

<b>Title of Report:</b>	<b>Managing Stress</b>	<b>Item 4</b>
<b>Report to be considered by:</b>	Personnel	
<b>Date of Meeting:</b>	20 March 2009	

**Purpose of Report:** To seek approval for an approach to the identification and risk assessment of workplace stress in the Council, including a draft organisational stress management policy.

**Recommended Action:** That the proposals set out in the report are approved by Corporate Board for implementation by HR and Health and Safety.

**Reason for decision to be taken:** To enable the Council to effectively discharge its responsibilities under statute and common law qw.

**Key background documentation:** Management of Health and Safety at Work Regulations 1999.  
Health and Safety at Work etc Act 1974.  
Health and Safety Executive Website;  
<http://www.hse.gov.uk/stress/standards>.

The proposals will also help achieve the following Council Plan Outcomes:  
 **CPO14 - Effective People**  
 The proposals contained in this report will help to achieve the above Council Plan Themes and Outcomes by:  
 Ensuring that workplace stress is identified and acted upon, thus improving organisational efficiency and reducing the potential for litigation or prosecution.

Portfolio Member Details	
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<b>Date Portfolio Member agreed report:</b>	6 March 2009

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**Implications**

**Policy:** The report proposes a policy on organisational stress management

**Financial:** none

<b>Personnel:</b>	the report is proposed by HR
<b>Legal/Procurement:</b>	The report proposes an approach that will help to reduce the potential for prosecution for breaches in H&S legislation or claims against the Council for damages
<b>Property:</b>	n/a
<b>Risk Management:</b>	see Legal above
<b>Equalities Impact Assessment:</b>	A systematic approach to identifying potential workplace stress will include consideration of individuals who may be vulnerable to stress because of health problems or other personal circumstances

## Executive Summary

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### 1. Introduction

- 1.1 Stress at work is a serious issue which can both affect the productivity of the organisation and lead to the risk of prosecution or litigation if it is not addressed effectively.
- 1.2 The Health and Safety Executive (HSE) has developed stress management standards which define a desirable set of conditions to work towards in six key areas of the working environment. The standards are attached as Appendix A.
- 1.3 The Council currently has no formal stress management policy or risk assessment template, nor does it routinely gather information about stress at work which might help it to identify areas for action.

### 2. Proposals

- 2.1 In order to manage stress effectively in the Council, it is proposed that the Council;
  - (1) Adopts the draft stress management policy set out at Appendix B, after consultation with trade unions.
  - (2) Uses the Employee Attitude Survey 2009 to identify areas where stress at work may be an issue.
  - (3) Uses data from sickness absence, staff turnover, exit interviews and questionnaires, and grievances combined with the EAS 'stress question' results to provide an indicator of potential stress in particular service areas or teams.
  - (4) Uses HR Contacts to work with Heads of Service to develop a plan to investigate the issues and take action to address identified stressors.
  - (5) Produces a stress risk assessment template for managers to use where a particular job or individual has been identified as potentially vulnerable, either because of the nature of the work, changes in the work, or the background of the post holder.
  - (6) Produces guidance for managers on stress risk assessment, and guidance for employees on managing their own stress.
  - (7) Continues to promote and fund the mandatory stress management courses on the corporate training calendar through the Corporate Training budget.

### 3. Conclusion

- 3.1 The Council should adopt the proposals above to ensure that it is in a position to correctly identify stress at work and take measures to reduce or minimise the impact on employees.

## Executive Report

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### 1. Introduction

- 1.1 As an employer the Council has a duty to assess the risk of stress-related ill-health arising from work activities (Management of Health and Safety at Work Regulations 1999), and to take measures to control that risk (Health and Safety at Work etc Act 1974).
- 1.2 Work related stress accounts for over a third of all new incidences of ill-health. Each case of work-related stress, depression or anxiety related ill health leads to an average of 30.6 working days lost. A total of 13.5 million working days were lost to work-related stress, depression and anxiety in 2007/08 (Health and Safety Executive website figures).
- 1.3 The Council currently has no formal stress management policy or risk assessment template, nor does it routinely gather information about stress at work which might help it to identify areas for action.

### 2. What is 'stress' at work?

- 2.1 The HSE defines stress as 'an adverse reaction a person has to excessive pressure or other types of demands placed on them.'
- 2.2 There is now convincing evidence that prolonged periods of stress, including work-related stress, have an adverse effect on health. Research provides strong links between stress and physical effects such as heart disease, back pain, headaches, gastrointestinal disturbances or various minor illnesses; and psychological effects such as anxiety and depression.
- 2.3 Stress can also lead to other behaviours that are harmful to health, such as skipping meals, drinking too much caffeine or alcohol, or smoking. Tackling the causes of stress before they lead to ill health can prevent this from happening.
- 2.4 Research has shown work-related stress to have adverse effects for organisations in terms of:
  - Employee commitment to work
  - Staff performance and productivity
  - Staff turnover and intention to leave
  - Attendance levels
  - Staff recruitment and retention
  - Customer satisfaction
  - Organisational image and reputation
  - Potential litigation
- 2.5 The effects can be destructive at the level of the individual unit or team. For example, losing one colleague for an extended period with a stress-related illness can have a dramatic impact on the workload and morale of the rest of the team.

