

The Highland Council
Finance, Housing and Resources Committee – 9 October
2013

Agenda Item	23.
Report No	FHR/ 138/13

The Highland Council – Annual Health and Safety Report 2012-2013

Report by Assistant Chief Executive

Summary

This report outlines the Council's health and safety performance and achievements for the period 1 April 2012 to 31 March 2013 and sets out the programme for the next 12 months.

1. Background

- 1.1 The Highland Council's Health, Safety and Wellbeing Policy incorporate a commitment to the production of an annual report on its health and safety performance in line with the targets set out in the Government's "Revitalising Health and Safety Strategy".
- 1.2 The format of this report follows guidance published by the Health and Safety Executive and addresses the following key areas:
 - I. Health and Safety Principles
 - II. Health and Safety Targets
 - III. Health and Safety Performance
 - IV. Plans for 2013/2014

2. Health and Safety Principles

2.1 Health and Safety Management System

- 2.1.1 The Council's Health and Safety and Wellbeing Policy was updated and re-issued in 2011 and is available on the Council's website. The policy will be revised and reissued following the appointment of a new Chief Executive.
- 2.1.2 A commitment was made in the 2010/11 annual report to conduct a gap analysis of the health and safety management system. As part of this review the following policy and guidance documents were introduced in 2012/13.
 - Fire safety management
 - Mental health and wellbeing
 - Health surveillance
 - Lone working
 - Management of Radon
 - Health and safety training

2.1.3 The review of the health and safety management will continue throughout 2013/14 with a focus on providing management guidance on health and safety issues, including:

- Accident reporting and investigation
- Use of display screen equipment
- Health and safety in procurement
- Management of stress
- Occupational health issues

2.1.6 The full range of health and safety policies and guidance can be accessed via the Council's intranet: <http://ntintra1/persintra/health&safety/health&safety.htm>

2.2 Plans

2.2.1 The Council was committed to meeting the Government's Revitalising Health and Safety Targets by 2010). The Council exceeds the original targets and continues to improve (see section 4.4). The Health and Safety Executive (HSE) reviewed their targets in 2010 - organisations should be aiming for an 11% reduction in fatal and major injuries and a 22% reduction in work-related ill-health by the end of April 2011. The HSE decided not to continue with their target of working days lost due to accidents as a result of the difficulty in obtaining the information. However, we still report on these internally and use the information as a basis to track continuous improvement.

2.2.2 All Services are expected to demonstrate continuing commitment to the improvement of health and safety standards through the development of Service specific policies, guidance, risk assessments and action planning. Details of Service Plans are on the Council's Intranet site under Service Management. Each Service will submit a Service specific annual health and safety report to the Central Safety Committee in line with the Council's Health, Safety and Wellbeing Policy.

2.3 Consultation

2.3.1 The Central Safety Committee (made up of Elected Members and Trade Union health and safety representatives) meets on a quarterly basis to consider policy development and issues raised by Area Health and Safety Groups (staff and trade unions) that are of a corporate nature or require escalation. Health and Safety Groups have been established in each of the 3 Council's Operational Areas to monitor the implementation of the Health, Safety and Wellbeing Policy.

2.3.2 Teaching Unions are currently not represented at the Central Safety Committee but health and safety is a standing item on the agenda of the Local Negotiating Committee for Teachers. Teaching Unions are also represented at the TU health and safety liaison group.

- 2.3.3 Services have established their own Service specific Health and Safety groups to improve the process of communication and consultation on Health and Safety issues.

3. **Health and Safety Targets**

Two Health and Safety targets have been established and the following tables indicate progress to date.

Target	Progress
Improve occupational health provision	RS Occupational Health was appointed in August 2011 to provide occupational health services to the Council. The contract is monitored by the Central Safety Committee where quarterly reports are submitted. Recent developments include the introduction of a physiotherapy service.
To train an additional 30 trade union safety representatives by 31 March 2015.	This target has been met. Further training has been scheduled for 2013/2014.

