

# REPORT FOR DECISION

<b>DECISION OF:</b>	<b>Cabinet</b>
<b>DATE:</b>	<b>31 January 2018</b>
<b>SUBJECT:</b>	<b>Health and Safety: Annual Report 2017</b>
<b>REPORT FROM:</b>	<b>Leader of the Council</b>
<b>CONTACT OFFICER:</b>	<b>Pat Jones-Greenhalgh, Interim Chief Executive</b>
<b>TYPE OF DECISION:</b>	<b>NON KEY DECISION</b>
<b>FREEDOM OF INFORMATION/STATUS:</b>	This paper is within the public domain
<b>SUMMARY:</b>	<p>Significant projects carried out during 2017 include:</p> <ul style="list-style-type: none"> <li>• Health and Safety Policy updates</li> <li>• Drafting of a policy framework providing context for an assessment matrix which has been previously developed for new and alternative service delivery models</li> <li>• Ageing workforce (see "Ageing Better: A guide to ageing well at work" this is a comprehensive guide, which includes input on health and safety considerations)</li> <li>• Development of an e-learning and testing package for employees who carry out work related driving activities</li> </ul> <p>The Health and Safety Executive (HSE) introduced a new national strategy "Helping Great Britain work well" in 2016. The key themes of the strategy are:</p> <ul style="list-style-type: none"> <li>• Acting together - Promoting broader ownership of health and safety in Great Britain</li> <li>• Tackling ill health - Highlighting and tackling the costs of work-related ill health</li> <li>• Managing risk well - Simplifying risk management and helping business to grow</li> <li>• Supporting small employers - Giving SMEs simple</li> </ul>

	<p>advice so that they know what they have to do</p> <ul style="list-style-type: none"> <li>• Keeping pace with change - Anticipating and tackling new health and safety challenges</li> <li>• Sharing our success - Promoting the benefits of Great Britain's world-class health and safety system</li> </ul> <p>The Council's agreed priorities reflect Health and Safety priorities for Local Government and the national strategy (above) and include:</p> <ul style="list-style-type: none"> <li>• Health – improving the focus on identifying and managing work related ill health to bring it into line with safety management</li> <li>• Recognition and ownership of roles and responsibilities at all levels</li> <li>• Risk acceptance – achieving an appropriate balance between risk aversion and risk acceptance</li> </ul> <p>Future internal projects will include the following themes and/or actions:</p> <ul style="list-style-type: none"> <li>• Health and safety leadership strategy</li> <li>• Training review</li> <li>• Development of work related health management arrangements in coordinating with the Workforce Wellbeing Strategy and action plan. (To include review of stress management arrangements, specifications for extract ventilation systems in schools woodworking facilities)</li> <li>• Health and safety culture</li> <li>• Proportionate health and safety risk management</li> <li>• Electronic management system – reporting, triage, recording, investigation, health, safety</li> <li>• Driving for work – implementation of agreed arrangements</li> <li>• Support to departments in reviewing first aid needs and provisions</li> <li>• Support the development of any corporate facilities management arrangements</li> <li>• Development of self-auditing arrangements for departments and thematic auditing arrangements</li> <li>• Agile working</li> <li>• Support organisational and service reviews as appropriate</li> <li>• Review of the fire safety management</li> </ul> <p>Key indicators and trends:</p> <ul style="list-style-type: none"> <li>• No significant change in the average number of days absence per full time equivalent employee</li> <li>• The Council's rate of reportable major injuries has shown an increase in 2016/17 when compared to 2015/16</li> <li>• Musculoskeletal and stress/mental health related absences account for the highest number of days lost</li> </ul>
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	<p>to the Council</p> <ul style="list-style-type: none"> <li>Nationally, musculoskeletal and stress/mental health account for the highest number of lost days relating to work related factors</li> <li>Highest numbers of internal reports relate to behavioural, abuse and intimidation incidents; followed by slips, trips and falls</li> </ul>
<b>OPTIONS &amp; RECOMMENDED OPTION</b>	<p>Cabinet is asked to:</p> <ol style="list-style-type: none"> <li>Endorse the future work themes detailed in paragraph 8.1</li> <li>Note the: <ul style="list-style-type: none"> <li>Contents of this report;</li> <li>Departmental development and plans that are attached as Appendix 4.</li> </ul> </li> </ol>
<b>IMPLICATIONS:</b>	
<b>Corporate Aims/Policy Framework:</b>	Do the proposals accord with the Policy Framework? Yes
<b>Statement by the S151 Officer: Financial Implications and Risk Considerations:</b>	Effective Health & Safety is key to service delivery, mitigating financial and operational risks to the Council.
<b>Health and Safety Implications</b>	<p>Set out any impact in terms of Health, Safety and Welfare.</p> <p>The actions identified through the report and associated actions are designed to improve health, safety and welfare management arrangements and standards.</p>
<b>Statement by Executive Director of Resources (including Health and Safety Implications)</b>	<p>Effective Health &amp; Safety is key to safeguarding the welfare of staff, service users and residents.</p> <p>The work streams identified in this report support the development of a robust framework.</p>
<b>Equality/Diversity implications:</b>	Yes (see paragraph 7.1 below)
<b>Considered by Monitoring Officer:</b>	<p>Yes</p> <p>A robust approach to Health &amp; Safety is essential if the Council is to discharge its statutory duties.</p> <p>The actions outlined in the report will support this process.</p>
<b>Wards Affected:</b>	

