

COUNCIL HEALTH AND SAFETY COMMITTEE

Wednesday, 26th October, 2016

Present:-

A Fowler (Chair)

P. Bartle (Housing)	PP. Mather (UCCAAAT)
T. Bryan (UNISON)	CD. Mr. SS. Niblock
M. Brymer (Commercial Services)	RR. CONNELL (Customer, Commissioning and Charge)
T. Devereux (UNISON)	DD. Reddish (Policy & Communications)
J. Drury (Executive Director)	CD. Mr. M. Wall
R. Farrand (Housing)	RR. Wilkes (Utilities)
N. Johnson (Economic Growth)	
M. Key (Health & Wellbeing)	
A. Lawlor (Arvato)	

Min. No.	<u>Item</u> Decision/Action	By Whom
12	<p><u>APOLOGIES FOR ABSENCE</u></p> <p>Apologies for absence were received from Councillor Blank, Councillor Catt, Ian Clay, Alison Craig, Councillor Diouf, Kate Harley, Paul Longley and Marc Jasinski.</p>	
13	<p><u>MINUTES OF THE MEETING HELD ON 28 JULY, 2016</u></p> <p>Minutes of Council Health and Safety Committee held on 28 July, 2016 were agreed as a true record.</p>	
14	<p><u>MATTERS ARISING FROM MINUTES OF PREVIOUS MEETING</u></p> <p>There were no matters arising from the Minutes of the last meeting.</p>	

15	<p><u>CORPORATE MANAGEMENT TEAM REPORTS</u></p> <p>Martin Key, the Health and Wellbeing Manager, provided a report on the accidents and incidents for the period 21 June, 2016 to 20 September, 2016 in a new report format. Overall there had been some increases from the previous quarter and the majority were seasonal related incidents. However, the incident statistics were comparable with the same quarter the previous year.</p> <p>Some of the key points raised during the discussion included:</p> <ul style="list-style-type: none"> • Increases in incidents over the summer largely due to bites and stings from grass cutting and more people using the parks. Insect repellent was issued and a decision was taken that Hi-Viz would only be worn in essential situations as it attracted stinging insects. • There had been no accidents reported by contractors. It was suggested that contractors needed to be challenged on why there were no accidents and contractor incident reporting needed to be written into and enforced through their contract. • The incidents reported through the SHE system were discussed and updates on specific incidents were received from the relevant Corporate Management Team member. 	SERVICE MANAGERS
16	<p><u>H&S COMMITTEE CONSTITUTION</u></p> <p>It was agreed that the revised Constitution of the Council Health and Safety Committee received at the meeting on 28 July, 2016 be accepted with the following amendments:</p> <ul style="list-style-type: none"> • Paragraph 7.6 be amended to include the trade unions as well as the Joint Chairs as bodies allowed to request the removal of an item from the 	

	<p>agenda.</p> <ul style="list-style-type: none"> • Paragraph 1.1 be amended to include reference to contractors as well as employees. • Paragraph 1.3 be amended to include a commitment of the committee to drive continuous improvement with regard to health and safety at the Council. 	MARTIN KEY
17	<p><u>OCCUPATIONAL HEALTH AND SAFETY IMPROVEMENT PROGRAMME</u></p> <p>The performance of occupational health was considered against 4 key targets in the Improvement Programme at the end of the second quarter of 2016/17 year as detailed in the report, with particular emphasis given to:</p> <ul style="list-style-type: none"> • The figures for stress related absences were 13% above the target, there were several restructures ongoing and it was hoped that once these were in place the level of absence would improve. 	
18	<p><u>OCCUPATIONAL HEALTH BUDGETS</u></p> <p>Martin Key advised that there was capacity within the occupational health support budget to provide occupation health guidance to employees. Due to the level of musculoskeletal injuries in operational services, it was proposed that the OSD Depot could hold drop-in clinics to give advice and support to employees. Most musculoskeletal injuries were not work related but some were work aggravated; the clinics could provide advice on how to avoid aggravating existing injuries at work. COPE were prepared to deliver the clinics and there was room in the budget to run a clinic every two weeks. The following key points were discussed:</p> <ul style="list-style-type: none"> • The Commercial Services Manager fully supported the idea. It was hoped the clinics would improve sickness absence figures and increase productivity. • There was a need for emergency or urgent 	

	<p>occupational health referrals as current referrals took too long.</p> <p>The OHSIG group would meet to discuss the clinics and the need for quicker referrals.</p>	OHSIG
19	<p><u>LONE WORKING AND THE STAFF CAUTION LIST</u></p> <p>Lone working had been a recurring concern in discussions at previous committee meetings. Issues with lone working included varied procedures across the council and safety concerns for employees working in areas of high risk.</p> <p>Key points raised in the discussion were:</p> <ul style="list-style-type: none"> • A fob tracking device was used by some but not all employees. As employees from different sections across the council were required to go out in the borough, there needed to be a shared procedure that everyone adhered to. • More information on retaining data on the public was needed as it was currently stored on separate systems, a single shared system would provide better consistency. <p>It was proposed that a thinking group be established to consider these issues.</p>	RACHEL O'NEIL/ TONY SMITH/ OHSIG
20	<p><u>PERSONAL PROTECTIVE EQUIPMENT</u></p> <p>There had been issues with employees being provided unsuitable Personal Protective Equipment (PPE) and quality control problems through procured contractors.</p> <p>Commercial Services was the biggest user of PPE and were still using the procured contractor but had renegotiated with the supplier and consulted staff in order to get appropriate equipment. There had been some exceptions, particularly if an employee had specific</p>	

	<p>medical conditions which meant different equipment was needed.</p> <p>It was suggested that it would be useful to have information on aspire for those service areas that do not regularly use PPE.</p>	
21	<p><u>WORKSHOP UPDATES</u></p> <p>Accident/Injury Reporting</p> <ul style="list-style-type: none"> • There were still teething problems with the SHE systems however work was continuing to resolve the issues. • Managers were more active at reporting incidents, inputting actions and following them through. <p>Contractors</p> <ul style="list-style-type: none"> • The contractor workshop assisted employees who hired contractors however a further session was needed to discuss the lack of incidents recorded by contractors. • The contractor spreadsheet still did not seem to be widely used by all departments. <p>The next employee health and safety survey will be incorporated into the main employee survey. 8 questions had been drafted and sent to policy. The survey will take place in the first 3 weeks of March 2017. Results will be available for the committee meeting in April 2017.</p>	MARTIN KEY/ DONNA REDDISH
22	<p><u>CHAIR OF JANUARY MEETING</u></p> <p>The Chair of the next meeting will be James Drury.</p>	
23	<p><u>ANY OTHER BUSINESS</u></p>	

	<p>Occupational Health and Safety Improvement Group (OHSIG) had been tasked with reviewing their role. It was decided that OHSIG should receive a work programme from the Council Health and Safety Committee and put together task and finish groups to work on items followed by a report back to the committee. New terms of reference had been written which will be distributed to committee members.</p> <p>Concerns were raised over the lack of elected members attending the committee meetings, this would be fed back to the political groups.</p> <p>A list of all the Council owned buildings was being created and the data will be input into Keystone, the system currently used by the Housing department.</p>	<p>OHSIG/ MARTIN KEY</p> <p>CLLR. M.WALL</p>
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