

Safety, Health, and Wellbeing Policy

Section 3 - Arrangements

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SHAW03 - Arrangements
DOCUMENT CONTROL
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| 5.1 | 2 Feb 22 | Martin Fisher | Update First Aid requirements for buildings |
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| Role | Name | Approval Date |
|---------------------------|---------------|-----------------|
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Approval (Accountable Owner)

| Role | Name | Approval Date |
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| Head of Health and Safety | Mike Leake | 26 April 2022 |

Reviewers (Consulted)

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Distribution List - Once authorised (Informed)

| Name | Organisation |
|-------------------|------------------------|
| All Staff - mySCC | Suffolk County Council |

Review Period

| Date Policy to be Reviewed | By whom |
|----------------------------|---------------|
| 1 March 2024 | Martin Fisher |

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Matters related to safety, health or wellbeing may be referred to in these document as 'Health and Safety' or just 'Safety' but should be viewed in the broader context of safety, health, and wellbeing.

2 Plan, Do, Check Act

Suffolk County Council uses the 'Plan, Do, Check, Act' approach to achieve a balance between the systems and behavioural aspects of management, and we regard the management of health, safety, and wellbeing as an integral part of good management generally, and not as a stand-alone system.

The following is a brief explanation of the 'Plan, Do, Check, Act' cycle: (see diagram at [Appendix 1](#)).

2.1 Plan

- The Safety, Health and Wellbeing (SHAW) Board identifies where we are and where we want to be.
- Our Organisation (SHAW02) and Arrangements (SHAW03) documents set out who will be responsible for what and *how* we will deliver continual improvements to safety, health, and wellbeing.
- And our [SHAW Strategy and Action Plan](#) sets out *what* we intend to do.

2.2 Do

Directorates identify their key risks which are collated into a corporate 'top 10' which helps to determine the priorities for the corporate strategy and corporate and directorate action plans.

SHAW Board members each lead on the various aspects of the SHAW Strategy Action Plan.

Directorate SHAW steering groups implement appropriate actions from the SHAW Strategy and identify and deal with their own directorate specific issues.

SHAW advisors support managers in delivering the actions, provide and facilitate appropriate training and communications etc.

2.3 Check

SHAW Board monitors the progress of the corporate strategy and action plan using key performance indicators and other reporting arrangements.

Steering groups monitor the progress of directorate actions.

Incidents and near miss incidents are recorded. Steering Groups analyse directorate trends and summary information which is reported to SHAW Board.

2.4 Act

Injury incidents and significant near misses are investigated and reported to the SHAW Board.

Occupational health data, insurance claims, and other lessons learned, including relevant data from other organisations are reviewed at SHAW Board.

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The strategy document shall be reviewed periodically, (usually every 3 years) and the action plan reviewed every year.

Lessons learned from active and reactive monitoring, claims and incidents etc. will be used to inform the next planning review cycle.

3 Plan

3.1 Policy Documents

[SHAW01 – General Statement of Policy](#) is signed by the Chief Executive and the leader of the council to demonstrate the council's commitment to safety, health, and wellbeing.

[SHAW02 - Organisation](#) sets out the organisational structure of Suffolk County Council (SCC) and defines managers' and employees' responsibilities.

This document, *SHAW03 - Arrangements*, sets out details of how we manage safety, health, and wellbeing within SCC.

Where a supplementary policy statement is necessary and it is simple and prescriptive, it is attached as an appendix to this document. Where the policy and/or guidance is prescriptive but complex, a separate policy and/or guidance is contained in a stand-alone document numbered SHAW11, SHAW12... etc. Where guidance is varied but non-prescriptive, we may refer directly to the HSE's guidance. A list of supplementary policy statements and guidance can be found at [Appendix 3](#).

To avoid unnecessary duplication, some documents are owned and managed by other SCC teams or partner organisations such as HR or Vertas.

Depending on the level of risk identified, directorates may wish to supplement these procedures with arrangements of the own.

Together, these documents (SHAW01, SHAW02, SHAW03 including the appendices and supporting documents, SHAW11, SHAW12 ... etc.) make up the county council's Health and Safety policy, as defined by the 'Health and Safety at Work Act etc. 1974'.

3.2 Publication of Policies and Procedure documents

Policy and procedure documents (SHAW01, SHAW02, SHAW03 and SHAW11, SHAW12 ... etc.) will be published by posting on the council's intranet [mySCC](#).

Where colleagues do not normally have access to mySCC, line managers must ensure that arrangements are in place to make alternative copies available, which must be kept up to date, or else provide the means to access mySCC.

3.3 Review of Policies and Procedures

New and reviewed policies will be drafted by the Head of Corporate Health and Safety or a health and safety advisor or other competent person working on their behalf. They will be presented to the Health and Safety Advisors' Group (HSAG) for consensus before being presented to the Safety, Health, and Wellbeing (SHAW) Board for final approval.

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In determining the level of standards and the level of resource to apply, the author or reviewer must be mindful of the following:

- current legislation, regulations, and approved codes of practice etc.
- The nature of the hazard and current control measures.
- Changes in technology that might affect control measures.
- Feedback from monitoring, KPI reporting, audits etc.
- Lessons learned from incident investigations.
- Comments from Trades Unions and colleagues through consultation.

Policies should be reviewed at least every three years, or sooner if there has been a significant change in legislation. Reviewed policies will be referred to HSAG, (including where no changes have been made) and then referred to the SHAW Board for final approval.

3.4 Policy Standards

We recognise that legal requirements only define a minimum standard; and likewise, corporate policies define a minimum standard against which directorates will be measured. We will seek however to implement higher standards of safety, health, and wellbeing than the legal minimum, whenever it is reasonably practicable to do so.

4 Do**4.1 Risk Assessment**

Line managers must ensure that hazards are identified in their workplaces and that risk assessments are carried out by a competent person. [Significant risks](#) must be documented.

As part of the risk assessment process, consideration should be given to the needs of protected groups under the Equalities Act. and other vulnerable groups, and reasonable adjustments should be made to the control measures and safe systems of work, accordingly E.g.:

[Young people](#) – may be less aware of risks and naturally less risk averse than mature employees.

Pregnant colleagues or those who have recently given birth are at greater risk to a variety of physical, biological, or chemical agents, so consideration must be given to all women of child-bearing age.

Disabled people – May be at greater risk owing to reduced mobility, dexterity, eyesight, or hearing and may also be more susceptible to the consequence of certain hazards e.g., losing or damaging an eye or limb has a far greater impact to someone who has already lost or has impaired use of the other one.

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Migrant workers - or those for whom English is not their first language may not be familiar with our workplace culture; of what is and what is not acceptable; or may need safety information and instruction in different formats or language.

LGBT - colleagues may be more at risk in certain lone working situations.

Senior managers should ensure that adequate arrangements are in place to identify and manage hazards in the workplace and that arrangements are in place to carry out suitable and sufficient risk assessments and that adequate resource is made available to implement control measures for the hazards identified.

[Risk assessments](#) must be reviewed regularly or in any case when there has been a significant change in the workplace or after an injury or a [significant incident](#).

The results of risk assessments must be communicated to employees in an appropriate and timely manner together with any procedures or safe systems of work that are derived from the Risk Assessments.

4.2 Expert Advice.

SCC provides expert advice on matters of safety, health, and wellbeing through a team of SHAW advisors who can provide topical or service specific advice to managers and staff.

The Head of Corporate Health and Safety provides advice to the Corporate Leadership Team (CLT) and to the Corporate SHAW Board and is supported by the team of SHAW advisors.

