

REPORT FOR DECISION



DECISION OF:	Cabinet
DATE:	21 January 2015
SUBJECT:	Health and Safety: Annual Report 2014
REPORT FROM:	Cabinet Member for Resources and Regulation
CONTACT OFFICER:	Mike Owen, Executive Director of Resources and Regulation
TYPE OF DECISION:	NON KEY DECISION
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	<p>The national health and wellbeing agenda, lead through the Department of Work and pensions, has been consolidated within 2 policies:</p> <ul style="list-style-type: none"> • Improving the health and safety system • Helping people to find and stay in work <p>Key health and safety arrangements that are currently under development within the Council include:</p> <ul style="list-style-type: none"> • Procurement and contract management • Delivery of the Council's health and safety auditing – review of pilot audits and roll out across departments • Asbestos management – local management plans <p>Key areas of progress include:</p> <ul style="list-style-type: none"> • Introduction of health, safety and welfare impacts to Strategic Leadership Team and Cabinet report templates • Introduction of Defibrillators in the Town Hall and at the Council's leisure Centres • Management of hand-arm vibration • Review and update of health and safety policy

	<p>Key indicators and trends:</p> <ul style="list-style-type: none"> • Several cases of Hand-Arm Vibration Syndrome were diagnosed during 2013/14 and 2014/15 • There is an increasing trend in the average number of days absence per full time equivalent employee • The Council's rate of reportable major injuries appears to be higher than the national average, however this should be viewed in the context that the HSE has stated that it believes that less than 50% of reportable events are actually reported • Musculoskeletal and stress/mental health related absences account for the highest number of days lost to the Council • Nationally, musculoskeletal and stress/mental health account for the highest number of lost days relating to work related factors • The Council's main accident incident reporting categories are slips, trips and falls, followed by incidents involving assaults, behavioural incidents, abuse and intimidation • Upward trends are apparent in both Employer and Public Liability insurance claims
<p>OPTIONS & RECOMMENDED OPTION</p>	<p>Cabinet is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of this report; 2. Endorse the Corporate Health and Safety Work Plan, which is attached as Appendix 2; 3. Note the departmental developments and plans that are attached as Appendix 4.
<p>IMPLICATIONS:</p>	
<p>Corporate Framework:</p>	<p>Aims/Policy</p> <p>Do the proposals accord with the Policy Framework? Yes</p>
<p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p>	<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"> • 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 <p>Effective Departmental Plans are essential to</p>

- 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 has recently been reviewed and the updated version can be accessed through the following link:

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

2.0 ISSUES

Construction (Design and Management) Regulations

- 2.1 The Construction (Design and Management) Regulations (CDM) are currently under review. The government is committed to a timetable of January 2015 for finalisation of changes, with implementation from April 2015. There will be a 6 month transition period for organisations to comply with the changes.
- 2.2 Review of CDM arrangements, guidance and the provision of briefings and other support to the relevant services will form a major project for the Central Health and Safety team during 2015. The work plan (attached as appendix 2) has been adapted to reflect this (see action point 22).
- 2.3 The Council will clearly hold CDM "Client" responsibilities for some projects, although the routes through which construction projects are commissioned may vary. The Council will need to ensure that all functions that may act in the capacity of "construction client" are aware of the CDM duties and comply with them.
- 2.4 Changes are anticipated to the coordination role within construction projects and the Council will need to review what internal and external resources and competencies will be required in light of this change.

National Health, Work and Well-being Agenda

- 2.5 The Department of Work and Pensions leads on the national agenda and has developed two Policies through which the resultant work streams are progressed:
- Helping people to find and stay in work
 - Improving the health and safety system
- 2.6 Further detail on these national policies, together with the HSE Strategy "Health and Safety of Great Britain: Be part of the solution" can be found in Appendix 1.

Priorities

- 2.7 The work plan (see Appendix 2, action point 18) covers issues that have been identified as priorities for the Council. These are:
- The health and safety management system

- Health and safety culture (at all levels)
- Construction
- Transport
- Contractors
- Fire
- Mental health problems
- Musculoskeletal injuries
- Waste management
- Robust local risk assessment processes

Schools – access to Council documents

- 2.8 The Council's health and safety document is made available to departments and services through the Council's intranet. However, not all of the borough's schools have access to the intranet. This means that different schools have different levels of access and that multiple systems are needed in order to provide key health and safety information.
- 2.9 In some cases, the Council is the employer within a school and as such has responsibility for health and safety management (albeit delegated in practice) and support. In other cases, there is a service level agreement with the school through which the Council provides support. The inconsistency in access to the intranet and the need for multiple arrangements provides a barrier to the delivery of health and safety services and support to schools.

Buildings

- 2.10 Some of the Council's building stock is reaching the end of its useful life without significant new investment. Such deterioration is likely to increase building related risks and places an increased maintenance liability on the Council.

