

ABERDEEN CITY COUNCIL

COMMITTEE	Education and Children's Services
DATE	2 December 2014
DIRECTOR	Liz Taylor
TITLE OF REPORT	Social Care and Wellbeing Health and Safety Performance Report
REPORT NUMBER	SCW/14/22
CHECKLIST COMPLETED	Yes

1. PURPOSE OF REPORT

- 1.1 The annual Social Care and Wellbeing Health and Safety Performance Report was considered by the Corporate Health and Safety Committee, at its meeting on 29th August 2014.
- 1.2 The report provides members of the Committee with the annual performance report in regard to Health and Safety activities for the Social Care and Wellbeing Directorate covering the period July 2013 to June 2014 and is attached at Appendix 1.

2. RECOMMENDATION(S)

It is recommended that the Committee note the contents of the report.

3. FINANCIAL IMPLICATIONS

By using a proactive approach and fostering a positive culture to Health and Safety there will be direct financial benefits to the organisation by reducing costs and minimising risks:

- i. lost time and associated costs(both insured and uninsured) are less;
- ii. employee absence and turnover rates are lower;
- iii. reduced relief cover and sick pay costs;
- iv. less time is spent investigating accidents, incidents and ill health;
- v. potential fines and claims are lower;
- vi. injury to workers are lower;
- vii. damage to plant, machinery and equipment is reduced, and;
- viii. the threat of legal action is lessened

4. OTHER IMPLICATIONS

The effective management of health and safety ensures compliance with legislation and is consistent with the vision to make Aberdeen a healthier and safer place in which to live and work. It assists in maintaining employees who are healthier, happier and better motivated, essential to the sustainability of high quality services.

5. BACKGROUND/MAIN ISSUES

- 5.1 The report submitted to the Corporate Health and Safety Committee covered the period July 2013 to June 2014.
- 5.2 Since the report was submitted and in response to concerns raised at the Corporate Health and Safety Committee, the service has revised its process for undertaking work place inspections. These are now issued in blocks and Heads of Service are alerted immediately if a workplace inspection is not returned by the due date.
- 5.3 The service monitors the effective implementation of Corporate and local health and safety policies and procedures and ensures that issues raised are reported to senior management for appropriate action.
- 5.4 The service provides a quarterly update on compliance with health and safety matters for the SMT and for the local quarterly health and safety committee. This provides detail of incidents and accidents and any actions taken; detail on sickness absence within the service; compliance with the health and safety matrix and; progress on actions contained within fire risk assessments, health and safety audits; risk assessments and workplace inspections.
- 5.5 A presentation on management responsibilities for health and safety was given to members of the extended senior management team on 14th October, by the service's corporate health, safety and wellbeing team. As an outcome of this, the service will be developing a manager's checklist for health and safety issue and providing a regular detailed report at service manager level of health and safety compliance.

6. IMPACT

Although not directly linked to the Single Outcome Agreement, effective health and safety management is an integral part of service delivery.

7. MANAGEMENT OF RISK

- 7.1 Effective management of health and safety within the workplace and for those staff working in the Community, is essential for the reduction of risks for staff and service users.

7.2 The service monitors the effective implementation of Corporate and Local health and safety policies and procedures and ensures that issues raised are reported to senior management for appropriate action.

8. BACKGROUND PAPERS

- Report to Corporate Health and Safety Committee August 2014
- Internal health and safety recording and reporting processes

9. REPORT AUTHOR DETAILS

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Social Care and Wellbeing

Health and Safety Report

July 2013 – July 2014

DIRECTORS STATEMENT

In Social Care and Wellbeing we take Health and Safety responsibilities very seriously. We work to ensure that the health and safety of our staff and service users is promoted and is not compromised by our operations or in delivery of services.

Each accident and incident report comes to the appropriate manager for analysis and follow-up action. Reports are shared and discussed with Trades Union colleagues at our Directorate Health and Safety meetings. This enables us to understand the primary and secondary causes of accidents and incidents, to identify trends and to ensure that corrective action is taken.

Over time, Social Care and Wellbeing services have been learning and improving the training and risk assessment available to our staff. We have strengthened our approach to occupational health and safety.

In the coming year we shall implement our Action Plan to improve our response to health and safety matters and we shall ensure that this is carried over into new service structures. We shall put in place our new Lone Working procedure. A key area for improvement will be completion of Workplace Inspections. An additional action will be to review and address health and safety issues of staff in some of our residential units.

I thank all of our staff, Trades Union representatives and corporate Health and Safety colleagues for their continuing efforts to improve our performance and in making the workplace a safer place for all.

Liz Taylor
Director for Social Care and Wellbeing

Overview

The Social Care and Wellbeing Directorate employs 1086 staff as at 30th June 2014 (this includes relief staff as SCWB are responsible for their health and safety) across four service delivery areas.

The four service delivery areas are Children's Services, Older People (Current Head of Service Vacancy), Adult Services and Business Management.

At this time two Heads of Service are tasked with respective areas of work for three of the service delivery team areas and are supported by the business management team.

This report presents the performance statistics in relation to health and safety activities for each of the service areas within the Directorate. The report features an overview from the director and presents the Directorates Health and Safety Action Plan.

SCWB HEALTH AND SAFETY MEETINGS

SCWB hold regular directorate Health and Safety meetings throughout the year that are attended by Senior Management Team members, Union Representatives and Senior Officers with a remit for Health and Safety.

During the period concerned, Directorate Health and Safety meetings took place on 12th September 2013, 12 December, 2013, and 5th June 2014.

The following is a selection of some of the items that have been raised and discussed at SCWB health and safety meetings and in local team meetings which have been escalated:

Business Continuity Plans

The Service has an ongoing process for the development of Business Continuity Plans (BCP) and is reviewing the BCP for each team and establishment. Overarching BCPs for each Head of Service area are being developed.

The service is involved in emergency planning for Aberdeen City and surrounding area, with an integrated group consisting of NHS, Police Scotland and Voluntary Sector. The Director of Social Care and Wellbeing chairs the Aberdeen Care for People Working Group.

Points of contact documents

Points of Contact documents are issued to all establishments to complete and display on establishment Noticeboards. This includes identification of a premises responsible person, fire wardens and designated first aider.

HSE Intervention

In May an anonymous complaint was received by the HSE and due to this complaint an inspection was undertaken at Criminal Justice Social Work, Unpaid Work Team, Willowdale Place by Aberdeen City Council Health and Safety Advisers.