4.3 Co-operation and Consultation within the Organisation

The council recognises that engaging with colleagues about safety, health and wellbeing can result in:

- healthier and safer workplaces – because input from colleagues is invaluable in identifying hazards, assessing risks, and developing ways to control or remove those risks.
- Better decisions about safety, health, and wellbeing – because they are based on the input and experience of a range of people in the organisation, including colleagues who have extensive knowledge of their own job and the business.
- Stronger commitment to implementing decisions or actions – because colleagues have been actively involved in reaching these decisions.
- Greater co-operation and trust – because managers and staff talk to each other, listen to each other, and gain a better understanding of each other's views.
- Joint problem-solving.

Staff are represented at the SHAW Board by:

- one representative from a teaching union (as nominated by the teacher trades unions), representing teaching colleagues.
- one representative from the Fire Brigade Union (FBU) representing fire colleagues.
- and one representative from UNISON representing all single status colleagues.

SCC will consult with employees through their representatives on the following:

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- the introduction of any measure which may substantially affect their safety, health and wellbeing at work, for example the introduction of new equipment, policies, or new systems of work.
- Arrangements for getting [competent people](#) to help comply with health and safety laws.
- Information on the risks and dangers arising from their work, measures to reduce or get rid of these risks and what colleagues should do if they are exposed to a risk.
- the planning and organisation of safety, health, and wellbeing training; and
- the consequences of introducing new technology on safety, health, and wellbeing.

SCC will consult with colleagues in good time, to allow them to consider the matters being raised and provide informed responses.

SCC will listen to and take account of what colleagues say before making any decisions regarding safety, health, and wellbeing.

4.4 Provision of Information

SCC will give [Safety Representatives](#) the information necessary to allow them to participate fully and effectively in consultation. In consulting, SCC will provide them with the information necessary to enable them to fulfil their functions.

Information given to employees will include: the risks arising from their work; the measures in place or proposals to control these risks; and what colleagues should do if they are exposed to a risk, including emergency procedures.

SCC will not provide information if it:

- would be against the interests of national security or against the law.
- Is about someone who has not given their permission for it to be shared.
- Would, other than for reasons of its effect on safety, health, and wellbeing, cause substantial injury to the organisation, or if supplied by someone else, to the business of that person; or
- If the information has been obtained for the purpose of any legal proceedings.

4.5 Trades Union Safety Representatives

SCC recognises the valuable role of trades union [Safety Representatives](#) in the consultation process and to that end will support them to fulfil their role; allow them sufficient paid time off during working hours and afford them sufficient resources to perform their functions, specifically:

- to attend training courses identified by their Trades Union.
- To investigate injuries, incidents, and dangerous occurrences in the workplace of the colleagues they represent.
- To investigate complaints by any colleagues they represent relating to their, safety, health, and wellbeing at work.

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- To make representation to the appropriate manager(s) on any issues arising out of any investigations they undertake and any other matters relating to health, safety, and welfare at work of the employees they represent.
- Subject to giving reasonable notice, to carry out inspections of the relevant workplace(s), record their findings and bring to the attention of the appropriate line manager(s) any issues that need attention.
- To represent staff in discussions with health and safety inspectors.
- To attend workplace and consultative health and safety committees as nominated by their Trades Union or work group.
- In accordance with the agreed Terms of Reference, and if nominated by their Trades Union, attend Corporate SHAW Board, Directorate SHAW Steering Groups, or directorate health and safety committees.
- To receive information and be able to take copies of any documents relevant that might impact upon the health, safety, and wellbeing at work of the people they represent.
- To attend suitable training courses as set out in the Suffolk County Council Trades Union Facilities Agreement.
- To be consulted by management on any matter relating to safety, health, and wellbeing.

Where no, or insufficient numbers of Trades Union [Safety Representatives](#) are available for a workplace or employee group, SCC will work with the recognised trades unions to encourage employees to volunteer as Safety Representatives.

Facilities and assistance

SCC will provide facilities and assistance that any Trades Union [Safety Representatives](#) may reasonably require to carry out their role including access to:

- a telephone and quiet area where they can have private conversations as part of their role.
- A lockable cabinet or desk for paperwork, records, or reference material.
- Intranet and internet facilities.
- A photocopier and a notice board to circulate information to the employees they represent and
- time with management to discuss SHAW issues.

Consultative Committees

Each directorate should arrange for a Health and Safety Consultative Committee where matters of safety, health and wellbeing can be discussed between Management and Trades Union Safety Representatives.

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4.6 Team Meetings

Line managers should also consult with their staff at an operational level through team meetings etc. E.g., in the production of risk assessments and safe systems of work etc. To this end, managers should include safety, health and wellbeing on team meeting agendas or have a separate meeting where such matters can be discussed. Such meetings will be for the purposes of communication and engagement between line managers and their staff, rather than formal consultation and so will not be reliant on having formal union Safety Representatives present.

4.7 Safety and Wellbeing Champions

Colleagues are encouraged to volunteer as a [Safety and Wellbeing Champions](#).

[Safety and Wellbeing Champions](#) will:

- promote healthy lifestyles within their working teams.
- Act as conduits for information flow regarding safety, health, and wellbeing communications.
- Help maintain SHAW notice boards etc.
- Assist in promoting a positive SHAW culture.
- Help carry out routine premises checks etc.
- Notify their managers of potential hazards and dangerous occurrences.

They will not however share the same rights as (trades union) [Safety Representatives](#) to investigate incidents, make representation, or represent colleagues through the formal mechanisms of SHAW Steering Groups or the Corporate SHAW Board.

SCC will provide Safety and Wellbeing Champions with suitable training to enable them to carry out their functions.

| Safety Representatives | Safety and Wellbeing Champions |
|--|--|
| Appointed in writing by a recognised trades union for collective bargaining purposes. | Volunteer. |
| Functions | |
| Investigate potential hazards and dangerous occurrences at the workplace; investigate complaints by an employee relating to safety, health and wellbeing at work; and examine causes of workplace accidents. Make representation to management on the above investigations and on matters of safety, health, and wellbeing of the employees they represent. | Promote healthy lifestyles within their working teams. Help in cascading SHAW communications, e.g., maintain SHAW notice boards and pass on information at team meetings etc. Assist in promoting a positive SHAW culture amongst their colleagues. Help carry out routine premises checks etc. |

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| | |
|---|---|
| Carry out workplace inspections. Represent employees in dealings with and receive information from Health and Safety inspectors. Attend Health and Safety Committee meetings. | Inform their managers of potential hazards and dangerous occurrences. |
| Training | |
| Paid time off, as necessary, to attend training by their union as is reasonable for their circumstances. | Awareness training of SHAW issues relevant to SCC. 1 or 2 facilitated networking sessions per year. |

4.8 Competence in Safety, Health, and Wellbeing

Managers should identify SHAW training needs for their staff. This should be ongoing but may be done as part of the Personal Development Review (PDR) process. Suitable and sufficient training should be provided to enable colleagues at all levels to carry out their tasks in a safe and competent manner and a training plan developed and funded according to legislative and business needs.

Managers carrying out (or signing off) risk assessments and method statements should have sufficient skills to enable them to have a reasonable understanding of the methods and hazards likely to exist when carrying out the work.

A suite of in-house training is provided via Learning and Development and the Corporate Safety, Health and Wellbeing Team. Although training is not generally regarded as mandatory, if there is a need, suitable training must be proportionate to the risk. Therefore, where there is a significant risk, training may be necessary to demonstrate competence.

A training matrix of recommended competencies for staff and managers can be found on [mySCC](#).

Colleagues with responsibilities for specialist aspects of safety, health, and wellbeing, such as fire wardens, or first aiders must be given appropriate training and managers must allow reasonable time away from normal duties to allow for such training. Courses can be booked on-line through [myLearning](#). If colleagues do not have access to [mySCC](#)., then managers should print paper booking forms on their behalf.

