

**Staffordshire County Council**  
**Annual Report on Health, Safety and Wellbeing Performance 2014/15**

**1. Action Required**

**1.1 The County Council's Senior Managers need to: -**

- Review the findings and management information detailed in this report;
- Analyse this year's performance and identify action to ensure continuous improvement;
- Consider key actions identified for 2015/16 and decide if any further actions are required;
- Share and communicate the report to SLT, WLT and OMT; and
- Recognise the work that has been achieved to improve the council's management of health, safety and wellbeing risks.

**2. Introduction**

- 2.1 This report covers the period from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015. The aim is to provide the council's senior management, stakeholders, public of Staffordshire and others interested in health, safety and wellbeing with information about what the county council is doing to protect its employees, volunteers, contractors, service users, pupils and members of the public.
- 2.2 Health, safety and employee wellbeing in the county council are part of the overall risk management strategy, which aims to identify and manage risks to the county council and its services to the public. Health, safety and employee wellbeing focuses on the risks of injury and ill health that can arise from the wide range of activities necessary to deliver the services to the people of Staffordshire.
- 2.3 This report identifies progress against the key action points outlined in the action plan for 2014/15 and identifies key priorities for 2015/16.

**3. Background**

**3.1 The type of health and safety risks involved are varied, but include:-**

- Lone working
- Violence and aggression
- Transport and road risks
- Manual handling
- Slips, trips and falls
- Work related ill health including stress at work

- 3.2 An organisation with such a broad range of activities as Staffordshire County Council has a wide variety of risks to manage and the above list represents only some of the most common risks across the council. To ensure that all risks are identified, the council has a risk assessment process for use by managers and staff.
- 3.3 Our services are often delivered via partnership arrangements. These include a wide range of external organisations such as the NHS, charities, contractors and volunteers. By focusing on co-operation, communication and co-ordination with our partners, we aim to ensure that these operations are also effectively managed as safely as is reasonably practicable.
- 3.4 To support the management of health, safety and employee wellbeing the council employs a number of specialists, including health and safety specialists; occupational health specialists who provide support for employees, property management specialists etc. In the workplace there are trained safety representatives nominated by trade unions who help to monitor health, safety and wellbeing as well as represent employees during consultation.

#### **4. Action taken during 2014/15 to improve Health, Safety and Wellbeing Management Arrangements**

##### **4.1 Key Successes**

- a. Introduced innovative new approach to the management of psychological absence called ThinkWell. ThinkWell was launched on the 8<sup>th</sup> September to help manage increasing levels of psychological absence. ThinkWell uses a prevention and early intervention approach to support colleagues to take personal responsibility for their own mental wellbeing. The new initiative has seen significant engagement from colleagues and managers. It has also had an impact on psychological absence and created a productivity saving equivalent to £ 160,000 from September to March and delivered a 200% return on investment. The pilot has been extended for 2015/16 to allow the service to be further enhanced and embedded across the organisation.
- b. Successfully defended a public liability claim whereby a trespasser in the grounds of the school who suffered life threatening injuries was claiming they were owed a duty of care under the Occupiers Liability Act. The court dismissed the case against the council on the basis that no duty was owed to the claimant because he was a trespasser and the premises were not in a dangerous or unsafe state.
- c. Revised health and safety audit and evaluation arrangements were developed and launched in February 2015 to improve the councils monitoring arrangements and make them fit for a commissioning authority and the changing shape of services. The new arrangements make the monitoring simpler for managers to use and releases management time. The new arrangements have a risk based approach within the process. The new arrangements have been well received and completed effectively across the organisation with services now having an annual improvement plan in place for 2015/16.
- d. Completed 124 School and 33 Core Council audits of services to review their health and safety management arrangements and develop improvement plans.

