

CLACKMANNANSHIRE COUNCIL

Report to: Resources & Audit Committee

Date of Meeting: 24 September 2015

Subject: Annual Report - Health and Safety Performance

Report by: Head of Resources & Governance

1 PURPOSE

- 1.1. This report provides the Committee with an annual report on the performance of the Health & Safety (H&S) Management System for the period 2014 - 15. The primary objective of this report is to monitor performance and to provide assurance that statutory objectives are being met.

2 RECOMMENDATIONS

- 2.1. The Committee is asked to note, comment on and challenge the H&S Annual Report.

3 CONSIDERATIONS

- 3.1. H&S is a key risk area for the Council. It is a fundamental part of the efficient and effective delivery of local authority services. In order to manage H&S effectively, it is essential to carry out and report on periodic reviews of H&S performance. This report aims to allow Members and Senior Managers insight into the deployment of H&S across the Council in order to assess performance.
- 3.2. The compilation and consideration of this annual report satisfies the statutory requirement under regulation 5 of the Management of Health and Safety at Work Regulations 1999, that requires employers to plan, organise, control, *monitor and review* their H&S arrangements.
- 3.3. The report also summarises information on key H&S risks and any enforcement action / Health and Safety Executive involvement where the effectiveness of internal controls and H&S risk management have not achieved their aim.
- 3.4. Information relating to the use and performance of the Occupational Health Service, Physiotherapy and also the Employee Counselling Service is also considered.

4 CONCLUSION

- 4.1. Satisfactory performance has been achieved in 2014/15, with reasonable assurance that legal H&S duties have been met. During 2014/15, no prosecutions relating to statutory H&S breaches were undertaken against the Council and internal and external peer review audit results on the H&S Management System provide assurance that compliance was being achieved.

5 SUSTAINABILITY IMPLICATIONS

- 5.1. None.

6 RESOURCE IMPLICATIONS

6.1. *Financial Details*

- 6.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. N/A Yes

- 6.3. Finance have been consulted and have agreed the financial implications as set out in the report. N/A Yes

6.4. *Staffing*

- 6.5. N/A

7.0 EXEMPT REPORTS

- 7.1 Is this report exempt? Yes (please detail the reasons for exemption below) No

8.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities** (Please double click on the check box)

- | | |
|--|-------------------------------------|
| The area has a positive image and attracts people and businesses | <input checked="" type="checkbox"/> |
| Our communities are more cohesive and inclusive | <input type="checkbox"/> |
| People are better skilled, trained and ready for learning and employment | <input type="checkbox"/> |
| Our communities are safer | <input checked="" type="checkbox"/> |
| Vulnerable people and families are supported | <input type="checkbox"/> |
| Substance misuse and its effects are reduced | <input type="checkbox"/> |
| Health is improving and health inequalities are reducing | <input checked="" type="checkbox"/> |
| The environment is protected and enhanced for all | <input type="checkbox"/> |
| The Council is effective, efficient and recognised for excellence | <input checked="" type="checkbox"/> |

(2) **Council Policies** (Please detail)

N/A

9.0 Equalities Impact

9.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? Yes
No

10.0 Legality

10.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

11.0 Appendices

11.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

11.2 Appendix 1 - Health & Safety Annual Report 2014/15.

12.0 Background Papers


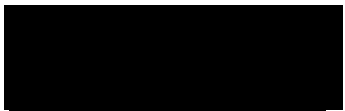
12.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Clackmannanshire Council

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**HEALTH AND SAFETY
ANNUAL REPORT
2014 - 15**

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1. INTRODUCTION

1.1 Aims and Objectives

In order to manage Health and Safety (H&S) effectively, it is essential to carry out and report on periodic reviews of H&S performance. This report aims to allow senior management and Elected Members insight into the deployment of H&S across the Council in order to assess performance. Management information is included for the period between 1st April 2014 and 31st March 2015. Information relating to the use and performance of the Occupational Health Service, Physiotherapy and also the Employee Counselling Service is also considered.

The report will also provide information on H&S risks and any enforcement action / Health and Safety Executive (HSE) involvement where the effectiveness of internal controls and H&S risk management have not achieved their aim.

The ultimate objective of this report is to monitor performance and to provide assurance that statutory objectives are being met.

1.2 H&S Mission & H&S Team

The H&S Team aims to ensure, as far as is reasonably practicable, that Council business is conducted and services are delivered without causing harm or ill health to our staff, or any others affected by our activities. The management of H&S will be reasonable, proportionate to the level of risk and benchmarked with similar organisations. The H&S team also aims to support the delivery of Council services without breaching relevant H&S legislation. The team also manages and operates the Council Occupational Health Service Contract (including statutory staff Health Surveillance), Physiotherapy, Employee Counselling Service and Healthy Working Lives Awards programme. The H&S service contributes to maintaining a healthy workforce, improving efficiency, reducing costs and claims, managing risk and reducing absence.

The central H&S Team also satisfies the statutory requirement to appoint an adequate number of competent persons to assist the Council to comply with its legal duties.

1.3 H&S Hazards & Regulations

The Council delivers a wide range of services across Clackmannanshire. This corresponds with a wide range of hazards and statutory duties which have to be met. Table 1 in Appendix 1 summarises the broad statutory H&S framework applicable across the Council.

2. HIGHLIGHTS

Highlights from the broad range of work undertaken from the period 2014-15 include the completion of a full H&S risk assessment for the Commonwealth Baton Relay and evening event; the procurement and coordination of an externally provided fire risk assessment programme for complex buildings; detailed risk assessment of the use of Kilncraigs reception / Housing Options Shop interview rooms; the provision of OH referral workshops; team level stress risk assessments; introduction and coordination of a new stress

management working group and H&S inspections of the newly refurbished Speirs Centre. All of the above support the Council in achieving statutory compliance and enhancing the health, safety and wellbeing of all staff.

3 PERFORMANCE - H&S MANAGEMENT SYSTEM

3.1 Statutory Breaches & Enforcement Action

The provision of swift and accurate H&S advice and the successful operation of the Council H&S Management System across the Council resulted in no statutory breaches or HSE prosecutions during 2014/15.

Due to the follow up work carried out by the H&S and Assets Teams, the Council narrowly avoided enforcement action from the Fire Service following an out of hours fire alarm activation in Kilncraigs on 27 August 2014 that highlighted an absence of the necessary fire safety protocols, outwith office hours.

3.2 Significant Incidents/Accidents

During 2014/15 there were 2 full HSE investigations following the reporting of accidents under the RIDDOR¹ Regulations as follows.

3.3 Cable Strike Investigation - Roads Contracts

On 9 July 2014 a Scottish Power cable was struck by a Roads Operative. This resulted in an explosion and burns requiring hospital treatment. A full HSE investigation was carried out, along with an internal investigation and subsequent report by the H&S Adviser. The HSE investigation confirmed there were no material statutory breaches, therefore 'Fees for Intervention' did not apply. No enforcement action was necessary.

3.4 Fall at Ludgate House - Adult Care

An HSE accident investigation was triggered following a fall at Ludgate House on 8 June 2014. A respite resident fell, breaking her hip and arm. The HSE investigation confirmed there were no material statutory breaches, therefore Fees for Intervention did not apply. No enforcement action was necessary.

3.5 Other Significant Accidents

An investigation was completed by the H&S team following a report of a fatality in Menstrie House on 21 October 2014. A resident fell, did not recover consciousness and later passed away. An investigation was conducted by the Police, CID and HSE. The outcome of these initial investigations was that medical reasons caused the fall. No further action was required or taken by HSE, therefore Fees for Intervention did not apply. No enforcement action was necessary.

On 3 October 2014, a needlestick injury was sustained in a domestic property by a contractor during the bathroom replacement programme. The incident occurred despite a needle sweep being carried out prior to the work commencing. The occupant of the property was confirmed to have a Blood Borne Virus. A claim is ongoing for this incident.

¹ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

A staff member sustained minor injuries on 27 August 2014 when the floor panel he was standing on in the IT Server Room in Kilncraigs collapsed. This accident was investigated by the H&S Adviser with a full report and recommendations submitted in order to reduce the risk of reoccurrence.

The H&S team also investigated an accident involving a primary school pupil who was hit in the eye by a skipping rope handle in the playground on 27 August 2014. His retina was detached by the impact. A full report with recommendations was submitted in order to reduce the risk of reoccurrence.

