

# PERFORMANCE PORTFOLIO (HEALTH & SAFETY CONSULTATIVE GROUP) DECISION SCHEDULE



Thursday 26<sup>th</sup> February 2009

at 9.30am or immediately following Performance Portfolio  
being held at 9.00am whichever is the later

in Committee Room B,  
Civic Centre, Hartlepool

Councillor Pamela Hargreaves, Cabinet Member responsible for Performance,  
Councillors Gibbon and Sutheran will consider the following items:-

1. **KEY DECISIONS**

No items

2 **OTHER ITEMS FOR DECISION**

2.1 Strategic Health And Safety Action Plan – *Chief Personnel Officer*

3. **ITEMS FOR INFORMATION / DISCUSSION**

3.1 Health And Safety Roles And Responsibilities Of Elected Members – *Chief Personnel Officer*

3.2 Prevention Of Violence And Aggression To Employees – *Chief Personnel Officer*

3.3 April 28<sup>th</sup> - Workers Memorial Day - Secretary, *Hartlepool Joint Trades Union Committee*

4. **REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

No items

**PERFORMANCE PORTFOLIO (HEALTH AND  
SAFETY CONSULTATIVE GROUP)**

Report to Portfolio Holder  
26 February 2009



**Report of:** Chief Personnel Officer

**Subject:** STRATEGIC HEALTH AND SAFETY ACTION PLAN

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**SUMMARY**

**1. PURPOSE OF REPORT**

To seek Portfolio Holder's endorsement of a Strategic Health and Safety Action Plan for the authority.

**2. SUMMARY OF CONTENTS**

The report provides the background to the development of a Strategic Health and Safety Action Plan and seeks the endorsement of the Portfolio Holder.

**3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

**4. TYPE OF DECISION**

Non-key decision.

**5. DECISION MAKING ROUTE**

Portfolio Holder only.

**6. DECISION(S) REQUIRED**

To endorse the Strategic Health and Safety Action Plan.

**Report of:** Chief Personnel Officer

**Subject:** STRATEGIC HEALTH AND SAFETY ACTION PLAN

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## **1.0 PURPOSE OF REPORT**

- 1.1 To seek the Portfolio Holder's endorsement of the attached action plan to develop the strategic management of health and safety, improve consistency across departments and ensure that the responsibility for key health and safety risks are allocated at the appropriate level.

## **2.0 BACKGROUND**

- 2.1 In October 2007 the Health and Safety Executive (HSE) published a document entitled Leading Health and Safety at Work <http://www.hse.gov.uk/pubns/indg417.pdf> which provided guidance to senior managers of organisations on how to put in place effective arrangements for managing health and safety.
- 2.2 In order to improve employees' health and thereby reduce sickness absence work has been ongoing to develop a Wellbeing Strategy. As part of the development work for this strategy some of the current arrangements regarding health and safety management have been reviewed and whilst this did not take the form of a full audit of the Council's systems and procedures it has identified some areas for improvement.

## **3.0 CONSIDERATION OF ISSUES**

- 3.1 Managers throughout the organisation address health and safety concerns on a day to day basis through the allocation of appropriate resources, adoption of procedures and/or safe systems of work. However there is no explicit strategy outlining health and safety goals towards which the Council is working and consequently there is a potential gap between the Senior Management of the Council i.e. the Mayor, Cabinet or Corporate Management Team and the health and safety activities in departments.
- 3.2 The Council's Health and Safety Policy was adopted in July 2005 and is due to be reviewed. The policy in its current form requires all departments to interpret it and then put in place their own policies. This approach does result in some duplication and there is a risk of an inconsistent approach across the Council
- 3.3 In order to address the potential gap between the Council's most senior managers and the work undertaken in departments, and also to coincide with the significant changes as part of the business transformation programme, it is proposed to revise the Council's Health and Safety Policy to

reflect these changes and adopt a Strategic Health and Safety Action plan (Appendix 1) to ensure that health and safety is an integral part of what the Council does.

- 3.4 Following the corporate restructure current department policies will not need to be reviewed or revised with this simpler and co-ordinated approach. Departments however, will still need to ensure the completion of appropriate risk assessments, the adoption of safe methods of work and implementation of appropriate procedures within their areas of control.

#### **4.0 RECOMMENDATION**

- 4.1 That the Portfolio Holder endorses the Strategic Health and Safety Action Plan as attached in **Appendix 1**.

#### **5. BACKGROUND PAPERS**

Leading Health and Safety at Work  
<http://www.hse.gov.uk/pubns/indg417.pdf>

#### **6. CONTACT OFFICER**

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## 2.1 Appendix 1

### Wellbeing Strategy Hartlepool Borough Council – Strategic Health and Safety Action Plan

Strategic Aim	Stage	Projects	Work Activities	Target Date	Completed Date	Who By
Strategic Goal 4 of the People Strategy	1. Policy	Ensure that the H&S Policy is effective and contributes to business performance.	1. Review HBC H&S Policy so that it is clear and appropriate to the aims and objectives of the Council's activities and the role of the Council in the community.	September 2009		HSW Manager
			2. Consult with Corporate Management Team/Trade Unions on the contents of the policy	August 2009		HSW Manager
			3. HBC Health and Safety Policy to be agreed and signed by the Chief Executive/ Portfolio holder and the Elected Mayor	September 2009		Chief Exec./ Elected Mayor
			4. Ensure that all H&S related policies reflect the corporate policy.	April 2010		Department directors
			5. Develop and implement arrangements for the regular review of the corporate policy and associated policies	September 2009		HSW Manager
			6. Implement arrangements for communicating the content of H&S policies and any reviews to persons under the control of the organisation and other interested parties.	September 2009		Department directors

## 2.1 Appendix 1

Strategic Aim	Stage	Projects	Work Activities	Target Date	Completed Date	Who By
Strategic Goal4 of the People Strategy	2. Planning	Hazard Identification, risk assessment and determining controls.	7. Undertake a systematic review of current risk assessments to ensure that they have considered all normal, abnormal (e.g.maintenance, cleaning) and emergency situations	April 2010		Department directors
			8. Revise hazard identification systems to ensure that areas of concern/weakness highlighted by the review are included within the riskassessment process.	July 2010		Department directors
			9. Develop and implement arrangements to ensure that occupational health and safety hazards and risks associated with significant changes in the organisation are considered prior to the introduction of these changes.	April 2010		Department directors
			10. Develop formal mechanisms for raising health and safety issues to the appropriate level of management e.g. control measures which are beyond the ability of a local manger to implement.	April 2010		Department directors
			11. Communicate these mechanisms to persons under the control of the organisation.			
Strategic Goal4 of the People Strategy	3. Implementation and Operation	Resources, roles, responsibility, accountability and authority	12. Appoint a member of Cabinet and CMT with specific responsibility for occupational health and safety.	September 2009		Mayor / Chief Exec
			13. The identity of the cabinet and CMT appointee shall be made known to all persons working under the control of the organisation.	October 2009		Department directors
			14. Roles, responsibilities, accountability and delegated authority, as regards occupational health and safety, to be	September 2009		Mayor / Chief Exec

## 2.1 Appendix 1

Strategic Aim	Stage	Projects	Work Activities	Target Date	Completed Date	Who By
			clearly identified and integrated into the Corporate Management Framework and into the competency framework.  15. Performance on occupational health and safety is to be reported to CMT, Performance Portfolio Holder and Cabinet on a regular basis. Mechanism and format to be established.	December 2009		HR Manager
Strategic Goal 4 of the People Strategy	4. Checking and Corrective Action	Performance measurement and monitoring	16. Identify key performance parameters for occupational health and safety performance for HBC.  17. Review the scope, frequency and effectiveness of the occupational health and safety inspection programme.  18. Review and improve formal monitoring arrangements e.g. CMT, DMT, LJCC and performance portfolio	June 2010  September 2009  December 2009		HR Manager  HSW Manager  HSW Manager
Strategic Goal 4 of the People Strategy	5. Management Review	Review occupational health and safety management systems at regular intervals	19. Establish a formal review mechanism for confirming the effectiveness of the health and safety management system.	September 2010		HSW Manager

# leading health and safety at work

## LEADERSHIP ACTIONS FOR DIRECTORS AND BOARD MEMBERS

1

plan

2

deliver

3

monitor

4

review



“ Board level involvement is an essential part of the 21st century trading ethic. Attitudes to health and safety are determined by the bosses, not the organisation’s size. ”

“ Health and safety is integral to success. Board members who do not show leadership in this area are failing in their duty as directors and their moral duty, and are damaging their organisation. ”

“ An organisation will never be able to achieve the highest standards of health and safety management without the active involvement of directors. External stakeholders viewing the organisation will observe the lack of direction. ”

“ Health and safety is a fundamental part of business. Boards need someone with passion and energy to ensure it stays at the core of the organisation. ”

Quotes from health and safety leaders in the public and private sectors.

## ACKNOWLEDGEMENTS

The Institute of Directors and the Health and Safety Commission would like to thank the following organisations for their help on the steering group that developed this guidance: Confederation of British Industry, Federation of Small Businesses, Institution of Occupational Safety and Health, Local Authorities Coordinators of Regulatory Services, Local Government Association, National Council for Voluntary Organisations, NHS Confederation, The Princess Alice Hospice, Trades Union Congress, University of Warwick.

# introduction

**This guidance sets out an agenda for the effective leadership of health and safety. It is designed for use by all directors, governors, trustees, officers and their equivalents in the private, public and third sectors. It applies to organisations of all sizes.\***

Protecting the health and safety of employees or members of the public who may be affected by your activities is an essential part of risk management and must be led by the board.

Failure to include health and safety as a key business risk in board decisions can have catastrophic results. Many high-profile safety cases over the years have been rooted in failures of leadership.

Health and safety law places duties on organisations and employers, and directors can be personally liable when these duties are breached: members of the board have both collective and individual responsibility for health and safety.

By following this guidance, you will help your organisation find the best ways to lead and promote health and safety, and therefore meet its legal obligations.

The starting points are the following essential principles. These principles are intended to underpin the actions in this guidance and so lead to good health and safety performance.

