

Safety Office Annual Report



2010

Introduction

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In 2010 the Safety Office commenced a period of change and transition. The year began with integration of the Safety Office into the Human Resources Division. A review of the University's Occupational Health provision was undertaken and a decision taken to transition away from existing outsourced arrangements to an in-house service as part of the organisation of the Safety Office. Angela Mackay-Fowler was appointed Occupational Health Adviser, and Dr Paul Tynan as Occupational Health Physician.

Towards the end of 2010, two long standing members of the Safety Office announced their intention to take early retirement. It is appropriate, therefore, to express appreciation for the contributions made by Tony Madeley and Peter Cook. Their hard work over the years has provided a solid platform from which to take up the challenge of the future.

The appointment in early 2011 of Angie Park as the new Head of Safety, together with the recruitment of Adam Bradbury and Alan Deane, supported by Christine Waddon, gives a new look to the Safety Office and provides an opportunity to establish a new and visible collaboration with the Faculties, Non-Faculty Areas and Central Services Divisions in sustaining Lancaster University as a healthy and safe place to work and study.

Chris Thrush

Director, Human Resources Division

May 2011



The Safety Office

The Aims of the Safety Office

To work together with the University Community to achieve and maintain compliance with UK Legislation and to foster a culture of continuous improvement in occupational health, safety and wellbeing.

To provide impartial professional advice and training to enable the achievement of practical health and safety standards and solutions for the benefit of the University and its staff and students.

To support the University's governance processes, by providing its leaders with assurance on the adequacy of the University's arrangements for managing health and safety risk.

The Safety Office Team



Angela Park, Head of Safety



Adam Bradbury, Safety Officer [Radiation]



Alan Deane, Safety Officer



Angela Mackay-Fowler, Occupational Health Nurse



Christine Waddon - Administrator

Performance

Accidents and Incidents

The Safety Office collects, collates and reports the accident and incident data for the University. The purpose of this is two-fold:

- Legal compliance; as part of its obligations under the Reporting of Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR].
- To provide data that can help managers set key performance indicators and targets for improvement in their departments.

The University encourages reporting of all accidents and the submissions of reports to the Safety Office. Any trends that emerge provide a useful reference point for investigation and improvement. Significant incidents or doubts about effective occupational health and safety management have the potential to trigger an HSE inspection.

Table 1 shows that in 2010 158 accidents and incidents were reported to the University Safety Office. Of these, 6 were notifiable to the HSE under RIDDOR. One of these notifiable accidents was categorised as a major injury.

Unusually in 2010 reports were made to the HSE of two dangerous occurrences which were minor explosions. The table reveals the data from previous years and exactly how rare such occurrences are.

The University reports very few accidents to the HSE annually compared to many other sectors of employment and in general the Higher Education sector reports fewer accidents than other parts of the education sector as a whole. Reportable accidents are always followed up by the Safety Office with the relevant department and may also involve discussion with the injured member of staff.

Table 1

	2010	2009	2008	2007	2006
Major injuries reported to the HSE	1	0	0	1	0
Accidents to employees resulting in the employee being unable to perform their normal work duties for more than 3 days	5	7	14	10	13
Accidents to non employees notifiable to the HSE	0	1	2	4	2
Notifiable dangerous occurrences	2	0	0	0	0
All sports injuries	200	138	164	173	159
Total accidents reported (excluding all sports injuries)	158	143	135	150	170

Performance

Accidents and Incidents

Accident Statistics are retrospective and their usefulness is dependent on consistent and accurate reporting. Low returns may suggest excellent performance but it may also indicate a culture of under reporting or non reporting . They may be a function of 'luck' rather than good occupational health and safety management.

It is therefore important that Key Performance Indicators [KPIs] for underlying management effectiveness are also developed.

2010 saw another reduction in reportable accidents compared to 2009.

Included in the 2010 statistics was a major accident. From the overall descriptions given it is clear to see that particular groups of staff are more susceptible to accidents namely cleaning staff, porters, and maintenance.

In 2010 slips, trips and falls were the main cause of the notifiable accidents and icy surfaces due to the winter weather contributed to this. The total number of staff accidents reported has increased slightly from 143 in 2009 to 158 in 2010.

Students and Visitors

Sports injury reports have seen a 45% increase from the previous year.

The most frequently reported sports injury/incident year on year is within the swimming pool and relates mainly to children from local schools attending swimming lessons .

These incidents are closely followed by Basketball and Netball. It should be noted that the majority of injuries to students that are reported to the safety office relate to sport and recreational activity. It is expected that the new sports centre facility will have a positive impact on the accident statistics for basketball and netball.