3.6 Accident Data

Table 2 in Appendix 2 summarises the accident data for the financial year 2014/15. 2013/14 is also included for comparison. (The Council restructure must be considered when comparing data between the two time periods).

The above statistics highlight a slight decrease in the total number of accidents reported from 2013/14 (**1031**) to 2014/15 (**1024**). Staff accident reports decreased from 308 to 230 whereas non staff accidents increased from 723 to 794. The increase in accident reports for non staff reflects the work carried out in Education to improve the reporting of accidents involving school pupils.

3.7 Accidents reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Some more serious incidents, including accidents resulting in significant injury and staff absence from work, must be reported to the HSE under the above regulations. The total number of RIDDOR reportable accidents was **21** in 2013/14 and **23** in 2014/15. 18 and 20 of these related to staff respectively, 3 and 3 respectively related to non staff. (These figures have remained fairly static over recent years).

3.8 Accident Incidence Rate (AIR) - Staff RIDDOR reports

The number of RIDDOR reports for staff are benchmarked with 11 other Scottish LA's using the Accident Incidence Rate (AIR). The staff RIDDOR AIR for 2013/14 was **837** (RIDDOR reports per 100,000 FTE) and **984** in 2014/15. This increase reflects an increase of only 2 reports, with an overall reduction in the FTE number of staff employed.

3.9 Accidents by Directorate

Table 3a and 3b in Appendix 2 shows the number of staff accidents by Directorate for 2013/14 and 2014/15 respectively. In order to meaningfully compare this information across Directorates, the size of the departments must be taken into account. When the head count is considered for 2014/15, these results show that the highest rate of incidents per thousand staff occurs in what was previously known as 'Services to Communities' (125.93 per 1,000 staff), followed by 'Services to People' (89.27) then 'Finance and Corporate Services' (5.96). These figures reflect the physical nature of the work carried out within Services to Communities.

All accident reports are scrutinised by the H&S team and action taken where required in the identification of trends and the provision of recommendations in order to prevent a reoccurrence.

3.10 Accident Types

Figure 1a below displays a summary of the accident types for staff and non-staff during 2014/15. The top three accident types for 2014/15 were slips trips and falls at 46% (slight increase from previous year), sports injury 23% (again increased since previous year) and physical assault 16% (same as the previous year).

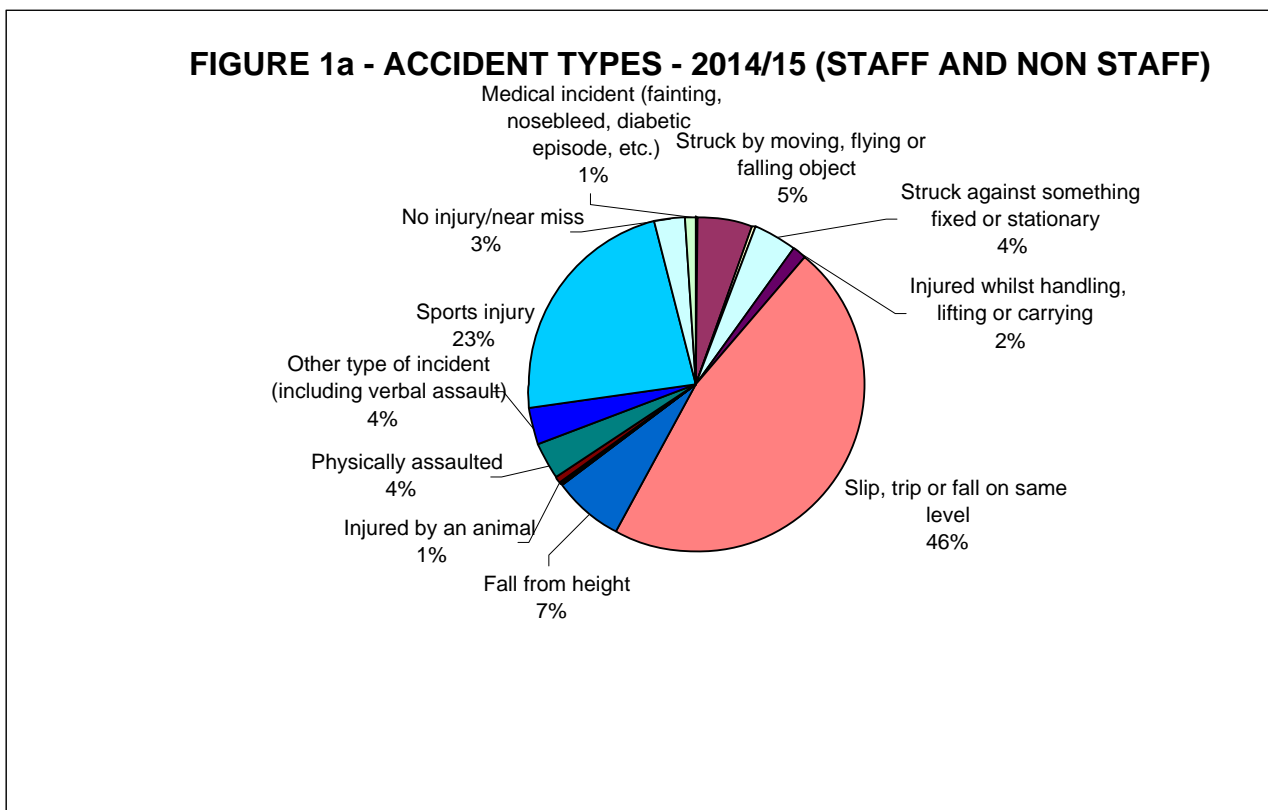


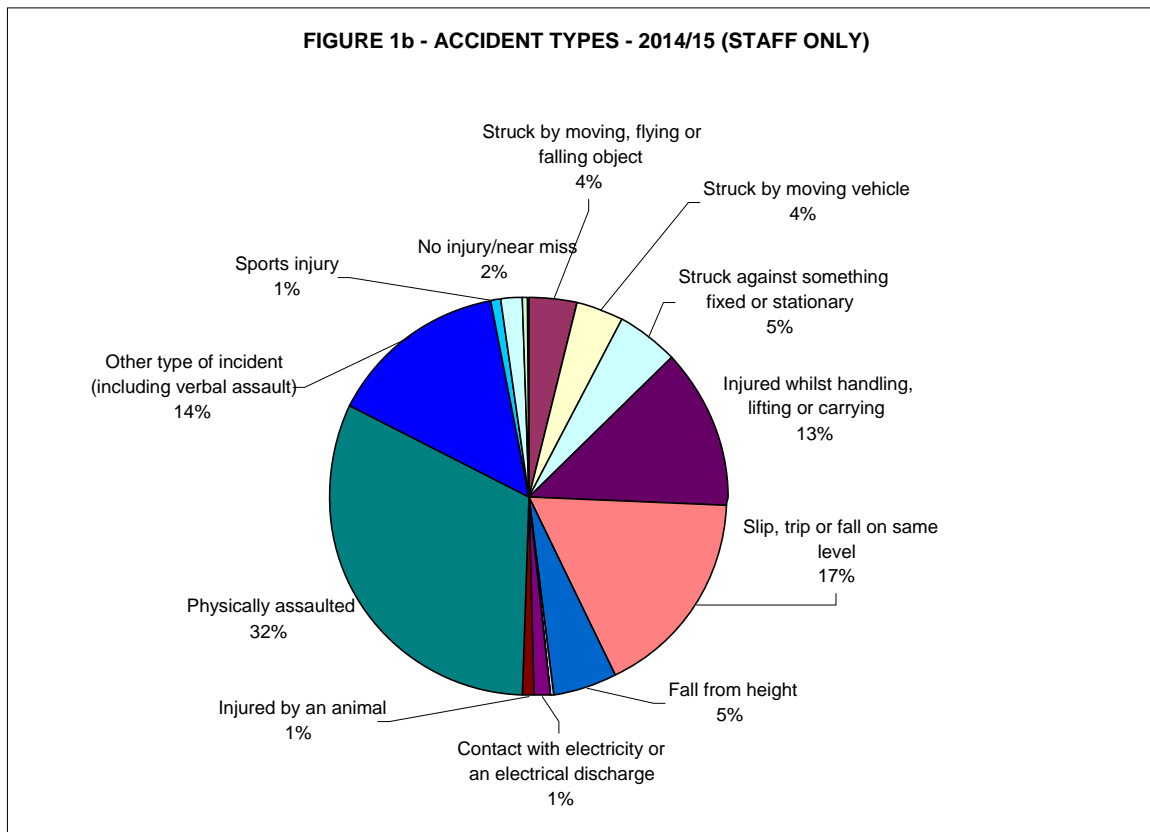
Figure 1b below displays the annual summary of accident type for staff only across the Council in 2014/15.

