

# Health and Safety

## Report

2021-2022



Barnsley – the place  
of possibilities.



**BARNSELY**  
Metropolitan Borough Council

## Executive Summary

From April 2021 to March 2022, we've seen aspects of the workforce return to a new normal following the implementation of the Governments Living with COVID-19 plan. We've seen some improvements in our health and safety performance and also readjustment of some indicators reflecting the return to business as usual. It must be noted that the year was again variously driven by COVID-19, and this has impacted on the performance data included in this report and comparison with 2020/2021 and the years prior to this may not be possible. We've seen some positive indicators in 2021/2022 which are shown below (with comparative data for 2020/2021 shown in brackets):

- The majority 94% (83%) of audits show a satisfactory level of compliance with our governance arrangements for health and safety.
- The RIDDOR reportable accident performance when compared to national statistics remains favourable (around a third lower than national rates at 0.84 incidents per 1,000 employees in the Council compared to 2.68 incidents per 1,000 employees nationally).
- A decrease in the total number of employer's liability claims to 9 (10) with 7 (6) related to accidents and 2 (4) to work-related ill-health.

Some negative indicators are also seen with these viewed in the context of comparison to the 'pandemic year' of 2020/2021 when our activities were impacted by the effects of responding to COVID-19:

- An increase in reported accidents to 63 (57).
- An underlying increase in days lost due to accidents to 125 (113).
- An increase in RIDDOR recordable/reportable accidents to 10 (6) with 5 (3) over seven days injuries, 4 (3) over three-day injuries and 1 (0) specified 'major' injuries.
- An increase in reported incidents of violence and aggression to 86 (48).
- An increase in days lost due to violence and aggression 16 (2).
- An under-reporting of near-miss accidents and presumed lower-level (and potentially all) incidents of violence and aggression.
- A worsening in compliance with requirements to develop risk assessments to 64% (65%).

We've outlined a number of opportunities for improvements along with proposals to address them:

Priority identified in 2021/2022	Action required in 2022/2023
1. There has been a slight decrease in risk assessment compliance. There remain accidents occurring where the manager stated that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident.	Renewed need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.
2. The reporting of 'near misses' and violence and aggression remains lower than expected.	Specific campaigns to be developed and implemented to reiterate the reporting of all accidents (in particular near misses and lower-level violence and aggression) and incidents in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received. Options for moving reporting to an 'online' system will also be

	explored to provide employees with an app based reporting choice.
<p>3. Whilst the majority of audit scores are 'satisfactory' there is a need to improve compliance. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.</p>	<p>Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>After largely being paused in 2020/2021 and 2021 and 2022 the health and safety audit programme will be recommencing in 2022/2023. Many services have been focussed on COVID-19 response and business continuity since spring 2020 and the aim of the audit programme is to ensure services have the necessary and proportionate health and safety arrangements in place. The audit questions that will be used are on the <a href="#">intranet</a> and at least six weeks' notice will be given for each audit to allow services time to prepare. Each audit will be followed up with a prioritised action plan of opportunities for improvement. The audits will be graded and performance data forms part of quarterly performance monitoring however, to reiterate the aim is good health and safety management. Services attention is particularly draw to the grey shaded questions in the audit – answering yes to these with the necessary supporting evidence is the absolute minimum expectation and where a no response is given to <u>any</u> of these questions the audit will automatically graded as 'significant gaps or weaknesses exist or controls non-effective (generally non-compliant)'. The audits will comprise an interview(s) with managers, document and record inspections, workplace inspections and corroborating conversations with employees – evidence will need to be provided for all responses given. Where common management arrangements are used joint audits will be undertaken within Business Units to minimise interview time. Where possible the document and record reviews will be undertaken via SharePoint to minimise contact time. Once the audit dates are set, they will generally only be changed should unexpected events arise such as external inspections etc. – whilst workloads etc. are appreciated, assurance needs to be ascertained that suitable arrangements are in place across the council.</p>

Despite these negatives, reflecting our overall performance in this area, we haven't experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue.

