

# **EAST AYRSHIRE COUNCIL**

**CABINET – 2 DECEMBER 2009**

## **REVIEW OF HEALTH AND SAFETY**

### **REPORT BY DEPUTE CHIEF EXECUTIVE/EXECUTIVE DIRECTOR OF CORPORATE SUPPORT**

#### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to advise Cabinet of the conclusions and recommendations of the review of health and safety carried out by an external consultant and to outline the steps which have been taken so far to address the matters identified.

#### **2. BACKGROUND**

- 2.1 At its meeting on 17 June 2009, Cabinet in considering and approving a report on the 2009-2010 Corporate Health and Safety Action Plan was advised that Peter Ralston, Principal Consultant of Chalker Health and Safety was to undertake a review of certain aspects of the Council's health and safety arrangements. In particular, the review focussed on compliance in key areas and assessed as a "critical friend" the effectiveness of the current management arrangements for health and safety.
- 2.2 Peter Ralston had previously delivered training for Elected Members and Chief Officials within the Council on Corporate Homicide and has subsequently been commissioned as technical adviser in the appointment of the Interim Health and Safety Manager. It is intended that he also advise on the permanent appointment to this post during January 2010.
- 2.3 The review has now been completed and the final report, following an earlier draft being provided in August in respect of which consideration of the content was undertaken with the author, is attached as Appendix 1. Also attached, as Appendix 2, is an Improvement Plan which has been developed to implement the conclusions and recommendations of the Review. Peter Ralston will be in attendance at Cabinet to present his report.

#### **3. CONCLUSIONS OF THE REVIEW**

- 3.1 The Ralston Review has identified a number of key issues which require to be addressed to improve the effectiveness of the health and safety arrangements in place within the Council. However, the Review also recognises that the key elements of effective health and safety management are in place and provide a solid platform for development and continuous improvement.
- 3.2 In respect of the compliance element of the review a key recommendation is that changes should be made to the way in which the Council exercises control of contractors. It also recommends that there should be more streamlined arrangements for providing performance management information to senior managers within the Council.

- 3.3 As a “critical friend”, Peter Ralston makes a number of recommendations in respect of the management and deployment of resources within the Council’s Health and Safety Section and certain practice issues with regard to those issues reviewed and which are addressed in Departmental Health and Safety Action Plans (see separate agenda item).

#### **4. IMPROVEMENT PLAN**

- 4.1 In order to implement the conclusions and recommendations of the Ralston Review, an Improvement Plan has been developed and is attached as Appendix 2. The Improvement Plan outlines the steps that will be taken in order to achieve its implementation.
- 4.2 Already some actions have been taken including changes at Manager level within the Health and Safety Section which have seen the previous Health and Safety Manager move to a post of Corporate Health and Safety Adviser and the appointment of an Interim Health and Safety Manager pending consideration of the wider recommendations of the Review. The Interim Manager has begun to address a number of the issues identified in the Review. Also, steps have been taken to complete the centralisation of all health and safety employees in one location, a move which will improve the overall management of the Section.
- 4.3 In the interests of continuity, it is also proposed that Peter Ralston be further engaged for a maximum period of 6 months to allow participation in the appointment of the permanent Health and Safety Manager, the process for which has commenced, and review of the Improvement Plan which in turn will facilitate the production of a progress report which will be submitted to Cabinet in 6 months time.

#### **5. POLICY AND LEGAL IMPLICATIONS**

- 5.1 Addressing the issues identified by the Ralston Review will allow the Council to continue to meet its statutory obligations to provide a safe and healthy working environment for its employees.
- 5.2 The further appointment of Peter Ralston would constitute a negotiated contractual arrangement and accordingly Cabinet approval of the appointment is required in terms of Paragraph 20(1) of the Council’s Standing Orders Relating to Contracts.

#### **6. FINANCIAL IMPLICATIONS**

- 6.1 Any financial implications arising from the implementation of the recommendations contained in the Ralston Review will require to be considered in the context of the overall budgetary process.
- 6.2 In relation to the further appointment of Peter Ralston it is estimated that the total overall expenditure incurred will not exceed £20,000 which expenditure can be met from existing budgetary resources.

## **7. CORPORATE MANAGEMENT TEAM**

7.1 The Corporate Management Team at their meeting on 23 November 2009 considered and approved the content of the Ralston Review and the Improvement Plan.

## **8. RECOMMENDATIONS**

8.1 Cabinet is recommended to:-

- i. note the conclusions of and agree to the recommendations of the Ralston Review;
- ii. approve the Improvement Plan proposed to address the recommendations of the Ralston Review;
- iii. note the action which has been taken so far to implement the Improvement Plan;
- iv. approve the negotiated appointment of Peter Ralston for a maximum period of 6 months in terms of Paragraph 20(1) of the Council's Standing Orders Relating to Contracts as described in paragraph 4.3 of the report;
- v. agree that a progress report as outlined in paragraph 4.3 above be submitted to Cabinet in six months; and
- vi. to otherwise note the report.

**Elizabeth Morton**  
**Depute Chief Executive/Executive Director of Corporate Support**  
**25 November 2009**



## East Ayrshire Council -- compliance review and critical friend analysis

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Principal Consultant of Chalker Health & Safety

**Delivered:**

**Abstract & Summation:** the following is a summary report of a project undertaken for East Ayrshire Council in July 2009. It includes both a compliance review across a range of topics, and a critical friend analysis of the organisation's Health & Safety Section.

## Table of Contents

East Ayrshire Council --.....	1
Introduction.....	3
<b>Section 1 Compliance Review .....</b>	<b>5</b>
1.1 Safety Training for Staff .....	6
1.2 Incident Investigation & Procedure .....	10
1.3 Working at Heights .....	14
1.4 Occupational Stress.....	16
1.5 Control of Contractors .....	18
1.6 Vehicle Control & Movement.....	22
<b>Section 2 Critical Friend Analysis .....</b>	<b>24</b>
<b>Recommended Operational &amp; Sectional Changes .....</b>	<b>26</b>
<b>2.1 ) Senior Management Information .....</b>	<b>26</b>
2.1.1 Safety Measurables.....	27
2.1.2 Proactive & Reactive Monitoring.....	27
2.1.3 Visual Display .....	28
2.1.4 Economic Cost per Department.....	29
<b>2.2 Development of Standard Operating Procedures .....</b>	<b>30</b>
<b>2.3 Point of work risk assessments .....</b>	<b>32</b>
<b>2.4 General recommendations .....</b>	<b>33</b>
2.4.1 Team building.....	33
2.4.2 Job Rotation.....	35
2.4.3 Health & Safety Advisors.....	35
2.4.4 Health & Safety Co-ordinators.....	37
<b>Further Recommendations .....</b>	<b>38</b>
Strategic Management of Health & Safety Section.....	38
Chief Executive's Award.....	38
Health & Safety Section Resources .....	39
<b>Conclusion .....</b>	<b>40</b>

## Introduction

The following report was prepared by Peter Ralston LLB (Hons) PGDipDHS Barrister-at-Law MIIRSM GradIOSH, Principal Consultant of Chalker Health and Safety for East Ayrshire Council.

The project, undertaken over a 21 day period in July and August 2009, was comprised of two parts:

A compliance review, conducted across a range of selected topics to ensure basic legal compliance with current health and safety legislation.

The topics reviewed were:

- 1.1. Safety training for staff
- 1.2. Incident investigation and procedure
- 1.3. Working at heights
- 1.4. Occupational stress
- 1.5. Control of contractors
- 1.6. Vehicle control and movement

The second part of the project, was to act as a critical friend for the Council's Health & Safety Section. This involved an investigation and analysis of current Health & Safety Section practice, procedures, personnel and direction.

