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HEALTH AND SAFETY SERVICES

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**BANGOR**  
UNIVERSITY



**HEALTH AND SAFETY ANNUAL REPORT**

**2008**

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## SUMMARY REPORT

Welcome to the 2008 Annual Health and Safety Report, produced by Health and Safety Services.

The report is split into two main sections. The Summary Report which outlines key messages and statistical information and the Appendices which provide detailed information and commentary on aspects of health and safety management, performance and direction.

### THE HEALTH AND SAFETY STRATEGY

2008 saw the launch of the University's first Strategy for Health and Safety, a strategy that focuses on setting standards and continual improvement in service delivery and overall performance.

The Strategy for Health and Safety does not just set out principles and objectives. It also develops upon national drivers, creating a joined up approach, supplanting the out dated vision and role of occupational health. A pre requisite of any modern and progressive health and safety support service.

Critical to the Strategy and the purpose of the Health and Safety Services department is support, development and measurement. This Annual Report will outline how these are progressing in addition to the plans for the future.

### POLICY

The current University Health and Safety Policy have been in place for nearly three years. It is now due for a thorough review, but although revisions may be made, the Policy will still focus on the importance of sensible risk management.

Critical to this and to support the University in its ever developing role as a leading educator and researcher is the replacement of jargonistic / un-user friendly policies and guidance materials with positive and practical information.

### COMMITTEE OVERSIGHT

Institutional level health and safety matters are overseen by the University's Health and Safety Committee, its sub-committees and by the Safety Executive Task Group.

The Health and Safety Committee's remit is to represent and report to Council and offer an advisory and consultative forum on all matters relating to the health and safety of staff and students. The Committee met on three occasions in 2008 and most significantly discussed and approved a new Policy and Policy approval system and format.

The Task Group is the University Executive's managerial and oversight body and normally meets monthly. All significant health and safety matters are brought before the Task Group and a significant focus of the Group has been on risk management, mitigation and reduction.

Further information on the work of both the Committee and Task Group can be found in **Appendix A2**.

### INVESTING IN THE ESTATE

In 2008, over £1,000,000 was allocated to improving the safety of the University's estate. This comes on the back of year-on-year 'ring-fenced' allocation for capital improvements in the safety of buildings and property. Such investment not only highlights the University's commitment to improving the level of safety across the institution but also underlines the scale of the problems associated with an aged, built estate.

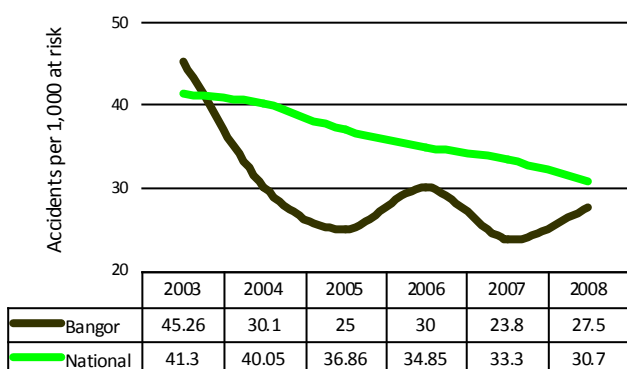
### STATISTICS

In 2008, the University compiled far more statistical data than previously possible, helping to assess the institution's performance and identify where additional support is needed.

## • Accidents & Incidents

The total accident rate increased slightly in 2008, but when considered against the increase in student numbers the actual per capita rate remains around the same as 2007.

For the fifth year in a row, Staff accident rates continue to be below the national sector average and both staff and student reportable accident rates remain below the sector average. Of the total accidents and incidents, 6 were *reportable*<sup>1</sup> incidents with 5 relating to staff and 1 to a student. Two further reportable incidents occurred to contractors engaged on University projects. One of these, a mains gas fracture, was investigated by the Health and Safety Executive but no further action was taken.



With the continuing promotion and emphasis on reporting accidents and incidents it is anticipated that the annual accident rate will increase in 2009.

Further information on accidents and incidents can be found in **Appendix A5**.

## • Staff Illness

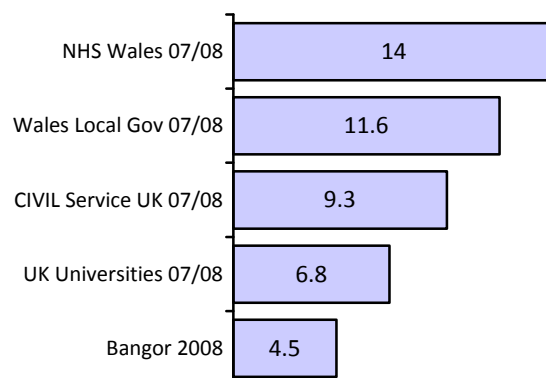
Bangor University sickness absence statistics for 2008 are the first to be produced using a reliable data source and differ considerably to previous headline results; for 2008 a Sickness Absence rate of around **4.5**<sup>2</sup> days per employee per year was recorded. This compares to the national sector average of 6.8 days.

<sup>1</sup> Refers to reporting to the Health and Safety Executive under legislative requirements

<sup>2</sup> Days (4.5) Based on 221 working days per 2,297 staff

## Sickness Absence Comparator Rate

(Days per member of staff per year)



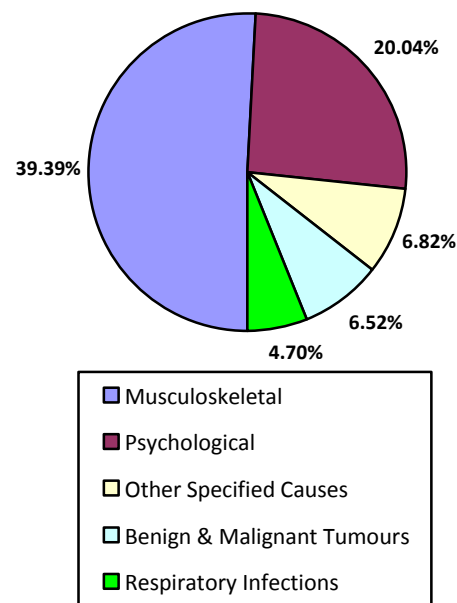
The Sickness Absence rate of 4.5 days equates to 2.03% of the available time being lost due to sickness absence.

Note: The absence rate at Bangor is significantly below the national sector average and may indicate under reporting in some areas.

It is highlighted that 71% of University staff **did not** report a single day sickness absence in 2008.

Understanding absence causation is essential and valued data is attained from medically<sup>3</sup> certified 'sick-notes'.

## Top-5 Certified Absence Causations (% of total)



<sup>3</sup> Refers to those absences certified by a doctor and excludes self-certification

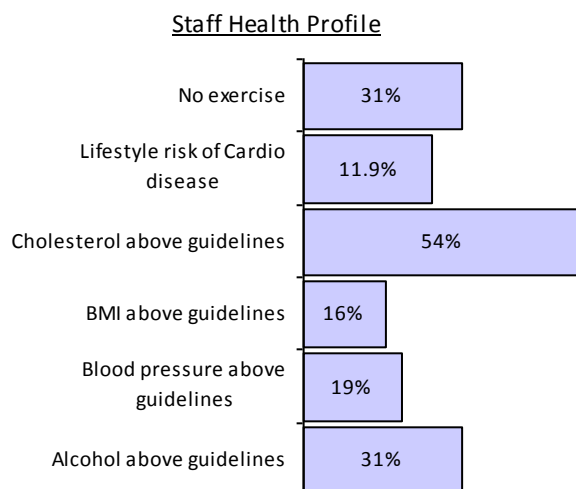
In 2008 nearly 40% of *certified* absences were due to musculoskeletal conditions, with *psychological* related absences the next highest causation (*psychological includes possible stress related*).

Occurrences of 'long term sick' has decreased in 2008 and accounted for 8% of the total absence rate. Over 88% of those who were on long term sick returned to work.

Further information on staff illness, causation and age range can be found in **Appendix A3**.

- Support for Health

Health initiatives are proving to be more popular than could ever have been anticipated. Particularly with regards to personal *Health Checks*, which enable staff to not only be advised of their health profile but also discuss health issues. Data obtained from health checks is anonymised and a picture develops:



In 2008 over 300 members of staff received health checks.

To reflect the developing health profile a number of initiatives have commenced to support and enhance the health of staff. These initiatives seek to provide support through education, information, motivation and confidence.

Health support initiatives include Back Care Clubs, Lunchtime Walks, Exercise Classes, Alcohol & Smoking Awareness, Weight Loss Challenge, Yoga, and Swimming.

Work within the area of Health is both exciting and valuable and is something that the University can be proud of.

Further information on Health Support can be found in **Appendix A4**.

- Staff Training

In 2008 over 600 members of staff attended an health and safety training course or briefing, this was slightly up on 2007.

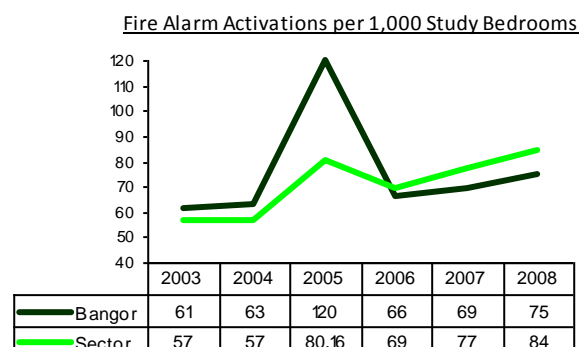
Of particular note is the change of emphasis in health and safety training and the current development of providing a greater number of tailored courses for Schools and Department and for certain staff groups, such as Co-ordinators. This is proving popular and will be enhanced significantly in 2009 as College and Departmental auditing identifies training needs.

The majority of health and safety training is provided directly by Health and Safety Services; however this service is accompanied by further training provided locally, by the School or Department, or which is 'bought-in'.

It is envisaged that over the next two years health and safety training will be further enhanced, reflecting the needs of the University and its Colleges and Departments.

