

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	4 May 2018
REPORT TITLE	Corporate Health and Safety Annual report 1 April 2017 – 31 Mar 2018
REPORT NUMBER	GOV/18/030
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
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TERMS OF REFERENCE	5.2; 5.3

1. PURPOSE OF REPORT

- 1.1** The report summarises statistical health and safety performance information for the twelve-month period 1st April 2017 – 31st March 2018 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATION

- 2.1** It is recommended that the Committee review, discuss and comment on the issues raised within this report.

3. BACKGROUND

- 3.1** The report contains summarised statistical health and safety performance information for the twelve-month period.

3.2 Incidents (April 2017 – March 2018)

- 3.3** 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.

- 3.4** Aberdeen City Council (ACC) reporting system requires all incidents and near misses to be reported which will include the data required for statutory reporting. This allows data to be scrutinised to identify trends which can assist in preventing reoccurrence.
- 3.5** The following table shows the figures for the year 1 April 2017 to 31 March 2018 with the previous reporting year's figures detailed in brackets to allow comparison.
- 3.6** A total of 671 incidents were reported, up 49% from the 450 of the previous year. 498 of these incidents involved injury to an employee in comparison to 332 in the previous year which was 50% up on the previous year. The incidents involving injury to a 3rd party were also up 47% from 118 to 173. The number of reportable incidents also increased across both categories. The number of reportable incidents involving employees increased from 21 to 29 (+38%) and those involving 3rd parties increased from 3 to 9 (+300%).
- 3.7** Of the incidents reported, 131 (19.5%) had no identified remedial actions within the investigation report. This may be because there were none; the manager had not written these in or that none were considered.
- 3.8** 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;
- 3.9** 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.

3.10 Incident information:

	RIDDOR- Reportable employee (absence serious injury or over 7 days)	Non RIDDOR reportable employee (absence 4 to 7 days)	Non RIDDOR reportable employee (absence 0 to 3 days)	RIDDOR Reportable 3rd party	Non RIDDOR reportable 3rd party
Another kind of incident	4 (3)	5 (3)	82 (80)	1 (0)	39 (28)
Contact with Electricity	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)
Contact with moving machinery	1 (1)	1 (0)	2 (1)	0 (0)	1 (1)
Drowned or asphyxiated	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to explosion	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to fire	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to Harmful Substance	0 (0)	0 (0)	1 (0)	0(0)	0 (0)
Fall from height	2 (2)	2 (2)	3 (2)	4 (2)	5 (5)
Injured by animal	0 (0)	0 (0)	3 (2)	0 (0)	0 (0)
Lifting & handling	7 (5)	2 (1)	17 (11)	0 (0)	1 (1)
Physical assault	2 (0)	0 (0)	237 (128)	0 (0)	14 (13)
Slip, trip, fall same level	10 (7)	2 (2)	46 (30)	1 (0)	75 (47)
Struck against	1 (1)	0 (0)	11 (7)	1 (1)	13 (6)
Struck by object	2 (2)	2 (2)	32 (21)	1 (0)	15 (11)
Struck by moving vehicle	0 (0)	0 (0)	18 (13)	0 (0)	1 (0)
Trapped by something collapsing	0 (0)	0 (0)	1 (1)	1 (0)	0 (0)
Total	29 (21)	14 (10)	455 (301)	9 (3)	164 (15)

3.11 Reportable employee incidents

There were 29 employee incidents that were RIDDOR reportable to the HSE which was an increase of 8 (+38%) from the previous twelve months. There are many reasons why reporting figures increase. The Functions and Clusters within the new interim functional structure should examine and discuss the reasons for these incidents occurring to establish if the task being undertaken when the incident happened was being carried out safely; whether it was preventable and if it was what remedial action is required to prevent reoccurrence.

3.12 Incident (reportable employee) incidence rates

Period	Reportable Incidence rate (rates per 1000 employees)
April 2017 - March 2018	3.15
April 2016 - March 2017	2.00
April 2015 - March 2016	3.29
April 2014 - March 2015	2.70
April 2013 - March 2014	3.41

The above figures are calculated using the formula:

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

3.13 The following table illustrates the annual incidence rates for other Local Authorities to permit an element of benchmarking.

