

Causeway Coast & Glens

Shadow Council

Corporate Policy & Resources Committee Thursday 9th October 2014

Table of recommendations

No	Item	Recommendation
3.	Minutes of meeting 11 th September 2014	<i>Confirmed</i>
4.	Financial Governance/Rates/ICT funding	
	4.1 Scheme of allowances	<i>Noted</i>
	4.2 Rates process	<i>Agree</i>
	4.3 ICT funding	<i>Approve</i>
5.	Complaints Policy and Procedures	<i>Approve and incorporate comments and suggestions mechanism</i>
6.	Corporate Health & Safety Policy, Strategy and Action Plan	<i>Approve</i>
7.	Correspondence	
	7.1 Rates Support Grant	<i>Noted</i>
	7.2 Equality Screening – Urban Regeneration and Community Development Budget Allocation Model	<i>Noted</i>

Organisation Development Committee

Minutes of the Meeting of Causeway Coast & Glens Shadow Council Corporate Policy & Resources Committee, held in the Council Chamber, Ballymoney Borough Council on Thursday 9th October at 7.00pm.

In the Chair: Councillor D Harding

Members present: Councillors Beattie, Campbell, Clarke, Fitzpatrick, Hillis, Holmes, Knight-McQuillan, McCorkell, McGuigan, McKeown, McLean, McShane, Nicholl, Quigley, Wilson

In attendance: Mr D Jackson, Chief Executive Designate
Mr D Wright, Finance Lead Officer
Mrs E Beattie, Head of Policy
Mr S McMaw, Head of Convergence
Mrs P McLaughlin, Committee Administrator

Mr P Kerr, Environmental Health Officer/ Corporate Health and Safety Advisor (Coleraine BC)
Mr A Proctor, Health, Safety and well Being Officer (Ballymoney BC/Moyle DC)
Mr I Young, Health, Safety and well Being Officer (Limavady BC)

Councillor G Duddy

1. Apologies

Apologies were recorded from Councillors Mullan, McGlinchey and Stevenson.

2. Declarations of Interest

No declarations of interest were reported.

3. Minutes of meeting held 11th September 2014

The minutes of the meeting held on 11th September were confirmed as a correct record. The Chair advised Members that they had been adopted at the Shadow Council meeting on 25th September 2014.

*Councillor McKillop joined the meeting at 7.05pm.

4. Financial Governance/Rates/ICT Funding

The Finance Lead Officer presented.

4.1 Scheme of Allowances

Causeway Coast and Glens District Council has established a finalised scheme of allowances payable to members, previously circulated for Members' information.

Members were asked to note the information provided, Appendix 1.

4.2 Rates Process

Causeway Coast and Glens District Council whilst operating in shadow form has to strike a new rate for the combined Boroughs and District of the four legacy Councils, namely Ballymoney, Coleraine, Limavady and Moyle. Given the fact that process involves four separate entities and taking into account the various transferring functions this is going to be a particularly complicated and onerous task for the coming months. The rate has to be struck by mid-February as is normal therefore it is vital that the process of information gathering and analysis is commenced as soon as possible.

Appendix 2 sets out a timetable for this process which would be able to deliver the setting of a rate for the new Council.

It was recommended that the Causeway Coast and Glens Shadow Council approved the process as set out to facilitate the setting of a new rate.

Alderman Campbell and Councillor McKeown raised queries regarding the division of Rates Convergence Funding. The Lead Finance Officer advised that Members would be provided with more comprehensive information on this at future meetings of Committee, as part of the rates setting process.

Following discussion on various aspects of the rates setting process during which Councillor McGuigan suggested that more meetings of Council might be required, in addition to those already included on the timetable, the Chair stressed the importance of the Corporate Policy & Resources Committee's role in driving the process and if Committee meetings required the input of all 40 Members this could be considered in conjunction with workshops and, if required, special Council Meetings.

4.3 ICT funding

The Department of the Environment (DoE) under LG Circular 37 2014 Guidance to new Councils on loans available from DFP to Local Government for Systems Convergence set out the regulations governing how Councils could access the funding available for ICT convergence projects. The guidance was issued too late in the year for Councils to effectively avail of this funding due to the processes through which the funding is being made available. In essence a council can incur expenditure for ICT projects and finance this by way of a loan from the

Department of Finance and Personnel (DFP) and then apply to DoE for funding to assist with the financing of any loan related expense incurred by 31 March 2015, the available funding in the current year for all eleven new councils being £2 million. The problem with this process is with the timing of the guidance. If council was to access a loan of for example £100,000 now the only expense incurred before 31 March 2015 would be a small interest charge meaning that only a very small proportion of the available funding can actually be physically utilised by councils in the current financial year. Effectively DoE have made £2 million of funding available but the regulations will only permit a few thousand pounds to be accessed meaning that ultimately the councils will have to bear the entire cost of ICT projects relating to the Local Government Review despite being assured on numerous occasions of the provision of funding for this purpose.

A letter to the Minister, previously circulated, which all eleven councils are considering in order to write to the Minister expressing our concerns and asking that the matter be looked at again so that the funding can be made available to councils in a more practical manner.

It was recommended that the Causeway Coast and Glens Shadow Council adopted the template letter, Appendix 3 and approve the Lead Finance Officer to write to the Minister on this matter.

Members noted the information at 4.1 and it was AGREED: **to recommend that (i) the Shadow Council approve the process as set out to facilitate the setting of a new rate and (ii) the Shadow Council adopt the template letter and approve the Lead Finance Officer writes to the Minister on this matter.**

5. Complaints Policy and Procedures

The Head of Policy presented the report.

It is recognised that there may be times when customers of Council may not receive the standard of service they should and that this may result in a complaint to Council.

As a Council we should welcome feedback from our customers, both positive and negative, and complaints are a valuable source of information to help us to:

- ***Continuously improve the standard of services***
- ***Put things right when they have gone wrong***
- ***Learn from our mistakes.***

The proposed Complaints Policy and Procedures document outlines the Council's commitment to fully and effectively respond to any complaints relating to failures in its services or the actions of its workforce. The procedures for dealing with complaints outlines the standards expected of staff and defines a 3 stage process for the handling of complaints.

This document will ensure that Council treats all complaints seriously and ensure that complaints will be addressed in accordance with a policy and procedure that encourages transparency and a sincere desire to rectify any deficiencies in our service.

A copy of the draft Complaints Policy and Procedures was tabled for Members' consideration.

It was recommended that the Corporate Policy and Resources Committee approved the draft Complaints Policy and Procedures as set out in Appendix 4.

Councillor Clarke asked if provision had been made within the policy for the collections of positive comments and feedback on Council's services. In response, the Head of Policy advised that the intention would be to have a feedback mechanism on Council's website. Councillor McShane suggested that other forms of social media should also be considered. The Chief Executive advised that all these suggestions would be incorporated into the Policy.

Following this discussion Committee AGREED: **to recommend that the Shadow Council approve the draft Complaints Policy and Procedures as set out, incorporating the additions suggested by Members with regard to comments, suggestions and feedback from the public.**

6. Corporate Health & Safety Policy, Strategy and Action Plan

The Chair invited the Chief Executive to introduce the officers attending Committee to present the Corporate Health & Safety Policy and Action Plan. The Chief Executive introduced Peter Kerr, Adrian Proctor and Ian Young and emphasised the importance of the work they had done to date and the priority that he wanted to give Health and Safety in Causeway Coast and Glens District Council.

*During discussion of this item Councillor Holmes joined the meeting at 7.53pm.

Mr Young presented.

The Council recognises its responsibilities and obligations as a large employer to plan, implement, monitor and review their health and safety policy/strategy.

The documents, previously circulated and tabled demonstrates the Council commitment to the implementation of the health and safety policy/strategy via an effective management system. This will ensure the Council complies with its legal duty in so far as is reasonably practical in relation to the health, safety and welfare of employees and others affected by their activities

The Council will develop and promote an integral health and safety culture in partnership with all stakeholders, adopting the legal requirement as a minimum standard for health and safety performance.

The policy consists of:

- ***Statement of intent expressing Council commitment***
- ***Organisational roles and responsibilities***

- **Arrangements for work activities**

The strategy identifies specific health and safety themes and priorities for Council activities in 2015-16 activities. Key performance indicators will provide a base line in year one, against which performance can be measured and continually improved in subsequent years. The Council will promote a sensible, practical approach to health and safety where hazards are identified and the control measures implemented are proportionate to the risk.

A copy of the draft Corporate Health & Safety Policy, Strategy and Action Plan was tabled for Members' consideration.

It was recommended that the Corporate Policy and Resources Committee approved the draft Health and Safety Policy and Health and Safety Strategy/Action Plan as set out in Appendix 5.

Following the presentation Councillor McLean and Councillor Wilson raised the issue of the costs of improving facilities across the Causeway Coast and Glens area where standards fell short of those outlined in the policy. In response, the Chief Executive advised that there would be a legacy from across the 4 Councils in respect of Health and Safety improvements and Members would have the opportunity to make contingency for these improvements under the capital programme during the rates setting process.

Committee also discussed issues relating to safe driving by Members and staff.

Committee AGREED: to recommend that the Shadow Council approve the draft Health and Safety Policy and Health and Safety Strategy/Action Plan as set out.

7. Correspondence

7.1 Rates Support Grant

The Finance Lead Officer presented for Members' information, previously circulated, a copy of correspondence received from the Department of the Environment which advised that the Minister was aware of Council's concerns about the potential loss of grant funding as part of reorganisation, but that ..."the matter was being dealt with through transitional relief and no additional intervention was considered necessary."

Members noted the contents of the correspondence.

7.2 Equality Screening – Urban Regeneration and Community Development Budget Allocation Model

Members noted the contents of the document, previously circulated.

8. Date of next meeting

Thursday 6th November 2014 at 7.00pm Limavady Borough Council Chamber.

List of Appendices

Appendix 1 – Causeway Coast and Glens District Council Scheme of Allowances

Appendix 2 – Draft Rates Process

Appendix 3 – Letter to Minister ICT Funding

Appendix 4 – Causeway Coast and Glens District Council Draft Complaints Policy and Procedures

Appendix 5 – Causeway Coast and Glens District Council Draft Corporate Health and Safety Policy, Strategy and Action Plan

Causeway Coast and Glens District Council

Scheme of allowances payable to Councillors

This scheme is made under the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012. The scheme has been prepared in accordance with the Department of the Environment's guidance on Councillor' allowances, issued in March 2014.

1. In this scheme:

- approved duties are as listed in Schedule 1, as provided for in the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012;
- Department means the Department of the Environment;
- Guidance means the Department of the Environment's guidance on Councillors' allowances, issued in March 2014; and
- Regulations means the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012.

2. Basic Allowance

- 2.1 Subject to sub-paragraph 2.3 and paragraph 6 below, for the period ending on 31 March 2015, an annual basic allowance of £9,835 shall be paid to each member. This means that each member shall receive for the 10 month period of Shadow Council the sum of £8,196.
- 2.2 Not more than one basic allowance is payable to any councillor
- 2.3 No payment of basic allowance is made to those councillors who are also MLAs, MPs, members of the House of Lords or MEPs.

3. Special Responsibility Allowance

- 3.1 For the period ending 31 March 2015, special responsibility allowances shall be paid to councillors as follows:

Presiding Councillor	£3,600
Deputy Presiding Councillor	£1,800
Partnership Panel Representative	£1,560
Committee Chair	£1,440
Committee Vice-Chair	£720
Party Lead/Nominating Officer*	£8,400

* This is the total amount paid to all the recipients of this element of Special Responsibility Allowance whose number is 8, the allowance is allocated on the basis of party strength/individual membership on Council.

- 3.2 Subject to paragraph 3.4 and paragraph 6 below, the amount of each such allowance shall be the amount specified in paragraph 3.1. Regulation 5 of the 2012 Regulations stipulates that a special responsibility allowance must not be paid to more than 50% of the councillors in the Council (the 50% limit that applies to a Shadow Council should be treated separately to the 50% limited applied to an existing Council).
- 3.3 Not more than one special responsibility allowance is payable to any councillor.
- 3.4 No payment of special responsibility allowance is made to those councillors who are also MLAs, MPs, members of the House of Lords or MEPs.

4. Dependants' Carer's Allowance

- 4.1 Councillors are entitled to claim a dependants' carer's allowance towards reimbursement of actual reasonable costs necessarily incurred in providing care for a dependant while carrying out an approved duty.
- 4.2 A dependant lives with a claimant and is defined as:
- a child under 16 years old;
 - a child 16 years old or more, where there is medical/social work evidence that full-time care is required;
 - an adult with a recognised physical/mental disability where there is medical/social work evidence that full-time care is required; or
 - an elderly relative requiring full-time care.
- 4.3 A dependants' carer's allowance shall be payable based upon actual receipted costs. Payments shall be at the rates given in paragraph 4.4, which are subject to the limits determined by the Department.
- 4.4 For the period ending 31 March 2015, the hourly rate of dependants' carer's allowance for standard care shall be £6.31, and for specialised care shall be £12.62. The monthly maximum for standard care paid to individual councillors shall be £329, and the monthly maximum for specialised care shall be £658.

5. Travel and Subsistence Allowances

- 5.1 A councillor or committee member is entitled to claim travel and subsistence allowances where expenditure on travelling and subsistence has been necessarily incurred in connection with an approved duty as specified in Schedule 1.
- 5.2 The rates of travel allowance for travel by public transport shall not exceed the actual amount paid. Where reasonably available, the cheapest available form of public transport should be used, except in urgent cases.

- 5.3 The rates of travel allowance for travel by private vehicle shall be the amounts shown below, which are within the maxima determined by the Department.

Type of Vehicle	Rate
A pedal cycle	20.0p per mile
A solo motor cycle of cylinder capacity not exceeding 149cc	11.4p per mile
A solo motor cycle of cylinder capacity exceeding 149cc but not exceeding 499cc	16.5p per mile
A solo motor cycle of cylinder capacity exceeding 499cc or a motor cycle with a side car	22.0p per mile
A motor car or tri-car of cylinder capacity not exceeding 450cc	22.0p per mile
A motor car or tri-car of cylinder capacity exceeding 450cc but not exceeding 999cc	46.9p per mile 13.7p per mile*
A motor car or tri-car of cylinder capacity exceeding 999cc but not exceeding 1,199cc	52.2p per mile 14.4p per mile*
A motor car or tri-car of cylinder capacity exceeding 1,199cc	65.0p per mile 16.4p per mile*

* National Joint Council for Local Government Services – casual user rates after 8,500 miles.

- 5.4 The rates of subsistence shall be the amounts shown below, which are within the maxima determined by the Department.