## ESSENTIAL PRINCIPLES

- **Strong and active leadership from the top:**
  - visible, active commitment from the board;
  - establishing effective 'downward' communication systems and management structures;
  - integration of good health and safety management with business decisions.
- **Worker involvement:**
  - engaging the workforce in the promotion and achievement of safe and healthy conditions;
  - effective 'upward' communication;
  - providing high quality training.
- **Assessment and review:**
  - identifying and managing health and safety risks;
  - accessing (and following) competent advice;
  - monitoring, reporting and reviewing performance.

\*The Health and Safety Executive (HSE) has further advice on leadership for small businesses and major hazard industries – see resources section.

## Costs of poor health and safety at work

HSE statistics reveal the human and financial cost of failing to address health and safety.

- More than 200 people are killed at work in the United Kingdom each year. This does not include work-related road deaths.
- In 2006, 30 million working days were lost in the UK to occupational ill health and injury, imposing an annual cost to society of £30 bn (more than 3% of GDP).
- Surveys show that about two million people suffer from an illness that they believe to be caused or made worse by work.
- Many thousands of deaths each year can be attributed to occupational illnesses, including some cancers and respiratory diseases.

Organisations can incur further costs – such as uninsured losses and loss of reputation.

## IN THIS GUIDANCE

The following pages set out:

- a four-point agenda for embedding the essential health and safety principles;
- a summary of legal liabilities;
- a checklist of key questions for leaders;
- a list of resources and references for implementing this guidance in detail.

The agenda consists of:

**Core actions** for boards and individual board members that relate directly to the legal duties of an organisation. *These actions are intended to set a standard.*

**Good practice guidelines** that set out ways to give the core actions practical effect. *These guidelines provide ideas on how you might achieve the core actions.*

**Case studies** selected to be relevant to most sectors.

A website, [www.hse.gov.uk/leadership](http://www.hse.gov.uk/leadership), provides links to all the resources mentioned.

## Benefits of good health and safety

Addressing health and safety should not be seen as a regulatory burden: it offers significant opportunities. Benefits can include:

- reduced costs and reduced risks – employee absence and turnover rates are lower, accidents are fewer, the threat of legal action is lessened;
- improved standing among suppliers and partners;
- a better reputation for corporate responsibility among investors, customers and communities;
- increased productivity – employees are healthier, happier and better motivated.

It includes online and downloadable versions of this guidance and further advice for small enterprises.

## Legal responsibilities of employers

Health and safety law states that organisations must:

- provide a written health and safety policy (if they employ five or more people);
- assess risks to employees, customers, partners and any other people who could be affected by their activities;
- arrange for the effective planning, organisation, control, monitoring and review of preventive and protective measures;
- ensure they have access to competent health and safety advice;
- consult employees about their risks at work and current preventive and protective measures.

Failure to comply with these requirements can have serious consequences – for both organisations and individuals. Sanctions include fines, imprisonment and disqualification.

Under the Corporate Manslaughter and Corporate Homicide Act 2007 an offence will be committed where failings by an organisation's senior management are a substantial element in any gross breach of the duty of care owed to the organisation's employees or members of the public, which results in death. The maximum penalty is an unlimited fine and the court can additionally make a publicity order requiring the organisation to publish details of its conviction and fine. (See also the back page of this guidance.)

# plan the direction for health and safety



The board should set the direction for effective health and safety management.

Board members need to establish a health and safety policy that is much more than a document – it should be an integral part of your organisation's culture, of its values and performance standards.

All board members should take the lead in ensuring the communication of health and safety duties and benefits throughout the organisation.

Executive directors must develop policies to avoid health and safety problems and must respond quickly where difficulties arise or new risks are introduced; non-executives must make sure that health and safety is properly addressed.

## CORE ACTIONS

To agree a policy, boards will need to ensure they are aware of the significant risks faced by their organisation.

The policy should set out the board's own role and that of individual board members in leading the health and safety of its organisation.

It should require the board to:

- ✓ 'own' and understand the key issues involved;
- ✓ decide how best to communicate, promote and champion health and safety.

The health and safety policy is a 'living' document and it should evolve over time, eg in the light of major organisational changes such as restructuring or a significant acquisition.

## GOOD PRACTICE

- ✓ Health and safety should appear regularly on the agenda for board meetings.
- ✓ The chief executive can give the clearest visibility of leadership, but some boards find it useful to name one of their number as the health and safety 'champion'.
- ✓ The presence on the board of a health and safety director can be a strong signal that the issue is being taken seriously and that its **strategic importance** is understood.
- ✓ Setting targets helps define what the board is seeking to achieve.
- ✓ A non-executive director can act as a scrutineer – ensuring the processes to support boards facing significant health and safety risks are robust.

## Corporate governance

For many organisations, health and safety is a corporate governance issue. The board should integrate health and safety into the main governance structures, including board sub-committees, such as risk, remuneration and audit.

The Turnbull guidance on the Combined Code on Corporate Governance requires listed companies to have robust systems of internal control, covering not just 'narrow' financial risks but also risks relating to the environment, business reputation and health and safety.

## Case study – North Staffordshire Combined Healthcare NHS Trust

The board found itself facing service improvement targets. Using new corporate and clinical guidance, it set about taking a 'whole systems' approach to managing corporate risk, giving one of its directors responsibility for the leadership of health and safety for the first time. Health and safety was also made a key item on the board agenda.

This has resulted in a much better integrated health and safety management system that increases the opportunity to identify and manage all corporate risks, and a much more open culture, improving reporting and monitoring. The board actively promotes a culture that gives staff the confidence to report incidents. This has resulted in:

- 16% reduction in incidence rates over two years;
- 10% reduction in insurance premiums.

# deliver

## health and safety

Delivery depends on an effective management system to ensure, so far as is reasonably practicable, the health and safety of employees, customers and members of the public.

Organisations should aim to protect people by introducing management systems and practices that ensure risks are dealt with sensibly, responsibly and proportionately.

### CORE ACTIONS

To take responsibility and 'ownership' of health and safety, members of the board must ensure that:

- ✓ health and safety arrangements are adequately resourced;
- ✓ they obtain competent health and safety advice;
- ✓ risk assessments are carried out;
- ✓ employees or their representatives are involved in decisions that affect their health and safety.

The board should consider the health and safety implications of introducing new processes, new working practices or new personnel, dedicating adequate resources to the task and seeking advice where necessary.

Boardroom decisions must be made in the context of the organisation's health and safety policy; it is important to 'design-in' health and safety when implementing change.

### GOOD PRACTICE

- ✓ Leadership is more effective if visible – board members can reinforce health and safety policy by being seen on the 'shop floor', following all safety measures themselves and addressing any breaches immediately.
- ✓ Consider health and safety when deciding senior management appointments.
- ✓ Having procurement standards for goods, equipment and services can help prevent the introduction of expensive health and safety hazards.
- ✓ The health and safety arrangements of partners, key suppliers and contractors should be assessed: their performance could adversely affect yours.
- ✓ Setting up a separate risk management or health and safety committee as a subset of the board, chaired by a senior executive, can make sure the key issues are addressed and guard against time and effort being wasted on trivial risks and unnecessary bureaucracy.
- ✓ Providing health and safety training to some or all of the board can promote understanding and knowledge of the key issues in your organisation.
- ✓ Supporting worker involvement in health and safety, above your legal duty to consult worker representatives, can improve participation and help prove your commitment.

### Case study – British Sugar

British Sugar was devastated in 2003, when three workers died. The business had always considered health and safety a key priority but realised a change in focus was needed. It carried out a comprehensive, boardroom-led review of its arrangements. This included:

- the chief executive assigning health and safety responsibilities to all directors;
- monthly reports on health and safety going to the board;
- more effective working partnerships with employees, trade unions and others;
- overseeing an audited behavioural change programme;
- publishing annual health and safety targets and initiatives to meet them.

Results included:

- 43% drop in time lost to injuries over two years;
- 63% reduction in major health and safety issues in one year;
- much greater understanding among directors of health and safety risks.

# monitor

## health and safety



Monitoring and reporting are vital parts of a health and safety culture. Management systems must allow the board to receive both specific (eg incident-led) and routine reports on the performance of health and safety policy.

Much day-to-day health and safety information need be reported only at the time of a formal review (see action 4). But only a strong system of monitoring can ensure that the formal review can proceed as planned – and that relevant events in the interim are brought to the board's attention.

### CORE ACTIONS

The board should ensure that:

- appropriate weight is given to reporting both preventive information (such as progress of training and maintenance programmes) and incident data (such as accident and sickness absence rates);
- periodic audits of the effectiveness of management structures and risk controls for health and safety are carried out;
- the impact of changes such as the introduction of new procedures, work processes or products, or any major health and safety failure, is reported as soon as possible to the board;
- there are procedures to implement new and changed legal requirements and to consider other external developments and events.

### GOOD PRACTICE

- Effective monitoring of sickness absence and workplace health can alert the board to underlying problems that could seriously damage performance or result in accidents and long-term illness.
- The collection of workplace health and safety data can allow the board to benchmark the organisation's performance against others in its sector.
- Appraisals of senior managers can include an assessment of their contribution to health and safety performance.
- Boards can receive regular reports on the health and safety performance and actions of contractors.
- Some organisations have found they win greater support for health and safety by involving workers in monitoring.

### Case study – Mid and West Wales Fire and Rescue Service

Mid and West Wales Fire and Rescue Service recognised that it was critical to demonstrate to staff that health and safety was fundamental to the success of its overall service delivery – and that commitment to health and safety came from the top of the organisation. The director of service policy and planning was made health and safety director, and implemented a revised framework for health and safety. The director made site visits to engage the workforce and placed renewed emphasis on the need to improve incident reporting, investigation and monitoring procedures. The service has reported:

- £100 000 reduction in insurance liability premiums in one year through improved corporate strategic risk management;
- 50% reduction in sickness absence resulting from work-related injury over two years;
- 50% reduction in injury rates over three years.

# review

## health and safety

A formal boardroom review of health and safety performance is essential. It allows the board to establish whether the essential health and safety principles – strong and active leadership, worker involvement, and assessment and review – have been embedded in the organisation. It tells you whether your system is effective in managing risk and protecting people.