- Fire & Fire Alarms

Non-emergency **Fire Alarm** activations continue to pose a problem and the 2008 total was up for the second year running with the North Wales Fire & Rescue Service called out to the University over 200 times. This is an unacceptably high figure and efforts will continue to reduce this, by improving both behaviour and systems.



Note: The University is still performing better than the national average.

During 2008 there were **4** fires at the University. However, no person was hurt as a result and limited damage was caused.

Further information on Fire and Fire Alarm Activations can be found in **Appendix A6**.

## RISK EXPOSURE

It is imperative that the University is informed of its risk exposure so it can take action to reduce and mitigate any threat.

An important element of this safety management system is the *Corporate Health and Safety Risk Assessment* which considers 54 risk 'themes'. The document assesses how the University is performing against legislative as well as general risk management controls, identifies 'exposure' and further actions required.

Of the key institutional hazards which have either proven problematic in the past or received national media attention the following commentary is offered for two of those high profile issues:

- Asbestos management

Over 4,000 people die each year of asbestos related diseases in the UK, the highest rate in Europe and more than those that die on the roads. The management and control of asbestos is therefore a fundamental part of any employers risk management system.

The University is developing a new Policy and Asbestos Management Plan following completion of the full re-survey of all University buildings to identify and assess asbestos materials. This is the second full survey in 10 years and was undertaken to ensure all materials are identified and managed.

- Stress Management

A new self-referral Counselling Service has been appointed to help and support staff who are suffering from stress related difficulties.

This service is being widely publicised and offers face to face support helping to enable staff to cope with pressures and difficulties in both their work and personal lives. Health and Safety Services also continues to work closely with Human Resources on 'case management' and tailored support for those suffering from stress and psychological difficulties.

In addition, Human Resources supports and educates managers and individuals on pressure and workload management. Specialist training is also planned to help managers identify stress and on the techniques and methods needed to overcome it.

## CULTURE

The concept of 'culture' is difficult to explain and measure, but broadly speaking it is the shared values that determine how people think about and approach safety and health.

All elements of the University's health and safety work impacts on its culture, as do bad experiences with other organisations and poor publicity. In addition, many publications, including the University's Health and Safety Policy stress the need for a positive health and safety culture.

The focus in recent times is one of sensible risk management and the provision of suitable and understandable information and training. These, together with institutional factors, eg. policies and auditing, seek to nurture a culture of health and safety mindfulness. One which understands what is required, why it is required and which accepts good health and safety practice as the norm.

The Strategy and Policies of the University also seek to support individuals and not put unnecessary obstacles in their way. Health and safety should be considered an enabler, making sure things happen, and not as an interfering 'Nanny State'. It is therefore imperative the message is positive and encouraging to ultimately ensure existing and fundamental work continues with no one harmed as a result of it.

## THE HEALTH AND SAFETY DEPARTMENT

Health and Safety Services is a central service department. It oversees and supports health and safety across the University and in the past few years has been rejuvenated, with a new structure and focus.

In particular, the past year has seen continuing investment in *'the health of the workforce'* which has taken centre stage alongside legal compliance.

As highlighted within the University's Strategy and Policies, embedding and enhancing health support and promotion is seen as key to risk management and the development of a positive safety culture. Health and Safety Services is now driven by the philosophy of innovative health support and promotion, moving away from its association with absence management and disciplinary.

Further information on Health and Safety Services can be found in **Appendix A1**.

## AUDITING AND MONITORING

Auditing and reviewing are important aspects of any management system and are essential in health and safety to benchmark and assess risk exposure.

Historically, 'measurement' has been difficult, usually focusing on failure eg Accident rates. However, recent initiatives have looked towards assessing more positive indicators. This is particularly the case when auditing College and Departmental performance and a revised College / Departmental auditing system, based on BS OHSAS 18001 is planned for 2009.

During the year a number of thematic and departmental audits were undertaken. The reports from these are considered by the Safety Executive Task Group and the Health and Safety Committee, with remedial action planned as required.

## CHALLENGES AHEAD

As the Strategy for Health and Safety develops and efforts, particularly in health and auditing, continue it is envisaged that expectations will also grow and there will be an ever increasing call on Health and Safety Services. Therefore continuing and enhancing the efficiency of the department will be crucial, as will providing individuals within Colleges, Schools and Departments with sufficient knowledge, competence and confidence to address and resolve matters locally.

Another challenge to both the department and the greater risk exposure of the institution will undoubtedly be the implications of increased financial prudence. Not only must Health and Safety Services respond locally, but it must also be able to respond to and support the University and its Colleges and Departments' quest for greater efficiency without increasing risk.

Outside of the University the potential for epidemic and pandemic flu will certainly be monitored and contingency plans enhanced and developed as situations become clearer.

## OVERALL

To conclude, the 2008 Report shows that progress is being made, with successes noted and a clearer vision and plan for the future developing. All of which should ensure the University is compliant with the law and goes beyond this by continual improvements in all areas, particularly helping, supporting and enhancing the health of its staff and students and by improved benchmarking and measurement.





## A.1 HEALTH AND SAFETY SERVICES

Health and Safety Services primary purpose is to keep the University compliant with the law, ensuring in the process that no one is harmed or made ill as a result of the University's activities. The Department is the University's central health and safety department and is tasked with supporting the University and its Colleges and Schools in all aspects of health and safety compliance, enhancement and promotion.

In addition, and in line with University Policy, Strategy and ethos, the Department seeks to improve upon and support the health, safety and well-being of individuals and support the overall performance of the institution.

The Department's work is guided by the Strategy for Health and Safety, approved by Council in 2007, and the requirements of legislation and the University's own Health and Safety Policy.

With exception of the following specific areas, details of departmental activities and initiatives are contained throughout this Report and the following commentary is offered on specific areas not described elsewhere:

- REACTIVE WORK

Due to the very nature and variability of the University's activities a significant amount of Health and Safety Services work is reactive. On occasions reactive work can account for over 50% of weekly workloads, though such occurrences are becoming less frequent. It is essential therefore that the department is able to respond speedily and effectively to requests for assistance from Schools, Departments and to deal with enquiries by Enforcing Agencies.

Though the reactive work will always remain an integral function of Health and Safety Services role, improved planning and more efficient use of resources now enables greater planned and scheduled work to be undertaken. This is an aspect the department has historically had difficulty with, as 'problems' were common place and time was consumed in responding and dealing with them.

- PRO-ACTIVE WORK

As indicated above, an ever increasing proportion of the Department's work can now be planned, with major projects scheduled and time tabled with Supporting, Improving and Measuring at the core. For example, efforts through the health agenda to improve the health profile of staff, and audits undertaken to assess the level of compliance with the law and identify a way ahead.

- RADIATION

Following the installation of new equipment in the College of Health and Behavioural Sciences, a University wide audit of X-ray generating apparatus was conducted. All equipment tested was found to be operating safely and management controls adjusted as required.

An in-house Radon survey of the University Estate is underway to ensure compliance with the Management of Health and Safety at Work Regulations. A report will be submitted to the Safety Executive Task Group in the autumn.

As part of the decommissioning of the Pen Y Ffridd site, a high activity radiation source was disposed of and the licence to hold the source cancelled. A number of other much smaller sealed sources, from a variety of scientific instruments have been collected at a central secure location prior to final disposal which should be completed this year.



The number of personnel working with open sources of radiation has increased quite sharply over the previous twelve months, a trend which is continuing. The majority of the increase is seen with those working with relatively benign radioactivity sources, due to the very low external radiation hazard posed by them. The increased usage of radionuclides has also resulted in greater pressure on both space and supervisory resources. In addition, a smaller number of personnel are working with more hazardous radionuclides and greater controls are in place for these.

Additional Radiation Protection Supervisors have been appointed and refresher training arranged for key staff. A more rigorous training program for those working with open radioactive sources has also been introduced.

As part of a major refurbishment program within the College of Natural Sciences, some current radiation laboratories will be upgraded to allow more efficient use. Locations for new facilities are also under consideration.

As is the case with many other higher Education establishments, Bangor University faces some difficulties with regards to tying-in records associated with historical work to current legislative requirements. Considerable progress has been made over the last year in resolving these difficulties.

- BIOLOGICAL

Research and teaching activities involving work with hazardous biological agents or materials potentially containing such agents is increasing throughout the University and the historical picture of biohazards being confined to the constituent departments of College of Natural Sciences (CNS) no longer holds true. For example, work involving genetically modified organisms now takes place in the Department of Chemistry and the Schools of Psychology and Sport, Health and Exercise Sciences routinely works with human tissues that could contain infectious agents. The amount of work involving Biohazards within CNS has also increased due to the introduction of new degree courses and increased research funding for work involving biohazards.

A University wide audit of work involving hazardous biological agents will be undertaken in 2009 to verify that relevant legislation is being complied with and appropriate control risk control measures are in place. As part of a major infrastructural development, CNS will upgrade and expand containment Level 2 facilities and replace ageing safety critical equipment such as autoclaves.

- AUDITS AND REVIEWS

In 2008 the following Audits and Reviews were undertaken:

- The Students' Union
- Human Resources
- Catering services
- Out of Hours Working Practices
- Electrical Equipment Safety
- Ill Health Early Retirement Applications
- Staff Counselling Service and Provision
- Ill Health return to Work Forms
- Emergency Systems, Procedures and Call Handling
- Long Term Absence Management Review

As described elsewhere in the Report, Health and Safety Services is seeking to develop a College and Departmental auditing methodology which both complements the relevant British Standards scheme and ensures those being audited receive positive support and advice.

