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Health and Safety Report
2019/2020



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Executive Summary

The year April 2019 to March 2020 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 2019/2020 are shown below (with comparative data for 2018/2019 shown in parentheses):

- A decrease in reported accidents to 144 (151)
- A decrease in reported incidents of violence and aggression to 137 (163)
- The majority 77% (88%) of audits show a satisfactory level of compliance with the Council’s governance arrangements for health and safety
- A decrease in RIDDOR recordable/reportable accidents to 18 (22) with 12 (13) over seven days injuries and 4 (8) over three-day injuries
- The Council’s RIDDOR reportable accident performance when compared to national statistics remaining favourable (around a third lower than national rates)
- A decrease in the total number of employer’s liability claims to 14 (18) with 9 (13) related to accidents and 5 (5) to work related ill health

However, some negative indicators are also seen:

- An increase in specified ‘major’ injuries to 2 (1)
- A worsening of compliance with requirements to develop risk assessments to 64% (68%) – (66% (77%) corporately and an improvement to 59% (50%) in schools)
- An increase in days lost due to accidents to 943 (583) (with 8 accidents accounting for 87% (825) of days lost of which 2 accidents accounted for 43% (404 days)
- An increase in days lost due to violence and aggression to 97 (16)
- An under-reporting of near miss accidents and presumed 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 (opportunities have been grouped):

Priority identified in 2019/2020	Action required in 2020/2021
<p>1. Accident reduction through improvement in risk assessment development and risk control. Whilst there has been a decrease in overall RIDDOR reportable/recordable incidents there has been an increase in specified major injuries and days lost. This is accompanied by a decrease of 4% in risk assessment compliance with in 64% of accidents recorded the manager stating that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident. The results of audits substantiate the lower than expected development and implementation of risk assessments.</p>	<p>Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available – this will address issues relating to the number and severity of accidents and risk assessment compliance.</p>

<p>2. The reporting of 'near misses' remains lower than expected</p>	<p>Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.</p>
<p>3. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance. Audit scores are generally overall lower than in 2018/2019. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.</p>	<p>Business Units to review and implement the Council's occupational health and safety management system within services to ensure that they have suitable, sufficient and proportionate arrangements to operationally manage health and safety.</p>

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 and evidenced within services.

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1 Introduction

Performance management is integral to good business practice. The aim of this annual Health and Safety Report is to assist in the continuous improvement of 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 international standard ISO 45001 Occupational Health and Safety Management (and its predecessor UK national standard BS 18001) along with standards produced by the Health and Safety Executive.

2 Health and safety priorities 2019/2020

To focus health, safety and emergency resilience efforts, performance targets were set for 2019/2020 based on the Council's performance in 2018/2019. 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 2018/2019 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 performance¹

3.1 Accidents and incidents

Accident and incident data provide '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 2019/2020 show a 62% increase on 2018/2019. Of the days lost one accident resulted in 222 days lost from a slip/trip injury (primary school) resulting in a broken hip, another accident resulted in 182 days lost from a slip/trip injury (neighbourhood services) resulting in a sprain to leg. 421 days lost (5 accidents) were attributed to a single service (ranging from 67 – 75 days lost – slips and trips, road traffic collision and hit by moving object), with 73 days lost at one school – these accounted for 825 days lost (87%). Overall the RIDDOR recordable/reportable accidents account for 909 days lost (96%). The remaining lost time incidents (10) account for the balance of days lost (34 days).
- (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 2018/2019 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting "is subject to substantial under-reporting (current levels of reporting for employees is estimated to be at around a half" (source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, accessed 03/08/2020) and <https://www.hse.gov.uk/statistics/tables/index.htm#riddor> (RIDHIST table, table 3, accessed 03/08/2020). 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 (189 per 100,000 employees) is adjusted to per 1,000 employees and 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 18 RIDDOR reportable/recordable accidents reported in 2019/2020, 3,402 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 153 such accidents were reported in 2019/2020 indicating a continued significant under-reporting of such incidents in the Council (despite a large, particularly in percentage terms, increase on the

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

11 reported in 2018/2019. Services are encouraged to report these incidents and the need for this continuing to be included in the health and safety training provided by the Health, Safety and Emergency Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report 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.

