

GWASANAETHAU IECHYD A DIOGELWCH  
HEALTH AND SAFETY SERVICES

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# Health and Safety Annual Report

2007

The Annual Report 2007<sup>1</sup> considers many aspects of Health and Safety at the University and where possible compares against national statistics, standards and practices. The Report also comments on health and safety performance and the challenges which lay ahead.

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<sup>1</sup> The Annual Report advises on developments and activities during the calendar year 2007. However, where appropriate, in some cases the Report also advises on more recent [non-statistical] activities during the period of January – April 2008.

## **1. EXECUTIVE SUMMARY**

**2007 saw a number of changes and developments in how Bangor University manages, promotes and drives health and safety. In particular the adoption of a new strategy for health and safety is seen as a key milestone.**

**The Strategy for Health and Safety<sup>2</sup> sets the 'vision and drivers' for health and safety management, compliance and monitoring and embeds 'health' into the wider agenda.**

**To deliver this new strategy and to drive the strategy, a new Head of Department was appointed and the staffing profile of the central health and safety department further**

two potentially serious incidents occurred within a chemical laboratory, no serious damage transpired on this occasion, however the potential was noted.

As anticipated the total numbers of staff attending health and safety training courses fell in 2007, this, mainly due to temporary reduced staffing levels at Health and Safety Services and a reduced service being offered. This trend will be reversed in 2008 and a notable increase in staff training is forecasted, in particular as the new strategy takes effect.

The University has long desired greater information on managerial performance and success, at both departmental and institutional levels. To provide this information Health and Safety Services has embarked on a programme of college and departmental health and safety management systems audits; using an amended sector health and safety auditing tool. The audit programme will aid the University's understanding of the problems experienced by its constituent colleges and departments and help direct support to those activities and colleges/departments which require it most.

To complement college/departmental performance auditing, greater emphasis is also

## **2. INTRODUCTION**

The annual report is broken down into constituent reports offering commentary on performance and statistics for 2007 and provides observation on planned work and expectations for 2008.

Summary annual reports are provided for:

the Department of Health and Safety Services.



- a move away from the old referral system;
- introduction of healthcare checks;
- healthcare plans to support 'return to work' of ill health cases;
- train staff in the use of defibrillators;
- improvement in healthcare management of expectant and new mothers;
- introduction of 'Exercise for Life' venture.

### Outline Plan of Work 2008

The new year gave Health and Safety Services the opportunity to start developing and promoting the new 'strategy and drivers' and to enhance its service delivery. To support this, the following work has commenced and/or been completed:

- 'Weightloss Challenge' set up in the new year to encourage staff to get fit and raise money for the Ty Gobaith Children's Hospice;
- creation of a new Health Record Booklet to complement staff Health Checks;
- setting up of training exercises with the Fire and Rescue Service to enhance relations and improve the University's understanding of handling of emergency situations;
- introduction of a new Health and Safety Services website and web resource;
- development of a new documentation system that seeks to replace the existing 'jargonistic' policies and guidance documents with new Policy Standards and Information Sheets;
- identification and creation 'in-house' (where possible) of new training courses eg Vehicle Maintenance, PAT testing and Electrical Safety, Laboratory Safety, Compressed Gas Safety, Health and Safety Briefing Sessions, H&S Coordinator training, etc;
- scheduling of regul.003ua'cue Service to enhance relation670078p 24 6shops( )fiTT102( ).3

The role has provided the excellent opportunity to be actively involved and leading on:

: The restructuring of the Governance of IOSH and the introduction of the Board of Trustees including organisational changes to the Senior Management Team and associated Directorates. This includes agreement of the new Corporate Strategy and the key performance indicators by the Directorate.

: Branches and Groups are working on increasing and developing the strength of the membership numbers (over 32,000 in over 80 countries), communication links and strategies. They have also been promoting the recognition of individual Chartered status for members and the associated membership structural changes, especially the introduction of initial / continuing professional development.

: Have been working within IOSH and with other professional bodies to develop themes, campaigns and partnership working. Comment has also taken place on consultation documents and the changing organisational structures and strategies with respect to the recent Health and Safety



It is envisaged the 'Staff Health and Well-being Sub Committee' will embark on its work following the conclusion of the associated 'Task and End Group', which is presently considering the development of a positive work environment initiative.

