

## AGENDA

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**Meeting:** STAFFING POLICY COMMITTEE  
**Place:** Orkney Room, 2nd Floor, County Hall East Wing, Trowbridge  
**Date:** Wednesday 9 May 2012  
**Time:** 10.30 am

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Please direct any enquiries on this Agenda to Roger Bishton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713035 or email [roger.bishton@wiltshire.gov.uk](mailto:roger.bishton@wiltshire.gov.uk)

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

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### Membership:

Cllr Allison Bucknell  
Cllr Rod Eaton  
Cllr Mike Hewitt  
Cllr Jon Hubbard  
Cllr Francis Morland

Cllr John Noeken  
Cllr Mark Packard  
Cllr Jane Scott OBE  
Cllr John Smale

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### Substitutes:

Cllr Rosemary Brown  
Cllr Chris Caswill  
Cllr Ernie Clark  
Cllr Mary Douglas  
Cllr Malcolm Hewson

Cllr George Jeans  
Cllr Bill Moss  
Cllr Christopher Newbury  
Cllr Jonathon Seed

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## **PART I**

### **Items to be considered while the meeting is open to the public**

1. **Apologies for absence**

2. **Minutes of Previous Meeting** *(Pages 1 - 4)*

To confirm the minutes of the meeting held on 7 March 2012. (Copy attached)

3. **Declarations of Interest**

To receive any declarations of personal or prejudicial interests or dispensations granted by the Standards Committee.

4. **Chairman's Announcements**

5. **Public Participation**

The Council welcomes contributions from members of the public.

#### Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

#### Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of the agenda (acting on behalf of the Director of Resources) no later than 5pm on **Tuesday 1 May 2012**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6. **Senior Officers' Employment Sub-Committee** (Pages 5 - 8)

To receive the minutes of the meeting held on 19 April 2012. ( Copy attached)

7. **Fixed Term Contract Dismissal Policy & Procedure** (Pages 9 - 18)

A report by the Service Director HR & OD is attached.

8. **Dignity at Work Policy & Procedure** (Pages 19 - 40)

A report by the Service Director HR & OD is attached.

9. **Corporate Driving at Work Policy & Procedure** (Pages 41 - 54)

A report by the Service Director HR & OD is attached.

10. **Vaccination Policy** (Pages 55 - 82)

A report by the Service Director HR & OD is attached.

11. **Occupational Health Service Annual Report** (Pages 83 - 94)

A report by the Head of Occupational Health & Safety Business Services is attached.

12. **Stress/Depression, Mental Health & Fatigue Related Sickness Absence**  
(Pages 95 - 98)

A report by the Service Director HR & OD is attached.

13. **Quarterly Workforce Measures - Delivering the Business Plan - Quarter ended 31 March 2012** (Pages 99 - 104)

A report by the Service Director HR & OD is attached.

14. **Date of Next Meeting**

To note that the next meeting is scheduled to be held on Wednesday 4 July 2012, starting at 10.30am, to be held in the Council's Offices at Monkton Park,

Chippenham.

15. **Urgent Items**

Any other items of business which, in the opinion of the Chairman, should be considered as a matter of urgency. Urgent items of a confidential nature may be considered under Part II of this agenda.

**PART II**

**Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed**

**None**

## STAFFING POLICY COMMITTEE

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**DRAFT MINUTES OF THE STAFFING POLICY COMMITTEE MEETING HELD ON 7 MARCH 2012 AT ORKNEY ROOM, 2ND FLOOR, COUNTY HALL EAST WING, TROWBRIDGE.**

**Present:**

Cllr Allison Bucknell (Chairman), Cllr Rod Eaton, Cllr Jon Hubbard, Cllr Francis Morland, Cllr John Noeken, Cllr Jane Scott OBE and Cllr John Smale.

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20. **Apologies for absence**

Apologies for absence were received from Cllr Mike Hewitt and Cllr Mark Packard.

21. **Minutes of Previous Meeting**

**Resolved:**

**To confirm and sign the minutes of the Committee meeting held on 22 February 2012.**

22. **Declarations of Interest**

There were no declarations of interest.

23. **Chairman's Announcements**

There were no Chairman's announcements.

24. **Public Participation**

There were no members of the public present or councillors' questions.

25. **Under 25 Year Olds in the Wiltshire Council Workforce - Workforce Analysis and Recruitment Schemes and Initiatives**

The Committee received a report by the Service Director HR & OD which set out information relating to under 25 year olds in the Wiltshire Council workforce

and which also highlighted initiatives run by the Council to encourage greater representation of this group, as requested by the Committee at its meeting on 23 November 2011.

After a full discussion

**Resolved:**

- (1) To note the analysis of the under 25's within the Wiltshire workforce.**
- (2) To recognise Wiltshire Council's position in a national context.**
- (3) To recognise the impact of the current economic climate and recent reorganisation on the volume of external recruitment.**
- (4) To recognise the schemes and initiatives in place to encourage improved recruitment and engagement with this age range.**
- (5) To support the ambitions of the people strategy to develop initiatives to improve the under 25's representation in the workforce.**
- (6) To encourage professional graduate placements, supporting local higher education establishments.**
- (7) To request the officers to explore what further opportunities could be generated to assist Looked After Children, the disabled and those young people with Special Educational Needs.**

**26. Personal Use of Council Mobile Phones and Smartphones**

Consideration was given to a report by the Service Director HR &OD which presented a new policy covering the use of Wiltshire Council issued mobile phones and Smart phones.

After discussion,

**Resolved:**

**To approve the Use of Wiltshire Council Mobile Phones and Smartphones Policy & Procedure, subject to the following amendment:-**

**“Are there any exemptions?”**

**This policy does not apply to Members.” (removal of the words “as they receive a technology allowance to cover these devices”, this being incorrect.)**

27. **Review of Overtime Policy**

Consideration was given to a report by the Service Director HR & OD which sought approval to an updated overtime policy with minor changes to reflect the changes to the Council's organisational structure.

After discussion,

**Resolved:**

**To approve the updated Overtime Policy & Procedure subject to the following minor amendment:-**

**Para 19 under Line manager responsibilities to read:-**

**“To obtain service director approval for any overtime payments made to employee on grade I or above.”**

28. **Quarterly Workforce Measures - Delivering the Business Plan - Quarter ended 31 December 2011**

The Committee received quarterly workforce reports excluding schools for the quarter ended 31 December 2011 concerning:-

Staffing Levels  
Workforce Information  
Sickness Absence  
Health and Safety  
Disciplinary and Grievance Cases  
Voluntary Staff Turnover

The report also set out information relating to Workforce Costs and Benchmark Data.

The ratio of managers to employees had remained constant at 1:8 and the Service Directorate with the highest ratio of managers to employees was the Workforce Transformation Programme Team with a ratio of 1:17. A request was made for information showing the Service Directorate with the lowest ratio of managers to employees and the officers undertook to provide this information to Members.

Members were pleased to note that there had been an unexpected decrease in sickness levels for the quarter and this appeared to be attributable to an increase in FTE (full time equivalent) posts, with the new employees currently having low sickness rates. Stress/depression/mental health/fatigue reasons continued to account for the highest recorded days lost (21.5%).

After further discussion,

**Resolved:**

- (1) To note the contents of the report.
- (2) To request that officers carry out a comparison with staff from other local authorities suffering from stress/depression/mental health/fatigue and report their findings to the next meeting.
- (3) To request a short presentation on workforce planning for the next meeting, the data from which could be given to Managers as an aid to managing their units.

29. **Date of Next Meeting**

**Resolved:**

To note that the next meeting was scheduled to be held on Wednesday 9 May 2012, starting at 10.30am.

30. **Urgent Items**

There were no items of urgent business.

(Duration of meeting: 10.30 am - 12.00 pm)

The Officer who has produced these minutes is Roger Bishton, of Democratic Services, direct line 01225 713035, e-mail [roger.bishton@wiltshire.gov.uk](mailto:roger.bishton@wiltshire.gov.uk)

Press enquiries to Communications, direct line (01225) 713114/713115



## SENIOR OFFICERS EMPLOYMENT SUB-COMMITTEE

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**MINUTES OF THE SENIOR OFFICERS EMPLOYMENT SUB-COMMITTEE  
MEETING HELD ON 19 APRIL 2012 AT COMMITTEE ROOM VII - COUNTY HALL,  
TROWBRIDGE.**

**Present:**

Cllr Mike Hewitt, Cllr John Noeken and Cllr Mark Packard (Substitute)

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1. **Election of Chairman**

**Resolved:**

To elect Cllr John Noeken as Chairman for the meeting.

Councillor John Noeken in the Chair

2. **Minutes**

**Resolved:**

To confirm and sign as a correct record the minutes of the Sub-Committee meeting held on 2 December 2011.

3. **Apologies for Absence**

An apology for absence was received from Cllr Jon Hubbard who was substituted by Cllr Mark Packard.

4. **Declarations of Interest**

There were no declarations of interest.

5. **Chairman's Announcements**

There were no Chairman's announcements.

6. **Public Participation**

There were no members of the public present or councillors' questions.

7. **Exclusion of the Press and Public**

**Resolved:**

To agree that in accordance with Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting for the business specified in Minute Numbers 8 & 9 because it is likely that if members of the public were present there would be disclosure to them of exempt information as defined in paragraph 1 of Part I of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

8. **Termination of Employment on Grounds of Redundancy - Service Director A**

On considering a confidential report by the Corporate leadership Team,

**Resolved:**

(1) To approve the termination of employment of Mrs Sharon Britton, Service Director – Policy, Performance & Partnership on the grounds of redundancy with effect from 27 April 2012, subject to consultation with the Leader and Cabinet members in accordance with the Officer Employment Procedure Rules.

(2) To thank Mrs Britton for her dedicated service over many years.

9. **Termination of Employment on Grounds of Redundancy - Service Director B**

On considering a confidential report by the Corporate leadership Team,

**Resolved:**

(1) To approve the termination of employment of Mr Graham Hogg, Service Director – Housing on the grounds of redundancy with effect from 30 April 2012, subject to consultation with the Leader and Cabinet members in accordance with the Officer Employment Procedure Rules.

**(2) To thank Mr Hogg for his dedicated service over many years.**

(Duration of meeting: 10.00 - 10.10 am)

The Officer who has produced these minutes is Roger Bishton, of Democratic Services, direct line 01225 713 035, e-mail [roger.bishton@wiltshire.gov.uk](mailto:roger.bishton@wiltshire.gov.uk)

Press enquiries to Communications, direct line (01225) 713114/713115

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## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE 9 MAY 2012

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#### **Fixed Term Contract Dismissal Policy and Procedure**

##### **Purpose of Report**

1. To present a new fixed term contract dismissal policy and procedure which applies to all Wiltshire Council employees (except for teaching and non-teaching staff employed in locally managed schools).

##### **Background**

2. There has not been a full policy and procedure detailing the processes for dismissal of an employee whose fixed term contract of employment is due to end when a specified date is reached or a specialist task has been completed.
3. A guidance note for managers is currently available but this lacks a clear indication for managers of the processes that should be followed. The new policy and procedure aims to clarify these processes.

##### **Main Considerations for the Council**

4. The procedure has been created and formatted in line with the new HR policy template.
5. The main points of the procedure include:
  - The circumstances when the procedure should take effect.
  - The timescales for notifying an employee that their fixed term contract is due to end.
  - The processes to follow for dismissal of an employee under the fixed term contract dismissal procedure.
  - The links between the procedure and the redundancy policy and procedure when ending a fixed term contract meets the test of redundancy.
6. The procedure also includes clarification regarding HR and line manager roles and responsibilities.

### **Consultation**

7. The policy was approved by JCC on 17<sup>th</sup> April 2012 following consultation with HR, union representatives and other key stakeholders.

### **Environmental Impact of the Proposal**

8. None

### **Equalities Impact of the Proposal**

9. No negative impacts have been identified.

### **Risk Assessment**

10. None

### **Financial Implications**

11. None.

### **Options considered**

12. None

### **Recommendation**

13. To recommend that Staffing Policy Committee approve the new procedure.

**Barry Pirie**  
**Service Director**  
**HR & OD**

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Report Author: Laura Butcher, Human Resources Policy & Reward team

**The following unpublished documents have been relied on in the preparation of this report:** None

## Wiltshire Council Human Resources

### Fixed Term Contract Dismissal Policy and Procedure

This policy can be made available in other languages and formats such as large print and audio on [request](#).

#### What is it?

This policy and procedure details the processes for dismissal of an employee whose fixed term contract of employment is due to end when a specified date is reached or a specified task has been completed.

#### Go straight to the section:

- [Definition of a fixed term contract](#)
- [Notification of ending a fixed term contract](#)
- [The dismissal meeting](#)
- [Ending a fixed term contract that meets the test of redundancy](#)
- [Roles and responsibilities](#)
- [Frequently asked questions](#)

#### Who does it apply to?

This policy applies to all Wiltshire Council employees (with the exception of teaching and non-teaching staff employed in locally managed schools).

This is a harmonised policy and applies to both Wiltshire Council and ex-district TUPE employees.

In matters that involve chief / statutory officers and deputy chief officers (corporate directors and service directors) these procedures must be read in conjunction with their terms and conditions of employment and [Wiltshire Council's constitution](#).

This policy also applies to Wiltshire Temporary Bank employees.

#### When does it apply?

This policy applies where you are employed on a fixed term or temporary contract which is nearing the expiry date.

### **When does it not apply?**

This policy does not apply to agency workers, freelance workers or casuals.

### **What are the main points?**

#### Definition of a fixed term contract

1. A fixed term employee is defined as a person with a contract of employment which is due to end when a specified date is reached or a specified task has been completed. Examples include (but are not limited to):
  - additional employees who are employed on a contract for 6 months during a peak period or where there is a specific operational need
  - an employee who is employed on a contract for the duration of a specific project (i.e. specific purpose contract)
  - someone employed to cover another employee on temporary leave such as maternity leave, additional paternity leave, sickness absence or a career break
  - someone employed to cover another employee on a secondment

#### Notification of ending a fixed term contract

2. The ending of a fixed term contract because it has expired constitutes a dismissal.
3. Your manager will inform you in writing using the template letter of the reasons for expiry of your contract and they will invite you to attend a meeting to discuss these reasons.
4. The meeting will be arranged for within 6 weeks of the expiry of your contract and must be no later than 4 weeks before your contract end date. If you are employed on a contract for a short duration or through the Wiltshire Temporary Bank where it is not possible or reasonably practical to adhere to these requirements, the timescales will be in proportion to the length of your contract and will be held a minimum of 1 week before the contract expiry date.



5. If your contract is ending and meets the test of redundancy, the timescales for consultation must be in line with the [redundancy policy and procedure](#).
6. You will be given at least 5 working days' notice of the meeting.
7. If required, you may request to be accompanied by a trade union representative or work colleague.

#### The dismissal meeting

8. Your manager will discuss the reasons for the expiry of your contract. Examples include (but are not limited to):
  - a particular project or purpose is complete
  - funding for a particular project or purpose and therefore your post, is coming to an end and no more funding is available
  - the permanent employee has returned to their post
9. Your manager will confirm the outcome of the meeting with you in writing within 5 working days using the [template letter](#). This will confirm the reasons for the expiry of your contract and your leaving date in accordance with the terms and conditions of your employment.
10. If you choose not to attend the meeting your manager will confirm the expiry of your fixed term contract and the reasons for this in writing using the [template letter](#).
11. You will be placed in the redeployment pool (unless you meet the test for redundancy and opt to take voluntary redundancy) until your contract expiry date in line with the redeployment procedure within the [appointments policy and procedure](#).
12. You will be provided with a redeployment form at the dismissal meeting to complete and return to the recruitment team so that your details can be added to the redeployment register.
13. If at your contract expiry date, no suitable alternative employment has been found you will be dismissed in accordance with the reasons outlined by your manager at your dismissal meeting.
14. Your manager will complete a leaver form and follow the council's leaver procedure.
15. You have the right of appeal against your dismissal in line with the [appeals policy and procedure](#).

16. If you are employed through the Wiltshire Temporary Bank, you will continue to be selected for suitable short term temporary positions during the redeployment period. At your contract end date you will return to the Wiltshire Temporary Bank.

#### Ending a fixed term contract that meets the test of redundancy

17. If your contract is ending and it meets the test of redundancy your dismissal will be conducted in line with the [redundancy policy and procedure](#).
18. If you have continuous service of 2 years or more you will be eligible for a redundancy payment. If you have less than 2 years' continuous service you will not be eligible for a redundancy payment or be able to apply for voluntary redundancy.
19. At the dismissal meeting (to be held in accordance with the timeframes stated above) outlining the reasons for your dismissal, your manager will provide you with the opportunity to apply for voluntary redundancy.
20. If you wish to apply for voluntary redundancy you should complete the voluntary redundancy fixed-term employee application form and return this to your manager within 5 working days of the dismissal meeting.
21. If you do not wish to apply for voluntary redundancy you will be provided with a redeployment form at the dismissal meeting to complete and return to the recruitment team so that your details can be added to the redeployment register.
22. You will be placed in the redeployment pool until your contract expiry date in line with the redeployment procedure within the [appointments policy and procedure](#).
23. Whilst you are in the redeployment pool you will be provided with a further opportunity to apply for voluntary redundancy 1 week before your contract expiry date.
24. If at your contract expiry date, no suitable alternative employment has been found and you have not applied for voluntary redundancy, you will be dismissed on the grounds of compulsory redundancy.
25. Your manager will complete a redundancy leaver form and follow the council's leaver procedure.

#### **Roles and responsibilities**

##### Employee responsibilities

26. You have a responsibility to co-operate with the stages within this procedure and to engage with the procedure at all times.

#### Line manager responsibilities

27. To inform employees on a fixed-term or temporary contract that their contract is due to expire within the required notice periods. A fixed term or temporary contract that is about to expire constitutes a potential dismissal due to redundancy and therefore no reliance should be placed on the contract specifying a termination date being suitable notification.
28. To maintain a record of any letters sent and minutes of meetings held in relation to the employee and forward any copies to HR to be kept on the individual's employee file.
29. To understand and apply this procedure in a fair and consistent way.
30. To ensure that this procedure is clearly communicated to the employee.

#### HR responsibilities

31. To provide advice and guidance on this procedure to managers as required.

#### Frequently asked questions

32. What do I do if I do not agree with the dismissal?

You have the right of appeal against your dismissal in line with the council's [appeal policy and procedure](#).