3.0 PROGRESS

Health and safety impact assessments

- 3.1 Health and safety impact assessments have been added to the Cabinet and Strategic Leadership Team reporting arrangements. This will assist in ensuring that strategic decisions are taken from an informed position. The arrangements also provide opportunities for consideration to be given to any actions that may be necessary to mitigate any potentially negative impacts.

Defibrillators

- 3.2 Agreements have been made between the Council and the North West Ambulance Service (NWAS) for defibrillators to be sited at the Town Hall and the Council's four main leisure centres. Although survival rates following Cardiac Arrest are largely influenced by the speed of the support offered to the sufferer, they increase dramatically for cases where the support includes the use of a defibrillator. Generally, the nominal survival

rate is considered to be 5% for sufferers who receive CPR alone, this increases to 50% where the support also involves use of a defibrillator.

- 3.3 NWAS maintains a log of sites where they have installed defibrillators and part of the agreement is that they will be available for anyone in close proximity to the sites. A defibrillator has now been installed in the Town Hall and training in its maintenance and has been provided. Defibrillators will be installed at the Leisure Centres during December 2014 and January 2015.

Hand-arm vibration

- 3.4 Following several reportable cases of Hand-Arm Vibration Syndrome and an associated HSE investigation, the Council's hand-arm vibration practices and arrangements have been reviewed. The Council has made significant improvements and continues to monitor and develop arrangements in this area. The HSE has now closed its investigation in light of the progress that has been made. The Central Health and Safety Team provided leadership and support throughout the process.

Central Health and Safety Team

- 3.5 The work plan for the central health and safety team has been reviewed and is attached as Appendix 2.

- 3.6 Significant developments under the plan during 2014 include:

- Roll out of the Corporate Auditing Strategy, this includes an audit of the Chief Executive's Department (now Resources and Regulation) and service audits within Operational Services
- Review of the Corporate Health and Safety Policy (see paragraphs 3.10 and 3.11)
- A review of the asbestos management system with a focus on local site based arrangements
- Continuing roll out of training and development for managers, including development sessions with Strategic Leadership Team
- Development of revised arrangements for the procurement of external services to take account of health and safety management needs

- 3.7 Significant work streams for 2015 will include:

- Implementation of revised asbestos management arrangements
- Roll out of updated procurement and contract management arrangements
- Review of health and safety competencies, training and development arrangements
- Review of compliance arrangements for CDM in light of updated legislation
- Review of fire safety strategy

Departments

- 3.8 Summaries of departmental progress and future work streams are attached as Appendix 4.

Health and Safety Policy

3.9 The Corporate Health and Safety Policy has been updated. Key additions to the policy include:

- Inclusion of the council's health and safety vision statement
- A statement clarifying the responsibility of managers to act on matters of health and safety committing to support managers who take action in good faith
- A statement to encourage employees to raise concerns and suggestions over health and safety matters without fear of detriment

3.10 A copy of the policy can be accessed through the following link:

<http://intranet/Corporate HS Policy>

3.11 The template for departmental health and safety policies will be updated to reflect the changes to the corporate policy.

4.0 PERFORMANCE MONITORING

Absence data

4.1 Table 1 in Appendix 3, shows the average number of days lost to absence per full time equivalent employee. There was a downward trend between 2008/09 and 2012/13 (falling from 11.56 to 9.27). However, there was an increase to 9.82 in 2014/14 and data for the first two quarters of 2014/15 indicates that the upward trend is continuing, with figures above 10 for each of these quarters.

4.2 A report on sickness levels was considered by the Overview and Scrutiny Committee on 9 December 2014. The report covered the current trends and provided information on some of the arrangements that exist and actions that are being taken to support good health and improve attendance. Actions and arrangements include:

- "Bury Healthy Workforce Strategy" covering healthy workplace, healthy and active lifestyle and healthy mind
- Maintenance of sound management arrangements in support of good health (see next paragraph)
- Introduction of workplace health and wellbeing champions
- Flu vaccination programmes
- Intranet pages detailing health and wellbeing initiatives
- Bicycle and shower facilities at key worksites
- Discounted membership for staff at the Council's leisure centres
- Access to exercise initiatives managed through the "I will if you will" campaign
- Access to counselling and cognitive behavioural therapy
- Training programmes on health management topics e.g. managing stress

- 4.3 A mapping exercise was carried out during 2014 to identify the various management arrangements that exist relative to health. The following document outlines "Management of Health at work and Work Related Ill Health" arrangements and provides links to further details and guidance:

<http://intranet/Health at work and work related ill health>

These arrangements can all play a role in protecting health and improving attendance at work. The national data covered paragraph 4.6 is indicative of the significance of work related ill health and efforts will continue to promote the use and implementation of existing arrangements.