A number of actions were identified, for example, use of paint/flammable liquids which were being stored in filing cabinets and general housekeeping arrangements.

These have now been resolved.

ACCIDENT AND INCIDENT INFORMATION

Accidents and Incidents are broken down as involving either employees or third parties, with a further distinction being made for accidents as to whether or not they are reportable to the Health and Safety Executive under RIDDOR- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Incidents that are between service users (service user to service user) are not reported on.

All injuries resulting from occupational accidents or incidents which incapacitate workers for more than seven consecutive days require to be reported to the Health and Safety Executive. There were no reportable accidents for this period.

The categories for types of incident and accident in 2012/2013 reporting period were those in the Directorate Health and Safety Matrix.

The 2013/2014 categories for types of incident and accidents (cause of injury) for this reporting period were reviewed and amended as part of the implementation of the new reporting system, the YourHR Health and Safety module.

All SCWB residential workers (Children and Adult), Family and Community Support (Children) workers, receive Strategies for Crisis Intervention and Prevention Training (PROACT SCIPr (UK) ®) and violence and aggression training.

All incident reports are reviewed by senior management and are followed up with learning points and specific actions for officers to implement.

The following information contains the accidents and incident information statistics and analysis for the four service delivery areas:

Older People and Rehabilitation

713 workers were transferred from SCWB to Bon Accord Care Ltd, on the 1st August 2013

Older People and Rehabilitation (OPR) services that remain within SCWB for the purpose of this report are OPR Care Management Services, Wellbeing Team and the

Over 50's team. There is no benchmarking or trend analysis for OPR Care Management Services in this report as there is no comparable data for accidents or incidents.

Benchmarking and trend analysis in this service area will be carried out and reported upon in 2014/2015.

Accident Information

Cause of Injury	2013/14
Slip, Trip, fall at same level	2
Lifting and Handling	1
Struck by Object	2
Total	5

Injury Type	2013/14
Strains and sprains	1
Laceration and open wounds	3
Contusions and bruising	1
Total	5

Incident Information

The categories for types of incident for 2013/2014 reporting period were reviewed and amended as part of the implementation of the new reporting system, the YourHR Health and Safety module.

Type of Incident	Numbers of Incidents 2013/14
Inappropriate Communication/Abuse	1
Other	1
Vandalism	1
Total	3

Types of incident are broken down into sub categories for each incident, this gives the detail of what occurred. For OPR services the incidents are broken down into the following sub categories:

- Inappropriate Communication/Abuse includes Anti-Social Behaviour
- Other includes Another Type of Incident
- Vandalism includes Property Damage

Adult Services

Accident Information

Cause of Accident	2012/13		Cause of Injury	2013/2014
Slip, Trip, fall same level	7		Slip, Trip, fall same level	10
Lifting and Handling	8		Lifting and Handling	1
Physical Assault	0		Physical assault	4
Another Kind of Accident	2		Another kind of accident	5
Struck by Object	3		Struck by Object	2
Total	20			22

The Adult Services team reported 22 accidents with Slip, Trip and Falls (10) being the most common cause of accidents.

The most noticeable difference, being the reduction in Lifting and Handling, which may be attributable to the transfer of staff from OPR services, which had the highest need for moving and handling.

A breakdown of the types of injury sustained as a result of the accident is provided in the table below.

Injury Type	2012/13		Injury Type	2013/2014
Bruising/Crushing	3		Contusions and bruising	3
Cut/Laceration	11		Laceration and open wounds	2
Burns	1		N/A	0
Sprain	1		N/A	0
Impact Injury	3		N/A	0
Superficial Injury	1		Superficial Injury	9
			Other known injury	7
			Other not known	1
Total	20		Total	22

Incident Information

The categories for types of incident in the 2012/2013 reporting period were those in the Directorate Health and Safety Matrix.

Type of Incident	Numbers of Incidents 2012/13
Assault	27
Threatening / menacing behaviour	11
Verbal abuse	3
Anti – social behaviour	5
Vandalism	1
Security breach	1
Property damage	2

Other –Racial Abuse	0
Others	3
Total	53

The categories for types of incident for 2013/2014 reporting period were reviewed and amended as part of the implementation of the new reporting system, the YourHR Health and Safety module.

Adult services have seen a reduction in the number of incidents being reported.

Type of Incident	Numbers of Incidents 2013/14
Inappropriate Communication/Abuse	14
Other	2
Security	3
Vandalism	7
Violence	22
Total	48

Types of incident are broken down into sub categories for each incident, this gives the detail of what occurred. For adult services the incidents are broken down into the following sub categories:

Inappropriate Communication/Abuse includes Physical Contact, Verbal Abuse, Anti-Social Behaviour, Inappropriate Gesture.

Vandalism includes Fire and Property Damage.

Violence includes Anti-Social Behaviour, Disruptive Behaviour, Threatened with Weapon, Threatening Behaviour, Disruptive Behaviour, Disruptive Behaviour, Menacing Behaviour.

Due to the nature of the roles these groups of staff undertake in this service, it is not unexpected that they report such incidents. However it is important to recognise the steps taken to ensure their safety when carrying out their day to day duties.

There continues to be increased reporting awareness by staff due to a change in reporting systems and associated training.

Children's Services

The Opening of Marchburn Children's Home in December 2013 has had an impact on reported incidents and accidents.

Accident Information

Cause of Accident	2012/13		Cause of Injury	2013/2014
Slip, Trip, fall same level	0		Slip, Trip, fall same level	4
Fall from Height	2		Fall from height	1
Lifting and Handling	0		Lifting and handling	0
Physical Assault	2		Physical assault	1
Another Kind of Accident	1		Another kind of accident	4
Struck against Object	0		N/A	-
Struck by Object	0		Struck by Object	2
Struck by Moving vehicle	0		Exposure to harmful substance	1
Total	5			13

The Children's service reported an increase in accidents from last period; from 5 to 13.

A breakdown to the types of injury sustained is provided in the table below.

Injury Type	2012/13		Injury type	2013/2014
Bruising/Crushing	2		N/A	0
Cut/Laceration	2		Laceration/open wound	2
Burns	1		Burns	2
Sprain	0		Strains and sprains	1
Superficial Injury	0		Superficial Injury	4
			Other known injury	3
			Other not known	1
Total	5			13

Incident Information

The categories for types of incident in 2012/2013 reporting period were those in the Directorate Health and Safety Matrix.

