

# REPORT FOR DECISION



<b>DECISION OF:</b>	<b>Cabinet</b>
<b>DATE:</b>	<b>18 December 2013</b>
<b>SUBJECT:</b>	<b>Health and Safety: Annual Report 2012/13</b>
<b>REPORT FROM:</b>	<b>Deputy Leader/Cabinet Member for Finance and Corporate Affairs</b>
<b>CONTACT OFFICER:</b>	<b>Mike Owen, Executive Director of Resources</b>
<b>TYPE OF DECISION:</b>	<b>NON KEY DECISION</b>
<b>FREEDOM OF INFORMATION/STATUS:</b>	This paper is within the public domain
<b>SUMMARY:</b>	<p>1.1 The national government has reconfirmed its commitments to good health and safety management and has initiated a review of national Codes of Practice and guidance with the aim of simplifying requirements.</p> <p>1.2 National sentencing guidelines now include “cost cutting at the expense of safety” as an aggravating factor.</p> <p>1.3 Within the Council significant progress has been, and is being, made on corporate health and safety management. This includes:</p> <ul style="list-style-type: none"> <li>• Tightening of health and safety structures</li> <li>• Support to managers through the provision of training</li> <li>• Promotion of health and safety</li> <li>• Reviewing and updating systems, standards and guidance, etc...</li> </ul>

	<p>1.4 Key areas that are currently under development include:</p> <ul style="list-style-type: none"> <li>• Procurement and contract management (see paragraphs 4.8 to 4.11)</li> <li>• Facilities management</li> <li>• Delivery of the Council’s health and safety auditing strategy</li> </ul> <p>1.5 Progress has been led by the central occupational health, safety and welfare teams, who will continue to progress work streams identified in Appendix 3 and to monitor standards of implementation through auditing and monitoring activity. Progress of the work plans relies on the support, cooperation and input from departments and services. Departments are ultimately responsible for the implementation of corporate and local arrangements and standards.</p> <p>1.6 Key indicators and trends:</p> <ul style="list-style-type: none"> <li>• The local authority’s benchmark indicator for absences (BV12) shows a continued decrease for the fifth successive year; however the associated opportunity costs increased in 2012/13. This included increases associated with mental health and musculoskeletal conditions and indicates a continuing need to maintain and develop good management practices relative to health at work</li> <li>• There was a slight increase in the rate of absences of three days or more that are associated with workplace injuries and illnesses, however there has been a more significant downward trend since 2009/10</li> <li>• Slips, trips and falls, and behavioural related incidents, account for the highest proportions of internally reported health and safety incidents</li> <li>• Upward trends are apparent in the costs of employers and public liability claims against the Council</li> </ul>
<p><b>OPTIONS &amp; RECOMMENDED OPTION</b></p>	<p>Cabinet is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the contents of this report;</li> <li>2. Endorse the Corporate Health and Safety Work Plan, which is attached as Appendix 3;</li> </ol>

	3. Note the departmental developments and plans that are attached as Appendix 5.
<b>IMPLICATIONS:</b>	
<b>Corporate Aims/Policy Framework:</b>	Do the proposals accord with the Policy Framework?      Yes                      No
<b>Statement by the S151 Officer: Financial Implications and Risk Considerations:</b>	<p>Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks:</p> <ul style="list-style-type: none"> <li>• There are significant financial risks</li> <li>• Legal - risk of enforcement action, prosecution and civil actions</li> <li>• Business continuity - loss of service, temporary service provisions</li> <li>• Health and safety of employees, service users and others</li> <li>• Damage to reputation</li> </ul> <p>Effective Departmental Plans are essential to mitigate these risks and control costs arising from insurance claims.</p>
<b>Statement by Executive Director of Resources:</b>	There are no other specific resource implications arising from this report. The health and safety of staff, service users and the borough's residents should continue to be factored into service plans and into all key developments as a matter of good practice.
<b>Equality/Diversity implications:</b>	Yes                      No (see paragraph below)
<b>Considered by Monitoring Officer:</b>	<p>Yes</p> <p>The Council has a duty to follow health and safety legislation. Failure to comply with it is a serious criminal offence which can lead to the Council, senior managers or individual officers being prosecuted. Fines may be unlimited and prison sentences are possible. It is not possible to indemnify individuals against fines. The Health and Safety Executive and Greater Manchester Fire and Rescue Service have lesser powers to prohibit work activity or use of buildings and equipment where serious risks to safety, health or fire safety exist. They may also statutorily require improvements to be made in any given time frame.</p>

<b>Wards Affected:</b>	All
<b>Scrutiny Interest:</b>	Overview and Scrutiny Committee

**TRACKING/PROCESS**

**DIRECTOR: Mike Owen**

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Yes			
Scrutiny Committee	Committee	Council	
	Cabinet 18/12/13		

## **1.0 BACKGROUND**

1.1 Annual Health and Safety Reports provide a formal mechanism for:

- Monitoring and assessment of organisational performance;
- Recognising significant concerns and issues that impact on health and safety management and performance;
- On-going review of organisational arrangements, including health and safety policy;
- Adoption of organisational and departmental work plans and targets.

1.2 The Health and Safety Annual Report represents a core element of the Council's health and safety management system.

1.3 The system is designed to implement standards that are set out in the Management of Health and Safety at Work Regulations and Health and Safety Executive (HSE) guidance on organisational health and safety management. This national guidance is currently under review and development however the current version can be accessed through the following link:

<http://www.hse.gov.uk/managing/index.htm>

## **2.0 ISSUES**

### ***National Health, Work and Well-being Agenda***

2.1 There are several on-going national strategies and areas of development:

- A review of the health of the working age population was published in 2008 (the Black Review). This was concerned with the impact of work on health and the affect that work can have on improving health. The coalition government has reconfirmed a commitment to the implementation of the review's recommendations. One of the recommendations was that the public sector should lead by example
- An HSE led national strategy for health and safety at work "Health and Safety of Great Britain: Be part of the solution" was published in 2009. This seeks to improve workplace health and safety management through the commitment of all stakeholders and by holding those who fail in their duties to account
- The coalition government has commissioned two reviews of the national health and safety system (the Young Review, published in 2010, and the Lofstedt review, published in 2011). This was in light of concerns that the national approach had become overly bureaucratic, risk averse and litigious

2.2 The reviews of 2010 and 2011 found the national health and safety system to be largely fit for purpose. However, the government is committed to providing simplicity within the system. With this in mind, it has asked the HSE to review its Codes of Practice and guidance. These reviews are on-going. This process also has an emphasis on ensuring that significant risks are focussed on (to avoid risk aversion).