This has been a wide-ranging project, in many ways difficult to quantify in certain circumstances due to the size and complexity of East Ayrshire Council and the huge range of services which it provides.

Evidence was gathered for both the first and second parts of the project through documentary examination, observation and person to person interview, which were conducted either formally or informally dependent on the interviewees' wishes. This is a standard methodology utilised by Regulators, for example the HSE, to ensure a full picture is developed throughout the review.

Therefore the following is the author's opinion taken from the evidence and it is accepted that certain elements contained within will be subjective.

Further, the evidence collected and opinions formulated refer only to evidence that was gathered during the collection phase of this report and it is accepted, because of time frame involved, that certain documents or interviewees may not have been collected, nor may all individual views been represented, acknowledged or used.

It is therefore axiomatic that the current report is best seen as a 'snapshot' of the apparent current state of legal compliance within East Ayrshire Council at the time of the review and that any recommendations pertain to those areas examined in accordance with the author's knowledge of legislative and best practice requirements.

The author wishes to thank all those persons who were interviewed and freely gave up their time to assist; in particular the members of the Health and Safety Section; Councillors Hugh Ross and Jim Todd; Joanne Hughes; Bob McCulloch; Annette McKinlay; John Garrick; Martin Rose; Elizabeth Morton and Fiona Lees.

Particular thanks goes to Carol Hamilton for her invaluable assistance.

## **Section 1 Compliance Review**

## 1.1 Safety Training for Staff

### Legislative requirement:

Safety training is principally required under the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999; however, other legislation may require specialist training in addition, for example the Confined Spaces Regulations 1997

### Findings:

Evidence was located during the compliance review to show that a significant degree of health and safety training had been carried out for relevant staff; for example, the Education & Social Services (ESS) Department utilises a committee and H&S sub-committee structure to highlight and identify training needs for employees; while the Cemeteries Section of the Outdoor Amenities Service, Department of Neighbourhood Services had taken the insightful step of training many of their general operatives using a 'person specific' system, which included some individuals being trained to NAMM (National Association of Monumental Masons) standards to better understand the work of third party contractors in the Council cemeteries.

Statistical information on training delivered in respect of Health and Safety is included in an annual report to the Council's Governance and Scrutiny Committee.

However, there was no strong evidence to show that an overall methodology for specific training need analysis (TNA) has been carried out with employees to highlight specific health and safety training needs for positions across the whole of East Ayrshire Council.

The current system on the whole relies on Managers to ensure this training is identified through the EAGER system and direct staff requests, rather than the organisation highlighting it through a Training Competency Framework applicable to the whole Council. Although EAGER has many benefits for personal development, it is primarily a continual progress tool and relies considerably on the knowledge of both manager and interviewee; if both parties 'don't know, what they don't know', it is logical that this could give rise to a deficiency in training needs for health & safety.

Foreseeably, the current system could give rise to lack of ownership of H&S training and in its current form makes it difficult for management to identify and direct crucial or other mandatory requirements for staff training.

### Recommendations:

It is therefore recommended that each department, in conjunction with the H&S Section, undertake a review of departmental activities and identify staff health & safety training needs to ensure a consistent approach. This should clearly identify job grades and function within individual departments and the TNA should identify both mandatory and recommended training for placement within that grade. Such analysis should include both operational and equipment based needs and should also include both routine and non-routine work as appropriate.

It is recommended that this competency framework is designed in a straightforward manner, for example, an excel matrix spreadsheet and uses a simple colour coding mechanism for easy visual identification and verification.

The training competency matrix should be held and owned by departmental heads, with master copies maintained, revised and updated by the H&S Section.

It is also recommended that the H&S Section, having identified the Council-wide critical/mandatory H&S training criteria take ownership of the training in that subject(s).

The H&S Manager in conjunction with Organisational Development, the H&S Advisors, Operational Management, operatives and Trade Union safety representatives (or equivalent) would design, manage and deliver courses as appropriate, with assistance from the H&S Co-ordinators.

Other staff within the Council, or external training consultants or bodies should be identified as 'assets' of the H&S training division and be used to deliver specialist/ skill-based training on a needs basis.

All courses during design phase (or brought in by assets) should ensure that they are clear in scope & boundaries, objectives, delivery methodology, audience targeting and must include an appropriate method for comprehension testing.

Essentially there should be three categories of H&S training course:

1. Organisational / Corporate: Which would cover issues relating to the Council as a whole; this may include, for example; Director/ Executive level training on new legislation, monitoring & performance measurement, Blue-sky or deep-dive briefings etc.
2. Managerial: Which would relate to knowledge, attitudes and skills required by all levels of management; this may include; knowledge of relevant legislation, responsibilities and detailed knowledge of operational risks within a particular department.

3. Operational: Which would relate to knowledge, skills, behaviours and attitudes of operational staff and would include; detailed knowledge and understanding of risks within an individual's job and would incorporate routine and non-routine risk and behavioural safety components.

An overarching doctrine within the re-structuring of H&S training should be the principles of *quality* and *suitability*. A monitoring system to ensure quality of course materials, delivery methods and comprehension should be applicable to all H&S training, whether delivered by H&S staff or assets.

Courses and trainers should be regularly critiqued by the H&S Section and delegates for suitability, applicability and fitness for purpose.

Actions to be taken:<sup>2</sup>

No.	Action to be taken	Priority
1.1.1	Training needs analysis to be undertaken to identify mandatory & recommended training criteria. Priority should be given to departmental needs on a risk based scale- with the high risk areas & tasks being completed first.	A
1.1.2	A standard training matrix should be designed for deployment across the Council. It should be easy to use and should include both mandatory & recommended criteria per job grade. Standard colour coding should be introduced.	B
1.1.3	Using similar risk based criteria as suggested in 1.1.1, the H&S Manager should instigate a training course development programme. This should include co-option of ad-hoc personnel as discussed above and identification of assets.	B
1.1.4	Criteria for the design of courses should be developed.	B
1.1.5	Milestones and project markers should be established to ensure delivery.	B
1.1.6	Delivery of the training needs programme should be a KPI measurable for the H&S Section & operational management.	C
1.1.7	A monitoring system to ensure quality & suitability of courses and trainers should be developed	C
1.1.8	Random and periodic audits of courses and feedback to be implemented	D

<sup>2</sup> A= highest priority D=low priority

## 1.2 Incident Investigation & Procedure

### Legislative requirement:

The investigation of incidents at work is principally required under the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999

This subject is referred to in the Council Master Safety File (MSF) in section B1.

### Findings:

Evidence was found during the Compliance Review that there is a high degree of incident reporting throughout all parts of the Council. Further, there was a generally high awareness amongst operational staff and management of the need to report events as they occur. The Accl (inc. Viol) form appeared fit for purpose and generally easy to use.

However the evidence collated was considerably weaker when it came to ensuring that remedial actions were carried out after events and there appeared to be no coherent formal follow-up system or SMART<sup>3</sup> delegated action processes that were consistent across the Council. In certain departments, actions were monitored by management committees and a degree of oversight was present, but overall it was often difficult to track specific responses to a level that would completely satisfy current legislation and the regulator.

During the course of this Compliance Review, one particular incident involving a serious injury to a member of staff during a routine operational task was tracked for audit purposes. Although the Operational Management had quickly responded in flagging the incident up through the appropriate channels via an Accl report and the H&S Section had duly lodged a RIDDOR F2508 report, the conclusions and remedial actions that ensued where, at best, undirected and weak. It was also discovered that, surprisingly, this incident had not been notified to Senior Management for consideration until the date of the commencement of the compliance review, some 3 months after the occurrence.