Performance

Benchmarking - Internal Data

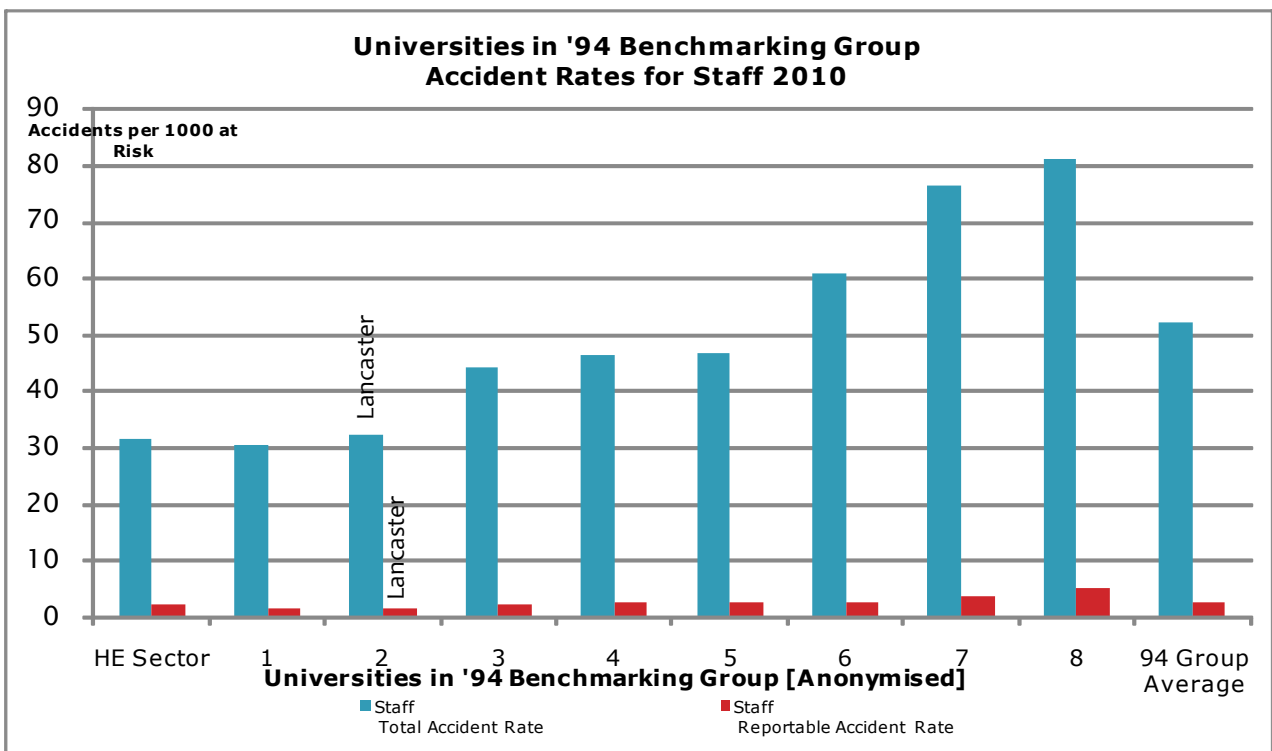
It is useful to be able to compare and contrast accident and incident data both between similar organisations and within our own organisation as a means to determine the priorities for any performance improvements.

Accident data is collated in staff groupings and it is also collated against a set of prescribed types of accident and injury hazards. This enables a more targeted approach to controlling hazards in and around the campus environment. In the appendices at the end of this report there are three charts which show accidents and accident rates by cause and staff groups. The major cause remains slips trips and falls and manual handling injuries whilst cleaning staff continue to report the most accidents. This is as much a reflection of the excellent culture of reporting as incidents themselves and the facilities department have made significant improvement in the training of staff in this area.

Benchmarking - '94 Group of Campus Universities

In order to enable a comparison with the Higher Education (HE) sector as a whole and with a small group of universities similar to Lancaster (8 campus based universities from the '94 Group) the following two charts show the accident rates for staff and for students. The charts show that the Reportable Accident Rates and the Total Accident Rates for staff and students at Lancaster are below the average for the HE sector and the average for the campus based universities from the '94 Group.

