

AGENDA ITEM:4.3

Page Nos: 35 - 45

Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
Subject	Adult Social Care and Health, Annual Health, Safety and Welfare Report for the year ending 30 September 2011
Report of Summary	Director of Adult Social Care and Health This report presents the Health, Safety and Welfare arrangements within Adult Social Care and Health for the year ending 30 September 2011.
Officer Contributors	Mathew Kendall, Assistant Director - Transformation and Resources, Adult Social Care and Health Andrew Hannon, Project Manager - Adult Social Care and Health Emily Bowler, Customer Care and Business Manager - Adult Social Care and Health
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	Appendix A – Adult Social Care and Health Annual Health, Safety and Welfare report for the year ending 30 September 2011
For decision by	Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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1. RECOMMENDATIONS

- 1.1. That the contents of the report and the attached Appendix A be noted.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The council is committed to improving its workforce safety, health and welfare. Section 7 of the Corporate Health and Safety at Work policy, July 2007 (revised December 2009), requires the preparation of Annual Health, Safety and Welfare reports.
- 3.2 All initiatives contained within this report contribute to the Corporate Plan whose objectives are to drive the delivery of the Council's aim of 'a successful London suburb'. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services for less money'.
- 3.3 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its duties under The Health and Safety at Work etc. Act 1974, whose aim is to ensure not only the protection of all who may be affected by the Council's activities, but also the participation of all stakeholders in that aim.

4. RISK MANAGEMENT ISSUES

- 4.1 There are grounds for possible legal challenge if the health and safety policy is not adhered to, possibly resulting in civil action, reputational damage, financial loss and disruption to the Adult Social Care and Health department.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Following the re-provision of the residential and day settings for people with learning disabilities, all new buildings are fully compliant with both Health and Safety legislation and the Equality Act 2011. All other Adult Social Care and Health accommodation is compliant with legislation.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance and Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Any cost arising from implementing and adhering to health and safety policies have been and will continue to be contained within existing resources in the Adult Social Care and Health budget.

7. LEGAL ISSUES

- 7.1 None save those contained within the body of the report.

8. CONSTITUTIONAL POWERS

- 8.1 Council Procedure Rules - Section 3 - Panels and Consultative Bodies - Appendix 2 - Constitution of the Corporate Health and Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

9. BACKGROUND INFORMATION

- 9.1 This Annual Report outlines the safety activities within Adult Social Care and Health for the period 1 October 2010 to 30 September 2011. It details the arrangements made, or being made, during the year for securing health, safety and welfare at work for the services and those affected by their work.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

Legal: LC
CFO: MC

APPENDIX A

DIRECTORATE ANNUAL HEALTH AND SAFETY REPORTS

A. DIRECTORATE INFORMATION

Directorate: Adult Social Care and Health (ASCH)

Report for Year ending (date): 30 September 2011

Outline of the key activities the Directorate performs: Social care and administrative

Number of Employees: 479 (permanent and fixed term)

Female 358

Male 121

B. THE REPORT

1. Update of previous year

a) *List targets identified on previous Annual Report and what action(s) have been taken to meet these.*

A range of actions for the In-house services have been achieved during this period:

Flower Lane

There was a range of Health and Safety Actions listed for Flower Lane (a specialist day service for adults with autism). The specification of the original doors was not suitable for the needs of the service and following discussions with Notting Hill Housing Group (NHHG), who own the building, the external rear fire door at Flower Lane has now been replaced with a more user-appropriate version, which is more durable. In addition, all rear doors were replaced as well as modifications made to the door restrictors to stop over extension of the doors.

Following the recommendations of the risk assessment, the push bar fire door has been replaced. The replacement door now has thick metal at the bottom and toughened glass on the top. The senior team at Flower Lane have attended fire warden training.

Valley Way

Removal of the paperwork has been completed by either archiving it or disposing of it. Monitoring is in place by the senior staff to ensure that paperwork does not mount up again. Workstation assessment and fire risk assessment have been reviewed to account for changes made in the office at Valley Way. Working at height issues and handling of paper work issues have been considered by management.

