ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	1 October 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Corporate Health and Safety April - June 2019
REPORT NUMBER	GOV/19/380
CHIEF OFFICER	Fraser Bell
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TERMS OF REFERENCE	Remit – 4.1 - 4.6

1. PURPOSE OF REPORT

1.1 The report summarises statistical health and safety performance information for the three-month reporting period April – June 2019 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATION

That the Committee: -

2.1 Scrutinise and review health, safety and wellbeing policy, performance, trends and improvements.

3. BACKGROUND

3.1 This report contains statistical information on the three-month reporting period (April - June 2019) and a review of health and safety activities for the same period. The Reporting of Injuries, Diseases and Dangerous Occurrences 2015 (RIDDOR) puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive. This duty includes the reporting of incidents which result in an employee being absent from work for 7 days or longer. The information presented takes account of the recent audit of health and safety compliance and reporting to this Committee will demonstrate improvements in performance.

This report addresses the following matters:

1. All incidents involving employees and members of the public (serious and minor)
2. HSE Reportable Incidents
3. Reportable Diseases
4. Near Miss Information
5. Enforcement Interventions
6. Fire Risk Assessment
7. Health and Safety Audits
8. Compliance Monitoring
9. Health and Safety Policies and Guidance

Incidents (April - June 2019)

3.2   All incident and near miss information in this report has been provided to a Function and Cluster level. The current incident and near miss reporting system does not record organisational units below the Cluster level so it is not possible to split the reported figures further.

3.3   **Incident information:**

The following table gives a breakdown of all incidents across all Functions and Clusters in Aberdeen City Council, which are the lowest sized reporting groupings available from the current corporate incident reporting system. For the corresponding period last year there were a total of 181 incidents which shows an increase in this reporting period of 11% from the equivalent reporting period in 2018-19. The figures in brackets at Function level show the figures reported for the period 1 April – 30 June 2018 as a comparison.

Function/Cluster	1. RIDDOR Reportable employee (including absences over 7 days)	2. Non-RIDDOR reportable employee (absences of 4 to 7 days)	3. Non-RIDDOR reportable employee (absences of 0 to 3 days)	4. RIDDOR Reportable Non-employee	5. Non-RIDDOR reportable Non-employee	Total
AHSCP	**1(1)**	**1(0)**	**1(9)**	**0(0)**	**3(10)**	**6(20)**
Older Adult Services	1	1	1	0	3	6
Younger Adult Services	0	0	0	0	0	0
Commissioning	**0(0)**	**0(0)**	**0(0)**	**(0)**	**0(0)**	**0(0)**
Commercial & Procurement	0	0	0	0	0	0
Customer	**0(0)**	**0(0)**	**4(3)**	**0(0)**	**0(3)**	**4(6)**
Customer Experience	0	0	0	0	0	0

Function/Cluster	1. RIDDOR Reportable employee (including absences over 7 days)	2. Non-RIDDOR reportable employee (absences of 4 to 7 days)	3. Non-RIDDOR reportable employee (absences of 0 to 3 days)	4. RIDDOR Reportable Non-employee	5. Non-RIDDOR reportable Non-employee	Total
Early Intervention and Community Empowerment	0	0	4	0	0	4
Governance	**0(0)**	**0(0)**	**0(1)**	**0(0)**	**0(0)**	**0(1)**
Operations	**9(3)**	**7(4)**	**124(101)**	**0(0)**	**50(44)**	**190(152)**
Operations and Protective Services	6	3	18	0	3	30
Integrated Children and Family Services	3	4	106	0	47	160
Place	**0(0)**	**1(0)**	**1(1)**	**0(0)**	**0(1)**	**2(2)**
Strategic Place Planning	0	0	0	0	0	0
City Growth	0	1	1	0	0	2
Resources	**0(0)**	**0(0)**	**0(0)**	**0(0)**	**0(0)**	**0(0)**
Corporate Landlord	0	0	0	0	0	0
Total Apr - Jun	**10(4)**	**9(4)**	**130(115)**	**0(0)**	**53(58)**	**202(181)**

3.4 The figures increased in column 1 of the table where employees have been absent for 7 days or more. The type of incident type in this reporting period are around slips/trips but don't exhibit any other trend, which a control can be put in place to prevent. The examples are:

- Employee suffers a muscle injury by turning too quickly.
- Employee slips in supermarket on wet floor (whilst at work).
- Employee hurts ankle whilst getting out of van.
- Employee trips over rug in a drama class whilst stepping back.
- Employee tripped over an extended leg.

