

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	03 October 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Corporate Health and Safety – April – June 2022
REPORT NUMBER	COM/22/213
DIRECTOR	Gale Beattie
CHIEF OFFICER	Vikki Cuthbert (acting)
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TERMS OF REFERENCE	3.3

1. PURPOSE OF REPORT

- 1.1 The appendix to this report summarises statistical health and safety performance information for the 3-month reporting period April to June 2022 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATION

That the Committee:

- 2.1 Note the report and provide comment on the health, safety policy, performance, trends, and improvements.

3. CURRENT SITUATION

- 3.1 The appendix to the report contains a dashboard of the statistical information in relation to health and safety activities for the three-month reporting period April – June 2022. The statistical information also contains an analysis of the key figures in each of the incident and near miss sections.

The Reporting of Injuries, Diseases and Dangerous Occurrences 2013 (RIDDOR) places 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 (HSE). This reporting duty includes incidents which result in an employee being absent from work for 7 days or longer, which have historically been the main reason for Aberdeen City Council's reports to HSE.

This report addresses the following matters:

- All incidents involving employees and members of the public (serious and minor)
- HSE Reportable Incidents
- Reportable Diseases
- Near Miss Information
- Enforcement Interventions
- Fire Risk Assessment
- Health and Safety Audits
- Compliance Monitoring
- Health and Safety Policies, Procedures and Guidance

3.2 Incidents (Apr-Jun 2022)

All incident and near miss information in the appendix to this report has been provided to Cluster level in the appendix. However, within the Operations Function these have also been reported to Service area level.

Incident information

3.3 The figures are reported to Cluster level for both employee and third-party incidents. Causation figures are also included within the appendix. There is also now comparison for each of the three years prior to this reporting period so the Committee has sight of the last reporting year prior to the pandemic.

3.4 When an incident is reported the corporate system generates an investigation report which the reporting officer is required to complete. This investigation report highlights categories of criteria which require to be considered including root cause, actions identified and completion dates. Figures on the completion of these investigation reports are provided to the Functional Health and Safety groups with actions raised there against Chief Officers and service managers to ensure any issues are closed out effectively. Any outstanding issues are also escalated to the Performance Board which has oversight of compliance.

3.5 Page six of the appendix details the breakdown of incidents within the Operations function which shows that the largest number of incidents within Operations occur within the Education Service.

These incidents often involve children/young people where a social, emotional, mental health need (SEMHN) has been identified. A [service update](#) was provided to the Committee on the level and types of training which Education provided to staff as part of the process to prevent or reduce the number of these incidents.

Schools follow the staged intervention procedure, whereby support is accessed using school-based, community, and city-wide supports.

The Health and Safety Sub-Group, which was formed, with a membership of Education staff, Trade Unions and Corporate health and safety, to undertake analysis of health and safety data generated by schools, informs the direction of the overall workstream. This also ensures that appropriate support is made available to schools if required.

HSE Reportable incidents (Apr-Jun 2022)

- 3.6** The table in the Appendix also shows the number of RIDDOR reportable incidents. During the reporting period between April-June 2022 eight incidents involving an employee required to be reported to the Health and Safety Executive. One of the incidents is due to injury sustained as a result of a pupil's distressed behaviour and seven of the eight reports were as a result of a slip, trip or fall with and of those 5 required to be reported as the employee was absent from work for a period of more than 7 days due to a work-related incident. The remaining two reports were due to the slip, trip, fall resulting in a broken bone (rib, elbow).
- 3.7** All RIDDOR incidents are followed up by the Corporate Health and Safety Team to get assurance that the correct causation and remedial actions have been identified and that any identified remedial actions have been implemented.

Incident (reportable employee) frequency rates

Period – Quarterly	Reportable Incidence rate	Reporting period
Apr-Jun 2022	1.0	2022/23

- 3.8** The above figures are calculated using the formula:

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

- 3.9** The figure for the corresponding period last year (Apr -Jun 2021) were three RIDDOR reportable incidents and a reportable incident rate of 0.37.

Reportable Diseases

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

Near Miss Information

- 3.11** 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 by allowing processes and systems to be altered before an incident occurs.
- 3.12** Reporting managers are required to investigate the near miss to identify the root cause and implement any new identified controls, where possible, to reduce the likelihood of any reoccurrence.

- 3.13** The appendix shows information on the number of near miss figures for this reporting period and again a comparison with the three previous reporting years.
- 3.14** Page nine of the appendix gives a breakdown of near misses within the Operations function. As with incidents, the majority are within the Education services. Similar to incident figures, these are mainly as a result of distressed behaviours evident in some children with additional support needs. Risk assessments are reviewed after every near miss to consider any actions which can be taken to prevent or reduce the risk of reoccurrence.

Three-year comparison

- 3.15** The annual comparative figures are now starting to show an increase in reporting in comparison with previous years, which indicates the return to more normal working practices post-pandemic and in certain areas the impact of the pandemic on service users.

Regulator interventions (HSE / SFRS)

- 3.16** 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.
- 3.17** There were no interventions with HSE in this reporting period. No site visits from SFRS were made as part of their annual audit of ACC properties.
- 3.18** Any identified actions from any audit visits undertaken are added to the fire risk actions database and allocated to the responsible manager. These are followed through the fire action dashboard to close out. Any actions which were to pass their compliance date are raised with the relevant Chief Officer and reported to the Risk Board.