- 2.3 Further detail on the national reviews, strategy and developments is attached as Appendix 1.

### ***National Health and Safety Management Model***

- 2.4 The HSE guidance on organisational health and safety management has moved from using the POPMAR (Policy, Organising, Planning, Measuring performance, Auditing and Reviewing) model to a 'Plan, Do, Check, Act' approach. The move is intended to achieve a better balance between systems and behavioural aspects of management. It also brings health and safety management more into line with other quality management systems.
- 2.5 The Council's Health and Safety Policy was reviewed in January 2013. The review anticipated the HSE's change in approach, with a new appendix providing an overview of the management system in the Plan, Do, Check, Act model.

### ***Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR)***

- 2.6 RIDDOR is the law that requires employers to report and keep records of:

- work-related deaths
- serious injuries
- cases of diagnosed industrial disease
- certain 'dangerous' occurrences (including near miss accidents)

- 2.7 Changes have been made to the RIDDOR reporting requirements, which came into effect from 1 October 2013. These are intended to simplify the mandatory reporting requirements, while ensuring that the national data that is collected from reports gives an accurate and useful picture of workplace incidents. Information on the changes is attached as Appendix 2.

### ***Other National Developments (sourced from the Royal Society for Prevention of Accidents – RoSPA)***

- 2.8 Recent years have shown an upward trend in recent years in the level of fines for breaches of health and safety legislation. Cases involving fatalities routinely result in fines of hundreds of thousands of pounds. Furthermore, corporate manslaughter sentencing guidelines introduced in 2010 state that health and safety offences causing death should incur fines of at least £100,000; corporate manslaughter fines should seldom be less than £500,000 and potentially in the £millions.
- 2.9 Recent economic conditions have forced public sector employers to seek ways in which to work more efficiently, including reducing staff numbers. However, the national sentencing guidelines include a list of "aggravating factors" which will lead to a higher sentence in the event of a conviction and these include "cost-cutting at the expense of safety". It is therefore vital that careful consideration is given to the safety related consequences of any job cuts and other changes.

### **3.0 PROGRESS**

3.1 A vision statement for Health and Safety was adopted in January 2013. The vision is:

*"To achieve high standards through the development of proactive health and safety practices, behaviours and culture, led from the top down with managers and employees taking ownership of their responsibilities."*

#### **Central Health and Safety Team**

3.2 A three year work plan for the central health and safety team was adopted to support the delivery of the vision. This was reviewed and updated in September 2013.

3.3 Significant developments under the plan include:

- The production of a corporate health and safety auditing strategy
- Securing higher management representation
- Review of the corporate health and safety policy
- An active and on-going promotional campaign aimed at achieving improved levels of understanding and ownership of health and safety management needs
- Development of improved arrangements for the management of significant health and safety incidents and issues, including triage and follow up arrangements
- Reviewing and updating systems, standards and guidance, etc...

3.4 In addition to delivery of its work plan, the health and safety team has provided a significant amount of support in light of HSE investigations and inspections and in the provision of training with regard to the Construction (Design and Management) Regulation.

3.5 The work plan (under action point 18) covers issues that have been identified nationally as priorities for local government. These are:

- Construction
- Transport
- Contractors
- Fire
- Mental health problems
- Musculoskeletal injuries
- Waste management

3.6 Key areas of work that are currently under development include:

- Procurement and contract management (see paragraphs 4.8 to 4.11)
- Facilities management
- Delivery of the auditing strategy

3.7 An updated copy of the work plan is attached as Appendix 3. This includes further detail on work streams and progress.

## ***Departments***

- 3.8 The primary role of the central health and safety team is to support departments and managers so that they are enabled to deliver their health and safety responsibilities and to assist them to achieve good health and safety management standards. Departments have responsibility for applying health and safety management systems and are accountable for the health and safety standards that are achieved.
- 3.9 Summaries of departmental progress and future work streams are attached as Appendix 5.

## ***Health and Safety Policy***

- 3.10 The Corporate health and safety policy was reviewed and updated in January 2013, copies of the policy, together with appendices detailing the accountability and responsibility structure and an overview of the health and safety management model, are available on the Council's intranet (<http://intranet.bury.gov.uk/OccupationalHealthAndSafety/HealthAndSafety/PolicyStatement.htm> )
- 3.11 The Executive Director for Resources has taken the role of Designated (Occupational Health and Safety) Director, as detailed under Section 3, paragraph 6 of the policy.
- 3.12 The Elected Member with responsibility for overseeing the occupational health and safety portfolio is the Deputy Leader – Finance and Corporate Affairs. This role is detailed under Section 3, paragraph 3 of the policy.
- 3.13 The policy will be reviewed in January 2014 to take account of on-going developments in organisational arrangements.

## **4.0 PERFORMANCE MONITORING**

### ***Absence data***

- 4.1 Table 1 in Appendix 3 provides data and analysis on the Council's absence trends over the inclusive period of April 2012 to March 2013. The following trends are of note:
- Mental health and musculoskeletal conditions accounted for the highest proportion of lost days and the highest salary costs paid during periods of absence
  - Bury's performance against the national indicator for absence rates (BV12) shows a welcome downward trend, however overall 'opportunity' costs are up. This suggests that there is a complex picture and a continuing need to maintain and develop further good management practices relative to health. These would include management of work place health risks, and provision of support for people to remain at or return to work
  - Mental health and musculoskeletal conditions can have work related causative factors and there continue to be variations in rates between



departments, which indicate that work factors are likely to be impacting. Work place factors may include:

- Causative factors
- Differences in the nature of work which dictates which health conditions have the greatest impact on ability to work
- Culture

4.2 National statistics compiled by the HSE for 2011/12 indicate that ill health accounts for 43% of health and safety incidents, 84% of the related sickness absence, and over 99% of work related deaths per year.

### ***Accidents and incidents***

4.3 Table 2 in Appendix 4 provides data on reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The data for 2012/13 shows an increase in reportable incidents that led to 3 or more days of absence from work duties. However, this is a minor increase and there appears to be an overall downward trend since a peak in 2009/10.

4.4 Table 3 in Appendix 4 provides data and analysis on the Councils internal accident and incident reports over the inclusive period of April 2012 to March 2013. The following trends are of note:

- Slips, trips, and falls accounted for 25% of reports
- Incidents of assault, behavioural incidents, abuse, and intimidation accounted for 18% of reports

### ***Insurance***

4.5 Table 4 in Appendix 4 provides data and analysis of employee and public liability claims against the Council. It is too early to accurately assess claims made for 2012/13 because there is still time for further claims to be made.