- (5) The reporting rate of accidents from 2018/2019 to 2019/2020 shows an increase in confidence in the level of accident reporting within the Council. Whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication of the reporting of all incidents so that action can be taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 again stress the need for a “*back to basics*” approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the 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	10	1	1	0	0	0	3	4
People	33	0	0	0	0	10	1	0
Place	41	14	1	10	1	3	20	604
Core	11	1	1	0	0	5	2	6
Public Health	3	1	1	0	0	1	0	7
Primary Schools	38	6	0	1	1	15	8	300
Secondary/ Through Schools	8	1	0	1	0	1	1	22
Total	144	24	4	12	2	35	35	943
Incident rate per 1,000 employees*	29.8	5.0	0.8	2.5	0.4	7.3	7.3	
			HSE published RIDDOR reportable over 7 day incident rate⁽²⁾⁽³⁾	3.8				
Accident reporting rate	129		18			119		100+%
	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)
2018/2019	151	28	8	13	1	46	38	583
			22					

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

$$* \text{ Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}^2} \times \text{Unit Number of Employees (1,000)}$$

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped or fell on the same level	48	Upper limb	46	Sprain/ Strain	43
Hit by a moving, flying or falling object	44	Lower limb	40	Bump/ Bruising	36
Injured while handling, lifting or carrying	17	Back/trunk	16	Cut/ Laceration	20
Hit by something fixed/stationary	11	Head	12	Burn	12
Road Traffic Collision	6	No Injury/near miss	10	No injury/near miss	12
Hazardous Substance	5	Abdomen	7	Break/fracture	6
Needlestick/sharps injury	4	Face	6	Distress	5
Fell from height	3	Eyes	5	Other	3
Injured by an animal	2	Chest	1	Foreign body	3
Use of equipment/machinery	1	Ear	1	Bite	3
Contact with electricity	1			Needlestick/sharps injury	1
Fire/explosion	1				
Choking	1				
Total	144	Total	144	Total	144

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

² Using a total headcount of 4,826 (corporate and schools)

3.1.2 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to 'persons not at work': accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. In 2019/2020 no such accidents were reported.

3.1.3 Aggression and violence to employees

Violent incidents are defined as:

- Any intentional acts that cause apprehension, fear, psychological or physical injury to an employee arising out of or in connection with their authorised duties
- The deliberate damage to the property or belongings of an employee that is attributable to the carrying out of 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	10	0
People	37	7
Place	42	90
Public Health	3	0
Primary Schools	43	0
Secondary/Through Schools	0	0
Total	137	97
<i>2018/2019</i>	<i>163 (37.9)</i>	<i>16</i>

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) A decrease in the reported number of violent incidents in 2019/2020, with reported violent incidents decreasing by a total of 26 from 2018/2019.
- (2) An increase in days lost due to incidents of violence and aggression increasing of 81 days (with one incident accounting for 71% of absence).
- (3) There is a higher incidence of 'violent' incidents within Place, People and Schools. This disparity reflects the nature of the work carried out and encountering 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) Physical violence accounts for 32% of incidents with aggression accounting for 23%, verbal abuse accounting for 28% and behavioural difficulties accounting for 15%. Cumulatively physical violence, aggression, verbal abuse and behavioural difficulties account for 98% of reported incidents.

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) Just over half of incidents (51%) resulted in no injury/impact on the employee.
- (3) An increase in days lost due to incidents of violence and aggression increasing from 16 from to 97 (with two incidents, one accounting for 93% of absence and the other one accounting for 7%).

