

# REPORT FOR DECISION

<b>DECISION OF:</b>	<b>Cabinet</b>
<b>DATE:</b>	<b>13 January 2016</b>
<b>SUBJECT:</b>	<b>Health and Safety: Annual Report 2015</b>
<b>REPORT FROM:</b>	<b>Cabinet Member for Resources and Regulation</b>
<b>CONTACT OFFICER:</b>	<b>Mike Owen, Chief Executive</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>The available penalties for health and safety offences have been reviewed and increased.</p> <p>New legislation covering the management of electromagnetic fields at work will be introduced during 2016</p> <p>Future Health and Safety Executive (HSE) priorities include:</p> <ul style="list-style-type: none"> <li>• Work related ill health</li> <li>• Culture</li> <li>• Inspections of waste management services</li> </ul> <p>Future Council priorities include:</p> <ul style="list-style-type: none"> <li>• Health safety management within new and/or alternative service delivery models/arrangements</li> <li>• Culture</li> </ul> <p>Current areas of development include:</p> <ul style="list-style-type: none"> <li>• Anti-Social Behaviour Policy review</li> <li>• Management of driving for work</li> <li>• Auditing arrangements</li> <li>• Facilities management arrangements</li> </ul>

	<ul style="list-style-type: none"> <li>• Health and safety training, development and competencies</li> <li>• Emergency procedures</li> </ul> <p>Key indicators and trends:</p> <ul style="list-style-type: none"> <li>• There has been a decrease in the average number of days absence per full time equivalent employee</li> <li>• The Council's rate of reportable major injuries is lower than the national average</li> <li>• Stress/mental health and musculoskeletal health related absences account for the highest number of days lost to the Council</li> <li>• Nationally, musculoskeletal and stress/mental health account for the highest number of lost days relating to work related factors</li> <li>• The Council's highest accident incident reporting categories are slips, trips and falls, followed by incidents involving assaults, behavioural incidents, abuse and intimidation</li> <li>• Upward trends are apparent in both Employer and Public Liability insurance claims</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 2;</li> <li>3. Note the departmental developments and plans that are attached as Appendix 4.</li> </ol>
<p><b>IMPLICATIONS:</b></p>	
<p><b>Corporate Aims/Policy Framework:</b></p>	<p>Do the proposals accord with the Policy Framework?      Yes</p>
<p><b>Statement by the S151 Officer: Financial Implications and Risk Considerations:</b></p>	<p>Effective Health &amp; Safety is key to service delivery, mitigating financial and operational risks to the Council</p>
<p><b>Health and Safety Implications</b></p>	<p>Set out any impact in terms of Health, Safety and Welfare.</p> <p>The actions identified through the report and associated action plans are designed to improve health, safety and welfare management arrangements and standards.</p>
<p><b>Statement by Executive Director of Resources (including Health and Safety Implications)</b></p>	<p>Effective Health &amp; Safety is key to safeguarding the welfare of staff, service users and residents.</p>

	The work plans attached to this report support the development of a robust framework.
<b>Equality/Diversity implications:</b>	Yes (see paragraph 7.1 below)
<b>Considered by Monitoring Officer:</b>	Yes  A robust approach to Health & Safety is essential if the Council is to discharge its statutory duties.  The actions outlined in the report will support this process.
<b>Wards Affected:</b>	
<b>Scrutiny Interest:</b>	

## TRACKING/PROCESS

**DIRECTOR:** Mike Owen

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
04/01/16			
Scrutiny Committee	Cabinet/Committee	Council	
	13/01/16		

## 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 can be accessed through the following link:

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

## **2.0 ISSUES**

### ***National developments***

#### *Government initiatives*

2.1 The Government's projects dealing with the health of the working age population and reform of the health and safety system ended during 2015 and a final report was issued by the Department of Work and Pensions.

Further detail and access to the final report is contained in Appendix 1.

#### *Health and Safety Executive (HSE) Strategy*

2.2 The HSE published its current strategy "Health and Safety of Great Britain: Be part of the solution" in 2009. This 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 (sensible risk management);
- 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.

Further detail and access to strategy is contained in Appendix 1.

#### *Increase in penalties for health and safety offences*

2.3 The available penalties and sentencing guidelines for health, safety and food safety offences were increased in March 2015: Key provisions include:

- Magistrate's courts are now able to impose unlimited fines (there was previously a £20 000 maximum) or imprisonment for a term not exceeding 6 months, or both (unchanged).
- Penalties in the Crown Court are unchanged where the maximum penalty is an unlimited fine or imprisonment not exceeding two years or both.

2.4 Tougher sentencing guidelines for corporate manslaughter are due to come into force from 1<sup>st</sup> February 2016. These will mean that large firms could face fines of up to £20m if convicted.

- 2.5 Further details of the range of remedies that the courts can use in relation to health and safety offences can be found in Appendix 1.