In 2014/15, the top three accident types for staff only were physical assault at **32%** (46% last year), followed by slips trips and falls at **17%** (12% last year) and 'other', at **14%** (12% last year).

Further breakdown of the Physical Assault data above (**73** reports in total - figures for 2013/14 were **143**) shows that **61** incidents were within Education, **11** were Social Services and **1** was in Facilities Management. Within the school incident reports, the figures can include several incident reports involving the same pupil. Also some singular incidents generate 3 or 4 reports if several members of staff were involved. This increases the overall totals significantly.

Violence and Aggression reports (as with all incident reports) are monitored closely by the H&S team, with most of the reports followed up for additional information on a case by case basis. As detailed above many of the reports can relate to one pupil. The approach to managing these risks is a line management responsibility; with the school staff using their expertise to manage pupils with behavioural issues and the H&S team providing risk

management advice where required. Control measures include risk assessment, staff training (breakaway techniques / de-escalation / safe restraint); rotation of staff working with difficult pupils; identifying behavioural and emotional triggers, identifying environmental factors, meeting with parents, social work involvement, transfer to ASN Units, timetable alterations, reduced attendance and ultimately exclusion. The latter is balanced against the Educational policy of inclusion of pupils with additional support needs.



Accident types are displayed for Services to People and Services to Communities, as they were named in 2014/15, in Appendix 2 - Figures 1c - 1f. (The figures for Finance & Corporate Services were too low to display - only four staff accidents and two for non staff).

3.11 Claims - Insurance payments for industrial ill health / accidents

Claims and insurance payouts for H&S reasons provides an additional indicator of H&S performance. The number of claims received in 2014/15 for H&S (industrial illness and accidents) is **Six** (two more than the previous year). These claims have not been paid out yet so their value is not known. Two of these were cross Council claims for asbestosis. One related to injuries sustained following a cable strike, two were falls and one was for a head injury sustained by falling PE equipment.

In 2014/15 the Council paid out one cross Council claim for £31,054 in relation to a claim received in 2013/14 for mesothelioma. This is approximately half (£29,399.49 less) when compared with the previous year.

3.12 Audits

Clackmannanshire Council is a member of the Authorities Benchmarking Club (ABC). This involves benchmarking with 11 other Scottish local authorities. Part of this membership includes involvement in a regular Peer Review H&S Management System Audit every three years. In 2014, a Peer Review Audit was conducted by East Renfrewshire Council on Clackmannanshire Council. The scores for this are detailed in Table 4 in Appendix 3. (Previous scores from the peer review audit by Perth & Kinross in 2010 are included for comparison).

Scores have improved in the categories examining **Occupational Health Provision** and the **Provision of H&S advice**. One category score decreased (Audit & Inspection) and the remaining categories scored the same. These scores reflect the high operational demand for H&S advice and the corresponding pressure on resources available for more proactive work, i.e. audits. A reciprocal peer review of the H&S Management System in Scottish Borders Council was also carried out in 2014 by the Clackmannanshire H&S team.

The Internal Audit Service carried out a review of H&S compliance across the Council in September 2014. Reasonable Assurance was provided that Services were compliant with statutory H&S requirements. However, some areas of the Council did not complete the audit questionnaires. These areas, as detailed below, were subsequently audited by the H&S Team.

3.13 Audits completed by the H&S Team

Six audits were carried out by the H&S Team in 2014/15. These included a nursery, three Primary Schools and one Social Work department. In May 2014 a previous audit from 2012 on the Criminal Justice Service Workshops was also reviewed. All premises / departments were provided with guidance on areas of non compliance and recommendations for improvement. The absence of accident reporting and recommendations relating to risk assessment were the significant findings identified for the schools.

3.14 Training

H&S training plays a significant role in reducing overall H&S risk, within the Council H&S Management System. Table 5 in Appendix 4 details the attendance at H&S Training courses organised by the central H&S Team during the financial year 2014/15. 2013/14 figures are included for comparison. In 2014/15 871 staff attended the centrally organised courses. This figure was 308 in 2013/14.

An e learning module on Basic Fire Safety Awareness was compiled by the H&S Team in 2014. This will generate significant financial savings for the Council by removing the need to buy in this training for ALL staff every three years. However, staff without a citrix login will still require face to face training, as will fire wardens and those who require extinguisher training. A Display Screen Equipment awareness e learning course has also now been compiled and launched.

In 2014, 39 Team Leaders attended the H&S for Managers course as part of the 'Developing Leadership' programme. 13 Senior Managers also attended the Executive H&S course as part of the 'Leading The Way' programme.

4 OCCUPATIONAL HEALTH PROVISION

The Occupational Health Provision (OHP) is a significant risk and absence management tool, allowing the Council to optimise productivity whilst reducing costs related to health issues. OHP's perform the following functions:

- Identification of the legacy of impairment/disease in new employees and the establishment of a 'baseline' of health.
- Pre employment health assessment.
- Advising on adjustments as required to comply with the Equality Act 2010.
- Identification of work-related disease and defence in the event of legal challenge.
- Provision of advice on preventing/minimising work-related illness.
- Compliance with statutory health surveillance requirements.
- Assessment of fitness for work during and after illness/disease onset and recommending adjustments and restrictions to reduce absence costs.

The OHP is currently delivered by Optima Health at an annual cost of £67,000, subject to variation depending on the requirement for additional services including Cognitive Behaviour Therapy and GP/specialist reports etc.

4.1 Number of referrals

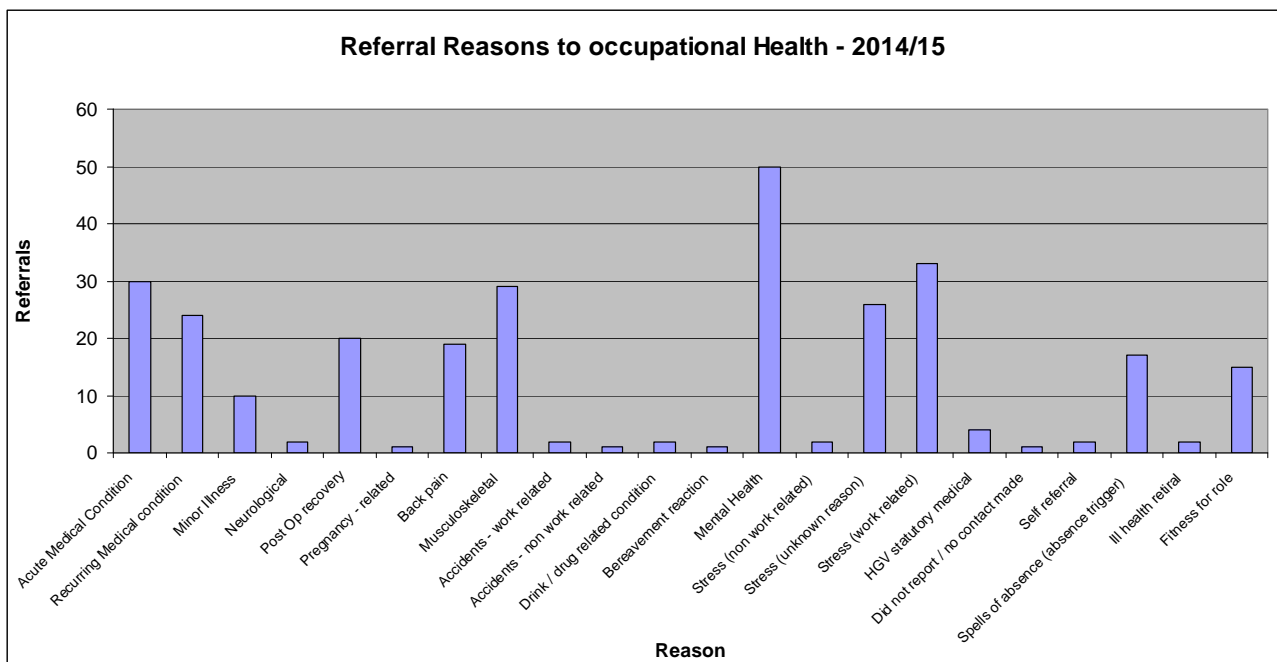
Table 6 in Appendix 5 shows the number of referrals made to our OHP and the numbers of staff receiving statutory health surveillance checks. These checks include:

- Noise Induced Hearing Loss;
- Hand Arm Vibration Syndrome;
- Occupational Asthma / lung function checks;
- Occupational Dermatitis (skin checks);
- Night worker medicals;
- Forklift Truck Driver medicals.