**Scrutiny Interest:**

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**TRACKING/PROCESS**

**DIRECTOR:** Steve Kenyon

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Scrutiny Committee	Cabinet/Committee	Council	

**1.0 BACKGROUND**

- 1.1 Annual Health and Safety Reports provide a formal mechanism for:
- Monitoring and assessment of organisational performance;
  - Recognising significant concerns and issues that impact on health and safety management and performance;
  - On-going review of organisational arrangements, including health and safety policy;
  - Adoption of organisational and departmental work plans and targets.
- 1.2 The Health and Safety Annual Report represents a core element of the Council’s health and safety management system.
- 1.3 The system is designed to implement standards that are set out in the Management of Health and Safety at Work Regulations and Health and Safety Executive (HSE) guidance on organisational health and safety management. This national guidance can be accessed through the following link:
- <http://www.hse.gov.uk/managing/index.htm>
- 1.4 Health and Safety reporting arrangements were reviewed in 2015, with the following agreed:
- An annual report to be produced in a single format and timed for presentation to SLT to then allow it to be taken forward to the January meeting of Cabinet
  - An interim update report to SLT in June/July covering:
    - Update on progress of health and safety developments and work-plans
    - Review of statistical data and trends
    - Auditing - feedback from audits carried out through the central Health and Safety team and setting the future auditing programme
  - Ad hoc reporting to SLT as and when issues arise that require consideration

1.5 This is the Annual Report for 2017.

## **2.0 ISSUES**

### ***National developments***

#### *Grenfell Tower Fire*

- 2.1 The major fire at Grenfell Tower in London during June of this year has prompted the undertaking of some significant work around fire safety management. Nationally, the government has announced an independent review of building regulations and fire safety. Going forwards, this is likely to lead to changes in national standards which will need to be implemented locally. It is therefore anticipated that fire safety management will remain a significant priority for development for some time to come.
- 2.2 A local task group has been set up in Bury made up of representatives from all relevant areas of the Council as well as representation from Greater Manchester Fire and Rescue Service. The remit of the group is concerned with ensuring that there is a suitable and timely local response in relation to any high rise residential properties for which external cladding and insulation boarding are present.
- 2.3 Within the Council, a review of Fire Risk Assessment (FRA) coverage within Bury Council owned, leased and/or occupied properties is being undertaken. Copies of completed FRAs have been requested from services and those with responsibility for the management of the relevant establishments. Once received, these are being entered onto a central fire risk assessment registry. Although local knowledge is required to fully assess the suitability of individual FRAs, the registry will assist in enabling central checks on coverage and the quality of the procedures that have been used.
- 2.4 A review of the fire safety management arrangements within Bury Council will be undertaken over the course of 2018. This will be led by the Central Health and Safety Team, findings and recommendations will be reported to Strategic Leadership Team.

#### *Helping Great Britain work well*

- 2.5 This is the national strategy for health and safety, it is led by the HSE working in partnership with relevant stakeholders with a view to identifying necessary developments and areas of good practice. It started in 2016 and its key themes are:
  - **Acting together** - Promoting broader ownership of health and safety in Great Britain
  - **Tackling ill health** - Highlighting and tackling the costs of work-related ill health
  - **Managing risk well** - Simplifying risk management and helping business to grow
  - **Supporting small employers** - Giving SMEs simple advice so that they know what they have to do

- **Keeping pace with change** - Anticipating and tackling new health and safety challenges
- **Sharing our success** - Promoting the benefits of Great Britain's world-class health and safety system

2.6 More detail on the strategy can be found through the following link:

<http://www.hse.gov.uk/strategy/strategy-document.htm>

2.7 The HSE has introduced a series of sector plans over the course of 2017. These identify the themes which the HSE again plan to progress through engagement with the relevant stakeholders with a view to identifying necessary developments and areas of good practice. Local government comes under the Public Services Plan, which has the following key themes:

- Reduce the high levels of ill health from work-related stress and MSDs
- Address safety issues in high-hazard activities
- Improve awareness of existing standards as service provision becomes fragmented and new forms of delivery emerge

#### *Local government*

2.8 The HSE has introduced a specific web page with a focus on local government. It has "sensible risk management" as a theme – ensuring that significant health and safety risks are well managed whilst time and resource is not unnecessarily wasted on insignificant risks and that health and safety is not used as an excuse to stop activities or to hide unpopular decisions. The following service areas are identified as being associated with significant risks:

- Highways
- Education
- Waste and recycling
- Social care
- Amenity management and tree work

2.9 The HSE Local Government page can be accessed via the following link:

<http://www.hse.gov.uk/services/localgovernment/index.htm>

#### *Penalties for health and safety offences*

2.10 The available penalties and sentencing guidelines for health, safety and food safety offences were increased in March 2015. This has led to significant increases in the levels of fines that are imposed. Details of the range of remedies that the courts can use in relation to health and safety offences can be found in Appendix 1.

#### **Council developments and priorities**

2.11 The current local priorities were agreed at the time of the Annual Report 2015. They largely relate to health and safety culture, and are in line with the emphasis of the national and sector specific priorities identified which is in line with the national priorities set out in paragraphs 2.5 to 2.8 above:

- Health – improving the focus on identifying and managing work related ill health to bring it into line with safety management

- Recognition and ownership of roles and responsibilities at all levels
  - Risk acceptance – achieving an appropriate balance between risk aversion and risk acceptance (also see paragraph 2.8)
- 2.12 Much work has been carried out and significant improvements have been made in recent years with regard to health and safety culture. However, the aim is to ensure long term and ongoing improvement. The future work projects discussed in Section 8 will have a focus on progress in this area.
- 2.13 With regard to work related ill health, the Council has a range of management processes that are currently available. However, there is limited reporting of work related ill health and this raises concerns over whether the appropriate management processes are fully utilised in practice. Whilst the electronic management system described under paragraph 8.1 will seek to point managers towards appropriate systems, it is considered that cultural change and education will also need to play a part if this is to be addressed. Appendix 2 provides an overview of the management systems that are currently available and provides context for how they sit together.