### ***Incidents***

4.6 An incident occurred in August 2012 during survey work in preparation for the development of one of the Council's sites. A gas main was damaged by a specialist external contractor whilst digging bore holes to collect soil samples. A detailed investigation was carried out into the management of the project and of the contractors undertaking the work. This was shared with the HSE, and it is pleasing that the HSE felt confident enough in the investigation's recommendations and the subsequent action plan that was adopted by the service in question that they decided to take no further action in respect of this incident.

4.7 In September 2012, there were two accidents involving children using playground equipment. The equipment had been tampered with by third parties in both cases leaving it in a dangerous condition. On investigation, service managers decided that existing inspection regimes were adequate.

## ***Procurement and contract management***

- 4.8 There have been several recent incidents involving contractors or external service providers working on behalf of the Council. Varying standards of management are apparent across and within these contract arrangements. Strengths and weaknesses are also apparent within the contracting processes, with better focus on some aspects of contract management than others.
- 4.9 Management of the health and safety performance within external services and contracts is of significant importance to the Council and this is likely to increase alongside potential changes in service delivery arrangements associated with austerity measures. The specific arrangements and circumstances for each contract will dictate how liabilities are split, or shared, between the Council and its external service providers. However, some liability will usually remain with the Council.
- 4.10 Contract arrangements should seek to identify and control retained liabilities, whilst ensuring suitably good health and safety performance within contract or service delivery. Health and safety should form an integral part at each stage of the processes:
- Pre contract – development of specifications, carrying out any surveys that are necessary, providing full information to prospective providers, etc.
  - Selection of service provider
  - Monitoring and control during service delivery
- 4.11 The central health and safety team will be working closely with the strategic procurement team in:
- Reviewing existing arrangements and practices
  - Updating arrangements, systems and standards where appropriate
  - Supporting departments and managers to fully understand the extent of their roles and to deliver their responsibilities relative to external service provision and contracts

## ***Enforcement***

- 4.12 The Council was prosecuted by the HSE in December 2012 following an incident that occurred in June 2011, involving an electrical cable strike. This has led to positive responses within the Department of Communities and Neighbourhoods (DCN) and more widely at a corporate level (as detailed in the work plan attached as Appendix 3).
- 4.13 A significant amount of work has taken place within the DCN to review arrangements and to introduce improvements where appropriate. A three day training course, "Health and Safety in Successful Management" has been provided to managers in all departments where their service areas are considered to present medium to high risks. A two day training course is currently being rolled out to the remainder of the Council's managers.

4.14 It is routine practice for the HSE to carry out follow up visits to employers when there has been a prosecution to ascertain whether any further action is necessary. The HSE visited the Council in February 2013 and concluded that appropriate action was being taken in light of the incident and so no further action was required by the HSE in respect of this incident.

## **5.0 RISK MANAGEMENT**

5.1 Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks and actual costs. For example:

- There are significant financial risks
- Legal - risk of enforcement action, prosecution and civil actions
- Business continuity - loss of service, temporary service provisions
- Health and safety of employees, service users and others
- Damage to reputation

## **6.0 EQUALITY AND DIVERSITY**

6.1 Adoption of good health and safety management arrangements has a positive impact on equality and diversity because appropriate emphasis is placed on the needs of vulnerable groups and individuals.

**COUNCILLOR JOHN SMITH**  
**CABINET MEMBER FOR FINANCE AND CORPORATE AFFAIRS**

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### **List of Background Papers:-**

None

### **Contact Details:-**

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## **OCCUPATIONAL HEALTH AND SAFETY**

### **NATIONAL AGENDA AND STRATEGIES**

A Government commissioned review of the health of the working age population (The "Black Review") was published in 2008. This has led to the development of a national agenda with cross party support, which has the following key principles and aims:

- Prevention of ill health through good design and management of jobs and promotion of health and well-being;
- Early intervention, treatment, rehabilitation and support for those who develop a health condition;
- Extending rehabilitation and support to those who are out of work because they suffer ill health, so that everybody with the potential to work has the support that they need in order to take up employment;
- A public sector that leads by example.

There remains an active agenda and information is available at the Health, Work and Well-being website. This can be accessed through the following link:

<http://www.dwp.gov.uk/health-work-and-well-being/>

#### **Health and Safety of Great Britain: Be part of the solution**

A national strategy "Health and Safety of Great Britain: Be part of the solution" was published in 2009. The HSE has reconfirmed its commitment to the strategy in light of the current financial landscape, with the statement that "good health and safety is good business".

The strategy has four objectives:

- To reduce the number of work-related fatalities, injuries and cases of ill health;
- To gain widespread commitment and recognition of what real health and safety is about;
- To motivate all those in the health and safety system as to how they can contribute to improved health and safety performance;
- To ensure that those who fail in their health and safety duties are held to account.

It identifies the following key themes:

- The need for strong leadership
- Building competence
- Involving the workforce
- Creating healthier, safer workplaces
- Customising support for small and medium sized enterprises

- Avoiding catastrophe

More information on the strategy is available on the HSE website. This can be accessed through the following link:

<http://www.hse.gov.uk/strategy/index.htm>

## **Government Reviews of the National Health and Safety Management System**

The coalition government commissioned two reviews in light of perceived negative perceptions of the health and safety system. In particular, concerns were expressed over unnecessary bureaucracy, risk aversion and excessive litigation. The Young Review published its findings and recommendations in October 2010, whilst the Lofstedt review was published in November 2011.

Whilst many of the concerns were found to be due to perception rather than bad practice or failings within the system, the reviews have led to on-going active development at a national level. Key development areas include:

- Re-emphasis on the continuing importance that the Government places on health and safety management
- Focusing enforcement on higher risk businesses
- Focussing health and safety management interventions on genuinely significant risks (this has been, and continues to be, the focus of the Council's Health and Safety Policy)
- Development of systems by the HSE to provide practical and simple assistance for employers in managing health and safety in lower risk environments such as offices
- Clarification of the requirements that are placed on employers e.g. through a review of Approved Codes of Practice
- Simplifying and streamlining Regulations, with a view to removing old and redundant legislation and avoiding repetition within the system
- Rebalancing the civil litigation system with a view to avoiding opportunistic and unhelpful claims
- Setting up of a national register of accredited Health and Safety Consultants

More information on the reviews can be accessed through the following link:

<http://www.dwp.gov.uk/policy/health-and-safety/>

## **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**

### **Changes in reporting requirements with effect from 1 October 2013**

Changes have been introduced with the intention of simplifying the reporting requirements in the following areas:

- The classification of 'major injuries' to workers is being replaced with a shorter list of 'specified injuries'
- The existing schedule detailing 47 types of industrial disease is being replaced with eight categories of reportable work-related illness
- Fewer types of 'dangerous occurrence' will require reporting

There are no significant changes to the reporting requirements for:

- Fatal accidents
- Accidents to non-workers (members of the public)
- Accidents which result in the incapacitation of a worker for more than seven days

Recording requirements will remain broadly unchanged, including the requirement to record accidents resulting in the incapacitation of a worker for more than three days. Information on the reporting requirements can be accessed through the following link:

<http://www.hse.gov.uk/riddor/what-must-i-report.htm>



## Three Year Work Plan (January 2013 to December 2016)

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
<b>Section 1: Developing leadership, ownership and culture</b>			
<b>1. Occupational Health and Safety Policy</b>	<p>Seek agreement of draft Health and Safety Policy and further develop to include mainstreaming arrangements</p> <p>Review Corporate Policy in light of current developments</p>	<p>Visible on-going commitment to maintaining up to date management structures and arrangements</p> <p>Clear structures and arrangements</p>	<p>The Policy was adopted in January 2013</p> <p>The Policy will be reviewed again in January 2014</p>
<b>2. Higher management representation</b>	<p>Agree health and safety representation on SLT</p> <p>Engage with the Elected Member portfolio holder for Health and Safety</p> <p>Gain commitment to include health, safety and wellbeing topics within the Leaders Blog</p>	<p>Clear and visible commitment</p> <p>Assurance that health, safety and wellbeing are considered within high level decision making processes</p> <p>Clear and visible commitment</p> <p>Assurance that health, safety and wellbeing are considered within high level decision making processes</p>	<p>The Executive Director for Resources, Mike Owen, has taken on the health and safety lead role on Senior Leadership Team. This role has the responsibility for ensuring that health and safety receives appropriate consideration within Senior Management Team.</p> <p>Councillor John Smith, Deputy Leader - Finance and Corporate Affairs, is the Elected Member with the portfolio for Health and Safety.</p>



<b>3. Health and Safety Co-ordinators Group</b>	Review the remit, membership, support and reporting arrangements of the group	Clear roles and areas of responsibility – Co-ordination between the centre and departments	The role, remit and membership of the group was reviewed in January 2013.
<b><i>Mainstreaming health, safety and wellbeing within day to day business</i></b>			
<b>4. Procurement and external service delivery</b>	Integrate health, safety and wellbeing into existing and future procurement procedures  Review liabilities within different service delivery models	Clear requirements, roles and responsibilities at all stages of procurement and service delivery.  Ensuring that appropriate management arrangements are put in place for each service delivery model used by the Council.	It has been agreed that the central health and safety team and strategic procurement teams will carry out a joint review.
<b>5. Competencies</b>	Develop core health, safety and wellbeing competencies and ensure that health, safety and wellbeing development needs are integrated into the employee and team review processes.	Managers and employees who give full consideration to health, safety and wellbeing in the course of day to day decision making.  Health, safety and wellbeing needs taken into account within local training plans.  A culture that recognises the benefits to the business of good practice and ownership of health and safety.	A project looking at the development of Bury Behaviours has been undertaken and the resultant agreed behaviours are due to be rolled out from September onwards. Consideration has been given to health and safety within the process and specific behaviours have been agreed as a consequence of this.  Further work on the development of health, safety and wellbeing competencies to sit alongside the behaviours will take place.
<b>6. Impact assessments</b>	Develop health and safety impact assessments into decision making processes	Health, safety and wellbeing are appropriately considered within relevant decision making processes.  The organisation and managers giving full consideration to health and safety risks	Arrangements have been drafted for inclusion on reports to Senior Leadership Team and Cabinet.

<p><b>7. Job demands</b></p>	<p>Build job demands into recruitment &amp; selection and other relevant process e.g. OH referrals, stress risk assessment</p>	<p>Management arrangements that are designed to provide appropriate control with regard to job demands and needs</p>	<p>Completed Job Demands Assessment forms are being used during recruitment so that prospective employees have a fuller understanding of the required demands and so any fitness to work assessments that may be required through Occupational Health are better informed.</p> <p>The way that management referrals to Occupational Health are triggered has been revised. A completed Job Demands Assessment form, along with the Job Description, Person Specification and other relevant documentation are now required. This provides a more detailed breakdown of what is actually entailed in a job requires in practice.</p>
<p><b>8. Health and safety risks</b></p>	<p>Ensure health, safety and wellbeing is incorporated and appropriately prioritised within the corporate risk register</p>	<p>The organisation and managers taking full consideration of health and safety risks</p>	<p>Health and safety has been prioritised within the corporate risk register.</p>
<p><b>9. Training</b></p>	<p>Continue to deliver manager training as agreed and build on this success – gather feedback and identify follow up sessions</p> <p>Carry out training needs analysis across the Council assess delivery options and procure as appropriate</p> <p>Training may include:</p> <ul style="list-style-type: none"> <li>• Mandatory e-learning training</li> <li>• Training for Members, Senior Managers and Managers</li> <li>• Mandatory induction training (including agency staff) – get health, safety and wellbeing information (e.g. video, DVDs, leaflets, new starter packs,</li> </ul>	<p>Increased levels of competency across the organisation</p> <p>Increased understanding of health, safety and wellbeing requirements and needs (assisting in dispelling “myths” over disproportionate demands and in improving health and safety culture)</p> <p>Managers able to self-manage freeing health and safety practitioner time so that a better balance can be achieved between planned work (initiatives, projects, auditing and monitoring) and reactive demands within professional support services.</p> <p>Development of benchmark standards and</p>	<p>The first phase of training has been completed. This consisted of a three day training programme for managers with responsibilities in areas assessed as medium to high risk. Courses will continue to be provided from time to time to meet future needs.</p> <p>The second phase, consisting of a two day courses for managers with responsibility for lower risk areas is currently being rolled out.</p> <p>Arrangements are being made to provide training for members of Senior Leadership Team.</p>