- e. Completed 101 health and safety planning meetings with schools who purchased the Additional Service Level Agreement to allow them to identify key risk gaps and develop management plans to improve their health, safety and wellbeing performance.
- f. The council's musculoskeletal prevention and early intervention activities have continued to provide benefits to the organisation and the 23% reduction in musculoskeletal absence achieved over the previous two years have remained in place and has had national recognition this year.
- g. Over 60% of the workforce has now engaged with one or more of the council's wellbeing activities helping and supporting colleagues to improve their personal wellbeing. Over 600 colleagues participated in each of the 2 wellbeing days held during the year which had a focus on physical health and exercise. Over 2000 colleagues have used the self-service wellbeing stations and taken part in the council "know your numbers" campaign which allows colleagues to understand their health risks and simple steps they can take to improve their health and wellbeing.
- h. The Health, Safety and Wellbeing Service has also responded to and managed several emergency situations and serious accidents during 2014/15.

## **4.2 Service Level Agreements (SLA).**

- 4.2.1 97% of maintained schools purchased the health and safety service during 2014/15 with just 5 schools seeking other provision. 101 maintained schools purchased the additional service level agreement. The Headteacher briefings were well attended and feedback was excellent. Headteachers have indicated that these briefings help them to understand their accountabilities and develop further their learning and skills to manage health, safety and wellbeing effectively in school environments.
- 4.2.2 Positive feedback from schools has highlighted significant service improvements over the last two years.
- 4.2.3 Customer survey showed that 98% of customers were "very satisfied" and the rest "satisfied" with the service delivered by Health, Safety and Wellbeing.

## **4.3 Improving the Health of the Workforce**

- 4.3.1 Absence at the county council is now at **7.79 days** per employee, which is an increase from last year. This level of absence is in line with Public Sector organisations based on CIPD Absence Management Annual Survey 2014. Prevention and early intervention activities continue to help reduce absence levels. An improvement plan has been agreed for 2015/16 which will focus on improving local management of absence and further implementation of early intervention support.
- 4.3.2 Between 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015 411 employees had been referred to the physiotherapy service resulting in the following achievements:-
  - 63% of corporate colleagues with a new musculoskeletal absence were referred by their manager.

- Maintained the 23% reduction in musculoskeletal absence achieved since implementation in 2012.
- 4.3.3 Musculoskeletal absence in schools has remained consistent with last years rates and schools have been actively imbedding new backcare awareness training to support postural awareness over the last 12 months.
- 4.3.4 The physiotherapy service will continue to be available in 2015/16 to support employees with musculoskeletal disorders to remain in work and return to work quickly. It will be further supported by the Let's Get Moving campaign launched in February 2015. This campaign launched effective preventative back care stretches and activities into both manual handling training and back care awareness training, along with a postural awareness campaign. Health and Safety Advisors will be further developing this campaign and embedding it into colleague behaviour during 2015/16.
- 4.3.5 In September 2014 the council launched ThinkWell to support colleague's mental wellbeing and to tackle psychological absence levels which had been increasing at an average of 24% prior to the launch of ThinkWell. ThinkWell supports colleagues using prevention activities and early intervention support. It uses multimedia and face to face support interventions designed to help individuals to understand how they can take personal responsibility to improve their mental health. This includes a ThinkWell Plan to ensure ongoing mental health support.
- 4.3.6 From April 2014 – end August 2014 101 employees accessed the staff counselling service for support. Following the launch of ThinkWell in September 2014 222 employees received support from the ThinkWell service and another 320 employees used the CALM which is an online multimedia health information and self-help package, available for all employees. Through interactive tools and personal multimedia programmes these easy to use tools are designed to let the individual take control when they feel they are not.
- 4.3.7 Colleagues supported by ThinkWell showed after treatment a 100% improvement/recovery. 100% of colleagues accessing service described the support as helpful of extremely helpful. 98% of Managers felt the service was good/outstanding. 95% of referrals were triaged by a mental health professional within 48 hours and 100% received their first session of support within 2 weeks and of those 58% were within 1 Week.
- 4.3.8 2014/15 has seen overall levels of psychological absence within schools increase 6% compared with those in 2013/14. ThinkWell and CALM have also been launched into schools.
- 4.3.9 Psychological absence has increased by 6% within the corporate workforce compared to 2013/14. For the 12 months prior to the launch of ThinkWell in September 2014 psychological absence had been increasing by an average of 24% within the corporate workforce. ThinkWell has impacted on these increases from November 2014 returning it to levels of 2013/14 in some months and reducing it below those of 2013/14 in other months. This impact has resulted in a productivity saving worth the equivalent of £160,000 and a 200% return on investment over the