The total number of referrals to Occupational Health (OH) in 2014/15 was **293** (an increase from **225** in the previous year). **302** pre-employment screening questionnaires were assessed (an increase from **259** in the previous year). The number of staff attending OH for statutory health surveillance is lower than in previous years; partly due to the cyclical nature of these checks (some are required every 3 years) and also due to the suspension of the programme following a management buy out of the OHP and subsequent procedural adjustment.

4.2 Referral reasons

Table 7 in Appendix 5 summarises the reasons for referrals to OH. This information is displayed on Figure 2 below which shows that in 2014/15, the primary reasons for referral to OH are **mental health issues** (anxiety, depression, nervous debility etc.) - **50**, **work related stress** - **33** and **acute medical conditions** (stroke, heart problems, cancer etc.) - **30**. It is noteworthy that 111 of the 293 referrals were due to a combination of mental wellbeing and stress (work related, non work related and unknown reasons).



4.3 OHP contract performance

The KPI's for the OHP are detailed in Table 8 in Appendix 5. This information shows that the OH Provider has not met the contract KPI's in 2014/15 particularly in the availability of appointment times with the OH Adviser (OH Nurse). The reason for this is that the KPI's were set up at the commencement of the existing contract; at a time when Clackmannanshire tendered for OH provision in collaboration with Falkirk and Stirling Councils. This partnership generated economies of scale, which meant that the prospective providers, at the outset, were able to allocate five full days of staffing resources to the contract. However, this partnership was dissolved when one of the other Councils retreated from the arrangement when perceived deficiencies were identified with the top ranking supplier in the procurement exercise. The Council that left the partnership opted for the supplier ranked second. (This provider would have proved to be more expensive for Clackmannanshire Council if we had followed suit).

As a result of the above, the size of our contract now only warrants 2 full days of staffing per week (the set days are Tuesday and/or Wednesday for the OH Nurse and Thursday for the OH Doctor). The days can vary with the contract requirements and annual leave etc. It is therefore not possible for the provider to meet the original KPI's. Investigations are currently underway to review the KPI's and re-set them at a realistic and achievable level.

5 FLU VACCINATION PROGRAMME

The H&S team coordinates the annual flu vaccination programme. The aim of this is to ensure that we take action to reduce the risk of contracting flu as a result of work as far as is reasonably practicable; to maintain essential front line services by reducing the likelihood of staff absence during flu season and to safeguard vulnerable service users as far as is reasonably practicable.

In 2014, the programme was extended further to include Education staff. Vaccinations were initially requested by Services for **653** staff. **409** appointments were made with **380** staff attending. The total cost in 2014 was **£3,272**.

In 2013, **223** staff were initially offered the vaccination. **141** staff were vaccinated at a cost of **£1,200**. A wider range of departments than previously were included in 2013 i.e. Waste Services and the Criminal Justice Service.

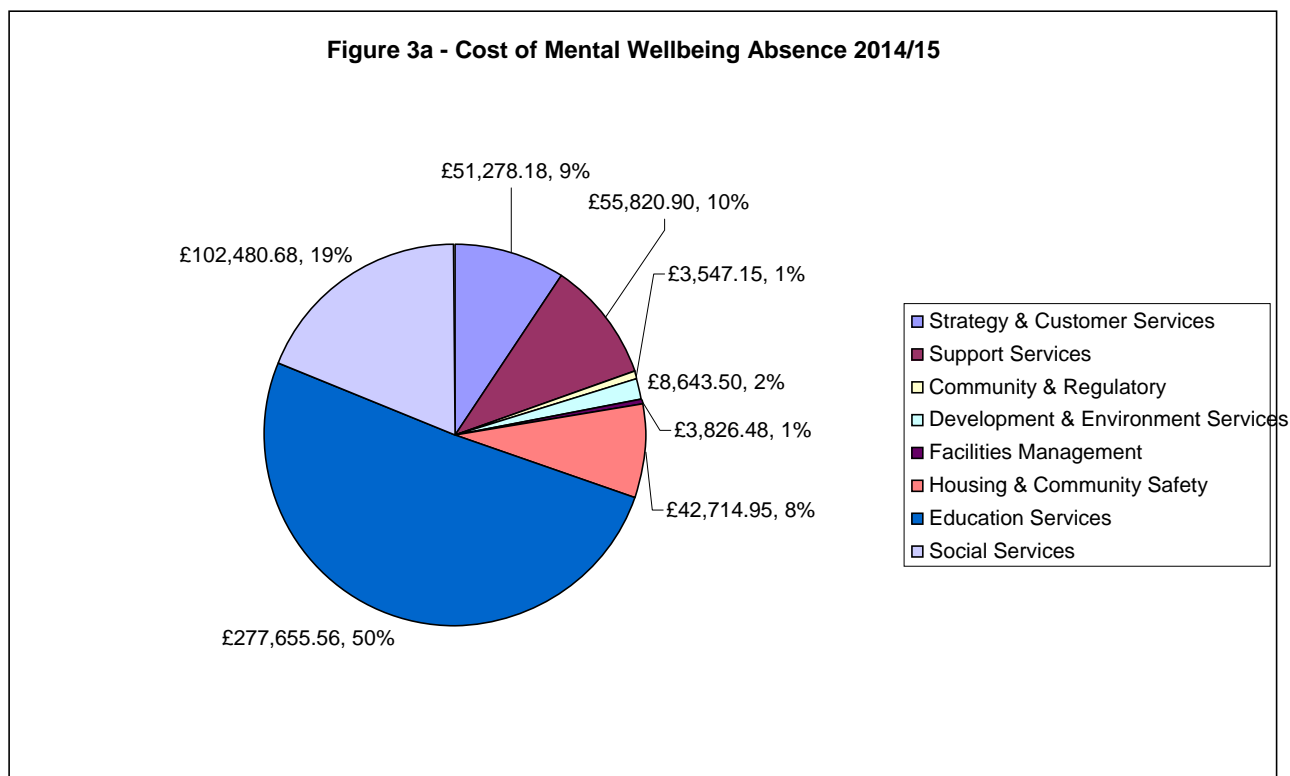
Future changes to i-Trent will allow the flu absence figures to be separately reported in order to determine, where possible, the impact of the flu vaccination programme.

6 STRESS MANAGEMENT, ABSENCE & EMPLOYEE WELLBEING

6.1 Absence

Table 9 & 10 in Appendix 6 detail the distribution of absence relating to Employee Wellbeing across the Council in 2013/14 (for comparison) and 2014/15.

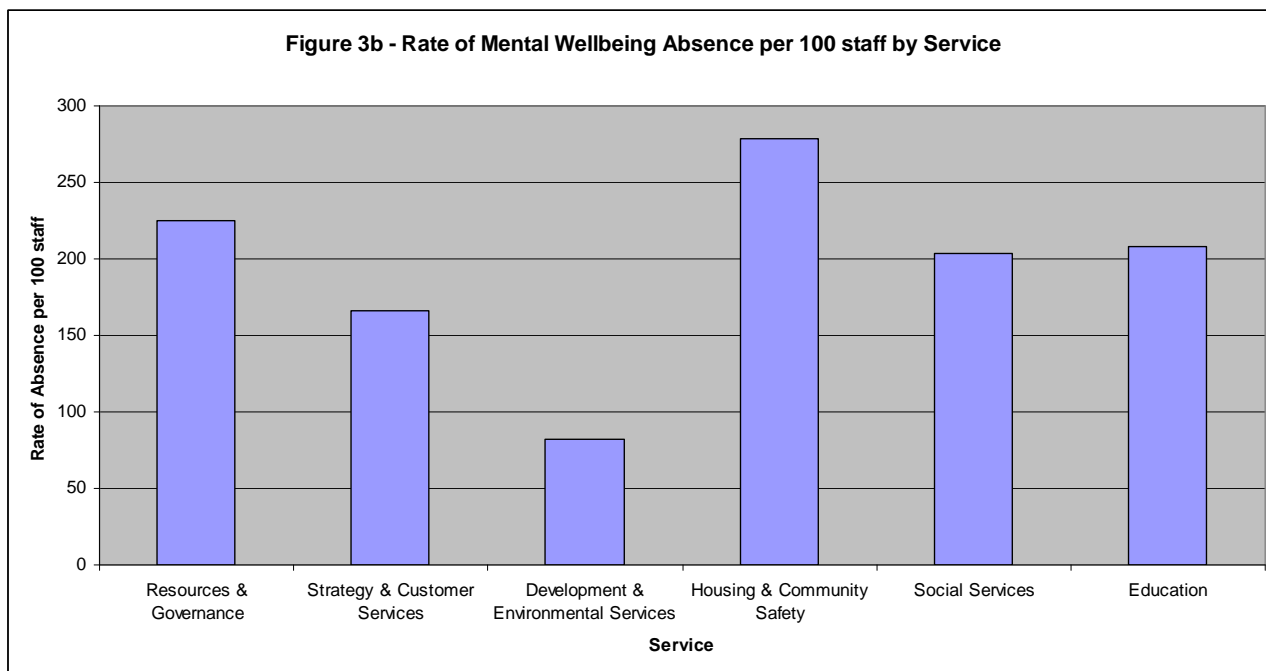
During 2014/15, **5451.5** working days were lost due to mental wellbeing reasons at a cost to the Council of **£545,967.41**. This is **86.5** days more than the previous year with an increase in direct cost of **£6,739.82**. Figure 3a below displays this information in a visual format. 69% of the cost of the days lost were within Education and Social Services. The latter was also the case in the previous year (70%).



