

NOTICE OF MEETING

Meeting: HR COMMITTEE

Date and Time: THURSDAY, 12 JANUARY 2023, AT 10.00 AM*

Place: BRADBURY ROOM - APPLETREE COURT, BEAULIEU ROAD, LYNDHURST, SO43 7PA

Enquiries to: Email: andy.rogers@nfdc.gov.uk
Tel: 023 8028 5070

PUBLIC PARTICIPATION:

Members of the public may watch this meeting live on the [Council's website](#).

*Members of the public may speak in accordance with the Council's public participation scheme:

- (a) immediately before the meeting starts, on items within the HR Committee's terms of reference which are not on the public agenda; and/or
- (b) on individual items on the public agenda, when the Chairman calls that item. Speeches may not exceed three minutes.

Anyone wishing to speak should contact the name and number shown above no later than 12.00 noon on Monday, 9 January 2023.

Kate Ryan
Chief Executive

Appletree Court, Lyndhurst, Hampshire. SO43 7PA
www.newforest.gov.uk

This agenda can be viewed online (<https://democracy.newforest.gov.uk>).

It can also be made available on audio tape, in Braille and large print.

AGENDA

Apologies

1. ELECTION OF CHAIRMAN

(Vice – Chairman, Cllr Jill Cleary, in the Chair for this item)

To elect a Chairman of the Committee for the remainder of the municipal year.

2. APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman of the Committee for the remainder of the municipal year.

3. MINUTES

To confirm the minutes of the meeting held on 11 August 2022 as a correct record.

4. DECLARATIONS OF INTEREST

To note any declarations of interest made by members in connection with an agenda item. The nature of the interest must also be specified.

Members are asked to discuss any possible interests with Democratic Services prior to the meeting.

5. PUBLIC PARTICIPATION

To note any issues raised during the public participation period.

6. HR UPDATE REPORT (Pages 5 - 8)

To receive an update on the activities of the HR service since the last HR Committee meeting, including the reactive caseload, and issues relating to job evaluations, restructuring advice, grievances, disciplinaries and sickness absence matters.

7. PAY POLICY STATEMENT (Pages 9 - 20)

To consider a proposed Pay Policy Statement for 2023/24.

8. REASONABLE ADJUSTMENT REPORT (Pages 21 - 34)

To note updated Reasonable Adjustment guidance for managers and employees.

9. QUARTERLY HEALTH AND SAFETY REPORT Q2 2022/23 (Pages 35 - 106)

To receive an update on the significant health, safety, and welfare work across the Council from July to September 2022, as well as feedback from the three Safety Panels and accident, incident and near miss statistics.

10. APPRENTICESHIP UPDATE (Pages 107 - 110)

To receive an update on the current apprenticeships now underway across the Council.

11. RECRUITMENT UPDATE (Pages 111 - 114)

To receive an update on recruitment over the 6 months to 30 September 2022, progress made with recruitment tools, and plans to improve branding and generic tools in the coming months.

12. DATES OF MEETINGS FOR 2023/24

To agree the following dates of meetings for 2023/24:

8 June 2023
14 September 2023
11 January 2024
21 March 2024

13. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

To:	Councillors	Councillors
	Jill Cleary (Vice-Chairman)	Keith Craze
	Diane Andrews	Kate Crisell
	Hilary Brand	Michael Harris
	Mark Clark	Maureen Holding

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HR COMMITTEE – 12 JANUARY 2023

HR UPDATE

1.0 RECOMMENDATION

- 1.1 That the Committee note the contents of this report.

2.0 BACKGROUND

- 2.1 This report gives an update on HR matters since the last HR Committee. These matters are in addition to the reactive caseload which includes job evaluations, restructuring advice, grievances, disciplinaries and sickness absence matters.
- 2.2 We also continue to provide Payroll and HR Advisory services to the National Park Authority.

3. ITRENT

- 3.1 We are currently in the middle of testing for the Itrent upgrade. The new version will go live late February. There should be minimal down time (one day) while the upgrade takes place. This a mandatory annual upgrade and there will be no change to Employee Self-Service. Manager Self-Service will function in the same way, with a different background.
- 3.2 We continue to progress with our work towards single sign on, and we have been able to carry out further rigorous testing as part of the testing for the upgrade detailed above. This is a joint HR and ICT project. Training guides with videos will be available, and training sessions will take place at the depots. This will be live from 27th January, after the system is down for 1 day on 26th January for the live implementation to take place. From therein, there will be no password requirement to access Employee or Manager self-service.

4. LEARNING MANAGEMENT SYSTEM

- 4.1 We are currently in the middle of a procurement exercise for a new Learning Management System.
- 4.2 We have been working closely with ICT to consider options and a working group has been established with employees from across the council to ensure that we capture future needs of the system
- 4.3 Next steps will include the evaluation of tenders and then presentations from final bidders before a decision is made.

5.0 RECRUITMENT BRANDING

- 5.1 We have progressed with our branding, and are awaiting final production of our new banner, flyer and website landing page for our jobs. Our theme is 'A Place for you – discover your next job'. We've added QR codes so when we start getting out to recruitment events in the new year, potential applicants can scan the code to get straight to our jobs pages. Our flyers are able to be updated for each event so that they show current vacancies. We hope to develop the branding further in the new year with 'real life' employees to replace the forest background. We will also use this branding for a refuse vehicle at each depot.

6.0 CASUAL WORKERS

- 6.1 We have worked over the past few months to update our casual contract terms and the way we pay these workers, to ensure they are in line with recent employment law changes. All relevant managers, and the workers themselves have been kept informed, and will work to new 'casual assignments' under an overriding casual contract from the new year.

7.0 APPRENTICESHIP UPDATE

- 7.1 We have just worked with an existing employee in our Streetscene team with great potential, considering leaving to find future opportunities, to undertake the Level 3 Team Leader Apprenticeship programme alongside his current role, so that he is ready for any future progression roles.
- 7.2 We also have our new HR Apprentice, Molly, starting with us in the new year, and look forward to welcoming her to our team, giving her some excellent opportunities to develop her skills in the HR Admin team, and welcoming her new ideas and input into the team.

8.0 CHRISTMAS QUIZ

- 8.1 We are pleased to have been able to arrange the famous Christmas Quiz again, the first time since 2019. We have 29 teams (approx. just short of 200 people) between Town Hall Lymington and Appletree Court. There's 10 rounds including a 'guess who' picture round from the Leadership Team, and a festive Climate Change round.
- 8.2 Our team organise it all, including the hosts, helpers, organising the teams and setting the questions. It's an excellent social opportunity for staff to get together. This year it coincides with Christmas Jumper day.

9.0 EMPLOYEE ENGAGEMENT SURVEY

- 9.1 We are currently running the survey and the results will be available soon.
- 9.2 At the time of writing, we have had 322 returns. This equates to just over 41%. This is a considerable improvement on previous return rates.

9.3 Service Managers will be provided with data which relates to their own service area.

9.4 The workforce data will be presented in a corporate report.

10.0 EMPLOYEE BENEFITS PORTAL

10.1 We have partnered with Edenred and the My Lifestyle employee benefits portal has now been launched to staff.

10.2 Further information on the take up by staff will be provided at the next committee.

11.0 INCLUSIVE LANGUAGE TRAINING

11.1 We will be running three Inclusive Language training sessions in the new year as part of our commitment to Equality and Diversity.

11.2 Once delivered we will consider feedback and decide if additional sessions are required.

For further information contact:

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HR COMMITTEE: 12 JANUARY 2023

PAY POLICY STATEMENT

1. RECOMMENDATION

- 1.1 That it be recommended to the Council that the Pay Policy Statement 2023/24 as set out in Appendix 1 be approved.

2. INTRODUCTION

- 2.1 The Localism Act 2011 requires the Council to prepare a pay policy statement for each financial year. The statement must be prepared and approved by the end of March each year. A recommended statement for 2023/24 is included at **Appendix 1**. The statement details the policies in place from 1 April 2023.
- 2.2 Pay Award for 2022/23 has now been agreed nationally for Chief Executives, Chief Officers and those covered by the Green book, and **Appendix 1** has been updated to reflect the changes.

3. BACKGROUND

- 3.1 A pay policy statement must set out the authority's policies for the financial year relating to:
- (a) The remuneration of its chief officers,
 - (b) The remuneration of its lowest-paid employees, and
 - (c) The relationship between –
 - (i) the remuneration of its chief officers, and
 - (ii) the remuneration of its employees who are not chief officers.
- 3.2 The statement must state –
- (a) The definition of “lowest paid employees” adopted by the authority for the purposes of the statement, and
 - (b) The authority's reasons for adopting that definition
- 3.3 The pay policy for 2023/24 has been set up on the basis of the new tier 2 organisational structure (the 3 x Strategic Director model).

4 NATIONAL PAY AWARD FOR 2022/23

- 4.1 The Pay Award for 2022/23 has now been agreed for Chief Executives, Chief Officers and Local Government Services (green Book) employees. As a result, all Spinal Column Points have been increased by £1,925.
- 4.2 As a result of the national pay award and the changes made to the Council's pay spine in October 2022, the lowest pay point on the council's pay structure is now £10.70. The updated pay structure is shown in **Appendix 2**.

5 HR COMMITTEE COMMENTS

- 5.1 The HR Committee will consider the matter on 12 January 2023. The Committee's comments will be reported to the Council in due course.

For further information please contact:

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Background Papers

Proposed changes to Pay Spine
Council October 2022

New Forest District Council

Pay Policy Statement Financial year 2023-24

Background

1. The purpose of this Pay Policy Statement (“Pay Statement”) is to set out New Forest District Council’s pay policies relating to its workforce for the financial year 2023-24, including the remuneration of its Chief Officers and that of its lowest paid employees. Once the Pay Award for 2023-24 has been agreed the Pay levels in this document will be amended accordingly.
2. The functions of appointment, dismissal and related matters for all employees below Chief Officer Level shall be dealt with by the Chief Executive and Executive Heads, or such other employees as may be authorised. Standing Orders for General Procedures deal with procedures for appointing and dismissing employees at Chief Officer Level.
3. With the exception of apprentices on the National Minimum Wage, pay for all staff, including Chief Officers, is formally discussed and consulted upon at the Employee Side Liaison Panel before recommendations are taken forward to the HR Committee who will make recommendations to Council.
4. For the purposes of this Pay Statement and in accordance with the Localism Act 2011 (“Localism Act”), staff employed by the Council have been separated into two groups:
 - (a) Chief Officers as defined by the Localism Act
 - (b) Employees who are not Chief Officers as defined by the Localism Act
5. An “employee who is not a Chief Officer” refers to all staff that are not covered within the “Chief Officer” group as outlined below. This includes the “lowest paid employees”. In the context of the Council, the “lowest paid employees” are those employed at Band 1 on the District Council’s pay structure (this is appended as item 1) [This is also referred to as Appendix 2 in the covering report and is shown below].
6. Section 43(2) of the Localism Act defines Chief Officers for the purposes of the Localism Act. The following roles within the Council fall within the definition “Chief Officers”: -
 - (a) Head of Paid Service (Chief Executive)
 - (b) Monitoring Officer
 - (c) Section 151 (Chief Finance) Officer
 - (d) Non-Statutory Chief Officers (Strategic Directors)
 - (e) Officers reporting directly to those officers falling within (a), (b), (c) and (d) above (Deputy Monitoring Officer and Deputy S151 Chief Finance Officer)

Chief Officers as defined by the Localism Act 2011

7. The Chief Executive’s pay is set in comparison with other district councils. The Chief Officers below the Chief Executive are paid on Band 13 of the Council’s pay structure (the Band for each role is determined by a consistent job evaluation process), Chief Officer

current salaries are outlined as follows:

8. The Head of Paid Service salary range is detailed below;

Spinal points	Salary
CX1	£115,911
CX2	£119,497
CX3	£123,192
CX4	£126,579
CX5	£130,929

CX4 and CX5 are available for exceptional performance.

9. The Council has a duty to appoint a Returning Officer responsible for local government elections and has decided that this role be carried out by the Chief Executive. The Returning Officer fees are regarded as a special responsibility payment in relation to independent duties carried out.
10. The fees and charges for European, UK Parliamentary and Police Commissioner elections and National Referendums are set by external bodies. The scale of fees and expenses for County, District, Parish and Town Council elections will be set in partnership with the County Council and other Hampshire local authorities to ensure uniformity and will be submitted to General Purposes and Licensing Committee.
11. The Monitoring Officer, Section 151 Officer and Strategic Directors salary range (Band 13) is detailed below:

Spinal points	Salary
74	£91,141
75	£93,767
76	£96,509
77	£99,362
78	£102,283

77 and 78 are available for exceptional performance.

12. The salary range for band 12 is detailed below. Currently there are no posts within this salary band:

Spinal points	Salary
66	£73,131
67	£75,126
68	£77,212
69	£79,372
70	£81,416

69 and 70 are available for exceptional performance.

13. The Deputy Monitoring Officer will be paid on band 11 (see point 14 below). The Deputy S151 (Chief Financial Officer) will be paid on Band 10.

14. The Service Managers salary range (Band 11) is detailed below;

Spinal points	Salary
58	£60,453
59	£61,682
60	£62,913
61	£64,235
62	£65,903
63	£67,595

62 and 63 are available for exceptional performance.

15. The salary range for officers in Band 10 is detailed below;

Spinal points	Salary
52	£54,175
53	£55,200
54	£56,202
55	£57,214
56	£58,235
57	£59,234

56 and 57 are available for exceptional performance.

16. The salary range for officers in Band 9 is detailed below;

Spinal points	Salary
46	£48,315
47	£49,391
48	£50,431
49	£51,460
50	£52,464
51	£53,463

50 and 51 are available for exceptional performance.

17. The salary range for officers on Band 8 is detailed below;

Spinal points	Salary
39	£40,885
40	£41,929
41	£42,951
42	£44,005
43	£45,000

43 is available for exceptional performance

18. Not all employees placed in bands 8 and 9 meet the definition of a 'Chief Officer' as defined by the Localism Act 2011, but a small number of officers in these bands do report directly to

a Chief Officer according to definitions a, b, c and d in paragraph 6, hence these bands being included above.

19. The Council reviews its terms and conditions and pay levels regularly. The Strategic Director pay was reviewed in 2022.
20. Other changes to pay were implemented in October 2022. This included the raised adjustment of Band 1 pay, the removal of bottom points from bands 2,5, 6, 7 and 8 and the increase by one Spinal Column points to Band 4 and 5. Band 12 was also repositioned within the salary structure. Performance points were introduced into Bands 7 and 8 for exceptional performance.
21. Pay awards are considered annually for all staff including Chief Officers. The outcome of the national consultations by the Local Government Employers in negotiation with the Trade Unions is applied unless this distorts the councils local pay structure.
22. The Chief Executive, Chief Officers' and Service Managers' performance and pay progression is reviewed annually on the achievement of clear organisational objectives. Incremental progression does not apply to these roles. The Chief Executives' annual review is undertaken by a member panel (comprising of the Leader of the Council, plus three other Portfolio Holders to be determined by the Leader).
23. The Council recognises that Chief Officers sometimes incur necessary expenditure in carrying out their responsibilities e.g. travel costs. Chief Officers will be reimbursed for reasonable expenses incurred on council business in accordance with local Terms and Conditions.
24. Chief Officers as a result of their employment are eligible to join the Local Government Pension Scheme in the same way as other employees. The pension's policy statement is appended as item 2 to this statement applies to all employees including chief officers.
25. All employees including Chief Officers with more than 2 years continuous service will be entitled to a redundancy payment. If employees are aged at least 55 they are also automatically entitled to the immediate payment of pension benefits if they are retired on the grounds of redundancy. The redundancy payments are based on actual weekly pay. The number of weeks individuals are entitled to is based on the statutory redundancy grid which provides for a maximum of 30 weeks. A multiplier of 1.5 is used to support efficient organisational change. The Council scheme therefore provides for an entitlement of up to a maximum of 45 weeks based on length of service and age. The Council operates one redundancy scheme for both voluntary and compulsory redundancies. All redundancies are subject to a full Business case which requires a maximum financial payback of 3 years.
26. The Council practice is not to re-employ Chief Officers who have received a redundancy or severance package on leaving the council. any request to do so would require specific approval from the Chief Executive and Leader of the Council. If it relates to the appointment of a Chief Executive then this needs to have approval through full council.
27. In accordance with the Code of Recommended Practice for Local Authorities on Data Transparency, pay and benefits information for staff paid over £58,200 are published. This information is contained on 'Transparency and Open Government' pages on the Council's external website.

Employees who are not Chief Officers as defined by the Localism Act

28. These employees are all paid on the Council's pay structure on Bands 1-9. Each employee will be on one of the 9 Bands based on the job evaluation of their role. Each Band consists of between 1 and 6 spinal points. Pay progression within the Band is subject always to good performance.
29. Each "lowest paid employee" is paid within the salary range for Band 1. All other employees are paid within the salary range for the Band of their role i.e. (2-9). In very exceptional cases individuals are paid a pay supplement. Bands 7 to 9 include Performance Points which can be used for exceptional performance.
30. Employees new to the Council will normally be appointed to the first spinal point of the salary range for their Band. Where the candidate's current employment package would make the first spinal point of the salary range unattractive (and this can be demonstrated by the applicant in relation to current earnings) or where the employee already operates at a level commensurate with a higher salary, a different spinal point in starting salary may be considered by the recruiting manager. This will be within the salary range for the Band. The candidate's level of skill and experience should be consistent with that of other employees in a similar position on the salary range.
31. Employees' performance during the year is reviewed within the Council's performance management arrangements and pay progression within the Band is subject always to good performance.
32. Pay awards are considered annually for staff. For all staff up to and including the Chief Executive the outcome of the national consultations by the Local Government Employers in negotiation with the Trades Unions is applied.
33. The Council believes in rewarding outstanding performance. It operates this through a system of bonus payments which are designed to reward outstanding performance at the time it occurs. The size of the award paid to an employee will be commensurate with the work being rewarded. All bonuses are subject to approval of the relevant Executive Head.
34. The Council recognises that employees sometimes incur necessary expenditure in carrying out their responsibilities, for example travel costs. Employees will be reimbursed for reasonable expenses incurred on Council business in accordance with the Council's local Terms and Conditions.
35. The Essential User allowance only applies to jobs that are visiting officers or jobs that manage across more than one site (average of 2,500 miles per annum) and agreed by the Service Manager. This should be reviewed regularly to ensure the criteria is still met.
36. All employees as a result of their employment are eligible to join the Local Government Pension Scheme. Details of the Council's pension policy are appended as item 2 of this Pay Statement.

37. The Council's redundancy scheme is detailed in paragraphs 21 and this applies to all employees.
38. The Council practice is not to re-employ staff who have received a redundancy or severance package on leaving the Council; any request to do so would require specific approval from the appropriate Executive Head.
39. In accordance with The Local Government Association guidance on the Government's requirement for reporting remuneration relationships (the ratio between the highest paid employee and the median average earnings across the organisation as a multiple). Based on current salaries for 1st April 2022 this has been calculated as follows:

Chief Executive Remuneration	£123,192
Employees Median average remuneration	£26,215
Ratio	4.70

Pension Policy Statement

Under the Local Government Pension Scheme, the Council is required to publish a written statement of policy in relation to pensions.

Any decision that has a financial impact will be subject to a Business Case, where a payback period of no more than three years, is achievable.

The statutory provisions governing exit payments to local government workers are in the process of reform including the Local Government Pension Scheme Regulations.