pilot. The pilot has been extended for 2015/16 to support colleagues and help reduce these absences further.

4.3.10 Occupational Health received 1342 management referrals which remains consistent with last year's position. 75% of all long term cases are being referred by managers to Occupational Health for support but only 55% of these are referred in a timely manner. The HR team is working with managers to improve this as early advice and support can help maintain colleagues in work or support them to return to work quicker.

4.3.11 Preventative health promotion and wellbeing events and tools operated by Health, Safety and Wellbeing Service are being used by schools and they are finding these tools helpful and supportive in discharging their duties and supporting their staff groups.

#### **4.4 Key Performance Indicators (KPI's)**

4.4.1 The council has agreed a range of key performance indicators for health and safety against which the council can monitor progress and performance. The outcomes of these are detailed in Appendix 1, and are benchmarked against previous years. These key performance indicators demonstrate that the council is improving performance and key actions are being undertaken by managers in the workplace. It is important that the council continues to monitor these indicators to identify further scope for improvement and to maintain the gains already made.

4.4.2 The Health, Safety and Wellbeing Service are contacting all maintained schools who have not confirmed that they have reviewed their fire risk assessment to ensure that they understand the importance of having an effective and adequate fire risk assessment in place and to offer support where required.

### **5. Health and Safety Audit and Evaluation Process**

#### **Outcomes of Internal Health and Safety Audits**

5.1.1 During 2014/15 157 health and safety audits were completed by the Health, Safety and Wellbeing Service.

5.1.2 The outcome of these audits identifies the operating maturity level of the service/establishment audited. There are five levels of maturity that can be achieved as a result of an audit, Level 5 (Continuous Improvement). The frequency at which the service/establishment will be re-audited is based on the level of maturity achieved; allowing investment of resources where most benefit may be achieved.

5.1.3 The table below outlines the present maturity results of all services.

<b>Maturity Level</b>	<b>Schools</b>	<b>People</b>	<b>Place</b>	<b>Support Services</b>
Level 1 - Emerging	6	0	0	0
Level 2 - Managing	71	11	3	3
Level 3 - Established	101	5	10	6
Level 4 - Performing	116	13	2	2
Level 5 – Continuous Improvement	35	3	6	2
Average Score	3.31	3.25	3.52	3

The Health, Safety and Wellbeing Service are working with all services that have achieved levels 1 & 2 to support them to make improvements. 76% of all schools are now achieving level 3 or above in their audit outcome which is a 5% improvement on last year. Corporately we no longer have any level 1 services and have seen a 20% increase in services that are now operating at level 3 and above.

## **6. Accident and Incident Data**

### **6.1 Accidents and Violence Statistics**

6.1.1 See Appendix 2 for detailed accident and violent incident statistical data. Trends show that accidents have decreased by 11% and violence to employees by 30%. Reportable incidents to the HSE have increased and this is mainly from school related incidents where children have been taken from school to hospital. We also expected there to be some fluctuation in RIDDOR reporting, as last year's data was our benchmark since the changes to RIDDOR reporting requirements and it will take a few years of data for accurate trend analysis.

The council's AIR (Accident Incident Rate) indicator remained consistent with last years which demonstrates sustained health and safety performance.