Where there are no suitable in-house courses, managers should source an appropriate external course for their needs.

4.9 Incident Reporting

All incidents and [near miss incidents](#) shall be recorded on the corporate [incident reporting system](#).

Senior managers must ensure that:

- adequate arrangements are in place for reporting and recording safety incidents and near misses.

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- Adequate arrangements are in place to investigate [significant incidents](#).
- Adequate resources are made available to implement reasonable remedial measures, identified from the following up of or investigation into an incident or near miss.
- Safety incidents and near misses are reported to their directorate SHAW Steering Groups.

Line managers must ensure that:

- all new colleagues, including temporary, volunteers, those on work placements etc., receive suitable information and instruction during their induction training to make them aware of the need to report all safety incidents and near misses and that arrangements are in place to do so.
- Arrangements are in place to deal with the immediate dangers and consequences of an incident, including: first aid; making the area safe; or contacting the emergency services, as necessary.
- Any safety incidents or occupational diseases reportable under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 \(RIDDOR\)](#) are reported immediately to their directorate SHAW Advisor so that they can be reported promptly to the Health and Safety Executive (HSE).
- They monitor and review incidents and near miss data in their section and review the relevant risk assessments and safe systems of work accordingly.
- Copies of the incident reporting form are available on request to the relevant trade's union safety representative, but with personal details redacted.

The Head of Corporate Health and Safety will report summary information to the SHAW Board, such as:

- the total number of incidents.
- The total number of near misses.
- Days lost due to work related incidents.
- The numbers of new referrals to Occupational Health.
- The total number of RIDDOR incidents reported to the HSE.
- Any enforcement notices served.
- Any prosecutions.

4.10 Hazard Identification – Top Risks

Using the information gathered from reported incidents, risk assessments, and staff consultative committees, directorates should compile a list of their top risks. These should be reviewed every 3 years and together with the outcomes from any directorate safety audits, should be used to inform a directorate SHAW action plan which will be monitored by the Directorate SHAW Steering Group.

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The results of each of the directorate top risks will be compiled to form a list of corporate top risks which, together with the outcomes from corporate safety audits, will help inform the priorities for the SHAW Strategy which will be monitored by the SHAW Board.

4.11 Document Retention

Certain documents such as risk assessments and incident report form etc. should be kept for a period, in case they are needed in connection with 3rd party claims, or to help in incident investigations. The following table is a guide to retention times:

| Type of document: | How long to keep: |
|---|-------------------|
| Workplace risk assessments for employees | 7 years |
| Incident report forms involving employees only | |
| 1 st Aid accident book record | |
| SHAW guidance | |
| Method statements | |
| Safe systems of work. | |
| Workplace risk assessments, incident report forms etc. involving children ¹ | 25 years |
| Workplace risk assessments, incident report forms etc. for hazardous agents . | 60 years |

5 Check

5.1 Control of Health and Safety Management System

The Policies and Procedures documents SHAW01, SHAW02, SHAW03 and SHAW11, SHAW12, SHAW13... etc. form the basis of SCC's Health and Safety Management system. In addition to this, directorates can add their own, service specific information as required. Directorates will be audited for compliance against the corporate standards.

5.2 Auditing

For Suffolk County Council to comply with the above, SHAW audits should be carried out at least annually.

¹ N.b. These guidelines refer to SHAW risk assessments for workplace activities. Different retention rules apply for safeguarding risk assessments for children or for vulnerable adults supported by social services.

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Directorate and Corporate teams should be audited to ensure compliance with the minimum standards set out in the suite of SHAW policies; SHAW01, SHAW02, SHAW03 etc.

Audits may be carried out by the Corporate Services, Internal Audit Team or by health and safety advisors, but others may be co-opted, who are suitably trained and competent.

Safety auditing should be regarded as a positive, learning exercise and managers and staff are expected to co-operate with auditors.

The subsequent audit report should be shared with the appropriate managers who will be required to produce an action plan to address any areas of concern. The progress of the corporate action plan will be monitored by the SHAW Board and the progress of directorate action plans will be monitored by their Directorate SHAW Steering Group and reported to the SHAW Board.

If appropriate, any serious matters arising which pose an immediate danger must be reported to the Head of Corporate Health and Safety immediately and a workplace prohibition or improvement procedure should be adopted until remedial action can be agreed. The relevant Trades Union(s) should also be informed.

Areas of good or bad practice should be reported to the Health and Safety Advisors Group to share the lessons learned with other directorates. Information, both good and bad, should be communicated to relevant colleagues, to either prevent future accidents occurring, or to share good practice; this should form part of any subsequent action plan where practicable.

5.3 Incident Investigation

Safety incidents and near misses should be followed up and/or investigated, depending on the seriousness of the event.

Line managers should follow up on any injury incident or near miss which might have resulted in an injury incident and ensure measures are taken to prevent a re-occurrence. Details of the incident and the action taken should be reported to their Directorate SHAW Steering Group.

Significant incidents should be investigated by the appropriate directorate SHAW Advisor. Where possible, this should be carried out in partnership with the relevant trades union(s) safety representative(s). In such cases, the outcomes will be reported to the Directorate SHAW Steering Group and/or to the SHAW Board.

Incident investigations should seek to determine the immediate and the underlining causes of the incident and make recommendations to prevent a re-occurrence.

Directorate SHAW Steering Groups and the SHAW Board must satisfy themselves that all reasonable actions have been taken and that lessons learned have been incorporated into future risk assessments, policies, and guidance etc. to prevent a re-occurrence.

SHAW03 - Arrangements**6 Act**

The SHAW Board will monitor the progress of the SHAW Strategy and Action Plan. A lead AD from each of the directorates will be assigned to lead on each of the key themes identified in the strategy. They will report on the progress of their part of the action plan; as well as any key points of their directorate action plans.

The Head of Corporate Health and Safety will prepare and present an annual report to the SHAW Board which shall include the following:

- progress of the corporate SHAW action plan.
- Progress against identified Key Performance Indicators.
- A Summary of incident reports and safety concerns/hazard reports.
- A summary of audits and inspections carried out.

The report will be presented to CLT and then submitted to the full council by the Cabinet SHAW Lead.

Throughout the year, the SHAW Board will focus on the progress of the action plan and any emerging issues such as the implications of a serious incident etc. Following the presentation of the SHAW annual report, the SHAW Board will review and update the strategic plan as necessary, and review and update the core policies, taking into consideration the lessons learned from active and reactive monitoring and auditing etc. at both corporate and directorate levels.

7 Definitions and explanations

Competent person – someone who has sufficient training and experience or knowledge and other qualities that allow them to assist you properly. The level of competence required will depend on the complexity of the situation and the help you need.

CoSHH – Control of Substances Hazardous to Health.

Driving for work - for the purposes of this policy, means any journey on SCC business, other than your commute from your home to your normal place of work.

Guidance – The term ‘guidance’ in this context should be treated much like the HSE’s Approved Codes of Practice. You are expected to follow it unless there is an equally robust procedure in place.

Hazard – anything that might cause harm, such as chemicals, electricity, working at height, etc.

Hazardous agents – In the context of this policy, hazardous agents refer to things that can cause chronic injury or harm after prolonged exposure, or many years after the actual exposure. E.g.: asbestos, lead, noise, vibration, radiation.

Higher risk drivers might include, but are not limited to:

- Drivers doing high mileage - more than 10,000 business miles per year.
- Young or inexperienced drivers.

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- Drivers who have received penalty points on their license or have been offered a driving course in lieu of penalty points.
- Drivers who have been involved in a road traffic collision.
- Drivers of Large Goods Vehicles (LGVs) or Passenger Carrying Vehicles (LCVs).