33. I fully understand the reasons for my contract expiry. Do I need to attend a meeting with my manager to discuss these?

If you accept the reasons for your contract expiry and do not feel it is necessary to meet with your manager then you do not have to do so. You will be asked to confirm that you do not wish to attend the meeting and your manager will then confirm the reasons for your contract expiry in writing.

34. My fixed term contract is ending for reasons that do not meet the test of redundancy. Will I still be placed in the redeployment pool?

Yes. You will be placed in the redeployment pool at the point at which your manager informs you of the reasons for ending your contract until your contract end date. However, you will not be entitled to a redundancy payment.

35. I am on a fixed term contract and I am facing dismissal for a reason other than the expiry of my fixed term contract. Does this policy and procedure apply to me?

No. Your case will be dealt with in line with another Wiltshire Council policy and procedure such as improving work performance or sickness absence management.

36. I am employed through the Wiltshire Temporary Bank. Does the same procedure for the expiry of my contract still apply to me?

The same procedure will still apply if you are employed through the Wiltshire Temporary Bank. Your manager must explain at the outset of your employment that your contract is for a specific period or purpose and will therefore have an expiry date. Your manager will agree to meet with you at a later date before the end of your contract to discuss your dismissal. The timescales for the dismissal meeting should be in proportion with the length of your contract and should be no less than 1 week before your contract expiry date.

37. My fixed term contract is ending for reasons that meet the test of redundancy. Does the consultation period as stated in the redundancy policy and procedure still apply to me?

If you are employed under a fixed term contract the consultation period may be pro-rated to a lesser period depending upon the duration of the fixed term contract. For employees whose fixed term contract of 3 month's duration or more the consultation period will not be less than six weeks. For employees employed under a fixed term contract of less than three months the consultation period will be for whatever period is reasonable with regard to the duration of the fixed term period but will be not less than one week.

## **Equal Opportunities**

This policy has been [Equality Impact Assessed](#) to identify opportunities to promote equality and mitigate any negative or adverse impacts on particular groups.

Managers will make any necessary adjustments to ensure that all employees are treated fairly.

## **Legislation**

Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002  
Fixed-term Work Directive 1999

This policy has been reviewed by an internal legal representative to ensure compliance with (the above legislation and) our statutory duties.

## **Advice and guidance**

If you require help in accessing or understanding this policy you should contact your line manager or trade union representative if you are a member.

If, due to the nature of your query, it is not appropriate to contact your line manager you should contact your head of service who will nominate an appropriate manager or colleague to help you.

See [guidance for managers – giving advice on policies](#).

## **Further information**

There are a number of related policies and procedures that you should be aware of including:

[Redundancy policy and procedure](#)

[Some other substantial reason termination procedure \(SOSR\)](#)

[Appointments policy and procedure](#)

[Wiltshire Temporary Bank](#)

[Equality and diversity policy and guidance](#)

[Dignity at work policy and procedure](#)

[Guidance for managers on arranging meetings](#)

There is also a toolkit including template letters to use when following this policy and procedure.

For further information please speak to your supervisor, manager, service director or contact your [HR advisor](#).

Policy author	HR Policy and Reward Team – (LB)
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Policy implemented	DD-MM-YYYY
Policy last updated	16-03-2012

DRAFT

## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE

9 May 2012

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#### **DIGNITY AT WORK POLICY AND PROCEDURE**

##### **Purpose of Report**

1. This report presents the revised dignity at work policy and procedure and guide to dignity at work and equality and diversity. These documents have been linked and updated to reflect changes in line with the Equality Act 2010 with the aim of having it approved by this committee.

##### **Background**

1. The dignity at work policy and procedure currently on HR direct was last revised in July 2010 and therefore did not contain information about the Equality Act which came in to force on 1 October 2010. As an interim measure some guidance about the Equality Act in relation to issues such as discrimination, harassment and victimisation was placed in the dignity at work section on HR direct as an additional source of information.
2. Amendments have now been made to the dignity at work policy to link it to the guide. The policy also contains other drafting amendments for further clarity and to bring it in to line with the HR policy format and other policies and procedures including the disciplinary, grievance and behaviours framework particularly in respect to manager, employee and HR responsibilities.
3. The guide has been slightly modified for clarity and includes more information about third party harassment. The information about equal opportunities relating to employees using the policy including accessibility, previously at the end of the guide will now be set out in a separate document. The current guidance for employees who are accused of inappropriate language or behaviour will be amalgamated with similar guidance under the grievance procedure.
4. The aim of this review was also to:
  - maintain consistency of approach by adopting the standard policy format;
  - make the procedure clearer and easier to follow
  - ensure the content is up to date and fit for purpose.

##### **Main Considerations for the Council**

5. In amending the policy and procedure key stakeholders were consulted including the operational human resources teams, legal, the stakeholder panel and the unions.
6. The main changes to the dignity at work policy and procedure are:
  - the policy and procedure has been updated in line with the Equality Act 2010 and other HR policies and procedures.

- roles and responsibilities have been clarified.
7. There is toolkit guidance which accompanies this policy and procedure which is also currently being reviewed.

#### **Environmental Impact of the Proposal**

8. None.

#### **Equalities Impact of the Proposal**

9. An Equalities Impact Assessment was undertaken on 29 February 2012 and no negative impacts were identified.

#### **Risk Assessment**

10. None

#### **Options Considered**

11. None.

#### **Recommendation**

12. To recommend approval of the dignity at work policy and procedure.

**Barry Pirie  
Service Director  
HR & OD**

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Report Author: Catherine Coombs, Human Resources Policy & Reward team

**The following unpublished documents have been relied on in the preparation of this Report:** None



## **Wiltshire Council Human Resources**

### **Draft - Dignity at work policy and procedure**

This policy can be made available in other languages and formats such as large print and audio on [request](#).

#### **What is it?**

The dignity at work policy and procedure sets out a framework for employees to raise concerns and complaints related to their dignity at work including discrimination, harassment, victimisation and bullying at work.

The policy sets out the Council's expectations that employees will treat each other with dignity and respect and a procedure to ensure the fair and consistent treatment of employees.

Go straight to the section

[Who does it apply to?](#)

[When does it apply?](#)

[When does it not apply?](#)

[Main points](#)

[What is my responsibility?](#)

[Line manager responsibility](#)

[More information](#)

[Frequently Asked Questions](#)

[Equal Opportunities](#)

[Legislation](#)

#### **Who does it apply to?**

This policy applies to all Wiltshire Council employees (with the exception of teaching and non-teaching staff employed in locally managed schools).

In matters which involve chief/statutory officers and deputy chief officers (corporate directors and service directors) this policy must be read in conjunction with their JNC terms and conditions of employment and Wiltshire Council's constitution.

Dignity at work complaints relating to job applicants, contractors sub-contractors, consultants, staff seconded from other organisations, agency workers, volunteers and work experience placements will be investigated and action taken to prevent re-occurrence using the general standards set out in this policy and procedure.

### **When does it apply?**

This policy applies during the recruitment process and throughout employment.

This policy and procedure could apply equally to a group of employees, in which case the group can appoint one of their members as a spokesperson, who will then follow the procedures on their behalf and the answers given to them will then be deemed to apply to all members of that group. However, where it becomes evident through investigation that group members have individually experienced differences in terms of severity and impact of unwanted behaviour or language, cases may need to be looked at and resolved on an individual basis.

### **When does it not apply?**

There are no exemptions under this policy and procedure.

### **What are the main points?**

1. The council is committed to creating an environment of positive working relationships and all employees are to be treated with dignity and respect in the work place.
2. All employees are expected to comply with this policy and embrace a culture which provides supportive and positive working relationships and behaviour which underpins the council's vision, values and beliefs. This includes behaviour set out in the following policy and procedures:
  - Behaviours Framework
  - Equality and Diversity
  - Code of Conduct
3. You can seek redress over inappropriate behaviour or language including harassment, discrimination, bullying and victimisation through this policy. Both informal remedies including mediation and formal remedies including disciplinary may be appropriate depending on the seriousness of the allegations under this policy and procedure.
4. Concerns and complaints raised under this procedure will be taken seriously, dealt with promptly and in confidence. If you require support under this policy this is available as set out below.

### **Inappropriate behaviour**

5. Language or behaviour which could contravene this policy can take many forms, occur on a variety of grounds and may be directed at an

individual or a group of individuals. Language or behaviour which one person finds acceptable may not be acceptable to another. It includes unwanted conduct that violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

6. Inappropriate language or behaviour which is not in line with the Behaviours Framework could be raised under this policy. This relates to all activities which take place in work and in certain circumstances outside of work (see code of conduct – misconduct).
7. Inappropriate language and behaviour can arise from a single or a combination of factors. Some examples are:
  - using language or behaviour which results in physical, mental or psychological hurt.
  - inappropriate language or behaviour may be direct or indirect. Direct behaviour is aimed at a particular individual whereas indirect could be an overheard comment or discussion. However, it is not only the acts or the words that need to be considered but how the person on the receiving end perceives the behaviour. If it is behaviour that is unjustified, unwarranted, unwanted, uninvited and unreciprocated then it needs to be addressed.
8. Inappropriate behaviour can range from violence to less obvious forms such as ignoring someone or offensive body language. It applies to all forms of communication including; written (including the use of social media, e-mails and internet), pictorial, verbal or non verbal. Whatever the form it will be unwanted behaviour which is unwelcome and unpleasant.
9. Inappropriate behaviour or language may constitute discrimination, harassment, bullying or victimisation. Discrimination including harassment, third party harassment and victimisation are covered by the Equality Act 2010. For further information and examples of these forms of dignity at work concerns including action for managers in relation to third party harassment, please see the [guide to dignity at work and equality and diversity](#).

#### Raising the matter

10. If you believe that the conduct of another employee is in breach of the policy you may choose to:
  - deal with the matter yourself informally.

- involve a third party (e.g. a colleague) to assist in dealing with the matter informally.
  - make use of the [mediation service](#).
  - pursue the matter formally.
11. Every attempt must be made to resolve complaints at the earliest possible stage. Use of the mediation service will be encouraged to achieve this where possible.
12. If you believe that you have been harassed by a third party (non - employees including service users, members or customers) you should report the incident immediately to your manager who will consider a range of appropriate actions as set out in the guide to dignity at work and equality and diversity.
13. In addition to the above any incident at work involving violence with another employee or non-employee must be reported in line with the violence at work policy and the accident and incident policy to your line manager who will also ensure that the correct forms/investigations and notifications take place in accordance with these policies.

#### Informal procedure

14. You can seek to take informal action in the following ways:
- by approaching and explaining to the person considered to have used the inappropriate behaviour or language why it is unacceptable and requesting them to stop and referring them to this policy and to the behaviours framework.
  - if you feel unable to approach the person you can put in writing to them the points that need to be covered.
  - you may ask someone else to approach the person on your behalf or to accompany you.
  - you can make a request for mediation through HR or the Occupational Health/counselling service.
  - records of any approaches made and any letters sent should be kept.
15. In the interests of an informal resolution being reached it is not expected that the individual who has been complained about would be

accompanied or represented at any meetings held under the informal stage.

16. You are strongly encouraged to use the informal procedure including consideration of mediation, to resolve difficulties before moving to the formal stage of the procedure.

#### Formal procedure

17. The formal procedure can be followed if it is not possible or appropriate to resolve issues informally. Formal complaints under this policy should be made in writing to your line manager, or if they are implicated in the complaint, to a more senior manager within the service area.
18. Managers will give priority to dealing with such complaints although timescales are dependent on the details of each case.
19. Managers will give regular progress updates to all parties concerned.
20. The formal procedure is detailed in the council's disciplinary procedure, [HR Online | Employee Conduct - Disciplinary Procedure](#), but in summary the main stages to be followed are:

#### Investigating and establishing the facts:

21. The line manager or another nominated manager will investigate your complaint and collect any evidence which will include interviewing you and the employee against whom the allegation has been made and any relevant witnesses in accordance with the [disciplinary procedure](#) and [guidance for managers on carrying out investigations](#). Additional information is also contained in the [guidelines for managers and investigating officers – dignity at work](#).
22. You and other colleagues who are interviewed will have the [right to be accompanied](#) by a trade union representative or work colleague and an HR case adviser may support the manager. Notes need to be made of these interviews.
23. If you are the employee against whom the allegation has been made, you will be informed as soon as possible and appropriate and given appropriate details of the allegation.
24. Depending on the seriousness of the allegation a brief period of suspension with pay or temporary redeployment may need to be considered. This could apply to either party or both of them.
25. The manager responsible for investigating your complaint will keep you and the employee against whom the allegation has been made

informed in writing, at regular intervals, of the progress of the investigation. Line manager's who are not part of the grievance process or witnesses may also need to be kept informed of progress as appropriate.

26. At the end of the investigation a decision needs to be made on whether there is a case to answer or not. If the decision is that no further action is required the parties will be duly informed. You will have the right of appeal.
27. If, following the investigation it is concluded that there is a case to answer specific details of any further outcomes in relation to the person whom the allegation has been made against will not be shared with you as this will be a confidential process between management and the individual.

#### Formal disciplinary hearing

28. If it is decided that there is a disciplinary case to answer then a disciplinary hearing will be organised. This includes:
  - formal notification of the hearing date to the employee against whom the allegation has been made.
  - providing the relevant documentation.
  - detailing the constitution of the panel members.
  - stating who should attend the hearing.
  - providing the format of the hearing.

#### Decision on appropriate action

29. After the case has been heard the panel will make a decision on whether or not disciplinary action or any other action is justified. The employee whom the allegation has been made against will be informed in writing of the decision within 5 working days. If this timescale is not possible all parties need to be informed of the expected date of decision.
30. The possible decisions of the panel are that:
  - the allegation is not upheld.
  - a written warning is issued.

- a final written warning is issued.
  - action short of dismissal is taken.
  - the employee is dismissed.
31. More specific details on these decisions and the appropriate action to take are contained in the disciplinary procedure [HR Online | Employee Conduct - Disciplinary Procedure](#)

The appeal process

Right of appeal for the employee against whom the allegation has been made:

32. If an employee feels that the disciplinary sanction is wrong or unjust they have the right to appeal against the decision in accordance with the council's [Appeal Policy](#). Once the appeal process has been completed there is no further right of internal appeal against the decision of the appeals panel.

Right of appeal for complainant:

33. After the investigatory stage if it has been concluded that there is no case to answer you will be provided with a summary of the reasons for this decision and will have the right to [appeal](#). You should make the appeal within 10 working days of receiving the written summary.
34. The appeal will be considered by a senior manager who will be advised by a representative from human resources. The manager should not have had prior involvement with the case and preferably be more senior than the initial investigating officer.
35. Information gathered during the investigation will be reviewed during the appeal.
36. You and the investigating officer will be given at least 5 days notice of the meeting. You may be accompanied to this meeting by a work colleague or a trade union representative.
37. Once all the information has been considered one of a range of decisions may be made which are outlined in the [appeals](#) procedure. Where it is decided that the appeal is allowed and that there is a disciplinary case to answer a disciplinary hearing should be called in line with the [disciplinary procedure](#).
38. There is no further right of internal appeal against the decision of the appeals panel.



## Roles and Responsibilities

### Employee responsibilities

39. To treat colleagues, managers, councillors, service users and members of the public with dignity and respect, in accordance with the principles set out in this policy and procedure and in the following policies and procedures:
- equality and diversity
  - behaviours framework policy
  - code of conduct policy
40. To comply with the process outlined in this policy and procedure in a positive and constructive way including to:
- provide your manager/investigating manager with full information to assist them resolve your complaint
  - attend arranged meetings/hearings
  - arrange your representation if you chose to be supported in this way
  - notify your manager if you or your representative require adjustments or cannot attend arranged meetings
  - engage with recommendations to resolve your complaint including mediation
  - maintain a professional approach to colleagues in respect of your working responsibilities while the process is on-going
  - use a discrete and co-operative approach towards any witnesses to ensure that information collected is independent and not unduly influenced by external sources.
41. To comply with the principles set out in this policy and procedure and to:
- provide services in a fair and reasonable way and with consideration and politeness.
  - engage positively in measures designed to support your performance such as induction, appraisal and professional development.
  - participate in procedures where managers are addressing matters of performance, attendance and conduct.
  - not aide or collude in cases where employees, clients or customers are treated in a manner which contravenes the policy and reporting any such instances.



- ensure your colleagues are aware if their conduct or behaviour is a cause of concern.
- provide support to someone who is subject to such conduct or behaviour.

#### Line manager responsibilities

42. To ensure that all employees are managed fairly and consistently in line with this policy and procedure and to manage the process related to dignity at work complaints including timescales, outcomes, support and the flow of information to all parties in the process in line with this policy and procedure and following HR advice.
43. Promote positive working relationships and standards and eradicate inappropriate behaviour or language in accordance with this policy and procedure and the following policies and procedures:
  - equality and diversity
  - behaviours framework policy
  - code of conduct policy
44. In line with this policy and procedure specifically:
  - set appropriate workplace standards by treating people with dignity and respect and managing in a professional and caring manner.
  - foster a work environment which is not threatening or intimidating so that the workplace demonstrates a culture of acceptable behaviour and positive interpersonal relationships.
  - ensure all employees under their control maintain a high standard of conduct between all colleagues and are advised of what is and is not deemed to be acceptable behaviour at work.
  - use their judgement to identify and correct standards of inappropriate language and behaviour with employees and to remind them of the council's policy.
  - take complaints about the contravention of the policy seriously and to take appropriate and prompt action and where possible try to resolve matters informally.
  - investigate complaints about inappropriate behaviour or language and making employees aware that where necessary appropriate action will be taken which could include using the disciplinary

procedure or other action outlined in this policy and guidance in relation to third party harassment.

- make employees aware of the actions they can take, the support available if they feel victimised and the opportunity to discuss matters with HR and, where agreed, for trained mediators to be used.
- monitor sickness absences within their departments to identify if any sick leave is attributable to inappropriate conduct or language.

#### HR responsibilities

45. An HR case adviser will be allocated to support managers where they are informed that a dignity at work complaint has been raised.
46. The role of HR will be to provide:
  - professional advice and guidance to managers to enable them to make an informed management decision.
  - an overview of the case to help ensure timely resolution and progression of the matter and to ensure consistency of approach across the organisation
  - an audit trail (paper trail) and chronology of the case
  - co-ordination of the involvement of any other stakeholders (if necessary) eg mediators, other HR advisors or legal
  - support to managers during meetings under the procedure where appropriate
  - support to managers during investigations under the procedure where appropriate
47. In most cases HR involvement will be at the formal rather than informal stage of the procedure although this will depend on the nature and complexity of the issue. HR case advisers will not be responsible for note taking at any meetings under this policy and procedure.