## A.2 COMMITTEES & TASK GROUPS

Health and Safety standards, performance and management is overseen by Committees and Task Groups. The two main bodies being the Health and Safety Committee and the Safety Executive Task Group

### HEALTH AND SAFETY COMMITTEE

The Committee met on three occasions in 2008 and most significantly approved a new system for the introduction of health and safety Policies. The new system allows greater flexibility and importantly introduces far more user friendly Policy Standards and associated Information Sheets. The Following Policies were adopted in 2008:

- Fire Safety
- Electrical Safety
- Display Screen Equipment

The Committee has also received and considered detailed reports on:

- The Health Agenda
- Value of Return to Work Forms
- Counselling Service'
- Falls From Heights
- Glazing
- Smoking
- Maesglas' use of De-fibrillator to save a man's life
- Numerous Audits and Reviews

To advise the Committee the following specialist Sub-Committees are active:

- Radiation
- Student Health, Safety and Well-being
- Biological and Chemical

The work of the Health and Safety Committee and its sub-committees are an essential aspect of consultation, oversight and governance. The Committee approves policies on behalf of Council and the Minutes of each meeting is considered by the University Council.

### SAFETY EXECUTIVE TASK GROUP

The Safety Executive Task Group oversees and advises upon aspects of health and safety management on behalf of the Vice-Chancellor. The Task Group is chaired by the Registrar and membership includes the Head of Health and Safety Services, the Deputy Registrar, the Chairman of Health and Safety Committee and the Directors of Human Resources and Estates & Facilities.

The Task Group met on 9 occasions in 2008 and considered a wide range of health and safety issues.

The Safety Executive Task Group performs a vital role in guiding the work of Health and Safety Services, ensuring not only compliance with the law but also continual improvement in performance and quality.

## A.3 STAFF ILLNESS REPORT

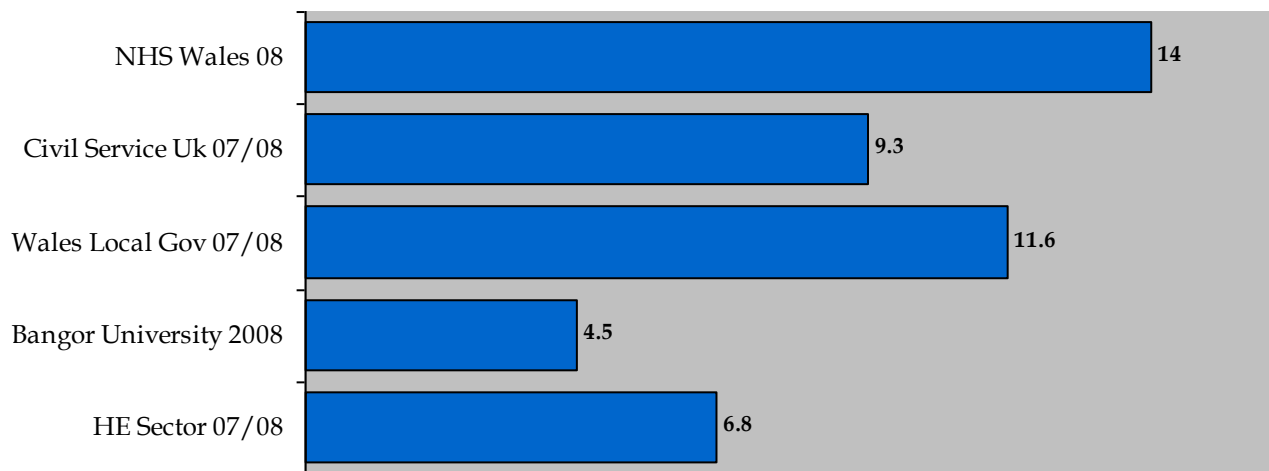
The following advises on staff reported 'sickness' absence with an emphasis on statistical data for 'medically certified' absences. As such the data holds greater statistical 'accuracy'.

### HEADLINE STATISTICS

Bangor University's 2008 Sickness Absence rate per employee / year is **4.5** days, equating to 2.03% lost time.

The University's sickness absence rates compares nationally as follows:

National Comparisons (Work Days lost Per Employee/Year)



### VALUED DATA

Health and Safety Services places greater emphasis on medically certified sickness absence as causations and effects on the person, as they are not confused by non-medical explanations. Tackling and understanding long-term absence is a key objective of the department.

For sick pay purposes, medical certificates (doctor's notes) are required for over 7 Calendar Day absences. When a medical certificate is submitted for absences less than 7 calendar days, these are recorded to confirm that a medical diagnosis has been made. This occurred in 35% of cases. 26% of all sickness episodes were confirmed by medical certificates and 74% were self certified. Of the 26% (371 episodes) of sickness absence, 111 episodes were for 20 or more days and 260 episodes were for less than 20 days.

### REASONS FOR ABSENCE

The following table shows the reasons given for medically and self-certified illnesses during 2008. Comparing with 2007 data would be inappropriate, as decreases such as 'no reason specified' have resulted in more accurate recording of all sickness absences in 2008. A comparison of data will commence in 2009.

## Certified Reasons for Sickness Absence Periods (EPISODES)

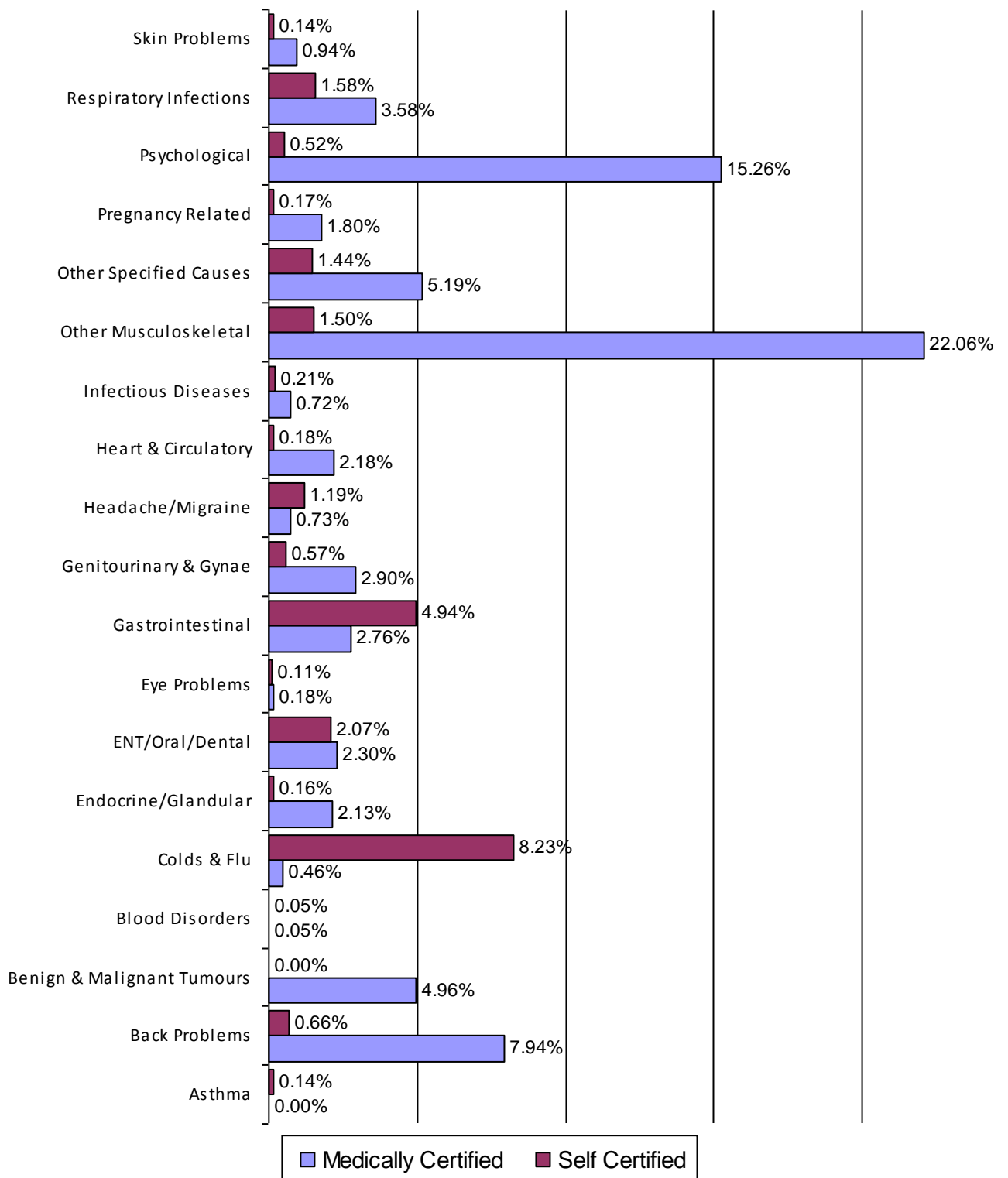
REASON FOR SICKNESS	2008		
	SELF CERT EPISODES UNDER 8 WORKING DAYS	MEDICALLY CERT EPISODES UNDER 20 WORKING DAYS	MEDICALLY CERT EPISODES OVER 20 WORKING DAYS
<b>Generalised Musculoskeletal Illness</b> (including fractures, hernia repairs, arthritic conditions, sprains and strains)	57	46	42
<b>Psychological</b> (including dependency issues, anxiety & depression)	18	37	24
<b>Back Problems</b> (including neck, low back and sciatica)	31	12	10
<b>Tumour</b> (including benign and malignant)	0	3	4
<b>Genitourinary/Gynaecological</b> (including kidney stones and hysterectomy)	29	6	6
<b>Cardiovascular</b> (including high blood pressure, stroke, heart disease, angina)	5	4	4
<b>Pregnancy related</b> (including high or low blood pressure & severe nausea)	7	4	1
<b>Gastrointestinal</b> (diaphorrea, vomiting)	253	21	3
<b>Colds and flu</b>	349	10	0
<b>Headache and Migraine</b>	86	3	1
<b>Miscellaneous</b> (skin, respiratory, ear, nose & throat conditions)	-	-	-
Respiratory	50	41	3
Blood Disorders	1	1	0
Ear, nose, throat, dental, eyes	81	28	1
Skin problems	6	7	1
Endocrine/Glandular	7	3	5
Infectious Disease	8	11	0
Asthma	6	0	0
<b>Other specific reasons</b>	61	23	6
<b>No reason specified</b>	0	0	0

The above offers information on separate ill health occurrences (episodes) and are broken down into key indicator times per episode. Such information is valuable in the understanding of ill health trends and likelihood of progression into 'long term' absence.