### **3.0 PROGRESS**

#### ***Health, Safety and Resilience Services***

- 3.1 Progress on work streams led by Health, Safety and Resilience Services has been hampered during 2017 following the loss of three members of the team to early retirement and voluntary severance. The team structure has been reviewed with a view to ensuring that suitable resources are available whilst cost savings are realised. A recruitment process is currently underway which should result in increased capacity moving forwards and improved ability to focus on developmental work.
- 3.2 Significant projects carried out during 2017 include:
- Health and Safety Policy updates (see paragraphs 3.5 to 3.8)
  - Drafting of a policy framework providing context for an assessment matrix which has been previously developed for new and alternative service delivery models (see also paragraph 2.7 for the HSE Public Sector plan)
  - Ageing workforce (see "Ageing Better: A guide to ageing well at work" this is a comprehensive guide, which includes input on health and safety considerations, which can be accessed via the following link: <http://intranet/CHttpHandler.ashx?id=18957&p=0>)
  - Development of an e-learning and testing package for employees who carry out work related driving activities

#### ***Facilities Management and Buildings***

- 3.3 Sound facilities management arrangements are crucial to the management of health and safety within buildings, etc... The devolved nature of arrangements and structures has been a matter of concern for a number of years and this has been reflected within previous health and safety reports. Strategic Leadership Team has now approved a high level business case for a review of Facilities Management. The review has a very challenging savings target of £750 000 per year, however there are unlikely to be any savings generated from the health and safety aspects of

facilities management. It should however deliver better value for money, improved standards, consistency and robustness. This said, we are “playing catch up” and it may take several years to achieve the standards that we would want.

- 3.4 Overall savings should be possible through improved prioritisation, the development of economies of scale and better management control of service delivery including external contracts. There are issues of capacity and expertise in taking the review forward and consequently approval has now been obtained to procure the services of a Facilities Management advisor to:
- Understand the way FM services are currently delivered across the Council
  - Draft a new structure and regime that will more efficiently deliver these services
  - Project manage the transition from one to the other

### ***Health and Safety Policy***

- 3.5 The Corporate Health and Safety Policy was updated in January 2017 to take account of health and safety management needs within alternative service delivery arrangements. The departmental health and safety policy templates were updated to reflect this change.
- 3.6 A copy of the current corporate policy and other key health and safety management documents can be accessed through the following link:  
<http://intranet/index.aspx?articleid=12480>
- 3.7 The Elected Member with responsibility for the Health and Safety portfolio has changed and is now the Council Leader. Section 3, paragraph 3, of the policy will be changed to reflect this and arrangements will be made for it to be resigned and re-dated by the Chief Executive and Council Leader to demonstrate that it remains current.
- 3.8 Departmental Health and Safety Policies should be resigned and re-dated to reflect managerial changes and to demonstrate that they remain current.

## **4.0 PERFORMANCE MONITORING**

- 4.1 Appendix 3 contains data on absences and accidents. It also includes a link to national data provided through the HSE. The data comprises:

### ***Key statistical trends***

- 4.2 The key trends for 2016/17 (April to March inclusive, excluding schools unless stated) are:
- No significant change in the average number of days absence per full time equivalent employee (11.07 in 2016/17 from 11.12 in 2015/16 when schools staff are excluded. There is a slight increase when school’s staff are included (9.99 in 2016/17 from 9.55 in 1015/16)
    - Top specified reasons for absence by days lost:  
Musculoskeletal\*(same as 2015/16)
    - Stress and mental health related (same as 2015/16)

- Disability related (same as 2015/16)
- Stomach, liver, kidney, digestion (same as 2015/16)
- Top specified reasons for absence by incidence:
  - Stomach, liver, kidney, digestion (14 incidents per 100 employees)
  - Infection (12 incidents per 100 employees)
  - Musculoskeletal\* (8 incidents per 100 employees)
  - Stress and mental ill health (5 incidents per 100 employees)
  - Chest and respiratory (4 incidents per 100 employees)
- Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
  - Increase in recorded absences of 3 days or more (61.4 per 10000 employees from 52.6 in 2015/16 and 50.2 in 2014/15)
  - Increase in major injuries and absences of 7 days or more (33.7 per 10000 employees in 2016/17 from 29.1 in 2015/16 from 28.1 in 2014/15)
- Rank order of main reported internal incidents by numbers of reports:
  - Assault, behavioural, abuse, intimidation (31% of reported incidents in 2016/17, 32% in 2015/16)
  - Slips, trips, falls (17% of reported incidents in 2016/17, 22% in 2015/16) (see Appendix 3 for a more detailed analysis)
  - Collision or entrapment (14% of reported incidents in 2016/17, 12% in 2015/16)
  - Lifting, carrying, moving, handling (11% of reported incidents in 2016/17, 13% in 2015/16)
  - Cuts and contacts with sharp objects (6% of reported incidents in 2016/17, 6% in 2015/16)
  - Exposures to harmful agents including chemicals, heat and electricity (5% of reported incidents in 2016/17, 5% in 2015/16)

*\*There are two musculoskeletal categories – "head and neck conditions" and "other" – these have been combined for the purposes of these comparisons*

- 4.3. Care should be taken in interpretation of absence reasons because they do not allow differentiation where an absence could fit into multiple categories e.g. stomach, liver, kidney, digestion will include infections of these organs and systems, stomach upsets and neurological are likely to include cases that primarily relate to stress, etc... It is not currently possible to breakdown absences that are reported as potentially having work related causes.
- 4.4 Limitations within the existing data systems restrict the ability to analyse accidents and work related ill health. The development of the electronic management system, which is described under paragraph 8.1, is seeking to introduce significant improves in the facility to analyse health and safety data moving forward.