4. **Health and Safety Performance**

4.1 **Health and Safety Training**

- 4.1.1 The following table indicates the level of health and safety training delivered by both the Employee Development and Health and Safety teams:

Course title	2012/2013	Trend
First Aid Certificate	56	↑
First Aid Certificate Refresher	77	↓
Emergency First Aid	437	↑
Moving and Handling (People)	262	↓
Evac chair	76	↑
Wheelchair tie-down and occupant restraint	58	↑
Ski pad	42	New
Fire Extinguisher Training	217	↑
Headteachers workshop	60	New
Lone Working	9	New
Management of Health and Safety and Property	30	↓
Management of Stress	21	↑

Mini-Bus Assessments	81	↓
Manual Handling	30	↓
Risk Assessment	94	↓
Stress Awareness	66	↑
Violence at Work	68	↑
Health and safety – management responsibilities	8	New
TECS Health and safety refresher/updates	332	↓
Elected members training	9	New
Violence and aggression system	28	New

4.1.2 These figures show a general increase in health and safety training, reflecting the on-going commitment to health and safety by Services.

4.1.3 A number of health and safety e-learning courses were launched on 2012/13 and 646 staff have accessed these courses which include:

- Working with computers
- Health and safety files (construction)
- Snow clearing
- Mentally healthy workplaces

4.1.4 Other courses in development (with the support of the Employee Development Team) include:

- Preventing violence at work (launched August 2013)
- Principles of manual handling
- Asbestos awareness
- Managers' health and safety responsibilities
- Stress management
- Principles of fire safety
- Health and safety induction
- Occupational health

4.1.5 HSC have continued to provide CALM (Crisis Aggression, Limitation and Management) training to key staff working in residential child care. A total of 72 staff were trained during the period to which this report relates.

4.2 Health and Safety Involvement and Enforcement

4.2.1 Health and safety within the Council is enforced by the Health and Safety Executive (HSE). Any unsafe practice can result in advice, enforcement action [such as the serving of an Improvement Notice (where issues must be rectified) or a Prohibition Notice (where the situation is deemed so unsafe that the work must be halted immediately and cannot restart until the issue is rectified)] or prosecution. This section details those incidents where there has been HSE involvement and any subsequent action required.

- 4.2.2** The Health and Safety (Fees) Regulations 2012, which became law on 1st October 2012, introduced a new and 'real' threat of the Council receiving financial penalties where health and safety management failings are identified by the Health and Safety Executive (HSE). This new legislation directs the HSE to recharge the council for all their costs relating to an intervention, where a material breach is identified (no prosecution/notice necessary).
- 4.2.3** In May 2011 the Council was served with an Improvement Notice as HSE requests for Health and Safety Files on a construction project were not fulfilled. These files are a legal requirement for all notifiable projects and include important information on health and safety hazards. A central repository for such files which can be accessed by relevant personnel and contractors was developed by HAPS and external contractors. A e-learning module on the importance of the files and how to use the system was also rolled out prior to 26 October 2012 (the date for compliance with this notice) but the notice has not yet been formally lifted by HSE.
- 4.2.4** There has been no enforcement action taken on the Council since May 2011.

4.3 Other Developments

- 4.3.1** The occupational health contract with RS Occupational Health (RSOH) has resulted in shorter lead-in times for appointments and managers are receiving reports in a timely fashion. Quarterly reports are submitted to the Central Safety Committee and to Directors giving information on the uptake of the Service in terms of both absence management and health surveillance. As part of this service, a physiotherapy service has been introduced following a pilot exercise with TECS. The service is aimed at those who have suffered musculoskeletal injuries at work or where musculoskeletal problems are restricting someone fulfilling their duties.
- 4.3.2** The health, safety and wellbeing pages on the Intranet have been updated and refreshed. Access to these pages is now available from the home page and the information is grouped in a more user-friendly manner. A section of Frequently Asked Questions has also been introduced. Statistics show that there is considerable usage of this site and we will continue to improve it.
- 4.3.3** A new policy and guidance document on Managing Mental Health in the workplace was launched in 2013. To assist managers implement this policy a new course on Mentally Healthy Workplaces was launched for all managers. The training aims to:
- Give a broader understanding of mental health/mental health problems
 - Identify the key factors that contribute to a mentally healthy workplace
 - Increase awareness of mental health problems in the workplace
 - Improve confidence in dealing with mental health and well-being in the workplace
 - Increase understanding and awareness of the legislation that relates to mental health