### *Control of Electromagnetic Fields at Work Regulations 2016*

- 2.6 At the time of writing, consultation on draft "Control of Electromagnetic Fields at Work Regulations 2016" is due to close. The government is committed to implementing the regulations from June 2016.
- 2.7 The regulations will require risk assessments to be made in all work places where electrical equipment is used and/or there may be exposure to external sources of electromagnetic radiation. Assessments will need to take account of vulnerable people including pregnant women and people with implanted medical devices. The nature and scale of the demands that will be faced in order to comply with the regulations will remain uncertain until interpretative guidance becomes available.

### *Future HSE Priorities*

- 2.8 Dr Richard Judge, Chief Executive of the HSE, gave a speech on the 20<sup>th</sup> November 2015 at which he outlined future priorities for the health and safety system in Great Britain. His key message was that there have been long-term and ongoing improvements in the management of safety, however despite various national initiatives, national incidence rates of work related ill health do not show similar improvement.
- 2.9 He suggested that a key factor is likely to be the time between exposures and incidents at work and the development of ill health, which makes the perception of cause and effect less clear than is the case for accidents. This means that problems are less likely to be identified and therefore management improvements are less likely to be introduced.
- 2.10 HSE statistics show that ill health accounts for 46% of health and safety incidents, 85% of related sickness absence and around 99% of work-related deaths each year.
- 2.11 Areas of particular concern include:
- Work-related stress and mental ill health
  - Work-related musculoskeletal disorders
  - Work related cancers
  - Respiratory disease
  - Work-related skin disease
  - Work-related hearing loss
  - Vibration related disease
- 2.12 Mental health and musculoskeletal each account for around a third of working days lost. It was also noted that there is a link between higher levels of stress, and higher numbers of accidents and musculoskeletal injuries. Occupational cancers account for about two thirds of work related deaths, with the majority of the remainder caused by respiratory diseases caused by workplace exposures.

- 2.13 With regard to stress, the HSE will continue to promote the current approach involving organisational management standards but will look to place increased emphasis on the role of the manager within this.
- 2.14 The Chair of the HSE, Judith Hackitt, has a blog on the HSE website. In November 2015 she quoted a defence lawyer who had told her that “not my responsibility” is the most common phrase they hear from supervisors, managers and workers when carrying out legal investigations. She explains that responsibility should always lie with those doing the work and those who supervise/manage it. She goes on to suggest that testing these views on responsibility will present a good insight into the true health and safety culture within an organisation.
- 2.15 The Health and Safety Executive (HSE) undertook a waste management inspection in April 2013. However, a further national inspection programme has been announced by the HSE and Bury should anticipate a further visit sometime during 2016/17.

### ***Council developments and priorities***

#### *Risks to the Council within alternative service delivery models*

- 2.16 There have been ongoing pressures, which have been accelerated through austerity and legislative changes, for Councils to seek new and innovative ways of procuring and delivering services. Alternative service models can provide benefits to Councils and to the Communities that they serve. However, it is important that consideration is given to liabilities that Councils may face whenever new service delivery arrangements are developed so that appropriate management controls can be put in place.
- 2.17 The arrangements and mechanisms that are needed to support this process are currently under consideration and the Health and Safety Policy will be amended to reflect the need to assess liabilities and put appropriate management controls in place.

#### *Culture*

- 2.18 The following vision statement for health and safety management was adopted in December 2012:

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

- 2.19 A lot of work aimed at changing culture has taken place since the vision statement was adopted. This includes:
- Health and safety development sessions held with Strategic Leadership Team
  - Training for managers that has been rolled out across all departments, with a focus on the manager’s role
  - Auditing of departments and services including an assessment of health and safety “culture”
  - Promotional campaigns for health and safety management

- Recognition of “Client” roles and responsibilities within procurement

2.20 A sound health and safety culture is key to the development and maintenance of high standards of health and safety management. Initiatives such as those described above, and work carried out within departments, have meant that progress has been made. However, it was anticipated that development of a sound and consistent health and safety culture across the organisation would be a long term project.

2.21 Further initiatives will be developed which are designed to continue and focus the development of the Council’s health and safety culture. These initiatives will be given high levels of priority and will be based around the following themes:

- Health – Bury Council reflects the national picture described under paragraphs 2.8 to 2.13. There are well developed systems and arrangements for identifying and managing work related ill health but incidents reported to the Council’s health and safety practitioners, together with the wider demands that are asked of them reflect an ongoing safety focus
- Recognition and ownership of roles and responsibilities at all levels. This is an area where improvements have been noted and managers who attended training should be aware of their roles and responsibilities. However, there is evidence of inconsistency from individual to individual and between services in the practical implementation of roles and responsibilities.
- Risk acceptance – the level and nature of risk that an organisation is willing to accept (sometimes called “risk appetite”) is a function of culture. The HSE and the Council’s health and safety policy promote a proportionate approach, with priority given to the management of significant risks and avoidance of unhelpful “risk aversion” or “risk acceptance”. The Council needs to develop a more sophisticated health and safety risk management approach if it is to make best use of its resources whilst ensuring that significant risks are managed and inappropriately high levels of risk are avoided

2.22 The work plan (see Appendix 2, action point 18) covers issues that have been identified as priorities for the Council. These are reflected within the priorities, work streams and progress detailed in the main body of this report.