In response to the figures above, targeted proactive measures are currently being rolled out to Education staff (stress control training).

However, in order to meaningfully compare the days lost across Services of different sizes, the days lost per 100 staff have been calculated. In Figure 3b below, the rate of days lost

per 100 staff show that the three areas with a greater prevalence of stress / mental wellbeing absence in 2014/15 were **Housing & Community Safety, Resources & Governance** and **Education**.



Comparing this information from the previous financial year is not possible due to significant restructuring. However, in 2013/14, the 3 areas with the greatest prevalence of stress / mental wellbeing absence were **Social Services, Strategy and Customer Services and Community and Regulatory Services**.

6.2 Causes of mental wellbeing absence

I-trent has now (in 2015) been modified in order to allow the recording of stress / mental wellbeing absence to include a determination of whether or not it is work related, or personal, or both. This will be included in future reports.

In the interim, an indirect indicator of whether the incidences of stress are work related can be obtained from the OH referrals. Table 11 in Appendix 6 details the broad reason for psychological / mental wellbeing (MWB) referrals to Occupational Health in 2014/15. 2013/14 data are included for comparison.

These figures show that in 2014/15 the number of MWB referrals had increased to **111** from **60** in the previous financial year. 33% of these were for work related reasons.

6.3 Remedial Measures - Stress Management

The Council currently has in place a suite of control measures aiming to reduce the risk of stress-related ill health and subsequent absence. These include a stress policy, bullying and harassment procedures, a stress risk assessment process for individuals and teams, OH Provision and, until May 2015, an Employee Counselling Service².

² An Employee Counselling Service is currently being re-tendered.

A community - based stress control training programme has also been re-shaped for delivery to Council staff by the Integrated Mental Health Team. A Stress Working Group has also been set up under the Healthy Working Lives banner in order to track the relevant statistics and coordinate control measures.

In response to the figures above, the stress control training will also be rolled out to all Team Leaders.

6.4 Stress Risk Assessments

In 2014/15, **20** stress risk assessments (SRA's) were carried out by the H&S team on individual staff members. Two SRA's were also conducted at a team level. Table 12 in Appendix 6 summarises the demand for SRA's from each Service. The greatest demand was from Housing and Community Safety (including Revenues). This reflects the information in Figure 3b above, highlighting Housing and Community Safety as the Service with the highest rate of mental wellbeing absence per 100 staff.

6.5 Employee Assistance Programme (EAP)

EAP's (providing counselling services) are intended to help employees deal with personal and work related problems that might adversely impact on their work performance, health and well-being. Until May 2015 this was provided by the 'Employee Counselling Service' (ECS). The service included management referrals, self referrals, face to face counselling and also a confidential 24 hour telephone advice service. The annual expenditure on the ECS in both 2013/14 and 2014/15 was £6,800. Following notification that ECS went into receivership in May 2015, the service is currently being re-tendered.

Table 14 in Appendix 6 details the usage of this service in 2013/14 and 2014/15. In 2014/15 the usage of the ECS was **131** contacts in total. This includes referrals for face to face counselling and contact made to the helpline. This has increased by **16** on the previous year.

For the 131 total contacts (face to face and telephone helpline) in 2014/15, the total contract expenditure equates to £51 cost per contact. (For 2013/14 - 115 total contacts equates to £59 per contact).

6.6 ECS referral reasons

Referral reasons to ECS in 2014/15 were **79** total contacts for **personal reasons** and **34** for **work related reasons**. In 2013/14 the referral reasons were 66 for personal reasons and 28 for work related reasons. This information is displayed in Table 13 in Appendix 6.

6.7 ECS contract performance

No performance issues arose for the ECS contract in 2014/15. The KPIs for the contract are in Table 14 in Appendix 6. Self referrals appointment times cannot be monitored due to the confidential nature of the programme. Management referrals to the ECS are very rare, there were only three made in 2014/15. In all management referral cases the KPIs for appointment time and receipt of report were met in full.

There were no known interruptions to the availability of the telephone helpline during 2014/15.

7. PHYSIOTHERAPY PROVISION

The primary purpose of the Physiotherapy Service is to either prevent absence or to facilitate a return to work as a result of a musculo-skeletal injury or illness. The Service was set up as part of the Council's absence management toolkit, with the aim being to provide faster access to physiotherapy as staff could wait eight to twelve weeks for NHS provision.

The physiotherapy provision is delivered by 'Frameworks Clinics' at a value of £21,886 in 2014/15.

7.1 Referrals

The number of referrals in 2013/14 was **97** and **85** in 2014/15.

7.2 Performance - physiotherapy provision

No performance issues arose in relation to the physiotherapy provision during 2013/14 or 2014/15. Furthermore, a survey carried out on users of the provision highlighted a large amount of very positive feedback; with many stating they felt they had recovered quicker and with less absence than if they had not attended.

8 STAFF SURVEY RESULTS (H&S)

The annual staff survey contains questions asking staff how they feel about the Council's management of their health, safety and wellbeing. Table 15 in Appendix 7 details the responses to the H&S questions in 2013. Previous years data are included for comparison.

The above results show a downward trend in the responses with less staff stating that they feel their working environment is safe. Also less staff feel they are receiving relevant H&S information and less staff feel the Council provides support in maintaining a good work life balance. The reason for this has been considered by the H&S team in order to determine the reason for these trends. It is possible that resource pressures are causing H&S to be perceived to be a lower priority in some areas.

9. HEALTHY WORKING LIVES (HWL) AWARD PROGRAMME

The HWL Programme is run by the NHS. It aims to support employers to create a safer, healthier and more motivated workforce. The programme focuses on the premise that healthier staff make for a healthier organisation with improved health, safety and wellbeing generating efficiencies overall.

The H&S Team achieved the HWL Silver Award for the Council in February 2013. This is valid for 3 years. Regular campaigns are required on an ongoing basis to maintain the award. During 2014/15, the H&S team coordinated 9 health promotion campaigns across the Council under the HWL banner. The campaign topics were:

- May 14 Mental Health Awareness
- May 14 Dental Health
- June 14 Pedometer Challenge

- Sept 14 Suicide Prevention Week
- Oct 14 Stress Control
- Nov 14 'Movember' (Men's Health)
- Dec 14 Festive Facts, Winter Driving
- Feb 15 Heart Health
- March 15 No Smoking

Maintaining the award status requires the coordination and collating of information on health promoting activities across the Council. A HWL working group is currently in place, with representatives attending from different service areas.

10. RISKS

The range of services provided by the Council are highly varied, with a broad range of subsequent statutory requirements as detailed in Appendix 1. The hazards affecting each service are very different, ranging from working with chemicals in one area to possible violent attacks from Service Users in others. In all instances, the H&S hazards must be subject to suitable and sufficient risk assessment with the necessary control measures being fully implemented - **in a proportionate manner**.