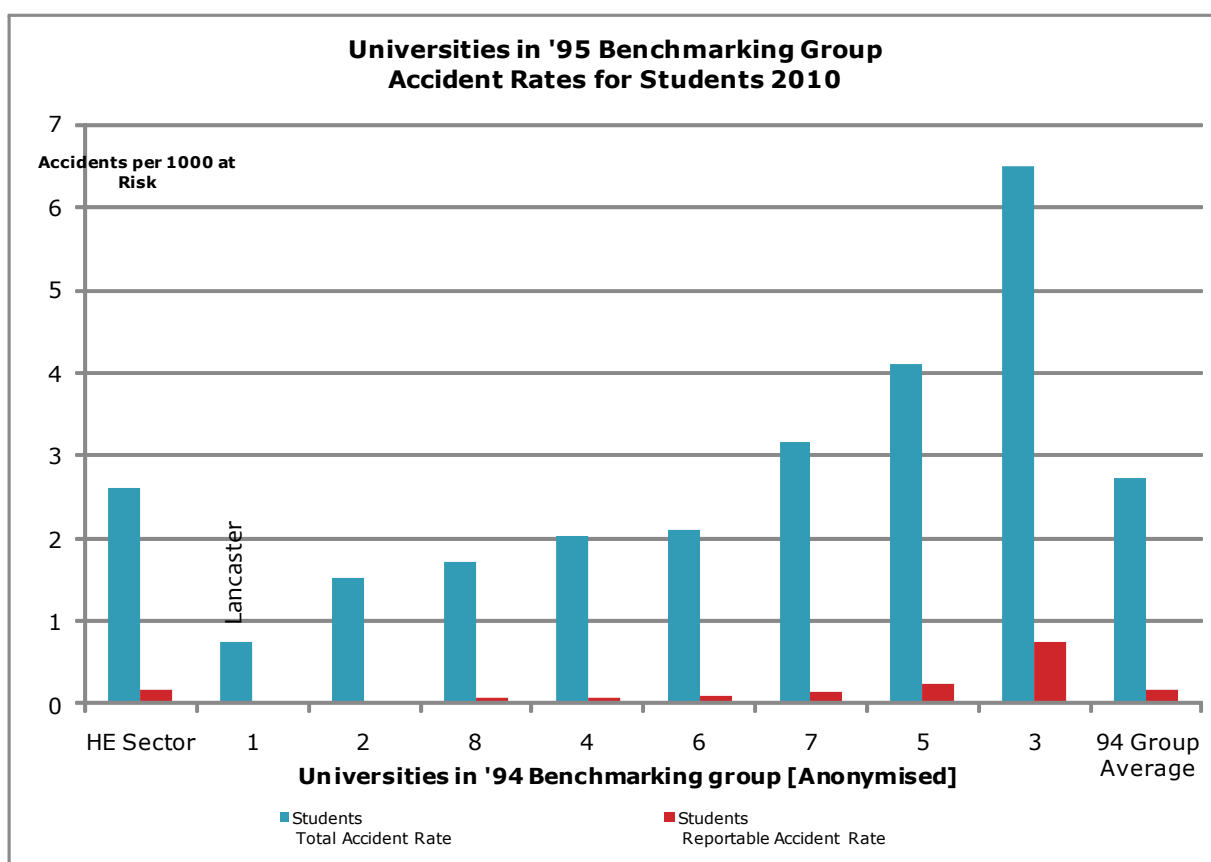
It should be noted that the number of reportable accidents remains low.



Performance

Benchmarking - '94 Group of Campus Universities

The data for students shows Lancaster in a very good position compared to other similar types of campus universities within the '95 Group of Universities. Again, the data should be viewed with some caution as it must be remembered that this is dependent upon the efficacy of the institution's reporting culture and practices.



Performance

Fire Statistics

During 2010, 20 fires were reported to the Safety Office. These can be summarised as follows:

- .16 fires occurred in the residences and were associated with cooking
- .1 fire was caused by a discarded cigarette in a waste bin
- .2 fires were unauthorised barbecues
- .1 fire was caused by a PC catching fire

The statistics show a slight improvement in the number of actual fires compared with 2009. The majority continues to be associated with cooking and these again have primarily been located in the student residences. The introduction of 'barbecue policy' has been successful and reduced the number of incidences associated with them.

It can be seen from the data that the number of activations of automatic fire detectors by smoke from cooking in the residences continues to increase. Many of the fire alarm systems are capable of sensing early indications of smoke. In these 'pre-alarm' situations porters are able to investigate before calling the Fire Service. This has reduced the number of Fire Service callouts as a result of smoke from cooking from 123 in 2008 to 95 in 2009. In 2010, of the 325 alarm activations due to smoke from cooking the Fire Service attended only 93 times.

In 2010 there continued to be an increase in the number of accidental activations of the fire alarm systems due to the use of aerosol sprays and steam from showers. Unfortunately, these activations occur in bedrooms. The majority of these types of accidental activations occurred in residence where there is no 'pre-alarm' capability.