### **6.2 Costs of Accidents & Incidents**

6.2.1 Each accident costs the council valuable resources in staff time, sickness absences, insurance claims and other hidden costs. The estimated total costs of all incidents, including accidents and violence is based on the Health and Safety Executive's costing guidance detailed in Appendix 1 items 9 and 10. Cost of accidents has fallen for 2014/15 to £3,016,250 compared with £3,372,500 in 2013/14 (saving of £356,250). Costs of violence for 2014/15 have fallen to £972,500 compared to £1,452,500 in 2013/14 (saving of £480,000).

## **7. Health and Safety Investigations**

### **7.1 Internal Health and Safety Investigations**

7.1.1 The Health and Safety Advisors have continued to investigate the more serious accidents and encourage Operational managers to investigate all accidents. Managers have been encouraged to establish both the immediate and root cause of accidents to manage the potential for reoccurrence.

### **7.2 Incidents during 2014/15**

7.2.1 Two schools and a council pumping station on a physical regeneration site had incidents that polluted the environment. The schools incidents involved spillage of heating oil. Both of these sites have been rectified to the satisfaction of the Local Environmental Health teams and Environment Agency. The Environment Agency is still investigating the incident at the council pumping station and the Business and Enterprise Service have been working with the Environment Agency to ensure effective clear up. Schools have been reminded of the advice on maintenance and inspection of heating oil tanks and need to have overflow protection devices fitted.

7.2.2 Following a meeting with the Environment Agency regarding school disposal of hazardous waste, guidance has been developed and will be launched early in 2015/16.

7.2.3 There have been a number of near miss accidents/minor injuries in schools and core council activities which could have had more serious outcomes. The Health, Safety and Wellbeing Service have investigated these incidents and helped the services and schools implement improved control measures.

7.2.4 Thomas Alleyne's High School in Tamworth had an accidental release of asbestos fibres in a school changing area when a pupil fell into wall where the panelling contained asbestos. The incident was investigated by the Health, Safety and Wellbeing Service and a letter to parents developed with Public Health England. Remedial action has been taken to prevent any similar incident. The incident was reported to the HSE but they not undertaken any investigation.

7.2.5 Management of contractors and caretaking employees activities have resulted in several accidents and near miss incidents. As a result the Health, Safety and Wellbeing Service have been running a campaign to improve control of contractors. Caretaker training has been reviewed to reflect the lessons learned from these incidents and this information has been incorporated into Headteacher briefings.

7.2.6 In November 2014 the public liability claim, Thomas Buckett V Staffordshire County Council went to trial. Litigation friends of Thomas Buckett took a claim against the council due to the duty of care they considered the council owed him in relation to the life changing injuries he suffered from an accident that occurred in the grounds of Clayton Hall Business and Language College in Newcastle. Thomas Buckett had been trespassing in the grounds of the school on Whit Sunday May 2010. The events of that day resulted in Thomas falling through a skylight in one of the roofs of the buildings on the school premises. The case took 8 days in court and the judge passed down his judgement on the 13<sup>th</sup> April 2015. The judge dismissed the case

against the council on the basis that no duty was owed to the claimant because he was a trespasser and the premises (specifically the flat roof with glass skylights) were not in a dangerous or unsafe state. Whilst the council was successful in defending this legal action there were learning points to be taken forward. The Health, Safety and Wellbeing Service have been working with schools, premise managers, property advisors and Insurance Services to take the learning from this case into future practice.