	<p>checklists) out to people – with clear senior management buy-in and support e.g. in The Chief Executive’s or Deputy Chief Executive’s name.</p> <ul style="list-style-type: none"> <li>• Targeting new starters and newly promoted staff with mandatory training</li> <li>• “Toolbox Talks”</li> </ul> <p>Other actions:</p> <ul style="list-style-type: none"> <li>• Continue to use and develop effective training evaluation and feedback</li> <li>• Review quality of training and outputs through data analysis and feedback</li> <li>• Actively promote training/workshops to target specific needs (look to commission if specialist)</li> </ul>	<p>training records that will assist in demonstrating competency (of individuals and across the organisation)</p> <p>Health, safety and wellbeing needs integrated into corporate training plans.</p> <p>On-going promotion and refresher training at local/team level through “Toolbox Talks”</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety.</p>	
<p><b>10. Promotion of health, safety and wellbeing</b></p>	<p>Plan events/Road shows periodically</p> <p>Link in with other events</p> <p>Develop a bank of creative publicity material</p> <p>Develop a timetable for campaigns (email, team talk, events etc.) and plan as appropriate</p>	<p>Increased levels of awareness through on-going promotion of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.</p> <p>Improved clarity and user “buy in”</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>A health and safety poster has been displayed across the Council to provide information and reminders on good health and safety practice (see below). An article has been placed in “Team talk” covering health and safety management and the customer satisfaction survey and subsequent news letter (see action area 21) have been circulated electronically with the effect of keeping health and safety as a “live” issue.</p> <p>Practical promotional advice and tips on how to improve safety and wellbeing have been shared:</p> <ul style="list-style-type: none"> <li>• Day to day safety</li> <li>• Sun awareness</li> <li>• Risk assessment following office moves</li> </ul>

			<ul style="list-style-type: none"> <li>Health and safety awareness workshops for all refuse collection operatives</li> </ul> <p>The campaign will be on-going.</p>
<b>11. Support</b>	Provide managers with professional health, safety and wellbeing advice as appropriate	<p>Provision of advice, coaching, etc. to managers to assist in development of management processes and to deal with specific issues as they arise.</p> <p>“Hands on” support where specialist and/or independent input is required.</p>	On-going
<b>12. Health and safety reporting, investigations and data</b>	Develop existing reporting, recording and investigation processes	<p>Relevant performance information captured and recorded.</p> <p>Suitable investigations carried out in a timely manner in line with national core principles.</p> <p>Up to date data to enable management reporting and identification of hotspots</p>	<p>Arrangements for the initial triage of incidents, accidents and cases of work related ill health have been developed. This is currently being rolled out through the manager training programme and briefing sessions.</p> <p>Further work is taking place on administrative support arrangements and coordination with alternative reporting systems that exist within the Council and which could potentially receive reports that are relevant to health and safety management.</p> <p>A draft specification has been drawn up for an electronic reporting, recording and investigation system.</p>
<b>13. Future developments</b>	<p>Work with Trent replacement team to ensure future system fits the needs for health, safety and wellbeing. All data relating to health and safety training is recorded on Trent and reports are developed for analysis/action</p> <p>Recording process to include a simple investigation system that can</p>	<p>Core principles applied whilst minimising resource and time demands.</p> <p>Appropriate action taken relative to all reports</p> <p>Managers able to carry out the majority of investigations without additional support but with specialist support and coaching available when necessary.</p>	An initial scoping process has been started to identify health and safety reporting needs. This will be followed with a review of reporting processes and procedures with a view to making best use of the available system.

	be supported by health and safety practitioners through coaching, support, and direct involvement as appropriate.	<p>“Hands on” participation from Health and Safety Practitioners where specialist and/or independent input is appropriate or required.</p> <p>Records and information available should future claims and challenges arise.</p>	
<b>14. Use of data</b>	<p>Present analysis to SLT on a quarterly basis and to H&amp;S JCC on a six monthly basis using existing information available from TRENT. Identify actions to be taken to address issues or trends.</p> <p>Use data available now to develop a range of KPI’s and monitor quarterly on PIMS</p> <p>Identify hotspots and take action as appropriate</p> <p>Benchmark data with other Local Authorities and share/consider actions that have proved successful</p>	<p>Performance monitored through a range of corporate and local health, safety and wellbeing Key Performance Indicators (KPIs)</p> <p>Agreed process for self/local assessment audits, checks and monitoring in place</p> <p>Monitor health, safety wellbeing arrangements.</p> <p>Hotspots and trends identified and priorities, developments and services tailored to reflect current and future risk priorities (informed through audits, data analysis, and training)</p>	<p>The proportion of managers having attended the 3 or 2 day training is to be adopted as a Key Performance Indicator (KPI).</p> <p>Further key performance indicators have been looked at but are not considered to be practical options at this stage. In particular, further consideration is to be given to the development of KPIs relating to risk assessments.</p>
<b>15. Audit reporting and feedback</b>	<p>Audit feedback to be presented to departmental management teams and SLT once available.</p> <p>See “Audits” in “Key themes and priorities”</p>	<p>Improved senior level knowledge and ownership of the health and safety standards that are achieved within departments and across the Council.</p>	<p>This action area is dependent on progress of action area 19.</p>
<b>16. Communication</b>	<p>Ensure an effective communication strategy is in place so that up to date and relevant information can be delivered.</p>	<p>Increased levels of awareness through on-going promoting of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.</p>	<p>A communications strategy has been developed which provides:</p> <ul style="list-style-type: none"> <li>• A “map” of the health and safety communication channels that exist within the Council</li> <li>• A strategic approach to health and safety</li> </ul>

			communication with a view to ensuring that it is effective
<b>Clear structures, roles and responsibilities</b>			
<b>17. Guidance and standards</b>	<p>Specific suggestions relating to guidance and standards:</p> <ul style="list-style-type: none"> <li>• Incorporate flowcharts to simplify documents and clarify "what you need to do now"</li> <li>• Develop clear structures, including diagrams and flowcharts</li> <li>• Develop roles and responsibilities</li> <li>• Review health, safety and wellbeing, first aid, and fire marshal duties/responsibilities in Job Descriptions – set organisational standards</li> </ul>	<p>Improved levels of understanding, awareness and buy-in.</p> <p>Develop clear, creative, attractive intranet pages and review/amend current content</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>The format and design of the health and safety intranet site has been reviewed. This includes an introduction by the Chief Executive and agreed formats for the standards and guidance that it contains.</p> <p>Work is on-going on updating of existing standards and guidance.</p>
<b>Key themes and priorities</b>			
<b>18 Ensure that key priorities are identified and managed</b>	<p>Work with the relevant professional services to review processes to ensure robust management arrangements are in place and are being monitored for the following themes:</p>	<p>Agreed standards in place to deal with key national, corporate and service priorities</p> <p>A culture which recognises the benefits to the business of good practice and ownership of health and safety</p> <p>Arrangements and guidance that cover the key themes that are viewed by customers as easy to access and user friendly in enabling them to meet agreed corporate standards</p> <p>All buildings meeting minimum standards of maintenance and management and best value being achieved within the available resources</p>	<p>Key national and local priorities have been identified.</p>

<p><b>A. National themes</b></p>	<p>Key national themes for local authorities:</p> <ul style="list-style-type: none"> <li>• Construction</li> <li>• Transport</li> <li>• Contractors</li> <li>• Fire (see B, below)</li> <li>• Mental health problems</li> <li>• Musculoskeletal injuries</li> <li>• Waste management</li> </ul>
<p><b>B. Organisational themes</b></p>	<p>Local themes:</p> <ul style="list-style-type: none"> <li>• Procurement and management of contracts and contract delivery</li> <li>• Construction Design and Management compliance including procurement of construction projects (applicable to internal and external procurers and</li> </ul>

There are existing arrangements and organisational standards. These will be reviewed on an on-going basis and this process will be informed by the auditing processes that have been developed (see action area 19, below).

