WARWICK DISTRICT COUNCIL Members / Trade Union Joint Panel 3 rd September 2013		Agenda Item No.
Title	Corporate Heal 2012-2013	th & Safety Annual Report
For further information about this report please contact	(Alan Richardson – Health & Safety Adviser, WDC, Riverside House, Leamington Spa, tel: 456734)	
Wards of the District directly affected	N/A	
Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?	No	
Date and meeting when issue was last considered and relevant minute number		
Background Papers	Corporate Heal 2011-2012	th & Safety Annual Report

Contrary to the policy framework:	No
Contrary to the budgetary framework:	No
Key Decision?	No
Included within the Forward Plan? (If yes include reference number)	No
Equality & Sustainability Impact Assessment Undertaken	Yes/No (If No state why below)

Officer/Councillor Approval			
Date	Name		
15/08/13	Chris Elliott		
19/08/13	Richard Hall		
19/08/13	Michael Coker		
	Date 15/08/13 19/08/13		

Consultation & Community Engagement

Insert details of any consultation undertaken or proposed to be undertaken with regard to this report.

Final Decision?	Yes/No
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Suggested next steps (if not final decision please set out below)

1. SUMMARY

1.1 An annual report on corporate health & safety has been prepared. This is the fifth such report which gives a brief summary of the work activity in relation to corporate health & safety.

2. **RECOMMENDATION**

2.1 That the contents of this report be noted.

3. **REASONS FOR THE RECOMMENDATION**

3.1 To ensure that an effective and update health & safety management system is maintained and that the Council demonstrates this in an open and transparent manner.

4. POLICY FRAMEWORK & FIT FOR THE FUTURE

4.1 The Councils Health & Safety Policy and Codes of Practice continue to follow the HSE's guidance document HSG65 – 'Successful health & safety management', complying with legislation and the various codes of practice.

5. **BUDGETARY FRAMEWORK**

5.1 Remedial works undertaken within existing resources.

6. **ALTERNATIVE OPTION CONSIDERED**

6.1 It is not essential to publicise the annual report but by doing so it does demonstrate good health and safety management practice.

7. **BACKGROUND**

- 7.1 <u>Corporate Health & Safety Annual Report</u> the Council's approach to health & safety management continues to follow the guidance document HSG65 'Successful health & safety management'.
- 7.2 In the last year, more emphasis was placed on the monitoring and auditing of the Councils health and safety management systems. This had led to some considerable wide spread improvements being made across the organisation. For example, due to a number accidents caused by faulty Council chairs and subsequent investigations, a formal chair safety inspection program took place throughout the organisation resulting in a significant number of unsafe chairs being replaced. Contractor unsafe practices were also investigated and measures put in place to avoid reoccurrences.
- 7.3 IOSH Health & Safety training courses for Senior Executives were completed by members of CMT (Chief Executive and 2 x Deputy Chief Executives) in June and October 2012. IOSH Managing Safely training was completed by a number of staff members of Cultural Services and work was also undertaken to ensure that other tasks incorporating significant health and safety risks were identified and training programs put in place to raise awareness. An example of this being

'Control of Contractors' training. These types of training can only be positive and serve to raise awareness of the relevant health and safety risks and ultimately result in fewer accidents, ill health and contributes to the overall aim of an effective Health & Safety management system.		
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Appendix 1

Warwick District Council Corporate Health & Safety



Annual Report 2012-2013

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INTRODUCTION

During the year 2012-2013, work continued to take place to strengthen the Council's position in relation to the organisation's health & safety management despite many on-going structural changes to the organisation.

In the last year, more emphasis was placed on the monitoring and auditing of the Councils health and safety management systems. This had led to some considerable wide spread improvements being made across the organisation. For example, due to a number accidents caused by faulty Council chairs and subsequent investigations, a formal chair safety inspection program took place throughout the organisation resulting in a significant number of unsafe chairs being replaced. Contractor unsafe practices were also investigated and measures put in place to avoid reoccurrences.