Type of Incident	Numbers of Incidents 2012/13
Assault	3
Threatening / menacing behaviour	4
Verbal abuse	0
Anti – social behaviour	0

Vandalism	6
Security breach	5
Property damage	2
Other –Racial Abuse	0
Others	0
Total	20

The categories for types of incident for 2013/2014 reporting period were reviewed and amended as part of the implementation of the new reporting system, the YourHR Health and Safety module.

Type of Incident	Numbers of Incidents 2013/14
Inappropriate Communication/Abuse	18
Other	3
Security	10
Vandalism	14
Violence	26
Total	71

Types of incident are broken down into sub categories for each incident, this gives the detail of what occurred. For children’s services the incidents are broken down into the following sub categories:

Inappropriate Communication/Abuse includes Alcohol/Substance Abuse, Anti-Social Behaviour, Verbal Abuse, Anti-Social Behaviour, Inappropriate Phone Call, Physical Contact, and Inappropriate Gesture

Vandalism includes Fire and Property Damage

Violence includes Anti-Social Behaviour, Disruptive Behaviour, Threatened with Weapon, Threatening Behaviour, Disruptive Behaviour, Disruptive Behaviour, Menacing Behaviour.

Children’s service areas report an increase in incidents from the last period; from 20 to 71.

There continues to be increased reporting awareness by staff due to a change in reporting systems and associated training.

The type of incident information has been broken down into team areas as seen in the table below.

Address	2013/14
8 Marchburn Road	35
The Willows 132 Hardgate	22
181 North Balnagask Road	4
41 Faulds Gate	3
Quarry Centre, Cummings Park Crescent	3
Torry Childrens and Families Balnagask Circle	2

Kingsfield Childrens Home 532 King Street	1
Aberdeen Maternity Hospital Cornhill Road Aberdeen	1

The opening of Marchburn in December 2013 has resulted in increased incidents in Children's Residential Services.

Incidents at Marchburn have been investigated jointly with Health and Safety and the Residential Service Manager. An outcome of these investigations is that a Health and Safety Management Action Plan has been developed and there is ongoing continuous liaison with Health and Safety to address areas highlighted and to improve Health and Safety outcomes for workers and Looked After Children in Residential services.

Due to the nature of the roles these groups of staff undertake in this service, it is not unexpected that they report such incidents. However it is important to recognise the steps taken to ensure their safety when carrying out their day to day duties.

There continues to be increased reporting awareness by staff due to a change in reporting systems and associated training.

Business Management

Cause if Accident	2013/14	2012/13
Fall from Height	0	1
Total	0	1

There has been a reduction in accidents in this reporting period; from 1 to 0.

Incident Information

Type of Incident	Numbers of Incidents 2013/14	Numbers of Incidents 2012/13
Verbal abuse	0	1
Others	0	2
Total	0	3

There were no reported incidents for the period which is a reduction from; 3 to 0.

Health and safety matrix

Workplace inspections are issued twice a year using a rolling programme approach. They are issued to the responsible person for each Social Care and Wellbeing establishment; it is their responsibility to complete the workplace inspections and return them to Business Management.

The reported measures assess the extent to which, good health and safety practice is followed. The measures quantifies the extent to which risk assessments, health and safety inspections, first aid cover and accident reporting meets or exceeds that recommended by Health and Safety Advisors.

58 workplace inspections were required to be carried out during the reporting period. For the reporting period 58 establishments were measured. This is less than the previous reporting period where 137 were issued due to the establishment of Bon Accord Care Limited these are no longer included in our figures.

Of the inspections issued to the 57 establishments 38 were returned and 19 have failed to return their inspections. All workplace inspections will be completed by 15 August 2014.

The importance of returning these is being empathised to all Premises Responsible Persons. Service Managers and Heads of Service have been notified that these were not returned.

Reports on compliance will continue to be put to the Service Health and Safety Committee.

The outcomes of the workplace inspections are used to populate the Health and Safety Matrix.

Category	Score
Emergency Precautions	67%
Housekeeping and Cleaning	67%
Environment	67%
First Aid	100%
Slip and Trip Hazards	67%
Machinery Plant and Equipment	67%
Welfare	67%
Accident/Incidents	100%
Risk Assessment	65%
Overall	69.71%

Each establishment is scored on each category.

In the First Aid and Accident/ Incidents categories the scoring is either 1 yes; or 0 no: not in place.

For all other categories the scoring is 3 completed, 2 work in progress, or 0 not in place.

Therefore the highest possible score for each establishment is 23.

For the reporting period 57 establishments were measured. Out of a possible score of 1311 (57 x 23) there was a score of 910 which equals 69.71%.

The main issues that have been reported in this period are:

- Lack of storage space
- Fire Exit signs to be clearly seen and clearly signed
- Secure access to location of team
- Office lighting has been reported with low Lux Levels

- Trailing leads and cables were not secured to prevent tripping, however, they are currently under desks secured to minimise the potential for a trip hazard
- Temperatures during night shifts are most often low, despite the central heating being switched on. Extra electric heaters are sometimes required to keep staff warm
- Heating in premises identified as excessive during the summer period. Fans are utilised to regulate temperature to acceptable conditions
- Ongoing problems with heating with some premises uncomfortably hot. Where this occurs portable fans have been placed around buildings
- Regular Fire Drills required
- Light shades and diffusers were identified as not clean or in good condition, more lighting of a good quality may help
- No property maintenance log book
- Buildings remaining cold in the Winter
- Extra wall sockets have been identified as required
- The need for smoke alarms on all premises
- The need for panic alarms/SMART technology
- Ventilation and extraction systems require to be cleaned and kept clean
- Poor lighting in car park areas
- Staff to be trained in the event of a suspected gas leak and for suspicious packages or bomb evacuation
- Check daily to ensure sockets are not overloaded
- Threadbare carpets in places to be replaced
- Faults with Heating thermostats having to be fixed numerous times

The six month programmes of workplace inspections, includes a confirmation requirement from officers that risk assessments have been conducted in line with Corporate Health and Safety Guidance.

Risk Assessment

Risk assessments are an aspect of risk management. Risk assessments are conducted in line with corporate health and safety guidance the assessments are ongoing and continuously reviewed by line managers within establishments that hold responsibility for health and safety.

Risk Assessments are carried out individually by the teams with copies held at the establishment.

