

## Barnsley Metropolitan Borough Council Health, Safety and Emergency Resilience Report 2016/2017

### Executive Summary

The year April 2016 to March 2017 has seen further improvements in the Council's health, safety and emergency resilience performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2016/2017 are shown below (with comparative data for 2015/2016 shown in parentheses):

- A decrease in accidents reported to 151 (159) accidents (accompanied by an increase in the reporting rate to around 100%).
- A decrease in specified [major] injuries to 0 (2).
- The majority (96%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety
- A decrease in days lost due to accidents to 323 (721) days
- An decrease in RIDDOR recordable accidents to 14 (27) with 14 (25) over three day injuries; 7 (20) over seven day injuries and 0 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
- An improvement in compliance with requirements to develop risk assessments to 74% (66%) – (77% corporately and 69% in schools)
- A decrease in the number of employer's liability claims to 23 (33) with 11 (14) related to accidents and 12 (19) to work related ill health

However, some negative indicators are also seen:

- An increase in reports of violence and aggression reported to 205 (200) incidents
- An under-reporting of near miss accidents

Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them:

Opportunity for improvement 2016/2017	Proposed action in 2017/2018
1. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.
2. Despite improvement made percentage completion of risk assessments remains lower than optimal – this is the corner-stone of sound health and safety management	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls.
3. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management	Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.
4. Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. The provision of essential public services is not an

	<p>acceptance that employees should be exposed to violence and aggression. To reinforce this the Council has adopted a 'zero tolerance' policy with the Council to always seeking, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.</p>
<p>5. Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service</p>	<p>Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course. The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.</p>
<p>6. The resilience of Business Units to support the Council's response to an emergency</p>	<p>A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan. Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.</p>
<p>7. Need for increased volunteer numbers to support the Council's response to an emergency</p>	<p>Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.</p>

Despite these negatives, reflecting the Council's overall performance in this area, the Council has not experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue and achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience.

This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health, safety and emergency resilience function.

## Contents

Executive summary	1
List of Figures	5
1. Introduction	6
2. Health, safety and emergency resilience commentary	
2.1 Health, safety and emergency resilience management	7
2.1.1 Policy	8
2.1.2 Planning	9
2.1.3 Implementing and operation	9
2.1.4 Checking and corrective action	9
2.1.5 Management review	10
2.2 Health, safety and emergency resilience advice	10
2.3 Health, safety and emergency resilience targets 2016/2017	12
2.4 Consultation with employees with regard to health, safety and emergency resilience	12
2.5 Health, safety and emergency resilience targets for 2017/2018	12
3. Health and safety performance	
3.1 Accidents and incidents	14
3.1.1 Accident analysis	14
3.1.2 Aggression and violence analysis	21
3.1.3 Incident analysis	24
3.1.4 Safety observation analysis	24
3.1.5 Specified (major) injury analysis	24
3.2 Work related ill health	24
3.3 Cost of accidents to and ill health associated with work in employees	25
3.4 Risk assessment	26
3.5 Enforcement action against the Council	29
3.6 Occupational road risk issues	29
3.7 Health and safety audits	29
3.7.1 Health and safety audits of Council services	29
3.7.2 Health and safety audits of secondary, through schools and special schools	30
3.7.3 Health and safety audits of primary schools	31
3.8 Comparison of health, safety and emergency resilience targets with health and safety performance	32
3.9 Awards presented to the Council during in recognition of its health, safety and emergency resilience performance	35
4. Overview of the undertakings of the Health, Safety and Emergency Resilience Service	
4.1 Introduction/service context	37
4.2 Work programme and initiatives for 2016/2017	37
4.2.1 Active work programme	37
4.2.2 Reactive work programme	41
4.3 Health and safety training	41
4.4 Provision of statutory occupational health services	43
4.5 Traded health, safety and emergency resilience services	44
4.6 Work programme and initiatives for 2017/2018	44
5. Financial Services support and performance with regard to health, safety and emergency resilience	

5.1	Support for health, safety and emergency resilience initiatives	46
5.2	Employers' liability claims	46
6.	Health, safety and emergency resilience legislation review	47
7.	Conclusion	48

## List of figures

1.	Elements in the Council's occupational health and safety management system	8
2.	Support provided by the Health, Safety and Emergency Resilience Service	11
3.	Accident statistics by Directorate	15
4.	Incidents rates by Directorate	15
5.	Accident statistics and costs 2012/2013 to 2016/2017	18
6.	Causes of accidents	20
7.	Part of body injured in accidents	20
8.	Type of injury	20
9.	Incidents of violence and aggression by Directorate	22
10.	Types of incidents of violence and aggression by Directorate	23
11.	Part of body injured in incidents	23
12.	Types of injuries sustained in incidents of violence and aggression	23
13.	Comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2012/2013 to 2016/2017	25
14.	Responses provided to the question "had a risk assessment been carried out for the activity undertaken prior to the accident?" and the question "has a risk assessment been reviewed/developed for the activity undertaken after the accident?"	28
15.	Results of health and safety audits of services	29
16.	Issues identified by health and safety audits of services	30
17.	Results of health and safety audits of secondary, through and special schools	30
18.	Issues identified by health and safety audits of secondary, through and special schools	31
19.	Results of health and safety audits of primary schools	31
20.	Issues identified by health and safety audits of primary schools	31
21.	Planned service delivery by the Health, Safety and Emergency Resilience Service	38
22.	Reactive service delivery by the Health, Safety and Emergency Resilience Service	41
23.	Health and safety related training provided by the Health, Safety and Emergency Resilience Service	42
24.	BOLD training	42
25.	Occupational Health services commissioned	43
26.	Employers' liability claims 2012/2013 to 2016/2017	46
27.	Analysis of ongoing employers' liability claims	46

## 1 Introduction

Performance management is integral to good business practice. The aim of this annual Health, Safety and Emergency Resilience Report is to assist in the continuous improvement of health, safety and emergency resilience within the Council. The Report's associated objectives are to:

- Provide a commentary on health, safety and emergency resilience within the Council
- Detail the Council's health and safety performance
- Outline the work undertaken throughout 2016/2017 by the Health, Safety and Emergency Resilience service
- Provide a brief overview of the activities of the Council's Financial Services as they relate directly to the health, safety and emergency resilience function

The Health, Safety and Emergency Resilience Service extends its thanks to the Financial Services for their assistance and contribution to the compilation of this Report. In addition, the Health, Safety and Emergency Resilience Service extends its gratitude to all Directorates, Business Units, Services and employees at all levels for their continued efforts, assistance and contribution to the Council's health, safety and emergency resilience record.

## 2 Health, safety and emergency resilience commentary

### 2.1 Health, safety and emergency resilience management

There are legal, moral and business reasons for managing health and safety in a suitable and sufficient manner. The overall health and safety function within the Council involves all employees at all levels. United Kingdom health and safety legislation requires organisations to ensure the health, safety and welfare of their employees and others who may be affected by their work activities. The general duties are contained within the Health and Safety at Work etc Act 1974. The Management of Health and Safety at Work Regulations 1999 reinforce the general duties contained within the 1974 Act. As their name suggests these Regulations relate directly to the management of health and safety and require that various measures be taken. The Regulations detail requirements for arrangements to be in place to manage operations with regard to health and safety. The Health and Safety Executive develop and issue 'Approved Codes of Practice' that detail how organisations can comply with their corresponding Regulations.

By its nature work cannot be entirely hazard free. However, it can be managed to minimise risks and the effects on employees and the Council. Therefore the Council needs robust management systems to ensure that it manages health, safety and emergency resilience in an appropriate and proportionate manner.

In a similar manner to health and safety, there are legal, moral, and business reasons for managing emergency resilience. The Civil Contingencies Act 2004, places duties on the Council as a Category 1 responder to emergencies, which are defined as:

*“An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK”.*

The duties placed on the Council are to:

1. Assess local risks and use this to inform emergency resilience arrangements/management
2. Put in place emergency plans
3. Put in place business continuity management arrangements
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
5. Share information with other local responders to enhance co-ordination
6. Co-operate with other local responders to enhance co-ordination and efficiency
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management.

The Council has a fully documented health and safety management system that also encompasses emergency resilience, which is based on the nationally accepted standards produced by the Health and Safety Executive (HSE) (HSG65 '*Managing for health and safety*') and the British Standards Institution (BS 18001:2007 '*Occupational health and safety management systems - specification*'). In November 2016 the Health, Safety and Emergency Resilience Service's accreditation to the British Standard for occupational health and safety management BS OHSAS 18001:2007 – Occupational Health and Safety Management Systems – Specification was once again confirmed for application of the Council's occupational health and safety management system. The system follows the basic management process of 'plan-do-check-act' and comprises the following elements:

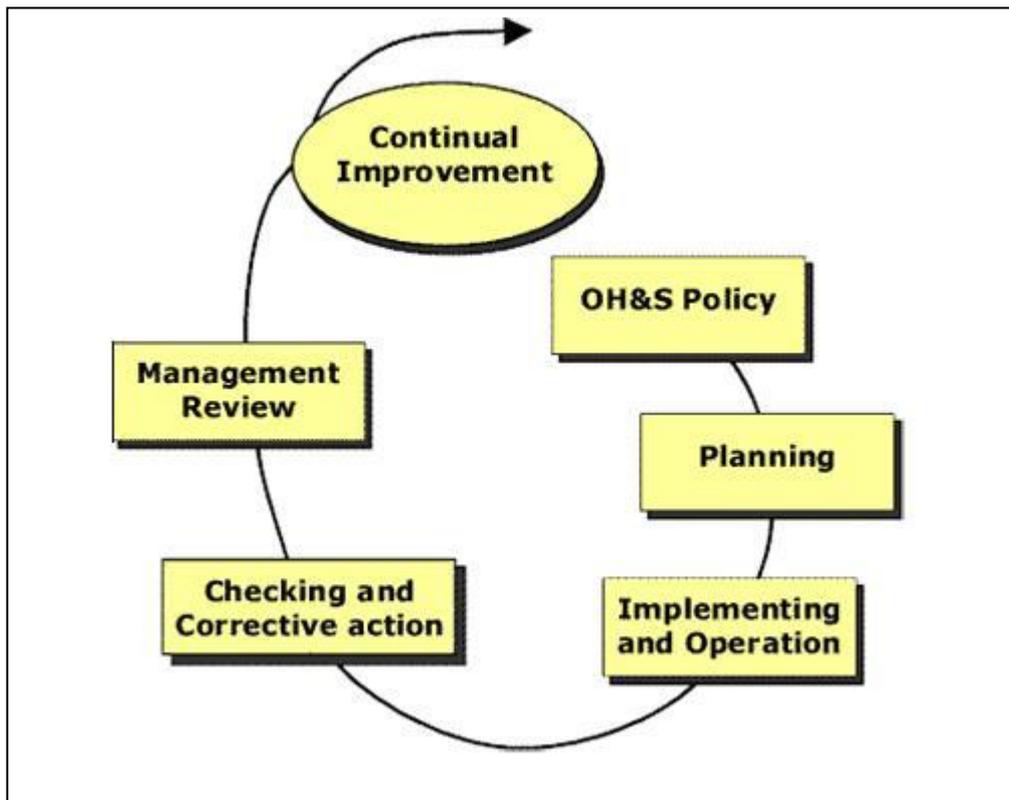


Figure 1: elements in the Council's occupational health and safety management system

The topics covered by the Council's occupational health and safety management system, comprise a full A to Z.

