directors and other Senior Managers, the Chief Customer and Workforce Services Officer will report periodically to the Performance Management Portfolio Holder on the operation of this Policy, including when relevant on the following matters:

- Compliance with the Policy and its associated guidance;
- 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.

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

Report to Portfolio Holder
26 October 2010



Report of: Chief Customer and Workforce Services Officer

Subject: CORPORATE SMOKING POLICY

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the changes to the Council's Corporate Smoking Policy and seek approval and endorsement for these changes.

2. SUMMARY OF CONTENTS

The report provides background to the Corporate Smoking Policy and highlights the basis for the proposed changes to be made.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for Performance Management.

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Performance Portfolio Holder only.

6. DECISION(S) REQUIRED

The Portfolio Holder is requested to approve the proposed changes to the Corporate Smoking Policy.

Report of: Chief Customer and Workforce Services Officer

Subject: CORPORATE SMOKING POLICY

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the changes to the Council's Corporate Smoking Policy and seek approval and endorsement for these changes.

2. BACKGROUND

- 2.1 The existing Corporate Smoking Policy has been in place for a number of years and consequently in need of review to ensure it is current and fit for purpose. The policy contains information regarding details of the local Smoking Cessation Service and implementation of smoke-free legislation in Council-owned buildings, which does not reflect the current good practice guidance.
- 2.2 The policy has been updated (see **Appendix A**) to reflect the changes in legislation in 2007 meaning all council-owned buildings, vehicles and premises are now smoke-free, except certain residential care homes which by law can contain designated smoking rooms or bedrooms which meet specific criteria.
- 2.3 It was also recognised that the policy did not contain any guidance or recommendations regarding protection of staff from exposure to second-hand smoke, where employees are making planned visits to homes or premises where clients or other individuals may smoke.

3. PROPOSALS

- 3.1 The key changes are proposed below:
- Statistics updated to reflect new research and information from the NHS Information Centre (page 3, **Appendix A**)
 - Guidance inserted for council-managed residential care homes in relation to smoking rooms (pages 4, 5)
 - Guidance and good practice inserted around staff making planned home visits (page 5). The policy now states that staff can withdraw from the premises or conduct meetings in smoke-free buildings if a member of the public refuses not to smoke before or during their appointment.
 - Updated contact details and information regarding North Tees and Hartlepool Stop Smoking Service and pharmacy drop-in

scheme, including updated guidance, protocols and allowances regarding staff accessing stop smoking support during work time (page 6)

- Additional management responsibilities and guidance inserted for ensuring compliance with the policy (pages 7)
- **Appendix A** of the Policy now contains details of how, when and where to access stop smoking clinics and drop-in pharmacies in Hartlepool (page 8)
- **Appendix B** of the Policy now contains an example information leaflet for clients receiving home visits, which can be included or inserted in appointment letters or telephone scripts by staff (page 9)

4. RISK IMPLICATIONS

- 4.1 Failure to update the Corporate Smoking Policy may result in staff being provided with inadequate information and guidance and thereby be exposed to second-hand smoke. This exposure over time may exacerbate or cause asthma, coughs, colds and breathing problems for staff, leading to increased sickness absence.
- 4.2 A further risk of not implementing an updated policy is that staff and managers referring to the original policy may rely on incorrect information. They will therefore not have access to up-to-date information and guidance regarding the support available from North Tees and Hartlepool Stop Smoking Service and how this can be accessed through their employer.

5. RECOMMENDATIONS

- 5.1 That the Portfolio Holder notes the content of the report and approves the changes made to the Corporate Smoking Policy.

6. BACKGROUND PAPERS

- 6.1 See **Appendix A**, 'Smoking Policy'

7. CONTACT OFFICER

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HARTLEPOOL BOROUGH COUNCIL



CORPORATE SMOKING POLICY

WORKFORCE SERVICES DIVISION

Agreed October 2010

2.3 Appendix A

CORPORATE SMOKING POLICY

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2.3 Appendix A

1. **SCOPE OF THE POLICY**

This policy applies to all Council controlled buildings, vehicles and premises (including enclosed public spaces and workplaces) and Council employees, except all buildings, premises and employees in schools with delegated budgets, which have their own arrangements.