### 3.0 **PROGRESS**

#### ***Issues raised in previous annual reports***

##### *Schools – access to Council documents*

3.1 A concern was raised in the 2014 annual report over electronic access to key health and safety documents for schools and this has still not adequately been resolved. Whilst some progress has been made through the provision of clarity regarding a secure gateway that schools can use to gain access to the Council’s documentation, the ability of all schools to access the Council’s Intranet is still limited. Wider access is essential

from a health and safety management perspective and to better support schools.

### *Facilities Management and Buildings*

3.2 Concerns have also been raised in previous reports with regard to:

- The fragmented nature of facilities management, especially in relation to maintenance and upkeep of buildings, limits the ability of the Council to effectively meet its statutory obligations. It also limits the Council's ability to appropriately support schools. Whilst these concerns remain, consideration is currently being given to the development of a strategic corporate approach. Such a development is of importance from a health and safety (and wider) perspective.
- 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. While it is understood that the condition of buildings is now one of a number of key determinants in decisions over the retention or disposal of buildings, the lack of a planned maintenance regime across the Council remains an area of concern.

### ***Construction (Design and Management) Regulations***

3.3 Updated regulations came into force on 6<sup>th</sup> April 2015, however formal guidance was only released a few days beforehand and key information was promptly provided to relevant personnel across the Council. The new regulations place greater emphasis on the role of "Clients" and provide clarity on the application of appropriate management arrangements to all sizes of contract/works. Following this, relevant services and personnel have been brought together to form a working group and the following approach has been identified:

- General briefings through the Construction Industry Training Board (CITB) should be delivered to all officers that are involved in the commissioning or management of construction and building related work. These briefings have been commissioned through the Central Health and Safety team and there is an ongoing roll out across the relevant services, with further sessions arranged to take place in January 2016 for schools.
- Central monitoring is required to provide assurance that construction and building related work is carried out to the necessary standards. Arrangements have been developed which are about to be rolled out that require schools to notify the relevant service within the Children's Young People and Culture Department whenever work is commissioned. This isn't intended as a "gate keeping" exercise but does mean that appropriate checks can be made when appropriate to do so. A similar arrangement will be implemented across Council services dependent on the development of the facilities management arrangements described in the previous paragraph.
- Specialist services should identify any further development needs relative to their areas of work. For example, Architectural Services and Engineering services have commissioned additional specific training via the CITB.



## **Fire Service**

- 3.4 An informal arrangement has been put in place with the fire service to assist in developing the Council's approach to fire safety management and to provide practical support where required. Joint visits have taken place at sites where problems have been identified and the arrangements have been of assistance in developing practical solutions.

## **Central Health and Safety Service**

### *Auditing*

- 3.5 A programme of Departmental and Service Audits for 2015/16 was agreed through Strategic Leadership Team in July 2015 and each Department will receive an audit during 2015/16. The auditing strategy originally anticipated that departmental audits would be annual. However, this has now been reviewed in light of experience and developments. The following strategy will now be adopted:

- Self audit and action planning arrangements will be agreed and implemented for roll out through departmental management structures during the course of 2016/17. These will be more comprehensive in their coverage than an independent audit and will be beneficial in light of the health and safety culture initiatives that will be planned. General health and safety management and stress management arrangements will be covered.
- Independent audits carried out by health and safety practitioners during 2016/17 will concentrate on specific themes. It is anticipated that Legionella and Stress Management will both be covered but the views of departments will be sought with regard to additional themes.
- Independent departmental audits will be carried out in 2017/18 or 2018/19 dependant on needs at the time and on progress with the above arrangements

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

- 3.7 Other significant developments under the plan during 2015 include:

- Ongoing review of Corporate health and safety training and development provisions, including competencies
- Ongoing review of the asbestos management system with a focus on local site based arrangements
- Continuing provision of health and safety training for managers in line with arrangements agreed with the HSE

- 3.8 Other significant work streams for 2016 will include:

- Review of Anti-Social Behaviour Policy
- Review of driving for work arrangements
- Initiatives in support of further development of health and safety culture
- Review of guidance on emergency procedures

- 3.9 Central Health and Safety Services has sat within a shared management structure with the Emergency Planning service for some time. The teams have now been further integrated following the retirement of the Emergency Planning Coordinator in November 2015. This is with a view to providing cross support within and across the two disciplines. The two services will be known collectively as "Health, Safety and Resilience Services".

### **Departments**

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

### **Health and Safety Policy**

- 3.11 The Corporate Health and Safety Policy is currently under review to take account of the work described under paragraphs 2.16 and 2.17.

