

# **Health and Safety Masterclass**

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NOT PROTECTIVELY MARKED





To inform you of your legal requirements, roles and responsibilities and current risks

To share with you the Health and Safety situation at BTP:

- 1. Where were we?
- 2. Where are we now?
- 3. Where are we going?

### WHY CARE ABOUT H&S?



- The **moral** reasons because no one should go to work and come home injured or not come home at all
- The **legal** reasons because none of us wants to be in court with this guy, or to go to prison
- The financial reasons because
  organisations don't want to spend money
  on prosecutions, fines and inflated
  insurance premiums



What is the most important reason to you individually, and to BTP as a whole?

# ROLES AND RESPONSIBILITIES

The Authority and BTP seniors are the 'controlling minds' of BTP/A

- You are **personally responsible** for Health and Safety
- You each have a defined legal responsibility to ensure that we are assessing risk and reducing it to an appropriate level
- This includes appointing appropriately qualified and experienced people to advise you
- You can delegate tasks, but not your responsibility

BTP is forced to have a large appetite for risk, by the very nature of our work. It is up to you to ensure we are controlling that risk, 'so far as is reasonably practicable.'

# BENEFITS OF GETTING IT RIGHT

- (apart from you not ending up in court...)
- Greater staff retention people who feel valued stay longer and are more committed – resulting in a happier, more productive workforce
- Positive culture change
- Good reputation
- Better training = competent people = fewer accidents = less likelihood of fines / prosecution
- Less personal injury claims = lower insurance premiums

### **KEY LEGAL REQUIREMENTS**



- Health and Safety at Work etc Act
  - Duty of Care to staff, contractors, public, trespassers, anyone who may be affected by your acts or omissions
- Management of Health and Safety at Work Regulations / HSG65
  - Duty to conduct suitable and sufficient risk assessments
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)
  - Requirement to report certain things to the Health and Safety Executive, subject to strict reporting timelines and rules
- Fire, COSHH, DSEAR, First Aid, Work at Height, Work Equipment (PUWER), Electricity, Personal Protective Equipment, Manual Handling, Display Screen Assessment, Asbestos – and many others

### CORPORATE MANSLAUGHTER AND CORPORATE HOMICIDE ACT



Stand alone piece of criminal legislation - not part of H&S law

- Applies where there have been serious failures in managing H&S which resulted in a death
- Emphasises the need for clear, auditable H&S procedures
- Procedures must be cascaded from the top down, throughout the entire organisation
- Major focus is on **management reporting** 
  - Evidence of setting goals and objectives for H&S
  - Evidence of **monitoring performance** against these goals and objectives
  - You must ensure you put preventative measures in place
  - Must include suitable training for line managers and employees

### **CURRENT KEY RISKS**



- OH, HR, H&S understanding of each other's roles will allow much improved sickness management etc
- Vaccinations our people are at risk of contracting spittle / blood borne viruses
- **Trauma** our officers are faced with traumatic situations daily. Our Employee Assistance Program (Care first) and TRiM must be brought up to scratch
- Risk Assessments our Duty of Care extends to everyone, so we must adequately risk assess our operations
- <u>CPS statement, Jan 2014 re: Peter Fahy, Chief Constable, Greater Manchester Police</u> *…after careful consideration of all the evidence in this case, there is sufficient evidence to prove that Greater Manchester Police* **breached the Health and Safety at Work etc. Act by failing to ensure** that unnecessary risk to the suspects was avoided. It is alleged that *an* **unnecessary exposure to risk was caused by serious deficiencies in the preparation** for the police operation.'

### WHERE WERE WE?



#### Safety and Wellbeing Team

- No leadership within the H&S or OH team
- Multiple OH Advisor resignations, leaving us unable to support the force
- Team performance issues

#### Other

- Quality of H&S training was poor and trainers ineffective
- Relationships between H&S, OH and HR were strained and communication ineffective
- Health and Safety culture was very poor. H&S was seen as an inhibitor rather than an enabler
- Occupational Health were seen as being very person-focussed, rarely considering the needs of the organisation

### WHERE ARE WE?



#### Safety and Wellbeing Team

- Recruited permanent Head of S&W (commences 28th May)
- Recruited S&W Administrator
- Recruited Senior H&S Advisor (commences in April)
- Current team are being upskilled
- Recruitment well underway for Occupational Health Advisors, although there is a severe market shortage, so proving difficult

#### Other

 Working with L&D to improve the quality of our H&S training and trainers

• Communication between H&S, OH and HR is improving – coaching and educating each team on how, by working together, we can keep people at work / get them back earlier / support them whilst they're off

### WHERE ARE WE GOING?



- Moving towards a fully resourced and competent H&S and OH team, who take care of the Safety and Wellbeing of our people
- Empowered managers who know how to support our people, and who to go to for help e.g. Care first, TRiM
- Communication improvements = better H&S culture, which is integral to our core values and supported by our policy and procedures. Major comms plan
- Officers in Charge who accept responsibility for H&S and continually improve standards. H&S in <u>everyone's</u> PDR
- Accident / incident / near miss / assault recording which allows both legislative compliance and accident reduction due to the ability to identify trends
- Moving towards an auditable H&S system which tracks compliance



# Thank you!

#### Any questions?