Local Authority	Reportable Incidence rate (rates per 1000 employees)
Authority A	3.04
Authority B	1.84
Authority C	0.88
Authority D	2.81
Authority E	1.81

3.14 Reportable diseases

A reportable disease is one of a prescribed list of occupational diseases, which requires to be reported to HSE under RIDDOR, e.g. hand arm vibration syndrome; occupational asthma. In the past twelve months there have been 0 cases of reportable diseases.

3.15 Dangerous occurrence

3.16 A dangerous occurrence is an unplanned and undesired occurrence (incident) which has the potential to cause injury and which may or may not cause damage to property, equipment or the environment. There was 1 non gas dangerous occurrence, which required to be RIDDOR reported this year.

3.17 A gas fitting is a type of dangerous occurrence, which requires to be reported to HSE under RIDDOR when the fittings if operated or left connected to a gas supply, would present an immediate danger to life or property. There were 2 reports of dangerous gas fittings which were reported to HSE through the RIDDOR reporting system for this reporting period. In the previous year there were no dangerous occurrences and 3 dangerous gas fittings.

3.18 Near Miss Incident information

- 3.19** The figures in the table below are for the period 1 April 2017 to 31 March 2018. The figures in brackets are for the previous reporting year to allow year on year comparison. There were 541 incidents reported by the Directorates involving employees during this period.

Near Miss Category	Employees
Number of Near Misses	541 (386)
Inappropriate communication	135 (95)
Other	126 (82)
Security	34 (25)
Substance Misuse	17 (11)
Vandalism	24 (20)
Violence	85 (62)
Violence to School Staff	120 (91)

- 3.20** There was an increase of 40% of reported near misses year on year from 2016/2017. The trend is a year on year increase across every category. Directorates should have a process in place where all near misses are investigated and remedial actions taken to prevent any reoccurrence. This could involve discussions by line managers during 1-2-1s to ensure that the investigation has been undertaken and that the correct remedial actions have been identified.
- 3.21** The reporting line managers had stated that in 395 of the 541 near misses that there was no risk assessment in place for the tasks being undertaken. There were also 53 where there was no online investigation report input on the system. In 50 of the cases it had been identified that the person was lone working and in these cases 43 of these reported there was no readily available support; these near misses were amongst those which had not been risk assessed for the tasks which were being undertaken. The completion of a risk assessment, and the implementing of the identified controls, is the cornerstone of health and safety. If these are not being completed, or the controls identified are either not being implemented or not identified, then this could be a reason for these near misses occurring.

3.22 Occupational health and wellbeing

- 3.23** Quarterly Occupational Health reports have been provided for review by the committee members of the previous Corporate Health and Safety Committee for every quarterly reporting period. A separate report will be provided to Committee for the period April 2017- Mar 2018 when information is provided by the supplier.
- 3.24** Quarterly Employee Assistance reports (Therapeutic Counselling Services Ltd – Time for Talking) have been provided for review by committee members of the previous Corporate Health and Safety Committee for every quarterly

reporting period. A report for this period was provided for review at the last Staff Governance Committee on 4 May 2018.

3.25 Healthy Working Lives (HWL) – The Bronze and Silver Awards have been maintained during 2017/2018.

3.26 The HWL team has organised a series of events over the last 12 months with the total number of places and attendance levels are listed in the table below:

Total Attendances	3565
Total Spaces Available	4726
Percentage of Engagement in Wellbeing Initiatives	75%

3.27 Enforcement interventions (HSE / SF&R)

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.

3.28 HSE inspectors have been in contact with the health and safety team in relation to 7 issues of varying severity surrounding service delivery. Most of these interventions and enquiries are conducted by telephone initially; however 2 issues have resulted in HSE attending site. These interventions look at what the incident was, and where required an explanation of the implementation of remedial actions. There were 4 HSE interventions in the last reporting period.

3.29 There have also been 3 interventions with Scottish Fire and Rescue Services which have been reported to the Health Safety and Wellbeing team (HSW).

3.30 Health and safety training

3.31 A total of 564 attendees received face to face health and safety training from April 2017 – March 2018. Additionally, 1843 eLearning online training modules were undertaken.

