

# Health and Safety



Annual Report  
2009

INDEX	Page
<b>SUMMARY REPORT</b>	1
<b>Individual Reports:</b>	
A1. Health and Safety Services	6
A2. Committees & Task Groups	11
A3. Staff Illness Report	12
A4. Staff Health Report	15
A5. Accident and Incident Report	20
A6. Fire and Fire Alarm Incidents Report	24
A7. Staff Training Report	27

## SUMMARY REPORT

Welcome to the Health and Safety Annual Report 2009. The Report is split into two sections; the Summary Report, which outlines key messages and statistical information, and the Appendices which provide more detailed information on aspects of health and safety performance.

### WHAT HAPPENED IN 2009?

There have been some notable achievements during the year. Markedly, formal recognition for the University's performance in health management and its role in supporting local employers were recognised through receiving National Awards. Also and perhaps most noteworthy, the University's approach to health and safety received special commendation from Parliamentary Under-Secretary of State, Lord McKenzie of Luton.

*"It is gratifying that you place the promotion of a positive health and safety culture at the heart of your support department."*

Lord McKenzie

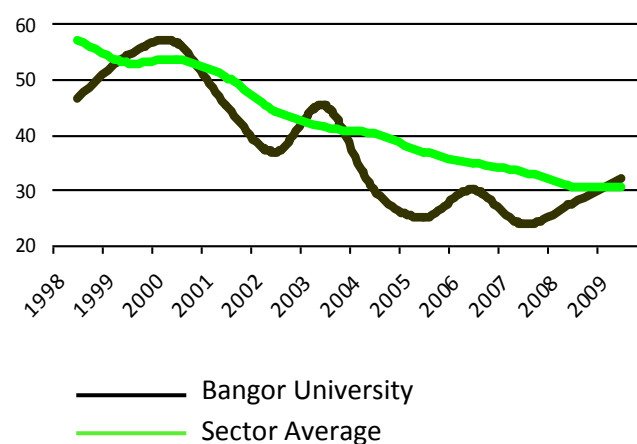
Lord McKenzie's speech (made to an audience of over a hundred local employers and University Officers at a Conference arranged and hosted by the University) particularly highlighted the University's "history of excellence" and its "attitude of encouraging continual improvement in all areas of health, safety and well-being".

As for other areas of performance, much of 2009 was one of stabilisation and progressing planned approaches, per the Strategy for Health and Safety.

### Accidents & Incidents

The University's accident statistics remain quite steady; however, the number of 'reportable accidents' increased in 2009. Though statistically non-significant, the increase in reportable accidents does cause some unease and a watching brief is now in place to monitor trending.

As indicated, the total number of all accidents and incidents remained fairly constant with 84 in 2009 compared to 87 in 2008; though staff numbers have decreased. As shown in the graph below, since 1998 Bangor has shown a significant downward trend in the number of accidents per 1,000 staff, slightly out-performing the Sector average:



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

### Staff Health Promotion

An exercise to benchmark the University's approach to health promotion was also undertaken and resulted in National recognition through receipt of "Best Health Promotion" activity and "Overall Winner" in the 2009 Occupational Health Awards.

The Awarding Panel was impressed by the University's performance and activity in the areas of Health Promotion and Well-being.

*"Bangor's quality of presentation far exceeded the other entries... Excellent leadership was demonstrated. Health assessments were conducted, resulting in assessments of smoking, alcohol, diet, exercise, back pain and mindfulness..."*

Dr Charlie Vivian,  
Director of Quality NHS Plus and Category Judge

High praise indeed, reflecting the hard work expended in leading and championing health at work.

The strategy and direction of health support continues to be developed and progressed and is seen as a critical area of Health and Safety Services' function.

## Staff Health Profile

The offer of Staff Health Checks continues to be popular with a further 215 members of staff taking advantage of the service in 2009. To date over 400 members of staff have received a free Health Check, helping to develop a valuable health profile.

Staff Health Checks and tailored promotions and activities are developing into an exciting and fundamentally important area of health and safety activity. The popularity of health support and enhancement initiatives are indicative of the approach being adopted, one of identifying the needs of staff and tailoring activities to meet them.

One area of health support that has not progressed as wished during 2009 is that of joint Staff and Student health promotions. This will hopefully be developed in 2010 through closer working with the new Director of Student Experience and the new position of Students' Union Vice-President for Sports & Healthy Living.

Further information on Staff Health can be found at **Appendix A4**.

## Charitable Work

Health promotions were not only good for our staff but also helped to raise money for Ty Gobaith with £671 raised from the Weight Loss Challenge and £785 from the Snowdon Walk.

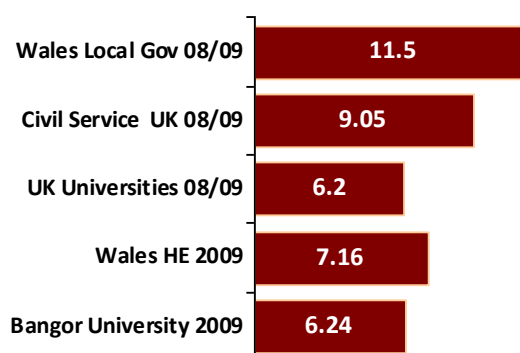
Sponsored health initiatives, combined with money raised by the Staff Lottery, resulted in £4,456 being handed over to the charity in 2009. We hope to exceed this total in 2010.

## Staff Sickness Absence

A Sickness Absence rate for 2009 of around **6.24<sup>1</sup>** days per FTE employee per year was recorded. This compares to the National Sector Average of 6.2 days.

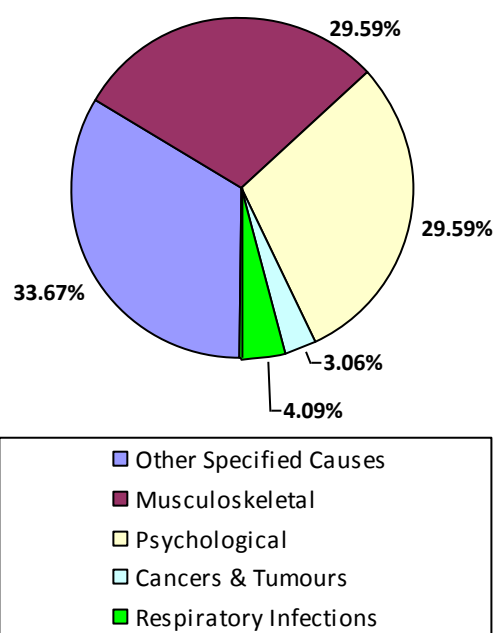
The Sickness Absence rate of 6.24 days equates to 2.39% of the available time being lost due to sickness absence.

**Sickness Absence Comparator Rate**  
(days per member of staff [FTE] per year)



72% of University staff **did not** report a single day sickness absence in 2009.

**Top-5 Long-term Certified Absence Causations**



<sup>1</sup> 6.24 days is an increase on the 4.5 days reported in 2008, this reflects the method now used to calculate staff which is in line with National reporting practices. 2009 data is based on 260.715 working days per 1598.67 FTE; previous data was based on a headcount of year's staff.

In 2009 long-term absences due to musculoskeletal conditions fell by around 17% when compared to the previous year. Certified Psychological related absences remain relatively static; however, the number of self-certified cases increased markedly.

The total number of medically certified absences in 2009 was similar to the previous year. Around 80% of long term sickness absence cases resolved in 2009 resulted in a successful return to work.

There was one 'reportable' medical condition in 2009. This related to a case of 'Vibration White Finger' to a member of manual staff and was investigated by the Health and Safety Executive.

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

## Fire Alarms and Fires

Pleasingly Fire Alarm activations, which have been on the rise for the last two years dropped from 239 in 2008 to 211 in 2009.

When compared to the HE Sector as a whole the University continues to perform admirably, having around half of the average number of false alarms.

At Halls of Residences Bangor University had a false alarm rate of 45.1 activations per 1000 study bedrooms, this compared favourably to the National HE Sector average of 87.

However, the North Wales Fire & Rescue Service attended 'calls' at the University on 197 occasions. This compares positively to 2008, when attendance was in the region of 217, but is still a significant concern. Unfortunately, 6 actual fires occurred at the University, an increase on the 4 fires in 2008. No person was injured due to a fire incident.

Although overall reduction in fire alarm activations does show the efforts to improve fire systems and educate students in fire safety is having a positive effect, improving relations with the Fire & Rescue Service in the process, more effort is still needed in this area. Further investigations are particularly required into why there is an apparent rise in fire alarm activations within Academic and Support

buildings, where the trend has increased year on year since 2006.

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

## Insurance Claims

The Insurance Office reports that during 2009 a total of 9 claims for damages/compensation were agreed. These are broken down as:

Employers Liability injury claims:	4
Public Liability claims:	2
Travel (illness) claims:	3

It is planned to include a trending graph in future Annual Reports to allow a greater understanding of claim activity.

## Staff Training, Competence and Development

In 2009 the Health and Safety training activities facilitated a greater range of both mandatory and voluntary training modules for University staff and students. A number of the training modules were tailored to better meet the needs of the participants and new modules were added to the program. Attendance has been consistent throughout the year and overall course feedback very positive.

During the year over 570 members of staff attended a training course provided, arranged or facilitated by Health and Safety Services.

Further information on health and safety training can be found in **Appendix A7**.

## Financial Investment

In 2009, over half a million pounds was allocated to improving safety across the estate. Risk Areas particularly targeted for improvement included falls from height, improvements to the central Solvent Store, asbestos management and gas services.

Although it is anticipated that 2010/11 will see greater financial pressure it is not predicted that estate-related health and safety funding will be



adversely affected in the immediate-term as the University continues to invest in risk management and risk reduction.

## Third-Mission Work

In September of 2009 Health and Safety Services arranged a one day 'Health and Safety Matters' Conference on behalf of the North West Wales Health and Safety Group, a group facilitated by the Department to support local employers in order to promote good health and safety workplace practices.