The Committee also receives regular reports from the Safety Executive Task Group and has in particular received and considered more detailed reports on the following:

- The Risk from 'Falls from Heights'
- The Risks from 'Glazing' across the estate
- The New Health Agenda

## **5. SAFETY EXECUTIVE TASK GROUP**

The Safety Executive Task Group is the 'management' body for health and safety at the University. It also generally oversees the work of Health and Safety Services as well as overall health and safety performance and risk exposure.

The University Secretary & Registrar, Dr David M. Roberts, continues to chair the Task Group, which has as members the Directors of Human Resources and Estates & Facilities, the Chair of H&S Committee, the Deputy Registrar and the Head of Health and Safety Services.

Most significantly, during 2007 the Task Group has overseen the continual development of both the Corporate Health and Safety Risk Assessment and the University Health and Safety Strategy.

The Task Group also considered and agreed action on a number of reports over the course of the year, including:

- implementation of a University-wide H&S Management Audit programme
- falls from heights risk assessment;
- glazing risk assessment;
- revision of non-smoking policy;
- stress survey and action plan; and,
- the strategy for health and safety.

The Task Group's role is continually augmenting and has developed into an integral part of health and safety management at the University.

The expansion of membership of the Task Group to include the Director of Estates & Facilities offers greater appreciation and understanding of estate-related risks and provides additional knowledge and experience of risk management approaches.

The corporate health and safety risk assessment, combined with the direction given by the strategy and themed audits, provides a nucleus of information which enables the Task Group to operate as a successful overseeing body.

## **6. STAFF HEALTH PROFILE REPORT**

### **HEALTH**

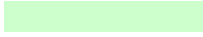
Because we spend most of our life 'at work' it makes sense to use this time to invest in the present and future health of staff.

In October 2007 an initiative was introduced by the Occupational Health Practitioner to promote health at work, involving a 3 year programme of health checks.

The health check equips individuals with an up to-date record about their own state of health, which will either prove reassuring to those with good health or highlight to others that their health is possibly at risk.

As part of the 'health check' a personalised booklet is provided which provides advice and guidance on action to take to prevent the onset of avoidable illnesses, including

AGE PROFILE



BLOOD SUGAR

The normal range is between 4 to 8 mmol/l, although this figure can rise to just below 10mmol/l, shortly after a large meal. All results were within this range.

BLOOD CHOLESTEROL

Having cholesterol is often assumed to cause heart disease. In reality factors like smoking, high blood pressure, being overweight, not taking enough exercise, age and family history are more relevant. Having a high cholesterol level does not cause symptoms and most



## **7. STAFF ILLNESS REPORT**

The following advises on staff reported 'sickness' absence with an emphasis on statistical

Medical certificates (doctor's notes) are required for over 7 Calendar days absences.

Ø Over 20 Days Sickness Absence

The following table accounts for the reasons given for medically certified illnesses that exceeded





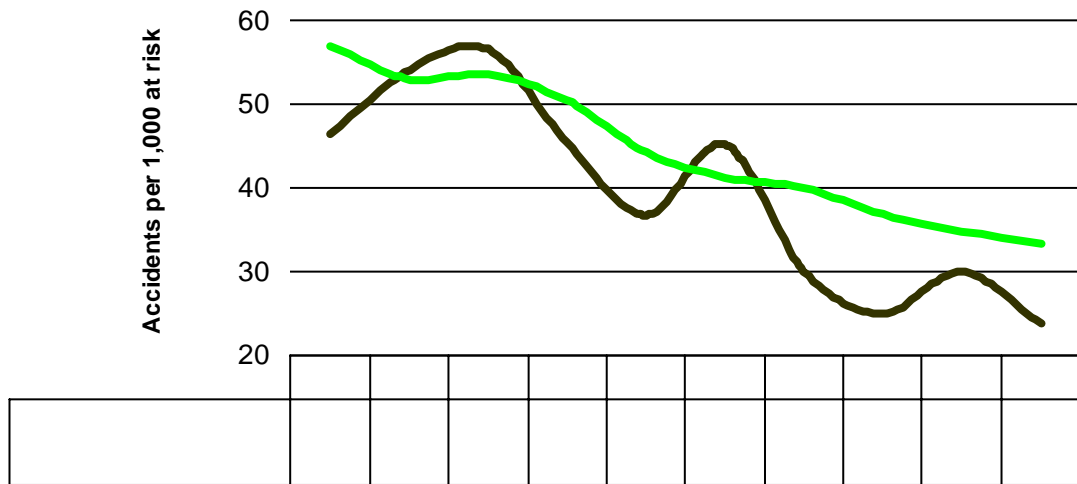


calculated on the basis of "1,000 persons at risk"; ie, the total number of staff and student accidents is divided by the number of staff/students to give a ' comparable statistic.

