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A BRIGHTER FUTURE

A BETTER BARNSLEY

Health and Safety Report
2018/2019

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Executive Summary

The year April 2018 to March 2019 has seen further improvements in the Council's health and safety performance and also the implications of challenges faced in delivery of these services and maintenance of this performance. Positive indicators seen in 2018/2019 are shown below (with comparative data for 2017/2018 shown in parentheses):

- The majority (88%) of audits show a satisfactory level of compliance with the Council's governance arrangements for health and safety

- A decrease in RIDDOR reportable accidents with 13 (15) over seven days injuries and one (one) specified 'major' injury

- The Council's RIDDOR reportable accident performance when compared to national statistics remaining favourable

- A decrease in days lost due to incidents of violence and aggression to 16 (57)

- A decrease in the total number of employer's liability claims to 18 (21) with 13 (15) related to accidents and 5 (6) to work related ill health

However, some negative indicators are also seen:

- A worsening of compliance with requirements to develop risk assessments to 68% (76%) – (77% (83%) corporately and 50% (60%) in schools)

- An increase in accidents reported to 151 (148) accidents (accompanied by a decreased reporting rate to around 84% (100%))

- An increase in reported incidents of violence and aggression to 163 (158)

- An increase in days lost due to accidents to 582 (564) with an increase in the associated costs

- An increase in RIDDOR recordable accidents with 21 (16) over three day injuries

- An under-reporting of near miss accidents and lower level incidents of violence and aggression

Overall a number of opportunities for improvements exist with these outlined below along with proposals to address them (note that whilst opportunities have been grouped there is not necessarily a 'cause and effect' indicated):

Priority identified in 2018/2019	Action required in 2019/2020
1. The reporting of 'near misses' remains lower than expected along with a statistical decrease in the reporting of accidents.	Further reiteration of the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
2. Increase in RIDDOR categorised incidents along with a decrease in risk assessment compliance.	Risk assessment is the 'bedrock' of practical risk reduction and services need to ensure that suitable, sufficient and proportionate risk assessment is undertaken.
3. Majority of reports of violence and aggression involve a degree of physical violence indicating an under-reporting of lower level incidents.	Further reiteration of the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
4. Increase in days lost attributed to musculoskeletal reasons and absences attributed to mental wellbeing reasons.	Whilst this may link to the action outlined in 2 above, this will be considered as part of the wider employee wellbeing review that began in

	spring 2019.
5. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance.	Review of operational health and safety management systems within services to ensure that they have suitable, sufficient and proportionate arrangements to operationally manage health and safety.

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.

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

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1   Introduction

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

There are legal, moral and business reasons for managing health and safety in a suitable and sufficient manner. The overall health and safety function 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 and safety in an appropriate and proportionate manner.

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 'O*ccupational health and safety management systems - specification*'). In October 2018 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.

2   Health and safety priorities 2018/2019

To focus health, safety and emergency resilience efforts, performance targets were set for 2018/2019 based on the Council's performance in 2017/2018. The Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.

2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.

3. Each Business Unit and/or Service (as appropriate) will have an action plan to implement the health and safety competencies detailed in Section 8 of the Corporate Health and Safety Policy.

In addition a number of opportunities for improvement were identified in the 2017/2018 Health, Safety and Emergency Resilience Report:

1. Reporting of near misses is far lower than reasonably expected

2. The majority of reported accidents have basic causes indicating the need to focus on basic health and safety management

3. Reports of violence and aggression account for the majority of incidents reported

3   Health and safety performance[1]

3.1   Accidents and incidents

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

3.1.1   Accidents to employees

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

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

(1) Days lost in 2018/2019 show a 3.4% increase on 2017/a2018. Of the days lost one accident resulted in 146 days lost due to an ankle injury; 289 days lost (10 accidents) were attributed to a single service (ranging from 2 to 98 days lost – slips and trips, manual handling and road traffic collision); with 55 days lost at one school – these accidents account for 490 (84%) of days lost. Overall the RIDDOR recordable/reportable accidents account for 575 days lost (99%). The remaining lost time incidents (5) account for the balance of days lost (8).

