

Meeting:	Employees Consultative Forum
Date:	4 <sup>th</sup> of July 2006
Subject:	Health and Safety Annual Report 1 <sup>st</sup> of April 2005 to 31st of March 2006
Responsible Officer:	Myfanwy Barrett, Director of Finance and Business Strategy.
Contact Officer:	Paul Williams, Health and Safety Service Manager
Portfolio Holder:	David Ashton, Business Development.
Key Decision:	No
Status:	Part 1

## **Section 1.0: Summary**

### **1.1. Decision Required**

To note the Health and Safety Annual Report for 2005-2006 and to note actions planned for 2006-2007.

### **1.2 Reason for Report**

This report provides information regarding health and safety performance of Harrow Council and details of work done and a summary of overall accident and incident data.

### **1.3 Benefits**

This report provides information to enable the Council to understand its performance, help improve health and safety management and inform effective management decision making.

## **1.4 Cost of Proposals**

Staff in directorates will implement the proposals with the assistance of the Health and Safety Service within approved Directorate budgets.

## **1.5 Risks**

The risk associated with health and safety management are humanitarian, legal and financial.

## **1.6 Implications if recommendations rejected**

The risk associated with not taking account of this report are that health and safety risks will not be effectively managed thus not improving standards or increasing risk to staff and other stakeholders. There are clear implications for not controlling health and safety risks in terms of civil and criminal legal action, financial loss and an impact on the Council staff morale.

## **Section 2.0: Report**

### **2.1 Executive summary**

The main successes during 05/06 are listed below:

- Development of an overall Health and Safety Strategy.
- Revision of the Health and Safety Policy.
- Issue of revised specific Policy and Codes of Practice.
- Development and sign up to Executive Directorate Health and Safety Polices.
- Development of a Group Health and Safety Plan template.
- Strengthening the Health and Safety Services function.
- Continuing development of a comprehensive health and safety learning framework.

The HSE revisit, following up on their full inspection of January 2005, occurred after the accounting period of this report. However their feedback was positive, pointing the organisation towards the effective implementation and monitoring of the revised Health and Safety Management System.

#### **2.1.1 Reactive Information**

Other than slips, trips and falls the reactive statistics show a downward trend though this may in part be accounted for by outsourcing services and general under reporting of events. One large change to the overall figures is with respect to non-employee accidents and is as a result of the way data is being recorded. It is envisaged that more effective data capture of work related absence and its associated monitoring will be delivered by the new BTP management systems.

## **2.1.2 National Focus**

The main emerging national strategic driver from Central Government and the HSE is the relationship between health, work and wellbeing for the working population. Along with business considerations, demographics will increasingly require us to minimise work related absence from work through an effective strategy of occupational health management both in the workplace and during staff absence. The HM Government paper “Health, Work and Well-Being – Caring For Our Future”, encourages partnership working with central government agencies and local organisations to improve occupational health and safety at work. During the coming year it is envisaged that the Occupational Health Service will be working much more closely with Health and Safety Services providing opportunities to follow this approach.

## **2.2 Recent History**

In January and February of 2005 the HSE carried out a health and safety management inspection at Harrow Council. The main reasons why Harrow, along with other local authorities in London was targeted for inspection by the HSE were that we are:

- A major employer of labour.
- Enforcers of health and safety legislation in the community.
- A major client of other sectors as a procurer of goods and services.

### **2.2.1 Arrangements for Health and Safety Management**

During 2005 the following management structures were established:

- The Health and Safety Partnership Board.
- Executive Directorate Health and Safety Groups.
- The Education Health and Safety Forum
- The Stress Strategy Group.

The Health and Safety Partnership Board reports to CMT, Cabinet and the ECF. Upon request the Overview and Scrutiny Committee are also provided with full information on health and safety management within the Council.

As a result Harrow Council is in a strong position to influence and to lead businesses in their communities, particularly small and medium sized organisations to help them improve their own health and safety standards.

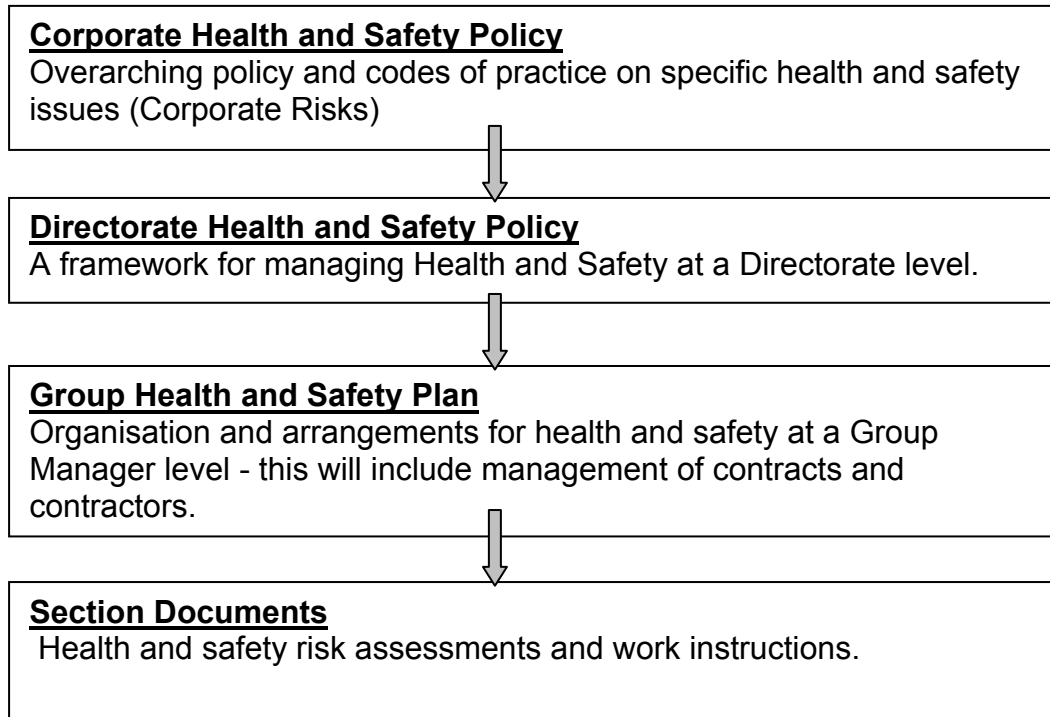
### **2.2.2 Post HSE Inspection Action Plan.**

As an initial response to the HSE inspection a post inspection action plan was developed to address the initial concerns raised. The action plan was structured in accordance with the HSE document “HSG 65 Successful Health and Safety Management” and sets out the objectives and work done to meet the findings of the HSE inspection. Progress has been made to meet the objectives set out in this document. Further work to implement the plan is primarily driven by the Executive Directorate Health and Safety Groups. These groups report on their progress to the Health and Safety Partnership Board.