2. **INTRODUCTION**

- 2.1 Smoking remains the largest single preventable cause of death and disability in the UK, causing around 83,900 deaths per annum and costing the NHS in England approximately £2.7 billion in 2008 (NHS Information Centre).
- 2.2 Second-hand smoking or SHS (breathing in other people's tobacco smoke) has now been shown to cause lung cancer and heart disease in non-smokers, as well as many other illness and minor conditions.
- 2.3 Hartlepool Borough Council acknowledges that the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 requires employers to provide a safe environment for employees and members of the public.
- 2.4 The Council can also, through its own example, have a significant influence on thinking and attitudes towards smoking in the wider community. In light of the Council's obligations on health for its employees and residents, the Council has and will continue to revise its policy on smoking.
- 2.5 The intention of this policy is to actively promote the improvements to health of employees, service users and other members of the public and to ensure all buildings and premises are totally smoke-free and employees are not exposed to second hand smoking whilst at work.
- 2.6 In view of the overwhelming medical evidence that both active smoking and SHS is harmful to health, Hartlepool Borough Council is committed to ensuring that employee exposure to second-hand smoking is minimised as far as reasonably practicable.
- 2.7 Throughout this policy, any reference to buildings and/or premises relates to Council controlled buildings and/or premises only and includes enclosed public spaces, vehicles, all other workplaces and when visiting private commercial and residential buildings, premises and dwellings.
- 2.8 In Council-managed residential care homes, the policy applies in public areas such as sitting rooms, dining areas, reception areas, corridors and all other communal areas. The management can designate a smoking room for residents (but not staff). A designated smoking room has to be fully enclosed by solid, floor-to-ceiling walls and meet the conditions outlined in section 6 below. Staff are not allowed to smoke in a smoking room.

3. **PURPOSE OF THE POLICY**

The purpose of the policy is to:

2.3 Appendix A

- Comply with Health & Safety Legislation and Employment Law
- To establish where an employee can smoke whilst at work
- Raise awareness of the dangers associated with tobacco smoking and exposure to second-hand smoke
- To support employees who wish to stop smoking
- To safeguard and promote the health and well being of Hartlepool Borough Council employees by reducing smoking related disability, preventable disease and illness
- To create a smoke free environment for employees, elected members, visitors, customers and service users and ensuring all employees and elected members have the right to work in a smoke-free environment.
- Provide a model of good practice for other organisations in implementing smoke-free policies
- To present the Council as a health promoting organisation
- To provide advisory interventions regarding staff who visit / support members of the community who smoke

4. **CONTEXT**

- 4.1 This policy supports the Council's contribution to the Community Strategy aim "to improve the health, life expectancy and wellbeing of the community"
- 4.2 The Council's Health and Safety Policy, Attendance Management Policy and Attendance Management Procedure are supported by this policy since it espouses the limited circumstances in which employees can smoke whilst at work, protects, as far as reasonably practicable, employees from SHS, outlines the assistance to be given to employees who wish to stop smoking and therefore helps to safeguard and promote the health and well being of Hartlepool Borough Council employees
- 4.3 However, nothing in this policy precludes any action being taken under any other policy or procedure.

5. **IMPLEMENTATION**

This policy will be effective from 26th October 2010.

6. **COUNCIL-CONTROLLED BUILDINGS AND PREMISES**

- 6.1 All Council-controlled buildings and premises will adhere to Smoke-free law. Smoking is not permitted on or within any council premises with the exception of residential homes as explained below in section 6.2.
- 6.2 Smoking is permitted in designated smoking rooms or bedrooms of residential homes providing:
- The manager of the premises designates a bedroom as one in which smoking is permitted
 - A list of rooms designated for smoking is available if requested by an enforcement officer
 - The room is clearly signposted as one in which smoking is permitted
 - The bedroom's ventilation system does not link into the smoke-free areas of the premises

2.3 Appendix A

- If the premises open onto a smoke-free open area, the door can be mechanically enclosed to prevent smoke drift

The management can designate a smoking room for residents (but not staff). A designated smoking room has to be fully enclosed by solid, floor-to-ceiling walls and meet the conditions outlined above. Staff are not allowed to smoke in a residential smoking room.