Employee's responsibilities if you have had a complaint raised against you.

48. These are set out in the guidance for employees who are the subject of a colleague's complaint or witness

#### Support for staff

- where an employee raises a complaint in good faith or they assist in an investigation the council will not tolerate any action of intimidation, victimisation, retaliation or discrimination against them. This also covers witnesses and the person against whom the

complaint is being made and applies whether the complaint is upheld or not.

- if the allegations are sustained in whole or in part any subsequent action will not be detrimental to the person making the complaint or the report unless the investigation or hearing identifies matters which need to be investigated separately. If so the appropriate procedures will be followed.
- malicious complaints will not be tolerated and will be pursued in order to determine whether action could be taken for a disciplinary offence.
- employees may elect to take advice from a trade union representative. HR case advisers can be consulted for procedural advice.
- confidential counselling can be made available through the Occupational Health advisors. Individuals are requested to contact the employee well-being helpline on 01225 713147 or send an email to [occhealth@wiltshire.gov.uk](mailto:occhealth@wiltshire.gov.uk)
- in appropriate circumstances and with the agreement of both parties a referral to formal mediation can be made in an attempt to establish positive working relationships. The relevant service area will pay for such mediation.

#### Frequently asked questions

49. **What action can be taken against managers or staff who fail to comply with the policy?**

If possible matters should be resolved informally and mediation is another possibility that needs to be considered. However, if neither of these options are successful or suitable then action may need to be taken under the formal part of the procedure.

50. **What action can be taken against contractors who fail to comply with the policy?**

Complaints relating to job applicants, contractors, sub-contractors, consultants, staff seconded from other organisations, agency workers, volunteers and work experience placements will be investigated and action taken to prevent re-occurrence using the general standards set out in this policy and procedure. Consideration can be given to terminating the contractual arrangements.

**51. What examples of good management can help to support a positive working environment and good working relationships?**

Examples of good management include:

- setting achievable time limits and standards of work.
- positively supporting the performance of individual workers e.g. through induction, professional development, appraisal and one to one supervisions.
- addressing matters of performance, attendance and conduct through the appropriate procedure on the occasions where employees fall short of acceptable standards in a prompt and professional manner
- applying the relevant procedures e.g. absence, improving work performance and disciplinary fairly and consistently.
- firm but fair management is not to be confused with behaviour that contravenes this policy.

**52. What is expected from employees in helping to provide a positive working environment and culture?**

Employees are expected to comply with the requirements of the dignity at work policy and procedure and to the behaviours framework to co-operate and support managers in addressing and taking appropriate action to improve areas of concern. If they have concerns about their line manager they should raise it with a more senior manager in the service area.

**53. If I witness offensive behaviour or language against another employee but this employee does not report it, am I expected to do anything?**

You can speak to the person who has been the target of the abuse and advise them to report it under the dignity at work policy. If they don't want to take the matter any further you should report the incident to an appropriate manager for them to follow up. Where you are involved in reporting this type of incident you can seek support as outlined above.

**54. What effects can language or behaviour have in undermining dignity and respect?**

The effects of language or behaviour which contravenes this policy can be extremely damaging to the individual and everyone else involved.

The subject of such behaviour may suffer from physical or emotional symptoms such as disturbed sleep and loss of confidence. Individuals may be personally affected and their performance may deteriorate which will impact on service delivery. This may also impact upon an individual's self esteem and family relationships.

### **Equal Opportunities**

This policy has been Equality Impact Assessed ([link to EIA for policy](#)) to identify opportunities to promote equality and mitigate any negative or adverse impacts on particular groups.

Managers will make any necessary adjustments to ensure that all employees are treated fairly. For further information see the guidance on equal opportunities in ([link to equal opps guidance](#))

### **Legislation**

The policy is underpinned and supported by a host of employment legislation which includes:

Equality Act 2010

Health and Safety Act 1974

Protection from Harassment Act 1997

Management of Health and Safety at work Regulations 1999 (SI 1999/3242)

### **Advice and guidance**

If you require help in accessing or understanding this policy you should contact your line manager or trade union representative if you are a member.

If, due to the nature of your query, it is not appropriate to contact your line manager you should contact your head of service who will nominate an appropriate manager or colleague to help you.

See [guidance for managers – giving advice on policies](#).

### **Further information**

There are a number of related policies and procedures that you should be aware of including:

- [Code of conduct](#)
- [Disciplinary](#)
- [Equality and diversity](#)
- [Behaviour framework](#)

There is also a toolkit including manager guidance and supporting documents to use when following this policy and procedure.

Toolkit

[Guidelines for staff](#)

[Guidelines for managers and investigating officers](#)

Guidance for staff who are the subject of a colleagues complaint

[The mediation scheme](#)

[The behaviours framework](#)

Guidance for managers – equal opportunities in dignity at work matters

For further information please speak to your supervisor, manager, service director or contact your [HR case adviser](#).

Policy author	HR Policy and Reward Team – (CC)
Policy implemented	DD-MM-YYYY
Policy last updated	DD-MM-YYYY

DRAFT

## **Guide to Dignity at Work and Equality and Diversity including Discrimination, Harassment and Victimisation**

### **Introduction**

1. This guide for managers and employees, provides further information on a number of areas which specifically relate to the Equality Act 2010 and which are covered by the dignity at work policy and procedure. These are:
  - Discrimination including:
  - Harassment (including third party harassment)
  - Victimisation
2. The Equality Act 2010 harmonised and replaced much of the previous discrimination legislation (such as the Race Relations Act 1976 and the Disability Discrimination Act 1995).
3. The 'protected characteristics' which qualify for protection under the Equality Act 2010 are:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion and belief
  - Sex
  - Sexual orientation
4. The issue of bullying is not covered under the Equality Act 2010 specifically but is covered by the dignity at work policy and procedure. Bullying is offensive, intimidating, malicious or insulting behaviour, and/or abuse or misuse of power that is meant to undermine, humiliate or injure the person on the receiving end e.g. picking on someone, ridiculing or setting someone up to fail, making threats or comments about someone's job security without good reason.
5. Discrimination including harassment and victimisation related to any of the protected characteristics or bullying will not be tolerated and will be treated in line with the dignity at work policy and procedure.

### **Discrimination**

6. The Equality Act sets out a number of different types of discrimination and in summary these include:
  - direct discrimination where someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perception discrimination below) or because they are associated with someone with a protected characteristic (see association discrimination below).
  - association discrimination where someone is associated with someone with a protected characteristic (e.g. a child, parent or partner)
  - perception discrimination where someone is perceived to have a protected characteristic but does not actually possess it.
  - indirect discrimination where a particular rule, practice or requirement disadvantages people who share a protected characteristic unless this can be justified.
  - harassment – please see below
  - victimisation - please see below
7. For further details and examples of the different types of the discrimination under the [Equality Act 2010](#) please see the [Equality and Diversity policy and procedure](#)

### **Harassment - types of harassment under the Equality Act 2010**

8. For behaviour to count as harassment under the Equality Act 2010, it has to be one of three types:

#### **Unwanted behaviour related to the protected characteristics**

9. Unwanted behaviour related to the protected characteristics relates to behaviour which has the purpose of:
  - Violating a person's dignity, or
  - Creating for that person an intimidating, hostile, degrading, humiliating or offensive environment
10. 'Unwanted behaviour' can include any kind of behaviour, including spoken or written words or abuse, imagery, graffiti, physical gestures, facial expressions, mimicry, jokes, pranks, acts affecting a person's surroundings or other behaviour, whether or not it is physical. This applies:
  - where the person who is on the receiving end of the unwanted behaviour has a protected characteristic, or
  - where there is any connection with a protected characteristic. For example: A person might be incorrectly perceived to have a characteristic or they may be associated with a person who has a characteristic, such as a family member.



11. It may also apply where the person does not fall under either of the categories above, or that the unwanted behaviour is not aimed specifically at them if they find that it violates their dignity or creates for them an intimidating, hostile, degrading, humiliating or offensive environment.

For example:

A white employee in an office where most of the other employees are also white finds the habitual racist comments of another member of staff also creates a hostile and intimidating environment for them. This may amount to harassment.

12. In addition it may apply where the person is subject to harassment related to a protected characteristic even where it is known that they do not have this characteristic.

For example:

An employee is subjected to homophobic 'banter' and name calling, even though his colleagues know he is not gay and he is aware that they know he is not gay. Nevertheless this may amount to harassment related to sexual orientation.

### **Sexual harassment.**

13. Sexual harassment takes place when a person does something of a sexual nature (which might be verbal, non-verbal or physical) which has the purpose or effect of:

- violating a person's dignity, or
- creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.
- 'Of a sexual nature' can include unwelcome sexual advances, touching, forms of sexual assault, sexual jokes, displaying pornographic photographs or drawings or sending emails with material of a sexual nature.

### **Less favourable treatment because of submission to or rejection of previous sex or gender reassignment harassment**

14. This is where a person is treated worse than someone else, or less favourably, because he or she either submits to or rejects sexual harassment or harassment related to sex or gender reassignment.

For example:

A manager propositions one of his team, she rejects his advances and is then turned down for promotion which she believes she would have got if she had accepted her boss's advances. This almost certainly amounts to harassment.

### **Points related to all types of harassment**

15. Other points to remember about all the types of harassment:

- The word 'unwanted' means 'unwelcome' or 'uninvited'. Sometimes a single incident will be self-evidently unwanted, such as the use of suggestive remarks or obscene language (which the majority of staff would find offensive), 'groping' or racial abuse. For a series of less serious incidents, it may be necessary for someone to object to the behaviour for it to be clear that it is unwanted. If it persists after they have asked for the behaviour to stop then it may amount to harassment.
- If the person carrying out the unwanted behaviour actually intends to violate the other person's dignity or create an intimidating, hostile, degrading, humiliating or offensive environment for them, this will of itself amount to harassment and the effect on the individual will need to be considered.
- If the person carrying out the unwanted behaviour does not intend to violate someone's dignity or create a hostile environment and so on, the behaviour will amount to harassment if it has the effect of creating such an environment and it is reasonable to consider that the behaviour would have that effect.

For example:

An employee with a mobility impairment finds that a colleague has referred to him a number of times as 'being wheelchair bound' or 'suffering from a disability'. The employee finds this offensive and feels that his dignity has been violated. He should raise the matter with his manager or under the dignity at work policy if he wishes. If the matter persists the behaviour is potentially harassment even though his colleague may not have originally intended or been aware that using these terms would have the effect of undermining his dignity or creating a hostile environment for him.

### **Third Party Harassment**

16. The Equality Act makes employers potentially liable for harassment of job applicants and employees by people (third parties) who are not employees unless they have taken steps to prevent harassment occurring. Third parties could include customers or service users etc.

17. This will apply when harassment has occurred on at least two previous occasions, managers are aware that it has taken place, and have not taken reasonable steps to prevent it from happening again.

18. The number of occurrences of third party harassment will count whether the harassment is committed by the same third party or another third party.

For example:

A Pakistani library assistant repeatedly informs his manager that he is upset by a member of the public who regularly makes derogatory remarks that jobs in England should be for the English and not given to foreigners. If his manager does nothing to try to prevent this from happening he himself would be liable for racial harassment.

19. Managers should act as soon as they become aware of any incidents of third party harassment and should be able to show that they have taken reasonable steps to prevent the harassment occurring again by:
  - encouraging employees to report any acts of harassment by third parties
  - taking prompt action on every complaint of harassment by a third party
  - behaving supportively towards any employee who complains of such harassment,
  - behaving in a proactive way to prevent the harassment taking place including implementing measures which make clients, customers, or visitors aware of their obligations not to harass employees. This could include displaying a notice forbidding any potentially discriminatory comments or abuse on the grounds of age, sex, race religion, sexual orientation.
  
20. Managers who receive a complaint of third party harassment should ensure that the matter is considered in line with the principles set out in the dignity at work policy and procedure and that the general standards set out in this policy and procedure are applied in terms of investigating and taking action to prevent re-occurrence.
  
21. Managers should ensure that a full record of the incident is taken from both the employee and any other witnesses. Full consideration should be given to the seriousness of the incident and the options for action including, investigating the matter further, displaying more prominent notes about customer behaviour (as above) and in more serious cases involving the police or banning customers from that particular service or similar alternative measures if this is appropriate. Managers should also comply with guidelines which may exist in some service areas for dealing with complaints from service users and customers.
  
22. In addition to the above complaints against contractors or an employee of a company providing services to the Council should be raised with the contractor/company involved so that where it is justified, action can be taken within the companies own rules or policies or under the service agreement with the Council as appropriate.
  
23. Where the complaint is against an elected member and a potential breach of the [member's code of conduct](#) a complaint can be made to governance team using the [member's complaints form](#).

## Victimisation

24. Employees may raise complaints about victimisation under the dignity at work policy and procedure.
25. Victimisation occurs when an employee is treated less favourably than someone else because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An example of victimisation might be where opportunities for training or progression have been blocked because an employee has previously made a complaint.

For example:

A non disabled employee gives evidence on behalf of a disabled colleague at a disciplinary hearing against a manager and is subsequently relocated to a different team with no promotion prospect and less responsibility because of their action at the hearing. This would constitute victimisation under the act which is unlawful.

## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE

9 May 2012

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#### **Corporate Driving At Work Policy and Procedure**

##### **Purpose of Report**

1. To present a new corporate driving at work policy and procedure.

##### **Background**

2. There are currently a number of separate policies and guidance relating to driving at work, produced by different teams and focusing on specific areas.
3. This policy aims to bring together all responsibilities for driving at work into one clear policy and procedure.
4. Fleet have followed the HR policy format which ensures that the policy and handbook are consistent in format, easy to read and understand and are fit for purpose.

##### **Main Considerations for the Council**

5. The policy ensures the council meets its legislative duties under the Health and Safety at Work Act 1974, Corporate Manslaughter Act 2007 and Road Safety Act 2006. It outlines the responsibilities of drivers, passengers, manager, fleet services and the corporate responsibilities of the council.
6. The policy applies to drivers of both council owned vehicles and those who use their own vehicle on council business (grey fleet). For the purpose of this policy, the term 'driver' includes all employees, contractors, agency workers and volunteers.
7. The policy identifies 3 driver types (required, regular and occasional) and specifies the number of points each category of driver may have on their license at recruitment stage.
8. The policy also identifies "trigger points" for each type of driver working for the council whereby corrective training or further action will be initiated.
9. Fleet services have put in place access to corrective driver training courses which are practical courses taking place in the vehicle used for work purposes.
10. The policy contains information about driver risk assessment and links to guidance for managers and examples of how to complete an assessment.

11. A handbook has been produced which sits alongside the policy to give additional advice to drivers.

### **Consultation**

12. The policy was approved by JCC following consultation with HR, union representatives and other key stakeholders.
13. The policy has also been to CLT, CRMG and Stakeholder Panel and additional guidance has been produced for managers.

### **Environmental Impact of the Proposal**

14. A reduction in carbon emissions / carbon footprint of the council by focusing on whether journeys are necessary.

### **Financial impact**

15. The only costs are associated with corrective driving training where drivers meet trigger points. Costs are estimated to be approximately £80 per driver, with an estimated 50-100 drivers undergoing this training in the first year (£4k - £8k) dropping off in later years with greater awareness and management.
16. Costs will be met from service training budgets.

### **Equalities Impact of the Proposal**

17. No negative impacts have been identified.

### **Risk Assessment**

18. None

### **Options considered**

19. None

### **Recommendation**

20. To recommend that Staffing Policy Committee approve the amended policy.

**Mark Smith**  
**Service Director Neighbourhood Services**

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Report Author: Abigail Smith, Fleet Services

**The following unpublished documents have been relied on in the preparation of this report:** None

## Wiltshire Council Human Resources

### Driving at work policy

This policy can be made available in other languages and formats such as large print and audio on [request](#).

#### What is it?

This policy aims to keep those who drive as part of their role, and other drivers, safer on the roads.

This policy provides guidance and instructions to help all drivers successfully manage their own road risk and personal safety.

The policy comes under the umbrella of the council's [health and safety policy](#) framework. The requirements of this policy are in addition to [existing legislation](#).

#### Who does it apply to?

This policy applies to all drivers, irrespective of their employment status, who drive at work on behalf of the council (with the exception of teaching and non-teaching staff employed in locally managed schools).

It applies regardless of the job role, council service area or type of vehicle being driven.

This policy applies to drivers of both council owned vehicles and those who use their own vehicle on council business, whether or not they receive a payment or allowance for such business journeys.

For the purpose of this policy, the term 'driver' includes all employees, contractors, agency workers and volunteers.

#### When does it apply?

This policy applies to anyone driving on behalf of Wiltshire Council.

#### When does it not apply?

This policy does not apply to commuting unless specific arrangements have been made and/or the employee is travelling from their home for a work activity to a location which is not their usual place of work.

## Driver types

Required driver	<ul style="list-style-type: none"> <li>• A licence is an essential requirement of the job and specified on job advert;</li> <li>• Required to drive for some or all of their role;</li> <li>• Drives a vehicle supplied by the council (e.g. LGV driver, gulley emptier, courier vehicle, road gritter).</li> </ul>
Regular driver	<ul style="list-style-type: none"> <li>• Licence is an essential requirement of the job and specified on job advert;</li> <li>• Required to drive for some or all of their role;</li> <li>• Drives their own car or pool car (e.g. social worker, environmental health officer etc.).</li> </ul>
Occasional driver	<ul style="list-style-type: none"> <li>• Licence is not an essential requirement of the job but may be desirable;</li> <li>• Occasionally need to travel to different locations (e.g. for meetings);</li> <li>• May use own car, pool car or public transport.</li> </ul>

## Main points

1. You must comply with [relevant legislation](#) and the council's [health and safety policy](#) whilst driving at work.
2. You must not use a council owned vehicle for personal use of any description.
3. If you drive your own vehicle it must be fit for purpose, adequately maintained, have current tax and MOT and be insured for business use.
4. You must produce evidence of your driving licence, tax, MOT and business insurance when required to do so. Repeated failure to do so may lead to disciplinary action under the council's disciplinary policy.
5. You must not carry passengers for non work related purposes when driving for work.
6. You are required to notify your line manager immediately of:
  - any accidents or incidents that take place when driving at work;
  - any changes to your licence details such as convictions imposed by the courts and/or endorsements or penalty points following traffic offences (related to driving either at work or in your personal time);



- if your ability to drive is affected due to health reasons or as a side effect of taking medication. Occupational health advice may be sought in these cases.