Further, informal interview evidence suggests that this failure to follow-up incidents in a consistent and timely manner is not uncommon and the current system lacks some vigour and drive by the Operational Management and the H&S Section.

Although it was commonly stated that individual H&S Co-ordinators and Advisors gave pertinent advice, it was felt by some managers that it was sometimes unclear where lines

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<sup>3</sup> Specific, Measurable, Achievable, Realistic & Time-Constrained

of responsibility finished and ended between themselves and the Health & Safety Section and wished clarification of these areas.

Conversely, it is apparent that some managers have relied too heavily in the past on H&S resolving issues for them and may have failed to realise that ownership and completion of remedial issues lies with them and not wholly on the H&S Section.

The present position, as to incident investigation & procedure, seems to be that *'a lot comes in, but it's unclear where actions come out'* and this situation should be remedied as a matter of priority.

#### **Recommendations:**

It is recommended that Executive Management instruct the H&S Manager, Departmental Heads and Safety Committee Chairs (where applicable) to develop a coherent, simple and Council-wide flagging & monitoring system to identify those incidents where remedial actions are necessary and to task individuals to ensure actions are instigated, implemented and completed.

It is recommended that the system assigns SMART targets linked to individual Operational Managers and H&S Co-ordinators; and these are monitored at senior levels for milestones and compliance, in particular Department Management Teams, and Chief Executive's Strategy Group.

A concise monthly summary of completed and outstanding actions and progress against targets should be formulated, populated and circulated by the H&S Manager to all Senior Managers.

The above SMART system should make provision for and monitor, where necessary, the need to implement Intermediary Containment Measures (ICMs) and Permanent Corrective Measures (PCMs) following incidents. ICMs in particular should be regularly reviewed using risk based criteria for suitability and length of continuance. Although it is understood that PCMs may be delayed because of the need, for example, of substantial capital expenditure; the assumption should be in-built into the SMART targets that as soon as reasonably practicable temporary measures must be replaced and PCMs must be brought into effect.

In order to raise H&S awareness throughout the Council, it is further suggested that the success or failure of meeting SMART targets be indicated in Sectional KPIs.

Sectional KPIs should be agreed and should be reported through the Council's Electronic Performance Management System, CorVu. This would provide readily available performance information to Senior Management. Further to this, agreed indicators could

be included in the Chief Executive's and Executive Director monthly performance reports.

**Actions to be taken:**

No.	Action to be taken	Priority
1.2.1	H&S Manager to develop a SMART system to monitor actions to be taken after the conclusion of incident investigations. Intermediary Containment Measures (ICMs) and Permanent Corrective Measures (PCMs) should be included within the system.	A
1.2.2	H&S Manager to develop a monthly report for circulation to senior management (see Critical Friend Analysis (CFA) recommendations below) that would include outstanding actions and progress against SMART targets.	B
1.2.3	H&S Section to incorporate SMART into H&S Section periodic audit cycle.	C
1.2.4	H&S Manager to develop a system for internal monitoring of allocation of H&S personnel to assist departments for use-monitoring & statistical collection purposes.	C
1.2.5	Senior management to consider implementing the meeting of SMART targets as a departmental measurable.	C
1.2.6	H&S Section to develop a simple help/guidance sheet on what services and value the H&S Section can provide to assist operational management complete SMART actions.	D
1.2.7	Sectional KPI's should be agreed and should be reported through the Council's Electronic Performance Management System.	D

## 1.3 Working at Heights

### Legislative requirement:

Working at Heights is principally covered under the Health & Safety at Work etc. Act 1974, Management of Health & Safety at Work Regulations 1999 and the Working at Height Regulations 2005.

Reference to Working at Height, including an attendant ladder inspection scheme can be found in the MSF at ss. B18 & B10 respectively.

### Findings:

Interview and observational evidence suggests that working at height has a high visibility amongst both workforce and management.

All persons interviewed claimed to be aware of the risk assessment requirements and also showed awareness of the ladder inspection scheme.

Although this degree of awareness may be driven by the 'blitz' carried out by the H&S Section in June this year and also by the fatal incident that occurred in April; it is suggested that ways are found to capitalise on this and keep momentum in this difficult to manage area.

However it should be noted that in one audit document examined, an employee was alleged to have his own non-sanctioned and untested ladder equipment on site.<sup>4</sup>

Further, although a minor breach, during an inspection of a Building & Works depot, several potentially fragile roofs were found to be without the required hazard signage and in one building a mezzanine floor was found in an unguarded state, although it must be emphasised there was no sign of recent activity in that particular area.<sup>5</sup>

### Recommendations:

It is recommended that the Health & Safety Section devise a communications campaign to ensure that working at height is kept as a forefront hazard in the consciousness of the workforce.

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<sup>4</sup> This issue by the time of the Compliance Review had been resolved. The employee was counselled on the necessity of the using the right equipment and the issue flagged to Operational Management

<sup>5</sup> This was highlighted to local management at the time of the Compliance Review and assurance was given that the issue would be resolved.

Random inspections and audits should continue to be undertaken by both the H&S Section and management to ensure good compliance with procedures.

Compliance with standards or otherwise could conceivably form the basis of a safety indicator within a system of performance management. (see section 2.1.1)

**Actions to be taken:**

No.	Action to be taken	Priority
1.3.1	Random inspections by management & H&S Section continue to be undertaken	A
1.3.2	Development of an indicator for Working at Heights to be undertaken by the H&S Manager	B
1.3.3	H&S Section to develop a communications campaign to ensure ongoing compliance	D

## 1.4 Occupational Stress

### Legislative requirement:

The Health & Safety at Work etc. Act 1974 and Management of Health & Safety at Work Regulations 1999, implementing European Framework Directive 89/391, require employers to ensure the health of workers as well as their safety, so far as reasonably practicable. HSE has determined the interpretation of 'health' within the aforementioned legislation as incorporating both mind and body.

The current MSF reference for Stress is B25. This is also connected to B19- Violence at Work.

### Findings:

Stress is a major cause of worker absence within East Ayrshire Council. Quarterly Occupational Health Reports provide analysis of reasons for referral, including details of whether stress related absences are work related, non work related or potentially both.

The Council currently has a stress policy in place and provision for actions to be taken, such as job rotation, or redeployment, in identified circumstances.

Further, the H&S Section is currently trialing new Occupational Stress standards following the HSE's guidelines set out in HSG218 'Managing the Causes of Work-Related Stress'. This is currently ongoing in ESS and will be rolled out across all Departments and Services.

It was noted that several persons interviewed within the educational sectors felt that the HSG 218 was not fitted well to a teacher's work day and that the report had raised some 'false positives', which could potentially be problematic. This may be due to the structure of the HSG 218 initial interview forms that ask, for example; "Can you get a drink or eat when you like?", obviously this would not be the case during a normal teaching session. This, in the HSG 218 methodology, may be seen as a 'control' issue and therefore raised as a potential stressor.

**Recommendations:**

It is recommended that the Health & Safety Section continue with the roll-out of HSG 218 across the whole of the Council.

A Corporate Absence Monitoring Group is in place and consists of representatives from across the Council. The group has a key role in examining absences across the organisation, including those absences related to stress.

**Actions to be taken:**

No.	Action to be taken	Priority
1.4.1	Health & Safety Section to continue roll-out of HSG 218	B
1.4.2	Corporate Absence Monitoring Group to continue examining absences	C

## 1.5 Control of Contractors

### Legislative requirement:

The Health & Safety at Work etc. Act 1974 and Management of Health & Safety at Work Regulations 1999, require employers to ensure the health and safety of workers other than their employees, so far as reasonably practicable.