Lord McKenzie of Luton (Minister for Health and Safety: Department of Work and Pensions) opened the Conference.

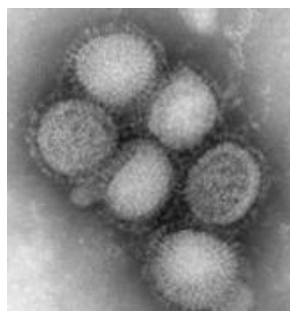


The hard work involved in delivering a successful Conference and arranging and hosting monthly 'Talks' throughout the year were recognized with the receipt of two *Alan Butler* [Safety Groups UK] Awards for Excellence 2009:

- **Winner** - Best Overall Programme.
- **Highly Commended** - Best Seminar / Workshop.

The awards Ceremony was held in the House of Lords and hosted by Safety Groups UK President, Lord Brougham & Vaux.

## Swine Flu



The outbreak of Swine Flu saw the world gripped by alarm at the thought of a pandemic that could not only affect individuals but also organizations, as business continuity was interrupted through staff

sickness and possibly even fatalities.

To ensure the University was prepared to manage such losses it set up a Swine Flu Emergency Planning Group. This Group ensured practical information and advice was distributed and made available to staff and students and contingency arrangements were put in place to ensure University activities continued in the event of a pandemic. For example, practical controls such as disinfectant hand wash stations.

Following the outbreak, a Review of the University's management of Swine Flu was undertaken. The findings were positive with staff and students reporting they felt the University had managed the situation effectively. Indeed, 96% of those who responded stated they were satisfied with the information and support offered by the University.

Also, the Review showed that there was no statistically significant increase in the total sickness absence rate during the Swine Flu period when compared to the same period in previous years.

It is envisaged that by following the same methods and addressing the minor recommendations made by the Review, the University will be even better prepared in the event of similar situations in the future. The learning experience has been a valuable one.

## Challenges Ahead

With the possibility of increased financial pressures being brought to bear on the University, Health and Safety Services will have to become increasingly creative in identifying cost effective solutions to setting and maintaining good health and safety standards and supporting research and teaching. This is especially important in light of the appointment of a new Health and Safety Executive (HSE) Inspector who is very enthusiastic and who has recently requested a time-scaled Action Plan from the University.

This Action Plan will reflect the strategic and risk reduction work already planned and will seek to

advance developments in areas of promoting an improved culture and leadership in all areas of health, safety and well-being.

The Action Plan will also have a notable emphasis on measuring performance, be this through audits, reviews or surveys, and will seek to integrate performance measurement into health and safety managerial practices.

The strategic health and safety goals of the University will continue to drive the approach to health and safety management; an approach where legal compliance, risk reduction, identifying and implementing good practices, supporting the health of the individual and positively influencing 'culture' are all fundamental drivers.

## Overall

In summary, the 2009 Report shows that the University continues to gradually improve its performance in numerous areas of health and safety. This improvement in many ways is due to the proactive approach the University adopts in identifying weaknesses (risk exposure) and to then address these in a planned manner, rather than wait for something to go wrong and react.

Through greater understanding of statistical information, such as health profiles, sickness absence causations, accident and incident trends the University is better placed to foresee potential difficulties that may otherwise have been missed.

## ***END OF SUMMARY REPORT***

## A. 1 HEALTH AND SAFETY SERVICES

As described in the last Annual Report, 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, the requirements of legislation and the University's own Health and Safety Policy and University Corporate Health and Safety Risk Assessment.

### REACTIVE WORK

The 'knock on effect' of the Department's more proactive approach has led to a slight decrease in the amount of reactive work undertaken, thus allowing more time to work with Colleges and Departments. However, reactive work continues to be a significant proportion of the daily and weekly workload.

It is accepted that reactive work will always remain an integral function of Health and Safety Services role as things do go wrong from time to time, problems do arise and enquiries need to be answered. It is hoped better planning and allocation of resources will lead to this significant reactive work being the 'exception to the rule' rather than the 'norm'.

### PRO-ACTIVE WORK

As indicated in the previous Annual Report, an 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. Auditing, Monitoring, Measuring and Producing information are all key aspects of a pro-active approach as each seeks to address issues before problems arise.

### SELF EVALUATION REVIEW OF DEPARTMENTS / COLLEGES

A year-end Health and Safety Self Evaluation Form was used to provide a base line indicator for all 6 Colleges and 14 Service Departments. The Evaluation Form was developed and designed following the components of the BS/OSHAS 18001 Standard Management System Elements and an evidential request for supporting records and documentation.

The overall results and Report were presented to the Safety Executive Task Group before being taken back to all Colleges and Departments for discussion and actions. The Report was also presented at the University Health and Safety Committee.

The Results of the Self-Evaluation were discussed individually with the senior management of the Colleges and Departments and /or Health and Safety Co-ordinators to define an improvement plan to progress forward.

In addition, health and safety inspections were completed with all Service Departments and action plans produced.



## AUDIT PACKAGE DESIGN, CONSULTATION AND DEVELOPMENT

A new H&S Management System audit package for all Colleges / Departments was designed and developed as HASMAP (a University Sector developed audit tool) was not considered to be suitable in relation to the University College / Department structures. This has been designed to meet OSHAS 18001 standards and has been developed in consultation with other audit providers and audit team leaders at Cardiff University. It was taken out for consultation with the Colleges and Trades Unions and was approved by the Safety Executive Task Group. The audit schedule was agreed in principle (subject to College mergers) and the first pilot has been completed with the College of Natural Sciences.

The new audit schedule will be:

- College of Business, Social Sciences and Law.
- College of Physical and Applied Sciences.
- College of Arts and Humanities.
- College of Health and Behavioural Sciences.

It is envisaged that the complete initial audit review programme of Colleges will be completed by early 2011.

Alongside the College Audit schedule it is also the intention to undertake Service Department audits, particularly during the periods where College audits would be inappropriate due to holidays, term commencement, exams etc.

## THEMED AUDITS & REVIEWS

Themed (topic specific) Audits and Reviews continue as a mainstay of the Department's function. These Audits & Reviews enable the University to gauge performance against key indicators, normally specified by legislation and good practice, and are valued means of measuring the level of 'compliance' for critical risk areas.

## RADIATION, X-RAY

Although a Review of X-ray generating apparatus undertaken in 2008 highlighted the equipment was being operated safely, it was felt that with a few minor improvements the management of X-ray equipment could be moved into the realms of 'good or even best practice' rather than legal compliance. These improvements included amendments to the DEXA laboratory layout, review of the existing documentation and procedures regarding Ethical Approval, use of apparatus, operator authorisation and patient consent and the undertaking of scatter measurements which had previously not been carried out.

These changes have improved the management of the use of X-ray equipment, providing a far more robust audit trail with regards to X-ray use and associated exposure levels. In addition, a DEXA Training Module has been created so in-house training now takes place for free at a time that suits the University, rather than once a year as previously dictated by the equipment supplier.

## RADIATION, RADON GAS

Bangor University is one of only a handful of Universities nationally to undertake a full radon survey. The first-stage of the Radon survey of the University Estate involved radon monitors being placed in a number of sites during May 2009. The findings of which indicated that further investigation was needed at a small number of locations.

Additional radon monitors were subsequently placed in late December 2009 with the results received in March 2010. A final Report will be presented to The Safety Executive Task Group in June 2010 but preliminary results, and on advice from the Radiation Protection Advisor indicate that some remedial work and further surveys will be required as part of an ongoing monitoring process.

To date **111** radon monitors have been deployed with only 4 showing measurements above the action level. The Health and Safety Executive has been informed of these areas.

## RADIATION, OPEN-SOURCE

The Radiation [Open Source] Handbook was revised in response to the increase in the number of personnel working with open sources of radiation, many of whom are overseas students. It is hoped the revised Radiation Handbook will be far more user friendly addressing the problem of language barriers as a result.

## LABORATORY AND CHEMICAL SAFETY

Laboratory work is possibly the most hazardous work activity at the University, especially in light of the recent increase in overseas students who experience language difficulties and who may come from environments where laboratory and chemical health and safety management may differ from UK practices.

In response to this, the Department in conjunction with the College of Natural Sciences produced a number of Information Sheets covering specific laboratory and chemical safety aspects. For example:

- Laboratory Safety - Safe Use of Fume Hoods.
- Laboratory Safety - Safe Use of Autoclaves.
- Chemical Safety – Identifying Chemical Hazards.
- Chemical Safety – Safe Handling and Use of Chemicals.
- Chemical Safety – Safe Disposal of Chemicals.

A revised COSHH Assessment Form was also produced, which is linked to an On-line presentation that outlines the type of information that should be included at each stage of the assessment. It is hoped the pictorial, user friendly format of the Information Sheets and COSHH Assessment Form will help staff and students understand how to work safely in laboratories and / or with chemicals, hopefully reducing the risk of an accident / incident occurring in the process.

## BIOLOGICAL

An audit of the control and management of the use of hazardous biological agents in the College of Natural Sciences (CNS), Department of Chemistry, and the Schools of Psychology and Sport, Health and Exercise Sciences commenced in 2009. Unfortunately the initial findings identified a lack of training, which resulted in suspension of the audit so effort could be concentrated on addressing the shortfall.

A new Hazardous Biological Agents training package was developed and presented to staff in early 2010. This will be rolled out to the new intake of Postgraduate students and staff in the autumn of 2010.

## HEALTH PROMOTIONS

Work to improve the health and well-being of staff continued in 2009 with a number of health promotions aimed at getting staff not only physically but also mentally fitter. Further details of this hard work can be found in **Appendix A4**.

## DISABILITY SUPPORT

Since 2007, the Department has worked closely with Disability Services and Academic Schools to prepare Personal Emergency Evacuation Plans (PEEPs) to ensure the safety of disabled students in an emergency situation. Due to a significant increase in the number of students declaring a disability the number of PEEPs carried out by the Department rose significantly in 2009 with support and adjustments provided and arranged where necessary.