1. Regulation 16 (2e)(4d) Shared cost additional pension contributions

Discretion not exercised. (Decision at Council July 2014)

2. Regulation 30(6) Power to allow flexible retirement

Discretion exercised in line with Policy agreed from 1 May 2015 (Decision at Council April 2015)

3. Regulation 30 (8) Waiving of actuarial reductions on compassionate grounds

Discretion exercised provided there is no cost to the Council (Decision at Council July 2014)

4. Regulation 31 Power to award additional pension

Discretion not exercised. (Decision at Council July 2014)

5. (LGPS Regulations 2014 (Transitional provisions, savings and amendments – paragraph 2 (2) of schedule 2)) – Switching on the 85 year rule

Discretion not exercised (Decision at Council July 2014)

6. Regulation B30(2)(5)B30A(3)(5) Post – 31 March 2008 /pre – 1 April 2014 leavers early payment of pension

Discretion not exercised (Decision at Council July 2014)

7. Membership aggregation Regulation 22 (7)(b), (8)(b)

Discretion not exercised (Decision at Council July 2014)

8. Transfers of Pension Rights (Administration Regulation 100 (6))

Discretion not exercised (Decision at Council July 2014)

9. Pension Contribution Bands (Regulations 9 and 10 of LGPS Regulations 2013)

Discretion is exercised (Decision at Council July 2014) - The Council's policy is to review an employee's contributions band when there is a contractual change to the member's salary or hours at some point during the year, when the change is permanent. Any changes in variable pay (i.e. overtime) will only be reviewed once on 1st April each year.

10. Assumed Pensionable Pay and 'regular lump sum' (regulations 21(4)(a), 21(4)(b) and 21(5) of the LGPS Regulations 2013)

Discretion not exercised (Decision at Council July 2014)

11. Election of Early Payment of Benefits

The Council's Early Retirement Policy came into effect from 1 July 2009 and applies to all employees at least 55 and over. Early Retirement can only occur in the following circumstances:

REDUNDANCY – for employees where employment is terminated for reasons of redundancy.

EFFICIENCY - for employees where early retirement is in the interests of the efficiency of the service.

New Forest District Council - October 22 (including SCP changes and Pay Award)

APPENDIX 2

Leave Days	April 2022	Hourly Rate Apr 2022	SCP	BAND 1	BAND 2	BAND 3	BAND 4	BAND 5	BAND 6	BAND 7	BAND 8	BAND 9	BAND 10	BAND 11	BAND 12	BAND 13	Chief Exec (CX)
27	£132,854	£68.86	CX5														132,854
27	£128,504	£66.61	CX4														128,504
27	£125,117	£64.85	CX3														125,117
27	£121,422	£62.94	CX2														121,422
27	£117,836	£61.08	CX1														117,836
27	£111,585	£57.84	81														
27	£108,396	£56.18	80														
27	£105,293	£54.58	79														
27	£102,283	£53.02	78													102,283	
27	£99,362	£51.50	77													99,362	
27	£96,509	£50.02	76													96,509	
27	£93,767	£48.60	75													93,767	
27	£91,141	£47.24	74													91,141	
27	£88,601	£45.92	73														
27	£86,130	£44.64	72														
27	£83,728	£43.40	71														
27	£81,416	£42.20	70												81,416		
27	£79,372	£41.14	69												79,372		
27	£77,212	£40.02	68												77,212		
27	£75,126	£38.94	67												75,126		
27	£73,131	£37.91	66												73,131		
27	£71,205	£36.91	65														
27	£69,360	£35.95	64														
27	£67,595	£35.04	63											67,595			
27	£65,903	£34.16	62											65,903			
27	£64,235	£33.29	61											64,235			
27	£62,913	£32.61	60											62,913			
27	£61,682	£31.97	59											61,682			
27	£60,453	£31.33	58											60,453			
27	£59,234	£30.70	57										59,234				
27	£58,235	£30.18	56										58,235				
27	£57,214	£29.66	55										57,214				
27	£56,202	£29.13	54										56,202				
27	£55,200	£28.61	53										55,200				
27	£54,175	£28.08	52										54,175				
27	£53,463	£27.71	51									53,463					
27	£52,464	£27.19	50									52,464					
27	£51,460	£26.67	49									51,460					
																	Performance Points

HR COMMITTEE – 12 JANUARY 2022

REASONABLE ADJUSTMENT GUIDANCE AND DOCUMENTATION

1. RECOMMENDATIONS

- 1.1 That the Committee support the introduction of updated reasonable adjustment guidance for managers and employees, including the documentation of agreed reasonable adjustments using the 'Reasonable Adjustments Employee Plan'.

2. INTRODUCTION

- 2.1 The Council continues to be committed to supporting all employees with long term health conditions and disabilities based on their needs.

3. BACKGROUND

- 3.1 The Council already supports all employees with long term health conditions and disabilities by agreeing reasonable adjustments, where possible, based on employee circumstances.
- 3.2 The aim of this updated guidance is:
- i. Improved management direction and support in agreeing reasonable adjustments
 - ii. Improved employee awareness of their available support and the process followed to agree it
 - iii. To create a living record of agreed support through a documented plan
 - iv. Improved recording of employee disabilities of the Councils HR Management System to aid monitoring and reporting

4. CURRENT PROCESS

- 4.1 Employees with long term health conditions and disabilities are supported on a case-by-case basis to agree reasonable adjustments.
- 4.2 Managers are supported by the HR Advisory Team to identify and agree the right adjustments. Medical advice is sought through Occupational Health, or if appropriate, Access to Work on suitable reasonable adjustments based on the employees' health and role.
- 4.3 The manager and employee review medical advice indicated in 4.2. If adjustments are reasonable, they are agreed and implemented.
- 4.4 If employee adjustments are agreed as part of the absence management procedure, adjustments are documented in meeting outcome letters.
- 4.5 If employee adjustments are agreed whilst employees remain at work, adjustments are documented as outcomes to meetings in emails or letters.
- 4.6 Where employees are experiencing poor mental health, to support them in the workplace employees and managers are encouraged to complete a [Wellbeing Action Plan](#) together.
- 4.7 Documents referred to in 4.4 to 4.6 are recorded on the employees Employee Record.

- 4.8 Employees are encouraged to record health conditions on the Councils HR Management System

5. UPDATED PROCESS AND DOCUMENTATION

- 5.1 The process for identifying and agreeing reasonable adjustments in consultation with the affected employee will not change from that indicated in 4.1 and 4.3. The HR Advisory Team will provide advice and support to employees and line managers throughout the process.
- 5.2 Where it is identified an employee is likely to need a Reasonable Adjustment, both the line manager and employee will read the proposed Reasonable Adjustments guide (**Appendix 1**). The aim of this guide is to explain what reasonable adjustments are and the process for agreeing them. It will be available to all employees and managers. This will ensure both parties at the outset understand the process and expectations are managed.
- 5.3 Agreed adjustments will be documented using the Reasonable Adjustments Employee Plan (**Appendix 2**). The aim of this document is principally to create a living record of the impact of a health condition on the employee, the reasonable adjustments that have been agreed and how often this will be reviewed between the employee and management. It will also detail, where appropriate, plans for contacting disabled employees whilst off sick.
- 5.4 The line manager will be responsible for arranging future reviews at the agreed intervals and documenting these meetings using the Reasonable Adjustments Employee Plan. As support is reviewed, should changes to adjustments be needed, the line manager will consult the HR Advisory team.
- 5.5 The HR Advisory Team will record the employee health condition on the Councils HR Management System and ensure the documented plan is filed on the Employee Record. Recording the health condition on the HR Management System will ensure if a disabled employee's role or line manager is changed, the HR Team are automatically notified to ensure arrangements for effective support to continue.
- 5.6 The following wording is proposed to be added to Section 20 of the Councils Absence Management Procedure (red text indicates new wording):

20. Disability and Sickness Absence

20.1 Managers will need to consider if an employee's absence is attributable to a disability related illness. Consideration must be given to the provisions of the Equality Act legislation. The application of the legislation is complex and it is essential that managers obtain advice from Human Resources. If the employee is disabled or becomes disabled the Council are under a legal duty to make reasonable adjustments to enable the employee to continue to work, under the provisions of the Equality Act 2010.

20.2 Any medical opinion received from Occupational Health should also state whether or not the employee should be viewed as disabled in accordance with the legislation.

20.3 Employees with disabilities should be given the opportunity, time and support to request and receive any appropriate facilities they need in order to participate fully in formal meetings.

20.4 Line managers will support employees with disabilities to agree suitable reasonable adjustments, where possible. Reasonable adjustments can be agreed in conjunction with

supporting an employee back to work following a long-term sickness absence (see section 14), or whilst they have been able to remain working.

20.5 Full guidance on reasonable adjustments, what they are and the process of agreeing them is detailed in Appendix L(i).

20.6 Where reasonable adjustments are agreed, depending on the nature of the health condition and role, the employee and line manager will formalise these arrangements using the 'Reasonable Adjustment Plan' (Appendix L(ii)). This will be in consultation with the HR Advisory Team.

20.7 Advice from Occupational Health and/or Access to Work is likely to be sought to support identifying appropriate reasonable adjustments.

20.8 In the unlikely event where the employee and line manager are unable to agree on the nature of a reasonable adjustment, this will in the first instance be referred to the HR Advisory Team. If the employee remains unsatisfied the Service Manager will make the final decision on agreeing reasonable adjustments.

20.9 The Reasonable Adjustments Plan will be reviewed at agreed regular intervals or when circumstances change that could impact their effectiveness. The length of review intervals will depend on the nature of the employees' health condition and their role.

20.10 Once reasonable adjustments are agreed and documented, this will also be recorded on the Councils HR Management System. This is to ensure corporate reporting and monitoring and that any change of line manager is informed to enable effective support to continue.

6. CONCLUSIONS

- 6.1 The proposed process is aligned with current CIPD and ACAS recommended employment practices and will ensure employees continue to be supported based on their health circumstances.

7. FINANCIAL IMPLICATIONS

- 7.1 None

8. CRIME & DISORDER IMPLICATIONS

- 8.1 None

9. ENVIRONMENTAL IMPLICATIONS

- 9.1 None

10. EQUALITY & DIVERSITY IMPLICATIONS

- 10.1 Equality Impact Assessment included as Appendix 3

11. DATA PROTECTION IMPLICATIONS

- 11.1 None

12. EMT COMMENTS

12.1 EMT support the introduction of the updated reasonable adjustment guidance for managers and employees, including the documentation and agreed reasonable adjustments using the 'Reasonable Adjustments Employee Plan'.

13. EMPLOYEE SIDE LIAISON PANEL COMMENTS

13.1 Unison requested that an appeal process should be included as part of the process.

13.2 In section 5 above point 20.8 has now included to explain the process in the unlikely event that the employee and manager are unable to agree the reasonable adjustments.

For further information contact:

Sophie Thompson
HR Advisor
023 8028 5670
Sophie.thompson@nfdc.gov.uk

Background Papers:

None

Reasonable Adjustments

Our guide to making changes in the workplace

Employees who have a disability are protected from discrimination under the Equality Act 2010. This guide can be used by employees and managers to understand what support is available and how employees managing disabilities at work are supported.

What is a reasonable adjustment?

Any steps NFDC can reasonably take to prevent any working arrangements, working practices or the workplace premises from putting an employee with a disability at a disadvantage in comparison to employees who do not have a disadvantage.

There is no fixed description of what a reasonable adjustment is, however NFDC will consider the full circumstances of your health condition, the impact on your role and:

- How much the adjustment will benefit you
- How practical it is to make the adjustment
- How much the adjustment costs
- Whether making the adjustment will affect NFDC's business, service or financial situation or the health and safety of you or other colleagues

Examples of Reasonable Adjustments

Each employee's circumstances are unique depending on their health condition, how it affects you and your role. A reasonable adjustment could involve making changes to:

- The workplace premises, for example an accessible car parking space
- Equipment or services provided, for example an appropriate keyboard for someone with arthritis
- The way things are done, including providing information in an accessible format.
- Working arrangements, for example a shift pattern or where someone works.

The below lists examples of adjustments:

- Providing the right type of headset for an employee who uses a hearing aid
- Arranging an interview to be held on the ground floor for a job applicant using a wheelchair
- Replacing a desk chair with one designed for an employee who has a disability affecting their back
- Giving one to one support to help prioritise the work of an employee suffering from anxiety
- A phased return to work for an employee who's been off long term sick because of their disability
- Allowing more frequent breaks for an employee with diabetes to get the right amount of food and drink throughout the day
- Temporarily removing some tasks that cause the employee problems because of their health condition whilst they are undergoing treatment

Process to agree Reasonable Adjustments

1. Talk to your line manager

If you feel you are at a disadvantage because of your disability, its best for you to talk to your line manager as soon as possible about what you feel you need.

You are not required to tell NFDC about your health, however we need to understand your needs so that we can provide you the right support.

Your line manager will listen and try to understand how your disability affects you. They will aim to understand your circumstances including your own coping strategies and ways of managing your health, talk to you about the support you need and ask how you would like your disability referred to or talked about.

If your disability is new, you might not feel ready for support or know what you need yet. You will likely be coming to terms with your diagnosis and possibly feeling worried about being treated differently. Your manager is there to support you through these experiences and will always encourage open communication.

2. Agree if Access to Work or Occupational Health advice is needed

[Access to Work](#) are a government organisation who help you get or stay in work through tailored support. This could be a grant to help pay for practical support or support managing your mental health at work.

Occupational Health is a type of medical service available to employers to help us understand your health condition, how it impacts you at work and any reasonable adjustments that might be beneficial to you.

To enable us to get the right support for you, we are likely to seek medically professional advice through an Access to Work or Occupational Health assessment. The aim of this will be to understand medically the impact of your health at work and guidance on possible adjustments. The HR Advisory team will support you and your manager through this process.

When the report is received your line manager will meet with you to discuss its content with you and what can be accommodated.

3. Agree Reasonable Adjustments

Using the medical information, a full review of the impact of your health and role will be discussed between you and management. They will discuss what adjustments can be agreed based on your health and the nature of your role. This will be a two-way conversation between you and your line manager. We will review your full health circumstances in conjunction with your role to ensure the right reasonable adjustments are made for you, where possible.

This may include:

- Adjustments to current role – temporary changes to duties, working hours, location, equipment etc
- Alternative role – only if you are no longer capable of performing your own job, there are no adjustments that can be made to enable you to so and there is a suitable vacancy available

All changes will be in consultation with you. Some health conditions fluctuate, affecting you differently at different times, weeks and months. We will agree if your health affects you in this way, and what those symptoms look like to enable us to recognise differences and provide the right support.

Information regarding your disability will be kept confidential and only shared where necessary and in agreement with you. In the first instance this will be with your line manager and HR. If sharing is necessary outside of your line management and HR we will agree:

- What you want to share
- Who to share it with
- Whether you want to tell people yourself or would like your line manager to do this.

Confidentially may not always be possible when there are obvious signs of your disability, for example someone who requires using a crutch. Other reasons confidentially may be limited are:

- If you need specific support – for example information presented in a certain way
- Health and safety reasons – for example is you cannot operate certain equipment
- People at work need to be aware – for example what to do if someone with epilepsy has seizure

4. Documenting your tailored support

All management discussions relating to your health condition, advice from Access to Work and Occupational Health and agreed reasonable adjustments will be recorded and kept on your online Employee record.

Agreed reasonable adjustments will be documented using the 'Reasonable Adjustments Employee Plan'. This will support the conversations with your line manager and form the basis for future discussions.

At the point of completing this plan a regular review interval will be agreed. This will depend on the circumstances of your health and agreed adjustments, but is likely to be between 3 – 12 months.

Employees managing a health condition at work who have a Reasonable Adjustments Employee Plan will record their health condition on the Councils HR Management system. This enables corporate reporting and monitoring.

Useful Organisations

- ACAS – provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law
www.acas.org.uk
0300 123 1100
- Citizens Advice – free advice to help find a way forward, whatever the problem
www.citizensadvice.org.uk
0800 144 8848
- Equality Advisory and Support Service – advice's and supports individuals relating to equality and human rights
www.equalityadvisoryservice.com
0808 800 0082
- Access to Work – www.gov.uk/access-to-work

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Reasonable adjustments plan	
Employee's name:	
Job title:	
Department:	
Line manager's name:	
<p>This is a record of adjustments agreed between [employee's name] and [line manager's name].</p> <p>The purpose of this plan is to:</p> <ul style="list-style-type: none"> • ensure that both the employee and the manager have a record of what has been agreed; • act as a starting point for discussion when the employee changes job, is relocated or is assigned a new manager within the organisation; • provide the employee and their manager with a structure to use when regularly reviewing and updating information about adjustments; and • plan for when the employee is unwell and needs additional support because of their disability or condition. <p>This plan is a living record and will be reviewed and updated as appropriate with the agreement of the employee and the manager:</p> <ul style="list-style-type: none"> • at any regular one-to-one meeting; • at a return-to-work meeting following a period of sickness absence; • at agreed regular intervals and/or annual appraisals; • before a change of job, duties or work location, or the introduction of new technology or ways of working; or • before or after any change in circumstances for either the employee or the organisation. 	

Employee	
How the disability or condition impacts at work:	
<p><i>Record details of impact of symptoms at work, any medication the employee is taking and undergoing treatment</i></p> <p><i>Consider supporting employee with a Wellbeing Action Plan</i></p>	
Agreed Reasonable Adjustments (refer to Access to Work agreement, Occupational Health Report or GP Fit Note if relevant):	Date implemented:
Wellness at work - employees who have fluctuating disabilities or conditions	
<p>On a "good day" my disability or condition has the following impact at work:</p>	

<p>When I am feeling unwell (ie a "not so good" or "bad" day), the following symptoms are indications that I may not be well enough to be at work:</p>
<p>[Employee] agrees to let you know if there are changes to their condition that affect their work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further adjustments or changes that should be made.</p> <p>If [line manager] notices a change in the employees performance, behaviour or attendance at work or feel that these adjustments are not working, they are happy to meet privately to discuss alternatives.</p>
<p>Line manager</p>
<p>Keeping in touch</p>
<p>If you are absent from work on sick leave or for a reason relating to your disability or condition for more than [] days and have followed the usual procedures for notifying the organisation of your absence, I will keep in contact with you in the following way:</p>
<p>Who will contact whom?</p>
<p>How will contact be made? (email, telephone, text, [specific video conferencing platform], letter, minicom)</p>
<p>How often? (daily, weekly, monthly)</p>
<p>When? (preferred day, preferred time)</p>
<p>Conversations while you are on sick leave</p>
<p>We have agreed that the topics that we will discuss while you are absent include:</p> <ul style="list-style-type: none"> • how you are feeling; • what I/the organisation can do to help; • how your current work will be dealt with; • the possibility of a planned phased return to work; and • a return to work date.

[add/delete as appropriate]

Return to work

When you are ready to return to work after a period of sickness or disability-related absence of more than, we will meet to review this plan and make any necessary changes.

At this return-to-work meeting we will also discuss:

- any current work issues;
- a phased return or back-to-work plan;
- what to tell the team; and
- any assessments to review existing adjustments (such as by [Access to Work](#), your GP or occupational health) and identify new adjustments that might be needed.

[add/delete as appropriate]

An up-to-date copy of this form will be retained securely on the employees online Employee Record, accessible by their line manager and HR.

If the employee changes job, is relocated or is assigned a new manager, the new manager will be given access to this form and should accept the adjustments outlined in this plan, so long as they remain reasonable, despite the change in circumstances, and ensure that they continue to be implemented. The plan may need to be reviewed and amended at a later date but unless there is any change in circumstances that might affect the reasonableness of the adjustments, this should not happen until both the employee and the new manager have worked together for a reasonable period of time.