### CORE ACTIONS

The board should review health and safety performance at least once a year. The review process should:

- ✓ examine whether the health and safety policy reflects the organisation's current priorities, plans and targets;
- ✓ examine whether risk management and other health and safety systems have been effectively reporting to the board;
- ✓ report health and safety shortcomings, and the effect of all relevant board and management decisions;
- ✓ decide actions to address any weaknesses and a system to monitor their implementation;
- ✓ consider immediate reviews in the light of major shortcomings or events.

### Auditing and reporting

Larger public and private sector organisations need to have formal procedures for auditing and reporting health and safety performance. The board should ensure that any audit is perceived as a positive management and boardroom tool. It should have unrestricted access to both external and internal auditors, keeping their cost-effectiveness, independence and objectivity under review.

Various codes and guides (many of them sector-specific) are available to help organisations report health and safety performance and risk management as part of good governance. See resources section.

### GOOD PRACTICE

- ✓ Performance on health and safety and wellbeing is increasingly being recorded in organisations' annual reports to investors and stakeholders.
- ✓ Board members can make extra 'shop floor' visits to gather information for the formal review.
- ✓ Good health and safety performance can be celebrated at central and local level.

### Case study – Sainsbury's

Sainsbury's rethought its approach to health and safety after an external audit highlighted the need for a more unified approach across the company. The key element was a health and safety vision, set out by the group HR director and backed by a plan that included targets over three years.

As part of the plan, all board directors were given training on health and safety responsibilities. Health and safety now regularly features on board agendas.

The business benefits include:

- 17% reduction in sickness absence;
- 28% reduction in reportable incidents;
- improved morale and pride in working for the company, as indicated by colleague surveys.



# when leadership falls short

When board members do not lead effectively on health and safety management the consequences can be severe. These examples mark issues for all boards to consider.

## Competent advice, training and supervision

Following the fatal injury of an employee maintaining machinery at a recycling firm employing approximately 30 people, a company director received a 12-month custodial sentence for manslaughter. The machinery was not properly isolated and started up unexpectedly. An HSE and police investigation revealed there was no safe system of work for maintenance; instruction, training and supervision were inadequate. HSE's investigating principal inspector said: 'Evidence showed that the director chose not to follow the advice of his health and safety advisor and instead adopted a complacent attitude, allowing the standards in his business to fall.'

## Monitoring

The managing director of a manufacturing company with around 100 workers was sentenced to 12 months' imprisonment for manslaughter following the death of an employee who became caught in unguarded machinery. The investigation revealed that, had the company adequately maintained guarding around a conveyor, the death would have been avoided. The judge made clear that whether the managing director was aware of the situation was not the issue: he should have known as this was a long-standing problem. An area manager also received a custodial sentence. The company received a substantial fine and had to pay the prosecution's costs.

## Risk assessment

A company and its officers were fined a total of £245 000 and ordered to pay costs of £75 500 at Crown Court in relation to the removal of asbestos. The company employed ten, mostly young, temporary workers; they were not trained or equipped to safely remove the asbestos, nor warned of its risk. The directors were also disqualified from holding any company directorship for two years and one year respectively.

## Legal liability of individual board members for health and safety failures

If a health and safety offence is committed with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the organisation, then that person (as well as the organisation) can be prosecuted under section 37 of the Health and Safety at Work etc Act 1974.

Recent case law has confirmed that directors cannot avoid a charge of neglect under section 37 by arranging their organisation's business so as to leave them ignorant of circumstances which would trigger their obligation to address health and safety breaches.

Those found guilty are liable for fines and, in some cases, imprisonment. In addition, the Company Directors Disqualification Act 1986, section 2(1), empowers the court to disqualify an individual convicted of an offence in connection with the management of a company. This includes health and safety offences. This power is exercised at the discretion of the court; it requires no additional investigation or evidence.

Individual directors are also potentially liable for other related offences, such as the common law offence of gross negligence manslaughter. Under the common law, gross negligence manslaughter is proved when individual officers of a company (directors or business owners) by their own grossly negligent behaviour cause death. This offence is punishable by a maximum of life imprisonment.

Note: equivalent legislation exists in Northern Ireland, ie article 34A of the Health and Safety at Work (Northern Ireland) Order 1978 and article 3(1) of the Company Directors Disqualification (Northern Ireland) Order 2002.



# health and safety leadership checklist

This list is designed to check your status as a *leader* on health and safety. See the resources section for advice and tools that may help you answer these questions.

- ☒ How do you demonstrate the board's commitment to health and safety?
- ☒ What do you do to ensure appropriate board-level review of health and safety?
- ☒ What have you done to ensure your organisation, at all levels including the board, receives competent health and safety advice?
- ☒ How are you ensuring all staff – including the board – are sufficiently trained and competent in their health and safety responsibilities?
- ☒ How confident are you that your workforce, particularly safety representatives, are consulted properly on health and safety matters, and that their concerns are reaching the appropriate level including, as necessary, the board?
- ☒ What systems are in place to ensure your organisation's risks are assessed, and that sensible control measures are established and maintained?
- ☒ How well do you know what is happening on the ground, and what audits or assessments are undertaken to inform you about what your organisation and contractors actually do?
- ☒ What information does the board receive regularly about health and safety, eg performance data and reports on injuries and work-related ill health?
- ☒ What targets have you set to improve health and safety and do you benchmark your performance against others in your sector or beyond?
- ☒ Where changes in working arrangements have significant implications for health and safety, how are these brought to the attention of the board?

# key resources

A dedicated web page has been created to provide boards and board members with further advice and guidance. It includes links to various publications and websites, as well as online and downloadable versions of this guidance.

**The web page can be found at: [www.hse.gov.uk/leadership](http://www.hse.gov.uk/leadership)**

You can get further information from the following organisations:

**Health and Safety Executive (HSE)** ([www.hse.gov.uk](http://www.hse.gov.uk))

- *Successful health and safety management* HSG65 HSE Books 1997 ISBN 978 0 7176 1276 5
- *Leadership for the major hazard industries* Leaflet INDG277(rev1) [www.hse.gov.uk/pubns/indg277.pdf](http://www.hse.gov.uk/pubns/indg277.pdf)
- small businesses
- principles of sensible risk management
- measuring health and safety performance
- competent health and safety assistance
- worker involvement
- case studies and tools
- enforcement

**Health and Safety Executive for Northern Ireland** ([www.hseni.gov.uk](http://www.hseni.gov.uk))

**Institute of Directors (IoD)** ([www.iod.com](http://www.iod.com))

- dedicated web page at: [www.iod.com/hsguide](http://www.iod.com/hsguide)
- *Wellbeing at work: A Director's Guide* IoD 2006 ISBN 978 1 9045 2048 1

**Institution of Occupational Safety and Health (IOSH)** ([www.iosh.co.uk](http://www.iosh.co.uk))

- *Questioning performance: The director's essential guide to health, safety and the environment* IOSH ISBN 978 0 901357 37 3
- toolkits
- competent health and safety assistance

**Royal Society for the Prevention of Accidents (RoSPA)** ([www.rospace.com](http://www.rospace.com))

- DASH: Director Action on Safety and Health
- GoPoP: Going Public on Performance – measuring and reporting on health and safety performance
- case studies

**Trades Union Congress (TUC)** ([www.tuc.org.uk](http://www.tuc.org.uk))

- safety representatives

**Business Link** ([www.businesslink.gov.uk](http://www.businesslink.gov.uk))

- managing health and safety

**European Agency for Safety and Health at Work** ([www.osha.europa.eu](http://www.osha.europa.eu))

## ABOUT THIS GUIDANCE

This guidance, issued jointly by the Institute of Directors and the Health and Safety Commission, is addressed to directors (and their equivalents) of corporate bodies and of organisations in the public and third sectors. Such organisations are required to comply with health and safety law. Although reference is made to existing legal obligations, following the guidance is not in itself obligatory. However, if you do follow it you will normally be doing enough to help your organisation meet its legal obligations.

In considering the liability of an organisation under the Corporate Manslaughter and Corporate Homicide Act 2007, a jury must consider any breaches of health and safety legislation and may have regard to any health and safety guidance. In addition to other health and safety guidance, this guidance could be a relevant consideration for a jury depending on the circumstances of the particular case.

## FURTHER INFORMATION

HSE priced and free publications are available by mail order from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA  
Tel: 01787 881165 Fax: 01787 313995 Website:  
[www.hsebooks.co.uk](http://www.hsebooks.co.uk) (HSE priced publications are also available from bookshops and free leaflets can be downloaded from HSE's website: [www.hse.gov.uk](http://www.hse.gov.uk).)

For information about health and safety ring HSE's Infoline Tel: 0845 345 0055 Fax: 0845 408 9566 Textphone: 0845 408 9577  
e-mail: [hse.infoline@natbrit.com](mailto:hse.infoline@natbrit.com) or write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

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**PERFORMANCE PORTFOLIO (HEALTH AND  
SAFETY CONSULTATIVE GROUP)**

Report to Portfolio Holder  
26<sup>th</sup> February 2009



**Report of:** Chief Personnel Officer

**Subject:** HEALTH AND SAFETY ROLES AND RESPONSIBILITIES  
OF ELECTED MEMBERS

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**SUMMARY**

**1. PURPOSE OF REPORT**

To provide an overview of a recent publication regarding the health and safety roles and responsibilities of elected members.

**2. SUMMARY OF CONTENTS**

The report provides details of a recent publication regarding the roles & responsibilities of the elected members as regards health and safety and proposes an internal awareness raising process.

**3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

**4. TYPE OF DECISION**

Non-key decision.

**5. DECISION MAKING ROUTE**

Portfolio Holder only

**6. DECISION(S) REQUIRED**

To note the report.

**Report of:** Chief Personnel Officer

**Subject:** HEALTH AND SAFETY ROLES AND  
RESPONSIBILITIES OF ELECTED MEMBERS

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## **1.0 PURPOSE OF REPORT**

- 1.1 To provide further information on a recent publication regarding the influence elected members can make towards the health and safety performance of the local authority.

