

**Executive Summary**

The year April 2015 to March 2016 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 2015/2016 are shown below (with comparative data for 2014/2015 shown in parentheses):

- A decrease in accidents reported to 159 (182) accidents (but this is accompanied by a decrease in the reporting rate to 90.1% (96.3%))
- A decrease in reports of violence and aggression reported to 200 (215) incidents
- No increase in specified [major] injuries to 2 (2).
- The majority 78% of audits in schools show a satisfactory level of compliance with the Council's governance arrangements for health and safety albeit this shows a decrease on 2014/2015 (91%)
- A slight decrease in days lost due to accidents to 721 days (732)
- An decrease in RIDDOR recordable accidents to 27 (29) with 25 (27) over three day injuries; 20 (23) over seven day injuries and 2 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
- A decrease in the number of employer's liability claims to 33 (34) with 14 (20) related to accidents and 19 (14) to work related ill health

However, some negative indicators are also seen:

- No improvement in compliance with requirements to develop risk assessments with this static at to 66% – (73% corporately and 60% in schools)
- The majority, 56% (70%) of audits in services show an unsatisfactory level of compliance with the Council's governance arrangements for health, safety and emergency resilience albeit this is an improvement on 2014/2015
- 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   | Proposed action  |
|---|--|
| 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! |
| 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.   |

|   |   |
|---|---|
| 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.   |
| 4. Percentage completion of risk assessments remains low – this is the corner-stone of sound health and safety management   |   |
| 5. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management  |   |
| 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. |
| 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.   |
| 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.  |
| 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.  |
| 11. 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.   |
| 12. 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. This issue has been subject to discussion by Senior Management Team previously and a revised report on the matter will be developed. |
|--|---|

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 2015/2016 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience. Notably, the Service jointly delivered the South Yorkshire Local Resilience Forum's Gold Symposium and again led a review of South Yorkshire Local Resilience Forum's Community Risk Register which is now used as the evidence base for all the work of the Forum.

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

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## 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 2015/2016 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 October 2015 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:



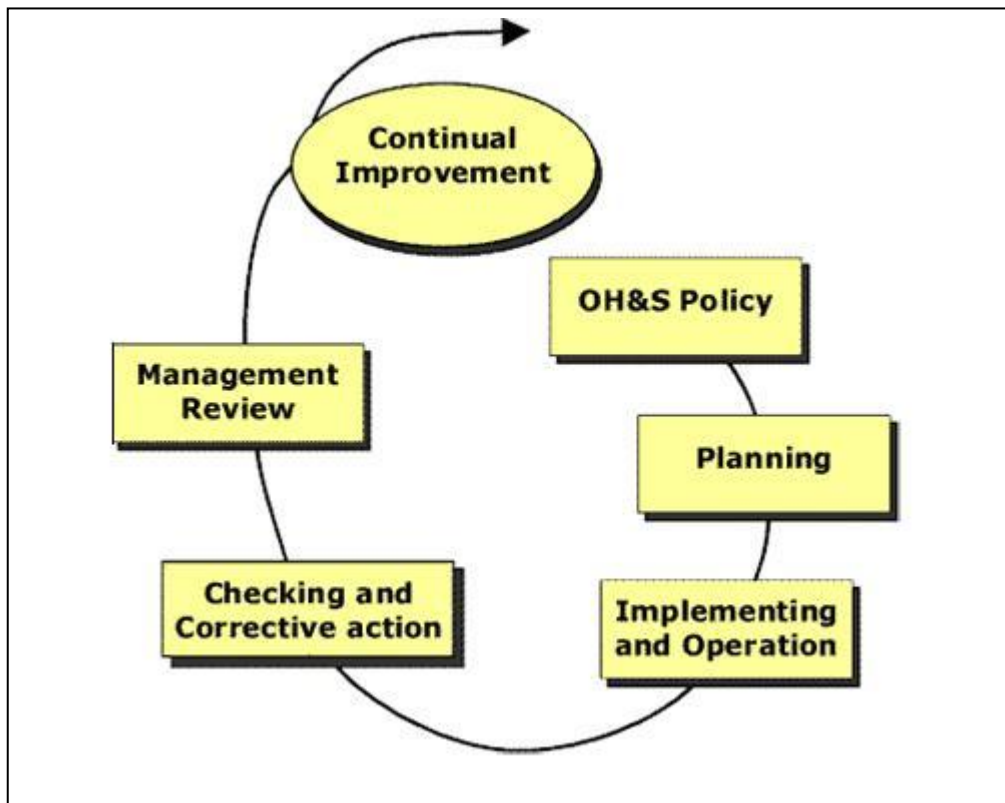


Figure 1: elements in the Council's occupational health and safety management system

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 2015/2016**

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 Directorates, Business Units and Services will implement the Council's Occupational Health and Safety Management System to a standard meeting the Health, Safety and Emergency Resilience Service's "Satisfactory" rating upon audit.
2. Each Directorate, Business Unit and Service will produce all required occupation group risk assessments.
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.
4. All Directorates, Business Units and Services (as appropriate) will have up to date, tested and exercised Business Continuity Plans.

## **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 2016/2017**

The targets for 2016/2017 are set by the Corporate Health and Safety Policy:

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 2015/2016. 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 2015/2016 for employees of the Council was 159. Of these:

- 40 resulted in the injured person being absent from work
- 25 resulted in the injured person being absent from work for more than 3 days and of these 20 additionally resulted in the injured person being absent from work for more than 7 days
- 2 resulted in specified [major] injury
- 39 resulted in first aid treatment being required
- 34 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, comparing the incident rate of manually based services and predominantly office based services.

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<sup>2</sup> Performance data for 2015/2016 excludes employees in schools where the Council is not the employer (academies, church schools etc.) and other Council associated organisations (Berneslai Homes, NPS(Barnsley)).

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>       | 43                 | 5                   | 5                    | 3                    | 0                                  | 12                  | 5  | 76                         |
| <b>People</b>            | 15                 | 3                   | 1                    | 1                    | 0                                  | 9                   | 1  | 16                         |
| <b>Place</b>             | 37                 | 15                  | 13                   | 11                   | 1                                  | 5                   | 13   | 429                        |
| <b>Core</b>              | 5                  | 2                   | 2                    | 1                    | 0                                  | 0                   | 1  | 21                         |
| <b>Public Health</b>     | 0                  | 0                   | 0                    | 0                    | 0                                  | 0                   | 0  | 0                          |
| <b>Primary Schools</b>   | 35                 | 6                   | 4                    | 4                    | 0                                  | 7                   | 6  | 163                        |
| <b>Secondary Schools</b> | 18                 | 6                   | 0                    | 0                    | 0                                  | 3                   | 7  | 15                         |
| <b>Through School</b>    | 6                  | 1                   | 0                    | 0                    | 1                                  | 3                   | 1  | 1                          |
| <b>Special Schools</b>   | 0                  | 0                   | 0                    | 0                    | 0                                  | 0                   | 0  | 0                          |
| <b>Total/Overall</b>     | <b>159</b>         | <b>37</b>           | <b>25</b>            | <b>20</b>            | <b>2</b>                           | <b>39</b>           | <b>34</b>  | <b>721</b>                 |
| <i>2014/2015</i>         | <i>182</i>         | <i>28</i>           | <i>27</i>            | <i>23</i>            | <i>2</i>                           | <i>49</i>           | <i>56</i>  | <i>732</i>                 |

