

Health and Safety Report 2022-2023



Barnsley – the place
of possibilities.



BARNSLEY
Metropolitan Borough Council

Executive Summary

From April 2022 to March 2023, we've seen some improvements in our health and safety performance and also identified some areas where we've more to do. We've seen some positive indicators in 2022/2023 which are shown below (with comparative data for 2021/2022 shown in brackets):

- All 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 45% lower than national rates at 1.8 incidents per 1,000 employees in the Council compared to 3.2 incidents per 1,000 employees nationally).
- A decrease in the total number of employer's liability claims to 7 (9) with 4 (7) related to accidents and 3 (2) to work-related ill-health.
- An decrease in days lost due to violence and aggression to four (16).
- An improvement in compliance with requirements to develop risk assessments to 73% (64%).

Some negative indicators are also seen with these viewed in the context of comparison to 2021/2022:

- An increase in reported accidents to 74 (63) albeit remaining below pre-pandemic levels and mirroring increases in reportable accidents nationally.
- An increase in days lost due to accidents to 524 (302) albeit again remaining below pre-pandemic levels.
- An increase in RIDDOR recordable/reportable accidents to 13 (10) with 8 (5) over seven days injuries, 4 (4) over three-day injuries and 1 (1) specified 'major' injuries.
- An increase in reported incidents of violence and aggression to 123 (86) albeit again remaining below pre-pandemic levels.
- An under-reporting of near-miss accidents and presumed lower-level (and potentially all) incidents of violence and aggression.

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

Priority identified in 2022/2023	Action required in 2023/2024
1. Improvements in accident, violence and aggression and near miss reporting.	Implementation of an online incident reporting platform supported by a repeat of campaigns run in 2022/2023 on incident reporting.
2. Linked to year two of the service health and safety audit programme, 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.	The audit programme will continue in 2023/2024 and Business Units need to continue 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. Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.
3. Whilst improvements have been made in 2022/2023 the need for Business Units to	Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk

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Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents 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.

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 2022/2023

To focus health and safety efforts, performance targets were set for 2022/2023 based on performance in 2021/2022. 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 performance¹

Given the unusual nature of 2020/2021 and 2021/2022 comparison of data for 2022/2023 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.

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

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 17% 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. Several key points arise from the information in Figure 1 (see data with superscript references):

- (1) Days lost in 2022/2023 show an increase on 2021/2022 with three accidents each accounting for over 50 days of absence (slips and trips, manual handling and hit by moving object) and two accidents each accounting for over 120 days of absence (manual handling).
- (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 2021/2022 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting". Therefore, current national "levels of reporting for employees is estimated to be at around a half"². 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 (160 per 100,000 employees) is adjusted to per 1,000 employees and doubled.
- (3) Whilst the over seven-day incident and specified major injury rate are below the HSE national figures 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 13 RIDDOR reportable/recordable accidents reported in 2022/2023, 2,457 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 0.5 for each employee per year). However, only four (with a further 13 reported locally at Smithies Lane Depot) such accidents were reported in 2022/2023 indicating a continued significant under-reporting of such incidents (albeit an increase on the nine reported in 2021/2022). 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.

² Source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, page 12, accessed 11/05/2023) and <https://www.hse.gov.uk/statistics/tables/ridhist.xlsx>, RIDHIST, table 3, accessed 11/05/2023

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 2022/2023 shows a declining in confidence in the level of accident reporting however, the results of service health and safety audits indicate that services have appropriate systems in place to report accidents. 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?

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 (those which resulted in an employee seeking first aid)	Medical treatment accidents (those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Public Health and Communities	3	0	0	0	0	1	0	0
Place Health and Adult Social Care	6	1	0	1	0	2	1	9
Growth and Sustainability	33	11	2	5	1	6	13	320
Children Services	5	1	0	1	0	2	1	52
Core	4	2	2	0	0	0	3	12
Primary Schools	22	1	0	1	0	7	7	131
Secondary Schools	1	0	0	0	0	0	0	0
Total	74	16	4	8	1	18	25	524
Incident rate per 1,000 employees*	16.4	3.6	0.9	1.8	0.2	4.0	5.6	
			HSE published RIDDOR incident rate ⁽²⁾⁽³⁾	3.2	1.2			
Accident reporting rate	74		13			91		81.3%
	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) ⁽⁴⁾		Estimated accident reporting rate ⁽⁵⁾ (reported minor accidents v. expected minor accidents)
2021/2022	63	12	5	4	1	13	13	302
			10					