- 3.12 A copy of the current policy can be accessed through the following link:

<http://intranet/Corporate HS Policy>

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

## **4.0 PERFORMANCE MONITORING**

- 4.1 Appendix 3 contains data on absences and accidents. It also includes a link to national data provided through the HSE. The data comprises:

### **ABSENCES**

- Table 1: Average days lost per full time equivalent employee (All Departments/Corporate)
- Table 2: Top specified reasons for absence by days lost (Corporate and all Departments)
- Table 3: Corporate Absences 2014/15 (01/04/2014 – 31/03/2015)
- Table 4: Corporate Absences 2015 (01/04/2015 – 30/09/2015)

Additional departmental information 2015 (01/04/2015 - 30/09/2015)

- Table 5: Absences by instances (rank) and rate

### **ACCIDENTS AND INCIDENTS**

- Table 6: Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Table 7: Internal Reporting Incident Trends

### **Absence data**

- 4.2 Since 2013/14, there has been a downward trend in the average number of days of absence per full time equivalent employee.
- 4.3 The top specified reasons for absence by days lost in the inclusive period April to September 2015 are:
- Stress and mental health conditions
  - Musculoskeletal conditions
  - Stomach, liver, kidney and digestion
- 4.4 The top specified reasons for absence by days lost in the inclusive period April 2014 to March 2015 are:
- Musculoskeletal conditions
  - Stress and mental health conditions
- 4.5 Musculo-skeletal conditions accounted for the 3rd highest number of instances of absence in both periods, whilst mental health accounted for the 7th highest number of absences during the inclusive period April 2014 to March 2015 and the 4th during the inclusive period April to September 2015. The differences in ranking between days lost and incidents demonstrates the longer term nature of absences that are caused by these conditions compared to more common reasons for absence, with the effect being more pronounced relative to mental health.
- 4.6 There is a known potential for work place factors to cause or exacerbate mental health and musculoskeletal conditions, whilst there is a link between higher levels of stress and musculoskeletal injuries and increased numbers of accidents (see paragraphs 2.11 to 2.13).

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

- 4.7 A downward trend since 2013/14 is evident in all categories of incident reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Figures are below the published provisional national reporting rate for 2014/15.
- 4.8 The following trends within the Council's internal accident and incident reports are of note:
- Slips, trips, and falls continue to represent the highest proportion of reported incidents. Several of these incidents met the RIDDOR criteria
  - Assault, behavioural incidents, abuse, and intimidation continues to account for the second highest proportion of reports
  - 86% of injuries sustained during lifting, carrying and handling in the inclusive period April 2015 to September 2015 involved handling of objects, with 14% involving handling of people.

### ***Insurance***

- 4.9 Local authorities have been reporting increases in employee and public liability claims since 2011/12 onwards. It isn't possible to provide precise detail because claims can be initiated for a period of several years

following an incident; however there is evidence of an upward trend within Bury.

## **Enforcement**

4.10 No enforcement under health and safety legislation has taken place against the Council during 2014 or 2015.

## **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 Good health and safety management should minimise costs. Potential areas of cost 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 by 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.

8.3 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 Department for Work and Pensions issued a final progress report in March 2015, which can be accessed via the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/415692/final-progress-report-h-and-s-reform.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415692/final-progress-report-h-and-s-reform.pdf)

#### ***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 and has issued a 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>

### ***Increase in penalties for health and safety offences***

The available penalties for health, safety and food safety offences were increased in March 2015 and the sentencing guidelines were amended to promote higher levels of punishment. A further change to the sentencing guidelines for corporate manslaughter offences will come into force in February 2016. Key provisions include:


- Magistrate's courts are now able to impose unlimited fines (there was previously a £20 000 maximum) or imprisonment for a term not exceeding 6 months, or both (unchanged)
- Penalties in the Crown Court are unchanged where the maximum penalty is an unlimited fine or imprisonment not exceeding two years or both.
- Large firms convicted of corporate manslaughter will face fines of up to £20 million 1st February 2016
- Magistrates and Crown Courts can impose Compensation Orders and must give reasons if they decide not to do so. A limit of £5000 for Magistrates Courts was removed in 2013 but courts must consider the defendant's ability to pay when setting levels of compensation
- An individual convicted of a health and safety offence can receive a Community Order requiring them to deliver unpaid community services for a set number of days
- An individual convicted of a health and safety offence can receive a Disqualification Order
- A defendant can be ordered to take remedial action
- Publicity Orders requiring an organisation to publish information about the offence and sentence can be imposed in cases of corporate manslaughter
- A victim surcharge with proceeds to be spent on services for victims and witnesses (usually 10% of a fine with a minimum of £20 and a maximum of £120)
- A Criminal Courts Charge will be imposed on all offenders, it varies depending upon whether they plead guilty or are found to be guilty (e.g. the charge is £180 for a guilty plea in a Magistrates Court and £900 in the Crown Court). The government has announced an intension to phase this charge out during 2016


Penalties can be imposed on corporate bodies and/or on individuals who act on their behalf.