Figure 3: accidents statistics by Directorate

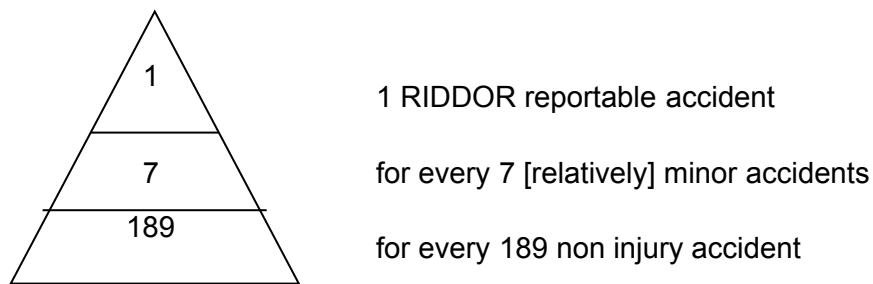
| Directorate              | Incident rate per 1,000 employees | Over-three day accidents incident rate per 1,000 employees | Over-seven day accidents incident rate per 1,000 employees | Specified [Major] injury incident rate per 1,000 employees | RIDDOR accident rate per 1,000 employees |
|--------------------------|-----------------------------------|--|--|--|--|
| <b>Communities</b>       | 61.4                              | 5.7  | 4.3  | 0  | 4.3                                      |
| <b>People</b>            | 20.7                              | 1.4  | 1.4  | 0  | 1.4                                      |
| <b>Place</b>             | 39.5                              | 13.9   | 11.8   | 1.1  | 12.8                                     |
| <b>Core</b>              | 7.3                               | 2.9  | 1.5  | 0  | 1.5                                      |
| <b>Public Health</b>     | 0                                 | 0  | 0  | 0  | 0  |
| <b>Primary Schools</b>   | 16.8                              | 1.9  | 1.9  | 0  | 1.9                                      |
| <b>Through School</b>    | 21.0                              | 0  | 0  | 0  | 0  |
| <b>Secondary Schools</b> | 36.1                              | 0  | 0  | 6.0  | 6.0                                      |
| <b>Special Schools</b>   | 0                                 | 0  | 0  | 0  | 0  |
| <b>Total/Overall</b>     | <b>25.8</b>                       | <b>3.9</b>   | <b>3.2</b>   | <b>0.3</b>   | <b>3.6</b>                               |
| <i>2014/2015</i>         | <i>25.6</i>                       | <i>3.8</i>   | <i>3.2</i>   | <i>0.3</i>   | <i>3.5</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 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 2015/2016 and show that 25 formerly reportable accidents occurred corresponding to 175 minor injury accidents indicating that the reporting of accidents in 2015/2016 is 90.1% and whilst this gives a degree of confidence in the level of accident reporting within the Council, this is a reduction in the 96.3% reporting rate in 2014/2015.

Figure 5, overleaf, shows the overall incident rate for accidents in the Council from 2011/2012 to 2015/2016. 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 2015/2016 the Council's over seven day incident rate (3.2) is below the national incident rate published by the Health and Safety Executive (4.4) - 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 2015/2016 22 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):

- 4 in primary schools
- 6 in secondary schools
- 3 in Communities
- 9 in Place

Further application of the above accident ratios indicates that for the 156 accidents reported 30,051 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to between 4 and 5 each year per employee). However, only 14 such accidents were reported in 2015/2016 indicating a significant under-reporting of such incidents in the Council (and a decrease on the 9 reported in 2014/2015 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 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 reported | 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>2011/2012</b>        | 155                                | 30                                      | (22)                                    | 0   | 528   | 0.02   | 14.9  | 2.9 (7.1)  | Not applicable   | £39,416 (£74.65)  | £263.104   |
| <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>2014/2016</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 (4.4)  | £56,822 (£78.81)  | £262,556   |
| <b>Maximum recorded</b> | (835 recorded in 1999)             | (170 recorded in 1998)                  | (23 recorded in 2014/2015)              | (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 2011/2012 to 2015/2016

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 2014/2015 and the HSE estimate that "non-fatal injury notifications from employers are substantially underreported with current levels of reporting estimated at below half" (Health and Safety Statistics 2014/15 <http://www.hse.gov.uk/statistics/overall/hssh1415.pdf>, accessed 15th June 2016). 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 2009/2010 the Council was still losing 4,052 days due to accidents the direct cost would have been £296,522 rather than the actual direct cost of the days lost (£83,121). Therefore the direct cost avoidance £213,400
4. The HSE's incident rate for 2015/2016 is taken to be the same as for 2013/2014 because at the time of writing, the data for 2015/2016 was yet to be published.
5. Accident, violence and aggression and sickness absence data are only shown for five consecutive years (including 2015/2016), historic data from 1997 is available from the Health, Safety and Emergency Resilience Service.
6. The cumulative cost avoidance prior to 2010/2011 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; and 2010/2011 - £267,284 – equating to a total of £1,853,134 for this period and an overall total of £3,168,063 from 2000/2001 to 2015/2016.
7. Following the change to, 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  | 55                  |
| Injured while handling, lifting or carrying | 45                  |
| Hit by a moving, flying or falling object   | 28                  |
| Hit by something fixed/stationary           | 11                  |
| Fell from a height                          | 4                   |
| Burns                                       | 4                   |
| Injured by an animal                        | 4                   |
| Use of equipment/machinery                  | 3                   |
| Other                                       | 3                   |
| Hit by moving vehicle                       | 2                   |
| <b>Total</b>                                | <b>159</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 injured | Number of accidents |
|----------------------|---------------------|
| Upper Limb           | 51                  |
| Lower Limb           | 46                  |
| Back/Trunk           | 29                  |
| Multiple Injuries    | 16                  |
| Head                 | 11                  |
| No Injury            | 6                   |
| <b>Total</b>         | <b>159</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      | 54                  |
| Bump/ Bruising      | 44                  |
| Cut/Bruising        | 16                  |
| No injury/near miss | 14                  |
| Burn                | 13                  |
| Break/fracture      | 6                   |
| Various             | 4                   |
| Cut/ Laceration     | 3                   |
| Bite                | 3                   |
| Dislocation         | 1                   |
| Amputation          | 1                   |
| <b>Total</b>        | <b>159</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 a decreasing trend in the reported number of violent incidents in 2015/2016, with reported violent incidents decreasing by a total of 15 from 2014/2015. However there is an increase in days lost due to incidents of violence and aggression to 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>       | 33  | 142   | 47.1                              |
| <b>People</b>            | 13  | 0   | 18.0                              |
| <b>Place</b>             | 13  | 52  | 13.9                              |
| <b>Primary Schools</b>   | 121   | 0   | 58.0                              |
| <b>Secondary Schools</b> | 0   | 0   | 0                                 |
| <b>Through School</b>    | 20  | 3   | 120.5                             |
| <b>Special Schools</b>   | 0   | 0   | 0                                 |
| <b>Total/Overall</b>     | <b>200</b>                                    | <b>197</b>  | <b>32.4</b>                       |
| <i>2014/2015</i>         | <i>215</i>                                    | <i>0</i>  | <i>30.4</i>                       |

