

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	Corporate Health and Safety Jan-Mar 2018
REPORT NUMBER	GOV/18/031
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Colin Leaver
TERMS OF REFERENCE	5.2; 5.3

1. PURPOSE OF REPORT

- 1.1 The report summarises statistical health and safety performance information for the three-month reporting period January – March 2018 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATION

It is recommended that the Committee:

- 2.1 review, discuss and comment on the issues raised within this report;
- 2.2 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 (January – March 2018) and a review of health and safety activities for the same period. The reporting period was for the previous Directorate structure; future reports will follow the new interim functional structure approved by Full Council in December 2017.

3.2 Incidents (January – March 2018)

- 3.3 An Incident is an unplanned, uncontrolled and unintentional event, which causes death, ill health, injury, or other harm.

3.4 The incident reporting and near miss reporting systems are set up to comply with Health and Safety and Employment Laws. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on employers, to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive (HSE). There is also a requirement to report an injury if an employee is incapacitated for more than seven days. There is no longer a requirement to report occupational injuries that result in more than three days of incapacitation, but a record must still be kept of such injuries.

3.5 Incident information:

The following table gives a breakdown of incidents across all Directorates in Aberdeen City Council. The figures in brackets are for the corresponding period last year.

	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 3rd party	5. Non-RIDDOR reportable 3rd party
AHSCP	1 (0)	0 (0)	3 (5)	0 (0)	1 (1)
CH & I	6 (3)	3 (0)	27 (20)	1 (0)	2 (6)
E & CS	1 (0)	1 (0)	122 (170)	3 (4)	43 (62)
CG	0 (0)	0 (0)	0 (1)	0 (0)	0 (0)
Total	8 (3)	4 (0)	152 (196)	4 (4)	46 (69)

3.6 113 of the total of 164 incidents in the three relevant categories (total of columns 1,2 and 3 in table) were as a result of physical assault of an employee by a service user. The organisation offers training for employees on this but it is not mandatory. One Directorate has recently rolled out a person centred risk assessment process to try to identify triggers and controls required; there is no record of how many assessments have been carried out to date. 19 incidents were attributed to slips and trips.

3.7 To help to prevent incidents at work there are certain steps required before work commences and if there is an accident then they also need to be reviewed:

- Plan: employees identifying potential problem areas and setting goals for improvement. This is risk assessment and the line managers should be checking that these have been completed for all tasks and that risk assessment registers show this;
- Train: providing staff with the knowledge to identify and take action over potential risks. Skills and training matrices should be completed to identify training needs for roles;
- Organise: giving employees health and safety responsibilities for specific areas and make sure they are aware of these and complete them;

- Control: ensure working practices and processes are being carried out properly. This is ensuring appropriate supervision is in place and supervisors check on these elements;
- Monitor and review: gaining feedback on how measures are working;

3.8 The Council's health and safety policy will be reviewed over the course of the next 12 months with a view to ensuring that the Council's policy remains fit for purpose and to help ensure that the number of incidents reported are managed appropriately.

3.9 Reportable employee incidents (January – March 2018)

3.10 During the last three months 8 employees were injured in incidents, which require to be reported to HSE either because of the seriousness of the injury or that it prevented the employee from working for 7 or more days. 5 of these incidents were attributed to slips and trips and 3 as an employee being struck by a vehicle. In the same period in 2017 there was one reportable incident.

3.11 Incident (reportable employee) frequency rates

Period – Quarterly	Reportable Incident rate	Reporting period
January – March 2018	0.87	2017/18
January – March 2017	0.10	2016/17

The above figures are calculated using the formula:

$$\text{Incidence rate} = \frac{\text{RIDDOR injuries per year}}{\text{Employment}} \times 1000$$

3.12 This figure is increased from 0.10 from the same quarter last year when there was 1 RIDDOR reportable incident with 8 from this corresponding period. The figure varies every quarter depending on number of RIDDOR incidents (those which require to be reported to the HSE). The reasons for incidents tend to be similar quarter on quarter, e.g. slips and trips.

3.13 Reportable Diseases (January – March 2018)

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

3.15 Dangerous Occurrence and Dangerous Gas Fittings (January – March 2018)

3.16 There were no dangerous occurrences or reports of dangerous gas fittings in the period Jan – March 2018. In the corresponding period in 2017 there were 2 dangerous gas fittings.