In general terms the main H&S risks facing the Council are:

- injury and/or ill health affecting staff members (and others) arising from our activities;
- statutory breaches leading to prosecution (& fines);
- costs incurred during HSE investigations under Fees for Intervention;
- injury claims and impact on insurance costs;
- interruption to service delivery (following significant accidents / absence);
- damage to assets following significant accidents;
- adverse publicity and reduced morale in the event of significant incidents.

In addition to the above, further financial pressures leading to reduced resources overall could result in a reduction in H&S compliance and also impact adversely on employee wellbeing/stress. These in turn could increase absence rates and impact on service delivery. This will be monitored on an ongoing basis by the H&S Team. Measures are already underway to streamline the H&S Management System and provide clearer guidance for managers on hazard identification and risk assessment.

The impact of Shared Services will also be closely monitored in order to determine whether ambiguities in terms of liability are introduced.

11 PRIORITIES FOR 2015/16

Priority areas of work for the H&S team for the coming year include:

- completion of a H&S handbook for line managers to simplify and clarify their H&S responsibilities;
- ongoing review of the Council H&S Management System including the standardisation and streamlining of H&S documentation;
- the compilation of hazard matrices for each service area;
- assisting Council services to achieve compliance with the new Construction, Design and Management Regulations 2015 (including policy and guidance formulation);

- and compilation of a policy and guidance document on the management of Legionella risk.

Completion of all of the above is subject to operational demands on the H&S Team.

12 CONCLUSIONS

The aim of this report was to monitor performance and to provide assurance that statutory requirements are being met. Satisfactory performance has been achieved in 2014/15, with reasonable assurance that legal H&S duties have been met. During 2014/15, no prosecutions relating to statutory H&S breaches were undertaken against the Council; despite the involvement of the HSE in three significant accident investigations. Internal and external peer review audit results on the H&S Management System for 2014/15 provide assurance that compliance was being achieved. The external peer review audit scores had also improved in two categories (provision of OH and also delivery of H&S advice). A primary focus of the H&S team is on customer service and ensuring staff have rapid access to the required advice in order to allow them to deliver services without breaching H&S law. This is reflected in these audit scores, which clearly show the focus on reactive rather than proactive work.

Accident reports decreased slightly overall in comparison with the previous year, though accidents involving non staff increased. It is likely that accident figures will continue to increase over the coming years as work continues to ensure all accidents and near misses are reported. Hazard identification and risk assessment continue to be a priority area of work for the H&S Team in order to reduce the likelihood of significant accidents as far as possible. However, it is noteworthy that the likelihood of significant accidents and non compliances occurring is also heavily influenced by several other factors, including:

- leadership in relation to H&S - staff will follow the example set by their management chain;
- ownership of H&S responsibilities by all those with managerial responsibility for staff;
- the general level of compliance with statutory requirements, H&S policies, guidance and training within departments;
- and the level of resourcing allocated to achieving H&S compliance.

The H&S Team will closely monitor and work towards reducing the key risks facing the Council as detailed above; adjusting priorities as required in order to safeguard the health, safety and wellbeing of staff, as far as is reasonably practicable.

TABLE 1 - H&S REGULATORY FRAMEWORK
Health and Safety at Work etc. Act 1974
Management of Health and Safety at Work Regulations 1999.
RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
Road Traffic Act 1988 and the Transport and Works Act 1992.
Misuse of Drugs Act 1971
Control of Asbestos Regulations 2012
The Control of Substances Hazardous to Health Regulations 2002
The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009
The Confined Spaces Regulations 1997
The Construction (Design and Management) Regulations 2007 (CDM)
European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures
Health and Safety (Display Screen Equipment) Regulations 1992
Electricity at Work Regulations 1989.
Health and Safety (Display Screen Equipment) Regulations 1992
Fire (Scotland) Act 2005
Fire Safety (Scotland) Regulations 2006.
Health and Safety (First Aid) Regulations 1981
Control of Vibration at Work Regulations 2005
Control of Lead at Work Regulations 2002
Management of Health and Safety at Work Regulations 1999.
The Dangerous Substances and Explosive Atmospheres Regulations 2002
The Work at Height Regulations 2005
Manual Handling Operations Regulations 1992
Control of Noise at Work Regulations 2005
Personal Protective Equipment at Work Regulations 1992
The Workplace (Health, Safety and Welfare) Regulations 1992
Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006
Provision and Use of Work Equipment Regulations 1998 (PUWER)
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
Road Vehicles (Construction and Use) Regulations 1986, Road Traffic Act 1988
The Pressure Systems Safety Regulations 2000
The Provision and Use of Work Equipment Regulations 1998
The Gas Safety (Installation and Use) Regulations 1998
The Personal Protective Equipment Regulations 1992
Health and Safety (Fees) Regulations 2012
Corporate Homicide Act 2007

Appendix 2 - ACCIDENT DATA

TABLE 2 - COUNCIL ACCIDENT STATISTICS - 2013/14 & 2014/15		
	Number of accident reports - 2013/14	Number of accident reports - 2014/15
Total number PT1s	1031	1024
Staff	308	230
Non staff	723	794
RIDDOR (HSE) reportable accidents	21	23
Staff	18	20
Non staff	3	3
Accident incidence rate (AIR)	18 x 100000 / 2150 = 837	20 x 100000 / 2135 = 937
Total riddor reportable x 100,000 / FTE no. of employees.		

TABLE 3a - COUNCIL STAFF ACCIDENT STATISTICS - 2013/14 by Directorate			
	Number of staff accident reports - 2013/14	Staff head count	AIR Number of PT1s x 1,000 / headcount
F & CS	14	409	34
StC	62	809	77
StP	241	1642	147
TABLE 3b - COUNCIL STAFF ACCIDENT STATISTICS - 2014/15 by Directorate			
	Number of staff accident reports - 2014/15	Staff head count*	AIR Number of PT1s x 1,000 / headcount
F & CS	4	671	5.96
StC	68	540	125.93
StP	158	1770	89.27

* Due to significant restructures, the staff head counts for 2014/15 were estimated by adding together Resources and Governance with Strategy and Performance (to equate with 'F & CS' from the previous year; Development and Housing & Community Safety (to equate with 'Services to Communities') and Social Services & Education (to equate with Services to People'). These AIR figures can only be used as a guide. The accident recording system will be updated with the new names from 2015 onwards.