Figure 9: incidents of violence and aggression by Directorate

Note: no RIDDOR reportable incidents were recorded in 2015/2016

Note: a lack of any reports in secondary schools would *prima facie* seem to be an absence of reports rather than evidence of absence of incidents – the need for incident reporting will be reiterated at the annual audit

Of the accidents shown in Figure 9, in Communities 142 days were lost due to one particular incident – the employee was physically assaulted by a client and similarly in Place 52 days were lost due to one particular incident where an employee was physically attacked by a member of public in Barnsley Town Centre. Figure 10, overleaf, highlights the type of incidents that occurred. 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      |
|----------------------|------------|------------|-------------------|-------------------|--------------|--------------------------------|--------------|------------|
| Core                 | 0          | 0          | 0                 | 0                 | 0            | 0                              | 0            | 0          |
| Communities          | 18         | 1          | 9                 | 1                 | 4            | 0                              | 0            | 33         |
| People               | 3          | 0          | 7                 | 0                 | 3            | 0                              | 0            | 13         |
| Place                | 5          | 1          | 4                 | 0                 | 3            | 0                              | 0            | 13         |
| Primary Schools      | 40         | 0          | 80                | 0                 | 1            | 0                              | 0            | 121        |
| Secondary Schools    | 0          | 0          | 0                 | 0                 | 0            | 0                              | 0            | 0          |
| Through School       | 7          | 12         | 0                 | 0                 | 1            | 0                              | 0            | 20         |
| Special Schools      | 0          | 0          | 0                 | 0                 | 0            | 0                              | 0            | 0          |
| <b>Total/Overall</b> | <b>73</b>  | <b>14</b>  | <b>100</b>        | <b>1</b>          | <b>12</b>    | <b>0</b>                       | <b>0</b>     | <b>200</b> |

Figure 10: types of incidents of violence and aggression

| Part of body injured | Number of incidents |
|----------------------|---------------------|
| No Injury            | 55                  |
| Upper Limb           | 51                  |
| Head                 | 44                  |
| Lower Limb           | 32                  |
| Back/Trunk           | 18                  |
| Multiple Injuries    | 0                   |
| <b>Total</b>         | <b>200</b>          |

Figure 11: part of body injured in incidents

| Type of injury  | Number of incidents |
|-----------------|---------------------|
| No Injury       | 78                  |
| Bruise          | 49                  |
| Distress        | 25                  |
| Bite            | 23                  |
| Cut/Graze       | 17                  |
| Sprain / Strain | 8                   |
| <b>Total</b>    | <b>200</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 2015/2016 relate to fire incidents and security incidents (including acts of vandalism to Council property).

### 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 2015/2016. 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 2015/2016 two 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. The nature of these accidents and the actions taken to prevent its recurrence are detailed below:

| Type of Injury                      | Cause                       | Circumstances   | Investigation and actions to prevent recurrence   |
|-------------------------------------|-----------------------------|---|---|
| Break/<br>Fracture to<br>lower limb | Hit by<br>falling<br>object | Employee dropped<br>metal tray on the top of<br>foot, resulting in a break<br>to the top of foot.       | Trolleys to be used for movement of heavy<br>type trays within kitchen area.  |
| Amputation                          | Hit by<br>falling<br>object | A piece of stone fell<br>from a stone wall onto<br>the employee's hand<br>amputating his finger<br>end. | The risk assessment has been revised to<br>make the control measures for stone walls<br>explicit for this type of wall rather than<br>general brick and block work. |

Figure 13: Summary of specified (major) injuries



### 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 14.

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 |
|-----------|--|--|---|---|--------------------|--------------------------|
| 2011/2012 | 17,992   | 752  | 8,760   | 717   | 26,752             | 1,469                    |
| 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                      |

Figure 14: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2011/2012 to 2015/2016

### 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 2015/2016 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 |
| £22,212                                | + | £6,553                                | = | £28,765 per year                              |

Therefore:

|         |   |               |   |                             |
|---------|---|---------------|---|-----------------------------|
| £28,414 | / | 365 days      | = | £78.81 average cost per day |
| £78.81  | x | 721 lost days | = | £56,822                     |

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 2015/2016, 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 2015/2016) | (a) = | £9,032,660 (911 claims) |
| Employer's liability insurance premium              | (b) = | £74,000 per year        |
| Average direct costs per year                       | (c) = | £466,724                |
| Direct salary cost 2015/2016                        | (d) = | £56,822                 |
| Total of direct costs for 2015/2016                 | (e) = | £523,546                |

Where:

$$(c) = ((a) / 23 \text{ years}) + (b)$$

$$(e) = (c) + (d)$$

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 2015/2016 and the average cost per day lost, this now represents an avoidance of 3,331.5 days per year and a direct cumulative cost avoidance of £3,168,063 – 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:

|         |   |                  |   |                             |
|---------|---|------------------|---|-----------------------------|
| £28,414 | / | 365 days         | = | £78.81 average cost per day |
| £78.81  | x | 20,541 lost days | = | £1,618,836                  |

The reduction of this time lost, which is marked in 2015/2016, 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).

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<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).

### 3.4 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation. 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 66% of incidents reported, with no change on the 66% reported in 2014/2015. Therefore, based on the information supplied on the accident form, up to 34% 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

In light of the simplicity of the form to complete and the information, instruction and training provided to managers and supervisors on this topic it is considered unlikely that managers and supervisors are providing a negative response due to the reasons in 1 to 3 above. Hence, the figure detailed above is believed by the Health, Safety and Emergency Resilience Service to be indicative of the level of risk assessments that have been carried out within the Council. 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>        | 34  | 81%   | 9   | 19%   | 15   | 36%  | 28   | 64%  |
| <b>People</b>             | 11  | 73%   | 4   | 27%   | 6  | 40%  | 9  | 60%  |
| <b>Place</b>              | 27  | 71%   | 11  | 29%   | 13   | 34%  | 25   | 66%  |
| <b>Core</b>               | 2   | 40%   | 3   | 60%   | 1  | 20%  | 4  | 80%  |
| <b>Public Health</b>      | 0   | 0%  | 0   | 0%  | 0  | 0%   | 0  | 0%   |
| <b>Corporate subtotal</b> | <b>74</b>   | <b>73%</b>  | <b>27</b>   | <b>27%</b>  | <b>35</b>  | <b>35%</b>   | <b>66</b>  | <b>65%</b>   |
| <b>Primary Schools</b>    | 24  | 71%   | 10  | 29%   | 16   | 47%  | 18   | 53%  |
| <b>Secondary Schools</b>  | 4   | 22%   | 14  | 78%   | 3  | 17%  | 15   | 83%  |
| <b>Special Schools</b>    | 0   | 0%  | 0   | 0%  | 0  | 0%   | 0  | 0%   |
| <b>Through School</b>     | 3   | 50%   | 3   | 50%   | 1  | 17%  | 5  | 83%  |
| <b>Schools subtotal</b>   | <b>31</b>   | <b>60%</b>  | <b>27</b>   | <b>40%</b>  | <b>20</b>  | <b>34%</b>   | <b>38</b>  | <b>66%</b>   |
| <b>Total/Overall</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>   |
| <b>2014/2015</b>          | <b>120</b>  | <b>66%</b>  | <b>63</b>   | <b>34%</b>  | <b>89</b>  | <b>49%</b>   | <b>94</b>  | <b>51%</b>   |

Figure 15: 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 2015/2016 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), the Environment Agency or South Yorkshire Fire and Rescue Service. However, a Council school was in receipt of a 'notice of contravention' by the Health and Safety Executive and subject to fee recovery under the Health and Safety (Fees) Regulations 2012. The Health and Safety Executive's inspectors inspect work activities and investigate incidents and complaints. If when visiting organisations they in their opinion see material breaches of the law, the organisation has to pay a fee. The fee is based on the amount of time that the inspector has had to spend identifying the breach, helping put it right, investigating and taking enforcement action. The matter of concern was being addressed and the actions required by the Health and Safety Executive were in progress however, the inspector was duty bound to serve the notice which related to the use and management of hazardous substances in the school. Learning from the action has been distributed to all schools.