Waste management working procedures and guidance for operatives have been refreshed. Guidance has been presented to operatives through briefing sessions.

The Health and Safety Executive (HSE) undertook a waste management inspection in April. Whilst no formal HSE action was required, an action plan was put in place based on their recommendations.

With regard to construction, the Construction (Design and Management) Regulations (CDM) are currently being reviewed, with an anticipated release date sometime in 2014. The Council's arrangements for managing construction projects will need to be reviewed once the new legislation has been produced.

CDM awareness training based around the current Regulations is on-going within the Department for Communities and Neighbourhoods.

"Ownership" issues are being progressed through the first section of this action plan "Developing leadership, ownership and culture" (Action areas 1 to 16) and section 2 "Clear structures, roles and responsibilities" (action area 17).

A specification for facilities management needs has been drawn up and work is continuing to review

<p><b>C. Service themes</b></p>	<p>providers) – see Construction under A.</p> <ul style="list-style-type: none"> <li>• Review and development of facilities management models and specifications</li> <li>• Ownership issues</li> <li>• Ensure clear fire safety guidance is developed, updated and circulated as appropriate</li> <li>• Retained and new liabilities associated with changing delivery models</li> </ul> <p>Ensure that all services have suitable risk assessments, working methods, arrangements and systems.</p>	<p>Local risk assessment process is in place, which feed into working methods and arrangements. (To include health surveillance.)</p>	<p>delivery arrangements.</p> <p>Procurement, contracts and contract delivery, together with retained and new liabilities are being progressed under action area 4.</p> <p>An interim review of intranet guidance and fire risk assessment and safety has been completed. A timetable for the review of the overall system is currently under development.</p> <p>On-going support to services as required.</p> <p>Departmental and local arrangements to be checked through monitoring and auditing processes.</p>
<p><b>19 Undertaking audits that support service improvements</b></p>	<p>Develop audit tool/standards</p> <p>Develop and carry out a programme of audits – set annual plan based on data/other factors.</p>	<p>Corporate and local auditing and monitoring arrangements aimed at identifying areas of good practice and areas where development is needed</p>	<p>Corporate arrangements for health and safety auditing have been adopted. These provide several layers of auditing and monitoring activity:</p> <ul style="list-style-type: none"> <li>• Routine “in service” monitoring and review arrangements – internal checks</li> <li>• Independent auditing of services</li> <li>• Independent auditing of departments</li> <li>• “Top tier” audits of SLT</li> <li>• Occasional thematic auditing of specific health and safety management systems and arrangements e.g. fire safety, stress, asbestos management</li> </ul> <p>Departmental audits will be rolled out over the course of 2013/14, with first audits due to take place within Chief Executives before the end of 2013.</p>



			Auditing has started to take place within the borough's schools.
<b>20 Annual reports</b>	Prepare an Annual Health and Safety Report to summarise the years activities and monitoring activities	Current annual reporting arrangements supplemented through increased activity and feedback	On-going
<b>21 Customer surveys</b>	Customer surveys of health and safety support services	Health and safety service developments and value of health and safety support reflected through customer feedback	<p>A customer satisfaction survey was carried out in April 2013 and the outcome was summarised and shared with managers and employees through an electronic newsletter.</p> <p>Feedback was largely positive but there were some comments that have been taken on board with a view to further improving the service.</p>

**STATISTICAL DATA**

## SICKNESS ABSENCE

**Table 1: Data on Absences for 2012/13 – All Departments**

Absence Reason Category	Number of Absences	% Of Absence	Time Lost (1000 Hours)	% Time Lost	Cost* (£1000)	% of Cost*
Musculo-skeletal	1260	9	120	22	975	19
Chest and respiratory	1285	9	38	7	392	8
Disability related	188	1	43	8	300	6
Eye, ear, nose and mouth/dental	1051	8	21	4	244	5
Genito-urinary/gynaecological	310	2	22	4	227	4
Heart, blood pressure and circulation	139	1	17	3	110	2
Infections	2678	20	52	10	551	11
Neurological	826	6	14	2	160	3
Stomach, liver, kidney and digestion	3617	26	49	9	547	11
Mental health**	814	6	125	23	1,198	23
Other	1505	11	46	8	456	9
<b>Total</b>	<b>13673</b>		<b>547</b>		<b>5,160</b>	

<b>BV12*** (by year)</b>						
2012/13	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07
9.27	9.38	10.20	11.04	11.56	10.90	10.97

Notes:  
 "Year" refers to the inclusive period April to March.  
 \*Salary paid during period of absence  
 \*\* Mental health includes conditions relating to stress, depression, mental health, mental fatigue, etc.  
 \*\*\* BV12 is a national measure for absence in the public sector; it is calculated by dividing the number of full time equivalent days lost by the average number of full time equivalent employees over a given year. It excludes casual, fixed term and temporary staff that have less than 1 year service.

Table 1 on provides information on absences from work. The following trends are evident:

- The BV12 indicator has decreased year on year since 2008/09 (to 9.27 in 2012/13 from 11.56 in 08/09)
- Overall absence costs increased over the period 2011/12 to 2012/13
- Mental health and musculoskeletal conditions are associated with the highest proportions of days lost and salary costs. The highest numbers of absences are associated with conditions relating to "stomach, liver, kidney and digestion" and infections
- Government research has found that about 25% of working days lost to ill health are work related. This would indicate that the Council was likely to have paid around £1.3 million in salaries during periods of absence because of work related ill-health in 2012/13
- There were increased salary costs during absence associated with mental health (£1.20 Million in 2012/13 from £1.17 Million in 2011/12) and musculoskeletal absences (£0.98 Million in 2012/13 from £ 0.86 Million in 2011/12)

There is significant variation between departments in the absence reasons that are associated with absences. The Chief Executive's and Children's Services departments align closely to the corporate trends. However, in Adult Care Services and Environment and Development Services (now Department of Communities and Neighbourhoods) musculoskeletal conditions account for more lost time and are associated with higher salary costs than is the case for mental health conditions. In Adult Care Services, there are also significantly higher levels of absence and salary costs associated with disability related absence than is the case in the other departments (this accounts for more lost time, although lower salary costs, than mental health conditions).