3.5 The other area where numbers have increased are in the third column for 0-3 day injuries. This column includes the incidents which involve unacceptable behaviour. Unacceptable behaviours as a category include all instances of verbal and physical threat against an employee from a service user. There is a separate report being presented to this Committee by Integrated Children's and Family Services on this topic area.

3.6 Incident causation is detailed in the table below.

Function/Cluster	Slip, trip, fall	Contact with Machinery	Manual handling	Struck against	Struck by vehicle	Falls from Height	Struck by Object	Another type of accident	Contact with electricity	Unacceptable behaviour	Total
AHSCP	2	0	0	0	0	0	0	2	1	1	6
Older Adult Services	2	0	0	0	0	0	0	2	1	1	6
Customer	1	0	0	0	0	0	2	1	0	1	5
Early Intervention and Community Empowerment	1	0	0	0	0	0	2	1	0	1	5
Operations	30	2	8	6	1	5	16	21	1	100	190
Integrated Children's and Family Services	25	0	1	5	0	4	8	15	0	100	158
Operations and Protective Services	4	2	7	1	1	1	8	6	1	0	32
Governance	0	0	1	0	0	0	0	0	0	0	1
Total Numbers	33	2	9	6	1	5	18	24	2	102	202

3.7 The largest percentage of incidents reported is related to unacceptable behaviours, which is a range of actions towards employees which the organisation defines as unacceptable. These are defined in the Unacceptable Action Policy as:

- Aggressive or abusive behaviours;
- Unreasonable demands; and/or
- Unreasonable levels of contact.

3.8 The report also being presented to this Committee by Integrated Children's and Family Services and this will show how they are identifying the need for training which can assist employees in de-escalating issues quickly.

3.9 When an incident is reported the corporate system generates an investigation report which the reporting officer is required to complete. This report highlights categories of criteria which require to be considered including root cause, actions identified and completion dates. These investigation reports are reviewed and where non-compliant the reporting manager is contacted to advise on the need to complete and to be offered assistance with their investigation. For incidents where there is a requirement to RIDDOR report to HSE then the reporting manager is assisted in completing their investigation.

HSE Reportable incidents (April - June 2019)

3.10   During the reporting period 10 employees were injured in incidents, which required to be reported to the Health and Safety Executive.

3.11   Every RIDDOR incident has been followed up by the corporate health and safety team to get assurance that the correct causation and remedial actions been identified; also, that these remedial actions have been implemented. The checks on all 10 incidents have confirmed that these elements were all completed correctly.

Incident (reportable employee) frequency rates

Period – Quarterly	Reportable Incidence rate	Reporting period
Apr -Jun 2019	1.25	2019/20

3.12   The above figures are calculated using the formula:

$$\text{Incidence rate} = \frac{\text{RIDDOR injuries per period}}{\text{Number of employees}} \times 1000$$

3.13   This figure has increased from the reported figure for the corresponding period last year (Apr – Jun 18) of 0.87 when there were 4 RIDDOR reportable incidents.

Reportable Diseases

3.14   There were no diseases reportable under RIDDOR; which was also the case in the corresponding reporting period last year.

Near Miss Information

3.13   Many safety activities are reactive, that is, they occur after an injury incident. By reporting near-miss incidents this promotes proactive safety, thereby raising awareness of potential hazards and mitigation strategies before an injury occurs.   Recognising and reporting near-miss incidents can significantly improve employee safety and enhance the safety culture.