### **2.2.3 The Health and Safety Management System**

A number of major health and safety initiatives have been developed during 05/06 to reposition health and safety within the Council and develop the organisation and arrangements for health and safety into a more visible and readily understood structure.

The organisational structure developed is outlined as follows:



#### **2.2.4 Corporate Policy**

The revised policy, approved by cabinet in October 2005, reflects the new structure of the organisation and provides for commitment from all levels of the organisation. The revised policy structure conforms to the structure laid out in the Health and Safety at Work etc Act 1974 with a distinct section for organisation and arrangements. The organisation section shows the structure for managing health and safety and includes the Health and Safety Partnership Board and Directorate Health and Safety Groups.

#### **2.2.5 Directorate Policy**

This policy is a second tier document that reinforces commitment to health and safety at an Executive Director level. The Directorate Health and Safety Policy does not duplicate existing statements, procedures, codes of practice, or local arrangements detailed in Group Health and Safety Plans. The Directorate policy provides a link between these tiers and states a commitment to managing health and safety within the directorate and meets the requirements of the HSE publication INGD 343 "Directors Duties".

#### **2.2.6 Group Plans**

The key document of the revised health and safety management system is a Group Health and Safety Plan. A template plan is adapted by the appropriate manager to detail how health and safety is managed and organised at a group level. It identifies named individuals with line management and specific health and safety responsibilities, and also the systems in place for securing health and safety at a local level. It can be tailored to meet the needs of a specific group taking into consideration the nature of work and associated risks. It also secures ownership and accountability.

The plans detail as a minimum:

- The Group's statement of intent on health and safety  
Group organisational chart

- Names of individuals with line management responsibility for health and safety
- Names of individuals with specific responsibilities for health and safety, e.g. risk assessment, radiation supervisor, etc.
- Arrangements for risk assessment and associated assessments
- Arrangements for the management of contracts and contractors.
- Arrangements for health and safety training
- Arrangements for fire safety and first aid
- Arrangements for consultation and communicating health and safety, e.g. local briefing, notice boards, etc.
- Arrangements for accident/incident reporting, recording and investigation
- Arrangements for active evaluation, e.g. health and safety inspections
- Arrangement for the provision and use of plant and equipment
- Arrangements for the provision and use of personal and respiratory protective equipment.
- Safe methods of work e.g. a system for dealing with violent people.

Not all the above elements will apply universally and the plan can be adapted to suit the work of a particular group. The Health and Safety Service will produce a template plan to support implementation and ensure consistency. This is a key area of work across the Council and core to meeting HSE requirements. Progress in developing Group Health and Safety Plans will be monitored closely in 2006-07.

### **2.2.7 Section Documents**

Detailed implementation of the Directorate Health and Safety Policy and Procedures, Group Health and Safety Plans and the development of safe systems of work are usually undertaken at a section level. At this level it will be ensured that work activities are assessed, planned and organised, so as to reduce risks to the lowest level reasonably practicable. Safe work instructions will be in place to demonstrate effective management of risks. In some circumstances it may be appropriate for sections to have their own plan, following the template for group plans as above.

### **2.2.8 Developing and Sustaining a Positive Health and Safety Culture**

Effective operational health and safety can only be realised when the behaviour of our staff and all our other stakeholders is in line with the policy commitments. The steer for this work is provided by;

- The Health and Safety Partnership Board
- Directorate Health and Safety Groups
- The Employees Consultative Forum
- The Education Health and Safety Forum
- The Stress Strategy Group

These bodies, along with periodic consideration of health and safety issues at corporate and executive meetings, ensure that there is a sound management structure in place. This means that there is a framework for a consistent steer for policy, implementation and effective involvement of staff in health and safety matters to deliver effective communication and set

health and safety standards. This approach helps to develop a common understanding that is fostered by championing health and safety through positive leadership.

### **2.2.9 Delivery of Health and Safety Support to the Organisation**

The Health and Safety Service continues to integrate its support into the management structure of the directorates at various levels. Initiatives have been implemented that mean dedicated advisors support specific directorates to develop effective long-term relationships. The service is accessible and available to all managers within the organisation regardless of their location and advisors spend time at local sites such as the depot.

## **2.3 Accident and Incident Statistics 1st April 2005 - 31st March 2006**

### **2.3.1 Total Accidents**

While the analysis and reporting of accident data is useful it should be noted that this is only one means to measure performance in managing health and safety issues and that in addition this data:

- Measures failure.
- Cannot indicate the likelihood of serious events.
- Is reactive rather than preventative.
- Does not show the up to date situation.

Table 1 shows the total recorded employee accidents/incidents, by directorate and by group for the year. It includes the total number of accidents/incidents. Chart 1 illustrates this table, using percentage distribution. The data comprises minor accidents as well as more serious accidents/incident required to be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Overall there has been a fall in the number of reported employee accidents, down to 429 from 462 last year. People First showed the largest fall down to 226 from 276.