### 2.1.1 Policy

The Council's Corporate Health and Safety Policy sets a clear direction for the Council to follow. It details responsibilities and provides a framework for continuous improvement. Directorates endorse the Corporate Health and Safety Policy to set the clear direction for the Directorate to follow.

The Council's Chief Executive and Senior Management Team endorse the Corporate Health and Safety Policy. Health and safety is a standard agenda item on all senior and other management team meetings. Senior managers attend forums where the workforce and their representatives are involved in the management of health and safety, with the Council's Joint Employees' Consultative Committee (JECC) receiving a health and safety briefing at each meeting. The Council's decision-making process includes specific and explicit requirements to include health and safety and risk management in all Council decisions. Both Cabinet and the Senior Management Team consider these requirements when debating and deciding upon their actions.

## 2.1.2 Planning

Health and Safety Standards produced by the Health, Safety and Emergency Resilience Service provide an effective performance management structure for delivering the Corporate Health and Safety Policy. The Standards outline the key management requirements for the element of health, safety and emergency preparedness (e.g. first aid). Subsequently the Standards introduce the topic concerned by explaining the topic, outlining the risks associated with it, providing hyperlinks to the HSE guidance where appropriate, and giving a brief overview of the legal requirements.

Based on the Health and Safety Standards, Directorates, Business Units and Services (as appropriate) develop and maintain their own Management Procedures. The Management Procedures detail how health and safety is managed operationally within the Directorate, Business Unit or Service. Managers refer to the Health and Safety Standards and their Directorate, Business Unit or Service Management Procedures for specific guidance on the management of health and safety for the activities and workplaces for which they are responsible. A template for the production of Management Procedures is provided with each Health and Safety Standard, which are all available from the health and safety web pages on the intranet.

## 2.1.3 Implementing and operation

The procedures and guidance produced by the Health, Safety and Emergency Resilience Service enable managers to follow a planned and systematic approach to implementing the health and safety policy through an effective management system. The aim of the occupational health and safety management system is to minimise risks by a process of elimination or control. The Health and Safety Standards provide managers with guidance on the key activities for managing elements of health and safety, and form the basis of a system for individual managers to manage health and safety in their own areas of responsibility. A range of risk assessment templates are available to assist risk assessors in the completion of general occupational risk assessments and specific supporting assessments for specific hazards such as personal safety and manual handling.

## 2.1.4 Checking and corrective action

Active self-monitoring is essential in enabling managers to measure their health and safety performance. Compliance Scoring Sheets provide managers with a simple checklist to monitor their compliance with regard to various elements of health, safety and emergency resilience, and identify where opportunities for improvement exist. The scoring sheets:

- Are topic specific
- Reflect the requirements of the Health and Safety Standard
- Are self regulating and measured (managers set their own monitoring programme and measures the performance of their own systems and procedures)
- Are simple (yes/no answers and a percentage scoring system)
- Are comparative to show where improvement has been made or opportunities for improvement exist
- Are auditable

Managers implement a programme of active monitoring using the Compliance Scoring Sheets. To additionally actively monitor health and safety performance the workplace inspection sheet produced by the Health, Safety and Emergency Resilience Service allows managers to visually inspect their work areas for defects and examples of good practice. Managers are required to develop and implement a programme of workplace inspections.

## 2.1.5 Management review

The arrangements for periodic and systematic auditing by the Health, Safety and Emergency Resilience Service enable the Council to learn from experience and share best practice. The Council acknowledges the many stakeholders in the overall health, safety and emergency resilience function and ensures that health and safety management is integral to the overall management of the organisation. The Council provides comprehensive guidance to its managers and employees regarding health and safety management. To enable Directorates, Business Units and Services and their managers to effectively manage health and safety appropriate guidance is required to inform them of the legal and best practice (the spirit of the law) requirements they need to meet, and, more importantly, how to meet them. This need is fulfilled by the Council's health and safety management system – the overall aim of which is continual improvement.

## 2.2 Health, safety and emergency resilience advice

The Council's Health, Safety and Emergency Resilience Service provides the statutory 'Competent Person' service that imparts comprehensive advice and assistance to the Council and external organisations on:

- Health and safety (including health surveillance)
- Civil contingencies/emergency resilience (emergency planning, response and recovery and business continuity)
- Fire safety (from April 2015 the service provision for fire safety altered within the Service. The level of service provided reduced from the level of member of a professional fire safety body to that of a technician. Therefore, the scope of the work undertaken by the Service is part of the general provision of health and safety advice rather than a dedicated fire safety resource, and is limited to lower risk premises. This does not negate the need for advice regarding higher risk premises therefore this advice is commissioned by services as necessary).

The Service employs professional Chartered Health and Safety Practitioners (through the Institution of Occupational Safety and Health (IOSH), Europe's leading professional body for health and safety). In order to maintain and extend its competence the Service is:

- Registered with BSI as meeting the requirements of BS OHSAS 18001:2007 – Occupational health and safety management systems – requirements
- An IOSH accredited training centre for Managing Safely, Working Safely, Managing Safely Re-certification and Working with Environmental Responsibilities
- A corporate member of the Royal Society for the Prevention of Accidents (RoSPA), the British Safety Council and the Fire Protection Association

The service is fully comprehensive covering the areas described in Figure 2 overleaf:

The Council's Health, Safety and Emergency Resilience Service provides a 'Competent Person' service that imparts comprehensive advice and assistance on all aspects of:

- Health and safety
- Civil contingencies/emergency resilience
- Fire safety

The details of the service provided by each section are as follows:

### 1. Health and safety

- Provision of general and specific advice on health and safety matters (including the provision of general advice on the health and safety aspects of occupational health matters)
- Development and maintenance of the Council's and school's health and safety management system and policy
- Maintain/up-date the Council's Health and Safety Intranet site
- Audit and inspection of Council departments, services and schools
- Contractors' health and safety assessment scheme (CHAS) assessment of [local Barnsley based] contractors [with less than 5 employees] to the Council and schools and on-site monitoring of contractors
- Operation and maintenance of the Council's accident reporting systems and provision of accident investigation support following Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) incidents
- Consultation with employees via Joint Employees Consultative Committee (JECC) and local and Corporate Health and Safety Committees
- Development of the Council's Annual Health, Safety and Emergency Resilience Report
- Provide first point of contact for the Council with all enforcement agencies
- Support in undertaking specific risk assessments (e.g. COSHH, manual handling, noise and vibration)
- Delivery of information, instruction and training including provision of IOSH accredited Managing and Working Safely and Working with Environmental Responsibilities courses
- Provision of Radiation Protection Officer service to secondary schools
- The commissioning of health surveillance

### 2. Civil contingencies/emergency resilience

- Development and maintenance of the Council's Corporate Resilience Plan and Business Continuity Plan
- Maintenance of the Council's Corporate Emergency Control Room and 24/7 Emergency Incident Officer arrangements
- Provision of general and specific advice on emergency resilience matters
- Delivery of information, instruction and training and exercises
- Provision of incident investigation/review following emergencies

### 3. Fire safety (at the level of Technician Membership (TIFPO) of the Institute of Fire Prevention Officers<sup>1</sup>)

- Development of policies, procedures and standards relating to fire safety
- Provision of general and specific advice on fire safety matters
- Fire risk assessment and review (including assessment of the physical premises, operations carried out within the premises and fire safety strategy for the premises) of lower risk Council and school premises and advice on where higher level advice and support is required
- Provision of specific fire safety/awareness training for Fire Marshals and Fire Wardens

Figure 2: support provided by the Health, Safety and Emergency Resilience Service

<sup>1</sup> After successful completion of the course relevant to this level The Fire Service College (source: <http://www.fireservicecollege.ac.uk/courses/prevention-protection/fire-safety-management-and-fire-risk-assessment/>, accessed 16/09/2014) provide that delegates will be able to: 1) describe the legislative framework and the mechanism of enforcement of fire safety; 2) understand the generic principles of 'means of escape' and 'fire safety'; 3) appreciate the importance of structural fire protection; 4) evaluate the likely behaviour of building materials in a fire situation; 5) recognise the basic functions of fire alarms and emergency lighting; 6) advise on the selection and siting of fire fighting equipment and fire safety signs and notices; 7) recognise and interpret commonly used fire risk assessment methodologies; 8) conduct a fire risk assessment of a small building; 9) determine the appropriate action to secure compliance with the Regulatory Reform (Fire Safety) Order 2005; and 10) complete a fire risk assessment report.

## **2.3 Health, safety and emergency resilience targets 2016/2017**

Targets or goals for health, safety and emergency resilience within the Council are set both internally and externally. These targets range from demonstrable reductions in accidents to employees/work related ill health to the adoption of elements of the Council's health and safety management system. Internally, the Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. Each Business Unit and/or Service (as appropriate) will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.
4. All Business Units and/or Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans based on the new business continuity template.
5. All Business Units will produce a Business Unit Emergency Plan based on the new template.

## **2.4 Consultation with employees with regard to health, safety and emergency resilience**

The Council has corporate methods for involving all employees in health and safety management. As a hierarchy these forums are:

- Corporate Joint Employee Consultative Committees (comprising senior management and employee representatives, elected members and representatives of the Health, Safety and Emergency Resilience Service)
- Corporate Health and Safety Committee (comprising management and employee representatives and a representative of the Health, Safety and Emergency Resilience Service)

In addition there are departmental committees and the Health, Safety and Emergency Resilience Service involves managers' and employees' representatives in the development of management practices for the holistic health, safety and emergency resilience function.

## **2.5 Health, safety and emergency resilience targets for 2017/2018**

The targets for 2017/2018 are set by the Corporate Health and Safety Policy and remain:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. Each Business Unit and/or Service (as appropriate) will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

4. All Business Units and/or Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans based on the new business continuity template.
5. All Business Units will produce a Business Unit Emergency Plan based on the new template.

## 3 Health and safety performance<sup>2</sup>

### 3.1 Accidents and incidents

It is widely accepted throughout industry and commerce that the collation of accident, incident and ill health statistics can assist in improving health and safety within an organisation. These statistics can identify trends and once identified, measures can be put in place to reduce the incidence of accidents and incidents. Monitoring of performance allows the Council to improve its health and safety management system and risk control. The collation of accident data assists in ensuring that there is a systematic review of performance, based on data from the monitoring of the health and safety management system as a whole. Regular performance measurement ensures there is a strong commitment to continuous improvement involving the constant development of policies, systems and techniques of risk control. Performance is assessed by reference to the targets outlined above and comparison with national statistics. Please note that the move to Future Council in April 2015 means that comparison cannot be made between the former and current structures in terms of accident statistics from previous reports.

#### 3.1.1 Accident analysis

Figure 3 details the accidents reported in 2016/2017. From April 2012 the requirement for accident reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations was altered from accidents where the employee had over three days of absence due to the accidents, to over seven days of absence due to the accident. However, employers are still required to collate information on accidents where over three days of absence arose hence both for this and comparative purposes this data remains included in this report. From Figure 3 it can be seen that the total number of accidents reported in 2016/2017 for employees of the Council was 151. Of these:

- 14 resulted in the injured person being absent from work for more than 3 days and of these;
- 7 additionally resulted in the injured person being absent from work for more than 7 days.