- 4.3.4** A mental health awareness e-learning course for all staff has also been launched.
- 4.3.5** To support the Policy and Guidance on Prevention of Violence and Aggression in the Workplace which was issued in February 2012, awareness courses and training on preventing violence at work. The policy/guidance introduced a dedicated phone line for staff to report incidents of this nature, all of which are investigated by management. Violent Warning Markers are places against those whose behaviour causes concern about the health and safety of staff who come into contact with them.

4.4 Accident Statistics

- 4.4.1** This section relates to incidents to employees reported to the health and safety team during the period 1 April 2012 – 31 March 2013 (see also Appendix 1 and Appendix 2).
- 4.4.2** There were 746 accidents to employees reported in this period, a slight increase from the 691 accidents in the previous 12 months and in due, in the main, to better reporting of accidents. Total working days lost as a result of these accidents increased from 467 to 595. In spite of these increases, the number of major and over-7 day accidents fell from 28 to 16 in the same period continuing the trend from previous years, leading to a big reduction in the Accident Injury Rate (AIR) from 356 to 158 (see table below).
- 4.4.3** Of the 746 accidents to employees the majority were as a result of physical and verbal acts of violence against staff in Education, Culture and Sport (455 incidents, 61% of the total number of incidents reported for all Services). ECS are working on a number of initiatives to address violence and aggression in schools, including specialist risk assessments, training and awareness raising.
- 4.4.4** A total of 523 acts of violence were reported for this period, which is an increase from the 311 of last year. It is thought that the increase in reported incidents of violence and aggression is due to the promotion of a new policy and guidance on managing violence at work which included a dedicated incident reporting phone number.
- 4.4.5** Slips/trips/falls and manual handling are the next two main causes of accidents at 9% and 8% of accidents respectively.
- 4.4.6** Services are required to continue to investigate the root causes of all accidents and draw up action plans in order to reduce or eliminate these types of accident.

4.4.7 The following table compares this period's results with earlier years:

	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
Total employee accidents	677	665	606	779	845	701	691	746
Fatalities	0	0	0	0	0	0	0	0
Working days lost	1309	1330	741	1136	990	838	467	595
Major injuries	12	7	6	8	4	9	2	1
Over 7 day injuries	66	44	37	64	38	27	26	15
Total reportable to HSE	78	51	43	72	41	36	28	16
Accident Injury Rate (AIR)**	619	425	344	576	424	368	356	158

* Revitalising benchmark year

** AIR = (reportable injuries/no. employees)*100,000

4.4.8 The HSE have amended the reporting requirements for accidents at work. As of 1 April 2012 accidents which resulted in over seven days absence (not counting the day of the accident) are to be reported rather than the previous requirement to report over three days absence.

4.5 Accident Reduction Targets

4.5.1 The HSE set out accident reduction targets in 2010 in their Revitalising Health and Safety Strategy.

- reduce fatal and major injuries by 11%
- reduce work related ill health by 22%

4.5.2 The Council has met the HSE's target for fatal and major injuries and far exceed the target for working days lost. The HSE are not going to re-issue targets but the Council will strive for a continuous reduction in accident rates.

4.5.3 The Council's overall sickness absence rate forms one of the statutory performance indicators monitored by Audit Scotland. In the most recent report (2011/12) the Council was ranked 16th for teachers' absence and 4th for all other employees' absence compared with other Scottish local authorities.