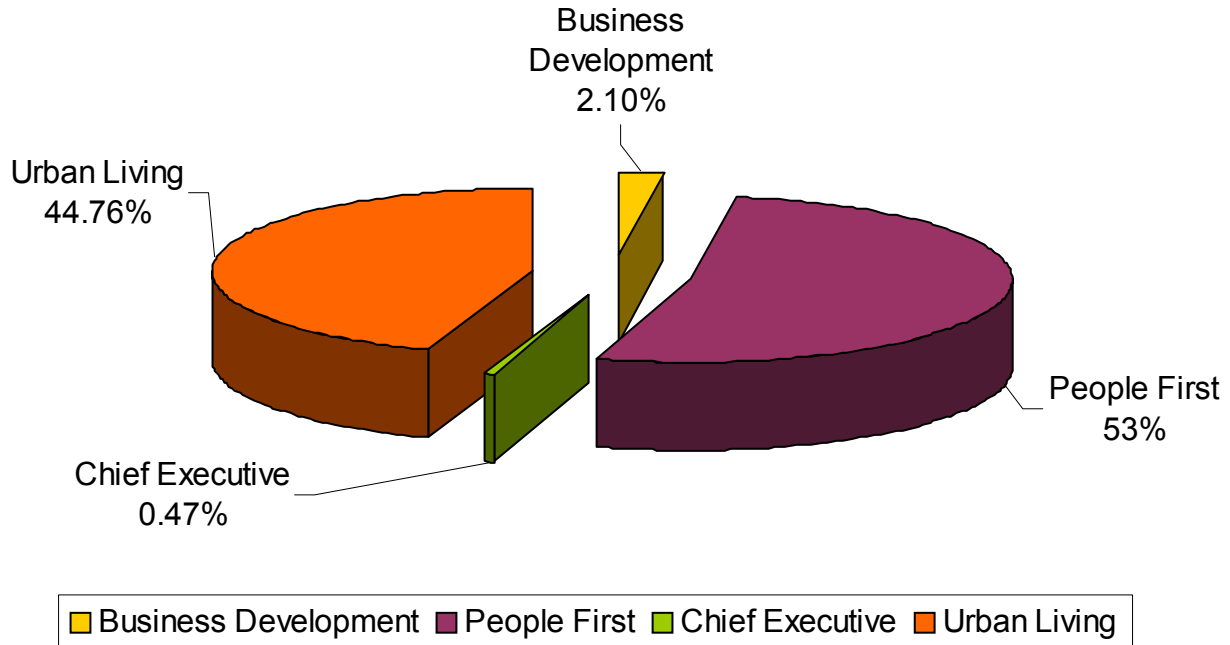
**Table1: Employees Accidents/Incidents by Directorate**

<b>Executive Directorate</b>	<b>Incidents/accidents 1<sup>st</sup> April 2004 – 31<sup>st</sup> March 2005</b>	<b>Incidents/accidents 1<sup>st</sup> April 2005 – 31<sup>st</sup> March 2006</b>
Business Development	8	9
Chief Executives	4	2
People First	276	226
Urban Living	174	192
<b>Total</b>	<b>462</b>	<b>429</b>

**Chart 1: Employees Accidents/ Incidents by Directorate**

**REPORTED EMPLOYEE ACCIDENTS/INCIDENTS BY DIRECTORATE**

(1st April 2005 to 31st March 2006)



**2.3.2 Near Misses**

The table below (Table 2) shows the number of “near misses” by Directorate. The results mirror those of accidents with People First and Urban Living workforces reporting the most near misses. The improvement in the reporting procedure from the new BTP management systems, combined with increased awareness of what constitutes an accident and near miss through Health and Safety training, mean we should see a fall in the number of accidents being reported and a rise in the number of near miss reports. A consequence of reporting more near misses will ensure the issues reported are dealt with at that stage before they become reportable accidents.

**Table 2: Employees Near Misses by Directorate**

Executive Directorate	Near Misses 1 <sup>st</sup> April 2004 – 31 <sup>st</sup> March 2005	Near Misses 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Business Development	1	0
Chief Executives	0	0
People First	11	9
Urban Living	0	9
<b>Total</b>	<b>12</b>	<b>18</b>

### 2.3.3 Accident Incident Rate (AIR)

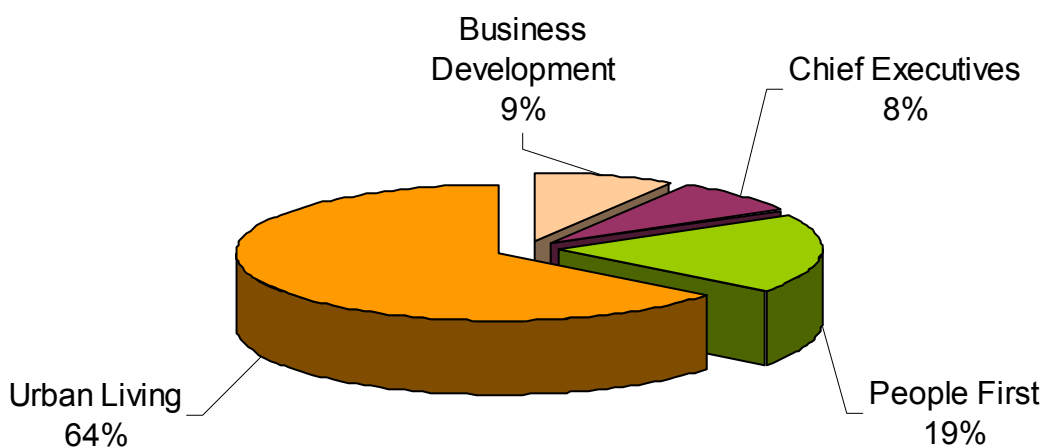
The Accident Incident Rate is a formula used to calculate the number of accidents events for an average population of workforce. The calculation is made using one of the HSE recognised formula and gives a representation of the number of accidents by directorate linked to numbers employed. People First has generally been the largest Employer in the Council and then Urban Living, hence the accident figures for the two Directorates are higher than for Chief Executive and Business Development. Table 3 shows the AIR for Harrow employees for the last three years. However these figures only account for full time permanent staff.