In addition, to help students and staff planning to study and work at Bangor University, a 'Getting Around Bangor' Guide was prepared. This outlines specific information persons with disabilities have identified as 'useful to know' before arriving at the University. For example, lift access, blue badge parking, lecture rooms unsuitable for wheelchair users etc. This document should prove very valuable to all new students and staff with a physical or sensory impairment.

## DEFIBRILLATORS

Nothing can be greater than saving a life and in early 2010, following CPR and AFD (defibrillator) Training, staff at the Maes Glas Sports Centre saved the life of a client who suffered a heart attack whilst participating in an exercise class. Thankfully the client survived and is making a recovery.

This is the second time staff at the Centre has saved a life which highlights the value of having AFD units at key locations and training staff in emergency first aid. In total six AFD units are located across the University and it is anticipated further units will be distributed shortly. In addition, all University First Aiders are now trained in defibrillator use.

## COMMUNICATIONS

A new bi-weekly H&S Newsletter was designed and introduced in July 2009 to improve communications for all H&S Coordinators. The Newsletter aims to create a platform to inform Colleges, Schools and Departments on relevant news, facts, improvements and upcoming activities.

## WEBSITE STATISTICS

2009 saw further improvements to the HSS Website, making it more user-friendly.

During 2009 the University's Health and Safety Website ([www.hss.bangor.ac.uk](http://www.hss.bangor.ac.uk)) had:

- 6,896 'Unique' visitors.
- 11,862 separate visits.
- 40,274 separate webpages were viewed.
- 4,612 visitors to the Website were from "*bangor.ac.uk*" domain addresses.

The most popular pages visited were as follows:

- The A – Z of Health and Safety.
- Policies and Guidance.
- Health and Safety Forms and Documents.
- Health and Wellness.

## EXTERNAL WORK

A representative of the Department was part of the working group that delivered one of the most successful USHA Conferences to date for attendance, financially and on reviews. The Conference was hosted by the All-Wales HE Health and Safety Group and held in Cardiff.

Also, the Department gave a presentation at the Association of UK Higher Education European Officers (HEURO) and the professional body for placement and employability staff (ASET).

In addition, the Department worked jointly with the Robert Gordon University (Aberdeen) to provide training for 47 members of their Senior Management Team.

## A. 2 COMMITTEES & TASK GROUPS

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

### HEALTH AND SAFETY COMMITTEE

Further to the Committee approving the new system for the introduction of health and safety Policies in 2008, the following Policies were adopted in 2009:

- Control of Asbestos.
- Out of Hours Working.
- Driver and Vehicle Safety.
- Risk Assessment.

The Committee has also received and considered detailed reports on:

- Radiation Safety Controls.
- Health Promotion and Support.

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

- Radiation.
- Chemical and Biological (& its Sub-Group, Local Committee for Genetic Manipulation).
- Student Health, Safety and Well-being.

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 are 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 10 occasions in 2009 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.



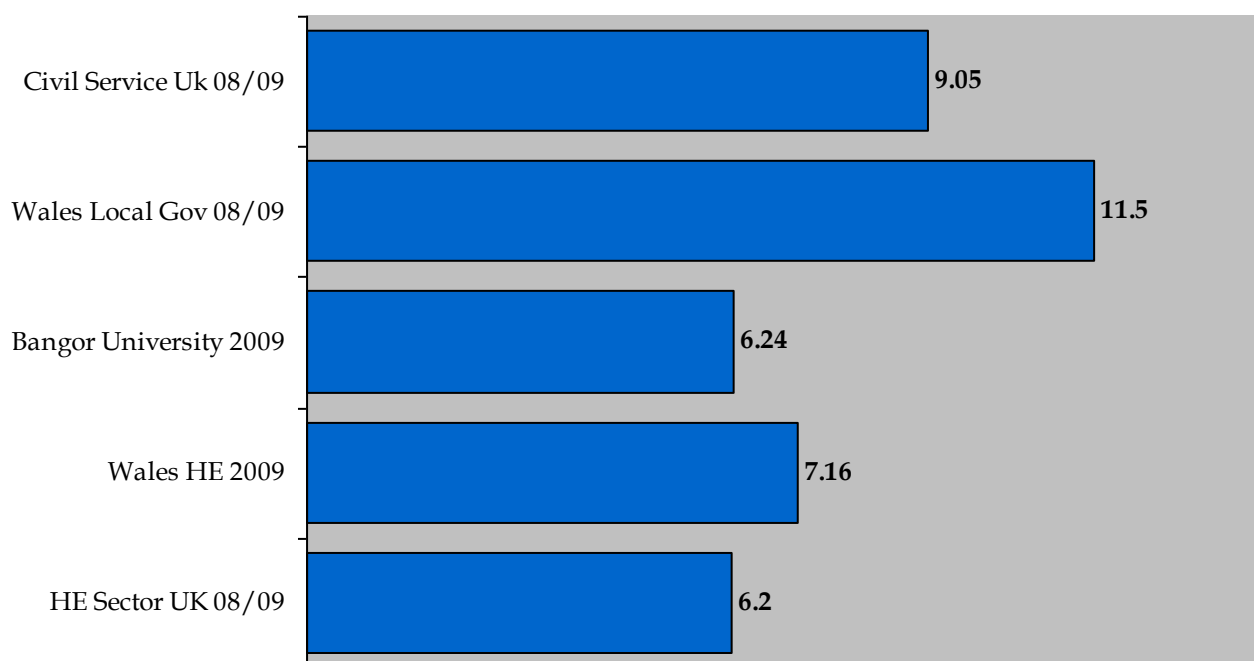
## A. 3 STAFF ILLNESS REPORT

### HEADLINE STATISTICS

Bangor University's 2009 Sickness Absence rate per employee / year is **6.24** days, equating to 2.39% lost time.

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

### National Comparisons (Days lost Per Employee/Year)



The above figure of 6.24 days is an implied increase on the 4.5 days reported in 2008. However, this increase predominantly reflects the changes made to the method now used to record and report absences. The new recording practice aligns the University with National Reporting practices.

### VALUED DATA

The Department places greater emphasis on medically certified sickness absence for 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 36% of cases. 25% of all sickness episodes were confirmed by medical certificates and 75% were self certified. Of the 25% (378 episodes) of medically certified sickness absence, 98 (111 episodes in 2008) episodes were for 20 or more days and 280 (260 episodes in 2008) episodes were for less than 20 days.

## REASONS FOR ABSENCE

The following table shows the reasons given for medically and self-certified illnesses during 2008/2009.

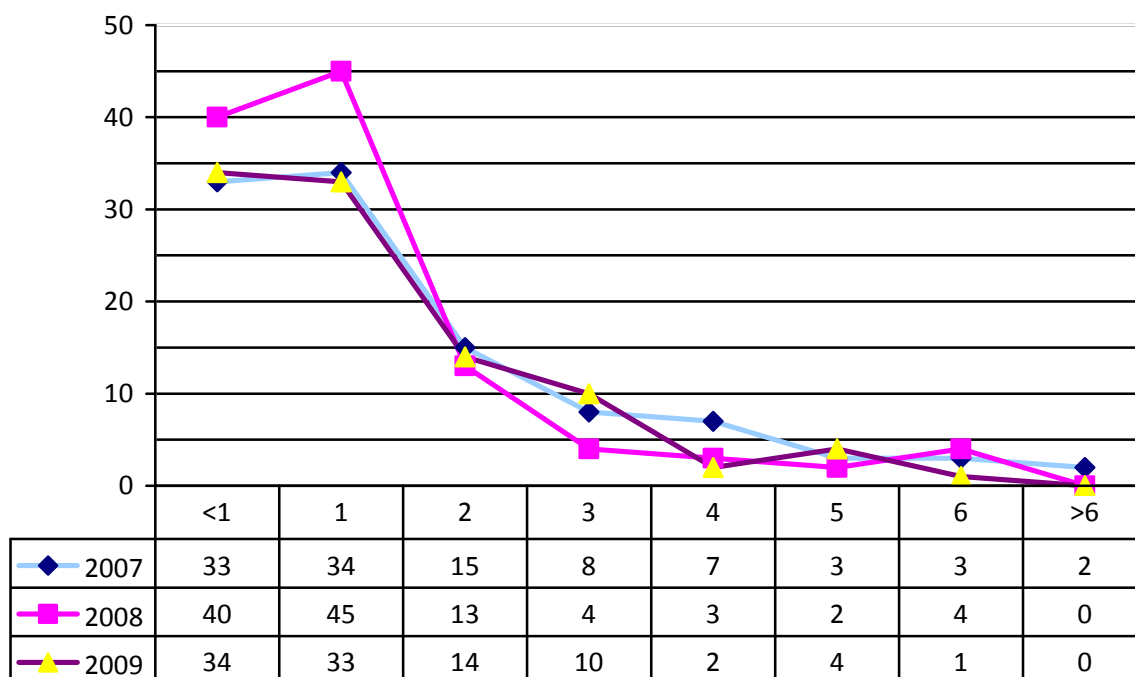
### Certified Reasons for Sickness Absence Periods (episodes)

REASON FOR SICKNESS 2008/2009	SELF CERT EPISODES UNDER 8 WORKING DAYS		MEDICALLY CERT EPISODES UNDER 20 WORKING DAYS		MEDICALLY CERT EPISODES OVER 20 WORKING DAYS	
	2008	2009	2008	2009	2008	2009
<b>Generalised Musculoskeletal Illness</b> (including fractures, hernia repairs, arthritic conditions, sprains and strains)	57	91	46	32	42	20
<b>Psychological</b> (including dependency issues, anxiety & depression)	18	36	37	30	24	29
<b>Back Problems</b> (including neck, low back and sciatica)	31	46	12	16	10	9
<b>Tumour</b> (including benign and malignant)	0	0	3	1	4	3
<b>Genitourinary/Gynaecological</b> (including kidney stones and hysterectomy)	29	31	6	8	6	11
<b>Cardiovascular</b> (including high blood pressure, stroke, heart disease, angina)	5	16	4	6	4	3
<b>Pregnancy related</b> (including high or low blood pressure & severe nausea)	7	13	4	12	1	0
<b>Gastrointestinal</b> (diarrhoea, vomiting)	253	244	21	25	3	3
<b>Colds and flu</b>	349	335	10	23	0	0
<b>Headache and Migraine</b>	86	78	3	0	1	1
<b>Miscellaneous Conditions</b>						
Respiratory	50	60	41	47	3	4
Blood Disorders	1	0	1	2	0	0
Ear, nose, throat, dental, eyes	81	105	28	24	1	2
Skin problems	6	10	7	7	1	2
Endocrine/Glandular	7	5	3	6	5	2
Infectious Disease	8	6	11	10	0	2
Asthma	6	3	0	0	0	0
<b>Other specific reasons</b>	61	55	23	31	6	7

The above offers information on separate ill health occurrences (episodes) which are broken down into key indicator times per episode.