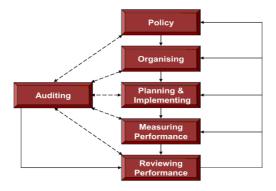
As shown in the report, efforts were also made and continue to be made to improve the communication of Council policies, procedures and safe working practices via e-learning systems, so that WDC can ensure compliance with its statutory duties and create a clear and accurate audit trail.

The start of this introduction refers to organisational change. Many organisational changes can if we are not careful, act as distractions leading to health and safety taking a back seat. Given the impacts of change and despite all these challenges, health and safety remains a vital part of any organisation and the Council must continue to manage it effectively to comply with legislation and codes of practice. We must ALL therefore 'Keep our Eye on the Ball'. In doing this the Council can continue to minimise the risk of workplace accidents and ill health.

Richard Hall Alan Richardson

Head of Health & Community Protection Health & Safety Advisor

1.0 MANAGEMENT SYSTEM



1.1 The Council's Health & Safety management system continues to follow the Health & Safety Executives document HSG65 – 'Successful health and safety management'. The guidance is aimed at directors, managers with health & safety responsibilities, as well as health and safety professionals and employee representatives. It describes the principles and management practices which provide the basis of effective health and safety management

2.0 POLICY

- 2.1 <u>Health & Safety Policy</u> The current document, Health & Safety Policy issue 2 is still current and remains a live document. Reviews took place during the previous year with significant changes made to the following sections: Fire, Use of Contractors, Lone Working / Out of Office Visits and Accident Reporting. Other parts of the policy were also review but required no change at the time.
- 2.2 Significant review of the document will take place during 2013-2014 and it is intended that these will be communicated to staff using the methods described in paragraph 4.11.

3.0 ORGANISING

3.1 *Training*



3.2 Individual Service Areas are responsible for specialised safety training and will hold further records of training that they have arranged. Figures below show the number of employees that have received in-house H&S training from April 2012 through to April 2013.

3.3 It should be noted that H&S Induction training also incorporates some of the subjects listed below and that the other subjects listed are training sessions provided in addition to induction.

•	Health & Safety Induction	23
•	H&S for Senior Executives	3
•	General H&S Awareness	16
•	Fire Awareness / Warden	17
•	Tunstall Lone Worker	14
•	Assessnet - Risk Assessment	20
•	Online DSE Assessment / Training	90
•	Manual Handling, slips & trips	27

Other H&S related training that was completed by external consultants in 2012-2013:

•	IOSH Managing Safely	9
•	Asbestos Awareness	51
•	Stress Management (and related)	8
•	Managing Conflict / Difficult People	21
•	Confined Spaces	2
•	CSCS (Construction Skills Certification Scheme	2
•	First Aid	1
•	Miscellaneous Safety Institute and professional training	28
То	otal number of people trained:	332

3.4 Health & Safety Referrals



- 3.5 From the start of April 2011 until April 2012 210 Requests for Service were allocated to the Health & Safety Adviser. The year 2012-2013 confirmed 224 were received, these included requests for:
 - Risk Assessment advice / assistance
 - SMT H&S Update reports
 - Advice on / assistance with Safe Systems of Work
 - Workstation Assessments
 - Staff Alert List referrals and amendments
 - H&S Inspection assistance
 - First Aid enquiries
 - Accidents
 - Training requests
 - Meeting requests
 - Advice on H&S Legislation
 - Enquiries on general working environment
 - Environmental Protection duties

3.6 As shown in para 3.5, the number of service requests received by the Health & Safety Adviser in the 2012-2013 period rose slightly by 6%.