### 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 2015/2016 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 2015/2016 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 (fully compliant)).
- 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 (generally compliant)).
- 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 2015/2016 with the aim of verifying the self-audits completed by services in 2014/2015. The results of the 16 verification audits carried out from April 2015 the results are outlined below in Figure 17.

| Standard               | Number of audits achieving the standard | Percentage of audits achieving the standard |
|------------------------|---|---|
| Good                   | 7                                       | 44%   |
| Improving              | 5                                       | 31%   |
| Less than satisfactory | 4                                       | 25%   |
| <b>Total</b>           | <b>16</b>                               | <b>100%</b>                                 |

Figure 16: 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 17 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. All applicable Health and Safety Standards and Management Procedures to be developed and reviewed as necessary.                    | <ul style="list-style-type: none"> <li>The management system is available for services who need to implement the system as appropriate to their operational needs – correct implementation of this aspect of the management system documents how the service will manage health and safety</li> </ul>  |
| 2. Action plan(s) to be implemented of the targets from within in the Council's Health and Safety Policy.                             | <ul style="list-style-type: none"> <li>The management system is available for services who need to implement the system as appropriate to their operational needs</li> </ul>   |
| 3. All risk assessments to be signed and dated by an appropriate manager.   | <ul style="list-style-type: none"> <li>This action relates to taking ownership of the risk controls required and managers are reminded of the need to ensure that all risk assessments are signed and dated.</li> </ul>  |
| 4. Action plans to be developed to address opportunities for improvement highlighted by undertaking the compliance scoring programme. | <ul style="list-style-type: none"> <li>The management system is available for services who need to implement the system as appropriate to their operational needs – correct implementation of this aspect of the management system ensures that all other actions are highlighted by services so they can address opportunities for improvement before audits are carried out</li> </ul> |
| 5. Risk assessments to be carried out (RA2) on all occupation groups identified on the RA1 form by trained and competent persons.     | <ul style="list-style-type: none"> <li>Services are reminded of the need to ensure that risk assessments are carried out on all identified occupational groups – this action relates directly to the percentage completion of risk assessment discussed in section 3.4 above.</li> </ul>   |

Figure 17: 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 18.

| Standard                      | Number of audits achieving the standard | Percentage of audits achieving the standard |
|-------------------------------|---|---|
| <b>Good</b>                   | 3                                       | 75%   |
| <b>Improving</b>              | 0                                       | 0%  |
| <b>Less than satisfactory</b> | 1                                       | 25%   |
| <b>Total</b>                  | <b>4</b>                                | <b>100%</b>                                 |

Figure 18: 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 19 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. Business Continuity Plan being completed and signed by the relevant person.  | <ul style="list-style-type: none"> <li>The Business Continuity Plan template is available on the intranet and this has been reiterated to schools.</li> </ul>                                    |
| 2. Relevant action cards from the business continuity plan being identified and suitable staff allocated for recovery purposes.                                       | <ul style="list-style-type: none"> <li>The Business Continuity Plan template is available on the intranet and this has been reiterated to schools.</li> </ul>                                    |
| 3. DSE to be identified and assessments to be completed and reviewed in the last 12 months  | <ul style="list-style-type: none"> <li>DSE users to be identified and assessments completed and reviewed.</li> </ul>   |
| 4. Risk assessments to be completed for all activities where discarded drug or clinical waste may be encountered and been made available to those who may be exposed. | <ul style="list-style-type: none"> <li>Risk assessments to be completed for all activities where discarded drug or clinical waste may be encountered.</li> </ul>                                 |
| 5. Schools ensuring a programme of health and safety monitoring   | <ul style="list-style-type: none"> <li>A template monitoring programme and a range Compliance Monitoring Sheets are available on the intranet for schools to undertake this function.</li> </ul> |

Figure 19: 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 20 shows that of the 42 audits carried out the results.

| Standard               | Number of audits achieving the standard | Percentage of audits achieving the standard |
|------------------------|---|---|
| Good                   | 28                                      | 78%   |
| Improving              | 7                                       | 19%   |
| Less than satisfactory | 1                                       | 2%  |
| <b>Total</b>           | <b>36</b>                               | <b>100%</b>                                 |

Figure 20: 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 21 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. Schools to 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>Schools to implement a programme of health and safety monitoring, that scores are generated for each monitoring standard.</li> </ul>       |
| 2. The school should maintain an inventory of all hazardous substances it has on the premises  | <ul style="list-style-type: none"> <li>Schools have been reminded of the need to hold an inventory of hazardous substances so that they can appropriately manage them.</li> </ul> |
| 3. COSHH assessments must be obtained and up-to-date.  | <ul style="list-style-type: none"> <li>Schools to ensure that up to date COSHH assessments are available.</li> </ul>  |
| 4. 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 to be produced.   | <ul style="list-style-type: none"> <li>Building security policy to be developed for schools.</li> </ul>   |
| 5. The organisation's Resilience Plan has been completed with relevant contact details and arrangements for the premises and systems put in place to ensure that it is regularly reviewed  | <ul style="list-style-type: none"> <li>The Council's template resilience plan is available on the intranet and this has been reiterated to schools</li> </ul>                     |

Figure 21: 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 2015/2016 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.

Only 44% of the audits completed during the period achieved the satisfactory rating. The audit programme will be continued during 2016/2017 with each audit reinforced by a prioritised action plan for managers to follow in order to address opportunities for improvement.

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 compliance remaining static and less than optimum in 2015/2016, 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. For those services to be audited in 2016/2017 the Council's Performance and Development Review process includes aspects of health and safety training and competence. On the assumption that all performance and development reviews include reference to necessary health and safety competencies then compliance with this target will be similar to that for the corporate requirement for all employees to have a current performance and development review. However, despite the indication above 28% of the accredited training courses programmed by the Health, Safety and Emergency Resilience Service were cancelled in 2015/2016. 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.

From returns submitted for completion of the Corporate Business Continuity Priorities there are 13 services (21.7%) that have yet to develop a business continuity plan. Whilst these are hopefully rarely used they are an insurance policy against any business interruption (i.e. not often needed but essential when they are). The support of the Senior Management Team in expediting these outstanding plans has been sought and business continuity planning now form an integral part of the Business Planning process undertaken by Business Units.