Agreed Minimum Review Interval	<i>e.g. 3 monthly, 6 monthly</i>
Employee signature	
Date	
Employer's signature	
Date	

Equality Impact Analysis (EIA)

Introduction: The EIA it is an effective way of improving decision making, policy development and service delivery by making sure that managers consider the needs of all service users, the community and employees. It is also designed to identify potential steps to promote equality and good relations and avoid unintentional discrimination. Please ensure you read the guidelines before completing this form.

Guidance Notes

Policy/Procedure	Reasonable Adjustments
Service	HR
Business unit	HR Advisory
Your name	Sophie Thompson
Email	sophie.thompson@nfdc.gov.uk
Title	HR Advisor
Service manager's name	Heleana Aylett

If you would like your service manager to receive a copy of this form, please enter their email address.

Service manager email	heleana.aylett@nfdc.gov.uk
Date completed	31/08/2022

1. What is the overall purpose and aim of the policy/project/practice or service?

The Council already supports all employees with long term health conditions and disabilities by agreeing reasonable adjustments, where possible, based on employee needs.

The aim of this updated guidance is:

- i. Improved management direction and support in agreeing reasonable adjustments
- ii. Improved employee awareness of their available support and the process followed to agree it
- iii. To create a living record of agreed support through a documented plan
- iv. Improved recording of employee disabilities of the Councils HR Management System to aid monitoring and reporting

2. What are the main aspects of the policy/project/practice or service where consideration of equality impacts and issues need to be incorporated?

This guidance's sole aim is to support employees with disabilities and make reasonable adjustments in an informed and positive way for those affected.

3. Relevance Assessment - which group(s) of people (if any), do you think will, or potentially can be, affected by this policy/project/practice or service? Please state your reasons.

Employees who have a disability are likely to have a positive impact as a result of this updated guidance.

Please indicate if you think the impact is none, low, medium or high?

Age Sex Disability Race

None	None	Religion or Belief None	None	None	Sexual Orientation	Marriage/Civil partnership	Gender reassignment	Maternity and Pregnancy None	APPENDIX 3
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HR COMMITTEE – 12 JANUARY 2023

QUARTERLY HEALTH AND SAFETY REPORT Q2 2022/23

1. RECOMMENDATIONS

- 1.1 That HR Committee note the contents of this quarterly report and be aware of the accidents and incidents recorded in Q2, and the merged action plan from the safety panels.
- 1.2 To note the updated Warning Marker Register (**Appendix 3**), Corporate Legionella Policy (**Appendix 4**) and Control of Substance Hazardous to Health (COSHH) Policy (**Appendix 5**), which have been circulated at the three Safety Panels for consultation. The changes to the previous policies in place have not been significant and it is proposed they receive sign-off at the HR Committee.

2. INTRODUCTION

- 2.1 This report highlights the significant health, safety, and welfare work across the Council from July to September 2022, Q2. Feedback from the three Safety Panels is covered in section 4, and the accident, incident and near miss statistics are detailed with further information in the appendix.
- 2.2 Q2 accidents, incidents and near misses reported are within normal parameters, down on the last quarter at 45, there was one RIDDOR incident (an over 7-day injury). Near miss reports were up on the previous Q2 report (2021/22) at 25. The significant issues are summarised in section 6.

3. HEALTH & SAFETY MATTERS

3.1 COVID-19 Risk Assessments:

There is no longer a legal requirement to have Covid-19 risk assessments in place and these have now been included within Respiratory Infections risk assessments. When staff return a positive LF test they are expected to spend 5 days away from work while they are at their most infectious. In line with Government guidance if on day 6 they are well they can return to work, there is no requirement to continue testing. Those members of staff who continue to have symptoms and feel unwell on day 7 and cannot work from home, will need to contact their GP who may issue a *Fit Note* or an *Isolation Note* which will need to be provided to their manager and HR. Staff are still expected to clean down their desk at the end of the day.

3.2 Health and Safety Team Work Programme:

The Corporate Health and Safety Team work across the Services focused on priority projects, and have made progress on the Lone Working review, COSHH reviews, HAVs monitoring, Housing Risk Assessments and Manual Handling reviews. The health and safety auditing targeted to start in Q2 will now commence in Q3, with the preparatory work for the Waste Services audit having started. The internal risk assessor training started in September through to November.

3.3 Lone Working and Warning Marker Register:

A working group has been organised with representation from a number of services who have staff undertaking lone visits, with the objective of reviewing current arrangements and identifying the characteristics of a corporate system which would be of greatest benefit to the largest number of staff. It is also necessary to review the conflict management training which can be made available to relevant staff and ensure that a sustainable training programme is put in place and managed. The conclusions from the working group will be brought back to EMT and covered in a future quarterly report.

Warning Marker Register Policy update: in order to meet the duty of care the organisation has to protecting the safety of staff a list of individuals/ properties has been managed in order to inform staff where there could be a personal risk due to a previous event(s), or threats from the property or an individual. Where there is a WMR entry then safety procedures need to be followed. Information on the list may be provided by a 3rd party public sector agency, e.g. Probation Service. In line with Information Commissioner guidance individuals being added to the list are likely to be informed and given a chance of appeal. The updating of the Policy was undertaken as part of a routine review, and the update has been publicised to staff in the October edition of the Safety Matters Newsletter. Training will be rolled out in the coming months. To enable users to access the WMR on work mobile devices there are discussions with ICT taking place to hold the data on Sharepoint, which will enable remote access, data is currently held on the e-base e-form system.

3.4 Legionella Management:

There has been a recent review of legionella management across the organisation, with an updated corporate Legionella Management Policy being drafted. A review of the 2020 Legionella Risk Assessment/ Inspection Reports for LTH & ATC has been completed. Once the Corporate Legionella Management Policy has been ratified then a further review of the local Policies held by the Housing Service and Facilities Team will be reviewed, to ensure they are consistent and up to date.

3.5 COSHH Reviews:

As previously detailed, COSHH reviews have taken place across a number of teams and actions/ improvements were highlighted: Grounds Maintenance; Street Scene; Pest Control; Workshops. The reviews are currently being completed for: Housing Maintenance; Cleaning team; and Facilities. This work is likely to continue into Q4.

3.6 Health and Safety Audits:

The start date for the audits detailed in the work programme will now start in Q3. In addition to Waste Services there needs to be a highlight on medium risk Services/functions of the Council which have not been part of audits or review for some time, and include: Coastal Service; parts of Planning (Planning Enforcement, Building Control); Housing Development; & Environmental and Regulation. The Waste Service audit has recently started with staff H&S questionnaires circulated.

3.7 Other Health and Safety Policies:

Other Policies currently in draft and likely to be circulated for consultation at the next round of Safety Panels include:

- Lone Working Policy;
- Occupational Road Risk (Greyfleet);

- Working at Height.

4. TASK AND FINISH GROUPS: CDM, & ASBESTOS MANAGEMENT

- 4.1 The **Construction Design Management group** had their quarterly meeting in October where the focus was rolling out the Housing Standard Operating Procedures (SOPs) to the group. Housing SOPs require some additional information before completion, with one area being the definition of notifiable projects following feedback from HSE. Meetings will take place over Q3 between the Health and Safety Advisor and the service leads so that local SOPs can be drafted using the Housing documents as a template. Training on the Housing SOPs via toolbox talks expected to start in Q3.
- 4.2 CDM training for those staff previously identified by the group will start in Q3, with an online accredited course to be delivered by First4Safety. Health & Safety Advisor to attend the course to ensure suitability for others. An Actions Table is in place for the Group.
- 4.3 The **Asbestos Management group** met in October and the completed Housing Asbestos SOPs were presented. The Corporate Asbestos Manager provided a report to the group detailing the breakdown of data from the Keystone Asbestos Register, % of property types held on keystone register, which will help to formulate KPI's over the short-term to provide a focus for the group, e.g. which type of properties asbestos surveys need to be target at. The surveying of voids will be reviewed in more detail at the next group meeting, when there will be more details on turnaround times for the asbestos bulk samples by Allium Ltd (contracted asbestos surveyors).
- 4.4 The use of Keystone Mini was discussed, which will provide remote access to the database by operatives, which has been delayed due to ICT issues which need to be resolved – update at next meeting. The list of staff to receive asbestos training is in place and this is planned to be delivered by Allium (who also undertake the asbestos surveys). An Actions Table is in place for the Group.

5. SAFETY PANEL FEEDBACK

- 5.1 All Action Tables were reviewed prior to the April meetings for the year ahead and the target dates for some of the projects/actions were reviewed. See **Appendix 2** for the merged Action Table for the three Safety Panels.

5.2 **Operational Services Safety Panel:**

Vehicle incidents: there have been a number of wing mirror hits in the last quarter for the larger vehicles (refuse vehicles), along rural routes, some of which have resulted in window breaks. Drivers have reported the need for vegetation to be cut back along narrower tracks. Solutions to be investigated by Waste Operations Manager/ Senior Supervisor: route assessments; wing mirror protectors; need for foliage to be cut back – liaise with HCC highways or others. Issue to be raised by Supervisors in toolbox talks, to ensure speeds are appropriate.

Incident reports to operatives are down compared to the previous quarter (including cuts), which may have been influenced by the toolbox talks on safe manual handling. One cut to waste operative from waste bag incident occurred on inside of leg where ballistic trousers provide less protection.

Excavator examinations: need to get confirmation on when the Lifting Operations and Lifting Equipment Regulation (LOLER) examinations were last completed, as vehicles do not appear on the insurance list.

Sun-cream dispenser in depots: agreement that this was a positive development and demonstrated a commitment to staff well-being. However, because the dispensers were not installed until July it was felt that it was not as well marketed to staff as it could have been, and not as well used as expected. If repeated in 2023 there is a need to publicise the provision for all operation staff who may have significant sun exposure as part of their roles.

Update on New Waste Strategy and Hardley Depot site given to those present.

Hand Arm Vibration work: recent HAVs monitoring of trigger times of equipment being used by Grounds Maintenance, with roll out of monitoring to workshops staff next. No concerns identified.

Depot housekeeping flagged at previous Safety Panel: outstanding items are on a maintenance log. H&S Advisor to monitor.

Fire Safety Policy/ Evacuation Procedure: recent meeting and draft policy to be updated and circulated to managers to confirm responsibilities.

Drivers Handbook: awaiting the final amendments from the design team before issuing.

5.3 **Office Based Panel:**

Additional fire marshals training is to be offered for those staff who have been missed. 45 staff trained as fire marshals to date. ATC Fire Evacuation drill is outstanding.

LTH: The replacement of the fire alarm zonal chart has been completed. The Electrical installation inspection report from February was raised and majority of items have been actioned. Further meeting to be arranged to finalise items to be closed off or actioned. NPA member of staff trapped in lift in September, released when a colleague heard the alarm. Lift engineer attended the following day and fault believed to have been remedied.

Two minor incidents were reported in Q2 for office staff/ visitors to the offices.

Concern raised about desks not being booked and staff not cleaning desks at the end of the day. Agreed that there may be the need to remind staff off the expectations on them when working in the office, *e.g. to clean desks with the items provided.*

Annual workplace inspections by Safety Reps to be organised in Q3.

5.4 **Housing Panel:**

Accidents and incidents reviewed: Q2 incidents reported slightly up on 2021/22 numbers; decrease in days lost compared with the Q1 figure; increase in contractor incidents (3) possibly due to greater awareness of need to report, reviewed by CDM Working Group.

Vehicle incidents: 3 reported for the quarter. Request to have breakdown on costs, what is the mean cost for a claim, to be reported back at next Safety Panel.

Sarum House electrical incident: electrical fire started by an AA Woods (Principal Contractor) transformer/ cable arching which led to plastic sheeting being melted, no-one injured. Electricians isolated by contractor staff onsite. See 6.3

Lexby Road kitchen refurbishment: Gas leak caused by contractor at a tenanted flat during a planned kitchen refurbishment. Gas pipe was encapsulated in the kitchen concrete floor. As part of works to install a door threshold the gas pipe was drilled into. Unusual to have the gas pipe encapsulated and checks confirm unique to this site.

Warning marker register updated Policy discussed and feedback sought. Training to be provided by Corporate H&S Team. Future meeting to discuss the changes to the PNC7 (Pin) Lone Worker system, and the potential Appello replacement option. Confirmed that PNC7 does not have an end date currently.

Sharepoint: discussion about the use of the different folders to hold H&S Records. Need for each of the Service/ Team sites to have a link to the external Corporate H&S pages.

6. ACCIDENTS, INCIDENTS AND NEAR MISSES (INCLUDING RIDDOR)

6.1 The accidents, incidents and near misses reported in quarter 2 are detailed in Table 1 below, the numbers in brackets are the 2021/22 quarterly figures.

Table 1. All reported Accidents, Incidents and Near Misses

Table 1.	Q1	Q2	Q3	Q4	Total
Total Reports	79 (57)	45 (47)	(43)	(53)	(198)
Non-reportable Accidents	24 (26)	19 (25)	(25)	(40)	(116)
RIDDOR	2 (4)	1 (5)	(7)	(5)	(21)
Near Miss	54 (27)	25 (17)	(11)	(8)	(64)

6.2 The graphical report in **Appendix 1** details the accidents, incidents, near misses in more detail. There was a total of 45 accidents/ incidents/ near misses reported across the Council, down from Q1 (79) and slightly down on last year's Q2 figure (47). As discussed during the presentation of the Q1 H&S quarterly report in August to EMT *damage to building incidents* will be taken out of the main "incident" figures. However, the spate of vandalism to public conveniences seen in Q1 has thankfully not carried over to Q2.

6.3 There was 1 incident which was reported under RIDDOR to the Health and Safety Executive. The RIDDOR and other significant incidents are detailed in the paragraphs below:

- i. **RIDDOR 1** (reported on 10/6/22): 7-day injury to a Waste Services employee. Driver/ loader was emptying garden waste into the hopper of a refuse vehicle and aggravated an existing injury to his left shoulder. No environmental or other factors identified in the incident.
- ii. **Incident 2** (19/7/2022): Near miss. The cable from an electrical transformer was damaged and started to arc causing damage to the plastic asbestos enclosure on the site managed by Principal Contractor AA Woods. Asbestos removal works had been completed shortly before the incident. Electrical equipment used was owned by the contractor. Initial investigation undertaken by AA Woods, with

Corporate H&S Team overview, which proved inconclusive as to the cause. Electrical equipment involved had been part of a routine inspections.

- iii. **Incident 3 (7/6/2022):** As part of a planned kitchen refurbishment of a tenanted two-bedroom flat a gas pipe was accidentally drilled into by the contractor operative onsite, which was situated below the kitchen door threshold, encapsulated in the concrete floor. Principle Contractor (Novus Property Solutions Ltd) needed to clear the property and shut off the gas supply. Operative who caused the incident was a subcontractor and was not following the documented risk assessment and method statements, which detailed that threshold should have been glued and not drilled. New external gas pipework installed so that a similar incident cannot occur.

6.4 There were 19 vehicle incidents during the quarter (see Table 2), down on Q1, which were reviewed as part of the routine quarterly vehicle accident review meeting. Significant issues are reviewed by Insurance Officer, Transport Manager and Health and Safety Advisor. In addition to this another cross-service meeting was held to discuss slow moving manoeuvres incidents and driver training took place, following an increase in incidents over 2021/22 (meeting on 17th October).

Table 2. Vehicle Incidents Q2 2021/22

	2018/19	2019/20	2020/21	2021/22	Q1 2022/23	Q2 2022/23
Waste	24	40	52	71	25	13
Housing Maintenance	12	7	13	17	4	3
Street Scene	11	10	13	13	1	1
Engineering Works	0	1	0	1	0	0
Open Spaces	5	4	6	10	1	2
Transport	2	1	1	0	0	0
Parking Enforcement*	-	-	-	1	0	0
Other	1	4	2	1	1	0
TOTAL	55	67	87	114	32	19

7. PROPOSED HEALTH AND SAFETY KEY PERFORMANCE INDICATORS F.L.A.G.S

7.1 The F.L.A.G.S proposal put forward by H&S Manager requires further internal discussions. The proposal is for a set of health and safety KPI's be set up under the **F.L.A.G.S.** acronym: Fire Safety; Legionella/ Lifts; Asbestos; Gas Safety; and Safety mandatory training. Other Hampshire LA's do not have corporate H&S KPI's in place, so there isn't the option to align performance management targets with another local authorities' standards. An opportunity to use national targets may be through the new Social Housing Regulations requirements soon to become law. The Asbestos Management Working Group have started to review data from the Keystone Asbestos Register.

8. HEALTH AND SAFETY TRAINING

8.1 The Health and Safety Team provide 4 mandatory e-learning courses for all staff through the Seminar software system: Office Safety; Fire Safety; Manual Handling; and Display Screen Equipment. Additionally, there is Driving on Council Business, and COSHH training for relevant staff. Staff are required to undertake refresher training for the four mandatory courses every two years.

- 8.2 The Health and Safety Team have produced a 3-hour Risk Assessor training presentation which is offered to managers, supervisors, and H&S Reps over MS Teams from September to November. It is hoped that this training can be delivered long term in an e-learning module as a refresher.
- 8.3 The project group reviewing the options for a corporate Learning Management System is ongoing with a member of the H&S Team part of the group.
- 8.4 Table 3 Health and Safety Training courses in Q2 by the Housing Service.

Ref.	H&S related course in Q2	Numbers attending.
1	Abrasive Wheels.	50
2	Asbestos Awareness.	37
3	Asbestos Task Training.	10
4	Fire Safety Training (Aug)	65

9. FINANCIAL IMPLICATIONS

- 9.1 None. No significant changes to the current practices being considered.

10. CRIME & DISORDER IMPLICATIONS

- 10.1 There are none.

11. ENVIRONMENTAL IMPLICATIONS

- 11.1 There are none.

12. EQUALITY & DIVERSITY IMPLICATIONS

- 12.1 No new requirements or issues identified.

13. DATA PROTECTION IMPLICATIONS

- 13.1 No new requirements or issues identified.

14. EMT COMMENTS

- 14.1 For health and safety KPI's EMT suggested that consideration be given to how health and safety indicators should function across the whole Council, with appropriate interaction with both performance management and statutory compliance drivers. The targets being introduced by the Regulator for Social Housing, the Tenant Satisfaction Measures in 2023, may be one opportunity for introducing new internal targets;
- 14.2 It was noted that there are some items in the Merged Safety Panel Action Table which have missed their target date, with follow up actions to be pursued by relevant risk leads;
- 14.3 EMT noted a welcome improvement in vehicle incidents, with training contributing towards this.

15. Appendix:

- 1. Accident, incident, and near miss reporting for quarter 2 (2022/2023);*
- 2. Merged Safety Panels Actions Table;*
- 3. Warning Marker Register Policy;*
- 4. Corporate Legionella Policy;*
- 5. Control of Substances Hazardous to Health Policy.*

For further information contact:

Spencer Scott
Corporate Health & Safety Manager
023 8028 5435
Spencer.scott@nfdc.gov.uk

Background Papers:

"None".