## 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>A reviewed policy was introduced in December 2014:</p> <ul style="list-style-type: none"> <li>• The departmental policy template has been updated to reflect the changes to the corporate policy.</li> <li>• An addition relating to Council liabilities in alternative service delivery models is currently under consideration (December 2015).</li> </ul>
<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,</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 Chief Executive 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>



<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
	safety and wellbeing topics within the Leaders Blog		<p>The Institution of Occupational Health, IOSH, has developed specific guidance for Elected Members. This was introduced to Elected Members through a training day held in 2012 (further dates can be arranged if needed for those who could not attend). Electronic copies of the document were subsequently circulated to all Elected Members at the time.</p> <p>A copy is attached below:</p>  <p>ThinkAboutHealthAndSafety-LAElectedMe</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	<p>The role, remit and membership of the group was reviewed in January 2013.</p> <p>A further review of arrangements was carried out in January 2015 in light of the Corporate Restructures and developments. An updated document describing the role and arrangements for the group is attached:</p>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			 <p>Role of Health and Safety Coordinator G</p>
<b>Mainstreaming health, safety and wellbeing within day to day business</b>			
<b>4. Procurement and external service delivery</b>	<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>Sessions have been set up to formally roll out the new guidance to Headteachers and School Business Managers in January 2016. Separate training sessions for specific Contract Managers are to be prepared and delivered in 2016. An e-learning module is to be developed to give an overview of health and safety in procurement processes.</p>
<b>5. Competencies</b>	<p>Develop core health, safety and wellbeing competencies and ensure that health, safety and wellbeing development needs are integrated</p>	<p>Managers and employees who give full consideration to health, safety and wellbeing in the course of day to day decision making.</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>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
	into the employee and team review processes.	<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>	This will be progressed in conjunction with Organisational Development as an integral part of action point 9 – health and safety training and development arrangements.
<b>6. Impact assessments</b>	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.
<b>7. Job demands</b>	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"> <li>• Recruitment procedures</li> <li>• Information provided to Occupational health</li> <li>• Use in job design</li> <li>• Use in risk assessment</li> </ul>
<b>8. Risk management:</b>	Ensure health, safety and wellbeing is incorporated and appropriately prioritised within the corporate risk	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.

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
<b>Health and safety risks</b>	register		
<b>9. Health and safety training and development arrangements</b>	<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, 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.</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 training records that will assist in demonstrating competency (of individuals and across the organisation)</p> <p>Health, safety and wellbeing needs</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> <p>A final phase of training involving a 1 day course but with greatly increased pre-course reading has been rolled out across CYPC during 2015.</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</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
	<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>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>include:</p> <ul style="list-style-type: none"> <li>• The future availability of manager training</li> <li>• Consideration of whether the 1 day model should replace the 2 day one</li> <li>• 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</li> <li>• Refresher training needs.</li> <li>• Health and safety training needs for Assistant Director level managers</li> <li>• Wider health and safety training and development provisions</li> <li>• Health and safety competencies (see action point 5)</li> <li>• Sample auditing of training relative to identified high risk services and activities</li> </ul>
<b>10. Promotion of health, safety and wellbeing</b>	<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</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</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 has been given to removing the poster from work sites with a view to reintroducing it later in 2015. This is so that it</p>



Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	(email, team talk, events etc.) and plan as appropriate	the business of good practice and ownership of health and safety.	<p>continues to have impact.</p> <p>Posters have been removed in the town hall, arrangements will be made to have them removed in other areas.</p> <div data-bbox="1720 644 1939 906" data-label="Image"> </div> <p>A quarterly newsletter has been introduced, however this will be changed to every 4 months with additional editions when there are specific topics that need to be promoted. Recent topics include updated risk assessment paperwork and changes to the Construction (Design and Management) Regulations.</p> <p>This campaign will be on-going.</p> <p>There is an ongoing review of documents on the</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
			<p>intranet and information will be communicated to managers/employees as and when completed. This will help on promoting health, safety and well being.</p> <p>More links to HSE web pages to raise awareness about the wealth of information on their pages.</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 continues to be rolled out through the manager training programme and briefing sessions.</p> <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>Emphasis needs to be placed on the importance</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
			of triage so that key incidents and situations can be given appropriate priority.
<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 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. Alternative arrangements are currently under consideration.</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>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</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>



<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
	<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>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>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>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership team. There is now an interim six monthly update aimed at providing performance data.</p> <p>Audit feedback is provided within the interim update.</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>

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			<p>communication with a view to ensuring that it is effective</p> <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         </div> <div style="text-align: center;">             Strategy Process.pdf         </div> </div>
<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>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 documentation, which continues to be updated in a more user-friendly format than has historically been the case.</p>
<b>Key themes and priorities</b>			
<b>18 Ensure that key</b>	<p>Work with the relevant professional services to review processes to</p>	<p>Agreed standards in place to deal with key national, corporate and service priorities</p>	