### Trigger points

7. The following trigger table will apply:

Driver type	Maximum points at recruitment	Trigger for corrective training	Trigger for further action
<b>Required driver</b> - license required for job - drives council vehicle	3	6	9
<b>Regular driver</b> - license required for job - drives own vehicle/pool car	3	6	9
<b>Occasional driver</b> - license not required for job - drives own vehicle/pool car	n/a	9	12

8. Wiltshire Council will not employ a required or regular driver where the following conditions apply:
- The applicant has more points on their licence than indicated on the table at paragraph 7 above;
  - The DVLA status check contradicts information provided by the employee at any point in the application process (unless caused by a delay in updating the DVLA status);
  - The applicant cannot produce evidence of Driver Certificate of Professional Competence (CPC) when required for the vehicle type they are driving;
  - The candidate's licence categories or age prohibits their entitlement to drive the required vehicle.
9. Corrective training or further action will be triggered when:
- a required, regular or occasional driver has **3** driver related incidents (e.g. reversing accidents, rear end collisions etc.) in a **12** month period;
  - a required or regular driver does not complete the half yearly declarations;
  - a required, regular or occasional driver is banned from driving for any reason;
  - when a driver has more points on their licence than indicated on the table at paragraph 7 above.

10. Further action may include:
  - Internal/external driver assessment;
  - Mutual agreement to a change of duties, on either a temporary or permanent basis;
  - Mutually agreed re-deployment into a suitable alternative role in line with the council's re-deployment policy;
  - Investigation under the council's disciplinary or SOSR policies with the potential for dismissal or other disciplinary action;
  - Other appropriate action.
11. Further action will also be triggered if an employee loses their licence on medical grounds.
12. Each case will be considered on an individual basis. Further information is available in the [Guidance for Managers – driving at work policy trigger points](#) and the [trigger point flowchart](#).

### **Passenger arrangements**

13. Passengers must:
  - wear seat belts in all vehicles where seat belts are fitted;
  - not be carried in the load space area of a vehicle;
  - adhere to the council's smoking policy and not smoke while travelling in a vehicle whilst at work;
  - be aware that there must be a sufficient number of seats for the number of passengers the vehicle is intended to carry;
  - use wheelchair fixing points where required.

### **Vehicle arrangements**

14. When using vehicles for work, the vehicle should be roadworthy, in a fit condition and, if safety equipment is required, it should be properly fitted and maintained.
15. The vehicle used must be appropriate for the journey and the work activity being undertaken.
16. The council will specify and select vehicles that are suitable and safe for employees and the type of business trips they are expected to undertake; consideration will be given to the body style, ergonomics, equipment and visibility.

17. The council will maintain their vehicles in line with manufacturers' recommendations and, where applicable, in line with the operator's licence.
18. When carrying goods, clarification must be sought from Fleet Services that the driver's current insurance cover is adequate.
19. All goods being carried must be securely restrained and items of value stored out of sight in the boot or under a cover. Further detail is provided in the driver's handbook.

### **Journey Arrangements**

20. Every journey should be managed and those responsible for journey planning, such as line managers, transport managers and drivers, should take account of the journey management factors outlined in the driver's handbook when scheduling and planning routes.

## **ROLES AND RESPONSIBILITIES**

### **Employee responsibilities**

When driving at work you must:

21. Hold and maintain a current and valid licence for the category of vehicle that you are required to drive.
22. Follow the guidelines contained within the driver handbook.
23. Report any accident, incident or near miss whilst driving at work in accordance with the Accident Reporting Procedure. In relation to prosecutions in clear cases, (such as being under the influence of alcohol or reckless driving) employees will be responsible for the legal costs.
24. Ensure that the vehicle is fit for purpose, including ensuring that correct fixings and attachments for disabled passengers are available on vehicles where this is relevant.
25. When using a council vehicle; keep the vehicle clean and tidy at all times - particularly when using vehicles displaying the council logo.
26. Inform your line manager immediately of any issue which may affect your ability to drive safely.
27. Not drive if you have consumed any alcohol.

28. Ensure you have completed any handover documentation correctly if using a council pool car.

### **Line manager responsibilities**

As a line manager you have a responsibility to:

29. Ensure that there are appropriate arrangements in place to minimise risks, to protect the health and safety of all drivers and any other parties who may be affected by their actions.
30. Make all drivers within your area aware of this policy.
31. Encourage good driving practices by all drivers within your areas and set a good example yourself.
32. Ensure that when drivers use council vehicles they are familiar with the vehicle and have received appropriate training to drive that vehicle.
33. Ensure that any council owned vehicles within your area of responsibility are maintained in line with manufacturers' requirements and in accordance with the relevant legislation where necessary.
34. Complete relevant, team specific [risk assessments](#) in line with the [guidance on completing risk assessments](#) document.
35. Monitor the hours that employees work and drive for business to ensure they are not required to work a full working day and then drive for long periods and to meet the relevant legislative requirements for driver's hours, where applicable.
36. Ensure that appropriate action is taken if employees meet the trigger points outlined in this policy in accordance with the [Guidance for Managers – driving at work policy trigger points](#) and [Trigger point flowchart](#).
37. Where appropriate undertake accident investigations with the relevant parties as necessary.
38. Carry out [licence checking](#) within your area in line with guidance provided by fleet services.

### **Corporate director responsibilities:**

39. Ensure that managers in their directorate fulfil their responsibilities as outlined in this policy.

40. Provide the necessary resources (both financial/budgetary and people/capacity resources) to allow managers to fulfil their responsibilities.

**Fleet services responsibilities:**

Fleet services will:

41. Ensure that this policy is circulated and made available to all employees.
42. Give advice to managers regarding compliance with this policy and the supporting documents.
43. Update the corporate directors on changes to road safety legislation and risk reduction activities.
44. Ensure that the compliance with this policy is regularly audited and communicate audit results to relevant managers.
45. Review this policy at intervals not longer than every two years, or when any significant change in legislation occurs as defined by fleet services, whichever comes sooner.
46. Establish active monitoring and compliance of the work-related road risk management standards and reactivate accident and near-miss monitoring throughout the council.
47. Monitor data so that trends and patterns can be established and corrective action taken.
48. Monitor licence, declarations and pool car checks to ensure these are being completed.
49. Where a regular or required driver does not complete the appropriate declarations a driving licence check may be completed by fleet services and the cost charged back to the relevant department.

**Passenger arrangements**

50. Passengers must:
  - wear seat belts in all vehicles where seat belts are fitted;
  - not be carried in the load space area of a vehicle;
  - adhere to the council's smoking policy and not smoke while travelling in a vehicle whilst at work;

- be aware that there must be a sufficient number of seats for the number of passengers the vehicle is intended to carry;
- use wheelchair fixing points where required.

### **Vehicle arrangements**

51. When using vehicles for work, the vehicle should be roadworthy, in a fit condition and, if safety equipment is required, it should be properly fitted and maintained.
52. The vehicle used must be appropriate for the journey and the work activity being undertaken.
53. The council will specify and select vehicles that are suitable and safe for employees and the type of business trips they are expected to undertake; consideration will be given to the body style, ergonomics, equipment and visibility.
54. The council will maintain their vehicles in line with manufacturers' recommendations and, where applicable, in line with the operator's licence.
55. When carrying goods, clarification must be sought from Fleet Services that the driver's current insurance cover is adequate.
56. All goods being carried must be securely restrained and items of value stored out of sight in the boot or under a cover. Further detail is provided in the [driver's handbook](#).

### **Journey Arrangements**

57. Every journey should be managed and those responsible for journey planning, such as line managers, transport managers and drivers, should take account of the journey management factors outlined in the [driver's handbook](#) when scheduling and planning routes.

### **Frequently asked questions**

58. **Are we legally required to have a driving at work policy?**  
Yes, the Council has produced this document in response to its legal requirements. However this policy, alongside the driver handbook, is also a key part of our health and safety policy to keep those who drive as part of their role safer on the roads.
59. **If I have an accident or get points on my licence, will this affect me being able to drive for work purposes?**

You must report any accident, incident or licence endorsement to your line manager. They will review your case in line with this policy and the [trigger point flowchart](#) and take the necessary action which may include corrective training or further investigation.

**60. Do I need to inform my manager if I get a parking ticket?**

No, this does not affect your licence and you are not required to inform the council.

**61. What constitutes a business journey?**

Any journey made during the course of the working day for work purposes which includes, but is not limited to, dropping off or collecting people / items from / to other departments (even if it's at the beginning or end of the working day) and going to a meeting at another site other than your usual place of work.

**62. What happens if I get to 9 points on my licence, am I still able to drive?**

It will depend on the type of driver you are. You should refer to the trigger points table at paragraph 7 and the [trigger point flowchart](#). Your manager will consider each case on an individual basis.

**63. If I have to do corrective driver training can I still drive for work purposes?**

Usually the training will take part during working hours alongside carrying out your usual role. If there is a health and safety concern which means that it is considered a risk for you to drive this will be discussed with you on an individual basis and appropriate measures put in place.

**64. Can I pick up a passenger during work time (e.g. pick up my child from school and drop them home) if this does not interfere with my work duties?**

No. If you are driving as part of your job you are not allowed to carry any unauthorised passengers. This applies regardless of whether you are driving a council owned vehicle or your own private vehicle. The only time this does not apply is during your commute to and from work when you may carry passengers if you are driving your own vehicle.

**65. I drive a Wiltshire Council van and my manager has confirmed that this can be kept at my home address. Can I use this van at weekends or in the evenings (e.g. to move some furniture)?**

No. The vehicle is provided solely for you to do your job. It may not be used for any personal journeys. Any employee found to be using a council vehicle for personal use will be subject to the disciplinary policy and procedure.

**66. My driving licence has confidential information on it (e.g. regarding a specific medical condition) which I do not want my manager to see. Do I have to show my manager my licence on request?**

The council is required to check that you hold a current and valid licence for the category of vehicle that you are required to drive. If there are exceptional circumstances which mean that you do not wish your manager to see your licence you should contact Fleet Services who will make arrangements for the check to be carried out by an alternative manager or occupational health. However the council will support any employee who does declare a disability, refer to the [disability support in the workplace policy](#) for further information.

**Corporate policy statement**

67. This policy is owned at a corporate level by the relevant corporate director.
68. Compliance with this policy is the responsibility of individual service directors.
69. Monitoring compliance to the policy is the responsibility of the director of neighbourhood services via the amenities and fleet services team, which has day-to-day operational responsibility for the policy.
70. The council is committed to ensuring the health, safety and welfare of all its employees while at work and this includes driving whilst on council business.
71. The council recognises that the use of vehicles on council business requires appropriate health and safety measures to protect both staff and others who may be affected by such activities.
72. The council will make sure that arrangements are established to take all reasonable steps to support the duty of care of its employees whilst at work and will take all reasonable steps within its power to meet this responsibility, paying particular attention to the provision and maintenance of:
- vehicles and related equipment that is safe and suitable for the purpose for which they are to be used;
  - safe systems of work for the operation of vehicles and ancillary equipment, and the use, handling and transport of related equipment and substances or materials throughout the journey and at the destination point;



- sufficient information, instruction, training and supervision to enable all employees, and others, to recognise and avoid driving-related hazards and ill health;
- a healthy working environment both within and outside vehicles;
- a suitable procedure for identifying, assessing and controlling driving and driving associated risks;
- a suitable accident/incident reporting and investigation procedure.

### Equal Opportunities

This policy has been [Equality Impact Assessed](#) to identify opportunities to promote equality and mitigate any negative or adverse impacts on particular groups.

Managers will make any necessary adjustments to ensure that all employees are treated fairly.

### Relevant legislation

[Health & Safety at Work Act 1974](#)

[Corporate Manslaughter Act 2007](#)

[Driving at work – managing work-related road safety \(INDG382\)](#)

[Road Safety Act 2006](#)

This policy has been reviewed by our legal team to ensure compliance with the above legislation and our statutory duties.

### Advice and guidance

If you require help in accessing or understanding this policy should contact your line manager or trade union representative if you are a member.

If, due to the nature of your query, it is not appropriate to contact your line manager you should contact your head of service who will nominate an appropriate manager or colleague to help you.

See [guidance for managers – giving advice on policies](#).

Policy author	Fleet Services – AS
Policy implemented	DD-MM-YYYY
Policy last updated	20-04-2012

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## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE 9 MAY 2012

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#### Vaccination Policy

##### Purpose of Report

1. This report presents the new Vaccination Policy for Wiltshire Council.

##### Background

2. It is a duty under the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations 1999 for employers to identify and control significant risks as far as is reasonably practicable. Currently there is no consistent policy for identifying or providing employees with vaccination where work activities expose (or have the potential to expose) employees to certain communicable diseases. Local arrangements exist but these are unlikely to either fully capture the range of employees at risk or provide the corporate overview and record-keeping that would enable the council to be able to demonstrate that these duties are being met.
3. The emphasis of this policy is on risk reduction measures that seek to reduce the reliance upon vaccination as a control given that such a programme can only ever be undertaken on a voluntary basis. The policy therefore includes a Biological Risk Assessment Tool to help managers identify suitable working practices that minimise any risk of exposure and hence reduce the likelihood of employees acquiring blood borne viruses and other communicable diseases as a result of work activities.

##### Main Considerations for the Council

4. The policy has been created and formatted in line with the new HR policy template.
5. The main points of the procedure include:
  - The people to whom, and circumstances in which, the policy should apply. This predominantly relates to blood borne viruses but with some reference to other communicable diseases and a summary table is included.
  - Information regarding the risk assessment and risk reduction measures that should be followed where workplace exposures exist. This

includes a specifically created Biological Risk Assessment Tool and flow charts to direct managers towards appropriate outcomes.

- The process to follow regarding actual vaccination which will be conducted by an external provider. This includes the schedule for vaccinations and outlines the action that should be taken in the event of an incident requiring post exposure support.
6. The procedure also provides clarity over the respective functions and responsibilities of employees, line-managers, the agreed vaccination provider, the Occupational Health and Safety Service and Human Resources.
  7. The establishment of a secure and robust record keeping procedure significantly enhances the overall impact of this policy beyond the current ad-hoc and non-existent arrangements.

### **Consultation**

8. The policy was devised following consultation with stakeholders from the services affected and was approved by the Health and Safety Joint Consultative Committee on 15<sup>th</sup> March 2012 which included trade union representation.

### **Environmental Impact of the Proposal**

9. None

### **Equalities Impact of the Proposal**

10. The policy ensures that all employees affected by this risk will have appropriate access to the full gamut of suitable and sufficient control measures.

### **Risk Assessment**

11. The absence of a consistent approach to this set of workplace hazards increases the risk of employee ill-health, subsequent staff absence costs and potential litigation. The council always seeks to lead by example in standards of employee health and safety.
12. A specific risk assessment is incorporated into the policy to help managers ensure that suitable control measures are identified and subsequently implemented.

### **Financial Implications**

13. It is anticipated that the introduction of this policy will be broadly cost neutral. Services are already funding local arrangements but without the benefit of any economy of scale. However the anticipated saving from using a single provider may be balanced by an increase in numbers if the awareness of the service is significantly raised by the introduction of this policy.
14. Suitable providers across Wiltshire have been asked to provide details of costs and the council is well placed to secure a competitive rate once risk assessments have been undertaken and the scale of the demand has been confirmed.
15. It is intended that funding responsibility will remain with each service enabling local budget management control to be retained. This will also encourage a proactive and diligent approach to risk assessment avoiding any temptation to adopt an unnecessary and costly blanket approach to the vaccination of whole staff groups.
16. The avoidance of staff absences and litigation as well as the avoidance of any reputational damage to the council has a positive but undeterminable financial effect.

### **Options considered**

17. None

### **Recommendation**

18. To recommend that Staffing Policy Committee approve the new procedure.

**Paul Collyer**  
**Head of Occupational Health and Safety**  
**Business Services**

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Report Author: Fiona Nicholson/Anita Churchouse - OH Service

**The following unpublished documents have been relied on in the preparation of this report:** Various

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## **Wiltshire Council Occupational Health (Vaccination Policy)**

This policy can be made available in other languages and formats such as large print and audio on request.

### **What is it?**

This policy forms part of the Occupational Health Risk Management System. Its purpose is to assist you and your managers to manage health hazards where work activities expose or have the potential to expose you to **Communicable disease**. The initial emphasis is on risk reduction measures which might include vaccinations where applicable.

The policy aims to minimise your risks of acquiring **Blood Borne Virus** (BBV) and other defined communicable diseases following actual or accidental exposure to contaminated or potentially contaminated substances. This includes providing occupational health advice regarding vaccination systems and procedures.

### **Who does it apply to?**

The policy applies to all Wiltshire Council employees who have been identified by a risk assessment as requiring vaccination, as a risk reduction measure, in order to reduce the risk of getting blood borne viruses or other communicable diseases, as defined in this policy.

Examples of the workers that the policy is most likely to apply to are;

- Employees who carry out personal care
- Employees working in day care centres or residential care homes
- Those working with known substance abusers
- Employees who work with people with challenging behaviours
- Social workers
- Sewage workers
- Ground maintenance workers
- Refuse workers
- Street cleaners

This is a harmonised policy and applies to both Wiltshire Council and ex-district TUPE employees.

## When does it apply?

This policy only applies to employees where their role has been identified, by a risk assessment, as requiring a vaccination.

This vaccination policy and procedure will only apply to blood borne viruses **Hepatitis B** , **Hepatitis C** and **Human Immunodeficiency Virus (HIV)** and communicable diseases of **Tuberculosis**, **Hepatitis A**, **Tetanus** and **Influenza (Flu)**. See **table** summarising the communicable diseases defined in the policy.

Communicable diseases that fall out of the above criteria will be managed on a case by case basis; further relevant policies may become applicable.

## What are the main points?

### Key Definitions

These definitions are simplified for ease of understanding in the context of this policy.

#### ***Blood Borne Virus (BBV):***

A blood borne virus is any disease that can be spread through contact with infected blood or body fluids, such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis C Virus. Such viruses can cause serious health problems and in some cases can be fatal.