The Network

Risk assessments that were implemented during remedial works carried out have been monitored and a number of improvements have been identified. Fire and first aid needs have been identified and training arranged. All staff have been reminded to follow the procedures in regards to personal and premises safety. The Network have also raised awareness with their community access workers of working alone through training, supervision and staff meetings. All COSHH risk assessments have been reviewed.

A health and safety staff induction is ongoing for all staff to ensure that they are aware about health and safety arrangements in the premises. A post induction for staff has also been ongoing and monitored. The Safety audit policy at the Network has been reviewed and updated. The Lone Working arrangements have been reviewed and will be developed into a policy by January 2012. This will be signed off at the ASCH Health and Safety Network.

Agatha House

Weekly sessions have been established with the Barnet Supported Living Service Lead for Person Centred Planning and Accessibility to work towards all service user documents being converted to accessible formats.

Community Space

A new service has been created by merging the Community Support Team and The Space. All risk assessments reflecting their new activity has been implemented.

In-house services – general

The In-house services continue to review all policies and procedures to ensure they are all available and accessible by staff and that they are relevant and up to date

Discussions on accident and incident reporting were held in meetings between Safety, Health and Wellbeing (SHaW), the In-House Learning Disability Service Manager and an Adult Social Care and Health Project Manager. Following these discussions, no changes were made to the reporting process itself but staff were reminded of the need to log accidents and incidents.

New measures for accident reporting have been piloted as part of the Health and Safety Network. Upon review, it appeared that the new measures were creating additional work and paper, which was not compliant with Safety, Health and Wellbeing principles of recording the information required by the Council in a way that is practical. Thus, it was agreed to continue with the original process but to ensure that further awareness raising was undertaken with staff.

Incident figures are higher than other premises but these are no more than would be expected for this type of client group, many of whom have behavioural issues stemming from communication difficulties. The teams have appropriate control measures in place. It was also agreed and actioned that the service would carry out an accident reporting awareness campaign and update the local procedures for reporting accidents in ASCH.

All staff from 313 Ballards Lane have now relocated to North London Business Park and as such their Health and Safety is now included as part of the Service's responsibilities.

b) State how any Corporate and Directorate policies and initiatives have been implemented during the relevant report year.

Contractors (C6)

Following the detection of Legionella at two care homes, managers in Adult Social Care and Health with the responsibility for commissioning and monitoring adult care provision met with the Corporate Health and Safety Consultant. The Corporate Health and Consultant presented a Tool Kit, giving advice on the type, level and frequency of monitoring, and included checklists to help staff monitor compliance and standards.

Initial responses from the commissioning and monitoring managers affirmed that the proposed model could be reasonably introduced into ASCH. The Head of Strategic Commissioning and Supply Management has requested that a timeline which includes the provision of further feedback and implementation of the toolkit begins in December 2011. Ensuring that the toolkit is implemented forms one of the actions in this report for 2011-12.

The Tool Kit comprises:

- ASCH Contract Monitoring - Selection Process
- ASCH Contract Monitoring Model
- ASCH Risk Score Card
- ASCH Contract Monitoring - Overview
- Monitoring Template: Care at Home (other Templates have been created for Residential and Day Care Homes, Sheltered/Supported Living and Supported Living Extra Care; Equipment Providers; Other providers)

The Monitoring Templates are based upon the Care Monitoring Tool. These Health and Safety questions can be incorporated into other generic questions asked as part of the overall contract monitoring. The degree or depth of monitoring is dependent upon the risk to the Council and resources available i.e. what is reasonably practicable. The level of risk will be assessed by the use of a defined Risk Score Card and agreed by ASCH. This would be in addition to the reporting that would be required by the Contractor as part of their contract i.e. Health and Safety Performance Indicators. Again the degree of information received from the contractor would be dependent upon the level of risk.

The Contractor Monitoring Tool Kit is sufficiently robust and flexible to:

- be mapped to existing good practice
- take account of the number of properties and clients supported by the Council
- include non-health and safety criteria
- include input from other agencies
- develop and implement monitoring strategies commensurate with the risk to the authority

Directorate Annual Reports (C7)

The Service has continued to comply with the submission of an annual report to the Corporate Health and Safety Joint Negotiation Consultation Committee and has submitted this year's report in the updated format.