Figure 1c - Accident Type - Services to People, Non Staff 2014/15

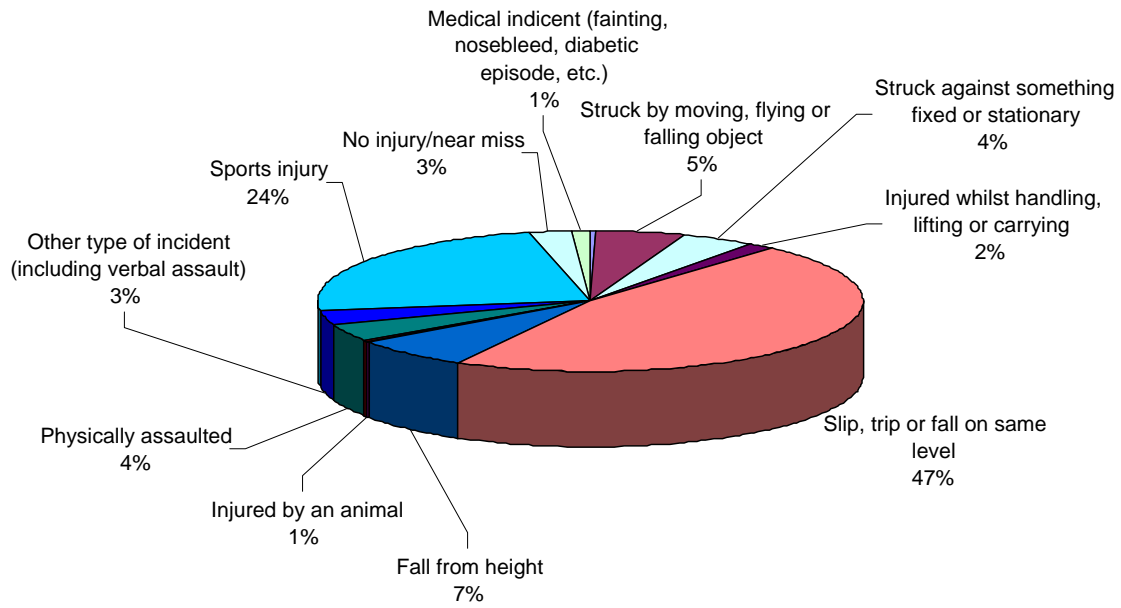


Figure 1d - Accident Type - Services to People, Staff only 2014/15

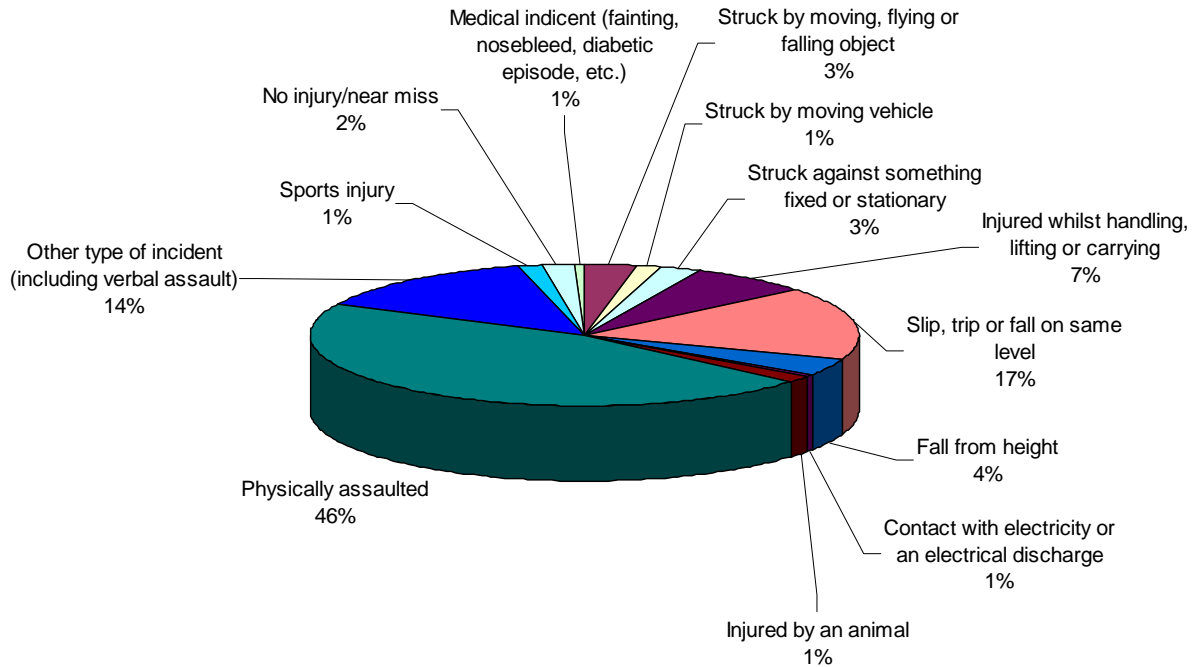


Figure 1e - Accident Type, Services to Communities, Non Staff 2014/15

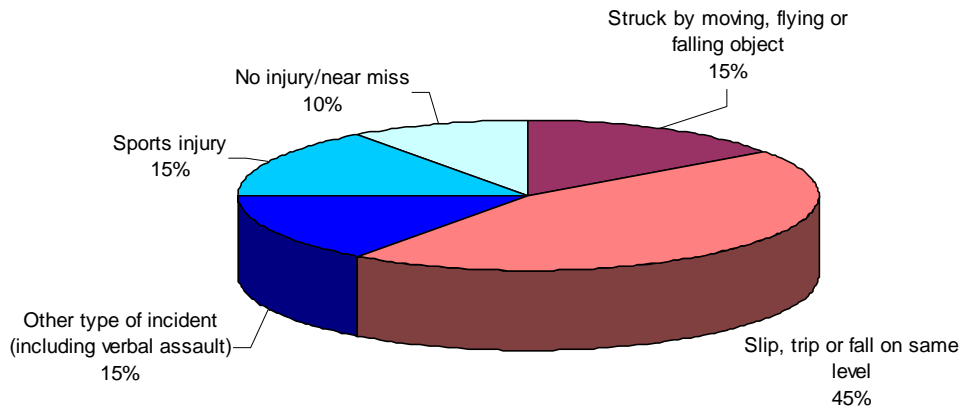
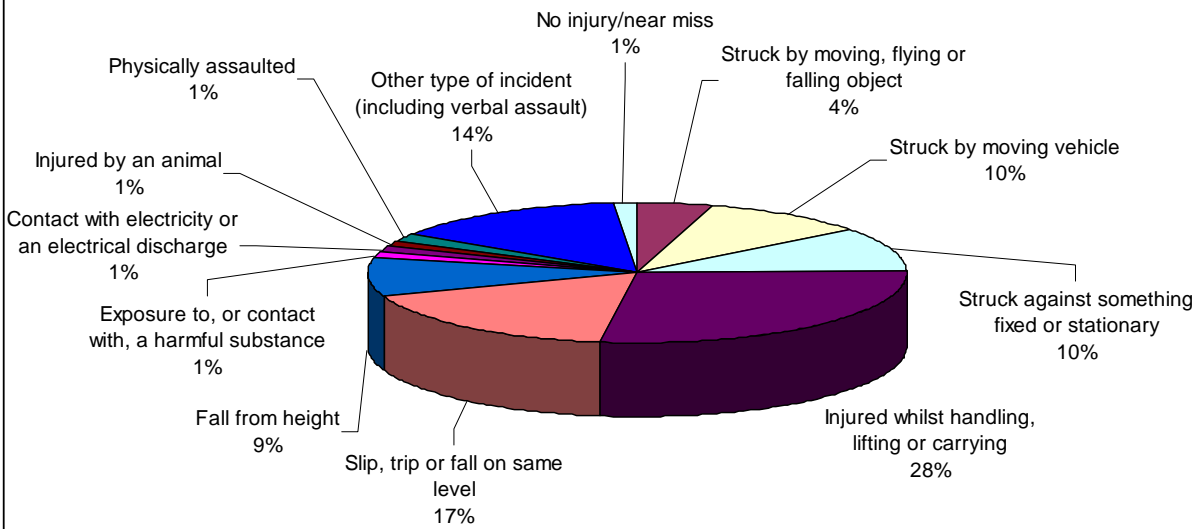


Figure 1f - Accident Type, Services to Communities, Staff only 2014/15



Appendix 3 - BENCHMARKING
TABLE 4 - ABC BENCHMARKING GROUP PEER REVIEW AUDIT SCORES

	Key Activity	Score Dialogue	Score 2010	Score 2014
1	Health and Safety Policy/Guidance	<p>Minimum standard evident</p> <p>To move up - all 'CAT A' policies need to be written and implemented (CDM, Legionella etc.). However, policy work is often reprioritised in favour of more urgent reactive work customer enquiries and stress risk assessments etc.</p>	3	3
2	Implementation of Corporate Health and Safety plan	<p>Minimum standard evident</p> <p>To move up - the plan needs to set objectives over a longer timescale ie 3 or 5 years. However the reactive nature of the team is not conducive to the setting of and achievement of such targets.</p>	3	3
3	Provision of Health and Safety advice	<p>Better practice evident</p> <p>Evidence that reactive advice is decreasing over time would be required for further progression within the better practice range.</p>	7	8
4	Health and safety audit and inspection	<p>Good practice evident</p> <p>Progression would require evidence that audits are completed within planned timescales. However, during very busy periods, proactive work is always reprioritised. This can cause a reduction in audits carried out and longer timescales for processing and reporting on the results. The lower score is a reflection of how much reactive work this team carries out.</p>	6	5
5	Undertaking Risk Assessments	<p>Better practice evident</p> <p>Progression into the better practice range requires completion of risk assessments across all services and implementation of appropriate controls.</p> <p>The proposed new H&S Management System may help to increase risk assessment uptake across the Council. ABC audit evidence will need to include more risk assessment evidence - including review - in future.</p>	6	6
6	Provision of Health and Safety Training	<p>Good practice evident</p> <p>In order to progress within the better practice range a mechanism to assess delegates knowledge following training would be required.</p> <p>Likewise a method for monitoring the effectiveness of training and subsequent behaviour change would be needed.</p>	6	6
7	Incident Investigation & Recording	<p>Good practice evident</p> <p>Development of systems to establish the cost of accidents and subsequent target setting for reduction in costs would allow for progression to the 'better practice' range. Likewise demonstration of a reduction in accident rates would be needed. Costs may be available through itrent for industrial absence.</p>	6	6