Accidents and incidents

- 4.4 Table 3 in Appendix 3 provides data on incidents that are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and comparisons with national reporting rates. Reporting criteria changed in 2013, which restricts the amount of comparable data that is currently available. The key trend of note for the Council relates to reportable cases of HAVS, these are discussed under paragraph 3.4.
- 4.5 Table 4 in Appendix 3 provides data and analysis on the Councils internal accident and incident reports. The following trends are of note:
- Slips, trips, and falls continue to represent the highest proportion of reported incidents
 - Assault, behavioural incidents, abuse, and intimidation continues to account for the second highest proportion of reports

National data

- 4.6 Key points from the national information include:
- Ill health accounts for 46% of the health and safety incidents, 83% of the work-related sickness absence and around 99% of the work-related deaths each year
 - The two highest causes of absence are musculoskeletal injuries and stress related conditions
 - Musculoskeletal injury and absence accounts for approximately 8.3 million lost working days
 - Stress related absences account for approximately 11.3 million lost working days, with the highest rates occurring in large workplaces (more than 250 employees). Particularly high rates are associated with health and social care, professional roles, nursing, and education
 - Occupational cancers account for the highest number of deaths. Asbestos related cancers represent the highest proportion within these

Enforcement

- 4.7 No enforcement under health and safety legislation has taken place against the Council during 2013 or 2014.

5.0 RISKS

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 (see next section)
- 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 FINANCIAL IMPLICATIONS

Cost of health and safety failings

6.1 The **potential** costs of health and safety failings include:

- Lost earnings
- Extra expenditure when absent
- Human costs (pain, grief and suffering)
- Sick pay
- Compensation
- Insurance costs (note that HSE calculate that uninsured costs for employers outweigh insured costs be a ratio of 3:1)
- Company administration
- Recruitment
- Damage from injuries (equipment, goods and materials)
- Damage from non-injury accidents
- Insurance industry administration costs
- Department of Work and Pensions administration costs
- Loss of output
- Medical treatment (short and long term)
- HSE and internal investigation costs

6.2 Detailed information on how the HSE calculates the costs of health and safety failings can be found on the HSE website through the following link:

<http://www.hse.gov.uk/pubns/priced/hsg101.pdf>

7.0 EQUALITY AND DIVERSITY (SUMMARY/RECOMMENDATIONS FROM EIA)

7.1 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.

8.0 FUTURE ACTIONS

8.1 The Corporate Health and Safety Work Plan is attached as Appendix 2.

8.2 Summaries of departmental health and safety developments and work plans are attached as Appendix 4.

OCCUPATIONAL HEALTH AND SAFETY

NATIONAL AGENDA AND STRATEGIES

Government Reviews of the National Health and Safety Management Systems

A Government commissioned review of the health of the working age population (The "Black Review") was published in 2008. Following the change of government in 2010, two further reviews were commissioned to look at potential ways to improve the national systems for managing health and safety (the Young Review, published in October 2010, and the Löfstedt Review, published in November 2011).

The resultant work streams are lead and coordinated through the Department for Work and Pensions with the involvement of:

- Department of Health
- Health and Safety Executive
- Scottish Government
- Welsh Government
- Department for Business, Innovation & Skills

The Department of Work and Pensions has developed two Policies through which the work streams are progressed:

- Helping people to find and stay in work
- Improving the health and safety system

Helping people to find and stay in work

The key actions and work streams that arise through the policy are:

- Measures to give Jobcentre Plus flexibility in helping people back to work
- Managing the Work Programme, to replace a range of employment schemes, pilots and projects
- Helping young people into work through the "Youth Contract"
- Supporting disabled people who need more help to find and keep a job
- Co-ordinating the Health, Work and Wellbeing initiative
- Helping older people who want to find work or stay in work
- Introducing a scheme for tax-free childcare for working families
- Supporting people with drug or alcohol dependency
- Sponsoring the "Ethnic Minority Employment Stakeholder Group"

More detail on the helping people to find and stay in work policy can be found through the following link:

<https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work>

Improving the health and safety system

The key actions and work streams that arise through the policy are:

- Concentrating health and safety enforcement on higher risk areas
- Simplifying health and safety law and guidance
- Setting up the Occupational Safety and Health Consultants Register
- Removing the fear of being sued
- Publishing health and safety progress reports

More detail on the helping people to find and stay in work policy can be found through the following link:

<https://www.gov.uk/government/policies/improving-the-health-and-safety-system>

HSE Strategy "Health and Safety of Great Britain: Be part of the solution"

This national strategy was first published in 2009. It is aimed at engagement with and involvement of employers in improving health and safety management performance. 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>

Work Plan (January 2013 to December 2016)