For Staff

2007 accident statistics indicates a staff recorded accident ratio of 23.8 accidents per 1,000 members of staff employed. This compares favourably with the national University Sector average of 33.3 accidents to members of staff per 1,000 at risk<sup>11</sup>. The trend, both nationally and locally, is downward; this is reassuring.

National and Bangor University accident rate averaged per 1000 staff at risk

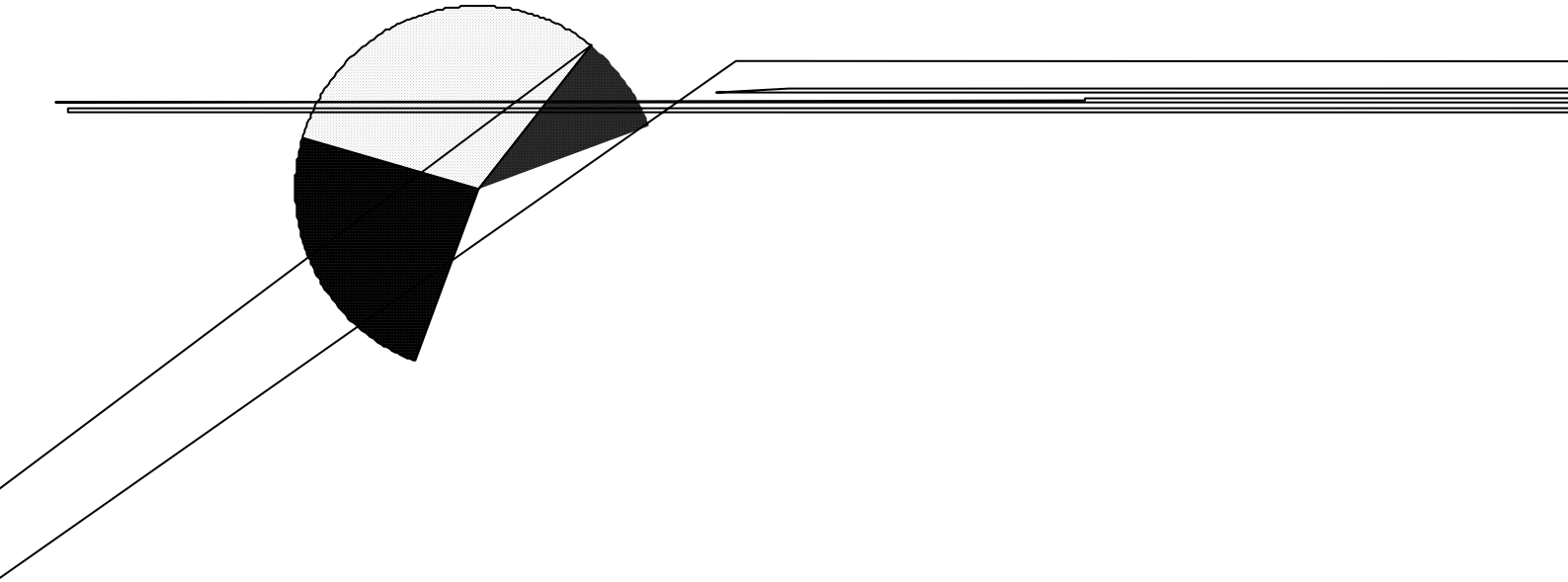




Most significantly 13.3% of all student accident reports received by Health and Safety Services in 2007 ended-up as HSE reportable accidents. The staff ratio is around 1.5% of total accidents being reportable.