Period/Meal	Rates (Ex VAT)	
	British Isles £	London £
An absence involving an overnight stay only , away from the normal place of residence	100.70	122.45
Breakfast Allowance (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period before 11am)	11.50	11.50
Lunch Allowance (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period including the period between 12 noon and 2pm)	13.50	13.50
Tea Allowance (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period including the period between 3pm and 6pm)	4.70	4.70
Evening Meal Allowance (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period ending after 7pm)	20.95	20.95
Sub-total for meals	50.65	50.65
Total maximum rate (absence of 24 hours)	151.35	173.10

Note: **All** claims must be supported by appropriate receipts relating to actual expenses incurred.

6. Part-Year Entitlement

- 6.1 This scheme may be revoked and amended at any time.
- 6.2 If an amendment to this scheme is made which affects the payment of a basic allowance or special responsibility allowance in the year in which the amendment is made, then in relation to each of the periods:
- (a) beginning with the year and ending with the day before that day on which the first amendment in that year takes effect; or
 - (b) beginning with the day on which an amendment takes effect and ending with the day before that day on which the next amendment takes effect, (if none) with the year,
- the entitlement to such allowance shall reflect the proportion of the year when entitlement existed.
- 6.3 Where the term of office of a councillor begins or ends other than at the beginning or end of a year, entitlement to a basic allowance shall reflect the proportion of the year when entitlement existed.
- 6.4 Where a councillor has during a part of, but not throughout, a year such special responsibilities as attract entitlement to a special responsibility allowance, that entitlement shall reflect the proportion of the year when entitlement existed.

7. Claims and Payment

- 7.1 Payments regarding basic allowance and special responsibility allowance shall be made in *instalments of one tenth of the amount specified in this scheme on the third last banking day of each month.*
- 7.2 Claims for dependants' carer's allowance, travelling allowance or subsistence allowance should be made in writing within three month, and should be accompanied by receipts, where appropriate.

SCHEDULE 1

In accordance with Regulations, only the following are specified as the duties in respect of which basic allowance, dependants' carers' allowances, and travel and subsistence allowances are available.

1. attendance at a meeting of the council;
2. attendance at a meeting of a committee of the council;

3. attendance at a meeting of a sub-committee of the council;
4. attendance at a meeting of a joint committee;
5. attendance at a meeting of a sub-committee of a joint committee;
6. attendance at a meeting of a group committee established under the provisions of the Local Government (Employment of Group Building Control Staff) (Northern Ireland) 1994 or the Local Government (Employment of Group Environmental Health Staff) Order (Northern Ireland) 1994; or
7. the doing of anything approved by a council or anything of a class so approved, for the purpose of, or in connection with, the discharge of the functions of the council, or any of its committees or sub-committees, or as the case may be, of the joint committee or any of its sub-committees.

A site visit is excluded from the list of approved duties and a site visit is defined as a visit made by a councillor in connection with an application for planning permission:

- which has been referred to a council for consultation under Article 15(a) of the Planning (General Development) Order (Northern Ireland) 1993; or
- at the request of the applicant for that planning permission, or the agent of an applicant, or at the request of an objector to that application.

Regarding Point 7, specific duties approved by Council include:-

- Conferences, Courses and Seminars
- Civic Functions
- Official & Courtesy Visits
- Special Council Meetings
- Attendance at a meeting of a working group/sub-committee of the Council, or other meeting related to the functions of the Council.
- Meetings of all outside bodies to which councillors are appointed, and meetings at which representation is required by councillors as a result of sitting on various groups/committees. Membership of these bodies has been rolled forward until the end of the Council term. Any member not wishing to be on an outside body can be replaced by a party colleague or if the party does not wish to retain the position, an alternative can be nominated at an appropriate Committee meeting of Council.

Draft Rates process

Meeting	Timeframe	Output
Party Leads meeting	Wednesday 17 th September	Project plan to Party Leads
Chief Execs meeting	Thursday 2 nd October	Rates approach to the four Councils
TMT	Monday 6 th October	Relay approach to TMT
CMT	Monday 13 th October	Update on high level approach dry run
Party Leads meeting	Wednesday 15 th October	More high level detailed financial modelling based on current figures
CMT	Monday 20 th October	Update
Information from 4 Councils submitted	Friday 24 th October	Overview of four budget requests
DW/SMcM/ DJ	Thursday 30 th October	First cut at operational rate (service costs)
CMT	Monday 3 rd November	Present first cut to CMT
Chief Execs/Directors	Thursday 6 th November	Discuss capital programmes
Corporate Policy and Resources/Workshop	Thursday 6 th November	Update to Committee
CMT	Monday 17 th November	Capital process
Party Leads Meeting	Wednesday 19 th November	Update to Party Leads
CMT/Legacy Councils/Chief Execs	Friday 21 st November	Proposed capital programmes
DW/SMcM/DJ	Friday 28 th November	Second cut including capital/transferring functions
CMT	Monday 1 st December	Budget presentation to CMT
Corporate Policy and Resources (Key Meeting)	Thursday 4 th December	Rates report - first presentation - Possible agenda item if required re disinvestment to meet rates target
CMT/Chief execs/Directors	Monday 15 th December	Possible disinvestment discussions
Shadow Council meeting	Thursday 18 th December	Update
Corporate Policy and Resources	Thursday 8 th January	Rates update report on agenda
Party Leads	Wednesday 21 st January	Feedback to Party Leads
*Shadow Council (if required)	Thursday 29 th January	Rates update report as agenda item
Shadow Council	Thursday 12 th February	Strike rate

Mr Mark Durkan MLA
Minister for the Environment
44-58 May Street
Town Parks
Belfast
BT1 4NN

10th October 2014

Dear Minister

Circular LG 37/2014 REFORM – Loans for Systems Convergence

Recently the lead officers for finance in the 11 new Councils met to discuss the current issues that are facing the sector in terms of preparing for the mergers on 1st April 2015. One pertinent issue which each new council is addressing is the merging of systems which is estimated at **£300K+** per Council and as can be appreciated this has been a time consuming exercise scoping out the full extent of the work needing to be done.

As a result of this time factor and seeking quotations / tenders etc, the sector finds itself in a position whereby these costs of **£300k+** per Council will be incurred in the remaining 6 months before 1 April 15. This in effect means that Councils will not be in a position to avail of the funding as there will be no repayment of any of loans that may be taken out between now and 1st Feb 2015.

In light of the above and in order that the sector may avail of this £2m for ICT convergence it is requested that consideration is given to making this a “capital grant” for ICT which can be claimed based upon evidence of expenditure incurred.

It is felt that most, if not all Councils will have incurred the expenditure and therefore would welcome assistance in defraying the cost but based in the present form it is likely that a second lot of £2m will have been foregone.

These same concerns are shared by the Regional Systems Convergence Programme Board and indeed the Chair Roger Wilson has recently written to the Department articulating this same issue (see extract from paragraph two of copy letter attached).

You will be aware from previous discussions, as well as it being raised at the meeting on 25th September, that I wish to confirm the Local Government sector is unlikely to be in a position to draw down any significant funding from the £2 million provision made by the NI Executive in the current financial year to service loans. This is largely due to the nature in which the funding has been constructed, as well as the timescales over which the funding has to be accessed.

The sector would also feel that the lateness of the above mentioned circular providing guidance on the conditions of the loans available for systems convergence which Councils only received in August came too late, in that the timeframe to borrow in order to trigger a repayment under the funding mechanism was virtually impossible.

We therefore kindly request that consideration is given to making this a capital grant for ICT and we would be more than happy to meet with officials to provide clarity or discuss further.

Yours faithfully

David Wright
Lead Finance Officer

Cc: Linda McHugh, DOE
Jeff Glass, DOE

Causeway Coast & Glens

Shadow Council

COMPLAINTS POLICY AND PROCEDURE

Policy Number	CCG/1/14
Version Number	1
Author	Elizabeth Beattie

Date of Screening of Policy	
EQIA Recommended?	YES/NO
Date Adopted by Council	
Date Policy Revised	

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COMPLAINTS POLICY AND PROCEDURE

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1. INTRODUCTION

Causeway Coast and Glens Council is committed to delivering the highest quality public services to the residents of, and visitors to, this area. As part of our policy of continuous improvement the Council welcomes all comments on the services and facilities that it offers.

Causeway Coast and Glens Council recognises, however, that there will be occasions when its services and actions do not meet the reasonable expectations of the public. To maintain the highest level of service the Council needs to know when things go wrong or if we are not meeting the needs of the public. In line with the Council's desire to be able to respond to customer demands the following complaints policy and procedure has been established as a means of effectively receiving, dealing with and assessing complaints.

The purpose of this policy is to:

- Clarify how the public may make a complaint;
- Define the standards the public can expect when they make a complaint;
- Recognise the importance of complaints in providing feedback about Council services and performance;
- Set out how the Council will monitor complaints and use that information to improve services and identify training needs.

2. POLICY STATEMENT

Causeway Coast and Glens Council is committed to delivering the highest quality public services and will, as far as possible, fully and effectively respond to any complaints received from the public relating to failures in its services or the actions of its workforce. The procedures contained in this policy and procedure document will assist the Council in recording, assessing and responding to complaints as diligently as possible.

Signed: _____ Date: _____

Presiding Councillor

Causeway Coast and Glens Shadow Council

Signed: _____ Date: _____

Chief Executive,
Causeway Coast and Glens Shadow Council

3. DEFINITIONS

Please find below an explanation of what certain terms mean in the context of the policy:

“A Complaint”

For the purpose of this policy and procedure “a complaint” is defined as:

“An expression of dissatisfaction with the standard of service provided by the Council, or with something the Council or a member of its workforce may or may not have done.”

Complaints under this policy may include issues relating to:

- Delays in delivering services
- Failure to follow agreed policies and procedures
- Inadequate or unsatisfactory services
- Rudeness or inappropriate or offensive behaviour
- Unfair discrimination or unequal treatment.

4. ACCOUNTABILITY AND RESPONSIBILITIES

The implementation and effectiveness of the policy will be overseen by the Chief Executive of the Council or officers so designated by him.

5. PROCEDURE FOR DEALING WITH COMPLAINTS

5.1 **Purpose of the Procedure**

The purpose of this procedure is to ensure that:

- As many complaints as possible are resolved at the initial point of contact without the need for the customer to pursue the matter further;
- Any faults on Council’s behalf are acknowledged and an apology is offered;
- The customer is given a clear and relevant explanation where this is requested;

- Acknowledged deficiencies in the Council's services are identified and remedied as quickly as possible;
- Effective action is taken to avoid similar complaints in future;
- Best practice in dealing with complaints is shared across the Council.

5.2 Who Can Make a Complaint?

Complaints about the Council can be received from any person or organisation receiving, or seeking to receive, a service from the Council.

5.3 How Can Complaints Be Received?

Complaints can be made in person, by phone, by e-mail, in writing or in languages other than English. If a complainant has any difficulties in making a complaint at any stage of the procedure, they can request assistance or submit their complaint in an alternative form.

5.4 Standards Expected of Staff

The minimum standards expected of staff in dealing with complaints are as follows:

- Complaints made verbally (in person or by phone) must be formally recorded with all relevant details included in this record of the complaint, ie nature of the complaint, dates, times, contact details for complainant, who dealt with the complaint, etc.
- Complaints received in writing from the complainant either in the form of a letter, e-mail or on the official complaints form must be date stamped on receipt and acknowledged.
- Each Service section will have a nominated officer who will be responsible for ensuring complaints are logged and tracked and outcomes recorded.

5.5 Handling Complaints – The Three Stage Process

In most cases service delivery problems reported by the public can be resolved satisfactorily by the member of staff they first contact without any need for further action.

If the customer is not satisfied, however, with the response given at this informal stage, they are entitled to ask for their complaint to be dealt with formally under the Council's Complaints Procedure which has three formal escalating stages.

Details of the three formal stages are attached to this document.

5.6 Monitoring Complaints

Periodic statistical reports on the number, type and resolution of complaints and any associated trends will be provided to the Chief Executive and Senior Management Team.

An annual report on complaints will be produced for consideration by the Council. As well as reporting on the number, type and resolution of complaints, the report may also:

- identify improvements to service delivery introduced in response to complaints;
- recommend action to minimise or avoid similar complaints in future;
- recommend procedural improvements for handling and resolving complaints;
- identify training and information needs.

6. EVALUATION AND REVIEW OF THE POLICY

This Complaints Policy and Procedure will be reviewed on an annual basis by the Chief Executive and Senior Management Team and, as part of this review, an evaluation will be conducted on the effectiveness of the policy and procedures in relation to receiving, handling, assessing and resolving complaints received by the Council.

7. SECTION 75 EQUALITY AND GOOD RELATIONS

Causeway Coast and Glens Council is fully committed to meeting its obligations in relation to Equality and Good Relations under Section 75 of the Northern Ireland Act. In this regard this policy will be screened using Section 75 guidelines and will be subject to an Equality Impact Assessment if found necessary as a result of the screening process.

8. CONTACT DETAILS

Any issues or queries relating to this policy should be addressed to:

Elizabeth Beattie
Head of Policy
Causeway Coast and Glens District Council
c/o Coleraine Borough Council
66 Portstewart Road
Coleraine
BT52 1EY

Tel: 028 7034 7163

E-Mail: elizabeth.beattie@causewaycoastandglens.gov.uk

HANDLING COMPLAINTS – THE THREE STAGE PROCESS

Stage One

- The complainant contacts the Council and is referred to the section dealing with the subject of the complaint.
- The name and nature of the complaint are recorded by the section and the complaint is dealt with by the relevant officer in the section.
- Complaints about a member of staff must go directly to the appropriate Service Manager or Director and not to the person about whom the complaint has been made. Complaints about a Director must be made directly to the Chief Executive.
- If the complaint is not settled immediately, the complainant will receive a reply within **three working days**.

Stage Two

- If the complainant is not satisfied with the response they have received they can refer the matter to the relevant Director (or the Chief Executive if the complaint concerns a Director).
- The complainant should be asked to put their complaint in writing, including as much detail as possible.
- If the complaint cannot be dealt with immediately, an acknowledgement of receipt of the complaint should be sent to the complainant within **three working days** in an appropriate medium and language.
- Where the complaint relates to a specific Director, the Chief Executive will allocate another Director to investigate the complaint.
- Where a complaint relates to a number of different Departments or Directorates, it should be responded to by the Director where the bulk of the complaint rests. This Director must also take responsibility for co-ordinating a response within the specified time period.
- A reply to the complainant in relation to their complaint should be furnished within **ten working days**.

- In the response the complainant must be told how they may pursue their complaint further, ie to the next stage.
- In exceptional circumstances the time period for the investigation and furnishing of a reply can be extended but the complainant must be kept informed of when a likely response can be expected.
- All reasonable steps must be taken to ensure that information about complaints remains confidential.

Stage Three

- If the complainant is dissatisfied with the response they have received in Stage Two then the complainant has the right to ask the Chief Executive to review the matter.
- The Chief Executive will acknowledge receipt of the complaint within **three working days**.
- In his absence the Chief Executive may authorise another senior officer to undertake his role.
- The Chief Executive (or nominated Director) will carry out a review of the matter and will reply to the complainant within **twenty one working days**.
- The aim of the review is to ensure that all matters raised in the original complaint have been comprehensively and accurately addressed and, if not, to ensure that this now happens.
- In the response the complainant must be told how they may pursue their complaint further, ie to the next stage.