Other legislation, for example, Construction Design & Management Regulations (CDM) 2007, further expands upon this duty.

Surprisingly, no reference can be found to the Control of Contractors in the MSF.

### Findings:

In contractor control two important components to be considered are the pre-competency checking of contractors to make sure they are proposing to work within their professional & experiential boundaries and secondly, the ongoing monitoring function that an employer must do to ensure that contractors are be working within both scope and method previously agreed.

Contractor control currently within the Council is problematic due to the large numbers of contractors used throughout the Council's many services and service elements.

Ostensibly, contractors can be selected through agreements with other Councils in a 'preferred contractor' scheme and there is provision within the Council for contractors to be pre-screened for competence through the Procurement Section; although the competence of those assessing contractor tenders, for example, whether they possessed a good degree of health & safety knowledge to judge contractor risk assessments or method statements could not be quantified and therefore merits further review.

Further, the Council also has a dedicated member of staff who acts as both competency checker and CDM Co-ordinator for CDM building projects.

However, the evidence is considerably weaker when it comes to demonstrating the 'monitoring' function the Council needs to exercise over contractor work.

Interview and documentary evidence suggests that the monitoring of contractors is at best ad-hoc and, at worst, in the opinion of several interviewees 'non-existent'.

There was also an acknowledgement by several interviewees that contractor work was sometimes checked for quality, but they did not believe that regular checks were done for compliance with pre-agreed safe systems of work.

Although punitive measures can be implemented for those contractors who are caught working unsafely, the lack of a truly coherent monitoring system means that often action is taken after an incident has occurred or there has been some other intervention; this places the Council in a purely reactive framework.

Although it simply would not be reasonably practicable for every contractor used by the Council to be checked on every job, some form of recurrent risk-based monitoring system is needed to establish the degree of compliance of contractors with their stated operational procedures.

#### **Recommendations:**

It is recommended that the Health & Safety Section devise a system for the monitoring of Council contractors. Some general elements of this system may be devolved to Operational Managers or operators within individual departments, but the administration, audit and sanction should be owned by the H&S Section.

Operational Managers should submit planned contractor works for the following week to the H&S Section by mid-day Fridays.

Emergency works involving contractors should be reported to the H&S Section as soon as practicable.

The H&S Co-ordinators should be tasked to inspect a fixed percentage of contractors within their areas of responsibility per week, whether the works are permanent or transient.

Contractor Inspections should check for compliance with stated operational methodologies and general safety and should form part of a safety measurable and the H&S Section's KPIs.

Amended contractual enforcement powers should be considered apart from the Immediate Action Notice, for example, a lesser 'improvement notice' for low risk infractions or where systemic improvement may be required.

A code of conduct for the issue and follow up of these notices should be drafted by the H&S Manager and this should integrate into current punitive measures for contractor failure.

Any issue of an enforcement notice should be considered as a measurable and the aforementioned notice should be extended against Council departments if a degree of culpability attaches.

Formal training, if not already undertaken, should be considered for those persons sanctioning contractor work at the pre-tender stage. This should include general (and specialist, if appropriate) health & safety methodology, risk assessment, health & safety policy and method statement appreciation. This should be developed, maintained and owned by the H&S Section (see 1.1, supra)

Actions to be taken:

No.	Action to be taken	Priority
1.5.1	The H&S Section to develop a system for contractor management, including; official forms; permitary requirements as needed; audit actions for deviation including tolerance levels and process flow for issuing of enforcement actions	A
1.5.2	An inclusion of the above within the MSF	A
1.5.3	Operational management to submit planned contractor work to H&S Section weekly. Arrangements should be made to include notification for emergency works.	A
1.5.4	H&S Manager to ensure H&S Co-ordinators have assigned a fixed percentage of contractor inspection as part of their weekly works schedule. H&S Advisors to administer the system on a weekly basis.	A
1.5.5	Executive to consider introduction of an 'improvement notice' system, applicable to contractors and Council departments to ensure compliance and continual improvement.	B
1.5.6	H&S Manager to devise an internal H&S Section system & guidelines for the issuing of enhanced enforcement actions.	B
1.5.7	H&S Manager to devise measurables for contractor compliance, co-ordinator inspections and issuing of enforcement notices.	B
1.5.8	The H&S Section to develop a training programme for those sanctioning contractor work, with emphasis on H&S methodology, policy, risk assessment & method statement assessment. This should include a through comprehension assessment at course end.	B
1.5.9	Process maps to be devised for choosing, maintaining and dismissing contractors	C

## 1.6 Vehicle Control & Movement

### Legislative requirement:

The Health & Safety at Work etc. Act 1974, Management of Health & Safety at Work Regulations 1999 and in particular regs. 12 & 17 Workplace (Health, Safety & Welfare) Regulations 1992, require employers to ensure that vehicle movements within work areas are kept controlled.

The general requirements of the HSWA 1974 & MHSWR 1999 have also been interpreted to mean that employers should also consider 'work-related' road risk for employees if travelling on public roads in relation to their occupation.

There is a vehicle policy in B21 of the MSF.

### Findings:

Current guidance from the HSE and the Department of Transport (*inter alia*, INDG 382 Driving at Work- Managing Work Related Road Safety and HSG 136- Workplace Transport Safety) recommends that a risk assessment methodology is applied to all vehicle movement whether on Council property or on the public road.

Evidence suggests that Council departments comply with this practice and there appears to be a high level of awareness amongst operational management of the need for vehicle control.

Further evidence also suggests that methodology recommended by the HSE, for example, consideration regarding the suitability of vehicles; i.e. fleet requirements for Building & Works and mini-excavator choice for Cemeteries, is being actively considered.

In accordance with the requirements of Council policy in the MSF, those employees required to drive Council vehicles may only do so if in possession of a Council Vehicle Driver's Permit issued by the Transport Services Unit.

This places restrictions on vehicle usage, examines current licence status of individuals and includes best practice, for example, vehicle start up checks. Drivers who do not use Council vehicles, but use their own for work purposes must submit their vehicles MOT, insurance and road tax details as well as their own licence details for consideration.

**Recommendations:**

During interviews, it was suggested that there may be some employees who drive for a substantial proportion of their working day (over 2-3+ hours per day), for example personal carers and some workers in rural areas.

While the Council has a program of driver training already in place in house, it is recommended that the Council review this provision to identify any gaps and to take appropriate action to address those gaps.

Further, is recommended that operational management encourage such employees driving in excess of 2-3+ hours to keep a log of driving hours for examination by the H&S Section to help assess whether further training or job amendment is needed to ensure individual safety.

**Actions to be taken:**

No.	Action to be taken	Priority
1.6.1	The Council should review the provision of in house driver training to identify any gaps and implement appropriate actions to address those gaps.	C
1.6.2	Consideration to be given to identifying workers who drive in excess of 2-3 hours per day. Employees identified ( <i>supra</i> ) should keep a driving hours log for inspection by the H&S Section.	D

## Section 2 Critical Friend Analysis

## Preface

The spirit of the Critical Friend Analysis is that of '*a friend who asks the difficult questions*' and is designed to act as an aid to improvement and point out alternatives where they appear.

Information was gathered for the Critical Friend Analysis over a period between 20<sup>th</sup> and 31<sup>st</sup> July 2009.

Interviews were conducted on an informal and wide-ranging basis, giving parties the opportunity to express their views frankly and in confidence.

The following is a series of recommendations based on the information gathered during the Critical Friend Analysis and how, in the author's opinion, that information could best be applied on an Operational and Section basis.

Thanks is given to all those who participated and candidly shared their views, thoughts and feelings.

## Recommended Operational & Sectional Changes

Analysis by the author of this report suggests that several revisions to operations are recommended to enhance the health & safety function within East Ayrshire Council.