## DURATION OF SICKNESS

Duration of Long Term Sickness Absence: January – December 2007/2008/2009



**Months off work**

The efforts of both the Occupational Health Practitioner and Department of Human Resources, together with the support of employing Schools and Departments, is paying dividends through ensuring cases are resolved as speedily as possible, whilst ensuring the health of the individual remains a central focal point. Further information on care of the long term ill is provided in the next section.

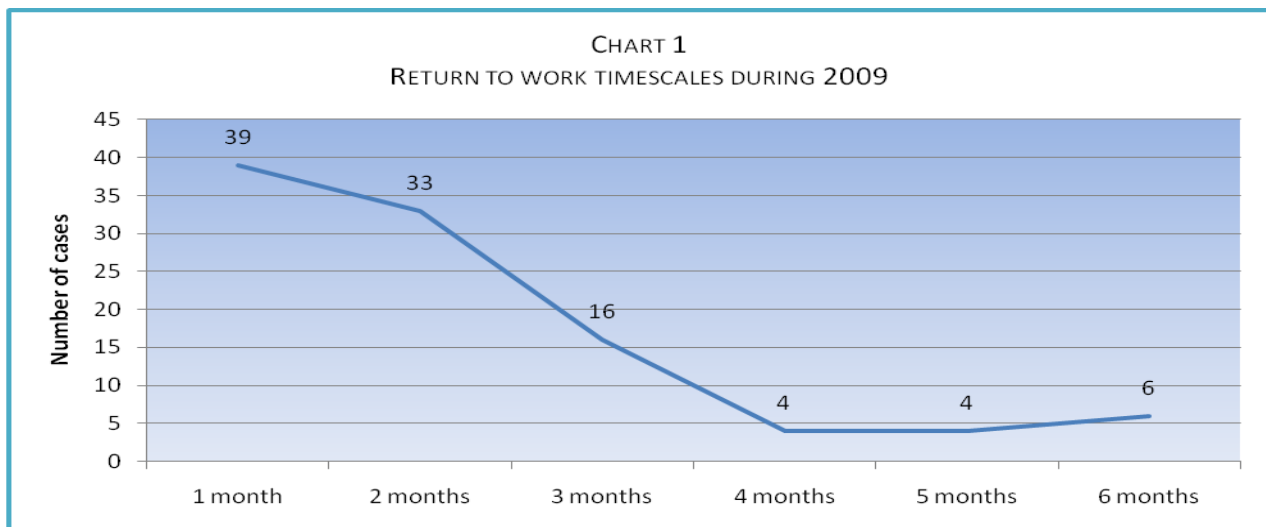
## A. 4 STAFF HEALTH REPORT

The 2009/2010 health agenda has followed a timetable of planned activities concerned with:

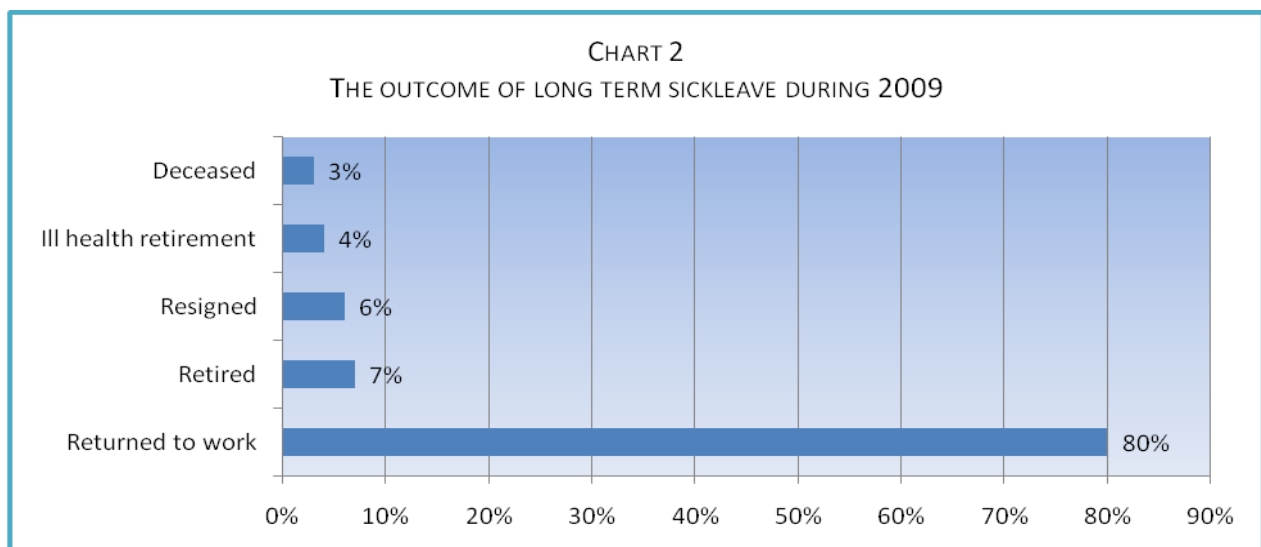
- Care for those unable to work because of long term ill health.
- Health surveillance to ensure exposure to potential hazards is not harming the health of specific occupational groups.
- Individual health checks.
- Training to enable others to support health.
- The support of expectant and new mothers.

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

Long term ill health occurs when an individual requires more than 20 days off work. At this stage a welfare contact letter is sent followed by practical support, if required, to assist a successful return to work. Examples include: temporary adjustments to a person's duties or hours of work. A successful return to work is one in which the person does not go off sick with the same reason within the following 6 months.



Return to work timescales have mostly occurred within 12 weeks (Chart 1)<sup>1</sup> and the outcome of long term sickness cases has mostly achieved a successful return to work (Chart 2)



<sup>1</sup> Chart 1 case numbers include continuous absence periods from 2008/2009 and 2009/2010

From 6<sup>th</sup> April 2010 sick notes changed to 'Fit Notes'. This new approach follows recommendations made by Dame Carole Black<sup>2</sup> and allows GPs to give specific advice to support a person's return to work from long term sick leave.

The changes are not about trying to get people back to work before they are ready. Many people with health conditions can, with some basic support from their employer, work as they recover from their condition which helps as for many people, work can aid recovery.

If an employee is too ill for work, the Doctor will advise this just as with the old sick note.

The impact of the 'Fit Note' will be reported on in the next Annual Report.

## HEALTH SURVEILLANCE

To ensure work is not harmful to health and to check for work related ill health, a programme of surveillance has been delivered to staff identified from risk assessments in the following areas: Chemistry, Print Shop, Animal House, Estates & Facilities' Direct Labour and Grounds & Gardens staff. This helps identify people that need further medical investigation and either confirms or otherwise, that controls to prevent work related ill health are effective.

Health surveillance includes the self reporting of symptoms, the monitoring of medical certificates, health interviews and health examinations that may include skin, hearing, vision and checks of respiratory function. During the course of 2009 an employee was diagnosed with vibration white finger - a reportable illness that resulted in a review of risk assessments for grounds and gardens staff. The HSE concluded the standards in place to protect staff were safe and that the incident was isolated.

## PRE-EMPLOYMENT HEALTH ASSESSMENTS

During the course of 2009 a total of 215 Pre-employment Health Assessments were conducted through the use of self-administered health questionnaires that are sent to the Occupational Health Practitioner (OHP) after a job-offer has been made and before the commencement of employment. The purpose is to establish whether the applicant is fit for work. During 2009 everyone who submitted a health questionnaire was fit for work. This has been the case since July 2007 so the value in continuing with this is questionable.

From this October the 2010 Equality Act will seemingly prohibit or restrain employers from asking applicants questions about their health and whether they have a disability. Subsequently, guidance has now been issued by HE Occupational Health Physicians giving advice to stop using the Questionnaire by October 2010.

In order to comply with legislation and professional guidance from Occupational Health Physicians, the use of Pre-employment Forms will cease at the end of September 2010.

**Statement of fitness for work** Med3 04/09  
For social security or Statutory Sick Pay

Patient's name

I assessed your case on

and, because of these condition(s):

I advise you that:

☐ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

Comments, including functional effects of your condition(s):

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work.

☐ altered hours.

☐ amended duties.

☐ workplace adaptations.