If the complainant is still not satisfied with the Council's response, they must be advised that they have the right to refer their complaint to:

The Northern Ireland Ombudsman and Commissioner for Complaints

Freepost BEL 1478

Belfast

BT1 6BY

Tel: (028) 90233821

Text Phone: 028 90897789

E-Mail: ombudsman@ni-ombudsman.org.uk

OR

By calling between the hours 9.30 am and 4.30 pm at the address below:

The Ombudsman
33 Wellington Place
Belfast
BT1 6HN

Causeway Coast & Glens Shadow Council

HEALTH AND SAFETY POLICY

Policy Number	CCG/3/14/H&S
Version Number	1
Author	Health and Safety Team

Date of Screening of Policy	
EQIA Recommended?	YES/NO
Date Adopted by Council	
Date Policy Revised	

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LIST OF ABBREVIATIONS

LEGISLATION

CDM	Construction (Design and Management) Regulations (NI) 2007
CAWR	Control of Asbestos at Work Regulations (NI) 2012
COSHH	Chemical of Substance Hazardous to Health (NI) 2007
CMLR	Control and Management of Legionnaires Disease
CNWR	Control of Noise at Work Regulations (NI) 2006
CSR	Confine Spaces Regulations (NI) 1999
CVAW	Control of Vibration at Work Regulations (NI) 2005
DSER	Display Screen Equipment Regulations (NI) 1993
EAWR	Electricity at Work Regulations 1989
LOLER	Lifting Operations and Lifting Equipment Regulations (NI) 1999
HSWO	Health and Safety at Work Order 1978
HSSSR	Health & Safety (Safety Signs & Signals) Regulations 1996
MHOR	Manual Handling Operations (NI) 1992
MHSWR	Management of Health and Safety at Work (NI) 2000
NAWR	Noise at Work Regulations (NI) 2006
PPER	Personal Protective Equipment Regulations (NI) 1993
PUWER	Provision and Use Work Equipment Regulations (NI) 1999
PSSR	Pressure Systems Safety Regulations (NI) 2000
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997
VAWR	Vibration at Work Regulations (NI) 2005
WAHR	Working at Height Regulations (NI) 2005
SMSR	Supply of Machinery (Safety) Regulations 2008

GENERAL

ACM	Asbestos Containing Materials
CCGDC	Causeway Coast & Glens District Council
CHSC	Corporate Health and Safety Committee
OCE	Office Chief Executive
HSWO	Health, Safety and Well-being Officer
HSENI	Health and Safety Executive Northern Ireland
MEWP	Mobile Elevated Working Platform
PPE	Personal Protective Equipment
PQQ	Pre-qualification Questionnaire
OHS	Occupational Health and Safety
HSG	Health and Safety Guidance
HSP	Health and Safety Policy/Procedure
WISHNI	Waste Industry Safety and Health Northern Ireland

PART 1 – INTRODUCTION AND POLICY STATEMENT

1.0 INTRODUCTION

Causeway Coast & Glens District Council, (hereinafter known as the Council) as an employer, accepts its legal responsibilities to employees and other persons as set out in the Health & Safety at Work (NI) Order 1978 and associated relevant statutory provisions. To this end, the Council will ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees during the course of their working activities.

The Council also accepts responsibility for the health, safety and welfare of all persons contracted to carry out work on the Council premises, authorised visitors and members of the public using our services who may be affected by the Council's activities.

The Council is committed to creating a safe working environment by adopting a common sense practical approach to health and safety where hazards are identified and the control measure required are proportionate to the risk.

The Council will promote and develop an integral health and safety culture in partnership with all stakeholders. This will assist the Council to meet its legal obligations and strive towards best practice and continual improvement of the health and safety performance.

AIMS:

- a. To eliminate or minimise, so far as is reasonably practicable, the risk of serious injury and ill-health to staff at work or others affected by the work activity
- b. To promote and develop an integral health and safety culture
- c. To assess the risk profile for all Council activities and premises and implement relevant control measures.
- d. Effective consultation and communications with all stakeholders
- e. Monitor the Council health and safety performance to ensure compliance with its legal obligations and continual improvement of the Councils health and safety management system.

1.1 POLICY STATEMENT

1. The Council is committed to the implementation of an effective health and safety management system which promotes a holistic culture of risk prevention. Health and safety performance will meet as a minimum the legal requirements and where reasonably practical best practice. To achieve its health and safety aim and objectives the Council will, so far as is reasonably practicable:-
 - a. Identify the hazards associated with its work activities, assess the risks and record the management action required to reduce the risk of injury or ill health.
 - b. Provide and maintain safe premises, plant and systems of work.

- c. Ensure the safe use, handling, storage and transportation of articles and substances.
 - d. Provide suitable and sufficient information, instruction, training and supervision to enable employees to identify hazards and minimise risks
 - e. Provide a safe place of work, with safe access and egress.
 - f. Provide a healthy working environment, including adequate welfare facilities.
 - g. Provide adequate personal protective equipment when required.
 - h. Consult with safety representatives/employees on health and safety matters.
 - i. Provide the necessary resources to achieve these standards.
2. Employees have a duty to take reasonable care of their health and safety at work and that of others, who may be affected by their acts or omissions. They must also co-operate with their employer, so far as is necessary, to enable any duty or requirement imposed on the employer by any relevant statutory provisions to be performed or complied with. They must not interfere recklessly with or misuse anything that is required by law to be provided for health and safety.
 3. The Chief Executive is responsible for ensuring that all proper steps are undertaken by Council to comply with its legal duties. The policy will be communicated to all employees through the appropriate line management structures and the Council's intranet. A copy of the policy statement will be posted on the notice boards in all Council properties.
 4. The Council Management and staff will implement the policy arrangements as in parts 2 & 3 of the policy. The policy will be reviewed annually or sooner, if necessary.

Signed: _____ Date: _____
 Presiding Councillor, Causeway Coast and Glens Council

Signed: _____ Date: _____
 Chief Executive, Causeway Coast and Glens Council

PART 2 – ACCOUNTABILITY AND RESPONSIBILITIES

2.1 Chairperson and Elected Council Members are responsible for:-

1. Accountability to the electorate to ensure that the Council complies with the Health and Safety at Work (NI) Order, 1978, and relevant statutory provisions.

2. Overall responsibility for ensuring sufficient resources and funds are available to permit the Chief Executive and his Directors to comply with the Councils legal and moral duties.
3. Liaising with the Chief Executive to establish a strategy to integrate the Health and Safety Management function fully within the Councils Management process.
4. The Council has delegated the day to day responsibility for Health and Safety matters to the Chief Executive and Directors.

2.2 Chief Executive is responsible for:-

1. Accountability to the Council for the Health and Safety at Work (NI) Order 1978, and relevant statutory provisions.
2. Overall responsibility for the formulation, implementation and development of the Health and Safety Policy and its proper interpretation by the Directors and Line Managers, etc.
3. Delegating responsibility for health and safety matters in particular departments to each of the Directors as appropriate.
4. Appointment of a competent person(s) to assist and advise the Council on health safety, welfare and well-being matters.
5. Provision of adequate resources to implement and maintain the effectiveness of the Council's Health and Safety Policy
6. Provision of adequate arrangements for consultation and communication of health and safety matters with all employees
7. Review on a regular basis health and safety performance and arrangements in connection with the corporate health and safety strategy / plan
8. Undertake the same duties as Directors in respect of the Office of the Chief Executive

2.3 Directors are responsible for:-

1. Accountability to the Chief Executive for the implementation of the Council's policy, particularly with regard to the organisation and arrangements for health, safety and welfare within their respective remits.
2. Ensure that delegation to Managers and Supervisors is appropriate and that they both own and implement the Council's policy within their respective remits.
3. Policy monitoring, development, review and advising the Chief Executive of any necessary amendments.
4. Accounting for health and safety in all forward planning - for example:
 - budget estimates;

- planning, improvement and maintenance of premises;
 - purchase of equipment and substances;
 - employment of staff; and
 - modification of work systems.
5. Sanction adequate resources to implement the policy.
 6. Make arrangements for consultation and communication.
 7. Assess and take appropriate action on reports from managers and competent person(s) on health and safety matters.
 8. Ensure that health and safety training needs are identified to enable staff to perform their duties competently.
 9. Ensure that all new employees are provided with induction training and appropriate information, instruction and training specific to their role.
 10. Ensure that all employees receive adequate and appropriate on-going information, training and instruction throughout the duration of their employment.
 11. Ensure that all those who may be affected by how Council undertakes its business (visitors and the general public) have fully been taken into account.
 12. Promote and maintain a positive culture towards health and safety.
 13. Ensure that risk assessments are completed and reviewed to the appropriate timescales and that employee are informed of any subsequent procedural changes.
 14. Ensure that written 'safe systems of work' are produced for all hazardous activities and that these are communicated to all relevant employees.
 15. Ensure that appropriate management systems are in place to facilitate the reporting, investigation; recording and submission of accident/incident/near miss data in accordance with legislative requirements.
 16. Undertake regular performance review and audit of safety management systems, including the management arrangements, risk control systems and workplace precautions.
 17. Ensure regular workplace inspections are undertaken to maintain acceptable standards of safety and housekeeping.
 18. Ensure that any health and safety maintenance requirements are addressed immediately.
 19. Ensure that an effective record management system is maintained to provide evidence of the Council's compliance with health, safety and welfare legislation.
 20. Maintain systems for the selection and monitoring of third parties who provide works or services which ensure the standards required by this policy are maintained.

21. Ensure that, prior to letting contracts or issuing orders for works or services to third parties, adequate checks are made to confirm the suitability of their health and safety policies. This will include their arrangements to provide adequate welfare facilities and manage all the activities they will undertake for or on behalf of the Council.
22. Ensure that during the execution of work or the provision of services by third parties that they will monitor health, safety and welfare standards and where those standards fall below legal requirements that they will take such action as is necessary to remedy the situation.
23. Monitor and review the arrangements for managing health and safety and where appropriate take necessary action to address areas of concern and/or make recommendations for improvement.
24. Matters of urgency are to be reported by the relevant Director IMMEDIATELY to the Chief Executive in writing.
25. Each Director will report each quarter to the SMT on how the Council's strategy/policy/guidance is being implemented within their remits.

2.4 Managers are responsible for:-

1. Be familiar with and apply the Council's Health and Safety Strategy/Policy/Guidance and undertake the responsibilities assigned.
2. Ensure that all existing, new workplaces and work activities and any changes relating to workplaces and/or work activities are subject to a risk assessment.
3. Ensure that all risk assessments and any subsequent arrangements necessary for the safe execution of activities under their control are monitored, reviewed and as necessary revised.
4. Ensure that the results of any risk assessments or service area safety arrangements are made known to all personnel who could be affected by them.
5. Ensure that all significant hazards identified and preventative control measures implemented to minimise or control risk, are documented.
6. Notify the Director of any operation which cannot be performed in a safe manner and discontinue any such task until a safe working procedure has been agreed.
7. Responsible to their Director for ensuring that personnel under their control are adequately trained and competent in all work they undertake. They must be fully aware of the hazards of the work and understand the measures currently in force to minimise and control the risks.
8. Ensure that employees are not engaged in activities for which they have not received adequate training and therefore not competent.
9. Ensure that all operations under their control are carried out with due regard to the safety of members of the general public, visitors and employees of contractors who may be affected by the activity and the avoidance of damage to plant, equipment, property and the environment.

10. Ensure that any plant or equipment used (including hired plant and equipment) is in a safe condition, with all guards fully intact and secured in position immediately removing any item not complying with this requirement.
11. Report to the Director any person who is identified as constantly or wilfully failing to adhere to the recommended safe working practices.
12. Ensure that adequate personal protective equipment (PPE) and clothing is available and used, as necessary. Stop any activity where there is evidence of non-compliance with PPE and ensure that corrective action is taken.
13. Inspect relevant premises and vehicles under their control on a regular basis to ensure that no foreseeable health and safety risk exists.
14. Ensure that all appropriate welfare facilities are readily available to all employees including:- first aid, washing facilities, toilet, drinking water, heating, etc. and report any deficiencies to the Director / Line Manager
15. Ensure that all statutory Inspection records are complete, kept up to date and available for inspection when required.
16. Ensure that all employees under their control are fully conversant with the applicable safe working practice before the commencement of any task.
17. Ensure that the accident reporting procedure is made known to all employees under their control and that all accidents / incidents (near miss), dangerous occurrences, ill-health or road traffic collision (RTC) are reported to the Director / Line Manager
18. Liaise with the Director / Line Manager to ensure that all new employees placed under their control have been given the necessary health and safety information and training before they are put to work on any operation.
19. Undertake accident/incident investigations.

2.5 Supervisor & Charge Hands are responsible for:-

1. The effective implementation of the Health and Safety Strategy / Policy / Guidance and procedures within their area of control.
2. Report and record all accidents and incidents within their respective areas to their Manager in line with the Council Health and Safety Policy.
3. Conducting the initial investigation of accidents and incidents and where necessary seek assistance from the Line Manager / HSU in a more detail investigation.
4. Formally inspecting the areas and activities under their control to ascertain whether safety measures are being maintained and safe working practices followed.
5. Initiating corrective action where necessary as a result of their investigations into accidents or incidents or as a result of their regular formal inspections.
6. Ensuring that clear and precise health and safety instructions are given to those under their control.

7. Ensuring that persons under their control have an adequate level of health and safety training to allow them to operate any necessary plant or equipment.
8. Informing their Manager of any necessary health and safety training needs for those employees under their control.
9. Monitoring housekeeping in the area under their control and ensuring that it remains clean and tidy at all times.
10. Ensure that any necessary PPE is issued as required, with suitable records and PPE is properly used, maintained, stored and replaced as required.

2.6 Employees are responsible for:-

1. Take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions.
2. Observe all safe working practices that are contained within this policy / guidance or otherwise advised and instructed.
3. Conduct all work in accordance with safe operating procedures, instructions, training and arrangements
4. Be aware of any hazards in their workplace and take appropriate precautions including the use of any PPE that has been issued.
5. Co-operate with management so as to comply with health and safety statutory duties.
6. Wear and correctly use all PPE and equipment and report any defects or shortages to your Line Manager
7. Refrain from intentionally or recklessly interfering or misusing any plant, machinery, vehicle or other equipment or facilities provided in the interests of health, safety and welfare.
8. Notify your Supervisor/Manager immediately of any hazards, or situations which would represent a serious and immediate danger to health and safety.
9. Notify anyone who may be affected by your work of any potential hazards, i.e. the general public, other employees and contractors.
10. Report all accidents, dangerous occurrences and near misses (whether or not an injury has occurred) to your Line Manager and co-operate fully in the recording all the relevant details.
11. Immediately inform your Line Manager on becoming aware of any special medical and/or other conditions which might affect your work, e.g. asthma, heart condition, skin condition, epilepsy, etc.
12. Use any vehicles, equipment, machinery, dangerous substance or safety device in accordance with training and instruction received.

