

Buckinghamshire Fire & Rescue Service

Health and Safety Annual Report 2012/13



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1 Foreword

"Buckinghamshire Fire & Rescue Service takes the management of safety very seriously and, as we continue our drive to ensure Buckinghamshire is the safest place in the country in which to live, work, and travel, we are mindful of the risks faced by our staff.

The safety and welfare of our employees remains our highest priority and I am delighted to learn that our drive to improve staff welfare has dramatically impacted in a positive manner upon sickness levels. This annual report identifies the work undertaken during the past year, and demonstrates to members the commitment of our Service to ensure the wellbeing of everyone within our organisation. It is particularly pleasing to note that, when we respond to emergency incidents, our firefighters continue to be among the least likely among our peer group to suffer an injury. This is testament to the practices, procedures and dedicated staff we have in place, and I congratulate all in the Service for the success we have achieved.

We have a new team leading the services health and Safety Management System and their early progress has been encouraging and very effective. The fact that so much continued improvement is noted is testament to their professionalism and hard work. "

Mark Jones
Chief Fire Officer
Buckinghamshire Fire & Rescue service

"I am pleased to have continued as the lead member for Buckinghamshire & Milton Keynes Fire Authority in Health and Safety matters and I welcome this annual report which sets out the service's achievements. I am pleased that members are kept aware of important matters such as these and feel that our oversight helps to contribute to ensuring that both our employees and the communities we serve are safe and protected.

Although the service has not pitched for any health and safety awards in this, transitional, year, I am clear that their performance continues in a positive direction and that our crews are as protected as they can be in undertaking often difficult jobs".

Cllr David Schofield
Buckinghamshire & Milton Keynes Fire Authority Lead Member for
Health and Safety

"My recent assessment of Buckinghamshire Fire & Rescue Service (BFRS) identified no critical areas of concern in BFRS managing its insurable risk exposures and found good standards were achieved.

I evidenced a structured approach to managing risk and avoiding/defending claims, developed and implemented risk management processes and a dedicated Health and Safety Team with relevant personnel formally trained and professionally registered in terms of health and safety risk management."

Stephen Moger
Senior Risk Manager
Travelers Insurance Company Limited

2 Executive summary

2.1 The primary role of the Buckinghamshire Fire & Rescue Service (BFRS) Health and Safety Department is to develop, implement, review and maintain appropriate and effective health and safety policies, procedures, systems and managerial practices. This is achieved through following the safety management system adopted by the organisation – The Health and Safety Executive's Guide: HSG65.

We see our role as being essential to support the delivery of services to the public whilst ensuring that our staff and those affected by our activities remain safe from injury and harm. The role of the health and safety department, along with genuine commitment to health and safety from Senior Managers, assists in developing and maintaining a positive health and safety culture which is and continues to be embedded across the organisation.

2.2 BFRS has set high standards for the health, safety and welfare of all its employees. Historically we have performed well in audits, an outcome of which has seen a steady and sustained improvement in health and safety performance. Following reviews by accredited organisations such as the British Safety Council and the Royal Society for the Prevention of Accidents, our safety management system was evaluated and benchmarked against other public sector services and private companies. We were pleased to have gained awards from those accredited organisations in 2011 and 2012 respectively but performance and the safety of our staff are more important.

2.3 Collaborative working between BFRS and the other South East region fire and rescue services continues, with the implementation of common analytical risk assessment forms, inter service audits, and the regular participation in the regional health and safety working groups. In 2013, managers from our health and safety department have regularly attended the national health and safety working groups which considered: the harmonisation of operational practices, advising on national incident type risk assessments, standard operating procedures and associated training packages. Work is commencing within the region, in collaboration with the West Midlands region, to set up and implement a benchmarking process utilising the RoSPA "Quality Safety Auditing" methodology which BFRS has utilised for some time.

2.4 With new staff taking over the health and safety department in February 2013, it was decided not to pursue an award or accreditation this year to allow time for them to settle in to their new roles. However, in 2012 BFRS was awarded the Royal Society for the Prevention of Accidents (RoSPA) Gold award, at its first attempt, in recognition of its commitment to accident and ill health prevention in the workplace. Following a regional RoSPA QSA audit in early 2014, consideration will be given to whether further accreditation would be of value to the authority.

2.5 The organisational Health and Safety Development programme continues and the service trains its Supervisory Managers to the "Institute

of Occupational Safety and Health" (IOSH) certificate level and Middle Managers to "National Examination Board in Occupational Safety and Health" (NEBOSH) general certificate level as part of BFRS's commitment to ensure a safe environment in all workplace, including at operational incidents. This year, 23 managers successfully undertook these qualifications. Other health and safety training and regulatory requirements, such as "Control of Substances Hazardous to Health" (COSHH), Accident Investigation, ladder training for support staff such as ICT technicians, First Aid and Fire Wardens, are met on an ad hoc basis as required.

2.6 At our request, the Service's insurers, "Travellers Insurers" provided a further course in health and safety awareness for senior and middle managers in early 2013 as a follow on from the training previously given to members of the Buckinghamshire & Milton Keynes Fire Authority. This was approved and carried out to support the strategic direction of health and safety management at all levels. Most importantly, the authority's insurers maintain that we are comparatively *low risk* due to the safety management system and managerial styles used.

2.7 The statistical analysis for 2012/13, detailed in this year's report provides valuable comparisons with last year's DCLG returns and with our fire and rescue services' peer group. This enables readers to, benchmark our performance in health and safety and the figures serve to demonstrate the on-going achievements of the service's Health and Safety Department in raising safety standards, embedding health and safety into core business activities and furthering our aim to provide the safest working environment in the UK Fire Service.