(2) National incident rate figures for the total number of accidents are unavailable due to the HSE only compiling figures for accidents reportable to the enforcing authority under the RIDDOR legislation.   The HSE's extrapolated incident rate is calculated by "scaling up" the HSE's annually published estimated figure for the reporting of accidents. The latest available national data is for 2017/2018 and the HSE acknowledge that non-fatal injury reporting "is subject to substantial under-reporting, current levels of reporting for employees is estimated to be half" (source   http://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf,   accessed 11/06/2019)   and   http://www.hse.gov.uk/statistics/tables/ridhist.xlsx   (RIDHIST table, table 3, accessed 11/06/2019).   To allow comparison with the Council's data in which due to robust absence management policies the assumed level of over 7-day accident reporting is 100%, the HSE figure is doubled.

(3) Whilst the Council's over 7 day incident rate is below the HSE national figure and this would be expected to continue in future years, some fluctuation in accident numbers and rates should be expected. Whilst 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.

(4) In addition, for every 1 RIDDOR accident a further 189 near miss accidents would be expected. Application of this indicates that for the 14 RIDDOR reportable/recordable accidents reported in 2018/2019, 2,646 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 1 for each employee per year). However, only 11 such accidents were reported in 2018/2019 indicating a continued significant under-reporting of such incidents in the Council (and only a slight increase on the 9 reported in 2017/2018 despite services actively being encouraged to report these incidents and the need for this continuing to be included in the health and safety training provided by the Health, Safety and Emergency

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[1] Performance data excludes other Council associated organisations (Berneslai Homes, NPS (Barnsley)) and academy/trust schools.

Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report any and all incidents which occur rather than solely those where an injury occurred. The processes are in place within the Council to report such incidents and the need for their reporting in included in the baseline health and safety training provided by the Health, Safety and Emergency Resilience Service. Therefore all departments are again actively requested at every opportunity to restate the need to report near miss accidents.

(5) The reporting rate of accidents from 2017/2018 to 2018/2019 shows a decrease in confidence in the level of accident reporting within the Council and whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication that managers need to emphasise the reporting of all incidents and demonstrate that action is taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 again stress the need for a *"back to basics"* approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the 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.

Directorate	Reported accidents (received by the Health, Safety and Emergency Resilience Service)	Lost time accidents (i.e. those which resulted in an employee recording absence from work)	RIDDOR 'recordable' over 3 day accidents	RIDDOR 'reportable' over 7 day accidents	RIDDOR 'reportable' specified injury accidents	First aid accidents (i.e. those which resulted in an employee seeking first aid)	Medical treatment accidents (i.e. those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Communities	28	3	3	0	0	8	4	15
People	33	4	3	3	0	12	3	190
Place	34	10	9	6	0	6	14	289
Core	3	1	0	0	0	0	0	2
Public Health	3	0	0	0	0	0	1	0
Primary Schools	32	5	1	1	1	13	7	22
Secondary/ Through Schools	18	4	4	3	0	7	8	65
Total	151	28	21	13	1	46	38	583[1]
Incident rate per 1,000 employees*	35.1	6.5	4.8	3.0	0.23	10.7	8.8	■
			HSE published RIDDOR reportable over 7 day incident rate[2][3]	3.90	■			
Accident reporting rate	129	■	22			154		84%
	Minor accidents (total – RIDDOR recordable/ reportable)	■	Number of individual accidents which were RIDDOR recordable and/or reportable (i.e. excluding the duplications where a recordable accident was in addition reportable)			Expected number of minor accidents (where for every 1 RIDDOR recordable/reportable accident, 7 minor injury accidents would be expected)[4]		Accident reporting rate[5] (reported minor accidents v. expected minor accidents)
2017/2018	148	24	16	15	1	36	31	564