Directorate	Aggression	Physical violence	Weapon	Verbal Abuse	Behavioural difficulties	Mental illness	Total
Core	0	0	0	2	0	0	2
Communities	3	0	0	6	0	1	10
People	10	16	1	0	10	0	37
Place	8	4	1	28	1	0	42
Public Health	1	0	0	2	0	0	3
Primary Schools	9	24	0	0	10	0	43
Secondary/Through Schools	0	0	0	0	0	0	0
Total/Overall	31	44	2	38	21	1	137

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	63
Multiple Injuries	25
Upper Limb	22
Lower Limb	13
Head/Face	9
Back/Trunk	5
Total	137

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

Type of injury	Number of incidents
No physical injury	70
Bruise	28
Cut/Graze	14
Bite	13
Sprain / Strain	5
Distress	4
Fracture	3
Total	137

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

3.1.4 Specified injury analysis

In 2019/2020 two specified injury to a Council employee was recorded. One of the accidents was from a member of school staff who was walking across the outdoor play area, trying to avoid 2 pupils on bikes stumbled and fell onto the floor resulting in a broken hip. The second specified accident was from a member of school transport staff who was attending to a child whilst the bus was in transit at which point the bus broke sharply to avoid another vehicle, resulting in the employee falling onto the floor breaking her arm.

The recording of both 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
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
2019/2020	16,521	544	6,722	425	23,243	969

Figure 7: comparison of absences attributed to mental/emotional wellbeing and musculoskeletal related ill health from 2015/2016 to 2019/2020

3.3 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable risks. The 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 64% of incidents reported (66% corporately (decrease from 77%) and 59% in schools (increase from 50%)), a decrease on the 68% reported in 2018/19.
- (2) In 67% (60% in 2018/2019) 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)

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

Arrangements 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	1	10%	9	90%	1	10%	9	90%
People	19	58%	14	42%	14	42%	19	58%
Place	33	80%	8	20%	22	54%	19	46%
Core	10	91%	1	9%	1	9%	10	91%
Public Health	2	67%	1	33%	1	33%	2	67%
<i>Corporate subtotal</i>	65	66%	33	34%	39	40%	59	60%
Primary Schools	21	52%	17	48%	5	13%	33	87%
Secondary Schools	6	75%	2	25%	4	50%	4	50%
Through School	0	0%	0	0%	0	0%	0	0%
<i>Schools subtotal</i>	27	59%	19	41%	9	20%	37	80%
Total/Overall	92	64%	52	36%	48	33%	96	67%
<i>2018/2019</i>	<i>103</i>	<i>68%</i>	<i>48</i>	<i>32%</i>	<i>61</i>	<i>40%</i>	<i>90</i>	<i>60%</i>

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

3.4 Enforcement action against the Council

During 2019/2020 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.

3.5 Health and safety audits

Audit data provides 'active' information on the health and safety performance of the Council. During 2019/2020 the Health, Safety and Emergency Resilience Service has continued to undertake a programme of health and safety audits. All audits carried out by the Service produced a score judged against pre-determined criteria. The scores achieving each category are:

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

When viewing the standards achieved it must be borne in mind that the ultimately acceptable standard of health and safety management must be compliance with the Council's standards for the management of health and safety and hence close to 100%. Figure 9 below shows the results of audits undertaken in 2019/2020 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	4	50%	20	87%	24	77%
Improving	4	50%	3	13%	7	23%
Less than satisfactory	0	0%	0	0%	0	0%
Total	8	100%	23	100%	31	100%
Common opportunities for improvement	1. Systems in place to identify the Health and Safety Standards applicable to the service		1. Employees who work with hazardous substances are provided with suitable information, instruction and training on the hazards and risks involved and the appropriate controls			
	2. Services to have a programme for reviewing its business continuity plans		2. All appropriate COSHH assessments need to be obtained and kept up-to-date			
	3. Services to exercise Business Continuity Plans		3. An up to date inventory of all hazardous substances used by employees			
	4. Risk assessments (RA2) to be carried out for all occupational groups identified on the RA1 form		4. COSHH assessments indicate that health surveillance or maintenance of equipment is necessary			
	5. Compliance monitoring programme to be developed and implemented for the service		5. Risk assessments to be carried out for all occupational groups identified on the RA1 form			