HSAG – Health and Safety Advisors’ group.

HSE – Health and Safety Executive.

Near Miss Incident – An incident which, although not resulting in an injury, has the potential to do so.

RIDDOR – Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations.

Risk – the chance, high or low, that somebody could be harmed by a hazard, together with an indication of how serious the harm could be.

Risk Assessment – A systematic review of the likelihood of a given hazard to cause harm, and the severity if it should, given the control measures in place.

Safety Representative – A (Trades Union) representative, appointed in writing by a Trades Union, recognised for collective bargaining purposes, under the terms of the Safety Representatives and Safety Committees Regulations 1977.

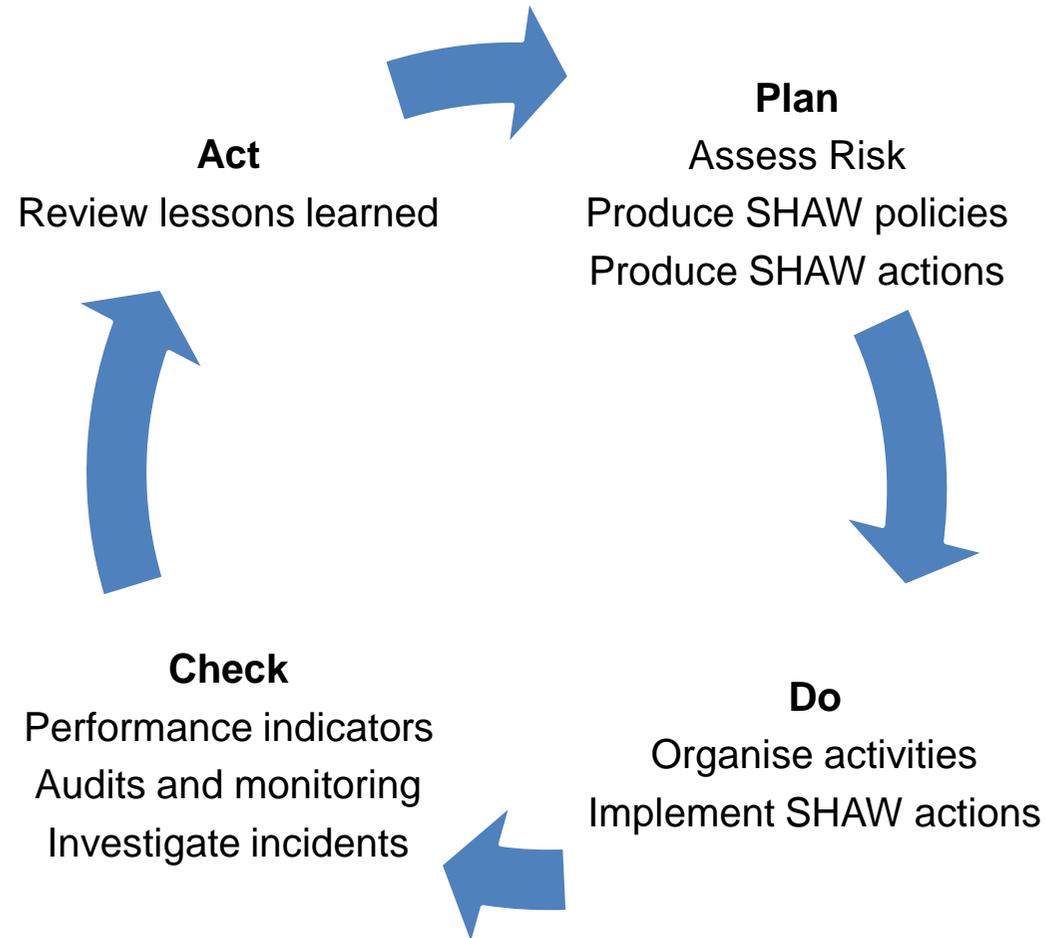
Safety and Wellbeing Champion – A (Union or non-union) volunteer, appointed to help promote a positive Safety, Health and Wellbeing culture in the workplace.

SHAW – Safety, Health and Wellbeing.

Significant Incident – an incident which is reportable to the [HSE](#) under [RIDDOR](#), or a near miss incident which might easily have led to a [RIDDOR](#) reportable incident.

Significant risk – Risk that is more than trivial.

Young person – Someone over the school leaving age but under 18 years old.