Fire Risk Assessment and Actions

Fire Risk Assessments are undertaken by the Council's Health, Safety and Wellbeing section. The reports and action plans are issued to the establishments for action by responsible people.

Members of the Business Management team follow up the required actions with the appropriate officers to ensure actions have been taken forward and compliance with

recommendations. Fire Risk Assessments are reported to the Service Health and Safety Committee.

Fire Risk Assessments are also completed by Care Coordinators jointly with Scottish Fire and Rescue in people's own homes, although statistics are not reported on at this time.

Health and safety training

During the reporting period there were a total of 657 staff who had attended Health and Safety related training.

A breakdown by service area and course title can be seen in the below table.

Course Title	Older People	Adults	Children's	Business Management	Total
OIL - Basic Fire Awareness	6	36	60	5	107
OIL - Introduction to Health and Safety	8	15	30	4	57
OIL - Fire Warden eLearning			3		3
Working Safely with Computers		1	3		4
OIL - Moving & Handling1		7			7
OIL - Moving & Handling2	1	8			9
OIL - Moving & Handling3		8			8
First Aid (FAW) 3 Day NEW - First Aid at Work Certificate	1	4	6	1	12
First Aid (FAW) 2 Day Requalification		7	1	2	10
First Aid (EFAW) 1 day NEW - emergency first aid		19	31	1	51
Defibrillator Use			2		2
Display Screen Equipment (DSE) Assessor	1		1		2
Fire Extinguisher Training		30	32		62
Portable Appliance Testing (PAT)		2			2
Risk Assessment		12			12
Incident Investigation			2		2
Object Handling Inanimate Object - New		3			3
Project Griffin - Bomb Threats (Terrorism Threats)		2			2
Managers Managing Stress	1	3		1	5
Personal Wellbeing		6	2		8
Developing Resilience in Managers	3	2		1	6
Developing Resilience in Managers - Follow Up	1			1	2
Developing Personal Resilience	2	4	2		8
Mental Health Awareness	1	3	1		5
WRAP (Workshop to Raise Awareness to Prevent)		2	1	1	4
Reducing Fire Safety	0	16			16
People Handling	8	35	4		47
Food Hygiene	12	26			38

Infection Control	3	29			32
PROACT SCIPr (uk) ® (Positive Range of Options to Avoid Crisis and Use Therapy, Strategies for Crisis Intervention and Prevention)	73	43	15		131
Total	121	323	196	17	657

Absence Management

Managing and improving attendance is a priority within the Service and Managers are actively applying the Council's Maximising Attendance Policy to assist employees to return to work and identify the causes of absence and mitigate these risk.

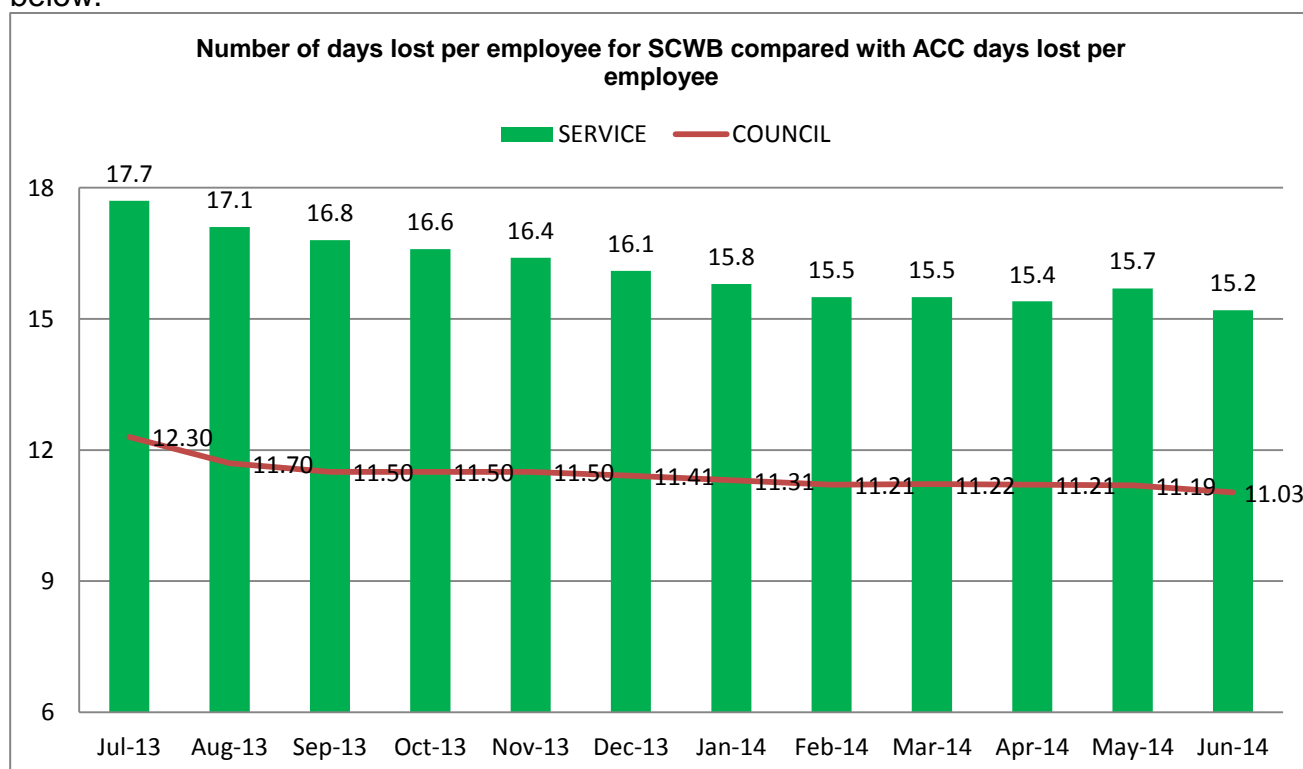
We regularly update the reports required to assist SMT and Managers to monitor and review attendance and the reasons for absence. These include more detailed monthly reports to managers and SMT and closer links with HR Advisors to deal with long term sickness absence.

We have split our information down to Head of Service level and shown this in the graphs below. The absence figures across the services tend to fluctuate without showing any specific trends or obvious reasons for the change in the figures.