In addition of the 151 reported accidents:

- 0 resulted in specified [major] injury.
- 23 resulted in the injured person being absent from work (resulting in 323 days lost).
- 60 resulted in first aid treatment being required.
- 28 resulted in medical treatment being required following the accident.

It is useful for organisations, or departments within organisations, to compare their health and safety performance with others. Obviously, no two departments are identical in terms of size (or indeed nature of work) and therefore a method of calculation is needed that removes the size differences to allow comparisons to be made. This is achieved by calculating the 'incident rate', as shown in Figure 4. When interpreting the data in Figure 4 it is essential to bear in mind the following points:

1. The accident definition being used: the Council's figures include accidents where no physical injury occurred. The Health and Safety Executive's national figures only include statutorily reportable accidents where major injury (e.g. fracture other than to fingers or toes) or injuries resulted in absences over 7 (formerly 3) days.
2. Employees and the nature of their work vary throughout the Council and nationally. Variations may be to such an extent that it is not appropriate to make comparisons. For example,

---

<sup>2</sup> Performance data for 2016/2017 excludes employees in schools where the Council is not the employer (academies, church schools etc.) and other Council associated organisations (Berneslai Homes, NPS(Barnsley)).

comparing the incident rate of manually based services and predominantly office based services.

The incident rate is calculated by using the following formula:

$$\text{Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}} \times \text{Unit Number of Employees (1000)}$$

Directorate	Reported accidents	Lost time accidents	Over 3 day accidents	Over 7 day accidents	Specified [Major] injury accidents	First aid accidents	Medical treatment accidents (where the employee attended hospital or their GP)	Days lost due to accidents
<b>Communities</b>	47	5	3	0	0	16	6	28
<b>People</b>	18	0	0	0	0	9	0	0
<b>Place</b>	24	5	5	2	0	7	4	119
<b>Core</b>	3	0	0	0	0	1	0	0
<b>Public Health</b>	0	0	0	0	0	0	0	0
<b>Primary Schools</b>	37	7	5	4	0	16	5	116
<b>Secondary Schools</b>	19	6	1	1	0	10	7	60
<b>Through School</b>	3	0	0	0	0	0	1	0
<b>Special Schools</b>	0	0	0	0	0	0	0	0
<b>Total/Overall</b>	<b>151</b>	<b>23</b>	<b>14</b>	<b>7</b>	<b>0</b>	<b>59</b>	<b>23</b>	<b>323</b>
<i>2015/2016</i>	<i>159</i>	<i>37</i>	<i>25</i>	<i>20</i>	<i>2</i>	<i>39</i>	<i>34</i>	<i>721</i>

Figure 3: accidents statistics by Directorate

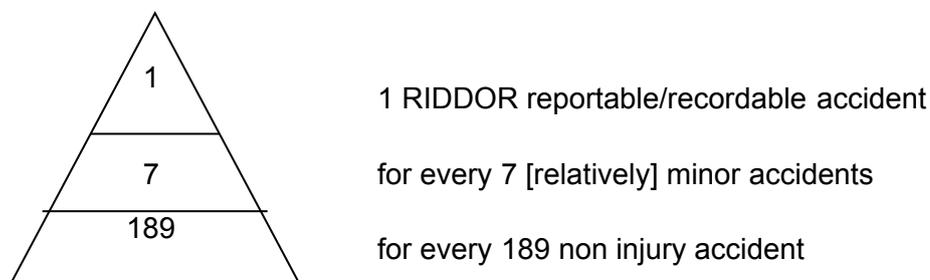
Directorate	Incident rate per 1,000 employees	Over-three day accidents incident rate per 1,000 employees	Over-seven day accidents incident rate per 1,000 employees	Specified [Major] injury incident rate per 1,000 employees	RIDDOR accident rate per 1,000 employees
<b>Communities</b>	66.6	7.1	0	0	0
<b>People</b>	24.5	0	0	0	2.7
<b>Place</b>	26.4	5.5	2.2	0	2.2
<b>Core</b>	4.6	0	0	0	0
<b>Public Health</b>	0	0	0	0	0
<b>Primary Schools</b>	17.3	2.3	1.9	0	1.9
<b>Through School</b>	15.3	0	0	0	0
<b>Secondary Schools</b>	18.5	0	1.0	0	1.0
<b>Special Schools</b>	0	0	0	0	0
<b>Total/Overall</b>	<b>23.4</b>	<b>2.2</b>	<b>1.1</b>	<b>0</b>	<b>1.1</b>
<i>2015/2016</i>	<i>25.8</i>	<i>3.9</i>	<i>3.2</i>	<i>0.3</i>	<i>3.6</i>

Figure 4: incident rates by Directorate

The Health and Safety Executive's (HSE) have previously published 'accident ratios' that relate numbers of accidents in one category to the number of accidents in another. The three categories used are:

1. Reportable injury (major or over 7-day lost time injury (major injury where a serious injury occurred, as defined under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, for example a broken leg; over 7-day lost time injury where an injury resulted in the employee being absent from work for over 7 days (excluding the day of the accident). Both these types of injury are reportable to the HSE under RIDDOR 2013 (if reported to HSE as a major injury, the accident, where applicable, is not additionally reported as an over 7-day injury). For comparative purposes, and in the absence of revised ratios, also included in this category are the formerly reportable and now solely recordable over 3 day accidents.
2. Minor injuries (accidents where an injury occurred which resulted in the employee being absent for 3 days or less or those resulting in no time lost).
3. Non-injury accident (accidents that did not result in injury and are also referred to as 'near miss' accidents)

The accident ratios previously used by the Health and Safety Executive are:



From the above triangle it can be seen that for every 1 RIDDOR reportable accident, 7 minor injury accidents would be expected. The above ratios can be applied to the Council's accident figures for 2016/2017 and show that 14 formerly reportable accidents occurred corresponding to 98 minor injury accidents indicating that the reporting of accidents in 2016/2017 is statistically in excess of 100% and whilst this gives a degree of confidence in the level of accident reporting within the Council it would be unreliable to assume that all accidents are reported.

Figure 5, overleaf, shows the overall incident rate for accidents in the Council from 2012/2013 to 2016/2017. Figure 5 also shows the overall decreases made over the years in total numbers of accidents, over three day accidents, number of days lost due to accidents and the cost of accidents (see Section 3.7 for further details regarding costs of accidents). The Health and Safety Executive (HSE) collate and produce national statistics for health and safety. In 2016/2017 the Council's over seven day incident rate (1.1) is below the national incident rate published by the Health and Safety Executive (4.12) - see Figure 5. Based on data in Figure 5 it may be anticipated that looking further ahead the Council's incident rate will remain below that of the Health and Safety Executive. However, it must be noted that *any* projection is based on data available, and that whilst it is envisaged that the downward trend in accidents (and consequently lost time) may continue, some fluctuation in accident numbers and rates should be expected (albeit acknowledging that whilst the Council employs people and continues to directly provide a full range of services, there will be accidents and ill health and therefore a natural plateauing of performance should be expected).

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made where a member of the public (such as a school pupil) is injured in an activity relating to the employer's undertaking *and* is taken directly to hospital following the

accident. In 2016/2017 **6** such accidents were recorded (these figures include church schools where although the staff are not employed by the Council, the pupils are within the Council's school system):

- 2 in primary schools
- 4 in secondary schools

Further application of the above accident ratios indicates that for the 14 RIDDOR reportable/recordable accidents reported in 2016/2017, 2,646 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 1 for each employee per year). However, only 5 such accidents were reported in 2016/2017 indicating a continued significant under-reporting of such incidents in the Council (and a decrease on the 14 reported in 2015/2016 despite services actively being encouraged to report these incidents and the need for this included in the health and safety training provided by the Health, Safety and Emergency Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report any and all incidents which occur rather than solely those where an injury occurred. The processes are in place within the Council to report such incidents and the need for their reporting is included in the baseline health and safety training provided by the Health, Safety and Emergency Resilience Service. Therefore all departments are again actively requested at every opportunity to restate the need to report near miss accidents.

Year <sup>(5)</sup>	Total number of accidents reported	Number of over 3-day accidents recorded	Number of over 7-day accidents reported	Number of Specified [Major] injury accidents reported	Number of days lost due to reported accidents	Number of days lost per employee (based on accidents reported)	Overall incident rate (per 1,000 employees)	Over 3-Day Incident Rate (per 1000 employees) (HSE National Extrapolated Over 3-Day Incident Rate (per 1000 employees) in brackets) <sup>(1)</sup>	Over 7-Day Incident Rate (per 1000 employees) (HSE National Extrapolated Over 7-Day Incident Rate (per 1000 employees) in brackets) <sup>(1)</sup>	Direct cost of days lost (based on days lost and the cost of the working days lost)(in brackets) <sup>(2)</sup>	Direct cost avoidance based on maximum days lost in 1999 (based on days lost and the cost of the working days lost) <sup>(3)</sup>
<b>2012/2013</b>	213	22	12	2	295	0.02	28.9	2.9 (7.1) <sup>(4)</sup>	Not applicable	£22,022 (£74.65)	£280,497
<b>2013/2014</b>	211	25	19	7	720	0.08	24.9	Not available <sup>(7)</sup>	3.0 (6.2)	£54,072 (£75.10)	£250,271
<b>2014/2015</b>	182	27	23	2	732	0.10	25.6	Not available <sup>(7)</sup>	3.2 (6.1)	£56,986 (£77.85)	£258,501
<b>2015/2016</b>	159	25	20	2	721	0.12	25.8	Not available <sup>(7)</sup>	3.2 (4.1)	£56,822 (£78.81)	£262,556
<b>2016/2017</b>	151	14	7	0	323	0.05	23.4	Not available <sup>(7)</sup>	1.1 (4.1)	£24,202 (£74.93)	£279,452
<b>Maximum recorded</b>	(835 recorded in 1999)	(170 recorded in 1998)	(23 recorded in 2016/2017)	(15 recorded in 2006/2007)	(4,052.5 recorded in 1999)	(0.39 recorded in 1999)	(133.3 recorded in 1998)	Not applicable	Not applicable	(£215,741 in 2000/2001)	Not applicable

Figure 5: accident statistics and costs 2012/2013 to 2016/2017

1. National incident rate figures for the total number of accidents are unavailable due to the HSE only compiling figures for accidents reportable to the enforcing authority under the RIDDOR legislation. The HSE's extrapolated incident rate is calculated by "scaling up" the HSE's annually published estimated figure for the reporting of accident. The latest available national data is for 2016/2017 and the HSE estimate that "*non-fatal data is subject to significant under-reporting (current levels of reporting for employees is estimated at around a half;*" (RIDDOR Background Quality Report, HSE, November 2016, <http://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, accessed 19th June 2017). To allow comparison with the Council's data in which due to robust absence management policies the assumed level of over 3-day/over 7-day accident reporting is 100%, the HSE figure is doubled. Note that from 2013, there was no longer a requirement to report over 3-day accidents to the HSE as this changed to over 7-days in line with the revisions to RIDDOR. Therefore the table will no longer contain statistics for over 3-day accidents in the comparison column.
2. For further details see Section 3.7 Cost of accidents to employees.
3. This cost is calculated based on the costs saved by the Council not having the number of days lost in 1999. For example, if in 2012/2013 the Council was still losing 4,052 days due to accidents the direct cost would have been £302,519 rather than the actual direct cost of the days lost (£22,022). Therefore the direct cost avoidance £280,497.
4. The HSE's incident rate for 2016/2017 is taken to be the same as for 2015/2016 because at the time of writing, the data for 2016/2017 was yet to be published, anticipated October 2017.
5. Accident, violence and aggression and sickness absence data are only shown for five consecutive years (including 2016/2017), historic data from 1997 is available from the Health, Safety and Emergency Resilience Service.
6. The cumulative cost avoidance prior to 2012/2013 were: 2000/2001 - £7,065; 2001/2002 - £91,458; 2002/2003 - £128,141; 2003/2004 - £176,159; 2004/2005 - £203,682; 2005/2006 - £174,721; 2006/2007 - £155,638; 2007/2008 - £178,977; 2008/2009 - £213,400; 2009/2010 - £256,609; 2010/2011 - £267,284; and 2011/2012 £263,104 – equating to a total of £2,116,238 for this period and an overall total of £3,447,515 from 2000/2001 to 2016/2017.
7. Following the change to RIDDOR HSE no longer publish national incident rate data for over three day injuries therefore a comparison is not available.