This will be the case for

or from  to

I will/will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

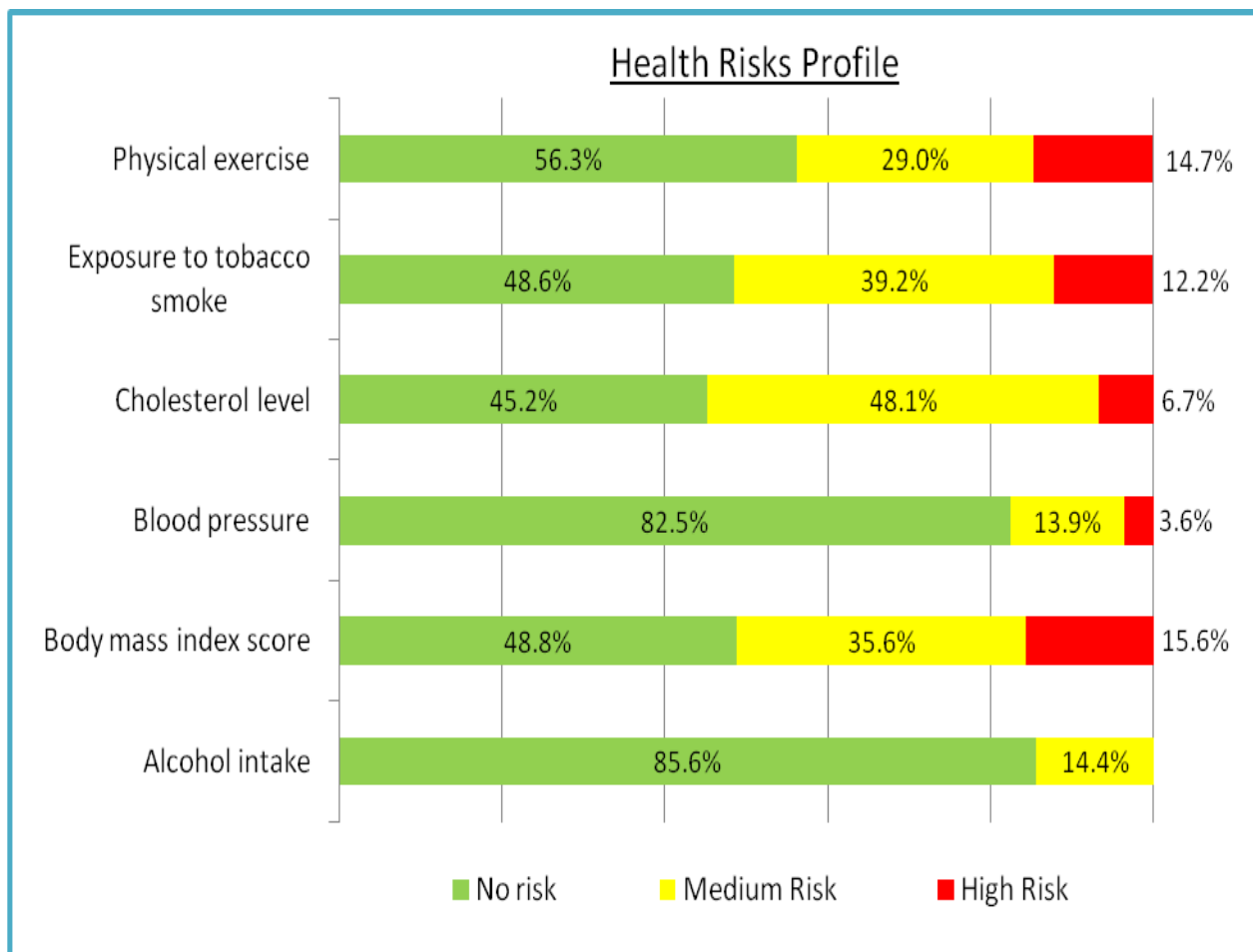
<sup>2</sup> Black, C. (2008) 'Working for a Healthier Tomorrow: Review of the Health of Britain's Working Age Population' TSO.



## INDIVIDUAL HEALTH CHECKS

The most positive way of promoting health at work is through a programme of employment health checks. These commenced in 2007 and by the end of 2009 a total of 416 staff were seen. The rationale behind this initiative is simple. Because we spend a large part of our lives at work, it makes sense to use some of this time to invest in our present and future health.

Each health assessment involves a 45 minute confidential interview with the OHP. The outcome enables individuals to know whether they have any health risk factors that require attention to reduce their future risk of ill health.



People then make an informed choice whether or not to make personal efforts to address any risk factors or join a workplace '*Pathways to Health*' with other people that have similar needs.

This approach and the supporting health promotion activities received a national award for excellence, the details of which were shared with the Health and Safety Committee and University Council in Feb / March 2010.

TABLE 1

*Evidence: understanding the severity of health risk factors*

<b>Risk Factor</b>	<b>No Risk</b>	<b>Medium Risk</b>	<b>High Risk</b>
Exposure to tobacco smoke <sup>3</sup>	Non-smokers that are not exposed to the risk of inhaling second hand tobacco smoke at work	Non-smokers who are exposed to second hand smoke when entering the workplace from people smoking by doorways	Non-smokers who are exposed on a daily basis to second hand smoke drifting into work areas from doorways and/or windows; All smokers are classed as high risk
Cholesterol level <sup>4</sup>	Under 5 mmol/l	Between 5 – 6.5 mmol/l	Over 6.5 mmol/l
Body Mass Index Score <sup>5</sup>	Score between 18.5 -24.9	Score between 25-29.9	Score above 30
Physical exercise <sup>6</sup>	30 mins 5 times a week	30 mins 3 times a week	No exercise
Stress score card result <sup>7</sup>	Stress score 30-44	Stress score 45-59	Stress score over 60
Alcohol intake <sup>8</sup>	Non drinkers or those that rarely drink alcohol or those that drink within the alcohol intake guideline limits	Exceeds the alcohol intake guideline limits when not working the following day	Regularly exceeds the alcohol intake guideline limits when working the following day
Blood Pressure <sup>9</sup>	100/60 – 139/89	140/90 – 159/99	Above 160/100

## TRAINING TO ENABLE OTHERS TO SUPPORT HEALTH

During 2009 a series of Sickness Management Workshops, designed by the Occupational Health Practitioner and run in conjunction with HR officers was delivered to managers on a quarterly basis. These workshops drew on the experiences of staff who responded to a survey about the support they received during long term sickness absence<sup>10</sup> with the aim of the Workshops to equip managers with a framework to support a return to health and work.

The 2009 Annual Equalities Review resulted in an audit of support to staff with a declared disability<sup>11</sup> being produced. One of the findings highlighted a need for work colleagues to give more appropriate support to

<sup>3</sup> Report of the Scientific Committee on Tobacco & Health (1998) [www.archive.officialdocuments.co.uk/documentation/doh/tobacco](http://www.archive.officialdocuments.co.uk/documentation/doh/tobacco)

<sup>4</sup> National Institute for Clinical Excellence (2008) *Clinical Guidance* [www.nice.org.uk/guidance/67](http://www.nice.org.uk/guidance/67)

<sup>5</sup> National Institute for Clinical Excellence (2006) *Clinical Guidance No 43* [www.nice.org.uk/guidance/43](http://www.nice.org.uk/guidance/43)

<sup>6</sup> National Institute for Clinical Excellence (2006) *Public Health Guidance No 2* [www.nice.org.uk/guidance/PH002](http://www.nice.org.uk/guidance/PH002)

<sup>7</sup> Bangor University Health and Safety Services (2008) *Stress Score Card* [www.hss.bangor.ac.uk/healthandwellbeing](http://www.hss.bangor.ac.uk/healthandwellbeing)

<sup>8</sup> Department of Health (2009) *Alcohol Advice* [www.dh.gov.uk/publichealth/healthimprovement/alcoholadvice](http://www.dh.gov.uk/publichealth/healthimprovement/alcoholadvice)

<sup>9</sup> National Institute for Clinical Excellence (2005) *Clinical Guidance 34* [www.nice.org.uk/guidance/34](http://www.nice.org.uk/guidance/34)

<sup>10</sup> Patton, J. (2008) 'A review of the effectiveness of support provided during and following long term absence' <http://hss.bangor.ac.uk/documents/LTAManagementReviewReport2008.pdf>

<sup>11</sup> Patton, J. (2010) 'A review of support offered to staff with a declared disability' <http://hss.bangor.ac.uk/documents/Reviewofsupportofferedstaffdisability2009.pdf>

those with mental health issues. This was achieved through a pilot workshop organised by the Occupational Health Practitioner in partnership with a staff representative and a Mental Health Counsellor from Student Support Services.

The Occupational Health Practitioner also trained the crew of the RV Prince Madog to use an automated external defibrillator (AED) and a programme of refresher training was provided to security and Maes Glas, who then successfully used the AED to return a gentleman back to life.

Anaphylaxis is a life threatening condition caused by an abnormal reaction to allergens entering the body by inoculation (eg stings), inhalation (eg dusts) ingestion (eg food/drink) or skin contact. Those whose reaction is known to be severe are prescribed an EpiPen that contains a drug to reverse such life threatening reactions. For this reason the Occupational Health Practitioner delivered a programme of training to staff in the Education Department and Halls Wardens

To minimise and control the spread of pandemic flu, the Occupational Health Practitioner delivered training to security, cleaning and catering staff that involved raising awareness of what to look out for and actions to take in the event of contracting flu or having contact with a flu sufferer. The outcome of actions taken by the University to minimise and control the spread of pandemic flu was then audited to support efforts in future years <sup>12</sup>.

## EXPECTANT AND NEW MOTHERS

Health and Safety Services continues to support expectant and new mothers. Once notified of an expectant mother a welfare visit and assessment is undertaken and repeated at 6 weekly intervals. Contact is then made with the new mother prior to her return to the workplace to ensure all facilities (including, if required, fridges to store expressed milk). A final welfare contact is then made 6 weeks after returning to ensure the new mother is comfortable at work.

In total during 2009, 52 women were expecting and 28 returned to work from maternity leave. One fridge was loaned out for expressing and a number of workplace adjustments (such as lumbar supports, some ability to work from home and adjustment of duties) supporting the health and wellbeing of the individual was made.

Feedback from new and expectant mothers has been positive with the welfare contact and practical support provided clearly appreciated.