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

3.6 Employers' liability claims

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 2019/2020 the Council received a total of 14 employers' liability claims, which represents a decrease of 4 claims from the 18 received in 2018/2019. 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
2015/2016	14	19	33
2016/2017	11	12	23
2017/2018	15	6	21
2018/2019	13	5	18
2019/2020	9	5	14

Figure 10: Employers' Liability Claims 2015/2016 to 2019/2020

Of the 14 claims reported during 2019/2020, 9 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 £126,257. This represents an overall decrease of £157,681 over costs established in 2018/2019 (£283,938). Inclusive of the 2019/2020 movements, the Council currently have 34 ongoing employers' liability claims with total estimated reserves of £592,175 (£1,363,890). Of these claims 21 have resulted from accidents, 13 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	21
Noise induced hearing loss	11
Mesothelioma/asbestosis	1
Hand/arm vibration syndrome and/or vibration white finger	1

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

4 Health and safety performance assessment

4.1 Review of health and safety performance

Based on the information outlined above in section 3, Figure 12 below considers the Council's health and safety performance in 2019/2020 in comparison to the targets set.

Priority from 2018/2019	Progress in 2019/2020	Action required in 2020/2021
1. The reporting of 'near misses' remains lower than expected along with a statistical decrease in the reporting of accidents.	Whilst the accident reporting rate has increased there remains a stubbornly lower than expected rate of near miss reporting.	Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.
2. Increase in RIDDOR categorised incidents along with a decrease in risk assessment compliance.	Whilst there has been a decrease in overall RIDDOR reportable/recordable incidents there has been an increase in specified major injuries and days lost. This is accompanied by a decrease of 4% in risk assessment compliance with in 64% of accidents recorded the manager stating that no risk assessment was available or in the wider sense applicable to the work being undertaken at the time of the accident. The results of audits substantiate the lower than expected development and implementation of risk assessments.	Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face. Risk assessment is the 'bedrock' of practical risk reduction and services need to ensure that suitable, sufficient and proportionate risk assessment is undertaken. Specific guidance and templates for risk assessment are provided.
3. Majority of reports of violence and aggression involve a degree of physical violence indicating an under-reporting of lower level incidents.	There has been a reduction in the proportion of physical violence reports and increase in proportion of lower level verbal abuse reports. This may indicate an improved level of reporting in that the two are more closely balanced however, instinctively the number of incidents of violence and aggression would seem to be lower than expected based on anecdotal feedback from employees.	Specific campaign to be developed and implemented to reiterate the reporting of all accidents and incidents and in particular near misses in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received.

4. Increase in days lost attributed to musculoskeletal reasons and absences attributed to mental wellbeing reasons.	Whilst there has been a marked decrease in days lost due to musculoskeletal reasons there has been an increase in occurrences. In addition, there has been an increase in both occurrences of and days attributed to mental/emotional wellbeing ill health.	The action plan arising from the employee wellbeing survey includes specific actions in relation to both musculoskeletal and mental/emotional wellbeing ill health.
5. Whilst the majority of audit scores are 'satisfactory' there is room for improvement in terms of compliance.	Audit scores are generally overall lower than in 2018/2019. The main finding has been a lack of documentary and recorded evidence to substantiate the audit responses, i.e. the proof to demonstrate satisfactory practice – this is reflected in the common opportunities for improvement highlighted.	Business Units and services to implement the Council's occupational health and safety management system in a proportionate manner to the risks they face.

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 again been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron's Award] achievement award for occupational health and safety – the Order of Distinction 2020. In addition, the Council has again been awarded an International Safety Award, by the British Safety Council for 2020. 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 2020/2021

Based on the above the health and safety priorities/targets for 2020/2021 will remain:

1. All Business Units and/or Services will implement the Council's Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. To increase the number of reported 'near misses'
4. To increase the number of lower level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2019/2020. 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 2019/2020.