3.17 Near Miss information (January – March 2018)

- 3.18** A near miss is an event that, while not causing harm, has the potential to cause injury or ill health.
- 3.19** Near-miss systems are a proven method of reducing incident rates and improving employee engagement with safety management systems.
- 3.20** Reporting near-misses is only the start of the process. Near-misses must also be addressed to remove the risk identified, as they identify potential gaps in a safety management system.
- 3.21** The table below shows relevant near miss information for January to March 2018 and also for the corresponding period in 2017. HSE report that many near misses can become events with more serious consequences. All the events (not just those causing injuries) can represent failures in control, so are potential learning opportunities. HSE's theory is that for every 189 near misses there will be 7 minor incidents and 1 major incident so identifying the remedial actions at the near miss stage can have a direct effect on the number of incidents a company has.
- 3.22** Within the information input by the reporting managers 31 near misses reported by line managers have no identified root cause recorded and 17 were recorded as having no investigation carried out. The reporting line managers reported that there was no risk assessments in place on 110 of the 145 occasions where there was a near miss. 121 showed that the level of risk of reoccurrence was unknown; the risk assessment process will identify the likelihood of reoccurrence. These identify potential reasons why these types of incidents occur. Overall the number of near misses reduced on the same period last year.
- 3.23** A solution to reducing the number of near misses is the same as with incidents: plan; train; organise and control.

3.24 Near Miss information:

	Near Misses Jan-Mar 2018	Near Misses Jan-Mar 2017	Employee at risk Jan-Mar 2018	Employee at risk Jan-Mar 2017	No risk assessment Jan-Mar 2018	No risk assessment Jan-Mar 2017
Total Number of Near Misses	145	171	101	137	110	116
AHSCP	9	19	4	18	6	16
CH & I	34	42	31	33	28	35
E & CS	93	106	62	83	68	61
CG	9	4	4	3	8	4

3.25 Occupational health and wellbeing

3.26 Occupational Health Provider – A report is provided separately for the relevant reporting period. During this period a Wellbeing kiosk has been provided in different locations to enable employees to have their health statics assessed. Findings have provided to each individual employee along with additional health and wellbeing information. Summarised Infographics are attached as Appendix 2 to this report.

3.27 Employee Assistance Provider – A report for this period was provided for review at the last Staff Governance Committee on 4 May 2018.

3.28 Enforcement interventions (HSE / SF&R)

3.29 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. HSE intervention are usually to request further information on work tasks following a complaint or to investigate a serious incident which has been reported. SFRS interventions are following an audit visit they have carried out of Aberdeen City Council properties where they have found fire safety issues.

During this reporting period there was 1 HSE intervention and 2 SFRS interventions. The HSE intervention is still an ongoing intervention and the actions identified in the SFRS intervention are still ongoing. This compares to the corresponding period last year where there 3 HSE and 1 SFRS interventions.

3.30 Health and safety training

3.31 A selection of training has been delivered over this quarter through the health and safety development programme.

Course – face to face	Number of courses	Number attended
First aid	N/A	167
Evac chair	2	8
Defibrillator	N/A	20
Personal resilience	1	11
Manual Handling	6	72

The annotation 'N/A' in the number of courses is because the training is provided within suppliers' courses which are open to and attended by other companies.

Course – eLearning	Number of completions
An introduction to H & S	79

Asbestos awareness	75
Fire safety awareness	160
Fire warden responsibilities	20
Food hygiene	38
DSE	36
Moving and handling	44

3.32 At this time the organisation is unable to provide a report on the percentage of training completed against the number of employees who have been identified as needing training to be able to do their jobs safely. This involves identifying the compulsory skills and training required for each job role. This has been included as an action in the Directorate health and safety improvement plans.

3.33 Fire risk assessment

3.34 Fire risk assessments are completed on a rolling 5-year programme. A total of 26 fire risk assessments were completed during this reporting period. The overall compliance score was 78% with the main areas where improvements are needed being housekeeping and limiting spread of fire. This is the same overall compliance figure for the same period last year.

3.35 Health and Safety Audits

3.36 The new audit plan and question template started from 1 April 2017. The overall average audit score for this reporting period was 66% with a focus required on improving risk assessment completion (including Control of Substances Hazardous to Health (COSHH) and work with asbestos.

3.37 The average figure has remained constant over the last four reporting quarters at between 60% and 66%. There is a need for the remedial actions identified in each audit to be implemented by the auditee. However, it is equally important that the message is shared with other managers within the Cluster to ensure that they are also compliant. This should allow the safety management performance to improve and therefore the average figure to increase as the same issues would not reoccur.

3.38 Compliance Monitoring

3.39 A process of compliance visits has been carried out over the period looking at risk topics such as work at height, asbestos etc. The average score is 68% over all topics covered. Again, the lessons need to be implemented and shared to ensure that employees and members of the public's safety is not being endangered. The average score for the same period last year was 86%.

3.40 Health and safety policies and guidance

3.41 There were no policies or procedures reviewed this reporting quarter.

3.42 Work-related absence

3.43 The sections below detail the absence levels for both work-related injury and stress. These figures have not changed in the period.