### **7.3 Health and Safety Executive's (HSE) Involvement**

- 7.3.1 The HSE have requested information and investigation reports on some of the RIDDOR reportable accidents, and no further action has been taken as they have been satisfied with our investigations.
- 7.3.2 The HSE investigated an incident at St Johns Catholic Primary in Gnosall when a member of staff fell and hit her head on a bench when helping pupils to move the bench from some staging. The member of staff suffered serious facial injuries which required several operations. The HSE interviewed members of staff the Headteacher and the Chair of Governors as the school is voluntary aided school making the governing body the employer. HSE agreed to take no action and left the Chair of Governors with some advice on improvements that could be made. The Health, Safety and Wellbeing Service have shared to learning points from this incident and HSE investigation with the Staffordshire family of schools.
- 7.3.3 The HSE issued prosecution proceedings in March 2014 against the county council for the fall from height accident that occurred at Chaseview Primary in May 2012. The council requested that the Magistrate's Court sent the case to Crown Court for trial in August 2014. Following the HSE seeking legal representation for the prosecution and the Council defence case and not guilty plea being reviewed; the HSE agreed in June 2014 to discontinue their prosecution.
- 7.3.4 In September 2014 the HSE formally inspected the council health and safety audit and evaluation process for schools. They reviewed documentation, the approach and interviewed key personnel. At the end of the formal inspection they confirmed to John Tradewell and Anna Halliday that they considered we had a clear well developed and implemented process which was thorough and tailored to meet the need of schools.
- 7.3.5 In April 2012 the HSE launched "Fee for Intervention". To date we have not been charged for any interventions.

### **8. Joint Consultation**

- 8.1 The council has held health and safety committees and forums in accordance with the Health, Safety and Wellbeing Policy. Consultation forum meetings are planned for 2015/16. Union and staff views are sought on management tools and health, safety and wellbeing initiatives. The Unions supported the launch of ThinkWell and were part of the development team on the new audit and evaluation process. The Health, Safety and Wellbeing Service work with the Unions on campaigns and launching new initiatives.



## 9. Occupational Health Unit (OHU)

	2012/13	2013/14	2014/15
Ill Health Referrals	1568	1481	1342
Ill Health Retirement Requests	57	39	30
Ill Health Retirements Approved	19	16	14

- 9.1 Occupational Health management referrals have remained consistent with last year and whilst appear slightly lower this reflects workforce changes.
- 9.2 On average 75% of all absences over 21 days are being referred to Occupational Health for advice and support however only 55% of these are sent in a timely manner. Occupational Health has provided briefings to managers on the benefits of occupational health services and how to get the best from a management referral. Advice was given on how to improve the quality of documentation sent to ensure that advice can support employees and managers to identify actions that can be taken to remain in work/return to work.
- 9.3 Clinical staff have noticed an increase in the number of referrals relating to short term absence levels which would indicate managers dealing with this type of absence more robustly. Referrals by managers are now much quicker and this allows improved management of cases. We have had a 10% increase in psychological absence referrals which impacts on OH workload.
- 9.4 The ill-health retirement figures show a decrease in the number of ill health retirement requests. The number of ill-health retirements being granted (meeting the qualifying criteria) remains similar to the previous years.

## 10. Liability Claims

- 10.1 The number of claims occurring has remained fairly stable although claimant's have up to 3 years after the accident within which to claim. Therefore, the numbers may increase over time.

	2011/12	2012/13	2013/14	2014/15
No. of Claims Occurred	104	87	69	45
Estimated Cost of payments	£1,168,091	£883,077	£288,992	£376,129

### 10.2 Background Information on Claims / Legal Developments

- Estimated Cost of Payments includes reserves. This represents insurers "best estimate" of final settlement.
- While claimants generally have 3 years post incident to pursue a claim without an action becoming statute barred (3 years after 18th birthday in the case of minors) it is expected that the Jackson Reforms will speed up the notification process.

- The Jackson Reforms were fully implemented from August 2013 and while it is too early to comment it is hoped that savings will be seen given the limitations placed on third party cost recoverability.

## **11. New Legislation & HSE Key Topics for 2014/15**

11.1 During 2015/16 the Government will review the role and function of the Health and Safety Executive to ensure it remains fit for purpose. The following pieces of legislation and Approved Codes of Practice are currently under consultation and likely to be amended in 2015/16. As these changes occur council policies and health and safety management arrangements will be amended as necessary.

- Construction, Design and Management Regulations
- Stress Management Guidance

11.2 The following health and safety issues will be the focus of the Health, Safety and Wellbeing Service during 2015/16.