Further analysis of the overall accident and incident data indicates the causes and effects of the events.

Main cause of accident	Number of accidents
Slipped, tripped or fell on the same level	50
Injured while handling, lifting or carrying	40
Hit by a moving, flying or falling object	17
Burns	17
Hit by something fixed/stationary	13
Other	6
Use of equipment/machinery	3
Hit by moving vehicle	2
Contact with electricity	2
Fell from a height	1
<b>Total</b>	<b>151</b>

Figure 6: causes of accidents

Figure 6 shows the causes of accidents, from which it can be seen that slips, trips and falls on the same level remain the largest cause of accidents.

Part of body	Number of accidents
Upper Limb	68
Back/Trunk	32
Lower Limb	28
Head	10
Face	7
Multiple Injuries	3
Eyes	3
No Injury	0
<b>Total</b>	<b>151</b>

Figure 7: part of body injured in accidents

From Figure 7 it can be seen that accidents resulting in injury to the upper limbs make up the largest proportion of the figures. From Figure 8, it can be seen that accidents resulting in sprain/strains make up the largest proportion of the figures.

Type of injury	Number of accidents
Sprain/ Strain	49
Bump/ Bruising	42
Cut/ Laceration	24
Burn	18
Break/fracture	6
No injury/near miss	5
Dislocation	3
Electric shock	2
Bite	1
Foreign body	1
<b>Total</b>	<b>151</b>

Figure 8: type of injury

Both Figures 7 and 8 show a relatively low number of no injury or near miss accidents. Based on the accident ratios outlined above there this indicatively an under reporting of these types of

accident. Therefore opportunities are being lost to investigate these incidents with a view to preventing their recurrence and hence incidents which do result in injury. It is important to remember that the reporting of incidents (i.e. what happened) rather than outcomes (i.e. injury) is key and therefore departments are requested to make additional efforts to both advocate and report near misses.

The causes of accidents and the injuries sustained again stress the need for a “*back to basics*” approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the ERCSP hierarchy must be considered by asking:

1. Can the work activity realising the hazards and risks be **eliminated**? If not,
2. Have the hazards and risks been **reduced**? If not,
3. Has exposure to the hazards and risks been **controlled**? If not,
4. Have appropriate **safe systems of work** been implemented, including safe working procedures and appropriate information, instruction and training? If not, and as a last resort,
5. Has appropriate **personal protective equipment** been issued?

However, albeit that the above control measures must be viewed as a hierarchy suitable and sufficient risk control measures are likely to be a combination of control measures.

### 3.1.2 Aggression and violence analysis

Violent incidents are defined as:

- Any intentional acts that cause apprehension, fear, psychological or physical injury to an employee arising out of or in connection with their authorised duties
- The deliberate damage to the property or belongings of an employee that is attributable to the carrying out of duties on behalf of the Council.

The Council’s violent incident categories are: physical violence, aggression, verbal, sexual or racial abuse, and intentional damage to property. As with accidents, analysis of the incidence of aggression and violence can be undertaken.

The compilation of the figures (Figure 9) shows an increase in the reported number of violent incidents in 2016/2017, with reported violent incidents increasing by a total of 5 from 2015/2016. However there is a decrease in days lost due to incidents of violence and aggression to 69 from 197.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression	Incident rate per 1,000 employees
<b>Core</b>	0	0	0
<b>Communities</b>	36	0	51.0
<b>People</b>	20	0	27.0
<b>Place</b>	5	69	5.5
<b>Primary Schools</b>	128	0	60.0
<b>Secondary Schools</b>	4	0	3.9
<b>Through School</b>	11	0	56.0
<b>Special Schools</b>	0	0	0
<b>Total/Overall</b>	<b>205</b>	<b>69</b>	<b>31.8</b>
<i>2015/2016</i>	<i>200</i>	<i>197</i>	<i>32.4</i>

Figure 9: incidents of violence and aggression by Directorate

Of the accidents shown in Figure 9, in Place 69 days were lost due to one particular incident. The employee was physically attacked by a member of the public and this incident was RIDDOR reportable.

Figures 11 and 12, again overleaf, then detail the types of injuries that were sustained in these incidents and part of body injured.

The above figures show a higher incidence of ‘violent’ incidents within Communities and schools. This disparity reflects the nature of the work carried out. Communities and school employees encounter some of the Council’s most challenging clients. However, despite the nature of the work carried out by Communities and schools providing a ‘front-line’ service should not lead to violence or aggression. This reiterates the need for an assessment to be carried out on clients of the Council when receiving any service ranging from social care to compulsory education to ascertain their requirements from *both* the client’s and employee’s perspective. There is a need for ensuring that the resources available for clients are appropriate to their needs, whilst also ensuring that the safety of employees, who are entrusted with the provision of services for these clients, is not compromised.

Directorate	Aggression	Harassment	Physical violence	Sexual harassment	Verbal Abuse	Intentional Damage to Property	Racial Abuse	Total
<b>Core</b>	0	0	0	0	0	0	0	0
<b>Communities</b>	19	0	8	0	8	0	1	36
<b>People</b>	10	0	10	0	0	0	0	20
<b>Place</b>	1	0	2	0	3	0	0	5
<b>Primary Schools</b>	33	0	91	0	4	0	0	128
<b>Secondary Schools</b>	2	0	2	0	0	0	0	4
<b>Through School</b>	7	0	4	0	0	0	0	11
<b>Special Schools</b>	0	0	0	0	0	0	0	0
<b>Total/Overall</b>	<b>72</b>	<b>0</b>	<b>117</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>205</b>

Figure 10: types of incidents of violence and aggression

Part of body	Number of incidents
Upper Limb	69
No Injury	47
Lower Limb	36
Head	31
Back/Trunk	11
Multiple Injuries	11
<b>Total</b>	<b>205</b>

Figure 11: part of body injured in incidents

Type of injury	Number of incidents
No Injury	82
Bruise	47
Bite	36
Cut/Graze	20
Distress	12
Sprain / Strain	8
<b>Total</b>	<b>205</b>

Figure 12: type of injury

### 3.1.3 Incident analysis

In addition to events that injured or could have injured people, the Council has the facility and procedures to record the occurrence of incidents that gave or could have given rise to loss or damage to property, plant, products or the environment, production losses or increased liabilities, this not being the result of aggression or violence. The incidents reported during 2016/2017 relate to fire incidents and security incidents (including acts of vandalism to Council property) and 'prevent' concerns that were subsequently reported to the police.

### 3.1.4 Safety observation analysis

In addition to events that injured or could have injured people, the Council has the facility and procedures to record the occurrence of situations that could give rise to loss or damage to property, plant, products or the environment, production losses or increased liabilities. A very small number of reports were again made in 2016/2017. Employees may raise concerns verbally or via team meetings thus meaning that the form is not required in many cases. However, this also reiterates the need for the form to be used by employees to raise concerns with their managers where necessary.

### 3.1.5 Specified [major] injury analysis

In 2016/2017 no specified (formerly referred to as major) injuries to a Council employee were recorded. The recording of specified injuries is based upon the outcome of an accident rather than the route cause. Therefore an element of providence is involved in the occurrence of a specified injury. For example, the same simple slip or trip may result in a range of outcomes and therefore focussing on the outcome rather than the cause of the accident misses what should be the crux of the matter.

## 3.2 Work related ill-health

For several years data relating to work-related ill-health have been included in Health, Safety and Emergency Resilience Reports. However, sickness absence data is comprehensively reported via the Council's Performance Management Framework. As data may vary depending on the date it was extracted from databases, where data is shown is different reports there may therefore be inconsistencies between published data. Therefore detailed information relating to sickness absence will now only be included in Performance Management reports. However, for comparative purposes broad-brush data is shown below in Figure 13.

As with accidents and incidents it is accepted that the collation of work related ill health statistics can assist in improving health and safety within an organisation. The Council records the reported reasons for employee absences. Of the categories of absence reported it is considered that those concerning musculoskeletal illness and mental/emotional wellbeing issues are most likely to be associated with some aspect of work – that is not to state that these illnesses are caused by work but acknowledging that work may either directly or indirectly be associated with the illnesses, which indeed may be wholly attributable to factors outside work. However, regardless of the root cause the issue manifests itself at work and still leads to absence.

Year	Total absence days attributed to mental/emotional wellbeing related ill health	Number of absences attributed to mental/emotional wellbeing related ill health	Total absence days attributed to musculoskeletal related ill health	Number of absences attributed to musculoskeletal related ill health	Total absence days	Total number of absences
2012/2013	23,665	886	9,683	757	33,347	1,623
2013/2014	23,490	909	10,690	937	34,180	1,746
2014/2015	24,022	1,122	10,212	882	34,234	2,004
2015/2016	11,745	250	8,796	317	20,541	567
2016/2017	12,529	637	6,936	671	19,465	1,308

Figure 13: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2012/2013 to 2016/2017

### 3.3 Cost of accidents to and ill health associated with work in employees

It is possible to work out the approximate total cost to the Council of days off due to accidents at work in any given period. For 2016/2017 the direct salary cost due to employee absence following accidents at work is:

Median <sup>3</sup> salary scale point		'Add on' costs		Total Cost to Authority
SCP 25 – Grade 5		Superannuation and National Insurance		Salary, superannuation and National Insurance
£22,434	+	£4,915	=	£27,350 per year

Therefore:

£27,350	/	365 days	=	£74.93 average cost per day
£74.93	x	323 lost days	=	£24,202

From the direct salary cost due to employee absence following accidents at work and the Employer's Liability Insurance and employer's liability claims costs for 2016/2017, the total measurable costs of accidents to the Council can be derived (noting that the unmeasurable costs of accidents are estimated by the Health and Safety Executive to be an average of 10 times the measurable costs):

Employee liability claims total (1993 to 2016/2017)	(a) =	£9,490,755 (934 claims)
Employer's liability insurance premium	(b) =	£74,000 per year
Average direct costs per year	(c) =	£469,448
Direct salary cost 2016/2017	(d) =	£24,202

<sup>3</sup> The median salary used for this purpose relates to the Council's former 11 grade salary structure to allow direct comparison with information relating to prior to April 2014 (when the Council's current 17 grade salary structure was introduced).