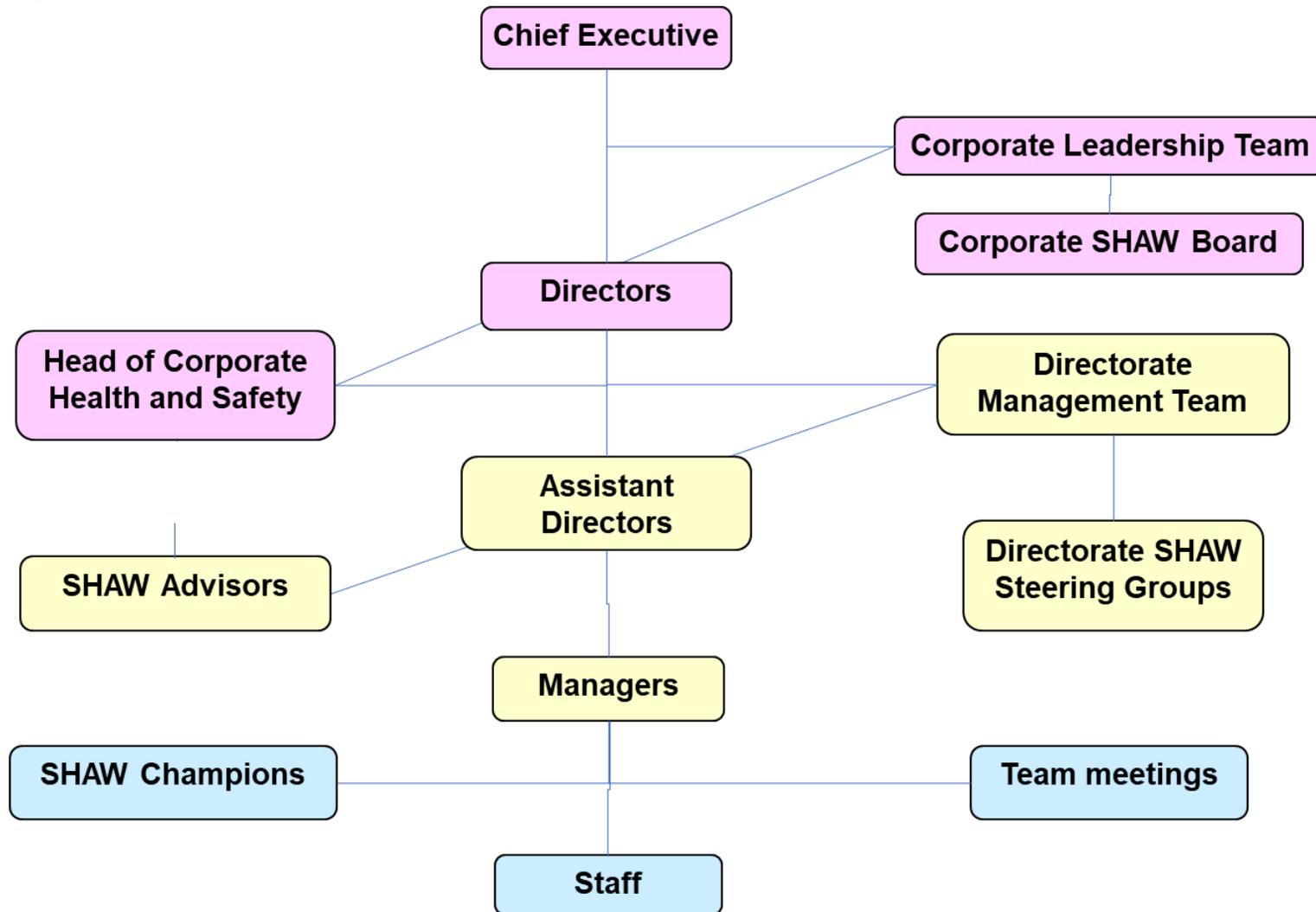


OFFICIAL

SHAW03 – Arrangements

Appendix 2

SCC Hierarchy chart



Appendix 3

SCC workplace hazards

| Hazard | Supporting Policy or Guidance | Owner |
|---|--|-------------------------------------|
| Asbestos | Mgt. Plan | Vertas |
| Computer workstations | Policy – Appendix 11 Guidance - SHAW19G Further info. on mySCC | SHAW Team SHAW Team SHAW Team |
| Confined spaces | Policy - SHAW16 Toolkit – HST16 | SHAW Team SHAW Team |
| Control of Substances Hazardous to Health (CoSHH) | Code of Practice - L5 Guidance - INDG136 | HSE HSE |
| Driving for work | Policy – Appendix 12 Guidance – SHAW32G Guidance on mySCC | SHAW Team SHAW Team SHAW Team |
| Drugs and Alcohol | Policy – Policy Information on mySCC | HR HR |
| Electricity | Guidance - HSG107 Guidance - HSG85 | HSE HSE |
| Fire Safety | Policy – Appendix 4 Guidance – SHAW18G Further info. on mySCC | SHAW Team SHAW Team SHAW Team |
| First aid in the workplace | Policy - Appendix 5 | SHAW Team |
| Hand arm vibration | Guidance - L140 Guidance - INDG175 | HSE HSE |
| Legionella (Water hygiene) | Mgt. Plan. Information on mySCC | Vertas SHAW Team |
| Lifting Operations and Lifting Equipment (LOLER) | Code of Practice - L113 Guidance - INDG290 | HSE HSE |
| Lone working | Policy - Appendix 7 | SHAW Team |

Safety, Health, and Wellbeing Policy – SHAW03

| | | |
|--|---|--------------------------------|
| | Further info. on mySCC | SHAW Team |
| Mental Health | Policy – Appendix 14 Further info. on mySCC | SHAW Team SHAW Team |
| Moving and handling | Guidance - INDG143 | HSE |
| Noise at work | Guidance - L108 Guidance - INDG362 | HSE HSE |
| Personal safety | Policy - Appendix 8 Further info. on mySCC Guidance - INDG69 | SHAW Team SHAW Team HSE |
| Pregnant and Breastfeeding | Information on mySCC | HR |
| Procurement (Contracts) | Guidance - HS45 Contract Mgt. Policy | H&S Procurement |
| Provision and Use of Work Equipment (PUWER) | Code of Practice - L22 Guidance - INDG229 | HSE HSE |
| Service Level Agreements – Property Management | Policy - Appendix 9 | SHAW Team |
| Smoking | Policy Guidance | Public Health Public Health |
| Stress | Policy – Appendix 13 Toolkit on MyLearning Further info. on mySCC | SHAW Team HR SHAW Team |
| Sunlight | Guidance – SHAW51G | SHAW Team |
| Whole body vibration | Guidance - L141 Advice - INDG242 | HSE HSE |
| Work at height | Guidance - INDG401 Guidance - INDG455 | HSE HSE |
| Working from home | Policy - Appendix 6 | SHAW Team |
| Working Time | Policy - Appendix 10 | SHAW Team |

Appendix 4

Fire

Suffolk County Council (SCC) is committed to comply with the Regulatory Reform (Fire Safety) Order 2005 (RRFSO) and to the principles of the British Standards Institute PAS79:2012 Fire Risk Assessment Guidance and recommended methodology.

Supplementary guidance can be found in [SHAW18G Fire Safety Management Guidance](#)

Policy Standards

To meet the requirements of the policy, the following standards shall be met:

- A Property Service Level Agreement (SLA) or Service Level Plan (SLP) shall be in place at all SCC premises.
- The SLA or SLP shall identify a Premises Responsible Person for each premises.
- The Premises Responsible Person shall ensure that a suitable & sufficient fire risk assessment is carried out for their premises by a suitably competent person and reviewed at least annually or following a change in circumstances or a significant incident.
- Systems are in place for the safe evacuation of staff and visitors including enough staff are trained as Fire Wardens etc.
- In shared premises, the Premises Responsible Person co-operates and co-ordinates with other responsible persons in the neighbouring organisations.
- All fire precautions are provided and maintained in good condition and inspection and maintenance records are kept in a logbook on site.
- An evacuation drill is practised at least twice per year.

Appendix 5

First Aid

Enough people must be appointed and trained as First Aiders, or where there are only a few employees at a location and the risk is small, then someone should be appointed to:

- take charge of a situation relating to an injured or ill employee.
- Organise any equipment and facilities provided for first aid.

Adequate and appropriate equipment and facilities must be provided to enable the provision of first aid to employees who are injured or become ill at work.

Where a particular hazard exists, additional resources and training must be provided, e.g. paediatric training where there are children; burns dressings in kitchens.

In determining the level of first aid provision required, consideration should also be given to visitors and others who use our premises or are affected by our operations.

Once appointed, first aiders should be regarded as a shared resource and provide first aid, as required to colleagues in other directorates, visitors, and others in the building in which they work.

Where other legislative requirements require additional or different provision to our normal standard, (e.g., Care Quality Commission or OFSTED) whichever is the higher standard shall apply.

Medicines must never be kept in First Aid boxes. Aspirin may be kept securely, elsewhere, e.g., in a first aid room, for the purposes giving first aid to a casualty with a suspected heart attack, in accordance with currently accepted first-aid practice.

Injectable medicines must not be administered by first aiders, the exception being in the treatment of anaphylactic shock. First-aiders may administer a pre-filled adrenaline pen such as an Epipen or Jext if they are dealing with a life-threatening emergency involving a casualty who has been prescribed and is in possession of this product, and where the first aider is trained and competent to do so.

| Nos. of 1 st Aiders required | Number of Employees | No. of 1 st Aiders (at any time) | Type of 1st Aid Kit |
|---|--|---|--|
| Low risk offices managed by facilities management. | Facilities management will provide First Aid at Work 1 st Aiders. May be supported by directorate staff who have Emergency First Aid at Work or First Aid at Work as part of their job role. | | |
| Low risk offices managed locally, without facilities management support. | < 25 | 1 Appointed Person | At least one small kit |
| | 25 - 100 | 1 Emergency First Aider | At least one medium kit |
| | 100 + | 1 Emergency First Aider per 100 employees | At least one large kit per 100 employees |
| Higher risk: e.g., Depot, workshop, construction site, kitchen, care establishment. Or where the following <i>activities</i> may increase the level of risk: light engineering, assembly work, food processing, warehousing, dangerous machinery, sharp instruments, construction, chemicals. Or where the following <i>hazards</i> may increase the level risk: Use of chemical substances, use of machinery or powered tools, manual handling, working at height, workplace transport. | < 5 | 1 Appointed Person | At least one small kit |
| | 5 - 25 | 1 Emergency First Aider | At least one medium kit |
| | 25 - 50 | 1 First Aider | At least one large kit per 25 employees |
| | 50 + | 1 First Aider per 50 employees | |