The student accident ratio shows a decrease on the 2006 data. However, the overall

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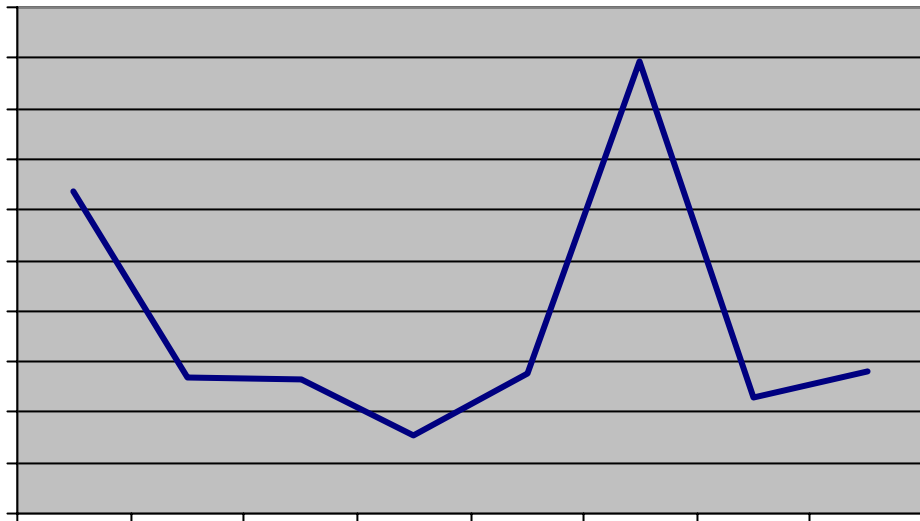


**9. FIRE AND FIRE ALARM INCIDENTS REPORT**

The annual fire and fire alarm report for the University is presented as a comparative record over a number of years and in accordance with criteria laid down by the Universities Safety and Health Association (USHA).

The national (USHA) fire statistics for 2007 are based on the incidents reported by 94 higher education establishments across the United Kingdom.

**Bangor University Annual Fire Alarm Activation Totals & Trending**





noted that an expectation exists that there should be no fires at the University.

#### Activation Rates

There are approximately 3,600 fire and smoke detectors within the Halls of Residences at Bangor. When this is compared to the number of non-fire activations of the fire alarm a ratio of 3.9 'false alarms' per 100 detectors is attained. This is much lower than the national sector average of 5.3 activations per 100 detectors.

#### Other Information

There were four fires at Bangor University in 2007; two within residential accommodation and two within an academic building. There were no personal injuries as a result of these fires.

- The fires within an academic building were both within the same chemical laboratory and as a result of either poor lab-practice or lack of a considered risk assessment. Both fires resulted in minor damage but significant \_\_\_\_\_ was noted.
- The first fire within a residential accommodation involved a fire within a study bedroom. This was caused by a falling candle or 'incense' stick landing on bedding and setting light to it – both candles and incense sticks are prohibited items within Halls.
- The second fire within residential accommodation involved a 'chip-pan' catching fire within a Family Flat. The damage to the kitchen was significant.

Across the University sector as a whole<sup>15</sup> there were:





**11. STUDENT HEALTH AND SAFETY REPORT**

## **12. THE UNIVERSITY'S STRATEGY FOR HEALTH AND SAFETY**

The Strategy for Health and Safety sets out the vision, aims and objectives of the University for the management and improvement of health and safety over the next three years and beyond.

### **STRATEGIC PRINCIPLES**

The Strategy is driven by goals and guiding principles and commits the University to:

- § continual improvement in all areas of health and safety;
- § developing, promoting and driving the health and safety agenda;
- § introducing and developing suitable health and safety systems and performance benchmarks;
- § supporting Colleges and Departments in implementing, managing and enhancing their own health and safety systems and standards.

### **STRATEGIC OBJECTIVES**

To advance the strategic principles, it is the objective of the University and the Occupational Health and Safety Unit to:

1. ensure that the OHSU retains and enhances its professional competency and develops a reputation as a quality support service that communicates effectively across the University;
2. comply with relevant health, safety and welfare legislation and the University's Health and Safety Policy and to take action on the Corporate Health and Safety Risk Assessment;
3. encourage the inclusion of health and safety within appropriate academic programmes;
4. collaborate with or initiate research in areas of health, safety and wellness;
5. develop an approach that seeks to enhance the level of understanding of health and safety, including revising, developing and rationalising documentation and providing comprehensive and suitable information on health and safety and health education for managers, staff, students and