## **2.0 BACKGROUND INFORMATION**

- 2.1 In August 2002, seven members of the public died and 180 people suffered ill health as a result of an outbreak of legionella at a council-owned arts and leisure facility in the town centre of Barrow-in-Furness, Cumbria. The subsequent court case resulted in the Council being fined £125000 and £90000 costs with a senior manager of the Council being fined personally £15000.

- 2.2 In order to learn from the failures which lead to the Barrow incident two public meetings were held. At these meetings six specific failures were identified which could equally apply to other similar organisations such as Hartlepool Borough Council.

Failure 1: Poor lines of communication and unclear lines of responsibility

Failure 2: Failure to act on advice and concerns raised

Failure 3: Failure to carry out risk assessments

Failure 4: Poor management of contractors and contract documentation

Failure 5: Inadequate training and resources

Failure 6: Individual failings

- 2.3 What also became apparent following the hearings is that elected members could have influenced Council arrangements to avoid some of the systematic failures which resulted in the incident.

## **3.0 PUBLICATION**

- 3.1 To raise elected members' awareness of the unique position they have as regards influencing the health and safety performance of the local authority the Institute of Occupational Safety and Health (IOSH) in association with other health and safety bodies have produced a document entitled – "Think about health and safety – what elected members of local authorities need to know" a copy of this document is attached as **Appendix 1**.

- 3.2 In addition to the general guidance provided in the publication it provides specific advice to members of the Cabinet and particularly yourself as Portfolio Holder regarding your unique position as regards health and safety.
- 3.3 To ensure elected members are aware of this publication I propose to place a copy of this document in the member's library and include reference to the publication in the next member's newsletter.

#### **4.0 RECOMMENDATIONS**

- 4.1 To note the content of the publication and endorse the awareness raising of the publication.

#### **5.0 BACKGROUND PAPERS**

"Think about health and safety – what elected members of local authorities need to know"

#### **6.0 CONTACT OFFICER**

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# Think about health and safety

What elected members of local  
authorities need to know





## Who are we?

The Institution of Occupational Safety and Health (IOSH) is Europe's largest professional health and safety organisation. With more than 34,000 members, we play a vital role in providing advice to both public and private sector employers on effectively managing health and safety. IOSH has charitable status, is incorporated by Royal Charter, and has over 13,000 Chartered Safety and Health Practitioners.

Chartered Members develop strategies to cut down injury and ill health. This not only helps to prevent unnecessary suffering, but also increases profit margins and competitiveness and, in the public sector, frees up resources and leads to better services.

If you'd like to learn more about IOSH, or are interested in supporting one of our campaigns, please call our Communications team on 0116 257 3189.



## Why do you need to think about health and safety?

“The [health and safety] failings were not only at the lowest levels... those failings went all the way, I am afraid to say, to the top of the council in terms of its serving officers. It is likely they went beyond the officers to the councillors”

– Mr Justice Burnton, judge in the case against Barrow Borough Council following the deaths of seven people (2006)

“All elected members still have a responsibility for ensuring health and safety within the authority”

– Joyce Edmond-Smith, Health and Safety Commission, urging elected members to take their health and safety responsibilities seriously (2003)

“There was a written policy on health and safety, which as a matter of drafting was a thing of... some beauty. If it had existed beyond its existence on paper, it would have very substantially mitigated the blameworthiness of those representing the Borough”

– Mr Justice Burnton (2006)

“We want to focus our attention on practical steps that protect people from real risks that can lead to injury and even death – we do not want to stop people from living their lives”

– Geoffrey Podger, Chief Executive, Health and Safety Executive, urging local authorities to join the ‘Sign up to sensible risk’ campaign (2007)

## Playing a key role in local communities

As a councillor of a local authority you may be unclear about your role in relation to health and safety. This IOSH booklet provides some timely and pertinent prompts to help you think through the issues you may need to consider in your local authority (LA).

The role of local authorities in relation to health and safety is multifaceted:

- > LAs are the Health and Safety Executive's partners as regulators of workplaces, seeking to ensure that dutyholders manage workplaces in a way which assures the health and safety of their workforce and those affected by work activities
- > LAs are major employers and therefore have a more direct concern for ensuring that the senior management team as dutyholders themselves are assuring the health and safety of employees and those affected by the way the LA delivers services
- > LAs are major purchasers of services from other organisations and as such have a great opportunity to influence health and safety standards within those contracted supplier organisations.

As your partners, your regulator and the regulators of those to whom you contract activities, we in the HSE are here to support you, to offer advice and guidance.

We welcome this contribution from IOSH to help you find your way through a complex multidimensional role.

[Judith Hackitt, Chair, Health and Safety Executive](#)

A safe and healthy workforce is a prerequisite to the delivery of excellent services to local communities. As elected members you have a significant part to play in securing the health and safety of your council's workforce.

This booklet is designed specifically for local authority elected members and gives good guidance on the action which members, and particularly portfolio holders, should be taking to ensure that employees, service users, clients and members of the public are not put at risk.

The Local Government Association and Local Government Employers fully support this initiative by IOSH and I commend this booklet to you.

[Sir Steve Bullock, Chair, Local Government Association Human Resources Panel and Local Government Employers Board](#)

**Elected members have a key role to play in ensuring the health, safety and wellbeing of entire communities.**

Your decisions have a major influence on both local authority staff and the public, so I would urge you to read this booklet and take the many important messages on board.

The wealth of information in here will help you make the right decisions to ensure no-one is put at serious risk.

The booklet is fully endorsed by CoSLA, and I hope you will see it as an invaluable supporting resource for your role.

[Councillor Michael Cook, Strategic Human Resource Management Spokesperson, Convention of Scottish Local Authorities](#)

## Making a difference to health and safety in your authority

**Do you know the risks the people in your authority face? Are you setting the right strategy and budget? Do the decisions you make as an elected member mean that people are at risk?**

Since the introduction of the Local Government Act 2000, the role of elected members has changed for good, and for the good. Councillors have far more power and responsibility than before.

You're not responsible for managing health and safety services on a day-to-day basis – this is down to the officers in charge of service provision. But it's vital for you to understand the strategic way in which you can and do affect health and safety management in your authority – by what you say, what you do and what you decide. It's also important that you're aware of your potential liabilities as a body – and as an individual – in terms of both criminal and civil law.

As someone who has spent more than 40 years working in the local authority sector, I'd like to remind you that as a decision-maker in perhaps the largest employer in your county, district or borough, you can have a significant influence on health and safety standards not just for your own workers, but for the contractors and suppliers working for you too. On top of this, thousands of members of the public can be affected by what you decide.

And don't forget that getting health and safety management right reaps other rewards. It's no coincidence that organisations with an excellent safety record are also the most efficient – the operational discipline which delivers great safety also delivers efficiency.

*Ray Hurst, Immediate Past President, Institution of Occupational Safety and Health*

*Think about health and safety is supported by*



This document is based on work carried out by the IOSH Public Services Group.

## Take time to think about health and safety

We know that as an elected member of a local authority you have a huge range of responsibilities to juggle. But taking a little time to think about how you and your colleagues manage health and safety is well worth doing. After all, we're talking about your most valuable 'resource' – people.

The UK has over 400 local authorities, employing more than 2 million people. While health and safety standards in authorities are generally good, too many employees are killed or injured in accidents each year. In one recent year, 19 public service employees were killed and more than 6,500 suffered major injuries.\*

Local authorities are complex organisations. And while no two authorities are structured or function in exactly the same way, at the core of every authority are its elected members. Put simply, elected members make decisions that impact on a wide range of workplaces – civic offices, schools, leisure centres, sports halls, town halls, sheltered housing complexes, children's homes, multi-storey car parks and so on.

Local authorities are also responsible for the health and safety of contractors they engage to help them provide services – from refuse collection to personal care – as well as the major construction and maintenance projects they manage and finance. In a typical year, the public sector spends over £35 billion on construction.

And, of course, it doesn't stop there – on top of employees and contractors, millions of service users and customers are affected. Local authorities, and those elected to govern them, have huge responsibilities to the people in their community, not just those who work for them.

### Your role

Elected members provide their authority with leadership, direction and strategy, and allocate budgets to enable services to be delivered to the local community. It's these strategies that are then implemented, through paid officers, using the budget that's been allocated.

As an elected member, because of the influence you have on budget and policy decisions, you can affect how health and safety is managed. If a cabinet system operates in your authority and you're a cabinet member, you could be considered to have more individual influence – in effect, a "directing mind" under criminal law, with all the implications and responsibilities associated with this role. If you have health and safety as part of your portfolio you must lead in this area, making sure that you have the right policy and strategy and that objectives are delivered. It's your responsibility to keep the cabinet or executive aware of key issues. You also need to make sure that you have professional health and safety advice, the right resources, and that staff and their representatives are on board.

### Think about health and safety

This free booklet looks at the impact of getting health and safety wrong and how to get it right.

We've also developed a PowerPoint presentation for health and safety professionals to use as part of training sessions for elected members. The presentation can be downloaded at [www.iosh.co.uk/electedandsafe](http://www.iosh.co.uk/electedandsafe).

\*Figures include public administration, education, health and social work, and sewage and refuse disposal.

### Who is responsible for health and safety?

In most local authorities, the chief executive is at the top of the organisational structure and has overall responsibility for health and safety. But a recent prosecution (see box) has seen the courts question this, raising the issue of the potential responsibility of the council leader and elected members.

In 2003, Joyce Edmond-Smith of the Health and Safety Commission wrote to council leaders urging them to take their health and safety responsibilities seriously. She said:

*There is a collective responsibility for providing leadership and direction, which means that all elected members still have a responsibility for ensuring health and safety within the authority. The goal of effective management of occupational health and safety is more likely to be achieved where all elected members have a proper understanding of the risks, the systems in place for managing the risks and an appreciation of the causes of any failures.*

This letter was referred to in the HSE's Barrow report and its contents commended to council leaders. You'll find it as appendix 3 of the 'Report of the public meetings into the legionella outbreak in Barrow-in-Furness', [www.hse.gov.uk/legionnaires/barrowreport.pdf](http://www.hse.gov.uk/legionnaires/barrowreport.pdf).

The Health and Safety Commissioner also recommended that:

- > a senior elected member should be given responsibility for health and safety
- > the elected member should be given training
- > local authorities should set targets for reducing the number of injuries and cases of ill health
- > regular reports should be produced on how targets are being met.