NFDC Accident and Near Miss Report

Quarter 2 2022/23

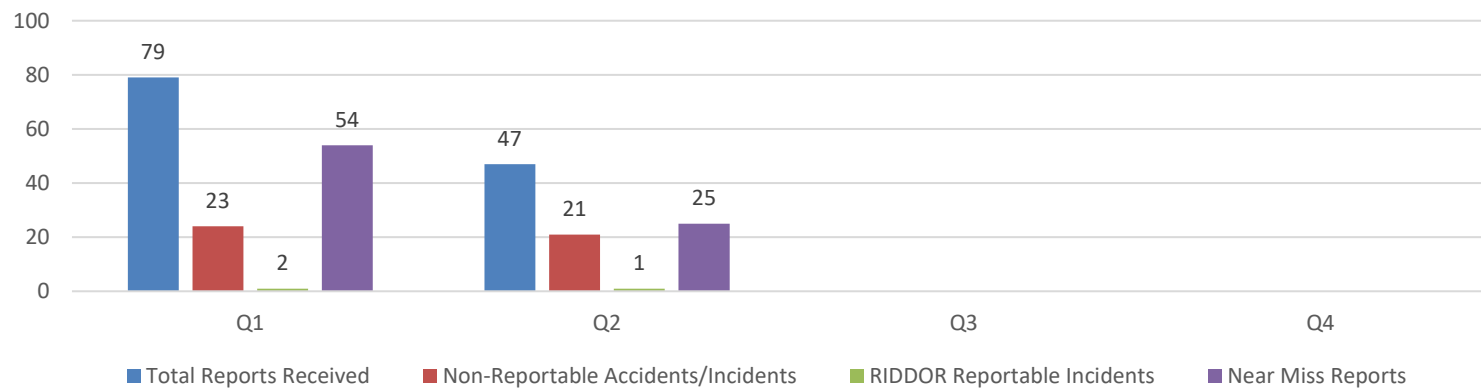
New Forest District Council Accident and Near Miss Report

Quarter 2 July - September 2022

 Quarter 2 employee accident and near miss report for ALL NFDC services:

	Q1	Q2	Q3	Q4	Year Total	% change
Total reports received	79 (53)	47 (37)				
Non-reportable accidents	23 (23)	21 (26)				
RIDDOR	2 (4)	1 (4)				
Near Miss reports <i>(inc property and vehicle damage with no injury)</i>	54 (26)	25 (9)				
Accident related lost time (days)	110	38 (37)	(177)			

Note: Figures in brackets are previous 2021/22 figures.

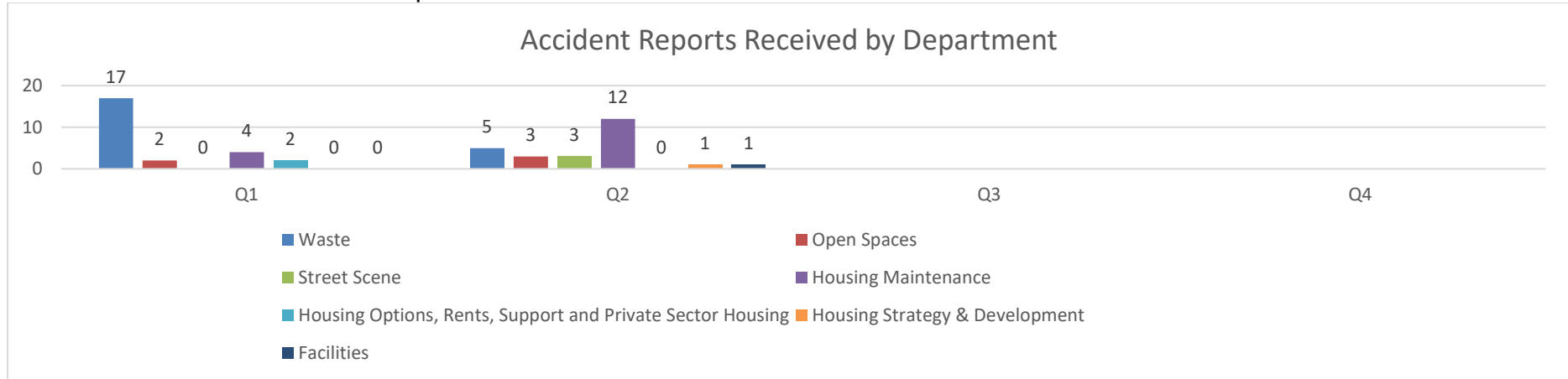


Accident Reports Received by Department

	Apr-June 22	July – Sep 22	Oct – Dec 22	Jan – Mar 23	Year end	% change
Waste	17 (6)	5 (9)	(10)	(6)	(30)	
StreetScene	0 (0)	3 (17)	(10)	(15)	(65)	
Open Spaces (inc Pest Control)	2 (6)	3 (3)	(4)	(2)	(15)	
Transport & Workshops	0 (2)	0 (0)	(0)	(0)	(2)	
Housing Maintenance	4 (8)	12 (4)				
Housing Estates Mgmt, CCTV and Community Safety	0 (6)	0 (2)				
Housing Options, Rents, Support & Private Sector	2 (2)	0 (2)				
Housing Strategy & Development	0	1 (0)				
HR	0 (1)	0 (0)				
Customer Services	0 (1)	0 (0)				
Facilities	0	1 (0)				

NFDC Accident and Near Miss Report

Quarter 2 2022/23

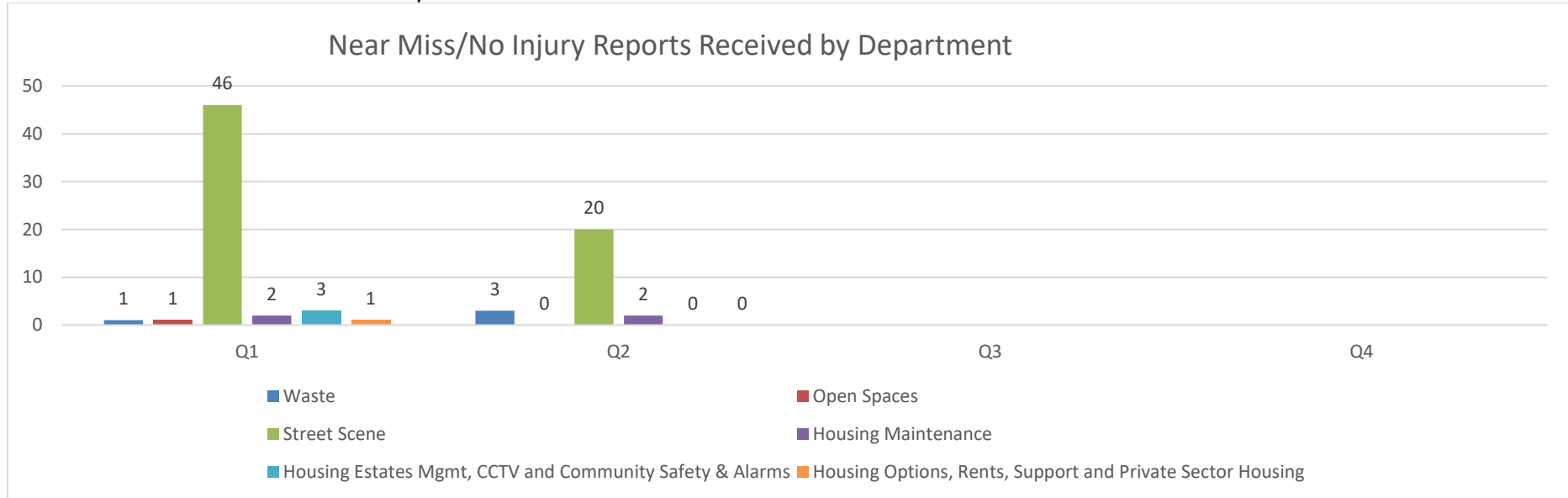

Near Miss/No injury Reports Received by Department

	Apr-June 22	July – Sep 22	Oct – Dec 22	Jan – Mar 23	Year end	% change
Waste	1 (0)	3 (0)				
StreetScene	46 (23)	20 (6)				
Open Spaces (inc Pest Control)	1 (1)	0 (0)				
Transport & Workshops	0 (0)	0 (0)				
Housing Maintenance	2	2				
Housing Estates Mgmt, CCTV and Community Safety	3	0				
Housing Options, Rents, Support and Private Sector Housing	1	0				

45

NFDC Accident and Near Miss Report

Quarter 2 2022/23



46

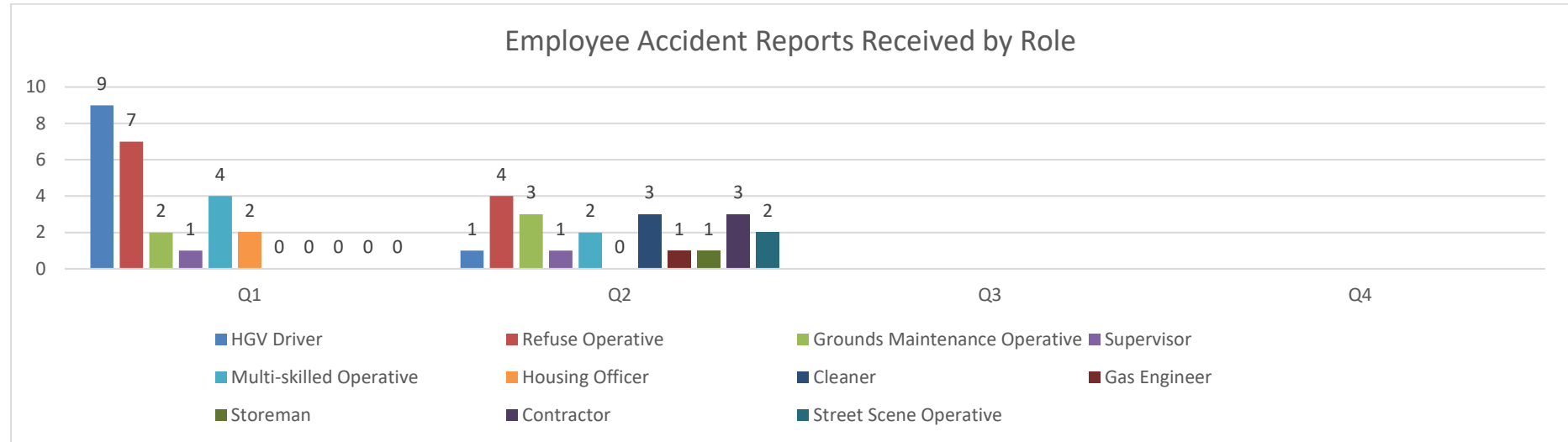
Accident Reports Received by Role

	Apr-June 22	July – Sep 22	Oct – Dec 22	Jan – Mar 23	Year end
HGV Driver	9	1			
Refuse Operative	7	4			
Grounds Maintenance Operative	2	3			
Street Scene Operative	0	3			
Engineering Works Operative	0	0			
Supervisor	1	1			
Multi-Skilled Operative	4	2			
Housing Officer	2	0			
Cleaner	0	3			
Gas Engineer	0	1			
Storeman	0	1			

NFDC Accident and Near Miss Report

Quarter 2 2022/23

Contractor	0	3			
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Breakdown by Cause

	Apr-June 22	July – Sep 22	Oct – Dec 22	Jan – Mar 23	Year end	% change
Manual Handling	8 (4)	4 (2)				
Slips, Trips	6 (8)	1 (4)				
Falls	2 (0)	0 (1)				
Hit by moving/flying object	1 (2)	2 (3)				
Bumping into something stationary	0 (2)	0 (0)				
Abusive/threatening behaviour	3 (3)	2 (3)				
Contact with electricity	0 (0)	1 (0)				
In contact with moving equipment/machinery/vehicle	0 (3)	1 (1)				

NFDC Accident and Near Miss Report

Quarter 2 2022/23

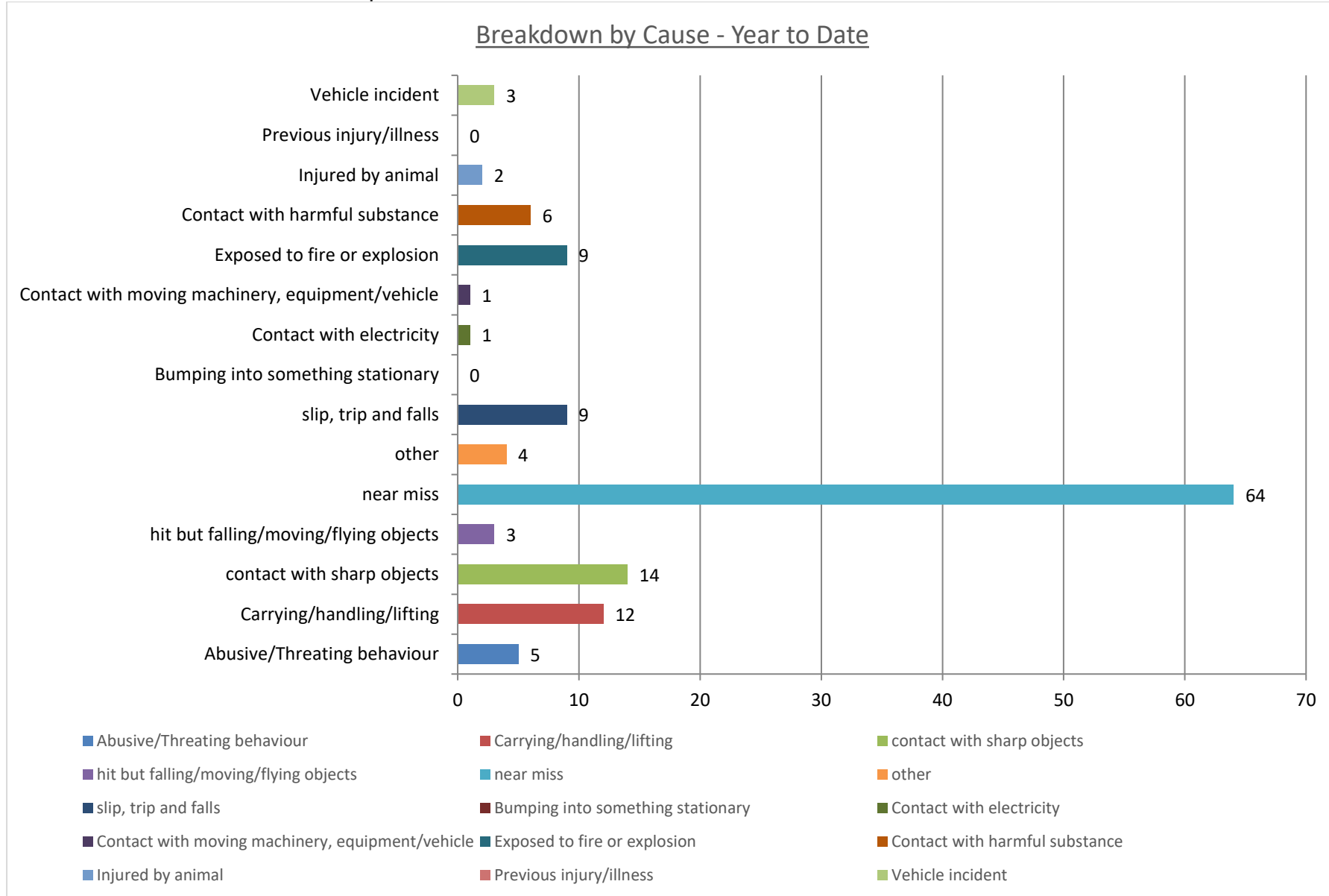
Exposed to fire	7 (4)	2 (1)				
Contact with sharp object	8 (10)	6 (4)				
Contact with harmful substance	6 (5)	0 (4)				
Injured by animal	1 (0)	1 (2)				
Other i.e natural causes	1 (1)	3 (7)				
Previous injury/illness	0 (0)	0 (0)				
Vehicle incident	3 (4)	0 (0)				
Near Miss	40 (3)	24 (5)				

Note: Q1 Injury cause statistics include member of public accident reports received by Housing Services

NFDC Accident and Near Miss Report

Quarter 2 2022/23

49



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51

Ref	Items for Action (Office Based)	Owner	Starting Date	Target Date / RAG	Actions/Decision/Comments (once completed item to be archived)
ATC1	Create implement and communicate new security arrangements for all corporate buildings and depots. Provide additional training to employees identified within the arrangements covering Dispute Management/ Conflict Management. Implementation phase in June 2022.	SW	Nov 2021	June 2022	Incident Response Procedure discussions ongoing, MS Exec Head lead. Draft Policy to be re-circulated. Focus on incidents in reception area of ATC.
ATC2	Create, implement, and communicate new fire safety arrangements for corporate buildings and depots. Provide additional training to all employees, fire marshall's and SIOs in relation to the new fire evacuation procedures. Fire drill to be undertaken to embed new procedures.	SW/AS	Nov 2021	May 2022	Repeater Fire Alarm Panel installed in CCTV team area (basement). Staff training provided from April to September, 40 staff trained as Fire Marshall's. Fire Evacuation drill delayed.
ATC3	H&S reps to undertake <i>annual workplace inspections</i> of ATC and LTH. Provide feedback at the Office Safety Panel	Safety Reps/ H&S Team.	Annually.	Jan 2023	Inspections to be arranged in Q3.
ATC5	LTH remedials: following the request for an updated risk assessment for the LTH offices (by tenants onsite), an inspection was undertaken and a number of issues were identified which require actioning including: <ul style="list-style-type: none"> • Electrics: there were a number of category 2 items identified (in the February '22 electrical inspection report) which require actions to be taken to resolve the hazards; • Fire Safety: the fire alarm zonal 	SW/ Facilities	May 2022	June – Aug 22.	Fire Alarm Zonal Chart updated. Next Legionella Survey report to be reviewed. Meeting arranged to discuss any electrical items which are outstanding.

	<p>chart is not accurate and needs replacing (Axis to visit), & review of evacuation plan is required;</p> <ul style="list-style-type: none"> • <u>Legionella</u>: the last external survey report detailed 3 items which need to be actioned, 1 medium risk. 				
Ref	Items for Action (Housing)	Owner	Starting Date	Target Date / RAG	Actions/Decision/Comments (once completed item to be archived)
HSP2	Review all risk assessments and safe systems of work within Housing. Identify any risk gaps and implement new risk assessments where gaps have been identified. Update all documents into the new corporate H&S templates	RT/RF/BB/RK/JL	07/04/2020	September 2022	Update 12/07/2022 – BB service risk assessment have been completed and reviewed by Safety reps, have been added to SharePoint and need to be communicated. No further action on RKs RA reviews.
				September 2022	12/07/2022 – Meetings have been held with Gas, Repairs and stores/Cleaners. Generic risk assessments are currently being reviewed. <i>Target date missed due to number of risk assessments being greater than originally predicted and more complicated. New target date to be agreed at Safety Panel.</i> GG reviewing the generic risk assessments for cleaners and stores, task specific risk assessments now completed.
HSP5	Implement new standard operating procedure for the control of contractors, including all associated documentation and templates. Present to all members of	RT/RF/JL	01/12/2021	August 2022	CDM (Construction Design Management) working group has now met, Housing circulated the standard operating procedures for

53

	the Housing Safety Panel				the control of contractors. Next to consider training requirements within housing. Final version will be consulted with employees and supervisor and presented at Q2 Housing Safety Panel 2022/2023 (completed although 1 month past target). RT presented SOP's at CDM group. HSP5 for the CDM Working Group to be broken down into Service specific actions, and to include training schedule.
HSP9	Undertake a manual handling risk assessment gap analysis for all tasks undertaken by operatives in Housing Maintenance. Where gaps have been identified create, consult, and implement task specific manual handling risk assessments.	RT/RF/JL	13/01/2021	March 2022	Role specific manual handling training will be provided to all operatives by Judith Ward from Waste Wise. Completed.
				June 2022	Additional training to be provided to supervisor in relation to manual handling risk assessment and the use of the MAC (Manual Handling Assessment Chart) tool. Training on 8/4/2022. Completed.
				September 2022	Draft new task specific manual handling risk assessments, consult with employees and communicate to all employees. Update 21/09/2022 – Gas, Cleaners and Stores manual handling risk assessments complete, 5 outstanding Responsive & repairs manual handling risk assessments, JL working with relevant supervisors Electrical have 1 outstanding

					manual handling risk assessment. Target date has been missed due to high workloads. A new target date for completion by end of 2022.
HSP10	Corporate H&S team to produce e-learning training for lone working and the use of the <i>Warning Marker Register</i> .	JL	13/09/2021	July 2022	Update 12/7/22 – Seminar system not felt to be the correct option for this training. Power-point training to be provided. Update 21/09/2022 – WMR Policy updated and circulated for consultation. PowerPoint training presentation to be used at Team meetings and for toolbox talks, to start in November.
Target dates for some of the Operational Services Actions are under review.					
OPS1	Drivers (Fleet) Handbook to be revised and re-issued to all relevant staff.	CN	April 2021	Originally Oct 2021	Final version being formulated by design team, to be issued to driving staff imminently. Discussed at Operational Services Safety Panel in October.
OPS3	Street Scene Health and Safety Handbook to be produced, similar to the existing Waste and Recycling version, to be issued to all relevant staff.	AW/SP/TW	April 2021	April 2023	Update April 2022: New target date set by Panel. Handbook has to be started from scratch so is significant piece of work.
OSP4	Operations Service Safety Plans: service specific actions for 2022/2023 to be drafted and reviewed and approved at April Safety Panel.	CN/ IP	Annually.	Annually	All three Safety Plans circulated for comment in April, feedback can be provided by email to CN/ IP/ AW. Completed for 2022/23.