The different causes of absence between departments indicate work factors are likely to be impacting. Work related factors may include:

- Causative factors
- Differences in the nature of work which dictates which health conditions have the greatest impact on ability to work
- Culture

The impact of work factors on absences may indicate that there is continued potential to influence absence through actions designed to prevent work related ill health and through action to support individuals at work.

National statistics compiled by the HSE indicate that ill health accounts for 43% of health and safety incidents, 84% of the related sickness absence, and over 99% of work related deaths per year.

## ACCIDENTS AND INCIDENTS

**Table 2 Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**

<i>Reportable Accident rates per 10 000 – Employees:</i>					
	Rate for Bury Council by year/(National Rate – incidents reported under RIDDOR)				
	2008/09	2009/10	2010/11	2011/12	2012/13
Fatalities	0 (0.06)	0 (0.05)	0 (0.06)	0 (0.06)	0
Absence of 3 days or more	58.7 (39.8)	63.9 (37.2)	56.3 (36.3)	51.4 (35.6)	52.7

*Note:*

*National rates are based on reports to the HSE and Environmental Health Services under the Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR), which require incidents meeting specified criteria to be reported.*

*2011/12 is the most recent year for which confirmed statistics are available.*

*The figures obtained from the Labour Force Survey suggest that RIDDOR reports represent approximately half of the actual number of incidents that should be reported.*

*In 2012/13, there has been an increase in the rates of reportable incidents causing 3, or more, days of absence from work. However, this is only a minor change and is significantly less, at 52.7, than the peak level of 63.9 in 2009/10. Whilst the Council's rates appear to be higher than the national rate, this should be viewed in context against national under reporting (see the notes accompanying table 2). There may be various local factors that affect reporting rates, for example good adherence to reporting procedures. Overall, there would appear to be a downward trend since the peak shown in 2009/10.*

**Table 3 Internal reporting: Incident trends**

Nature of incident	Proportion of the total reports		
	2010/11	2011/12	2012/13
Slips, trips, and falls	26%	29%	25%
Incidents of assault, behavioural incidents, abuse, intimidation	26%	25%	18%
Collisions and entrapments	19%	16%	11%
Injuries sustained during lifting, carrying, moving, handling	8%	6%	5%
Cuts and contact with sharp objects	5%	6%	5%
Exposures to harmful agents including heat, electricity and chemicals	2%	1%	3%
<i>Note minor categories are not included, so columns do not add up to 100%</i>			

*The internal reporting system covers all incidents, irrespective of whether or not they meet the national reporting criteria. Table 3 provides information on the general trends:*

*Slips, trips and falls represent the highest proportion of reports. The majority of these involve slips and falls on one level. Over 50% of these reports do not identify any causative factors. The ground or floor surface is indicated as contributory in 8%, ice in 10%, and water in 26% of these incidents. Several of these incidents met the criteria for RIDDOR reporting.*

*Those slip, trip, fall incidents for which contributing factors were identified, show the importance of continued action and maintenance to protect against future accidents. Guidance on managing slips and trips can be found on the health and safety intranet site.*

*The majority of incidents of assault, behavioural factors, abuse, and intimidation are received from two main sources – Adult Care Services and Children’s Services (Schools), these generally relate to client behaviours and are handled and managed using local procedures that are designed to take the nature of clients in mind. This said, some significant issues have arisen across the borough in various locations. Guidance on managing risks can be found on the Corporate Human Resources Intranet under Anti-Social Behaviour.*



**Table 4 Insurance Claims**

Year	Employers Liability			Public Liability		
	Claims (to nearest £100)	Claims relating to the year	Claims made within the year*	Claims (to nearest £100)	Claims relating to the year	Claims made within the year*
<b>2001/02</b>	87100	20	27	1704337	802	749
<b>2002/03</b>	151000	23	27	1674797	790	893
<b>2003/04</b>	143000	21	27	1582814	676	772
<b>2004/05</b>	94000	11	14	1154642	490	618
<b>2005/06</b>	91500	17	20	1067410	317	368
<b>2006/07</b>	184550	21	14	1614950	360	345
<b>2007/08</b>	126550	16	19	1306116	254	291
<b>2008/09</b>	164600	27	29	1301696	324	315
<b>2009/10</b>	137000	18	15	1353114	316	312
<b>2010/11</b>	941700	19	23	1359071	333	315
<b>2011/12</b>	151800	16	11	1218577	339	375
<b>2012/13</b>	172400	15	27	1796103	486	486

*\* May include claims for incidents in the preceding 3 years*

*Claims can be initiated for a period of several years following an incident. This would usually mean that there would be little value in providing projected figures for the most recent year (2012/13). However figures have been included on this occasion because upward claim trends are already evident in relation to both Employee and Public liability. It is likely that further claims will be received that relate to 2012/13.*



## Departmental Developments and Work Plans

### Adult Care Services (ACS) Aug 2013

1. The work of the Health & Safety board for Adult Care Services has continued over the last 12 months, covering all aspects for the department. The board continues to meet monthly.

Important H & S policies (Medications Policy and Physical Intervention) are undergoing a thorough review prior to approval at senior management team. Review work on the remaining policies has also continued.

2. The handypersons team continue to complete a lot of the day to day repairs for the units within ACS thus helping to maintain better building standards but also improved H & S awareness. The team have completed a 2 day electrical course, and will add a plumbing course in the coming months. This has taken up some of the H & S officers' time during the year but has enabled more on site visits to take place.

Significant work has been undertaken during the last 12 months which has several benefits

- Repairs / Maintenance / H & S problems are responded to much more quickly
  - Prevention works are now carried out
  - H & S checks are completed on a weekly cycle with more robust recording of tests and checks
3. The H & S officer has undertaken in house fire awareness and general H & S awareness training sessions and refresher sessions at most of our units.
  4. 42 managers or supervisors have attended and completed the Health & Safety in Successful Management training, (10 others are awaiting projects to be marked) which was a three-day course, delivered by Bury College. Managers who have not yet completed the course will be attending during the coming months.
  5. It is planned to review the Manual Handling policy and Infection Control policies over the coming months.
  6. Following the departmental moves from Castle Buildings to the Town Hall fire marshals and first aiders are being identified and familiarisation of procedures will take place for all staff.

