

Meeting: Employees Consultative Forum
Date: 5 July 2005
Subject: Health and Safety Executive Management Inspection 2005
Responsible Officer: Executive Director – Business Connections
Contact Officer: Brenda Goring – Health & Safety Services
Portfolio Holder: Portfolio Holder For Communications, Partnership & Human Resources
Key Decision: No

Section 1: Summary

The purpose of the inspection was to assess the strengths and weaknesses in the way the council managed its business to assure health and safety. The approach was in line with the Health and Safety Executive's work programme, which highlighted a number of areas of concern, nationally, e.g. stress, violence and aggression, as well as key sectors to examine i.e. local authorities, particularly those assessed as weak through the CPA. There is a recognised link between the way councils deal with matters of health and safety and the way in which they manage generally.

Decision Required

To note the report and to endorse the council's action plan.

Reason for report

To report on the outcome of the HSE management inspection and to appraise the Forum of the action plan developed to address the issues raised.

Securing health safety and welfare of all who come into contact with the council, by monitoring executive actions and championing promotional activities are key functions of the consultative Forum.

The plan sets out action to address health and safety weaknesses in the council as well as to build on identified strengths.

The plan is important as it impacts on the council's Corporate plan, community strategy or other strategic initiatives.

Through its promotion of health and safety at work will also serve to improve the vitality profile of areas in the borough which, accidents injury and illhealth, can exacerbate impact of negative socioeconomic factors increasing disadvantage

and exclusion.

Benefits

- Improvement the council's management of health, safety and welfare across all services
- Gives assurance that all employees and managers are aware of their responsibilities and are competent to carry out their work on behalf of the council in a safe and healthy way.
- It could position the council in the frontline as a beacon and exemplar of excellence in health and safety with a positive boost to other areas of the council and wider community such as local businesses.
- It will assist the council in meeting the duties laid down in health and safety statutes
- The outcome should enable better use of resources by reducing the incidence of work related illhealth and injury which lead to absence and may result in prosecutions and or compensation claims.

Risks

Failure of the council to make progress in meeting the terms of the post inspection action plan through

- Insufficient staff time to complete the work
- Lack of leadership and commitment to the tasks
- Lack of competent staff to complete the work required
- Management changes and lack of continuity in key result areas
- Failure to sustain resources allocated to support the health and function

Implications if recommendations rejected

In the short term, stalling of action being taken to raise awareness and promote health and safety across the council. In the longer terms increased accidents and illhealth, and staff demoralised and stressed. Enforcement action by the Health and Safety Executive on the authority and involving named members of the executive.

Section 2: Report

Brief History

There are overarching and specific reason for inspections. HSE's work programme is built around the Revitalizing Strategy and government targets for reductions in cases of work-related illhealth and accidents. Councils are some of the largest employers of labour both individually and overall and are seen as key to achieving those targets.

Councils are also major clients of other sectors as procurers of goods and services. Hence councils in a position to influence and to be lead businesses in their communities, particularly small and medium sized organizations to help them

improve their own health and safety standards. This is important too for councils to reflect high standards as they enforce health and safety standards on local businesses.

Additionally, a number of other criteria may have influenced their decision to inspect :1) they had not carried out a major inspection of the borough for over 10 years; 2) a fatality in 2002: (no legal action was taken against the borough or its major contractor); 3) major organizational changes 4) a programme of inspection involving London Boroughs.

Consultation

Unison was involved at every stage of the process. They had opportunities to meet with inspectors in the course of the inspection and to receive feedback afterwards. UNISON is also represented on the Council's Health and Safety Partnership Board and contributed to the development of the action plan.

Financial Implications

There are no direct financial costs arising from this report. Any costs that may arise would have to be contained with approved cash limit budgets.

Legal Implications

There is a common law duty to provide a safe system of work, safe equipment, premises and colleague employees. There is an overall duty of care re his safety.

The Health and Safety at Work Act 1974 compliments the common law duty through statutory provisions. The legislation establishes a statutory framework with which employers must comply.

Equalities Impact

The inspectors highlighted weakness in the council's current arrangements for consultation on health and safety matters. They noted that the arrangements do not meet the needs of employees not covered by the currently recognised unions or indeed others who are not in any union.