3.44 Mental health

3.45 The percentage of employees by headcount who were absent for this period reported as being for mental health issues is 0.01%; however, each absence tends to be for longer periods than other absence reasons and this accounts for 0.06 days per employee by headcount. The completion of Quality of Working Life risk assessments by all line managers who have teams or employees who are likely to be pressured in their jobs would be the starting level. This should especially be the case where employees are absent for this reason to potentially prevent others from being similarly affected.

3.46 Physical Injury

3.47 The percentage of employees who are absent following a work-related injury is very small at slightly over 7/1000ths of the headcount workforce and slightly over 0.02 days per employee.

3.48 The number of absences is mainly related to musculoskeletal injuries. Directorates should investigate if there are areas of the jobs where the work involves tasks where musculoskeletal injuries are a risk to identify where changes in work method could reduce the risk; such as removing manual handling tasks. This learning could be shared across areas with similar issues.

4. FINANCIAL IMPLICATIONS

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

4.2 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.

5. LEGAL IMPLICATIONS

- 5.1** The Health and Safety at Work etc Act 1974 requires an employer to ensure the health and safety of their employees and those who may be affected by their undertaking. To comply with its duties, the Council must ensure that its safety management system is robust and reliable. Where an incident is of sufficient seriousness there is the potential that the Health and Safety Executive (HSE) will become involved and carry out their own investigation into the circumstances of the incident. Any HSE investigation could result in prosecution of the organisation. There is also the risk that prosecution could be raised against the senior managers; line managers and in some cases the employees where it is found that there has been negligence by the individual, (for example, knowingly allowing an unsafe act to continue).
- 5.2** Statistical evidence shows that HSE secure a successful prosecution in 94% of the cases they take to court. These cases also therefore incur the other costs involved, which could include fines, legal costs and damages in the civil court. Experience shows that civil claims are usually delayed until the criminal HSE investigation and court case are concluded.

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
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 action in the form of notices or prosecution.	M	As above.
Employee	The risk is that any health and safety incident can lead to an	M	As above. If the task has been risk assessed; employees are trained,

	injury to an employee which could have the potential to temporarily or permanently affect either or both their employment or their life.		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	Local Authorities play a key role in local economic growth, e.g. investment in local infrastructure. Any detriment to this investment would have a detrimental effect on this investment. Therefore any financial burden placed on the organisation in the form of legal costs and punishment; staff

	<p>absence which affects service provision can lead to a lesser level of funding for investment. The aim should be to be an organisation who considers the health and safety of its workforce to be paramount and a key element in service delivery. This focus is one key in having an engaged workforce and all the additional benefits associated with this; it will also reduce the likelihood of legal challenges and their associated costs.</p>
<p>Prosperous People</p>	<p>The workplace is an environment in which most adults spend a substantial fraction of their time. It has the potential to have both positive and negative influences on their health and well-being. Where there are continuing trends of incidents there is the risk that employees become disengaged with the organisation as they feel that there is no concern for their safety. There are many additional strands from disengaged employees: poor customer service, increased absence rates and reduced productivity.</p>
<p>Prosperous Place</p>	<p>An engaged workforce is best-placed to provide good service delivery to the residents of the City. Any financial penalties imposed by poor health and safety practices impacts on the provision of public services, especially in an environment of reducing budgets. The provision of good service to the residents would result in good public opinion, which would benefit the City, which can extend outwardly to visitors and businesses seeking to inwardly invest.</p>
<p>Enabling Technology</p>	<p>Each directorate conducting an exercise where they conduct a skills and training analysis of their workforce with the results populating a skills and training matrix would benefit the organisation and give assurance that they have a workforce who have the competence levels to continue to provide Services in a safe manner.</p> <p>The current electronic reporting system can be utilised to assess where trends are apparent and</p>

	resource placed there to improve safety management systems.
--	---

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	This report gives the committee the opportunity to gain assurance that the Directorates are managing health and safety effectively. This can be done by scrutinising the level of incidents as a trend and being allowed the opportunity to question relevant managers. Figures on audits, compliance monitoring and training which will allow the committee to gauge the effectiveness and suitability of the safety management system.
Workforce	The report gives the committee the opportunity to improve the health and safety management system, which would in turn reduce the risks to employees of being involved in an incident.
Process Design	This can allow the committee to identify where processes are failing to address safety risks.
Technology	No impact
Partnerships and Alliances	The report to committee allows Trade Unions, elected members and officers to collaborate on potential improvements to the Council's health and safety arrangements.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	EHRIA not required
Privacy Impact Assessment	Not required

Children's Rights Impact
Assessment/Duty of Due
Regard

Not applicable

9. BACKGROUND PAPERS

N/A

10. APPENDICES

Appendix 1: Employee wellbeing events

Appendix 2: Marischal College wellbeing kiosk infographic.

11. REPORT AUTHOR CONTACT DETAILS

Colin Leaver

Team Leader, Health, Safety and Wellbeing

cleaver@aberdeencity.gov.uk

01224 523092