### **3. Health and Safety Executive advice**

- 3.1 The HSE recommends that an organisation should have an organisational stress policy to underline that it takes the issue of stress seriously and to set out what it plans to do to address stress at work.
- 3.2 The HSE has developed a set of Management Standards for the management of stress at work. Adherence to these standards will improve an organisation's ability to recognise and deal with stress at work, minimise the impact of work-related stress, and reduce the possibility of prosecution or litigation. Appendix A sets out the standards.
- 3.3 The Management Standards are a set of descriptions which define a desirable set of conditions to work towards in six key areas of the working environment;
- (1) Demands - includes issues like workload, work patterns, and the work environment
  - (2) Control - how much say the person has in the way they do their work
  - (3) Support - includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
  - (4) Relationship - includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
  - (5) Role - whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles
  - (6) Change - how organisational change (large or small) is managed and communicated in the organisation
- 3.4 The recommended approach to achieving the Management Standards can be summarised as follows;
- (1) Identify the hazards
  - (2) Decide who might be harmed and how
  - (3) Evaluate the risk and take action
  - (4) Record the findings
  - (5) Monitor and review
- 3.5 The HSE has developed an 'Indicator Tool' and an 'Analysis Tool' to help organisations to define the gap between current practice and the desirable standard. The Indicator Tool is a questionnaire to be used with staff, and the Analysis Tool will use the information to produce a set of data on the organisation's performance in each of the Management Standards. The HSE recommends that the analysis is used together with other data (e.g. on sickness absence) to develop an approach to tackling the causes of stress in the workplace.

#### **4. What does the Council need to do?**

- 4.1 The Council should have a coherent approach to managing stress at work, to include;
- (1) A policy statement on organisational stress
  - (2) An approach to identifying potential hazards and individuals or groups who may be particularly vulnerable to stress at work
  - (3) A system for putting into place measures to reduce or minimise the impact of stress in areas where it is identified as a problem through risk assessment
  - (4) Regular monitoring of stress at work and the effect of any measures put in place to reduce it
  - (5) A set of guidance for managers and employees on managing stress at work, and training to support this.

#### **5. Proposals**

- 5.1 The draft policy set out at appendix B should be adopted as the Council's statement on stress management, after consultation with trade unions.
- 5.2 The Employee Attitude Survey 2009 should be used to identify areas where stress at work may be an issue. Some of the standard questions may be used to generate this data; one or more of the 'local' questions could also be used.
- 5.3 Data from sickness absence, staff turnover, exit interviews and questionnaires, and grievances should be combined by HR with the EAS 'stress question' results to provide an indicator of potential stress in particular service areas or teams.
- 5.4 HR contacts will work with the Heads of Service to explain the indicator and to develop a plan to investigate the issues and take action to address identified stressors. This may include using the HSE Indicator Tool in a particular service area or team.
- 5.5 Health and Safety should produce a stress risk assessment template for managers to use where a particular job or individual has been identified as potentially vulnerable, either because of the nature of the work, changes in the work, or the background of the post holder.
- 5.6 Health and Safety should work with HR to produce guidance for managers on stress risk assessment, and guidance for employees on managing their own stress.
- 5.7 HR should continue to promote and fund the mandatory stress management courses on the corporate training calendar through the Corporate Training budget.

## **Appendices**

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Appendix A – Health and Safety Executive Management Standards on Stress at Work  
Appendix B – Draft Stress Management Policy for WBC

## **Consultees**

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**Local Stakeholders:** Not consulted  
**Officers Consulted:** Paul Shindler  
**Trade Union:** Not consulted





## Appendix A

# The Management Standards

### Demands

Includes issues like workload, work patterns, and the work environment

The standard is that:

- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work
- People's skills and abilities are matched to the job demands;
- Jobs are designed to be within the capabilities of employees; and
- Employees' concerns about their work environment are addressed.

### Control

How much say the person has in the way they do their work

The standard is that:

- Employees indicate that they are able to have a say about the way they do their work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- Where possible, employees have control over their pace of work;
- Employees are encouraged to use their skills and initiative to do their work;
- Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
- The organisation encourages employees to develop their skills;
- Employees have a say over when breaks can be taken; and
- Employees are consulted over their work patterns.