13. Do not use any equipment for which you have not been trained and are not authorised to use.
14. Do not wilfully damage, tamper with or abuse any equipment or clothing provided
15. Inform your Line Manager of any training needs, both general and specific to the job.
16. Make a visual check (or other checks that you are authorised to do) on all plant, vehicles and equipment before use.
17. Set aside and label any faulty equipment and inform your immediate Line Manager.
18. Do not bring to work any personal equipment (including electrical equipment) i.e. including unauthorised tools, radios, personal stereos, kettles, etc.
19. Acquaint yourself with the first aid facilities / qualified first aider; escape routes and fire emergency evacuation procedures relevant to each place of work.
20. Ensure that working areas remain clean and tidy and help to maintain a good standard of hygiene and housekeeping in your workplace.
21. Do not engage in horse play or other activities which could endanger the safety of others.

Breaches of this policy will be subject to the Council's normal disciplinary procedures.

2.7 Health & Safety Unit is responsible for:-

1. Advise on matters relating to health and safety strategy / policy / guidance formulation and development, with a view to ensuring the continued safety and health of employees and service users.
2. Advise and assist management to fulfil their responsibilities for the health and safety of employees and others affected by their actions.
3. Advise and assist management in the design and implementation of safe working practices - including the selection, provision and use of appropriate equipment, clothing and safety considerations in connection with the use of plant, equipment, substances and materials.
4. Advise and assist management in the process of coordinating risk assessments to help identify the level of risk exposure, develop risk control mechanisms and establish health and safety standards.
5. Carry out periodic inspections or audits to help assess and develop the health and safety performance of the organisation identify examples of good practice and circumstances where remedial action may be required to overcome unsafe working practices.
6. Advise and assist management in the process of investigating serious injury incidents and any other incident which may have resulted in a serious injury involving Council employees or any other person affected by Council activities as necessary.

7. Provide advice to Council employees with regard to their responsibilities relating to health, safety and welfare.
8. Maintaining a dialogue with all Council Management and other local authority colleagues.
9. Liaise with external enforcing agencies and any other relevant statutory bodies as necessary.
10. Comply with and actively promote the Council's policies and procedures.
11. Liaise with management safety representatives of Trade Unions and advise and attend any Safety Committees and/or Corporate Health Safety Committee (CHSC) meetings as directed.

DRAFT

2.8 Safety Representatives (Union and Non-union)

The functions of the Safety Representative, as outlined in the Safety Representatives and Safety Committee Regulations (NI) 1979, or within the Health and Safety (Consultation with Employees) Regulations (NI) 1996, whichever is applicable. The safety representative role will not be interpreted as imposing a legal responsibility on them. In summary Safety Representatives shall:-

1. Liaise with management on health and safety matters raised by employees/members.
2. Investigate potential dangers and hazards.
3. Examine the cause(s) of accidents.
4. Investigate complaints relating to health and safety or welfare.
5. Inspect the scene of a notifiable accident, occurrence or disease if safe to do so.
6. Represent the workforce in any liaison with the HSENI or other Enforcing Authority and receive information in accordance with the HSAWO 1978.
7. Carry out formal inspections of the workplace or part of the workplace. The maximum frequency of formal inspections will be three monthly, except by written agreement with the employer.
8. Attendance and participation at the CHSC

2.9 Corporate Health and Safety Committee (CHSC)

The CHSC will routinely determine its terms of reference/constitution and will meet quarterly. The membership will include representation from trade union, management and HSU. The main objectives of the Committee will be to discuss the following:-

1. Accident trends, statistics and investigation reports
2. Proposed legislation and procedures to implement same
3. Review of Health and Safety strategy / policy / guidance
4. Introduction of new equipment, working practices or training which impact on health and safety
5. Inspection findings
6. This is not an exhaustive list

PART 3 – ARRANGEMENTS AND IMPLEMENTATION PROCEDURES

The arrangements cover Council activities for implementing the health and safety policy and apply to all stakeholders. Additional information provided in the form of Health & Safety Guidance (HSG), remains part of the Policy and must be implemented by stakeholders as appropriate.

Appendix 1 provides a register of current Health & Safety Guidance (HSG) and Appendix 2 Occupational Health & Safety (OHS) Templates to be used as required.

3.1 Abrasive Wheels

1. Employees must not change, mount or use any abrasive wheel, or cutting disc, unless they have been formally trained and authorised by their Line Manager to do so.
2. Employees using abrasive wheels must be trained and familiar with the relevant risk assessment in particular the control measures such as guards and personal protective equipment (PPE). The PUWER Risk Assessment OHS 018 to be completed by the Line Manager and communicated to staff.
3. Additional guidance HSG 001.

3.2 Accident / Incident Reporting

1. The Council is required to keep records of accidents at work, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, (RIDDOR). All accidents or incidents including road traffic collision (RTC) will be reported to the Line Manager and recorded using the Accident/Incident Report (OHS 001) or Road Traffic Collision Report (OHS 024).
2. All sections of the report must be completed and include basic investigation findings and witness statement(s) as necessary and forward to your Line Manager who will input the information onto the electronic system which in turn will notify the relevant Director and the HSU. The Manager in consultation with the HSU will review the report to determine if it is reportable under RIDDOR.
3. If reporting is required, the procedure laid down by RIDDOR is to be followed and the online RIDDOR form (NI2508) completed and sent to the HSENI by the HSU.
4. Any occupational diseases (as defined in Schedule 2 of RIDDOR) which have been diagnosed by an Occupational Doctor must, with immediate effect, be reported as required by RIDDOR, with the online form (NI2508A) being completed and sent to the HSENI by the HSU.
5. Each quarter, the HSU will undertake an analysis of all accidents and injuries within the quarter to check for trends. This will also be reviewed by the CHSC.
6. Additional guidance HSG 002

3.3 Accident / Incident Investigation

1. The main purpose to investigating an accident is not to apportion blame but rather to establish the facts in order to prevent a reoccurrence. The Line Manager will determine if a more detailed investigation is required.

All accidents reported under RIDDOR and those that have the potential to result in a claim, will be further investigated.

2. The investigations will aim to determine the immediate cause, underlying and root causes, in comparison to Council standards and legal requirements.
3. Following a thorough investigation, a written Accident/Incident Investigation Report (OHS 002) will be completed, to include a description of events leading up to the accident, witness statements, the likely causes of the accident and corrective / preventative measures to prevent a recurrence.
4. The report will be forwarded to the relevant Director and Manager and within whose remit the accident occurred and will be held electronically along with other information pertaining to the accident.
5. The findings of the report will be discussed by management and remedial actions implemented without undue delay and reviewed to determine their effectiveness.
6. Additional guidance HSG 003

3.4 Asbestos

1. Council will fulfil its duty to manage asbestos and to fully implement the requirements of the Control of Asbestos at Work Regulations (NI) 2012 by conducting surveys to locate, assess, record, and maintain asbestos containing materials (ACMs) register.
2. The Facilities Manager will review and maintain the asbestos management plan of all council premises. The plan will be made available to relevant maintenance staff and contractors as required to avoid disturbing asbestos and therefore exposing staff to risk of airborne asbestos.
3. Where applicable risk assessments must reflect exposure to asbestos and ensure adequate control measures to all persons are in place and implemented to fulfil all legal obligations.
4. Additional guidance HSG 004

3.5 Cash Handling

1. The relevant Manager will assess the risk of violence arising from handling cash, persons who may be affected and implement reasonable preventative control measures.
2. Such control measures may include:
 - a. Use of credit or debit cards to minimise cash on premises / tills

- b. Adequate safe provision and if reasonable 'time delay facility'
 - c. Transfer excess cash to the safe regularly, keep the safe locked and change the combination frequently. Do not allow large sums of cash to building up
 - d. Signage to indicate that there is minimal cash on premises
 - e. Leave the till empty overnight.
 - f. At the end of the working day, before cashing up and secure the premises
 - g. Count cash away from and out of view of customer or public areas
 - h. If possible use a professional cash collection service or vary your route/routine and bank regularly.
 - i. Ensure personnel are trained and aware of what precautions they should take when handling or transporting cash.
3. Additional guidance HSG 005

3.6 Confined Space

1. No one shall enter or carry out work in a confined space unless a, safe system of work specifically a Permit to Work OHS 017 plus a suitable and sufficient risk assessment has been completed by the relevant Line Manager.
2. The uses of any substances, which may involve vapours or gases, are to be avoided in confined spaces. If such substances have to be used authorisation is to be given by the appropriate local Manager.
3. All entry into confined spaces is subject to a permit-to-work system controlled by the local Manager. All operatives who have occasion to enter confined spaces will be given adequate training and instruction on precautions to be taken and emergency procedures to be adopted.
4. All operatives required to enter confined spaces will be supplied with the appropriate equipment to monitor air quality in the confined space.
5. Additional guidance HSG 006

3.7 Control of Contractors

1. The Facilities Manager in conjunction with the Manager of the relevant premises will ensure that persons carrying out contracted works on Council premises, land or structures are assessed in respect of their competence regarding health and safety performance. They will issue Contractor Site Rules (if applicable) and Contractor Pre-qualification Questionnaire (PQQ) OHS 018. The completed PQQ to be returned to the Facilities Manager and a copy forwarded to the HSU.
2. Contractors must co-operate and communicate with Council on all relevant health and safety matters and carry out all work in accordance with relevant statutory requirements in a competent and safe manner.
3. The Manager of the relevant premises will organise induction training to include specific hazards, emergency arrangements, reporting of accidents, etc.
4. Line Manager/Supervisor should monitor the activities of all contractors to ensure that health and safety procedures are being followed. The frequency will depend on risk.
5. The Council recognise its duty under the Construction Design & Management Regulations (NI) 2007 (CDM) as the duty holder where applicable and shall apply the requirements in full to projects which are notifiable under the following categories:-
 - a. Works lasting for more than 30 days
 - b. Works involving more than 500 person days of work
6. Additional guidance HSG 007

3.8 Control of Substance Hazardous to Health (COSHH)

1. The Council uses a variety of chemicals as part of its activities and will use the hierarchy of control to eliminate or reduce risk to an acceptable level where reasonably practical for example substitute a harmful substance with a less harmful one or introducing engineering controls.
2. It is the duty of the Line Manager/Supervisor to ensure that Material Safety Data Sheets are obtained where applicable and recorded for each chemical and that a full COSHH Risk Assessment OHS 003 is carried out, communicated to staff and implemented
3. Hazardous substance must be used, transported and stored safely / securely as per manufactures instructions.
4. COSHH assessments shall be reviewed at least every two years or sooner if required due to changes, etc.
5. Additional guidance HSG 008

3.9 Electricity at Work

1. All portable electrical equipment and fixed installation should be inspected and tested at regular intervals and maintenance/inspection records should be kept up to date in accordance with the Electricity at Work Regulations 1989 and HSE guidance.
2. The frequency of portable appliance testing (PAT) of electrical equipment will be determined by assessing risk reflecting the working environment to be low or high risk.
3. Staff should carry out a visual inspection and check of all portable electrical equipment before use and report any defects to their Line Manager. Do not use faulty equipment or undertake repair work.
4. All maintenance and repairs of electrical equipment will be undertaken by a competent person. The equipment must be isolated during maintenance or cleaning and safe a system of work implemented.
5. Avoid overloading of sockets and if necessary additional sockets should be provided.
6. Where possible low voltage equipment should be used, especially outside with suitable fault trip or safety devices e.g. RCD to provide additional protection.
7. If working in close proximity to overhead electric power lines or underground cables the risk of harm / injury must be assessed and adequate controls measures implemented.
8. Additional guidance HSG 009

3.10 Events

1. Council events like any other Council activity must be managed in accordance with HSWO 1978 and other relevant legislation / guidance. The person coordinating the event will complete relevant documentation such as the event plan, risk assessment of key activities and contractor paperwork such as risk assessments, public liability insurance, etc.
2. Staff involved in the event must have appropriate training, information and instruction regarding their involvement.
3. A brief should be carried out by the coordinator prior to the event commencing and include significant hazards identified, controls, key features of plan such as first aid provision, toilets facilities, communications, set-up / take-down and any other relevant information or instruction.
4. Additional guidance HSG 010

3.11 Excavations

1. Excavations must not commence until underground services have been positively located using electronic devise such as a CAT scanner or manually. Excavations should only proceed with caution even if no services are identified.

2. Excavation left open overnight or unattended must be secured using a suitable barrier to prevent persons/equipment/vehicles falling in. Excavations must be planned and assessed in advance.
3. The sides of the excavation must be adequately supported in order to prevent them collapsing by battering them to a safe angle or by shoring.
4. Management must ensure that there is an adequate supply of shoring materials prior to commencement of the work.
5. Excavated soil must be deposited away from the sides of the excavation
6. Excavations which are liable to be open for more than seven days shall be weekly recorded in the (NI) 91 (Part 1) Inspection Register and shall have the necessary edge protection preventing persons falling into excavations.
7. Additional guidance HSG 011

3.12 Employee Consultation

1. Under the Safety Representatives and Safety Committees Regulations (NI) 1979 and Health and Safety (Consultation with Employees) Regulations (NI) 1996 the employer must consult employees in good time on matters that concern their health and safety at work including:
 - a. The introduction of any measures in the workplace, which may substantially affect the health and safety of the employees.
 - b. The employer's arrangements for appointing or nominating an employee's representative and their responsibilities and any resources that may be required to allow them to carry out their duties.
 - c. Any information that the employer is required to provide under the relevant statutory provision.
 - d. The planning and organisation of any training requirements with regard to health and safety.
 - e. Any new technologies that are brought into the workplace and the training and consequences with regard to health and safety that may arise from the new technology.
2. The Council actively encourages employee involvement and will enable the free flow of communication relating to health, safety and welfare matters
3. Additional guidance HSG 012

3.13 Health and Safety Committee

1. The Council will organise the CHSC which in turn will agree its terms of reference and constitution. Agreed minutes will be communicated to staff at various locations via the Council's intranet and displayed on the health and safety notice board.