Appendix 5.2

| Contents of 1st Aid boxes | Small Kit | Medium Kit | Large Kit |
|--|------------------|-------------------|------------------|
| HSE Medium Dressing | 4 | 6 | 8 |
| HSE Large Dressing | 2 | 2 | 2 |
| Disposable Non-Sterile Triangular Bandage | 2 | 3 | 4 |
| Finger Dressing | 2 | 3 | 4 |
| Conforming Bandage 7.5cm x 4.5m | 1 | 2 | 2 |
| Safety Pins (pack of 6) | 1 | 2 | 4 |
| No. 16 Eye Pad | 2 | 3 | 4 |
| Wash proof Low Allergy Plasters Assorted (Pk 10) | 4 | 6 | 10 |
| Sterile Cleansing Wipes (pk 10) | 2 | 3 | 4 |
| Microporous Tape 2.5cm x 10m | 1 | 1 | 1 |
| Nitrile Powder Free Gloves | 6 | 9 | 12 |
| Revive Aid | 1 | 1 | 2 |
| Foil Blanket | 1 | 2 | 3 |
| Burnshield® Dressing- 10 x 10cm | 1 | 2 | 2 |
| Tuff Kut Scissors | - | - | 1 |
| Fluid-repellent surgical mask | 1 | 1 | 2 |
| Disposable apron. | 1 | 1 | 2 |
| Safety glasses or visor | 1 | 1 | 1 |

- Additional items should be included according to local risk. E.g., a burns kit in a kitchen.
- The number and contents of first aid kits may be reduced where there is sufficient back-up stock freely available. E.g., in a well-stocked first aid room.
- Medicines must not be kept in first aid kits.

Appendix 6

Home Working

SCC is keen to promote flexible or “agile” working which has benefits for both SCC and for staff. Colleagues who work from home, however, are still ‘at work’ and all the normal workplace legislation still applies. We do not propose that managers should go out and risk assess everyone’s homes individually although some form of assessment is necessary. Usually this can take the form of a discussion between the member of staff and their line manager to ensure that they have the necessary resources to be able to work safely and then, if any significant risks are identified, these should be addressed and documented.

Typical risks for home workers might include:

- Becoming ill or having an accident.
- Struggling with inappropriate equipment, particularly computer workstation equipment.
- Feeling isolated
- The psychological effects of not being able to ‘switch off’ from work or not being able to separate home from work.

Suitable controls might include:

- Ensure that the employee has the necessary computer workstation equipment and a suitable desk arrangement. Further guidance on this can be found in [SHAW19G Computer Workstations](#).
- Choose a suitable room to work where you can concentrate and work comfortably; a spare room or dining room is better than the living room. Avoid using the bedroom to work in as this might stop you sleeping later.
- If you do use your living room, then put all work things away after use, this will help you switch off and relax again afterwards.
- Ensure you have a good balance of both natural light from windows and quality artificial lighting.
- Ensure that suitable contact arrangements are in place during the day, both for safety and for wellbeing purposes.

Appendix 7**Lone Working**

Lone Working includes anyone who works on their own, even if there are members of the public present; often outside but can also include working in a building on their own or even in their own home. It can also involve working in an area where other people work, but communication is difficult.

It may not be appropriate for some colleagues e.g., those with certain medical conditions or disabilities to work alone. Dangerous tasks such as working at height or operating dangerous equipment should not be carried out by lone workers.

For people who often work alone, telephone contact throughout the day and visiting the office periodically throughout the week, are important not just for safety but to maintain social contact and for the wellbeing of the lone worker as well.

When you are Lone Working, the main risk is that something could happen to you and nobody would be able to help you. It is therefore important that a system is in place to respond if you are not returning or responding at expected times. Please see the [Personal Safety Policy](#) Statement and [Personal Safety resources](#), for more details.

Managers must:

- Identify colleagues who work alone. And identify those lone workers at higher risk.
- Carry out Personal Safety Risk Assessments (including lone working) – prior to the worker being exposed to the risk
- Ensure there are suitable controls and arrangements in place, that are proportionate to the risk. Higher risk lone workers should use their [personal safety device](#). For lower risk lone workers, calling in arrangements or buddy arrangements might be more appropriate, unless the risk assessment indicates otherwise.
- Ensure all Lone Workers attend appropriate training, including Personal Safety Training if they may be at risk of people related behaviour
- Record any incidents and near misses; investigate them; and review the effectiveness of controls in place to prevent reoccurrence.

Staff must:

- Familiarise themselves with the Risk Assessment and controls
- Co-operate by using whichever control(s) is/are deemed appropriate
- Report any deficiencies with the controls identified
- Attend suitable training
- Report any incidents or near misses
- Safeguard their own personal safety and not proceed with a task if they feel it is not safe to do so.

This policy should be read in conjunction with the [Personal Safety Policy](#) and [Toolkit](#).

In the context of lone working, higher risk means:

- Working in isolated locations e.g., late at night, or in the countryside.
- Carrying out enforcement activities
- Handling cash
- Handling drugs, medicines etc.
- Visiting unknown clients or members of public in their own homes or at commercial premises
- Employees who are particularly vulnerable, e.g., they have an illness or disability.
- In certain circumstances, race, appearance, gender, or sexual orientation.
- Working at height or with dangerous plant or equipment.

Appendix 8

Personal Safety

Personal Safety refers not only to physical safety (freedom from physical harm), but also to emotional and psychological safety. This includes freedom from worry about physical safety, victimisation by hostility, aggression, and harassment. In essence, “Personal safety” relates specifically to **harm caused by other people’s behaviour** and includes: Violence and Aggression (including threats); Harassment and Bullying; Domestic Abuse; and Stalking.

A Personal Safety Incident is defined as:

“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.”

Suffolk County Council has a zero tolerance of violent and/or abusive behaviour towards our staff and will take all reasonable measures to protect colleagues and take appropriate action against perpetrators.

Suffolk County Council’s Commitment to Personal Safety

SCC will ensure, so far as reasonably practicable:

- a safe working environment is provided which is free from violence and aggression.
- Measures are taken to reduce the risk and likelihood of violence at work.
- Incidents of violence and aggression are recorded on the incident reporting system, investigated and shared appropriately.
- Support is provided to colleagues if they become victims of violence and/abuse.
- Ensure that Personal Safety is factored into the design of workplaces e.g., positioning of entrances and receptions, good lighting, clear access routes.
- Relevant training is provided for staff, managers, and volunteers.

Managers must ensure that:

- suitable and sufficient risk assessments are carried out, which include personal safety, **prior** to colleagues undertaking an initial visit, such as one to one meetings or public meetings to a customer’s home or community settings (this is particularly important for lone workers). Managers should involve staff in the Risk Assessment; the outcomes of which must be shared with colleagues to ensure they understand the risks, safe systems, procedures, and controls. This must be reviewed regularly and updated should circumstances change, or further information or concerns be raised.
- Colleagues are provided with reliable means of summoning assistance when required.
- A suitable system is in place to respond if colleagues do not return or respond at expected times. This system could be use of a [personal safety device](#) or, in low risk circumstances, use of a local 'buddy system' or calling in arrangements.
- Relevant and appropriate information is shared between professional organisations on situations, environments and/or clients and individuals who have given rise to concern in relation to personal safety.
- All incidents/accidents/near misses are formally reported, recorded, and investigated appropriately.

