

HEALTH AND SAFETY ANNUAL REPORT

PORTFOLIO RESPONSIBILITY: CORPORATE AND CUSTOMER SERVICES AND HUMAN RESOURCES

CABINET

28TH SEPTEMBER, 2006

Wards Affected

None

Purpose

To summarise the key activities of the Health and Safety Service, including Occupational Health during the last twelve months.

Key Decision

This is not a key decision.

Recommendation

That the report be noted.

Reasons

The service aims to support and implement the statement of commitment laid out in the Health & Safety Policy of Herefordshire Council, namely:

- To secure health, safety, security and welfare of *all* employees whilst at work;
- To ensure the health and safety of any persons affected by the Council's activities.

In addition, the Occupational Health service is primarily committed to the effective promotion of the health and wellbeing of all employees of the Council.

Considerations

1. To achieve these objectives, the service is continually reviewing actions and considering new ways in which to improve the health, safety and welfare of its workforce. This requires co-operative working and effective relationships at all levels throughout the authority.
2. This report outlines the key activities undertaken in order to ensure positive outcomes and enhanced awareness and understanding of the Health and Safety Service.

Structure of the Occupational Health and Safety Service

3. The Health & Safety service was restructured under the remit of the HR Manager – Employee Relations in late 2005. The service was augmented with the appointment

Further information on the subject of this report is available from David Johnson,
Head of Human Resources, on 01432 383055

of an additional Health & Safety Officer and an Occupational Health Advisor. The current structure lends itself to working more flexibly across the Directorates of the Council, providing specialist support and advice.

Health and Safety Audit

4. As a result of the restructure of the Health & Safety service, and in order to facilitate understanding of the direction and motivation for both the Council's approach to Health and Safety and the activities of the health and safety service within the organisation, it was felt that an audit of existing practices and systems should be undertaken.
5. At the beginning of May 2006, an external audit and review of health and safety provisions of Herefordshire Council was conducted, the aim of which was to identify areas for improvement, good practice and areas where responsibilities for health and safety could be further clarified.
6. The audit scope encompassed a review of two main elements, the Health and Safety Management System and Physical Controls. These two factors facilitate a more realistic judgement in assessing the overall performance of the Council.
7. Overall the audit identified that although our practices and procedures were basically sound and good in some areas, there was still room for improvement in, for example, lone working arrangements, risk assessment and a more cohesive Health and Safety Training Plan.
8. The audit report has been presented to the Corporate Health and Safety Committee and the Senior Management Team and the recommendations have been positively received as a key opportunity to achieve a high standard for the management of health and safety through both strategic and operational objectives. A proposal for the implementation of these actions is currently under consideration, with the potential introduction of a more cohesive management system as the main driver for both short and longer-term actions.

Corporate Health & Safety Committee

9. The raised profile of the Committee is now being further enhanced by a recent re-write of the Committee's Terms of Reference document. The new terms of reference will further define the Committee as a proactive source for discussion and recommendations on health and safety topics. It is anticipated that the Committee will play an instrumental role in implementing the actions arising out of the Health and Safety Audit.
10. Membership of the Committee includes a Head of Service from each of the Directorates, the HR Manager with responsibility for Occupational Health and Safety, and representatives from each of the recognised trade unions. The Committee is chaired by the Head of Human Resources.

Equality Impact Assessment

11. Previously, the Occupational Health EIA was conducted separately to that of Health and Safety. This year the two have been integrated into a single EIA to ensure a unified approach on the agreed actions. The integrated EIA assists in ensuring a unified approach to ensure the safety and wellbeing of employees.
12. Planned actions arising from the EIA for the year 2006/7 include:

- Modify documentation to be more accessible to all
- Produce Occupational Health and Safety literature in different formats and languages and make available to all to improve take-up of services on offer and raise profile.
- Conduct data collection and diversity monitoring to ensure that services do not unfairly discriminate.
- Source information on building surveys conducted for Disability Discrimination to effectively assess and mitigate risks to employees
- Facilitate training where Occupational Health and Safety legislation may impact on diversity groups.

Sickness Absence

13. The purpose of Occupational Health and Safety is to protect and promote the health and wellbeing of employees and those affected by the Council's activities. Their work includes identifying areas of potential risk, providing advice and guidance on health related issues and how they can be managed in the work place. The aim of which is to ensure a healthy work environment for all, and encourage high levels of attendance.
14. The Occupational Health and Safety Team have contributed to a new training programme for managers, which aims to develop their skills and confidence in dealing with absence issues. The programme will provide clarification of managers' responsibilities regarding managing attendance and provide them with the opportunity to practice the skills required.
15. Attached at Appendix 1 are the latest sickness absence figures by directorate, as at the 31st July 2006, and show the total level of sickness absence to be 9.09 days per employee. This is compared to the 10.3 days absence per employee reported last year. The mechanisms we have put in place need to be consistently applied if the targets for reducing sickness absence are to be achieved.
16. Stress and depression currently account for the majority of referrals followed by musculo-skeletal disorders. This reflects national trends. For further information about the nature and number of referrals see Appendix 2 – Occupational Health statistics, for the period 1st March – 31st August 2006.
17. The Occupational Health function has continued to work with specific providers to assist employees who have been referred. Support provided for employees with stress and depression-related conditions includes employee assistance counsellors who provide a confidential counselling service dealing with a range of domestic, personal and work related issues. A fast-track physiotherapy referral service is also in place in order to reduce the time taken for those with musculo-skeletal conditions to receive treatment. Since last year's report, the time from receipt of the referral in Occupational Health, to contact with the physiotherapy service has reduced from 3 days to 1 day. This enables employees to receive prompt treatment and lessens the impact of their condition on their job.
18. Over the past year, Occupational Health and Safety personnel have increased workplace visits to the Council's locations in order to promote the importance of health and safety and to raise the profile of the health and safety team and the