The following is suggested to assist:

### 2.1) Senior Management Information

A frustration frequently raised by management was the lack of information concerning health & safety function given to them by the Health & Safety Section.

Examination seems to indicate that although data is produced, its format is not user friendly, lacks useful analysis and fails often to highlight pertinent trends and facts.

It is therefore suggested that Senior Management should be issued on a monthly basis with a summary H&S report:

- I. This should be developed by the H&S Manager and be maintained and issued by H&S Advisors;
- II. It should fill no more than a single side of A4 paper;
- III. It should include:
  - a. Safety measurables/ per month by department
  - b. £ cost per department per month/cumulative yearly
  - c. Notifiable Incidents
  - d. Notable near-misses
  - e. Current projects running & progress against milestones
  - f. Horizon scanning for new legislation, topics of interest etc.

### **2.1.1 Safety Measurables**

Consideration should be given to all departments within the Council being subject to safety measurables. This will allow the ongoing monitoring of departmental performance by senior management, ensuring that consistent progress is being made towards meeting targets and implementing a continuing improvement philosophy.

This approach is consistent with the requirements of HSG 65, the HSE preferred safety management model. As the Council is currently committed to pursuing this model as a safety management system, thought should be given to the introduction of such performance related targets as a matter of priority.

Safety performance measurements should be developed by a combination of the Health & Safety Section, Operational Management, operatives and trade union safety representatives, in conjunction with appropriate departmental and corporate groups. Where there are gaps in these arrangements, appropriate forums should be established. This is to ensure complete ownership of the safety performance measurements by all parties involved in their achievement.

### **2.1.2 Proactive & Reactive Monitoring**

For example, a simple system would involve analysis by the Health & Safety Section of recent incidents or trends that could point to topics that need to be monitored by departments.

From this information it would be relatively simple to develop proactive and reactive targets to be achieved, for example, a target subject is chosen on the basis of its frequency or risk potential within a particular department; in order to develop a valid measurement, a baseline should be established, this information could be discerned from incident reports and historical documentation.

Once a baseline has been established and either a qualitative or quantitative measurement placed upon it, proactive and reactive measurements can be applied.

In a general capacity this could be, for example, manual handling, which would be applicable to most Council functions in some degree.

Proactive measurements could be how many staff have been trained in a department for manual handling; how many workplace inspections have been undertaken by both H&S staff (and also operational management) that encompass manual handling, how many toolbox talks have been conducted and what the general standard of compliance with manual handling standards are like during inspections.

Reactive measurement would involve manual handling incidents and injuries; length of time of worker absence and internal enforcement notices issued or intervention by an external body, for example, the HSE.

The establishment of a prior baseline also makes it possible to attach departmental performance improvement targets to the chosen subject; improvement targets should again be SMART in application, for example a 5% year-on-year improvement is more likely to be achieved than a one-off 25% improvement demand.

### **2.1.3 Visual Display**

Whichever metric system is chosen it is vital that senior and operational management are given some form of visual display to enhance understanding. A simple active/ reactive measure plot graph or bar scale would suffice in many instances.

It must be understood however, that good analysis is key to such a system to prevent erroneous conclusions and potential waste of resources.

## 2.1.4 Economic Cost per Department

Another metric that can prove highly useful is the concept of “dollar” cost per department. This is a monetary tracking system that assigns a tangible cost against incident type and is monitored on a monthly and yearly cumulative basis.

To establish a suitable baseline for cost monitoring, the average salary across the Council should be established, with smoothing put in place for the highest and lowest earners. Once this has been done (if desired, it can be completed department by department for greater degree of accuracy) the average cost of incidents to the council can be established. Often, these are rated in terms of first aid only incidents, RIDDOR incidents, and monthly absence. The principle behind the system is that the cost is logarithmic rather than linear, so that a RIDDOR incident (over three days) is more expensive than a simple first aid incident; monthly absences are more expensive still, as the system acknowledges the loss of resource of the person, the costs needed to cover their current workload, and where appropriate, the effect it will have on staff morale.

This type of system tends to concentrate operational manager’s minds as it focuses on the cost of an incident and the tangible effect it can have on budgets.

Once again, it is relatively simple to set a SMART target per department as a metric.

No.	Action to be taken	Priority
2.1.1	Safety Manager to establish a set of measurable achievements and outcomes for all departments	A
2.1.2	In conjunction with 2.1.1 above, H&S measurables should contain both proactive and reactive indicators to develop an holistic view of Council H&S performance	A
2.1.3	H&S Section to develop user friendly visual indicators for 2.1.2 above, suitable for interpretation by non-H&S professionals	B
2.1.4	Some thought should be given to developing a cost analysis system for incidents and near-misses across the Council	C

## 2.2 Development of Standard Operating Procedures

A consistent topic raised by Operational Management was the application of the master safety files. Concerns were raised over the general usefulness and usability of this document; many failed to realise that these were corporate standards and not procedural manuals. When this was highlighted, it became clear that there was a wish for more user-friendly guidance.

It is recommended that the Council undertakes a programme to develop standard operating procedures, where necessary.

Standard operating procedures, differ from risk assessments and the master safety file in that they give concise and targeted advice in a format that will be easily understood by most operatives. Such standard operating procedures should be developed in conjunction with Operational Management, the Health & Safety Section, operatives and Trade Union safety representatives; this is to ensure that all stakeholders to the Council "buy in" to the system that is being developed and to which operatives must adhere. This has a beneficial effect of gaining first-hand knowledge from the people who actually conduct the operations, with the necessary legal and technical oversight being provided by the Health & Safety Section. Often, this also has a beneficial side effect of creating "a self policing" system, with peer pressure being applied to those individuals who seek to deviate from the agreed system.

The standard operating procedures should be in an easily transportable format, for example an A6 laminated sheet and should seek to cover in simple terms, the necessary steps to complete a routine job safely, in essence, the safe system of work is built into the system.

Some work has already been conducted on this, and topic cards, which are similar to the process described above are being developed in the Community Care Service with the assistance of the Departmental H&S Co-ordinator.

No.	Action to be taken	Priority
2.2	H&S Section should undertake a programme to help Operational Management develop Standard Operating Procedures, where necessary.	A

## 2.3 Point of work risk assessments

In certain scenarios, a standard operating procedure may not be applicable or easily introduced. In particular, this is most likely to occur in Building and Works and potentially, community care or housing functions.

The point of work risk assessment (POWRA) is a complementary methodology that would be useful in these scenarios, although it must be stressed that a greater degree of training is needed to use them successfully.

POWRAs take the form of an A6 pad that is carried by operatives during their daily work. Operatives work to their normal standard operating procedures where possible, but where this cannot be done a POWRA is completed to ensure the proper thought has been given to dynamic risk assessment best suited to this scenario being faced.

An advantage of the POWRA is that it causes an operative to pause before proceeding in an unfamiliar or non-routine scenario, which negates a major cause of incidents in such situations. The POWRAs can also be analysed by the Health & Safety Section to see if amendments can be made to current standard operating procedures.

No.	Action to be taken	Priority
2.3	H&S Section should undertake a programme to help Operational Management develop Point of Work Risk Assessments where necessary.	B

## 2.4 General recommendations

It is recommended that the Health & Safety Section undergo a revitalising programme.

This would include amongst other things, the redefining of the values and role of the Section and individuals within it.

Thought should be given to the ways in which the team can be reinvigorated and the esprit du corps developed.

The following is a list of those things, which in the author's opinion, would assist in this process.