7. **VEHICLES**

Smoking is not permitted in:

- Council owned or supplied vehicles and
- any vehicles being used on Council business (except where the employee is using his/her own car and is the sole occupant)

8. **EMPLOYEES**

Employees are currently not permitted to smoke at any time during working hours except:

- Employees in open spaces such as parks or walking between buildings alone whilst at work
- Employees using their own car for business but where there are no passengers
- Employees smoking away from entrances and exits to Council buildings/premises during unpaid work breaks
- Other circumstances, as determined by the Chief Customer and Workforce Services Officer, where others are not potentially exposed to SHS

9. **ELECTED MEMBERS**

Elected Members must conform to the same arrangements as above in Section 8

10. **EMPLOYEES MAKING HOME VISITS**

- 10.1 Where employees make planned visits to clients or residents in their own homes, they may encounter individuals within the premises who smoke. Employees are advised to request individuals not to smoke where they are due to meet for a minimum of two hours prior to and during their visit. Clients should be notified verbally and via their appointment letter prior to the visit.
- 10.2 Depending on the nature of the home visit it is advised, where practicable, that staff withdraw from the premises where an individual insists upon smoking and to advise the client that the business can be concluded at a later date at the employee's place of work in a smoke-free environment, or make arrangements for another member of staff to conduct the appointment.
- 10.3 Staff can use their professional judgement when deciding whether or not to implement the smoke free policy. There may be some highly complex or crisis

2.3 Appendix A

situations where staff decide to allow an individual to smoke, for example, an acutely distressed or terminally ill smoker, or during a fraud investigation.

11. SUPPORT FOR SMOKERS

- 11.1 For employees and elected members choosing to stop smoking, the North Tees and Hartlepool Stop Smoking Service is available by contacting 01642 635650. This service offers specialist support to workplaces, employees and the community that wish to stop smoking either via a one to one drop-in service or in the form of a group. Nicotine Replacement Therapy is also available on prescription from a range of participating pharmacies through the service (see Appendix A).
- 11.2 All employees and elected members will be granted paid leave to attend weekly Community Stop Smoking Clinics during working time for up to one month providing they receive permission from their supervisor. Additional appointments must be attended outside of work time or via unpaid leave arrangements. Paid leave arrangements will be re-instated every 12 months if employees need additional support. Attendance at additional smoking cessation sessions during working hours or outside of the North Tees and Hartlepool area will be considered, depending upon individual circumstances.
- 11.3 Alternatively, employees and elected members may contact the NHS Free Stop Smoking Helpline – 0800 022 4332. Lines are open every day from 7am to 11pm.

12. RAISING HEALTH AWARENESS

The Council will actively promote the improvement of the health of its employees by providing information on the health risks and other problems related to smoking of tobacco products. Information on the effects of smoking (both active and second-hand) and advice and help on stopping smoking will be readily available to employees, elected members, customers, visitors and service users at regular intervals or when requested from the Health, Safety and Wellbeing Team – 01429 523560.

13. PUBLICITY

Clear signs will be placed at all main entrances and appropriate other locations to ensure that everyone entering our premises understands that smoking is not allowed inside our premises and grounds, in accordance with legislation. Routine inspections of signage will be included as part of annual Health & Safety inspections of council premises.

14. RECRUITMENT AND INDUCTION PROCEDURES

The Council's recruitment literature, which is made available to applicants, raises awareness of the Council's smoking policy, as do the Corporate and departmental induction arrangements.

15. ENSURING COMPLIANCE WITH THE POLICY

2.3 Appendix A

15.1 This policy is intended to benefit all employees, elected members, customers and visitors, and so all employees and elected members are responsible for its continued implementation.

15.2 Managers are responsible for ensuring that:

- all employees who report to them are aware of and abide by the policy
- staff are aware of their rights in relation to working in a smoke-free environment
- staff are aware of the stop smoking support available
- staff who smoke are able to access the support they require
- referral to Occupational Health is considered if smoking is affecting an employee's ability to fulfil his/her duties

15.3 All employees are responsible for ensuring that:

- they abide by the policy
- requests for a smoke-free environment are made if booking home visits

15.4 Where an employee is found smoking at work in breach of this policy, managers should:

- bring this policy to his/her attention
- give the employee the opportunity to discuss the reasons why they did not appropriately comply with the policy
- offer them access to Stop Smoking Support and advice
- consider referral to Occupational Health for further investigation

15.5 The disciplinary procedure should only be invoked as a last resort. It should however be contemplated if the employee in question persistently contravenes the policy.

15.6 Where an elected member is found smoking in contravention of this policy, the matter should be referred to the Chief Executive to deal with. Referral to the Standards Committee should only be invoked as a last resort. It should however be contemplated only if the elected member in question persistently contravenes the policy.

16. **MONITORING AND REVIEW ARRANGEMENTS**

The policy and associated schemes will be programmed for review 3 years after the date of implementation.

2.3 Appendix A

Appendix A Support for staff wishing to stop smoking

Smoking cessation drop-ins in Hartlepool

Do you want help and advice to stop smoking? Feel free to drop in at any of the following venues. For further information or to confirm opening times, please contact the Stockton and Hartlepool Stop Smoking Service, Telephone 01642 635650.