<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
<b>B. Organisational themes</b>	<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 providers) – see Construction under A.</li> <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</li> </ul>		<p>undertook a waste management inspection in April 2013. However, a further national inspection programme has been announced by the HSE and Bury should anticipate a further visit sometime during 2016/17.</p> <p>See action point 22 for Construction.</p> <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>Additional initiatives focussed around culture will be introduced around the themes of work related ill health, ownership and proportional risk management (risk acceptance and risk aversion).</p> <p>An initial specification for health and safety needs within facilities management has been drawn up and work is continuing to review facilities management delivery arrangements.</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
<b>C. Service themes</b>	<p>models</p> <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>Consideration is being given to a more strategic approach to facilities management across the Council.</p> <p>A review of Asbestos management arrangements has taken place. This places an emphasis on local asbestos management plans at a site based level. The arrangements will be rolled out through facilities management arrangements once they are in place. The Council's Architectural Services currently offer a service which is in line with the new arrangements and is being rolled out across the Council.</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>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
<p><b>19</b> <b>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>Audit feedback is provided and programmes are agreed through the interim six monthly update report (see next action point).</p> <p>Departmental audits are programmed for each department during 2015/16.</p> <p>Future developments will include the development of self-audit arrangements for use by departments and programming of thematic audits during 2016/17.</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
<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	<p>The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership Team.</p> <p>There is now an interim six monthly update aimed at providing performance data.</p> <p>The main report will be taken to Cabinet in January of each year.</p>
<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>
<b>22 Revision of Construction Legislation (C.D.M) 2015</b>	<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	<p>Briefing sessions provided by the Construction Industry Training Board (CITB) are being rolled out to all officers who are concerned with commissioning of any building related works.</p> <p>Courses are programmed until the middle of January 2016, which will mean that CDM 2015 awareness training will have been provided to approximately 300 participants. We have</p>

<b>Achieve the vision through:</b>	<b>Actions</b>	<b>Added value and outcomes</b>	<b>Progress and future actions</b>
			<p>worked with the C.I.T.B to 'tailor' the training content to fit the various Bury Council situations regarding construction-related work. Additional sessions, and more specific in depth courses aimed at particular roles, can be arranged dependant on need.</p> <p>Permanent procedures have been considered and these will be integrated into facilities management arrangements once they are agreed and developed.</p>



## STATISTICAL DATA

### ABSENCES

**Table 1: Average days lost per full time equivalent employee – All Departments (Corporate)**

BV12 (by year unless stated)								
2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015
10.90	11.56	11.04	10.20	9.38	9.27	9.82	9.67	9.55

**Notes:**

*BV12 is a national measure that has been used 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.*

*There was a downward trend between 2008/09 and 2012/13. The figures for 2013/14 showed a slight increase, however figures since this show reductions.*

**Table 2: Top specified reasons for absence by days lost**

<b>Corporate</b>	<b>Children, Young People and Culture</b>	<b>Communities and Wellbeing</b>	<b>Communities and Neighbourhoods</b>	<b>Resources and Regulation</b>
<b>2015 Six months April to September inclusive</b>				
1. Stress, depression, mental health, fatigue syndromes 2. Musculo-skeletal (combined) 3. Stomach, liver, kidney and digestion	1. Stress, depression, mental health, fatigue syndromes 2. Musculo-skeletal (combined) 3. Stomach, liver, kidney and digestion	1. Stress, depression, mental health, fatigue syndromes 2. Musculo-skeletal (combined) 3. Disability related	1. Musculo-skeletal (combined) 2. Stress, depression, mental health, fatigue syndromes 3. Disability related	1. Stress, depression, mental health, fatigue syndromes 2. Musculo-skeletal (combined) 3. Other
<b>2014/15 April 2014 to March 2015 inclusive</b>				
1. Musculo-skeletal (combined) 2. Stress, depression, mental health, fatigue syndromes 3. Other				

**Table 3: Corporate Absences 2014/15 (01/04/2014 – 31/03/2015) 10734 employees**

Absence Reason	Instances	Rate/ 100
Stomach, liver, kidney and digestion	2746 (26%)	26
Infections	1807 (17%)	17
Musculo-skeletal (combined)	1061 (10%)	10
Chest and Respiratory	877 (8%)	8
Eye, ear, nose and mouth/dental	798 (8%)	7
Neurological	675 (6%)	6
Stress and mental health	618 (6%)	6
Genito-urinary/gynaecological	265 (2%)	3
Disability related	168 (2%)	2
Heart, blood pressure and circulation	99 (1%)	1
Other	1425 (14%)	-
<b>Grand Total</b>	<b>10539 (100%)</b>	-

**Table 4: Corporate Absences 2015 (01/04/2015 – 30/09/2015) 10256 employees**

Absence Reason	Instances	Annual equivalent	Rate per 100 (increase/decrease since 2014/15)
Stomach, liver, kidney and digestion	1026 (26%)	2052	20 (-)
Infections	522 (13%)	1044	10 (-)
Musculo-skeletal (combined)	493 (13%)	986	10 (=)
Chest and Respiratory	231 (6%)	462	5 (-)
Eye, ear, nose and mouth/dental	270 (7%)	540	5 (-)
Neurological	293 (7%)	586	6 (=)
Stress and mental health	325 (8%)	650	6 (=)
Genito-urinary/gynaecological	116 (3%)	232	2 (-)
Disability related	61 (2%)	122	1 (-)
Heart, blood pressure and circulation	54 (1%)	108	1 (=)
Other	654 (17%)	1308	-
<b>Grand Total</b>	<b>3030</b>	<b>6060</b>	<b>-</b>