We're proud to have 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.



This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health and safety function and ensure that good health and safety practice is refreshed and embedded and evidenced within services.

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# 1. Introduction

Performance management is integral to good business practice. The aim of this annual Health and Safety Report is to assist in the continuous improvement of our health and safety.

We'd like to thank the Financial Services for their assistance and contribution to this Report and to employees for their continued efforts, assistance and contribution to our health and safety record.

There are legal, moral, and business reasons for managing health and safety in a suitable and sufficient manner. The overall health and safety function involves all employees. 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 about 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. Therefore, we need robust management systems to ensure that we manage health and safety in an appropriate and proportionate manner.

We have a fully documented health and safety management system that also encompasses emergency resilience, which is based on the international standard ISO 45001 Occupational Health and Safety Management (and its predecessor UK national standard BS 18001) along with standards produced by the Health and Safety Executive.

## 2. Health and safety priorities 2021/2022

To focus health and safety efforts, performance targets were set for 2021/2022 based on performance in 2020/2021. The Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the 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. To increase the number of reported 'near misses'.
4. To increase the number of reported lower-level incidents of violence and aggression.

### 3. Health and safety performance<sup>1</sup>

Given the again unusual nature of 2021/2022 comparison to previous health and safety performance may not be fully reflective of our current performance or an indication of future performance once operations return to a new normal. This performance variation from that expected based on previous years caveats the performance data in this report.

#### 3.1. Accidents and incidents

Accident and incident data provide 'reactive' information on our health and safety performance. In addition, the collation, and as necessary subsequent reporting, of accident data is a requirement of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (in addition to the general requirements of the Social Security (Claims and Payments) Regulations 1979). In this report accidents are defined as 'separate, identifiable, unintended incidents, which cause physical injury (accident) or could have caused injury (near miss)'.

##### 3.1.1 Accidents to employees

Figure 1 below details the number of accidents by Directorate, indicates the reporting rate of accidents and compares the incident rate to national data published by the Health and Safety Executive (HSE). Figure 2 then categorises the accidents by cause, injury and part of body injured.

Reported accidents increased by 5% but remain below pre-pandemic levels. Assurance from Business Units indicates that fewer accidents/incidents are occurring. Given the changes in work methods and greater emphasis on health and safety from spring 2020, work methods are likely to be improved. The accident/incident reporting process was changed early in 2020/2021 to support reporting in changed circumstances therefore employees' ability to report accidents/incidents has been maintained. Several key points arise from the information in Figure 1 (see data with superscript references):

- (1) Underlying days lost in 2021/2022 show an 11% increase on 2020/2021 and the total increase is more than doubling that in 2020/2021. However, 177 days lost are accounted for by a single road traffic collision. Whilst this occurred when the employee was travelling in a private vehicle in the course of their duties, road traffic collisions between private vehicles are not classed as being work-related under RIDDOR legislation, hence the underlying absence is 125 days which remains below pre-pandemic levels. It would, however, not provide a full picture had this incident not been included in this report and occupational road risk remains a hazard to all staff who travel on the highway for work. Of the underlying 125 days lost three accidents accounted for 105 days: 55 with an arm fracture following a slip/trip/fall (specified injury); 39 with a hand injury after being hit by an object and 11 days from bruising caused by manual handling (the latter two incidents both being over seven-day injuries).
- (2) 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 accidents. The latest available national data is for 2020/2021 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting" with this impacted by the pandemic's effects on employment with furlough etc. Therefore, current national "levels of reporting for employees is estimated to be at around a

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<sup>1</sup> Performance data excludes Berneslai Homes and academy/trust schools.

half”<sup>2</sup>. To allow comparison with data in which due to robust absence management policies the assumed level of over seven-day accident reporting is 100%, the HSE figure (134 per 100,000 employees) is adjusted to per 1,000 employees and doubled.