## **Insurance**

- 4.5 Local authorities had been reporting increases in employee and public liability claims since 2011/12 onwards. Whilst it isn't possible to provide precise detail because claims can be initiated for a period of several years following an incident; there is evidence this year that both Employee and Public Liability claims are down on previous years.

### ***Enforcement***

- 4.6 No enforcement under health and safety legislation has taken place against the Council during 2017.

## **5.0 RISKS**

- 5.1 Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks and actual costs. For example:
- There are significant financial risks (see next section)
  - Legal - risk of enforcement action, prosecution and civil actions
  - Business continuity - loss of service, temporary service provisions
  - Health and safety of employees, service users and others
  - Damage to reputation

## **6.0 FINANCIAL IMPLICATIONS**

### ***Cost of health and safety failings***

- 6.1 Good health and safety management should minimise costs. Potential areas of cost include:
- Lost earnings
  - Extra expenditure when absent
  - Human costs (pain, grief and suffering)
  - Sick pay
  - Compensation
  - Insurance costs (note that HSE calculate that uninsured costs for employers outweigh insured costs be a ratio of 3:1)
  - Company administration
  - Recruitment
  - Damage from injuries (equipment, goods and materials)
  - Damage from non-injury accidents
  - Insurance industry administration costs
  - Department of Work and Pensions administration costs
  - Loss of output
  - Medical treatment (short and long term)
  - HSE and internal investigation costs
- 6.2 The HSE provides the following summaries of the costs to Britain of workplace injuries and new cases of work-related ill health in 2015/16 by:
- 35% Injury
  - 65% Ill health
  - £3.4 billion of cost borne by Government
  - £2.9 billion of cost borne by Employers
  - £8.6 billion of cost borne by Individuals

Total costs showed a downward trend between 2004/05 and 2009/10; since then the annual cost has been broadly level. This fall was driven by falls in injury costs.

Detailed information on how the HSE calculates the costs of health and safety failings can be found on the HSE website through the following link:

<http://www.hse.gov.uk/pubns/priced/hsg101.pdf>

## **7.0 EQUALITY AND DIVERSITY (SUMMARY/RECOMMENDATIONS FROM EIA)**

- 7.1 Adoption of good health and safety management arrangements has a positive impact on equality and diversity because appropriate emphasis is placed on the needs of vulnerable groups and individuals.

## **8.0 FUTURE ACTIONS**

### ***Health, Safety and Resilience Services: Future Projects***

- 8.1 It should be noted that in order to ensure that health and safety becomes a mainstream within the Council's management arrangements, projects will be progressed through a collaborate approach between the Health, Safety and Resilience team and other relevant professional services where appropriate. Future projects will include the following themes and/or actions:

- Health and safety leadership strategy
- Health and safety training review
- Development of work related health management arrangements in coordinating with the Workforce Wellbeing Strategy and action plan. (To include review of stress management arrangements, specifications for extract ventilation systems in schools woodworking facilities)
- Health and safety culture;
  - Proportionate health and safety risk management
  - Improving emphasis on work related ill health
  - Ownership of health and safety
- Electronic management system – this is a current area of activity, it will play a key role in supporting the required improvements noted in the previous bullet point. The system will cover the reporting, triage, recording, investigation, and learning lessons/introduction of improvements to health and safety management arrangements in light of accidents, incidents and cases of work related ill health with an emphasis on ownership by managers
- Driving for work – implementation of agreed arrangements
- Support departments in reviewing first aid needs and provisions
- Support the development of any corporate facilities management arrangements (see paragraphs 3.3 and 3.4)
- Development of self-auditing arrangements for departments and thematic auditing arrangements
- Agile working (this is a current HSE work stream and the Council's arrangements will be reviewed in light of any national developments)
- Support organisational and service reviews as appropriate

- Health and safety implications and management needs of One Commissioning Organisation (OCO)/Locality Care Organisation (LCO)/Neighbourhood Working
- Review of the fire safety management

### ***Departments***

- 8.2 Each department has a Health and Safety Co-ordinator who acts to oversee the development and implementation of health and safety arrangements within their department. They act as a point of contact within the department and with the central Health, Safety and Resilience team. Collectively, together with the relevant central resources, they form the Health and Safety Coordinators group, which meets regularly to agree strategies and practical implementation arrangements for use within their departments. Coordinators play a key role in the development of departmental action plans however agreement and ownership of plans remains a management responsibility.
- 8.3 Summaries of departmental progress and future work streams are attached as Appendix 4.

## **OCCUPATIONAL HEALTH AND SAFETY**

### **NATIONAL AGENDA AND STRATEGIES**

#### **Helping Great Britain work well**

This is a new national strategy introduced by the HSE in 2016; it is covered in the main body of the report.