2.8 In accordance with our Management of Road Risk policy our workforce are required to agree to and complete an annual driving licence check mandate. This allows their licence details to be checked against the DVLA database. Compliance is closely monitored and 2012/13 has seen this process add greatly to our management of road safety.

2.9 With the commencement of industrial action amongst those operational staff who are members of the Fire Brigades Union (FBU), the health and safety department have been heavily involved in planning for and implementing contingency arrangements. It is pleasing to note that despite these periods of industrial action there has been no change in accident levels.

3. Summary

3.1 Health and safety training

BFRS continues to lead on the development of "Analytical Risk Assessments" (ARA) in the South East region, with its ARA methodology now being adopted by the region's other eight Fire & Rescue Services as the standard format. The form has been released to all other FRS's within the region and the training package released to those services that requested it. In seeking to promote best practice, BFRS sought to have the form adopted nationally through the CFOA Health and Safety forum,

however the decision taken was to allow FRS's to have the autonomy to use their existing forms rather than adopt BFRS's form.

The revised ARA form went live in May 2013, following the release, in March, of a training package which was issued to all watch managers for watch-based training. The health and safety department also provided supplementary ARA training where requested. To provide quality assurance, the department have subsequently monitored the quality of ARAs completed during incidents and it is evident that training needs to be provided to both firefighters and Supervisory Managers in the identification of hazards, risk factor scoring and appropriate control measures. To this end the department have set up a working group to devise a training plan which can be set up and implemented early 2014.

Through quality assurance monitoring it has also become evident that there are further development requirements to improve the completion of accident investigations amongst level 1 investigators in addition to a variance in the standard of accident investigation in both level 1 and level 2 investigators. The health and safety department have created templates and *aides memoire* for each type of safety event to assist and to ensure consistent standards of completion. In 2014 training will be provided internally (for all level 1 investigators)) and externally (for level 2 investigators) either as a refresher for those already trained or initial for those new to role.

Safety events attract a risk factor score being the rate of likelihood of such an event occurring again X the severity of the event. For those events attracting a risk factor score between 1 to 6 the investigation will be carried out locally as part of a level one investigation and those scoring risk factors 8 to 25 (level 2) will be investigated by a dedicated Accident Investigator from the level two Accident Investigation team.

We believe that the continued provision of health and safety training for Supervisory and Middle managers, and the resulting organisational competence, is a major contributory factor in the low number of injuries to our firefighters at operational incidents and signifies a high quality approach to health and safety management. Despite this we are not complacent and observers will note a refreshed and dedicated intention to continue our performance improvement.

3.2 Management of Risk

BFRS continue to spend a considerable amount of time and resources in further developing and maintaining its approach to the management of risk. Having recognised gaps in our information and communication system, this year has seen the introduction and implementation of a process for ensuring the "loop is closed" after recommendations made by accident investigators following a safety event. Previously, whilst recommendations had been made, there was no process in place for ensuring those recommendations had either been carried through or a rationale provided if not. The health and safety department require the investigator to allocate an 'owner' of the actions along with an approximate timeframe for completion, when completing their accident

report. The health and safety department then follow up on progress and report back to the investigator.

This year saw the publishing of the report '*Fire-fighting – a risky business?*' With many changes to the fire and rescue service over the past decade with falling call rates to fires, a greater complexity of incidents, more public scrutiny and a more litigious society, along with notable incidents that have attracted criticism on decision making, a piece of research was commissioned by six fire and rescue services which examined how operational FRS staff understand and manage risk and make decisions at emergency incidents within the context of health and safety management. BFRS was one of those services and provided a financial contribution and active support. The consultants examined how operational and health and safety management duties in the FRS co-exist with organisational policies and procedures and the duties of the health and safety management. The consultants considered whether firefighters and Officers were becoming more risk averse. The report makes interesting reading and is available via <http://www.belvidereconsults.co.uk/root/images/Final%20Full%20May%202013.pdf>

A number of health and safety policies and procedures have been reviewed during 2012/13 including the Management of Road Risk (where work is underway to separate the existing policy into an overarching policy and procedure notes). This simplifies the process when amendments to procedures are necessary. A new policy and procedure notes have been developed in relation to 'Death in the Workplace' whether this be operational staff, support staff, visitors or contractors. This work was undertaken by the health and safety department and human resources and took several months of commitment, expertise and liaison with other bodies such as CFOA and the Fire Brigades Union (FBU).

The most obvious risk for BFRS is the risks presented to crews attending operational incidents; following extensive training and a programme of individual personal fitting, in May 2013, the Service saw the go-live of the *Drager PS7000* Breathing Apparatus (BA) sets; a decision taken in 2012 enabling the Authority to provide the best equipment and ensure the continuing safety of our operational crews. Included in the contract is a 'total care' package of inspection and maintenance by the manufacturer. The adoption of these sets in BFRS also assists in interoperability during collaborative cross border working at incidents attended by our neighbouring services as many also use the same model of BA sets.

In order to ensure a holistic approach, the health and safety department work closely with many other departments including those responsible for Property and Procurement, particularly in relation to property defects affecting our sites and vehicle accident costs and insurance claims in a concerted effort to reduce risk to our employees and others affected by our activities. The management of asbestos in the workplace policy and procedure is now firmly embedded within the Service and refresher training for employees is due to be delivered early next year. The department also worked alongside Human Resources (HR) in the tendering and selection process for the Service's new Occupational Health provider to ensure that changes to legislation such as the Control of

Asbestos Regulations 2012 and the requirement for 2 yearly medicals are taken into account.