**Note:**

*Percentages are to nearest 1%, so do not add up to 100*

## Departmental information 2015 (01/04/2015 - 30/09/2015)

**Table 5: Absences by instances (rank) and rate**

Absence Reason	CYPC	C&W	DCN	R&R
Stomach, liver, kidney and digestion	855 (1st) 8.3	133 (1st) 1.3	2 (2nd) -	36 (1st) 0.4
Infections	408 (2nd) 4.0	90 (3rd) 0.9	1 (6th) -	23 (3rd) 0.2
Musculo-skeletal (combined)	360 (3rd) 3.5	105 (2nd) 1.0	3 (1st) -	25 (2nd) 0.2
Other	301 (4th) 2.9	50 (6th) 0.5		15 (4th) 0.1
Stress and mental health	240 (6th) 2.3	70 (4th) 0.7	2 (2nd) -	13 (5th) 0.1
Neurological	258 (5th) 2.5	25 (9th) 0.2		10 (8th) 0.1
Eye, ear, nose and mouth/dental	218 (7th) 2.1	39 (8th) 0.4		13 (5th) 0.1
Chest and Respiratory	160 (8th) 1.6	57 (5th) 0.6	2 (2nd) -	12 (7th) 0.1
Genito-urinary/gynaecological	95 (9th) 0.9	12 (11th) 0.1		9 (9th) 0.1
Pregnancy related	64 (10th) 0.6	14 (10th) 0.1		
Disability related	13 (14th) 0.1	41 (7th) 0.4	2 (2nd) -	5 (10th) 0.0
Heart, blood pressure and circulation	40 (12th) 0.4	11 (12th) 0.1		3 (11th) 0.0
(blank)	46 (11th) 0.4	1 (15th) 0.0		1 (13th) 0.0
Other - Other	22 (13th) 0.2	3 (13th) 0.0		1 (13th) 0.0
Other - Hospital Appointment	7 (15th) 0.1			
Other - Maternity Support Leave	5 (16th) 0.0			
Other-Special Leave		1 (15th) 0.0		3 (11th) 0.0
Other - Authorised Absence		3 (13th) 0.0		
Other - Parental Leave	1 (17th) 0.0			
Disability Related Appointment	1 (17th) 0.0			
<b>Total (incidents)</b>	<b>3094</b>	<b>655</b>	<b>12</b>	<b>169</b>

**Note:**

*Departmental data has not been provided for the period 01/04/2014 – 31/03/2015. This is because there was a different organisational structure and data would not be comparable.*

## ACCIDENTS AND INCIDENTS

**Table 6: Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**

<b>Reportable Accident rates per year per 10 000 – Employees:</b>						
	Rate for Bury Council by year/(National Rate – incidents reported under RIDDOR)					
	2010/11	2011/12	2012/13	2013/14	2014/15	April to September inclusive 2015
Fatalities	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Absence of 3 days or more	56.3 (36.3)	51.4 (35.6)	52.7	56.6	50.2	50.2
Major injuries and absences of 7 days or more				42.8 (30.7)	24.2 (provisionally 29.3)	23.4
Reportable diseases				6.3	1	0

**Notes:**

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.

**Table 7: Internal Reporting Incident Trends**

Nature of incident	Proportion of the total reports				
	2011/12	2012/13	2013/14	2014/15	2015 (April to September inclusive)
Slips, trips, and falls	29%	25%	26%	27%	25%
Incidents of assault, behavioural incidents, abuse, intimidation	25%	18%	17%	21%	22%
Collisions and entrapments	16%	11%	15%	15%	12%
Injuries sustained during lifting, carrying, moving, handling	6%	5%	5%	7%	10%
Cuts and contact with sharp objects	6%	5%	6%	5%	5%
Exposures to harmful agents including heat, electricity and chemicals	1%	3%	3%	4%	4%

*Note minor categories are not included, so columns do not add up to 100%*

**Notes:**

*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.*

*86% of injuries sustained during lifting, carrying and handling in the inclusive period April 2015 to September 2015 involved handling of objects, with 14% involving handling of people.*

## **National Statistics**

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

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





## Departmental Developments and Work Plans

### **Communities & Wellbeing Department** **Health & Safety Update (Nov 2015)**

1. This is the first full year report for the newly formed department. The regular meetings for the various services have continued on the previous departmental basis over the year. Governance Committee has discussed the format of the meetings and has agreed to continue on the same basis for the foreseeable future. The Health & safety manager & Health & safety advisor will provide the links between the meetings. Representatives from the whole group will meet twice yearly to discuss any overarching issues.
2. During the year a large part of the department was transferred to Persona (LATCO). We have agreed to co-ordinate our approach to H & S matters as much of the technical knowledge transferred with the staff to Persona. Persona staff continue to attend H & S meetings and provide valuable support & information to ensure as a council we meet our obligation to provide agreed standards to share with private providers.
3. Policies reviewed during the year include:
  - Medications
  - Safe bathing
  - Client focused Physical intervention (NHS policy)
  - Indoor & outdoor activities
4. We have initiated a 6 month pilot on electronic medications management which is due to report its findings imminently – initial thoughts are that it has been successful.
5. NICE (The National Institute for Clinical Excellence) have proposed changes to GP's where they will no longer be able to prescribe medicine for symptoms like headaches. Work is ongoing to provide suitable advice for staff & customers as a result of this proposal.
6. We continue to work closely with Greater Manchester Fire & Rescue service to improve fire safety standards throughout our council owned properties.