3.14 Fire & Emergency Preparedness

1. All Council premises are subject to the Fire Safety Regulations (NI) 2010 including a written emergency evacuation procedure, available in the Fire Safety Guidance HSG 013, to be implemented in an emergency. The Manager of each premise will ensure such fire and emergency procedures are in place and the relevant records are current. A copy of the evacuation procedure will be displayed at a prominent location within the premises.
2. The Managers of specific premises will appoint Fire Wardens / Appointed Persons as required to assist with the implementation of evacuation procedures and ensure they are appropriately trained.
3. An Emergency Evacuation will be carried out at least biannually for all premises
4. **Action to be taken on discovering a fire:**
 - a. Raise the fire alarm using the break glass (if applicable)
 - b. ONLY FIGHT THE FIRE if trained and it is safe to do so using the proper fire extinguisher
 - c. Always ensure there is a safe means of escape – do not put life or limb at risk
 - d. IF IN DOUBT – GET OUT
5. **Action to be taken on hearing the fire alarm** (a continuous sound)
 - a. All employees should leave the premises by the nearest safe exit
 - b. Gather at the designated assemble point and await a roll call by the responsible person
 - c. Do not enter the building again until the all clear has been given by the Fire Brigade, a member of the emergency team or a senior manager
6. Fire Risk Assessments OHS 005 will be completed by the Building Control Department to evaluate the potential fire risks and identify remedial action to be taken to remove or reduce the risk of fire to an acceptable level.
7. The fire manual will be kept in all premises, to provide a written record of all tests, inspections and Fire Evacuation Drill (OHS 006) undertaken. It will be readily available for inspection and cover the following safety features: Fire Alarm Test (OHS 007); Smoke Alarm Test (OHS 008); Fire Weekly Checklist (OHS 009); Emergency Lighting (OHS 010) and Fire Extinguisher Inspection (OHS 011). The relevant Manager / Caretaker will maintain the fire manual

8. In compliance with legislative requirements smoking is prohibited within the building and is only permitted at the designated point. Please maintain good housekeeping and extinguish your cigarette butt safely in the container provided.
9. Additional guidance HSG 013

3.15 First Aid Provision

1. Adequate First Aid facilities will be provided as required by the Health and Safety (First Aid) Regulations (NI) 1982. These arrangements will include:-
 - a. Adequate number of First Aiders at Work (FAW) or Emergency First Aiders at Work (EFAW) or Appointed Persons in accordance with the workplace requirements and assessment (First Aid Assessment OHS 012).
 - b. Suitably stocked first aid boxes.
 - c. Notification of first aid arrangements.
2. Additional guidance HSG 014

3.16 Health and Safety Information for Employees

1. The Health and Safety Information for Employees Regulations (NI) 1996_regulations require information relating to health, safety and welfare to be provided for employees by means of approved safety law poster published by the Health and Safety Executive (HSENI).
2. The current policy statement, employer liability insurance certificate and health and safety law poster will be displayed on the staff notice board at key Council premises.
3. A health and safety employee handbook will be issued to staff and available on the intranet. It will provide an easy reference to general workplace health, safety and welfare issues and to assist employees in meeting their responsibilities in maintaining a safe working environment.
4. Health and safety advice will be available from management or the health and safety unit.
5. Additional guidance HSG 015

3.17 Health Surveillance

1. Health surveillance will include pre-health checks by the occupational health department, for all new recruits in accordance with corporate management requirements.

2. Health surveillance is a process involving a range of techniques used to detect early signs of work-related ill health among workers exposed to certain health risks and subsequently acting on the results.
3. The surveillance will collect and use information about workers health, related to the hazardous substances such as chemicals (solvents, pesticides, etc.) or a product of the work activity example noise, vibration, radiation, wood dust, etc.
4. Health surveillance will help to detect early symptoms of known occupational diseases associated with Council activities for example **asthma, dermatitis or skin cancer** and provide early intervention followed by remedial action.
5. We recognise that some hazardous substances exposure requires us to provide health surveillance of employees. The level of health surveillance is dependent upon the level of exposure and the hazardous substance involved. This will be determined by the COSHH or specific risk assessment and form part of the control measure required if necessary.
6. All employees should undertake low level health self-surveillance such as skin inspection and report any concerns to their Line Manager. If in doubt seek medical advice.
7. Additional guidance HSG 016

3.18 Legionella

1. Council will ensure that arrangements are in place for the effective management of water quality and control of the risk of Legionella in Council buildings, in accordance with the L8 Approved Code of Practice.
2. The following is required:
 - a. Suitable and sufficient risk assessment
 - b. Implementation of a written control scheme involving the treatment, cleaning and maintenance of the system
 - c. Appointment of a named person with responsibility for the management of the control scheme
 - d. The monitoring of the scheme by a competent person
 - e. Record keeping and the review of procedures developed within the control of the scheme and implementation of all action plans.
3. The Facilities Manager will appoint a competent contractor to audit the system and complete legionella manual, risk assessments and other tasks as appropriate. The Facilities Manger will also be responsible for organising in-house duties such as flushing of water pipes, record keeping, etc. and will liaise with the Operations Manager as appropriate
4. Additional guidance HSG 017.

3.19 Lone Working

1. There are a number of Council employees who work alone or in isolation as part of their work. It is essential that line managers identify, through risk assessments, any hazards associated with lone workers and put suitable control measures and procedures in place to minimise any risks to their health and safety. Key factors to consider are people's overall health and suitability to work alone, and people who are particularly at risk, namely young people, women and people with disabilities.
2. Additional guidance HSG 018.

3.20 Manual Handling

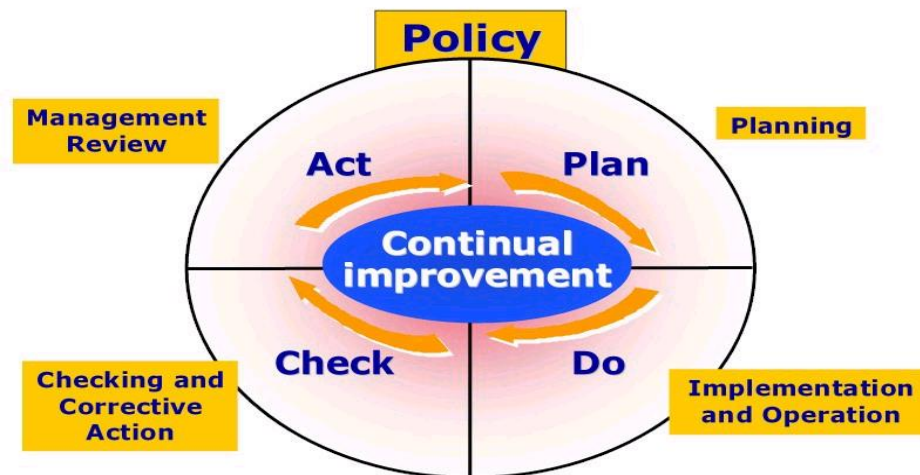
1. It is Council policy to avoid the risks created by manual handling activities where reasonably practical by implementing appropriate control measures.
2. All manual handling tasks with a significant risk of injury will be suitably risk assessed (OHS 015) and control measures implemented where required and practicable, in accordance with the Manual Handling Operations Regulations (NI) 1992.
3. All staff will be provided with manual handling awareness training to reflect their activities.
4. Additional guidance HSG 019.

3.21 Monitoring Health and Safety Performance

1. Health and safety audits (internal / external), surveys and inspections, both pro-active and re-active will be undertaken by Managers, Health and Safety Unit and Internal Auditors to report on and highlight the health, safety and welfare performance of Council.
2. Health and Safety *Inspection Checklist (OHS 013) and Inspection Report (OHS 014) will be undertaken periodically by the HSU at 3, 6 and 12 months intervals dependant on risk to ensure that:
 - a. Appropriate management arrangements are in place;
 - b. Significant hazards identified and adequate control measures implemented in accordance with the risk profile of the organisation
3. Where shortcomings in the health and safety management system are identified an action plan will be organised and completed by designated persons within a specified period.
4. Accident, injury and ill health records will be used as an indicator of health and safety performance thereby assisting management in monitoring the effectiveness of Council's policy and procedures.
5. The health and safety policy will be reviewed annually, or sooner, if necessary, to keep it up to date with changes in legislation, the Council's requirements, industry / local government sector standards or good practice.

6. The Council is committed to continual improvement as part of the '**Plan, Do Check and Act** process' (Figure 1) as outlined in the corporate health and safety strategy. The health and safety management system will be reviewed and revised annually against their key performance indicators. The Health and Safety Unit in conjunction with the CHSC will determine key objectives for the year ahead. It will also where possible benchmark within its sector to compare health and safety performance.
7. Additional guidance HSG 020

Figure 1



3.22 Noise

1. The Control of Noise at Work Regulations (CNWR) (NI) 2005, require that Council monitor the noise levels at work to ensure that all employees or others are not exposed to high levels of noise where applicable.
2. The noise exposure level under the CNWR is set at:
 - a. First Action Level of 80dB(A) hearing protection will be provided (ear plugs / muffs) for all employees and visitors who wish to use them
 - b. Second Action Level of 85dB(A) hearing protection will be provided for all employees and visitors; at this level it is mandatory and must be worn.
 - c. Peak Action Level of 200 Pascal's or 140 decibels these levels are short duration shock noises (Hammer bangs or initial cuts on woodworking machinery, etc.). Hearing protection must always be worn when carrying out these operations
3. The Council will monitor noise levels by undertaking a noise survey by a competent person where this is deemed necessary. The findings of the noise survey will be communicated to the relevant staff and suitable noise reduction techniques or engineering control measures implemented to remove or reduce the noise levels to the lowest level practicable.
4. PPE will be provided where noise cannot be fully controlled and must be worn properly and maintained hygienically to avoid ear infection. The Line Manager will monitor the

wearing of ear protection and ensure it is enforced where necessary by employees and visitors.

5. The noise survey will be reviewed every 3 years and where appropriate health surveillance carried out if applicable.
6. Additional guidance HSG 021

3.23 Office Safety

1. All display screen equipment and 'users', as defined within the Health and Safety (Display Screen Equipment) Regulations (NI) 1992, will have their workstation assessed using OHS 004 by their Line Manager. The assessment should include workstation ergonomics including seating, lighting, glare, desk space, plus the height and quality of screen image and software.

Employees who are DSE 'users' should organise their work activity to allow for regular breaks so that the DSE is interspersed with other activities whilst maintaining an acceptable level of efficiency and productivity.

2. Council accepts its responsibility under the DSE regulations, so far as an employee may have difficulty with their eyesight while using the DSE for their work, then we will pay for an eyesight test. This will determine if the employee requires corrective glasses to reduce the possible health risks involved in accordance with the DSE regulations

Council cannot be held responsible for natural eyesight defects such as near or long sight. If corrective eyewear is required then we will provide basic eyewear, which must be used whilst the operator is using the DSE

3. The DSE assessment will be reviewed annually or sooner due to changes
4. All office equipment should be maintained within the manufacturer's recommendations and report faulty equipment to your Line Manager
5. The Council will provide appropriate training to staff in the use of office equipment, where necessary. The training will include information and instruction regarding the safe system of work to be implemented and information provided by the manufacturers. Consideration should also be given to the hazards posed by replacing toner cartridges in printers and photocopiers.
6. Additional guidance HSG 022

3.24 Occupational Health

1. The World Health Organisation (WHO) defines occupational health as "the promotion and maintenance of the highest degree of physical, mental and social well-being of workers within the workplace."

2. Council recognise its general duty under section 2 of the Health and safety at Work Order 1978 which includes the mental health, safety and wellbeing of employees as well as their physical well-being.
3. Therefore Council will identify and assess risk to health both from the physical and mental aspects associated with its activities both to staff and others who may be affected. Adequate preventative control measures will be put in place to eliminate or reduce the risk to an acceptable level. The following is not an exhaustive list of health hazards and effect:
 - a. Physical Health Hazards / Effect:
 - Asbestos – asbestosis / lung cancer
 - Dust – occupational asthma
 - Noise – noise induced hearing loss / tinnitus
 - Vibration – hands-arm vibration syndrome (HAVS) e.g. white finger
 - Hazardous substances (chemicals) – Irritant / Allergic Contact Dermatitis
 - Ultra violet light – skin melanoma
 - Manual handling operations – Work-related musculoskeletal disorders (MSD)
 - Display screen equipment user – Work-related upper limbs disorder (WRULD)
 - Biological - hepatitis
 - b. Mental Health Hazards / Effect:
 - Anxiety – loss of interest, poor concentration, low mood, etc.
 - Depression include psychological, physical and social symptoms
 - Stress
 - Eating disorders – anorexia
 - Obsessive compulsive disorder (OCD)
 - Post-traumatic stress disorder
 - Drug and alcohol abuse
 - Sleep problems
4. It is recognised that not all mental health problems are related to work but the effects of work may adversely impact on the individual's health or problems outside of work may negatively impact on work performance. Nevertheless Council acknowledges as a responsible employer the need to manage mental health risk as they would any other.
5. Line Managers are a key component to successfully managing mental health and Council will provide them with relevant mental health awareness training and support as appropriate.
6. The Council will manage and control stress by the application and use of the HSE stress management standards which reflect on the six primary stressors at work – Demands; Control; Support; Relationships; Roles and Change. The stress assessment will be reviewed every 2-3 years or sooner if necessary.
7. Council is committed to the workplace health promotion including lifestyle factors such as healthy eating, physical activity and supporting staff to overcome addiction through programmes, signposting and counselling as appropriate.
8. Council believe to manage and control mental health successfully there is a need to work together across departments involving the individual, Line Manager, HR, Health and

Safety Unit, Occupational Health Professional and other specialist as required. There will also be a link between the various policies such as health and safety policy; attendance policy; harassment / bullying policies etc.

9. Additional guidance HSG 023

3.25 Personal Protective Equipment (PPE)

1. Personal Protective Equipment (PPE) will be issued, free of charge, to employees where a risk assessment indicates there is a requirement and in accordance with the Personal Protective Equipment at Work Regulations (NI) 1993.
2. PPE is the last item in the hierarchy of control measures and should only be used as a last resort after taking steps to eliminate and control risks by other means.
3. Where a need for PPE is required employees must use and maintain the equipment provided. Appropriate accommodation will be provided for PPE when it is not being used.
4. The Line Manager in conjunction with the supplier, health & safety committee and the HSU will assess and determine the requirements of PPE most suitable for the task where reasonably practical.
5. Personal Protective Equipment (PPE) shall be maintained in an efficient state and replaced if lost or found defective. A log of PPE issued will be maintained by the relevant Line Manager to observe trends and efficient use.
6. Additional guidance HSG 024

3.26 Risk Assessments

1. The Management of Health and Safety at Work Regulations (NI) 2000, Regulation 3 requires that an employer must make a suitable and sufficient assessment of risks arising from the work activity to the health and safety of employees and those who may be affected by the work activity.
2. Suitable and sufficient 'risk assessments' of the risks to the health, safety and welfare of Council employees and other persons who may be affected by Council operations, will be carried out by the relevant Line Manager or delegated competent person as appropriate.
3. Significant hazards must be identified; who may be affected, risk evaluated with appropriate control measures or if necessary additional controls and the findings recorded and communicated to the relevant employees and signed off.
4. Arrangements will be made to disseminate the relevant information to all persons likely to be affected by the activity.
5. The Health & Safety Unit will monitor the effectiveness of the risk assessments to ensure they remain suitable and sufficient to control risk
6. Risk Assessments will be reviewed annually or sooner if required due to changes in process, legislation, best practice, employees, plant or premises or accident / incidents

7. Specific risk assessment templates have been formulate to reflect relevant legislation for the following activities and should be used as appropriate. They can be found on the Council Intranet or from the HSU. The following is not an exhaustive list:

- a. General Risk Assessment (OHS 020)
- b. Young Person Risk Assessment (OHS 023)
- c. New Expectant Mother Risk Assessment (OHS 016)
- d. COSHH Risk Assessment (OHS 003)
- e. PUWER Risk Assessment (OHS 019)
- f. Manual Handling Risk Assessment (OHS 015)
- g. Display Screen Equipment Risk Assessment (OHS 004)

8. **New & Expectant Mothers Risk Assessment**

- a. It is important to Council that the health, safety and welfare of all our employees are safeguarded. We recognise our responsibilities under the MHSAWR 2000 and realise that if any of our employees become pregnant they must inform their manager immediately. This can be verbally but must be followed up by a written confirmation from their doctor.
- b. The management will carry out an individual specific risk assessment (OHS 020) of the work activity that the employee does for the Council to determine any risks to her and her unborn child that may arise. A female member of staff from HR can conduct the assessment with sensitivity and in confidence.
- c. Where the risks are significant then assistance or alternative employment will be provided.
- d. To maintain a safe working environment for any pregnant employees a suitable rest area will be provide for them to rest if required.