### 2.4.1 Team building

- (a) It is recommended that the health and safety team are placed in one area as a matter of priority; currently the team is divergent and this may be partly due to its general split in location. Placing the team in one office will allow the members to communicate with like-minded professionals and to share information, ideas and best practice.
- (b) There should be a team meeting once a week, chaired by the Health & Safety Manager that all members of the health and safety team, barring illness or holiday, must attend. It is recommended that this is held on Monday mornings to discuss the work ahead in the coming week and any issues that may have occurred the previous week.
- (c) A further management meeting between the H&S Manager and the H&S Advisors should also be conducted on a weekly basis, to discuss progress against targets for projects and KPIs and issues that may arise concerning the Co-ordinators.
- (d) There should be a presumption that the health and safety office is all team members constant base and even if they are working away in a depot or service installation for a few days or weeks, they will return back to the health and safety office for meetings, report writing etc.
- (e) It would be beneficial to engage in a teambuilding exercise, this should be done outside the work environment and concentrate on core values and ideas that can be shared.
- (f) A beneficial exercise would also be to look at the roles of each individual team member; it is clear the clarification is needed for both team

members and Operational Management to know what service and value the Health & Safety Section can provide.

- (g) The Health & Safety Manager should be tasked to redefine the roles of the individual team members and assign KPI's to ensure that these roles are being completed.

No.	Action to be taken	Priority
2.4.1	Placement of H&S team in one area Weekly H&S meeting with full team to be scheduled Weekly operational meeting with H&S Advisors to be scheduled Team building exercise including role clarification to be carried out	A

### 2.4.2 Job Rotation

- (a) Although some Health & Safety Section team members expressed reluctance at the thought of job rotation, i.e. being moved between different areas of the Council, it is recommended that this policy is pursued on a 2-3 yearly basis. Although some team members thought they already had the requisite skills and abilities, the Council as a whole would benefit from fresh perspective. This would also address the issue, that although most of the Co-ordinators are experienced, some do appear to have gaps in their knowledge and job rotation and greater exposure to varying degrees of risk and hazard would help with this. The perspective should be that of corporate & strategic necessity, not of individual wants.
- (b) It is recommended however, that a delay should be put on pending rotations until team-building has commenced.

No.	Action to be taken	Priority
2.4.2	Health & Safety Section team members, in particular the Co-ordinators should be rotated into various areas of the Council on a 2-3 yearly basis	C

### 2.4.3 Health & Safety Advisors

- (a) It is recommended that this revitalisation takes into account that the Health & Safety Advisor position is a senior role and Operational Management should be made aware of this. It is therefore logical that their function becomes more of a team management position as well as using their skill sets to deal with more complex scenarios and investigations. This would mean in essence, less time spent in the field and a greater degree of their time pursuing topics, training and programmes as assigned by the Health & Safety Manager.
- (b) Advisors working on projects would be expected to present to the Health & Safety Manager the progress of projects according to predetermine milestones.
- (c) It is also recommended that the Advisors, replicate duties across their areas of responsibility, that would mean they are all responsible for statistical compilation, all are responsible for analysis etc. This would help redress any perceived imbalance of responsibility and help develop fully rounded skill sets.

- (d) It would also be expected that the Advisors would help in the compilation of executive reports, attend Service level committees; conduct departmental level audits and be involved in major/moderate level investigations as team leaders.
- (e) Although the Advisors will be responsible for the day-to-day running and organisation of the co-ordinated teams under their remit, it must be emphasised that the management of the Section, including the ability to override Advisor decisions, lies firmly within the purview of the Health & Safety Manager.

No.	Action to be taken	Priority
2.4.3	Advisors to develop a system for presenting to H&S Manager project milestones, resource expectations and timescales  Advisors to begin to duplicate functions across all areas of responsibility	B

#### 2.4.4 Health & Safety Co-ordinators

- (a) It is recommended that the H&S Co-ordinators position is reassessed. The emphasis on the Co-ordinators should be far more frontline, with an expectation of each co-ordinator spending 3 to 4 days out of the office and in the field. Although some training function should be kept for overall co-ordinator development, it should not be more than 10 to 15% of their overall time and should deal with operational "front-line topics".
- (b) It is the author's opinion that the Co-ordinators could be better utilised in a hybrid role, providing help, guidance and support to Operational Management and also providing more of an "enforcement" role. A significant degree of the Co-ordinators time should be spent in site visits, contractor inspections and site audits. As discussed previously in the report, enhanced internal powers should be delegated, for example improvement notices, to the Co-ordinators to provide a lower-level official mechanism for compliance.
- (c) The Co-ordinators should also attend departmental health and safety groups as appropriate.
- (d) The Co-ordinators will be involved in general level investigations and will be tasked via SMART targets to help Operational Management put remedial measures into place.
- (e) The Health & Safety Manager assisted by the Health & Safety Advisors should develop KPI's to help monitor Co-ordinator performance.
- (f) Co-ordinators who currently have a specialised role, for example the establishment and maintenance of databases, should ensure that their Advisor is kept up to date in this usage and this function should eventually be subsumed by the Advisor, to free the Co-ordinator for more front-line duties.

No.	Action to be taken	Priority
2.4.4	<p>Co-ordinators to be developed into a more 'front-line' position</p> <p>Development of Co-ordinator responsibilities and KPI's to be undertaken by H&amp;S Manager and Advisors</p> <p>Consideration to be given to expanded Co-ordinator powers of enforcement and audit</p> <p>( see 1.5.5 above)</p> <p>Specialised Co-ordinator roles to be absorbed by Advisor to free up personnel</p>	B

## Further Recommendations

### Strategic Management of Health & Safety Section

- (a) It is recommended for an interim period of 6-12 months consideration be given to the Deputy Chief Executive assuming direct responsibility for exercising strategic responsibility for delivering on the recommendations contained in this report and accompanying Improvement Plan. This would have the benefit of raising the profile of health & safety within the Council and give added recognition towards the cultural improvement of this subject.

### Chief Executive's Award

- (a) It is recommended that the Chief Executive establish a specific award for health and safety achievement within East Ayrshire Council.
- (b) This award would not necessarily be given to the Department or team with the "lowest" incident rates, as logically there are areas within the Council which by their very nature are likely to be extremely low risk; rather the award will be given for either innovation, substantial improvement or greatest addition to health and safety culture within the organisation.
- (c) It should be supported by Senior Management and Elected Members and seen to be a prestigious achievement.

## Health & Safety Section Resources

- (a) It is recommended that consideration be given to bringing new resource into the Health & Safety Section, in particular the appointment of two additional Health and Safety Co-ordinators. This is to ensure that workload of the Section is achieved, and that service to the council is delivered at a premier level. This may also have the added benefit of breaking up any cliques formed and redistributing any perceived imbalances in team structure and authority.
- (b) It is further recommended that further resource in the form of a general administrator be assigned to the Health & Safety Section. Currently a substantial proportion of the Co-ordinators' time is subsumed by general paperwork and data input. In accordance with the recommendation above, better use of the Co-ordinators time could be achieved by hiring an administrator.

## Conclusion

It should be emphasised that in many ways the Health & Safety Section is currently providing a good degree of service to its customers within the Council.

The Health & Safety Section should seek to redefine itself as a Council function that provides good quality advice, swift service and value to its customers, however it should be remembered by all Council departments that it retains a "policing" function as well, and that failure to adhere to agreed standards whether at a departmental or personal level may have considerable repercussions.

Given the current situation, it is imperative that the Health & Safety Section is revitalised and rediscovers its purpose; the answer however, does not lie wholly within the remit of the Health & Safety Section as evidence suggests, that although there is strong levels of support for the improvement of health and safety culture within the Executive, this view is not necessarily reflected at Organisational Management levels and action should be taken by Senior Management to ensure the continued emphasis on the need for good health and safety practice within East Ayrshire Council.