- (3) Whilst the over seven-day incident rate is below the HSE national figure and this would be expected to continue in future years, some fluctuation in accident numbers and rates should be expected. Whilst we employ people and continue 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.
- (4) In addition, for every one RIDDOR accident a further 189 near-miss accidents would be expected. Application of this indicates that for the 10 RIDDOR reportable/recordable accidents reported in 2020/2021, 1,890 no injury ‘near misses’ accidents would *statistically* be expected (which although a high number equates to around 0.3 for each employee per year). However, only three (with a further six reported locally at Smithies Lane Depot) such accidents were reported in 2021/2022 indicating a continued significant under-reporting of such incidents (and a decrease on the 41 reported in 2020/2021 albeit mirroring the trend in reduced accidents). Services are encouraged to report these incidents and the need for this continuing to be 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 all incidents which occur rather than solely those where an injury occurred. The processes are in place 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.
- (5) The reporting rate of accidents in 2020/2021 shows a maintenance in confidence in the level of accident reporting although this is lower than in 2022/2021. Whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication of the reporting of the vast majority incidents so that action can be taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 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 ‘hierarchy of control’ must be considered by asking:

1. Can the work activity realising the hazards and risks be **eliminated**?
2. Have the hazards and risks been **reduced**?
3. Has exposure to the hazards and risks been **controlled**?
4. Have appropriate **safe systems of work** been implemented, including safe working procedures and appropriate information, instruction, and training?
5. Has appropriate **personal protective equipment** been issued?

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<sup>2</sup> Source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, accessed 21/06/2022) and <https://www.hse.gov.uk/statistics/tables/index.htm>, RIDHIST, table 3, accessed 21/06/2022



Directorate	Reported accidents (received by the Health, Safety and Emergency Resilience Service)	Lost time accidents (i.e. those which resulted in an employee recording absence from work)	RIDDOR 'recordable' over three-day accidents	RIDDOR 'reportable' over seven-day accidents	RIDDOR 'reportable' specified injury accidents	First aid accidents (i.e. those which resulted in an employee seeking first aid)	Medical treatment accidents (i.e. those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Communities	8	1	0	1	0	1	2	177 (road traffic collision) <sup>(1)</sup>
People	8	2	0	0	0	3	1	2
Place	23	5	4	2	0	3	6	62
Core	7	1	1	0	1	1	2	55
Public Health	1	0	0	0	0	0	0	0
Primary Schools	14	2	0	1	0	3	2	5
Secondary Schools	2	1	0	0	0	2	0	1
<b>Total</b>	<b>63</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>13</b>	<b>13</b>	<b>302 total, 125 underlying</b>
Incident rate per 1,000 employees*	13.2	2.5	1.0	0.84	0.2	2.7	2.7	
			HSE published RIDDOR reportable over seven-day incident rate <sup>(2)(3)</sup>	2.68				
Accident reporting rate	63		10			70		90%
	Minor accidents (total – RIDDOR recordable/reportable)		Number of individual accidents which were RIDDOR recordable and/or reportable (i.e. excluding the duplications where a recordable accident was in addition reportable)			Expected number of minor accidents (where for every one RIDDOR recordable/reportable accident, seven minor injury accidents would be expected) <sup>(4)</sup>		Accident reporting rate <sup>(5)</sup> (reported minor accidents v. expected minor accidents)
2020/2021	57	9	3	3	0	7	4	113
			6					

Figure 1: reported accidents by Directorate (with where applicable incident rates per 1,000 employees in parentheses)

$$* \text{ Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}^3} \times \text{Unit Number of Employees (1,000)}$$

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped, or fell on the same level	29	Upper limb	16	Sprain/strain	31
Injured while handling, lifting, or carrying	7	No Injury/near miss	3	Cut/laceration	4
Hit by something fixed/stationary	1	Lower limb	23	Bump/bruising	16
Road Traffic Collision	6	Back/trunk	13	No injury/near miss	3
Injured by animal	3	Head	3	Bite	3
Hit by a moving, flying or falling object	14	Face	3	Break/fracture	2
Use of equipment/machinery	2	Abdomen	1	Dislocation	2
Fell from height	1	Eyes	1	Other	2
<b>Total</b>	<b>63</b>	<b>Total</b>	<b>63</b>	<b>Total</b>	<b>63</b>