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
Section 1: Developing leadership, ownership and culture			
1. Occupational Health and Safety Policy	<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>A reviewed policy was introduced in December 2014:</p> <p>The departmental policy template will be updated to reflect the changes to the corporate policy.</p>
2. Higher management representation	<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</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>The Elected Member with responsibility for overseeing the occupational health and safety portfolio is the Councillor Sandra Walmsley, Cabinet Member for Resources and Regulation.</p> <p>The Institution of Occupational Safety and Health,</p>

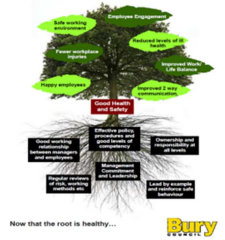
Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	the Leaders Blog		IOSH, has developed specific guidance for Elected Members, copies of which will be circulated.
3. Health and Safety Co-ordinators Group	Review the remit, membership, support and reporting arrangements of the group	Clear roles and areas of responsibility – Co-ordination between the centre and departments	<p>The role, remit and membership of the group was reviewed in January 2013. A copy of the document covering the remit, roles and responsibility of the group is attached:</p> <div data-bbox="1534 678 1601 742" style="text-align: center;">  </div> <p style="text-align: center;">Role of Health and Safety Coordinator G</p> <p>December 2014: A further review of arrangements will be carried out in light of the Corporate Restructures and developments.</p>
<i>Mainstreaming health, safety and wellbeing within day to day business</i>			
4. Procurement and external service delivery	<p>Integrate health, safety and wellbeing into existing and future procurement procedures</p> <p>Review liabilities within different service delivery models</p>	<p>Clear requirements, roles and responsibilities at all stages of procurement and service delivery.</p> <p>Ensuring that appropriate management arrangements are put in place for each service delivery model used by the Council.</p>	<p>A joint review has been carried out by the central health and safety team and strategic procurement teams. New and updated arrangements were presented to SLT in November 2014, these were agreed with a request to further consider how they can best be implemented within schools.</p> <p>Training covering health and safety and wider procurement issues is to be developed and</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			provided jointly by the central health and safety team and strategic procurement teams. This will be delivered during 2015 to managers with responsibility for procurement and contract management.
5. Competencies	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.	<p>Managers and employees who give full consideration to health, safety and wellbeing in the course of day to day decision making.</p> <p>Health, safety and wellbeing needs taken into account within local training plans.</p> <p>A culture that recognises the benefits to the business of good practice and ownership of health and safety.</p>	<p>The "Bury Behaviours" were introduced in 2013.</p> <p>Health, safety and wellbeing competencies will be developed to sit alongside the behaviours.</p> <p>This will be progressed in conjunction with Organisational Development as an integral part of action point 9 – health and safety training and development arrangements.</p>
6. Impact assessments	Develop health and safety impact assessments into decision making processes	<p>Health, safety and wellbeing are appropriately considered within relevant decision making processes.</p> <p>The organisation and managers giving full consideration to health and safety risks</p>	Health and safety impact assessments are now included within reports to Senior Leadership Team and Cabinet.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
7. Job demands	Build job demands into recruitment & selection and other relevant process e.g. OH referrals, stress risk assessment	Management arrangements that are designed to provide appropriate control with regard to job demands and needs	<p>Job demands assessments form an integral part of several management processes. The occupational health and health and safety teams will review current implementation. This will include:</p> <ul style="list-style-type: none"> • Recruitment procedures • Information provided to Occupational health • Use in job design • Use in risk assessment
8. Risk management: Health and safety risks	Ensure health, safety and wellbeing is incorporated and appropriately prioritised within the corporate risk register	The organisation and managers taking full consideration of health and safety risks	Prioritisation of health and safety within departmental risk registers will be considered by the Operational Risk management Group in February 2015.
9. Health and safety training and development arrangements	<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>	<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</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 has been rolled out.</p>



Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	<ul style="list-style-type: none"> • Mandatory e-learning training • Training for Members, Senior Managers and Managers • Mandatory induction training (including agency staff) – get health, safety and wellbeing information (e.g. video, DVDs, leaflets, new starter packs, 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. • Targeting new starters and newly promoted staff with mandatory training • “Toolbox Talks” <p>Other actions:</p> <ul style="list-style-type: none"> • Continue to use and develop effective training evaluation and feedback • Review quality of training and outputs through data analysis and feedback • Actively promote 	<p>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 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>A final phase of training involving a 1 day course but with greatly increased pre-course reading, which will be tested at the start of the training day, is to be piloted in January 2015 with a view to rolling out across CYPC by the end of March 2015.</p> <p>A review of arrangements to ensure that all attendees complete the course assignment satisfactorily is to take place.</p> <p>A programme of health and safety development sessions has been delivered to Strategic Leadership Team.</p> <p>Future training and development provisions will be considered in conjunction with the Organisational Development team. This will include:</p> <ul style="list-style-type: none"> • The future availability of manager training • Consideration of whether the 1 day model should replace the 2 day one • Whether a further day could be designed as an add-on to the 1 or 2 day manager’s course for managers operating in higher risk areas, rather than running separate courses