---

<sup>12</sup> Patton, J (2010) 'A review of the effectiveness of actions to manage swine flu'  
[http://hss.bangor.ac.uk/documents/SwineFlu2010Report\\_000.pdf](http://hss.bangor.ac.uk/documents/SwineFlu2010Report_000.pdf)

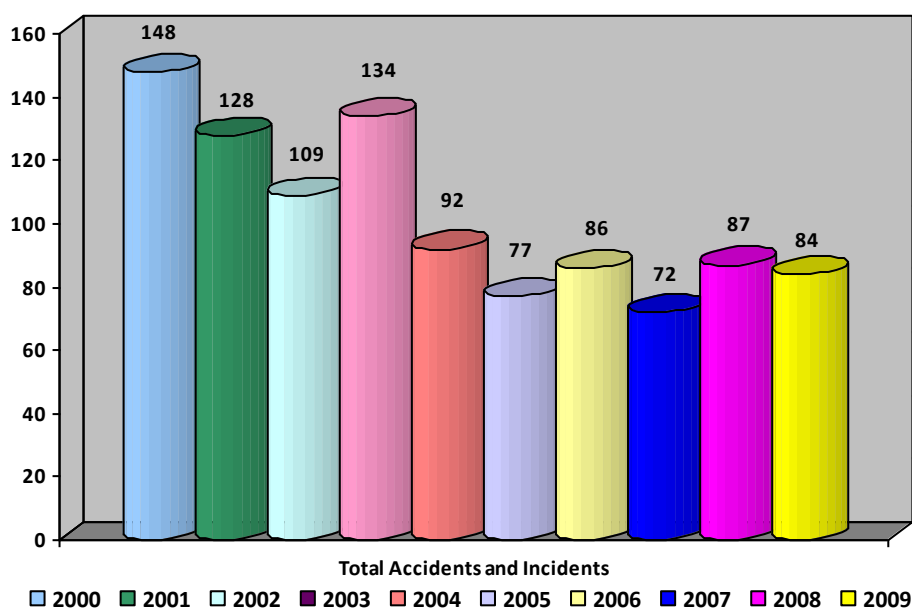
## A. 5 ACCIDENTS AND INCIDENTS

The data for the following annual accident<sup>13</sup> and incident<sup>14</sup> statistics is collated from the Accident and Incident Report Forms received by Health and Safety Services during 2009.

### STAFF AND STUDENTS

During 2009 a total of **84** accidents were reported, which although a slight decrease on the 87 in 2008, is reflective of the decrease in the number of persons 'at risk' in 2009, which fell from approximately 15,153 'at risk' staff and students in 2008 to 13,055 'at risk' staff and students in 2009. However, as can be seen from the chart below the number of accidents has fallen since 2000.

Bangor University Accident Totals 2000 - 2009



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:

- 58 – sporting injuries.
- 27 – potentially dangerous conditions / near misses / unsafe practices.
- 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.

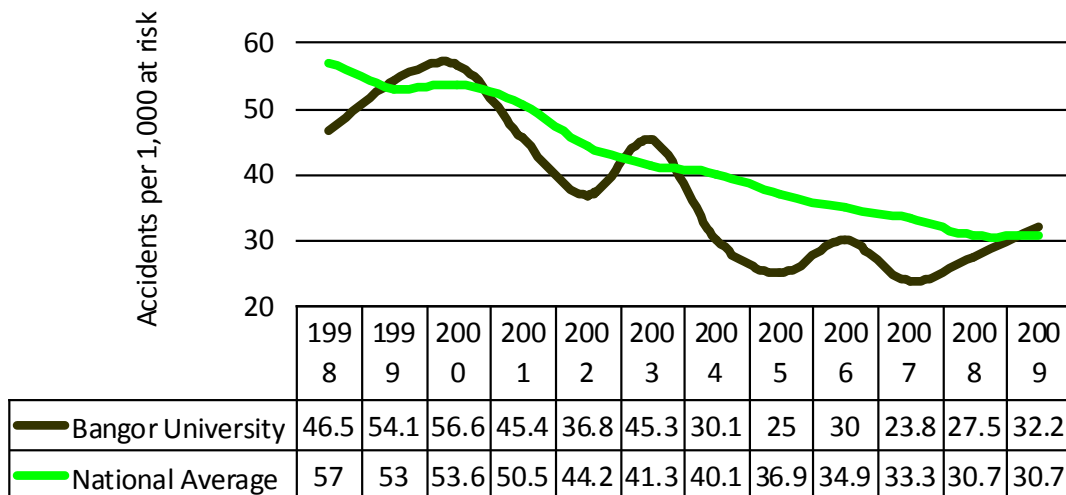
<sup>13</sup> In this context an 'accident' is defined as an unplanned or unexpected event which led to personal injury of some kind.

<sup>14</sup> In this context an 'incident' is a non-injury event that involved damage or could have lead to damage or injury.

## STAFF

A total of **32.2** accidents per 1,000 staff were recorded during 2009 which although an increase on 2008 at 27.5 is probably attributable to some degree to an improvement in reporting accidents and incidents with many in previous years going unrecorded now being captured. The upward trend is too low to be statistically significant but nevertheless will be monitored during 2010.

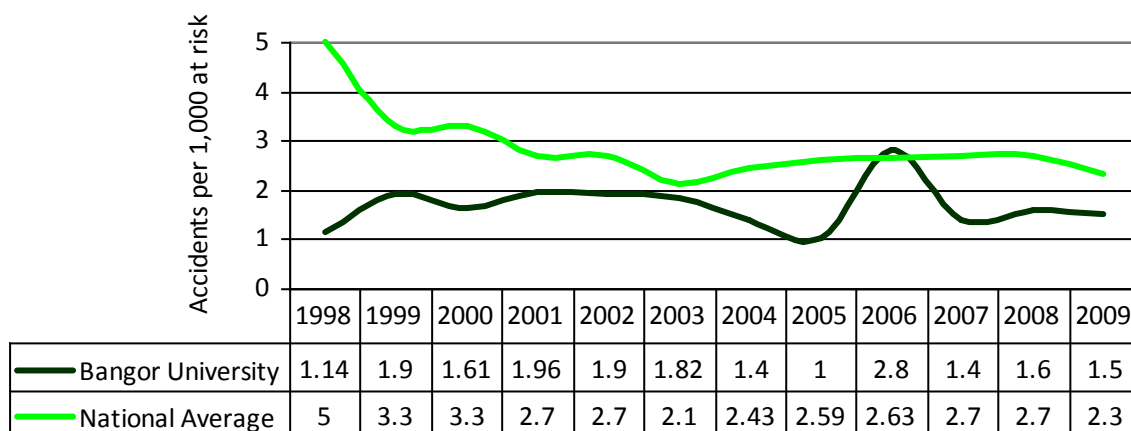
National and Bangor University Accident Rate averaged per 1000 Staff 'At Risk'



## STUDENTS

Student accidents dropped from 1.6 accidents per 1,000 students during 2008 to **1.5** during 2009 which although only a slight decrease is pleasing to note as student numbers rose again in 2009 to 13,055 and is still below the national average of 2.3 accidents per 1,000 students.

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



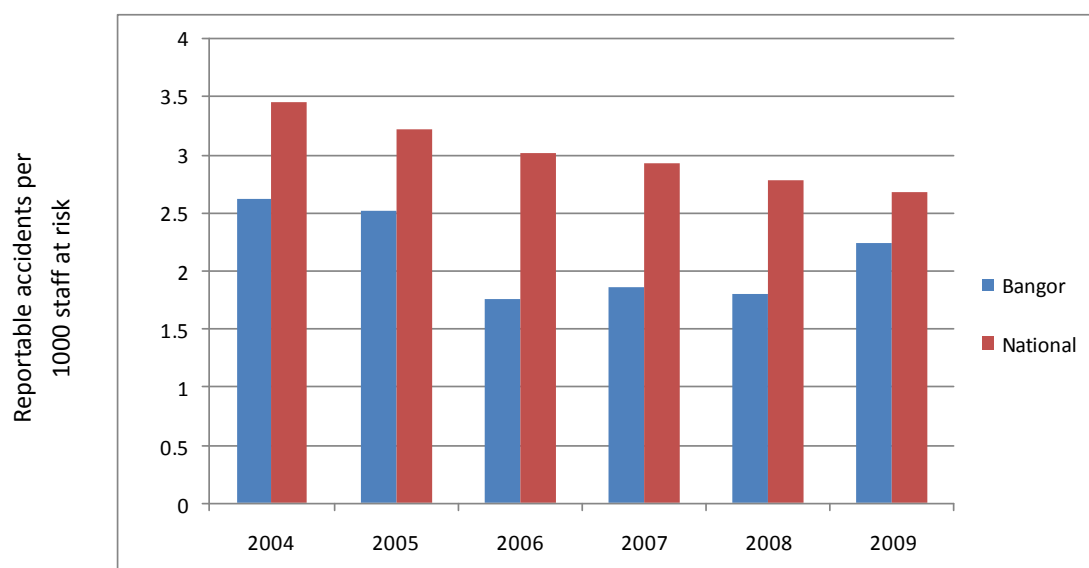


## REPORTABLE ACCIDENTS<sup>15</sup>

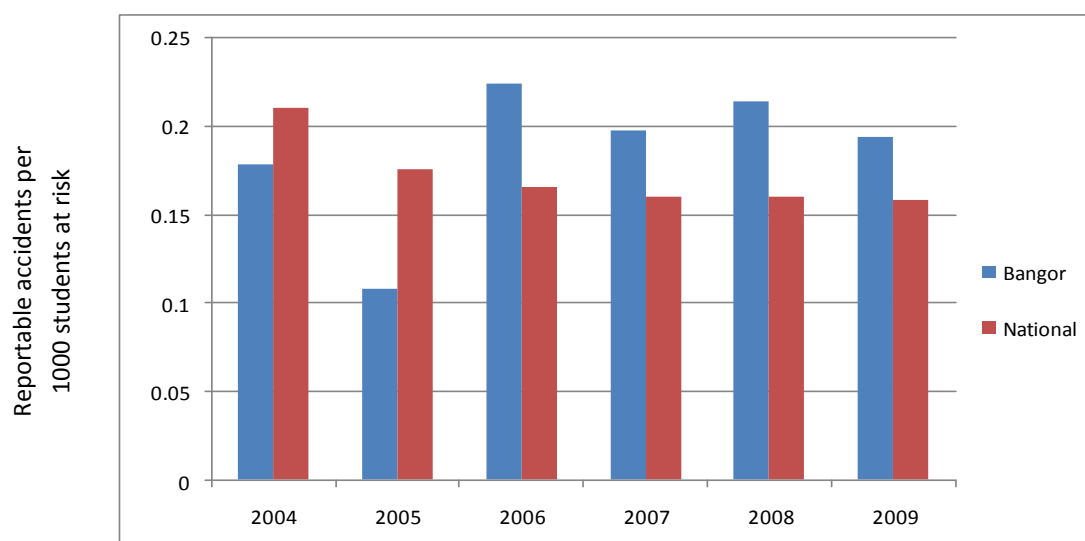
The total number of Health and Safety Executive (HSE) Reportable Accidents and Incidents for 2009 was **12**; 10 to members of staff and 2 to visitors. Although a significant increase on the 7 reportable accidents and incidents in 2008, it must be noted that for the first time since 2005, there were no student Reportable Accidents and Incidents.