Figure 2: causes of accidents, part of body injured and type of injury

<sup>3</sup> Using a total headcount of 4,781 (corporate and maintained schools)

### 3.1.2 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to ‘persons not at work’: accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen ‘out of or in connection with work’. The fact that there is an accident at work premises does not mean that the accident is work-related – the work activity itself must contribute to the accident. In 2021/2022 no (0) accidents were reported.

### 3.1.3 Aggression and violence to employees

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 work duties.

The violent incident categories are: physical violence, aggression, verbal, sexual or racial abuse, and intentional damage to property. Figure 3 below details the number of incidents of violence and aggression by Directorate. Figures 4, 5 and 6 then categorises the accidents by type of incident, part of body injured and injury.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression
Core	2	0
Communities	3	0
People	19	0
Place	12	0
Public Health	2	0
Primary Schools	48	16
Secondary Schools	0	0
<b>Total</b>	<b>86</b>	<b>16</b>
<i>2020/2021</i>	<i>48</i>	<i>2</i>

Figure 3: incidents of violence and aggression by Directorate

Several key points arise from the information in Figure 3:

- (1) An increase in the reported number of violent incidents in 2021/2022, with reported violent incidents increasing by a total of 38 (56%) from 2020/2021, notably in primary schools reflecting a ‘return to the classroom’ in the year.
- (2) An increase in days lost due to incidents of violence and aggression increasing of 14 days.

(3) There is a higher incidence of ‘violent’ incidents within Place, People and Schools. This disparity reflects the nature of the work carried out and encountering challenging clients. This reiterates the need for an assessment to be carried out on clients 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.

Again, key points arise from the information in Figures 4, 5 and 6:

(1) physical violence accounting for 55% and verbal abuse accounting for 5%.

Our firm ‘zero tolerance’ policy towards violence and aggression to staff has been used effectively in holding perpetrators to account. However, this policy needs to be reiterated to clients, customers, service users etc. by front-line services and incidents reported so that valuable information can be utilised in the risk assessment process.

(2) 27% of incidents resulted in no injury/impact on the employee.

(3) An increase in days lost due to incidents of violence and aggression increasing from 2 to 16.

Directorate	Aggression	Physical violence	Weapon	Verbal Abuse	Behavioural difficulties	Harassment	Sexual Harassment	Total
Core	1	0	0	0	0	1	0	2
Communities	1	0	0	1	0	0	1	3
People	4	6	0	1	8	0	0	19
Place	8	2	0	1	0	1	0	12
Public Health	1	1	0	0	0	0	0	2
Primary Schools	4	38	0	1	5	0	0	48
Secondary Schools	0	0	0	0	0	0	0	0
<b>Total/Overall</b>	<b>19</b>	<b>47</b>	<b>0</b>	<b>4</b>	<b>13</b>	<b>2</b>	<b>1</b>	<b>86</b>

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	24
Upper Limb	26
Lower Limb	15
Head/Face	14
Back/Trunk	7
<b>Total</b>	<b>86</b>

Figure 5: part of body injured in incidents of violence and aggression

Type of injury	Number of incidents
No physical injury	40
Bruise	11
Distress	10
Cut/Graze	10
Sprain / Strain	3
Bite	12
<b>Total</b>	<b>86</b>

Figure 6: type of injury in incidents of violence and aggression

### 3.1.4 Specified injury analysis

One specified injury to an employee was recorded due to accidents and/or incidents of violence and aggression. An employee tripped over a box in an office resulting in an arm fracture. Following the incident safe systems of work were reviewed.