In the private sector, directors are expected to set the scene for the safety culture in their business – in local authorities, you play a similar role in influencing attitudes. 'Leading health and safety at work', guidance recently issued by the Health and Safety Commission and Institute of Directors, reinforces this.

### A landmark case – Barrow Borough Council

In 2002, an outbreak of legionnaire's disease at an arts and leisure centre run by Barrow Borough Council led to the deaths of seven people. Nearly 200 people were infected.

The Council was charged with manslaughter but Mr Justice Poole dismissed the charge. He stated:

*It is far from clear to me that even the Chief Executive Officer could properly be described as the controlling mind of a Council of Elected Members.*

The Council was prosecuted under the Health and Safety at Work Act and pleaded guilty. Mr Justice Burnton said that he would normally have imposed a fine of more than £1 million, but he was reluctant as it would have had a direct impact on taxpayers and service provision. Even so, he fined the Council £125,000 plus £90,000 costs:

*One of the purposes of a financial penalty is to demonstrate to those council taxpayers, to the electorate and to councillors the importance and the gravity of matters such as this.*

In his summing up of the case, he stated:

*The failings were not only at the lowest levels... those failings went all the way, I am afraid to say, to the top of the council in terms of its serving officers. It is likely they went beyond the officers to the councillors, because there is no evidence that there was proper attention given to health and safety within the borough.*

Barrow Council leader Bill Joughin said:

*We had policies written on paper but ... it was not part of the culture of the organisation, and there was no chain of command. We ticked all the boxes, but there was not a procedure which ensured it was all adhered to.*

### An accident waiting to happen?

People don't have to get hurt for an organisation to end up in court. When legionella was found in the air cooling system of a national museum, the Board of Trustees was fined £500 and made to pay £35,000 prosecution costs.

### Your authority's role

Some councils are health and safety enforcing authorities. Their officers inspect, give advice to and if necessary take action against businesses mainly in the service sector, including retail, banking and finance and entertainment. Because of this, local authorities are expected to be exemplars of health and safety, showing a good example to others. This is echoed in the government's 'Revitalising health and safety' strategy, which states that:

*Government must lead by example. All public bodies must demonstrate best practice in health and safety management. Public procurement must lead the way on achieving effective action on health and safety considerations and promoting best practice right through the supply chain. Wherever possible, wider government policy must further health and safety objectives.*

And in its document 'A strategy for workplace health and safety in Great Britain to 2010 and beyond', the government highlights the need for local authorities and other stakeholders to do more to improve standards of health and safety. The HSE is currently working with local councils and other stakeholders to review the health and safety strategy.

Improvements in health and safety also contribute to a number of government priorities, highlighted in the Local Government National Indicators. So, health and safety should feature in the priorities and strategies in local and multi-area agreements.

### Think about...

- > If a local business complained about enforcement action by the authority for something that the authority itself was failing to do in its role as an employer, how would you react? Do you think your authority would find it difficult to take proceedings against the business?
- > When you set budgets, or cut them, is it at the expense of health and safety risk management?
- > Is your authority creating unnecessary risks for contractors in the way contracts are specified?
- > Do you show your own commitment to health and safety when you speak to people in service teams?

## When things go wrong – the law

### The law – criminal

All employers in the UK, including local authorities, have a duty under the Health and Safety at Work Act to protect the health and safety of workers and members of the public who could be affected by their work. This includes work that you award to contractors.

On top of the Act, there's a whole range of regulations, covering areas including asbestos, domestic gas and construction.

The Corporate Manslaughter and Corporate Homicide Act came into force in 2008 and covers both public and private sectors.

Before this Act, if people were killed while working for or affected by a large, complex organisation it was difficult to get the evidence of a director's gross negligence needed to secure a conviction. Only cases involving directors of small businesses tended to reach the courts because the actions of an individual director could be more readily linked to someone's death. Now an organisation can be found guilty of corporate manslaughter where it can be put down to a general collective failure in how things were organised and managed by senior management, leading to a gross breach of duty of care linked to a death. Juries will consider issues ranging from whether health and safety guidance was followed, to the organisation's culture. Senior people – those making significant decisions about an organisation or substantial parts of it – will be under scrutiny. And that could include elected members.

### The law – civil

Local authorities have a 'duty of care' to their employees and anyone else who might be affected by what they do. It's this area of law – civil – that allows authority employees who are injured or suffer ill health at work to make compensation claims, and members of the public to claim for injuries when they think the authority has been negligent.

### Think about...

- > Has your authority faced enforcement action for failing to meet legal requirements in the last few years? What happened as a result?
- > How many civil claims have been made against your authority in the last few years? How many went to court? How many were settled out of court?
- > How much has legal action cost your authority?

### More info...

- > Find out more about the new Corporate Manslaughter and Corporate Homicide Act at [www.justice.gov.uk/publications/corporatemanslaughter2007.htm](http://www.justice.gov.uk/publications/corporatemanslaughter2007.htm)  
[www.cps.gov.uk/legal/a\\_to\\_c/corporate\\_manslaughter/index.html](http://www.cps.gov.uk/legal/a_to_c/corporate_manslaughter/index.html)  
[www.hse.gov.uk/corpmanslaughter](http://www.hse.gov.uk/corpmanslaughter)  
[www.lge.gov.uk/lge/core/page.do?pageId=119849](http://www.lge.gov.uk/lge/core/page.do?pageId=119849)

### When things go wrong – penalties

If someone working for the local authority or a member of the public dies or is seriously injured because of the authority's negligence, the case will probably end up in court. This could result in:

- > a fine for the authority – with a knock-on effect on the budget
- > a fine for council officers, and possibly even for you as an individual
- > higher insurance premiums
- > bad publicity for the authority, both locally and nationally
- > bad publicity for you as an individual elected member
- > imprisonment.

Under the new Health and Safety Offences Act, if a guilty verdict is handed down for a health and safety offence, lower courts will be able to impose a fine of up to £20,000, and higher courts will be able to set an unlimited fine. Prison is now an option for nearly all offences. The new Corporate Manslaughter and Corporate Homicide Act brings unlimited fines, and they're likely to be substantial.

When your authority breaches health and safety law, prosecution isn't the only penalty you could suffer. If, for example, there's been a serious accident during a council-run refuse collection service, HSE inspectors could then judge it to be unsafe, and issue:

- > an improvement notice, or
- > a prohibition notice.

The first would mean you'd have to take some action to correct the problem. This could be costly in terms of time and resources, both of which will have to be taken away from other priorities.

The second would stop the service immediately. In this example, the refuse collection would be cancelled, leaving you with the problem of how to continue to deliver the service to residents. As well as being costly, the negative publicity would be damaging to your authority's reputation.

### Think about...

- > How does your authority meet its legal obligations in relation to health and safety?
- > How do you influence the way your authority meets these obligations?
- > Do any decisions made by you and other elected members obstruct or prevent your authority from meeting its legal obligations?
- > Do elected members have a role to play in health and safety strategy?
- > If health and safety goes wrong, are you liable for prosecution?
- > Do you make decisions that make you a "controlling mind" of the authority?



### When things go wrong – the fallout

There are, of course, clear ethical reasons for making sure that people are protected in your authority.

As an elected member, you've been chosen to serve your local community – and many of the people who work in your authority will live, and vote, there too.

If someone is killed at work, then this will inevitably hit the headlines. The family and the community can be devastated. But remember that serious accidents and illness cases can have a major impact too. People can be left unable to work and with their lives damaged irrevocably.

### Think about...

- > How would you feel if someone in your ward was badly injured, or even killed?
- > What would the impact be on the community that you represent if a resident was killed or seriously hurt because of something that the authority did or didn't do?



### • Did you know?

In a single recent year in the UK:

- > there were 299,000 serious work accidents. Two hundred and twenty-nine people died
- > around 21,000 people had hearing loss caused by work
- > around 20,000 people believed they had a work-related skin disease
- > more than half a million people suffered from a work-related musculoskeletal problem
- > about 442,000 people believed they were suffering from stress, depression or anxiety caused by their work

### When things go wrong – the cost of accidents

Good health and safety management is important from a moral and legal perspective. But there is also a persuasive financial case for cutting down on accidents and ill health.

While you may have insurance policies to cover accidents, the direct costs are outweighed by the indirect costs, which can be between eight and 36 times as much as the direct costs. Also, some local authorities pay the first £250,000 of a claim, meaning that only the most expensive claims are paid for by their insurance. In recent years, the cost of meeting claims in the public sector has risen sharply.

The 'hidden', indirect costs that you can't insure against include:

- > sick pay
- > extra wages or overtime to cover the worker's absence
- > loss of productivity and the cost of having to hire and train new staff
- > fines
- > legal costs
- > damage to machines, equipment or property
- > time and money spent on investigating the accident and preparing the claim
- > an increase in insurance premiums
- > reputation damage.

And don't forget that planning safety into projects and jobs can help identify more cost-effective ways of doing things that may not have been considered otherwise.

### Think about...

- > How many accidents were reported in your authority last year?
- > How many accidents resulted in absence from work?
- > How much do accidents and ill health cost your authority every year?
- > How many insurance claims were brought against your authority last year as a result of accidents? What was the average payment for each claim?
- > Does your authority only recognise costs when paying out directly for things that have gone wrong?
- > Would having an effective health and safety management system save your authority money by reducing the numbers of accidents and claims?
- > What would the electorate think if your council received a large fine because of an accident to a local authority employee, and the only way of paying it was to increase council tax or cut services?
- > Would taking a proactive approach to health and safety save your authority money?



### Did you know?

- > A city council was fined £125,000 plus £40,000 costs after a refuse lorry killed an 11-year-old girl
- > A county borough council was fined £60,000 plus £22,000 costs after a man died in a care home – poor maintenance and training was to blame
- > A metropolitan borough council was fined £400,000 and over £30,000 costs following a local death
- > A district council was fined £18,000 plus £7,000 costs after problems with asbestos exposure at a leisure centre

### When things go wrong – the cost of ill health

The most common illnesses and medical conditions that people develop in the course of their work include stress and musculoskeletal disorders. They're a significant cause of sickness absence, both short and long term, often resulting in a long term chronic illness.