#### ***Body Fluids:***

Body fluids are any liquids that are expelled from a human being. These include:

- Body fluids which may come from open wounds
- Semen and vaginal secretions
- Breast milk
- Urine and excrement
- Saliva
- Sputum
- Tears
- Sweat
- Vomit

#### ***Communicable disease:***

Communicable disease is any illness that can be transmitted from one person to another. This may occur by direct contact, by handling of an object that has picked up infective bacteria, or by spread of infected droplets coughed or exhaled into the air.



***Hepatitis A (Hep A):***

This infection is spread by ingestion of infected faeces. The infection attacks the liver and causes serious health complications.

***Hepatitis B (Hep B):***

This is an infection that is passed from person to person through blood to blood contact. The infection attacks the liver and can cause other health complications.

***Hepatitis C (Hep C):***

This is an infection that is passed from person to person through blood to blood contact. The infection attacks the liver and can cause other health complications.

***Human Immunodeficiency Virus (HIV):***

This is an infection that is passed from person to person through blood to blood contact. This infection gradually destroys your healthy cells and so your body cannot fight other infections causing serious health problems.

***Immunity: Immunisation***

Immunity is the ability of the human body to protect itself from infectious diseases. Immunity often results from vaccinations that can also be known as immunisations.

***Influenza (Flu):***

This infection affects the respiratory tract causing temperature, tiredness, sore throat and stuffy nose. It may also lead to other health complications.

***Microorganism:***

Is an organism or life form of microscopic or submicroscopic size, especially a bacterium or protozoan.

***Post exposure prophylaxis (PEP):***

Post exposure prophylaxis is treatment given following contact with a disease, which may prevent or reduce the severity of infection occurring. A provider of this service is a contracted vaccination service provider appointed by Wiltshire Council.

***Tetanus:***

A serious disease that can be caused by contamination of a wound.

***Tuberculosis (TB):***

This infection is spread mainly through respiratory contact.

### How can these diseases be passed on?

1. Blood borne viruses and communicable diseases are passed on through direct contact with **Microorganism**, infected blood or other body fluids. This may occur by any of the following routes:
  - Unprotected sexual intercourse
  - Skin puncture by sharp objects such as infected needles and other instruments.
  - During childbirth
  - Blood transfusion
  - Contamination of open wounds (less common)
  - Entry of infected fluid via splash to a mucous membrane such as the eye, nose or mouth (less common)
  - Through human bites when blood is drawn

### What are the risks of workplace contact with disease?

2. Provided **Risk assessment** are conducted and appropriate risk reduction measures are in place, the risk of you getting a disease as a result of your work is very small.
3. If you should become infected there could be serious health effects as well as potential consequences for your family.
4. It is therefore important that you understand what safe working practices are in place in your own department to protect you. It is your responsibility to stick to these safe systems of work, as they exist for your protection.
5. If accidental exposure to potentially infected blood or body fluids occurs, you will also need to know **what action to take**.
6. HIV: the risk is very low. If you suffer a deep penetrating injury from a known HIV source you have an approximate 1 in 300 chance of contracting HIV.
7. Your risk reduces further to just 1 in 1,000 of acquiring HIV when mucous membranes in the mouth, nose and eyes are involved.
8. Post exposure prophylaxis treatment can reduce your risk significantly.
9. Hepatitis B: the risk is relatively low. If you are unvaccinated and suffer a deep penetrating injury from a known Hepatitis B source you have an approximate 1 in 3 chance of contracting Hepatitis B.
10. Post exposure prophylaxis treatment for Hepatitis B can reduce your risk significantly.

11. Hepatitis C: the risk is low. If you suffer a deep penetrating injury from a known Hepatitis C source you have an approximate 1 in 30 chance of contracting Hepatitis C.

**Risk assessment:**

12. It is the responsibility of your manager to complete a **risk assessment** to identify the hazards and risks of exposure involved in your particular work. As a result of this your line manager will also identify the ways of reducing these hazards and risks.
13. The **risk assessment** should identify all relevant **Risk reduction measures** including training, hygiene and personal protective equipment. In some roles vaccination might not be required. Where it is required, you will be given appropriate advice about what to do.
14. Vaccinations are available for some communicable diseases including Hepatitis B, Influenza, Tetanus, Hepatitis A, and Tuberculosis. However, risk assessments need to be completed by your manager to identify whether you require a vaccination.
15. Vaccinations do not give a definitive 100% protection to a disease and other **Risk reduction measures** are of great importance.
16. Where vaccination is not an available option your manager will put in place risk reduction methods. **Risk reduction measures** include the following:
- Removal or the use of an alternative procedure.
  - Modify or replace any equipment which may reduce or remove the risk.
  - Ensure policies and training programmes are in place and well attended.
  - Review work practices.
  - Review Personal Protective Equipment.

**Procedure for vaccination of new starters and current employees.**

17. If you are a new starter or a current employee of Wiltshire Council your manager will conduct a risk assessment to determine whether you need a vaccination.
18. Your manager will notify you that you should be protected by vaccination to undertake your role.

19. Your manager will give you a **letter** with details of what vaccinations you require and how to arrange an appointment with a vaccination service provider.
20. If you have been previously vaccinated or gained immunity in the past, you will need to provide documented evidence of this. You may already have this evidence filed away. If not, the previous provider should be able provide this to you. Take this evidence to your vaccination service provider appointment.
21. You should contact the vaccination service provider on the phone number provided in the letter and make an appointment.
22. You should attend your appointment with your manager's letter, any documented evidence of previous vaccinations and your diary in order to book any follow up appointments.
23. You should arrange next appointment with the vaccine service provider.
24. You should claim any associated expenses using the expense claim form.
25. This procedure is summarised on a flowchart.

Please note: Wiltshire Council Occupational Health Service will be sent updated records after your vaccination appointment which may include results of your immunity status. Line managers will be sent notification of your immunity status as appropriate.

### **Cancellation of pre-arranged vaccination appointment**

26. You must give at least two working days' notice of cancellation or change of an appointment with a vaccination service provider. If notice is not given the full charge of the appointment is payable by your department. The vaccination service provider or the Occupational Health Service will notify your line manager if you do not attend.

### **Vaccination Schedule**

27. Vaccination schedules may differ depending on what infection you need to be immunised against. You may require one vaccination (e.g. influenza) or a course of three vaccines and a blood test (e.g. hepatitis B) to obtain the level of desired protection required for your role.
28. Your vaccination service provider will discuss this with you during your first appointment.

### Post exposure procedure

29. If you have suffered a possible exposure to a blood borne virus (e.g. stabbed with a sharp object, or a splash of body fluid into your eye) then please follow this section. This procedure is also summarised on a [flowchart](#)
30. You should wash the wound or site of exposure with soap and water but do not scrub and do not suck the wound. If mucous membrane e.g. eye, mouth is involved, rinse with copious amounts of water.
31. You should if possible, dry and cover the wound with a dressing.
32. You should report the incident to your line manager immediately.
33. You should complete an incident form as soon as you are well enough to do so.
34. **Office hours:** You should contact post exposure prophylaxis provider by telephone (*hyperlink be inserted once established*). Where possible, please have the details of your immunity history available.  
**Out of office hours:** You should attend your nearest Accident and Emergency Department and where possible, take the details of your immunity history with you.
35. Your post exposure prophylaxis provider will assess your risk level and give treatment as necessary. Further appointments for additional vaccinations might be required.
36. You should notify Wiltshire Council's Occupational Health Service of attendance to the post exposure prophylaxis service and any treatment given. This information will be held confidentially.
37. You should ensure an incident form is completed.

### Record keeping

38. Health records are maintained in a confidential manner. This means information will not be released to any person without your consent.
39. The records are maintained in accordance with the Data Protection Act 1998, Access to Medical Records Act 1988 and departmental confidentiality guidance.

## Funding

40. Your service will be responsible for funding your vaccinations, post exposure prophylaxis and blood tests. The vaccination service provider will invoice your service directly.

## Roles and responsibilities

### Employee responsibilities

41. Follow this policy in respect of blood borne viruses and other communicable diseases and undertake work activities in accordance with guidelines or established practice.
42. Meet your duty to protect the health and safety of your clients, your colleagues and yourself.
43. Wear and maintain any personal protective equipment in accordance with the **personal protective equipment policy**.
44. Attend any vaccination service to which you are referred and complete vaccination programmes and blood checks for protection of yourself and others.
45. Give as much notice as possible to the vaccination service provider should you require to cancel or change your appointment.
46. Seek appropriate advice and follow the **post exposure procedure** if you believe you may have been exposed to a potential source of infection.

### Line managers' responsibilities

47. Comply with this policy and seek guidance from the Occupational Health Service as applicable.
48. Carry out suitable and sufficient risk assessment of microbiological hazards, to identify and assess risks to health.
49. Carry out a review of the risk assessment annually or at a time when there is a significant change in the work processes and procedures or it no longer becomes valid.
50. Comply with Control of Substances Hazardous to Health (COSHH) Regulations 2001. This should include implementation of all appropriate risk reduction measures.
51. Identify employees who require vaccination as a result of being at risk of work related exposure to blood borne viruses and communicable disease.
52. Comply with legal responsibilities of The Health and Safety at Work Act 1974 and ensure that all employees are trained in safe systems of work.
53. Monitor exposure and instigate appropriate health surveillance and referrals (vaccination programme).
54. Assist relevant staff to attend vaccination programmes through vaccination service providers.
55. Liaise with the Occupational Health Service or the vaccination service provider to arrange vaccination clinics should this be a requirement.

56. Follow the sharps procedure and seek advice from the Occupational Health Service or the post exposure prophylaxis service on behalf of a member of staff who sustains a sharps injury.
57. Follow the council's procedure for incident reporting and RIDDOR reporting.
58. Review all exposure incidents and take action to prevent a future incident.
59. Maintain appropriate records regarding work practices, exposures and training as well as any formal certification requirement for any work related practices (including appropriate information to all new starters).
60. Act on any reasonable recommendations made by the vaccination service provider and/or the Occupational Health Service.
61. Provide appropriate training regarding awareness of sharps.

#### Human Resources (HR) Service responsibilities

62. Assist line managers to comply with organisational policies and ensure appropriate documentation is maintained on the employee folder.

#### Safety Service responsibilities

63. Carry out an incident follow up following a possible exposure occurrence.

#### Occupational Health Service responsibilities

64. Monitor and review this policy to support managers and employees.
65. Establish an effective vaccination programme by identifying and maintaining communication with appropriate vaccination service providers.
66. Provide suitable information regarding qualified vaccination service providers, to ensure an appropriate level of service is maintained for council employees.
67. Maintain records on all employees who have received vaccines, post exposure prophylaxis or blood tests, in order to assist identification of immunity status.
68. Maintain confidentiality regarding medical information.
69. Notify employees when they are due for recall for vaccination or blood test.
70. Advise line managers regarding any role modifications required, as a result of vaccination results.
71. Assist with education and training of employees on the relevant issues of transmission and prevention of blood borne viruses and other communicable diseases stated in this policy.

Vaccination service provider / post exposure prophylaxis provider responsibilities

72. Provide an expert vaccination and post exposure prophylaxis service which delivers a comprehensive range of effective interventions.
73. Provide a confidential service that is committed to best research based practice and quality standards.
74. Work within the remit of the latest legislation and best practice standards set by the Department of Health.
75. Investigate, counsel and treat Wiltshire Council employees following an occupational exposure or incident, in a timely manner.
76. Provide appropriate information and feedback to Wiltshire Council's Occupational Health Service, regarding outcomes of service provision.

### **Frequently asked questions**

#### **What happens if I do not want to have a vaccination even though my job requires it?**

77. You will be expected to sign a disclaimer form which states that by declining the vaccination you are aware that you continue to be potentially at risk of acquiring a serious disease as a result of your job role.
78. Your manager may refer you to the Occupational Health Service for further advice.
79. Your manager may seek advice from Human Resources.
80. Your manager may adjust your role as appropriate.

#### **How will I know if my post has been identified as requiring vaccinations and which vaccinations do I need?**

81. Your manager will have completed and documented a risk assessment of your job role and this identifies whether you need a vaccination.
82. The job specification form should indicate if the role is subject to vaccination.

#### **If I have already had vaccinations do I need to have them again?**

83. You may need to have a booster vaccination. You will be asked to provide evidence of the vaccinations you have had in the past to Occupational Health.
84. You may need to contact your previous vaccination provider e.g. GP Practice to gain the evidence you require.

#### **What happens if I feel too unwell to come to work after a vaccination?**

85. Vaccinations are very safe. If you do experience a side effect from a vaccination it will only be minor and temporary such as a sore arm or a



mild temperature. These can be controlled with over the counter medication. Serious adverse effects from a vaccination are exceedingly rare.

86. If you feel you are too unwell to go to work, then you should follow the procedure for reporting sickness in the sickness absence management policy.

**What happens if I want a vaccination and the risk assessment states that I do not need it?**

87. You may arrange for your own vaccinations. You will need to arrange for these to be given to you independently through either your GP (General Practitioner) or a local Travel Clinic. You will have to pay for all your vaccinations costs, blood tests (if required), travel expenses and any other vaccination programme associated costs. The vaccinations/blood test appointments should be arranged for out of work hours. The Council takes no responsibility for your vaccinations in these instances.

**Equal Opportunities**

This policy has been Equality Impact Assessed to identify opportunities to promote equality and mitigate any negative or adverse impacts on particular groups.

Managers will make any necessary adjustments to ensure that all employees are treated fairly. For further information see the guidance on equal opportunities in (see guidance for managers - equal opportunity).

**Legislation**

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health (Biological Agents) Regulations 2002 (COSHH)

**Advice and guidance**

If you require help in accessing or understanding this policy or completing any of the associated forms you should contact your line manager or trade union representative if you are a member.

If, due to the nature of your query, it is not appropriate to contact your line manager you should contact your head of service who will nominate an appropriate manager or colleague to help you.

See - guidance for managers – giving advice on policies.

### Further information

There are a number of related policies and procedures that you should be aware of including:

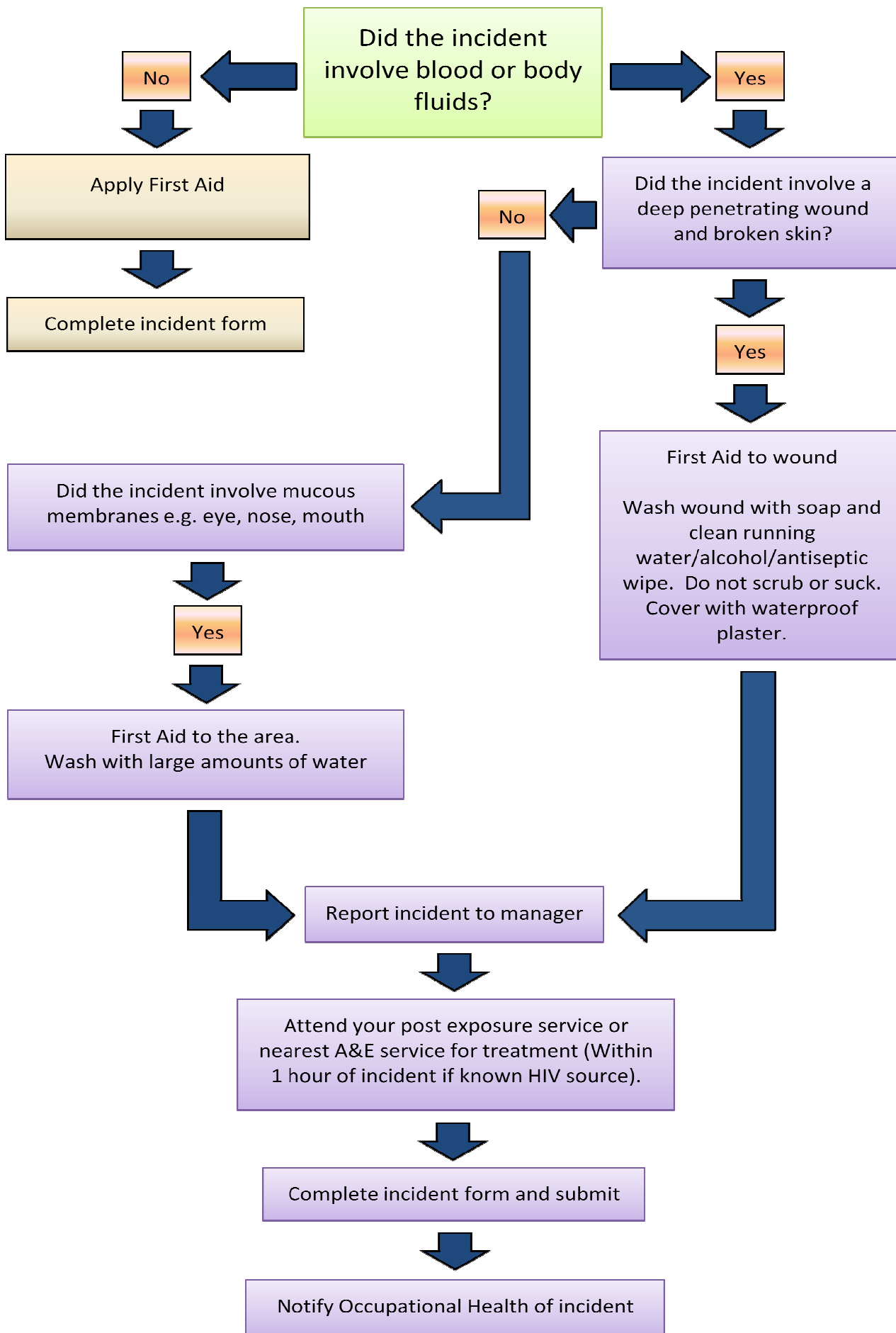
- Risk assessment guidance
- Guidance for managers – occupational health referrals
- Employee health and wellbeing policy
- Sickness absence management policy
- Accident and incident policy
- Personal protective equipment policy
- Lone working policy
- Dignity at work policy and procedure
- Equality and diversity policy

There is also a toolkit including manager guidance and supporting documents to use when following this policy and procedure.