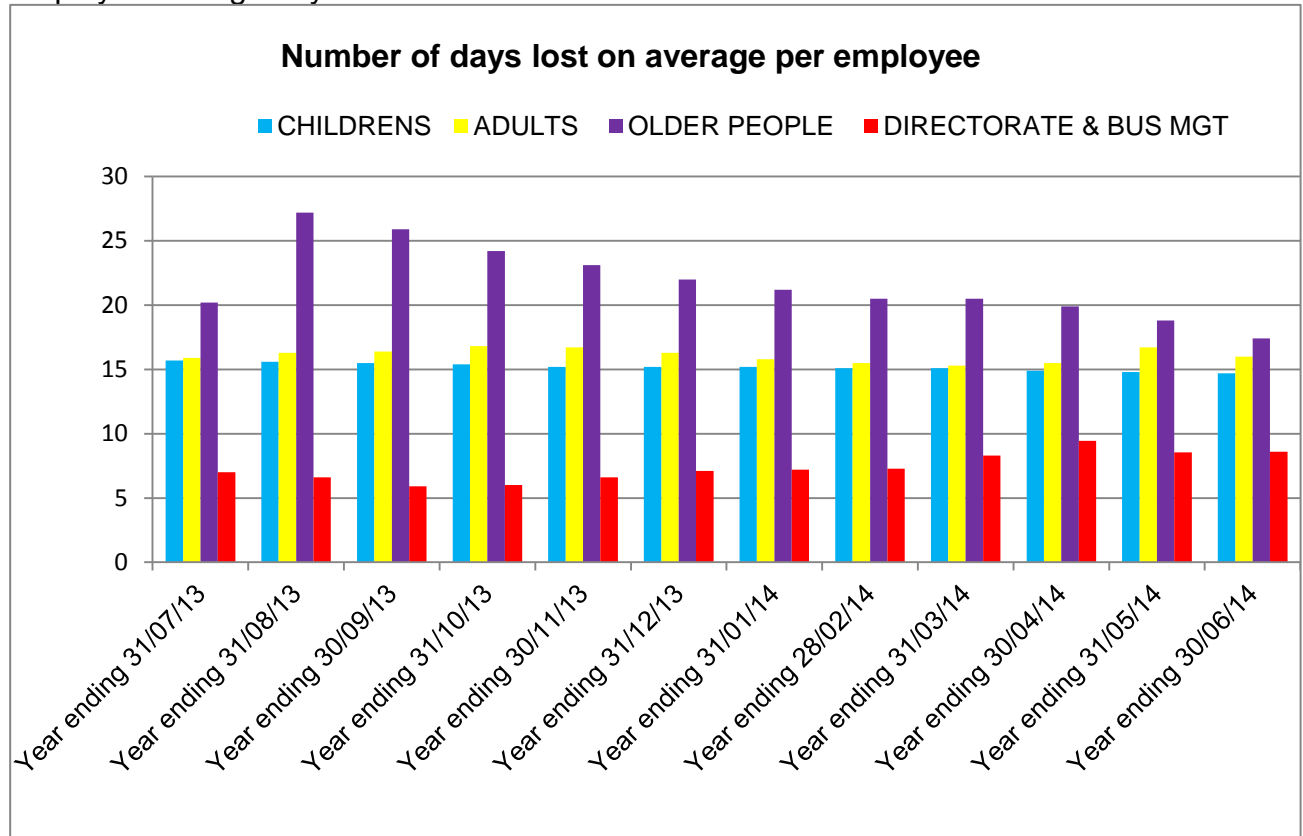
The current charts include historical information for the year up to 30 June 2014 for all of Social Care and Wellbeing. Due to the creation of Bon Accord Care, historical trends and comparisons that included Older People and Rehabilitation are affected and we have had to take account of these when carrying out comparisons.

There are plans to move the reporting of sickness to the Your HR system and this should improve the speed and accuracy of reporting absence and updating the system when people return to work. It may be developed further to produce statistics.

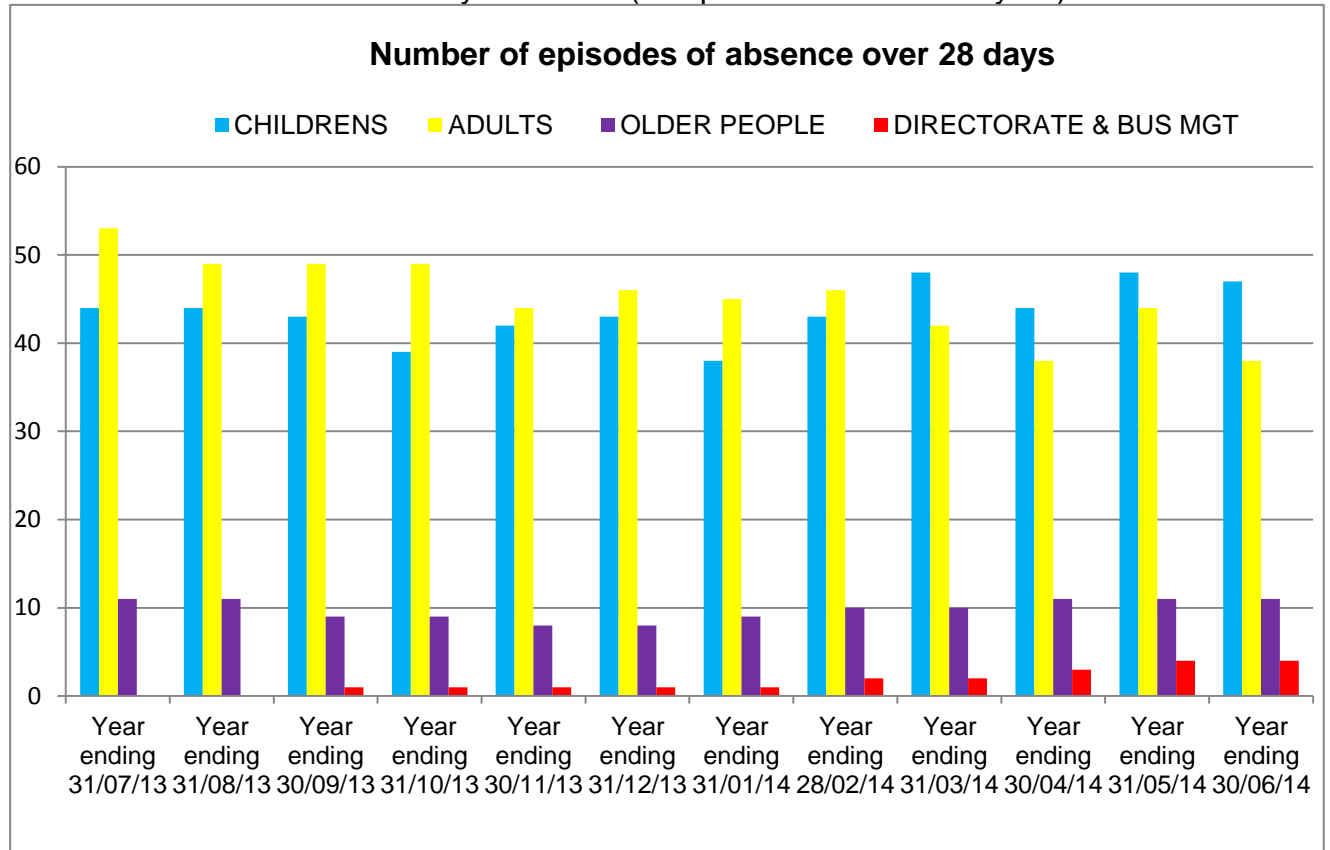
The Council's SPI figure is the 'average days lost per employee'. Within Social Care and Wellbeing the 'average days lost per employee' has shown a steady decline during the year. These figures are still above the Council's average as shown in the graph below.