Monday	Rossmere Youth Centre 5.00 – 7.00pm
Tuesday	People Centre 9.30 – 11.30am Belle Vue Sports & Youth Centre 10.00 – 12.00noon St George's Church Hall 1.30 – 3.30pm (Pregnancy Advisor Available) St Mark's Church Hall 4.30 – 6.30pm
Wednesday	Headland, Borough Hall 4.30 – 6.30pm Fens Pub 6.00 – 8.00pm
Thursday	Rossmere Way (Sure Start) 1.00 – 3.00pm Hindpool Close (Sure Start) 4.30 – 6.30pm
Friday	Miers Avenue (Sure Start) 10.00–11.30am Owton Rossmere Resource Centre 2.00 – 4.00pm
Saturday	Mill House Leisure Centre 10.00 – 12.00noon

Pharmacy one-stop shops

The Pharmacies, below, are open to people registered with a GP in the Hartlepool area, and are able to offer support to people who want to stop smoking. Please telephone the Pharmacy you would like to attend to book an appointment for an assessment.

ASDA Late opening Pharmacy
Marina Way TS24 0XR, Tel: 01429 239010

Boots the Chemist
Middleton Grange Centre TS24 7RW, Tel: 01429 272718

Clayfields Pharmacy
76-78 Oxford Road TS25 5SA, Tel: 01429 274279

M & J Pharmacy Ltd
62 Elizabeth Way, Seaton Carew TS25 2AX, Tel: 01429 268540

2.3 Appendix A

Appendix B

Example information leaflet for individuals receiving home visits (Royal College of Nursing Best Practice Guidance)

Important information for people receiving home visits

Please consider the needs of our staff and provide them with a smoke free environment.

Second-hand smoke, or passive smoking, has been found by the Government Scientific Committee on Tobacco and Health to be detrimental to people's health. It can cause heart disease, stroke and lung cancer in adults. Being exposed to second-hand smoke even for a short time can cause eye irritation, headache, cough, sore throat, dizziness and nausea.

Employers have a duty in common law to take reasonable care to protect the health of employees. Hartlepool Borough Council is required by the Health and Safety at Work Act 1974 to ensure that employees and others are not put at risk.

We therefore ask if you would do everything possible to provide a smoke free environment when our staff visit you in your home.

How to protect staff from exposure to second-hand smoke:

- refrain from smoking inside the house for at least 1 hour before they arrive
- open windows and doors to fully ventilate the area
- try to keep one room smoke free at all times

During the visit:

- do not smoke or let anyone else in the house smoke in the area
- wherever possible, when the nurse is in the house, ask other smokers to go outside to smoke.

Our Council policy:

We ask our staff to assess whether any environment they enter is safe for them to provide their services. If a smoke free environment cannot be provided, a risk assessment will be required in order to reduce risk to a level that is as far as is reasonably practicable. We will support staff to leave an environment they deem to be unsafe. If necessary, you will be offered alternative service options.

Our undertaking to you

All routine visits will be pre-booked and you will be given a time for the visit. If the staff member is delayed, you will be contacted as soon as possible.

2.3 Appendix A**Appendix C**

DIVERSITY IMPACT ASSESSMENT
UNDERTAKEN IN RESPECT OF THE SMOKING POLICY

Strategy, policy, procedure or function being assessed	SMOKING POLICY
Responsible Officer:	W Stagg
Start Date:	February 2005
Finish Date:	July 2005
Date Forwarded to Diversity Officer:	

Is Diversity Impact Assessment Required?	YES	NO
If yes please complete this form	<input checked="" type="checkbox"/>	
If no please give reasons below		

Process	Action Taken (Put 'x' in appropriate boxes)	YES	NO
Available data and research considered	Current work force data used	<input checked="" type="checkbox"/>	
	BVPI Data Used	<input checked="" type="checkbox"/>	
	Other Used (Give Details)		<input checked="" type="checkbox"/>

