

Meeting:	Employees Consultative Forum
Date:	3rd September 2009
Subject:	Health and Safety Annual Report 2008/9
Key Decision:	No
Responsible Officer:	Myfanwy Barrett, Corporate Director of Finance
Portfolio Holder:	David Ashton, Council Leader, Portfolio Holder for Strategy, Partnership and Finance
Exempt:	No.
Enclosures:	Appendix: <i>Health and Safety Report 08/09</i>

Section 1 – Summary and Recommendations

Summary

This report outlines the health and safety work done during 08/09, provides information on performance measures including training data, audits and accidents and looks ahead to the work planned to support the council in its change agenda and in response to new legislation

Recommendations:

ECF is requested to note the report of performance and work carried out during 2008/09

Reason: (For recommendation)

To provide the ECF with information on Health and Safety performance across the organisation.

Section 2 – Report

Options considered

This report is for monitoring purposes

2.1 Executive Summary

The main activities during the year were as follows:

- Further development of the corporate health and safety scorecard as part of improvement boards.
- Continuing development of health and safety codes of practice to meet identified needs.
- Continuing audits of development and implementation of Health and Safety Plans.
- Continued support for the managers and employees induction training programmes.
- Support and development of the Health at Work Group.
- Continued development of Education Health and Safety Forum.
- Visits by the HSE and Fire Brigade.
- Positive feedback from the HSE on progress and in particular on our approach to asbestos and legionella management.

.A more joined up approach to managing our risks in conjunction with other teams within Audit and Risk.

2.2 Background

It is known from research that successful organisations manage their business well including the threats to their success.

It is also known that accidents and ill health, the most visible effect of which is absence from work, put huge pressures and resource costs on organisations.

They hamper organisational success and prevent organisations fulfilling their mission to their customers and stakeholders.

The government set itself business targets to reduce accidents and ill health caused by work. Central to delivery of those is the role of public bodies as major employers and procurers of goods and services to be exemplars of good practice for their local communities including businesses.

2.3 Equalities impact

The equality impact of health and safety continues to be part of the monitoring carried out in planning and delivering the service. For example equality data in all training attended and the use of accessible venues is well established. Alternative formats for delivery of messages are used and locally based delivery of training and occupational Health Services has enable us to include hard to reach groups including part time workers.

2.4 Legal comments

None

2.5 Community safety

The content of the report and recommendations address the need for partner agencies to work together to develop and implement strategies to minimise the impact of crime, drugs and anti-social behaviour on our staff, contractor's etc particularly more vulnerable staff e.g. lone workers. The report also provides evidence of the costs of accidents, including a disproportionate number of violence and aggression cases.

The report makes direct recommendations relating to partnership working arrangements and activities that should be co-ordinated across agencies and implementation of these recommendation will serve to underpin the delivery of crime reduction strategy priorities, specifically the violent crime, assaults and ASB priorities and as such directly support section 17 key objectives.

2.6 Financial Implications

There are no growth items in the proposed plans for 1st April 2008 – 31st March 2009. All items should be contained within the existing budgets.

2.7 Performance Issues

Health and safety performance has the potential to impact on the council meeting is strategic and operational objectives. Health and safety performance is captured in the Corporate Health and Safety Scorecard which is derived from scorecards at a Directorate level. The scorecard measures a blend of operational and management performance and is scrutinised through improvement boards on a quarterly basis. Performance is managed through a proactive process of engagement, attendance levels at training courses etc. rather than on the basis of incidents, which are the ultimate outcome measure.

2.8 Risk Management Implications

Management of Health and safety risk is central to this report and contributes to the overall management of risk across the council's operations.

2.9 Environmental Impact

There is no specific environmental impact arising from this report.

Section 3 - Statutory Officer Clearance

Name: ...Myfanwy Barrett	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 07.06.09		
Name: Elaine Mceachron	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 12.06.09		

Section 4 – Performance Officer Clearance

Name: Alex Dewsnap	<input checked="" type="checkbox"/>	Divisional Director (Strategy & Improvement)
Date: 12.06.09.....		

Section 5 – Environmental Impact Officer Clearance

Name: ...John Edwards	<input checked="" type="checkbox"/>	Divisional Director (Environmental Services)
Date:16.06.09		

Section 5 - Contact Details and Background Papers

Contact: Paul Williams
Service Manager
Harrow Health and Safety Services
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Background Papers:

Health and Safety Annual Report 01.04.08 – 31.03.09

Harrow Council

Health and Safety Annual Report

2008-2009

1. Background

1.1 The council has historically issued an annual report outlining its corporate performance. It does so as a matter of good practice to understand and prioritise areas of health and safety risk and make recommendations to meet its statutory obligations.