## MEDICAL CONDITIONS

The following chart shows the headline percentages for absences in the two main notification categories, self-certification and medical-certification. Greater emphasis is normally placed on medically certified reasons for absence as the description of the illness is provided by a medical professional; self-certificated absences also indicate reasons for short-term absences:

Medically Certified & Self Certified Percentage of Days Absence 2008



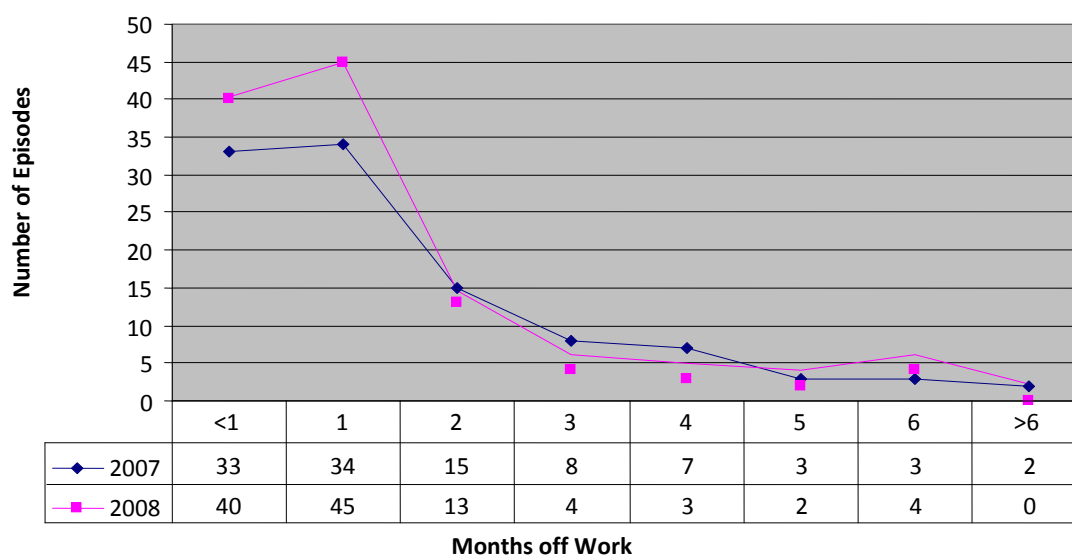
## DURATION OF SICKNESS

### Duration/Number of Cases of Long Term Sickness Absence: January – December 2008

<i>Reason for sickness absence</i>	<b>Over 20 working days and under a month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Over 6 months</b>
Musculoskeletal Illnesses	13	22	6	-	1	-	-	-
Psychological	12	5	4	1	-	1	1	-
Back problems	1	6	1	-	-	1	1	-
Tumour	1	1	-	-	-		2	-
Genitourinary/ Gynaecological	2	2	2	-	-	-	-	-
Cardiovascular	2	1	-	1	-	-	-	-
Gastrointestinal	1	1	-	1	-	-	-	-
Pregnancy	-	-	-	-	1	-	-	-
Headache & Migraine	-	1	-	-	-	-	-	-
Respiratory Infections	2	1	-	-	-	-	-	-
Endocrine/Glandular	4		-	1	-	-	-	-
Other Specific Reasons	-	2	-	-	-	-	-	-
Miscellaneous	2	3	-	-	1	-	-	-
<b>Total No. of continuous absences per month</b>	<b>40</b>	<b>45</b>	<b>13</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>0</b>

8% of the total reported sickness episodes for 2008 were for absences greater than 20 days; i.e. long term absence. Although there were 7 more episodes of long term sickness over 20 days recorded in 2008, it is evident there has been a significant reduction in the number of employees being off for over 3 months.

### Duration of Long Term Sickness Absence: January – December 2008



## AGE DISTRIBUTION

668 individuals recorded a sickness absence in 2008. The chart below indicates the percentage of individual employees who submitted 1 or more sickness absence certificates, both certified and self certified, compared to the age profile of the University staff.

Age Range	Number of Individuals Off	Percentage of Age Range
18-30 years	110 out of 449	24%
31-40 years	174 out of 614	28%
41-50 years	172 out of 594	29%
51-60 years	171 out of 493	35%
Over 61 years	41 out of 178	23%

The following charts the age range of individuals within each category taking sickness absence. An employee may have taken multiple episodes of sickness in a category but, to establish a true picture of age distribution, they have only been counted once in that category.

### Age Distribution of Individuals on **Medically Certified** Sickness Absence in 2008

<i>Reason for absence</i>	18-30yrs	31-40yrs	41-50yrs	51-60yrs	61+yrs
Musculoskeletal Illness	8	19	11	23	10
Psychological	6	13	11	19	4
Back Problems	1	3	8	3	3
Tumour	-	1	-	3	1
Geni/Gynaecological	1	4	6	1	-
Cardiovascular	-	1	1	5	-
Pregnancy related	-	3	1	-	-
Gastrointestinal	1	2	4	11	1
Colds and flu	-	3	2	5	-
Headache & Migraine	2	1	-	1	-
Respiratory	7	8	6	12	4
Blood Disorders	-	-	1	-	-
E, N,T, dental, eyes	6	6	7	6	2
Skin problems	-	2	3	-	-
Endocrine/Glandular	-	3	2	3	-
Infectious Disease	1	4	3	2	1
Other specific reasons	3	9	6	8	2
<b>Totals</b>	<b>36</b>	<b>82</b>	<b>72</b>	<b>102</b>	<b>28</b>



## A.4 STAFF HEALTH REPORT

This is the second Health Report under the Health and Safety Strategy and benchmarks progress against a planned programme for health. The main elements are concerned with:

- Care for those unable to work because of long term ill health
- Health surveillance to ensure exposure to potential hazards is not harming the health of specific occupational groups
- Individual health checks
- Health promotion activity
- The sharing of knowledge and skill to support health through sickness management training and the use of automated external defibrillators
- Improvements in support of staff who are expectant or new mothers
- The current 'Programme for Health' is contained in this report.

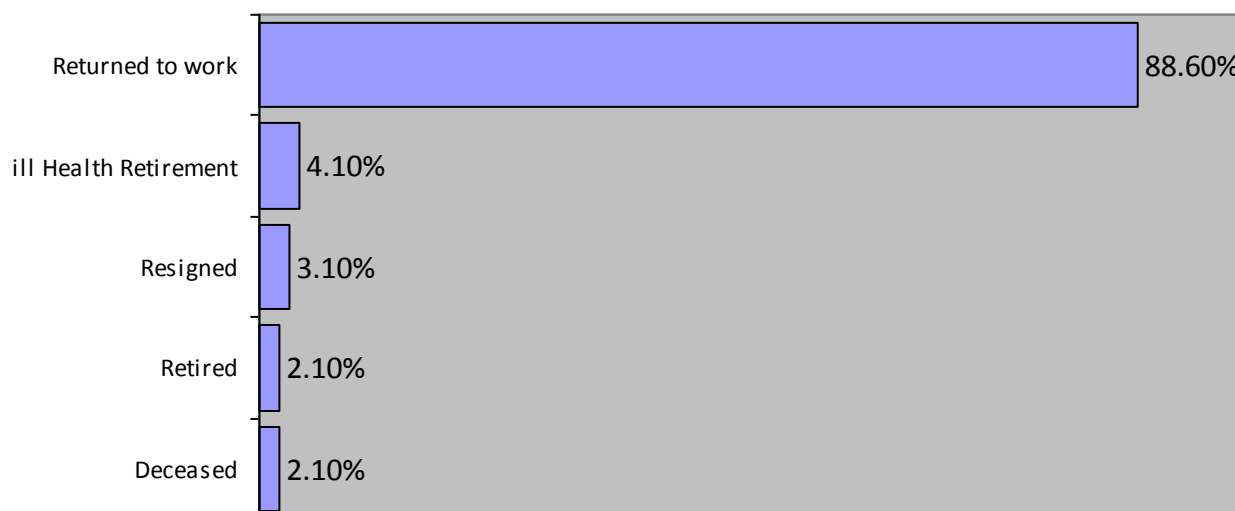
Health activities are integrated into the everyday work of Health and Safety Services, responding to an ever increasing knowledge base and understanding of the health needs of staff. It seeks to help, support, develop and promote health and goes far beyond the 'statutory' and old fashioned view of '*Occupational Health*'.

### • CARE FOR THOSE UNABLE TO WORK BECAUSE OF LONG TERM ILL HEALTH

Commendable progress has been made in this area and the number of staff on long term sick has steadily reduced. In November 2007, 28 staff were on long term (over 20 days) sick leave compared to 9 staff on the illness tracker in April 2009. During the course of 2008 nearly 89% of those who had been on long term sick leave successfully returned to work.

Attendance at the regional GP forum contributed greatly to this reduction, leading to improved communications and relationships with GP's, raising their awareness of the University's work in the area of health support and the health agenda.

Resolution of Long Term Absences 2008



- HEALTH SURVEILLANCE (Statutory & Good Practice)

A number of legislative and (HSE) Codes of Practice require or recommend health surveillance as a means of assessing the effectiveness of control measures and providing re-assurance to staff that their work is not harming their health. Health surveillance is about systematically watching out for the early signs of work related ill health in employees exposed to certain health risks.

Staff groups which receive mandatory and/or statutory health surveillance include certain chemical laboratory staff, animal and farm workers, print shop, Grounds and Gardens and Maintenance staff.

Health surveillance is required when people are known to be exposed to potential health risks. These may include the work with certain chemicals, exposure to animal fur or secretions, the handling of substances that can damage skin, inhalable dusts that could cause serious lung disease or trigger allergic reactions, exposure to noise leading to hearing loss, or the use of vibrating equipment that may risk damage to the nervous, skeletal or circulatory system.

The health surveillance procedures also take account of any self reported symptoms and records are kept to confirm health surveillance has been conducted together with the results of tests carried out. In cases where non-work problems have been detected, the person is referred to their GP for further investigation. Over the past year there have been no reported cases of work-related ill health.