A further example of joint working between the health and a safety department and HR is the commitment to reducing sickness amongst our staff through the introduction of an organisational scoring methodology and active monitoring. The past year has seen a dramatic reduction in sickness levels providing further evidence of a safe and healthy workforce.

The department remains active in promoting and modernising the service's approach to risk assessment and an aspiration for 2014 is the implementation of an electronic recording system for risk assessments that can be viewed by all.

We continue to carry out proactive monitoring, auditing and reviewing, which are requirements under HSG65. An example of this is the annual site/station health and safety audits completed by NEBOSH qualified site/station managers, supplemented further by inspections carried out by the Health and Safety team at chosen sites. As part of an organisational restructure the Health and Safety department now sit alongside the Performance and Evaluation department. This allows both departments to work closely together in both proactive and reactive monitoring of health and safety matters. This year the Performance and Evaluation team has included health and safety in their performance and thematic reviews both from an operational/training and routine activities perspective as dictated by national events and information provided by the health and safety department on safety event trend analysis.

3.3 Regional collaboration working

BFRS continues to maintain and develop close working relationships with our regional and other national FRS colleagues in order to achieve best practice and value for money. This is evidenced through our active engagements with CFOA Health and Safety meetings and conferences at both national and regional level; partnership working on the devising of a regional safety event reporting and investigation process; safety event cost comparators for bench marking purposes; Collaborative Partnership work in the consultation of national Standard Operating Procedures, Specific Incident Procedures, Additional Hazard Information Sheets, risk assessments and training packages. In addition, the RoSPA QSA Audit process in existence regionally is supported by BFRS with the Health and Safety Manager assisting with an audit in both Royal Berkshire and Oxfordshire this year alone.

3.4 Operational Assurance Peer Review

BFRS has signed up to the national Operational Assurance Peer Review. The aim of this peer challenge is to provide external challenge to the self- assessment produced by BFRS against the Operational Assessment Toolkit. In addition the Fire Peer Challenge will focus on leadership, corporate capacity and how the FRS meets the diverse needs of the communities they serve, because these are

key factors in performance and improvement. The abolition of the inspection and regulatory regime and the national performance framework has meant there is a shift to local accountability for performance and improvement. Self-regulation for fire and rescue Services, as part of the local government family, has sector-led improvement through peer challenge at its heart.

The Peer Review Team known as the Local Government Group improvement team is made up of Members and officers who will provide external challenge in reviewing BFRS's performance and improvement agenda.

A key part of the review process is the self-assessment which BFRS has produced through work carried out by the Key Assessment Areas (KAA) leads including Health and Safety. Through this process BFRS will be driving its own improvement. The self-assessment is open and honest and involved a range of staff and partners in order to gain the maximum benefit from the peer challenge process. The self-assessment will guide the review team on areas to focus on in the on-site activity.

The peer challenge involves the gathering of information by the team from a range of key sources, such as the self-assessment, documents, interviews and focus groups, which is then assessed against the Operational Assessment Toolkit.

As part of preparation for the review, the Health and Safety Manager has had to gather a range of information from a range of key sources, along with evidence of fulfilling the set criteria of each key assessment area and decide whether the Service is 'developing', 'established' or 'advanced' in that particular area. This evidence and decision is detailed in brief evidence sheets which the Peer Review team will have access to prior to the review. This will then be followed up with interviews led by the Peer Review team.

The review is likely to be undertaken in mid-2014.

3.5 Directors Health & Safety health check

During the summer months the Health and Safety Manager was tasked with carrying out a 'Directors Health and Safety' health check by answering the following questions and providing the evidence to substantiate the answer. The purpose of this exercise was to benchmark the Service's current position with regard to compliance with 'HSG 65 - Successful health and safety management' at Director Level and to see if and where we can improve our performance. HSG 65 states that 'Organisations with a positive health and safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures'. The evidence collated from this task clearly shows that BFRS has a positive health and safety culture with genuine commitment from senior management.

BFRS has an excellent safety record; however this should not lead to complacency as this could lead to a downturn in performance and a potential increase in the number of safety events. It is therefore, imperative that we as an organisation continue to monitor and review our performance and identify ways in which we can improve.

The 'Directors' checklist':

The set of questions posed below are from the 'Institute of Directors and HSE 'Leading health & safety at work – leadership actions for directors and board members – Indg417' document.

Health and Safety Directors' leadership checklist

1. How does the board demonstrate its commitment to health and safety management?
2. What is done to ensure board level review of health and safety?
3. What has been done to ensure the board and the organisation at all levels receives competent health and safety advice?
4. How does the organisation ensure that all staff, including the board, are sufficiently trained and competent in their health and safety responsibilities?
5. How confident is the board that the workforce, particularly health and safety representatives, are consulted properly on health and safety matters and that their concerns are reaching the appropriate level, including, where necessary, the directors?
6. What systems are in place to ensure that the organisation's risks are assessed and that it has sensible risk-control measures?
7. How well does the board know what is happening day to day and what audits and assessments are undertaken to inform the board about what the organisation and contractors and suppliers do in practice?
8. What health and safety information (such as performance data and reports on injuries and ill-health) does the board review regularly?
9. What targets has the board set to improve health and safety performance and does it benchmark performance against others in the sector or beyond?

10. Have any changes in working arrangements have significant health and safety implications/ were they identified and considered whilst effecting the change?

Recommendations

As part of reviewing organisational performance in this area, consideration should be given to the following recommendations identified which may assist in improving health and safety performance throughout the organisation including SMT involvement. Each recommendation is listed with the outcomes.