5. Health, Safety and Wellbeing Plan for 2013/2014

	Action	Responsibility	Target Date	Update
5.1	Develop health safety and wellbeing performance indicators.	Health, safety and wellbeing team	Dec 2013	Consider indicators at team, Service and Corporate level. Present to WBM and then to Central Safety Committee. Outcome: Suite of agreed health and safety performance indicators in place
5.2	Continue to promote the new health, safety and wellbeing team across the Council and support and advise Services on health, safety and wellbeing issues.	Health, safety and wellbeing team	March 2014	This will be achieved by regular discussions with Service Senior Management Teams and attendance at all Area and Service health and safety working groups. Outcome: improved health and safety standards
5.3	Continue to manage the occupational health service contract and develop further guidance and information to assist managers and employees access the service.	Health, safety and wellbeing manager	March 2016	Continue to meet with Personnel and Occupational Health on a monthly basis. Produce quarterly management information report. Publish e-learning on occupational health Outcome: More informed referrals which will lead to more pertinent reports back from OH.
5.5	Complete the health and safety documentation and training gap analysis .	Health, safety and wellbeing team	March 2014	Regular updates will be presented to the Central Safety Committee. Outcome: Revised, up to date, legally compliant health and safety management system in place. Robust health and safety training programme available.
5.6	Continue to work closely with the health and safety teams in other local public sector organisations to ensure a best practice approach, share of resources and explore joint training initiatives.	Health, safety and wellbeing manager	March 2014	3 meetings a year are scheduled for this group. Outcome: Improved use of resources.

5.7	Address the HSE priority areas.	Health, safety and wellbeing team	March 2014	<p>Develop tools to encourage and engage in the following areas:</p> <ul style="list-style-type: none"> • Leadership • Competence • Involving the workforce • Creating safer, healthier workplaces <p>Outcome: Improved health and safety standards</p>
5.8	Contribute to the reduction of sickness absence via advice and support, implementation of the new occupational health contract and raising the health agenda with employees	Health, safety and wellbeing manager	March 2014	<p>Look at available data re appropriateness and timings of referral to see if/where improvements can be made</p> <p>Conduct audit of review appointments</p> <p>Conduct review of referral and appointment times</p> <p>Outcome: Reduction in absence rates</p>
5.9	Train 30 TU reps between 2012-2015	Health, safety and wellbeing manager	March 2015	<p>Publish training dates for TUs</p> <p>Outcome: Competent TU health and safety reps</p>
5.10	Achieve HSL Gold Award	Health, safety and wellbeing manager	October 2013	<p>Send out health assessment</p> <p>Outcome: Achieve Gold Award</p>
5.11	Achieve HSL Mental Health Award	Health, safety and wellbeing manager	October 2013	<p>Develop policy on mental health in the workplace</p> <p>Develop training for managers</p> <p>Outcome: Achieve Mental Health Award</p>

6. Implications

- 6.1** Resource and Legal Implications - Failure to follow health and safety legislation can lead to enforcement action by the Health and Safety Executive (HSE) which can range from the serving of an Improvement Notice to Court Proceedings. HSE intervention is now charged at a cost of £124 per hour. Failure to ensure staff safety can also lead to legal action against the Council.
- 6.2** There are no Equalities, Climate Change/Carbon Clever implications arising from this report.

7. Recommendations

- 7.1 The Finance, Housing and Resources Committee is asked to:
- note the achievements for 2012/2013, and
 - approve the health and safety plan for 2013/2014.

Signature:

Designation: Assistant Chief Executive

Date: 26 September 2013

Author: Gena Falconer, Health, Safety and Wellbeing Manager

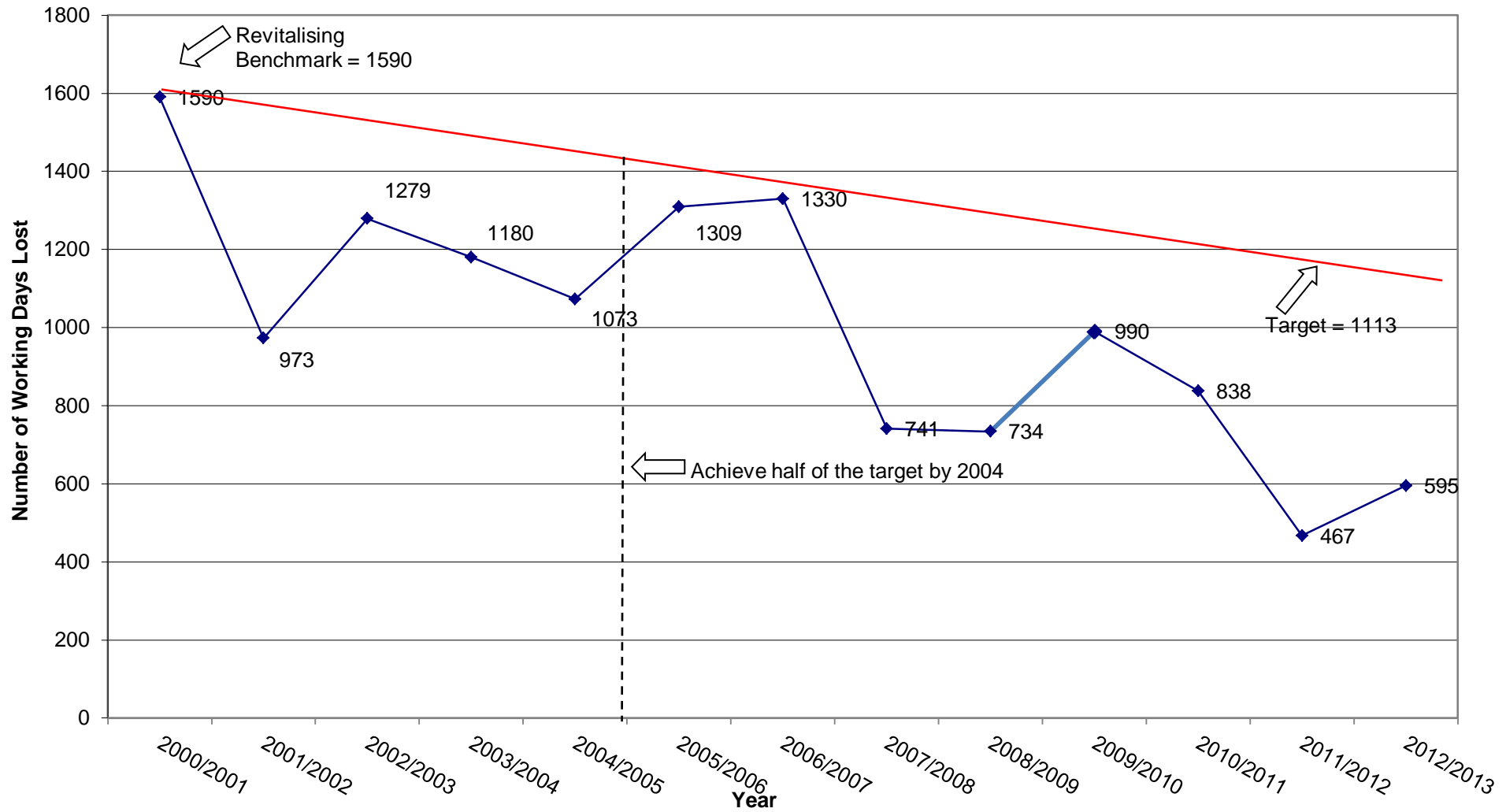
Background Papers:

ACCIDENT/INCIDENT REPORTS
1 APRIL 2012 – 31 MARCH 2013

SERVICE	INVERNESS, NAIRN, BADENOCH, STRATHSPEY	CAITHNESS, SUTHERLAND AND EASTER ROSS	ROSS, SKYE AND LOCHABER	TOTAL
CHIEF EXECUTIVE'S	17	8	3	28
EDUCATION, CULTURE AND SPORT	378	89	113	580
FINANCE	1	0	0	1
HOUSING AND PROPERTY	20	5	23	48
PLANNING	1	1	0	2
TECS	37	13	23	73
HEALTH AND SOCIAL CARE	6	6	2	14
TOTAL	460	122	164	746

Total number of accidents = **746** (Total for 11/12 = 691)
Number of F2508 (Major and over 7 day absences) accidents = **16** (11/12 = 28)
Total number of working days lost = **595** (11/12= 467)

Working Days Lost (Original Revitalising Target: reduce by 30% by 2010)



Major Injury Incidents

(Original Revitalising target: reduce by 10% by 2010)