Total of direct costs for 2016/2017 (e) = £493,650

Where:

(c) = ((a) / 24 years) + (b)

(e) = (c) + (d)

However, it is important not to overlook the cost avoidance of reductions in accidents. In 1999 the number of days lost within the Council due to accidents was 4052.5 days. As seen in Figure 5 based on the reductions in days lost made up to 2016/2017 and the average cost per day lost, this now represents an avoidance of 3,729.5 days per year and a direct cumulative cost avoidance of £3,447,515 – investment in health and safety does indeed pay dividends.

With data regarding days lost due to ill health available it is possible to calculate the cost of ill health and hence an overall cost of accidents and occupationally related ill health within the Council. Albeit that this is not an additional cost to the Council, this may be viewed as a production loss with staff unavailable to undertake their duties. The known direct salary costs of *potentially* occupational ill health are:

£27,350 / 365 days = £74.93 average cost per day

£74.93 x 19,465 lost days = £1,458,512

The reduction of this time lost, which is marked in 2016/2017, and associated costs is a key consideration of the Wellbeing Intervention Team within the Human Resources and Business Support Business Unit which is responsible for the development, co-ordination and implementation of wellbeing strategies in order to reduce absence levels (including introduction of preventative measures, targeted interventions, policy development and training).

### 3.4 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The Management of Health and Safety at Work Regulations first entered the statute books in 1992 and were subsequently revised in 1999 and include a general duty for employers to carry out risk assessments to identify hazards and risks and determine appropriate control measures. In addition risk assessment is a requirement of a plethora of other specific Regulations. All these Regulations, and in particular Regulation 3 of the Management of Health and Safety at Work Regulations 1999 require the Council as an employer to make a suitable and sufficient assessment of the risks to health and safety of:

- Its employees to which they are exposed whilst at work
- Persons not in the Council's employment arising out of or in connection with the undertakings of the Council

The purpose of the risk assessment is to identify the measures that the Council needs to take to comply with its statutory duties – i.e. to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees or others who may be affected by its undertakings. Hence statutory duties require the Council to identify and implement suitable control risks.

The Council's internal accident recording form (HS2(E)) Report of an accident to an employee) includes details of the risk assessments that relate to the work activities being undertaken at the time of the accident. The form asks managers and supervisors "had a risk assessment been carried out for the activity undertaken prior to the accident?" with a simple 'yes/no' response being given. Subsequently the form asks "has a risk assessment been reviewed/developed for the activity undertaken after the accident?" The response to these questions is logged by the Health, Safety and Emergency Resilience Service and is integral to its accident/incident recording and monitoring function, i.e. was there a risk assessment before the accident and after the accident

was this reviewed or as necessary developed? The information provided by managers and supervisors on the HS2(E) form has been collated below in Figure 16.

The responses provided by managers (Figure 16) indicate that a risk assessment had been undertaken for the work activity being carried out prior to the accident in 74% of incidents reported, an increase on the 66% reported in 2016/2017. Therefore, based on the information supplied on the accident form, up to 26% of the accidents reported the activity being carried out at the time of the accident did not have an associated risk assessment or the form was not fully completed by the manager who did not indicate that a risk assessment was actually completed.

The reasons for managers/supervisors providing a negative response to questioning regarding the existence of risk assessments remain the same as those reported in past reports:

1. Managers/supervisors do not understand the importance of full and accurate completion of the form (the form becomes a disclosable document in the event of enforcement action or civil proceedings)
2. Time pressures mean that managers/supervisors do not check the existence of the documents
3. Managers/supervisors do not know that the documents exist
4. The documents do not exist (evidence identified as part of audit would support this, see Section 3.7)

The consequences of not carrying out risk assessments may include:

- Prosecution/enforcement action due to breach of statutory duty
- An increased risk of injury/ill health to employees and others who may be affected by the Council's activities
- Increased losses to the Council
- Decreased ability to defend any civil actions brought against the Council

In view of this departments requested to review their need for and application of risk assessment to ensure that the risks of all tasks undertaken by employees have been considered and reasonable precautions taken.

Directorate	Pre-accident Risk Assessment				Post-accident Risk Assessment			
	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident
<b>Communities</b>	41	87%	6	13%	15	32%	32	68%
<b>People</b>	12	63%	7	37%	10	53%	9	47%
<b>Place</b>	18	78%	5	22%	15	65%	8	35%
<b>Core</b>	0	0%	3	100%	1	33%	2	67%
<b>Public Health</b>	0	0%	0	0%	0	0%	0	0%
<b>Corporate subtotal</b>	<b>71</b>	<b>77%</b>	<b>21</b>	<b>23%</b>	<b>41</b>	<b>40%</b>	<b>51</b>	<b>60%</b>
<b>Primary Schools</b>	29	78%	8	22%	21	57%	16	43%
<b>Secondary Schools</b>	9	47%	10	53%	4	27%	15	73%
<b>Special Schools</b>	0	0%	0	0%	0	0%	0	0%
<b>Through School</b>	3	100%	0	0%	1	33%	2	67%
<b>Schools subtotal</b>	<b>41</b>	<b>69%</b>	<b>18</b>	<b>31%</b>	<b>26</b>	<b>44%</b>	<b>33</b>	<b>56%</b>
<b>Total/Overall</b>	<b>112</b>	<b>74%</b>	<b>39</b>	<b>26%</b>	<b>67</b>	<b>44%</b>	<b>84</b>	<b>56%</b>
<b>2015/2016</b>	<b>105</b>	<b>66%</b>	<b>54</b>	<b>33%</b>	<b>55</b>	<b>35%</b>	<b>104</b>	<b>65%</b>

Figure 14: responses provided to the question “had a risk assessment been carried out for the activity undertaken prior to the accident?” and the question “has a risk assessment been reviewed/developed for the activity undertaken after the accident?”

### 3.5 Enforcement action against the Council

During 2016/2017 the Council has not been issued with any formal notices or been the subject of any prosecutions from any of the enforcing authorities, namely the Health and Safety Executive (HSE, including notice of contravention), the Environment Agency or South Yorkshire Fire and Rescue Service.

### 3.6 Occupational road risk issues

According to the Royal Society for the Prevention of Accidents (RoSPA), research commissioned by the Health and Safety Executive and others suggests that nationally between 25% and 33% of fatal and serious road traffic incidents involve someone who was at work at the time (between 800 and 1000 people). These figures include all categories of road users – drivers, motorcyclists and cyclists as well as pedestrians and those working at the side of the road. In 2016/2017 two employee accidents involving vehicles were reported. Occupation road risk must be managed like any other health and safety issue.

### 3.7 Health and safety audits

During 2016/2017 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of health and safety audits. All audits carried out by the Service produced a score judged against pre-determined criteria. The scores achieving each category are:

- Grade A – good – 90% or above: the Business Unit and/or Service or school have/has achieved a satisfactory standard in managing health and safety with only a few improvements required (i.e. very few or no gaps/weaknesses exist and controls are effective).
- Grade B – improving – 70 – 89%: the Business Unit and/or Service or school is not achieving an acceptable level of managing health and safety with many improvements required (i.e. some minor gaps/weaknesses exist but generally strengths outweigh weaknesses and controls are generally effective).
- Grade C – less than satisfactory – below 70%: the Business Unit and/or Service or school have/has very serious weaknesses in the management of health and safety with significant improvements to be made within six months.

When viewing the standards achieved it must be borne in mind that the ultimately acceptable standard of health and safety management must be compliance with the Council's standards for the management of health and safety and hence close to 100%.

#### 3.7.1 Health and safety audits of Council services

A two year audit programme for services commenced in 2016/2017 with the aim of verifying the self-audits completed by services in 2016/2017. The results of the 10 verification audits carried out from April 2016 the results are outlined below in Figure 15.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	10	100%
Improving	0	-
Less than satisfactory	0	-
<b>Total</b>	<b>10</b>	<b>100%</b>

Figure 15: results of health and safety audits of services

From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the “top-five” recurrent issues highlighted as requiring improvement by services are outlined below in Figure 16 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Health and Safety Standards/Management Procedures developed and reviewed as necessary (including following any changes to organisational arrangements, workplace or working practices)	<ul style="list-style-type: none"> <li>To develop the Health and Safety Standards/Management Procedures and reviewed as necessary (including following any changes to organisational arrangements, workplace or working practices).</li> </ul>
2. Process for ensuring that the latest version of corporately produced documents with regard to occupational health and safety management are used.	<ul style="list-style-type: none"> <li>Service to have a process for ensuring that the latest version of corporately produced documents with regard to occupational health and safety management are used.</li> </ul>
3. Risk assessments carried out (RA2) on all occupation groups identified on the RA1 form by trained, competent persons.	<ul style="list-style-type: none"> <li>Risk assessments to be carried out (RA2) on all occupation groups identified on the RA1 form by trained, competent persons.</li> </ul>
4. A procedure in place for reviewing risk assessments before activities are introduced, annually, following an accident and when there are any significant changes.	<ul style="list-style-type: none"> <li>To implement a procedure for reviewing risk assessments before activities are introduced, annually, following an accident and when there are any significant changes.</li> </ul>
5. Service to ensure that a review of operational management systems for health and safety is undertaken.	<ul style="list-style-type: none"> <li>Service to ensure that a review of operational management systems for health and safety is undertaken.</li> </ul>

Figure 16: issues identified by health and safety audits of services

### 3.7.2 Health and safety audits of Secondary, Through Schools and Special Schools

The audits of secondary, through and special schools were based upon the requirements of the Council’s Occupation Health and Safety Management System. The breakdown of the grades achieved is outlined below in Figure 17.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	5	83%
Improving	0	0%
Less than satisfactory	1	17%
<b>Total</b>	<b>6</b>	<b>100%</b>

Figure 17: results of safety audits of secondary, through schools and special schools

From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the “top-five” recurrent issues highlighted as requiring improvement by secondary, through and special schools are outlined below in Figure 18 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the

majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Arrangements in place to monitor and review business continuity plans and associated arrangements.	<ul style="list-style-type: none"> <li>• Arrangements to be in place to monitor and review business continuity plans and associated arrangements.</li> </ul>
2. Organisations have a radioactive source history, for each source, including the results of regular inspections and leak tests.	<ul style="list-style-type: none"> <li>• Organisation to have a radioactive source history, for each source, including the results of regular inspections and leak tests.</li> </ul>
3. Business continuity plan completed and signed by relevant persons.	<ul style="list-style-type: none"> <li>• Business continuity plan to be completed and signed by relevant persons.</li> </ul>
4. Relevant action cards identified and suitable staff allocated for recovery purposes.	<ul style="list-style-type: none"> <li>• Relevant action cards to be identified and suitable staff allocated for recovery purposes.</li> </ul>
5. Organisation demonstrate that they have a programme of health and safety monitoring, that scores are generated for each monitoring standard of the A-Z and that governors/trustees are kept informed of the organisations progress and any pertinent health and safety information.	<ul style="list-style-type: none"> <li>• Organisation to demonstrate that they have a programme of health and safety monitoring, that scores are generated for each monitoring standard of the A-Z and that governors/trustees are kept informed of the organisations progress and any pertinent health and safety information</li> </ul>

Figure 18: issues identified by health and safety audits of secondary, through and special schools

### 3.7.3 Health and safety audits of Primary Schools

The audits of primary schools were based upon the requirements of the Council's Occupation Health and Safety Management System. Figure 19 shows that of the 34 audits carried out the results.