**Table 3: AIR for Employees by Directorate.**

Executive Directorate	AIR 2003-2004	AIR 2004-2005	AIR 2005-2006
Business Development	0.16	0.21	0.22
Chief Executives	0.65	0.21	0.21
People First	0.94	0.62	0.48
Urban Living	1.93	1.51	1.66
<b>Average Rate</b>	<b>0.92</b>	<b>0.64</b>	<b>0.64</b>

*Source: Workplace Profile (Excludes Casual staff & Employees in voluntary aided Schools)*

**Chart 3: AIR for Employees for 2005-2006**





### 2.3.4 RIDDOR Accident Reports

Table 4 shows RIDDOR reportable accidents/incidents involving employees, by Directorate extracted from the data in Table 1 above. RIDDOR reportable accidents/incidents, those the Council is required to report to the Health and Safety Executive (HSE), have decreased overall from 2004-05. Chart 4 shows a pictorial representation of this information. The main reason for the decrease is clarification of the reporting process. This has ensured that only those events arising out of or in connection with our work are reported to the HSE. Further work will be undertaken on this process in conjunction with the launch of the BTP SAP system.

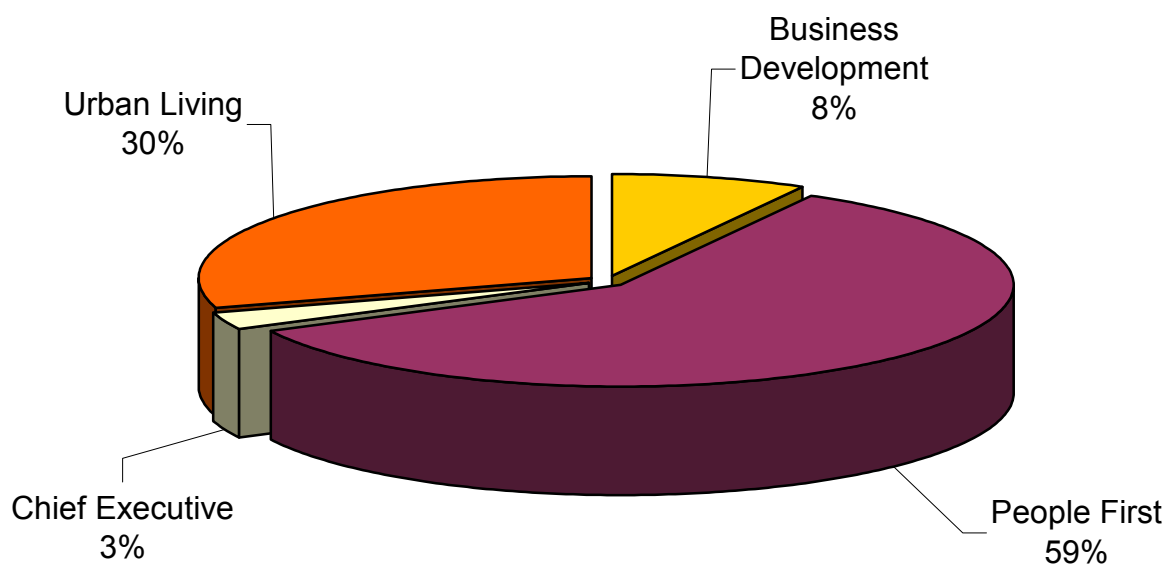
**Table 4: Employees RIDDOR reportable accidents/incidents**

Executive Directorate	RIDDOR Reports 1 <sup>st</sup> April 2004 – 31 <sup>st</sup> March 2005	RIDDOR Reports 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Business Development	1	3
Chief Executives	0	1
People First	24	22
Urban Living	28	11
<b>Total</b>	<b>53</b>	<b>37</b>

**Chart 4: Employees RIDDOR reportable accidents/incidents**

**EMPLOYEE RIDDOR REPORTABLE ACCIDENTS/ INCIDENTS BY  
DIRECTORATE**

(1st April 2005 to 31st March 2006)



### **2.3.5 Reported Accident Causes**

The table below (Table 5) shows a breakdown of accidents by cause. The main causes of accidents and incidents within the Council remains largely constant though the number of events reported has varied over the past three years, though the trend is generally downward. Chart 5 shows a pictorial representation of this information.

The order by frequency of these events remains largely unchanged from last year although there is a reduction in recorded incidences of violence and aggression against an increase in reporting of slip and impact events. Slips, trips and fall and struck by/against accidents have risen significantly. Reports of violence and aggression have continued to fall though they remain the most often reported type of accident.

Further analysis with respect to incidents of violence and aggression has shown that, as in 04-05, the majority were “physical” and largely involved scratching, biting, and hair pulling incidents in Social Care homes and Education Special Schools.

The decrease in recorded events of aggression is mainly due to a change in approach to the type of events that are recorded on the database. At the same time the number of events relating to the categories of slip, trip and fall and struck by/against have risen. The reports for these types of accident have been assessed although there is currently no emerging underlying trend or cause. It is thought that the increase is largely due to awareness with respect to reporting events. Ongoing training in People First on violence and aggression and on the use of restraint has helped staff to remain safe where this type of event takes place. In addition specific Codes of Practice have been issued with respect to personal safety at work.