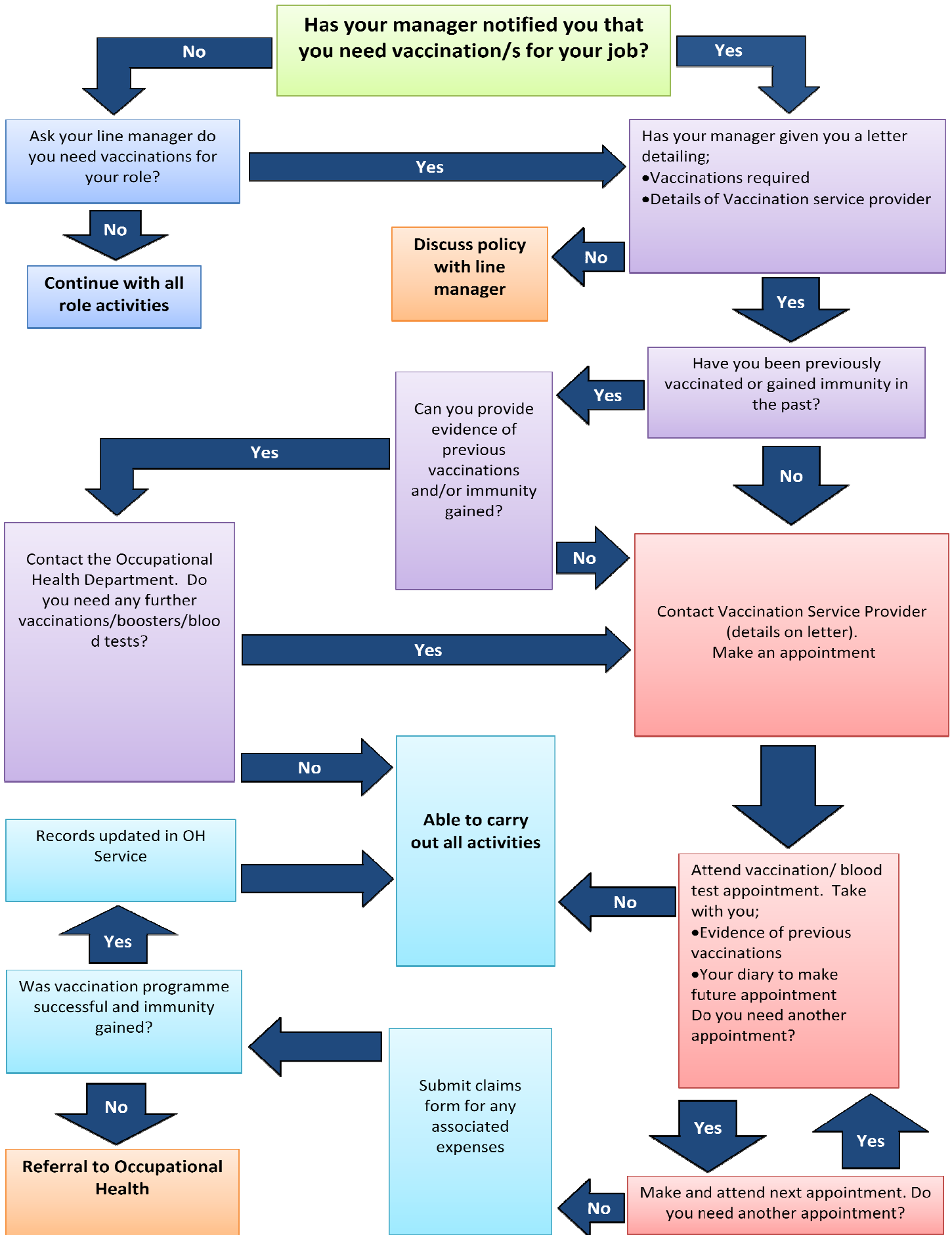
For further information please speak to your supervisor, manager, service director or contact your HR advisor.

Policy author	Occupational Health Service – FN
Policy implemented	DD-MM-YYYY
Policy last updated	DD-MM-YYYY

# Post Exposure Procedure



# The vaccination procedure for new starters and current employees



**Table summarising the Communicable Diseases within the Vaccination policy.**

Disease	Route of Transmission	Signs and symptoms	Is a vaccination available?	Vaccination course
Hepatitis B	<ul style="list-style-type: none"> <li>• Unprotected sexual intercourse</li> <li>• Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments.</li> <li>• Childbirth</li> <li>• Through human bites when blood is drawn</li> <li>• Blood transfusion</li> </ul>	<ul style="list-style-type: none"> <li>• Flu-like illness e.g. sore throat, tiredness, joint pains loss of appetite.</li> <li>• Nausea and vomiting.</li> <li>• Stomach discomfort and your skin may go a slightly yellowy colour (jaundice).</li> </ul>	Yes	<p>3 vaccinations and then a blood test to check your immunity.</p> <p>5 years later you will be given 1 more vaccine.</p>
Hepatitis C	<ul style="list-style-type: none"> <li>• Unprotected sexual intercourse</li> <li>• Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments.</li> <li>• Childbirth</li> <li>• Through human bites when blood is drawn</li> <li>• Blood transfusion</li> </ul>	<ul style="list-style-type: none"> <li>• Flu-like illness e.g. sore throat, tiredness, joint pains loss of appetite.</li> <li>• Nausea and vomiting.</li> <li>• Stomach discomfort.</li> <li>• Skin may go a slightly yellowy colour (jaundice).</li> </ul>	No	No vaccination course available but there are two drugs that may treat the disease but they do not work for everyone.
HIV	<ul style="list-style-type: none"> <li>• Unprotected sexual intercourse</li> <li>• Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments.</li> <li>• Childbirth</li> <li>• Through human bites when blood is drawn</li> </ul>	<p>Early Stages :</p> <ul style="list-style-type: none"> <li>• Temperature</li> <li>• Sore throat</li> <li>• Tiredness</li> <li>• Joint pain</li> <li>• Muscle pain</li> </ul>	No	No vaccination course but there are some drugs available to help prevent the infection but these are not always effective.

	<ul style="list-style-type: none"> <li>• Blood transfusion</li> </ul>	<ul style="list-style-type: none"> <li>• Swollen glands (nodes)</li> <li>• Blotchy rash</li> </ul> <p>Later Stages:</p> <ul style="list-style-type: none"> <li>• Tiredness</li> <li>• Night sweats</li> <li>• Weight loss</li> <li>• Diarrhoea</li> <li>• Blurred vision</li> <li>• White spots on the tongue or mouth</li> <li>• Dry cough</li> <li>• Breathless</li> <li>• Temperature of above 37C (100F) that lasts a number of weeks</li> <li>• Swollen glands that last for more than three months</li> </ul>		
Hepatitis A	<ul style="list-style-type: none"> <li>• person to person spread by eating or drinking faeces infected food and water e.g. eating shellfish</li> <li>• Sexual intercourse</li> <li>• Injecting drug users</li> </ul>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Tiredness</li> <li>• Weight loss</li> <li>• Sickness and vomiting</li> <li>• Stomach discomfort</li> <li>• Dark urine</li> <li>• Skin may go a slightly yellowy colour (jaundice).</li> </ul>	Yes	2 vaccination doses. Can be combined with Hepatitis B vaccine course.
TB (Tuberculosis)	<ul style="list-style-type: none"> <li>• Breathing in infected droplets from a person with infectious respiratory TB.</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Night sweats</li> <li>• Cough</li> <li>• Weight loss</li> </ul>	Yes	1 BCG vaccination but these vaccinations are not routinely given.

		<ul style="list-style-type: none"> <li>Blood in your phlegm or spit at any time</li> </ul>		6 month course of medicines can be given to treat TB.
Tetanus	<ul style="list-style-type: none"> <li>Enters into the body through a wound to the skin or a serious burn.</li> </ul>	<ul style="list-style-type: none"> <li>Stiff muscles near the wound</li> <li>Stiffening of other muscles and jaw until you can't open their mouth ('lockjaw').</li> <li>Muscle spasms affecting breathing and the heart</li> </ul>	Yes	5 vaccinations (usually given in childhood).
Influenza (Flu)	<ul style="list-style-type: none"> <li>Small droplets from a cough or a sneeze into the air by an infected person.</li> <li>Someone with the flu virus transfers it on their fingers e.g. if you have flu and you touch your nose or eyes and then touch someone else, you may pass the flu virus on to them.</li> </ul>	<ul style="list-style-type: none"> <li>Temperature of 38°C (100.4°F) or above</li> <li>Dry, chesty cough</li> <li>Headache</li> <li>Tiredness</li> <li>Chills</li> <li>Aching muscles</li> <li>Limb or joint pain</li> <li>Diarrhoea or upset stomach</li> <li>Sore throat</li> <li>Runny or blocked nose</li> <li>Sneezing</li> <li>Loss of appetite</li> <li>Difficulty sleeping</li> </ul>	Yes	1 vaccination during (October to December)

# RISK ASSESSMENT FORM

RISK ASSESSMENT TITLE: **EXPOSURE TO BIOLOGICAL HAZARDS**

ASSESSED BY:

DATE ASSESSED:

LOCATION / SERVICE:

NEXT REVIEW DATE:

PROFILE OF SERVICE (describe tasks undertaken in the job role):

DATE PREVIOUS REVIEWS CARRIED OUT:

MANAGER RESPONSIBLE FOR THIS ASSESSMENT:

NUMBER OF EMPLOYEES UNDER ASSESSMENT:

RA REF NO. (office use):

## HAZARD

*Think about where there is potential for exposure to harmful biological hazards.*

List hazards here:

(\* Delete or add as appropriate to your service, selecting from each group of options)

1. Work involving actual or potential contact with:

- blood, body fluids, (e.g. urine, vomit, saliva, breast milk)\*
- other excretions (faeces) \*
- other infectious materials / micro-organisms\*
- raw sewage

2. through:

- the handling of nappies, stoma bags, incontinence pads \*
- the provision of direct personal care\*
- contact with or collection of public waste
- working with those with behavioural or learning difficulties
- working with known Hepatitis B contacts or high risk / invasive procedures (e.g. injecting insulin)?
- exposures to watercourses, aerosol water spray, soil, plants and natural products
- infected animals and or disposal of infected carcasses
- exposure to rat or cattle excretions
- exposure to needles and syringes or sharp objects, other drug related litter

3. The potential routes of exposure are through:

- \*Inhalation
- \*Ingestion
- \*Absorption
- \*Injection
- \*Skin contact
- \*Directly into eyes
- \*Other

## WHO MIGHT BE HARMED?

*Who are the groups or individuals that are likely to be exposed?*

List specific groups of staff / other people that are at risk:

*(These are examples, delete and replace with the ones that apply for you)*

\*Cleaners   \*Streetscene   \*Carers or those giving direct personal care   \*Ground maintenance teams   \*Litter pickers

\*Social workers   \*Highways teams   \*Refuse workers   \*Sewage workers   \*Forestry & Agricultural workers



- \*Those working with people with substance misuse      \*Those working with people with behaviour / learning or special needs
- \*Those exposed to soil / plant materials      \*Those in direct contact with running water or spray or aerosol
- \*Those in contact with animals      \*Those in contact with human or animal corpses

## CONSIDERATIONS ABOUT THE RISK

*Take account of other factors that may affect the extent of any risk of exposure.*

### Add additional information about the risk here:

*(Consider the following, then delete and add as much information as you can)*

- \*What is the specific disease or infection identified (e.g. Hepatitis / Legionella)?
- \*What is the frequency / route duration of exposure?
- \*Is there a need for special consideration in relation to pregnant or immune compromised workers?
- \*What is the estimated severity and adverse effects that are likely to occur?
- \*How many past significant incidents have there been?
- \*Can potential exposures be reduced or removed by changing any of the above practices?
- \*Check specific advice from appropriate websites;

[www.hpa.org.uk](http://www.hpa.org.uk)

[www.hse.gov.uk/biosafety/infection.htm](http://www.hse.gov.uk/biosafety/infection.htm)

[www.hse.gov.uk/biosafety/biologagents.pdf](http://www.hse.gov.uk/biosafety/biologagents.pdf)

## IS THE RISK ADEQUATELY CONTROLLED?

*Give details of ALL the current control measures that are in place to prevent exposure or reduce the likelihood of exposure.*

### List existing control measures/systems and state how individuals at risk are notified of the control measures/systems in place:

*(Here are some examples of the type of control measures that you may already be using. Delete any that are not applicable and add or amend service specific details of those that are in use. Add any that are not listed in the examples.)*

#### **TRAINING and INFORMATION**

The following training is provided to protect employees from biological hazards:

- xxx
- xxx

Training is recorded on individual files with refresher sessions provided at xxx intervals.

Information leaflets and training are provided in relation to actual or potential biological exposures, including what to do in the event of accidental exposures.

All employees are given specific advice in relation to:

- \*Tetanus
- \*Weil (Leptospirosis) Disease
- \*Hepatitis B

\*Hepatitis A  
\*HIV  
\*TB  
\*Anthrax  
\*Lyme Disease  
\*Orf  
\*Ovine Chlamydiosis  
\*Rabies  
\*Ringworm

Employees are told to raise any concerns in relation to workplace exposures to biological hazards with their supervisor/manager.

Standard signs and symbols are used to indicate warnings where appropriate (e.g. biohazard)

### **SAFE SYSTEMS OF WORK**

Attempts are made to reduce actual or potential exposure by having written procedures and safe systems of work for particular high risk situations in the workplace and from workplace practices. These are regularly reviewed and include:

- e.g. picking up of needles and drug paraphernalia
- e.g. clearing up of blood spillages
- xxx

Those with individual susceptibility (e.g. pregnant / breast feeding women, immune compromised individuals) are restricted from (insert named duties and functions) and given advice in relation to potential hazards.

Eating and drinking as well as smoking in locations where biological hazards have the potential to cause harm is \*restricted / \*prohibited. Employees are made aware of the need to ensure appropriate hand hygiene prior to eating/drinking/smoking and facilities are provided.

### **EQUIPMENT & PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Where biological exposures are a necessary part of the job role there is careful equipment selection and well as inspection and maintenance procedures in place via the risk assessment procedure. Documented records provide evidence of this.

Personal protective equipment is provided (*\*give service specific example e.g. Kevlar trousers and puncture resistant gloves, gauntlet gloves*), designed to meet the needs of the job role as determined by the risk assessment.

Training is provided in relation to the PPE about its use, storage and replacement when defective.

### **HYGIENE**

Hand and personal hygiene facilities are accessible and maintained. (*Add details of any mobile facility for peripatetic workers*) Employees are advised about regular use of hand hygiene facilities.

Workers are advised to cover any open wounds / injuries or skin abrasions with dressings prior to commencing work to avoid cross contamination or increased risk of direct exposure to workplace biological hazards.

Workplaces and areas of potential contaminations are regularly cleaned in accordance with local policy.

Work areas are ventilated where airborne hazards exist in accordance with local policy.

### **WASTE DISPOSAL**

There is adequate provision of receptacles for the disposal of contaminated waste and training is provided to ensure full understanding about disposal methods. This includes:

- xxx
- xxx

Contaminated waste is sent for incineration.

### **SHARPS HANDLING**

Employees are advised not to handle sharps (e.g. needles) as far as is practicable, but sharps kits are provided to assist direct transfer to appropriate sharps containers.

Employees must not re-sheath needles when using them.

Specific individuals within the service are trained in the handling and disposal of sharps and are the only staff who carry out this task.

### **FIRST AID**

First aiders are aware of the action to take in the event of an accidental workplace exposure so they can support employees appropriately.

First aid kits are accessible and are regularly checked to ensure contents are in date.

If skin puncture / wound occurs bleeding should be encouraged and the areas rinsed immediately under clean flowing water. Then the area should be cleansed with saline / alcohol / antiseptic wipes and the employee must report to nominated post exposure provider for follow up care.

### **INCIDENT MONITORING**

All exposure incidents and near misses are reported and investigated. Monitoring takes place to assess frequency of incidents and near misses and to ensure that any remedial action is implemented.

### **VACCINATION & INCIDENT MANAGEMENT & SURVEILLANCE**

Where the residual risk of exposure remains foreseeable and realistic then employees are advised of and offered full vaccination cover via the agreed provider for;

- \*Hepatitis B
- \*Hepatitis A
- \* Other

Post exposure support is provided and employees are made aware of how to access this service.

Cards indicating action to take in an emergency / accidental exposure situation are provided to each employee within the service.

Employees are trained in the recording of workplace accidents including exposures that have potential to cause harm.

Documentation in relation to workers provided with immunity via vaccination is maintained in Occupational Health and notification / reminders about follow up / update vaccination is provided from \*OH / \*vaccination provider to the \*employee / \*manager.

## **WHAT FURTHER ACTION IS NECESSARY TO CONTROL THE RISK?**

*On the basis of the information you have provided above relating to the CURRENT control measures, you should now indicate what further measures need to be introduced or reinforced to control this risk. This risk assessment should then be under constant review to ensure those actions are completed. Thereafter the assessment should be reviewed at least annually or when any new information or change gives rise to a reasonable expectation of any additional risk.*

**For risks that are not adequately controlled, note the action you will take and who is responsible for ensuring that action is taken. The timescale for action should be commensurate to the level of risk:**

<b>ACTION</b>	<b>By When</b>	<b>Person Responsible</b>

--	--	--

# SAFE SYSTEM OF WORK FORM (SSoW)

to be completed where a high risk remains after the completion of the risk assessment

All employees **MUST** have read and understood this SSoW before undertaking the task.

DESCRIPTION OF TASK REQUIRING SSoW:

PREPARED BY:

DATE PREPARED:

NEXT REVIEW DATE:

LOCATION / SERVICE:

DATES PREVIOUS REVIEWS CARRIED OUT:

MANAGER RESPONSIBLE FOR THIS SSoW

RA REFERENCE NO:

SSoW REF NO:

List each safety instruction / operation as a sequential numbered point to define a clear method of work for staff to follow. This will ensure that all risks are properly controlled and prevent any improvised or alternative method of working.

**PROCEDURES:**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Add further numbered procedures as required.

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## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE 9 MAY 2012

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#### Occupational Health Service Annual Report

##### Purpose of Report

1. This report gives an overview of the work outputs of the Occupational Health Service during 2011.

##### Background

2. The Occupational Health Service sits within Business Services and provides professional health advice to managers and employees to support their attendance and performance at work.
3. The team comprises:  
Paul Collyer (Head of Service)  
Anita Churchouse (Team Leader)  
Cheryl Munday, Jackie Parker, Fiona Nicholson (OH Advisers)  
Samantha Matthews, Jackie Beardmore (Administrative Assistants)  
Mark Critchley (OH Physician – contractor)

##### Main Considerations for the Council

4. The annual report shows that the Service:
  - handled 997 management referrals
  - handled 1438 pre-employment assessments
  - provided access to counselling services for 123 employees
  - provided access to physiotherapy services for 132 employees
  - introduced health surveillance and health promotion activities
5. The most common health issues presented were:
  - musculo-skeletal (22% of management referrals)
  - non-work related stress (17%)
  - work-related stress (16%)
6. The report also gives details of a plethora of additional functions and policy and procedure improvements which have all contributed to an enhanced service delivery.
7. The team has been recognised in both the Corporate Award and the Healthier Wiltshire Award schemes. The OH Team Leader won the individual 'Employee Support' Corporate Award.