2. New HSE Strategy

2.1 The HSE has issued a revised strategy “The Health and Safety of Great Britain \\\ be part of the solution”. It is important that we consider the new strategy when deciding our future priorities for health and safety direction for the years ahead.

2.2 This new strategy will influence the way we work in future and in particular the measures we take to manage health and safety risks. The strategy outlines key areas where organisations should concentrate. For local authorities there are a number of activities to develop from the themes outlined in the new HSE strategy as follows:

- The need for strong leadership;
- building competence;
- involving the workforce;
- creating healthier, safer workplaces;
- customising support for SMEs;
- avoiding catastrophe; and
- taking a wider perspective

2.3 Health and safety leadership must start at the top. Whatever the nature of the organisation, whether in the public, private or not for profit sector, members of the board have both collective and individual responsibility for health and safety.

2.4 What matters is that there is a proper focus on both the risks that occur most often and those with serious consequences. Competence is the ability to profile the risks in operational activities and then apply the right measures to control and manage those risks.

2.5 Workplace research provides strong evidence to suggest that involving workers has a positive effect on health and safety performance. In practice this means that worker involvement improves health and safety and staff are safer and healthier as a result.

2.6 The starting point to embrace the new strategy is to create a risk profile identifying which groups of workers are most at risk and the scale and incidence of injuries or cases of ill health. This sets the priorities for health and safety improvement, which then enables resources and expertise to be more accurately targeted to deliver those improvements.

2.7 Health and safety does not and cannot exist in a vacuum. It is not a discrete entity and so health and safety priorities cannot be delivered in isolation from other issues that impact on or overlap with them.

2.8 In summary, the goals for the health and safety of Great Britain are:

- To reduce the number of work related 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 an improved health and safety performance;
- To ensure that those who fail in their health and safety duties are held to account.

2.9 The process of health and safety improvement began in 1974 and continued unabated until around 2003. Since then it has stalled. From now on, if we all work together with a clear vision and purpose we can recommence improvement and bring about a change for the better.

2.10 Some of the most important themes for Harrow arising from this new strategy include removing bureaucracy, focusing on significant risk and making trades union representatives an active part of improving performance. Ultimately, health and safety is integral to the wider agenda aimed at protecting people from harm and thereby benefitting not just the individual but society as a whole

3. Management System and HSE visit.

3.1 As part of the drive for improved health and safety standards in the public sector the Health and Safety Executive (HSE), the council's Enforcing Authority, carried out a management inspection in 2005 and periodic interim visits to test progress on our post inspection action plan.

3.2 The key strand of the Post inspection Action Plan has been the embedding of a health and safety management system based on health and safety plans across all council functions.

3.3 The plans are backed by a programme of work delivered by the Health and Safety Service and the Health and Safety Partnership Board (HSPB) whose task is to champion and challenge health and safety performance in the organisation. In addition the use of a corporate scorecard had enhanced the assessment of health and safety performance, driving forward health and safety improvements. It gives an abbreviated measure of health and safety progress across Directorates. The measures are fundamental to strategic management assurance based as they are on criteria associated with good health and safety performance

3.4 The last visit from HSE was in February 2009. The inspector reviewed the council's health and safety management in three key areas – management of stress at work, management of legionella and management of asbestos. 3.5 provides' a summary of the inspector's feedback from the visit in Feb 2009.

3.5 Feedback from the HSE led by Michael La Rose H M Inspector of Health and Safety is as follows: *Note: changes have been made to the spelling and grammar from the original*

LB Harrow has a new partnership arrangement with Kier for housing and corporate repairs. Kier are also involved with the "Building Schools for the Future" programme in Harrow. HSE Construction is aware of this arrangement. LB Harrow is currently in the process of rebuilding and refurbishing 10 high schools with Kier for use in 2010. LB Harrow has initiated new delegation and responsibility down its management chain for finance and H&S. This includes delegated responsibilities for Asbestos and Legionella.

Asbestos management; a high proportion of properties have line drawing plans for asbestos location. Few properties have CAD plans. Kier carry out type 3 surveys on school buildings where construction work is planned. Results of surveys passed on to H&S team and to person delegated for asbestos. LB Harrow do random sampling of Type 3 surveys. There is joint training for Kier/LB Harrow employees with ARCA. This training awarded special recognition. Kier monitor asbestos removal contractors.