Peter Ralston November 2009

**EAST AYRSHIRE COUNCIL**

**APPENDIX 2**

**HEALTH AND SAFETY IMPROVEMENT PLAN**

The improvement plan reflects recommendations made by Peter Ralston in his report on the Council's Health and Safety arrangements. It is set in two parts. The first addresses issues raised as part of the compliance audit part of the review and the second the critical friend assessment of the Health and Safety Section.

<b>SECTION 1 – COMPLIANCE REVIEW</b>				
<b>No</b>	<b>Recommendation/Action</b>	<b>Lead Officer</b>	<b>Priority – Timescale (A= Highest – D = Lowest)</b>	<b>Progress / Target date</b>
<b>1.</b>	<b>Safety Training for Staff</b>			
1.1	Training needs analysis to be undertaken to identify mandatory and recommended training criteria. Priority should be given to departmental needs on a risk based scale with the high risk areas and tasks being completed first.	Corporate Safety Advisors in conjunction with Departmental Learning & Development Officers	A	This has been completed for Educational and Social Services (ESS) and is being used within that Service. Corporate Safety Advisors are working with all other departments to achieve completion of training needs analyses within those Departments.  Completion - end February 2010
1.2	A standard training matrix should be designed for deployment across the Council. It should be easy to use and should include both mandatory and recommended criteria per job grade. Standard colour coding should be introduced.	Corporate Safety Advisors in conjunction with Departmental Learning & Development Officers	B	This has been completed for ESS and is being used within that Service. Corporate Safety Advisors are working with all other departments to achieve adoption of the matrix within those Departments.  Completion - end February 2010

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
1.3	Instigate a training course development programme and develop a H&S training provision within the H&S Section. This should include co-option of ad-hoc personnel as discussed above and identification of assets.	H&S Advisors	B	<p>This has been developed and is in use within Building and Works where the Trade Unions are assisting by providing Construction Skills Certification Scheme (CSCS Card) training for operators / tradesmen. This scheme is a Construction Industry Standard.</p> <p>Work will continue within the Health and Safety Section to utilise the same approach in other Departments.</p> <p>Completion - end April 2010</p>
1.4	Criteria for the design of courses should be developed.	H&S Advisors	B	<p>Develop as Work Instructions under ISO 9001:2008.</p> <p><b>Achieved</b> - this has been completed and will be used in the development of future training.</p>
1.5	Milestones and project markers should be established to ensure delivery.	H&S Advisors	B	<p><b>Achieved</b> - as per 1.4 above.</p>
1.6	Delivery of the training needs programme should be a KPI measurable for the H&S Section & operational management.	H&S Manager	C	<p>KPIs are currently being developed and will be tied in with Service and Corporate requirements.</p> <p>Completion - end February 2010</p>

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
1.7	A monitoring system to ensure quality & suitability of courses and trainers should be developed.	H&S Advisors	C	Current arrangements are in place and these will be augmented in consultation with the Organisational Development Manager.  Completion – end January 2010
1.8	Random and periodic audits of courses and feedback should be implemented.	H&S Manager	D	Current arrangements are in place and these will be augmented in consultation with the Organisational Development Manager.  Completion – end January 2010

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
<b>2.</b>	<b>Incident Investigation and Procedure</b>			
2.1	H&S Manager to develop a SMART system to monitor actions to be taken after the conclusion of incident investigations. Intermediate Containment Measures (ICMs) and Permanent Corrective Measures (PCMs) should be included within the system.	H&S Manager	A	Work in respect of these matters is in progress.  Completion - end January 2010
2.2	H&S Manager to develop a monthly report for circulation to senior management that would include outstanding actions and progress against SMART targets.	H&S Manager	B	A reporting system is being developed.  Completion – end January 2010
2.3	H&S Section to incorporate SMART system into H&S Section periodic audit cycle.	H&S Manager	C	The current Audit Plan which is in place will be amended to include SMART measures.  Completion – end January 2010
2.4	H&S Manager to develop a system for internal monitoring of allocation of H&S personnel to assist departments for use-monitoring & statistical collection purposes.	H&S Manager	C	<b>Achieved</b> - H&S Section are now using a joint electronic diary giving clear visibility of activities which assists in the effective management and deployment of staffing resources.

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
2.5	Senior management to consider implementing the meeting of SMART targets as a departmental measurable.	Executive Directors	C	Discussions to be held with Executive Directors to ensure that proposals meet their requirements.  Completion – end March 2010
2.6	H&S Section to develop a simple help/guidance sheet on what services and value the H&S Section can provide to assist operational management complete SMART actions.	H&S Manager	D	Completion – end March 2010
2.7	Sectional KPI's should be agreed and should be reported through the Council's Electronic Performance Management System.	H&S Manager	D	Completion – end March 2010
<b>3.</b>	<b>Working at Heights</b>			
3.1	Random inspections by management and H&S Section to continue to be undertaken.	H&S Coordinators	A	<b>Achieved</b> - inspections by Senior Management are taking place on a monthly basis and by Health and Safety Section daily.
3.2	Development of an indicator for Working at Heights to be undertaken by the H&S Manager.	H&S Manager	B	<b>Achieved</b> - a check list has been produced to assist which will allow anyone auditing Working at Height to complete it. This then ascertains if the work is being carried out safely.
3.3	H&S Section to develop a communications campaign to ensure ongoing compliance.	H&S Manager	D	Completion – end March 2010

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
<b>4.</b>	<b>Occupational Stress</b>			
4.1	Consideration to be given to the H&S Section developing a Stress working committee to help investigate current or potential stress issues within EAC and to advise and promote general solutions.	Depute Chief Executive/Executive Director of Corporate Support H&S Manager	C	Draft Master Safety File Standard on Stress has been developed and is undergoing final revisions prior to roll out across the Council.  Completion - Mid December 2009  Refer also to 4.2 below.
4.2	Corporate Absence Monitoring Group to continue examining absences.	Depute Chief Executive/Executive Director of Corporate Support	C	<b>Achieved</b> - this group meets on a monthly basis and Stress is a standing Agenda item, with reports to Corporate Management Team.
<b>5.</b>	<b>Control of Contractors</b>			
5.1	The H&S Section to develop a system for contractor management, including; official forms; perimetry requirements as needed; audit actions for deviation including tolerance levels and process flow for issuing of enforcement actions.	H&S Manager	A	(a) Meetings have been arranged with key stakeholders. H&S Manager is developing a system which will be submitted to the Corporate Management Team for consideration.  Completion – end January 2010  (b) A report will be submitted to Cabinet in January proposing the use of The Contractors Health and Safety Assessment Scheme (CHAS) as a first stage contractor competency selector.  Completion – Implementation, if approved by Cabinet in February 2010, August/September 2010

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
5.2	An inclusion of Control of Contractors system in the Master Safety File (MSF).	H&S Manager	A	When system is approved it will be included in MSF.  Completion – end February 2010 (refer to item 5.1(a))
5.3	Operational management to submit planned contractor work to the H&S Section weekly. Arrangements should be made to include notification for emergency works.	Executive Directors H&S Manager	A	Current arrangements are in place and this will be augmented by the provision of a shared data base.  Completion – end January 2010
5.4	H&S Manager to ensure Co-ordinators to have assigned a fixed percentage of contractor inspections as part of their weekly works schedule. H&S Advisors to administer the system on a weekly basis.	H&S Manager	A	Current arrangements are being reviewed and refined with a view to full implementation.  Completion – end December 2009
5.5	Executive to consider introduction of an 'improvement notice' system, applicable to contractors and Council departments to ensure compliance and continual improvement.	H&S Manager	B	Completion – end March 2010
5.6	H&S Manager to devise an internal H&S Section system & guidelines for the issuing of enhanced enforcement actions.	H&S Manager	B	Refer to Item 5.1