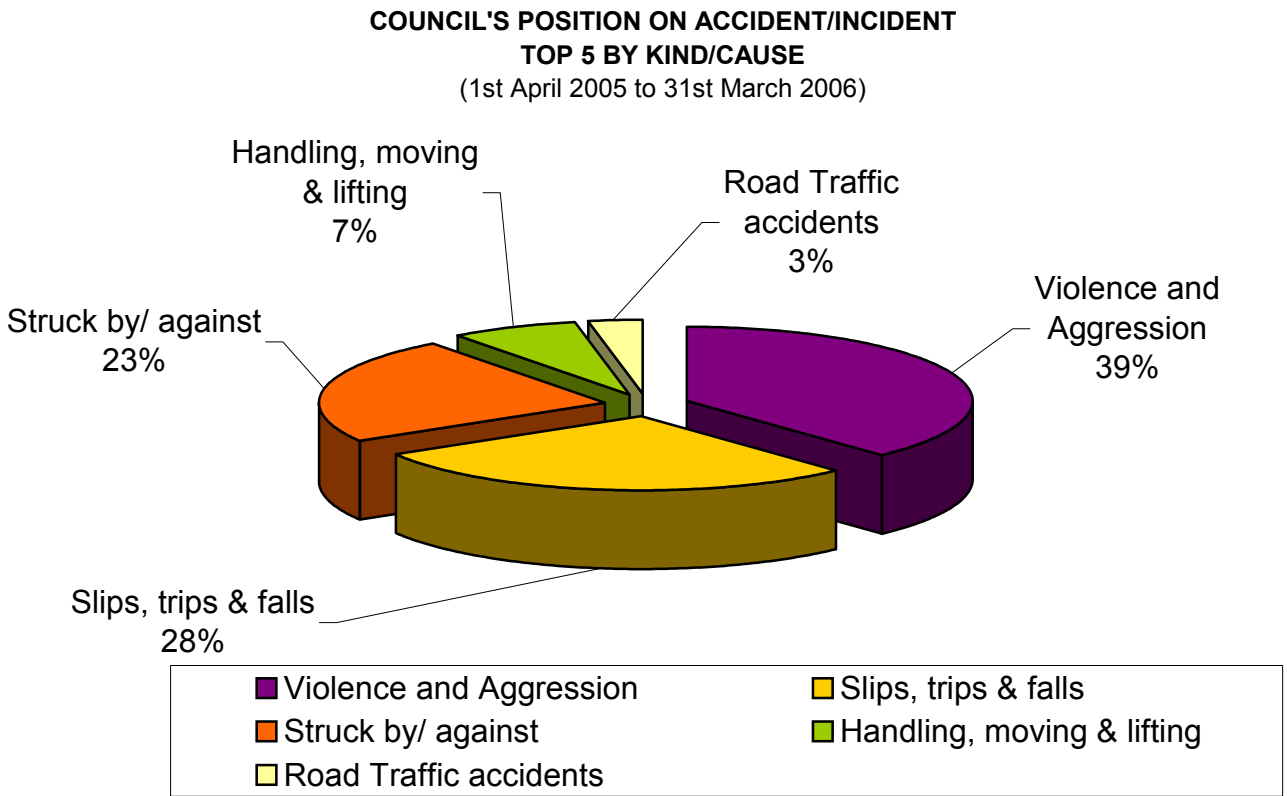
While reported events involving violent or aggressive behaviour outnumber the other top causes of incidents, comparatively few trigger RIDDOR reporting activity.

During 05/06 further work was undertaken that included training on prevention and use of physical techniques to better equip staff with dealing with challenging behaviour. In addition, working with Trades Unions and other partners, Health and Safety Services have produced two Codes of Practice with respect to personal safety to help managers and staff assess and reduce risk from violence and aggression in the workplace. A revised manual handling assessment Code of Practice has also been issued along with a step-by-step assessment process. While reported events involving violent or aggressive behaviour outnumber the other top causes of incidents, comparatively few trigger RIDDOR reporting activity. Chart 6 demonstrates this and shows that that while violence and aggression remains the most often reported event slip, trips and fall have the greater impact, highlighting work that needs to be done.

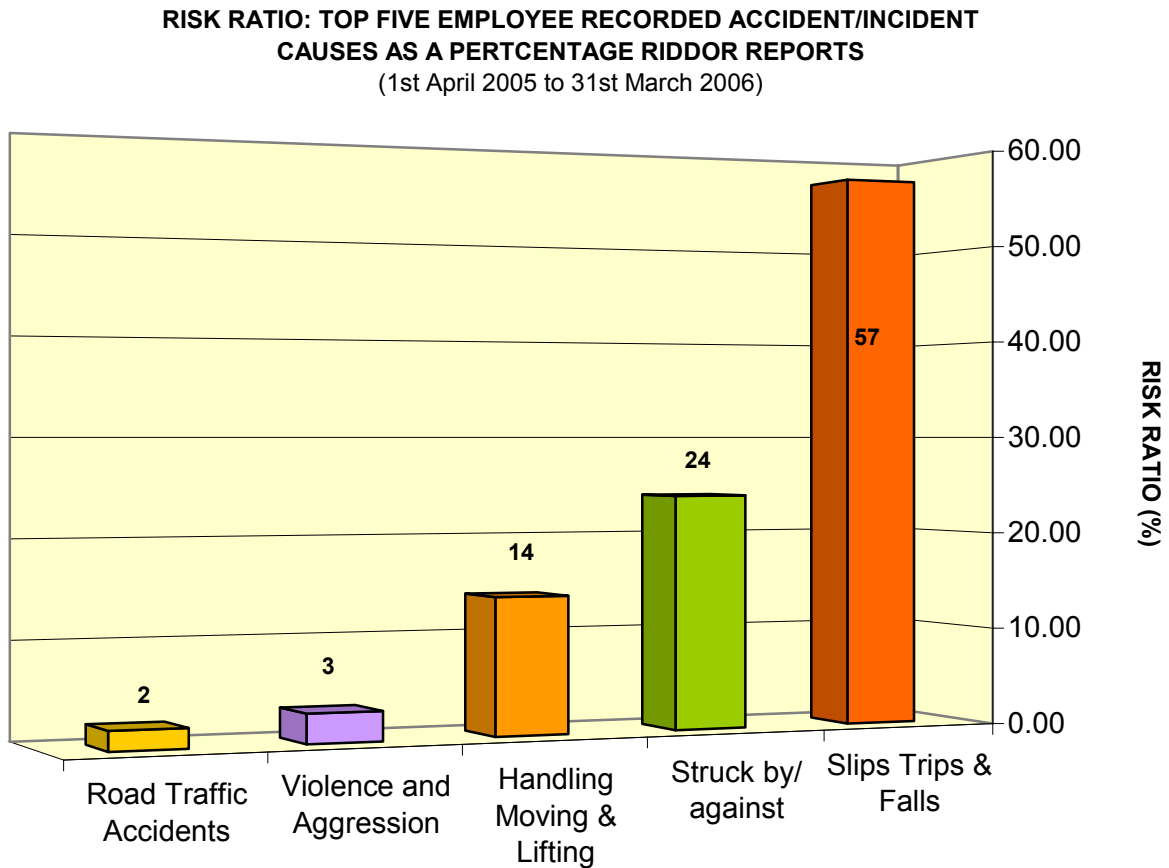
**Table 5: The top 5 recorded accidents by type/cause**

