

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?