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	training/workshops to target specific needs (look to commission if specialist)		<ul style="list-style-type: none"> • Refresher training needs. • Health and safety training needs for Assistant Director level managers • Wider health and safety training and development provisions • Health and safety competencies (see action point 5) • Sample auditing of training relative to identified high risk services and activities
10. Promotion of health, safety and wellbeing	<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).</p> <p>Consideration will be given to removing the poster from work sites with a view to reintroducing it later in 2015. This is so that it continues to have impact.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p style="text-align: center;">The Health and Safety Tree</p>  <p style="text-align: center;">Now that the root is healthy... Bury</p> <p>A quarterly health and safety newsletter has been introduced.</p> <p>This campaign will be on-going.</p>
11. Support	Provide managers with professional health, safety and wellbeing advice as appropriate	Provision of advice, coaching, etc. to managers to assist in development of management processes and to deal with specific issues as they arise. "Hands on" support where specialist and/or independent input is required.	On-going Significant support has been provided during the course of 2014 to services in the review and development of management arrangements for hand-arm vibration.
12. Health and safety reporting, investigations and data	Develop existing reporting, recording and investigation processes	Relevant performance information captured and recorded. Suitable investigations carried out in a timely manner in line with national core principles.	Arrangements for the initial triage of incidents, accidents and cases of work related ill health have been developed. This is continues to be rolled out through the manager training programme and briefing sessions.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
		Up to date data to enable management reporting and identification of hotspots	<p>Further work is taking place on administrative support arrangements and coordination across the various systems through which the Council may log health and safety information .</p> <p>A draft specification has been drawn up for an electronic reporting, recording and investigation system. See next action point.</p>
13. Future developments	<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 be supported by health and safety practitioners through coaching, support, and direct involvement as appropriate.</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> <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>	<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.</p> <p>It has been indicated that it will be unlikely that there will be opportunity to review and develop reporting arrangements through iTRENT until late in 2015 or 2016. Consideration will be given to interim needs.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
14. Use of data	<p>Present analysis to SLT on a quarterly basis and to H&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, 2 or new 1 day training is to be adopted as a Key Performance Indicator (KPI). This will be reported annually covering the inclusive period April to March.</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>
15. Audit reporting and feedback	<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>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership team. There will now be an interim six monthly update aimed at providing performance data.</p> <p>Audit feedback will be provided within the interim update.</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
16. Communication	Ensure an effective communication strategy is in place so that up to date and relevant information can be delivered.	Increased levels of awareness through on-going promoting of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.	<p>A communications strategy has been developed which provides:</p> <ul style="list-style-type: none"> • A “map” of the health and safety communication channels that exist within the Council • A strategic approach to health and safety communication with a view to ensuring that it is effective <p>Copies are attached below:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Communication Channels and Groups.pdf </div> <div style="text-align: center;">  Strategy Process.pdf </div> </div>
Clear structures, roles and responsibilities			
17. Guidance and standards	<p>Specific suggestions relating to guidance and standards:</p> <ul style="list-style-type: none"> • Incorporate flowcharts to simplify documents and clarify “what you need to do now” • Develop clear structures, including diagrams and flowcharts • Develop roles and responsibilities • Review health, safety and wellbeing, first aid, and fire 	<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>A new web based intranet system has been introduced and work is on-going on updating of existing standards and guidance. Where appropriate, links will be provided to HSE</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	marshal duties/responsibilities in Job Descriptions – set organisational standards		documentation, which continues to be updated in a more user-friendly format than has historically been the case.
Key themes and priorities			
18 Ensure that key priorities are identified and managed	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>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. These have been reviewed over the course of 2014 through Strategic Leadership team development sessions.</p> <p>Current priorities</p> <ul style="list-style-type: none"> • Management system • Health and safety culture (at all levels) <p>National priorities for Local Government (from annual report)</p> <ul style="list-style-type: none"> • Construction • Transport • Contractors • Fire • Mental health problems • Musculoskeletal injuries • Waste management • Robust local risk assessment processes