The recording of specified injuries is based upon the outcome of an accident/incident rather than the root 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 solely 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 and Safety Reports. Sickness absence data is comprehensively reported via the Performance Management Framework and as data may vary depending on the date it was extracted from databases, where data is shown in 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 7.

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. We record 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 potentially be associated with some aspect of work – that is not to state that these illnesses are caused or indeed exacerbated 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
<b>2017/2018</b>	12,404	404	8,367	406	20,771	810
<b>2018/2019</b>	12,054	466	10,457	399	22,511	865
<b>2019/2020</b>	16,521	544	6,722	425	23,243	969
<b>2020/2021</b>	16,366	458	6,553	218	22,919	676
<b>2021/2022</b>	15,887	561	5,733	288	21,620	849

Figure 7: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2017/2018 to 2021/2022

### 3.3 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 purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable risks. The 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 (the form additionally prompts managers to consider any wider risk assessments that were applicable such as workplace inspections, safe systems of work, care plans etc.). 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 8 which highlights:

- (1) A risk assessment had been undertaken for the work activity being carried out prior to the accident in 63% of incidents reported (64% corporately (decrease from 68%) and 60% in schools (decrease from 82%)), a decrease on the 68% reported in 2020/2021.
- (2) In 85% (49% in 2020/2021) of accidents the risk assessment was not initially reviewed which indicates a lack of ‘learning from the experience’. It is only by reviewing and, as necessary, revision of the risk assessment that action can be taken to prevent the recurrence of the incident.

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 accident 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 risk assessments or know they exist.
3. The documents do not exist (some evidence identified as part of the audit would support this, see section 3.6).

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 activities; increased losses; and decreased ability to defend any civil actions. Arrangements are in place to undertake a risk assessment and in view of this Business Units are 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
Communities	5	63%	3	37%	2	25%	6	75%
People	5	63%	3	37%	1	13%	7	87%
Place	12	60%	8	40%	4	20%	16	80%
Core	6	86%	1	14%	0	0%	7	100%
Public Health	0	0%	1	100%	0	0%	1	100%
<b>Corporate subtotal</b>	<b>28</b>	<b>64%</b>	<b>16</b>	<b>36%</b>	<b>7</b>	<b>16%</b>	<b>37</b>	<b>85%</b>
Primary Schools	7	54%	6	46%	1	8%	12	92%
Secondary Schools	2	100%	0	0%	1	50%	1	50%
<b>Schools subtotal</b>	<b>9</b>	<b>60%</b>	<b>6</b>	<b>40%</b>	<b>2</b>	<b>13%</b>	<b>13</b>	<b>87%</b>
<b>Total/Overall</b>	<b>37</b>	<b>63%</b>	<b>22</b>	<b>37%</b>	<b>9</b>	<b>15%</b>	<b>50</b>	<b>85%</b>
<i>2020/2021</i>	<i>39</i>	<i>68%</i>	<i>18</i>	<i>32%</i>	<i>29</i>	<i>51%</i>	<i>28</i>	<i>49%</i>

Figure 8: risk assessment analysis - 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?”

### 3.4 Enforcement

We haven't 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. However, the Health and Safety Executive have undertaken several reviews of the implementation of COVID-19 mitigations all with a satisfactory outcome. Any and all incidents could potentially result in some form of investigation and Business Units should always remain prepared to support any investigation as necessary.

### 3.5 Health and safety audits

Audit data provides 'active' information on the health and safety performance. During 2020/2021 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of limited health and safety audits due to both other priorities relating to the pandemic and the services to be audited working on the pandemic response. All audits carried are scored against a 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.

Figure 9 below shows the results of audits undertaken in 2020/2021 and the opportunities for improvement.