Standard	Number of audits achieving the standard	Percentage of audits achieving the standard
<b>Good</b>	33	97%
<b>Improving</b>	1	3%
<b>Less than satisfactory</b>	0	0%
<b>Total</b>	<b>34</b>	<b>100%</b>

Figure 19: results of health and safety audits of primary schools

From the results of the audits carried out by the Health, Safety and Emergency Resilience Service the "top-five" recurrent issues highlighted as requiring improvement by primary schools are outlined below in Figure 20 along with the actions taken by the Health, Safety and Emergency Resilience Service to address these issues. However, it must be noted that the majority of these issues need to be, and indeed are, addressed by the immediate implementation of current regimes and that each audit report provides a detailed time-bound action plan for addressing the opportunities for improvement identified.

Issue identified by audit	Action to address
1. Outdoor adventure playgrounds, sail canopies, trim trails and other outdoor furniture inspected periodically by a	<ul style="list-style-type: none"> <li>• Outdoor adventure playgrounds, sail canopies, trim trails and other outdoor furniture to be inspected periodically by a</li> </ul>

competent persons.	competent persons.
2. Appropriate COSHH assessments been obtained and are up-to-date.	• Appropriate COSHH assessments to be obtained and up dated.
3. Building security policy for the premises which has been signed and dated and an associated risk assessment produced with an action plan of required control measures.	• Building security policy for the premises to be signed and dated and an associated risk assessment produced with an action plan of required control measures.
4. Business continuity plan completed and signed by relevant persons.	• Business continuity plan to be completed and signed by relevant persons.
5. Organisation's Resilience Plan completed with relevant contact details and arrangements for the premises and systems are in place to ensure that it is regularly reviewed.	• Organisation's Resilience Plan to be completed with relevant contact details and arrangements for the premises and systems are in place to ensure that it is regularly reviewed.

Figure 20: issues identified by health and safety audits of primary schools

### 3.8 Comparison of health, safety and emergency resilience targets with health and safety performance

The performance in relation to the targets for 2016/2017 set by the Corporate Health and Safety Policy is outlined below:

1. All Directorates, Business Units and Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Satisfactory" rating upon audit.

All the audits completed in the period achieved the satisfactory rating, an improvement on that reported in 2015/2016 (44%). That is not to say that opportunities for improvement were not identified with each audit reinforced by a prioritised action plan for managers to follow in order to address opportunities for improvement. The audit programme will be continued during 2016/2017.

2. Each Directorate, Business Unit and Service will produce all required occupation group risk assessments.

Based on the analysis of accidents in Section 3.3 above, this has still not been fully achieved with albeit with compliance improved (74%, with this substantiated by audit) in 2016/2017, thus necessitating further work by services.

3. Each Directorate, Business Unit and Service will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

Based on service audits completed in the period all the services had appropriate action plans. This is reinforced by only 4% (28% in 2015/2016) of the accredited training courses programmed by the Health, Safety and Emergency Resilience Service being cancelled in 2016/2017. Given the number of staff employed by the Council and number of courses programmed there should be sufficient throughput of staff to deliver all these courses. Therefore services are reminded of the need to ensure that all staff attend the appropriate training for their responsibilities.

4. All Directorates, Business Units and Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans.

The Corporate Business Continuity Priorities were reissued in April 2017 based on returns received up to March 2016. All Business Units are included in the priorities. An open offer to undertake testing and exercising of these plans is in place.

In addition to the target detailed above, a number of general opportunities for improvement were identified in the Health, Safety and Emergency Resilience Report 2015/2016. These are summarised below with an update on progress:

Opportunity for improvement 2015/2016	Proposed action in 2016/2017	Progress made
1. Percentage accident reporting has decreased to 90.1% meaning that around 1 in 10 accidents go unreported and hence actions cannot be taken to prevent their recurrence	The need for accident reporting is included in all training delivered by the Health, Safety and Emergency Resilience Service and forms part of the induction process for all staff. Managers are requested to reiterate the need for accident reporting and follow up as necessary where they post-event hear about accidents that have occurred – a late report is better than no report!	Percentage reporting in 2016/2017 has increased to around 100%.
2. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.	Despite the actions taken in 2016/2017 the level of near miss reporting has not improved. The actions will be continued in 2017/2018.
3. Increase in days lost per employee due to accidents which from a health and safety perspective reflects lower overall employee numbers but maintenance by the Council of a full range of front-line services	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls. Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.	Accident statistics have all improved in 2016/2017.
4. Percentage completion of risk assessments remains low – this is the cornerstone of sound health and safety management		Risk assessment compliance has increased in 2016/2017 but remains less than optimum highlighting the need for the actions to be continued in 2017/2018.
5. The majority of reported accidents have basic		Basic health and safety issues remain the common causes of

causes indicating the need to focus on basic health and safety management		accidents in 2016/2017, again reiterating the need the actions to be continued in 2017/2018.
6. Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. In particular two incidents have led to almost 200 days lost. The provision of essential public services is not an acceptance that employees should be exposed to violence and aggression and to support this during 2016/2017 a 'zero tolerance' policy will be developed with the proposal for the Council to always seek, as appropriate, apposite sanctions being brought on those carrying out occurrences of violence and aggression.	The zero tolerance policy was introduced in 2016/2017 and a slight increase in reports of incidents were received. The fact that violence and aggression has formed a pattern of being the largest cause of reports of incidents reiterates the need to balance the health and safety of staff with the provision of public services.
7. Need for improvement in occupational health and safety management by services based on the less than optimal audit results	Each audit completed elicited a detailed, prioritised action plan for the service/school to bring their management processes up to a standard that would lead, with ongoing maintenance, to a satisfactory audit outcome.	There has been a general increase in audit scores in 2016/2017 and audits will continue in the coming year.
8. Compared to previous years school audit results are not as favourable as previous years		
9. Up take of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course.	The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
10. Development of business continuity plans by all services	The support of Senior Management Team has been sought in expediting the completion of outstanding business continuity plans.	The Corporate Business Continuity Priorities were reissued in April 2017 based on returns received up to March 2016. All Business Units are included in the priorities. An open offer to undertake testing and exercising of these plans is in place.

<p>11. The resilience of Business Units to support the Council's response to an emergency</p>	<p>A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan.</p>	<p>Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.</p>
<p>12. Need for increased volunteer numbers to support the Council's response to an emergency</p>	<p>Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. This issue has been subject to discussion by Senior Management Team previously and a revised report on the matter will be developed.</p>	<p>Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.</p>

### 3.9 Awards presented to the Council in recognition of its health, safety and emergency resilience performance

The Council has progressively improved and/or maintained its health and safety performance over the last 18 years. In recognition of this the Council has for the second time been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron's Award] achievement award for occupational health and safety – the Order of Distinction 2017. In addition the Council has again been awarded an International Safety Award, by the British Safety Council for 2017. Whilst this report highlights a number of opportunities for improvement these peer reviewed awards reflect the commitment by the Council to good standards of health and safety management and the efforts made by Business Units and services in this area.



## 4 Overview of the service delivery of the Health, Safety and Emergency Resilience Service

### 4.1 Introduction/service context

During 2016/2017 the Service maintained the breadth of the services provided and capacity with which to deliver these services. The reduced overall capacity of the Service since 2011 emphasises the need for departments to dovetail service provision and appropriate and reasonable standards of health and safety and emergency resilience. As the Service's service delivery is based on legal requirements, the curtailment and/or cessation of these services does not remove the need for the function but rather realigns the responsibility to operational departments. This, if not adequately managed by departments, may lead to decreased compliance with legislative requirements and therefore increased potential for both criminal and civil liabilities. This is coupled with a reduced ability of the Service to monitor these standards within the Council. The Council's ongoing budget situation does not discount the possibility of future further reductions in either the breadth of service delivery or service capacity – all this will lead to difficult questions regarding what the Council expects from this Service and what it is able to deliver and what standards of health, safety and emergency resilience are to be maintained.

It is essential therefore that the fundamental improvement in the Council's health and safety performance – an improvement in the welfare of the Council's staff and a reduction in suffering as a result of accidents and ill health – must not be overlooked. The Council operates and more importantly, is able to operate in a manner which dovetails service provision and appropriate and reasonable standards of health and safety. The Service's Business Plan for 2016/2017 provides further details of the Service's operations, staffing, and finances for 2016/2017.

### 4.2 Work programme and initiatives for 2016/2017

#### 4.2.1 Active work programme

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked to improve the health, safety and welfare of the Council's employees and others who may be affected by the Council's activities. The work of the Service is both active (i.e. planned and programmed) and reactive (i.e. responding to the needs of its customers). In addition to the reactive projects undertaken by the Service, active objectives implemented in 2016/2017 were to:

1. Maintain of delivery of health, safety and emergency resilience services to the Council's services
2. Maintain the BS 18001:2007 accreditation for the development and maintenance and subsequent application of the Council's occupational health and safety management system through an external audit in November 2016. The latest audit (which will be repeated in November 2017) concluded that:

*“The audit objectives have been achieved and the certificate scope remains appropriate. With the exception of the nonconformity identified, the audit team concludes based on the results of this audit that BMBC Health, Safety and Emergency Resilience Unit does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes”.*

3. Deliver the information, instruction and training programme discussed in 4.3 below
4. Deliver the audit (discussed in 3.7 above) programme

5. Deliver the fire risk assessment programme
6. In 2016/17 the Service carried out the planned provision shown in Figure 21. In addition to the Service also developed and reviewed a total of 20 templates/documents.

Provision	Communities	People	Place	Core	Schools (Secondary)	Schools (Primary)	Schools (Special)	Through Schools	Academy Schools	External	Total
<b>Premise Inspections</b>	0	1	0	0	5	31	0	0	0	0	<b>37</b>
<b>Fire Risk Assessment</b>	3	3	7	0	0	10	0	0	5	0	<b>28</b>
<b>Contractor approval applications</b>	0	1	7	0	0	15	0	0	1	2	<b>26</b>
<b>On-site contractor monitoring</b>	0	0	8	0	0	6	0	0	3	7	<b>24</b>

Figure 21: Planned service delivery by the Health, Safety and Emergency Resilience Service

7. Civil contingencies arrangements
  - 7.1 Resilience arrangements and business continuity

In February 2017 the Senior Management Team accepted and endorsed a blueprint to refresh emergency resilience with the Council. Several events/issues during the period had produced recommendations regarding improving the arrangements for emergency planning, response, recovery and business continuity. In order to consolidate these recommendations an action plan was drawn up and has been implemented based on the Council's duties as a Category One responder within the Civil Contingencies Act and proposed actions to refresh/clarify the Council's approach to fulfilling these duties.

The Council's Emergency Response Plan (formerly Resilience Plan) which provides the framework for response including co-ordination, decision making processes, response templates and role based action cards was rewritten to include a new 3 tier response process following closely national police response procedures in early spring 2017. To accompany and support this a revised Business Unit Emergency Response Plan template was issued to Business Units. These plans, when complete will provide a plan for implementing an emergency response by a Business Unit on the premises of 'doing their normal job in extraordinary circumstances' by mustering, marshalling, deploying and managing their resources. These plans will be implemented in 2017/2018.