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
<p>A. National themes</p>	<p>Key national themes for local authorities:</p> <ul style="list-style-type: none"> • Construction • Transport • Contractors • Fire (see B, below) • Mental health problems • Musculoskeletal injuries • Waste management 		<p>The existing arrangements will be reviewed on an on-going basis, which will be informed by the auditing processes that have been developed (see action area 19, below).</p> <p>Waste management working procedures and guidance for operatives have been refreshed. Guidance has been presented to operatives through briefing sessions.</p> <p>The Health and Safety Executive (HSE) undertook a waste management inspection in April 2013.</p> <p>See action point 22 for Construction.</p>
<p>B. Organisational themes</p>	<p>Local themes:</p> <ul style="list-style-type: none"> • Procurement and management of contracts and contract delivery • Construction Design and Management compliance including procurement of construction projects (applicable to internal and external procurers and providers) – see Construction under A. 		<p>“Ownership” issues have and 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).</p> <p>An initial specification for health and safety needs within facilities management has been drawn up and work is continuing to review facilities</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
C. Service themes	<ul style="list-style-type: none"> • Review and development of facilities management models and specifications • Ownership issues • Ensure clear fire safety guidance is developed, updated and circulated as appropriate • Retained and new liabilities associated with changing delivery models <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>management delivery arrangements.</p> <p>A review of Asbestos management arrangements has been initiated. This is with an emphasis on local asbestos management plans at a site based level.</p> <p>Procurement, contracts and contract delivery, together with retained and new liabilities have and are being progressed under action area 4.</p> <p>On-going support to services as required.</p> <p>Departmental and local arrangements to be checked through monitoring and auditing processes.</p>
19 Undertaking audits that support service improvements	<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"> • Routine “in service” monitoring and review arrangements – internal checks • Independent auditing of services • Independent auditing of departments • “Top tier” audits of SLT • Occasional thematic auditing of specific health

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p>and safety management systems and arrangements e.g. fire safety, stress, asbestos management</p> <p>Audits have been carried out or are planned in the following services:</p> <ul style="list-style-type: none"> • Grounds Maintenance • Street Lighting and Highways, • Leisure Services • Street Cleaning (due in December 2014) • Markets (started and due for completion in January 2015) <p>The former Chief Executives Department has been audited as a pilot exercise and audits will be rolled out in Communities and Wellbeing Services and Children’s Young People and Culture Services during 2015.</p> <p>Auditing of identified health and safety risk management areas is being rolled out across the borough’s schools.</p>
20 Annual reports	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	<p>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership Team.</p> <p>There will now be an interim six monthly update</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p>aimed at providing performance data.</p> <p>The main report will be taken to Cabinet in January of each year.</p>
21 Customer surveys	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>
22 Revision of Construction Legislation (C.D.M) 2015	<p>Understand the revised requirements and implications. Amend and update existing documentation and procedures to reflect changes.</p> <p>Undertake briefing sessions of all employees who are involved in construction related work</p>	Compliance with legal requirements	Current situation (as at November 2014) is that the HSE will have finalised proposals by January 2015, with the revised legislative requirements being implemented from 1st April 2015. It is understood that organisations will have a 6 month lead-in time to implement the revised requirements.

STATISTICAL DATA

SICKNESS ABSENCE

Table 1: Average days lost per full time equivalent employee – All Departments

BV12 (by year unless stated)								
2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	September 2014 (2014/15 quarter 2)
10.97	10.90	11.56	11.04	10.20	9.38	9.27	9.82	10.06*

Notes:

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 and includes teachers and staff employed by schools.

"Year" refers to the inclusive period April to March.

Whilst a downward trend is apparent between 2008/09 and 2012/13, the figures for 2013/14 and figures for the first 6 months of 2014/15 indicate that this trend is reversing.

**The figure for June 14 (first quarter of 2014/15) was 10.17, with a slight drop to 10.06 for the second quarter. The second quarter may be influenced by periods of holiday absence over the summer months.*

Table 2: Top Absence Reasons

Top specified reasons for absence by days lost				
Corporate	Adult Care Services	Chief Executive's	Children's Services	Neighbourhoods and Communities
2014/15 (first 2 quarters)				
(1) Musculoskeletal* (2) Stress and mental health related (3) Disability related	(1) Disability (2) Musculoskeletal* (3) Stress and mental health related	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Stomach, liver, kidney, and digestion
2013/14				
(1) Musculoskeletal* (2) Stress and mental health related (3) Disability related	(1) Disability (2) Musculoskeletal* (3) Stress and mental health related	(1) Stress and mental health related (2) Infections (3) Musculoskeletal*	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections	(1) Musculoskeletal* (2) Stress and mental health related (3) Infections

Notes:

The data system (iTRENT) is currently set up to reflect the organisational structure and departments that existed in 2013. A new structure was introduced in 2014 and the current departments will need to take this into consideration when analysing the data and during consideration of potential high priority/target areas.