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

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

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped or fell on the same level	64	Upper Limb	54	Sprain/ Strain	55
Hit by something fixed/stationary	27	Lower Limb	48	Cut/ Laceration	31
Injured while handling, lifting or carrying	22	Back/Trunk	18	Bump/ Bruising	26
Use of equipment/machinery	13	Head	9	No injury/near miss	11
Hit by a moving, flying or falling object	7	No Injury/near miss	9	Burn	8
Road Traffic Collision	6	Face	6	Break/fracture	8
Hazardous Substance	4	Abdomen	4	Other	5
Needlestick/sharps injury	3	Neck	2	Distress	2
Injured by an animal	2	Groin	1	Needlestick/sharps injury	2
Contact with electricity	1	Eyes	0	Foreign body	2
Trapped by something collapsing	1	■		Bite	1
Fell from height	1			Dislocation	0
Total	151	Total	151	Total	151

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

3.1.2 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to 'persons not at work': accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. In 2018/2019 one such accident were recorded in Park Services (play area incident).

3.1.3 Aggression and violence to employees

Violent incidents are defined as:

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

Figure 3 below details the number of incidents of violence and aggression by Directorate. Figures 4, 5 and 6 then categorises the accidents by type of incident, part of body injured and injury.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression
Core	2	0
Communities	17	0
People	40	0
Place	6	0
Public Health	2	0
Primary Schools	91	15
Secondary/Through Schools	5	1
Total	**163 (37.9)**	**16**
2017/2018	*158 (27.9)*	*57*

Figure 3: incidents of violence and aggression by Directorate (with where applicable incident rates per 1,000 employees in parentheses)

Several key points arise from the information in Figure 3:

(1) An increase in the reported number of violent incidents in 2018/2019, with reported violent incidents increasing by a total of 5 from 2017/2018.

(2) A decrease in days lost due to incidents of violence and aggression decreasing from 57 to 16 (with two incidents accounting for 69% of absence).

(3) There is a higher incidence of 'violent' incidents within People and schools. This disparity reflects the nature of the work carried out and encountering some of the Council's most

challenging clients. 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.

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

(1) Almost three quarters of incidents (70.6%) involved a degree of physical violence with aggression accounting for 15%. Cumulatively aggression and physical violence account for 85.6% of reported incidents. On the assumption (that cannot other than anecdotally be demonstrated) that verbal abuse is more prevalent than aggression and physical violence this does suggest an under-reporting of incidents and indicates that reports are only made when more serious. The Council has a firm 'zero tolerance' policy towards violence and aggression to staff that has been used effectively in holding perpetrators to account. However, this policy needs to be reiterated to clients, customers, service users etc. by front-line services and incidents reported so that valuable information can be utilised in the risk assessment process.

(2) One-third of incidents resulted in no injury/impact on the employee.

(3) A decrease in days lost due to incidents of violence and aggression decreasing from 57 from to 16 (with two incidents accounting for 69% of absence).

Directorate	Aggression	Harassment	Physical violence	Sexual harassment	Verbal Abuse	Intentional Damage to Property	Racial harassment	Total
Core	0	0	0	0	2	0	0	2
Communities	1	0	5	2	8	1	0	17
People	13	0	21	0	4	1	1	40
Place	0	0	4	0	1	1	0	6
Public Health	1	0	0	0	1	0	0	2
Primary Schools	10	1	80	0	0	0	0	91
Secondary/Through Schools	0	0	5	0	0	0	0	5
Total/Overall	25	1	115	2	16	3	1	163

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	36
Head/Face	34
Upper Limb	31
Multiple Injuries	30
Back/Trunk	18
Lower Limb	14
Total	163

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

Type of injury	Number of incidents
No physical injury	54
Bruise	35
Cut/Graze	23
Bite	22
Distress	19
Sprain / Strain	10
Total	163

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

3.1.4 Specified injury analysis

In 2018/2019 one specified injury to a Council employee was recorded. In this instance a member of school staff whilst out on a school trip, tripped and fell over onto a concrete resulting in an upper limb break. The recording of specified injuries is based upon the outcome of an accident rather than the root cause. Therefore an element of providence is involved in the occurrence of a specified injury. For example, the same simple slip or trip may result in a range of outcomes and therefore focussing on the outcome rather than the cause of the accident misses what should be the crux of the matter.