The Fire Service attended 230 of the 269 times this occurred.

	2010	2009	2008	2007	2006
Fires	20	22	12	12	15
Malicious False Alarms	24	37	46	32	34
Detector activated by cooking	325	275	180	108	169
Malfunction of fire alarm system	102	114	85	98	82
Accidental activation of fire alarm system	269	247	179	94	92
Activations attended by the Fire Service	440	466	437	344	392
Activations not attended by the Fire Service because of "pre-fire procedures"	300	229	65	0	0
Total incidents reported	740	695	502	344	392

Performance

Benchmarking Sector Fire Statistics - Higher Education Sector

The Universities Health and Safety Association (USHA) undertakes an annual survey of fires in the HE sector. The table below indicates how Lancaster compared with the sector as a whole during 2010. It can be seen that against the sector Lancaster performs better against incidences of malicious false alarms and fires. However, Lancaster has not performed as well against the sector in relation to other false alarms.

Unfortunately it is not possible to compare Lancaster's performance against other '94 Group of Campus Universities to enable a better understanding of our position as this data is not collated.

Nonetheless, it is clear that there is scope for improvement at Lancaster and for 2011 it should be our aim to reduce our activations in this category to at least the sector average for 2010.

	Residential Buildings Incidents per 1000 beds				Other buildings Incidents per 1000 at risk (staff+students)			
	USHA		Lancaster University		USHA		Lancaster University	
	2010	2009	2010	2009	2010	2009	2010	2009
All fires	2.4	3.2	2.5	2.2	0.13	0.12	0.16	0.37
Kitchen Fires	2.0	2.3	2.37	1.8				
Injuries from fires	0.04	0.05	0	0	0.003	0.0004	0	0
Malicious false alarms	9.2	10.5	3	5.2	0.14	0.12	0.2	0.11
Other false alarms	77.3	86.9	92.7	88.1	2.5	2.4	3.8	2.0
Other false alarms per 100 automatic fire detectors	4.3	4.8	5	4.8				

Monitoring

Auditing

Monitoring the performance of the health and safety management system within an organisation is required by law. Auditing is the best independent method of doing this. It is the role of the safety office to carry out a monitoring process to enable the senior management to make informed decisions for performance improvement in health and safety matters. This should be done in association with a range of internal monitoring processes within departments which might include workplace inspections.

The 2009 Annual Report committed to undertaking a review of the current audit system that has been used within the University for the past 10 years. This was an internal review that aimed to assess the strengths and weaknesses of the current audit tool and to make some recommendations for the future approach. The report highlighted some key issues that will form the basis for changes that will begin to be implemented from 2011.

Key findings:

- The schedule has not kept pace with the changes in the structures within the University which has led to a number of departments being missed.
- Audit is perceived as something that is 'done' to the department.
- The current audit tool does not deliver metrics that give management the ability to set goals for improvement
- The current audit tool is so flexible that it can be inconsistent in both approach and outcome
- Audits are often not followed up by the auditor and there is currently no mechanism that encourages the manager to form an action plan and report on progress.

Auditing carried out in 2010

Department of Organisation, Work and Technology
Economics
Law
LUSU
Physics
Psychology
Public Arts section of LICA [Formerly Nuffield and Theatre Studies]
Hospitality

Monitoring

The Future of Auditing

In order to deliver the quantitative performance monitoring required to make sound management decisions the Safety Office will adopt a new auditing tool. The HASMAP [Health and Safety Management Profile] tool has been designed specifically for Universities and has been adopted by several institutions within the UK.

In HASMAP, the health & safety management best practice standards of HSG65 are arranged into 12 performance Indicators. These Indicators are the core of HASMAP. Performance is judged and reported against these 12 Indicators.

Each Indicator has been split into several Themes to help the auditor assess performance: there are 31 Themes. Each Theme has a number of requirements. These requirements make up the standard for the Indicator. Most of the requirements have supporting statements of the evidence that is required

The primary aim of the HASMAP audit tool is to establish the effectiveness of the health and safety management system within a department by evaluating its capability to manage the risks to safety and health that arise from its wide-ranging activities. This approach is designed to encourage senior managers to accept that their H&S performance and not their documentation has been assessed. HASMAP does not attempt to provide a definitive report on workplace conditions throughout the department although part of the audit process is to inspect a sample of locations in order to verify the strength or weakness of local risk control and health and safety management

HASMAP is clear and precise when it comes to defining performance which will remove any subjectivity on the part of the auditor.

Timetable for implementation

To enable initial benchmarks to be established across the institution the proposed programme will be carried out in depth for every department over the next 2 years.