Evidence of mistrust and breakdown in communication between management and unions over long running asbestos issues has been raised in consultative forums. TU side have little faith in effectiveness of partnership board in dealing with asbestos complaints. CLASP schools appear to be under good management awaiting confirmation details from the 3 other schools.

Legionella Management; All cyclical maintenance contracts are managed by Kier. Legionella management is still run by LB Harrow and Legionella control officers. Advised of monthly temperature monitoring, shower head descaling, and quarterly inspection of all corporate premises. Depending on value of work a varied percentage of post inspections carried out by LB Harrow engineers for quality assurance. Legionella management to be considered at design stage in planned construction projects Management procedures embedded.

New Well being plan in place January 2009. Well Being driven by new Chief Executive and consultation and plan welcomed by TU side. Flexible Staff Benefits introduces new use of leave, flexible working and remote working. CREATE values initiative lead by chief executive in consultation with staff produce quarterly forums. Directorates carry out initiatives on Stress eg work carried out for Call Centre staff. Benchmarking required triggering the requirement for a Stress RA for consistency reasons. This was agreed awaiting arrangements from LB Harrow. TU side challenge the idea managers aware of stress management or have received stress management training. Resolvable problems in trust and communication between TU side and management an obstacle to a smooth and effective H&S management system.

3.6 In general terms this inspection gave positive feedback regarding the work we are doing in these areas of risk. More work has been identified with respect to managing stress and improving relations with Trades Union colleagues.

3.7 A further development of action planning will be to tie in the HSE strategy to further action we want to instigate over the next three years. This will include restructure of the health and safety service to be more aligned to risks rather than directorate facing or providing functional services such as EVC (educational visits coordination) work or asbestos removals work approvals

4. Health and Safety Policy and Guidance

4.1 In the previous year the Health and Safety Services reviewed a number of existing policies and procedures as well as introduced new ones which are listed below:

- Work adjustment Assessment Guidance
- Debriefing Guidance
- Handling money at Work Guidance
- Working safely with tablet PCs Guidance

5. Health and Safety Groups

5.1 Health and Safety Groups are part of the council's strategy for gaining cooperation of employees for promoting and maintaining high standards of performance in health and safety. Group members are tasked with working collaboratively to raise the profile of health and safety across the council and beyond. The Health and Safety Partnership Board (HSPB), the strategic level group met once during 2008/9 and discussed the corporate scorecard and there was an update on the Corporate Manslaughter Act. It is envisaged that this group will meet at least quarterly during 09/10.

5.2 Directorate Safety Groups meet to consider issues local to them as well as any referrals from the HASPB and the HAWG. It has been a challenging year for them as staff changes continued across the council.

5.3 Meetings of the Educational Health and Safety Forum included talks and discussions on health and safety along with developmental initiatives. Health and safety is topical for schools given the range of refurbishment and new build projects currently being undertaken.

6 Health and Safety Service Visits Inspections and Audits

6.1 Audits and inspections are the means by which we proactively assess health and safety performance. It supports the roll out of the health and safety management system based on health and safety plans. Visits took place to carry out planned inspections audits and site-specific training courses and workshops as well as to respond to requests for advice and intervention.

7. Health and Safety Training Programme

7.1 Ongoing delivery of health and safety training is a steady area of work for the Health and Safety Service. Health and Safety Induction for managers and staff is a compulsory training course. Health and well being has also been integrated into the compulsory corporate induction courses for new managers and other staff.

7.2 Health and Safety Services have further developed a training matrix to help managers identify the training required for different staff in different areas of work and provided tailored training to support this. In addition to the regular training programme, the following new courses were specifically developed and delivered during the year:-

- Health and Safety for Premises Managers
- Stress and well being training for managers and teams
- Evacuation chair training for operatives and escorts
- Health and Safety for Youth Service Volunteers
- Working with hazardous substances for Street Scene staff
- Training for drivers/ assistants on safety in reversing vehicles
- Coaching for staff to meet health and safety components of their profession qualification
- Training for Education Visits Coordinators

8. Educational Visits and Journeys

8.1 In September 2007, Health and Safety Services took over scrutiny of visits undertaken by our schools and Children's Services. Educational visits and journeys are an integral part of learning for our young people widening their experience and view of the world they are part of. However, it can be an area of public concern and incidents nationally attract high profile sometime adverse reaction.

8.2 Our role is to help schools look critically at their practice to ensure that reasonable precautions are taken without detracting from the young people's enjoyment and experiences. We have a programme to update the training of all coordinators who have local oversight of these trips to ensure that they are planned and conducted well but importantly that any feedback about what worked and what did not is shared across the school and wider learning community. Part of our service review will be to look at the most appropriate place and approach for the continuation of this work.