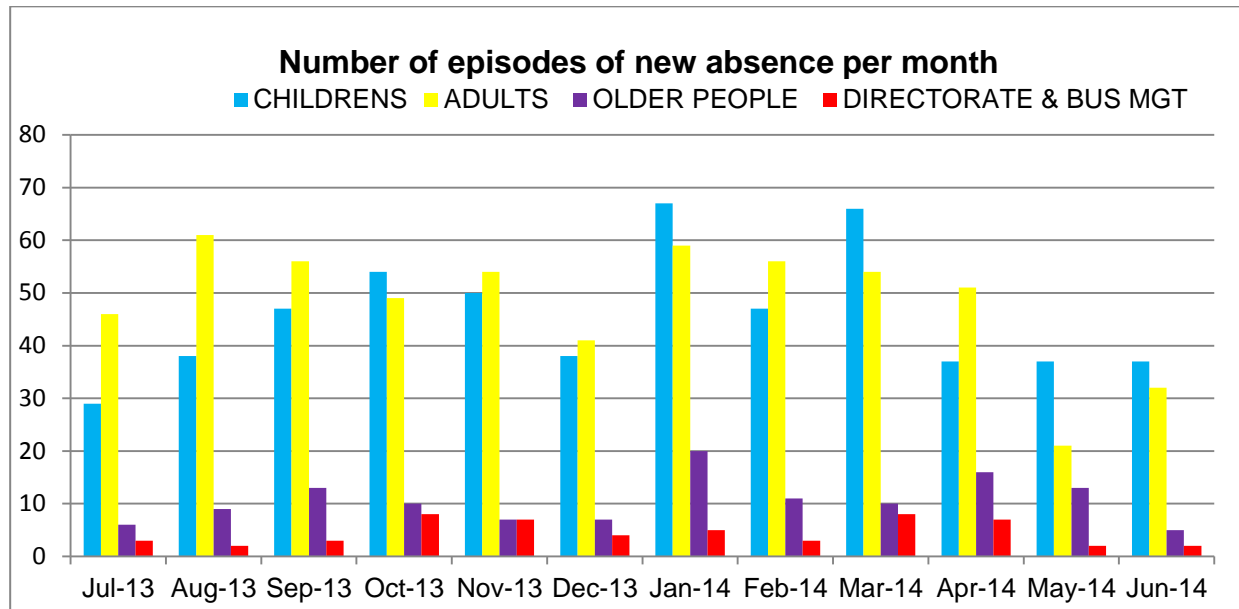
The following chart shows the number of days lost per employee split into the individual services. Throughout the year Children’s Services and Directorate & Business Management have averaged the lowest absence rates and Older People was by far the highest. However their figures have been steadily dropping since August 2013. For the Service as a whole the fluctuations are minor with a variation of less than 2 days per employee during the year.



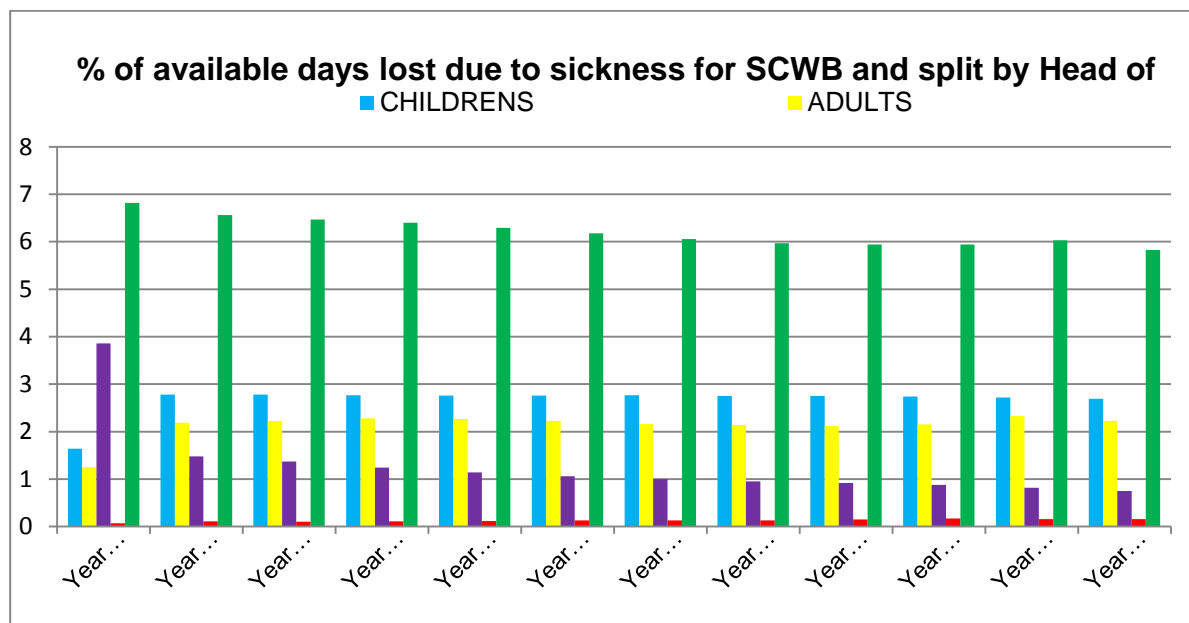
The number of episodes of absence, over 28 days, has reduced significantly compared to last year. This is due to the transfer to Bon Accord Care, on 1 August 2013, of a significant number of people who had long term absences. Children’s and Adults Services now have the majority of the absences and are fairly close in numbers. There has been a little fluctuation within the services. For the Service as a whole the average number of absences over 28 days was 100 (compared to 241 for last year).