### Support

Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

The standard is that:

- Employees indicate that they receive adequate information and support from their colleagues and superiors; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation has policies and procedures to adequately support employees;
- Systems are in place to enable and encourage managers to support their staff

- Systems are in place to enable and encourage employees to support their colleagues;
- Employees know what support is available and how and when to access it;
- Employees know how to access the required resources to do their job; and
- Employees receive regular and constructive feedback.

## **Relationship**

Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

The standard is that:

- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- Employees share information relevant to their work;
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- Systems are in place to enable and encourage employees to report unacceptable behaviour.

## **Role**

Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

The standard is that:

- Employees indicate that they understand their role and responsibilities; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- The organisation provides information to enable employees to understand their role and responsibilities;
- The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

## **Change**

How organisational change (large or small) is managed and communicated in the organisation

The standard is that:

- Employees indicate that the organisation engages them frequently when undergoing an organisational change; and
- Systems are in place locally to respond to any individual concerns.

What should be happening/states to be achieved:

- The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
- The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
- Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
- Employees are aware of timetables for changes;
- Employees have access to relevant support during changes.



**Appendix B**




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# Organisational Stress Management Policy

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**Document Control**

<b>Document Ref:</b>	HROSP001	<b>Date Created:</b>	Jan 2009
<b>Version:</b>	1	<b>Date Modified:</b>	
<b>Revision due</b>	Jan 2012		
<b>Author:</b>	Jane Milone	<b>Sign &amp; Date:</b>	
<b>Owning Service</b>			
<b>Equality Impact Assessment: (EIA)</b>	<b>Date undertaken:</b>		
	<b>Issues (if any):</b>		

<b>Chief Executive</b>	Sign & Date:	
<b>Corporate Director (Community Services)</b>	Sign & Date:	
<b>Corporate Director (Children &amp; Young People)</b>	Sign & Date:	
<b>Corporate Director (Environment)</b>	Sign & Date:	

**Change History**

Version	Date	Description	Change ID
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2			
3			

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**Appendix B****1. Purpose**

- 1.1. The purpose of this policy is to ensure a working environment which promotes the physical and mental well-being of employees of West Berkshire Council.
- 1.2. The policy has been the subject of consultation with trade unions and heads of service, and has been approved by the Chief Executive and the Personnel Committee.

**2. Applicability**

- 2.1. This policy applies to all employees of West Berkshire Council with the exception of school-based employees, for whom separate procedures apply.

**3. Policy**

- 3.1. The Council recognises the impact that stress can have on the day-to-day lives of employees and their work and is committed to protecting the health, safety and welfare of its employees.
- 3.2. It is the Council's policy to identify workplace stressors and conduct risk assessment to eliminate, minimise or control the sources of workplace stress.
- 3.3. The Council will deal with stress through good management practice, providing a supportive atmosphere where people are encouraged to raise the issue of stress without feeling guilty or inadequate.
- 3.4. The Council will provide adequate resources and training to enable managers to implement the employee well-being and stress management policy.
- 3.5. The Council will ensure that every employee is treated fairly and with respect, and that confidentiality is maintained.

**4. Implementation**

- 4.1. The policy will be implemented through the development and maintenance of procedures for stress risk assessment, employee communication and consultation, induction and probation, performance management, managing sickness absence, and the Council's Health and Safety policies and procedures.
- 4.2. It will be supported by appropriate occupational health and employee counselling services, and training and development for managers.
- 4.3. Guidance will be available for employees and managers.

**5. Roles and Responsibilities**

**Appendix B**

- 5.1. The overall responsibility for employee well-being and stress management rests with the Chief Executive.
- 5.2. The Head of Human Resources is responsible for maintaining and reviewing this policy in line with changing legislation, codes of practice and internal policy changes in the Council.
- 5.3. Managers are responsible for;
  - 5.3.1. following good day-to-day people management practices
  - 5.3.2. ensuring that they have the skills and/or training to be able to recognise the signs of stress.
  - 5.3.3. carrying out stress risk assessment and involving Safety Representatives, where appropriate
  - 5.3.4. putting into place reasonable work practices to reduce workplace stress where appropriate
  - 5.3.5. consulting with Safety Representatives on any changes to work practices or work design that could precipitate stress.
- 5.4. Employees are responsible for;
  - 5.4.1. maintaining their own health and well-being
  - 5.4.2. raising issues or workplace stress with their managers promptly.
- 5.5. Human Resources are responsible for;
  - 5.5.1. providing advice, guidance and training to managers in reducing and managing the impact of stress at work
  - 5.5.2. referring employees to the Council's occupational health service where appropriate.
  - 5.5.3. referring employees to a confidential counselling service as appropriate, where requested by the manager.
- 5.6. Health and Safety are responsible for;
  - 5.6.1. developing a stress risk assessment template and supporting managers in carrying out assessments.
  - 5.6.2. providing specialist advice to managers and employees on stress management.