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- Any member of staff, secondee or volunteer who has experienced violence in the course of their work are offered appropriate aftercare.
- Training is provided to colleagues which is appropriate to their role and circumstance and training records are kept.
- Issues of personal safety are discussed within team meetings and where necessary, advice is sought from the Corporate Health and Safety Team.
- Bullying and/or harassment is challenged and dealt with promptly.
- Incidents of assault, or threats of assault, are reported appropriately. This could be to the Police, if the individual colleague agrees, or through other internal systems to ensure appropriate knowledge is shared and other colleagues are not placed at risk. Advice should be sought from HR or Health and Safety Advisor where necessary.
- Attend training as required e.g., Managing Personal Safety.
- Reports of actual or perceived threats to colleagues are treated seriously and appropriate action taken.
- Consideration is given when additional risk factors to specific colleagues are identified e.g., colleagues who have been previously threatened; who are experiencing domestic abuse; have been or are being stalked or “pestered”; colleagues with protected characteristics which may make them targets to certain parts of the community (see Domestic Abuse Policy and Personal Safety Toolkit).
- Appropriate levels of support are provided to the individuals, regardless of whether the incident was work, or non-work related.

Staff must:

- comply with the policy and be alert to personal safety risks.
- Inform their line manager of any concerns which might require a review of the risk assessment and the introduction of additional control measures.
- Report all violent incidents, or threats of violence and cooperate in any subsequent investigation.
- Attend training as required.
- Report suspicious behaviour promptly.
- Understand and avail themselves of their right to halt an activity or task if they have reason to believe they are in danger; and to report this to their Line Manager immediately.

This Statement should be used in conjunction with the [Personal Safety Toolkit](#), which provides further information on risks and controls.

Appendix 9

Service Level Agreements – Property Management

- A responsible person, or persons, must be identified in each of our operational premises to ensure clarity of responsibilities, including for buildings that are shared across services.
- All premises must have in place a SHAW Service Level Agreement (SLA) or Service Level Plan (SLP) which will identify those property-related responsibilities to be managed by the responsible person locally and those to be managed centrally by Corporate Property.
 - For larger, corporate buildings this will be someone from Property.
 - For smaller premises this will most likely be an account manager.
- Maintenance reviews should be undertaken annually to spot check that an SLA is in place and that the various local duties are being carried out.

The **Premises Responsible Person** shall:

- Manage the premises on a day-to-day basis for all SHAW related issues.
- Inform Corporate Property of any core and/or supplementary services not undertaken when expected.
- Make arrangements that reliably fulfil the local responsibilities including deputising arrangements.
- Liaise and cooperate with other services and agencies that jointly occupy the premises, so that each fulfils its own responsibilities in respect of the use and management of the premises.
- Ensure colleagues undertaking premises related tasks are competent to do so and, where appropriate, have suitable training, e.g., asbestos, legionella.
- Maintain records in the premise's logbook.

Working Time

- Employees' average hours over a 17-week period should not exceed 48 hours per week².
- Employees should have a 20-minute break during any period, away from their workstation, and not at the start nor at the end of the period.
- Employees should have a daily rest period of 11 consecutive hours between shifts and a weekly rest period of not less than 24 hours (this may be aggregated to one uninterrupted rest period of 48 hours over a 14-day period).
- Night workers³ should be offered the opportunity of a health assessment, at least annually, which shall be booked through the county's occupational health provider.
- young workers should:
 - not work more than 8 hours per day.
 - Not work more than 40 hours per week.
 - Have an uninterrupted rest period of at least 30 minutes where their working day is more than 4.5 hours.
 - Have a rest period of not less than 48 hours in a seven-day period which cannot be aggregated over a 14-day period.
 - Not work after 2200 hrs⁴ or before 0600 hrs.

Night worker = someone who works regularly for at least three hours during the night-time period (2200hrs - 0600hrs) either:

- on most working days.
- On a proportion of working days, specified in a collective or workforce agreement with a recognised trade union.
- Often enough to say that they work such hours on a regular basis.

Working Time includes:

- Any period during which the employee is receiving training in connection with the job.
- Travel time during the working day.
- Time spent at work waiting for work to be allocated.
- Time spent working away from home.
- Time on call at the workplace.

Working time does not include:

- the journeys to or from the workplace and home.
- Time resting at the end of the working day, even if the worker is required to stay away from home overnight.
- Time spent "on call" when away from the workplace and not carrying out duties.

Young Worker = someone over school age but under 18 years of age.

² Including time worked for another organisation.

³ Night workers may request an assessment, before the scheduled annual assessment, if they are concerned that night working is affecting their health or wellbeing.

⁴ Young workers may agree to work up until 2300hrs but may not then start work again until 0700hrs.

Computer Workstations

Supplementary guidance to this policy can also be found in SCC document [SHAW19G Computer Workstation Guidance](#)

Policy Standards

- Line managers shall identify colleagues who are users of Display Screen Equipment (DSE). i.e., those who work with DSE for more than 1 hour a day, most days.
- All DSE users should complete the e-learning module [LADEL135 Setting up your computer workstation](#) on myLearning.
- All DSE users should complete a self-assessment of their workstations at least annually or when situations change significantly. Simple fixes should be arranged between the DSE user and their line manager.
- Where a hazard is identified that is beyond the knowledge of the line manager to remedy, then a detailed assessment should be carried out by a workstation assessor to verify the hazard and recommend a suitable control measure.
- Line managers must ensure that they have sufficient colleagues trained as workstation assessors, or access to a workstation advisor to assist colleagues to set up their workstations correctly and to advise line managers on suitable control measures, as necessary.
- Line managers shall consider the advice of their workstation assessor(s) and ensure that reasonable adjustments are put in place, commensurate with the level of risk identified.
- Where control measures involve building issues, beyond their immediate control, line managers shall liaise with the appropriate premises or facilities manager to resolve the issue.
- Where an individual has special needs, beyond the ability of the workstation assessor to advise, then specialist support should be obtained through the Occupational Health provider or Access to Work.
- Work patterns should be varied so that colleagues can take short frequent breaks (at least 5 minutes in every hour) not looking at their computer screens.
- DSE users can access the funding for eye tests and spectacles if necessary, for DSE use.

Driving for Work

Policy Statement

Suffolk County Council (SCC) is committed to fully comply with the [HSE](#) Guidance [INDG382 Driving at Work](#)

Supplementary guidance to this policy can also be found in SCC document [SHAW32G Driving for Work](#)

Policy Standards

The Driver

- Drivers must hold a valid driving licence for the category of vehicle to be driven and inform their manager if their driving licence is suspended or penalty points are imposed.
- Drivers must always adhere to the Highway Code.
- Line managers should identify [Higher Risk Drivers](#) who should undertake driver profiling to determine further assessment and/or training needs.
- Drivers should inform their managers if they believe they are unwell or unfit to drive.
- Drivers shall present themselves for driving for work free of any influence of alcohol and/or substance misuse.

The Vehicle

- All vehicles must be appropriate for the task in hand, suitably maintained, taxed, insured and MOT'd.
- Employees who use their own vehicle for SCC use must have “business use” insurance cover.⁵

The Journey

- All work-related journeys should be covered by a risk assessment, either a specific assessment for a non-routine journey, or else a generic assessment for typical journeys.
- Realistic journeys and deadlines must be set so that colleagues are not encouraged to speed or become too tired or feel pressured to drive beyond their competence.
- Drivers must report any incident with relation to driving for work using their directorate’s incident reporting procedure.

⁵ (N.B. some insurance companies exclude commuting to work or travelling between more than one place of work unless ‘business use’ is specified.

Management of Stress

Policy Statement

SCC has a duty to ensure, as far as is reasonably practicable, the physical and mental health, safety, and welfare at work of its employees and to assess the health and safety risks to which its employees are exposed.

The intention of this policy is to ensure that the causes of work-related stress are identified and managed so far as is reasonably possible and that staff members who experience stress are offered help, whatever the cause of that stress. The SCC is committed to identify sources of negative work-related stress and will take action to reduce or, where possible, to eliminate the causes within its control.

SCC believes that employees are its most important asset and that their wellbeing is essential to effective work performance, and the provision of a high-quality service which we deliver to our customers.