3.2 Work related ill-health

For several years data relating to work-related ill-health have been included in Health, Safety and Emergency Resilience Reports. However, sickness absence data is comprehensively reported via the Council's Performance Management Framework. As data may vary depending on the date it was extracted from databases, where data is shown is different reports there may therefore be inconsistencies between published data. Therefore detailed information relating to sickness absence will now only be included in Performance Management reports. However, for comparative purposes broad-brush data is shown below in Figure 7.

As with accidents and incidents it is accepted that the collation of work related ill health statistics can assist in improving health and safety within an organisation. 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
2014/2015	24,022	1,122	10,212	882	34,234	2,004
2015/2016	11,745	250	8,796	317	20,541	567
2016/2017	12,529	637	6,936	671	19,465	1,308
2017/2018	12,404	404	8,367	406	20,771	810
2018/2019	12,054	466	10,457	399	22,511	865

Figure 7: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2014/2015 to 2018/2019

3.3 Cost of accidents and incidents 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 2018/2019 the direct salary cost due to employee absence following accidents and incidents of violence and aggression at work is:

Median[2] salary scale point	'Add on' costs	Total Cost to Authority
SCP 25 – Grade 5	Superannuation and National Insurance	Salary, superannuation and National Insurance
£23,111 +	£5,424 =	£28,535 per year

Therefore:

£28,535	/	365 days	=	£78.18 average cost per day
£78.18	x	599 lost days	=	£46,830

In considering this figure it should be noted that the unmeasurable costs of accidents are estimated by the Health and Safety Executive to be an average of 10 times the measurable costs. 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 days. Based on the reductions in days lost in comparison with 2018/2019 and the average cost per day lost, this now represents an avoidance of 3,453 days per year and an associated direct cost avoidance of £269,956 in the year 2018/2019 alone.

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. Based on the number of days lost due to *potentially* occupational ill health (22,511) the cost of the absence may be estimated at: £1,759,910.

3.4   Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable 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 (the form additionally prompts managers to consider any wider risk assessments that were applicable such as workplace inspections, safe systems of work, care plans etc.). Subsequently the form asks "has a risk assessment been reviewed/developed for the activity undertaken after the accident?" The response to these questions is logged by the Health, Safety and Emergency Resilience Service and is integral to its accident/incident recording and monitoring function, i.e. was there a risk assessment before the accident and after the accident was this reviewed or as necessary developed?

The information provided by managers and supervisors on the HS2(E) form has been collated below in Figure 8 which highlights:

(1) A risk assessment had been undertaken for the work activity being carried out prior to the accident in 68% of incidents reported (77% corporately (decrease from 83%) and 50% in schools (decreased from 60%)), a decrease on the 76% reported in 2017/18

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[2] 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).

(2) In 54% (60% in 2017/2018 showing *some* improvement) of accidents the risk assessment was not initially reviewed thus indicating a lack of 'learning from the experience'. It is only by the review and as necessary revision of the risk assessment that action can be taken to prevent recurrence of the incident.

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

1. Managers/supervisors do not understand the importance of full and accurate completion of the accident form (the form becomes a disclosable document in the event of enforcement action or civil proceedings)

2. Time pressures mean that managers/supervisors do not check the existence of the risk assessments or know they exist

3. The documents do not exist (some evidence identified as part of audit would support this, see section 3.7)

The consequences of not carrying out risk assessments may include:

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

Arrangement are in place within the Council to undertake risk assessment and in view of this Business Units are requested to review their need for and application of risk assessment to ensure that the risks of all tasks undertaken by employees have been considered and reasonable precautions taken.