A schedule will be published in September 2011. The results will be reported to the Safety Committee at regular intervals. In addition to this feedback will be collected from heads of department to ensure that adjustments can be incorporated throughout the initial 2 year phase.

After this initial phase a report will be produced which will contain an overall assessment of the HASMAP tool and outline the future direction of the process of auditing.



Developing Competence

Training

Over 200 people are killed each year in accidents at work and over one million people are injured. Over two million suffer illnesses caused by, or made worse by, their work. Preventing accidents and ill health caused by work is a key priority for everyone at work.

Effective training will contribute towards making employees competent in health and safety; can help the business avoid the distress that accidents and ill health cause; can help to avoid the financial costs of accidents and occupational ill health. Insurance doesn't cover all these costs. Damaged products, lost production and demotivated staff can all result.

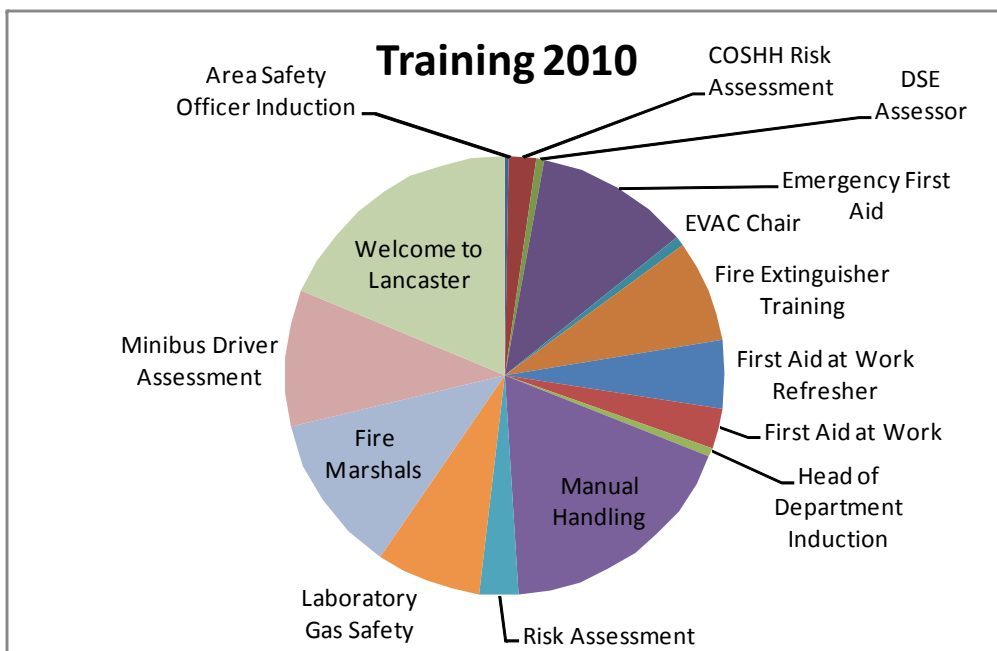
The law requires that we provide whatever information, instruction and training is needed to ensure, so far as is reasonably practicable, the health and safety of our employees.

Training is a proactive approach to ensuring that the performance of staff is maintained at a high level and is as important in health and safety training as anything else. Where a significant amount of safety training is carried out it serves as a lead indicator of positive health and safety culture in an organisation.

Training Delivered in 2010

The Safety Office arranged or delivered 54 training sessions over the period 2010.

584 people attended the training in total which is not an insignificant number. It is likely that this number could be increased by taking a more structured and proactive approach.



Developing Competence

First Aid Training

The policy of the University is to ensure that there is a minimum of one first aider for every 50 employees. This is based on the recommendations made in the Health and Safety [First Aid] Regulations 1981 for an organisation of its type and size.

First aiders are recruited on a voluntary basis, there being no remuneration for undertaking this duty.

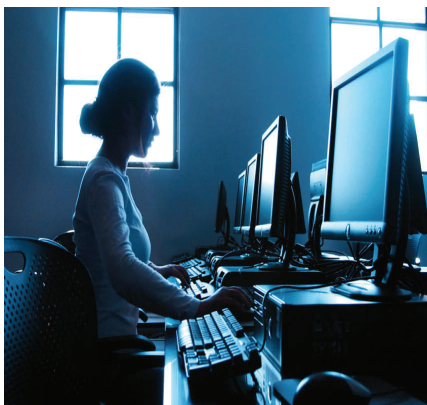
First Aid at Work has traditionally been a 4 day course which results in a qualification that lasts for three years. In 2010 this changed to a 3 day course. In addition to this a new Emergency First Aid at work Course was introduced which takes 1 day and a first aid update session which lasts for half a day was also offered. These courses were delivered by an external trainer.