A new Adverse Weather Plan was drafted with a view to this being implemented in summer 2017. This will provide a procedure for the distribution of weather warnings throughout the Council and define a framework for response to weather events based on the warnings received.

A fully revised Corporate Business Continuity Priorities was finalised in March 2017 based revisions to Service Business Continuity Plans from November 2016 to March 2017.

New processes introduced this year included a weekly Gold On-call Officer briefing sheet giving an overview of events, weather, flooding and any ongoing issues. This is issued at the start of each duty period. A quarterly BMBC Resilience Newsletter saw its first edition released in February 2017. This document is designed to inform Council responders including gold/silver representatives and volunteers of current resilience issues, news and internal / external training opportunities.

All volunteer Forward Liaison Officers were issued with Response Packs to enhance their knowledge gained in training sessions provided over the past. The pack includes role specific risk assessment and action plans to ensure that they are fully aware of their duties working with the emergency services and ensuring their health and safety while responding.

## 7.2 Emergency Resilience Training and Exercising

Volunteer staff training continued with a view to building their competence in the areas of Rest Centre management/staffing and Forward Liaison Officer. The Metrodome was used for two training / role playing exercise session which enhanced their knowledge of the evacuee registration process and how other agencies such as NHS and Police Casualty Bureau staff would work alongside them. Barnsley Premier Leisure staff also took part in the training as a response partner for the first time.

Staff volunteer Forward Liaison Officers were given introductory training sessions through 2016 which gave them a basic understanding of the role requirements and health and safety aspects. The second round of training started in March 2017 with all three emergency services presenting alongside the Council's Civil Contingencies Advisors.

Work continued with the police Counter Terrorism Unit in presenting a third exercise session following the two successful events to BMBC Gold and Silver representatives in the previous year. This session was centred around a potential terrorist incident in a busy residential area which included community, highways, vulnerable persons and educational establishment related issues.

Silver Team training was delivered throughout the year with much better attendance than in previous years in part due to a raised awareness of national and international events, it is hoped that this momentum will carry on into 2017 and beyond.

The Service continued a long standing arrangement with Barnsley College presenting emergency planning training sessions to students undertaking various courses; this has led to a closer relationship which will include attendance at future BMBC Rest Centre exercises. Staff volunteers from the Council were involved in a police security which took place at a large shopping centre in March 2017. This 'live' role playing exercise tested the emergency services and shopping centres response to a terrorist attack.

Business Continuity promotion continued with a fourth presentation to the Barnsley Care Forum for Care Home / Domiciliary care managers.

The Service are also developing an on-line introduction to Emergency Planning course which will be available to all staff on the BOLD training system.

## 7.3 Events

Barnsley was chosen to host the penultimate stage of the Tour de Yorkshire to take place in late April 2017. The preparation and planning for this started in winter 2016 with the Service being fully involved throughout with internal services and external partners to ensure the safe and efficient passage of the event through the borough and that any associated event were organised to current legislative standards. [Subsequently Gold and Silver representatives were briefed to attend remote multi-agency control rooms and the Service

organised the setting up and staffing of a BMBC control room based in Penistone town hall on the day to co-ordinate the event and offering resilience if anything should go wrong on the day.]

#### 7.4 Incident Response

In mid-August 2016 a large scale town centre building fire took place at a disused former public house / nightclub (Chicago Rock). The Service was involved from early in the incident providing the role of Forward Liaison Officer at the scene and ensuring that all relevant services within the Council were kept informed of what was happening at the scene and taking requests from emergency services for assistance with staff and resources. The response also involved acting as advisors to senior managers at meetings and on site over a two week period when many of the main road arteries into the town centre were inaccessible. There were also ongoing cordon security issues, external business issues and advice regarding business continuity was given to internal and external occupiers of the Centre Library which was also heavily affected. The Service also hosted a structured debrief of all relevant officers and staff that took part in the response or were affected by the incident. The subsequent report to Senior Management Team and recommendations were presented and accepted in early 2017.

#### 7.5 Collaborative Working

The multi-agency work and collaboration continued within the South Yorkshire Local Resilience Forum (SYLRF) as one of the eight core partners. The Service continued to represent the Chief Executive at the full LRF meetings and provide the Deputy Chair of the LRF Business Management Group (the tactical group supporting the LRF). The service is also a leading partner at the Risk Assessment and Planning Group (which produces the South Yorkshire Community Risk Register).

The Service also continued to actively support and in some areas lead within the other SYLRF sub-groups; fulfilling the Council's statutory duties under the Civil Contingencies Act 2004. This included representation at the Training and Exercise Group, Human Aspects Group, Telecommunications Group and in task and finish groups such as the fire service led Waste and Recycling Group.

A large scale flooding related SYLRF event named Exercise 'Wendy' took place in June 2016, this was attended by BMBC Gold and Silver Representatives and helped enhance their competence as Strategic and Tactical level managers in conjunction with all other Category 1 and 2 responders.

BMBC Gold and Silver Representatives also represented SY LRF at Exercise 'Blackstart' which simulated a nationwide prolonged power outage. This brought together strategic/tactical representatives from the whole region to work together to find the best solutions to a varied collection of issues related to this area.

## 4.2.2 Reactive work programme

The reactive service delivery carried out by the Service in 2016/2017 is outlined below in Figure 22, with this in addition to the routine telephone and face-to-face advice given to services.

Enquiry	Communities	People	Place	Core	Schools (Secondary)	Schools (Primary)	Schools (Special)	Through Schools	Academy Schools	Public Health	External	Total
Accident investigations	0	0	2	0	2	4	0	0	0	0	0	8
Complaint investigations	1	0	1	0	0	0	0	1	0	0	1	4
Reactive follow-up to telephone calls	4	5	8	3	4	40	0	1	2	0	4	71
Workstation risk assessments	4	13	4	12	0	0	0	0	0	6	0	39
Workplace risk assessments	0	4	5	1	1	4	0	0	1	0	0	16
Requests to attend health and safety meetings	12	5	20	28	5	35	2	0	9	10	24	150
<b>Total</b>	<b>21</b>	<b>27</b>	<b>40</b>	<b>44</b>	<b>12</b>	<b>83</b>	<b>2</b>	<b>2</b>	<b>12</b>	<b>16</b>	<b>29</b>	<b>288</b>
2015/2016	30	27	45	39	25	99	1	3	26	0	39	334

Figure 22: Reactive service delivery by the Health, Safety and Emergency Resilience Service

## 4.3 Health and safety training

One of the most useful tools in improving health, safety and emergency resilience performance is the provision of information, instruction and training. This provision is not only desirable but also a legal requirement under the Health and Safety at Work etc Act 1974 and the Civil Contingencies Act 2004. Details of the health and safety training provided by the Service are shown in Figure 25. A total of 1,258 employees attended a wide variety of training courses delivered by the Service (in addition 176 external employees attended these courses). The Service is accredited by the *Institution of Occupational Safety and Health (IOSH)* to deliver its *Managing and Working Safely* courses. It is important that the Council invests in training, albeit recognising that this provision is only one of a plethora of measures required to improve health, safety and emergency resilience performance.

In 2016/2017 the Service trained or facilitated the training of 1,258 of the Council's employees (approximately 20%, an increase from the 16%). This equates to around 0.2 days health and safety training per employee. However, it must be noted that these figures do not include health and safety related training provided internally by Directorates, Business Units and Services such as induction and job specific (e.g. scaffolding erection) training.

Course	Communities	People	Place	Core	Public Health	Schools (Secondary)	Schools (Primary)	Schools (Academy)	Through Schools	External	Total
Evac Chair	0	0	0	0	0	7	0	15	0	0	22
Fire marshals and wardens	45	43	49	35	0	0	183	174	0	2	831
IOSH Managing Safely	14	3	4	18	3	9	9	6	0	14	80
IOSH Managing Safely Recertification	18	2	11	2	0	1	10	3	0	22	69
IOSH Working Safely	21	1	33	91	0	0	8	1	0	113	268
Manual handling	0	0	0	0	0	0	87	1	0	0	88
Risk assessment	0	0	0	0	0	0	0	0	0	0	0
Cautionary Contacts Database	17	5	8	5	0	0	0	0	0	1	36
Needlestick and Drug Waste	0	0	8	0	0	0	0	0	0	24	32
Working at Height	0	0	8	0	0	0	0	0	0	0	8
<b>Total</b>	<b>115</b>	<b>54</b>	<b>121</b>	<b>151</b>	<b>3</b>	<b>17</b>	<b>597</b>	<b>200</b>	<b>0</b>	<b>176</b>	<b>1434</b>
2015/2016	160	29	110	90	0	56	254	262	1	507	1478

Figure 23: training delivered by the Health, Safety and Emergency Resilience Service

During 2016/2017 the Service updated training courses for the Barnsley Online Training and Development (BOLD) system which all staff have the ability to access to undertake a short course at their own workstation. The usage figures for this training are detailed below in Figure 24. The relatively low uptake of these courses highlights the need for services to make full use of the resource available to maintain and extend health and safety training for employees.

Course	Communities	People	Place	Core	Public Health	Public Health	Schools (Primary)	Through Schools	Academy Schools	External	Total
Fire Awareness	29	22	4	5	0	0	0	0	0	0	60
Display Screen Equipment	62	26	8	5	1	0	0	0	0	37	139

<b>Manual Handling</b>	9	18	7	28	1	4	53	0	79	0	<b>199</b>
<b>Local Resilience Forum</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Business Continuity</b>	1	0	1	3	0	0	0	0	0	0	<b>5</b>
<b>Total</b>	<b>101</b>	<b>66</b>	<b>20</b>	<b>41</b>	<b>2</b>	<b>4</b>	<b>53</b>	<b>0</b>	<b>79</b>	<b>37</b>	<b>403</b>
<i>2016/2017</i>	<i>39</i>	<i>41</i>	<i>29</i>	<i>13</i>	<i>6</i>	<i>21</i>	<i>32</i>	<i>0</i>	<i>9</i>	<i>0</i>	<i>191</i>

Figure 24: training delivered by the Health, Safety and Emergency Resilience Service through BOLD

#### 4.4 Provision of statutory occupational health services

General occupational health provision is managed by the Employee Wellbeing Team within Human Resources and Business Support with statutory health surveillance facilitated by the Health, Safety and Emergency Resilience Service. Statutory health surveillance is externally commissioned. The interventions undertaken in 2016/2017 are detailed below in Figure 25.