9. Occupational Health

9.1 In April 2007, the Health and Safety Service took over management of the Occupational Health Service contract. The opportunity was taken to review the service and to formalise a system of key performance indicators for the service.

9.2 A successful rollover of the contract to the year 2009/10 was achieved. During 09/10 the service will be providing access to physiotherapy services to proactively address musculoskeletal conditions which nationally account for a substantially proportion of ill health absence.

9.3 There will also be specific consultant access for managers to improve their skills in dealing with health at work and an ongoing update seminar programme is underway. Occupational Health information has been incorporated into staff and managers' health and safety training.

10. Promotion of Health, Safety and well being

10.1 The Council with our Occupational Health provider, held a number of successful health at work events involving staff from across the council (and visitors to the civic centre). Staff signed up for health checks, relaxation therapies as well as seminars on health topics. Regular health visits are made to the Depot, targeting hard to reach groups.

10.2 The revised intranet has now included a separate access page for occupational health and the EAP.

11. Employee Assistance Programme

11.1 In April 2007, the Health and Safety Service took over management of the Employee Assistance Programme contract. This is part of our benefit package that enables employees to get independent telephone advice and where indicated face to face counselling support for a range of problems. This supports employees in maintaining their mental, social and emotional wellbeing, contributing to general health and resilience of the workforce and ultimately of the organisation.

11.2 The programme provider has taken part in onsite health promotion planned for next year to raise staff's awareness of the benefits of the service and new intranet information has been made available to staff.

12. Accident Information

While the 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.
- Does not account for under reporting within the Council.

The tables show reported employee and non employee accidents/incidents, by directorate for the year which includes the total number of accidents/incidents. However it should be understood that the directorate structure has changed significantly over the last few years and the accident database is not sophisticated thus meaningful comparison between annual data sets is not practical.

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).

During 07/08 The Health and Safety Service carried out over 270 site visits some of which involved following up accident reports to offer advice and make recommendations.

12.1 Accident tables

Table 1: Reported Employee Accidents by Directorate 1 April 2008 to 31 March 2009

Directorate	Reported Employee Accidents 1/4/2008-31/3/2009
Corporate Finance	7 (2)
Legal & Governance Services	3 (n/a)
Chief Executives	3 (n/a)
Strategy & Business Support	n/a (9)
Children's' Services	186 (199)
Adults & Housing	90 (96)
Community & Environment	71 (117)
Total reported	360 (423)

**Note: the total for the previous year is given in brackets*

Table 2: Reported Employee RIDDOR Accidents by Directorate

Directorate	Reported Employee RIDDOR Accidents 1/4/2008- 31/3/2009
Corporate Finance	2 (0)
Legal & Governance Services	0 (n/a)
Chief Executives	0 (n/a)
Strategy & Business Support	n/a (1)
Children's Services	15 (11)
Adults & Housing	1 (3)
Community & Environment	15 (10)
Total reported	33 (25)

**Note: the total for the previous year is given in brackets*

Table 3: Reported Employees Near-miss Incidents by Directorate

Directorate	Reported Employees Near-miss Incidents 1/4/2008- 31/3/2009
Corporate Finance	3 (1)
Legal & Governance Services	0
Chief Executives	1
Strategy & Business Support	n/a
Children's Services	3 (32)
Adults & Housing	21 (27)
Community & Environment	14 (17)
Total reported	42 (77)

**Note: the total for the previous year is given in brackets*

Table 4: Non employee Accidents and RIDDOR reports by Directorate

Directorate	Non employee accidents 1/4/2008- 31/3/2009	RIDDOR reports 1/4/2008- 31/3/2009
Corporate Finance	1(0)	0 (0)
Legal & Governance Services	0 (n/a)	0 (n/a)
Chief Executives	2 (n/a)	0 (n/a)
Strategy & Business Support	n/a (4)	n/a (0)
Children's Services	300 (324)	77 (180)
Adults & Housing	320 (197)	3 (26)
Community & Environment	11 (39)	0 (3)
Total reported	632 (556)	80 (208)

Note: the total for the previous year is given in brackets. Most of the events recorded for Children's Services are accounted for by accidents to children e.g. playground incidents. The more serious RIDDOR accidents are significantly lower than 07/08.