Fire risk assessments

- 3.19** Fire risk assessments have been recommenced and are completed on a rolling 5-year programme. A total of 31 fire risk assessments, including 2 Bon Accord Care sites, were completed during this reporting period. The overall average compliance score was 85%. The issues identified are across the range of topics considered in the assessment process. These issues are given a priority level dependant on the resultant risk which requires an action within a timeframe which effectively removes the risk to buildings and the occupants before it would place anyone at greater risk.
- 3.20** Any identified actions are included into the fire risk actions database and monitored to a close. This database is available to all Chief Officers on the managers' portal, which shows live data on open, closed, and non-complied with actions. Should an action pass the compliance date these are escalated to the Chief Officer; with this dashboard also to be provided to the Performance Board to help achieve compliance.

Health and Safety Audits

- 3.21** Compliance visits have been undertaken on various topics / premises within the ACC estate. Topics included Radiation Protection across 9 sites with an overall compliance of 86%, First aid compliance was checked across 15 locations with 82% compliance. Again, all action points raised are included in an action log, which is reviewed weekly and reported to the relevant Chief Officer. Managers who have had actions allocated to them are given access to the action log to record the action taken to remove the risk and also to record the date completed. Follow up visits are also carried out to ensure actions have been completed and that controls continue to be suitable and sufficient and are being followed. Again, the actions are given a compliance date based on the level of risk which ensures that the risk is removed before it places anyone in greater danger.
- 3.22** Line Manager responsibility is one strand of the review of the health and safety policy. Compliance monitoring continues to be undertaken to understand the level of line managers' understanding of the health and safety responsibilities placed on them by the Council. The overall score on average is 75%. The results of these compliance visits identify areas where managers require support and perhaps additional explanation or training to close that gap. Several areas have been identified as requiring action including risk assessment training, completion of a first aid needs assessment and understanding and complying with the workplace inspection procedure. Having identified the areas requiring further improvement and those managers who require that additional support the CHST are currently providing training to all management levels, and where required specific 1-2-1 training on manager responsibilities, risk assessment and reporting/investigating incidents.
- 3.23** Where actions in any audit or compliance process are not closed out on time these are initially raised with the relevant Chief Officer and reported through the relevant Function Health and Safety Group and the Risk and Performance Boards.

Health and safety policies, procedures and guidance

- 3.24** The latest iteration of the corporate health and safety policy is being presented to this sitting of the Committee. There are no substantial changes to the policy. The changes are mainly to explain further the responsibilities of several groups, e.g., the Function health and safety groups and the corporate health and safety team.
- 3.25** The role of health and safety champion has been added to provide a contact and coordinating role within each Cluster and Service where a Chief Officer identifies the need for this role.
- 3.26** Other health and safety procedures are scheduled for review across the year. Corporate procedures are reviewed by the Corporate Health and Safety Team (CHST) whilst local procedures, specific to a service, are reviewed by the service with advice and input from the CHST.

3.27 Work continues to be carried out on a number of corporate and local procedures which, when complete and approved by the relevant Chief Officer, will be updated on the Health and Safety section of the intranet.

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

5.1 The Health and Safety at Work etc Act 1974 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 a requirement to report these under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 which provides a potential for the Enforcing Authorities to 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 employee.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental implications as a result of this report.

7. RISK

Risk Appetite

The assessment of risk contained within the table below is considered to be consistent with the Council's Risk Appetite Statement

Management Of Risk

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) <small>*taking into account controls/control actions</small>	*Does Target Risk Level Match Appetite Set?
Strategic Risk	N/A	N/A		
Compliance	There is the risk that any injury or serious health and safety	Corporate Procedures require all tasks to be risk assessed and the controls implemented and supervised by line managers.	L	Yes

	<p>incident could result in focus from the Health and Safety Executive which could result in enforcement action in the form of notices or prosecution.</p>	<p>All employees are trained to a level where they are competent to carry out the work.</p> <p>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.</p> <p>This 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.</p>		
Operational	<p>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.</p> <p>The risk to our citizens is that we are unable</p>	<p>The task has been risk assessed; employees are trained, competent and supervised then there should be less likelihood of incidents.</p>	L	Yes

	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.			
Financial	The risk is that any incident has the potential to bring a reduction in the overall budget in place to provide service delivery.	As per compliance above	L	Yes
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	Each Function should have 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 employees are up to carrying out investigation of near misses to ensure controls are reviewed to consider whether remedial actions are required.	L	Yes

Environment / Climate	N/A	N/A	N/A	
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8. OUTCOMES

<u>Aberdeen City Local Outcome Improvement Plan</u>	
Prosperous Economy Stretch Outcomes	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 Criminal 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 Stretch Outcomes	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.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full Impact assessment not required
Data Protection Impact Assessment	Not required

10. BACKGROUND PAPERS

10.1 N/A

11. APPENDICES

11.1 Quarterly staff governance Health and safety report April to June 2022

12. REPORT AUTHOR CONTACT DETAILS

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