9. **Young Person's Risk Assessment**

- a. The MHSAWR 2000, regulation 19 defines a young person as someone who is over the legal school leaving age of 16 years but has not reached the age of 18 years. Due to their lack of work experience, maturity and lack of risk awareness. Therefore they should be supervised at all times until they gain the required experience, maturity and awareness of the risks.
- b. The Line Manager will carry out the risk assessment OHS 023 to determine any risks that the young person may be exposed to.
- c. The young person will be provided with all the information; instruction; training and supervision they require. They will also be provided with a mentor (responsible employee) who has accepted the responsibility of overseeing the young person.

10. Additional guidance HSG 025

3.27 Safe Systems of Work

1. The safe system of work (SSOW) is a logical process of how the work will be undertaken step by step with emphasis placed on health and safety controls.
2. The Line Manager will determine the safe system of work for the task / activities to be undertaken by their staff. There are two types of SSOW:
 - a. **Method statement** used for general use and incorporates written instruction which may be supported with pictorial images.
 - b. **Permit-to-work (PTW OHS 017)** used for specific tasks which are considered high risk such as confine space and must be signed off by the Manager
3. The SSOW should cover the following format:
 - a. Description of task
 - b. Location
 - c. Equipment, materials, signage, waste, PPE, etc.
 - d. Control measures
 - e. Analysis of the safe working practice (description of the task step by step with emphasis on the preventative control measures)
4. Additional guidance HSG 026

3.28 Safety Signs

1. All safety signs and notices must comply with the Health and Safety (Safety Signs & Signals) Regulations 1996.
2. All employees, visitors and contractors alike must take the necessary action to ensure that they are familiar with signage/notices their meaning, interpretation and comply with them so far as is reasonably practical.
3. The Council will erect specific safety signs as required where there is a risk which has not been avoided or controlled, by other means i.e. engineering, etc. The safety signs will conform to BS5378 in specific shape, colour and pictorial symbol to promote a specific health and safety message. Signs must be maintained with obsolete signs removed. The four main categorises of signs:
 - a. Prohibition – circular – red/white
 - b. Warning – triangle – black on yellow
 - c. Mandatory – circular – blue / white
 - d. Safe condition – oblong / square – green / white

Signs are a means of communicating essential health & safety information and must be observed by all persons.

4. Additional guidance HSG 027

3.29 Slip, Trip and Fall

1. Slips and trips are the most common cause of injury at work to staff and the most reported injury by members of the public. The Council must assess risk arising from slip and trip and under the Workplace (Health, Safety and Welfare) Regulations 1992 ensure floors/pedestrian routes to be suitable, in good condition and free from obstruction. People should be able to move around the workplace safely.
2. The Council will take all reasonable, sensible control measures to eliminate and reduce the risk of slip and trip such as:
 - a. Good housekeeping by all staff
 - b. Supervision and monitoring of workplace
 - c. Maintenance of premises
 - d. Pedestrian routes free of obstruction
 - e. Relevant signage and PPE as appropriate (e.g. safety footwear)
3. Staff must report damage to premises (floor/steps) or access equipment and take appropriate action to clear spillages.
4. The Manager responsible for the premises or caretaker will take appropriate measures in severe weather to create a safe pedestrian walkway for staff / public to access the premises. This will not necessarily eliminate the risk of slip/fall. Therefore staff must plan and allow for frost/snow and exercise due care and attention with appropriate footwear.
5. Additional guidance HSG 028

3.30 Street Works

1. Street works is a high risk area and must be managed in accordance with the Street Works (NI) Order 1995 (Safety at Street / Road Works Code of Practice) and the Road Traffic Regulations Order (NI) 1997 and any other relevant health and safety legislation as applicable.
2. The relevant Manager must ensure the following were applicable:
 - a. Pre-planning to consider site layout; necessary equipment identified, type of road, speed, traffic volume, local circumstances, pedestrians, hazards, etc.
 - b. Site specific risk assessment and safe system of work

- c. Pedestrians include cyclist, horse riders and those persons considered vulnerable such as young children, elderly or disabled.
 - d. Training and competence for the work activity including the nature of street works
 - e. Supervision and monitoring of work progress to ensure it continues to be safe
3. It is essential when undertaking street works to ensure the safety of both the operator and pedestrians who should not be put at risk and be able to see the nature of any obstruction well before they reach it.
 4. Additional guidance HSG 029

3.31 Waste Management Activities

1. The Waste Manager will identify all work activities; ensure that suitable risk assessments and safe systems of work have been completed and implement appropriate control measures.
2. The Council is committed not only to meeting its legal obligations but also best practice through the implementation of the HSENI / WISHNI series of health and safety waste guidance where reasonably practical.
3. The Council will provide suitable training to staff and include information and instruction regarding health and safety guidance, risk assessments and safe system of work to be implemented.
4. Only authorised and competent persons to operate dangerous work equipment, plant or machinery safely. A visual inspection should be carried out by the user and any defects reported to your Line Manager.
5. Drivers of Council vehicles must have a current driving licence; complete a daily visual checklist, reporting defects to their line manager and drive safely in accordance with the Highway Code / Driver Handbook.
6. Persons employed in the waste sector must comply with all health and safety measures, practice good personal hygiene and use PPE as provided.
7. The level of health surveillance will be determined by the risk assessment. Staff will be informed of significant chemical or biological hazards associated with waste and preventative control measures.
8. Workplace Transport Risk Assessment (OHS 022) will be completed for the depot(s), recycling centres or transfer stations by the Manager supported by the Health and Safety Unit and communicated to relevant staff.
9. Additional guidance HSG 030

3.32 Work Equipment, Plant and Machinery

1. The Provision and Use of Work Equipment Regulations (PUWER) (NI) 1999 requires that all equipment used must be suitable for the task and maintained in an 'efficient state, in efficient working order and in good repair' so that it is safe (regulation 5). This will include planned preventive maintenance e.g. changing worn parts) and periodic maintenance (e.g. lubrication / cleaning).
2. All Managers involved in procurement of new plant or equipment must comply with the 'Supply of Machinery (Safety) Regulations 2008' such as essential health and safety requirements, CE mark, etc. The Council will seek to liaise with suppliers to ensure that all new machinery is designed and supplied to work in a safe manner and comply with legal requirements.
3. Any equipment borrowed or hired-in must comply with legal minimum safety standards required by the Supply of Machinery (Safety) Regulations 1992; is accompanied by all appropriate maintenance and inspection records.

The person responsible for the supply, procurement and repair of work equipment and machinery is the relevant Line Manager. When choosing work equipment the following must be considered:

- a. The task that the equipment or machinery is to be used for including the wider health safety implications
 - b. The environment where it is going to be used
 - c. Competency for the person operating the plant, equipment or machinery.
 - d. All equipment must be CE marked.
4. **Employees are responsible for ensuring that all plant and equipment (including electrical equipment) is inspected visually prior to its use; and any defects are reported immediately to their Line Manager.**

Were defects have been identified the equipment should be isolated and a label attached "Do Not Use" until remedial action has been taken. **DO NOT USE FAULTY WORK EQUIPMENT.**

Employees have a legal obligation under the HSAWO 1978 and the MHSAWR 2000 to work in a safe manner and to use all equipment provided for their safety. Failure to do so may lead to disciplinary action.

5. Only **authorised** employees are to use dangerous machinery or equipment as instructed. A risk assessment will be completed by the Line Manager and communicated to staff. All operators to be provided with safety information, instruction (PUWER Reg. 8) and training (PUWER Reg. 8) to include:
 - a. Prevent access to dangerous parts of machinery
 - b. Protect against specified hazards

- c. Fit controls to equipment
 - d. Provide means of isolation from energy source
 - e. Ensure stability of equipment
 - f. Provide adequate lighting
 - g. Enable safe maintenance work
 - h. Affix health and safety markings and warnings
6. The machine operator will demonstrate competence when a accepted level of knowledge and safe working practices are used consistently
7. **Hand tools** to be suitable for the intended purpose; maintained in an efficient state and any defects to be reported to your Line Manager and not to be used until replaced or repaired by a competent person.

The user to be provided with information, instruction and training on hazards and controls.

8. **Lifting equipment** such as a cherry pickers or scissor lift must comply with the Lifting Operations and Lifting Equipment Regulations (NI) (LOLER) 1999. Only authorised and competent persons to operate mobile elevate working platforms (MEWP). All lifting equipment must be maintained as per the PUWER regulations.
9. **Statutory Inspection** - items of work equipment that require statutory inspection by a competent person(s) will be inspected at the require intervals as stated in the Figure 7.

Figure 7

	Type of Equipment	Frequency of inspection	Responsible person
a)	Lifting Equipment determined by the Lift Operations and Lifting Equipment Regulations (NI) 1999 – Telehandler Lifting accessories or lifting people equipment	12 months 6 months	Manager*
b)	Pressurised systems will be inspected at regular intervals as determined by the written scheme of examination	12 months	Manager*
c)	Local Exhaust ventilation	14 months	Manager*
d)	Electrical Installation depending on category (offices, leisure, commercial, swimming pool, etc.)	1-5 years	Manager*
e)	Company vehicles (PSV)	12 months	Manager*

*In conjunction with Estates Department to organise a competent engineer

10. **Pressure Systems** - under the Pressure Systems Safety Regulations (NI) 2000 Council will ensure so far as is reasonably practical that the pressure system used is safe. The design, construction, repair and modification of pressure systems will be managed so as

to prevent danger. All records as required by law such as scheme of work, etc. will be retained for inspection.

11. The pressure system will be operated and maintained correctly according to manufactures instructions and periodically examined under a written scheme of examination by a competent person (insurance company engineer).
12. Employees using pressurised handheld tools should carry out a visual inspection of airline and fittings. All defects must be reported immediately to their Manager for remedial action.
13. Additional guidance HSG 031

3.33 Workplace and Welfare Provision

1. The Workplace Health, Safety and Welfare Regulations (WHSWR) (NI) 1993 are designed to provide all employees with a safe place to work and adequate welfare facilities.
2. The Council will ensure that the premises as well as any fixtures, fittings and plant within it, do not present a risk to health, safety or welfare of employees, visitors, contractors or others who may come into contact with our activities and premises.

A formal weekly inspection (Premises Checklist OHS 025) of the workplace, buildings and outside environment will be carried out by the Line Manager or delegated as appropriate. Any defects and omissions identified to be reported promptly to the Line Manager who will organise repair or replacement with the Estates Department.

3. Working environment

- a. Regulations 6, 7, 8 and 9 (WHSWR) requires the employer to provide adequate ventilation temperature control, lighting and a clean work environment where waste materials are not allowed to accumulated
- b. Regulation 12 (WHSWR) requires the employer to ensure every floor in the workplace and traffic route is constructed, maintained and suitable for purpose

4. Welfare Facilities - Sanitary Convenience and Washroom Facilities

- a. Regulation 20 (WHSWR) requires the employer to provide sanitary conveniences (Figure 9) that must be adequately ventilated, lit and kept clean.
- b. Regulation 21 (WHSWR) requires the provision of suitable and sufficient washing facilities in the immediate vicinity of every sanitary convenience and must be kept clean and orderly. Provide hot and cold running water with soap and drying facilities i.e. paper towel, etc.
- c. Note the above facilities should be sufficient to enable everyone at work to use them without undue delay.

5. **Drinking Water** - regulations 22 (WHSWR) require the employer to provide adequate supply of drinking water.

6. Accommodation for clothing plus PPE and Facilities for Rest and to Eat Meals

- a. Regulations 23 (WHSWR) require the employer to provide suitable and sufficient accommodation for the clothing of any person at work which is not worn during working hours and for special clothing (PPE) which is worn at work but not taken home. The accommodation may be lockers or simple a peg or hock for each worker in a clean, warm, dry and well ventilated room
- b. It is essential for hygiene purposes that PPE is not left in the workshop at the end of the working shift but placed in storage.
- c. Regulation 25 (WHSWR) require the employer to provide suitable and sufficient rest facilities to eat meals where food eaten in the workplace would otherwise be contaminated i.e. wood dust. Equipment should include a kettle to provide hot water and a microwave to heat up food. The rest room should be kept clean to a suitable hygiene standard.

7. Housekeeping

- a. Council recognise the need to ensure that adequate standards of housekeeping are achieved and that poor standards are a common cause of injury and damage at work and can create unnecessary fire hazards. In order to maintain a safe and health workplace, good housekeeping is extremely important.

All employees have a part to play in the delivery of this requirement. They will ensure that their workplace and work equipment is kept in a clean and tidy condition, items and equipment must not be left on the floor to present a trip, slip or fall hazard and any cables are tucked away, covered or routed away from traffic routes.

- b. Hazardous substance such as solvents or pesticides must be stored in secure areas for e.g. flammable substances - fire proof cabinet. Combustible waste must be kept away from ignition sources.
- c. The workshops, stores, offices, premises and equipment should be cleaned daily and waste bins emptied daily to the outside receptacles.