Since initial development of the post inspection action plan, a review of Health and Safety under the Race Equality Scheme and an Equality Impact assessment have been carried out. These are currently being consulted on. The feedback and recommendations arising from those will be incorporated into the plan along with targets for service delivery

Research undertaken for HSE in other organizations has highlighted the disproportionate experience of stress suffered by BME groups and the role of discrimination as a causative factor. The study concluded that "After controlling for demographic, occupational and other factors, and work characteristics, there was a significant association between work stress and ethnicity. Racial discrimination,

particularly in combination with gender and ethnicity, was identified as having a strong influence on work stress”.

Health and Safety Services are currently coordinating a Stress project on behalf of the council. Assessment of feedback from BME staff and the implications will be included in the next phase of the project.

Section 3: Supporting Information/ Background Documents

Appendix 1 Health and Safety Executive Feedback Presentation Harrow Council 2005

Appendix 2 Harrow Council (HSE Management Inspection) Post Inspection Action Plan April 2005

Other background papers that are available on request

HS (G) 65 Successful health and safety management – Health and Safety Executive ISBN 0-7176-1276-7

Ethnicity, work characteristics, stress and health. Research report 308; Cardiff University and Queen Mary College London University for HSE, 2005.

HSE Management Inspection Project papers – Management Briefing Pack and Employee letter.

Progress Report Proforma for RES Year 3 and other Equalities Priorities – Health and Safety Services June 2005.

Equality Impact Assessment – Health and Safety Services, June 2005.

HEALTH AND SAFETY
MANAGEMENT INSPECTION

**London Borough of
Harrow**

Jan 31 – Feb 11

Successful Health and Safety Management HSE model (HSG65)		
1. Policy 2. Organising (control, cooperation, competence, communications) 3. Planning and Implementing 4. Measuring Performance 5. Reviewing Performance 6. Auditing		
Parameters	Strengths	Weaknesses
<u>Policy</u>	Developing work on stress	H&S Policy dated
	Content of local policies (e.g. Social Care)	Inconsistency e.g. domiciliary vs. residential care contracts
	Housing Services (BUT draft only)	Directorate policies; <u>Manual Handling</u>
	Local cascade of H&S information (e.g. Rooks Heath School)	Reliance on NHS Trust (in shared premise)s
Organising (control)	Responsibility taken at senior level (e.g. UL, Social Care)	People First
	Managers actively involved e.g. Central Depot, refuse collection	Lack of H&S objectives in job descriptions. No H&S Performance Standards
Organising (cooperation)	Consultation on H&S with UNISON, Teaching Unions	No formal consultation with other staff
	Partnership H&S Board	H&S Consultation Groups,

		membership undecided (e.g. Housing)
Organising (communication)	Team briefing initiative covers H&S	Documented H&S implementation plans
	Building Risk Register	H&S content of Intranet.
	Design and Build H&S Review	Access to H&S consultants Report
Organising (competence)	Raft of H&S training courses	No mandatory H&S training (e.g. Manual Handling, Risk Assessment, Accident Investigation)
		Patchy H&S Management training
		Access to (sufficient) competent H&S advice
Planning and Implementing	Risk assessments (e.g. Education, Parking Control)	Mental Health (Use of NHS Trust r/a's) Central Depot r/a's not available (BUT, Safe System of Work in place)
	Remedial building work (e.g. Reception area at Pinner Rd, Care offices)	
	Local H&S Action Plans (e.g. Brember Centre, Rooks Health School)	H&S content of Directorate Plans, Service Plans
Measuring Performance	Accident stats (e.g. Parking Control, Central Depot) Some trend analysis	Poor investigation of accidents (e.g. finding of root causes) No systematic check of remedial action taken
	CDM monitoring; Schools monitoring	H&S monitoring of contractors (e.g. Housing repairs, Social Care)

Way forward
Action Plan – by 31 March 05
HSE re-visit (12 months)
Focus on out comes

Appendix 2 - Harrow Health and Safety Management Post Inspection– Action Plan (2005)

Objective	Actions	Time scales	Performance	Lead Person	Resources Partners
1. Strategy Introduce health and safety management strategy linked to corporate objectives	New strategy to be developed and approved by CMT & Cabinet. To be in place by June 2005.	June 2005	Strategy agreed and published widely. Informs policy and decision making across council business.	SD/HSM	Trade Unions, Parents, Governors, NHS Trust, Business Community, Colleges
2. Policy 2.1 Develop a framework of policies which are timely and consistent and which cover the council business	Partnership Board to agree programme for corporate policies review to include sufficiency and suitability. Annual review, and no policy more than 3 years old. Incorporate identified areas of strengths into good practice templates for sharing across council. All documents accessible and widely available in range of formats and media including intranet.	May 05 Oct 05	Audit and review confirmation that at least 90% of policies and procedures current and in use. Gaps highlighted.	BC/HSM CE/PB	Trade Unions, Members Contractors, Voluntary Sector
2.2 Continue to develop work on stress including	Develop and publish Stress Action Plan.	Dec 2005	Employee survey report significant key improvements in	SD/BC/HSM OD/HR Strategy OH	Departmental facilitators and Stress working