#### **Penalties for health and safety offences**

The available penalties for health, safety and food safety offences were increased in March 2015 and the sentencing guidelines were amended to promote higher levels of punishment. A further change to the sentencing guidelines for corporate manslaughter offences will come into force in February 2016. Key provisions include:

- Magistrate's courts are now able to impose unlimited fines (there was previously a £20 000 maximum) or imprisonment for a term not exceeding 6 months, or both (unchanged)
- Penalties in the Crown Court are unchanged where the maximum penalty is an unlimited fine or imprisonment not exceeding two years or both.
- Large firms convicted of corporate manslaughter will face fines of up to £20 million 1st February 2016
- Magistrates and Crown Courts can impose Compensation Orders and must give reasons if they decide not to do so. A limit of £5000 for Magistrates Courts was removed in 2013 but courts must consider the defendant's ability to pay when setting levels of compensation
- An individual convicted of a health and safety offence can receive a Community Order requiring them to deliver unpaid community services for a set number of days
- An individual convicted of a health and safety offence can receive a Disqualification Order
- A defendant can be ordered to take remedial action
- Publicity Orders requiring an organisation to publish information about the offence and sentence can be imposed in cases of corporate manslaughter
- A victim surcharge with proceeds to be spent on services for victims and witnesses (usually 10% of a fine with a minimum of £20 and a maximum of £120)
- A Criminal Courts Charge will be imposed on all offenders, it varies depending upon whether they plead guilty or are found to be guilty (e.g. the charge is £180 for a guilty plea in a Magistrates Court and £900 in the Crown Court). The government has announced an intension to phase this charge out during 2016

Penalties can be imposed on corporate bodies and/or on individuals who act on their behalf.

**OVERVIEW OF ARRANGEMENTS FOR THE MANAGEMENT OF  
WORK RELATED ILL HEALTH**

## MANAGEMENT OF HEALTH AT WORK AND WORK RELATED ILL HEALTH

**Work demands** - assess work demands for all jobs using the Job Analysis form

Use this to identify areas where **more detailed risk assessments** should be carried out, where **health surveillance** may be needed, to provide information to **occupational health**, and as a source of information during **recruitment**.

### Risk assessment needs checker

**Risk assessments** should be carried out for health issues:

- Harmful substances
- Physical agents (noise, vibration, radiation (including sun exposure), heat, cold
- Infections
- Stress and mental health
- Lifting, carrying, moving, etc.

### Monitoring employee health concerns

Have systems that allow employees to discuss and report concerns and support needs:

Use the **attendance management** procedures (e.g. Self Certification Form) and "Fit Notes" to identify illness that could be caused or made worse by work.

Complete a **health and safety report** (HS1) whenever there is reason to believe that an illness maybe work related.

### Pre-employment assessments

- A **health declaration** should be completed by the successful candidate prior to final confirmation of a job offer
- An **occupational health assessment** should be carried out where shown to be necessary by the health declaration.
- **Baseline health screening** where a need for health surveillance has been identified

### Control health risks

Use risk assessments to assist in the design of work arrangements

Identify and apply any professional or best practice standards

### Investigations

Consider potential work factors during **return to work interviews**.

For more complex cases, follow the procedure for **Assessment of Potential Work Related Ill Health**

### Responding to work related ill health

In simple cases, use the **return to work interview** process to identify appropriate changes to work and reasonable support

For more complex cases, review **risk assessments and adapt risk control arrangements**

Consider the need for **wider professional advice and support from**

Use the **Support/Adjustment/Case Conference Agreement** in the managing attendance toolkit where appropriate.

**APPENDIX X: Statistical Information April 2016 to March 2017 inclusive**

## ABSENCES

**Table 1: Average days lost per full time equivalent employee – All Departments**

	BV12 (by year as stated)		
	2014/15	2015/16	2016/17
Excluding schools	11.38	11.12	11.07
Including schools	9.38	9.55	9.99

Note: Figures may vary slightly from those quoted in previous reports because sickness absence is constantly updated and this can have an affect over a significant period of time.

**Table 2: Top specified reasons for absence by days lost 2016/17 (5225 employees, excludes schools)**

<b>Corporate</b>	<b>CYPC</b>	<b>C&amp;W</b>	<b>R&amp;R</b>
(1) Musculoskeletal* (6189 days)	(1) Musculoskeletal* (2941 days)	(1) Musculoskeletal* (2576 days)	(1) Stress and mental health related (974 days)
(2) Stress and mental health related (5530 days)	(2) Stress and mental health related (2266 days)	(2) Stress and mental health related (2290 days)	(2) Musculoskeletal* (672 days)
(3) Disability related (2457 days)	(3) Infections (902 days)	(3) Disability related (2457 days)	(3) Stomach, liver, kidney and digestion (519 days)
(4) Stomach, liver, kidney and digestion (4568 days)	(4) Stomach, liver, kidney and digestion (805 days)	(4) Stomach, liver, kidney and digestion (834 days)	(4) Infections (278 days)

*\*Includes "Back and Neck" and "Other Musculoskeletal"*

**Note:** Stress and mental health reasons are responsible for most days lost if schools are included (11216 days lost from a total of 8631 employees), this is followed by musculoskeletal (10793 days). Also see note following table 3.