**Includes reports specifying "Back and Neck" and "Other- musculoskeletal"*

ACCIDENTS AND INCIDENTS

Table 3 Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Reportable Accident rates per 10 000 – Employees:						
	Rate for Bury Council by year/(National Rate – incidents reported under RIDDOR)					
	2009/10	2010/11	2011/12	2012/13	2013/14	April 2014 to September 2014 (equivalent annual rate)
Fatalities	0 (0.04)	0 (0.05)	0 (0.05)	0 (0.04)	0 (0.04)	0
Absence of 3 days or more	63.9 (37.2)	56.3 (36.3)	51.4 (35.6)	52.7	56.6	54.8
Major injuries and absences of 7 days or more					42.8 (30.5)	28.7
Reportable diseases					6.3	2.6
<i>Note:</i>						
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.						
Comparative national rates are no longer available for over 3 day absence reporting because the requirement changed to over 7 day absence reporting in 2012. Employers are still expected to keep data on over 3 day absences for reasons of internal trend analysis.						

2012/13 is the most recent year for which confirmed national statistics are available; statistics for 2013/14 are provisional.

The HSE reports that under the old RIDDOR reporting requirement (major and over 3 day) self-reported results suggested that just over half of all reportable non-fatal injuries to employees were actually reported. Under the newer requirements (major/specified and over-7-day), early indications suggest reporting levels of non-fatal injuries to employees have fallen below half. This should be borne in mind when considering the Council's higher than national average reporting rate for major injuries and more than 7 day absences.

The total number of RIDDOR reports made by the Council in 2013/14 was 44 and 17 reports have been made in the first six months of 2014/15. These figures reports relating to clients (including pupils) and visitors, they are not included in reporting rate calculations, which relate only to employees.

National Statistics

Information on national statistics can be found via the following link:

<http://www.hse.gov.uk/statistics/at-a-glance.pdf>

Table 4 Internal reporting: Incident trends

Nature of incident	Proportion of the total reports				
	2010/11	2011/12	2012/13	2013/14	April To September 2014
Slips, trips, and falls	26%	29%	25%	26%	23%
Incidents of assault, behavioural incidents, abuse, intimidation	26%	25%	18%	17%	19%
Collisions and entrapments	19%	16%	11%	15%	16%
Injuries sustained during lifting, carrying, moving, handling	8%	6%	5%	5%	10%
Cuts and contact with sharp objects	5%	6%	5%	6%	4%
Exposures to harmful agents including heat, electricity and chemicals	2%	1%	3%	3%	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.

Slips, trips and falls continue to represent the highest proportion of reports. Several of these incidents met the RIDDOR criteria.

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.

82% of injuries sustained during lifting, carrying and handling in 2013/14 involved handling of objects, with 18% involving handling of people.

Departmental Developments and Work Plans

Adult Care Services (ACS) Nov 2014

Update on work

- (1) This update is for Adult Care Services element of the newly created Communities & Wellbeing department, as it covers the work in Health & safety prior to the merging of the Adult Care & Communities & Neighbourhoods.
- (2) 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.
- (3) The medications policies for both Residential / Day Care and People Supported in their own homes along with the safe bathing & showering policy have all been reviewed and agreed as policy by the departmental senior management team (SMT).
- (4) Considerable work has gone into fully reviewing the Infection Control and Moving & handling policies both of which are now ready to be presented to SMT for approval.
- (5) As part of the on-going review of services a night care document has been introduced for all night staff – “Night Staff & on call Managers Protocol manual”
- (6) The good work of the handyman’s team continues, although the planned plumbing training had to be cancelled when the supplier pulled out. We are actively looking to commission new training in the new year.
- (7) Whilst formal H & S visits have reduced more informal visits take place linked to planned maintenance works completed by the handyman and health & safety issues are taken into account at this time. The H & S officer has continued to provide in house training for example fire evacuation, and working at heights.

Issues to be dealt with in 2015

Monitor success of Hand arm vibration processes implemented in operational services. To include;

- Checking systems in place are being followed and are effective
- Carry out refresher training where needed
- Health surveillance appointments are being kept
- Buy smooth policy is being adhered to

- Compare stated vibration magnitudes with actual field measurements before purchase of equipment
- Ensure investigations of over exposures are carried out
- Look into new processes to reduce vibration at source

Avoiding danger from underground services. To include;

- Study updated guidance and amend policy & procedures as required
- Checking systems in place are being followed and are effective
- Carry out refresher training where needed
- Inspect on site that procedures are followed with supervisors

Noise. To include;

- Measurement
- Putting in systems to meet corporate policy on noise
- Gain training for departmental advisor/officer on all aspects of noise management
- Train management and operatives on the subject
- Purchase/borrow equipment to enable measurements to be taken

Follow up on audits completed in conjunction with corporate H&S. To include;

- Action plans are written in line with
- Actions are implemented
- Accident investigation presentation

Manual handling in Waste management. To include;

- Investigation into problems with collection from un-adopted highways
- Monitoring agreed action plans for above
- Monitoring issues since implementation of 3 weekly collections
- Training in correct manual handling techniques

Mowing of gradients/slopes in Grounds maintenance. To include;

- Completion of measuring gradients involved and type of machinery used on slopes
- Make recommendations
- Assist with action plan
- Review site specific risk assessments on slopes with management
- Advise on improvements to be made
- Monitor new ways of mowing slopes that are introduced

To meet with issues above further specialist training would be required for both the departmental H&S advisor and officer.