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	19	Upper limb	29	Cut/laceration	17
Hit by a moving, flying or falling object	16	Lower limb	19	Sprain/strain	17
Injured while handling, lifting, or carrying	13	Back/trunk	11	Bump/bruising	13
Hit by something fixed/stationary	6	Head	5	No injury/near miss	6
Road Traffic Collision	5	No injury/near miss	4	Break/fracture	5
Injured by animal	5	Face	3	Burns	5
Tools/Machinery	5	Eyes	3	Other	5
Needlestick	3			Bite	3
Hazardous Substance	1			Foreign body	2
Fell from height	1			Dislocation	1
Total	74	Total	74	Total	74

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

³ Using a total headcount of 4,500 (corporate and maintained schools)

3.1.2 Specified injury analysis

One specified injury to an employee was recorded due to an accidents. In this case an employee was injured by a falling section of timber when undertaking arboricultural work.

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 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, robust risk management with a view to preventing injury, ill health or loss.

3.1.3 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 2022/2023 four accidents were reported all relating to primary schools.

3.1.4 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
Place Health and Adult Social Care	8	0
Public Health and Communities	32	0
Children Services	8	0
Growth and Sustainability	27	0
Core	5	0
Primary Schools	43	4
Secondary Schools	0	0
Total	123	4
<i>2021/2022</i>	<i>86</i>	<i>16</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 2022/2023, with reported violent incidents increasing by a total of 37 from 2021/2022.
- (2) An decrease in days lost due to incidents of violence and aggression of 12 days.
- (3) There is a higher incidence of ‘violent’ incidents within Public Health and Communities, Growth and Sustainability 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) Aggression and physical violence account for 81% with verbal abuse accounting for 12%.
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) It is likely that incidents of verbal abuse outweigh more serious incidents involving aggression or physical violence therefore indicating an under-reporting of such incidents and a potential incorrect tolerance of such behaviour by employees.
- (3) 49% of incidents resulted in no physical injury/impact on the employee albeit any potential non-physical impact is more difficult to quantify.
- (4) An decrease in days lost due to incidents of violence and aggression increasing from 16 to 4.
- (5) One incident involved aggression with a weapon.

Directorate	Aggression (1)	Physical violence ⁽¹⁾	Verbal Abuse ⁽²⁾	Behavioural difficulties	Harassment (including sexual and racial)	Total
Place Health and Adult Social Care	4	1	3	0	0	8
Public Health and Communities	17	2	9	0	4	32
Children Services	5	2	0	1	0	8
Growth and Sustainability	10 ⁽⁵⁾	15	1	1	0	27
Core	3	0	2	0	0	5
Primary Schools	12	29	0	2	0	43
Secondary Schools	0	0	0	0	0	0
Total/Overall	51	49	15	4	4	123

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	55
Upper Limb	29
Head/Face	22
Lower Limb	11
Back/Trunk	6
Total	123

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

Type of injury	Number of incidents
No physical injury	60
Bruise	22
Distress	16
Bite	13
Cut/Graze	8
Sprain / Strain	3
Dislocation	1
Total	123

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

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, broad-brush data is shown below in Figure 7 taken from the Council’s absence management dashboard⁴.

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	Full-time equivalent absence days attributed to mental/emotional wellbeing related ill health	Full-time equivalent absence days attributed to musculoskeletal related ill health	Total absence days
2022/2023	13,393	2,958	16,351

Figure 7: absences attributed to mental/emotional wellbeing and musculoskeletal related ill health in 2022/2023 – data relates to Council Directorates only and excludes maintained schools

⁴ Accessed 10/05/2023

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 73% of incidents reported (80% corporately (increase from 64%) and 57% in schools (decrease from 60%)), an increase on the 63% reported in 2021/2022.
- (2) In 49% (an improvement on 85% in 2021/2022) 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.

Whilst an improved picture on 2021/2022, 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 (however, evidence identified as part of the audit would not 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
Place, Health and Adult Social Care	6	100%	0	0%	5	83%	1	17%
Public Health and Communities	2	67%	1	33%	2	67%	1	33%
Children Services	5	100%	0	0%	4	80%	1	20%
Growth and Sustainability	25	76%	8	24%	19	58%	14	42%
Core	3	75%	1	25%	2	50%	2	50%
Corporate subtotal	41	80%	10	20%	32	63%	19	37%
Primary Schools	13	59%	9	41%	6	27%	16	72%
Secondary Schools	0	0%	1	100%	0	0%	1	100%
Schools subtotal	13	57%	10	43%	6	26%	17	74%
Total/Overall	54	73%	20	27%	38	51%	36	49%
<i>2021/2022</i>	<i>37</i>	<i>63%</i>	<i>22</i>	<i>37%</i>	<i>9</i>	<i>15%</i>	<i>50</i>	<i>85%</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. 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 2022/2023 the Health, Safety and Emergency Resilience Service has restarted a programme of health and safety audits. All audits carried are scored against a set 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/non-conformances 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/non-conformances 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/non-conformances 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 2022/2023 and the frequent opportunities for improvement identified.