### 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 17 years. In recognition of this the Council has for the first time been awarded the Royal Society for the Prevention of Accidents (RoSPA) highest achievement award for occupational health and safety – the Order of Distinction 2016. In addition the Council has again been awarded an International Safety Award, by the British Safety Council for 2016. Whilst this report highlights a number of opportunities for improvement these 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 2015/2016 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. 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 2015/2016

#### 4.2.1 Active work programme

During 2015/2016 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 2015/2016 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 October 2015. The latest audit (which will be repeated in November 2016) concluded that:

*“Based on the evidence detailed within this report, the integrity of your Occupational Health & Safety Management System over the current assessment cycle has been satisfactorily verified and continuation of your registration is recommended. This recommendation is made subject to independent review within BSI; thereafter, your revised certification will be issue. A Certification Assessment Plan outlining the BSI visits to be undertaken up to and including the next Strategic Review and the business areas/processes to be considered thereat has been prepared and documented in the body of this report. There were no outstanding nonconformities to review from previous assessments. No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is*

contained within subsequent sections of the report.”

3. Deliver the information, instruction and training programme discussed in 4.3 below
4. Deliver the audit (discussed in 3.7 above) and inspection programme
5. Deliver the fire risk assessment programme
6. In 2014/15 the Service carried out the planned provision shown in Figure 22. 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           | 0      | 9     | 1    | 4                   | 27                | 0                 | 1               | 6               | 11       | <b>59</b> |
| <b>Fire Risk Assessment</b>             | 1           | 12     | 0     | 0    | 0                   | 13                | 0                 | 0               | 0               | 3        | <b>29</b> |
| <b>Contractor approval applications</b> | 1           | 0      | 3     | 1    | 0                   | 18                | 0                 | 0               | 0               | 0        | <b>23</b> |
| <b>On-site contractor monitoring</b>    | 0           | 0      | 0     | 0    | 0                   | 2                 | 0                 | 0               | 0               | 6        | <b>8</b>  |

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

7. Civil contingencies arrangements
  - 7.1 Resilience arrangements (including business continuity)

The transition to Future Council highlighted some opportunities for improvement in the Council's resilience arrangements due to the translation of functions within the former Council structure to the Future Council structure; the general reductions in workforce resources; and the loss of experienced responders. An action plan was approved by Senior Management Team in late 2015/2016 that will be implemented in 2016/2017 to address these concerns. The Service's work in the year has therefore centred around overcoming the concerns identified by placing greater emphasis on Business Units themselves being resilient rather than them looking to the Service to be their resilience.

The Silver Team has been further expanded in number to ensure that all Directorates have a broad spread of trained managers to cope during a prolonged incident and quarterly training sessions were provided. Attendance by managers at these training events is not always optimal and as this is they bedrock to a successful response the support of Directorates and Business Units in managers attending these sessions is essential. A larger number of managers trained to respond is essential as they respond out of hours on a voluntary "if available" basis rather than being a defined rota with quantified availability.

The Service continued to promote the Corporate Business Continuity Template to all Directorates which is based on the European Standard for business continuity and included a slightly modified version for educational establishments. However, there remain a number of services who have not completed a business continuity plan and the support of the Senior Management team has been sought in expediting the outstanding plans. Schools

also received an all new Emergency Plan template that can be tailored to their individual needs. An Emergency Plan Template was also distributed to over 90 private care homes in an attempt to make them all more resilient and further support the safety of their clients and staff should a major incident occur. This has been followed up with site visits when requested. This is part of the statutory duty for local authorities to promote business continuity to private enterprises.

## 7.2 Emergency volunteers

Due to the limited number of Council services operating an out of hours standby service and the contraction of Business Unit resources the Council's emergency response is heavily reliant on volunteers. Local authority emergency responses invariably rely on sufficient staff resources available at the time they are required. With this in mind several recruitment drives were launched by the Service over the course of 2015. The request of/offers to staff was for three areas: reception centres, Forward Liaison Officers and flood response volunteers. There has been a good response to the requests and all volunteers have now undertaken Introduction to BMBC Resilience sessions and introductory sessions for Reception Centres and Flood Response. These sessions will lead to further more detailed and structured training into the future. However, there is still a need for additional volunteers: 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.

## 7.3 Events

The Service continued to be part of the overall planning of large events and providing emergency cover in Barnsley including the Tour de Yorkshire in early May and the British Cycle Championships hosted in the Town Centre in July. The Emergency Control Room was also staffed during the British Army Freedom Parade in June working alongside the events team and private security and safety contractors. Two demonstrations in the form of procession and assembly took place in the Town Centre in 2015, with the Service leading the planning and delivery of the events for the Council, attending all planning meetings and staffing the multi-agency Strategic and Tactical Co-ordination Groups in Sheffield along with Council Gold, Silver and Communications representatives. The emergency control room proved to be an invaluable base of operations that has been enhanced by the installation of Wi-Fi for external partners and a Freeview TV.

## 7.4 Incident response

There were several issues through the year where the Service responded to emergency services requests. The largest was to Elm Court in Worsborough where a person was arrested by the Police but had left an improvised explosive device inside the entrance of his flat. This led to the Service deploying two staff as Forward Liaison Officers co-ordinating the Council response with fire and police commanders. It was found to be a fake device but it still displaced many people from their homes and disrupted the community for many hours. There was also a small scale service response to a garage fire in Goldthorpe which involved highly volatile acetylene bottles. Then in late August there was a large scale illegal waste fire at the old Oakwell Brewery site at Hoyle Mill which lasted over a two week period and the Service was involved throughout.

## 7.5 Collaborative working

As one of the eight core partners in South Yorkshire Local Resilience Forum (LRF) officers of 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 actively supported all other Forum sub-groups; fulfilling the Council's statutory duties under the Civil Contingencies Act 2004. This included jointly, colleagues in Doncaster MBC, successfully planning and delivering the LRF's 2015 Gold Symposium attended by around 100 strategic leaders from across the local resilience community. The Service has also been fully involved in the promotion of Area Forum Community Resilience distributing plan templates and attending various area meetings.

### 7.3 Emergency resilience training and exercising

A full programme of training was fulfilled during the year including the Emergency Volunteering introductory sessions mentioned previously. The Silver Team took part in general training sessions and Exercise Blackburn which looked at the effect on the Council of a chemical suicide that caused a street to be evacuated. Silver Team members also attended several South Yorkshire based exercises.

The Service also provided instructional sessions to Barnsley College students, South Yorkshire Police Cadets and Inspectors, BMBC Highways Unit Management Team and the Barnsley Care Forum for Care Home and Domiciliary Care Managers.

In November the Service ran the large scale multi agency Pandemic Flu Exercise Centauri in conjunction with Barnsley Hospital's Emergency Planning Unit and two terrorism based exercises (Exercise Amber) in conjunction with specialist officers from South Yorkshire Police.