3.14 The table below shows relevant near miss information for April – June 2019.

Function	Cluster	Near Misses Apr-Jun 2019 Cluster	Near Misses Apr-Jun 2019 Function
AHSCP			**11**
	Older Adult Services	11	
Customer			**25**
	Customer Experience	5	0
	Early Intervention and Community Empowerment	20	0
Operations			**147**
	Integrated Children's and Family Services	137	0
	Operations and Protective Services	10	0
Place			**1**
	City Growth	1	
Total			**184**

3.15 The table below shows the causation for the numbers of near misses in the table under 3.14.

Function/Cluster	Vandalism	Security	Other	Unacceptable behaviour	Total
AHSCP	**0**	**0**	**0**	**10**	**10**
Older Adult Services	0	0	0	10	10
Customer	**1**	**3**	**3**	**16**	**23**
Customer Experience	0	1	2	1	4
Early Intervention and Community Empowerment	1	2	1	15	19
Operations	**3**	**19**	**29**	**99**	**150**
Integrated Children's and Family Services	3	19	21	95	138
Operations and Protective Services	0	0	8	4	12
Place	**0**	**0**	**0**	**1**	**1**
City Growth	0	0	0	1	1
Total Numbers	**4**	**22**	**32**	**126**	**184**

3.16   The overall number of near misses decreased from 246 for the same reporting period last year.

Regulator interventions (HSE / SFRS)

3.17   There are occasions where HSE and Scottish Fire and Rescue Services (SFRS) contact Aberdeen City Council to request further information or ask for action to be taken with regard to the way Aberdeen City Council undertake their legal duties.

3.18   There was one intervention with HSE in this reporting period. HSE were happy that the work being undertaken to review all of the procedures around this area of work has closed out any issues which were highlighted during their intervention.

3.19   There was one intervention with SFRS this reporting period due to their annual audit inspection of care homes in the area. This audit identified an issue which with further discussion with SFRS it was agreed that ACC were already compliant.

Fire risk assessments

3.20   Fire risk assessments are completed on a rolling 5-year programme. A total of 23 fire risk assessments were completed during this reporting period. The overall average compliance score was 91%.

3.21   Multi-storey tenanted properties are assessed on a 3-year rolling programme. As part of this programme 5 multi storey blocks were also assessed with an average compliance score of 59%. Each assessment results in an action plan being provided to the relevant Service Areas. Each action in these plans have a risk rating against them detailing the agreed timescales for the actions to be completed. The 4 categories are for works wo be completed within 4 hours, 24 days, 90 days and finally where there is a recommendation for work to be competed, where legal compliance is already achieved but to encourage best practice.

3.22   In these 5 action plans there were 118 actions identified across the risk ratings; there were no actions identified in the 4-hour action period. Of the 118 identified there were 65 completed action and 53 which were still within the compliance period. However, in this period there were 17 actions which had passed the compliance date. There is an officer who manages the database for the required actions, and the officer is checking whether these are due to actions not being closed out in database or the work not having been completed. This is currently a manual checking process, but work is planned to include this in the digitalisation of processes. The Corporate Health and Safety Team will also audit this process every quarter to ensure actions are closed out in future in time.

Health and Safety Audits

3.23   The overall average audit score for all audits completed in a reporting quarter and for this reporting period was 69%.

3.24   The average figure seems to sit on average between 65% and 72%. Currently the report is shared with each auditee and identified senior managers within each cluster. However, work is being undertaken with Business Intelligence through their data forum procedures to enable a recording and reporting system to be developed, which will allow reports to be available identifying actions which have not been completed by the required compliance date. This will allow the Function Health and Safety Groups to scrutinise the reports and hold responsible officers accountable. This should result in improvements to safety management, monitored through health and safety improvement plans.

Compliance Monitoring

3.25   A process of compliance visits has been carried out over the period looking at risk topics such as premises security, personal protective equipment, driver checks, lifting equipment, workplace inspection and work at height. The average score for all compliance visits completed was 84%. Again, the issues identified during these compliance visits need to be implemented and shared to ensure that employees and members of the public's safety is not at risk. The average score for the same period last year was 68%; this score was for different work activities, so it is difficult to reach an exact comparison.