<b>Type/cause of accident/Incident</b>	<b>1<sup>st</sup> April 2003 – 31<sup>st</sup> March 2004</b>	<b>1<sup>st</sup> April 2004 – 31<sup>st</sup> March 2005</b>	<b>1<sup>st</sup> April 2005 – 31<sup>st</sup> March 2006</b>
Violence & aggression	263	249	187
Slip trips & falls	94	67	138
Struck by/against	87	66	114
Handling, moving & lifting	34	45	36
Road traffic accidents	26	20	15
<b>Totals</b>	<b>504</b>	<b>447</b>	<b>490</b>

**Chart 5: The top 5 recorded accidents by type/cause**



**Chart 6: Risk ratio of top five employee recorded Accident/Incident causes as a percentage of RIDDOR reports**



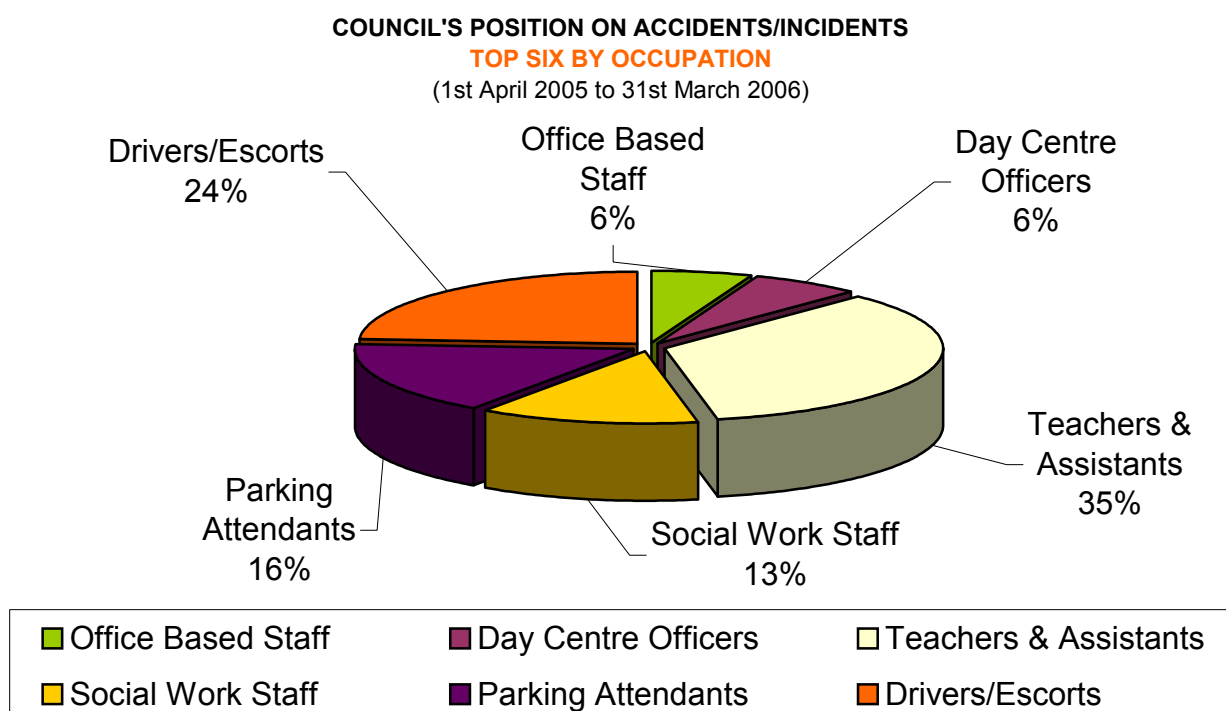
### 2.3.6 Accidents Reported By Occupation

Teachers and Teaching Assistants have reported most accidents during this period, a rise from last year. However, this is set against a rise in the number of school based staff. Two groups of workers that have not appeared on the statistics before are Driver/Escorts and Parking Attendants. These groups of workers are often involved in events relating to client/customer behaviour. Table 6 below shows the breakdown in accidents/incidents by occupation compared with previous years. Chart 7 shows a pictorial representation of the top 6 groups. These figures help to identify those groups of staff that need particular focus by directorates to reduce risk as far as practicable.

**Table 6: The top occupational groups reporting accidents /incidents**

Occupation	Accidents/incidents 1 <sup>st</sup> April 2003 – 31 <sup>st</sup> March 2004	Accidents/incidents 1 <sup>st</sup> April 2004 – 31 <sup>st</sup> March 2005	Accidents/incidents 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Teachers and assistants	70	81	109
Driver / Escort	n/a	n/a	75
Social Work staff	50	29	40
Parking Attendants	n/a	n/a	51
Day Centre Officers	83	61	20
Office Based staff	93	67	18
Homecare workers	44	n/a	n/a

**Chart 7: The top occupational groups reporting accidents/incidents**



### 2.3.7 Accidents Reported Involving Non-Employees

Table 6 gives a breakdown of all incidents involving non-employees. The figures include RIDDOR events. It should be noted that non-employee accidents/incidents trigger RIDDOR reporting at levels not normally used for employees. Also, our process for reporting non employee RIDDOR events has been revised to only include those events that were arising out of or in connection with our work and that result in treatment at a hospital. This has resulted in a significant reduction in the number of those events reported under RIDDOR. Chart 8 shows the distribution of non-employee accidents/incidents across departments.

The Council continues to monitor accidents/incidents involving non-employees and to take appropriate actions where practicable to prevent recurrence. This is reflected in the distribution of such incidents: the majority occurs in schools and in Social Care premises. However, in this reporting year, and following a fatal accident involving a contractor, non-employee accidents/incidents have been disaggregated to show more clearly those related to contractors working on behalf of the Council.