Directorate	Health surveillance								Total
	Asbestos	Audiometry	Driver medical	Hand-arm vibration screening	Night worker assessment	School crossing patrol assessment	Spirometry	Vaccination - hepatitis B	
<b>Communities</b>	0	0	1	0	0	0	0	0	1
<b>People</b>	0	0	0	0	0	0	0	0	0
<b>Place</b>	0	280	9	150	0	5	200	19	663
<b>Core</b>	0	0	0	0	0	0	0	0	0
<b>Public Health</b>	0	0	0	0	0	0	0	0	0
<b>Primary Schools</b>	0	0	4	0	0	0	0	4	8
<b>Secondary Schools</b>	0	0	0	0	0	0	0	0	0
<b>Special Schools</b>	0	0	0	0	0	0	0	0	0
<b>External</b>	0	30	0	24	0	0	0	0	54
<b>Total</b>	<b>0</b>	<b>310</b>	<b>14</b>	<b>174</b>	<b>0</b>	<b>5</b>	<b>200</b>	<b>23</b>	<b>726</b>
<i>2016/2017</i>	<i>0</i>	<i>255</i>	<i>24</i>	<i>209</i>	<i>0</i>	<i>0</i>	<i>114</i>	<i>59</i>	<i>661</i>

Figure 25: Occupational health services commissioned

Note: External services are provided through service level agreement to external organisations

## 4.5 Traded health, safety and emergency resilience services

Income generation accounts for a significant proportion of the budget of the Health, Safety and Emergency Resilience Service and hence the work of the Service. The Service offers a range of services to the public and private sector including training and consultancy. This external work incorporates the external training outlined in 4.3 above. During 2016/2017 the Service has:

- Continued its accreditation as an Institute of Occupational Safety and Health (IOSH) training centre/provider (which it has been since 2002) providing nationally recognised training both internally and externally
- Operated a Safety Schemes in Procurement (SSIP) accredited 'consultancy' which exceeded its income target and where 100% of clients responding to the Service's satisfaction survey rated the Service as 'good' or 'excellent'
- Worked with, providing professional services to 37 different clients in addition to the internal service provided to Business Units and community and voluntary controlled schools. In addition external training services have been provided to 22 external clients.

From April 2016 the Service has been listed on the national Occupational Health and Safety Consultants Register (OHSCR).

## 4.6 Work programme and initiatives for 2017/2018

During 2017/2018 the Health, Safety and Emergency Resilience Service will work to maintain the health, safety and welfare and resilience of the Council and its employees and others who may be affected by the Council's activities. The work of the Service will continue to be both active (i.e. planned and programmed) and reactive (i.e. responding to the needs of its customers). Active initiatives outlined in the Service's Core Service Offer (April 2016) are in the broad areas of:

1. Provision of competent health and safety advice, as required by the Management of Health and Safety at Work Regulations 1999 at the level of Member of the Institution of Occupational Safety and Health (CMIOSH)
2. Development of occupational safety and health management systems to ensure a consistent and coherent approach
3. Development of general occupational health and safety management system as it applies to asbestos, legionella, electrical installations and gas installations
4. Noise assessment:
5. Advice to identify the need for vibration assessment and advice on vibration management and control
6. Audit to assist in assurance and identify areas of concern:
7. Recording, monitoring and investigation of accidents and incidents
8. Assessment and monitoring of contractors
9. Provision of general information, instruction and training including suitably licenced training for employees and managers
10. Organisation and monitoring of statutory health surveillance
11. Fire risk assessment and audit (to assist in assurance and identify areas of concern)

12. Fire safety training
13. Provision of advice on emergency resilience/civil contingencies to and monitor the resilience of the Council
14. Putting in place and training and exercising and monitoring of emergency plans
15. Putting in place, and training and exercising and monitoring of business continuity management arrangements
16. Supporting putting in place arrangements to make information available to the public about civil protection matters and supporting the maintaining of arrangements to warn, inform and advise the public in the event of an emergency

## 5 Financial Services support and performance with regard to health, safety and emergency resilience

### 5.1 Support for health, safety and emergency resilience initiatives

The process of risk management involves the identification, analysis and economic control of all risks that threaten the assets or objectives of the Council. The Council's Risk Management Section has supported initiatives aimed at improving the health and safety performance and emergency resilience of the Council during 2016/2017 and this has included collaborative working on risk issues.

### 5.2 Employers' liability claims 2016/2017

During 2016/2017 the Council received a total of 23 employers' liability claims, which represents a decrease of 10 claims from the 33 received in 2015/2016. Figure 26 shows the annual number of claims received over the last 5 years.

Year	Number of accident claims	Number of disease claims	Total claims
2012/2013	23	27	50
2013/2014	21	40	61
2014/2015	20	14	34
2015/2016	14	19	33
2016/2017	11	12	23

Figure 26: Employers' Liability Claims 2012/2013 to 2016/2017

Of the 23 claims reported during 2016/2017, 11 have resulted from accidents in the workplace with the remaining 12 being industrial disease claims. The total estimated cost of the reported in year claims was £458,095. This represents an overall increase of £30,541 over costs established in 2015/2016. Inclusive of the 2016/2017 movements, the Council currently have 85 ongoing employers' liability claims with total estimated reserves of £1,806,280. Of these claims 26 have resulted from accidents, 59 from industrial diseases. Figure 27 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Noise induced hearing loss	50
Accident	26
Mesothelioma/asbestosis	6
Hand/arm vibration syndrome and/or vibration white finger	2
Work related upper limb disorder	1

Figure 27: Analysis of ongoing employers' liability claims by alleged cause.

## 6 Health, safety and emergency resilience legislation review

Health and safety legislation is issued in April and October of each year. In line with the Government's drive to reduce the 'burden' on organisations of legislation (including health and safety) minimal health and safety legislation has been issued in 2016/2017. Whilst not legislative there have been a number of higher profile prosecutions that have reinforced the impact of the Sentencing Council's *'Health and safety offences, corporate manslaughter and food safety and hygiene offences: Definitive guideline'* (see Health, Safety and Emergency Resilience Report 2015/2016). These prosecutions have seen a fine of £1 million for a local authority for health and safety offences and the re-confirmation that for local authorities their revenue budget is the basis for the calculation of fines. Whilst these cases do not impose and/or alter any of the Council's health and safety duties they do reinforce the importance of appropriate implementation by Business Units and services of the Council's occupational health and safety management system.

## 7 Conclusion

The year April 2016 to March 2017 has seen further improvements in the Council's health, safety and emergency resilience performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2016/2017 are shown below (with comparative data for 2015/2016 shown in parentheses):

- A decrease in accidents reported to 151 (159) accidents (accompanied by an increase in the reporting rate to around 100%).
- A decrease in specified [major] injuries to 0 (2).
- The majority (96%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety
- A decrease in days lost due to accidents to 323 (721) days
- An decrease in RIDDOR recordable accidents to 14 (27) with 14 (25) over three day injuries; 7 (20) over seven day injuries and 0 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
- An improvement in compliance with requirements to develop risk assessments to 74% (66%) – (77% corporately and 69% in schools)
- A decrease in the number of employer's liability claims to 23 (33) with 11 (14) related to accidents and 12 (19) to work related ill health

However, some negative indicators are also seen:

- An increase in reports of violence and aggression reported to 205 (200) incidents
- An under-reporting of near miss accidents

Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them:

Opportunity for improvement 2016/2017	Proposed action in 2017/2018
1. Reporting of near misses is far lower than reasonably expected	As detailed in the body of this report it is by the reporting and investigation of these incidents that accidents may be prevented. As outlined above, managers are requested to reiterate the need for near miss reporting and treat these as any other reported incident with a proportionate investigation and actions to prevent recurrence.
2. Despite improvement made percentage completion of risk assessments remains lower than optimal – this is the corner-stone of sound health and safety management	These subjects indicate the need for basic health and safety management by the identification of hazards and risks and implementation, maintenance and monitoring of reasonable and proportionate risk controls.
3. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management	Managers are requested to ensure that risk assessments and safe systems of work are completed for employees/activities and implemented as necessary and these communicated to employees.
4. Reports of violence and aggression account for the majority of incidents reported	These reports reflect the often challenging nature of the provision of public services. The provision of essential public services is not an acceptance that employees should be exposed to violence and aggression. To reinforce this the Council has adopted a 'zero tolerance'

	policy with the Council to always seeking, as appropriate, appropriate sanctions being brought on those carrying out occurrences of violence and aggression.
5. Uptake of BOLD training is less than the uptake of the face-to-face training previously provided by the Health, Safety and Emergency Resilience Service	Managers are requested to ensure that all identified health and safety training needs are actioned and ensure that as necessary employees access the relevant BOLD course. The uptake of BOLD training has increased during the year but the number of delegates remains below that would be expected given the number of Council employees. In 2017/2018 the possibility of making minimum health and safety training mandatory as with other courses will be explored.
6. The resilience of Business Units to support the Council's response to an emergency	A separate action plan has been agreed by the Senior Management Team to revitalise the resilience of Business Units with each Business Unit charged with the development of their own resilience plan to detail how they would support the implementation of the Council's resilience plan. Some progress towards this has been made in 2016/2017 and a commitment has been made for this to be completed in 2017.
7. Need for increased volunteer numbers to support the Council's response to an emergency	Whilst there has been good support from Council staff to act as volunteers, the voluntary nature of volunteering means that a response is not guaranteed and therefore a much larger pool of volunteers is required than needed to allow for volunteers to not be available when required, particularly out of hours. Volunteer numbers remain relatively low compared to overall employee numbers and several requests for additional volunteers have been issued during the year and there has been a slight increase. Resourcing of Business Unit Emergency Response Plans is specifically addressed in the plan template.

Despite these negatives, reflecting the Council's overall performance in this area, the Council has not experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue and achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.

During 2016/2017 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience.

The Council's longer-term investment in and commitment to sensible, proportionate health and safety management has indeed been successful. Nevertheless, in these challenging times where budgets are of ongoing and significant concern to the Council it could be relatively simple to conclude that health and safety standards could be reduced as they are too onerous and therefore provide an opportunity to save precious resources. It is essential, therefore, that the fundamental

improvement in the Council's health and safety performance – an improvement in the welfare of the Council's staff and a reduction in suffering as a result of overall longer-term accidents and ill health – must not be overlooked. The Council operates and more importantly, is able to operate in a manner which dovetails service provision and appropriate and reasonable standards of health and safety. Indeed this can only be viewed in a positive light, whereby any other view of health and safety would in essence be asking the question of how many more accidents or how much more work-related ill health would be acceptable?

Whilst this year has not seen changes to the Council's resources for health, safety and emergency resilience and methods of service delivery, the effect of previous efficiencies reducing the breadth and depth of services provided has seen a move to a greater reliance on operational departments to fulfil aspects of the overall health, safety and emergency resilience function. Despite this throughout 2016/2017 the Health, Safety and Emergency Resilience Service has worked to maintain the Council's health, safety and emergency resilience performance. The initiatives implemented by the Service take into account the needs of the Council, the targets set both internally and externally and above all the concept of continuous improvement (albeit acknowledging that whilst the Council employs people and continues to directly provide a full range of services, there will be accidents and ill health). The planned initiatives for 2017/2018 again aim to facilitate the improvement of health, safety and emergency resilience throughout the Council. However, these initiatives cannot be viewed in isolation – ownership is key. The active and participative management of health, safety and emergency preparedness *must* be embedded into the management culture of the Council. This therefore places a strong emphasis on monitoring of health, safety and emergency resilience initiatives by managers and supervisors as part of their day-to-day duties and is embodied in the idea of a resilience culture – embracing and fulfilling the spirit of the law.

There is little doubt that throughout the year much has been achieved. However, there is always room for improvement in striving for continuous improvement. Health, safety and emergency resilience issues are integral to successful business management. It is too often forgotten that behind the media mystique cultivated over many years health, safety and emergency resilience management is simply management with a health, safety and emergency resilience focus. The generally accepted health and safety management model of plan, do, check and act can and should be applied to the management of any business function.