Negative stress reduces performance, creativity, and productivity. SCC is therefore committed to developing procedures, training, and support systems to help all staff understand and recognise the nature and causes of negative stress, and to take positive steps to manage it.

The key aims and objectives of this policy are therefore:

- to increase awareness of negative stress and the methods available to combat it.
- To initiate appropriate action to manage and reduce negative stress at work.
- To assist staff in managing their own negative stress.
- To manage problems which do occur and to provide confidential support.
- To manage the return to work of those who have been absent because of stress.

Responsibilities

Managers must

- Ensure adequate Stress Risk Assessments are carried out on all roles.
- Utilise the Healthy Conversations resources.
- Ensure staff complete the [Stress Questionnaire](#) on a regular basis and have discussions with them about their results.
- Stay in touch with absent staff and explore ways to facilitate a positive return to work, including implementing a phased return and making Reasonable Adjustments where required.
- Facilitate flexible working and “Free Me” where possible to accommodate work-life balance for staff.
- Allow staff time to speak with a Mental Health First Aider (MHFA) if required.
- Complete return to work meetings on the first day of return after absence and record on Oracle.

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- Ensure good communication particularly where there are organisational or procedural changes.
- Ensure jobs are designed to avoid conflicting demands and that expectations and the job roles are clear.
- Ensure staff are fully trained to undertake the demands of their job and can contribute to decisions about how the job is undertaken.
- Ensure there are regular opportunities for feedback on performance e.g., regular one to one meetings and team meetings.
- Identify and respond to issues of concern promptly and seek constructive solutions.
- Make use of the support and training resources available.
- Ensure staff are provided with meaningful training and developmental opportunities.
- Ensure that bullying and harassment is not tolerated and that measures are in place to combat this, including the use of SCC's [Workplace Mediation Service](#) where appropriate.
- Be aware of signs of problems within their areas and offer additional support to staff who are experiencing stress outside work, e.g., bereavement or separation.
- Seek appropriate advice and support at an early stage if difficulties arise.

Employees

To minimise the risk of work-related negative stress, staff must:

- Ensure good communication with colleagues at all levels.
- Support colleagues by providing appropriate information and by sharing knowledge and resources where appropriate.
- Engage in discussions about performance and act on feedback.
- Raise issues of concern at an early stage and seek constructive solutions.
- Make use of the support and training resources available.
- Comply with SCC health and safety provisions.
- Seek appropriate advice and support at an early stage if difficulties arise.

Resources

[Stress Pages and resources on MySCC](#)

[Stress Questionnaire](#)

[Mental Health First Aiders](#)

[Healthy Conversations Portal](#)

Mental Health at Work

1. Policy Statement

Suffolk County Council is committed to creating and maintaining a positive mental health and wellbeing culture; and fully complying with the Equality Act 2010 and the Health and Safety at Work etc. Act (1974). Both these Acts place general duties on both employers and employees.

Suffolk County Council is striving to become an exemplar employer, placing people and the Health, Safety and Wellbeing of our staff at the heart of everything we do; this includes their mental health. As such, the Council:

- promotes good mental health.
- recognises the strengths and positive attributes that staff with mental health conditions can bring to the workplace.
- offers those staff who experience mental ill-health, the support and help they need, whatever the root cause of their diagnosis.
- is committed to raising awareness and reducing stigma.
- provides “quiet spaces” for people to use when required.
- acknowledges that individuals may be acting as a family carer and that this caring role may require additional support, flexibility and adjustments by the employer.
- includes mental health as a priority area within the Safety Health and Wellbeing (SHAW) strategy and action plan.
- assesses the risks and limits exposure to work related trauma. This includes, but is not limited to, rotation of tasks; buddying less experienced colleagues with more experienced staff; temporarily re-tasking staff to less stressful roles or tasks.
- provides access to a TRiM (Trauma Risk Management) service delivered by a team of suitably trained and supervised SCC TRiM Practitioners and co-ordinated by a suitably trained TRiM Manager (*non SFRS staff only as SFRS have their own structures*).
- works with partners to promote positive approaches to mental health to reduce stigma and discrimination and facilitate opportunities for staff to reach their full potential.

The [Mental Health Toolkit](#) accompanies this Mental Health policy; by implementing the toolkit, the Council and relevant partners will demonstrate the promotion of good mental health and the positive aspects of mental health conditions, which will aid the end of mental health discrimination.

The TRiM (Trauma Risk Management) Toolkit also accompanies this policy.

Policy Standards

To meet the requirements of the Policy, the following standards shall be met:

SCC requires Directorates to ensure that:

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- the impact on the individual's mental health and wellbeing are considered as part of risk assessments.
- support is provided to staff in accordance with the Equality Act and the best practice required by an exemplar employer.
- relevant training is provided for staff and managers in the positive management of mental health.
- a safe working environment is provided which is free from discrimination, harassment, and bullying.
- the TRiM Service is promoted.
- MHFA service is promoted.
- incidents of discrimination, harassment and bullying in relation to mental health are recorded, shared with relevant parties, and reported to HR.

2. Responsibilities

Directors and Assistant Directors are responsible for ensuring that adequate health, safety, and wellbeing resources are in place to enable all reasonable steps to be taken to ensure that staff and volunteers are safe. This includes promoting the "Positive Mental Health Management" training and ensuring that this policy is implemented within their directorate, and that managers carry out risk assessments to determine significant risks associated with tasks and the environment which may have an impact on the employee's mental health and mental health conditions and that adequate resources are made available to implement control measures, appropriate with the level of risk identified.

Managers shall ensure that:

- they undertake relevant and appropriate training to enable them to support staff with mental health conditions and manage mental health in the workplace in a positive way.
- carry out and review, when necessary, risk assessments to determine the significant risks associated with tasks and the environment which may have an impact on the employee's mental health and mental health condition; and put suitable controls in place to eliminate or control those risks.
- appropriate levels of support are provided to the individuals and reasonable adjustments are applied in a timely manner.
- they seek advice from HR and/or occupational health where appropriate.
- staff are enabled to access support from Mental Health First Aiders in paid time when required.
- absence related to disability is recorded appropriately as set out in the Disability Leave Policy (i.e., as either disability related absence or disability leave, as appropriate).
- staff are allowed to work flexibly in order for them to manage their condition and remain well.

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- are aware of the TRiM Service and when and how to make a referral.
 - staff exposed to trauma (acute or cumulative) are made aware of the TRiM Service and are allowed access in paid time, both for work related trauma, or trauma experienced outside of work (*non SFRS staff only*);
 - MHFAs and TRiM Practitioners are released in paid time to enable them to carry out their roles.
 - information and support for [Post Traumatic Stress Disorder \(PTSD\)](#); and that a [“Critical event questionnaire”](#) is completed following a critical incident for SFRS staff;
 - staff are released in work time to participate in mental health initiatives e.g., Wellbeing events or the Mental Health Network.
- bullying and/or harassment is challenged and dealt with promptly.

Staff shall:

- comply with the policy and be aware of their rights and responsibilities.
- inform their line manager of any concerns which might require a review of the risk assessment and the introduction of additional or alternative control measures.
- report all incidents of harassment or bullying and cooperate in any subsequent investigation.

Resources:

- [Mental Health Toolkit](#)
- [Mental Health First Aiders](#)
- [Mental Health resources and list of support services](#)
- [Disability Leave Policy](#);
- [Healthy Conversations Portal](#)
- [Flexible Working Guide](#).
- [Harassment and Bullying Policy](#);
- [Managing Absence Policy](#)
- [Workplace Mediation Scheme](#);
- [Stress Policy and resources](#)
- [Wellbeing pages on MySCC](#)
- [“Lifestylesupport”](#).
- [Stress and Mental Health Training](#)