54

OSP5	Health Surveillance: ensure best practice is being adhered to in identification of staff at risk, frequency of testing/ medicals, monitoring of results.	AW/GG/SS	April 2022	October 2023	Preparatory work started with H&S Team and HR leading. Slow progress. Original target missed.
OSP10	H&S Audit of the Waste Service before end of Q2.	AW.	-	October 2023	H&S Audit format updated in July by H&S Team. Audit expected to now start in October. Staff H&S Questionnaire (MS Teams) has been reviewed and management feedback received, & now circulated.

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Warning Marker Register Policy

2022

Document history

Name of policy	Warning Marker Register Policy
Purpose of policy	Sets out clear roles and responsibilities and procedures in relation to the use and management of the Councils Warning Marker Register (WMR) system.
Policy applies to	All Council employees who attend visits/have the potential to attend visit with members of the public, or may come into contact with animals
Update Frequency	5 yearly or if there has been a significant change to legislation, guidance or process
Latest update	September 2022
Update overview	<ul style="list-style-type: none"> • Policy updated into new format • Definition added • New incident/accident report form links added • Minor word changes throughout • Updates made to all appendices

Contents

Document history	2
Contents.....	3
1. Policy.....	4
1.1 Introduction	4
1.2 Scope.....	4
2. Legislative and regulatory context.....	5
2.1 The Health and Safety at Work etc. Act 1974	5
2.2. The Data Protection Act 2018.....	4
3. Definitions	4
4. Roles and Responsibilities.....	5
5. Procedures.....	8
5.1. Stage 1 - Reporting Incident/Accidents.....	8
5.1.1. Reporting an Individual onto the Warning Marker Register.....	8
5.2. Stage 2 - Incidents/Accidents Review and Individual Upload to the Warning Marker Register.....	9
5.3. Stage 3 - Informing the Individual.....	10
5.4. Stage 4 - Case Review.....	11
5.5. Accessing the Warning Marker Register.....	11
5.6. Updating the Warning Marker Register.....	12
5.7. Third Parties.....	12
5.8. Dangerous Animals.....	12
5.9. Training.....	12
6. Additional Information.....	13
6.1. Useful Contacts.....	13
6.2. Appendices.....	13

1. Policy

1.1 Introduction

New Forest District Council ('the Council') has a duty to protect the Health, Safety and Welfare of its employees. Where an individual displays behaviour which leads the Council to believe that they may pose a risk to employees that come into contact with them, the Council must take action to reduce the risk to its employees as far as is reasonably practicable.

The Council, therefore, keeps a central Warning Marker Register (WMR) which records information relating to individuals who pose, or could potentially pose, a risk to employees who come into contact with them.

The Councils use of the WMR must be in accordance with the requirements of the UK General Data Protection Regulation, the Data Protection Act 2018 and the Human Rights Act 1998.

1.2 Scope

This policy must be read and understood by all employees identified by Senior Managers who regularly have cause to attend residential or business addresses or who may come into contact with animals. This policy will be reviewed at least every 5 years as part of an on-going monitoring programme or as necessary when processes, organisational or regulatory changes are made.

2. Legislative and regulatory context

2.1 The Health and Safety at Work etc. Act 1974

The Health and Safety at Work etc. Act 1974 is the primary piece of legislation covering occupational health and safety in Great Britain. It sets out the general duties employers have towards their employees and members of the public. New Forest District Council acknowledges and accepts its responsibilities under The Health and Safety at Work etc. Act 1974 and will ensure to control all risks to its employees, contractors and those who may be affected by the work they undertake as low as is reasonably practicable.

2.2 The Data Protection Act 2018

The Data Protection Act 2018 governs how personal information is used. The Data Protection Act 2018 sits alongside and supplements the UK General Data Protection Regulation (together referred to as ‘the Data Protection Legislation’). New Forest District Council complies with the Data protection Legislation in all its personal data processing activities, including the administration of the Councils WMR. Individuals are informed about the Council’s use of their personal data in relation to the WMR through the [New Forest District Council Privacy Notice](#)

3. Definitions

Term	Definition
WMR	The Council’s central database which holds records and information relating to individuals who pose, or could potentially pose, a risk to employees who come into contact with them.
Incident	An unplanned event that doesn’t result in injury
Accident	An event that results in injury or ill health
Verbal & Physically Abusive Behaviour	An act which causes physical or psychological harm to an employee or third parties wellbeing.
SharePoint	The Council’s online record management system, specifically, in relation to this policy, the Corporate H&S SharePoint site.
Third Party	A private individual or organisation undertaking works on behalf of New Forest District Council or who may be affected by the works New Forest District Council undertake

4. Roles and Responsibilities

4.1 Senior Managers Must:

- Ensure all information received from Third Parties on individuals that may pose a risk is communicated to the relevant persons in a timely manner
- Assess if an individual poses a risk to staff to determine if they should be added to the WMR
- Complete and sign the WMR request form, when necessary
- Ensure the appropriate correspondence letters are sent to individuals who have been added to/removed from the WMR
- Ensure appropriate timescales are set for case reviews in accordance with the guidelines set out in this policy
- Review each case within the allotted timescale
- Ensure all employees are competent to complete their role through the provision of information, training and instruction
- Ensure all employees at risk have been identified and provided with access to the WMR
- Seek assistance from the Legal Service Manager when they feel an individual should not be notified in writing of their inclusion on the WMR

4.2 Line Manager/Supervisors Must:

- Ensure all incidents and accidents of verbally and physically abusive behaviour are reported in conjunction with the Corporate Accident/Incident and Investigation policy
- Ensure all information provided in reporting paperwork is relevant and factual at the time of the incident or accident
- Ensure all information from third parties on individuals who may pose a risk is reported to the relevant persons in a timely manner
- Assist Senior Managers with reviewing cases when required.

4.3 Employees Must:

- Follow the safe systems of work provided to them
- Report all incident and accidents of verbally and physically abusive behaviour in conjunction with the Corporate Accident/Incident and Investigation Policy
- Complete the WMR request form and submit to the relevant Senior Manager when necessary
- Report any incorrect or updated case information to a member of the Corporate Health and Safety Team and the Warning Marker Register Administrators

4.4 CCTV (Out of Hours) Must:

- Check the WMR for the out of hours operations teams upon request
- Ensure the appropriate information is communicated to all staff during out of hours operations when requested

4.5 Corporate Health and Safety Team Must:

- Provide competent health, safety and welfare advice and guidance to all Council Services
- Regularly review this policy every 5 years or if there has been a significant change to legislation, guidance or process

4.6 Warning Marker Administrators Must:

- Administrate the WMR permissions list
- Administrate all case records on the WMR a directed by Senior Managers and in conjunction with advice sought from the Corporate Health and Safety Team and Legal Services
- Remind and prompt Senior Managers of case reviews

4.7 ICT Services Must:

- Provide technical assistance to al employees who require access to the WMR
- Provide technical changes to the WMR where appropriate

4.8 Legal Services Service Manager Must:

- Assist Senior Managers in the decision-making process where appropriate

5. Procedures

5.1 Stage 1 – Reporting Incidents/Accidents

All Incidents and/or Accidents involving verbally, and physically abusive behaviour must be reported to the employee's line manager/supervisors and a member of the Corporate Health and Safety Team.

Incidents/Accidents could take place in person, over the phone or via email or in writing. The Council considers that the following behaviours may give rise to concern:

- Aggression
- Verbal threats or threatening behaviour
- Violence
- Physical attacks
- Aggressive animals including dog bites
- Verbal abuse/abusive language (including racist and homophobic abuse) any other action that causes anxiety, fear or concern where the recipient reasonably believes that they or one of their colleagues could be subject to behaviour which causes harm

Employees must report all incident/accidents using the incident/accident reporting forms on ForestNet:

- [Employee/contractor accident incident report form \(interactive PDF\)](#)
- [Near Miss Report form Employee/Contractor \(interactive PDF\)](#)
- [Online employee incident/accident report form](#)

Information on individuals who pose or may pose a risk to Council employees may also be received via Third Parties, such as the Police Service. If such information is received from Third Party organisations, this should be treated in the same way as if the information was received from a Council employee.

5.1.1. Reporting an individual onto the Warning Marker Register

Following reporting an incident or accident involving verbally and physically abusive behaviour, if it is deemed appropriate, the employee should make a request to add the individual onto the WMR. Reports can only be made by those employees who have access to the WMR. In order to add an individual to the WMR, an employee must enter their log in details and click the "report new incident" button on the front page.

The employee must then complete the form and submit their request to the relevant Senior Manager. Wherever possible employees should attach any relevant documentation under the "upload incident documentation" section. This includes any information from third party organisations.

Once submitted the relevant Senior Manager and WMR Administrator will be notified by email.

[Warning Marker Register Site](#)



Warning Markers Register

Username:*

Password:*

5.2 Stage 2 – Incidents/Accident Review and Individual Upload to the Warning Marker Register

Once an incident report has been received, the relevant Senior Manager must review and assess if the individual involved should be added to the WMR. When assessing if an individual should be placed on the WMR, the Senior Manager should take the following into account:

- Severity of the incident(s)
- Frequency of the incidents reported involving an individual
- Likelihood of employees/contractors coming into contact with individual or animal

Senior Managers can seek guidance from a member of the Corporate Health and Safety Team, but the overall decision will lie with the Senior Manager.

When deciding on the timeframe an individual should be added to the WMR, the following guidelines should be followed:

- Category 1 – Verbal abuse or aggression – 1-2 years
- Category 2 – threatening behaviour – 2-3 years
- Category 3 – physical violence – 3-5 years
- Category 4 – violence involving weapons – 10 years

Once a decision has been made to place an individual on the WMR, the relevant Senior Manager must complete their section of the WMR report new incident form. The link to this section is included on the automated email from the WMR when the request was made by the employee. When completing their section, Senior Managers must ensure the following information is included:

- Full name of the individual
- Age of the individual
- Individuals current address
- Reason for addition to the WMR
- Control measures put in place when visiting individuals or location, e.g., only visiting in pairs, or no lone female visitors etc.
- Responsible Service Manager
- Review period

Once the case has been uploaded to the WMR by the WMR Administrator, all users who have permission to view the WMR will be notified by email that a change has been made to the register. Employees are expected to log onto the WMR and review that change.

Normally, an entry will only be made on the WMR where the individual involved is over 18 years of age. If the individual is under the age of 18, but the Senior Manager considers the incident was so serious that they should be added to the WMR, a decision whether to place the individual on the WMR should be taken jointly by the Senior Manager and Legal Services Service Manager.

5.3 Stage 3 – Informing the Individual

Prior to an individual being added to the WMR, the Senior Manager will need to send the individual a letter informing them of the following (as a minimum):

- That they have been placed on the WMR
- The reasons why they have been placed on the WMR
- If the information has been received from a Third-Party agency, the name of the agency (if the Third Party is a private individual their name should not normally be disclosed, please seek advice from the Legal Service Manager)
- The length of time for which their details will remain on the WMR
- That the details which appear on the WMR maybe seen by employees who may come into contact with them during the course of their employment, or third parties who, to the knowledge of the Council, may come into contact with them
- That they have the right to explain their behaviour and to make representations regarding their inclusion on the register, whereupon a final decision will be made as to whether to include them on the register
- The letter will also include a link to the privacy notice explaining how the individual's personal data will be processed

Letter templates are available in appendix 2,3,4 and 5. All letters must be signed by the relevant Senior Manager. The individual in question will be given 21 days to respond to the letter.

If the individual does respond within the 21-day timeframe, an additional review of the case should be undertaken by the relevant Senior Manager, in consultation with the Legal Services Service Manager and a member of the Corporate Health and Safety Team. The individual's case will remain on the WMR until a decision has been reached. Once the Senior Manager has come to a decision, they must then again notify the individual in writing, see appendix 4 and 5.

In exceptional cases, it will not be appropriate to inform the individual that they are to be placed on the WMR, for example because the notification would be likely to lead to further aggression, threats or violence, or because of the mental state of the individual concerned, or because the information has been received from a Third Party organisation which has notified the Council that there are legitimate reasons that the individual should not be notified. In these cases, stage 3 may be missed, and the individual may be added to the WMR without informing them. If a Senior Manager considers that they are dealing with a case where it may not be appropriate to notify the individual involved, they must have signed permission from the Legal Services Service Manager (who should consult the Information Governance and Complaints manager and Data Protection Officer) prior to making the decision.

5.4 Stage 4 – Case Review

All entries on the WMR must be kept under regular review and should be removed within the timescales applied to them if appropriate. Timescales given to each case should be based on the risk the individual poses to the Council and its employees, factors such as severity of the incident reported, the number of incidents reported involving the individual and the control measures in place should be included in the decision-making process.

The decision on whether an individual will remain on the WMR will be made by the Senior Manager who originally placed the individual on the Register, in consultation with a member of the Corporate Health and Safety Team and the Service Manager for Legal Services, if appropriate.

The outcome of the review, and the reasons for any decision reached, will be recorded in writing and the records will be held on SharePoint.

Once an individual has been removed from the WMR a letter must be sent by the Senior Manager informing them they have been removed. See appendix 3.

Once the individual has been removed from the WMR, the records relating to the incident, the reasons for placing them on the WMR, any representations made, any reviews, and the decision to remove their details from the WMR will be held securely by the Council for a period of 3 years (from the date their details are removed the WMR).

5.5 Accessing the Warning Marker Register

The WMR is a secure database, only accessible with a username and password. The permissions list for the WMR is maintained by the WMR Administrators. Access is provided to all employees who may be at risk or have cause to attend residential or business addresses in the course of their employment.

Access to the WMR should be provided as part of the employee's induction. It is the responsibility of the relevant supervisor to ensure all employees under their control have access to the WMR. Access permissions can be provided with the completion of the "request access" form via the [WMR site](#).

Once completed an automated email will be sent to the relevant Senior Manager and the WMR Administrator. The relevant Senior Manager will then have to accept or decline the request for access.

Once the request has been accepted by the Senior Manager, the WMR Administrator will create a username and password for the employee and provide the username and password to the relevant employee via email. A record of the request for permission must be recorded on SharePoint. Employees must not share their password with anyone else, under any circumstances. To do so may result in disciplinary action being taken against the employee.

This information will only be disclosed to other employees where there is a legitimate reason for another employee to be provided with that further information. Usually, the legitimate reason will be that an employee is likely to come into contact with that individual.

5.6 Updating and Maintaining the Warning Marker Register

Changes and alterations to information on the WMR will be made by the WMR Administrator. If any employee becomes aware that any information under an individual's cases is incorrect or out of date, the correct/most relevant information must be reported to the WMR Administrators via email WarningMarkerRegisterAdmin@nfdc.gov.uk.

Regular reviews of the WMR permissions list will be conducted by the WMR Administrators in conjunction with the relevant Senior Managers and HR Admin team. All technical changes to the WMR databases, forms and e-forms will be made by ICT Services.

Any changes to a case on the WMR, such as updating the address must be saved and recorded on SharePoint.

5.7 Third Parties

Where an employee of the Council knows that a Third Party (including contractors of the Council) through their dealings with the Council is likely to come into contact with someone who appears on the WMR, the Senior Manager should consider if the information on the WMR should be passed to the relevant Third Parties. This information will only be passed to a Third Party where:

- Failure to share information may place staff at the other agency/organisation at risk of harm; or
- The Council is required by the law to pass such information to the other agency/organisation if any of the above circumstances apply, the service should disclose to the third-party manager only such information they consider absolutely necessary for the manager to protect the health, safety and welfare of their employees.

Information on individuals who pose or may pose a risk to Council employees may also be received via Third Parties, such as the Police Service. If such information is received from Third Party organisations, this should be treated in the same way as if the information was received from a Council employee.

5.8 Dangerous Animals

If an aggressive animal poses a significant risk to an employee, they should be considered to be added to the WMR. Senior Managers should follow the procedures in the same way as if it was a person, save that it is the animal's owner who should be written to etc. If an aggressive animal has been assessed as posing a significant risk and has been added to the WMR, the owner of the animal should be notified in writing. Senior Managers must ensure a detailed description of the animal has been added to the WMR. Senior Managers/Supervisors must notify the dog wardens if one of their employees has had an incident with an aggressive dog. The dog wardens will notify the police if any incident results in a bite which breaks the skin of the injured person.

5.9 Training

Senior Managers must ensure all staff are competent to undertake their role through the means of information and training. Therefore, Senior Managers must ensure each employee who has permission to access the WMR has been sufficiently trained on the system and its procedures. This training should form a part of the employee's induction; refresher training should be undertaken when appropriate or when identified through risk assessment or accident investigation.

6. Additional Information

6.1 Useful Contacts

Contact Name	Contact Details
Corporate Health and Safety Team	Healthandsafety@NFDC.gov.uk
ICT Service Desk	Service.desk@NFDC.gov.uk
WMR Administrator	WarningMarkerRegisterAdmin@NFDC.gov.uk
Data Protection Team	Data.protection@NFDC.gov.uk

6.2 Appendices

- Appendix 1 – Warning Marker Register Flowchart
- Appendix 2 – Letter Template Notification of Addition to the WMR
- Appendix 3 – Letter Template Notification of Removal from the WMR
- Appendix 4 – Letter Template Notification of Removal from WMR Following Representation
- Appendix 5 – Letter Template Notification of Addition to the WMR Following Representation

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Corporate Legionella policy

July
2022

Document history

Name of policy	Corporate Legionella Policy
Purpose of policy	To lay out the legal duties of NFDC, identify the risks and controls that are expected and the required associated monitoring schemes, record keeping and sampling.
Policy applies to	The control of the risk associated with the Legionella Bacteria in NFDC owned properties.
Frequency of review	Bi-annual
Latest update	07/2022
Update overview	Full policy update and reformatting to standard template.