Resources and Regulation

Safety arrangements are currently being reviewed following the Council's restructure of the departments and the newly formed Department for Resources & Regulation. Health and Safety Groups will need to be merged and the representation reviewed.

The Town Hall Users Group (THUG) continues to meet quarterly, in order to coordinate health and safety needs within the Town Hall across all the departments that share the accommodation. It is envisaged that a similar group will be established to cover the Whittaker Street building also.

Following the office relocation exercise, the fire arrangements for the Town Hall Building have been reviewed and updated. This has included the appointment of a new Chief Fire Marshall, reallocation of area Fire Wardens, refresher training and an update of fire risk assessments and personal evacuation plans (PEEPS).

Following a review of Hand Arm Vibration (HAVS) management arrangements, it has been necessary to audit the use of current equipment within the Markets Division, with a view to replacing it to reduce the level of exposure.

An Automated External Defibrillator (AED) is now located in the main reception of the Town Hall building. It is a simple-to-use and safe life-saving device that can be used to deliver an electric shock to a person's heart who is in cardiac arrest.

A departmental audit of Chief Executives Department has now been completed. A service specific audit is due to commence in December 2014.

Department for Children, Young People and Culture - H&S Plan 2014-2015:

DEPARTMENT - Key Achievements:

- Quarterly Dept H&S Committee meetings – development of action plan
- Quarterly H&S Divisional Group meetings (Learning; Social Care; Strategy, Commissioning, HR & Finance):
 - Review of Divisional Group Structure & TOR
 - Implementation of Lone Working and Home Visits Policies (specific to CYPC)
 - Identification and development of key risk assessments and management arrangements e.g. Transporting Young People / Driving for Work
 - Implementation of Active Monitoring Arrangements
 - Review of H&S Competence & training needs
 - Team Meetings include H&S on Agenda
- Ongoing Active Monitoring Arrangements, including Safety Tours of CYPC premises. Ongoing progress of Action Plans.
- Development of specific CYPC training course for managers and Divisional Group Members
- 3KP Action Plan (following Safety Tour) produced. 3KP Building User Group set up to develop H&S arrangements as per Action Plan.

Planned action:

- Review of H&S arrangements for CYPC (following re-structure)
- Review of Dept Competency Framework & development of Training Matrix
- Roll-out of SMART to be used to report/record staff accidents, incidents
- Analysis of reactive data to identify trends for absence
- Review Premises Management arrangements & responsibility for Health & Safety. Building User Groups to be set up across Dept.
- Implementation of 'Initial Reporting Arrangements'
- Key campaigns to be agreed via H&S Committee
- Schedule of annual Safety Tours of CS premises, including Libraries
- Ongoing development of CYPC H&S intranet page

SCHOOLS - Key Achievements:

- Ongoing delivery and review of Schools H&S Support SLA, focusing on gaps and high risk areas identified through Planner visits and feedback from schools, they include:
 - a) Design & Technology – produced Framework document
 - b) Fire Risk Assessment & Management – produced Fire RA Framework and rolled out via briefings
 - c) External Gates Assessment – produced audit form
 - d) H&S Training Needs – development and delivery of training courses specifically for schools
- Support provided to schools to implement and monitor their H&S Management system
- Review of Visits Strategy and RAG rating Spreadsheet
- Review and development of H&S Planner for Schools – Issue 2.0
- Briefing Notes produced and attended meetings with Bursars and Primary School Secretaries
- On site bespoke consultancy support
- Quarterly School H&S Committee meetings:
 - a) Review of Terms of Reference & Structure
 - b) Improvement of roles and remit of members
 - c) Development of action plan
- Provision of Generic Risk Assessments specifically for schools
- School H&S Intranet populated with school specific information
- Electronic accident/incident electronic system (SMART) - ongoing monitoring
- Review & update of Competency Framework
- Educational Visits service monitoring with Rochdale MBC

Planned action

- All Secondary schools to receive a visit 2014/15
- Review high risk curriculum areas, including PE/sport, Science
- Improve involvement of Governors with monitoring H&S
- Trends analysis of incidents reported on SMART
- Accident/incident recording system (SMART) roll-out for staff form – schools to pilot
- Review of Management Handbook arrangements
- Monitoring of risk management arrangements
- Develop a H&S handbook for schools
- Monitoring of Educational Visits
- Caretakers, Cleaners & Catering – review of H&S training
- Contractor Assessment – new Corporate strategy to be rolled out
- Asbestos Management Plans - new Corporate strategy to be rolled out
- Closer liaison with school training collaboratives

List of Background Papers:-

Contact Details:-

[Report Author]

Last Updated 14.11.2012