- **The setting of specific health & safety objectives/targets linked in with the corporate plan. Could include the introduction of some of the recommendations below and i.e. a reduction in the number of work days lost through absence; a reduction in the number of vehicle accidents for the health & safety department/organisation to achieve.**

Outcome: The setting of health and safety objectives assists in focussing and maintaining 'peoples' minds' on health and safety matters throughout the organisation. It will also provide specific targets for relevant persons to aim for. Monitoring of success to be monitored through SMT. This is particularly important for measuring, auditing and reviewing performance.

- **Inclusion of health & safety in the employee appraisal process and the ADC process as health and safety is the 'golden thread' that runs through the activities of all personnel within the service.**

Outcome: The inclusion of health and safety in the appraisal process further embeds it at all levels throughout the organisation. On analysis of safety events it is becoming apparent that 'behavioural safety' is a contributory factor. The inclusion within the ADC process is based on evidence obtained through the exercise programme via the Performance and Evaluation team and incident debriefs, where areas of health and safety including ARAs have been identified as falling below expected standards. Inclusion in the ADC process will provide an assessment of health and safety knowledge and ability to apply it in the workplace and operationally.

- **Introduce 'health & safety tours' for members of SMT to conduct at various sites (could be incorporated into station visits, observation of drills etc.) once every one or two months.**

Outcome: The purpose of such tours primarily is to enhance 'visible leadership' to those 'on the ground'. To be carried out by the COO and/or the Area Managers whilst conducting station visits, observing drills/exercises and on Service headquarters site during the day. The remit would be to observe health and safety practices within stations/departments, talk to personnel about their awareness of health & safety within the service and their

responsibilities; seek their opinions and if necessary highlight and report any short comings. Consideration will be given as to whether this could be seen as 'disempowering managers', although this could be managed through effective communication.

- **In 2014 initiate, from SMT, a health & safety attitude & behaviour survey such as the HSE climate survey to benchmark where we currently are.**

Outcome: Whilst we are due a RoSPA QSA audit next year which will benchmark our position regarding compliance with HSG65 , it may be prudent to undertake an organisational health and safety attitude and behaviour survey. This will be completed by all employees and will provide information on how staff views our health and safety culture. This will assist in benchmarking and provide ideas for improvement.

- **Add a sentence to the Health & Safety policy senior management consistently and visibly demonstrates its commitment to.....'**

Outcome: This is a 'quick win' and will be implemented. The addition of this sentence to our health and safety policy will enhance our HSG65 compliance and provide greater points in the RoSPA QSA audit which is considered best practise throughout the south east region and beyond.

- **Identify a 'Director of health & safety'.**

Outcome: The identification of a director for health and safety will further demonstrate senior management commitment at the highest level to the rest of the organisation. It is also a recommendation under HSG65. This action would not detract from the health and safety responsibilities of the other members of SMT.

- **Health & safety to appear on all management JDs and be a standard part of the recruitment and placement process.**

Outcome: As there is a considerable requirement for HR and health and safety to work together in the development of policies and procedures particularly with regard to the employees of BFRS, it would be prudent for health and safety to be a feature in the recruitment and placement process. For example, obtaining an understanding of the prospective/ established employees' knowledge of health and safety along with health and safety related interview question(s). Health and safety features strongly in managerial roles and should appear on management JDs. This assists in further embedding it into the culture and provides further evidence of the organisation's commitment. Whilst Health and safety features in the role description of all senior managers, it is made more explicit in the job descriptions of the CFO and the COO for these purposes.

- **Some SMT involvement in the ADC process.**

3.6 Health and Safety Department

The role of the Health and Safety department is to ensure health and safety is and continues to be firmly embedded with the Service in a positive manner through effective and efficient policies and procedures; provide advice and guidance to managers in all health and safety matters which have the potential to impact on their staff and all those affected by the activities of the Service; to ensure continued compliance with legislation; to provide or facilitate the provision of high quality safety training for all staff including those of the health and safety team.

Keeping abreast of changes to health and safety legislation is vital to ensure the organisation maintains compliance. An awareness of the current legislative framework is also necessary for members of the Fire Authority and to this end an appendix detailing the legislative changes for 2012/13 can be found at the end of this report.

Effective communication is key to the continued positive health and safety culture seen within BFRS. Various communication media is use internally by the Health and Safety department including watch visits, use of the I:DRIVE via the Intranet and via attendance at meetings including the Health, Safety and Welfare Committee meetings. Externally, BFRS communicates with other Services and Partner agencies via the Fireorg – <http://www.fireorg.net> and Huddle <http://collaborativepartnership.huddle.net> websites allowing the sharing of information, learning and best practise.

Another example of strategic commitment to the importance of health and safety within BFRS is the continuation of the Health and Safety department to sit at a corporate level reporting directly to the Chief Fire Officer for all health and safety matter along with the appointment of Cllr. David Schofield as the lead member of the Fire Authority for health and safety. This very clear message of commitment shows an organisation that takes extensive measure to ensure the health, safety and welfare of its workforce, firmly embedding it throughout the organisation resulting in a positive culture.

4 Forward planning

4.1 Budgetary Impacts

As approved by the authority in 2011 under the “Moving Forward” programme, early 2013 saw the health and safety department evolve from two “grey book” posts (costing the authority £84,276 in salaries plus on costs) to two “green book” posts (costing the authority £63,094 plus on costs making a saving of £21,182 plus on costs). Financial efficiencies continue to be a priority with the Health and Safety department continuing to provide value for money through careful budgetary management. The annual budget has been reduced to £106, 000 and it is anticipated that the end of the financial year in April 2014 will see the budget break even or, better still, an under-spend.