Contents

Document history	2
Contents	3
1. Policy	4
1.1 Introduction	4
1.1.1 What is Legionella?	4
1.1.2 What is Legionnaire’s disease?	4
1.2 Scope	5
1.3 The Standard Operating Procedures for managing the risks associated with Legionella.	5
1.4 Legislative and regulatory context	5
1.4.1 The Health and Safety at Work etc. Act 1974 (HSWA)	5
1.4.2 Management of Health and Safety at work Regulations (MHSWR)	6
1.4.3 Control of Substances Hazardous to Health Regulations 2002 (COSHH)	6
1.4.4 ACOP: Legionnaires’ Disease: The control of Legionella bacteria in water systems (L8)	6
1.5 Key Duties as Required by the Legislation.	6
2. Application of Policy	7
2.1 Policy Application	7
2.2 Reasonable Application	7
2.3 Pre-Installation Application	8
3. Identification and Assessment of Risk	8
3.1 Risk Assessment	8
3.2 Safe Systems of Work	9
4. Legal Duty Holder	9
4.1 The duty to manage the risks associated with the water systems can vary depending on the circumstances of use, occupation, and agreements.	9
4.2 Senior Management Responsibility	10
4.3 Local Management Responsibility	11
4.4 Suppliers, Consultants, Services Responsibility	11
5. Training and Competence	12
5.1 Training and Competence of Persons	12
6. Risk Management Schemes	12
7. Useful links to guidance	14
8. Definitions	15
9. Appendix	16

1. Policy

1.1 Introduction

New Forest District Council (NFDC) recognises the risk associated with the pathogenic Legionella bacterium and understands it's duty to comply with the guidance contained within [Approved Code of Practice: Legionnaires' Disease: The control of Legionella bacteria in water systems \(L8\)](#) and the legislative requirements of The Health and Safety at Work etc. Act 1974 (HSWA), Management of Health and Safety at work Regulations (MHSWR) and Control of Substances Hazardous to Health Regulations 2002 (COSHH) for all relevant activities.

NFDC has a legal, financial, and moral duty to ensure so far as is reasonably practicable, the health, safety and welfare of its staff, members of the public and any contractors working on their behalf. This policy sets out clear roles and responsibilities to ensure adequate controls and management of the risks are in place.

1.1.1 What is Legionella?

[Legionella](#) is a bacteria (*Legionella pneumophila*, and similar related bacteria) that exists in natural sources of water and can survive under a wide variety of environmental conditions including manufactured water systems, although the temperature range between 20°C to 45°C favours the most rapid growth. The bacteria do not readily multiply below 20°C and will not survive above 60°C. Legionella bacteria require a supply of nutrients to multiply. Additional risk factors for the Legionella bacteria is the build up of other micro-organisms in the water such as algae, amoebae, and other bacteria. The sludge, sediment, scale, and other material deposits within water systems can provide a safe refuge for the bacteria to survive, favourable conditions for multiplication and protection from biocides.

1.1.2 What is Legionnaire's disease?

The Legionella bacteria can lead to [Legionnaire's disease](#) which is a potentially life-threatening pneumonia. It is the most known serious form of a group of diseases known as legionellosis. Infection is spread by breathing in small water droplets contaminated with the bacteria. The disease cannot be passed from one person to another. Everyone is susceptible to the bacteria, although men appear more susceptible than women, but some persons are known to be at higher risk such as smokers, those over 45 years of age, alcoholics, diabetics, those with chronic respiratory or kidney disease and persons who have a pre-existing illness or whose immune system is suppressed. Persons exposed to Legionella can develop initial symptoms such as high fever, chills, headaches, and muscle pains. Other symptoms can include diarrhoea or vomiting and delirium. Approximately 12% of reported cases result in fatality, however the disease can be treated effectively with antibiotics during early diagnosis.

1.2 Scope

This policy applies to:

- The causal risk from Legionella bacteria (the causative agent of legionellosis including Legionnaires' disease). Infection is attributed to inhaling legionella bacteria in aerosol, fine spray, or water droplet.
- The management of the risk associated with the Legionella bacteria, through controls, monitoring, management, training, and prevention.

This policy applies to the following individuals:

- All managers who are responsible for engaging contractors and service providers who work on water systems.
- All employees of NFDC.
- All contractors and service providers working on behalf of the New Forest District Council, on water systems in our buildings.
- Tenants of NFDC properties should actions be requested of them.

1.3 The Standard Operating Procedures for managing the risks associated with Legionella.

For the NFDC to meet its legal duties as identified under [ACOP L8](#) and associated legislation. All services who undertake work that could result in exposure must produce service specific arrangements, these arrangements must set out specific procedures that must be followed and detail clear roles and responsibilities.

All arrangements must as a minimum meet the requirements set out in this policy and take the form of NFDC standard operating procedures, including guidance for Responsible Persons and employees working in each service. The above hierarchy sets out those specific service arrangements and Management System.

1.4 Legislative and regulatory context

This section highlights the key pieces of legislation that applies, and the general requirements NFDC is required to follow.

1.4.1 The Health and Safety at Work etc. Act 1974 (HSWA)

[The Health and Safety at Work etc Act 1974](#) is the primary piece of legislation covering occupational health and safety in Great Britain. This piece of legislation sets out the general duties which employers have towards employees and members of the public, employees have to themselves and to each other and certain self-employed have towards themselves and others. The sections that relate to this are 2, 3, 4 and 6. NFDC acknowledges and accepts its responsibilities under The Health and Safety at Work etc. Act 1974 and will ensure to control all risks to its employees, contractors and those who may be affected by the work they undertake are controlled to be kept as low as so far as is reasonably practicable.

1.4.2 Management of Health and Safety at work Regulations (MHSWR)

[The Management of Health and Safety at work Regulations \(MHSWR\)](#) requires employers to put in place arrangements to control health and safety risks. This piece of legislation sets out the general processes and procedures which employers are required to have to for managing the safety of employees, contractors, customers, partners, and members of the public. NFDC acknowledges and accepts its responsibilities under this legislation and has in place procedures for written risk assessment (to a suitable and sufficient level), arrangements for planning, organisation, control, monitoring and review of protective and preventative measures that come from the risk assessment, following the Plan, Do, Check, Act process. Provision of adequate training, supervision, and consultation to ensure these processes are followed and practicable.

1.4.3 Control of Substances Hazardous to Health Regulations 2002 (COSHH)

[The Control of Substances Hazardous to Health Regulations 2002 \(COSHH\)](#) is a key piece of legislation requiring employers to control substances that are hazardous to the health of employees, contractors, and members of the public. This piece of legislation sets out the duties which employers must ensure that there are sufficient controls through risk assessment, alternative chemicals, training, emergency planning, prevention, and protective measures. The regulations that relate to this are 6, 7, 8, 9 and 12. NFDC acknowledges and accepts its responsibilities under this legislation and will ensure to control all risks to its employees, contractors and those who may be affected by the work they undertake are controlled to be kept as low as is reasonably practicable.

1.4.4 ACOP: Legionnaires' Disease: The control of Legionella bacteria in water systems (L8)

The [Approved Code of Practice: Legionnaires' Disease: The control of Legionella bacteria in water systems \(L8\)](#) is a specific piece of guidance provided by the HSE covering the risks associated with exposure to the Legionella bacteria. This piece of guidance sets out clear duties which employers must identify, assess, prevention, control, implement, manage, monitor and record keeping in relation to Legionella. NFDC acknowledges and accepts its responsibilities under this legislation and will ensure to conform to its requirements to mitigate and control the risk to its employees, contractors, members of the public and those who may be affected by the work they undertake, keeping it as low as is reasonably practicable.

1.5 Key Duties as Required by the Legislation.

The key issues / duties required under the Control of Legionella, [ACOP L8](#) are:

- Identification and assessment of risk sources in premises;
- Preparation of a scheme or plan for prevention or controlling the risk;
- Implementation and management of this scheme or plan through the appointment of a person or persons to be responsible for this;

- Maintain records (e.g., flushing regime, monitoring records) and reviewing effectiveness of plans and controls;
- Provision of training, instruction, and supervision of persons, including operatives and **appointed Responsible Persons**;

NFDC will comply with standards governing the control and risk management of Legionella bacteria in conjunction with current and appropriate Codes of Practice. The purpose of this practice is to manage the risk from Legionella bacteria exposure (from water systems under the control of NFDC) to employees, visitors, and residents of NFDC premises. NFDC in response to the above requirements will:

- Assess the foreseeable risks from Legionella bacteria;
- Take action to manage the risk from legionella bacteria and designate responsible person(s);
- Provide recommendations and guidance on precautionary measures required to maintain hot and cold-water services;
- Maintain appropriate records (e.g., flushing regimes);
- Continually review service policies and advise where changes to a water system is planned.

2. Application of Policy

2.1 Policy Application

The policy applies to all areas involving the storage of water or use of water in a manner which poses a reasonably foreseeable risk of exposure to Legionella bacteria. For example:

Water systems that contain:

- [Hot and cold systems](#) and [Shower systems](#);
- [Spa Pools](#);
- [Sprinkler Systems \(tank fed\)](#);
- [Cooling towers](#) and [evaporative condensers](#);
- [Any system containing water which is likely to exceed 20°C and which may release a spray or aerosol \(a cloud of droplets and/or droplet nuclei\) during operation or maintenance.](#)
- [Deadlegs](#) and [Fountains, both interior and exterior](#);

2.2 Reasonable Application

The policy does have certain criteria where an elaborate assessment and control measures are not required. A simple risk assessment can be used to reflect that the risks are low and that no further action would be necessary. For example:

Water systems that are:

- Small domestic type where temperatures and throughput are high;
- Instantaneous water heaters;
- Boiling water dispensers;

- Daily high throughput water dispensers that are not fed from a tank;

2.3 Pre-Installation Application

This policy requires the consideration of the potential risk of Legionella presence during the service life of any system commissioned. Practical solutions must be planned prior to the installation of any new system.

There are requirements for designers, manufacturers, importers, suppliers, and installers to:

- Ensure, so far as is reasonably practicable, that the water system is so designed and constructed that it will be safe and without risks to health when used at work;
- Provide adequate information for the user about the risk and measures necessary to ensure that the water systems will be safe and without risks to health when used at work;
- Any provided information should be updated in the light of any new or changes in significant risks to health and safety that becomes available, to ensure relevant changes are made to applicable risk assessments and controls;
- Prior to any work being carried out where relevant the “Work Authorisation Form” must be completed.

NFDC acts as an installer of these systems in many cases so the above applies. As part of this process NFDC will look to install systems the minimise the risk associated with Legionella bacteria.

3. Identification and Assessment of Risk

3.1 Risk Assessment

To comply with the legislative requirements a system of structured risk assessment will be implemented that is suitable and sufficient, undertaken by a competent person to identify the risk of exposure and assess it to implement suitable controls.

The Risk Assessment should include clear identification and evaluation of the potential sources of risk. Specific means of prevention of the exposure to Legionella or if prevention is not possible the mitigation measures to minimise the risk of exposure and how it will be controlled and/or monitored.

Where the risk assessment demonstrates there is no reasonably foreseeable risk, inconsequential risk, or no likelihood of increase in risk then no further measures are deemed necessary. However, in the event of changes to the system or circumstances of use then the assessment must be reviewed, and any subsequent controls implemented as needed.

Periodic review of risk assessments must be carried out (every two years) and in the event that there are any changes from circumstances within the original risk assessment. In line with the requirements of risk assessment any significant findings

must be recorded and communicated out to all applicable parties involved, including but not exclusive to persons working with the system, responsible parties, and relevant management.

NFDC services will maintain a comprehensive record of systems that they are duty holders for including location, type, initial and updated risk ratings and maintain risk assessments covering these systems.

3.2 Safe Systems of Work

Following the assessment of the risks posed NFDC will generate applicable Safe Systems of Work for employees to follow. These will be suitably detailed and clear to ensure easy understanding and compliance with the process. Should an issue occur that deviates from the assessment and safe system a site-specific risk assessment must be completed including an updated safe system of work to ensure employee safety and ongoing protection of staff who may not be familiar with the water system they are working on.

Where there are issues relating to Legionella, be that non compliance or issues with the processes in place these issues must be raised to the Corporate Health and Safety Team to be reviewed and where needed raised to the relevant health and safety panel.

4. Legal Duty Holder

4.1 The duty to manage the risks associated with the water systems can vary depending on the circumstances of use, occupation, and agreements.

The Chief Executive is considered to be the overall Duty Holder for New Forest District Council, however it is accepted that day to day management will be delegated to **Responsible Persons** within the Service Management Structure.

The Services are to determine prior to risk assessment whom the legal duty hold is, this is due to the complex nature of the buildings, owned, managed, leased, or sub-let. Dependent on whether there is a legal agreement of responsibility or delegation of responsibility as determined by contract, tenancy agreement, property management agent. Should it be determined that the responsibility of maintenance, inspection, and prevention the NFDC are not to be involved unless by direct request and following a site-specific risk assessment.

A few examples where NFDC is the duty holder:

- Buildings it owns where there is no tenancy agreement or contract, e.g., for such premises that are unoccupied, or occupied solely by the NFDC. e.g., Main Offices, Depots, Sheltered Housing Schemes and Voids.
- Unoccupied premises include transiently unoccupied (void) premises and new acquisitions in its commercial property portfolio;
- The common parts of multi-occupancy buildings it owns, unless any contract or tenancy agreement states to the contrary;

- Where, under any contract or tenancy agreement, the NFDC is in control of maintenance of the internal and/or external fabric of the building;
- For domestic premises in its Housing portfolio. The Council is not the duty holder
- Where it lets buildings under its property portfolio and the contract or tenancy agreement makes the lessee responsible;
- For common parts of multi-occupancy buildings, it leases from another organisation (in this situation adequate steps must be taken to establish that the duty holder has fully carried out their responsibilities), unless any contract or tenancy agreement makes it responsible;

NFDC is unable to designate specific services, individuals, departments, depots, or units as separate duty holders. The responsibility and liability remain with NFDC as a whole so long as no specific written contract or agreement to delegate the requirements is in place. NFDC must have adequate management arrangements in place including co-operation between various service and individuals.

NFDC has designated authorised staff known as Responsible Persons to ensure that adequate procedures are in place, carried out and monitored to remove, prevent, or minimise the risk of exposure.

4.2 Senior Management Responsibility

Senior and Local Managers with control over premises, including financial control, must ensure, to whatever extent necessary, that NFDC fulfils its responsibilities under this Policy. This will include satisfying themselves that any buildings for which they are responsible, or which are workplaces for their staff, have a Legionella risk assessment and, if required, the building(s) have adequate controls, monitoring and testing in place to control the risk from the Legionella bacteria in line with this Policy. They must alert the **Responsible Persons** to any premises or water systems to which is they may not be aware.

Senior Managers who control premises should cooperate with the **Responsible Persons**, who are appointed to take managerial responsibility to for the provision suitable and sufficient risk assessment for premises which NFDC is the legal duty holder and to provide supervision of the implementation of the controls and precautions identified by the risk assessment as necessary.

Senior Managers should liaise with the **Responsible Persons** at all times in connection with any matters arising from the ongoing management of assessed water systems. They should receive and jointly approve the Responsible Persons reports, the management, maintenance and testing schedule and support the funding requirements.

It is essential that there are clear and periodically reviewed management and communications procedures in place, so that the Duty Holder can be sure that the risk assessments have been properly undertaken and actions to manage risk continue to be undertaken on a regular basis. The effects of any building modifications should be considered and where necessary the risk assessments updated. The **Responsible Persons** should be consulted if there is a need to clarify any issues.

The **Responsible Persons** are obliged to ensure relevant Senior Managers receive copies of the assessments and details of the actions necessary. They must also be

made fully aware of any specific actions they must implement following the assessment. No physical modification to water systems in premises should be carried out without first receiving the written approval of the relevant **Responsible Persons**.

The designated **Responsible Persons** are:

- Service Manager, Estates and Valuations;
- Service Manager – Housing Maintenance (Compliance and Asset Management);
- Grounds and Street scene Manager.

While these **Responsible Persons** are able to delegate duties as well this does not remove their responsibility or requirements under this policy to ensure the safe and adequate management of legionella. The duties may be only delegated to specific appointed persons.

This applies for all relevant areas under their responsibility including offices, depots, leased/owned properties and other relevant locations such as public toilets. The duties may be delegated to other appointed persons as such within the hierarchy of the management structure below them with reporting of duties to the legal duty holders.

4.3 Local Management Responsibility

Local Managers with responsibilities for employees and premises must familiarise themselves that any local measures required by the risk assessment and ensure they are actioned to the frequency specified. This will include any flushing, shower head cleaning, reporting of visible defects, monitoring water temperatures etc,

Local Managers with responsibilities for employees and premises must implement measures to ensure no adjustments or operational changes are made to water systems, including temperature changes, **without the written approval** in advance from the **Responsible Persons**, in addition where relevant the “Work Authorisation Form” must be completed. They are also responsible for specifically ensuring that the **Responsible Persons** are made aware of any physical changes, modifications, or additions to water systems so that risk assessments can be reviewed.

4.4 Suppliers, Consultants, Services Responsibility

Suppliers of products and services, including consultancy and water treatment services, aimed at preventing or controlling the risks associated with Legionella bacteria, should, so far as is reasonably practicable:

- ensure that measures intended to control the risk of exposure to legionella bacteria are designed and implemented in an effective and safe manner without risks to health;
- provide adequate information on the correct and safe use of product(s);
- ensure that any limitations on their expertise, products, or services they offer are clearly defined and made known to the **Responsible Persons**;
- ensure that any weaknesses or issues which they identify in the NFDC systems or written schemes relating to the exposure to legionella bacteria are made known to the **Responsible Persons**;

- ensure that their employees have the necessary ability, experience, instruction, information, training, and resources to carry out their tasks competently and safely;
- All water systems are properly installed, and commissioned as appropriate to their use;
- Any work being carried out involving water systems must go through the “**Work Authorisation Form**” process.

5. Training and Competence

5.1 Training and Competence of Persons.

The **Responsible Persons**, with the assistance of the Corporate Health and Safety Team, must ensure that persons who carry out the assessment and who draw up and implement precautionary measures on behalf of NFDC have had the training, experience, information, instruction, and resources to enable them to carry out their tasks competently and safely.

In particular, the persons involved should understand:

- [Approved Code of Practice and Guidance L8 - "Legionnaires Disease - the Control of the Legionella Bacteria in Water Systems"](#) and its requirements;
- Potential sources and the risks that water systems present;
- Measures to be adopted, including precautions to be taken for the protection of people concerned, and their significance;
- Measures to be taken to ensure that controls remain effective, and their significance;
- The importance of including the Corporate Health and Safety Team within the Legionella management process;

To supplement the training the Corporate Health and Safety Team will look to provide further training to the relevant **Responsible Persons**.

6. Risk Management Schemes

6.1 The Management Schemes

The **Responsible Persons** must implement where required a **management scheme** to prevent or control the risk of exposure from Legionella bacteria. This must be generated to supplement the risk assessments generated for the water systems where a foreseeable risk is determined.

Mitigation of the risk by avoidance of the use of these systems or tasks so far as reasonably practicable is expected. However, where impractical to do so there must be a clearly defined written scheme for controlling the risk associated with the likely

exposure. Service Managers and Responsible Persons should liaise to ensure a practical solution is implemented.

Any scheme implemented should include within the associated safe system of work:

- Up to date plans showing the water system (schematics) including relevant damaged or inoperative parts;
- Descriptions and actions to ensure the correct and safe operation of system;
- Precautions and preventative measures for exposure including exposure routes;
- Checks, frequency of checks, record keeping, e.g., flushing regime;
- Maintenance and calibration need, such as TMV's to ensure a safe outlet temperatures.
- Actions to take in the event that there is a failure in the management of the risk and controls implemented;
- Avoidance, treatment, and preventative measures to mitigate growth and proliferation of Legionella;

6.2 Requirements of Inspections

The NDFC and **Responsible Persons** must ensure an adequate inspection regime is in place with clear time frames and responsibilities set out. These will be generated by the relevant **Responsible Persons** working with the applicable Service. These must be robust and include suitable record keeping reflecting NFDC compliance with the legislation.