**Appendix B**

5.6.3. informing the Council of any changes and developments in the field of stress at work.

**6. Failure to comply**

- 6.1. Failure to comply with this policy may lead to employees being exposed to unnecessary stress at work. Stress may not be identified early enough to deal with it effectively, thus putting employees' health at risk.
- 6.2. Failure to identify and act upon stress at work may lead to increased absence from work, underperformance at work, and increased employee turnover, putting service delivery at risk.

**7. Review**

- 7.1. This policy will be reviewed at least every three years, and whenever there is a need to comply with new legislation or codes of practice.

**8. Associated Documents**

- Employee Well-Being – The Role of the Manager - internal training course
- Stress Risk Assessment Procedure (*to be written*)
- Advice for Managers on Stress Management (*to be written*)
- Advice for Employees on Managing Stress at Work (*to be written*)
- Health and Safety Policy
- Induction and Probation Policy and Procedures
- Performance Management (Appraisal) Policy and Procedure
- Management of Sickness Absence Policy and Procedure
- Avoiding Bullying and Harassment Policy and Guidance



<b>Title of Report:</b>	<b>The Smoke-Free Policy</b>	<b>Item 5</b>
<b>Report to be considered by:</b>	Personnel	
<b>Date of Meeting:</b>	20 March 2009	

**Purpose of Report:** To inform Personnel Committee of the proposed revisions to the West Berkshire Council Smoke Free Policy (Previously called The Smoking Policy), and seek a decision upon the proposed amendments.

**Recommended Action:** Personnel Committee is recommended to approve the amended policy.

**Reason for decision to be taken:** The current Smoking Policy was implemented in February 2007. It specified that Personnel Committee would review its implementation in March 2009.

**Key background documentation:**

The proposals will also help achieve the following Council Plan Outcome: <input checked="" type="checkbox"/> <b>CPO8 - A Healthier Life</b> The proposals contained in this report will help to achieve the above Council Plan Themes and Outcomes by: Helping the Council to comply with outcome 13 of the Local Area Agreement.
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<b>Date Portfolio Member agreed report:</b>	

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## **Implications**

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**Policy:**

**Financial:**

**Personnel:**

**Legal/Procurement:**

**Property:**

**Risk Management:**

**Equalities Impact  
Assessment:** February 2009

## **Executive Summary and Report**

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### **1. Introduction**

- 1.1 The current Smoking Policy was implemented in February 2007. It stated that its implementation would be reviewed by Personnel Committee in March 2009.
- 1.2 The Smoke Free Policy is the proposed revised version of the Smoking Policy.
- 1.3 Feedback on the implementation and use of the Smoking Policy has been sought from managers in all services. Consultation on the proposed Smoke Free Policy has taken place with managers and trade unions.
- 1.4 Revisions have been made to the policy in response to consultation feedback from managers and trade unions and in response to best practice advice.

### **2. Proposals**

- 2.1 The original policy pre-dated the smoke free legislation which came into effect in England on 1<sup>st</sup> July 2007. The proposed policy has been reworded to reflect that the legislation is now in force. The following key changes are proposed:
    - (1) Change of title – to mirror the PCT policy and to express the aim of providing a smoke free workplace.
    - (2) Sections 3.7 and 3.8 added to include specific information relating to cars used by more than one employee or used to transport other employees and/or service users.
    - (3) Section 3.10 in response to management feedback about employees smoking away from Council premises a requirement to cover a WBC uniform, where worn, has been added.
    - (4) Sections 2.2 and 5 have been added in response to management feedback from managers within Community Care. These amendments allow exemptions to be granted in exceptional circumstances to service users.
  - 2.2 The addition of these points would have to be agreed by Personnel Committee as they do not comply with outcome 13 of the Local Area Agreement (Appendix C) but would assist managers in managing individual cases. In adding the amendment exceptions within the PCT Policy (Appendix D) were considered.
- ### **3. Conclusion**
- 3.1 Personnel Committee is requested to approve the revised Smoke Free Policy.

## Appendices

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- Appendix A – The Smoke Free Policy (Proposed WBC Policy)
- Appendix B – The Smoking Policy (Current WBC Policy)
- Appendix C – Outcome 13 of the Local Area Agreement
- Appendix D – Section s 3.3 and 5 of the PCT Smoke Free Policy

## Consultees

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- Local Stakeholders:** Not consulted
- Officers Consulted:** Management Board  
Corporate Board  
Third tier managers and above.  
The Operations team within Human Resources
- Trade Union:** Unison and GMB.