During the next year there will be a greater emphasis on the cost of ‘safety events’ with costs of safety events being highlighted to SMT and

those involved, in a concerted effort to make positive changes to behavioural safety' within the Service. Regionally, work is commencing to produce a set of cost comparators for common safety events providing the opportunity to benchmark our performance against that of our peers.

Whilst the change of staff naturally brings a period of adjustment, BFRS Health and Safety Department continues to remain efficient and effective. With only two in the team, the Health and Safety department is the same size as Oxfordshire but smaller than Royal Berkshire's, yet supports a greater number of staff, over six hundred and fifty, with a better employee safety record making us one of the safest fire and rescue services in the country.

4.2 Additional targets 2012/13

The Authority's vision is 'that Buckinghamshire and Milton Keynes is the safest place in England in which to live, work and travel'. To support this vision the Corporate Plan 2012/15 sets out five strategic aims. Whilst health and safety runs through all of them it is clearly stated in 'Response, People and Resources' in priorities 1, 2 and 3; 1 and 2; and 1 and 2 respectively. The Corporate Plan can be accessed via the link below.
[Buckinghamshire Fire and Rescue - corporate plan 2012 to 2015](#)

To assist in delivering these priorities the following objectives were set for the Health and Safety department.

The achievement of reaching these targets has ensured improvement in workplace safety and development of a safety aware culture assisting in the reduction of costs associated with safety events and insurance premiums. These targets included:

- 4.2.1 Revision of safety event reporting process to include reporting, investigating, training and delivery
- 4.2.2 Work with the Service Delivery and Service Support to review and provide advice on risk assessments and legislation affecting the nominal crewing of appliances with four.
- 4.2.3 Support the go-live and bedding in processes for the new Drager Breathing Apparatus.
- 4.2.4 The continued promotion of health and safety awareness across the service to drive down the number of safety events in the workplace, making us safer, more cost efficient and ensuring we remain compliant with current legislation.
- 4.2.5 Encourage the reporting of 'near misses' to ensure lessons learnt before a safety event occurs. This is essential in continued development of a positive health and safety culture.
- 4.2.6 Implementation for succession planning and the identification of suitably competent persons to take on the roles in the Health & Safety Department

- 4.2.7 With the introduction of the Occupational Road Risk Policy the Health and Safety Department continued to focus on the reduction of vehicle accidents, our biggest accident causation, and the adoption of vehicle licensing checks, campaigns and monitoring of trends.
- 4.2.8 Directors' health and safety check – carry out check and review current performance at strategic level.
- 4.2.9 Support to Collaborative Partnership in national ways of working through Standard Operating Procedures, Specific Incident Procedures, Additional Hazard Information Sheets, risk assessments and training packages
- 4.2.10 Completion of RoSPA audit training to ensure we were able to meet our obligations in regards to the collaborative working agreements in the CFOA South East Region.
- 4.2.11 Continued development of the accident reporting database for the foreseeable future as a standalone database, with refresher training for Health and Safety Department personnel to use the system efficiently.

Objectives for the Health and Safety department for the coming year are yet to be determined but will form part of the appraisal process for the team members.

5 Audits and Inspections

5.1 Revision and amendment to safety event recording forms

This year has seen the review and amendment of "safety event reporting forms" to assist in capturing more specific data needed by the investigating officer in their investigation. It also allows for the investigating officer to assign a role to carry out any recommendations made with an approximate timeframe, therefore 'closing the loop' following the investigation. In addition, aide memoires for each type of safety event have been developed and implemented in order to bring a standard of consistency to the investigating and reporting process.

The second review was for the Exposure to Hazardous Substances form, which also was simplified from a four copy form to two. This improves the process of notification between departments of possible exposure by firefighters to hazardous substances, ensuring an audit trail from the point of occurrence to the initialisation by the Occupational Health Department of health surveillance, where necessary.

5.2 RoSPA QSA audit of Royal Berkshire Fire & Rescue Service

BFRS, in line with the Memorandum of Understanding (MOU) with the South East region Health & Safety group, assisted in January in the health and safety audit of Royal Berkshire Fire & Rescue Service, along with health and safety managers from Kent, Surrey and Oxfordshire FRS. Alison Chart our service's new Health and Safety Manager attended prior to taking up role as an observer but also soon undertook an active role in the audit.

In August Alison also attended an internal RoSPA audit of Oxfordshire FRS as part of their preparations for their audit in 2014. These activities demonstrate how this service assists others gain the improvements it has already undergone.

5.3 Internal Audits

The Health & Safety Department collates the annual workplace audits from Fire Stations and other Service sites and enters any potential health and safety issues onto an excel spread sheet which is then forwarded to the department responsible for rectification. Progress is then fed back to the department and on resolution the issue is closed.

The Health and Safety Department is working closely with Driving Centre to look at how we can reduce the number of safety events associated with driving activities such as vehicle damage or accidents. We are also working with HR on the development of an Occupational Health policy; Work related Stress policy and a procedure for monitoring night workers including the provision of a health questionnaire and access to medicals if required on a voluntary basis.

In early 2014 work will commence on ensuring that a robust process is put in place to measure 'hours worked' for every member of staff to ensure compliance with the Working Time Directive unless the member of staff has signed to opt out of the directive.

With the new Drager BA sets now six months into their use, the department has been working closely with Training Centre and Response Policy to resolve 'teething issues' and refine procedures. This work is near completion.