8	Health and Safety Committees	Better practice evident In order to progress within the better practice range the chief executive/corporate management team would be required to participate in the committee as would elected members.	7	7
9	Health and Safety Communications	Better practice evident In order to progress within the better practice range services would be required to produce an annual health and safety report with a plan for improvement. Promotion of health and safety by a range of measures would also be required and evidence that information conveyed has been understood by the target audience.	7	7
10	Managing Performance of H&S Section	Good practice evident Although there are elements of better practice in place currently there is no indicator for the speed of response for dealing with requests for health and safety advice. If a time indicator was provided the score would move to within the better practice range.	5	5
11	Occupational Health Provision	Better practice evident Progression within better practice would require the provision of all category 'C' items.	3	8

[Highest score available = 9]

TABLE 5 - Corporate H&S training - 13 / 14 & 14/15		
Course title	Number of staff trained* 2013/14	Number of staff trained 2014/15
Clinical Waste	31	99
Manual handling	60	105
Accident Reporting and Investigation	10	9
Risk Assessment	8	33
Basic Asbestos Awareness	13	-
Fire Warden	26	38
Fire Safety for Catering Staff	-	90
Basic Fire Safety (e-learning)	154	439
Stress risk assessment	6	-
Display Screen Assessor	-	9
Defibrillator	-	5
Construction Design & Management (CDM) Regulation Changes	-	18
Occupational Health Referral Workshops	-	26
Total	308	871

*the above includes only the H&S courses organised by the Corporate H&S team. Other courses are organised at service level including first aid and other topic specific courses i.e. ladder safety etc.

Appendix 5 - OCCUPATIONAL HEALTH PROVISION

TABLE 6 - REFERRALS TO OCCUPATIONAL HEALTH SERVICE					
Referral Type	Number of referrals - 2013/14		Number of referrals - 2014/15		
Management referrals	225		293		
Pre employment screening	259		302		
Case conferences	2 (1 in 12/13 and 2 in 11/12)		0 recorded		
Health Surveillance* * Health surveillance checks are cyclical, some of which take place on a 3 year rotation. These figures highlight the usage of the contract and are not performance indicators.	Appointments attended	2011/12	2012/13	2013/14	2014/15
	HAVs	79	39	20	6
	Audiometry	89	37	17	29
	Skin checks	140	63	31	25
	Lung checks	146	58	24	25
	Night worker assessments	9	0	10	0
	Forklift truck driver assessments	8	1	0	0

TABLE 7 - REFERRAL REASONS TO OCCUPATIONAL HEALTH SERVICE - 2014/15	
Referral Reason	Referrals
Acute Medical Condition (stroke, heart problems, cancer etc.)	30
Recurring Medical condition (angina, asthma, allergies)	24
Minor Illness (colds, flu, stomach upset)	10
Neurological (headaches, migraine)	2
Post Op recovery	20
Pregnancy - related	1
Back pain (including sciatica)	19
Musculoskeletal (other than back)	29
Accidents - work related injuries	2
Accidents - non work related injuries	1
Drink / drug related condition	2
Bereavement reaction	1
Mental Health (depression & anxiety, nervous debility etc.)	50
Stress (non work related)	2
Stress (unknown reason)	26
Stress (work related)	33
HGV statutory medical	4
Did not report / no contact made	1
Self referral	2
Spells of absence (hitting absence trigger)	17
Ill health retiral	2
Fitness for role	15
Total	293

TABLE 8 - KPI's - OCCUPATIONAL HEALTH PROVISION 2014/15		
	KPI	Performance
Routine OH appts with OH Adviser (Nurse)	Should be available within a maximum of 5 working days	15% (target 90%)
Routine OH appts with OH Practitioner (Doctor)	Should be available within a maximum of 10 working days	77% (target 90%)
Reports following appointments with OHA	Should be available to the designated contact within 2 working days of the appointment, unless the employee is exercising their right to view the report.	61% (target 90%)
Reports following appointments with OHP	Should be available to the designated contact within 3 working days of the appointment, unless the employee is exercising their right to view the report.	73% (target 90%)
Pre employment screening	Timescale for turnaround should be 2 days.	51.6% (target 90%)

Appendix 6 - STRESS / MENTAL WELLBEING

Service	Days Lost	Rate (days lost x 1,000 / headcount)	2013 / 14	
			Cost of Absence	Number of Staff Absent
Strategy & Customer Services	711	2788	£60,674.71	15
Support Services	62	395	£6,026.60	4
Community & Regulatory Service	215	1720	£20,093.86	9
Facilities Management	653	1547	£49,402.45	24
Housing & Community Safety	235	900	£22,938.44	8
Education Services	2116.5	1718	£223,841.20	53
Social Services	1372.5	3291	£156,250.33	32
Total	5365	-	£539,227.59	145

Service	2014 / 15		Rate (days lost x 1,000 / headcount)	2014 / 15		Number of Staff Absent
	Days Lost	Rate		Cost of Absence	Number of Staff Absent	
Strategy & Customer Services	563.5	1865	£51,278.18	12		
Support Services (now R&G)	477	1325	£55,820.90	8		
Community & Regulatory Service	39		£3,547.15	3		
D & E	129		£8,643.50	9		
Facilities Management	52		£3,826.48	5		
Housing & Community Safety	479	1657	£42,714.95	10		
Education Services	2691	2086	£277,655.56	45		
Social Services	1021	2284	£102,480.68	30		
Total	5451.5		£545,967.41	122		

Key	
	Increased since 2013/14
	Decreased since 2013/14
	Restructure - no comparable figure from 2013/14

Note: Above data is affected by restructuring - D & E was separated out as a stand alone Service in 2014/15 from Community and Regulatory. Also Support Services (now R & G) now includes a number of additional staff from Assets / Soft FM.

TABLE 11 - MENTAL WELLBEING OCCUPATIONAL HEALTH REFERRALS 2013/14 & 2014 / 15		
TOTAL MWB REFERRALS 13/14	60	Work Related - 21* - 35% of MWB referrals Non Work Related - 2 - 3.3% of MWB referrals Undetermined causes - 37 - 61.6%
Work related causes		* The top 3 reasons for the work related referrals were 7 were related to work relationships, 5 related to role, and 4 were demands, (from the HSE stress management standards categories).
TOTAL MWB REFERRALS 14/15	111	Work Related - 33* - 29.7% of MWB referrals Non Work Related - 2 - 1.8% of MWB referrals Undetermined causes - 26 - 23.4% of MWB referrals
Work related causes		* The top 3 reasons for the work related referrals were 6 for work relationships, 6 related to role, and 11 were demands, (from the HSE stress management standards categories).

TABLE 12 - DEMAND FOR STRESS RISK ASSESSMENT BY SERVICE 2014/15	
Housing & Community Safety (& Revenues)	9
Social Work	3 individual and 1 team
Education	1 individual and 1 team
Finance	1
D&E	1
S & P	2
R&G	2
Assessors	1

TABLE 13 - REFERRALS TO EMPLOYEE ASSISTANCE PROGRAMME		
Service Type	Number of referrals - 2013/14	Number of referrals - 2014/15
Face to face counselling	43 referrals (30 personal, 13 work related)	48 referrals (34 personal, 14 work related)
Helpline	72 contacts (36 personal, 15 work related, 14 enquiries about face to face counselling, 7 general support / information)	83 contacts (45 personal, 20 work related, 11 enquiries about face to face counselling, 7 general support / information)
Total contacts	115	131

TABLE 14 - ECS CONTRACT PERFORMANCE - KPI's	
Management Referral appointment	Meeting with employee to take place within a maximum of 10 working days of telephone referral
Report following referral (management or occupational health referral)	Report to be received within a maximum of 5 working days of meeting
Telephone helpline	To be available 24 hours per day

Appendix 7 - STAFF SURVEY RESULTS

TABLE 15 - STAFF SURVEY RESULTS 2010 - 2013

Corporate Results of the 2013 Employee Survey - proportion (%) of strongly agree/agree responses: 2010 – 2013

Statement	2010	2011	2012	2013	Change 2012-13	Benchmark
I feel that my working environment is safe	72.7	76.7	77.1	74.6	-2.5	
I get health and safety information which is relevant to me and my work (e.g. fire evacuation procedures, risk assessment, health and safety policies)	69.7	72.8	76.0	73.3	-2.7	
The Council provides good support to help me balance work and home responsibilities	43.4	47.1	44.9	44	-0.9	