## Appendix A



# Smoke Free Policy

### Document Control

<b>Document Ref:</b>		<b>Date Created:</b>	20-02-07
<b>Version:</b>	2	<b>Date Modified:</b>	February 2009
<b>Revision due</b>			
<b>Author:</b>	Katie Penlington	<b>Sign &amp; Date:</b>	
<b>Owning Service</b>			
<b>Equality Impact Assessment: (EIA)</b>	Date undertaken:		
	Issues (if any):		

<b>Chief Executive</b>	Sign & Date:	
<b>Corporate Director (Community Services)</b>	Sign & Date:	
<b>Corporate Director (Children &amp; Young People)</b>	Sign & Date:	
<b>Corporate Director (Environment)</b>	Sign & Date:	

### Change History

Version	Date	Description	Change ID
1	20-02-07	Smoking Policy	
2	February 2009	Reviewed and revised as The Smoke Free Policy	
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## 1. Purpose

- 1.1 This statement sets out West Berkshire Council's policy on smoking on Council premises.
- 1.2 The policy aims to meet outcome 13 of the Local Area Agreement; which states that all National Health Service and Local Authority sites, including buildings and grounds, should be completely smoke free by the end of 2006/7, and to meet the requirements of UK smoke free legislation.
- 1.3 *The Chief Executive and Corporate Board have approved the Smoking Policy, following consultation with Heads of Service, other managers, and the trade unions.*

## 2. Applicability

2.1 This Policy applies to:

- (1) All non-school based employees working for the Council, including those working from home or at non-Council locations.
- (2) Other persons including Elected Members, consultants, agency staff and contractors working for the Council, external organisations working with the Council, whilst engaged on Council business.
- (3) Service users and visitors to the Council whilst on Council premises (buildings and grounds)

2.2 This policy applies in:

- All premises (buildings and grounds) and vehicles where employees of West Berkshire Council work.
- Council owned or leased public buildings including libraries, theatres, and leisure facilities. This includes care homes; however, exemptions may be granted to residents who live in such establishments. Managers of care homes must take every possible reasonable measure to ensure that second hand smoke is kept to an absolute minimum for all staff and other residents.
- Premises where West Berkshire Council has a responsibility as landlords unless specific exemptions apply as agreed with the tenants.
- In exceptional circumstances an exemption may be granted to a service user with a cognitive impairment or other condition where the requirements of section 5 below have been followed.

2.3 It is the responsibility of each employee and other person mentioned in Section 2.1.2 to familiarise themselves with and adhere to this Policy.

2.4 Adherence to this Policy is a condition of working for the council or using its assets.

2.5 This document is published on the Human Resources pages of the intranet and is referred to in the Disciplinary Rules.

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### **3. Policy**

- 3.1 It is the Policy of the Council to provide a safe and comfortable working environment within all its buildings for employees and visitors.
- 3.2 The Council aims to reduce the exposure of non-smokers to tobacco smoke at work and will implement control measures to create a safe and healthy environment for employees and for others affected by its undertakings.
- 3.3 The Council accepts that smoking is a legal activity and a matter of personal choice. This policy is not concerned with whether individuals smoke; it is concerned with where and when smoking takes place.
- 3.4 The Council acknowledges that smoking is a highly addictive habit and will support employees who wish to stop. Smoking cessation sessions will take place for employees and elected members who wish to give up smoking.
- 3.5 Employees may request up to a maximum of 12 hours off work during their employment to attend smoking cessation clinics.
- 3.6 Smoking is prohibited within all Council owned or leased premises and grounds, and non-residential buildings. This does not include public footpaths, parks and roads etc.
- 3.7 Smoking is not permitted at any time in Council owned or leased vehicles that are used by more than one employee, service users or members of the public; for example pool cars, mini-busses and courier vans. Such vehicles should display appropriate no-smoking signage.
- 3.8 Employees using their own vehicle or who use a lease car provided under the Council's car leasing scheme should not smoke when transporting other employees or service users. They should not permit passengers to smoke in the vehicle.
- 3.9 Smoking is not permitted within working hours. Employees who are smokers are only permitted to smoke in their own time (i.e. in break times) and must go off site to do so.
- 3.10 Employees who wear West Berkshire Council uniforms must cover their uniforms if they go off site to smoke.

### **4. Implementation**

- 4.1 The smoke free policy will be published on the Council's website and on the intranet.
- 4.2 All visitors and contractors will be notified of the policy via notices in reception areas.
- 4.3 Notices reminding people that they are in a smoke-free area will be displayed in prominent locations. These signs will comply with the requirements set out in the smoke-free legislation.
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4.4 Details of this policy will be sent to service users prior to first visits by officers. Service users will be requested not to smoke one hour before, and during visits to their home by West Berkshire Council employees.