8. Additional guidance HSG 032

3.34 Working at Height

1. All working at height has to be properly planned, properly supervised and carried out in a safe manner in accordance with the Working at Height Regulations (NI) 2005 which requires a risk assessment by the Line Manager and appropriate arrangements to be put in place by:
 - a. Eliminate working at height were possible for example can the work be undertaken at ground level and if not then assess the risk.
 - b. Minimising risks from working at height by introducing adequate controls

- c. Safe systems for **selecting suitable work equipment** to perform work at height
- d. Safe systems for **protecting people** from the consequences of work at height.
- e. Safe systems of work for **organising and performing** work at height

2. Use of Ladders / stepladder - the line manager shall ensure they are:

- a. The safest means of access given the work to be done and the height to be climbed
- b. Properly constructed
- c. Located securely on even ground and properly footed
- d. Secured at the top and/or bottom points of rest where possible
- e. Rising at least 1m above the landing place.
- f. Are used in suitable weather conditions (i.e. no high winds)
- g. Are only suitable to be used for light work of short duration (maximum half hour)
- h. Visual inspection of ladder / stepladder by operator prior to use for defects and a formal inspection biannual using OHS 026. To be organised by the Line Manager
- i. Over reaching is to be eliminated on ladders
- j. Three points of contact must be maintained at all times whilst on ladders

3. Mobile Elevated Working Platform (MEWP) / Hoist

- a. The Manager / Supervisor's shall ensure that any type of MEWP being used is well maintained; fit for purpose and with a current engineer's report of examination and test. It must also comply with the LOLER and PUWER requirements.
- b. The Safe Working Load (SWL) must be clearly displayed and kept within the SWL as per manufactures instructions.
- c. Staff must be competent and authorised to operate the MEWP and fully conversant with the risk assessment for the work activity including hazard identification and controls.
- d. Additional guidance HSG 033

3.35 Training

1. All new personnel will be given induction training, on their first day at work. Further training will be provided to meet the needs of individuals and their specific role as identified by the appropriate Manager. Employees should be able to perform their duties competently and safely. Refresher training will be provided to employees as and when necessary.
2. Health and Safety training will consist of the following:-
 - a. **Induction training** – provided to all new employees and others as necessary and consist of, amongst other components, a brief summary of the health and safety policy, outline of the health and safety management system and health and safety handbook and will be delivered by the Health and Safety Unit.
 - b. **Job-specific training** – this may include details of a safe system of work, correct use of PPE and changes in job requirements, for example, after an incident or period of absence from work and delivered by the appropriate Line Manger/Supervisor.
 - c. **Specialist Training** – to include, for example, first aid, fire safety, working at heights, manual handling, working with display screens, and other training as required will be coordinated and arranged by the relevant Manager, HR and the Health & Safety Unit.
 - d. **Management and Supervisory Training** – this type of training will focus on all levels of management and include interventions focused on legal requirements, accident prevention and the monitoring of health and safety standards in the workplace and delivered by the Health and Safety Unit
3. **Training Records** will be established as a part of a training matrix for all training and personnel. The Manager will maintain a training matrix for their staff with HR keeping a central training data base and include a copy of the training certificate. The original certificate should be returned to the individual.
4. Additional guidance HSG 034

3.36 Transport / Occupational Road Safety

1. Road safety at work for employees is important to Council. To ensure that vehicles and users are safe at all times the Council will issue a Drivers Handbook and where appropriate assess significant risk from driving to ensure that the correct controls and safeguards are put in place. All vehicle users must comply with the following:
 - a. Only authorised employees will be allowed to drive Council vehicles
 - b. All drivers will hold a full clean UK driving license.
 - c. If required, the driver must undergo a through medical examination and eyesight test.
 - d. All drivers must report any ill health, which may impair their driving abilities; road accidents and any fines and driving endorsements received.

- e. All vehicles will have a valid Road Tax disc and appropriate insurance
 - f. All vehicles will have a current MOT / PSV certificate if required
 - g. A competent garage mechanic will service all vehicles regularly and record maintenance log.
 - h. Employees responsible for company vehicles must fill in a daily Vehicle Checklist (OHS 021) and report any defects to their Line Manager
 - i. Privately owned vehicles may only be used for Council business if all relevant documentation is in order such as tax, insurance for business use and MOT if applicable.
2. Mobiles Phones - it is an offence under the Road Traffic Act to use a hand held mobile phone whilst driving this includes waiting at traffic lights and in traffic queues. The Council will not place pressure on any employee to use the phone whilst driving. Therefore the Council cannot be held responsible for any employee who is prosecuted for this offence. Before answering the phone the driver must pull over and park in a safe place. The use of call divert to voice mail is encouraged. The text message service is not to be used whilst driving. Failure to comply with this rule may lead to disciplinary action.
3. Additional guidance HSG 035

3.37 Vibration

1. The Control of Vibration at Work Regulations (CVWR) (NI) 2005, require that Council protect workers from risks to their health arising from exposure to hand-arm or whole-body vibration which is known to lead to permanent, debilitating health effects.
2. Council will assess risk of vibration arising from the use of tools or processes and introduce adequate controls to reduce the ill-health affects such as:
 - a. Assess risk
 - b. Reduce exposure to a minimum
 - c. Implement control measures to reduce risk
 - d. Keep exposure below the exposure limit value
 - e. Provide information and training on the risk and controls
 - f. Were necessary provide health surveillance when exposure reaches the exposure action value
3. The Council will monitor exposure to vibration and review risk assessments annual or sooner if required.

4. Additional information HSG 036

PART 5 – SECTION 75 EQUALITY AND GOOD RELATIONS

The Council is fully committed to meeting its obligations in relation to equality and good relations under Section 75 of the Northern Ireland Act 1998. In this regard the policy will be screened, and if necessary subject to an equality impact assessment.

PART 6 – CONTACT DETAILS

All queries relating to this policy should be addressed to the Health and Safety Team.

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APPENDIX I**Register of Health and Safety Guidance (HSG)**

No	Ref	Guidance Name	Page	Revision	Date
1	HSG 001	Abrasive Wheels	16	Original	010415
2	HSG 002	Accident/Incident Reporting	16	Original	010415
3	HSG 003	Accident/Incident Investigation	17	Original	010415
4	HSG 004	Asbestos	17	Original	010415
5	HSG 005	Cash handling	18	Original	010415
6	HSG 006	Confine Space	18	Original	010415
7	HSG 007	Control of Contractors	19	Original	010415
8	HSG 008	Control of Substance Hazardous to Health (COSHH)	19	Original	010415
9	HSG 009	Electrical Safety	20	Original	010415
10	HSG 010	Events	20	Original	010415
11	HSG 011	Excavations	21	Original	010415
12	HSG 012	Employee Consultation	21	Original	010415
13	HSG 013	Fire & Emergency Preparedness	22-23	Original	010415
14	HSG 014	First Aid Provision	23	Original	010415
15	HSG 015	Health & Safety Information for Employees	23	Original	010415
16	HSG 016	Health Surveillance	23-24	Original	010415
17	HSG 017	Legionella	24	Original	010415
18	HSG 018	Lone Working	25	Original	010415
19	HSG 019	Manual Handling	25	Original	010415
20	HSG 020	Monitoring Health & Safety Performance	25-26	Original	010415
21	HSG 021	Noise	26-27	Original	010415
22	HSG 022	Office Safety	27	Original	010415
23	HSG 023	Occupational Health	28-29	Original	010415
24	HSG 024	Personal Protective Equipment	29	Original	010415
25	HSG 025	Risk Assessments	29-31	Original	010415
26	HSG 026	Safe Systems of Work	31	Original	010415
27	HSG 027	Safety Signs	31-32	Original	010415
28	HSG 028	Slips, Trip & Fall	32	Original	010415
29	HSG 029	Street Works	33	Original	010415
30	HSG 030	Waste Management Activities	33-34	Original	010415
31	HSG 031	Work Equipment, Plant & Machinery	34-36	Original	010415
32	HSG 032	Workplace and Welfare Provision	36-38	Original	010415
33	HSG 033	Working at Height	38-39	Original	010415
34	HSG 034	Training	39	Original	010415
35	HSG 035	Transport / Occupational Road safety	40	Original	010415
36	HSG 036	Vibration	41	Original	010415

APPENDIX II**Register of Occupational Health and Safety Templates (OHS)**

No	Ref	Guidance Name	Page	Revision	Date
1	OHS 001	Accident / Incident Report	16	Original	010415
2	OHS 002	Accident / Incident Investigation	17	Original	010415
3	OHS 003	COSHH Risk Assessment	19	Original	010415
4	OHS 004	Display Screen Equipment Risk Assessment	27	Original	010415
5	OHS 005	Fire Risk Assessment	22	Original	010415
6	OHS 006	Fire Evacuation Drill	22	Original	010415
7	OHS 007	Fire Alarm Test	22	Original	010415
8	OHS 008	Fire Smoke Alarm Test	22	Original	010415
9	OHS 009	Fire Weekly Checklist	22	Original	010415
10	OHS 010	Emergency Lighting	22	Original	010415
11	OHS 011	Fire Extinguisher Inspection	22	Original	010415
12	OHS 012	First Aid Assessment	23	Original	010415
13	OHS 013	Health & Safety Audit Checklist	25	Original	010415
14	OHS 014	Health & Safety Audit Report	25	Original	010415
15	OHS 015	Manual Handling Operations Risk Assessment	24	Original	010415
16	OHS 016	New Expectant Mother Risk Assessment	30	Original	010415
17	OHS 017	Permit-to-Work	31	Original	010415
18	OHS 018	Contractor Pre-qualification Questionnaire	19	Original	010415
19	OHS 019	PUWER Risk Assessment	16	Original	010415
20	OHS 020	General Risk Assessment	29	Original	010415
21	OHS 021	Vehicle Checklist	40	Original	010415
22	OHS 022	Workplace Transport Risk Assessment	34	Original	010415
23	OHS 023	Young Person Assessment	30-31	Original	010415
24	OHS 024	Road Traffic Collision Report	16	Original	010415
25	OHS 025	Weekly Premises Checklist	36	Original	010415
26	OHS 026	Ladder / step-ladder Checklist	38	Original	010415

Causeway Coast & Glens Shadow Council

**HEALTH AND SAFETY
STRATEGY AND ACTION PLAN**

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INTRODUCTION

Protecting the health and safety (H&S) of our employees, or members of the public affected by our activities, is the most critical element in our risk management systems. Therefore, through the leadership and active participation of our Elected Members and Senior Management Team, we are committed to creating a healthy and safe working environment. This will be achieved through the delivery of this strategy and by adopting a common sense, practical, approach to H&S, where hazards are routinely identified and controls are directly applied, both appropriately and proportionately, to the level of risk.

Policy Aims:

The organisation and arrangements for H&S Management are outlined in Corporate Health and Safety Policy. The Policy also highlights the main corporate health and safety aims (listed below) which we have used to provide the foundation of this Strategy and Action Plan. The corporate H&S aims are:

- (a) To eliminate or minimise, so far as is reasonably practicable, the risk of serious injury and ill-health to staff at work or others affected by the work activity;
- (b) To promote and develop an integral health and safety culture;
- (c) To assess the risk profile for all Council activities and premises and implement relevant control measures;
- (d) To consult and communicate with all relevant stakeholders;
- (e) To monitor the Council's health and safety performance, to ensure compliance with its legal obligations and continual improvement in relation to its health and safety management systems.

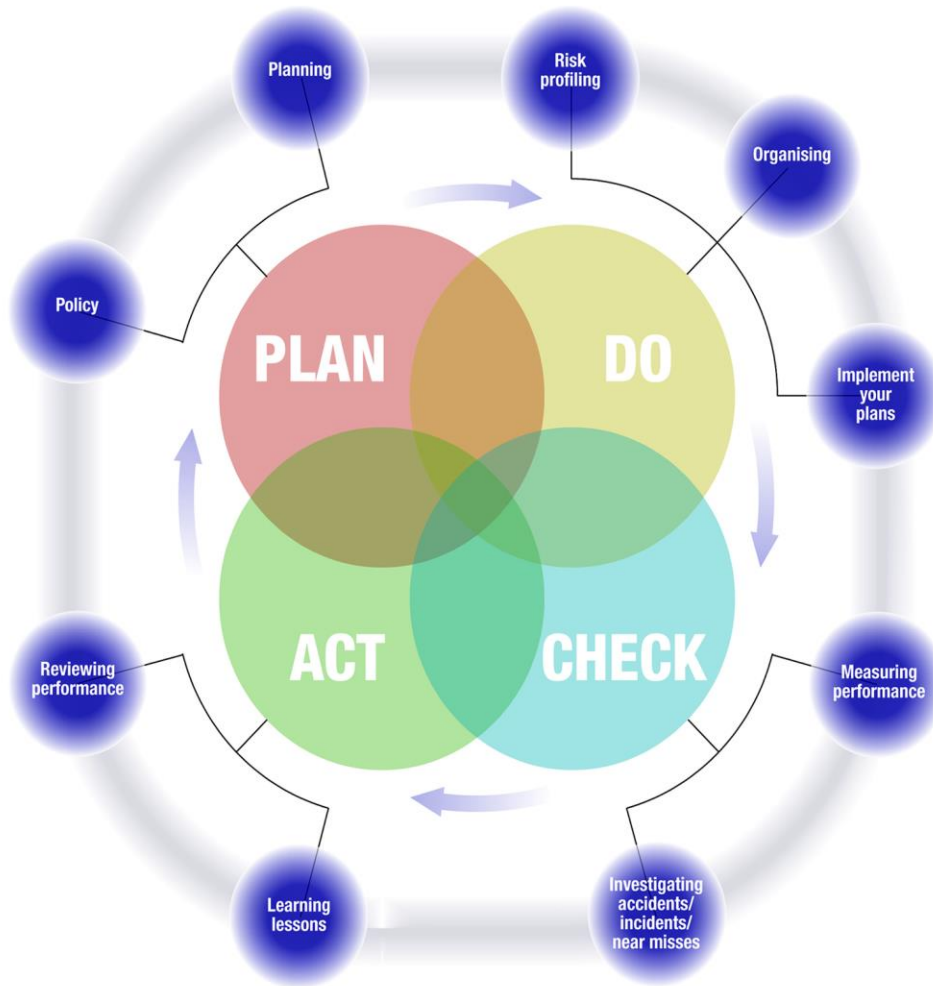
The Strategy:

Part One of the strategy describes our approach to managing H&S, and consists of a four key elements (PLAN, DO, CHECK, ACT, illustrated in figure 1 below), which are essential in helping us to implement our key H&S themes and effectively manage our key risk priorities.

Part Two provides specific detail – in the form of an action plan – on how the H&S themes and priorities will be implemented, monitored, measured and reviewed over the year ahead.

Figure 1: Plan-Do-Check-Act Model of H&S Management

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PART ONE

1. PLAN

The Strategy identifies specific corporate H&S themes and priorities (outlined below), which will provide the focus of our activities in 2015/16; these will complement the day-to-day H&S management practices throughout each of the directorates and key service areas.

The strategy up-dates and takes forward the work of four predecessor councils and has been agreed by the Council, Senior Management Team and trade unions.

The monitoring and review of the action plan delivery will be overseen by the Health and Safety Unit (HSU), reporting to the Senior Management Team (SMT) and Corporate Health and Safety Committee (CHSC). SMT, Service Managers, Line Managers and Supervisors will take the lead, where applicable, in the day-to-day implementation of the plan, and play an active role in ensuring that there is a strong commitment to H&S by employees, at all levels, throughout the organisation.