A greater demand for the emergency level qualification has emerged and was taken up by porters in 2010. It is envisaged that this will continue in popularity as it does not require as much employee down time.



Manual Handling and Display Screen Equipment

Musculoskeletal disorders (MSDs), a group of over 200 conditions including arthritis, back pain and damage to joints, muscles and tendons are by far the most prevalent cause of work-related illness in the UK affecting twice as many people as stress. MSDs account for up to one third of all GP consultations, result in 9.5 million lost working days, and currently cost society approximately £7.4 billion a year.



Included in the range of musculoskeletal disorders are Work Related Upper Limb disorders or WRULDs. These are prevalent in people who spend too long without regular breaks at workstations and are made worse when the workstation has not been properly assessed.

The Safety Office delivered courses for DSE Assessors and courses for Manual Handling Assessors in 2010 and where there were particular issues the Occupational Health Nurse carried out DSE assessments and the Safety Office carried out Manual Handling Assessments.

Developing Competence

Fire Marshal Training

The University is required to make suitable arrangements for the evacuation of all persons from buildings in the event of fire or other emergency. At Lancaster the procedure is to evacuate everybody when a fire alarm is activated, whether it is a genuine emergency or a false alarm.

Porters and Security Officers play an important role in the fire evacuation procedures on site and often have to manage fire incidents when they occur. They are the University's Fire Marshals. It is therefore important to ensure that they have the training to equip them to respond to and manage incidents when they occur.

Porters and Security Officers undertook refresher training in 2010 to ensure that they maintained their level of competence in relation to this aspect of their role

The training capitalised on their knowledge of the campus and the activities that take place and placed these experiences in the context of the identification of hazards and risk in relation to fire. The key message for fire marshals is to take no risks and helping them to identify these is vital to their personal safety and health.

With changes in the response by Lancashire Fire and Rescue service to emergency calls it is likely that a review of the training for fire marshals will be made with a view to further improvement in the quality of the training.



General Risk Assessment Training

The Health and Safety Executive [HSE] has begun to look at the raft of current health and safety legislation; there are 131 pieces of health and safety specific legislation. Legislation in general is moving towards a more risk based approach which, when sensible risk management is applied, allows for less bureaucracy. It will be more important in the future for people who have health and safety responsibilities in the workplace to be able to carry out risk assessments competently and to be able to tell the difference between a suitable and sufficient assessment and one that is not.

The organisation must set the standard and this standard must be closely monitored and managed but training in this skill will be essential to the development of a culture where those who need to carry out regular risk assessment are competent to do so.

In 2010 the safety Office trained only 20 people in risk assessment and this included training in COSHH [Control of Substances Hazardous to Health]. Evidence from audits and accidents and incidents investigated by the Safety Office in recent years suggests that this should be higher and needs to be addressed in the future in a more proactive and targeted manner.

Developing Competence

The Future of Safety Training

Training is a key contributor to building the skills and knowledge required by the workforce to undertake their roles and responsibilities. Effective training builds confidence and can have a positive impact on the culture of an organisation. This is a key target for the safety office over the next few years.

The new Safety Office team have significant experience and competence in training and this will be more effectively and efficiently deployed.

Beginning in 2011 the Safety Office will launch a workforce-wide health and safety training needs analysis. This will build a profile of the strengths and weaknesses in the current system allowing a more targeted approach to be taken to build the health and safety skills and knowledge required by the organisation as a whole.



In the short term the objective is to develop a schedule of training that meets the needs of staff at all levels of responsibility and to address the needs of students, particularly post graduate research students.

As part of the needs analysis the Safety Office will also undertake an investigation into the feasibility of running certificated courses which are recognised by national governing bodies. The purpose of this is to identify ways in which value can be added to the learning experience of staff and possibly students at Lancaster University.

Occupational Health Function

2010 saw a return to an in-house provision for the Occupational Health function.

The Occupational Health Nurse is managed by the Head of Safety and complements much of the work carried out by the Safety Office. The Occupational Health Nurse provides help and support to staff of all grades in relation to health and the impacts that ill health can have on work and vice versa.

Her work time is divided between HR Partners, Wellbeing and the Safety Office. In addition to giving advice and support on health related matters within the workplace she has been involved with a number of health and wellbeing initiatives.