The latest version of the Analytical Risk Assessment form went live in May and since then the department has been monitoring their use and completion. Work is commencing on developing the form further to make the layout more 'user friendly' and on a training package to assist in the identification of hazards, risk factor scoring and appropriate control measures.

6 Appendices

Detailed below are three appendices which provide information and data on the following:

- Buckinghamshire Fire and Rescue Service Safety event comparisons for 2012/13
- Family peer group performance comparison table 2011/12 and 2012/13
- Changes to health & safety legislation, approved codes of practise and guidance

Appendix 1- Annual health and safety statistics

Report on BFRS end of year accident statistical returns submitted to the Department of Communities and Local Government (DCLG) on 31st May 2013 for the period 1 April 2012 to 31 March 2013.

DCLG has requested returns for operational employee safety events only and therefore there will be a difference compared to the full report that will be presented in appendix 1, which will include all BFRS safety event figures.

Summary:

The Health and Safety Department provided returns for;

HS1- Injuries during operational incidents, split into wholetime and RDS categories and sub divided for accidents at fires, at Road Traffic Collisions and at other Special Service Calls.

HS2- Injuries during training and routine activities also split into wholetime and RDS categories and sub divided for accidents during operational training, fitness training and routine activities

VE1-Vehicle accidents divided into three categories, fire appliances, cars and vans and other, each one sub divided into on blue light or off blue light.

Findings:

HS1- personnel injured at operational incidents down six on last year. A 40% reduction on last year's accidents

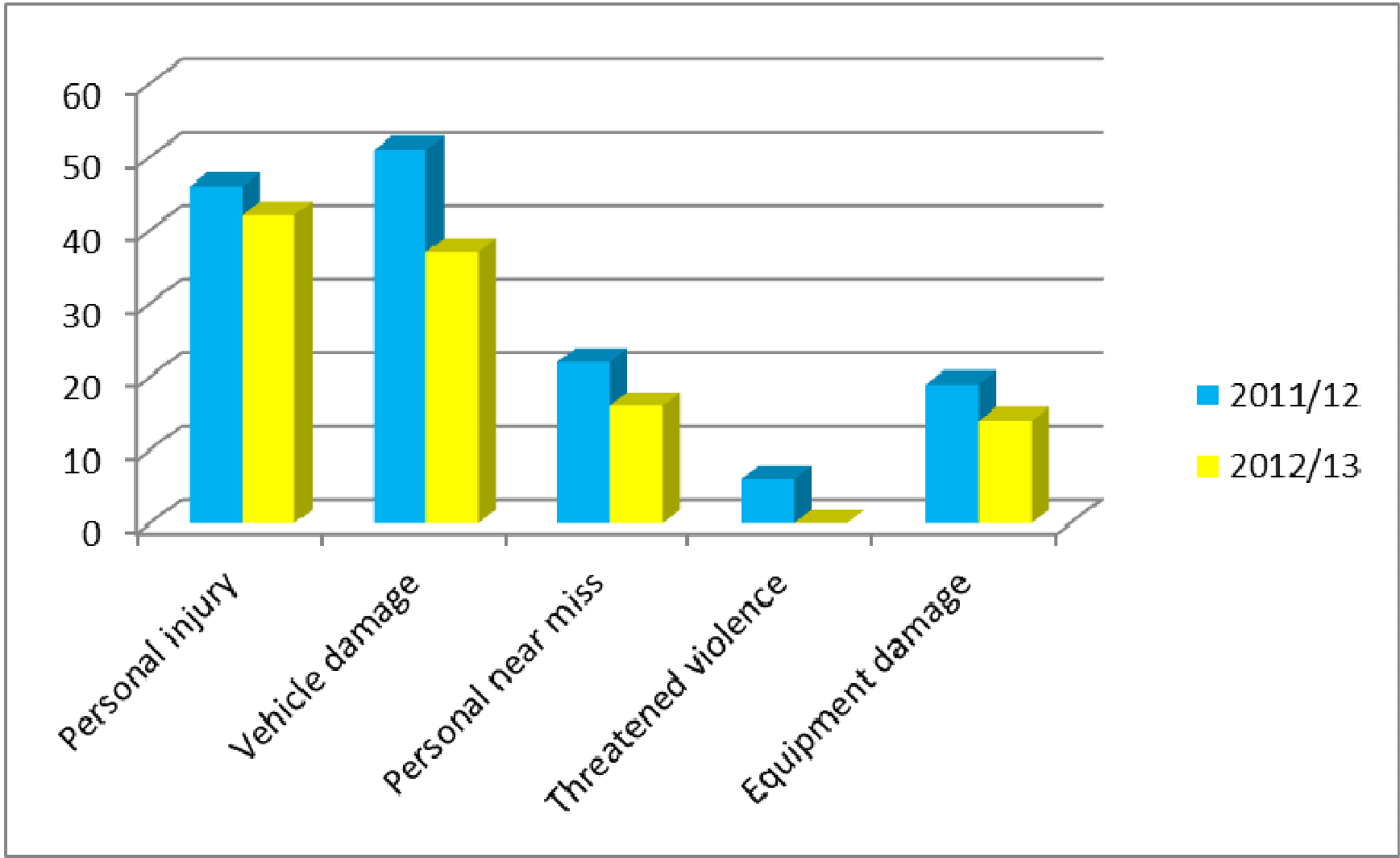
Reason: Active use of the Intranet by the department to communicate safety messages more efficiently.

HS2- All training and routine safety events overall down to eighteen; a 40% reduction.