Standard achieved	Corporate		Schools		Overall	
	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard
<b>Good</b>	2	50%	31	100%	33	94.2%
<b>Improving</b>	2	50%	0	0%	2	5.7%
<b>Less than satisfactory</b>	0	0%	0	0%	0	0%
<b>Total</b>	<b>4</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>35</b>	<b>100%</b>
<b>Common opportunities for improvement</b>	1. Systems in place to identify the Health and Safety Standards applicable to the service	1. Risk assessments to be reviewed following an accident, or when it is no longer valid or after 12 months				
	2. Management Procedures to be developed and reviewed.	2. School to demonstrate that they have a programme of health and safety monitoring and that scores are generated for each monitoring standard of the A-Z.				
	3. Compliance Monitoring Programme to be developed and implemented.	3. Employees to receive information, instruction, and training in accordance with the control measures outlined in the work at height risk assessment.				
	4. Risk Assessments to be reviewed following an accident, or when it is no longer valid or after 12 months.	4. Employees who are exposed to discarded drug waste to receive adequate information, instruction, and training.				
	5. Employee health and safety training.	5. Hazardous substances (COSHH) Assessments to be obtained and up to date.				

Figure 9: results of health and safety audits and commonly recurring opportunities for improvement



### 3.6 Employers' liability claims (information provided by Finance)

A total of nine employers' liability claims, which represents a decrease of one claim from the ten received in 2019/2020. Figure 10 shows the annual number of claims received over the last five years.

Year	Number of accident claims	Number of disease claims	Total claims
2017/2018	15	6	21
2018/2019	13	5	18
2019/2020	8	5	14
2020/2021	6	4	10
2021/2022	7	2	9

Figure 10: Employers' Liability Claims 2017/2018 to 2021/2022

Of the nine claims reported during 2021/2022, seven have resulted from accidents in the workplace with the remaining two being industrial disease claims. The total estimated cost of the reported in year claims was £136,157. This represents an overall decrease of £237,838 over costs established in 2020/2021 (£373,995). Inclusive of the 2021/2022 movements, we currently have 30 ongoing employers' liability claims with total estimated reserves of £577,364 (£998,567). Of the outstanding claims, 15 have resulted from accidents and 15 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	15
Noise induced hearing loss	11
Mesothelioma/asbestosis	3
Hand/arm vibration syndrome and/or vibration white finger	1

Figure 11: Analysis of ongoing employers' liability claims by alleged cause

### 3.7 Impacts of Coronavirus/COVID-19

This report would again be incomplete without reflecting on the ongoing impacts of the coronavirus/ covid-19 pandemic on health and safety. Key actions included:

- Carrying out COVID-19 risk assessments and consulting and sharing the results with employees.
- Enhancing and introducing cleaning, handwashing, and hygiene procedures in line with national guidance.
- Taking all reasonable steps to help people work from home.
- Taking all reasonable steps to maintain social distancing in the workplace.

Where social distancing was not possible doing everything reasonably practical to manage the COVID-19 transmission risk.

All of the above included consideration of:

- Working with or providing services to potentially infected persons.
- Increasing the use of and sourcing sufficient personal protective equipment (PPE).
- Making equipment available for home working.

- Making changes to the provision of and precautions needed to deliver first aid.
- Revising any emergency arrangements for individuals such as personal emergency evacuation plans.
- Reporting arrangements for accidents and incidents.
- Maintaining work equipment including the necessary examination and testing.
- Implementing 'covid secure' workplaces.
- Considering the health and wellbeing of employees maintaining public services whilst also impacted by the pandemic.
- Considering those who may travel for work on public transport.
- Individually risk assessing and putting mitigations in place for employees potentially at greater risk of either contracting or the effects of COVID-19.
- Communicating and consulting with employees on the myriad changes, impacts, mitigations etc.
- Continuing statutory health surveillance.
- Considering specific impacts on new and expectant mothers.
- Enhancing and maximising ventilation in premises.

An immense amount of work was undertaken across services to react to changes and implement safe systems of work to ensure that our services could be maintained and this is reflected in the minimal service disruption experienced coupled with the various additional services we provided to support the pandemic response.

## 4. Health and safety performance assessment

### 4.1 Review of health and safety performance

Based on the information outlined above in section three, Figure 12 below considers the health and safety performance in 2021/2022 in comparison to the priorities/opportunities for improvement identified in 2020/2021.