4.5 Applicants will be advised that West Berkshire Council is a smoke-free organisation in recruitment literature.

4.6 Employees will be made aware of the smoking policy during their induction.

## 5. Exceptional Circumstances

5.1 In exceptional circumstances an exemption may be granted to a service user with a cognitive impairment or other condition that means that he/she would be at greater risk if expected to smoke away from the grounds of Council premises where he/she is receiving services. Any exemption should be authorised by the Head of Service. Before an exemption is granted a thorough risk assessment should be completed recording the following points:

- The **exceptional** reasons why the service user should be allowed to smoke whilst attending services provided by the Council
- The risk to the safety of the service user if leaving the grounds to smoke and any measures that could be put in place to remove or reduce the risk to an acceptable level
- The risk to safety of employees, other service users or property of allowing the service user to smoke within the grounds and details of any measures that can be put in place to remove or reduce the risk to an acceptable level
- How the exemption, if granted, will be communicated to staff and other service users to ensure that the Smoke Free Policy is not contravened by others to whom the exemption does not apply
- Specifically where the service user will be allowed to smoke and any additional arrangements required to enable this
- The date on which the risk assessment and exemption will be reviewed

5.2 The Head of Service should consider the risk assessment before deciding whether to authorise the exemption. The Head of Service should record his/her decision in writing.

5.3 A copy of the risk assessment and the Head of Service's authorisation should be retained for the duration of the exemption.

## 6. Roles and Responsibilities

6.1 The overall responsibility for the smoke free policy within WBC rests with the Chief Executive.

6.2 All managers are directly responsible for implementing this policy within their service areas, and for the adherence of their staff and others (2.1.2 and 2.1.3).

6.3 Corporate Directors will ensure the full implementation of this policy by:

- Promoting awareness of this policy to all line managers
  - Setting a good example to employees
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- Making sufficient resources available to ensure implementation of the policy
- Supporting and encouraging employees who wish to give up smoking

6.4 Line managers will ensure full implementation of this policy by:

- Ensuring all workers are made aware of this policy during induction
- Monitoring compliance and acting upon breaches of this policy. Breaches of the policy by employees will normally be handled informally in the first instance.
- Ensuring that service users who smoke are aware of this policy
- Considering reasonable requests from employees who do not wish to enter the home of a service user who is a heavy smoker
- Supporting and encouraging employees who wish to give up smoking

6.5 Employees:

- Must comply with this policy
- Must not smoke when undertaking home visits
- Should support and encourage employees who wish to quit smoking

6.6 Facilities and managers of establishments will:

- Ensure that appropriate signs are displayed at all entrances and throughout all corporate buildings
- Ensure that all people booking rooms in buildings covered by this policy are made aware of the requirements of this policy.

6.7 All those detailed at 2.1.1, 2.1.2 and 2.1.3 have an individual responsibility to adhere to this Policy and any relevant Standards and/or Procedures.

## **7. Failure to comply with WBC Smoke Free Policy**

7.1 This document provides staff and others with essential information regarding the Council's Smoke Free Policy and sets out conditions to be followed. It is the responsibility of all to whom this Policy document applies to adhere to these conditions. Failure to do so may result in:

- Withdrawal of access to relevant services
  - Informal disciplinary processes
  - Formal disciplinary action
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7.2 Employees who persistently contravene this policy may be subject to action under the Council's disciplinary procedure.

**8. Review**

8.1 This policy will be reviewed to respond to any changes in legislation and at least every 3 years.

8.2 Human Resources are responsible for reviewing and maintaining this Policy.

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**Appendix B**


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## Smoking Policy

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<b>Document Ref:</b>	Smoking Policy	<b>Date Created:</b>	20/02/2007
<b>Version:</b>	1	<b>Date Modified:</b>	
<b>Revision due</b>	20/02/2008		
<b>Author:</b>	Sally Johnson	<b>Sign &amp; Date:</b>	
<b>Chief Executive</b>	Nick Carter	<b>Sign &amp; Date:</b>	
<b>Director CS</b>	Teresa Bell	<b>Sign &amp; Date:</b>	
<b>Director C&amp;YP</b>	Margaret Goldie	<b>Sign &amp; Date:</b>	
<b>Director E</b>	John Ashworth	<b>Sign &amp; Date:</b>	
<b>Head of HR</b>	Robert O'Reilly	<b>Sign &amp; Date:</b>	

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## 1. Introduction

- 1.1 Smoking remains the single biggest cause of ill-health and premature death in this country killing approximately 106,000 people every year. One in five deaths is smoking-related.
- 1.2 Following a free vote by MPs in February 2006, legislation making all workplaces and enclosed public places smoke-free will be introduced in England from summer 2007. West Berkshire Council supports this move and, as the authority that will be responsible for enforcing the law in local businesses, recognises the need to introduce an appropriate smoke-free policy in all council owned premises from 26th March 2007.
- 1.3 **Local Area Agreement 2006 – 2009 Outcome 13: second hand smoke.** The Local Area Agreement target for Health and Wellbeing Strategy states: "All NHS and LA sites to be completely smoke free, including building and grounds, by the end of 2006/07. Increase the number of smoke free work places with >20 workforce. Decrease the proportion of pregnant women who smoke".