Process	Action Taken (Put 'x' in appropriate boxes)	YES	NO
Assessment of any differential impact on employees Will any group be affected differently by the policy?	Employee Groups		
	Male		<input checked="" type="checkbox"/>
	Female		<input checked="" type="checkbox"/>
	Ethnic minority background		<input checked="" type="checkbox"/>
	Disabled		<input checked="" type="checkbox"/>
	Religious background		<input checked="" type="checkbox"/>
	Sexual orientation issues		<input checked="" type="checkbox"/>
	Age		<input checked="" type="checkbox"/>
	Part-time		<input checked="" type="checkbox"/>
	Term-time		<input checked="" type="checkbox"/>
	Full-time		<input checked="" type="checkbox"/>
	Married		<input checked="" type="checkbox"/>
	Single		<input checked="" type="checkbox"/>
	Other (give details)		
Details of any adverse impact on any employee group(s) If any yes boxes have been ticked above, how is this group being adversely affected?	Give Details		
Measures that might mitigate any adverse impact or alternative policies <i>(is it lawful to affect that group differently, if not how has this issue been resolved)</i>	Give Details		

Process	Action Taken (Put 'x' in appropriate boxes)		
Consultation Process	Groups and Individual to be consulted:	INITIAL	FINAL
	Senior HR staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Development and Diversity Section	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	CMG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Staff Consultation Group Representatives		
	HJTUC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Community Groups Representatives		
	Other (give details)		
	Consultation Methods to be used (give details) CMG/Senior HR staff/Development & Diversity Section - Written consultation HJTUC – Via Single Table Group		
Policy/function agreed by	Diversity Impact Assessment to be considered by:	YES	NO
	Chief Personnel Services Officer	<input checked="" type="checkbox"/>	
	Senior Personnel Staff	<input checked="" type="checkbox"/>	
	HJTUC	<input checked="" type="checkbox"/>	
	Portfolio Holder	<input checked="" type="checkbox"/>	
	Elected Members		<input checked="" type="checkbox"/>
	Other (give details)		
	Where is decision making process to be recorded:	YES	NO
	Notes of Single Table Group Meeting	<input checked="" type="checkbox"/>	
	Minutes of Performance Management Portfolio Holder Meeting	<input checked="" type="checkbox"/>	
	Other (give details)		<input checked="" type="checkbox"/>

Publishing Arrangements	Media to be used:	YES	NO
	Intranet	<input checked="" type="checkbox"/>	
	Internet	<input checked="" type="checkbox"/>	
	Copy to Directors	<input checked="" type="checkbox"/>	
	Copy to Key Staff	<input checked="" type="checkbox"/>	
	Notice Boards	<input checked="" type="checkbox"/>	
	Induction Process	<input checked="" type="checkbox"/>	
	Management Matters	<input checked="" type="checkbox"/>	
	Press Release	<input checked="" type="checkbox"/>	
	Report available to the public		<input checked="" type="checkbox"/>
	Booklet		<input checked="" type="checkbox"/>
	New sline	<input checked="" type="checkbox"/>	
	Other (give details)		<input checked="" type="checkbox"/>

WORKFORCE AND BVPI DATA USED IN THE DIVERSITY IMPACT ASSESSMENT FOR THE SMOKING POLICY

<i>Workforce and BVPI Data Used</i>		
Definition	Actual Performance 2004/5	Updated information if available
BVPI 2a - The level (if any) of the Equality Standard for Local Government to which the authority conforms.	Level 1	N/A
BVPI 2b – The duty to promote race equality.	74%	N/A
BVPI 11a - The percentage of top 5% of earners that are women.	47.56%	N/A
BVPI 11b - The percentage of top 5% of earners from black and minority ethnic communities.	0%	N/A
BVPI 11c (Local) - The percentage of top 5% of earners declaring they meet the Disability Discrimination Act 1995 disability definition.	1.68%	N/A
BVPI 16 - The percentage of local authority employees declaring they meet the Disability Discrimination Act 1995 disability definition.	2.53%	2.64%
BVPI 17 - The percentage of local authority employees from minority ethnic communities.	0.60%	0.67%
Local – The percentage of all employees who are full time and female (based on position at 1.4.05).	32.67%	N/A
Local – The percentage of all employees who are full time and male (based on position at 1.4.05).	23.82%	N/A
Local – The percentage of all employees who are part time and female (based on position at 1.4.05).	40.48%	N/A
Local – The percentage of all employees who are part time and male (based on position at 1.4.05).	3.03%	N/A
Local – The percentage of all employees who are aged 18-24 (based on position at 1.4.05).	6.74%	N/A
Local – The percentage of all employees who are aged 25-34 (based on position at 1.4.05).	19.32%	N/A
Local – The percentage of all employees who are aged 35-44 (based on position at 1.4.05).	30.25%	N/A
Local – The percentage of all employees who are aged 45-54 (based on position at 1.4.05).	28.94%	N/A
Local – The percentage of all employees who are aged 55-64 (based on position at 1.4.05).	14.17%	N/A