Display Screen Equipment (C15)

This has been included in conjunction with the Flexible Working workshops (as specified in the Corporate Health, Safety and Wellbeing policy for Flexible Working – see C22).

As part of The Accommodation Project (TAP), 18 desks more suitable for dual-screens have been ordered for members of staff who work using dual screens (1600cm desks as opposed to the 1400cm desks for staff with one screen).

Flexible Working (C22)

Between 12- 29 July, thirty-two induction sessions on flexible working were hosted by The Accommodation Project (TAP). Attendance at these sessions was mandatory and the majority of Adult Social Care and Health staff from North London Business Park and Barnet House attended a session. There were an additional four sessions hosted by TAP which were tailored specifically for team managers.

TAP Change Managers led the sessions. They gave a presentation on flexible working and held question and answer sessions. The sessions took place in a show-room type environment so that staff could see examples of flexible working in practice and were designed to give guidance on the health, safety and wellbeing issues regarding Flexible Working.

Grey Fleet (C34)

Privately owned vehicles that are used for occasional journeys at work or if an employee rents a vehicle to use for work are commonly referred to as 'grey fleet'. Information on the grey fleet has been cascaded to staff via the Health and Safety link on the Adult Social Care and Health intranet.

c) *Outline the significant risks faced by your employees and others and the strategies and systems put in place to control them.*

It is recognised that Adult Social Care and Health is in a period of significant change. Restructures and subsequent redundancies following a decrease in government funding took place in early 2011 and the possibility of further redundancies as the department makes further savings is likely. To help manage this, all staff receive regular one to one meetings with their managers and can engage in team meetings. Staff information events are held, focussing on particular topics, e.g. the budget and changes to the In House Service. Information is also cascaded to staff via updates from the director and a regular Adult Social Care and Health newsletter. The support of the council's counsellor is also advertised to staff for them to avail themselves of, if necessary. Staff are also made aware of the Employee Assistance Programme, which is a free, confidential and independent resource to balance their work, family and personal life. It is a 24 hour service which is accessible by phone or online, providing information, resources, referrals and counselling on various issues, such as child care, debt, bullying, bereavement and workplace pressure.

As reported in last year's report, the Stress Focus Action Group identified a number of key areas where the service already does well in terms of preventing stress. The group generated a Stress Action Plan, focussing on what actions should be taken to help prevent stress levels. Implemented actions from the plan include:

- consultation with managers to ensure synergies between teams were realised following staff relocating from Barnet House to North London Business Park, the removal of offices and the implementation of mobile working and hot-desking
- the implementation of Information Centres for each team within the service. Information Centres present information relating to the delivery and priorities of a particular team. They help to provide clarity on what a team's function is and help to put an individual's roles and responsibilities into this context.
- Performance Reviews are linked closely to team Business Plans and manager attend Performance Seminars

Other actions identified in the plan will be implemented in the coming months. The Stress Focus Group will be reconvened and the effectiveness of the action plan monitored as part of the Health and Safety Network.

Employees' work can involve working closely with volatile clients, partly evidenced by the high number of physical and verbal incidents reported for this period. By continuing to formally record accidents and incidents, proactive measures to help in dealing with difficult situations can be considered, including on-going monitoring, professionals meetings, discussions at challenging behaviour group at Barnet Learning Disabilities Service, medication reviews, daily update meetings, behaviour guidelines and Pro-act SCIP training.

Following continued office moves, it has been important to support staff as they adapt to new ways of working. Change workshops were arranged in conjunction with The Accommodation Project and 'Welcome Packs' distributed to staff, which show people how they can adjust their workstations to suit their particular needs. Staff are also reminded in these packs that they can request a workstation assessment if they feel they have needs which are not met.

The Health and Safety Network will be the forum which will control, progress, monitor and provide accountability and keep health and safety issues embedded within the Service. It will also provide a direct link with Corporate Health and Safety, which is represented within the Network.

d) *Detail of any local health and safety documentation introduced or revised during the previous 12 months (e.g. Policy document, new Local Codes of Practice, forms etc.)*

None.

e) *Details of any advice given or enforcement action taken by the Health and Safety Executive, Fire Authority or Environmental Agency which related to Directorate Operations in the last 12 months.*

None.