<p>local policies (Social Care and Housing)</p>	<p>Corporate review of stress policy including contribution of health and safety.</p> <p>Complete survey and report back on results from focus group.</p> <p>Support for beacon status for action and share good practice.</p> <p>Monitor local action to address identified stressors.</p> <p>General health promotion/surveillance schemes to promote happy, healthy and here culture.</p> <p>Coordinate action on violence and aggression with work on service standards and communications e.g. of new strategies.</p> <p>Use HSE's Stress Management Standards as self-assessment tool; and to set specific improvements in key areas identified for the council.</p>		<p>areas such as work load, satisfaction, relationships and communications.</p> <p>Work related stress induced sickness absence levels showing significant decline.</p> <p>10 % reduction in early and illhealth retirements due to work related stress.</p> <p>SD to sponsor project. PB to track progress against action plan and hold departments to account.</p>		<p>Groups</p>

<p>3. Organising 3.1 Develop and implement a cultural shift in which all senior managers recognise and accept their health and safety responsibilities.</p>	<p>Exec Director BC to co-ordinate and monitor policy implementation to provide clear direction consistent with business aims/risks.</p> <p>The Chief Executive and Exec Directors will lead by example and ensure that responsibilities are assigned successively throughout their departments down to line managers who take responsibility for the work environment.</p> <p>Relevant health and safety training will be available and compulsory for all levels of the council.</p> <p>Responsibility for H&S will be embedded in job roles and competency profiles.</p> <p>H&S included in performance appraisal successively throughout organisation.</p>	<p>June 05</p>	<p>Senior Management performance review to include health and safety accountabilities</p> <p>All directorate produce reports on health and safety performance.</p> <p>Annual report verification by CMT prior to ECF – first report June 2005</p>	<p>SD Departmental champions</p>	<p>Chief Executive; Members including representatives of Employees Consultative Forum.</p>
<p>3.2 Develop and maintain good practice in which responsibility for health and safety taken at senior level and is demonstrated;</p>	<p>Health and Safety on agenda at SMT;</p> <p>SMT support for role of Health and Safety champion and facilitators.</p> <p>Visible leadership e.g.</p>	<p>May 05</p>	<p>Performance management reviews at successive levels in organisation.</p>	<p>SD All Executive Directors Directorates.</p>	<p>H&S management mentors and coaches. Directors in partner organisations</p>

where managers actively involved in monitoring health and safety (UL, Social Care Central Depot, refuse collection)	attendance at H&S meetings. Induction of new directors and senior managers into organisational culture and requirements. Identify and meet Management training needs include PB members..		Used as measure of success of PB		
3.3.1 Co-operation To establish mechanisms that promote open dialogue on health and safety with all staff, their representative and other council partners	Partnership Board to widen membership. Outreach work with other groups to encourage participation. Project management of consultation to obtain maximum buy-in from non-represented staff – using variety of methods e.g. focus groups, topic specific working groups; co-opt to Partnership Board.	May 05	By Feb 2006 at least 95% of staff report involvement in consultation Minutes and attendance at PB show spread of involvement Staff Survey.	NB/HSM OD strategy	Trade Unions, Staff Support Groups including Employees Disabilities Group, and Harrow Black Workers Group
3.3.2 Co-operation – Extend good practice approach to consultation between UNISON and Partnership Board for H&S to include other stakeholders.	Partnership Board to encourage active consultation with all employees on a wide range of H&S matters. Use of co-optees, working groups to tackle issues/ solve problems using devices such as quality circles/project teams/joint Employees involved in setting standards, risk assessment, operating procedures,	July 05	Council practice meets legal standards e.g. Safety representatives and safety committee regulations; H&S (consultation with employees) regulations. Safety groups proactive and achieving visible	OD strategy BC/HSM PB	''