Reason: proactive drive by H&S Department targeting all employees to raise awareness of the need to report all accidents in the workplace, resulting in a slight increase in numbers of minor safety events reported but a decrease in shift days lost.

VE1- Fire appliance, cars and vans accidents, on blue and off blue lights, are all down, with 14 fewer accidents than last year. A 27% reduction

Reason: H&S Department working closely with Driving Centre to raise awareness of low speed manoeuvring accidents, targeting vehicle accident trends and providing advice.



Appendix 2

Family peer group performance comparison tables 2011/12 and 2012/13

In addition to the DCLG yearly statistical returns the health and safety report includes comparisons against the family peer group of 11 similar sized fire and rescue services for this year and those carried out in 2011/12

Total Number of Persons Injured	2011/12	Total Number of Persons Injured	2012/13
Wiltshire	42	Buckinghamshire	24
Buckinghamshire	50	West Sussex	42
West Sussex	68	Wiltshire	44
Berkshire	73	Northamptonshire	45
Bedfordshire	87	Suffolk	56
Dorset	94	Bedfordshire	63
Oxfordshire	91	Oxfordshire	64
Suffolk	99	Berkshire	67
Norfolk	105	Norfolk	80
Cambridgeshire	120	Dorset	83
East Sussex	123	Cambridgeshire	96
Northamptonshire	132	East Sussex	98

BFRS proactive training has reduced the number of accidents both at operational training and during training.

Total Number of injuries at fires	2011/12	Total Number of injuries at fires	2012/13
Buckinghamshire	8	Buckinghamshire	4
Wiltshire	8	West Sussex	7
Berkshire	11	Berkshire	11
Bedfordshire	13	Dorset	13
West Sussex	16	Wiltshire	13
Dorset	19	Northamptonshire	14
Norfolk	22	Suffolk	16
East Sussex	24	Bedfordshire	18
Oxfordshire	26	Norfolk	19
Suffolk	26	East Sussex	21
Cambridgeshire	28	Oxfordshire	21
Northamptonshire	35	Cambridgeshire	24

Total Number of injuries at Special Services	2011/12	Total Number of injuries at Special Services	2012/13
Suffolk	0	Buckinghamshire	2
Buckinghamshire	2	Wiltshire	2
Berkshire	2	Suffolk	3
Bedfordshire	2	Bedfordshire	4
Oxfordshire	3	Berkshire	4
Wiltshire	3	Northamptonshire	4
West Sussex	4	West Sussex	6
Cambridgeshire	5	Oxfordshire	8
Dorset	7	Norfolk	9
Norfolk	7	Cambridgeshire	13
East Sussex	11	Dorset	13
Northamptonshire	11	East Sussex	16

BFRS has maintained the number of injuries to firefighters attending special service calls over the last two years.

Total Number of injuries during routine activities	2011/12	Total Number of injuries during routine activities	2012/13
West Sussex	8	Oxfordshire	7
Buckinghamshire	9	Wiltshire	7
Wiltshire	9	Buckinghamshire	8
Oxfordshire	9	Suffolk	13
Suffolk	13	Bedfordshire	14
Bedfordshire	16	Northamptonshire	14
Norfolk	19	Dorset	15
Dorset	20	West Sussex	15
East Sussex	20	Norfolk	19
Northamptonshire	23	East Sussex	21
Berkshire	27	Cambridgeshire	23
Cambridgeshire	28	Berkshire	27

BFRS has reduced its numbers of routine activity accidents, but has slipped to third in the family peer group performance tables.

Total Number of injuries during Training	2011/12	Total Number of injuries during Training	2012/13
Wiltshire	11	Buckinghamshire	10
Northamptonshire	17	Northamptonshire	13
Berkshire	20	West Sussex	14
West Sussex	20	Wiltshire	22
Buckinghamshire	21	Suffolk	24
Dorset	22	Berkshire	25
Oxfordshire	24	Bedfordshire	27
Cambridgeshire	26	Oxfordshire	28
Norfolk	28	Norfolk	33
East Sussex	33	Cambridgeshire	36
Suffolk	34	East Sussex	40
Bedfordshire	41	Dorset	42

Training accidents has seen a significant decrease during the past year raising BFRS to top position in the peer group comparison tables.

Total Number of Major injuries	2011/12	Total Number of Major injuries	2012/13
Bedfordshire	0	Buckinghamshire	0
Cambridgeshire	0	Suffolk	0
Dorset	0	West Sussex	0
East Sussex	0	Wiltshire	0
Norfolk	0	Bedfordshire	1
Northamptonshire	0	Berkshire	1
Wiltshire	0	East Sussex	1
Buckinghamshire	1	Norfolk	1
Suffolk	1	Northamptonshire	1
West Sussex	1	Oxfordshire	1
Berkshire	2	Dorset	2
Oxfordshire	2	Cambridgeshire	9

This year has seen the number of major injuries reduce from 1 to 0, a pleasing result.

Total Number of over 3 day injuries	2011/12	Total Number of over 7 day injuries	2012/13
Oxfordshire	4	Cambridgeshire	0
Suffolk	4	Suffolk	3
Wiltshire	7	West Sussex	5
Dorset	8	Oxfordshire	6
Cambridgeshire	8	Buckinghamshire	7
Northamptonshire	9	Wiltshire	7
Berkshire	9	Bedfordshire	10
Buckinghamshire	11	Dorset	11
West Sussex	11	Northamptonshire	11
Bedfordshire	15	Berkshire	12
East Sussex	16	East Sussex	13
Norfolk	25	Norfolk	16

With the change in legislation for RIDDOR reporting go from 3 day duration to 7, BFRS has had a reduction of 4 incidents.