Formal inspections must be carried out by a competent contractor who is a member of the Legionella Control Association. The timeframes provided within their documents should be followed by NFDC **Responsible Persons** following consultation and discussion with the Corporate Health and Safety Team.

6.3 Requirements of Assessments

The NDFC and **Responsible Persons** must ensure an adequate assessment and review regime is in place with clear time frames, responsibilities and key checks set out. These will be generated by the relevant **Responsible Person** working with the applicable Service. These must be robust and be recorded reflecting NFDC compliance with the legislation. Contractors must also include this in their risk assessment process when working on properties on behalf of NFDC.

All assessments provided by the competent contractor to New Forest District Council must provide clear guidance on the requirements to reduce the risk of legionella within Council properties. The competent contractor must review current controls in line with the requirements of L8.

6.4 Requirements of Record Keeping

The records of inspections and assessments must be kept in line with the NFDC document control procedures and stored on the relevant system. As a minimum, monitoring results are to be retained for over six years.

Ongoing flushing regimes need to be logged in a suitable system or logbook in line with the frequency of checks as determined by discussion and consultation with the Corporate Health and Safety Team, following the provision of the Legionella Risk

Assessment by the competent contractor, these are managed by relevant **Responsible Person** and their appointed person within their own management team.

6.5 Suspected Exposure to Legionella bacteria.

The management of suspected exposure is an important control to have in place when working with potential exposure of employees, contractors, members of the public. **A clear and defined process must be followed.**

Where an individual who is under the responsibility of NFDC report symptoms which fall in line with water systems exposure, the **Responsible Person** must be contacted. Water sampling may be carried out as a precautionary measure. This will only be carried out at the express permission from the **Responsible Person** or Service Manager. The presence of the Legionella bacteria does not automatically mean that people have been infected, however, it does reflect a need for additional investigation. This may be through additional sampling to determine the concentration and extent of contamination of the water system. The Responsible Person may then contact the Corporate Health and Safety Team, before instructing any disinfection procedures be carried out. The location is likely to be closed until it is safe for re-entry.

There is a set process (held within the individual service procedures) to follow relating to Legionella exposure and contamination of systems. The **Responsible Person** must seek additional assessment, guidance and advice on the next steps to take. Legionellosis is considered a reportable disease under RIDDOR for employees who have worked on cooling towers or hot and cold-water systems that are or likely to have been contaminated with Legionella.

6.6 Requirements of Review

The records of inspections should be reviewed periodically along with all risk assessments, records of implemented controls and any relevant changes to legislation, guidance, processes, systems, maintenance, or preventative measures used.

These reviews will be carried out by the **Responsible Persons** in co-operation with the Senior Management, Specialist Contractors and Services. Ensuring that the records match up with NFDC activities reflects continued compliance and adherence to policy in line with legislation.

In addition, the Competent contractor must be managed effectively through a review process to ensure the standards are maintained and the quality of work continues to be suitable and sufficient.

7. Useful links to guidance

[HSE - Legionella and Legionnaires' disease](#)

[Legionnaires' disease: The control of legionella bacteria in water systems. Approved Code of Practice and guidance on regulations L8 \(hse.gov.uk\)](#)

[HSE -Legionnaires' disease - What you must do](#)

[HSE - Legionnaires' disease - Risk systems](#)

[Legionnaires' disease - Frequently Asked Questions: HSE](#)

[Legionnaires' disease: Technical Guidance Part 1 The control of legionella bacteria in evaporative cooling systems](#)

[Legionnaires' disease Technical guidance. Part 2: The control of legionella bacteria in hot and cold water systems HSG247 \(hse.gov.uk\)](#)

[Legionnaires' disease Part 3: The control of legionella bacteria in other risk systems HSG274 \(hse.gov.uk\)](#)

[Control of Substances Hazardous to Health \(COSHH\) - COSHH \(hse.gov.uk\)](#)

8. Definitions

Term	Definition
LRA	Legionella Risk Assessment
RP	Responsible Person
RM	Responsible Manager
AP	Appointed Person
L8	Reference to Legionella HSE guidance document.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
EHO	Environmental Health Officer
VOID	A vacant or empty property
ACOP	Approved Code of Practice
COSHH	Control of substances hazardous to health
Legionnaires	The disease caused by the legionella bacteria
Pneumonia	An infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, and difficulty breathing.

9. Appendix

Civic Buildings and Facilities Work Authorisation Form

Section 1 – General Information	
Service Requesting Work Authorisation	
Service Representative Name	
Contact information	
Contractor Company Name	
Name of Contractor Representative	
Contact Information	
Date Work is Due to Commence	
Date Work is Due to be Completed	
Location	
Scope of Work to be Performed	

Section 2 – Tasks to be Performed			
<input type="checkbox"/> Working in High Traffic Areas	<input type="checkbox"/> Work that Involves Alteration of the Fire Alarm System	<input type="checkbox"/> Working in Emergency Exit Routes	<input type="checkbox"/> Work Likely to Produce Dust or Fumes
<input type="checkbox"/> Works Likely to Disturb Asbestos	<input type="checkbox"/> Works Likely to Disturb Fire Compartmentation	<input type="checkbox"/> Works that Require the Isolation of Electrical Systems	<input type="checkbox"/> Works that Require Access into Loft Void Areas
<input type="checkbox"/> Work will be undertaken out of hours	<input type="checkbox"/> work within a confined space	<input type="checkbox"/> Hot works required	<input type="checkbox"/> Working from height/works require access to roof space
<input type="checkbox"/> Other Tasks not Specified (Please Record Tasks below)			

Section 3 – Control Measures in Place	
<i>(Please include all tasks identified under section 2)</i>	
Tasks to be Performed	Control Measures in Place

Section 3 – Health and Safety Checklist		
Checklist	Completed?	Evidence Attached?
Has a risk assessment been carried out specifically for this work?		
Have method statements been carried out and submitted for this work?		
Are appropriate emergency procedures in place?		
Has the scope of the work been formally communicated to		
Has the asbestos register been checked and has relevant information been provided to contractors and third parties, where appropriate?		
Has the Corporate Asbestos Manager been notified of any potential works which may disturb asbestos containing materials?		
Has the contractors competence been checked?		
Have specific arrangements been put in place to ensure the site is secure and employees, third party organisations and members of the public are not placed at risk		
Have specific arrangements been put in place for changes in the fire evacuation strategy, where appropriate?		
Are additional permits to work required?		

Section 4 – Hazard Checklist	
Hazards identified	Control Measures in Place

Section 5 - Work Authorisation		
Work Authorisation Issued to		
Name:	Position:	Date:
Signed:		
Contractor Company Name:	Contractor Representative Name:	Position:
Signed:		
Date:		

Work Authorisation Issued By		
Name:	Position:	Date of Works: XXX to XXX
Signed:		
Date:		

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Corporate Control of Substances Hazardous to Health Policy

October
2022



Document history

Name of policy	Control of Substances Hazardous to Health (CoSHH)
Purpose of policy	New Forest District Council (NFDC) is committed to providing healthy and productive working environment, safe from hazards. This policy and subsequent arrangements detail NFDC's commitment to ensuring the safety of its employees and others by eliminating or controlling exposure to potentially hazardous substances in the workplace.
Policy applies to	This corporate policy and arrangements apply to all NFDC employees, contractors, agency workers, visitors, volunteers and members of public who may be affected by the Council's undertakings.
Frequency of review	Bi-annual or if there has been a significant change in legislation or procure.
Latest update	October 2022
Update overview	October 2022 General update; Formatting Update; updated CoSHH assessment template form and CoSHH assessment guidance.

Contents

Document history.....	2
Contents	3
1. Policy	4
1.1 Introduction	4
1.1.1 What is CoSHH?	4
1.2 Scope.....	4
1.3 Legislative and regulatory context	5
1.4 Definitions.....	6
1.5 Key Duties and Responsibilities	7
2. Identification and Assessment	9
2.1 Identification of Risks.....	9
2.2 Assessment	9
2.3 Managing the issues	9
3. Good Practice Standards.....	10
3.1 Procurement of Substances and Materials	10
3.2 Risk Assessment.....	10
3.3 Storage.....	10
3.4 Use of Substances and Materials.....	10
3.5 Disposal.....	10
3.6 Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)	11
3.7 Monitoring and Health Surveillance	11
3.8 Documentation	11
3.9 Accidents and Emergency Procedures	11
4. Training And competence	12
5. Additional Information.....	13
6. Appendix	13
6.1 General guide on process to follow	14
6.2 Corporate CoSHH Assessment Template.....	16

1. Policy

1.1 Introduction

New Forest District Council (NFDC) has a duty to ensure compliance with the Control of Substances Hazardous to Health (CoSHH) Regulations 2002, The Health and Safety at Work etc. Act 1974 and other associated legislation for all employees who may come in to contact with hazardous substances. NFDC also has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of contractors, agency staff or volunteers working on their behalf.

This policy sets out clear roles and responsibilities to ensure both the compliance with the legislation and best practice is adhered to.

1.1.1 What is CoSHH?

CoSHH is the law that requires employers to control substances that are hazardous to health. Employers can prevent or reduce employee's exposure to hazardous substances by:

- Finding out what the health hazards are
- Deciding how to prevent harm to health (risk assessment)
- Providing control measures to reduce harm to health
- Making sure they are used
- Keeping all control measures in good working order
- Providing information, instruction and training for employees and others
- Providing monitoring and health surveillance in appropriate cases
- Planning for emergencies

Most businesses use substances, or products that are mixtures of substances. Some processes create substances. These could harm employees, contractors and other people.

Sometimes substances are easily recognisable as harmful. Common substances such as paint, bleach or dust from natural materials may also be harmful.

1.2 Scope

This policy applies to:

- All employees working for or on behalf of New Forest District Council (NFDC)
- Agency, contract workers or volunteers who may come in to contact with harmful substances whilst carrying out work on behalf of NFDC
- Members of public who are not directly involved in work processes but may be affected by NFDC undertakings
- This policy does not cover Lead or Asbestos as they are covered by their own specific regulations and as such separate policies exist

1.3 Legislative and regulatory context

This section highlights the key pieces of legislation that applies, and the general requirements NFDC is required to follow.

1.3.1 Control of Substances Hazardous to Health (CoSHH) Regulations 2002

Control of Substances Hazardous to Health (CoSHH) Regulations 2002 is the piece of legislation that sets out the general duties which employers have towards employees and persons affected by their work to control their exposure to hazardous substances. NFDC acknowledges and accepts its responsibilities under the Control of Substances Hazardous to Health (CoSHH) Regulations 2002 and will ensure to control all significant risks to its employee and those affected by their work.

1.3.2 Management of Health and Safety at Work Regulations 1999

The Management of Health and Safety at Work Regulations 1999 (Management Regulations) generally make more explicit what employers, such as NFDC, are required to do to manage health and safety under the Health and Safety at Work Act. Like the Act, they apply to every activity.

The main requirement is for employers to carry out **risk assessments**.

The duties of the Management Regulations overlap with other regulations because of their wide-ranging general nature. Where duties overlap, compliance with the more specific regulation will normally be sufficient to comply with the corresponding duty in the Management Regulations.

For example, the Control of Substances Hazardous to Health Regulations (CoSHH) require employers to assess the risks from exposure to hazardous substances. An assessment for the purposes of CoSHH will not need to be repeated for the purposes of the Management Regulations.

1.3.3 The Health and Safety at Work etc. Act 1974

The Health and Safety at Work etc Act 1974 is the **primary piece** of legislation covering occupational health and safety in Great Britain. This piece of legislation sets out the general duties which employers have towards employees and members of the public, employees have to themselves and to each other and certain self-employed have towards themselves and others.

New Forest District Council acknowledges and accepts its responsibilities under The Health and Safety at Work etc. Act 1974 and will ensure to control all risks to its employees, contractors and those who may be affected by the work they undertake are controlled to as low as is reasonably practicable.

1.4 Definitions

Term	Definition
Responsible Person (RP)	A person who has the overall responsibility of ensuring the risks of DSE are being managed as far as reasonably practicable.
Competent person (CP)	A person who has the correct level of skill, knowledge, experience and training to undertake a task.
Hazard	a hazard is anything which has the potential to cause harm.
Risk	is the chance of that harm occurring.
Control measures	Systems and procedures put in place to eliminate or minimise risk.
Suitable and sufficient	For a risk assessment to be deemed suitable and sufficient it should identify the significant risks arising from the work activity, identify and prioritise the measures needed to be taken to comply with the relevant statutory provisions, it should be appropriate to the nature of the activity, and it should be such that it remains valid for a reasonable period.

1.5 Key Duties and Responsibilities

1.5.1 Chief Executive & Executive Management Team (EMT)

- The Chief Executive has ultimate accountability for all health and safety issues in the Council. The Chief Executive is supported by the Executive Management Team (EMT).
- Ensure the organisation complies with the Health and Safety Policy requirements and provides the suitable provision of resources to ensure a safe working environment for staff.
- Ensure that health and safety policies and procedures and processes in place are adequate, this will be through delegation to the Corporate Health and Safety Team.

1.5.2 Senior Management and Line Managers

- Ensuring any hazardous substances, materials, process emissions such as dusts, gases and fumes that employees may be exposed to are managed in accordance with this policy and legislative requirements.
- Ensure safer alternatives are used wherever possible.
- Ensure an accurate record is kept of substances and materials held and process emissions created within their teams and that they have been suitably and sufficiently assessed.
- Ensure that copies of **CoSHH assessments** are available, including all relevant material safety data sheets (MSDS).
- Ensure all employees who may be exposed to a hazardous substance, material or process emission has read and understood the risk assessment and is aware of its location along with the relevant MSDS and, where required, safe system of work.
- Ensure all **CoSHH assessments** are reviewed .
- Ensure suitable and sufficient personal protective equipment (PPE) is available for all employees that may be exposed to a harmful substance, material or process emission where it is indicated as required in the risk assessment.
- Ensure that any respiratory protective equipment (RPE) is subject to appropriate inspection and maintenance in accordance with the manufacturers and regulatory guidance and good practice standards are followed in relation to face fit testing as in section 3.6 of this policy.
- Where appropriate, ensure that the testing of mechanical extraction and local exhaust ventilations systems takes place every 14 months, with records maintained for a minimum of 5 years where these systems are provided as part of local CoSHH arrangements.
- Maintain suitable and sufficient records of all of the above to demonstrate compliance.

1.5.3 Employees

All employees have a duty to cooperate with NFDC with regards to health and safety issues to ensure that they, and others who may be affected by their acts or omissions, can be kept safe

As such, all employees must:

- Familiarise themselves with their relevant **risk assessments** for hazardous substances, materials and process emissions within their work area.
- Act upon findings within each assessment such as ensuring PPE is being worn correctly when it is required and ensuring safe storage, use and disposal of substances as appropriate.
- Attend all training when required to do so.
- Report any concerns to their immediate line manager (whether actual or suspected) in relation to any hazardous substance, material or process emission.
- Attend occupational health assessments when required to do so for health surveillance relating to their use of hazardous substances, materials or exposure to process emissions.
- Report incidents in relation to any hazardous substance, material or process emissions in line with the Council's accident reporting procedure.

1.5.4 Contractors

All contractors providing services, either temporary or permanent, for NFDC must comply with the Council's CoSHH Policy.

Specifically, they must ensure that their own substances in use have been suitably and sufficiently risk assessed, and all significant findings documented and that up-to-date copies are made available to NFDC at all times.

1.5.5 Corporate Health and Safety Team

- Provide independent advice and support to Managers, Supervisors and Employees when necessary.
- Undertake a more detailed CoSHH assessment as required.
- Manage the mandatory CoSHH E-Learning module.
- Review the need to provide new training for CoSHH Assessors.
- Carry out investigations into accidents and near misses as necessary, record findings and root causes and provide recommendations for considerations by management.
- Review and update this policy, training module and assessments on a regular basis and as required such as in response to legislative change.

2. Identification and Assessment

2.1 Identification of Risks

NFDC aims to ensure all significant risks associated with hazardous substances are identified using assessments, guidance and liaising with employees.

2.2 Assessment

All substances used within NFDC must be subject to a suitable and sufficient CoSHH risk assessment completed by a competent person.

The competent person must have a working knowledge of the substances and processes being assessed and, in some instances, various parties may need to collaborate when carrying out an assessment. Those individuals having responsibility for any work area or activity must ensure that these assessments have taken place.

When carrying out a CoSHH risk assessments the guidance in Appendix 6.2 should be consulted as this offers a simple approach to completing the assessment.

Material Safety Data Sheets (MSDS) on all substances should be supplied by the manufacturer and retailer and should be used as part of the assessment process.

The **CoSHH risk assessment** should consider the health risks created by any work practice and the measures that need to be taken as a consequence, including:

- What substances are present and in what form;
- What harmful effects are possible, including the possibility of occupational asthma;
- Where and under what conditions are substances stored and handled;
- What harmful emissions may be generated by combining substances;
- What might be the enhanced effect of multiple exposures;
- Who could be affected, to what extent and for how long?;
- How likely and under what circumstances exposure may occur;
- What precautions need to be taken to ensure the health of the individual and compliance with the CoSHH regulations.

Once a risk assessment is complete, safe systems of work can be developed which provide employees with instructions on how to safely carry out an activity whilst minimising risk. These can be recorded directly on to the risk assessment in most cases.

2.3 Managing the issues

When information concerning a substance(s) present and the work practices involved has been gathered and an assessment completed, it may be concluded that the degree or nature of exposure does not constitute a health risk.

Alternatively, it may be deemed necessary to introduce one or more measures to:

- Prevent the risk completely by removing or replacing the hazardous substance with a non-hazardous one;
- Reduce or prevent the risk by changing work practices;

- Ensure that control priorities are put in place with regards to design, control at source and PPE;
- Ensure that control measures are adopted, and safety procedures instigated and observed;
- Supply, test and maintain safety equipment and Personal Protective/Respiratory Equipment;
- Inform, instruct and train employees with regard to the potential risks and precautions to be taken.

3. Good Practice Standards

3.1 Procurement of Substances and Materials

All substances and materials procured by NFDC that are covered by the CoSHH Regulations should be supplied with a material safety data sheet.

If a safety data sheet is not provided, then the supplier can be contacted to obtain a copy which will assist with the risk assessment process and must be stored securely alongside the completed risk assessment.

3.2 Risk Assessment

All substances used within NFDC must be subject to a suitable and sufficient **CoSHH risk assessment**. This assessment must be completed by a competent individual (see 2.2)

Each risk assessment must be reviewed periodically except in the following circumstances when the assessment will require a review sooner:

- Where there has been a significant change in process or task
- If the substance/s or material/s have changed
- Following an incident (involving the substance, material or task)

3.3 Storage

Storage of hazardous substances and materials should be in accordance with the finding of the risk assessment and statutory requirements.

3.4 Use of Substances and Materials

All hazardous substances and materials must be used in accordance with the manufacturer's instructions for use and the findings of the risk assessment.

3.5 Disposal

Arrangements for disposal of unused or unwanted hazardous substances and materials will be determined within the risk assessment.

3.6 Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)

Any personal protective equipment identified as necessary by risk assessment must be procured and issued to those employees having a need to use it.

PPE must be individual and not shared.

Regular inspections of PPE must take place and be documented by Managers/Supervisors, where any deficiencies exist with PPE it must be disposed of safely and securely and new PPE issued to the individual employee.

Both PPE and RPE should be stored in designated personal accommodation.

Where RPE is used, suitable prescribed face fit testing in accordance with regulations should be carried out by a competent person to ensure a personal fit without leakage. All employees using RPE must be clean shaven.