## 2. Statement of Intent

- 2.1 West Berkshire Council is committed to providing a safe and comfortable working environment within all its buildings for employees and visitors. It will do as much as possible to ensure the health of its employees is not put at risk, even in the homes of service users. It aims to reduce the exposure of non-smokers to tobacco smoke at work and will implement control measures to create a safe and healthy environment for any person employed by West Berkshire Council or others who may be affected by its undertakings. However, the Council also accepts that smoking is a legal activity and a matter of personal choice. Therefore, the policy is not concerned with whether individuals smoke; it is concerned with where and when smoking takes place.
- 2.2 The Council also acknowledges that smoking is a highly addictive habit and is willing to provide assistance to employees who smoke who wish to stop.

## 3. Scope

- 3.1 This policy covers all premises (buildings and grounds) and vehicles where employees of West Berkshire Council work, whether they are full time, part time or temporary agency staff.
- 3.2 The policy covers all Council owned public buildings including libraries, theatres, leisure facilities etc.
- 3.3 The policy also covers care homes. However, exemptions may be given to residents who live in such establishments. Managers of such premises must take every possible measure to ensure that second-hand smoke exposure is kept to an absolute minimum for all staff and other residents.
- 3.4 Local Education Authority School Governing Bodies are strongly encouraged to adopt this policy or produce their own policy that as a minimum meets the standards in this policy. Consideration should be given to including outside grounds in the policy as well as all buildings. For further information on school
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smoking policies, schools should refer to the Berkshire Healthy Schools guidance on smoke-free schools at [www.berkshirewest-pct.nhs.uk](http://www.berkshirewest-pct.nhs.uk).

- 3.5 The policy also covers premises where West Berkshire Council has a responsibility as landlords unless specific exemptions apply as agreed with the tenants.

#### **4. Standards**

- 4.1 Smoking will be prohibited within all Council owned premises and grounds, non residential buildings and vehicles. This does not include public footpaths, parks, roads etc.
- 4.2 All visitors and contractors will be notified of the policy via notices in Reception Areas.
- 4.3 Persistent contravention of this policy by employees will be regarded as a disciplinary breach and will be treated as misconduct under the Disciplinary Policy.
- 4.4 Smoking away from Council buildings and grounds will only be permitted in the employees own time, i.e. break times, and will not be permitted within working hours.
- 4.5 Notices reminding people they are in a smoke-free area will be displayed in prominent locations. These signs will comply with the requirements set out in the smoke-free legislation from summer 2007.
- 4.6 Means to assist employees to quit smoking will be provided. Employees can request up to 12 hours in total off of work to attend smoking cessation clinics.
- 4.7 Service Users will be requested not to smoke 30 minutes before and during visits to their home by West Berkshire Council employees.

#### **5. Responsibilities**

- 5.1 The Human Resources Service will ensure full implementation of this policy by:
- Ensuring that this policy is reviewed annually or sooner if legislation, approved codes of practice, or incident forms, highlight deficiencies in the policy;
  - Providing advice and information on this policy to all employees of West Berkshire Council;
  - Offering advice and information on cessation programmes available for persons who wish to stop smoking;
  - Actively promoting national no-smoking campaigns such as No Smoking Day (second Wednesday in March every year);
  - Ensuring all job advertisements and descriptions state that West Berkshire Council operates a smoke-free policy.
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- The West Berkshire Occupational Health Service supported by the West Berkshire Council HR Service will: provide smoking cessation programmes for smokers who wish to quit and support and encourage employees and colleagues who wish to quit.

5.2 Corporate Directors will ensure full implementation of this policy by:

- Promoting awareness of this policy to all line managers;
- Setting a good example to employees;
- Making sufficient resources available to ensure implementation of the policy;
- Support and encourage employees who wish to quit.

5.3 Line Managers will ensure full implementation of this policy by:

- Ensuring all workers co-operate to ensure the success of this policy using induction awareness;
- Monitoring compliance and act upon breaches of this policy. In the unlikely event of an employee not respecting the policy the line manager will attempt to resolve the situation informally in the first instance;
- Ensuring that Service Users who smoke are aware of the policy;
- Considering reasonable requests from staff who do not wish to enter the home of a service user who is a heavy smoker;
- Supporting and encourage employees who wish to quit.

5.4 Employees:

- Must co-operate to ensure the implementation of this policy;
- Must not smoke when undertaking home visits;
- Should support and encourage colleagues who wish to quit.

5.5 Facilities/Managers of establishments will;

- Ensure the display of appropriate signs at all entrances and throughout all corporate buildings;
- Through their room booking facility, ensure all people booking rooms are aware of the standards in this policy.