7. The Operations H & S team have spent the past 12 months monitoring and examining all areas of the service. The investigations have included systems analysis, providing training, Health surveillance (including over exposure), field testing equipment and inspections. The team also investigates potential new equipment  
The service areas covered are:
  - Hand arm vibration
  - Danger from underground services
  - Noise
  - Manual handling ( Waste management)
  - Mowing of gradients/slopes in Grounds maintenance
8. Two team members completed a three day course on Noise at Work Competent Person training.

Work in all the above areas will continue in 2016.

## **Resources and Regulation**

Service specific audits are continuing, in line with the Departmental scheduled plan of audits. Recommendations will be addressed via action plans, under the responsibility of the relevant Head of Service. The implementation of action plans will be monitored by the Resources and Regulation Departmental Health & Safety Co-ordinator, in conjunction with the Interim Executive Director of Resources and Regulation.

Departmental representatives are also actively involved in the Bradley Fold Depot Health & Safety Meetings and are looking to undertake joint pieces of work with the Department for Communities & Wellbeing, as this location is co-occupied.

Building Managers across the Department also need to formalise the terms of reference and meeting frequency of Building User Groups, namely at the Town Hall, 3KP and Whittaker Street. These Building User Groups will be tasked with sharing best practice and co-ordinating any issues that may impact on the numerous services that share the accommodation, cutting across Departmental boundaries.

The standardisation of the Trade Union Consultation Framework included Health & Safety issues, updates, lessons learnt to also be discussed, as a standard item at quarterly Departmental Joint Consultative Committees, therefore reinforcing the Department's commitment to Health & Safety priorities at the highest level, alongside trade union colleagues.

The role of Departmental Health & Safety Co-ordinator has recently been re-allocated to the Departmental HR Manager. Priorities for the forthcoming year include: establishing an effective and efficient departmental group (to meet on a quarterly basis), reviewing and agreeing a departmental policy and to increase the number of managers across the Department who have attended the two day Health & Safety course.

## **Department for Children, Young People and Culture - H&S Plan 2015 -2016:**

### **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):
  - Identification and development of key risk assessments and management arrangements e.g. Lone Working and Home Visits – produced and implemented CYPC Policies
  - Development and Implementation of Driving for Work/Transporting Young People CYPC Policy
  - Implementation of Active Monitoring Arrangements
  - Review of H&S Competence & training needs
  - Team Meetings include H&S on Agenda
- Review and update of CYPC H&S Policy, including specific arrangements
- Ongoing Active Monitoring Arrangements, including Safety Tours of CYPC premises. Ongoing progress of Action Plans.
- Managers & other identified staff (including Divisional Group members) attended CYPC specific H&S training course
- 3KP Action Plan updated (following Safety Tour). 3KP Building User Group set up to develop H&S arrangements as per Action Plan.

### **Planned action:**

- Update H&S Policy in line with Corporate changes
- Update H&S Policy Arrangements reference to Council documents (once Council H&S documents reviewed)
- 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
- Ongoing development of CYPC H&S intranet page

## **SCHOOLS - Key Achievements:**

- Ongoing delivery and review of Schools Health Safety Support SLA, focusing on gaps and high risk areas identified through previous Planner visits and feedback from schools, they include:
  - a) Design & Technology – produced Framework document. Secondary schools (enhanced) audited by external D&T specialist
  - b) Fire Risk Assessment & Management – produced Fire RA Framework and rolled out via briefings. Provided ongoing training and support
  - c) External Gates Assessment – produced audit form and guidance sent out to all schools to use to assess their risk
  
- All Secondary schools visited in 2014/15
- Support provided to schools to implement and monitor their H&S Management system
- Training specific to schools (as per Competency Framework):
  - IOSH Managing Safely in Schools – for Primary headteachers/Business managers
  - Managing Safety In Schools – 1 day course (Bury College) for Secondary Headteachers and 2 day course for Business Managers
  - New Headteacher Induction training
  - Core Competency Training for staff
  - Fire Risk Assessment (new documentation) roll out sessions for all schools
  - Fire Awareness for staff
  - Fire Awareness (Risk Assessment) for Business/Site Managers
  
- Additional support offered for first time through the new Service Level Agreement 'enhanced package'
- Quarterly School H&S Committee meetings
- School H&S Intranet populated with school specific information
- Electronic accident/incident electronic system (SMART) - ongoing monitoring
- Educational Visits service monitoring with Rochdale MBC

## **Planned action**

- Re-shape SLA to include more on site visits/support and include external specialists
- Schools H&S Policy Template review (reference to Council documents)
- Review and development of H&S Planner for Schools – Issue 3.0
- Review & update Generic Risk Assessments specifically for schools (using HSE template)
- Review other high risk curriculum areas, including PE/sport, Science
- 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 Health and safety handbook for schools
- Monitoring of Educational Visits
- Contractor Assessment – new Corporate strategy and CDM update to be rolled out (January 2016)
- Asbestos Management Plans - new Corporate strategy to be rolled out

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**List of Background Papers:-**

All background papers are referenced within the report.

**Contact Details:-**

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*Last Updated 18.12.2015*