Priority/opportunity for improvement from 2020/2021	Progress in 2021/2022	Action required in 2022/2023
<p>1. Whilst there has been a slight increase in risk assessment compliance there remain accidents occurring where the manager stated that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident.</p> <p>Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available – this will address issues relating to the number and severity of accidents and risk assessment compliance.</p>	<p>The year has seen a decrease in risk assessment compliance (63% down from 68%).</p>	<p>Renewed need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.</p> <p>The fundamental issue remains of employees having accidents where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment. If this is something that cannot be undertaken by services, then an alternative approach will need to be considered such as resources being dedicated to work with managers to produce risk assessment. However, this is not something that can simply be</p>

		produced for services – the risk assessment needs to be reflective of working practices which services have inherent knowledge of, and which will need to be implemented and monitored by managers who have the knowledge to know what is reasonable in their circumstances.
<p>2. The reporting of ‘near misses’ and violence and aggression remains lower than expected</p> <p>Specific campaigns to be developed and implemented to reiterate the reporting of all accidents (in particular near misses) and incidents in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.</p>	<p>A specific campaign was to be developed and implemented to reiterate the reporting of all accidents and incidents and lower lower-level violence and aggression and near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received. Due to the continued response to COVID-19 this was not undertaken and will be carried forward to 2022/2023.</p>	<p>Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular lower-level violence and aggression and near misses to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.</p> <p>Options for moving reporting to an ‘online’ system will also be explored to provide employees with an app based reporting choice.</p>
<p>3. Whilst the majority of audit scores are ‘satisfactory’ there is room for improvement in terms of compliance. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.</p> <p>Business Units to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p>	<p>Whilst the majority of audits are graded as satisfactory this remains below the target set.</p>	<p>Business Units to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>After largely being paused in 2020/2021 and 2021 and 2022 the health and safety audit programme will be recommencing in 2022/2023. Many services have been focussed on COVID-19 response and business continuity since spring 2020 and the aim of the audit programme is to ensure services have the necessary and proportionate health and safety arrangements in place. The audit questions that will be used are on the <a href="#">intranet</a> and at least six weeks’ notice will be given for each audit to allow services time</p>

		<p>to prepare. Each audit will be followed up with a prioritised action plan of opportunities for improvement. The audits will be graded and performance data forms part of quarterly performance monitoring however, to reiterate the aim is good health and safety management. Services attention is particularly draw to the grey shaded questions – answering yes to these with the necessary supporting evidence is the absolute minimum expectation and where a no response is given to <u>any</u> of these questions the audit will automatically graded as ‘significant gaps or weaknesses exist or controls non-effective (generally non-compliant)’. The audits will comprise an interview(s) with managers, document and record inspections, workplace inspections and corroborating conversations with employees – evidence will need to be provided for all responses given. Where common management arrangements are used joint audits will be undertaken within Business Units to minimise interview time. Where possible the document and record reviews will be undertaken via SharePoint to minimise contact time. Once the audit dates are set, they will generally only be changed should unexpected events arise such as external inspections etc. – whilst workloads etc. are appreciated, assurance needs to be ascertained that suitable arrangements are in place across the Council.</p>
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Figure 12: progress against priorities/targets/identified opportunities for improvement

Whilst the above is intentionally critical with a view to continuous improvement, we’ve progressively improved and/or maintained its health and safety performance over many years. In recognition of this, we’ve again 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 2022. In addition,

we've again been awarded an International Safety Award, by the British Safety Council for 2022. Whilst this report highlights a number of opportunities for improvement these peer-reviewed awards reflect our commitment to good standards of health and safety management and the efforts made by Business Units and services in this area.



#### 4.2 Health and safety priorities for 2022/2023

Based on the above the health and safety priorities/targets for 2022/2023 will 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. To increase the number of reported 'near misses'
4. To increase the number of reported lower-level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2021/2022. 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 2021/2022.