

Staffordshire County Council
Annual Report on Health, Safety and Wellbeing Performance 2015/16

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 2016/17 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 1st April 2015 to 31st March 2016. 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 is 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 2015/16 and identifies key priorities for 2016/17.

3. Background

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

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

- 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 2015/16 to improve Health, Safety and Wellbeing Management Arrangements

4.1 Key Successes

- 4.1.1 Revised health and safety audit and evaluation arrangements were developed and launched in 2015 to improve the council's 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 the majority of services now having an annual improvement plan in place for 2015/16.
- 4.1.2 ThinkWell was launched in September 2014 to help manage increasing levels of psychological absence. As a result of the benefits that ThinkWell brought to the organisation, SLT agreed to extend the service to allow further embedding across the organisation. The year 2015/16 shows an overall 7% reduction in psychological absence, building further on the achievements of previous years. The service has seen a 22% increase in employees being referred. 52% of referrals were preventative (remained in work). Feedback from individuals accessing the service and their managers is that they find it very beneficial. The service continues to perform well with 95% of referrals being contacted within 48hrs. 13% of employees have accessed the online self-help toolkit.
- 4.1.3 The council's musculoskeletal prevention and early intervention activities have continued to provide benefits to the organisation and maintained the reduction achieved over the previous two years.
- 4.1.4 The Health, Safety and Wellbeing Service maintained its diverse training programme to meet the needs of the organisation. A "Developing Personal Resilience" training course was launched to support individuals and teams. The training allows individuals to develop positive behaviours which can improve their mental wellbeing and have an awareness of how behaviours impact teams. Bespoke briefings

“Looking After Yourself in Professional Practice” were developed and provided to frontline employees in Families First in conjunction with the Principal Social Worker. Feedback from participants and line managers indicates that they have seen positive behaviours and outcomes as a result of embedding resilience practices within their workforce.

- 4.1.5 Following the conclusion of the Thomas Bucket v SCC civil liability case the Health, Safety and Wellbeing Service developed additional guidance on site security and managing of lettings. Although the judge dismissed the case against the council as the claimant was a trespasser and the premises were not in an unsafe state, the organisation has taken proactive steps to ensure that all potential learning from the unfortunate situation has been fully utilised. A series of briefings and guidance was launched for the organisation, governing bodies and schools.
- 4.1.6 Completed 74 School and 19 Core Council audits of services to review their health and safety management arrangements and develop improvement plans.
- 4.1.7 Completed 97 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.
- 4.1.8 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 3000 colleagues have used the self-service wellbeing stations and taken part in the council’s “know your numbers” campaign which allows colleagues to understand their health risks and simple steps they can take to improve their health and wellbeing.
- 4.1.9 The Health, Safety and Wellbeing Service has also responded to and managed several emergency situations and serious incidents during 2015/16.

4.2 Service Level Agreements (SLA)

- 4.2.1 99% of maintained schools purchased the health and safety service during 2015/16 with just 4 schools seeking other provision. 97 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 Customer survey showed that 98% of customers were “very happy” or “happy” with the service delivered by Health, Safety and Wellbeing.

4.3 Improving the Health of the Workforce

- 4.3.1 Absence within the county council is now at **7.06 days** per employee, which is a decrease from last year. This level of absence is below the public sector benchmark. Prevention and early intervention activities continue to help reduce absence levels. An improvement plan has been agreed for 2016/17 which will focus on improving the use of early intervention support services.

- 4.3.2 Between 1st April 2015 – 31st March 2016, 499 employees had been referred to the physiotherapy service resulting in the following achievements:-
- 52% of corporate colleagues with a new musculoskeletal absence were referred by their manager.
 - Maintained the reduction in musculoskeletal absence achieved since implementation in 2012.
- 4.3.3 The physiotherapy service was further supported by the “Let’s Get Moving” campaign launched in 2015. This campaign embedded preventative back care activities into both manual handling training and back care awareness training.
- 4.3.4 ThinkWell has supported a 7% decrease in psychological absence in the workforce in 2015/16 which builds on previous reductions.
- 4.3.5 Colleagues supported by ThinkWell showed after treatment a 100% improvement/recovery. 95% of colleagues accessing the service described the support as helpful or extremely helpful. 98% of Managers felt the service helped them support employees. 95% of referrals were contacted within 48 hrs and the average time to first session was 6 days
- 4.3.6 Occupational Health received 1130 management referrals which is less than last year reflecting the reduction in employee numbers. 77% of all long term cases are being referred by managers to Occupational Health for support. The HR team continues to work with managers to ensure early referral to Occupational Health as early advice and support can help maintain colleagues in work or support a faster return to work.
- 4.3.7 Preventative health promotion and wellbeing events and tools operated by Health, Safety and Wellbeing Service are being used by Core County Council and schools. Feedback regarding these tools indicates that they are found to be helpful and supportive in undertaking duties and supporting their staff groups.
- 4.3.8 Flu vaccination was offered to colleagues where agreed with their manager to support continued delivery of services and the NHS flu vaccination campaign. Vaccination is an essential part of the overall infection prevention and control arrangements. Nearly 900 vouchers were supplied to schools and SCC colleagues.