4.0 PLANNING & IMPLEMENTING

- 4.1 <u>AED (Automated External Defibrillator)</u> Sudden cardiac arrest is a leading cause of death in Europe, affecting about 700,000 individuals a year. Many victims of sudden cardiac arrest can survive if others act quickly with an AED machine while ventricular fibrillation (VF) is still present; successful resuscitation is unlikely once the rhythm has deteriorated to asystole (absence of heart beat).
- 4.2 Factors considered when assessing the need for an AED for Riverside House included the number of people using the facility and the risk of cardiac arrest occurring at the site. All WDC leisure centres have them due to the very nature of activities that take place there, e.g. physical excursion brings with it a higher risk of heart attack for instance (particularly if a person is unfit or hasn't exercised for a while).
- 4.3 Upon recognising the potential risk of cardiac arrest being suffered by a member of staff or public also within Riverside House, approval was given by the Senior Management Team for a AED unit to be installed. The unit will be positioned in the reception area of Riverside House and up to 12 people will receive training in its use in July 2013.
- 4.4 <u>Assessnet</u> The AssessNet online safety management system continues to be used by managers and those designated to perform risk assessments to record them in an online database, giving clarity as to what actions have been generated, responsibilities for these actions with timescales for completion and tracking of review dates. Use of Assessnet for the recording of risk assessments is now an integral part of the Councils H&S Management system.
- 4.5 At the time of producing this report, approximately 250 risk assessments had been completed on various subjects including Lone Working, Slips, Trips and Falls, Electrical Installations, cleaning activities and many more.
- 4.6 To enable the Senior Management Team to monitor and manage the review of risk assessments and tasks generated, the Health & Safety Adviser continues to arrange for a list of risk assessments and their status to be sent to SMT on a quarterly basis. It is recognised however that this is an ongoing challenge and that further Senior Officer engagement and co-operation is required to ensure that the risk assessments are updated regularly and that risks within their areas of responsibility are managed effectively.
- 4.7 <u>Assessnet DSE (Display Screen Equipment) Module</u> At the time of producing this report, there were 158 individual workstation assessments entered into the Assessnet system with approximately 90 employees completing online assessment and training in the 12 month period.
- 4.8 <u>Management of Workplace Stress</u> Throughout 2012-2013, The Council continued to maintain a corporate policy for the Management of Workplace Stress in accordance the Health & Safety Executives Stress Management Standards. The objective of the policy being to:

- Promote a culture of wellbeing within the Councils workforce with effective and open communication.
- Increase awareness of the phenomenon of work related stress and methods available to combat this.
- Identify workplace stressors and conduct risk assessments to eliminate or control the risks from stress. These risk assessments being regularly reviewed.
- Assist staff in managing stress in themselves and others.
- Providing appropriate and confidential support for those who are experiencing stress.
- To provide adequate resources and training to enable managers to implement the Policy on Stress.
- 4.9 As per the policy, Employee Support Officers continued to provide an empathetic 'listening ear' for the occurrences of stress or harassment and helped reduce escalation of issues causing concern. ESO's provide assistance in identifying the nature of problems and advised HR on occurrences of stress and stress related conditions without compromising essential confidentiality.

4.10 <u>Communication</u>



- 4.11 The intranets homepage still provides a useful tool to display important health & safety information to a wide audience throughout the Council. The types of information displayed in the year 2012-2013 included health & safety alerts, fire safety messages, requests for additional first aiders and advertisements for future training sessions.
- 4.12 <u>Policies & Procedures</u> During the first quarter of 2013, work began involving a group of key individuals to investigate the possibility of using Moodle, the Councils E-Learning Portal or alternatives to more effectively communicate new and reviewed health & safety policies and procedures to Council employees. It is intended that employees will confirm electronically that they have read and understood important documents such as emergency evacuation procedures and building security thus ensuring compliance with statutory duties and creating an accurate audit trail.