For statistical purposes the reportable accident/incident ratios are provided as a calculation of 1,000 persons (staff, students) at risk. Five year rolling averages are used to smooth out fluctuations due to the influence of random events on small sample sizes.

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



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



<sup>15</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 **10** reportable **staff** accidents / incidents were a result of:

- Falling down internal stairs leading to a broken leg.
- Hand caught in machinery leading to a cut and bruised hand.
- Being blown over on the College Park steps during severe weather resulting in a broken wrist.
- Pulled back and neck muscles from opening a stiff door which resulted in more than 3 days off work.
- Falling down external steps, resulting in facial injuries which required surgery.
- Slipping on an external ramp, resulting in more than 3 days off work with a cut and bruised foot.
- Tripping over a vacuum lead, resulting in more than 3 days off work with bruised and grazed knees.
- Tripped on loose carpet, resulting in more than 3 days off work with knee and back problems.
- Scalding their leg on boiling water, resulting in more than 3 days off work.
- Twisting their back when reaching up to a shelf, resulting in more than 3 days off work.

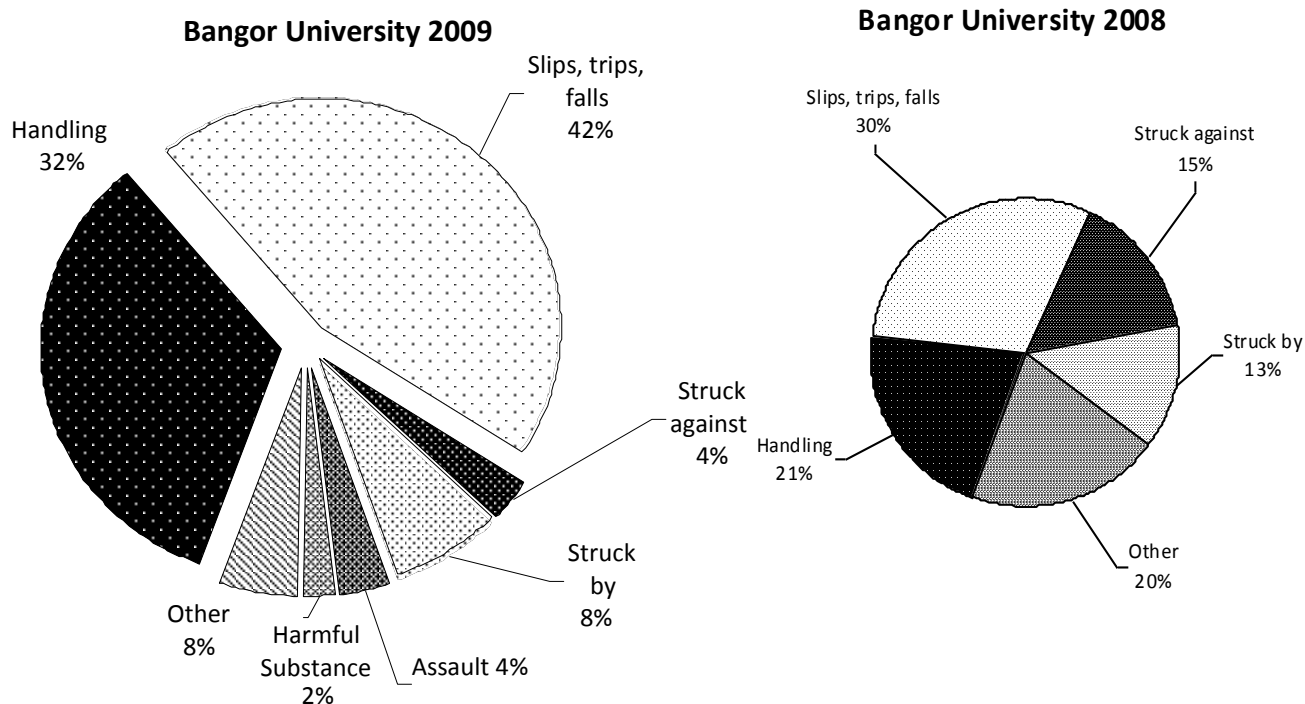
The **2** reportable **visitor** accidents were a result of:

- A visitor tripping on a concrete 'lip' less than 1cm high at the base of a ramp, resulting in a fractured wrist.
- A visitor slipping on a wet floor, resulting in being taken to hospital where they were diagnosed with nothing more than bruising.

There was one case of a 'reportable' medical condition in 2009. This related to a case of 'Vibration White Finger' to a manual member of staff and was investigated by the Health and Safety Executive.

## ACCIDENT CAUSATION

In recent years, slips, trips and falls have been a major cause of accidents at the University, which is reflective of other Universities. UCEA's Annual Report 2009 indicates slips, trips and falls are still a major cause of injury in the HE sector. Slips, trips and falls attributed to 30% of accidents in 2008 but this rose significantly in 2009 to 42%. In addition, 2009 saw an increase in manual handling incidents and worryingly 3 assaults against University Security staff.

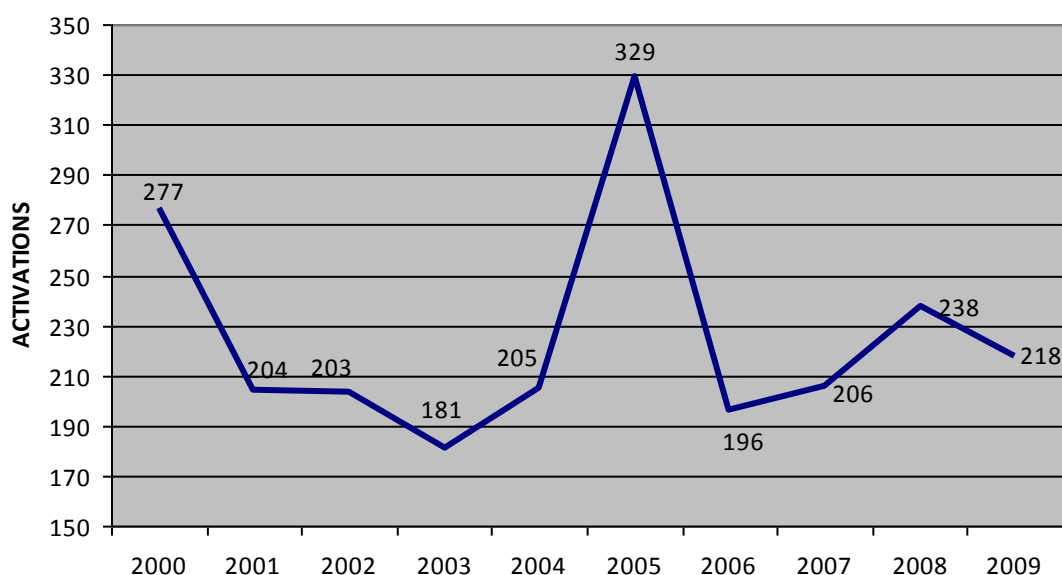


## A. 6 FIRE AND FIRE ALARM INCIDENTS REPORT

The University's annual fire and fire alarm report is presented as a comparative record over a number of years, following criteria laid down by the Universities Safety and Health Association (USHA), and which in 2009 were based on the incidents reported by **93** higher education establishments across the UK.

*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



Statistical data indicate a trend towards a 'leveling' of activation numbers; however, this should be considered alongside a steady increase on the total number of Smoke Detectors fitted within University buildings. The increased numbers of smoke detectors and provision of new advanced fire alarm systems are as a direct result of increased financial investment aimed at reducing the fire-risk profile.