## 4.2.2 Reactive work programme

The reactive service delivery carried out by the Service in 2015/2016 is outlined below in Figure 23, 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 | External  | Total      |
|---|-------------|-----------|-----------|-----------|---------------------|-------------------|-------------------|-----------------|-----------------|-----------|------------|
| Accident investigations                       | 0           | 1         | 0         | 1         | 1                   | 1                 | 0                 | 0               | 0               | 0         | 4          |
| Complaint investigations                      | 0           | 0         | 0         | 0         | 2                   | 4                 | 0                 | 0               | 0               | 0         | 6          |
| Reactive follow-up to telephone calls         | 7           | 10        | 8         | 8         | 9                   | 62                | 0                 | 1               | 6               | 2         | 113        |
| Workstation risk assessments                  | 7           | 10        | 0         | 10        | 0                   | 3                 | 0                 | 0               | 3               | 0         | 33         |
| Workplace risk assessments                    | 1           | 2         | 7         | 1         | 1                   | 5                 | 0                 | 1               | 1               | 0         | 19         |
| Requests to attend health and safety meetings | 15          | 4         | 30        | 19        | 12                  | 24                | 1                 | 1               | 16              | 37        | 159        |
| <b>Total</b>                                  | <b>30</b>   | <b>27</b> | <b>45</b> | <b>39</b> | <b>25</b>           | <b>99</b>         | <b>1</b>          | <b>3</b>        | <b>26</b>       | <b>39</b> | <b>334</b> |
| 2014/2015                                     | 24          | 58        | 30        | 18        | 22                  | 62                | 2                 | 2               | 10              | 48        | 276        |

Figure 23: 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 971 employees attended a wide variety of training courses delivered by the Service (in addition 507 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 2015/2016 the Service trained or facilitated the training of 971 of the Council's employees (approximately 16%, a decrease from the 24% in 2014/2015 but this reflects the reductions in the Council's employee numbers and capacity of the Service to deliver face-to-face training). This equates to around 0.24 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             | 0                   | 9                 | 0                 | 0               | 8          | 17           |
| Fire awareness                       | 104         | 17        | 0          | 76        | 0             | 0                   | 193               | 140               | 0               | 0          | 530          |
| IOSH Managing Safely                 | 22          | 4         | 12         | 2         | 0             | 2                   | 7                 | 8                 | 0               | 4          | 61           |
| IOSH Managing Safely Recertification | 9           | 7         | 3          | 1         | 0             | 0                   | 10                | 3                 | 1               | 30         | 64           |
| IOSH Working Safely                  | 23          | 1         | 87         | 11        | 0             | 0                   | 12                | 5                 | 0               | 53         | 192          |
| Manual handling                      | 0           | 0         | 0          | 0         | 0             | 43                  | 16                | 82                | 0               | 352        | 493          |
| Risk assessment                      | 2           | 0         | 8          | 0         | 0             | 0                   | 1                 | 3                 | 0               | 0          | 14           |
| Cautionary Contacts Database         | 0           | 0         | 0          | 0         | 0             | 0                   | 0                 | 0                 | 0               | 0          | 0            |
| Needlestick and Drug Waste           | 0           | 0         | 0          | 0         | 0             | 0                   | 15                | 2                 | 0               | 55         | 72           |
| Working at Height                    | 0           | 0         | 0          | 0         | 0             | 11                  | 0                 | 19                | 0               | 5          | 35           |
| Stepladder                           | 0           | 0         | 0          | 0         | 0             | 0                   | 0                 | 0                 | 0               | 0          | 0            |
| <b>Total</b>                         | <b>160</b>  | <b>29</b> | <b>110</b> | <b>90</b> | <b>0</b>      | <b>56</b>           | <b>254</b>        | <b>262</b>        | <b>1</b>        | <b>507</b> | <b>1,478</b> |
| 2014/2015                            | 163         | 81        | 210        | 81        | 15            | 423                 | 907               | 15                | 4               | 497        | 2,396        |

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



During 2015/2016 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 25. 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      |
|---------------------------------|-------------|-----------|-----------|-----------|---------------|---------------|-------------------|-----------------|-----------------|----------|------------|
| <b>Fire Awareness</b>           | 23          | 33        | 10        | 7         | 6             | 0             | 1                 | 0               | 4               | 0        | <b>84</b>  |
| <b>Display Screen Equipment</b> | 10          | 3         | 12        | 2         | 0             | 0             | 0                 | 0               | 5               | 0        | <b>32</b>  |
| <b>Manual Handling</b>          | 6           | 5         | 7         | 4         | 0             | 21            | 32                | 0               | 0               | 0        | <b>75</b>  |
| <b>Local Resilience Forum</b>   | 0           | 0         | 0         | 0         | 0             | 0             | 0                 | 0               | 0               | 0        | <b>0</b>   |
| <b>Business Continuity</b>      | 0           | 0         | 0         | 0         | 0             | 0             | 0                 | 0               | 0               | 0        | <b>0</b>   |
| <b>Total</b>                    | <b>39</b>   | <b>41</b> | <b>29</b> | <b>13</b> | <b>6</b>      | <b>21</b>     | <b>32</b>         | <b>0</b>        | <b>9</b>        | <b>0</b> | <b>191</b> |
| <i>2014/2015</i>                | <i>26</i>   | <i>91</i> | <i>6</i>  | <i>18</i> | <i>0</i>      | <i>0</i>      | <i>0</i>          | <i>0</i>        | <i>1</i>        | <i>2</i> | <i>142</i> |

Figure 25: 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 2015/2016 are detailed below in Figure 26.

| 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                   | 6          | 13             | 5                            | 0                       | 0                                 | 0          | 0                         | 24         |
| <b>People</b>            | 0                   | 0          | 0              | 0                            | 0                       | 0                                 | 0          | 0                         | 0          |
| <b>Place</b>             | 0                   | 214        | 9              | 166                          | 0                       | 0                                 | 114        | 59                        | 562        |
| <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          | 2              | 0                            | 0                       | 0                                 | 0          | 0                         | 2          |
| <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                         | 2          |
| <b>External</b>          | 0                   | 35         | 0              | 38                           | 0                       | 0                                 | 0          | 0                         | 73         |
| <b>Total</b>             | <b>0</b>            | <b>255</b> | <b>24</b>      | <b>209</b>                   | <b>0</b>                | <b>0</b>                          | <b>114</b> | <b>59</b>                 | <b>661</b> |
| <i>2014/2015</i>         | <i>0</i>            | <i>191</i> | <i>38</i>      | <i>108</i>                   | <i>0</i>                | <i>0</i>                          | <i>90</i>  | <i>25</i>                 | <i>452</i> |

Figure 26: 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. 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 2015/2016 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 35 different clients in addition to the internal service provided to Business Units and community and voluntary controlled schools: providing professional services to: 29 x Barnsley schools, 1 x non-Barnsley school, 2 x external organisations; and training services to: 17 x Barnsley schools, 5 x external organisations

From April 2016 the Service will additionally be listed on the national Occupational Health and Safety Consultants Register (OHSCR).