5.0 MONITOR & MEASURE PERFORMANCE

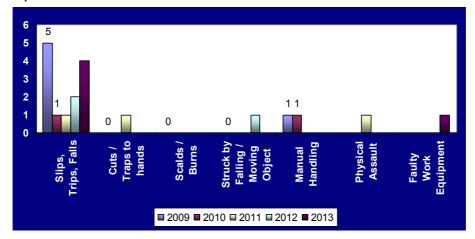
5.1 <u>Chair H&S Inspections</u> – A chair safety inspection programme was implemented across all of the Council's corporate buildings, including Riverside House. This was mainly as a result of the age of the chairs and a number of chairs failing resulting in injury and near misses. Chairs inspected included those in offices, communal areas, canteens, meeting rooms and venues such as the Town Hall's chambers and assembly room for instance. The inspections included not only the adjustable workstation type chair but the fixed meeting room type.

- 5.2 During the inspections performed, each chair was given a unique reference number, which was displayed on a sticker on each chair along with the date of the inspection and the name of the person completing it (similar to a PAT test sticker found on electrical equipment). These details were logged on an asset register and a report produced on the condition of the chair, its age, if it remains in a satisfactory condition or whether it requires repair or disposal. The report was submitted to Service Heads for them to follow the recommendations within the report.
- 5.3 <u>Reporting to Joint Communications Forum and Members / Trade Unions Joint Safety Panel</u> Regular reporting by the Health & Safety Adviser to the above forums consisting of senior management staff and union representatives and councillors continue to take place. Updates are given on employee lost working time accidents that have occurred in a specified period, with the opportunity also being available for those attending to discuss other health and safety issues that may be relevant.
- 5.4 <u>Monitoring of hazards</u> The provision of the risk assessment system 'Assessnet' is used for this purpose. Appropriate line managers having access to system to record risk assessments within their service areas, enabling them to keep track of actions generated and review dates that are set. The Senior Management Team has access to the system and is also made aware via SMT reports as to the status of the assessments and are asked to follow up with the appropriate management response where necessary.

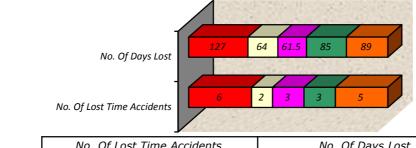
5.5 Lost Working Time Accidents



5.6 The graphs below summarise the number of employee lost working time accidents that have occurred between April 2012 and April 2013. This format will hopefully be useful to all and will allow comparative data to be tracked annually:



- 5.7 Total number of lost working time accidents for 2012-2013 was 5. One was reportable to the HSE as required by the RIDDOR Regulations (Reporting of Incidents, Diseases & Dangerous Occurrences Regulations 1995)
- 5.8 The 5 accidents above resulted in a total of 89 lost working days. Consisting of:
 - 1 day as a result of an employee's injuries sustained after slipping and falling on a toilet floor,
 - 1 day was lost as a result of an employee falling from a faulty chair,
 - 6 days immediately after an employee injured their foot whilst walking in the street. Under the new RIDDOR reporting requirements of 7 days absence, the incident was not reportable as it was under the reporting threshold.
 - 80 days were lost after an employee tripped and fell whilst attending a training course at the external trainers premises Reported to the HSE.
 - 1 day after an employee lost their footing and fell at one of the Councils multistorey car parks.
- 5.9 As shown in the diagram below, the 2011-2012 period showed that there had been 3 lost working time accidents resulting in 85 lost working days. The number of lost time accidents for 2012-2013 rose to 5 and the number of lost working days increased slightly to 89 (see graph below) –



	No. Of Lost Time Accidents	No. Of Days Lost
2 013	5	89
■2012	3	85
2 011	3	61.5
2 010	2	64
■2009	6	127

- 5.10 Although there has been a rise in the number of reported lost time accidents and a slight increase in the number of lost working days incurred, the accidents in paragraph 5.8 that involved 6 and 80 days absence occurred on third party property where no obvious causes or Council liabilities were found. Overall number of lost time accidents remains low. It is interesting to note that if the accident on the external party's premises resulting in 80 days absence had not occurred, the lost time accident figure for 2012-2013 would only have been 9 days.
- 5.11 <u>Monitoring Contractor Safe Working Practices</u> A need was identified in March 2013 for up to 40 Council officers to receive awareness training in the subject of contractor supervision. This need has arose as a result of investigations into contract work procured by the Council that resulted in potentially unsafe working practices being witnessed on site.