### Chief Executive's

Safety arrangements have been reviewed in the Town Hall following various accommodation changes within, and relocations to, the building over the last year or so.

A building users group has been set up to coordinate health and safety needs within the Town Hall across all the departments that share the accommodation. The group will meet regularly to ensure that safety arrangements are monitored, reviewed and updated as necessary.

The following health and safety audits are due to take place within the department before the end of 2013:

- A departmental audit
- A service specific audit of management of the markets

## **Children's Services Department H&S Plan - update**

### Department

#### **Key Achievements:**

- CS H&S Policy audited and reviewed
- Quarterly Dept H&S Committee meetings – development of action plan
- Quarterly H&S Divisional Group meetings:
  - Implementation of Risk Assessment Strategy, including:
    - i) identification of key risk areas
    - ii) production of Generic Risk Assessments
    - iii) development of Risk Registers
  - H&S Monitoring – Current Status Audit undertaken
- Development of Active Monitoring Arrangements, including Safety Tours of all CS premises
- Competency Framework reviewed & updated. Training Needs Analysis form provided as part of Employee Review.
- CS Managers (higher risk activities) attended 'H&S in Successful Management' training
- CS EVC's identified and attended training
- Dept H&S Intranet page set up and populated with CS specific H&S documents
- H&S Bulletin produced & disseminated to all CS staff

#### **Planned action:**

- Development of local service specific H&S Arrangements
- Development of SMART to be used to report/record staff accidents, incidents
- Implementation of Training Needs Analysis across CS
- Analysis of Current Status Monitoring forms

- Bulletin to be produced 3 x per year
- Analysis of reactive data to identify trends for absence
- Review Premises Management arrangements & responsibility for Health & Safety
- Key campaigns to be agreed via H&S Committee
- Schedule of annual Safety Tours of CS premises
- Monitoring of risk management arrangements

## Schools

### **Key Achievements:**

- Improved proactive support services to school (delivered via Level 2 of the Service Level Agreement)
- Support provided to schools to produce and implementation their H&S Management system
- On site bespoke consultancy support
- Quarterly School H&S Committee meeting – development of action plan
- Provision of Generic Risk Assessments specifically for schools
- School H&S intranet page set up and populated with school specific information
- SMART accident/incident electronic system setup for schools to report pupil accidents
- Provision of H&S IOSH accredited training for Primary Schools
- Provision of H&S training for Secondary schools
- Development of Core Competency Training for school staff
- Development of Core Competency Training for Governors
- Review & update of Competency Framework
- Analysis of Planner visits, identified gaps, produced report and action plan
- Feedback from Governors on Planner visit action
- Visit evaluations analysed & used to improve service
- Produced scenarios table to identify who responsible for H&S
- Active Monitoring arrangements implemented
- EV service monitoring with Rochdale MBC

### **Planned action**

- Analysis of Governor Feedback from Planner visits
- Trends analysis of incidents reported on SMART
- Review of Management Handbook arrangements
- Provision of School specific Fire Risk Assessment
- Key Performance Indicators identified – to be implemented
- Monitoring of risk management arrangements
- Provision of Health & Safety Induction session for new Head Teachers
- School handbook for schools
- Monitoring of Educational Visits

### **DCN Health & Safety 2013 update**

Over the past 7 months there are a number of areas that DCN have been working on and have now been completed:

Earlier this year CDM was identified as a requirement for Managers across services within DCN. Following an initial email communication highlighting the need for this training, several CDM training sessions were delivered to a variety of Managers across the department.

Work has been completed in identifying service areas which require different types of Health Surveillance; this information has been collated on a manageable spreadsheet, enabling DCN H&S in conjunction with the Occupational Health Unit identify the service requirements and implement a regular screening for employees involved.

The recent health surveillance exercise included Audiometry testing in identified hot spots and a Hepatitis A & B inoculation programme, involving services within Operational services at both depots.

The Health and Safety Adviser has supported Waste Management prior to a planned inspection by the HSE - delivering Manual Handling training, as well as giving guidance and support where needed. He has also supported Managers in investigating the 'cable strike' incident and followed up this investigation by supporting Managers to introduce measures to ensure the possibility of this incident happening in the future is significantly reduced.

The team has worked closely with Occupational Health and Well Being to look at the current Stress Risk Assessment, JA1s and Medical referral documentation ensuring it is fit for purpose and in an easy format for Managers to use without too much intervention from Occupational Health or HR.

Departmentally, over one hundred Managers and Supervisors attended and completed the Health & Safety in Successful Management training, which was a three-day course, delivered by Bury College. Feedback from this course was overall positive, many Managers finding it a refresher to previous training they had undertaken.

## **Planned DCN Health & Safety activities 2013/2014**

### **Hand Arm Vibrations (HAVs)**

HAVs training to be delivered to approximately 50 staff in the following services:

Ground Maintenance, Vehicle Workshops, Highway Network Services.

This will be a one-hour training session delivered by the Health and Safety Adviser. The training will enable an understanding of how the information collated by the HAVs calculator will determine precise usage times by individual members of staff.

A programme of HAVs Assessments will be carried out by the Occupational Health Unit.

A system is to be introduced to periodically test equipments across services.

### **Risk Assessments**

A short Risk Assessment workshop has been developed for Library Managers and Supervisors to ensure they feel confident in completing the exercise within their services.

Spot check of Risk Assessment to take place throughout DCN, Operational services to be the priority. Information to be collated in a short Risk Assessment departmental report, advice to be given where necessary. Information to be inputted into Database.

### **1<sup>st</sup> Aiders**

Database of all First Aiders and payments up to date, ensuring the correct amount are available in Knowsley Place and Bradfern (once developed)

### **Fire Marshals**

Fire Marshal awareness and familiarisation for staff in Knowsley Place to be completed by Chief Fire Marshal and Bradfern (once developed)

### **Health Surveillance**

Following the development of the Health Surveillance spreadsheet earlier this year, a rolling programme is to be set up with Occupational Health to ensure all current staff undergo Health surveillance in relation to their service requirements.

All new starters who are identified within these services will be required to attend a surveillance appointment shortly after they have started work with DCN.

### **Bradfern Depot**

Health and Safety Adviser to support the move from Fernhill Depot to the improved Bradley Fold Depot, ensuring safe working practices are adhered to during this transition. Visits to take place, followed by regular progress reports.



## **Noise Monitoring**

Following the noise measuring exercise completed by Environmental Health earlier this year, information will be collated and shared with Occupational Health. Further work to take place regarding correct PPE and toolbox talks to ensure staff are aware of the hazards of noise.