Directorate	Pre-accident Risk Assessment				Post-accident Risk Assessment			
	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident
Communities	22	79%	6	21%	6	21%	22	79%
People	25	76%	8	34%	21	64%	12	36%
Place	30	88%	4	12%	18	53%	16	47%
Core	1	33%	2	67%	0	0%	3	100%
Public Health	0	0%	3	100%	0	0%	3	100%
Corporate subtotal	*78*	*77%*	*23*	*23%*	*45*	*45%*	*56*	*55%*
Primary Schools	16	50%	16	50%	10	31%	22	69%
Secondary Schools	7	44%	9	56%	6	38%	10	62%
Through School	2	100%	0	0%	0	0%	2	100%
Schools subtotal	*25*	*50%*	*25*	*50%*	*16*	*32%*	*34*	*68%*
Total/Overall	103	68%	48	32%	61	40%	90	60%
2017/2018	*113*	*76%*	*35*	*24%*	*68*	*46%*	*88*	*54%*

Figure 8: risk assessment analysis - responses provided to the question "had a risk assessment been carried out for the activity undertaken prior to the accident?" and the question "has a risk assessment been reviewed/developed for the activity undertaken after the accident?"

3.5   Enforcement action against the Council

During 2018/2019 the Council has not been issued with any formal notices or been the subject of any prosecutions from any of the enforcing authorities, namely the Health and Safety Executive (HSE, including notice of contravention), the Environment Agency or South Yorkshire Fire and Rescue Service.   However, any and all incidents could potentially result in some form of investigation and Business Units should always remain prepared to support any investigation as necessary.

3.6   Health and safety audits

Audit data provides 'active' information on the health and safety performance of the Council. During 2018/2019 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of health and safety audits. All audits carried out by the Service produced a score judged against pre-determined criteria. The scores achieving each category are:

- Grade A – good – 90% or above: the Business Unit and/or Service or school have/has achieved a satisfactory standard in managing health and safety with only a few improvements required (i.e. very few or no gaps/weaknesses exist and controls are effective).

- Grade B – improving – 70 – 89%: the Business Unit and/or Service or school is not achieving an acceptable level of managing health and safety with many improvements required (i.e. some minor gaps/weaknesses exist but generally strengths outweigh weaknesses and controls are generally effective).

- Grace 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%. Figure 9 below shows the results of audits undertaken in 2018/2019 and the commonly recurring opportunities for improvement identified.

Standard achieved	Corporate		Schools		Overall	
	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	11	79%	26	93%	37	88%
Improving	3	21%	2	7%	5	12%
Less than satisfactory	0	0%	0	0%	0	0%
Total	**14**	**100%**	**28**	**100%**	**42**	**100%**
Common opportunities for improvement	1. Safe systems of work to be developed following all risk assessments. 2. Risk assessment to be carried out (RA2) on all occupation groups identified on a RA1 form by trained, competent persons. 3. System in place to ensure any further health and safety training identified in the induction process is programmed and implemented 4. Records to be kept of all health and safety training given to managers and employees including induction training 5. Services to have a programme for reviewing its business continuity plans		1. Assessments to be carried out on all employee workstations and to be reviewed in the last 12 months. 2. 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 3. A building security policy needs to be developed for the premises. It should be signed, dated and an associated risk assessment produced with an action plan of required control measures. 4. A system to be implemented for reviewing risk assessments following an accident, when it is suspected that it is no longer valid after 12 months. 5. All appropriate COSHH assessments need to be obtained and kept up-to-date.			

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

3.7   Employers' liability claims (information provided by Finance)

Whilst not necessarily directly a reflection of health and safety performance claims by current/former employees against the Council for injury/ill health allegedly caused/contributed to by the Council are a useful measure. During 2018/2019 the Council received a total of 18 employers' liability claims, which represents a decrease of 3 claims from the 21 received in 2017/2018. Figure 10 shows the annual number of claims received over the last 5 years.