**Table 3: Top specified reasons for absence by numbers of incidents 2016/17 (5225 employees, excludes schools)**

<b>Corporate</b>	<b>CYPC</b>	<b>C&amp;W</b>	<b>R&amp;R</b>
(1) Stomach, liver, kidney and digestion (735 incidents)	(1) Stomach, liver, kidney and digestion (404 incidents)	(1) Stomach, liver, kidney and digestion (404 incidents)	(1) Stomach, liver, kidney and digestion (95 incidents)
(2) Infections (620 incidents)	(2) Infections (324 incidents)	(2) Infections (324 incidents)	(2) Infections (83 incidents)
(3) Musculoskeletal* (432 incidents)	(3) Musculoskeletal* (234 incidents)	(3) Musculoskeletal* (432 incidents)	(3) Musculoskeletal* (45 incidents)
(4) Stress and mental health related (260 incidents)	(4) Stress and mental health related (124 incidents)	(4) Chest and respiratory (108 incidents)	(4) Eye, ear, nose, mouth, dental (38 incidents)

*\*Includes "Back and Neck" and "Other Musculoskeletal"*

**Note:** The top three reasons for corporate and CYPC are unchanged when school's staff are included (total of 8631 employees. However, "stress and mental health related" is only ranked in 7<sup>th</sup> place with 488 incidents, this is likely to suggest that absences tend to be longer term (it was the top reason by days lost) and that this is especially pronounced in a schools context.

**Table 4 Reasons for Absence by incidence rates per 100 employees (5549 employees, this excludes schools staff, 8761 employees including schools)**

	Excluding schools		2016/17 including schools
	2015/16	2016/17	
<b>Stomach, liver, kidney and digestion</b>	12.36	14.07	31.26
<b>Infections</b>	11.44	11.87	19.56
<b>Musculoskeletal (combined)</b>	7.84	8.27	11.85
<b>Chest and Respiratory</b>	5.30	4.33	9.12
<b>Stress related, mental health and fatigue symptoms</b>	5.03	4.98	7.23
<b>Eye, ear, nose and mouth/dental</b>	3.86	4.23	8.11
<b>Neurological</b>	3.15	3.18	7.57
<b>Genito-urinary/gynaecological</b>	1.41	1.49	2.65
<b>Heart, blood pressure and circulation</b>	0.74	0.75	1.00

## ACCIDENTS AND INCIDENTS

**Table 5 Reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**

<b>Reportable Accident rates per 10 000 – Employees:</b>							
	Rate for Bury Council by year/(National Rate* – incidents reported under RIDDOR)						
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Fatalities	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0	0
Absence of 3 days or more	56.3 (36.3)	51.4 (35.6)	52.7	56.6	50.2	52.6	61.6
Major injuries and absences of 7 days or more				42.8 (30.5)	28.1 (29.3)	29.1	33.7
Reportable diseases				6.3	Not known	0	0

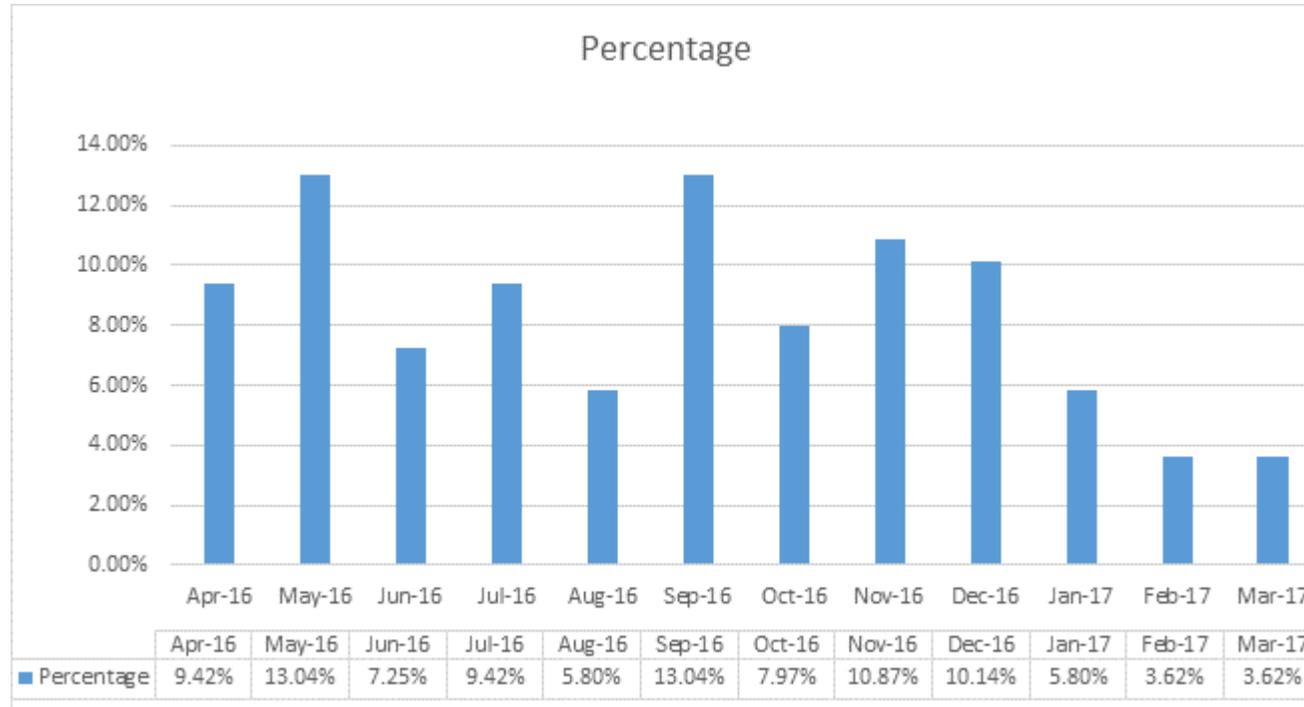
\*HSE estimates that under reporting now exceeds 50%