- Stress in the Workplace
- Asbestos Management
- Water Hygiene Management
- Tackling occupational health diseases
- Management of musculoskeletal condition.

These topics when relevant will form part of the Health, Safety & Wellbeing Services 2015/16 audit programme.

## **12. Key Actions for 2015/16**

The Health, Safety and Wellbeing Service will work as part of the HR Service to ensure that we will become the HR Service of choice for Staffordshire County Council, its partners and providers, to deliver outcomes for Staffordshire and colleagues.

### **Organisational Effectiveness**

- Embed the revised health and safety audit and evaluation processes to support services to improve local management and develop effective improvement plans.
- Work with the wider risk management agenda to improve how health and safety governance and risk management work together.
- Support the organisation to ensure external contracts, joint ventures and partnership working is operating to best practice standards.

### **People Processes**

- Use management information and insight to develop targeted solutions to maintain current impact that prevention and early intervention support is achieving and seek out opportunities for further improvement.
- Continue to develop a training portfolio to meet the needs of the council and schools and develop training provision for external contracts, joint ventures and partnership working.

## **Line Manager Capability**

- Embed the new health, safety and wellbeing audit process to ensure it meets the changing needs of a commissioning authority whilst retaining effective governance standards.
- Provide managers with information and feedback on how they are managing health, safety and wellbeing issues.
- Inspire managers and leaders to develop effective leadership skills applied to health, safety and wellbeing development.

## **Colleague Wellbeing**

- Undertake workforce wellbeing initiatives that promote employees to take personal responsibility for their health focussing on:-
  - Physical health
  - Psychological health
  - Health choices
- Build upon current foundations to create a healthy organisation.
- Further develop, embed and evaluate the ThinkWell to support improvement in colleague mental wellbeing.
- Improve access to health, safety and wellbeing information to allow greater self-service.
- Embed to use of the new My Discounts Wellbeing Offer to colleagues to help encourage healthy behaviours.

## **Standardisation**

- Improve health, safety and wellbeing management procedures and guidance to make them more streamlined and efficient.
- Improve intranet sites with up to date and user friendly information/materials.
- Development of paperlite Occupational Health processes to make systems more efficient.
- Pilot investment in technology in health and safety to make processes more effective and to save resources and funding needs.

## **Consultancy Service Approach**

- Further develop the health, safety and wellbeing function as a trusted and commercial partner that acts with professionalism and pride and aims to support the council's business plan and outcomes.
- Maintain a proactive consultancy ethos within the delivery of the service.
- Enhance skills within the service in order to provide additional flexibility in service.
- Provide support to external customers to encourage health, safety wellbeing within Staffordshire.

## **Enhance reputation of the council**

- Managing health and safety incidents and accidents.
- Role modelling and supporting partner and providers to ensure effective health, safety and wellbeing practices.

### **13. Conclusion**

- 13.1 This report provides an indication that health and safety performance has continued to improve in the last twelve months. However there remains room for growth and the council still has to manage reactively several incidents.
- 13.2 The development of the Health, Safety and Wellbeing Service is allowing the council to focus its competent health and safety advice proactively in services that present the greatest risk and/or where the health and safety management arrangements require development.
- 13.3 The key actions for 2015/16 are to further develop and embed:
- Maintain health, safety and wellbeing standards
  - Further embed the prevention and early intervention ThinkWell services and evaluate its ability to improve colleague mental wellbeing; and
  - Improve manager's capability to enable them to manage performance and apply health, safety and wellbeing policies and processes effectively.