The number of new episodes of absence per month has fluctuated fairly widely throughout the year, particularly in Adult's Services. Children's and Adult's services are alternating the position of having the most new absences. Last year the average number of new absences for the Service was 220 and this year it has gone down to 109, mainly due to the transfer of staff to Bon Accord Care.



The graph below shows the % of days lost which compares the number of days lost against the actual available working days. Overall, for the service, the number of days lost has gone down slightly from 6.8 to 5.8 days. Last year the total number of days lost for the Service was 21,407 and this year it was 11,690.



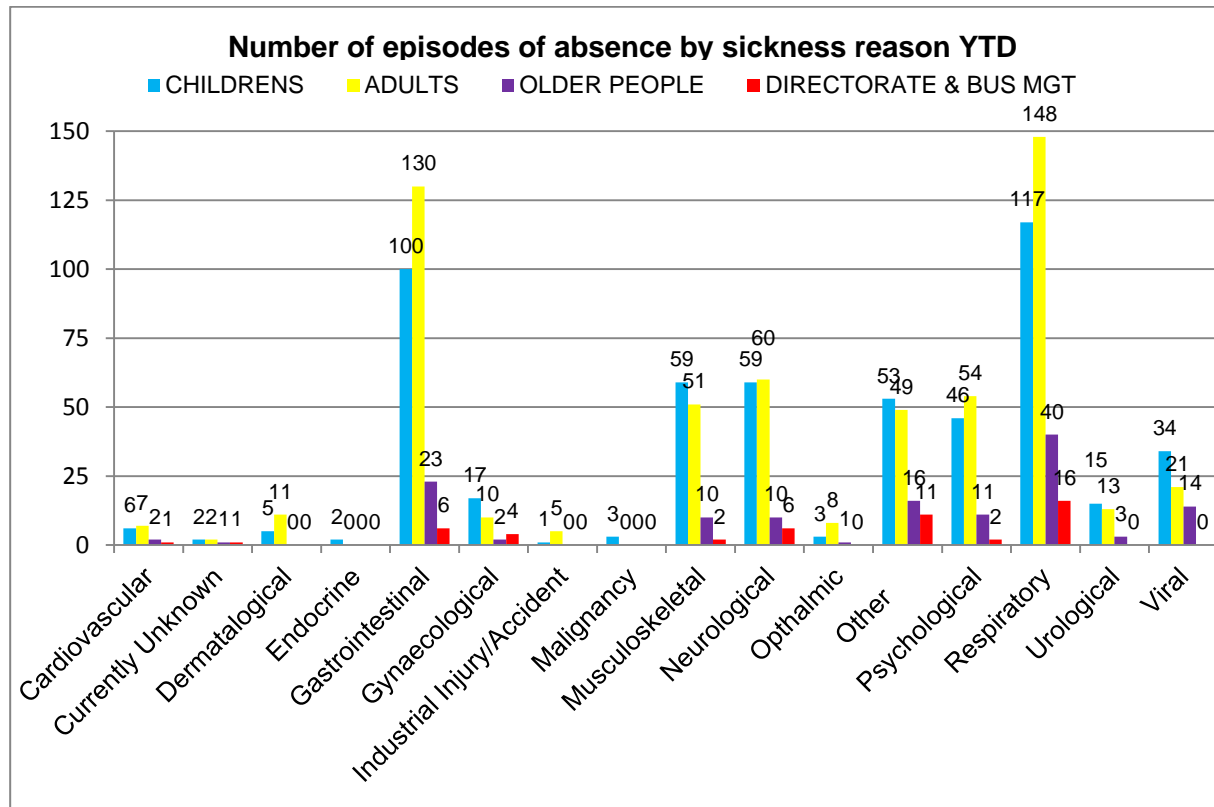
The following charts show the reasons for absence.

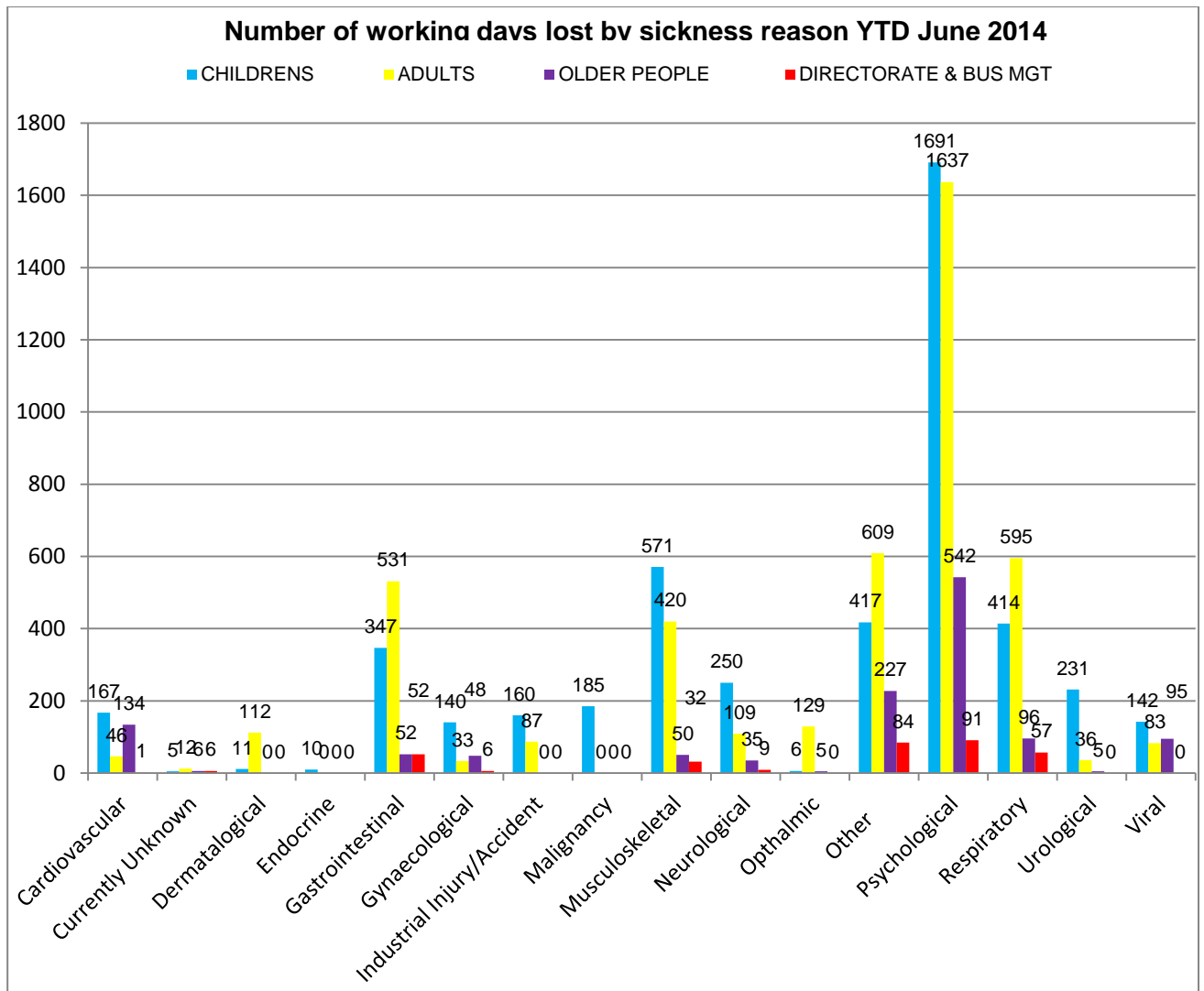
The main reason for the number of absences is Respiratory difficulties followed by Gastrointestinal problems (which is a change from last year when the Gastrointestinal figures were higher than the Respiratory difficulties).