**Table 6 Internal Reporting Incident Trends**

Nature of incident	Proportion of the total reports	
	2015/16	2016/17
Incidents of assault, behavioural incidents, abuse, intimidation	32%	31%
Slips, trips, and falls	22%	17%
Collisions and entrapments	12%	14%
Injuries sustained during lifting, carrying, moving, handling	11%	13%
Cuts and contact with sharp objects	6%	6%
Exposures to harmful agents including heat, electricity and chemicals	5%	5%
<i>Note minor categories are not included, so columns do not add up to 100%</i>		
<i>These percentages differ from previous years because of the removal of a reporting restriction</i>		

## More detailed analysis of Slip, Trip and Fall Incidents

### Percentage of reports by month



**By location and service:**

<b>Location of incidents</b>	<b>Percentage of reports</b>	<b>Services reporting incidents</b>	<b>Percentage of reports</b>
Castle Leisure Centre	9.42%	Leisure Centres	10.87%
Off Site visits	5.80%	Markets	6.52%
St Luke's CE PS (VC)	5.80%	St Luke's CE PS (VC)	5.80%
Millwood Primary Community Special	5.07%	Millwood PS Community Special School	5.07%
Elton HS	4.35%	Elton High School	3.62%
Markets	3.62%	Waste Management	3.62%
Highway	3.62%	Woodhey CHS	2.90%
Radcliffe Leisure	2.90%	The Derby CHS	2.17%
Higher Lane CPS	2.90%	St Joseph's and St Bede's RC PS	2.17%
Bury Market	2.90%	Higher Lane CPS	2.17%
Whittaker Street	2.90%	Bury Employment Support & Training -Bury EST	2.17%
Woodhey CHS	2.90%	Leisure Centres	10.87%

## RIDDOR

### Analysis of slip, trip and fall reports made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations April 2016 to March 2017 inclusive

Department		No. Slip, Trip and Falls (RIDDOR Reported 16-17)	No. Employees	Service Users
Children, Young People & Culture	Schools	8	8	0
	Non-Schools	3	3	0
Communities and Wellbeing		3	3	0
Resources and Regulations		1	1	0
Agency Staff		1	1	0

### Notes

Analysis of the reported incidents show that the majority involve incidents experienced by service users including members of the public, with Leisure Centres and Bury market having the highest number of incidents. However, reports that meet the reporting criteria for RIDDOR, which would generally be considered as the more serious incidents, all involved people working on behalf of the Council.

Analysis by month indicates significant variation across the year, however no clear reasons have been identified for this. For example, the months in which higher numbers of incidents have been reported may indicate levels of activity such as more visits to the market, children returning to school, etc., however those months for which fewer reports have been submitted tend to be in the winter when surface conditions would most likely be more treacherous.

Schools data will be shared with the individual establishments with a view to identifying any potential reasons together with actions to reduce risks in future.

## National Statistics: Key figures for Great Britain (source Health and Safety Executive (HSE))

2015/16	2016/17
1.3 million working people suffering from a work-related illness	1.3 million working people suffering from a work-related illness
2,515 mesothelioma deaths due to past asbestos exposures (2014)	2,542 mesothelioma deaths due to past asbestos exposures (2015)
144 workers were killed as a result of a workplace accident (RIDDOR)	137 workers killed at work
72,702 injuries to employees reported under RIDDOR	70,116 injuries to employees reported under RIDDOR
621,000 injuries occurred at work according to the Labour Force Survey	609,000 injuries occurred at work according to the Labour Force Survey
30.4 million working days lost due to work-related illness and workplace injury	31.2 million working days lost due to work-related illness and workplace injury
£14.1 billion estimated cost of injuries and ill health from current working conditions (2014/15)*	£14.9 billion estimated cost of injuries and ill health from current working conditions (2015/16)*
	0.5 million new or long standing cases of work related mental illness
	0.5 million new or long standing cases of work related musculoskeletal disorders
	12000 lung disease deaths linked to past exposures at work

### Notes:

Excludes long latency illness such as cancers

Fall from a height (26%), being struck by a moving vehicle (19%) or being struck by a moving object (10%) were the main kind of fatal accident accounting for just over half of all fatalities

More detailed information on national statistics can be found via the following link:

<http://www.hse.gov.uk/statistics/overall/2015/16>

## **Departmental Developments and Work Plans**

### **Health & Safety – Children, Young People and Culture Action Plan**

Following a recent departmental audit, a H&S action plan was agreed by CMT in August 2016, identifying the following key objectives:

- To agree a departmental strategy to manage H&S, including decisions regarding departmental resources for H&S (based on risk assessment, budget situation and role of Corporate H&S), and defining and agreeing relationship with Corporate H&S, ensuring legal compliances are understood and monitored.
- Review, update and implementation of departmental H&S policy, including responsibilities and arrangements.
- Performance Measurement – develop and implement H&S performance standards, including auditing and reviewing routines, and active monitoring arrangements.
- Ensure effective control of significant foreseeable risk – follow departmental risk assessment strategy and ensure competent staff undertake appropriate assessment of significant foreseeable risk within their area of work.
- Review and update the departmental Competency Framework, and ensure competence of staff to manage H&S.
- Effective premises management arrangements - department to have input into ongoing FM arrangements, Council/Corporate landlord role.
- Monitor and develop effective communication of key H&S messages.
- Reporting arrangements, including electronic accident reporting system.
- Fire risk management (identified as a major risk area) – agree on framework and roll out to departmental buildings.