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 is 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

5.1 Outcomes of Internal Health and Safety Audits

5.1.1 During 2015/16 93 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. 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.

Maturity Level	Schools	Families & Communities	Economy, Infrastructure & Skills	Finance & Resources	Strategy, Governance & Change	Health & Care
Level 1 - Emerging	2	0	0	0	0	1
Level 2 - Managing	59	9	0	3	2	3
Level 3 - Established	82	7	5	3	1	0
Level 4 - Performing	115	3	3	3	0	0
Level 5 – Continuous Improvement	31	3	3	0	0	0
Average Score	3.5	2.9	3.8	2.99	2.3	1.75

The Health, Safety and Wellbeing Service are working with all services that have achieved levels 1 & 2 to support them to make improvements. 81% of all schools are now achieving level 3 or above in their audit which is a 5% improvement on last year. Corporately 63% of services audited in the revised process are 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. Data shows that accidents have decreased by 30% and violence to employees has remained consistent. Reportable incidents to the HSE have decreased. The council's AIR (Accident Incident Rate) indicator shows an increase compared with last year.

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 2015/16 to £2,111,250 compared with £3,016,250 in 2014/15 (saving of £905,000). Costs of violence to employees for 2015/16 has risen very slightly to £831,250 compared to £816,250 in 2014/15 (increase of £15,000).

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 2015/16

7.2.1 There has 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 has investigated these incidents and helped the services and schools implement improved control measures.

7.3 Health and Safety Executive's (HSE) Involvement

7.3.1 The HSE has 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 Asbestos ceiling tiles were discovered to have been removed following self-managed work by a voluntary aided school. The work had not been notified to the HSE. The Health, Safety and Wellbeing Service supported the school with an investigation and the Chair of Governors with a formal interview with the HSE. The points of note from the investigation were shared with the Diocese and all Voluntary Aided Schools.

7.3.3 Remedial works were conducted at Flash Ley Community Primary School during July and August 2015 in order to rectify structural integrity issues with areas of the flooring that had deteriorated in February 2015. On the re-opening of the School in September 2015 the school reported a strong odour within the building.

7.3.4 On 2 October the Head Teacher contacted the Health, Safety and Wellbeing Manager at the Council to ask for urgent assistance. The Council attended site in order to assess the situation.

7.3.5 On the 2 October 2015 the school was closed as the odour appeared to be affecting the health and wellbeing of the occupants and the Health, Safety and Wellbeing Service needed to identify the risks associated with the situation. Specialist air monitoring was commissioned which identified formaldehyde levels within the school which were above both the World Health Organisation limit and both HSE EH40

short term and long term work exposure limits. As a result a decision was taken to keep the school closed and make alternative schooling arrangements until the issue could be resolved.

- 7.3.6 The Health, Safety and Wellbeing Service set up a multi-agency incident team to manage the situation, understand the potential health implications and to find temporary arrangements for the continued education of the pupils. Public Health England confirmed that the health effects were temporary and that all persons exposed should recover fully within a few days of being removed from the environment creating the exposure. The HSE implemented a “Do Not Disturb Notice” on the site on 20th October 2015 which was lifted in February 2016 to allow remedial works to commence.
- 7.3.7 The situation remains ongoing with a project team set up to manage remediation. The safety of pupils and staff are paramount and the premises will remain closed until the council is assured of its ability to be safely occupied.
- 7.3.8 The investigation of this incident has identified that the direct cause was the deficiency of the Benefil UK product used to fill the ducts. The HSE has not taken any action against the council regarding this incident.
- 7.3.9 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 2016/17. Union and staff views are sought on management tools and health, safety and wellbeing initiatives. The Unions supported the wellbeing days that were held. The Health, Safety and Wellbeing Service works with the Unions on campaigns and launching new initiatives.

9. Occupational Health Unit (OHU)

	2013/14	2014/15	2015/16
Ill Health Referrals	1481	1342	1133
Ill Health Retirement Requests	39	30	21
Ill Health Retirements Approved	16	14	10

- 9.1 Occupational Health management referrals have decreased compared to last year in line with workforce changes.
- 9.2 On average 77% of all absences over 21 days are being referred to Occupational Health for advice and support, however only 62% 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 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 a claimant has 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	2015/16
No. of Claims Occurred	106	83	64	59	37
Estimated Cost of payments	978,418	938,080	300,715	461,180	151,339

10.2 Background Information on Claims / Legal Developments

- 2011/12 includes one Employers Liability claim concluded at a cost of £145,417 with a further Employers Liability claim in policy period 2012/13 currently reserved at £179,000.
- 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). As a result of the Jackson reforms the indications are that claims are being submitted more quickly.
- The impact of the Jackson Reforms, implemented in August 2013, is starting to be seen with reducing third party claimant costs on conceded claims

11. New Legislation & HSE Key Topics for 2016/17

11.1 During 2016/17 the Government will review the role and function of the Health and Safety Executive to ensure it remains fit for purpose.