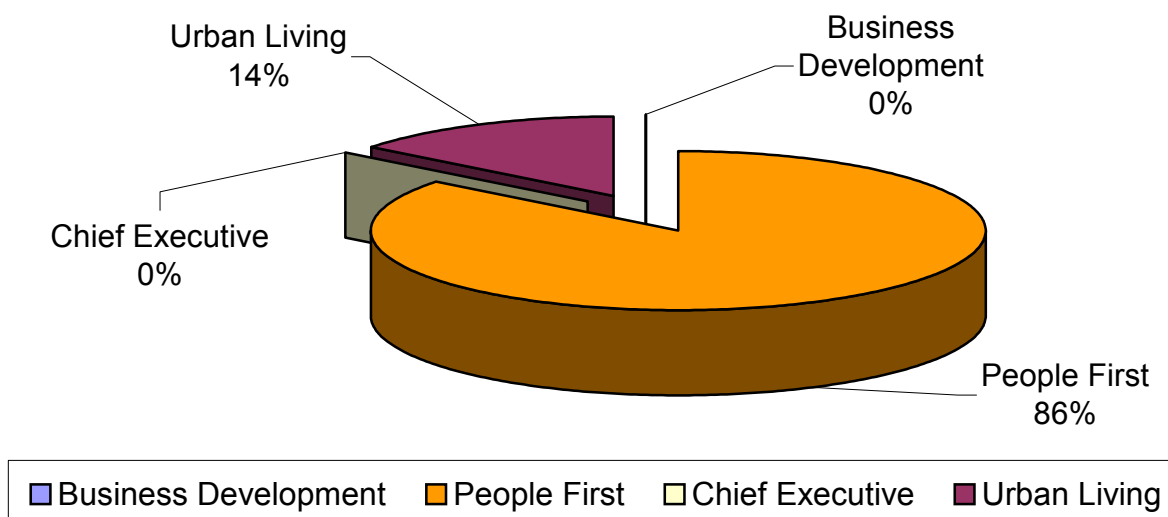
**Table 7: Non-Employees Accidents/Incidents and RIDDOR reports including those for comparable period last reporting year**

Directorate	Non-employee Reports (RIDDOR) 1 <sup>st</sup> April 2004 – 31 <sup>st</sup> March 2005	Non-employee Reports (RIDDOR) 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Business Development	0	0
Chief Executives	6(1)	0
People First	898(278)	189 (116)
Urban Living	12 (4)	32 (11)
<b>Total</b>	<b>916(283)</b>	<b>221 (127)</b>

As stated the change in these figures is due to a change in the way we capture that data. This is mainly related to no longer recording data where illness or injury occurs that is not arising out of or in connection with our work.

**Chart 8: Non Employee Accident Incident by Directorate**

**NON EMPLOYEE ACCIDENT/INCIDENT BY DIRECTORATE**  
(1st April 2005 to 31st March 2006)



### 2.3.8 Accidents Reported Involving Contractors

The effective management of contractors was highlighted in the HSE audit during January and February 2005. Table 8 gives an indication of the accidents to contractors and shows the directorates where the predominant accidents occur. Further action is being taken on the management of contractors as there may be under reporting of accidents/incidents. The Council is committed to ensuring that hazards are dealt with at source and accidents are prevented. However, where they do occur, it requires that that reporting is complete and that effective action is taken to prevent recurrence

**Table 8: Contractor Accidents/Incidents and RIDDOR reports**

Directorate	Contractor Reports 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006	Contractor (RIDDOR) Reports 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Business Development	0	0
Chief Executives	0	0
People First	2	1
Urban Living	4	0
<b>Total</b>	<b>6</b>	<b>1</b>

### 2.3.9 Reported Fires in Council Premises

Table 9 below shows the number of fires in council premises. This set of data shows a reduction in reported fires. Work is now underway to collect more accurate data on these events. In addition to this, fire information will be collected on unwanted alarms to establish the underlying cause and whether the London Fire Brigade attended in each event. The aim is to drive down the business costs associated with unwanted alarms.

**Table 9: Fires Reported to Harrow Insurance Section in Council premises over 3 years**

Departmental Premises	Fires reported 1 <sup>st</sup> April 2003 – 31 <sup>st</sup> March 2004	Fires reported 1 <sup>st</sup> April 2004 – 31 <sup>st</sup> March 2005	Fires reported 1 <sup>st</sup> April 2005 – 31 <sup>st</sup> March 2006
Business Development	0	0	0
Chief Executives	0	0	0
People First	8	6	1
Urban Living	3	0	0
Other	1*	0	0
<b>Total</b>	<b>12</b>	<b>6</b>	<b>1</b>

\* Fire Brigade alerted by Social Care staff that observed a car on fire outside a house

## **Section 2.4 Health and Safety Learning**

A suite of very successful training courses has been developed and facilitated by Health and Safety Services. A revised induction package that includes a health and safety module has also been devised and delivered. Work has been undertaken to develop a training matrix so that a full picture is being established to determine the learning needs and requirements of the organisation. In conjunction with Trade Unions and other partners including the Organisational Development Team, work is ongoing to establish a comprehensive provision using suitably assessed and quality assured training providers.

Table 10 below give a breakdown of training courses managed by Health and Safety Services or Organisational Development.

**Table 10: Delegates attending centrally organised courses by Directorate (1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006)**

<b>Directorate</b> → <b>Training Course</b> ↓	<b>Business Development</b>	<b>Chief Executives</b>	<b>People First</b>	<b>Urban Living</b>	<b>TOTAL</b>
<b>Health and Safety Induction</b>	5	0	17	31	<b>53</b>
<b>COSHH</b>	0	0	40	7	<b>47</b>
<b>Construction Safety Basic Essentials</b>	0	0	0	74	<b>74</b>
<b>DSE Assessors</b>	26	2	23	1	<b>52</b>
<b>DSE Users</b>	7	1	46	1	<b>55</b>
<b>Fire Risk Assessment</b>	2	0	18	0	<b>20</b>
<b>Fire Warden Marshal</b>	14	15	106	22	<b>157</b>
<b>Health and Safety Certificate</b>	1	0	23	4	<b>28</b>
<b>Lone Working</b>	0	0	22	10	<b>32</b>