In relation to the work of the Safety Office she has conducted Health Surveillance on staff who work in the School of Health and Medicine's Physiological Services Unit. This has taken the form of lung function testing, maintenance staff have undergone audiometry testing as part of a screening process for noise induced hearing loss and where specific health related issues have been identified she has also performed workstation assessments.

Communicating Safety Procedures

Induction Training and Briefing

The Safety Office plays a role in the induction process for the University for both staff and students.

Every member of staff who attends the Welcome to Lancaster session receives a comprehensive introductory guide to safety policy and procedures and the opportunity to participate in an exercise to become familiar with the use of fire extinguishers.

In 2010 there were 7 ‘Welcome to Lancaster’ induction sessions and 109 new members of staff attended. This always serves as a useful opportunity to introduce staff to the Safety Office and to make them aware of the service it provides to the University.

The Safety Office also plays a role in providing new students on arrivals weekend with a general briefing on Fire Safety and the University’s Emergency procedures. The students not only receive an introductory talk but also a demonstration of the effective use of fire fighting equipment from an external provider. For those who attend this is often a memorable experience.

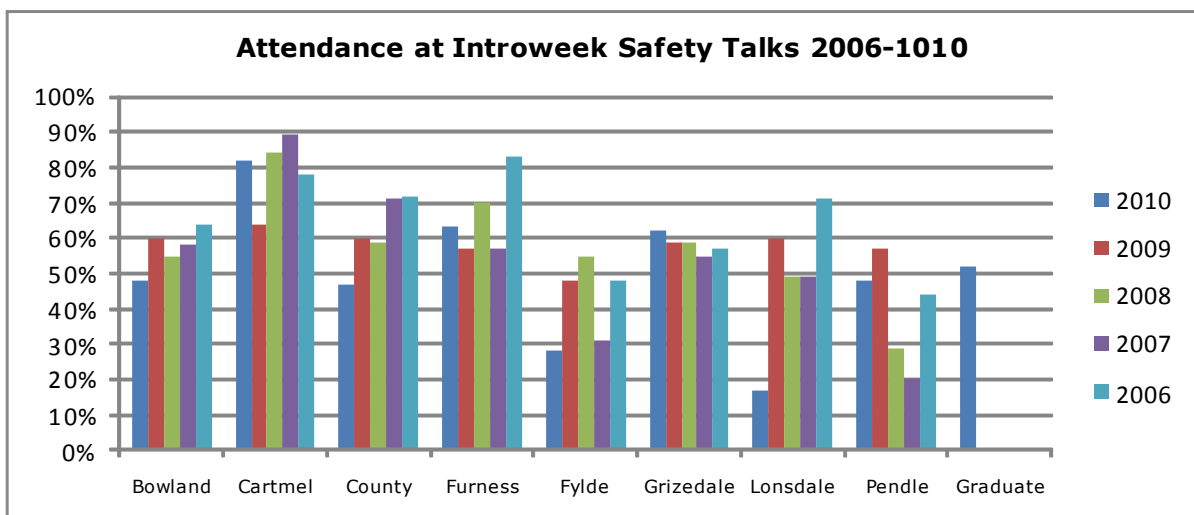
In 2010 the Graduate College were included for the first time in a number of years and with the support of the Graduate College Principal there was a good level of attendance.

Attendance is reliant on the efforts of the JCRs within the Colleges and it can be seen from the chart [below] that Cartmel College is a consistently high performer when it comes to promoting fire safety.

The safety talks are important to the new students as well as the University. They set out important procedures which may contribute to saving lives. They are also an opportunity to communicate some of the issues that commonly occur within residences particularly where mistakes can be made.

The greatest number of attendances by the Lancashire Fire and Rescue Service are to student residences.

Future work in this area will focus on the use of e-learning opportunities to communicate health and safety information in advance of the arrivals weekend as a means of reinforcing the message.



Duties to Consult

University Health and Safety Committee

The University Health and Safety Committee was established in order to comply with the Safety Representatives and Safety Committees Regulations 1977.

The purpose of the committee is to enable consultation between management and employees on matters relating to health and safety. The committee comprises management representatives and trade union appointed representatives. The committee meets 3 times each year. It receives and comments on a range of matters including proposed new safety policies, proposed amendments to existing safety policies, reports of accidents, fires and safety training, reports of safety audits conducted by the Safety Office and reports of other matters relating to health and safety.