11.2 The following health and safety issues will be the focus of the Health, Safety and Wellbeing Service during 2016/17;

- Stress in the Workplace
- Asbestos Management
- Fire Safety
- Tackling occupational health diseases
- Management of musculoskeletal conditions.

These topics when relevant will form part of the Health, Safety & Wellbeing Services 2016/17 audit programme.

12. Key Actions for 2016/17

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

Organisational Effectiveness

- Support the organisation to ensure external contracts, joint ventures and partnership working is operating to best practice standards.
- Work with the wider risk management agenda to improve how health and safety governance and risk management work together.
- Support the property moves within the organisation to enable health, safety and wellbeing to be embedded within new operational arrangements.

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. This will include the investigation of the use of digital media.

Line Manager Capability

- 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.
- Launch and embed revised fire safety arrangements. Provide support to premises managers to improve understanding and quality of fire risk assessments ensuring that revised best practices are in place.
- Develop tools to support line managers to complete stress risk assessments and facilitate effective management and support for employees with mental wellbeing issues.

Colleague Wellbeing

- Undertake workforce wellbeing initiatives that promote employees to take personal responsibility for their health focusing on:-
 - Physical health
 - Psychological health
 - Health choices
- Build upon current foundations to create a healthy organisation.
- Further develop, embed and evaluate the resilience training to colleague mental wellbeing.
- Assess the organisation's need for mediation provision and consider the potential synergies of this with ThinkWell.

Standardisation

- Improve health, safety and wellbeing management procedures and guidance to make them more streamlined and efficient.
- Launch a revised accident and incident investigation and management system in line with SAP removal timeframe.

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 reactively manage 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 2016/17 are to further develop and embed:
- health, safety and wellbeing standards
 - prevention and early intervention services and evaluate improvement to colleague mental wellbeing; and
 - managers 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	2013/14	2014/15	2015/16
1.	Number of accidents	Quarterly SAP Report	2698	2413	1689
2.	Number of violent incidents to employees	Quarterly SAP Report	962	653	665
3.	Number of RIDDOR reportable incidents	Quarterly SAP report	Excluding School Sports Incidents 81 Total 94	Excluding School Sports Incidents 112 Total 123	Excluding School Sports Incidents 71 Total 73
4.	Number of Civil Claims occurred (excluding highways claims)	Quarterly	64	59	37
5.	Cost of Liability Claims	Quarterly	£300,715	£461,180	£151,339
6.	% of Premises with a Fire Risk Assessment completed/reviewed within last 12 months.	Annually	Schools 79% Core Council 91%	Schools 83% Core Council 100%	Schools 76% Core Council 95%
7.	% of Management Standards surveys returned by corporate services and Self Audits completed by schools	Annually	Schools 72% People 85% Place 73% Support Services 89%	Schools 74% People 84% Place 100% Support Services 100%	Schools 76% Families & Communities 94% Economy, Infrastructure & Skills 100% Strategy, Governance & Change 89% Finance and Resources 79% Health & Care 40% *Restructure
8.	% of Internal Health and Safety Audits completed to programme	Annually	Schools 100% People 95% Place 100% Support Services 94%	Schools 100% People 92% Place 100% Support Services 100%	Schools 100% Families & Communities 100% Economy, Infrastructure & Skills 100% Strategy, Governance & Change 100% Finance and Resources 100% Health & Care 100%
9.	Cost of accidents Number Accidents x HSE average cost of accidents (£1250 per incident)	Annually	£3,372,500	£3,016,250	£2,111,250
10.	Cost of violence to employees Number incidents x HSE average cost of incidents (£1,250 per incident)	Annually	£1,202,500	£816,250	£831,250

Appendix 2 * Data as of 25th June 2016

Table 1 Accident and Violent Incident data for 2015/16

	Employee Accidents	AIR Figure Employee Accidents**	Non-Employee Accidents	Total Accidents	Violence Incidents towards employees	Total Violence	RIDDOR Reportable Accident & Incidents*
SCC Overall	429	33	1260	1689	665	795	73
Schools	255	27	1008	1263	153	163	60
Families & Communities	155	66	244	399	512	632	13
Economy, Infrastructure & Skills	11	33	4	15	0	0	0
Strategy, Governance & Change	3	7	4	7	0	0	0
Finance & Resources	5	9	0	5	0	0	0
Health & Care	0	0	0	0	0	0	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 to hospital	Over 7 Day injuries
SCC Overall	0	1	0	2	33	37
Schools	0	1	0	1	32	26
Families & Communities	0	0	0	1	1	11
Economy, Infrastructure & Skills	0	0	0	0	0	0
Strategy, Governance & Change	0	0	0	0	0	0
Finance & Resources	0	0	0	0	0	0
Health & Care	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)