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
Good	26	100%	17	100%	43	100%
Improving	0	0%	0	0%	0	0%
Less than satisfactory	0	0%	0	0%	0	0%
Total	26	100%	17	100%	43	0%
Common opportunities for improvement	1. Employees undertaking emergency resilience awareness training on POD		1. Obtaining appropriate hazardous substances (COSHH) assessments			
	2. Actions plans to be developed to address opportunities for improvement from audits and compliance monitoring		2. All employees working with hazardous substances need to be provided with suitable information, instruction and training			
	3. Developing and undertaking a compliance monitoring programme		3. Having an up-to-date inventory of hazardous substances			
			4. Annual testing of gas installations/appliances			
			5. Developing and undertaking a programme of health and safety monitoring			

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

3.5 Employers' liability claims (information provided by Finance)

A total of seven employers' liability claims, which represents a decrease of two claims from the nine received in 2021/2022. 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
2018/2019	13	5	18
2019/2020	8	5	14
2020/2021	6	4	10
2021/2022	7	2	9
2022/2023	4	3	7

Figure 10: Employers' Liability Claims 2018/2019 to 2022/2023

Of the seven claims reported during 2022/2023, four have resulted from accidents in the workplace with the remaining being industrial disease claims. The total estimated cost of the reported in year claims was £87,997. This represents an overall decrease of £48,160 over costs established in 2021/2022 (£136,157). Inclusive of the 2022/2023 movements, we currently have 22 ongoing employers' liability claims with total estimated reserves of £389,323. Of the outstanding claims, 12 have resulted from accidents and 10 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	12
Noise induced hearing loss	9
Hand/arm vibration syndrome and/or vibration white finger	1

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

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 2022/2023 in comparison to the priorities/opportunities for improvement identified in 2021/2022.

Priority/opportunity for improvement from 2021/2022	Progress in 2022/2023	Action required in 2023/2024
1. 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.	Within Council services 80% of accidents reported in the period had a risk assessment. This is an improvement on the 64% reported in 2021/2022 but there is still some way to go in 2023/2024. The service audits undertaken in the period do not indicate that risk assessments are not available.	Ongoing 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. Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents employees having accidents

		<p>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.</p>
<p>2. 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>	<p>Campaigns have been developed and implemented in conjunction with Communications and Marketing:</p> <ul style="list-style-type: none"> ● Employees <ul style="list-style-type: none"> ○ Reporting violence and aggression ○ Reporting near misses - includes a short video ● Managers <ul style="list-style-type: none"> ○ Undertaking risk assessments ○ Ensuring that services have suitable and proportionate health and safety arrangements in place <p>Despite this near miss reporting remains low and lower than would be expected. Whilst the number of instances of verbal abuse has increased this would anecdotally still remain below the levels which are experienced by employees. The level of physical violence reported has remained at a similar level but there has been an increase in reported aggression.</p> <p>An online incident reporting process has been developed in winter 2022 that will be phased in from spring 2023 - employees will be able to report concerns or accidents directly online.</p>	<p>These campaigns will be repeated in 2023/2024 to coincide with the launch of the online reporting platform.</p>

<p>3. 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 2021/2022 due to a focus on the pandemic the health and safety audit programme recommencing in 2022/2023.</p>	<p>The service audit programme recommenced in summer 2022 with a two-year programme with increased pass rating with a view to continuous improvement. During the period 46% of the programme was completed.</p> <p>Services have been supported at the pre-audit stage given the aim of the programme is to raise standards and give assurance. All audits have been satisfactory - there have been actions arising from these for services and each service audited has a prioritised action plan for improvement</p>	<p>The audit programme will continue in 2023/2024 and Business Units need to continue 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>Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.</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 2023. In addition, we've again been awarded an International Safety Award, by the British Safety Council for 2023. 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 2023/2024

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 2022/2023. 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 2022/2023.

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