Year	Number of accident claims	Number of disease claims	Total claims
2014/2015	20	14	34
2015/2016	14	19	33
2016/2017	11	12	23
2017/2018	15	6	21
2018/2019	13	5	18

Figure 10: Employers' Liability Claims 2014/2015 to 2018/2019

Of the 18 claims reported during 2018/2019, 13 have resulted from accidents in the workplace with the remaining 5 being industrial disease claims. The total estimated cost of the reported in year claims was £283,983. This represents an overall decrease of £240,852 over costs established in 2017/2018.   Inclusive of the 2018/2019 movements, the Council currently have 77 ongoing employers' liability claims with total estimated reserves of £1,363,890 (£1,363,809).   Of these claims 35 have resulted from accidents, 42 from industrial diseases.   Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	35
Noise induced hearing loss	32
Mesothelioma/asbestosis	7
Hand/arm vibration syndrome and/or vibration white finger	3

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

4   Health and safety performance assessment

4.1   Review of health and safety performance

Based on the information outlined above in section 3, Figure 12 below considers the Council's health and safety performance in 2018/2019 in comparison to the targets set.

Priority from 2017/2018	Progress in 2018/2019	Action required in 2019/2020
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%.	Overall 88% of audits achieved this rating. The audit programme continued during 2018/2019 and each previous audit has produced a prioritised plan of action to allow this target to be met.	This target requires Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.	For 68% of accidents recorded the manager stated that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident.	This target requires Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face.
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.	The need for the identification and recording of health and safety training is highlighted in the common opportunities for improvement identified during audits.	When implementing the Council's performance and development review process, services should include necessary competencies relating to health and safety. Training that supports achievement of this is provided by the Health, Safety and Emergency Resilience Service.
4. To increase the number of reported 'near misses'	Whilst a slight increase in reporting has been achieved (with a marked locally recorded increase at Smithies Lane Depot) there is further work needed in this area.	The need for near miss reporting is included in the training provided by the Health, Safety and Emergency Resilience Service and the Council's occupational health and safety management system. With the support of Communications and Marketing a specific campaign relating to the reporting of both near misses and incidents of violence and aggression is being developed for implementation in 2019.
5. To increase the number of	The majority of incidents	The need for violence and

lower level incidents of violence and aggression	recorded indicate higher rather than lower level incidents.	aggression reporting is included in the training provided by the Health, Safety and Emergency Resilience Service and the Council's occupational health and safety management system. This is further supported by specific awareness training provided by Employee Development. With the support of Communications and Marketing a specific campaign relating to the reporting of both near misses and incidents of violence and aggression is being developed for implementation in 2019.
6. Address the opportunities for improvement in the Employee Survey 2017	Whilst there are positives in this report, the opportunities for improvement indicate that there remains work to do in this area.	There is a need to both ensure the competence of employees (see 3 above) and also ensure that all employees at all levels contribute to making health and safety a core priority. Linked to 4 and 5 above with the support of Communications and Marketing a specific campaign relating to challenging all staff to think about how they contribute raising health and safety standards is being developed for implementation in 2019
7. Implement a revised programme of fire risk assessments along with enhanced assurance with regard to the standard of life safety fire risk assessments undertaken.	The revised programme was instigated in 2018 with a programme to reassess all Council premises to the enhanced standard.	The revised programme will continue in both 2019/2020 and 2020/2021.

Figure 12: progress against priorities/targets/identified opportunities for improvement

Whilst the above is intentionally critical with a view to continuous improvement, the Council has progressively improved and/or maintained its health and safety performance over many years. In recognition of this the Council has for the fourth time been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron's Award] achievement award for occupational health and safety – the Order of Distinction 2019. In addition, the Council has again been awarded an International Safety Award, by the British Safety Council for 2019 (and was furthermore shortlisted for the 2019 International Safety Award – Local Government, Defence and Public Services Sector Award). Whilst this report highlights a number of opportunities for improvement these peer reviewed awards reflect the commitment by the Council to good standards of health and safety management and the efforts made by Business Units and services in this area.

4.2 Health and safety priorities for 2019/2020

Based on the above the health and safety priorities/targets for 2019/2020 will be:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.

2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.

3. To increase the number of reported 'near misses'

4. To increase the number of lower level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2018/2019. 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 2018/2019.