For employers, including local authorities, occupational ill health can reduce productivity, increase the cost of hiring new staff, and result in civil claims or retirements with enhanced sickness payments. These directly affect your authority's budget.

Helping people to come back to work after they've been off with an injury or serious illness can make sound economic sense, as well as bringing benefits to the business and people involved. One manufacturing company reported that for every £1 it spent on its rehabilitation initiative, it saved £12.

Under the Health, Work and Well-being strategy, the government aims to get 1 million people off benefit and back to work. Local authorities are likely to play a major role in this, not only in their capacity as an employer, but through their links with local business and as community leaders.

### More info...

- > The HSE's Ill Health Cost Calculator helps you work out the costs of employees who are off because of a work-related illness. Find out more at [www.hse.gov.uk/costs/downloadcalc/ill\\_health\\_costs\\_calcv2\\_1.html](http://www.hse.gov.uk/costs/downloadcalc/ill_health_costs_calcv2_1.html)
- > Health Work Wellbeing's toolkit helps organisations put a cost on ill health. Find out more at [www.workingforhealth.gov.uk/Employers/Tool](http://www.workingforhealth.gov.uk/Employers/Tool)
- > Compare how many days your authority loses to ill health at [www.hse.gov.uk/statistics/dayslost.htm](http://www.hse.gov.uk/statistics/dayslost.htm)
- > The HSE's management standards can help manage stress and cut down absence. Find out more at [www.hse.gov.uk/stress/standards](http://www.hse.gov.uk/stress/standards)

### Think about...

- > What's your authority's sickness absence record? How much is down to work?
- > Does your authority carry out pre-employment health checks?
- > Do you have health surveillance procedures for specific risks such as vibration and noise?
- > Did you know that it's a legal requirement to report work-related illnesses such as hand-arm vibration syndrome?
- > Do you consult with staff on health issues?
- > Do you run health promotion campaigns?
- > Would reducing occupational ill health save the authority money?
- > Would having a good rehabilitation programme save the authority money? Would investing in early treatment, such as physiotherapy, help people get back to work quicker?



### Did you know?

- > The Chartered Institute of Personnel and Development estimates that, for local government, sickness absence costs over £584 per worker per year
- > IOSH research found that people working in the public sector report more work-related illness than those in the private sector
- > Nationally, a total of 13.5 million working days were lost to stress, depression and anxiety in a single recent year
- > The biggest single cause of absence in local government is attributed to common mental health problems including anxiety, stress and depression, accounting for around 23 per cent of all days off work
- > A local authority worker suffering from vibration white finger was awarded £42,000 compensation – there was no monitoring and no suitable equipment
- > An improvement notice was served on a city council because it had no central management system for health risks

### Getting health and safety right – policy and management

By law, organisations that employ five or more people must have a written health and safety policy.

*There was a written policy on health and safety, which as a matter of drafting was a thing of... some beauty. If it had existed beyond its existence on paper, it would have very substantially mitigated the blameworthiness of those representing the borough.*

This comment, by Mr Justice Burnton in the case against Barrow Borough Council (see page 05), highlights the fact that your health and safety policy should be more than just lip service to meet legal compliance. It should define your arrangements for managing health and safety risks, and identify the people who have specific roles and responsibilities in carrying it out.

The policy should be reviewed periodically and kept up to date. Implementation arrangements should be realistic and achievable and measured against improvement targets. Regular reviews and audits will help check delivery of the policy objectives and how efficient the management system is.

Your management system should allow the cabinet or executive to receive both specific – related to an incident or accident – and routine reports on health and safety performance, to make sure the policy is being delivered. You should also report publicly on your performance. This shows commitment to health and safety as well as helping to focus on your own record and consider what more you need to do. Being open about performance promotes trust with stakeholders, and improves your reputation with them.

### Think about...

- > Do the health and safety policies in your authority come before elected members for approval? Do you know what these policies are?
- > Is your policy communicated to everyone at the authority?
- > Do you have responsibilities within your authority's health and safety policies?
- > Do you make sure that the decisions you make don't go against the policies?
- > Do you make sure that your policy and risk management process are reviewed in the light of health and safety performance reports?

### More info...

- > The HSE offers free guidance on management systems at [www.hse.gov.uk/pubns/manindex.htm](http://www.hse.gov.uk/pubns/manindex.htm)
- > The HSE operates an online benchmarking tool to help large organisations measure how effective their internal controls are and how they perform against others in the same sector. Find out more about the Corporate Health and Safety Performance Indicator at [www.chaspi.info-exchange.com](http://www.chaspi.info-exchange.com)
- > Download the Institute of Directors/Health and Safety Commission guidance for directors and equivalents, 'Leading health and safety at work', at [www.hse.gov.uk/leadership/index.htm](http://www.hse.gov.uk/leadership/index.htm)

### Getting health and safety right – advice

As an employer, local authorities must have access to competent health and safety advice – it's the law.

While you're not responsible for employing or hiring someone to give you advice, it's worth checking that your authority gets competent advice, and that the advisers are suitably qualified and experienced, with the right skills and knowledge.

If you want expert advice on health and safety management, you can do no better than talk to a Chartered Safety and Health Practitioner. IOSH members commit to Continuing Professional Development to make sure that their skills and expertise are kept up to date, and work to a strict code of conduct. The IOSH Public Services Group has 3,500 members, all involved with work in the public sector.

Don't overlook the 'health' in 'health and safety'. It's critical to make sure that your authority has access to sound occupational health advice – ill health caused or made worse by work costs councils twice as much as reported accidents. Your occupational health service should work closely with health and safety and HR professionals to manage health risks, as well as getting people back to work successfully after they've been off with a serious illness or injury. And as the local government working population is growing older it's worth considering setting up a wellbeing programme – this sort of initiative can improve health, attendance and service delivery.

IOSH believes that the key to successful health and safety management is to get strong, committed leadership, involve workers in the decisions that affect them, and act on the advice of properly qualified and experienced health and safety professionals.

### Think about...

- > Does your authority employ or hire people who are competent to give advice?
- > Does your health and safety policy identify the 'competent person'?
- > Do you have contact with the people who are giving your authority health and safety advice?
- > Has your authority carried out an occupational health needs assessment to check whether you have the right level of expertise and service available?

### More info...

- > IOSH's Get the Best campaign is calling for regulation of the health and safety profession. We're concerned that when unqualified people give advice this can result in wasted resources at best, and ruined or lost lives at worst. Get details at [www.iosh.co.uk/getthebest](http://www.iosh.co.uk/getthebest)
- > The Association of Local Authority Medical Advisers offers information on occupational health advice. Find out more at [www.alama.org.uk](http://www.alama.org.uk)
- > Health Work Wellbeing's toolkit helps organisations measure how successful their wellbeing programmes are. Find out more at [www.workingforhealth.gov.uk/Employers/Tool](http://www.workingforhealth.gov.uk/Employers/Tool)
- > IOSH has a free online Occupational Health Toolkit to help tackle the main work health issues at [www.ohtoolkit.co.uk](http://www.ohtoolkit.co.uk)

### Getting health and safety right – training

Everyone at work should have training in health and safety. The type of training they need depends on their job and the level they're at in the organisation.

'Front line' employees need to be trained in the basics of health and safety, such as safe systems of work. They may also need training in areas including using equipment safely, lifting loads without hurting themselves and using computers in the right way.

Training for managers and supervisors can be formal or informal. The aim of the training should be to help them plan work safely and understand the implications for themselves and the local authority if they don't.

The people at the top, including members who have a portfolio or scrutiny function, need to know their broad strategic responsibilities. They don't have to know the detail, but they must have an understanding of the issues, and recognise the commitment and resources needed to make sure that health and safety is managed properly.

### Think about...

- > What training have you been given to help you understand your health and safety role and responsibilities?
- > What training do employees and managers get?
- > How much does your authority spend on health and safety training each year? Do you use in-house or external health and safety trainers?
- > Do the trainers you use have the right experience and qualifications for the job?
- > How can training people in health and safety help to cut down accidents and ill health, and save money and improve service delivery in the long run?

### More info...

- > Download 'Setting standards in health and safety', IOSH's free guidance on training and competence, at [www.iosh.co.uk/technical](http://www.iosh.co.uk/technical)
- > Ask the health and safety team at your authority for a brief training session to help you understand your responsibilities – there's a PowerPoint presentation to go with this booklet
- > Find out about IOSH's range of training courses at [www.iosh.co.uk/training](http://www.iosh.co.uk/training)

## Getting health and safety right – sensible risk management

*We want to focus our attention on practical steps that protect people from real risks that can lead to injury and even death – we do not want to stop people from living their lives*

– Geoffrey Podger, Chief Executive, HSE

Risk management is about identifying significant risks and taking practical action to reduce them.

Sensible health and safety risk management is about:

- > making sure that workers and the public are properly protected
- > balancing benefits and risks, with a focus on reducing real risks – both those which come up more often and those with the potential for serious consequences
- > enabling innovation and learning, not stifling them
- > making sure that those who create risks manage them responsibly
- > helping people understand that, as well as the right to protection, they also have to take responsibility for themselves and others.

Sensible health and safety risk management isn't about:

- > creating a totally risk-free society
- > generating useless paperwork
- > scaring people by exaggerating or publicising trivial risks
- > stopping important recreational and learning activities for people where the risks are managed
- > reducing the protection of people from risks that could cause real harm.

Local authorities can demonstrate their commitment to no-nonsense risk management by joining the HSE's 'Sign up to sensible risk' campaign.

### Think about...

- > Does your authority tackle business risk sensibly?
- > Does your authority make decisions based on the fear of litigation or on the basis of real risk?
- > Does your authority hide behind health and safety as an excuse for not doing things?
- > Who is making risk-averse decisions in your authority?
- > Does your authority challenge the media if 'health and safety' is wrongly blamed for a decision it's made?