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
5.7	H&S Manager to devise measurables for contractor compliance, coordinator inspections and issuing of enforcement notices.	H&S Manager	B	Refer to Item 5.1
5.8	The H&S Section to develop a training programme for those sanctioning contractor work, with emphasis on H&S methodology, policy, risk assessment & method statement assessment. This should include a thorough comprehension assessment at course end.	H&S Advisors H&S Manager Appropriate Departmental Senior Management	B	<p><b>Partly Achieved</b> - H&amp;S Advisors have reviewed the certificated courses available and have made recommendations on the most suitable course for this group of employees.</p> <p>Health and Safety Manager to ask appropriate Departmental Senior Management to consider training proposal.</p> <p>Completion – end December 2009</p>
5.9	Process maps to be devised for choosing, maintaining and dismissing contractors.	H&S Manager	C	Refer to Item 5.1
<b>6.</b>	<b>Vehicle Control &amp; Movement</b>			
6.1	The Council should review the provision of in house driver training to identify any gaps and implement appropriate actions to address those gaps.	H&S Advisors along with relevant Service managers	C	<p>Discussions to be held with the Transport Manager.</p> <p>Completion – end February 2010</p>

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
6.2	Consideration to be given to identifying workers who drive in excess of 2-3 hours per day. Employees identified should keep a driving hours log for inspection by the H&S Section.	All Employees H&S Coordinators	D	<b>Achieved</b> - vehicle logs are currently in use and are being audited.

## SECTION 2 – CRITICAL FRIEND ANALYSIS

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
<b>1.</b>	<b>Senior Management Information</b>			
1.1	Safety Manager to establish a set of measurable achievements and outcomes for all departments.	H&S Manager	A	Current statistical provision is being reviewed with a view to refining data collection, collation and analysis.  Completion – end March 2010
1.2	In conjunction with 1.1 above, H&S measurables should contain both proactive and reactive indicators to develop an holistic view of Council H&S performance.	H&S Manager	A	This will be completed in conjunction with 1.1.  Completion – end March 2010
1.3	H&S Section to develop user friendly visual indicators for 1.2 above, suitable for interpretation by non-H&S professionals.	H&S Manager	B	Completion – end June 2010
1.4	Some thought should be given to developing a cost analysis system for incidents and near-misses across the Council.	H&S Manager	C	A report on this matter will be submitted to the second quarterly meeting of the Chief Executive's Health and Safety Strategy Group.

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
<b>2.</b>	<b>Development of Standard Operating Procedures</b>			
2.1	H&S Section should undertake a programme to help Operational Management develop Standard Operating Procedures, where necessary.	H&S Manager H&S Advisors	A	Risk Assessment Protocol Cards (RAP), which are a variation of the Standard Operating Procedure, have been produced and issued to all employees within Building & Works. These will also be installed on the Personal Digital Assistants (PDA) used by operators in B&W by end December 2009. This methodology will be rolled out across all departments that require them.  Completion – end March 2010
<b>3.</b>	<b>Point of Work Risk Assessments</b>			
3.1	H&S Section should undertake a programme to help Operational Management develop Point of Work Risk Assessments where necessary.	H&S Manager	B	Where there is no Standard Operating Procedure a Point of Work Risk Assessment will be developed this can be accessed through an employee's supervisor, these will also be installed on the PDA.s used in B&W.  Training to undertake Point Of Work Risk Assessments will be provided through the arrangements outlined in Section 1.1 above.  Completion – end March 2010
<b>4.</b>	<b>General Recommendations – Health &amp; Safety Section</b>			
<b>4.1</b>	<b>Team Building</b>			
4.1.1	Placement of H& S team in one area.	Depute Chief Executive/Executive Director of Corporate Support	A	<b>Achieved</b> –all Health and Safety team members are located in Holmquarry House.
4.1.2	Weekly H&S meeting with full team to be scheduled.	H&S Manager	A	<b>Achieved</b>

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
4.1.3	Weekly operational meeting with H&S Advisors to be scheduled.	H&S Manager	A	<b>Achieved</b>
4.1.4	Team building exercise including role clarification to be carried out.	H&S Manager OD Manager	A	Health and Safety Manager and Organisational Development Manager will develop proposals and organise appropriate events.  Completion – end March 2010
<b>4.2</b>	<b>Job Rotation</b>			
4.2.1	Health & Safety Section team members, in particular the Co-ordinators, should be rotated into various areas of the Council on a 2-3 yearly basis.	H&S Manager in conjunction with Departmental Learning & Development Officer	C	<b>Partly achieved</b> - this has started with the rotation of 2 health and safety co-ordinators. Further rotation of team members will be carried out during 2010/2011.
<b>4.3</b>	<b>Health &amp; Safety Advisors</b>			
4.3.1	Advisors to develop a system for presenting to H&S Manager project milestones, resource expectations and timescales.	H&S Advisors	B	Health and Safety Advisors to present Health and Safety Manager with proposals.  Completion – end March 2010
4.3.2	Advisors to begin to duplicate functions across all areas of responsibility.	H&S Manager	B	This will be addressed through the review of job descriptions.  Completion – end January 2010
<b>4.4</b>	<b>Health &amp; Safety Co-ordinators</b>			

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
4.4.1	Co-ordinators to be developed into a more 'front-line' position.	H&S Manager	B	The role of the Health and Safety Co-ordinator will be enhanced through the review of the job description and revised additional arrangements.  Completion – end February 2010
4.4.2	Development of Co-ordinator responsibilities and KPI's to be undertaken by H&S Manager and Advisors.	H&S Manager	B	See 4.4.1 in respect of Co-ordinator responsibilities.  Completion – end February 2010
4.4.3	Consideration to be given to expanded Co-ordinator powers of enforcement and audit.	H&S Manager	B	This will be covered in the review of job descriptions along with the consideration of the introduction of an improvement notice system as outlined in recommendation Section 1, 5.5.  Completion – end February 2010
4.4.4	Specialised Co-ordinator roles to be absorbed by Advisor to free up personnel	H&S Manager	B	This will be addressed in the review of the Co-ordinator and Advisors job descriptions and the review of administrative support within the section.  Completion – end February 2010
<b>5.</b>	<b>Further Recommendations</b>			
5.1	Strategic management responsibility for delivering on Compliance Review and Critical Friend analysis along with the Improvement Plan be allocated to the Depute Chief Executive/Executive Director of Corporate Support for an interim period of 6 – 12 months.	Depute Chief Executive/Executive Director of Corporate Support	A	This recommendation will be implemented following the meeting of Cabinet on 2 December 2009, if approved.

No	Recommendation/Action	Lead Officer	Priority – Timescale (A= Highest – D = Lowest)	Progress / Target date
5.2	The Chief Executive should introduce a specific award for health and safety achievement within the Council.	H&S Manager	B	A report containing proposals for the recognition of health and safety achievement will be submitted to the first quarter meeting of the Chief Executive's Health and Safety Strategy Group.
5.3 (a)	Consideration should be given to the appointment of two additional Health and Safety Coordinators to ensure the workload of the section is achieved and that service to the Council is delivered at a premier level.	Depute Chief Executive/Executive Director of Corporate Support	-	This will be reviewed after completion of the Health and Safety Improvement Plan.
5.3 (b)	Consideration should be given to reviewing administrative provision within the H&S Section.	Depute Chief Executive/Executive Director of Corporate Support	-	This will be reviewed by end January 2010.

**25 November 2009**