The 'cause' of fire alarm activations are as follows:

Causation of Fire Alarm Activations at Bangor University	2009	2008	2007	2006	2005	2004	2003
False alarms due to dust etc,	24	19	15	15	18	6	13
False alarms due to systems (or system faults)	73	67	70	78	124	74	59
Alarms due to cooking fumes or steam etc,	90	100	99	85	144	90	75
Malicious operation of the fire alarm	9	22	13	0	34	20	18
False alarms due to 'good intent'	11	18	1	11	6	4	7
Actual fires (whether or not extinguisher used)	6	4	5	7	3	9	8
Other events	5	8	3	0	0	2	1
<b>TOTAL:</b>	<b>218</b>	<b>238</b>	<b>206</b>	<b>196</b>	<b>329</b>	<b>205</b>	<b>181</b>

Following an increase in Halls activations in 2008, 2009 thankfully saw a decrease to **126** which reflects the hard work by the Halls Office and Fire & Rescue Service to educate students in fire safety. This is especially pleasing due to the increase in study bedroom numbers at the University. Unfortunately 2009 saw a notable increase in fire alarm activations in Academic and Support Buildings from 79 to **92**, although this could be attributed to building fire system upgrades, improving the way such data is recorded:

Number of Activations	2009	2008	2007
Halls of Residences	126	159	141
Academic Buildings	92	79	65

The fire alarm activation statistics do show a trend of lowering activations within Halls of Residences and an increased activation rate in Academic and Support buildings. This will require further investigation

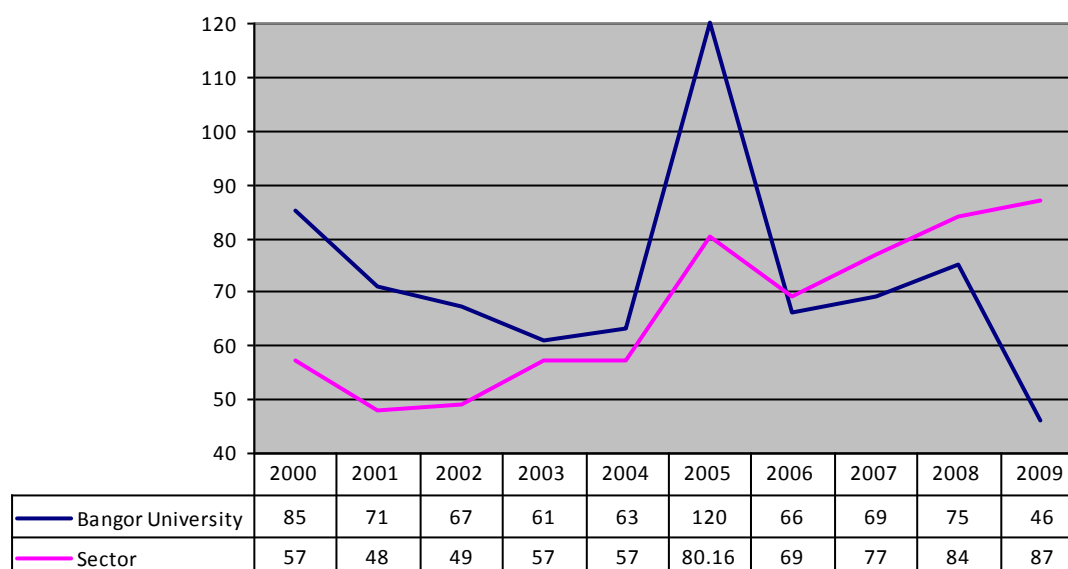
## NATIONAL COMPARISON

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>16</sup>.

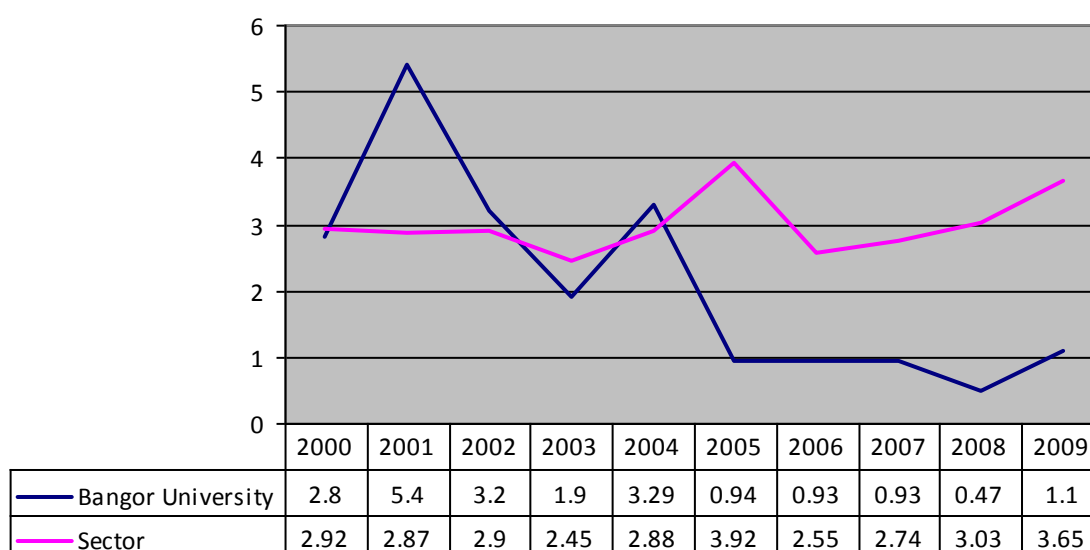
**Fire Alarm Activations per 1,000 Study Bedrooms**



The number of fire alarm activations per 1,000 study bedrooms drastically decreased in 2009 to **46**, a stark contrast to the HE Sector which has witnessed an overall increasing trend since 2001.

<sup>16</sup> Approximately 2,728 study bedrooms were in occupation/available at Bangor University in 2009.

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 **4,862** 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 **2.5** 'false activations' per 100 detectors is attained. This is a decrease from 2008 at 4.6 and leaves the University activation rates now much lower than the National Sector Average in 2009 of 4.8 activations per 100 detectors.

- Other Information

The number of *actual* fires at Bangor University increased to **6** in 2009. Although 3 were due to arson and no injuries resulted, this did lead to negative publicity in the press which was extremely unfortunate in light of the other positive developments outlined above and the improvements Bangor University has made in comparison to the HE Sector as a whole.

The details of the fires that occurred in 2009 are as follows:

1. 3 kitchen fires as a result of unattended cooking.
2. 3 arson; 1 intentional fire to a porta-cabin and 2 intentional fires to external refuse bins.

Across the University Sector as a whole<sup>17</sup> there were:

- 761 fires<sup>18</sup> were reported within residential accommodation, 490 of these were in kitchens and 10 injuries<sup>19</sup> resulted.
- Fire & Rescue Services across the UK attended the premises of those Universities surveyed (93) on a total of 6,009 occasions during 2009.

<sup>17</sup> As per the 93 respondents to the national HE fire survey 2009.

<sup>18</sup> Fires are defined as 'fires requiring the use of an extinguisher or more to put out/extinguish'.

<sup>19</sup> Injuries are defined as 'injuries requiring hospital treatment'.



## A. 7 STAFF TRAINING REPORT

### SUMMARY AND STATISTICS

HEALTH AND SAFETY TRAINING (DELIVERED & FACILITATED)						
	2009		2008		2007	
COURSE	Staff	Courses	Staff	Courses	Staff	Courses
Health and Safety Induction for new Employees	150	16	139	11	191	11
Health and Safety induction (Students) CAHS	Students	1	-	-	-	-
Accident / Incident Investigation	-	-	18	3	-	-
Briefing / Training Session Health and Safety Co-ordinator	36	5	25	2	-	-
Briefing / Training Session Estates & Facilities ½ day	-	-	68	4	-	-
Briefing (Student) Placement CAHS	Students	1	-	-	-	-
DSE (Computer) Users	121	8	106	10	187	11
DSE (Computer) Assessor	14	2	-	-	-	1
Fire Safety & Emergency Procedures	59	6	67	9	15	2
First Aid 4-day	16	5	7	3	11	2
First Aid 2-day Refresher	33	8	15	6	29	5
First Aid 1 Day Emergency	19	7	5	2	-	2
First Aid / Use of Defibrillators	4	1	9	4	12	3
First Aid / Use of Defibrillators Refresher	35	4	-	-	-	-
Gas Safety Course	16	3	-	-	-	-
Manual Handling	44	9	97	7	39	4
Portable Appliance Testing	6	2	18	1	-	-
Pressure and Stress	8	1	-	-	-	-
Risk Assessment	4	1	6	1	35	5
Safety Monitor	-	-	-	-	15	2
Tailored Sessions	Management Centre Robert Gordon Uni	2	-	-	14	-
Warden's Training	-	-	27	1	-	-
Working at height	7	1	-	-	-	-
<b>Total</b>	<b>572</b>	<b>84</b>	<b>607</b>	<b>64</b>	<b>548</b>	<b>48</b>

In 2009 the health and safety training activities further developed, providing a greater range of both mandatory and voluntary training modules for University staff and students. In addition, a number of training modules were tailored to better meet the needs of the participants and new modules were added to the program eg Placement Risk Assessments, Working at Heights for IT staff.

Attendance has been consistent throughout the year and overall course feedback was very positive.

## NEW / UPDATED COURSES & ASSOCIATED PAPERWORK

**Working at Heights:** A working at heights course and associated information booklet was designed, developed and presented in partnership with Estates and Facilities to cover the work of Information Services staff.

**Stress for Dignity Advisers:** The Stress Awareness Course was tailored and presented as part of the new Dignity at Work Advisers training. This not only enables Advisers to understand the effects of stress but also to identify and provide guidance to person(s) who might benefit from attending such a session.

**Fire Safety and Basic Fire Fighting Procedures (Security Staff):** These courses were specifically tailored and delivered to all Security staff. At our request the Fire Service attended the first of these sessions to review and approve the level, scope and content of the course. The reaction of the Fire Service was positive.

## SOURCED COURSES

**Gas Safety Training:** External training was identified and sourced with three training sessions provided.

## BRIEFING SESSIONS

**Regular Meetings / Briefing Sessions for Departmental Co-ordinators:** Briefing sessions were developed and undertaken to complement the new paperwork, taking a step by step approach on each element eg risk assessment, inspection, first aid provisions etc. This enabled Departments to meet and develop their systems together, allowing learning and transfer of best practice to take place.

## FUTURE DEVELOPMENTS

It is anticipated key training courses will continue to be provided by Health and Safety Services. Further training identified through training needs analysis for Colleges / Departments will result in a greater provision of specialised and tailored courses.

In addition other courses will be developed with Human Resources, particularly to cover key health and safety roles, Senior Management Training (eg. Executive, College Managers, Heads), General Management Training for Supervisors and training for other specific roles.

---

END OF ANNUAL REPORT

---