In 2010 a number of policy updates were recorded at the University Health and Safety Committee and these included:

Section 6—PAT [Portable Appliance Testing] Testing

Section 7—Smoke Free Workplace

Section 9—COSHH [control of Substances hazardous to Health]

Section 17—Risk Assessment

Section 18—First Aid

Section 21—Fieldwork

Section 25—Work Placements

Section 28—Working Overseas

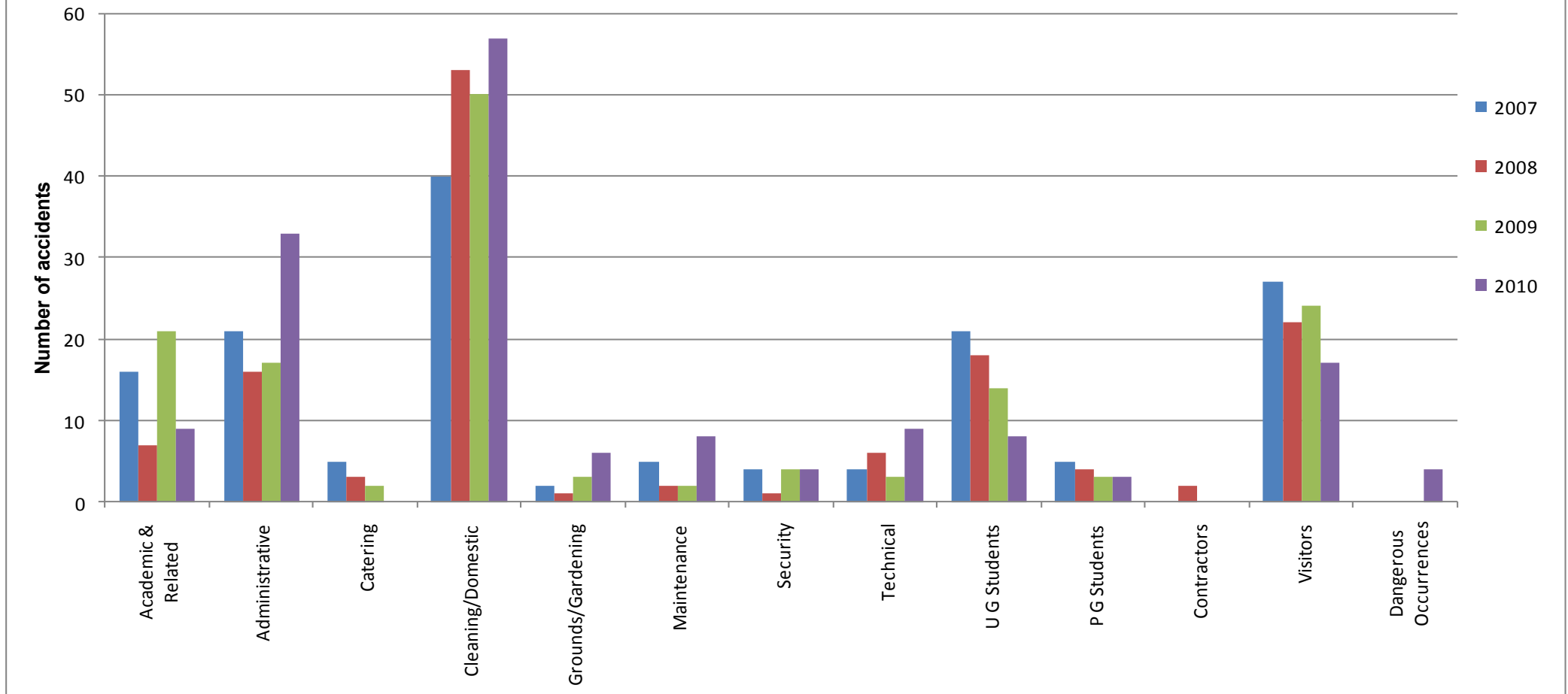
Section 31—DSEAR [Control of Dangerous Substances and Explosive Atmospheres]

The Safety Office may from time to time carry out investigations as the result of near miss incidents or dangerous occurrences. Dangerous occurrences are defined in the RIDDOR Regulations and a number of types of incidents fall within its scope.

Explosions fall within the definition of a dangerous occurrence and in 2010 two such events occurred both within the same Department. This was investigated by the Safety Office and an action plan for improvement was drawn up as a consequence. A series of training sessions addressing risk assessment and the supervision of research students were delivered by the Safety Office.

2010 saw a return to in house occupational health services. The committee welcomed back Dr Paul Tynan as the University's Occupational Health Physician and created an in-house role for an Occupational Health Nurse. This has been a very positive decision and compliments the work of the Safety Office whilst the majority of the focus is with work undertaken by HR Partners.

LANCASTER UNIVERSITY Comparison of numbers of accidents between 2007 and 2010 by staff group



LANCASTER UNIVERSITY

Comparison of accident rates between 2007 and 2010 by staff group