3.7 Monitoring and Health Surveillance

3.7.1 Active Monitoring

Active monitoring shall be achieved by regular workplace inspections and supervision of tasks being undertaken.

Additionally, the Corporate Health and Safety Team will undertake periodic audits of individual Services and Teams.

3.7.2 Reactive Monitoring

Reactive monitoring shall be achieved by Services reviewing incident reports received in relation to hazardous substances, materials or process emissions.

Further reactive monitoring may be undertaken following advice from occupational health as necessary.

3.7.3 Health Surveillance

See Occupational Health and Health Surveillance Policy

3.8 Documentation

All documentation relating to hazardous substances, materials and process emissions must be maintained for a minimum period of 5 years in the case of general minimal exposure to the workforce, and for 40 years in the case of personal exposure to identifiable individual employees from the date of last use.

Retention schedules can be set within the Council's SharePoint folders.

3.9 Accidents and Emergency Procedures

Procedures should be put in place in case of an accident or accidental spillage, which should include first aid provision, safety drills (where necessary), information in emergency arrangements, firefighting arrangements and other specific hazards to expect in an emergency.

4. Training And competence

4.1 CoSHH Assessors

Specific Services within the Council where it is known that employees use or are exposed to hazardous substances must appoint an individual to be their designated CoSHH Assessor.

These Services include:

- Open Spaces (to include Pest Control)
- Street Scene
- Workshops
- Housing Maintenance
- Facilities

There is also the potential for other Council Services, and the teams within them, to appoint individuals as competent CoSHH Assessors. Should it be determined, as necessary, these assessors must receive training approved by the Corporate Health and Safety Team.

This assessor can help to:

- Identify if a substance, material or process emission is covered by the Regulations
- assess substance, material or process emission risks and put control measures in place
- provide assistance and or training to the staff in their service or team

Currently the Corporate H&S team take on the responsibility of providing this competent support.

Should NFDC put in place provisions to have trained assessors it enables NFDC to benefit from their experience and knowledge to quickly and easily carry out CoSHH assessments for particular substances used in specific workplace environments and tasks.

4.2 Competence of CoSHH Assessors

All CoSHH Assessors are required to be competent; the following standards will demonstrate that an individual is competent to conduct CoSHH risk assessments to a suitable and sufficient standard.

The individual should:

- Be able to demonstrate an understanding of the CoSHH Regulations, including the approved code of practice
- Be able to gather relevant information about how exposure to a substance, material or process emission may occur and the risks to an individual's health from exposure
- Be able to specify actions that are required to comply with CoSHH Regulations
- Be able to understand their limitations and identify when further assistance may be required
- Be able to produce clear and concise reports on the findings of an assessment when required

4.3 Refresher Training for Assessors

All assessors are expected to revisit training materials periodically. This could be through the format of webinars, e-learning, external training, revision of up-to-date guidance or internal training.

4.4 Training for all other employees (including temporary and agency workers)

All employees are to be provided training that is consistent with their exposure to hazardous substances, materials or process emissions.

It is the responsibility of line management of individuals to ensure that all training undertaken in respect of CoSHH is recorded and these records are kept in accordance with NFDC retention schedules.

5. Additional Information

5.1 Useful HSE Links

5.2 Useful Non HSE Links

5.3 Useful Video Links

6. Appendix

6.1 General guide on process to follow

Based on the HSE Guide

A CoSHH assessment concentrates on the hazards and risks from hazardous substances in your work area or related to your work task.

It is important to remember that health hazards are not limited to substances or materials labelled as 'hazardous' and that some harmful substances can be produced by the process you are undertaking, for example fumes produced from welding or dusts from sanding down wood.

Stage 1 Identify the hazards

- Identify which substances, materials or process emissions are harmful by reading product information, labels and safety data sheets
- If you are in doubt, contact the supplier of the substance or material for more information
- Remember to think about harmful substances produced by your activities that may not have a specific safety data sheet, speak to a member of the Corporate Health and Safety Team if you feel that you may need more information

Stage 2 Decide who might be harmed and how

- How might people be exposed?

Think about the route into the body (whether the substance can be breathed in, get onto or through the skin or can even be swallowed) and the effects of the exposure by each of these routes

- Think how often people work with the substance or material or are exposed to the process emissions and for how long each time
- Think about anyone else who could be exposed, not just NFDC employees
- Also think about who could be exposed accidentally if controls fail or a spillage occurs

Stage 3 & 4 Evaluate the risks and decide on controls

Once you have carried out a risk assessment and identified which harmful substance or materials are present and how people can be harmed, you need to think about how to prevent exposure.

- Do you really need to use a particular substance or material, or is a safer alternative available?
- Can you change the activity or task to eliminate the substance use or avoid producing it?

If this is not possible then you **must** put in place adequate control measures to reduce exposure.

Control measures could include:

Changing the activity/task to reduce risks

- Consider whether you can change the activity to reduce the risk of exposure.

Containment

- Enclose the process or activity as much as possible to minimise the escape or release of harmful process emissions
- Use closed handling systems
- Extract emissions of the substance near the source
















Systems of Work





- Restrict access to only those people that need to be there
- Plan the storage of materials and use appropriate containers
- Check storage containers are correctly labelled and that incompatible materials are separated
- Plan the storage and disposal of waste

Cleaning

- Exposure to hazardous substances can occur during cleaning so plan and organise the workplace so that it can be easily and effectively cleaned
- Smooth work surfaces will allow easy cleaning
- Have the right equipment and procedures to clear up spillages quickly and safely
- Clean regularly using a 'dust free' method – vacuum rather than sweep

6.2 Corporate CoSHH Assessment Template

XXXXX Services COSHH Assessment									
Reference No.									
PRODUCT DETAILS									
Product Name									
Manufacturer									
MSDS Sheet ref		Dated							
Chemical Substance / Description / Common name									
USE OF SUBSTANCE									
What is Substance used for?									
Persons using product?									
How is it Applied (e.g. diluted, applied with brush, spray, poured?)									
Location of task? (Click on box as applicable)		Outside	<input type="checkbox"/>	Public areas	<input type="checkbox"/>				
		Inside (Well ventilated)	<input type="checkbox"/>	Inside (limited ventilation)	<input type="checkbox"/>				
		Other (state)							
Approx. how much is being used per task. (Litres / kg)									
Approx. duration of task / frequency of exposure?									
HAZARD IDENTIFICATION (Click on box as applicable)									
	Very Toxic	<input type="checkbox"/>		Corrosive	<input type="checkbox"/>		Irritant	<input type="checkbox"/>	
	Toxic	<input type="checkbox"/>		Harmful	<input type="checkbox"/>		Environmental	<input type="checkbox"/>	
	Respiratory	<input type="checkbox"/>	Other (state)						
CHEMICAL STATE (Click on box as applicable)									
Solid	<input type="checkbox"/>	Powder / Dust	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Gas / Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
FLAMMABILITY (Click on box as applicable)									
	Highly Flammable	<input type="checkbox"/>		Oxidising	<input type="checkbox"/>				
	Flammable	<input type="checkbox"/>		Explosive	<input type="checkbox"/>				
ROUTE OF EXPOSURE (Click on box as applicable)									
Ingestion	<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>	Eyes	<input type="checkbox"/>		
Other									
Workplace exposure limit		Long term (8hr TWA)	<input type="checkbox"/>	Short term (15mins)	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Other (State)									
PPE (Click on box as applicable)									
		Type / Standard			Type / standard				
	<input type="checkbox"/>	Goggles / Glasses		<input type="checkbox"/>	Disposable Mask				
	<input type="checkbox"/>	Visor		<input type="checkbox"/>	Gloves				

 <input type="checkbox"/>	Respirator		 <input type="checkbox"/>	Safety Footwear	
 <input type="checkbox"/>	Overalls		 <input type="checkbox"/>	Other	
CONTROL MEASURES & EMERGENCY FIRST AID					
In case of-		Actions (control measures)			
Inhalation					
Skin Contact					
Eye Contact					
On Ingestion					
Further Controls					
STORAGE AND HANDLING					
Pack / Container Size					
Control Measures					
TRANSPORT CONSIDERATIONS					
EMERGENCY FIRE PRECAUTIONS					
ENVIRONMENTAL CONTROL					
DISPOSAL CONTROL (Click on box as applicable)					
Hazardous Waste	<input type="checkbox"/>	Biological Waste	<input type="checkbox"/>	General waste	<input type="checkbox"/>
				Return to supplier	<input type="checkbox"/>
ACTION REQUIRED AS A RESULT OF ASSESSMENT (Click box as applicable)					
Health Surveillance /monitoring required?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is exposure adequately controlled?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RISK Rating following control measures (Click box as applicable)					
High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>
Assessor	Signature	Date	Next review date		
Reviewed by	Signature	Date			

 Editable version of Corporate CoSHH Assessment can be found on ForestNet [here](#).

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HR COMMITTEE - 12 JANUARY 2023

APPRENTICESHIPS UPDATE SEPTEMBER 2022

1. RECOMMENDATIONS

- 1.1 That HR Committee acknowledge the content of the report and support the continued use of apprenticeships where appropriate.

2. INTRODUCTION

- 2.1 Following the Service meetings HR attended in June 2022, this report provides an update on the current Apprenticeships now underway across the Council.

3. BACKGROUND

- 3.1 Whilst the council had been utilising apprenticeships well in previous years, this had diminished during lockdown. During June 2022, HR attended Service meetings to update managers across the council on the three ways we could maximise the benefits of apprenticeships: through taking on new apprentice recruits, using apprenticeship training for upskilling existing employees, and alongside trainee roles.
- 3.2 In June 2022, we had 1 new apprentice in Grounds (there were 2 but one left to pursue other interests), and 3 existing employees undertaking apprenticeships as professional training avenues.

4. CURRENT SITUATION

- 4.1 As a result of these discussions, we now have the following apprenticeships in action:
- 4.2 New apprentices
 - i. 1 Grounds apprentice in post
 - ii. 1 Grounds apprentice out to advert
 - iii. 1 Accountancy apprentice started September 2022
 - iv. 1 Highways Maintenance Operative apprentice, started September 2022 (this was the result of an existing employee requesting flexible retirement and with consideration to succession planning).
 - v. 1 HR Business Admin apprentice out to advert
 - vi. We are investigating an Events Coordinator apprenticeship with Jamie Burton
 - vii. We have investigated opportunities for an HGV Level 3 Maintenance Technician, and hope to move this forward in 2023
- 4.3 Training for existing employees
 - i. From the 3 existing employees above, one has now successfully completed their apprenticeship, and the other 2 continue with their studies.
- 4.4 A Waste & Recycling Supervisor (recently appointed) has just started on the Team Leader Level 3 apprenticeship. This qualification is a good match to help him develop and give confidence of his abilities in the role. His Chargehand is now also keen to

complete this qualification, and we hope to support him through this qualification after the current Supervisor completes it.

4.5 Apprenticeships to compliment trainee roles

- i. We have created a new 'Trainee ICT Support Analyst' role, fixed term for 2 years. This is above the level of a new apprentice recruit. We are pleased that a current fixed term junior colleague whose contract was due to end has taken up the role. The apprenticeship lasts 18 months, and for the remaining 6 months of the role upon successful completion they will move to a higher band and get even more experience, hopefully to continue with us or prepare them for future career progression.
- ii. We are discussing with ICT a more senior ICT apprenticeship, to bridge the gap between Analyst and Senior Analyst to assist with current recruitment difficulties at this level.
- iii. Legal are considering a Paralegal Trainee 2-year fixed term role, and HR are working with the team on this.

5. CONCLUSIONS

- 5.1 We are now more fully considering and utilising apprenticeships where they can be a successful training solution. The HR Advisory team continue to promote, advise, and support managers selecting and implementing apprenticeships successfully.

6. FINANCIAL IMPLICATIONS

- 6.1 The apprenticeship training is fully funded by the Apprenticeship Levy.
- 6.2 Currently there is no separate budget to fund trainee or new apprentice posts, these costs need to be met within the business unit.
- 6.3 Managers are encouraged to think of the long-term benefit to the service.

7. CRIME & DISORDER IMPLICATIONS

- 7.1 None

8. ENVIRONMENTAL IMPLICATIONS

- 8.1 None

9. EQUALITY & DIVERSITY IMPLICATIONS

- 9.1 In terms of existing employees, we currently have 2 females and 1 male apprenticeships.
- 9.2 In terms of new apprentices, we currently have 2 male apprentices.
- 9.3 In terms of trainee roles utilising apprenticeships, we currently have 1 male employee.
- 9.4 Our apprenticeship opportunities are open to all. This should improve our image as an employer of choice.

10. DATA PROTECTION IMPLICATIONS

10.1 We will continue with our current practices which are GDPR compliant, no changes are envisaged.

11. EMT COMMENTS

11.1 EMT acknowledge the content of the report and support the continued use of apprenticeships where they offer an appropriate training opportunity for new apprentices, existing employees, and for trainee roles.

12. EMPLOYEE SIDE COMMENTS

12.1 To follow.

For further information contact:

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HR COMMITTEE – 12 JANUARY 2023

RECRUITMENT UPDATE SEPTEMBER 2022

1. RECOMMENDATIONS

- 1.1 That HR Committee acknowledge the content of the report and support the proactive steps aimed to improve recruitment campaigns.

2. INTRODUCTION

- 2.1 This report provides an update on recruitment for the 6 months to 30th September 2022, progress made with recruitment tools, and plans to improve branding and generic tools in the coming months.

3. BACKGROUND

- 3.1 Pre-pandemic and inclusive of Leisure Services, we averaged 130 vacancies a year, with very few (average of 5) requiring secondary campaigns to fill posts.
- 3.2 With Leisure Services moving to Freedom Leisure and the reduction of approximately 400 employees and high levels of turnover in the area, it was envisaged that recruitment would reduce accordingly by a third. The resource in the HR Admin team reduced by 1 FTE to 3 FTE's.
- 3.3 In the year to 31st March 2022, there were 248 recruitment campaigns and we received 1,573 applications. 92% of advertised posts were filled first time. With vacancies nearly doubling in the last year, it increased the work of the Team at every stage from discussing advertising through to induction.
- 3.4 With the move of Leisure Services, the number of casual staff reduced significantly from over 200 casual post holders to 40 as at August 2021. This reduction allowed the opportunity to review how we use those casual staff.

4. CURRENT SITUATION

- 4.1 Between 1st April and 30th September 2022, there have been 85 vacancies, 9 of these were new posts, the remainder were filling vacancies. We had 429 applicants for these roles. 73% were filled first time. Recruitment at every banding level has been challenging during this period. Retention has been an additional challenge at lower banded roles, with employees leaving for very little difference in salary, but detailing any amount meant easier to meet growing costs, or a little less travel saving significantly on transport. We averaged 13 new starters each month over this period.
- 4.2 The posts requiring a second round of recruitment varied across the board. To assist we looked at different publications, changing tenure of post, and updating our advert template.
- 4.3 We await agreement on the pay award which will help in part, along with the banding structure changes recently agreed.
- 4.4 To assist with the higher demand and more proactive steps, as well as increased workload to assist the Advisory Team, we are in the process of recruiting an HR Business Administration Apprentice, fixed term for 18 months.

5. PROACTIVE STEPS TO IMPROVE RECRUITMENT CAMPAIGNS AND PROCESSES

- 5.1 To improve our service delivery, both for recruiting managers and applicants, we have taken several steps in the last six months and have several more planned for the remainder of the year. The team remain on hand for any queries or advice as the need arises.
- 5.2 We've updated our 'Recruitment' forestnet page with the following documents, as well as attaching them at the start of each recruitment campaign for the recruiting manager to refer to.
- An easy-to-follow full recruitment full process guidance flowchart, this has been tested on new and established recruiting managers.
 - Further to undertaking additional recruitment advert training, our Team have created new advert template guidance. This seems to correlate with many roles receiving at least double the number of applications.
 - With our media agency (onefix) we have created a simple 'Where to advertise' guide detailing current highest hits for different types of roles.
- 5.3 We have provided some standard interview questions as well as suggestions for additional supporting assessment methods (such as presentation/in-tray exercises/personality profiling) for different levels and types of roles to further assist managers and encourage a more standardised approach.
- 5.4 Additionally, we've asked ICT to develop an updated vacancy management e-form, which will automatically flow through the right people and process depending on the circumstances of each vacancy. The aim is to make the process quicker and easier for all involved. This e-form is in progress.
- 5.5 We are looking to develop our branding message and image with the help of the Communications team. We have created an initial design for *'there's more to us than meets the eye'* but will develop this further with Communications expertise to ensure this works effectively. This will then be used on vans and refuse vehicles, on our adverts and our website. We will also have pop up banners and flyers with this theme detailed for use at recruitment and careers events. We will also purchase more of recruitment event stationery takeaways, such as the rulers and post-it's to give out with our website detailed (newforest.gov.uk/jobs). We hope to have this in place later in the autumn.
- 5.6 Leading on from this, and with assistance from Communications, we would like to engage with a videographer to design a short attractive corporate recruitment video.
- 5.7 We are looking to improve our exit interview feedback to better understand any particular retention difficulties. This will be bought as a separate report.
- 5.8 We have updated our induction presentation and ensure wherever possible this is delivered on a new starter's first day and face to face – although there are times when this is carried out over Teams or on their second day to meet service requirements.
- 5.9 As part of learning at work week this year, we encouraged all teams to create Service Videos which we could share on Forestnet. We highlight the Service Videos to new starters at induction, so they can learn about other services of the council.
- 5.10 We are working to update our Meet & Greet presentation. We have canvassed other councils, who have either stopped their Meet & Greets, they carry them out virtually, or they follow a similar format to ourselves. After the next session in November, we will seek feedback from attendees to ask how this could be further improved and what they

would have liked covered. With the assistance of Communications, we hope to add a video to this presentation moving forwards.

6. CASUAL STAFF

- 6.1 To ensure we are using casual staff fairly, we have worked with unions and managers to assess the casual staff. Some had not worked in over six months and were no longer required; this was discussed with them and their record was closed.
- 6.2 Some are truly casual – working very sporadically for cover purposes or a project piece of work. One member of staff had covered long term sickness for a protracted period, which had now come to a close and would revert back to true casual cover hours.
- 6.3 Looking at the patterns of the remaining five staff, their working pattern demonstrated they had been working to those hours for at least a year, and managers confirmed that requirement existed moving forwards, therefore permanent contracts were issued to those staff equivalent to the future requirement for their hours. There are now 14 remaining casual staff. This will be kept under review.

7. CONCLUSIONS

- 7.1 It is hoped that the improved resources assist managers and attract more applicants moving forwards, and with a more stable team in place we are able to provide a professional HR Administration service to all users.

8. FINANCIAL IMPLICATIONS

- 8.1 There will be small costs for the development of the branding campaign, banners, flyers, and branded stationery, as well as the additional cost of the addition of our apprentice, which has already been approved by business case.
- 8.2 All of these measures however are intended to improve first time recruitment rates, and so will negate the need for costly follow up recruitment campaigns.

9. CRIME & DISORDER IMPLICATIONS

- 9.1 None

10. ENVIRONMENTAL IMPLICATIONS

- 10.1 None

11. EQUALITY & DIVERSITY IMPLICATIONS

- 11.1 This should improve our image as an employer of choice, and to have an inclusive appeal.

12. DATA PROTECTION IMPLICATIONS

- 12.1 We will continue with our current practices which are GDPR compliant, no changes are envisaged.

13. EMT COMMENTS

- 13.1 EMT acknowledge the content of the report and support the proactive steps aimed to improve recruitment campaigns.

14. EMPLOYEE SIDE COMMENTS

14.1 To follow.

For further information contact:

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