	monitoring and audit		H&S gains. TU support for manager in resolving areas of potential conflict		
3.4 Communication 2.4.1 To establish communicate and maintain supporting information in accessible formats for use across the council.	Document audit to identify gaps and highlight available templates. Standardization of all documentation e.g. electronic; open opportunity for feedback on material produced; further develop intranet; incorporate good practice approaches to ensure information widely available and accessible.	June 05	Verification audit demonstrates access to suitable and sufficient H&S information across council.	HSM Communications Unit Legal	Members, ECF
3.4.2 Communication – Team briefing initiative to covers H&S Restart H&S lunchtime seminars	Roll –out across council and check how successful it is working.	Oct 05	Employee feedback	All departments OD/BC	H&S networks Change Management Group
3.4.3 Cascade good practice on information sharing and awareness-raising (e.g. Rooks Heath High School).	Active engagement of cross council working groups in spreading and share knowledge and in benchmark performance.	May 05	Positive promotion of health and safety ideas and solutions arising outside health and safety team.	All managers and staff HSM	H&S champions People First

<p>3.5 Competence 3.5.1 Training strategy and plan used to deliver knowledge, experience to meet council needs</p>	<p>Complete training needs analysis; maintain continuous evaluation to ensure offer fit for purpose.</p> <p>Proactively identify developmental areas.</p> <p>All area to attain Investors in People status. All employees competent To fulfill roles</p> <p>Recruitment and promotion procedures ensure competence</p> <p>Training needs identified – organisational/job needs and individual needs</p> <p>Competent cover for absences.</p> <p>Training needs identified with all changes in policies and procedures</p> <p>Systems and resources available to provide training</p>	<p>January 2006</p>	<p>Skills audit results. Records and assessment feedback.</p> <p>Employee monitoring demonstrates training and development gains in competence to fulfill roles including health and safety.</p> <p>95% of manager having received managing safely training or equivalent within 3-year cycle.</p>	<p>OD Organisational Development, HSM</p>	<p>Training Partners Professional Bodies Business Community Harrow University Project Lead</p>
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<p>3.5.2 To assure sufficient establishment of health and safety expertise to support health and safety performance improvements and assist in monitoring progress.</p>	<p>Complete training needs analysis</p> <p>Transparent, publicly agreed roles and service standards for the Health and Safety Unit that are supported by senior management;</p> <p>Partnership Board agreed service plans and priorities. Capacity building, publicity and relaunch of the service.</p>	<p>May 05</p>	<p>Contract and service monitoring identify projects and services delivered safely, on time and fit for purpose.</p> <p>Stake holder feedback, delivery targets met and benchmarks achieved as supporting evidence of service excellence.</p> <p>CPA results</p> <p>Achievement of relevant charter marks</p>	<p>OD BC/HSM</p>	<p>Internal and External Training and Development partners</p>
<p>3.5.3 To clarify roles and responsibilities of safety critical staff in the council.</p>	<p>Safety Director to agree with CMT safety critical posts where approval for changes to establishment need to be sought at senior level</p>	<p>June 2005</p>	<p>Widely published information on team roles, responsibilities, and service standards.</p>	<p>SD</p>	<p>Executive Directors Middle managers Trade union partner</p>

<p>4. Planning and Implementing 4.1.1 Risk assessments – To establish the fundamental role of risk assessment as a tool for proactively managing risk.</p>	<p>All managers/ and supervisors responsible for 5 or more staff or with responsibility for premises, budgets and or work involving contractors priority for compulsory training in carrying out risk assessments.</p> <p>Departmental targets for compliance.</p> <p>Risk assessment audit identifying areas of need and non-compliance.</p>	<p>Oct 05</p>	<p>All areas of identified risk covered by baseline assessment; evidence of dynamic assessments and reviews in relevant areas. Monitoring schedule confirmation</p>	<p>All directorates – Champions</p>	<p>„</p>
<p>4.1.2 Risk assessments – Extend delivery and monitoring model used in Education, Parking Control to other areas. (Brember, Rooks Heath)</p>	<p>Specific project to achieve compliance including nomination of officers in departments competent to lead in carrying out assessments.</p> <p>Increased use of templates and online resources</p> <p>Priority areas reflected in local H&S action plans</p>	<p>Dec 05</p>	<p>Departmental management and premises managers’ tasks. Completion linked to achievement of performance management target. Year on year reduction in avoidable injury.</p>	<p>H&S champions and facilitators</p>	<p>Education Advisors and school managers</p>
<p>4.2.1 Health and safety content of Divisional and Service Plans. Imbed health and safety impacts as part of service planning and development</p>	<p>Incorporation of risk management approach into all areas of council business including identification of health and safety related risks in strategic and operational areas.</p> <p>Use revitalising health and safety targets as <i>pacer</i>.</p>	<p>Sept 05</p>	<p>Evidence in plans including progressive re-evaluations and re-ordering in the light of changing scenarios</p>	<p>All directorates H&S champions</p>	<p>Audit and Scrutiny OD/Strategy</p>