### More info...

- > IOSH's 'Stop taking the myth!' campaign challenges cases where 'health and safety' is used as an excuse not to do something, or to justify an unpopular decision. We believe that this does more than just give health and safety management a bad name. It distracts people from what health and safety is really about – stopping illness, injury and death. Find out more at [www.iosh.co.uk/campaigns](http://www.iosh.co.uk/campaigns)
- > Use IOSH's Risk Management Reality Checklist as a guide – download it at [www.iosh.co.uk/sensiblesafety](http://www.iosh.co.uk/sensiblesafety)
- > Look at the HSE's sensible risk site at [www.hse.gov.uk/risk/principles.htm](http://www.hse.gov.uk/risk/principles.htm)
- > Find out which councils have signed up to sensible risk management and get involved at [www.hse.gov.uk/risk/signup.htm](http://www.hse.gov.uk/risk/signup.htm)

Health and safety doesn't fit into a neat box. It's relevant in every department at your authority, and to every activity that's carried out. Health and safety is part of everything you do.

Think about how well you understand the issues in the service areas that you're involved with – not just for employees, but for service users and members of the public too.

We've identified the top five issues for local authorities – these are arguably the main 'hot spots' for the sort of work your authority carries out. You'll no doubt find that other issues make the headlines in your organisation – but this is a good starting point for your thinking. Remember, too, that different activities can be put under different headings. For example, injuries from falls from a height are a common cause of death, but they don't just happen in construction – you'll need to consider places including schools and offices as well.

- > **Construction** – this covers a huge range of operations, including property maintenance and management, refurbishment, demolition and excavation, as well as specific problem areas such as asbestos and legionella
- > **Transport** – again, there's a lot covered in this category, including highways maintenance, road safety, depot management, pedestrian access, school transport and occupational road risks. Just think about how many people in the authority are involved in transport in one form or another
- > **Fire** – the sheer size of your authority's property portfolio makes this an important area. Think about, in particular, places like care homes, where some people will need special 'evacuation plans' because of disability
- > **Mental health problems** – these are the biggest cause of sickness absence in local government. Stress, anxiety and depression are the main issues
- > **Musculoskeletal injuries** – bad backs, muscle damage and sprains are all too common. Injuries aren't just caused by lifting or moving heavy things – repetitive tasks such as intensive keyboard use can also be to blame, along with slip or trip accidents



## Need to know more?

‘Leading health and safety at work’, Institute of Directors and Health and Safety Commission,  
[www.hse.gov.uk/leadership/index.htm](http://www.hse.gov.uk/leadership/index.htm)

‘Your council’s role in health and safety regulation’ – this councillor’s handbook explains the council’s enforcing role, HSE/LACORS, <http://news.hse.gov.uk/2008/07/07/your-councils-role-in-health-and-safety-regulation>

## Useful weblinks

[www.iosh.co.uk](http://www.iosh.co.uk)  
[www.ohtoolkit.co.uk](http://www.ohtoolkit.co.uk)  
[www.wiseup2work.co.uk/whac](http://www.wiseup2work.co.uk/whac)  
[www.cosla.gov.uk](http://www.cosla.gov.uk)  
[www.gmb.org.uk](http://www.gmb.org.uk)  
[www.hse.gov.uk](http://www.hse.gov.uk)  
[www.hse.gov.uk/myth](http://www.hse.gov.uk/myth)  
[www.lge.gov.uk](http://www.lge.gov.uk)  
[www.unison.org.uk](http://www.unison.org.uk)

We’d like to thank members of the IOSH Public Services Group for their work on this guide. We’d also like to thank the Convention of Scottish Local Authorities, GMB, Health and Safety Executive, Local Government Employers and Unison for their support.

We welcome all comments aimed at improving the quality of our guidance. Please send your feedback to the Head of Publishing, at [caroline.patel@iosh.co.uk](mailto:caroline.patel@iosh.co.uk).

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IOSH is Europe's leading body for health and safety professionals. We have over 34,000 members worldwide, including 13,000 Chartered Safety and Health Practitioners.

The Institution was founded in 1945 and is an independent, not-for-profit organisation that sets professional standards, supports and develops members and provides authoritative advice and guidance on health and safety issues. IOSH is formally recognised by the ILO as an international non-governmental organisation.

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**PERFORMANCE PORTFOLIO (HEALTH AND  
SAFETY CONSULTATIVE GROUP)**

Report to Portfolio Holder  
26 February 2009



**Report of:** Chief Personnel Officer

**Subject:** PREVENTION OF VIOLENCE AND AGGRESSION TO  
EMPLOYEES

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**SUMMARY**

**1. PURPOSE OF REPORT**

To provide an update on progress towards the adoption of robust procedures for the protection of employees from violence or aggression or threats of such actions.

**2. SUMMARY OF CONTENTS**

The report provides an update on the development of a system for difficult-to-deal-with individuals and premises that should be subject to additional control measures.

**3. RELEVANCE TO PORTFOLIO HOLDER**

Corporate issues.

**4. TYPE OF DECISION**

Non-key decision.

**5. DECISION MAKING ROUTE**

Portfolio Holder only

**6. DECISION(S) REQUIRED**

To note the report.

**Report of:** Chief Personnel Officer

**Subject:** PREVENTION OF VIOLENCE AND AGGRESSION  
TO EMPLOYEES

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## **1.0 PURPOSE OF REPORT**

- 1.1 To provide further information on progress towards the adoption of robust procedures for the protection of employees from violence or aggression or threats of such actions.

## **2.0 Progress to date**

- 2.1 In January 2008 you were provided with an update on the position as regards the implementation of the Employee Protection Register. As it has been a year since this report was provided it is an opportune time to provide a further update on the system and the associated procedures regarding violence and aggression.
- 2.2 Each department has now demonstrated a commitment to ensuring the system operated as it was intended. There are now over 600 employees who can log onto the system and can check the register prior to undertaking a visit or can do so on behalf of their team.
- 2.3 Training has been rolled out across the various departments to ensure that staff are aware of their responsibilities regarding data protection issues and that the register is used appropriately.
- 2.4 The Violence and Aggression to Staff (VAS) working group meets regularly to monitor the implementation of the system.
- 2.5 Any change in employee confidence in the Council's commitment and ability to reduce the risk of a potentially violent or abusive incident occurring is currently being measured as part of the Employee Survey. Depending upon the analysis of the responses to the questions the Council will need to consider what further precautions may be necessary.
- 2.6 At this time we are unable to establish the effectiveness of the system at preventing an incident however consideration is being given now regarding the usage of the system by employees and the value and effectiveness of providing monitoring information to managers.
- 2.7 Discussions are on-going with other public sector agencies in Hartlepool about sharing information as well as with another local authority who has shown interest in using the system in their own locality.

**3.0 RECOMMENDATION**

To note the report.

**4.0 BACKGROUND PAPERS**

Performance Portfolio Holder Report – Prevention of Violence and Aggression to Employees - January 2008

**5.0 CONTACT OFFICER**

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# HARTLEPOOL JOINT TRADES UNION COMMITTEE

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Joanne Machers  
Chief Personnel Officer  
Hartlepool Borough Council

16/01/08 (by email)

Dear Joanne,

**Report to Performance (Health & Safety Consultative) Portfolio Holder's meeting**  
**Thursday 26<sup>th</sup> February 2009**

## **April 28<sup>th</sup> - Workers Memorial Day**

Please see attached an interim report from Hartlepool Trades Union Council on arrangements for the Workers Memorial Day Service, Tuesday 28<sup>th</sup> April 2009, 12.30pm, Christchurch TIC & Art Gallery, Church Square, Hartlepool. This year the event is preceded by a Northern TUC Health & Safety Training Seminar to be held on Tuesday 28<sup>th</sup> April 2009, 10.00am, Centenary Suite, Hartlepool United Football Club, Hartlepool (see interim report)

HJTUC recognize the importance of the event and request that the Portfolio Holder give consideration to the following:-

- a) The Authority consider authorising a minutes silence at 12.30pm on Tuesday 28<sup>th</sup> April 2009, in remembrance of 'those workers who have lost their lives through industrial accident or disease'
- b) The Authority gives consideration to authorising the lowering of flags on public buildings on Tuesday 28<sup>th</sup> April 2009.
- c) The Authority gives consideration to allowing the sale of the Workers Memorial Day remembrance forget-me-not purple ribbons on Council premises to staff and public.
- d) The Authority gives consideration to assisting in promoting the event to the wider public.

The Theme for this years Workers Memorial Day is 'Prevention of Occupational Fatalities'

Employees who have died through Industrial Accident or Disease whilst trying to earn an honest living for themselves and their families are not publicly remembered on any other day

Edwin Jeffries  
Secretary.

# Hartlepool Trades Union Council

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## **Workers Memorial Day Service & Wreath Laying Ceremony 2009** **Update on arrangements.**

The service will take place on Tuesday 28<sup>th</sup> April 2009, 12.30pm, Christchurch TIC & Art Gallery, Church Square, Hartlepool and the laying of the wreaths will follow at the Workers Memorial in Church Square, Hartlepool.

The honoured guests include (\*Laying of wreath):-

Charles Ward, General Secretary, A.E.P. - Guest Speaker\*

Andrew McDonald, Partner, Thompsons Solicitors. - Guest Speaker

Andy Ballard, President, ATL – Guest Speaker

Wilf Flynn, Executive Council member, UCATT – Guest Speaker

Cllr C Richardson, Chairman, Hartlepool Borough Council\*

Iain Wright MP

Cleveland Fire Authority\*.

Fire Brigades Union representatives\*

Officiates – Mgr Gerard Dasey, Vicar General, Catholic Diocese, Middlesbrough and Deacon, Tony Brooke.

Bereaved family members.\*

Paul Walker, Chief Executive, HBC\*

Cath Purdy, Chief Executive, Housing Hartlepool\*

Christopher Humpleby – UNISON retired members\*

The themes for the 2009 International Workers Memorial Day under the banner of ‘Unionised Workplaces – Safer Workplaces’ include “Preventing Occupational Fatalities”

A lone Scottish piper will be playing in Church Square from 11.45am and will ‘pipe’ guests and attendees from / to Christchurch at 12.20pm to take their seats in time for the minutes silence at 12.30pm at the start of the service.

After the Service the Wreath Laying Ceremony will take place at the Workers Memorial in Church Square.