3.32 Fire risk assessment

3.33 Health and Safety Advisers carried out 87 fire risk assessments as identified by the Fire Risk Assessment programme. Each Fire Risk assessment

together with an action plan of required remedial actions is provided to the Directorate.

- 3.34** Some further 40 fire risk assessments were carried out in multi-storey tower blocks where there are no Aberdeen City Council employees. These were carried out after the Grenfell Tower fire to assess the level of risk which existed. These fire risk assessments identified areas requiring remedial action which are currently being remedied.

3.35 Audit and compliance

3.36 Audit

- 3.37** 30 Audits were carried out across all Directorates reviewing their safety management system using an assessment template available through the Health and Safety Executive which looks at 8 categories. There have been a series of remedial actions identified as a result of these audits which have been forwarded to each line manager and Business Support Manager within the Services and Directorates to allow any identified areas for improvement to be implemented.

3.38 Compliance

- 3.39** The average score was 68% over all topics covered which is a reduction on the 76% from the last reporting period. As with the audit process a series of compliance checks have been carried out with front-line staff to ensure that the policies and procedures are being followed. These compliance visits covered the topics of fuel storage, security, work at height, manual handling, safe use of work equipment, workplace inspections, safe use of personal protective equipment and radioactive sources. The compliance sheets including actions required to be legally compliant were forwarded to the Directorates to implement. The reports are also forwarded to the line managers and at the time to the Directorate Business Support Managers to allow them to check that changes have been implemented.

3.40 Health and safety policies and guidance

- 3.41** A number of corporate policies and procedures have been reviewed over the reporting year.

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 under 0.05%; however, each absence tends to be for longer periods than other absence reasons and this accounts for 0.67 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 There are a number of interventions which line managers can consider and utilise to potentially reduce the levels of stress affecting employees. Relevant managers are encouraged to attend training courses on how to complete the Quality of Working Lives (QWL) risk assessments. Employees are encouraged to complete the organisation's mental health e-learning course or be referred to the occupational health provider for assistance. To allow the organisation to proactively reduce the number of employee absences due to mental health related illnesses, it is important that ACC learns from the current causes of staff absence and to train managers to be able to identify and deal with issues. The strategy should be for the newly formed Functions and Clusters to focus on the root causes of these absences and using the HSE management standards to work through the issues to ascertain and implement any remedial actions required. This should also look at the HSE line manager competency indicators.

3.47 The corporate management team are currently developing a mandatory training programme to cover a range of topics. This includes but is not limited to data protection, IT security, health and safety.

3.48 Physical Injury

3.49 The percentage of employees who are absent following a work-related injury is very small at slightly over 0.007 of the headcount workforce and slightly over 0.07 days per employee.

3.50 The majority of these absences are due to musculoskeletal injuries. Directorates should review the work practices within the departments where the injuries occur to ascertain whether the root causes are evident. They should also be considering whether the Occupational Health Provider services and free physiotherapy sessions can be utilized to help with the employees' musculoskeletal condition. Where trends of these types of injuries are identified then the HSW team can collaborate with Services to find root cause and remedial actions and give advice on risk assessment and controls to assist in prevention.

3.51 RoSPA Award

3.52 ACC were awarded the Royal Society for the Prevention of Accidents (RoSPA) Silver Medal Award in recognition of the efforts, achievements and

commitment to raising the standards of health and safety management within the organisation.

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. There is potentially less likelihood that HSE will enforce if we have all controls and supervision in place.
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 Directorate 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.
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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 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 of the additional benefits associated with this; it will also reduce the likelihood of legal challenges and their associated costs
Prosperous People	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.
Prosperous Place	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.

Enabling Technology	<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. This has more benefit in an organisation going through a process of reorganisation and budget reduction.</p> <p>The development of an electronic safety management system where improvements are identified and allocated to specific employees would provide the organisation with a greater level of reassurance.</p>
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Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	This report should provide the committee with 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 those managers responsible.
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	This allows Trade Unions, elected members and officers to collaborate

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	EHRIA not required
Privacy Impact Assessment	Not required
<u>Children's Rights Impact Assessment/Duty of Due Regard</u>	Not applicable

9. BACKGROUND PAPERS

N/A

10. APPENDICES (if applicable)

N/A

11. REPORT AUTHOR CONTACT DETAILS

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