To further improve efficiency an additional member of Health and Safety Services staff has been trained to assist in health surveillance and provide respiratory, hearing and vision checks.

The programme for health surveillance is an integral part of the health activity calendar.

- INDIVIDUAL HEALTH CHECKS

Health Checks have proved immensely popular with staff since their introduction in late 2007 and soon it is anticipated that over 400 members of staff will have taken part and benefited from professional advice and information provided by the Occupational Health Practitioner.

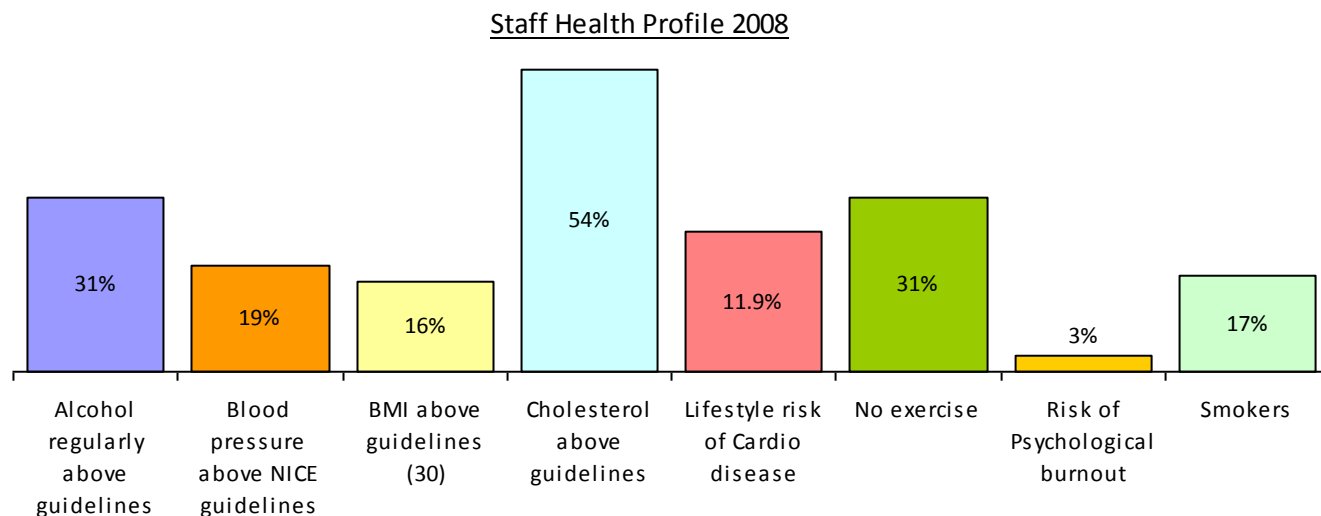
Health checks aim to prevent illness rather than deal with the consequence of long term ill health, giving people information about their own health that will either prove reassuring and act as a point of reference for any future health checks or offer a pathway for health support by activities at work.

The checks include a vision test, blood pressure check, blood sugar and blood cholesterol test, an assessment of work/home stressors and a discussion surrounding lifestyle factors such as smoking, alcohol intake, exercise and diet followed by an assessment of the likelihood of developing coronary vascular disease.

Advice can also be Department/School specific and information tailored to reduce the health risks associated with an individual's work. For example, School of Music staff are advised on how to reduce the risk of repetitive strain injury when using instruments and an additional test is undertaken to assess their hearing. To complement this approach a specialist Talk, by the 'British Association of Performing Arts Medicine', was arranged for Music staff and students. The tailored approach is proving very effective and worthwhile.

During 2008 a total of 300 staff received a health check. These checks have resulted in a number of people being referred to their own GPs for further investigations and appropriate treatment, eg. 12 people with very high blood pressure and 17 with significantly raised levels of cholesterol.

With permission from the staff concerned, anonymised data has been used to profile the percentage of staff at risk of developing poor health in the future.



- EXPECTANT AND NEW MOTHERS

Risks to expectant mothers and the unborn child can arise through work at the University and it is important that Health and Safety Services proactively assists the College/Department to support the expectant mother.

To support Manager's risk assessments and to reduce the risks to health from work activities, expectant mothers are seen at six week intervals for a welfare discussion and review of workplace hazards that may present a risk to their pregnancy. Contact is also made before a return from maternity leave and six weeks after their return.

In addition, a tailored Guide for New and Expectant Mothers has been produced and is available for download. This guide offers practical information on how to avoid risks and informs on what the University will do to protect the expectant mother and the unborn child and what needs to be done when returning to work.

- SHARING OF KNOWLEDGE AND SKILL TO SUPPORT HEALTH

Staff received training and annual refresher training in the use of Automated External Defibrillators (AEDs) which are now located in Psychology, Sports & Health Science, Maes Glas, Security and the Prince Madog.

- LONG TERM SICKNESS

In October 2008 a questionnaire was sent to those who had been on long term sick leave and their managers to review the effectiveness of support. This identified strengths and weaknesses in the quality of Managers contact, arrangements for a phased return to work and the continuation of support for those that had resumed work.

In addition, staff development workshops are undertaken with HR to enable managers to be more familiar and confident with the use of procedures to manage sickness absence.

- HEALTH PROMOTIONS

In response to the findings of the Health Profile a number of Health Promotion Campaigns have been designed and implemented to support staff and, through joint ventures with the Students' Union, students.

## SUMMARY OF HEALTH PROMOTION CAMPAIGNS DELIVERED OVER THE PAST YEAR

CAMPAIGN	PURPOSE	CAMPAIGN ACTIVITIES	BENEFITS TO DATE
<b>Increase Alcohol Awareness amongst Staff</b> <i>December 2008 - ongoing</i>	Raise awareness of guideline daily limits for alcohol consumption following Health Checks that identified some staff exceeded them	<ul style="list-style-type: none"> <li>Information given on what constitutes a unit of alcohol and how to calculate alcohol intake</li> <li>Information provided on the Website</li> <li>Advice given on not drinking and driving the next day and drinking with medication</li> </ul>	<ul style="list-style-type: none"> <li>Staff identified during Health Checks as exceeding the guideline daily limits for alcohol reduced from 31% to 19%</li> <li>Alcohol Policy and Procedures under review</li> </ul>
<b>Increase Alcohol Awareness amongst Students (joint venture with Students' Union)</b> <i>December 2008 - ongoing</i>	Raise awareness of guideline daily limits for alcohol consumption and the behavioural problems associated with excess alcohol	<ul style="list-style-type: none"> <li>Local Licensees asked for their support</li> <li>Information provided on the Website</li> <li>University bars asked to give free soft drinks</li> <li>Local Radio narrated 'Effect of Alcohol' account</li> <li>Bi-lingual Alcohol Awareness postcards distributed across campus</li> </ul>	<ul style="list-style-type: none"> <li>Success is difficult to measure as the majority of students return home for the festive period. However, Security staff did feel there were less incidents of disorderly behaviour</li> </ul>
<b>2009 Weight Loss Challenge</b> <i>January 2009 – March 2009</i>	Reduce health problems associated with excess weight through team support and added incentive or raising money for the Ty Gobaith Hospice	<ul style="list-style-type: none"> <li>University Weighing in Points set up</li> <li>Information provided on the Website</li> <li>Challenge participants invited to attend a talk by a Clinical Dietician</li> <li>Participants invited to attend a 'Healthy Eating' session at Bar Uno</li> </ul>	<ul style="list-style-type: none"> <li>67 people signed up compared to 27 in 2008</li> <li>To date, £500 raised and nearly 200lb weight lost</li> </ul>
<b>Exercise Initiatives</b> <i>January 2008 – August 2009</i> <ul style="list-style-type: none"> <li>Back Care Club</li> <li>Exercise for Musicians</li> <li>Flipper Club (swimming)</li> <li>Gym Fitness Group</li> <li>Lunchtime Walking Group</li> <li>Pedometer Monitor Group</li> <li>Stretchware Exercise</li> </ul>	Reduce the risk of cardiovascular disease and illnesses associated with raised blood pressure, cholesterol, body mass and functional weakness, including low back pain and repetitive strain injury affecting the upper limbs	<ul style="list-style-type: none"> <li>The Back Book was sent to all staff who had required sick leave due to low back pain</li> <li>Further Back Clubs planned to tie in with National Back Care Awareness Week</li> <li>Musicians attending Health Checks received BAPAM exercises on reducing the risk of injury</li> <li>12 people joined the Flipper (Swim) Club</li> <li>10 Chemistry members formed a fitness group</li> <li>Lunchtime walking groups commenced with IT Services. Additional walks planned eg. Walk and Talk at Bangor Pier, Bangor Museum and Bangor Cathedral</li> <li>Pedometers issued to motivate people to walk</li> <li>Those showing symptoms of repetitive strain through use of DSE encouraged to download Stretchware Exercises</li> </ul>	<ul style="list-style-type: none"> <li>21 people joined the Back Club set up in conjunction with Maes Glas</li> <li>Of those attending the Back Club, no one suffering a relapse over the past 6 months. Of the 58 people who declined to attend, 1 in 6 suffered a recurrence of back problems</li> <li>Short term sickness absence due to low back pain decreased from 79 to 43</li> <li>Long term sickness absence due to low back pain decreased from 14 to 10</li> </ul>