## 4.6 Work programme and initiatives for 2016/2017

During 2016/2017 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:
  - Health and Safety Policy
  - Health and Safety Standards
  - Compliance Monitoring Sheets
  - Risk assessment templates
  - Annual report on health, safety and emergency resilience matters
3. Development of general occupational health and safety management system as it applies to asbestos, legionella, electrical installations and gas installations
4. Noise assessment:
  - Workplace noise assessment of processes and fixed workplaces
  - Advice to identify the need for noise assessment of individual items of work equipment
  - Advice on noise management and control
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:
  - Audit of departments
  - Inspection of premises
7. Recording, monitoring and investigation of accidents and incidents
  - Recording of reported accidents and incidents
  - RIDDOR reporting
  - Monitoring of accident and incident trends
  - Provision of accident and incident data to Directorates
  - Support with the investigation of accidents/ incidents
8. Assessment and monitoring of contractors:
  - Monitoring of contractors on a proportional calculated basis to supplement that undertaken by clients
  - Contractors Health and Safety Assessment Scheme (CHAS) assessment for organisations with less than 5 employees who are based in Barnsley

9. Provision of general information, instruction and training including suitably licenced training for employees and managers
10. Organisation and monitoring of statutory health surveillance:
  - Co-ordination of health surveillance requirements
  - Maintenance of occupational health records as they related to health surveillance
  - Commissioning of health surveillance
11. Fire risk assessment and audit (to assist in assurance and identify areas of concern):
  - Fire risk assessment of low risk and/or non-complex premises
  - Audit of fire safety arrangements
12. Fire safety training:
  - Face-to-face fire safety training of fire marshals and wardens and evac-chair operators
  - Facilitation of online general fire safety training via BOLD
13. Provision of advice on emergency resilience/civil contingencies to and monitor the resilience of the Council:
  - Provision of emergency resilience advice
  - Audit of departmental emergency resilience arrangements
14. Putting in place and training and exercising and monitoring of emergency plans:
  - Development of corporate resilience plan (including assessing the risk of emergencies occurring and using this to inform contingency planning)
  - Development of departmental resilience plan templates
  - Development of Council wide specific emergency plans (e.g. pandemic flu, fuel shortage)
  - Development and delivery of corporate training and exercises
  - Provision of 24/7 standby cover for major incidents
  - Co-ordination of the Silver [Tactical] Team
15. Putting in place, and training and exercising and monitoring of business continuity management arrangements:
  - Development of business continuity plan template
  - Co-ordination of corporate business continuity plan
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:
  - Development of the Council's general web content for emergency resilience
  - Contributing to the development of the Communications Resilience Plan

## 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 2015/2016 and this has included collaborative working on risk issues.

### 5.2 Employers' liability claims 2015/2016

During 2015/2016 the Council received a total of 33 employers' liability claims, which represents a decrease of 1 claim from the 34 received in 2014/2015. Figure 27 shows the annual number of claims received over the last 5 years.

| Year      | Number of accident claims | Number of disease claims | Total claims |
|-----------|---------------------------|--------------------------|--------------|
| 2011/2012 | 30                        | 18                       | 48           |
| 2012/2013 | 23                        | 27                       | 50           |
| 2013/2014 | 21                        | 40                       | 61           |
| 2014/2015 | 20                        | 14                       | 34           |
| 2015/2016 | 14                        | 19                       | 33           |

Figure 27: Employers' Liability Claims 2011/2012 to 2015/2016

Of the 33 claims reported during 2015/2016, 14 have resulted from accidents in the workplace with the remaining 19 being industrial disease claims. The total estimated cost of the reported in year claims was £427,554, split £156,466 and £271,088 between accidents and disease claims respectively. This represents an overall increase of £153,554 over total reserved costs established in 2014/2015 (£247,000 split respectively between accidents at £156,000 and disease at £91,000). Inclusive of the 2015/2016 movements, the Council currently have 92 ongoing employers' liability claims with total estimated reserves of £1,930,029. Of these claims 30 have resulted from accidents, 62 from industrial diseases. Figure 28 shows a breakdown of these claims by alleged cause/type.

| Alleged cause of claim                                    | Number of claims |
|---|------------------|
| Noise induced hearing loss                                | 48               |
| Accident  | 30               |
| Hand/arm vibration syndrome and/or vibration white finger | 7                |
| Mesothelioma/asbestosis                                   | 6                |
| Work related upper limb disorder                          | 1                |

Figure 28: Analysis of ongoing employers' liability claims by alleged cause and type.

## 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 2015/2016. A summary of the legislative changes is given below.

- The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation – came into force in all EU member states, including the UK, on 20 January 2010. The CLP Regulation replaced the Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 – CHIP – from 1 June 2015. The Regulation applies directly in all EU member states, which means that no national legislation is needed. The most visible impact of the legislation is the replacement of the traditional orange warning symbol on substance packaging to the new harmonised red-bordered warning diamond.

*The changes to this legislation have been incorporated into the Council's health and safety documentation and training in relation to hazardous substances since 2010 in anticipation of the new Regulations to reflect the transition arrangements with product suppliers.*

- The revised Construction Design and Management (CDM) Regulations 2015 came into force on 6<sup>th</sup> April 2015. The 2007 Regulations were subject to a review following extensive consultation. This review focused on the removal of the CDM Co-ordinator role and simplifying the Regulations and associated guidance documents with the overall aim to improve the health, safety and welfare of those working in the construction industry. The main changes to the Regulations are:
  - Removal of the CDM Co-ordinator role and the introduction of a Principal Designer
  - Removal of explicit competency requirements to be replaced with the need for specific skills and supervision as evidenced by 'Appropriate Skills, Knowledge and Experience'
  - The inclusion of domestic clients within the Regulations to meet the requirements of the European Temporary and Mobiles Construction Sites Directive
  - The change to the threshold of notifications for projects to the HSE.

In addition to the above, the amendments sought to result in a significant structural simplification of the regulations and introduce a lighter approved code of practice supported with guidance targeted at each duty holder.

*The Council's health and safety documentation in relation to CDM has been fully reviewed and revised to reflect the new Regulations and is currently subject to consultation with departments involved in the construction process. Two update seminars have been scheduled for April for the Council and key partners.*

- The Social Action, Responsibility and Heroism (SARAH) Act 2015 commenced in April 2015 and is aimed at giving legal reassurance to volunteers, community groups and employers that courts will take account of the fact they have been acting to help society if something goes wrong and they end up having to defend themselves against being sued. The Act does not actually change the overarching legal framework; instead it simply directs the court to consider the factors below in assessing whether or not a defendant has demonstrated reasonable duty of care when assessing liability in a negligence claim:
  - If the person being sued was doing something for 'the benefit of society' – to take account of the fact people were doing a good deed such as volunteering, running an event or trip, or helping out by clearing snow.

- If they had been acting in a ‘predominantly responsible way’ – to make sure the court will give consideration to the fact that people may have taken care when organising an activity but, in spite of their best efforts, an accident has happened.
- If they were ‘intervening in an emergency’ – if they stepped in to help someone in danger but something went wrong.
- In 2011, the Government’s “Reclaiming health and safety for all” review (the [Löfstedt Review](#)) recommended that the self-employed whose work activities pose no potential risk of harm to others should be exempt from health and safety law. This recommendation was accepted by Government. Therefore, from 1st October 2015, under the Health and Safety at Work etc. Act 1974 (General Duties of Self-Employed Persons)(Prescribed Undertakings) Regulations 2015 for those who are self-employed and whose work activities poses no potential risk to the health and safety of other workers or members of the public, health and safety law will not apply. The ‘high risk’ exceptions to this are those working in agriculture, railways, construction, and with/on gas, asbestos or genetically modified organisms.