### **Consultation**

8. None required for the production of this report.

### **Environmental Impact of the Proposal**

9. None.

### **Equalities Impact of the Proposal**

10. The OH Service provides advice regarding reasonable adjustments and general application of the Equality Act.

### **Risk Assessment**

11. The work of the OH Service helps to mitigate human and financial risks associated with work-related health issues.

### **Financial Implications**

12. The OH Service makes a significant impact on the cost of staff absences by assisting absence cases to be managed effectively. Through its trading performance it generated income of £8275.

### **Options considered**

13. None

### **Recommendation**

14. To recommend that Staffing Policy Committee notes the Annual Report.

**Paul Collyer**  
**Head of Occupational Health and Safety**  
**Business Services**

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Report Author: Anita Churchouse - OH Service

**The following unpublished documents have been relied on in the preparation of this report:** Various



# OCCUPATIONAL HEALTH PERFORMANCE REPORT



2011

**WILTSHIRE COUNCIL  
OCCUPATIONAL HEALTH SERVICE  
END OF YEAR REPORT Jan - Dec 2011**

**Created by:** Anita Churchouse (Occupational Health Team Leader)

**Created on:** 29<sup>th</sup> February 2012

## **1.0 SUMMARY**

Each member of the occupational health team experienced personal challenges during 2011. From the vast spectrum of life events this has included birth of a child, death of close relatives, personal and family health worries, partner job uncertainty, and moving house. While such everyday occurrences are common in all teams, in such a small team they do take their toll. Despite this the team has worked hard and continued to deliver a quality service.

The workplace has also posed its fair share of challenges. The year started with the relocation of the service within County Hall, appointments, however continued to near normal levels throughout. At various points during the year there were staff shortages due to absence, the departure of one team member and subsequent orientation of a new administrator along with many workplace changes to adjust to.

The team pulled together resulting in many achievements which are summarised here;

- Continued reorganisation of medical files to improve service efficiency
- Destruction of a high percentage of the medical record archives in line with ideals of transformation.
- Amendments to the management referral form to ensure greater consistency in case management.
- A collaborative approach (with individuals from the Human Resource Team and management) to redesign the subsequent occupational health management report format, to ensure that reports generated by health advisors provide consistent, meaningful information for managers.
- Commencement of the sending of electronic reports directly to managers (using password protection) usually within 24 hours of the appointment having taken place, in response to an identified need to speed report return (previously these were posted).
- Creation and launch of feedback sheets to assess perceptions of users, regarding the service. Further service changes have been made, as a result of the feedback.
- Team of the month runner up award in April 2011.
- Reorganisation of the contracted counselling provision, which included re-interviewing all current counsellors as well as additional ones to ensure an appropriate geographical spread of highly qualified professional counsellors, serves organisational needs, county wide.
- A collaborative approach with the physical activity team to launch HOT Health on the wire and provide interactive hub events to try to promote positive health practices in a fun way (over 300 employees attended). The previous year's work was rewarded as runners up in the Wiltshire Workplace Health and Wellbeing Awards).

- Continued collaborative working with safety colleagues to establish health surveillance services, to safeguard employees and ensure the organisation is compliant with legislation.
- Active involvement in the Workplace Health Sub Group and the Behaviours Framework Working Group in order to ensure that workplace health is well represented.
- Involvement in the delivery of stress management training for managers through the Management Matters initiative.
- Commencement of project work on supporting employees exposed to biological hazards in the workplace, which will lead to an organisational vaccination policy.
- Establishment of Service Level Agreements in order to promote more income generation especially with schools turning to Academy status.
- Collaborative work with the Human Resource Policy team on a number of organisational policies including design of the new short form of pre-employment health questionnaire, in line with Equality Act Legislation, input into the Ill Health Retirement policy and various other policies that have been amended during the year .
- Initial discussions with various interested stakeholders in relation to absence management, which it is hoped will develop further during 2012.
- Finally and probably most importantly for future planning, the design of a Health and Wellbeing Framework to assist in directional service planning, as continued efforts are made to provide an effective quality OH service. This will lead to the development of an organisational Health Policy in 2012.

The Occupational Health Service continues to work towards the broad aim of provision of a safe, efficient, quality, cost effective service to support the needs of the organisation.

The main day to day activities, appointments, supervision, auditing, team meetings and development of internal systems and documentation has continued throughout 2011. The following breakdown of statistical information highlights the other activities that have been on-going during the year.

**Summary table 1a**

<b>DIRECT OH THROUGHPUT</b>	<b>TOTAL 2010</b>	<b>TOTAL 2011</b>	<b>INDIRECT THROUGHPUT</b>	<b>TOTAL 2010</b>	<b>TOTAL 2011</b>
Number of OH referrals	976	997	Employees received counselling	145	123
Total appointments	1775	1528	Total counselling sessions	474	390
Number of PEQs	1875	1438	Employees received physiotherapy	37	35
Surveillance activities	84	14	Total physiotherapy sessions	138	132
Health promotion figures	383+	300+			
Number of training sessions conducted	5	12			

**Comparison summary table 1b**

<b>DIRECT THROUGHPUT</b>	<b>TOTAL 2009</b>	<b>TOTAL 2010</b>	<b>TOTAL 2011</b>
Number of OH referrals	840	976	997
Total appointments	1560	1775	1528
Number of PEQs	2192	1875	1438

**Income generation figures for OH**

2009 = £9564.25  
 2010 = £8423.40  
 2011 = £8275.00

This report outlines the extent of Occupational Health activities during the year 2011.

## 2.0 OCCUPATIONAL HEALTH REFERRALS

Occupational health referrals from management continue to form the bulk of the workload. During 2011 a total of 997 referrals were received. This represents a slight increase on 2010, which is interesting when the overall size of the organisation has probably decreased within the year. Figures are as follows;

**Summary table 2**

PERIOD	2009	2010	2011
January – June	415	494	506
July – December	425	482	491
<b>TOTAL</b>	<b>840</b>	<b>976</b>	<b>997</b>

**Summary table 3**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2010</b>	69	88	98	77	87	75	85	59	74	102	91	53
<b>2011</b>	89	85	103	65	56	98	70	56	81	94	108	57

Referral rates vary on a monthly basis with the highest numbers in 2011 being referred in March and November, the lowest in August and December. The average referral rate was 75 a month during 2011 (compared with an average of 73 a month in 2009 and 81 a month during 2010). This continues to reflect a similar trend to other years due in part to a downturn in referral rates from schools during holiday periods.

## 2.1 DEPARTMENTAL BREAKDOWN

Departments have changed, although statistics are still recorded along previous breakdowns at this time. It is anticipated changes can be better addressed through the planned implementation of the new OH software, when it becomes available in 2012. The highest number of referrals is received from schools, which is consistent with previous years, followed by community services and what was formerly DNP.

**Summary table 4**

Enquiries into Health - New Referrals	2011
Schools	315
DCE General	126
DOR	87
DCS	235
DNP	183
PHWB	11
External	26

## 2.2 REASONS FOR REFERRALS

Statistics demonstrate that the main reason for referral in 2011 were mental health issues (both work and non work related) as well as musculoskeletal issues. This appears to be consistent with previous years.

**Summary table 5**

<b>Enquiries into Health by Health Reason</b>	<b>2010</b>	<b>2011</b>
01 Abdominal Complaints	69	79
02 Neurological	50	57
03 Mental Health not Work Related	188	169
04 Mental Health Work Related (including stress)	142	156
05 Cardio-vascular	18	27
06 Respiratory	16	22
07 Back/Neck	33	44
08 Musculo-skeletal	241	215
09 Skin Problems	3	4
10 Sensory (ENT)	28	39
11 Endocrine	8	15
12 Immunological and Cancer Related	73	81
13 Frequent Sickness	88	57
14 Capability Issues	7	9
15 Ill Health Retirement	11	16
<b>TOTAL</b>	<b>976</b>	<b>997</b>

## 2.3 GEOGRAPHICAL LOCATION

Geographical assessments reveal similar patterns of referrals to 2010. The highest numbers of referrals come from Trowbridge and the West area, with roughly equal numbers of referrals from North and South parts of the county. Occupational Health clinics are predominantly based in Trowbridge, with a weekly one day clinic in Chippenham and a weekly one day clinic in Salisbury. Telephone appointments are conducted where possible to ease travel difficulties.

**Summary table 6**

<b>Enquiries into Health – Location for 2010</b>	<b>% 2010</b>	<b>% 2011</b>
Chippenham and North	25	22
Devizes and East	12	14
Salisbury and South	21	21
Trowbridge and West	42	41

## 2.4 TIMESCALES FOR COMPLETION OF REFERRALS

During 2010 alterations to working patterns aimed at reducing the number of review appointments needed, meant a significant reduction in cases open at any one time. This pattern of work has continued during 2011 as it is more time efficient. Some cases, however, still require additional medical reports and reviews. Waiting times for medical reports continue to create delays and are largely outside of OH control. Around 72% of cases were closed within a 4 week time scale, (compared with 60% in 2010) a further 12% were closed within an 8 week time scale. Continued attempts are being made to improve output through strategic improvements in ways of working within the department.

## 2.5 ACTIVE CASES

The numbers of active cases are tracked in the system and this varies at any one time depending on the number of referrals received in the month, the amount of clinic time available (taking into account staff holiday periods, sickness absence and other reasons for down time) and the number awaiting medical reports or review. Further attempts were made in 2011 to reduce the numbers of active cases, as this creates more availability in the service for incoming referrals, and helps the service to cope with varying demands. Active cases stood at 123 in December 2010, and despite an increased overall referral rate, efficiencies within the service and quicker turnaround time for case completion (as above) meant the highest number of open cases in 2011 was 104 in February. Figures reached a record low of 46 open cases in August 2011 and at year end there were only 90 open cases, despite the difficulties of the year.

Summary table 7

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2009</b>				213	234	205	173	180	156	140	118	120
<b>2010</b>	134	140	163	150	151	128	125	118	126	135	136	123
<b>2011</b>	103	104	86	89	64	82	69	46	66	79	99	90

## 2.6 APPOINTMENT BREAKDOWN

Appointments are conducted by Occupational Health Nurse Advisors (OHAs) as well as the contracted Occupational Health Physician (OHP). A total of 1528 appointments were conducted during 2011.

Summary table 8

<b>Appointments</b>	
OHAs	1174
OHP	354
<b>TOTAL</b>	<b>1528</b>

## 2.7 ATTENDANCE ISSUES

Failed attendances and late cancellations continue to cause a significant cost to the service in terms of time and resources.

It is noted we had a 5.6% non attendance rate and a 20% appointment cancellation or change rate. Management as well as HR are now notified about appointments as well as the employee receiving written notification. It is noted that the rate did decrease towards the end of 2011 and that this trend has improved at the start of 2012 as OH administrators now make contact with individuals prior to booking an appointment, to agree dates and times that suit. It is hoped this will amend this rate.

Summary table 9

	<b>Total 2010</b>	<b>%</b>	<b>Total 2011</b>	<b>%</b>
Appointments that failed to attend	103	5.8%	86	5.6%
Appointments cancelled/ rearranged	304	17%	312	20%

## 2.8 PRE-EMPLOYMENT HEALTH QUESTIONNAIRES

While pre-employment health questionnaires (PEQs) continue to be a daily requirement for the service, the changes made to policy in 2011 have started to demonstrate a gradual reduction in numbers.

A total of 1438 PEQs were dealt with during 2011, compared with 1875 in 2010. 85% of the PEQs were cleared and completed within 48 hours of receipt, a further 10% were dealt with within 10 working days. Administrative load regarding PEQs is now reducing and it is hoped to be significantly less during 2012.

**Summary table 10**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
<b>2009</b>	159	100	166	143	150	197	332	94	164	208	139	180	<b>2032</b>
<b>2010</b>	129	116	142	150	172	205	322	94	145	167	136	97	<b>1875</b>
<b>2011</b>	87	90	106	73	100	185	259	99	140	155	104	40	<b>1438</b>

### 3.0 OCCUPATIONAL HEALTH SURVEILLANCE

Legislative health surveillance continues to be a work in development in terms of establishment of processes, and conduct of necessary medical assessments. Surveillance activities include development of policy, paperwork and processes, discussions with management about the need for appropriate risk assessment to identify surveillance needs, purchase of equipment, training of staff and undertaking of medical assessment as appropriate. There is still a lot of work to do in this arena, but work has continued to develop this area in relation to Night medical surveillance, Hand Arm Vibration Assessment as well as Confined Space assessment. A total of 14 health surveillance medicals have been conducted in 2011. This is one of the focus areas for 2012.

A major development in 2011 has been the initiation of a project regarding the establishment of a policy for Blood Borne Viruses and Vaccination within the organisation. This is making steady progress and is due to complete in 2012.

The following table give an outline of surveillance developments during 2011

**Summary table 11**

<b>SURVEILLANCE TYPE</b>	<b>COMMENTS</b>	<b>ASSESSMENTS UNDERTAKEN</b>
Night medical assessment	Paperwork procedure completed, initial questionnaires created and initial assessments completed, continued work in progress	<b>6</b>
HAVs	Training of a competent staff member completed. Full policy and protocol created, questionnaires created, information leaflets for managers and employees created, contact made with relevant managers and commencement of screening.	<b>2</b>
Confined Space Assessment	Discussions with some managers, development of full policy and protocol, as well as relevant questionnaires, continued work in progress	<b>6</b>
Spirometry / Respiratory surveillance	Equipment, purchased, continued work in progress	<b>0</b>
Audiology (hearing surveillance)	Equipment purchased, procedure completed along with questionnaires and information leaflets, commencement of screening planned for early 2012 (and has sine commenced)	<b>Preparation to commence 2012</b>
Skin surveillance	Need identified. Not yet under development	<b>0</b>
Blood Born Virus Issues	Need identified. Development commenced 2011, draft policy has been to stakeholder panel	<b>0</b>
Drivers medical	Need identified. Not yet under development	<b>0</b>
<b>TOTALS</b>		<b>14</b>

#### 4.0 OCCUPATIONAL HEALTH PROMOTION ACTIVITIES

Health promotion to some extent takes place as part of most assessments. During 2011, health promotion activities included;

- Launch of the HOT HEALTH pages on the front of the WIRE,
- Road show / Health MOT events in main hub locations.
- Development of one to one health assessment sessions for high risk individuals and others. Feedback was positive.

The Hot Health initiative received runner up in the Health and Well Being Awards organised by the Wiltshire Assembly in the Workplace Health category and has since been nominated for the same event for 2011/2012.

Input into the Management Matters Stress Training sessions was also provided by members of the OH team which included a 90 minute presentation within the session about the Occupational Health Service and attendance management issues.

**Summary table 12**

Session	Location	Number of employees attending
Health MOT	Trowbridge: County Hall	43
Health MOT	Chippenham: Monkton Park	75
Health MOT	Salisbury: Bourne Hill	130
Health MOT	Melksham: Shurnhold	25
Health MOT	Devizes: Browfort	25
Other misc + one to ones		20 + 25
<b>TOTALS</b>		<b>343</b>

#### 5.0 OTHER ACTIVITIES

Record reduction and destruction continued, with some of the documents that do not require legally to be kept longer. This has resulted in a significant reduction of archive records held (in line with transformation).

Input was provided by OH on request from HR regarding organisational policy and procedural documentation that was undergoing review.

Service Level Agreements were created in 2011 including review of pricing structures in order to promote more income generation, especially with schools that have become academy status. There are currently seven Academy schools signed up with others still considering service provision.

#### 6.0 COUNSELLING & FAST TRACK PHYSIOTHERAPY

Counselling support during 2011, continued to be provided via OH, through referral to local counsellors within the region. Counsellors were all re-interviewed during 2011 in order to ensure county wide cover and a further two were appointed. A total of 390 counselling sessions were provided to 123 employees, assessed as requiring the service. The number of sessions per client varied from 1 - 6, with an average number of sessions being 3.

Referral for fast track physiotherapy meant that some employees that were struggling as a result of physical health issues were assisted. A local county wide service is provided and a total of 35 employees were referred receiving between them a total of 132 sessions. The average number of sessions was 4 each.



## 7.0 CONCLUSIONS

Overall it was another very busy year for the Occupational Health Service with a number of challenges to contend with. There continues to be slight increase in OH referrals despite reduction in overall employee numbers.

There has been increased awareness about health promotion and health surveillance activity that has not really been in evidence within the organisation until now, although there is still a long way to go to fully establish this.

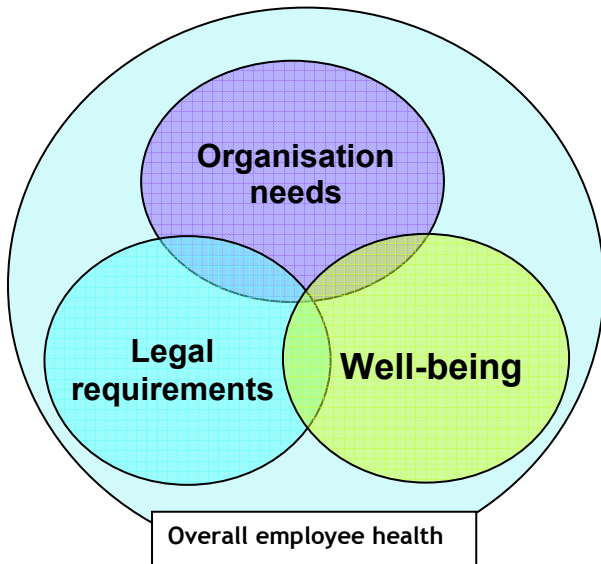
In recognition of the administrative burdens faced by the service, together with outdated resources used to compile reports and store and retrieve data, work has commenced to establish dedicated occupational health software with IT support. This should eventually allow the service to move to be more efficient and paperless working in line with transformation, but will be a considerable change for the occupational health staff to come to terms with.

Despite the increasing overall workload for the department, the small team has coped very well with the demands and continue to be motivated towards further improvements in service delivery.