4.2.2 Business risk register Design and Build health and Safety Review	Incorporate risk register approach into health and safety risk mapping and risk assessment training				Risk Management
4.3 H&S standards Identify, implement and monitor agreed, consistent health and safety performance standards for all.	Standard setting as part of departmental and service planning. Performance indicators as agreed by Partnership Board - Corporate, departmental, managerial and personal	May 05	Evidence that health and safety performance standards as integral to all departmental and service plans; individual performance monitoring	Executive directors NB/ Safety Director /HSM	OD/Strategy and Development
5. Measuring performance 5.1 Realign monitoring to accentuate positive outcomes ahead of reactive measures of performance	Identification data sources; standardization and integration of monitoring approaches to make optimum use of data to inform, support and challenge action. Examples linked to HSE's Revitalising targets	Sept 05	Evidence based reviews and forecasts including setting budgets and priority areas for action. Continue to benchmark performance against L33 and extension.	All directorates Corporate overview by PB/HSM	Middle managers H&S facilitators. ALG Forums. CHAS quality assurance scheme.
5.2 To monitor of implementation of agreed health and safety performance measures to ensure outcomes	Link data from other monitoring functions undertaken across the council – Audit, Scrutiny, Risk Management to track progress. Compulsory training for all	Sept 05	Evidence of Mix of proactive and reactive monitoring with bias on proactive work. Monitoring impact of	Contracts officers/HSM/ Procurement/ Scrutiny	Audit, Scrutiny, Risk Management Procurement.

being delivered.	<p>monitoring officers e.g. contracts officers.</p> <p>Separation of verification audits and contract sign off's from originating group.</p> <p>Cost of intervention in contracts computed and corporate template introduced to help managers costs incidents.</p>		assessment showing clear benefits in improved incident accident prevention overall.		
6. Review/Audit					
6.1 Institute planned audit and review regime all areas.	Lead audit and review role including planned proactive programme proposed to management and agreed by Partnership Board.	May 05	Annual review of regime.	SD HSM	Risk Management
6.2.1 To define roles and responsibilities for audit and review.	Specialist adviser/lead as appropriate in reactive audits/reviews e.g. major incident. Facilitate external audit/challenge.	May 05		SD HSM	Audit partner
6.2.2 In particular, the role of the Health and Safety Department	Work of unit subject to interim service review and annual report	May 2005	Unit performance including staffing and competencies subject to performance management review.	SD HSM	Partnership Board
6.3 More local in-depth analysis of Accident statistics to identify root	Local services self - assessment approach to performance monitoring of own actions/outcomes. Less reliance on centre as primary	Nov 05	Improved range of data reported; follow up action show improved experience and outcomes locally		Contract Services Safety Representative H&S facilitators

cause and trends as e.g. Parking Control, Central Depot,) CDM monitoring, Schools monitoring Contractors	source of information on local trends. Centre to support process and provide information for challenge/bench marks to drive improvements.		for staff, areas and stakeholders e.g. more rapid response to identified hazards and near-misses; sector specific guidance.		

Key

		Current Post Holder
PB	Partnership Board	
SD	Safety Director	Nick Bell
BC	Business Connections Directorate	Nick Bell (Executive Director)
	Departmental H&S champion	Mfanwy Barratt (Director of Strategy)
OD	Organisational Development Directorate	Jill Rothwell, Executive Director
	Departmental H & S champion.	Sue Styles (Director of Organisational Development)
UL	Urban Living Directorate	Joyce Markham Acting Executive Director;
	Directorate H&S champion.	Andrew Trehern
PF	People First	Lorraine O'Reilly (Executive Director)
	Directorate H&S champion	Penny Furness-Smith
HSM	Health and Safety Manager	
Member Level Representative		Cllr Sanjay Dighne
Trade Union Representatives	UNISON Branch Secretary	Debby Prasad
	Health and Safety Officer	Mary Cawley