### **14. Contacts**

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## Appendix 1 - Key Performance Indicators

	Indicator	How Measured	2011/12	2012/13	2013/14	2014/15
1.	Number of accidents	Quarterly SAP Report	3508	3068	2698	2413
2.	Number of violent incidents to employees	Quarterly SAP Report	1560	1363	962	653
3.	Number of RIDDOR reportable incidents	Quarterly SAP report	Excluding School Sports Incidents 267 <b>Total 383</b>	Excluding School Sports Incidents 117 <b>Total 149</b>	Excluding School Sports Incidents 81 <b>Total 94</b>	Excluding School Sports Incidents 112 <b>Total 123</b>
4.	Number of Civil Claims occurred (excluding highways claims)	Quarterly	104	87	69	45
5.	Cost of Liability Claims	Quarterly	£1,168,091	£883,077	£288,992	£376,129
6.	% of Premises with a Fire Risk Assessment completed/reviewed within last 12 months.	Annually	Schools <b>56%</b> People <b>83%</b> Place <b>74%</b> Support Services <b>88%</b>	Schools <b>69%</b> People <b>84%</b> Place <b>100%</b> Support services <b>100%</b>	Schools <b>79%</b> People <b>85%</b> Place <b>100%</b> Support services <b>100%</b>	Schools <b>83%</b> People <b>100%</b> Place <b>100%</b> Support services <b>100%</b>
7.	% of Management Standards surveys returned by corporate services and Self Audits completed by schools	Annually	Schools <b>71%</b> People <b>63%</b> Place <b>53%</b> Support Services <b>72%</b>	Schools <b>73%</b> People <b>79%</b> Place <b>82%</b> Support Services <b>93%</b>	Schools <b>72%</b> People <b>85%</b> Place <b>73%</b> Support Services <b>89%</b>	Schools <b>74%</b> People <b>84%</b> Place <b>100%</b> Support Services <b>100%</b>
8.	% of Internal Health and Safety Audits completed to programme	Annually	Schools <b>100%</b> People <b>79%</b> Place <b>92%</b> Support Services <b>100%</b>	Schools <b>98%</b> People <b>96%</b> Place <b>100%</b> Support Services <b>90%</b>	Schools <b>100%</b> People <b>95%</b> Place <b>100%</b> Support Services <b>94%</b>	Schools <b>100%</b> People <b>92%</b> Place <b>100%</b> Support Services <b>100%</b>
9.	Cost of accidents Number Accidents x HSE average cost of accidents £1,250 per incident	Annually	£4,385,000	£3,835,000	£3,372,500	£3,016,250
10.	Cost of violence Number incidents x HSE average cost of incidents £1,250 per incident	Annually	£2,313,750	£1,703,750	£1,452,500	£972,500

**Appendix 2** \* Data as of 20<sup>th</sup> June 2014

**Table 1 Accident and Violent Incident data for 2014/15**

	Employee Accidents	AIR Figure Employee Accidents**	Non Employee Accidents	Total Accidents	Violence Incidents towards employees	Total Violence	RIDDOR Reportable Accident & Incidents*
<b>SCC Overall</b>	<b>573</b>	<b>29</b>	<b>1840</b>	<b>2413</b>	<b>653</b>	<b>778</b>	<b>123</b>
Schools	302	21	1190	1492	168	184	82
People	210	158	595	805	471	578	33
Place	55	41	55	110	13	15	9
Support Services	16	13	0	6	1	1	0

**Table 2 Break down of RIDDOR Reportable Accidents**

Categories of Reportable RIDDOR	Death	Dangerous Occurrence	Major injuries to people not at work	Major Injury to a person at work	Non employee taken from site to hospital	Over 7 Day injuries
<b>SCC Overall</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>60</b>	<b>59</b>
Schools	0	0	0	2	51	29
People	0	0	0	2	7	25
Place	0	0	0	0	0	6
Support Services	0	0	0	0	0	0

\* RIDDOR reportable accidents are those incidents that are reportable by employers to the Health and Safety Executive. They are generally the more serious incidents.

\*\* AIR – Accident Injury Rate (the benchmark used by the Health & Safety Executive)

$\frac{\text{Number of employee accidents}}{\text{Average Number of Employees (Headcount)}} \times 1,000$

Average Number of Employees (Headcount)