CAMPAIGN	PURPOSE	CAMPAIGN ACTIVITIES	BENEFITS TO DATE
<b>Promoting Mental Health</b> <i>November 2008 – April 2009</i>	Enhance psychological well being through assessment, relaxation and coping strategies	<ul style="list-style-type: none"> <li>The <i>Don't Worry Take Action</i> Campaign Website (linked to National Stress Awareness) set up</li> <li>Email distributed to all staff regarding Campaign</li> <li>12 week Dru-Yoga course organised</li> <li>6 staff given the opportunity to attend an 8 week '<i>Bangor University Centre for Mindfulness Practice</i>' course. 2 further people will be supported on the May and September 2009 courses</li> </ul>	<ul style="list-style-type: none"> <li>Over 750 people viewed the Don't Worry Take Action Campaign Website</li> <li>Over 20 staff signed up for the Dru-Yoga course Positive comments received about the course included those regarding improved concentration / energy / happiness levels and a reduction in stress</li> <li>4 staff attended the Mindfulness Course Feedback provided at the end of the course showed attendees had felt the course had enhanced their psychological well-being</li> </ul>
<b>The Breath of Fresh Air Campaign (joint venture with Students' Union)</b> <i>March 2009</i>	Protect non-smokers from the health hazards of second hand tobacco smoke. In addition, to provide support and promote the University '5 meter' No Smoking Policy rule	<ul style="list-style-type: none"> <li>Breath of Fresh Air Campaign and Website set up (linked to National No Smoking Day)</li> <li>Email distributed to all staff regarding Campaign</li> <li>Main Arts used as trial site with Campaign posters displayed near doorways</li> <li>Lunchtime visits undertaken to Main Arts to discuss Campaign with smokers and non-smokers</li> <li>Local radio interview to promote the Campaign</li> <li>The Campaign was supported by a 3 months free membership with a local Health Spa</li> </ul>	<ul style="list-style-type: none"> <li>3 smokers who accessed cessation groups have succeeded in stopping smoking</li> </ul>

**EICH PLESER chi  
EU POEN  
NHW**



Yfwrch yn gydwybodol – meddyliwch amdanoch chi ac eraill



**DON'T let your  
PLEASURE BE  
THEIR PAIN**



Be a conscientious drinker – think of yourself and others



**STOP SMOKING  
WALES DIM  
SMYGU CYMRU**

FREEPHONE / RHADIFON

0800 085 2219



# HEALTH AND SAFETY ANNUAL REPORT - 2008



## BANGOR UNIVERSITY - PLANNED PROGRAMME FOR HEALTH - SEPTEMBER 2008 – AUGUST 2009

Health Agenda	September	October	November	December	January	February	March	April	May	June	July	August
1. <i>Health Promotion</i>	Healthy walk with web site campaign update		National Stress Awareness Day	Alcohol Awareness Campaign	2009 Weight Loss Challenge  National No Smoking Day			Drivers health campaign		DSE Users Health Campaign		
2. <i>Research and Development for health</i>	Pedometer study	Back care study	Return to work audit	Pedometer study	2008 health and sickness profile report	DSE Audit preparation	Pedometer study	DSE Audit report and development of MSD policy	Audit of sickness absence cases	Pedometer study	½ year health and sickness profile report	Draft 2009/2010 health at work plan
3. <i>Training</i>	Sickness management	Maes Glas AED refresher		Sickness management			Sickness management	Security AED refresher	Sickness management	Maes Glas AED refresher		
4. <i>Support for those with healthcare needs</i>		Print shop health surveillance	Chemistry Health surveillance			Animal house health surveillance	Driver health assessments	Direct labour health surveillance	Grounds staff health surveillance			
5. <i>Support for those with healthcare needs</i>	Ongoing programme of Maternity Risk Assessments											
6. <i>Illness Prevention</i>	Ongoing programme of Individual Health Checks											
7. <i>Care for those unable to work due to ill health</i>	Ongoing Case Management Programme											

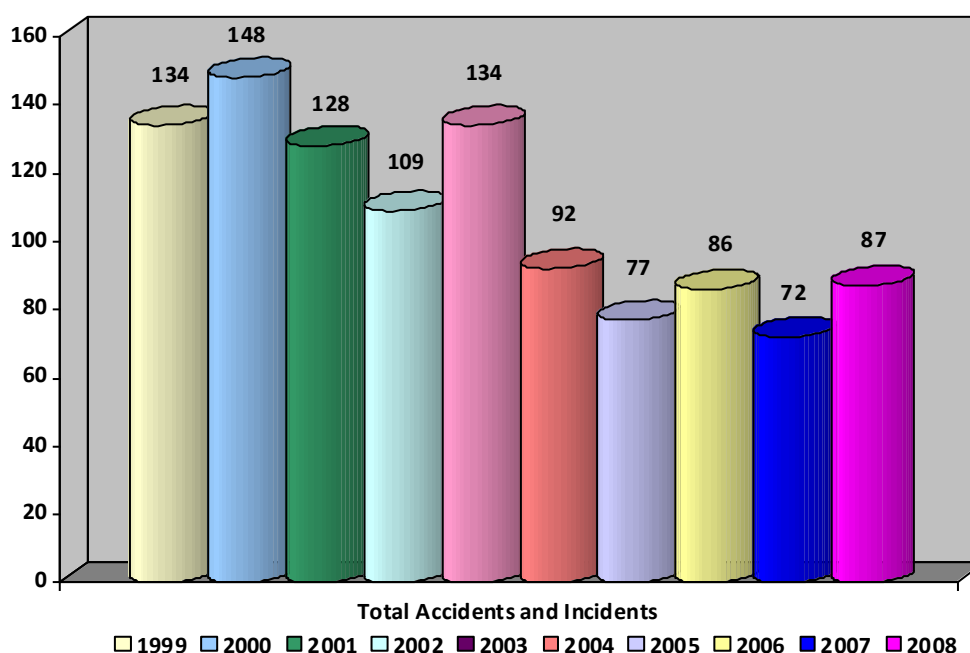
## A.5 ACCIDENT AND INCIDENT

The data for the following annual accident<sup>4</sup> and incident<sup>5</sup> statistics is collated from the Accident and Incident Report Forms received by Health and Safety Services during 2008.

- Staff and Students

During 2008 a total of **87** accidents were reported. Although this is an increase on 2007, in real terms there is little change as the University saw a marked increase in the number of persons 'at risk' in 2008, rising from approximately 13,000 'at risk' staff and students in 2007 to 15,153 'at risk' staff and students in 2008.

Bangor University Accident Totals 1998 - 2008



It is noted that the above graph and figures only includes accidents and incidents that resulted in injury. The following Report Forms were also received:

- 48 – sporting injuries
- 17 – potentially dangerous conditions / near misses
- 6 – medical incidents, eg. fainting

- National Comparators

In order to provide a comparison against 'National Statistics' for accident rates, the total recorded accidents are calculated on the basis of '1,000 persons at risk'. This calculation involves dividing the number of staff and students by the total number of staff and student accidents that resulted in personal injury.

<sup>4</sup> In this context an 'accident' is defined as an unplanned or unexpected event which led to personal injury of some kind.

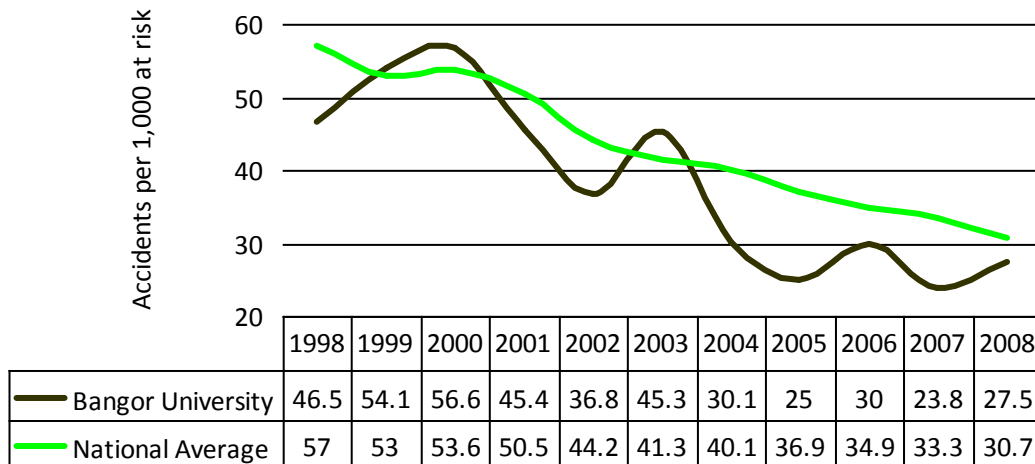
<sup>5</sup> In this context an 'incident' is a non-injury event that involved damage or could have led to damage or injury



- Staff

A total of **27.5** accidents per 1,000 staff were recorded during 2008. Although this is an increase on 2007, the ratio still compares favourably with the National University Sector average of 30.7 accidents per 1,000 staff.

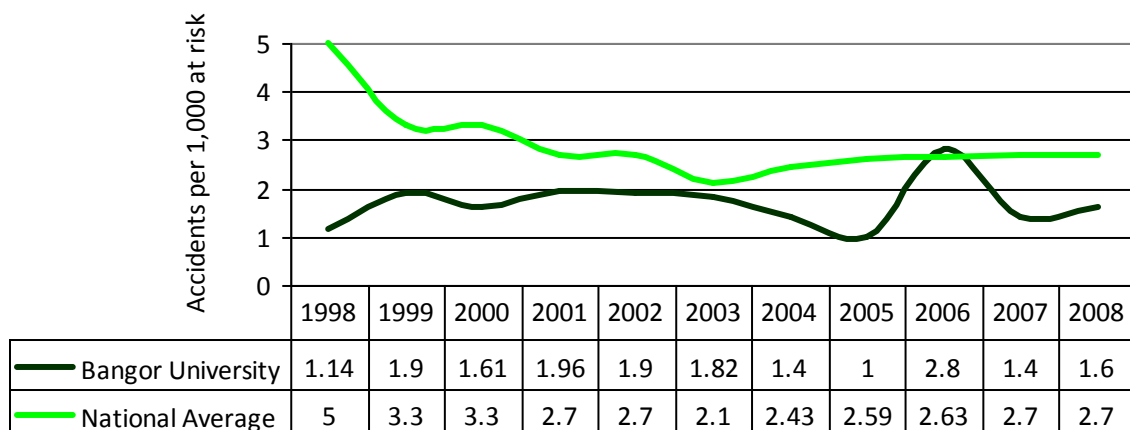
National and Bangor University Accident Rate averaged per 1000 Staff 'At Risk'



- Students

Student accidents rose from 1.4 accidents per 1,000 students during 2007 to **1.6** during 2008. Although this appears to be a slight increase, it is not proportionate to the increase in student numbers which rose from 10,000 to 12,825 in 2008. In addition, under reporting is a national problem as student accidents tend to only be reported during supervised activities or where more serious injury results.