## **SCHOOLS - Key Achievements: 2016-17**

Ongoing delivery and review of Schools Health Safety Support SLA

- Support provided to schools to implement and monitor their H&S Management system
- Termly Bulletins
- Produced updated SLA which includes clear information on statutory provision & prices
- SLA delivery 2015 - 2016 – Enhanced option offered within SLA delivered the following additional services (schools chose their option):
  - Core Competency Training for staff
  - Fire Risk Assessment support for Heads/Business/Site Managers
  - Fire Marshal with fire extinguisher training
  - Manual Handling & Working at Height training
  - Risk Assessment support
  - H&S on-site inspection
  - Schools H&S Policy review
- Quarterly School H&S Committee meetings – reviewed TOR and Membership
- Review of H&S Intranet pages containing schools specific information
- Electronic accident/incident electronic system (SMART) - ongoing development and monitoring
- Review of SMART system – to develop staff form for schools
- Educational Visits service and EVOLVE system provided via Rochdale MBC

## **Ongoing and Planned action: 2017-18**

- Strategy to review SLA to be flexible to meet the changing profile & challenges facing schools. To prepare & send 'Future Services Questionnaire' to identify what schools value
  - Review schools specific information on the CYP&C H&S for schools intranet page – review with ICT to improve schools accessibility
  - Schools H&S Policy Template review (reference to Council documents)
  - Review and development of H&S Planner for Schools – Issue 3.0
  - Premises related Health & Safety to review:
    - Asbestos Management Plans
    - Legionella Management arrangements
    - Use of appropriate management tool e.g. Concerto
  - Visit new Head Teachers to provide H&S Induction, including use of the Schools H&S Planner tool.
  - Provide a staff form for schools to use on SMART

- Producing a Service Level Agreement for Academies
- To identify training needs specific to schools:
  - review Competency Framework
  - Meet with Learning Collaborative Heads
  - Provide information on training `standards' to assist schools to procure appropriate training

### **Communities & Wellbeing Department: Health & Safety Update (Nov 2017)**

1. H & S Work has continued throughout the department over the past 12 month. The two H & S boards (Social Care and Operations) meet on a regular basis.
2. In terms of the H & S Social Care board, meetings take place monthly and are attended by representatives from the various sections and union officials. Persona now have established their own Health and Safety Board which meets for the first time in November 2017.
3. Policies reviewed during the year include:
  - Manual Handling
  - Noise / Vibration
  - Medications (currently under review)
  - Home Remedies
  - Infection Control (in conjunction with lead public health staff) programmed to be shared this month.
4. The Operations H & S team has spent the past 12 months monitoring and examining all areas of the service.

Operational audits on specific services are being developed using the Health & Safety System Audit Workbook produced by RoSPA (Royal Society for the Prevention of Accidents). This will commence with Waste Management followed by the remaining sections within Operations. HAV's monitoring - The Reactec system has been implemented in Grounds Maintenance. Monitoring is ongoing.

Reassessment of the vibration magnitudes for all equipment used by mechanics is complete.

Improvements in noise awareness will continue throughout the service. Training has been delivered to the Waste Management and grounds maintenance Divisions.

Face fit testing on Highways, Vehicle Workshop, Street Cleansing and Waste Management has been carried out with further testing to be done later in 2018.

Training in all the subjects listed above will continue as training needs demand.

Depot inspections are carried out on a quarterly basis. Training for Fire Wardens and First Aid for staff at the Depot is complete.

Fire risk assessments for all sheltered housing schemes have been carried out by Six Town Housing. All schemes deemed compliant but some recommended "best practice" actions. Sharon McCambridge has agreed 6<sup>TH</sup> will fund improvements through capital programme. Funding available to upgrade 2 fire alarm systems per year for the next 3 years.

Thorough incident investigations involving the above subjects will be carried out and action plans written to ensure legal compliance as a minimum.

## **Resources and Regulation – 2017**

The Departmental Policy arrangements are published on the Intranet and continue to underpin the work activity across the Department.

The Departmental Group continue to meet quarterly to:

- ✓ Share information / best practice / lessons learnt;
- ✓ Review accident / incident statistics;
- ✓ Discuss any concerns / issues that may impact upon the Department;
- ✓ Foster a culture of high regard and ownership of health and safety matters across the Department, at all levels.

A review of the arrangements for Building User Groups is ongoing. Building User Groups will be tasked with sharing best practice and co-ordinating any issues that may impact on the numerous services that share accommodation, cutting across Departmental boundaries.

The Department continues to work closely with the Department for Communities and Wellbeing to address site specific health and safety issues in respect of the Bradley Fold Depot, which is a jointly occupied workplace. In recent months joint funding was approved to purchase a defibrillator for the Depot, supplemented with relevant user training.

The standardisation of the Trade Union Consultation Framework included Health and Safety issues, updates, lessons learnt to also be discussed, as a standard item at quarterly Departmental Joint Consultative Committees; therefore reinforcing the Department's commitment to Health and Safety priorities at the highest level, alongside trade union colleagues.

Following the closure of the Development & Training Centre at Seedfield, the Business Support Team of the Department are now responsible for monitoring and organising First Aid Training, under the direction of the Departmental H&S Co-ordinator.

Finally, service specific audits are continuing, in line with the Departmental scheduled plan of audits. Recommendations will be addressed via action plans, under the responsibility of the relevant Head of Service.