- 5.12 During investigation of the particular contractor health and safety complaint, it was found that contractor risk assessments and method statements had not been obtained by the Council before the commencement of the work. The Contract Supervisor and Contractor should have consulted these documents on site before work started to ensure documented controls were implemented. These omissions led to certain safeguards not being implemented and although they did not lead to an incident, had the potential to cause serious injury to members of the public.
- 5.13 It was also learnt that there was a training gap among other Council officers who perform a similar function in respect of liaising with contractors. Officers who required training were therefore identified and a recommendation put forward to the Senior Management Team that this training should take place. The training was approved and the training is to take place in summer 2013. The aim of the training program is to raise awareness among the officers attending and to ensure that both the contractor and WDC are able to fulfil their statutory health and safety obligations.

6.0 AUDIT & REVIEW



- 6.1 <u>Audits</u> Audits and inspections are an important part of an effective health & safety management system to see if systems that are in place are working properly and to identify areas for improvement.
- 6.2 In an effort to continually improve the Councils H&S management systems and provide an effective corporate H&S Audit a Risk Based Health & Safety Audit approach is being used on an annual basis to sample up to 10 service areas / premises per year.
- 6.3 Since July 2012, the following service areas / sections have received Risk Based Health & Safety Audits by the H&S Adviser:
 - Environmental Services,
 - Neighbourhood Services (Contract Services & Parking Services)
 - Community Protection (drainage & civil contingency section),
 - Development Services (enforcement, building control and development management) and
 - Housing & Property Services (housing management),
 - Warwick Response (Housing & Property Services)
 - Bereavement Services (Oakley Wood Crematorium)
- 6.4 Areas for improvement were identified and action plans produced and followed up to ensure issues were closed out. Common issues raised during audit included:

- Review of risk assessments required and amendment to include additional hazards and controls.
- The need for service areas to include Health & Safety as standing agenda items during team and departmental meetings.
- The need to review emergency evacuation procedures and ensure fire wardens are named for certain areas.
- Many service areas have access to Tunstall Lone Worker and many are using it in accordance with Council policy, however it is perhaps not used for all required lone working visits.
- Portable Appliance Testing (P.A.T.) of office electrical equipment, particularly items such as desk fans in some cases are due for retesting.
- Employee Display Screen Assessments required in certain areas and or assessments need to be reviewed.
- Employees Personal Protective Equipment (PPE) to be checked to ensure it is in good condition and that this is recorded on a maintenance register

7.0 Summary

- 7.1 As mentioned at the start of this report, the Council's approach to health & safety management continues to follow the guidance document HSG65 'Successful health & safety management'.
- 7.2 The introduction and relevant sections of this report noted that increased emphasis was placed on auditing of the Councils health and safety management systems, which have in turn resulted in significant improvements to the organisation.
- 7.3 Proactive systems such as auditing and risk assessments continued to be vital in maintaining the effectiveness of the Councils Health & Safety management systems. However, this played only a part of its success and continues to require the cooperation of managers and all employees to ensure that issues raised are dealt with promptly to minimise risks of accidents and incidents.
- 7.4 IOSH Health & Safety training courses for Senior Executives were completed by members of CMT (Chief Executive and 2 x Deputy Chief Executives) in June and October 2012. IOSH Managing Safely training was completed by a number of staff members of Cultural Services and work was also undertaken to ensure that other tasks incorporating significant health and safety risks were identified and training programs put in place to raise awareness. An example of this being 'Control of Contractors' training. These types of training can only be positive and serve to raise awareness of the relevant health and safety risks and ultimately result in fewer accidents, ill health and contributes to the overall aim of an effective Health & Safety management system.