**Remember the Dead                      &                      Fight for the Living**

**Edwin Jeffries**  
**President**  
**HTUC.**

*Sponsorship agreed by Thompsons Solicitors, UNISON Hartlepool and Browell Smith & Co Solicitors*

**Northern TUC Health & Safety Seminar  
Tuesday 28<sup>th</sup> April 2009, 10.00am, Centenary Suite, HUFC, Hartlepool**

Work is ongoing with NTUC regarding the NTUC H&S training seminar to be held in Hartlepool on the morning (10.00am – 12 noon) at Centenary Suite, HUFC. The theme for the event will be Preventing Occupational Fatalities and will include speakers:-

- Ian McFall, HSE (update on legislation)
- Chris Gillies / Speaker – Browell Smith & Co (Prosecutions)
- Stuart Langston, HBC – (Employee Protection Register).

This is only the second time that the NTUC has agreed to hold a Training Seminar in Hartlepool and will attract local, regional and national attendees / invitees. Stuart Langston (HBC) will be presenting a report on the progress Hartlepool Borough Council has made, working with partners, on the Employee Protection Register

Certificates to those Health & Safety representatives who have recently completed TUC Health & Safety Course Stage 3 will be presented at this Training Seminar.

**Hartlepool College of Further Education**

Work is also ongoing with Hartlepool College of F.E. on producing a DVD prior to the event on the History of Workers Memorial Day and also then to include a record of the event (service & wreath laying). This will then be used as the basis for an educational presentation to students. Potential of linking the event with the Learn and Live Campaign. Possibility of an H&S Seminar to take place on the morning of Workers Memorial Day (11.15am) with speakers (possibly Ian McFall, HSE). Concept of a “living” tree being incorporated into the ‘new build’ – HCFE to work with students and to survey (last 10yrs) fatalities. Next meeting in 25<sup>th</sup> February 2009 to look at all issues.

**Wreath Laying**

Work is ongoing regarding the Laying of wreaths for this year’s ceremony but it is envisaged that an increased number from last year will be the outcome with other TU branches / organisations wishing to lay wreaths.

**Ongoing Arrangements**

Work will continue on arrangements for the Workers Memorial Day Service & Wreath Laying Ceremony and also to link in with the NTUC & HCFE.

Catering arrangements, tea & coffee etc. prior to the event in Hartlepool TIC and Art Gallery, Christchurch and the tea & coffee & buffet etc potentially in Christchurch or Hartlepool College of Further Education are still being finalised.

Edwin Jeffries,  
President



(updated 16<sup>th</sup> February 2009)

## April 28th – International Workers Memorial Day

### Dead, but not forgotten

“The Westray story is a story of incompetence, of mismanagement, of bureaucratic bungling, of deceit, of ruthlessness, of cover-up, of apathy, of expediency and of cynical indifference”. Mr Justice K. Peter Richard, Commissioner, Westray Mine Public Inquiry.

Above all else, the Westray story is a story of preventable tragedy. Most occupational injuries, diseases, and deaths are preventable. Unfortunately in many workplaces throughout the world a commitment to prevention remains less of a priority than other corporate goals.

Nowhere was this more evident than at Westray. On May 9<sup>th</sup> 1992, 26 miners employed at Westray mine in Pictou County, Nova Scotia were killed as a result of a methane gas explosion.

A two-year public inquiry into the disaster, headed by Justice K. Peter Richard, found many disturbing facts. In his findings Justice Richard wrote: “The evidence before this inquiry compels but one conclusion – the Westray operation defied the fundamental rules and principles of safe mining practice. Management failed to adopt and effectively promote a safety ethic underground. Instead, management, through its actions and attitudes, sent a different message – Westray was to produce coal at the expense of worker safety”.

As many are aware, this is not a unique story. The International Confederation of Free Trade unions (ICFTU) estimates more than 1.2 million workers die each year from unsustainable forms of production. This amounts to 3,300 per day. Approximately 335,000 of these deaths result from occupational accidents, 12,000 of which claim the lives of children. 325,000 are due to occupational diseases most of which result from exposure to hazardous substances. Another 300,000 cases per year are unaccounted for. In addition over 160 million new cases continue to be reported each year about workers who are injured or get work related diseases.

Although no country can lay claim to not having anyone die, countries where trade union rights are least respected tend to be those where workplace death and injuries are highest. In 1998 alone, 123 trade unionists were murdered, 1,650 attacked or injured, 3,660 arrested, and a massive 21,427 sacked for trade union activities.

This is the tip of the iceberg. Studies related to the documenting and reporting of accidents or injuries show a great proportion of cases that never reported. For each reported case about another ten are not. A doubling or tripling of official fatality or injury estimates might more accurately reflect the real situation.

Responding to this epidemic, Canadian trade unionists established a day of remembrance for all victims of work related injuries, diseases and fatalities. The Canadian Labour Congress (CLC) first declared April 28<sup>th</sup>, Canada's National day of Mourning, in 1984.

It was on this day in 1914 that the Ontario Legislature enacted Canada's first comprehensive Workers Compensation Act. The Day of Mourning has now been officially recognised by the federal government, each province and by thousands of municipalities across the country. This day is increasingly recognised by trade unions, social justice groups and concerned citizens around the world. In fact events are now held in communities in more than 90 countries.

The way we mark this day is evolving. Sponsored by District Labour Councils and trade councils across Canada, Day of Mourning events initially consisted of simple ceremonies where workers and their families gathered at a prominent location in the community such as City Hall or Municipal Park. Individuals spoke about the meaning of the day and a moment of silence observed.

Through efforts of an increasing number of committed activists, surviving family members, friends, neighbours, students and other concerned citizens, commemoration continues, but now in many different ways. Each April 28<sup>th</sup>, church bells ring, candles are lit, black armbands worn, wreaths are laid, trees are planted, flags hang at half staff and workers put down their tools to remember and recommit.

Mourning the dead is an important part of this day. Fighting for the living, however, is also of utmost importance. For many, this day marks the beginning of a new year in which they will initiate actions in their workplaces and communities aimed at ending the preventable tragedies and suffering.

Throughout the year, workers, unions and social justice groups are initiating public education campaigns. These efforts often focus on issues like occupational disease and the ongoing contamination of our communities by the same toxins to which workers are exposed in the workplace. These campaigns have fuelled public interest. As events grow and the community gets more involved local media has increased their coverage of the Day of Mourning events. This translates into even greater public awareness.

Although not a new practice, health and safety activists, surviving family members and other concerned citizens have also undertaken campaigns to raise funds in order to erect monuments in prominent locations within their communities. Once erected, these monuments become the focal point for Day of Mourning events. Equally important they become educational tools for the entire community throughout the year.

Whether a monument is an anonymous tribute to fallen workers or memorialises a specific tragic event is of less significance than the general message it attempts to convey. It is a message of remembrance and sadness but also of hope. Hope that we can achieve safer and healthier workplaces and communities.

## **Bloodshed in the workplace**

How should we look at the carnage in the workplace?

Well, we could say that if 1.2 million workers who were slaughtered in the workplace in a year were to hold hands, they would form a human chain many miles long. Of course we know that the dead don't hold hands, so we can't use this form of measurement.

However, the blood that has been shed in the workplace can be measured by something we can all understand. For example an average worker's body holds 10 pints of blood. Then based on the statistics, the 1.2 million workers killed in one year spilled an amount of blood equal to 12 million pints.

How can we determine how much blood that really is? Well, in Canada, for instance, the Canadian Blood Services (Red Cross) uses 500,000 pints of blood a year. So, if we take the 12 million pints of blood that has been shed in the workplace and divide by 500,000, it would equal enough blood to stock Canada's blood bank for the next 24 years.

Another way to calculate how much blood that has been needlessly spilled is to figure out how many lives it could save. For example, one pint of blood can save up to four lives. Therefore 12 million pints would have the potential of saving 48 million lives. That amounts to enough blood to save 17 million more people than the total population of Canada. However this blood will not save one life, it is gone forever.

THINK ABOUT IT! The madness has got to stop.

## **History behind International Workers Memorial Day**

The Canadian Union of Public Employees became pioneers in 1984 when their National President, Jeff Rose announced at CUPE's National Health and Safety Conference in Vancouver the establishment of a Day of Mourning for workers who had been killed or injured on the job.

Delegates at the 1986 Canadian Labour Congress Convention followed suit and passed a resolution calling for the recognition of April 28<sup>th</sup> for the Day of Mourning. This particular day was chosen because it was on that day in 1914 that the province of Ontario passed the first Workers Compensation Legislation in Canada.

In the later part of 1990, New Democratic Party MP Rod Murphy (Churchill) introduced a private member's Bill calling for the government of Canada to recognise April 28<sup>th</sup>. After receiving full party support, Murphy's bill was passed into law with Royal Assent on February 1<sup>st</sup>, 1991.

History was made; Canada officially became the first country in the world to recognise April 28<sup>th</sup> as the Day of Mourning. As we enter into the year 2000, Canadian workers should be pleased to know that the Day of Mourning is now practiced by trade unionists in over 80 countries worldwide.

(above extracts taken from *Dead, But Not Forgotten - Morts, mais pas oubliés* by Ed Thomas)

## **Empty Shoes**

No more footsteps on the path as you come home  
I just sit here with my grief – so all alone  
No key is turned by you in our front door  
No sound of walking to me across our floor  
I've cried so much my eyes are red and sore  
Empty shoes, no more you – just empty shoes

When the kids cry out "I want my dad"  
We cuddle up for comfort when we're sad.  
And we whisper that we miss you  
Want to hear your voice, be with you  
We want and need to kiss you  
Left with memories – and empty shoes.

The boss sent you alone, to mend the roof  
No harness, no mate – you fell with a "whoosh"  
No safety there to guard your health.  
Your life forfeit to bring others wealth  
Now I'm without your dearest self  
My empty arms – your empty shoes

Your broken body lay in the dirt  
Your lifeblood drained amidst your hurt  
To honour your great sacrifice  
I hope your workmates unionise  
And do it soon before another dies  
In remembrance of you – no more empty shoes.

This poem by health and safety campaigner Wendy Lawrence, was penned after she'd read about yet another avoidable death caused by work. It reflects on the tragic and needless waste of someone's life and the effect on those they leave behind.