However, when looking at the number of days lost by sickness reasons, then Psychological reasons are by far the most significant reason for absence. Psychological reasons are almost three times greater than the second reason Other or the third which is Respiratory difficulties. The reason for this compared to the number of absence is most likely due to the individual episodes being of much longer duration.

When breaking this down to individual services, Children’s and Adult’s Services have the highest number of days lost due to Psychological reasons.

The total number of working days lost for the Service as a whole this year is 10,819 compared to 22,320 for last year. The main reason for this was the transfer of staff to Bon Accord Care.





Health and Safety Action Plan July 2014 to June 2015

The SCWB action plan outlines the specific health and safety objectives the Directorate has been working on over the reporting period and the future focus for the coming months and will be subject to review and update on an ongoing basis.

Ref	Category	Action	Responsible Persons	Comments/ Update
1	Strong, Visible, active leadership of Health and Safety	Communicate corporate H and S Policy	Service H and S Committee members (SC&W SMT members, Directorate and Trade Union Representatives)	<ul style="list-style-type: none"> Staff were reminded of the Policy via the Service H and S Bulletin in May 2013 and March 2014 Staff to be reminded again via the Service H and S Bulletin in September 2014 and March 2015
		Complete new Directorate H and S Policy template and communicate appropriately	Service H and S Committee members	<ul style="list-style-type: none"> Currently working with Corporate H and S Team to develop a Template Directorate H and S Arrangements are in place.
2	Review of policy, procedures and associated guidance to reflect legislative requirements and organisations needs	Relevant H and S policies to be reviewed and implemented	SC&W SMT and appropriate officers	<ul style="list-style-type: none"> A Lone Working Group was convened chaired by the Head of Adult Services A Lone Working Draft Procedure was circulated and approved by Service H and S Committee Representatives. The procedure is now scheduled to go to the SC&W SMT for approval

		Commence discussions on integrating SC & WB H and S policies into new structures	SC and W SMT and appropriate officers	<ul style="list-style-type: none"> To commence in phase 3 of restructuring
3	Workplace Monitoring	Ensure completeness of all workplace inspections	Business Manager	<ul style="list-style-type: none"> Continue to pursue late or incomplete returns from Premises Responsible Persons. Escalate to line management for non-returns Confirm the expected return date on reminders for non-returns Update Service H and S Committee on non-returns at each meeting
		Implement new reporting arrangements to assist in more general Directorate monitoring arrangements for Workplace Inspections, Fire Risk Assessments, Health & Safety Audits and the maintenance and display of Points of Contact posters.	Business Manager	<ul style="list-style-type: none"> Completed. The template for reporting is to be reviewed in line with decision of Service Health and Safety Committee meeting 12 December 2013. This is to be completed by the end of August 2014.
4	H&S E-forms	Test and implement introduction of F2508 ("injury") accident reporting e-forms in line with corporate roll out.	Business Manager	<ul style="list-style-type: none"> Completed. Your HR Health and Safety Reporting Process in place (January 2014).
		Reach agreement on	Business Manager/ Health and	<ul style="list-style-type: none"> Completed. E- Forms Template

		platform for inputting incident reporting e-forms	Wellbeing Manager	<p>on Care First and initial staff training has been completed.</p> <ul style="list-style-type: none"> • Staff training to be arranged on an on-going basis
		Test and implement introduction of incident reporting e-forms	Business Manager	<ul style="list-style-type: none"> • Completed • In process of developing an electronic transfer process from Care First to Your HR. Timescales to be reviewed by the end of August 2014
5	Attendance Management	Continue to work with managers to identify any trends and ensure measures are implemented to support our employees	SMT and appropriate officers	<ul style="list-style-type: none"> • Trigger Reports provided to Managers • Attendance Management reports are submitted to SMT and the Service H & S Committee. • Early referrals to the Councils Occupational Health Provider are encouraged • Staff are encouraged to contact the Councils Counselling Service Provider • The flu vaccination programme continued in 2013/14. It will be promoted again for the winter 2014/15

				<ul style="list-style-type: none"> The Updated corporate procedure that includes the new sickness absence reporting arrangements (YourHR) were implemented on 19 May 2014
6	Promote employee involvement in health and safety developments	Promote attendance at H&S workshops/courses	SMT, Service Managers, Business Manager	<ul style="list-style-type: none"> A Monthly H and S Bulletin is distributed to all staff A Weekly Information Bulletin is distributed to all staff The Action Note of the Service H and S Committee is posted on the Zone after each Service H and S Committee.
		Promote occupational health initiatives	SMT, Service Managers, Business Manager	As above.