## **6. Implementation**

6.1 This policy will take effect from the 26th March 2007.

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- 6.2 The Policy will be widely circulated to all employees and Elected Members of the Council for implementation on 26th March 2007.
  - 6.3 Details of this policy will be sent out to Service Users prior to first visits by officers and placed on the intranet and website.
  - 6.4 Smoking cessation sessions will take place for employees and Elected Members who wish to give up smoking.
  - 6.5 The Personnel Committee will review the implementation of this policy in March 2009.
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## Appendix C

<b>Block:</b> Healthier Communities and Older People				
<b>LAA Outcome 13: Second Hand Smoke</b>				
<b>Indicator Supporting Outcome:</b>				
<p>1. All NHS and LA sites to be completely smoke free, including buildings and grounds by the end of 2006.</p> <p>2. Increase the number of smoke-free workplaces with &gt;20 workforce.</p> <p>3. Decreased proportion of pregnant women who smoke.</p>				
<b>Non LPSA Reward Target</b>	<b>2004/05 Baseline</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
1. All NHS and LA sites to be completely smoke free, including buildings and grounds by the end of 2006.		100%		
2. Increase the number of smoke-free workplaces with >20 workforce.		50%	100%	
3. Decreased proportion of pregnant women who smoke	18%	Decrease of 1% (17%)	Decrease of 1% (16%)	Decrease of 1% (15%)
<b>Responsibility for target: Health and Well-being Partnership</b>				
<b>Key Officer Contact: Lesley Wyman, Head of Health Improvement, Newbury and Community PCT, Lesley.wyman@berkshire.nhs.uk</b>				
<b>Organisations involved in delivering outcomes:</b> West Berkshire Council, Newbury and Community PCT, Reading PCT, Community and voluntary sector, business sector, media, education				
<b>Links to key Plans and Policies:</b>				
<p>CHD National Service Framework, NHS Cancer Plan, Smoking Kills, DH White Paper, PCT LDP,</p> <p>Childrens NSF – Every Child Matters</p> <p>This outcome is given the most prominence of all the priorities stated in the Choosing Health White Paper.</p>				
<b>Evidence for Outcome</b>				
<p>Smoking is the single greatest cause of illness and premature death in England today. It accounts for one fifth of all deaths, one third of all cancer and one seventh of all cardiovascular disease. Over 80% of lung cancer is directly attributable to smoking. 26% of adults smoke, with greater prevalence in lower socio-economic groups.</p> <p><b>Second Hand Smoke can affect both children and adults. It is estimated that up to 50% of children are exposed to SHS in the home (Hovell et al., 2000) and it is been causally linked with lower-respiratory tract infections such as bronchitis and pneumonia, increased risk of sudden infant death syndrome, asthma, respiratory symptoms, and acute and chronic middle-ear disease (Scientific Committee on Tobacco Health,1998).</b></p>				

Overall, the Scientific Committee on Tobacco Health (1998) suggests that exposure to SHS increases the risk of lung cancer and ischaemic heart disease by up to 30%. Based on these figures, ASH (2003) estimated that about 600 lung cancer deaths and up to 12,000 deaths from heart disease in non-smokers in the UK may be attributed to SHS. More recently, Jamrozik (2005) estimated that passive smoking at work is likely to be responsible for 617 deaths per year (more than two employed people per working day), including 54 deaths in the hospitality industry each year, while each year passive smoking at home might account for another 2,700 deaths in persons aged 20-64 years and 8,000 deaths among people aged  $\geq$  65. Hovell et al. (2000) suggest that SHS is the third leading preventable cause of death.

**Freedoms and Flexibilities:**

None

**Conditions Attached to this Outcome**

None

## Appendix D

### **Section 3.3 of the PCT Smoke Free Policy states:**

'Some flexibility in allowing smoking may be necessary in exceptional circumstances e.g a terminally ill patient in a palliative care setting or a patient with mental health health problems in an acute psychiatric state. In these circumstances, efforts would be made to discourage smoking as far as possible, but patients/clients may be permitted to smoke in designated, separate rooms where it will not inconvenience other patients/clients who are not smokers. Designated rooms should have a sign clearly stating that only patients/clients may smoke there.'

Appendix A of the PCT Policy sets out requirements for ventilation, fire safety for and display of Stop Smoking Service information in designated smoking rooms.

### **Section 5 of the PCT Policy states:**

#### **'PATIENTS/CLIENTS**

Patients/clients are not allowed to smoke in Trust buildings with the exception of:

- Patients/clients who are terminally ill or with mental health problems in an acute psychiatric state. This does not include day unit patients.
  - In exceptional circumstances, where in the view of professional care staff, the needs of the patient/client indicate that a particular patient/client should be allowed to smoke, in a designated area or preferably outside'
-