Health and safety policies and guidance

3.26   The document management system has been in development and has identified 11 policies and procedures which will be reviewed in this next fiscal year. The initial work on an asbestos management plan which will provide the framework for the organisation's management of asbestos is in the first draft stage. This includes an asbestos policy and will be the umbrella document under which each Cluster's asbestos procedure will sit.

4.   FINANCIAL IMPLICATIONS

4.1   There are no direct financial implications arising from the recommendations of this report.

5.   LEGAL IMPLICATIONS

5.1   Health and safety legislation requires that an organisation has a suitably robust safety management system to ensure the health safety and welfare of their employees. Where any incident is of sufficient seriousness there is the potential that the Enforcing Authorities will become involved and carry out their own investigation into the circumstances of the incident. Any investigation could result in prosecution of the organisation and in some cases prosecution of managers and/or employees.

6.   MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	The risk is that any incident has the potential to bring a reduction in the overall budget in place to provide service delivery.	M	All tasks are risk assessed and the controls implemented and supervised by line managers. All employees are trained to a level where they are competent to carry out the work. Analysis of the causes of the incidents, near misses and work-related absences and resultant improvements to prevent, where possible, reoccurrences, can reduce the financial exposure to the Council. An effective health and safety management system in which risks are identified and either eliminated or reduced will result in a reduction of costs to the organisation. If the Enforcing Authorities take a case to court against Aberdeen City Council for breaches of legislation then it could leave the Council liable to pay any fine or damages imposed and also for the expenses of any subsequent civil claim, which follows where an individual has suffered personal injury.
Legal	There is the risk that any injury or serious health and safety incident could result in focus from the Health and Safety Executive which could result in enforcement	M	As above.

	action in the form of notices or prosecution.		
Employee	The risk is that any health and safety incident can lead to an injury to an employee which could have the potential to temporarily or permanently affect either or both their employment or their life.	M	As above. If the task has been risk assessed; employees are trained, competent and supervised then there should be less likelihood of incidents.
Customer	The risk to our citizens is that we are unable to provide the same level of service delivery due to staff absences from illness and injury sustained during their work. Also, there is the possibility of a reduced budget due to the associated financial costs.	M	Reducing the number of incidents will reduce the number of absences and the subsequent costs to the Council.
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	M	Should be provided by each Function having a robust safety management system in place. There are many facets to this which are important starting from ensuring employees are trained and competent, every hazard is risk assessed and up to carrying out investigation of near misses to ensure controls are reviewed to consider whether remedial actions are required.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	A healthy and safe workplace assists the overarching principles of the stretch outcomes within the LOIP by ensuring that resource is directed at the services required by the city. Removing the level of lost resource to the financial penalties incurred through the Civil and Law Courts and from the Regulators will allow the available resource to be best used to ensure funding of the growth sectors of the local economy.
Prosperous People	The areas reported on within this report allow Clusters a further opportunity to recognise areas which when acted upon can assist with engagement of staff and service users to support the meaningful educational progress of children and young people

Design Principles of Target Operating Model	
	Impact of Report
Governance	This report is designed to provide a level of assurance to the organisation that the safety management system is working and effective. Where there are issues the understanding that this safety management system has basic functions which are followed to identify any areas for improvement should provide further assurance to the committee and the organisation in general.
Workforce	This report identifies area where the workforce could be at risk from hazards, which they encounter in their role. The reporting of incidents and near misses through the electronic reporting system allows trends to be better identified and to allow focus to be placed on areas where there is most need for this focus. This should provide assurance that the likelihood of the risk eventuating is lessened when required actions are implemented.
Process Design	The reporting within this document can identify trends within Clusters or with certain hazards where the process currently followed allows incidents and near misses to occur. A health and safety management system requires investigation to be completed after every near miss and incident to identify where there are both process and behavioural faults.

8.   IMPACT ASSESSMENTS

Assessment	
Equality & Human Rights Impact Assessment	EHRIA not required
Data Protection Impact Assessment	Not required
Duty of Due Regard / Fairer Scotland Duty	Not required

9.   BACKGROUND PAPERS

N/A

10.   APPENDICES

N/A

11.   REPORT AUTHOR CONTACT DETAILS

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