National and Bangor University Accident Rate averaged per 1000 Students 'At Risk'

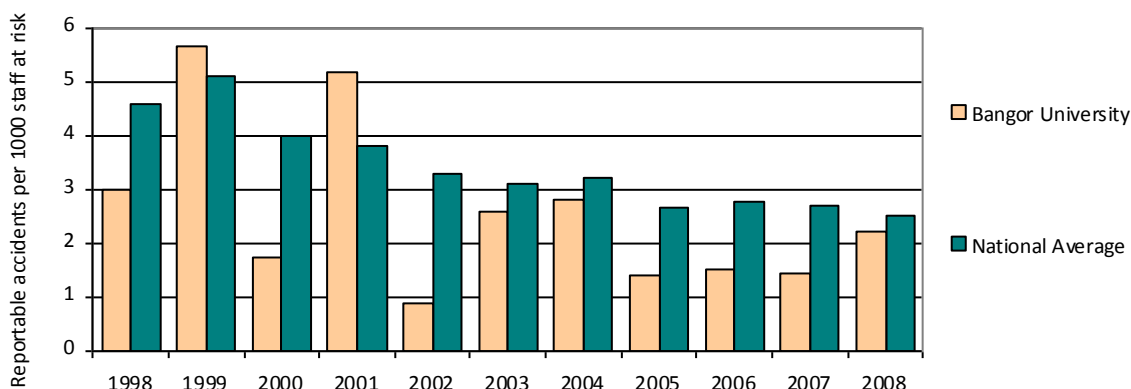


## • Reportable Accidents<sup>6</sup>

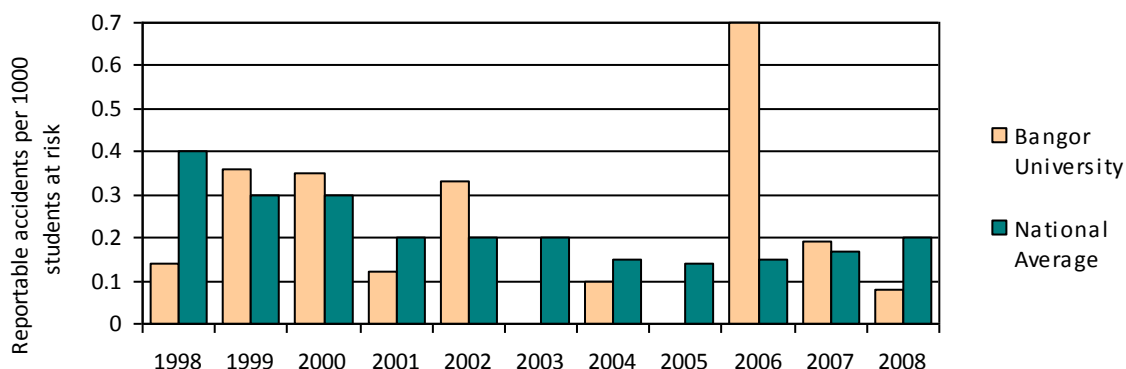
The total number of Health and Safety Executive (HSE) Reportable Accidents and Incidents for 2008 was **6**; 5 to members of staff and 1 to students. This was an increase on the 5 reportable accidents and incidents in 2007.

For statistical purposes the reportable accident/incident ratios are provided as a calculation of 1,000 persons (staff, students) at risk.

Reportable (RIDDOR) **Staff** Accidents and Incidents per 1,000 'At Risk'



Reportable (RIDDOR) **Student** Accidents and Incidents per 1,000 'At Risk'



Most significantly 5% of all **student** accident reports received by Health and Safety Services in 2008 ended-up as HSE reportable accidents. The **staff** ratio is around 7.8% of total accidents reported.

The student accident ratio shows a decrease on the 2007 data. However, the overall numbers of accidents reported is considered too low to be of any real statistical value and data is included here for information only.

The **1** reportable **student** accident in 2008 was as a result of:

- A research student splashed solvent into her eye whilst working in a Laboratory which required hospital treatment.

<sup>6</sup> Reportable accidents relates to those accidents and incidents which must be reported to the Health and Safety Executive under requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Such accidents and incidents normally involve injury, time off work as a result of an accident and diseases and conditions associated with work.

The **5** reportable **staff** accidents / incidents were as a result of:

- A Maintenance worker receiving a leg injury.
- A member of staff receiving a head injury after being struck by a car park barrier.
- A Caretaker pulling knee ligaments after falling on steps whilst moving furniture.
- A member of staff receiving arm and chest injuries after tripping and falling on stairs.
- A member of staff suffered back problems after moving boxes during an office move.

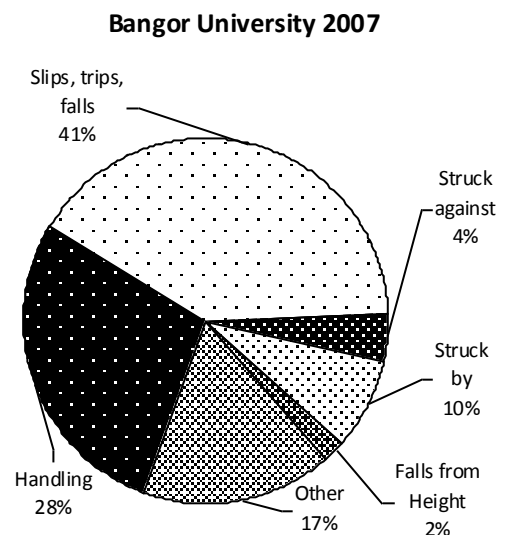
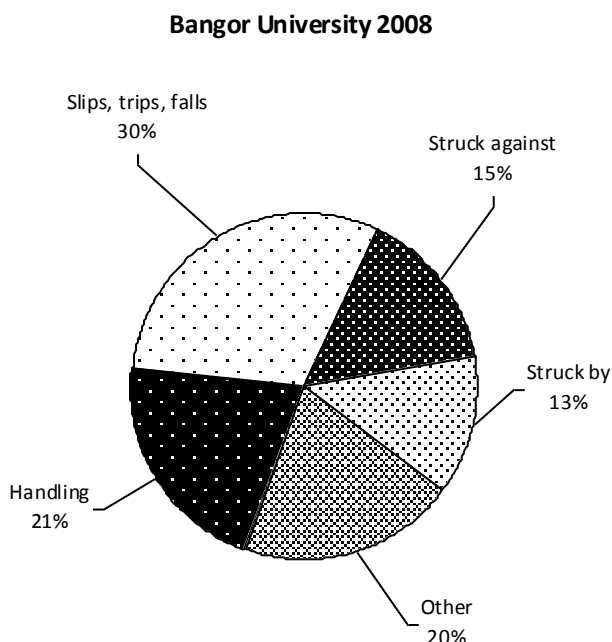
The **2** reportable **contractor** accident was as a result of:

- A Contractor received flash burns after slipping with their screwdriver causing an electrical short circuit. The contractor had to attend hospital.
- A Sub-contractor working for the developer of the Ffriddoedd Residential complex fractured a gas main during demolition of the old Plas Gwyn residence.

In addition, a nursing student received a leg injury after being hit by a hospital trolley whilst on placement at Ysbyty Gwynedd. However, this was reported by the hospital itself.

## • Accident Causation

To understand why accidents occur and identify trends it is important to look at causes. In recent years, slips, trips and falls has been a major cause of accidents at the University. In 2007, 41% of all accidents were as a result of slips, trips and falls. However, 2008 saw a significant decrease with only **30%** of accidents attributed to this cause.

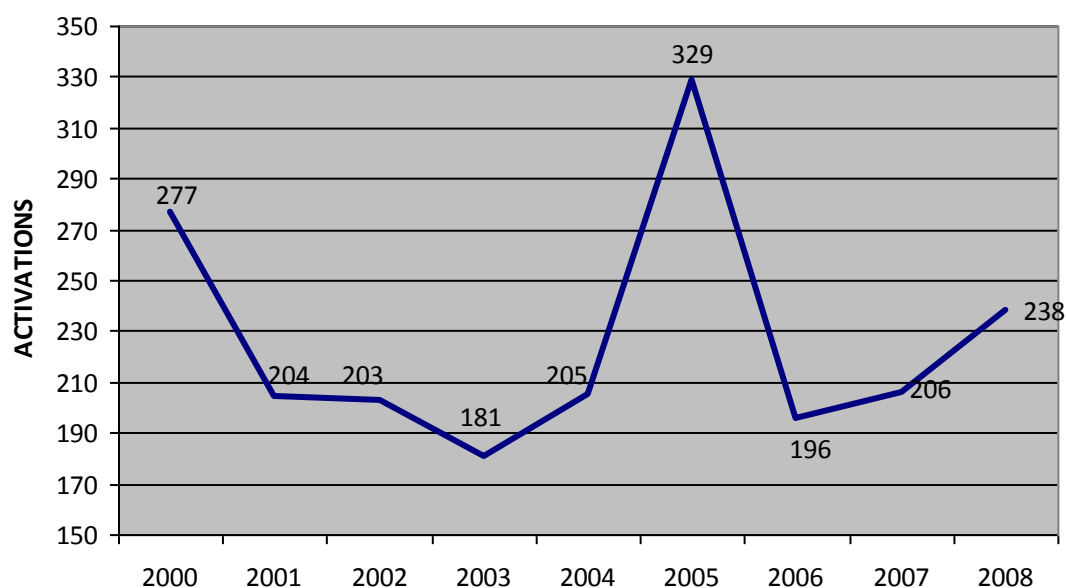


## A.6 FIRE AND FIRE ALARM INCIDENTS REPORT

The annual fire and fire alarm report for the University is presented as a comparative record over a number of years and in accordance with criteria laid down by the Universities Safety and Health Association (USHA), which in 2008 were based on the incidents reported by **88** higher education establishments across the United Kingdom.