<b>Managing contractors</b>	2	0	5	22	<b>29</b>
<b>(IOSH) Managing Safely</b>	3	0	18	8	<b>29</b>
<b>Manual Handling</b>	3	1	44	15	<b>63</b>
<b>Office Safety</b>	1	0	31	3	<b>35</b>
<b>Personal Safety (V&amp;A)</b>	15	0	27	37	<b>79</b>
<b>Risk Assessment</b>	3	3	35	11	<b>52</b>
<b>Risk Assessment: Head teacher's</b>	0	0	29	0	<b>29</b>
<b>Stress Risk Assessment</b>	11	0	33	1	<b>45</b>
<b>Workplace Inspections</b>	0	2	13	7	<b>22</b>
<b>SCAPE: Personal Safety/ Physical Intervention/ Risk &amp; Conflict Management/ Manual Handling</b>	3	0	687	111	<b>801</b>
<b>First Aid</b>	12	1	419	47	<b>479</b>
<b>Totals</b>	<b>108</b>	<b>25</b>	<b>1636</b>	<b>412</b>	<b>2181</b>



## **Section 2.5 Action Planned for 06/07**

The key drivers for the next financial year are:

- Effective implementation of the group health and safety planning process.
- Further development of effective systems for monitoring health and safety management.
- Creating more refined methods for measuring work related absence.
- Developing work related absence measures and interventions and tying in closer working of the Occupational Health and Health and Safety Services (including work on Musculo-Skeletal Disorders (MSD's) and stress).
- The introduction of a fire safety related post to meet upcoming statutory requirements.
- The development of health and safety training in conjunction with Harrow Corporate University.
- Developing a programme aligned with reactive data collected in this report – primarily slips, trips and falls.
- Continued implementation of the HSE post inspection action plan including developing and updating policy and codes of practice.
- Specific work with respect to contractors' health and safety.

### **2.5.1 Group plans**

These are key documents that once effectively implemented fulfil the Councils obligations under Regulation 5 of the Management of Health and Safety at Work Regulations 1999. The year ahead will see the Health and Safety Service in conjunction with the Executive Health and Safety Groups begin to monitor the implementation of these documents. The successful adoption of the Group Plan document will see a clear allocation of responsibilities for health and safety duties across the organisation.

### **2.5.2 Monitoring**

A corporate scorecard is being developed to effectively capture data about our health and safety performance and in particular compliance with the HSE Post Inspection Action Plan. This process will ensure that Directorates capture and report on information with respect to a number of performance areas including compliance, implementation, and any financial or other benefits from effective health and safety management. One specific piece of work with respect to monitoring will be in relation to examining work related absences. Capturing this data will be part of the new BTP business information process and provide more sound information on occupational health related absences including industrial injuries. Once this data is effectively captured we will then be able to easily benchmark our performance and identify key areas for further work.

Other initiatives for 06/07 will be directly related to the feedback from the reactive statistics shown in this report.

### **2.5.3 Occupational Health**

There are clear opportunities for closer working between the Occupational Health Service and Health and Safety Services. Improved communication will ensure that key issues are effectively understood and trends are picked up and managed more effectively. Closer ties with the two services will also enable key areas such as types of MSD's to be identified and prioritised. The key focus will always be on prevention of injury or illness. Some specific opportunities include:

- Relating the risk assessment process to causation

- Developing a comprehensive picture of occupational health absence and primary causes
- Developing a joined up approach to ensure early intervention and speedy return to work.
- Further development of pre and during employment screening to mitigate risk to individuals and the Council

#### **2.5.4 Fire Safety**

Following on from action by The London Fire and Emergency Planning Authority there is clear need for the Council to have competent advice with respect to fire safety issues. The Fire Reform Order will see a need for the Council to ensure that it can provide competent advice on fire safety related issues. The Council has decided to appoint a Fire Safety Advisor who will become a member of the Health and Safety Services team. The creation of a Fire Safety Advisor post will ensure that the organisation will receive advice on fire safety management matters and ensure a comprehensive training programme is in place.

#### **The Regulatory Reform (Fire Safety) Order 2004**

This order is likely to become law during 2006. It will repeal most of the existing fire legislation and place a range of duties on organisations including making sure the following is in place:

##### *Safety Assistance*

A responsible person must nominate one or more people to assist in this undertaking. This section is currently a copy of the equivalent requirement for general health and safety assistance in the Management of Health & safety at Work Act Reg. 7, and therefore it is likely that the nominated person will be a legal requirement.

##### *Fire Management duties to include:*

- General Fire Precautions in place e.g. reducing risk of fire spread, training.
- Duty to take precautions.
- Risk assessments in place.
- Emergency escape routes.
- Procedures for serious and imminent danger in place.
- Additional emergency measures e.g. PTW and Operational Notes.
- Maintenance of fire safety equipment.
- Provision of comprehensive information to employees and contractors.

#### **2.5.5 Health and Safety Learning**

Future learning with respect to health and safety will be further developed with an aim of promoting different types of access to learning about occupational health and safety at work. There will be an increasing opportunity to develop electronic learning along with locally delivered “toolbox “training to suit all needs and capacities. In addition work with the Harrow Corporate University and the Harrow Rules programme will enable health and safety training to lead the field in developing learning that is both relevant and appropriate for the customer

#### **2.6 Options considered**

n/a

## **2.7 Consultation**

The Health and Safety Partnership Board and Corporate Management Team.

## **2.8 Financial Implications**

Staff in directorates will implement the proposals with the assistance of the Health and Safety Service within approved Directorate budgets.

## **2.9 Legal Implications**

The Council is under a statutory duty to promote effective health and safety procedures in its capacity as an employer and as a local authority it is responsible for the enforcement and regulation of health and safety within the community.

Appropriate management of health and safety risks is necessary to comply with the particular statutory duties mentioned in the report and more generally to reduce the likelihood and risks of litigation and consequential financial cost. The actions outlined in the report will ensure Council compliance with the statutory requirements under the Health and Safety at Work etc Act 1974.

## **2.10 Equalities Impact**

Equalities is an integral part of health and safety management. Care is taken to ensure that the service offered by the Health and Safety Service is non-discriminatory.

## **2.11 Section 17 Crime and Disorder Act 1998 Considerations**

Health and safety awareness and training supports employees to manage the risk of crime and disorder and is particularly relevant to violence and aggression risks.

## **Section 3: Supporting Information/Background Documents**

Background Documents: None.