## 8.0 DEVELOPMENTAL SUGGESTIONS

- There is a continued significant identified need for joined up initiatives within the organisation that make better use of the professional service OH has to offer, with the strategic aim of reducing the extremely high cost of long and short term sickness absence within the organisation.
- Plans are now well underway for appropriate OH IT software and this is key developmental area in months to come. While it is recognised this will take time to fully establish and training of all staff will be required, there will be resultant longer term benefits, in terms of cost efficiency, time efficiency and more accurate reporting systems.
- Continued development of the legislative health surveillance programme is required to assist in the reduction of risk to the organisation from associated compensation claims as well as to safeguard the wellbeing of employees exposed to occupational hazards. This includes the continued development of organisational policies such as for blood born virus, which is already under way.
- In line with governmental and societal pressure, continuation of health promotion initiatives to promote wellbeing of the aging workforce is seen by the OH team as a longer term cost benefit that requires resource and support from top level management. It is hoped that the organisation will take on board the Workplace Wellbeing Charter launched by Central Government ( see [www.wellbeingcharter.org.uk](http://www.wellbeingcharter.org.uk)) and occupational health is willing to assist a working party toward the goal of accreditation within that Charter.

Proactive investments regarding the health needs of the workforce through top level commitment to this cause, will help to establish improved employee health, wellbeing and hence productivity, thus represent considerable longer term cost savings.



A well structured occupational health service should be able to deliver all these aspects in balance to enhance overall well-being within the organisation while meeting legal needs. This will have positive performance benefits on employees and as a result enhance workplace productivity.

Research based links between health and productivity are as strong as the links between productivity and the bottom line. (Deacon 2005)

## WILTSHIRE COUNCIL

### STAFFING POLICY COMMITTEE 9 MAY 2012

#### Stress/depression, mental health & fatigue related sickness absence

##### Background

Sickness absence caused by stress/depression, mental health or fatigue has long been the most common reason for sickness absence at Wiltshire Council. During the 2011-2012 financial year, these reasons accounted for 21% of all sickness days lost.

This has been identified on quarterly reports and this report now aims to give further information surrounding this potential issue.

*All information within this report relates to sickness absence recorded as Stress/Depression, mental health or fatigue only unless stated otherwise.*

##### 2011-12 financial year analysis

An analysis of the available information for the financial year 2011-12 shows that:

- 6% (331) of employees across WC have taken sick leave due to these reasons
- The average number of days taken per incident is 15 days.
- These reasons account for 21% of all sickness days taken, equating to a sickness rate of 1.8 days per FTE.
- 50% of individuals, who took one absence due to these reasons, later had a second absence for the same reasons.

Staff absent do not always provide information about the reason for the stress/depression, mental health or fatigue, as a result we are unable to determine exactly how much of this absence is work related. Of the total absence for these reasons we do know that 39% were not work related and 19% were. The reason for the remaining 42% cannot be determined. The absences that were recorded as work related lasted a median of 55% longer than those which were recorded as not work related.

##### Comparative information

When comparing the above information to that of 2010-11, we can see that:

- Wiltshire Council lost approximately 1000 FTE sickness days less during 2011-12 compared to 2010-11 which shows that despite the major changes that the council has, and is, making has not caused an increase in sick days due to these reasons.
- This accounts for half of the reduction in days lost to overall sickness during 2011-12 when compared to 2010-11, a reduction of 2000 days in total.
- The percentage of total sick days lost to these reasons during 2010-11 was slightly higher, yet similar, at 23%.

Benchmarking information shows that a high percentage of sick days lost to these reasons is a common occurrence across other public sector organisations. Essex (23%), Buckinghamshire (20%), Oxfordshire (20%) & Hampshire (17%) see a similar percent of

sickness days lost for the same reasons. Our overall DLA benchmark (37 local authorities) also shows a figure of 17%.

Services that appear to see the most employees absent

There are certain service directorates where absences occur more often:

<b>Service Directorate</b>	<b>% of individuals taking an absence due to these reasons</b>
Waste Management Services	12%
DCS Adult Care Operations	11%
DCS Business Change	9%
Children & Families Social Care	8%
Children's Commissioning and Performance	8%

Positions that have high percents of employees absent

The following positions have had the highest percent of individuals in role absent:

<b>Service</b>	<b>Position</b>
Children & Families Social Care	Care officer
Schools and Learning	Teaching Assistant
DCS Adult Care Operations	Support Worker
Neighbourhood Services	Civil Enforcement Officer
DCS Adult Care Operations	Resource specialist

Purely looking at the absences recorded as work related, the following positions appear most vulnerable to taking sickness absence:

<b>Service</b>	<b>Position</b>
Neighbourhood Services	Civil Enforcement Officer
Schools and Learning	Teaching Assistant
Children & Families Social Care	Personal Adviser
Children & Families Social Care	Social Worker
DCS Adult Care Operations	Support Worker

Action taken at Wiltshire Council to reduce stress related absences

The council has a range of practices and services in place to help maintain levels of employee well-being and avoid or foreshorten stress-related absences.

These include specifically:

- Employee well-being policy
- Risk assessment template with guidance notes
- Management Matters workshop on Managing Pressure, Preventing Stress to provide managers with the awareness and tools to undertake team and individual assessments and identify appropriate and timely interventions.

- Access to an occupational health service allowing clinical assessment of stress-related ill-health and provision of professional advice to support both the employee and the manager.
- Access to a confidential employee well-being telephone helpline that provides signposting to a variety of internal and external support services.
- Access to a funded professional counselling service for employees.
- Access for managers to human resource services to support constructive and supportive management of ill-health, performance and attendance.
- Information for employees on The Wire.

The council also supports employee well-being indirectly through:

- Policy and procedures to ensure proper job descriptions, induction, personal development and supervisory support.
- Procedures for employees to raise concerns about their health, risks to their health and any action or behaviours which may contribute to workplace stress; and policy and procedures which ensure those concerns are properly investigated and resolved.
- Open and transparent communication policy and specific and detailed consultation with staff representatives.
- Provision of a range of family-friendly policies to support work-life balance.
- Provision of a range of staff benefits including those designed to support and encourage healthy lifestyle choices.
- Suitable working environments and the provision of equipment and materials to ensure employees are able to undertake their duties in comfort and safety.

At a benchmarking meeting (March 2012) attended by representatives from HR we were told that East Sussex County Council is also looking at the amount of sickness that they have due to these reasons. We are therefore able to contact and work with them to help identify any more measures that we can use to help reduce this lost time.

As a service HR & OD is also looking to undertake a systems thinking review of the way sickness absence is managed to ensure that best practice and efficient processes and procedures are in place.

### Conclusion

Although stress/depression, mental health or fatigue remains the most common reason for sickness absence at Wiltshire Council, the days lost has reduced dramatically in comparison to last year. These reasons also appear to cause a similar percent of sickness days across all public sector authorities showing that Wiltshire Council is not out of line with levels seen elsewhere.

Sickness rates at Wiltshire Council are below the level seen across local government so although some parts of this report may cause concern we can be sure that the above actions are working to reduce the levels of sickness wherever possible.

Report Author: Paul Rouemaine, HR Information Manager, HR Strategy and Policy

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## QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN

Delivering the Business Plan - Quarter ending 31st March 2012.

### Notes on the figures:

- All reported figures exclude casual employees and agency/professional services staff (unless stated).
- Wiltshire Council figures exclude Fire, Police and Schools:
  - **Headcount** = Number of positions that are filled, not individual people.
  - **FTE** = “Full Time Equivalents” which take into account actual working hours to show accurate staffing levels.
- “**Annualised**” means we take the measured amount divide it by the months it covers and multiply it by 12 to give an estimate of the rate that would be seen throughout the year.
- “**YTD**” means year to date i.e. all reportable information since April 2011 has been included.
- The **Voluntary staff turnover** section does not include information for those who leave due to statutory retirement, ill health, compulsory or voluntary redundancy, dismissals, end of contract, unsatisfactory probation and TUPE transfers as these are classified as compulsory reasons. Only voluntary leavers are included as these are the individuals that have decided to leave for their own reasons and therefore it may not be in Wiltshire’s best interest. Overall turnover rates will be higher and can be analysed upon request.
- Although the cost associated with turnover is not readily available, CIPD estimate that the recruitment cost of replacing a leaver is £2,930. Based on last year’s turnover rate (11.7%) we could estimate that 617 employee’s will leave Wiltshire Council during 2011-12 resulting in costs of **£1,807,810**.
- **% <1 year turnover rate**: The cost of turnover in this group is generally higher as the investment in recruitment, induction and training is unlikely to be recovered within such a short time period.
- **Redundancy figures** relate to all redundancies made not just those as part of major service reviews.
- The **sickness measure** given is the number of FTE working days lost by each FTE over the last 12 months, since April 2011.

If you have any queries on these reports or requests for further information, please contact Paul Rouemaine, HR Information Manager, on 01225 756159 or [Paul.Rouemaine@Wiltshire.gov.uk](mailto:Paul.Rouemaine@Wiltshire.gov.uk)

# QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN

**WILTSHIRE COUNCIL** (excl. schools)    Quarter ended: **March 2012**

## Management Information Team Observations:

*Please note: After undertaking a new way of lower level reporting last quarter, in order to gain a better understanding of the information, some of the data and analysis around the total WC sickness and employee costs was incorrectly reported on the December 2011 report. These mistakes have now been identified and the data has been corrected and analysed as such below. We apologise for any inconvenience this may have caused.*

- During this quarter, WC's (Wiltshire Council) headcount has decreased by 1 to 5376 (-0.02%), and the FTE decreased by 5 to 4072 (-0.11%). During the financial year, the headcount has decreased by around 30 and FTE by around 200.
- As requested at the last meeting, below are tables of the directorates with the highest and lowest manager to employee ratios for the top and bottom 5 service directorates:

### Top 5:

Service Directorate	Manager to employee ratio
Children's Commissioning and Performance	1:3
Policy, Performance & Partnership	1:4
DCS Business Change	1:4
Safeguarding	1:5
Finance	1:6

### Bottom 5:

Service Directorate	Manager to employee ratio
Waste Management Services	1:16
Workplace Transformation Programme Team	1:14
Strategic Services	1:13
DCS Adult Care Operations	1:12
Neighbourhood Services	1:11

- This quarter, the FTE of managers has decreased by 4.3% to 597. The largest reductions in the FTE of managers this quarter took place in Schools and Learning (-5.9), Business Services (-5.4) and Neighbourhood Services (-5.4). Since we first started reporting the FTE of managers in June 2011, the FTE has reduced by 68 (-10.2%).
- Sickness rates have taken a seasonal increase this quarter to 8.7 days per FTE (+0.4 days). This is 0.2 days lower than the sickness rate for the last financial year.
- The highest levels of sickness were again observed in DCS Adult Care Operations and Waste Management Services at 14.9 and 13.4 days per FTE respectively.
- The percentage of days lost to absences lasting over 20 days has increased by 2.7% to 47.0% this quarter.
- Stress/Depression/Mental Health/Fatigue continues to account for the highest number of recorded days lost, 21.2% (-0.3%) with absences lasting for 14.8 days on average. The second most common reason for sickness this financial year is muscular skeletal (12.7%) with absences lasting for 8.6 days on average.
- Health and safety incidents per 1000 employees have continued to decrease and are still below the local authorities' median of 5.9.



## **QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN**

- The YTD annualised voluntary turnover has remained constant at 8.3%. Children and Families Social Care continue to show the highest level of turnover at 14.7% (+0.9%). DCS Adult Care Operations have the second highest level of turnover at 10.1% (-1.6%).
- Disciplinary and grievance cases have both decreased this quarter to 3.0 and 2.0 cases per 1000 employees respectively, and both remain below the benchmarking local authorities median levels.
- The ratio of starters to leavers has reduced this quarter to 1:1.0; this was 1:0.9 for the last quarter. Strategic Services now has the lowest ratio of starters to leavers at 1:6.0 (annualised). Strategic Services have had 10 leavers and 2 starters this quarter.
- The figure for the cost of sick pay has been revised to include an additional type of sickness pay; the figure for the last quarter has also been amended. The cost of sick pay for the whole financial year came to a total of £2,778,852.07 for WC, which is £329,229.20 less than the year before.
- The annualised pay bill for contracted staff has decreased this quarter by approximately £0.82m, and the total annualised paybill including casual employees has decreased by approximately £1.51m to £113,372,221.40.
- The total cost of agency workers during the quarter also saw a decrease of approximately £0.57m. Most of this decrease seems to have come from a reduction in using agency ICT Desktop Support Technicians after the service has recruited 12 FTE contracted employees in this position this quarter.
- WC continued to make to make a saving from the organisational pay bill due to employees changing their hours; £123,641.28 during this quarter.

# QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN

This page gives you information relating to important employee measures:

The number of positions that are filled by contracted staff

Staffing levels		
Measure	WC	Change since last period
Relating to Quarter (unless stated)		
Headcount (as at end of period)	5376	-1 (-0.02%)
FTE (as at end of period)	4072	-5 (-0.11%)
FTE change due to TUPE transfers in vs. out	+81.4	+82.3 (last quarter)
FTE change due to employee hour changes	-9.2	-6.1 (last quarter)
Ratio of starters to leavers (FTE)	1:1.0	1:0.9 (last quarter)

"Full Time Equivalents" which take into account actual working hours to show accurate staffing levels

Part of the FTE/HC change above may be explained by these measures

How many starters we have had for every one leaver

Workforce Information		
Measure	WC	Last period
Ratio of managers to employees	1:9	1:8
% Exit questionnaires completed (YTD)	14%	13%
% of total vacancies filled by internal appointment - year to date	46%	n/a
% management posts filled by internal appointment - year to date	85%	n/a
FTE of managers	597	624
Number of redundancies made during quarter	33	23

The % of leavers who completed an exit interview

The % of posts filled by an internal candidate

The FTE of people management posts

The percentage of days lost during absences that last for over 20 days (deemed to be long term)

Sickness Absence		
Measure	WC	Last period
Working days lost per FTE (ytd annualised)	8.7 days	Revised: 8.3 days
% of total days lost to absences over 20 days (ytd)	47.0%	44.3%

The number of RIDDOR incidents that have occurred.  
<http://www.hse.gov.uk/riddor/riddor.htm>.

Health and Safety		
Measure	WC	Last period
No. of workplace incidents/injuries reported per 1000 employees (ytd annualised)	2.4	2.5

### Disciplinary and Grievance Cases

Measure	WC	Last period
New disciplinary cases per 1000 employees (annualised)	3.0	5.7
New grievance cases per 1000 employees (annualised)	2.0	3.7

The number of individuals that left voluntarily before completing one year service as a percentage of the employees in post with less than one year's service.

Voluntary Staff Turnover		
Measure	WC	Last period
% staff turnover (ytd annualised)	8.3%	8.3%
% <1 year turnover rate (ytd annualised)	13.5%	13.1%
Average leavers' length of service	9.4 years	10.4 years

## QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN

This section gives you information relating to your workforce costs:

<b>Salary Transparency and Accountability</b>		
<b>Measure</b>	<b>WC</b>	<b>Last period</b>
% of headcount (above) paid over £50,000 annual salary	2.01%	2.07%
% of headcount (above) paid over £100,000 annual salary	0.07%	0.07%
% of headcount (above) paid over £150,000 annual salary	0.00%	0.00%
Headcount paid over £58,200 FTE annual salary	40	40

Why this is important: Under the Code of Recommended Practice for Local Authorities on Data Transparency we are required to publish salary information for employees earning more than £58,200. Under the The Accounts and Audit (England) Regulations 2011 section 7.2.b there is a requirement to publish in the statement of accounts the number of employees earning £50,000 or more.

<b>Employee costs</b>		
<b>Measure</b> Relating to Quarter (unless stated)	<b>WC</b>	<b>Last period</b>
Total paid in salaries to contracted employees (annualised)	£110,656,616.12	Revised: £111,477,415.52
Total paid in salary to casual employees (annualised)	£2,715,605.28	Revised: £3,407,447.12
Total salary pay (annualised)	£113,372,221.40	Revised: £114,884,862.64
Total paid to agency workers	£1,636,566.47	£2,206,462.83
Median employee basic salary (as at end of period)	£19,276.08	£19,126.08

<b>Additional financial information</b>		
<b>Measure</b>	<b>WC</b>	<b>Last period</b>
Cost of sick pay (ytd)	£2,778,852.07	Revised: £2,030,771.68
<b>Cost/saving</b> of employee hour changes (during period)	£123,641.28	£157,236.96

The cost or saving made by employee's changing the hours they work

Why this is important: Sick pay amounted to £3,100,000 across Wiltshire Council during the 2010-11 financial year and therefore this is a substantial area of spend that should be minimised whenever possible. Some services may also be looking to employees to work more hours than they previously have done to cover gaps where a reduction in the headcount of employees has been made. It is therefore important that we keep track of the change in FTE resulting from employees changing their hours.

# QUARTERLY WORKFORCE MEASURES – DELIVERING THE BUSINESS PLAN

## BENCHMARK DATA

Benchmark figures are supplied by DLA Piper Benchmarker. The Local Authority benchmarks represent combined data from 54 subscriber Local Authorities. The Private Sector benchmarks represent data from approximately 250 private sector organisations classified as “large” (over 1000 employees), consisting of a mix of Financial, Professional and Support Services; Manufacturing, Engineering and Processing; and Retail and Leisure.

Sickness Absence			
Measure	Local Authorities Median	Local Authorities lower Quartile	Private Sector Median
Working days lost per FTE	9.9	8.7 (lower q.)	5.7
Average length of absence (FTE days)	5.8	4.9	3.5
% of absences over 20 days	55%	42%	40.5%

Health and Safety			
Measure	Local Authorities Median	Local Authorities Lower Quartile	Private Sector Median
No. of workplace incidents/injuries reported per 1000 employees	5.9	2.8	8.0

Voluntary Turnover			
Measure	Local Authorities Median	Local Authorities Lower Quartile	Private Sector Median
% staff turnover	7.0%	5.6%	10.5%
% staff turnover of leavers within first year's service	n/a	n/a	n/a

Disciplinary and Grievance Cases			
Measure	Local Authorities Median	Local Authorities Lower Quartile	Private Sector Median
No. of disciplinary cases per 1000 employees	9.2	5.0	44.8
No. of grievance cases per 1000 employees	3.8	2.8	6.4