*In some cases it is difficult to make direct comparisons between national statistics and those produced at Bangor University, but they do provide a good indication of the University's performance.*

Bangor University Annual Fire Alarm Activation Totals & Trending



Causation of Fire Alarm Activations at Bangor University	2008	2007	2006	2005	2004	2003
False alarms due to dust etc,	19	15	15	18	6	13
False alarms due to systems (or system faults)	67	70	78	124	74	59
Alarms due to cooking fumes or steam etc,	100	99	85	144	90	75
Malicious operation of the fire alarm	22	13	0	34	20	18
False alarms due to 'good intent'	18	1	11	6	4	7
Actual fires (whether or not extinguisher used)	4	5 <sup>7</sup>	7	3	9	8
Other events	8	3	0	0	2	1
<b>TOTAL:</b>	<b>238</b>	<b>206</b>	<b>196</b>	<b>329</b>	<b>205</b>	<b>181</b>

Unfortunately 2008 saw an increase in fire alarm activations in both Halls and Academic Buildings with malicious activations also on the rise, from 13 in 2007 to 22 in 2008:

Number of Activations	2008	2007
Halls of Residences	159	141
Academic Buildings	79	65

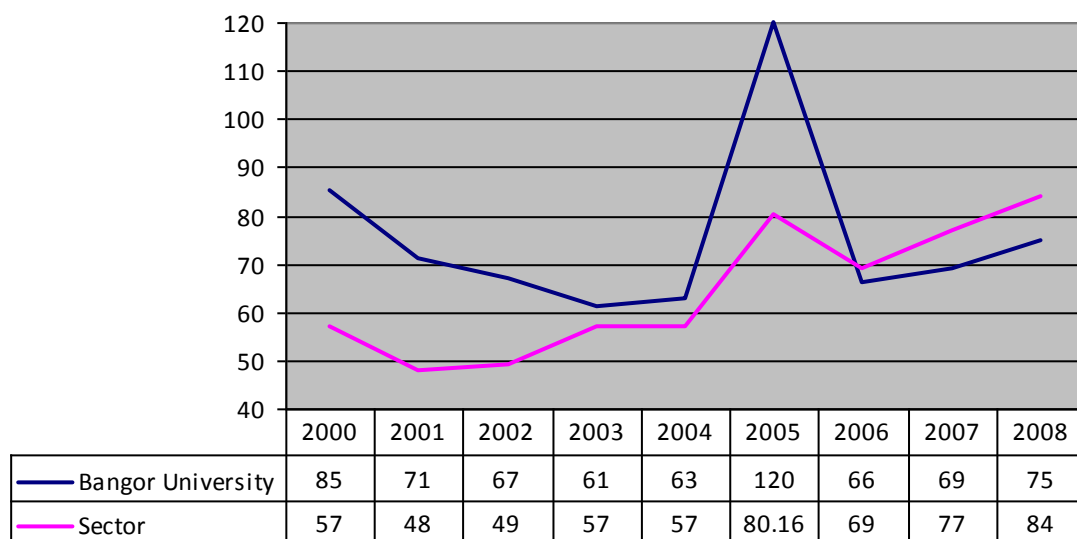
- National Comparison

Due to the reporting requirements of USHA more thorough national comparisons are only possible for University managed “halls of residences”.

## Residential Accommodation

National (HE sector) and Bangor University student Residential Accommodation fire statistics are produced per 1000 study bedrooms<sup>8</sup>.

Fire Alarm Activations per 1,000 Study Bedrooms

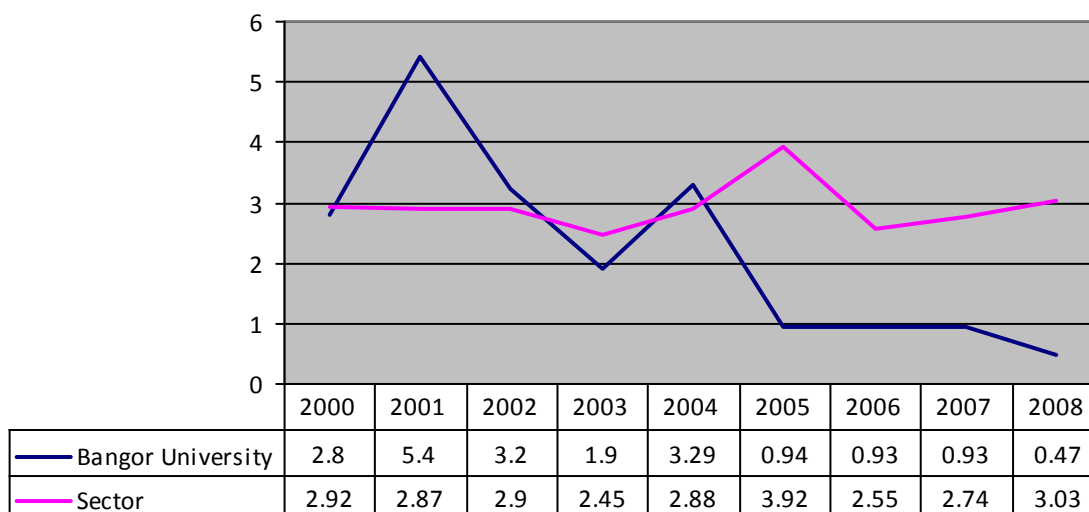


The number of fire alarm activations per study bedrooms increased on 2007 reflecting the upwards trend of the sector of a whole. However, Bangor’s fire alarm rate still remains lower than the national average, which has witnessed a definite increase since 2001.

To stop this upwards trend, Health and Safety continues to work closely with Estates and Facilities to educate students on the correct use of the fire alarm systems and to ensure they remain vigilant during fire alarm activations. The Fire & Rescue Service also participate in training sessions, showing our commitment to fire safety and maintaining our good working relationship in the process.

<sup>8</sup> Approximately 2,134 study bedrooms were in occupation/available at Bangor University in 2008.

Fires per 1,000 Study Bedrooms



Note: Actual 'Fire' statistics are too low for great emphasis to be placed on them, but the expectation remains that there should be no fires at the University.

- Activation Rates

There are approximately 3,443 fire and smoke detectors within the Halls of Residences at Bangor. When this is compared to the number of non-fire activations of the fire alarm a ratio of **4.6** 'false alarms' per 100 detectors is attained. This is an increase on 2007 and leaves our activation rates now slightly higher than the national sector average of 4.4 activations per 100 detectors.

- Other Information

The number of *actual* fires at Bangor University in 2008 remained the same as 2007 at four. However, it must be noted that although the total figure remained the same, there were no injuries as a result and the fires did not have the potential for a 'serious' fire as those in 2007. The details of the fires that occurred in 2008 are as follows:

1. Kitchen fire as a result of burnt cooking.
2. Bin fire (outdoor) caused by a cigarette.
3. Two fires caused by smoking motors within Plant Rooms.

Across the University sector as a whole<sup>9</sup> there were:

- 599 fires<sup>10</sup> were reported within residential accommodation, 443 of these were in kitchens and 3 injuries<sup>11</sup> resulted.
- Fire & Rescue Services across the UK attended the premises of those Universities surveyed (88) on a total of 5,988 occasions during 2008.

<sup>9</sup> As per the 88 respondents to the national HE fire survey 2008

<sup>10</sup> Fires are defined as 'fires requiring the use of an extinguisher or more to put out/extinguish'.

<sup>11</sup> Injuries are defined as 'injuries requiring hospital treatment'.

## A.7 STAFF TRAINING REPORT

- General

Providing appropriate and suitable information in health and safety is a key part of the University's Strategy for Health and Safety.

A large number of scheduled and ad-hoc courses have been provided by Health and Safety Services to University staff and its Schools and Departments during 2008.

Whilst centrally organised courses, training sessions and special information briefings are provided by Health and Safety Services and / or external specialists, it should be noted that some Departments do also source and fund their own training.

Generally, it is felt key health and safety courses are well attended, but it should be noted there is currently no suitable audit trail for ensuring all new members of staff attend the two compulsory sessions: Staff Induction and Display Screen Equipment (DSE) User.

Proposed developments in 2009 to the Aggresso computer data management system will enable all training records to be centrally held, providing a more global picture of the combined provisions for health and safety training for compliance and beyond.

- Developments

2008 saw an increased number of staff undertaking training to Certificate and Diploma level in Health and Safety to undertake their specific Departmental roles.

The audit process resulted in more courses being presented 'on demand' and tailored to particular Colleges, Schools and Departments, also proving to be more effective with regards to securing attendance than scheduling an annual programme of courses.

New and existing courses and handouts were produced to reflect the revised Policy, information and guidance sheets.



- Summary and Statistics

HEALTH AND SAFETY TRAINING			
COURSE	ATTENDEES		
	Staff		Students
	2008	2007	2008
Health and Safety Induction for new employees	139	191	N/A
Computer Users	106	187	N/A
Manual Handling	97	39	-
Estates & Facilities ½ day briefing session	68	-	-
Fire Safety & Emergency Procedures	67	15	25
Warden's Training	27	-	-
Health and Safety Co-ordinator Briefing	25	-	-
Portable Appliance Testing	18	-	-
Accident / Incident Investigation	18	-	-
2-day Refresher First Aid	15	29	-
Use of Defibrillators	9	12	-
4-day First Aid	7	11	-
Risk Assessment	6	35	31
1 Day Emergency First Aid	5	-	-
Safety Monitor	-	15	-
Tailored sessions		14	
<b>Total</b>	<b>607</b>	<b>548</b>	<b>56</b>

- Future Courses

It is anticipated that key training courses will continue to be provided by Health and Safety Services and these will be complemented with a greater provision of specialised and tailored courses in association with Colleges / Departments.

In addition, more practical training sessions for Departmental Health and Safety Co-ordinators, to assist them in undertaking their role, have also been developed for 2009.

Also, other courses will be further developed with Human Resources, particularly to cover awareness level and management training for issues such as stress.