*This change has implications for contractors used by the Council. Whilst low risk self-employed persons will be exempt from health and safety legislation, the Council retains its duty to ensure that only competent low risk contractors are employed. Therefore the Council will still need to undertake reasonable checks of low risk contractors and this may become problematic should contractors be unable to prove their competence because ‘the law doesn’t apply’. The changes to this legislation have been incorporated into the Council’s health and safety documentation to contractors and the requirement to only use competent ‘Safety Schemes in Procurement’ approved contractors remains.*

Whilst not legislative, from 1<sup>st</sup> February 2016 the Sentencing Council’s ‘*Health and safety offences, corporate manslaughter and food safety and hygiene offences: Definitive guideline*’ came into force. For most health and safety breaches, the criminal law laid down by Parliament does not set an upper limit to the size of the fine, so it is left to judges and magistrates in Court to decide how the fine should ‘fit the crime’. Therefore, to help the Court set a fair, transparent and consistent tariff the Sentencing Council have created the guidelines. An overview of the guidelines provided by the Safety and Health Practitioner<sup>4</sup> provides the following commentary on/summary of the potential impacts of the guidelines and the actions required within the Council (whilst specifically concerned with health and safety offences the principals equally apply to food safety). Close inspection of the new sentencing guidelines shows that four inflationary factors are going to increase radically the level of fines, yet only one of these factors was intended. Similarly, the threshold for imprisonment will be reached very much more easily than before. The four inflationary factors are:

- **First Inflation:** The sentencing guidelines introduce a structured approach that the court must follow. This involves considering ‘culpability’, ‘likelihood’ and ‘harm’ factors into a series of tables to reach recommended starting point fines, as well as ranges of fines above and below the starting points. Similarly for imprisonment of individuals, the tables stipulate ranges of prison sentences above and below various starting points. These tables were calculated by reviewing past sentences and then, particularly for larger companies, increasing the levels of fines. This first inflation was intended. It was designed to accommodate the Court of Appeal’s repeated view that health and safety fines have generally been too low and need to be increased sufficiently to send a message to directors and shareholders. Indeed, the Court of Appeal envisages fines exceeding £100 million for the worst health and safety breaches by the largest companies. However, the Court of Appeal has not recommended massive increases across the board, even for less serious offences by smaller companies and by individuals. Yet this will be the effect of the next three inflations.

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<sup>4</sup> <http://www.shponline.co.uk/the-new-sentencing-guidelines-is-your-board-prepared/?cid=ema-Marketing-1st%20February%202016%20-%20SHP%20Daily%20Update-CTA->, accessed 3<sup>rd</sup> February 2016

*Local authorities have and are subject to high fines and those measured in hundreds-of-thousands have been applied. The implementation and maintenance of robust health and safety practices is the basis for preventing accidents and incidents and hence the risk of enforcement action by the Health and Safety Executive. Guidance on general health and safety management are available on the [Health and Safety](#) pages of the intranet.*

- **Second Inflation:** The sentencing guidelines switch from a mainly outcome based approach (what was the seriousness of the injury) to a risk based approach (how serious was the harm that was risked). There are justifiable reasons for this switch but its inflationary effect on sentences was not factored into the calculations. How does this second inflation work? Suppose an object falls from a crane and crushes someone's toes. Traditionally, that would be prosecuted and sentenced very much more leniently than if the same object had hit someone's head and caused a fatality. Under the new risk based approach, the toe injury is seen as having involved a high risk of death or disability and is included in the computation at the level calculated for a fatality. The majority of non-fatal incidents could have been more serious, so these will be inflated up to the level of fine corresponding to that more serious injury.

*This inflation stresses the need for thorough risk assessment and the implementation of reasonably practicable control measures for reasonably foreseeable risks. Also stressed is the need for the reporting and investigation of all accidents and incidents (including 'near misses' and not simply injuries) with a view to the prevention of recurrence. Guidance on risk assessment and accident investigation are available on the [Health and Safety](#) pages of the intranet.*

- **Third Inflation:** If the offence exposed not just one but a number of people to the risk of harm, the Court is directed to increase the punishment up to the next level. In many cases the breach exposes more than one person to a risk of harm. For example, if other people could have been hit by the object falling from the crane, this third inflation will apply.

*This inflation stresses the need for robust application of the hierarchy of control in managing risks and ensuring that justification could be made not only as to what risk controls were implemented but also why risk controls further up the hierarchy of control were not reasonable in the circumstances. Guidance on risk assessment is available on the [Health and Safety](#) pages of the intranet.*

- **Fourth Inflation:** Finally, if there was actual harm (unless more minor than could be expected), the Court is also directed to increase the punishment up to the next level. Since many prosecutions arise after someone has been injured, this fourth inflation will generally apply.

*This inflation again stresses the need for robust measures for risk control and justification of the reasonable risk controls employed. Also stressed is the importance of risk mitigations/arrangements that limit the extent of any incident (for example fall arrest equipment does not in itself prevent the risk of falling or the need for risk prevention but it does limit the severity of the fall). Guidance on risk assessment and accident investigation are available on the [Health and Safety](#) pages of the intranet.*

In summary, the combined effect of these last three unintended inflations will mean that criminal sentences will tend to converge at the higher end of a scale that has already been substantially increased by the first intended inflation. The Court is given some discretion but not enough to depart materially from the stipulated calculations. *The guidelines therefore 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 2014 to March 2015 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 2015/2016 are shown below (with comparative data for 2014/2015 shown in parentheses):

- A decrease in accidents reported to 159 (182) accidents (but this is accompanied by a decrease in the reporting rate to 90.1% (96.3%))
- A decrease in reports of violence and aggression reported to 200 (215) incidents
- No increase in specified [major] injuries to 2 (2).
- The majority 78% of audits in schools show a satisfactory level of compliance with the Council's governance arrangements for health and safety albeit this shows a decrease on 2014/2015 (91%)
- A slight decrease in days lost due to accidents to 721 days (732)
- An decrease in RIDDOR recordable accidents to 27 (29) with 25 (27) over three day injuries; 20 (23) over seven day injuries and 2 (2) major injuries with the Council's performance when compared to national statistics remaining favourable
- A decrease in the number of employer's liability claims to 33 (34) with 14 (20) related to accidents and 19 (14) to work related ill health

However, some negative indicators are also seen:

- No improvement in compliance with requirements to develop risk assessments with this static at to 66% – (73% corporately and 60% in schools)
- The majority, 56% (70%) of audits in services show an unsatisfactory level of compliance with the Council's governance arrangements for health, safety and emergency resilience albeit this is an improvement on 2014/2015
- 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   | Proposed action  |
|---|--|
| 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! |
| 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.   |

|   |   |
|---|---|
| 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.   |
| 4. Percentage completion of risk assessments remains low – this is the corner-stone of sound health and safety management   |   |
| 5. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management  |   |
| 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. |
| 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.   |
| 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.  |
| 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.  |
| 11. 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.   |

|   |   |
|---|---|
| <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> |
|---|---|

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 2015/2016 the Health, Safety and Emergency Resilience Service has worked internally and with multi-agency partners on maintaining and improving the Council's emergency resilience. Notably, the Service jointly delivered the South Yorkshire Local Resilience Forum's Gold Symposium and again led a review of South Yorkshire Local Resilience Forum's Community Risk Register which is now used as the evidence base for all the work of the Forum.

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?

This year has seen changes to the Council's resources for health, safety and emergency resilience and methods of service delivery, with the effect of efficiencies reducing the breadth and depth of services provided and a move to a greater reliance on operational departments to fulfil aspects of the overall health, safety and emergency resilience function. Despite this throughout 2015/2016 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 2016/2017 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.