2. Monitoring Information:

a) Accidents/Incidents: (If none state ZERO RETURN)

	1/10/2010-30/9/2011 (last year's figures)
i. Total number of minor accidents during the year.	7 (0)
ii. Accident rate (total accidents divided by number of employees)	0.015 (No. of staff = 479 Total no. of accidents = 7) (0)
iii. Any Reportable Fatalities, Major Injuries or Diseases (RIDDOR);	0 (0)
iv. Any Reportable over 3 day off work injuries (RIDDOR);	1 (0)
v. Total number of physical assaults	75* (65)
vi. Total Number of verbal assaults	0 (reported as part of physical assaults)
vii. Total Number of non-employee accidents	3 (0)
viii. Number of RIDDOR accidents to non-employees	0 (0)

** relate to service user behavioural issues stemming from communication difficulties resulting in minor injuries to care staff*

b) Accident Trends/Significant Incidents

Showing where trends in types of accident have been identified, and the remedial action taken to prevent continuation of the trend. Also, if there have been any significant incidents, what remedial/preventative action was taken.

Physical assaults

The significant number of Adult Social Care and Health Physical Assaults relate to service user behavioural issues stemming from communication issues, resulting in minor injuries to care staff. The assault figures are not uncommon when working in this area. There has been a gradual increase in numbers over previous quarters which are attributable to a number of factors, including increased awareness of reporting and previous administrative issues involving delays in reporting.

A meeting was held at Flower Lane in August 2011 with regards to incidents of challenging behaviour. This meeting was attended by the manager of Flower Lane and union representatives. Proactive measures to help deal with incidents of challenging behaviour were discussed and the measures were felt to be comprehensive. A concern

was raised that perhaps not all staff were aware of the proactive measures which were available so a presentation was given soon afterwards to staff , which was well received.

c) RIDDOR Classified Dangerous Occurrences

None.

d) Work Related Ill health

It is difficult to quantify this, as often the reasons for referral are a mixture of issues in the personal and work sphere. Of the cases referred, none were due to a physical injury in the workplace, but two were referred with stress, which they attributed to their working environment.

e) Training

**ASCH Health and Safety training statistics for the period between
1 October 2010 - 30 September 2011**

Session	Number	Provider
Passenger Assistant Training	17	In House
Fire Marshall/Warden Training	21	UK fire training
Risk assessment	6	In House
Manual Handling (People)	12	In House
Emergency treatment (Accredited)	41	Skills training centre
Managing Employee Stress	8	In House
Personal Safety	52	In House
Drug Use and administration	24	In House
Infection Control	31	In House
Managing Health and Safety	6	In House
Premises Control	20	In House
Basic Health and Safety	13	In House
Proac-SCIPr	32	In House

Last year's Health & Safety training (for the period 01.10.2009 - 30.09.2010)

Training Course	Number	Provider
HIV/AIDS awareness	6	In House

Securing passengers and wheelchairs	14	In House / skills training centre
Practical Fire extinguisher	29	Skills training centre
Risk assessment	9	In House
Manual Handling (People)	22	In House / Herts Handling
Certified First Aid full Qualification	7	Skills training centre
Emergency treatment (Accredited)	7	Skills training centre
Managing Employee Stress	41	In House
Dealing with Stress	67	In House
Drug Use and administration	7	In House
Food Hygiene	4	In House
Infection Control	3	In House
Managing Health & Safety	15	In House

f) Inspection and Reviews

Detail of management inspections and reviews undertaken within the Directorate; include any significant improvements made as a result of these reviews.

Health and Safety audits were held at two sites regarding management awareness of Legionella and Asbestos. These audits identified and prioritised areas requiring safety improvement and also identified areas of good practice.

3. Targets for the next 12 months

1. The ASCH Health and Safety Network to meet 4 times in 2011-2012 to progress the ASCH Health and Safety Action plan
2. ASCH to reconvene the ASCH Stress Focus Group to review the effectiveness of the action plan.
3. To ensure all relevant ASCH staff have a Personal Emergency Evacuation Plan (PEEP)
4. Implement new policy for monitoring care providers
5. Ensure First Aid training provision is reviewed and Certificates current
6. Implement the recommendations from the Asbestos and Legionella Health and Safety Audits.