Table 5: Fires reported 1/4/2008- 31/3/2009

Directorate	Reported fires 1/4/2008- 31/3/2009
Corporate Finance	0
Legal & Governance Services	0
Chief Executives	0
Strategy & Business Support	n/a
Children's Services	1 (Harrow High) 1* (Milton House)

Adults & Housing	0
Community & Environment	1**
Total reported	3 (5)

* Fire alarm activation in Milton House (Toaster)

**Small fire in plant pot outside building at the Central Depot

Note: the total for the previous year in give in brackets

Table 6: Accident Incident Rate (AIR) for all RIDDOR injuries (per 1000 workers)

	AIR 2004-2005	AIR 2005-2006	AIR 2006-2007	AIR 2007-2008	AIR 2008-2009
Harrow Council	7.5	5.2	4.1	3.3	4.2
National Public Administration Data	13.82	13.43	10.6	10.9	Not available till Nov 2009

There is currently no process to collect benchmark accident data with other London Boroughs and previous attempts have found too much discrepancy between employee numbers, direct vs indirect labour and outsourced activities.

The Accident Incident Rate is a formula used to calculate the number of accidents events for an average population of workforce though does not reflect hours worked. The calculation is made using one of the HSE recognised formula and gives a representation of the number of accidents linked to numbers employed. These figures do not account for casual staff and it should be recognised that the HSE recognises there is significant under reporting in most industry sectors.

12.2 Cause of employee accidents

The top 5 are the same as last year and in the same order, namely:

1. Violence and aggression
2. Slips, trips and falls
3. Struck by/against
4. Manual handling
5. Falls from heights

The majority of violence and aggression incidents are in schools with generally more minor scratching etc. Similar in care establishments. More verbal abuse is reported than physical violence.

12.3 Occupational Groups Reporting Accidents

The top 5 occupational groups reporting accidents mirrors last year, with teacher as expected the biggest occupational group reporting due to size. These are:

1. Teachers/TA
2. Escorts
3. Refuse collectors
4. Parking attendants

5. Day care centre officers

It is expected that the per head incident rate for parking attendants to be the highest. Important work was carried out during the year on violence and aggression to parking attendants with some useful findings and improved processes as a result.

13. Health and Safety Training data

A range of health and safety training was delivered during the year both centrally and locally in Directorate. Training was also carried out involving contract partners and the voluntary sector organisations that work closely with us. As well as large group training, coaching and mentoring was employed to assist managers across the council in developing their health and safety competence. Table 7 provides a summary of the main courses held during the year.

Table 7: The Main Health and Safety Training Courses Attendances 1/4/2008- 31/3/2009

Directorates Courses /	Corporate Finance	Strategy and Business Support	Children's Services	Adults and Housing	Environment and Community	Total
Health and Safety Induction for staff	12	14	25	40	24	115
Health and Safety Induction for managers	6	3	20	27	4	60
Health and Safety Risk Assessment	0	4	19	31	23	77
Health and Safety for Premises managers	0	0	10	2	1	13
Stress Awareness/Wellbeing training	0	0	1	8	1	10
Fire Marshals	1	0	12	12	1	26
Fire Risk Assessment	0	0	0	5	0	5
Lone working	0	0	10	10	1	21
Personal safety	0	0	2	4	5	11
DSE users	3	3	0	33	0	39
DSE assessors	1	1	11	9	10	32
Stress awareness/risk assessment	0	6	2	9	2	19
COSHH update	0	0	1	10	3	14
Evac chair training	4	8	15	0	8	35
Educational Visits coordinators	0	0	23	0	0	23
Manual Handling	0	1	8	21	26	56
Totals	27	40	159	221	109	556

14. Fire Safety

The council has been unable to appoint a permanent fire advisor and it was agreed to build upon existing expertise supplemented by the use of external consultants as necessary. All the operational team members have now successfully completed the qualifying programme for institute of Fire Engineering Technicians. Fire audit work will be incorporated into plans for assurance work in the future.

15. Plans for 2009/2010

- Complete the restructure of the health and safety service to reflect a more risk based approach to support the organisation and incorporate new HSE thinking. This will include reasserting the role of the Health and Safety Service in an advisory, assistance and assurance capacity.
- Develop a longer-term plan of work to support the council during the transformation process that will be introduced during 2010-11 to support corporate objectives.
- Continue to support all directorates on their service improvement plans, in particular the actions to address sickness absence and to improve employee well being.
- Identify a suite on line access and e-learning packages to support directorates' changing needs for current and self-directed resources.
- A review of the school visits programme will be undertaken and information shared to support any improvements indicated. The feasibility of providing an online application and approval process will be looked at.