Annual Incidence Rate			
Fire & Rescue Service	Total Number of employees	Total number of safety events	Incident Rate
Buckinghamshire	642	24	3738
West Sussex	749	42	5607
Wiltshire	597	44	7370
Norfolk	837	63	7527
Northamptonshire	570	45	7894
Suffolk	664	64	9638
Bedfordshire	558	56	10036
Berkshire	624	67	10737
Dorset	718	83	11560
East Sussex	788	96	12183
Oxfordshire	623	80	12841
Cambridgeshire	712	98	13764

The comparison tables show fire and rescue services of comparable size in numbers of employees to Buckinghamshire Fire & Rescue Service, however there are still variances of up to 100 employees.

To obtain a truer performance figure the Annual Incidence Rate is used and calculated by the number of reportable injuries in financial year divided by the average number employed during the year x 100,000, giving the number of injuries per 100,000 workers.

Appendix 3

Changes to Health & Safety legislation, approved codes of practice and guidance

Background:

In 2010, the government pledged to reduce the burden of health and safety bureaucracy and red tape. It commissioned two independent reviews of the operation of the UK's health and safety legal framework. The outcome of those two reviews (by Lord Young in 2010 and Professor Ragnar Lofstedt in 2011) was a set of recommendations for improving the perception of health and safety, and consolidating, simplifying and reducing health and safety laws and guidance. This appendix is to advise of recent legislative changes and planned changes to Approved Codes of Practice (ACOPs) and Guidance. The following is a summary of those changes and proposed changes to date, which impact on BFRS.

Health and Safety at Work Act 1974 – Removal of Strict Liability

On 1st October 2013, Section 69 of the Enterprise and Regulatory Reform Act 2013 amended Section 47 of the Health and Safety at Work etc. Act 1974, and removed the right for employees to bring a claim for damages against their employer for breaches of statutory duties. This means that in pursuing damages for injury or ill-health, employees will have to prove that their employer was negligent. Employees, who are pregnant, have recently given birth or are breast-feeding, are exempt from this change.

Regulations

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

RIDDOR 2013 came into effect on 1st October 2013, replacing RIDDOR 1995. The main changes are:

- The classification of 'major injuries' has been replaced with a shorter list of 'specified injuries'

The existing schedule of 47 types of industrial disease has been replaced with

- Eight categories of reportable work-related illness.
- Fewer types of 'dangerous occurrence' require reporting.

The outcome for BFRS is likely to be a reduction in the number of RIDDOR reportable injuries and dangerous occurrences.

Health and Safety (First Aid) Regulations 1981

These Regulations have been amended to remove the requirement for HSE to approve first aid training and qualifications. The outcome for BFRS is that we are no longer required to use an 'HSE approved centre' for the delivery and awarding of first aid qualifications.

Approved Codes of Practice

The purpose of ACOPs is to help employers understand and comply with their duties under health and safety law. ACOPs have a special legal status, meaning that if the employer follows the ACOP in the relevant circumstances, they can be confident that they are complying with the law.

In 2012, HSE consulted on proposals to revise, consolidate or withdraw 15 ACOPs by the end of 2013, and make minor revisions or no changes to 15 others by the end of 2014. One over-arching proposal was to limit the length of all ACOPs to 32 pages.

Progress on ACOPs to Date

Following consultation, HSE are going forward with their proposed changes. It was decided however that the length of ACOPs should be decided on a case by case basis rather than limit to 32 pages as originally planned. According to HSE, the changes, which include simplifying the language and removing out of date requirements, are designed to make it easier for employers to understand and meet their legal obligations (note that the Regulations themselves have not changed).

The following ACOPs are being significantly revised and updated (by end of 2013)

- Work with asbestos materials
- Control of substances hazardous to health (COSHH)
- Workplace (health safety and welfare)
- Control of Legionnaires' disease
- Dangerous substances and explosive atmospheres
- Installation and use of gas systems and appliances

The following ACOPs are being subject to minor revisions (by end of 2014)

- Safe use of work equipment
- Safe use of lifting equipment
- Work in confined spaces
- Safety of pressure systems

The following ACOP has been withdrawn (July 2013)

- Management of Health and Safety at Work

This ACOP has been replaced by a new suite of guidance, available on HSE's website.

The outcome of these ACOP revisions for BFRS is that all of the associated policies and procedures will need to be reviewed.

Guidance

One significant change is to HSE's guidance 'Successful Health and Safety Management', widely known as HSG 65. A revised on-line version of this document was published on 1st August. 2013. This revised guide moves away from the previous model known as POPIMAR (policy, organising, planning, measuring performance, auditing and review) to a 'plan, do, check act' approach. Health and Safety Department policies are based on the POPIMAR model. The outcome of this revision is that the Health and Safety Department will review its policies against the new model when they are due for routine review. At the same time as this change in HSE guidance, the Department for Communities and Local Government (DCLG) also published a guidance document for Fire and Rescue Authorities, called 'Health, Safety and Welfare Framework for the Operational Environment'. This DCLG guidance is based on the POPIMAR model. The following four guidance documents have been superseded by 'the framework' and are now withdrawn:

1. Volume 1 A guide for Senior Officers
2. Volume 2 A guide for Managers Modules 1-17
3. Volume 2 A guide for Managers Module 18 Health and Safety Audit
4. Dynamic management of risk at operational incidents – a fire service guide.

The Health and Safety department have conducted a gap analysis of our current procedures which utilise the above documents now withdrawn against the national framework document. The findings will be discussed at the next Health, Safety and Welfare Committee meeting on 12th December 2013.

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