2. DO

Having discussed and considered the key H&S themes and priorities, taking account of the activities and experience of the predecessor bodies, SMT and the HSU unanimously held the view that strong leadership, active managerial and employee involvement and collective ownership are all critical elements in terms embedding a robust H&S culture and, as such, should feature strongly in the H&S Action Plan.

Risk Profile:

The action plan, for 2015/16, detailed in **Part Two**, outlines how the key H&S themes and risk priorities (summarised below) will be implemented, monitored, measured and reviewed.

Key Health and Safety Themes:

- Leading by example
- Actively managing health and safety
- Instilling a Culture of Ownership of health and safety
- Monitoring indicators of positive health and safety culture
- Monitoring reports of accidents, ill health and near misses
- Provision of safe facilities and amenities

- Keeping under review 'sensible and practical' policy and operational guidance

Key Health and Safety Risk Priorities:

Whilst the Council has responsibility for delivering a broad range of services, the priorities listed below - although not being exhaustive - represent, in senior management's view, the areas presenting the biggest H&S risks.

- Waste management activities
- Grounds maintenance activities
- Building maintenance activities
- Facilities management
- Harbours/marinas/beaches
- Lone working and site visits
- Occupational road risks
- Corporate events
- Work related stress
- Office based activities

3. CHECK

Monitoring and reporting arrangements are vital components of the H&S management system and are critical in terms of measuring and improving performance. Therefore, the following Key Performance Indicators (KPIs) have been designed to provide a baseline, in year one, against which performance can be measured in subsequent years.

Leading KPIs, where they are applicable to the corresponding action points, contained in the action plan, will be monitored and discussed in line with the timing of the Corporate Health and Safety Committee (CHSC) meetings. The CHSC will assess progress and take corrective action as required.

Lagging KPIs will be monitored, to ensure that line managers are investigating all incident reports and taking the appropriate level of action. Reports on performance against the lagging indicators will also be presented to the CHSC.

Part Two (The Action Plan) will be used as the main monitoring tool for the CHSC to measure and review corporate H&S performance on a quarterly and annual basis.

Key performance Indicators (KPIs)

Leading KPIs

Key performance Indicators (KPIs)	
KPI 1	Quarterly/biannual, shop floor, visits by senior management and elected members across all key service areas
KPI 2	100% reporting of all accidents, incidents, ill health, near misses/dangerous occurrences (inc. road traffic incidents) and appropriate levels of investigation, by management, in all cases
KPI 3	In relation to Corporate H&S Training, Education and Development (TED); establishment of a H&S Training Centre; provision of all mandatory training; and completion of a H&S TED training needs analysis (TNA)
KPI 4	Inclusion of H&S, where applicable, in the assessments of competence, in future recruitment and selection processes, evidenced in all recruitment and selection documentation
KPI 5	H&S standards established and adhered to in relation to the procurement of goods, equipment and services, evidenced in departmental reports/documentation
KPI 6	H&S considerations included as a standing agenda item on all service specific meetings and relevant Council (audit governance) committees evidenced through corporate/departmental/service meeting minutes
KPI 7	Increased participation of employees in H&S decision making and RA processes, evidenced through corporate/departmental/service meeting agendas/minutes
KPI 8	Active involvement of employees/employee representatives, with management, in undertaking H&S inspections/checks, evidenced in inspection reports and completed checklists, e.g. completed vehicle checklists
KPI 9	Appointment of competent partners/suppliers/contractors, evidenced in relevant committee reports, procurement exercises and site visits, e.g. completed PQQs, or site visit inspection forms
KPI 10	Maintaining, at the very least, a level of 'satisfactory' in relation to overall health and safety performance in both internal and external audits/workplace inspections, and maintain a level of %100 compliance with associated action points resulting from the same
KPI 11	Greater evidence, awareness and compliance with health and safety arrangements, evidenced through periodic workplace and premises inspection reports
Lagging KPIs	
KPI 12	Fewer incidents, including dangerous occurrences, near misses, property damage road traffic collisions and abusive behaviour
KPI 13	Fewer days lost to accidents/injury/ill health evidenced in quarterly sickness statistics, compiled by HR
KPI 14	Fewer reportable (RIDDOR) incidents
KPI 15	Fewer high priority statutory reports from insurers
KPI 16	Fewer public liability and employer's liability insurance claims

5. ACT

In line with good practice, it is essential to undertake periodic reviews of H&S performance. With this in mind the HSU will use the aforementioned 'leading and lagging' indicators to measure/review performance against each of the detailed action points described, in detail, in the action plan below. Action will be taken, as appropriate, to review/update corresponding policy, practices and/or procedures. Quarterly and annual reports, on H&S performance, will be provided to and discussed by the CHSC.

If, however, new issues emerge during the year, requiring urgent attention, the CHSC will review action plan priorities and advise SMT accordingly.

External audits of the entire H&S Management System (illustrated in Fig. 1), or its individual/specific component parts, will be undertaken in line with good governance and will be determined by the SMT and/or relevant Council Committee/s.

All actions/recommendations arising out of internal and external audit/review procedures will be reflected, accordingly, in any subsequent revisions of the H&S Action Plan.

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PART 2

Corporate Health & Safety Action Plan

2015/16

Action Point	What needs to be done	Who will do it	How will it be monitored	How will it be measured (Applicable KPIs)
Corporate H&S Theme: Leading by Example				
1	Implement a programme of shop-floor visits for Elected Members and SMT	Elected members in the company of SMT/HSU representatives	Feedback/report to CHSC, SMT, Council Committee meetings	1, 8, 10, 11 and all lagging indicators 12 - 16
2	H&S matters to be discussed, as a standing agenda item, on relevant senior and departmental management meetings	Senior/middle management	Quarterly feedback/reports at CHSC meetings	6, 7, 8
3	Options explored for the sharing of H&S information, including the development and maintenance of an employee H&S intranet facility	SMT, ICT, HSU	Progress update by HSU at CHSC	1, 6, 7, 8
4	Formal review of H&S performance (both internal and external auditing) commissioned and lead by SMT	SMT, CHSC, HSU, Auditors	All relevant review/audit reports will be presented to relevant Council Committees, with out-workings discussed and agreed by CHSC	1, 8, 10, 11 and all lagging indicators
Corporate H&S Theme: Actively managing health and safety				
5	Corporately agree the direction of the organisation and key strategic H&S priorities and KPIs for action for the next 3 years	SMT, CHSC, HSU	Priorities will be discussed and agreed by CHSC	1, 7
6	Identify gaps in current management arrangements and those contained in industry standards (HSE Leading Health and Safety at Work) and make recommendations to bridge any gaps	SMT, CHSC, HSU, external audit	Reports to CHSC	6, 7, 8, 10 and all lagging indicators 12 - 16

Action Point	What needs to be done	Who will do it	How will it be monitored	How will it be measured (Applicable KPIs)
7	Review procedures for identifying, discussing, controlling and monitoring risk (risk assessment); focusing on the risk priority areas featured (below)	SMT, CHSC, HSU, Line Managers	Line managers reporting to CHSC, HSU	2, 3, 4, 9, 10, 11 and all lagging indicators 12 -16
8	Keep under review the costs of managing H&S at corporate, directorate and service levels, to ensure that these costs are proportionate to the level of risk	SMT, Finance Dept., Internal Audit	Reports to SMT by Finance Dept.	5, 9, 11 and all lagging indicators 12 -16
9	Horizon scanning to ensure that the organisation is prepared for forthcoming changes in H&S Law	HSU	Reports to CHSC	10
Corporate H&S Theme: Instilling a Culture of Ownership of health and safety				
10	Development and promotion of a corporate H&S Vision/Mission Statement, followed up by actions to ensure that it is firmly embed into the organisational culture	Collective involvement of CEO, SMT, CHSC and Elected Members	Agreed vision to be confirmed at CHSC Meeting	1, 4, 5, 6, 7, 8, 9, 10, 11
11	All employees reminded of their responsibility to familiarise themselves with H&S policies, guidance and risk assessments, and sign off, where appropriate, receipt of the same	SMT, Line managers	Reporting to the CHSC	1, 2, 3, 6, 7, 8, 11
12	Sustained innovations/campaigns/initiatives, based on empirical data, to improve H&S performance, policy, practice and guidance	SMT HSU	HSU reporting to SMT and CHSC	1, 7, 10, 11
Corporate H&S Theme: Monitoring indicators of positive health and safety culture				
13	Quarterly and annual reports on the implementation of this plan and associated Leading KPIs, featuring HS Inspections, audits, and benchmarking exercise data	HSU	Reports to CHSC and SMT	1 to 11
Corporate H&S Theme: Monitoring reports of accidents, ill health and near misses				
14	Quarterly and annual reports on the implementation of this plan and the associated Lagging KPIs, featuring accident/incident, near-miss, dangerous occurrence data	HSU	Reports to CHSC and SMT	12 to 16
Corporate H&S Theme: Provision of Safe Facilities and Amenities				
15	Develop a rolling programme of H&S Inspections to facilitate the risk rating of facilities and amenities and	Facilities Managers, HSU	Inspection data recorded electronically along with reports to management/ follow-up visits	1, 2, 5, 10, 11 and all lagging indicators 12 - 16

Action Point	What needs to be done	Who will do it	How will it be monitored	How will it be measured (Applicable KPIs)
	prepare management reports/ action plans on the outcome of the inspections		by HSU and monitoring reports to CHSC	
Corporate H&S Theme: Keeping under review 'sensible and practical' policy and operational guidance				
16	Keep under review H&S Policy and ensure that it is reflective of any changes in the organisation and arrangements for H&S	HSU	Update CHSC and SMT	11
17	Produce, and keep under review, bespoke H&S Guidelines and Employee Handbooks	HSU	Update CHSC and SMT	12 to 16
Risk Priority - Waste management activities				
18	Identification and risk assessment of all workplace activities and associated SSOW	Line Managers (liaising with HSU)	Provide index of completed RAs to HSU	12 - 16
19	Undertake H&S TNA and implement resulting, service specific, training plan	Line Managers (liaising with HSU)	Included in the Quarterly H&S TED update to the CHSC	3, 11
20	Through weekly management inspections/checks, review compliance with RAs, SSOW, H&S Guidance, Site rules,	Line Managers, Supervisors	Departmental reporting structure	1, 2, 3, 10, 11 and all lagging indicators 12 - 16
Risk Priority - Grounds maintenance activities				
21	Identification and risk assessment of all workplace activities and associated SSOW	Line Managers (liaising with HSU)	Provide index of completed RAs to HSU	12 - 16
22	Undertake H&S TNA and implement resulting, service specific, training plan	Line Managers (liaising with HSU)	Included in the Quarterly H&S TED update to the CHSC	3, 11
23	Through weekly management inspections/checks, review compliance with RAs, SSOW, H&S Guidance, Site rules,	Line Managers, Supervisors	Departmental reporting structure	1, 2, 3, 10, 11 and all lagging indicators 12 - 16
Risk Priority - Building maintenance activities (both internal and contracted works)				
24	Identification and risk assessment of all workplace activities and associated SSOW	Line Managers (liaising with HSU)	Provide index of completed RAs to HSU	12 - 16
26	Undertake H&S TNA and implement resulting, service specific, training plan	Line Managers (liaising with HSU)	Included in the Quarterly H&S TED update to the CHSC	3, 11
26	Through weekly management inspections/checks, review compliance with RAs, SSOW, H&S Guidance, Site rules,	Line Managers, Supervisors	Departmental reporting structure	1, 2, 3, 10, 11 and all lagging indicators 12 - 16

Action Point	What needs to be done	Who will do it	How will it be monitored	How will it be measured (Applicable KPIs)
27	Contracted works undertaken in accordance with Control of Contractors Guidelines, and, where applicable, CDM Regulations	Heads of Service, Line Managers, Estates Mgt. Team	Estates Mgt. Team Procurement Section, Departmental Reporting Structure, HSU	5, 9, 10, 11
Risk Priority - Facilities management				
28	Programme of inspections initiated to risk rate all facilities and amenities	HSU, in consultation with Estates Mgt. Team and Facilities Managers	Reports to management, follow-up visits by HSU and monitoring report to CHSC	8, 10, 11
Risk Priority - Harbours/marinas/beaches				
29	Identification and risk assessment of all workplace activities and associated SSOW	Line Managers (liaising with HSU)	Provide index of completed RAs to HSU	12 - 16
30	Undertake H&S TNA and implement resulting, service specific, training plan	Line Managers (liaising with HSU)	Included in the Quarterly H&S TED update to the CHSC	3, 11
31	Through weekly management inspections/checks, review compliance with RAs, SSOW, H&S Guidance, Site rules,	Line Managers, Supervisors	Departmental reporting structure	1, 2, 3, 10, 11 and all lagging indicators 12 - 16
Risk Priority - Lone working and site visits				
32	Identification and risk assessment of all lone worker and lone working activities	Line Managers (liaising with HSU)	Report to SMT and CHSC	2, 11
33	Provision, implementation, monitoring and review of Lone Worker Guidelines	Line Managers, HSU	Report to SMT and CHSC	11 and all lagging indicators 12 -16
34	Provision of Lone Worker Training (inc. refresher) to Line Managers and Lone Workers	Line Managers, HSU	TED Update	3, 11
Risk Priority - Occupational road risks				
35	Provision, implementation, monitoring and review of Guidance and corresponding Drivers Handbook	Line Managers, HSU	Report to SMT and CHSC	11 and all lagging indicators 12 -16
36	Undertake Driver and Driving Routes Risk Assessments	Line Managers, HSU	HSU progress report to CHSC	
Risk Priority - Corporate Events				
37	Provision, implementation, monitoring and review of event safety guidance (HSE Purple Guide)	HSU	Report to CHSC	2, 3 and all lagging indicators 12 -16

Action Point	What needs to be done	Who will do it	How will it be monitored	How will it be measured (Applicable KPIs)
38	Event coordinators, supported by events team, produce event safety plans for Corporate Events, based on risk assessments	Event Coordinators	Report to HSU and CHSC	
Risk Priority - Work related stress (WRS)				
39	Monitoring system initiated to help identify and effectively manage incidents of WRS	Line Managers, HR	Quarterly reports to CHSC	1, 2, 3, 6, 10 and all lagging indicators 12 - 16
40	Management and employee training provided, and include elements focused on resilience, emotional intelligence,	Line Managers, HR	Quarterly reports to CHSC on TED implementation	
41	Develop a programme of corporate initiatives aimed at employee health and wellbeing	CHSC, HSU, HR	Quarterly Update at CHSC	
Risk Priority - Office based activities				
42	Provision, implementation, monitoring and review of Display Screen Equipment (DSE) training and associated risk assessments	Line Managers (liaising with HSU)	Quarterly reports to CHSC	3, 10, 11 and all lagging indicators 12 - 16
43	Monitoring system initiated to help identify and effectively manage incidents of ill health related to DSE and MSDs (musculoskeletal Disorders)			
44	Monitoring and review of welfare provision			