services available to support managers. Further advice has been provided to managers in relation to the most frequently required risk assessments, such as 'workstation assessments for users of Display Screen Equipment (i.e. PCs) ' so that they are better able to carry out effective assessments.

19. Since last year's report, the waiting time from receipt of the initial referral to Occupational Health, and the issuing of the subsequent management report has been reduced from 21 days to 14 days. This means that managers are provided with advice about the impact of the employee's health on their ability to do their job at an earlier stage, and can therefore determine more promptly what follow-up action should be taken to facilitate a return to work.
20. The pre – employment questionnaire has been redesigned and the processing time from receipt of the form to completion for recruitment is now 48 hours compared with five days a year ago.

Accident/Incident Reporting

21. Accident and Incident data is monitored by the Health & Safety Officers, and reported to the Corporate Health & Safety Committee on a quarterly basis. Key messages are communicated in terms of pinpointing areas for attention, possible reasons for trends, and recommendations for resolution.
22. The reporting of accidents continues to follow the Health and Safety Executive categorisation of accident types. See Appendix 3 showing a breakdown of accidents by directorate and by accident type since 1st February this year.
23. There were a total of 219 accidents recorded in this period of which 9 were externally reportable to the Health and Safety Executive. This is required when there is a major injury, such as a fracture, and/or there is an injury at work which results in three or more days absence.
24. This data is also to be provided regularly to Human Resource Officers, to assist them in supporting their Directorates, and to the Senior Management Team to ensure awareness and responsibility for both corrective and preventative measures are correctly devolved within the organisational structure.

Wellbeing Days

25. In order to contribute to and support this approach, the Occupational Health and Safety Service arrange Wellbeing Days for Council employees. The popular event is an opportunity for employees to find out about health issues including advice on work-life balance, and features topics such as well person checks, alternative therapies, and workplace safety.
26. Two Wellbeing days were run in Hereford Town Hall last Autumn which were well attended and appreciated. The feedback received was used as a basis to plan this years Wellbeing programme.
27. Wellbeing days are being held at two venues this year - Hereford and Ross-on-Wye, in October, with increased facilities on offer including reflexology, Indian head massage, health screening and healing therapy.

Risk Management

Inadequate health and safety management can have a number of negative consequences in

terms of legal compliance, costs to the organisation, increased absence levels, decreased service levels and impact on employees health, safety and welfare.

The Health and Safety Service therefore strives not only to manage current processes using best practice advice and guidance, but also to work co-operatively across the Council to establish new processes and initiatives, where necessary, in order to ensure the standard of Health & Safety required of Local Authorities is met.

Consultees

Recognised Trades Unions, Health and Safety Committee.

Appendices

Appendix 1 – BVPI12 – Sickness Absence period 01/08/05 to 31/07/06

Appendix 2 – Appendix 2 – Occupational Health statistics, showing number and type of referral (from 1st March – 31st August 2006)

Appendix 3 - Breakdown of accidents by directorate and by accident type since 1st February 2006

Background Papers

None identified.

BVPI12 – Sickness Absence period 01/08/2005 to 31/07/2006

Directorate	Division	AVERAGE FTE Employed	Sickness FTE Days Lost	Ave days sickness lost per FTE
Adult & Community	All Divisions	562.75	5147.95	9.15 days
Chief Executive	All Divisions	51.72	485.52	9.39 days
Children & Young People	School-based	2058.94	14869.50	7.22 days
Children & Young People	Non School- based	335.68	4139.66	12.33 days
Corporate & Customer	All Divisions	205.46	2345.89	11.42 days
Environment	All Divisions	342.46	4852.46	14.17 days
Resources	All Divisions	182.80	2150.11	11.76 days
Total – All Directorates		3739.81	33991.09	9.09 days

Occupational Health & Safety - Numbers and Types of Referrals to Occupational Health

Total Appointments	1st March to 31st May	1st June 31st Aug
Adult & Community	15	38
Childrens & Young People	30	53
Corporate & Customer Services	10	14
Environment	16	25
Chief Executives	0	0
Resources	10	14
Non-Employee	6	34
Total	87	178

Categories	1st March to 31st May	1st June 31st Aug
Back/Neck	8	30
Other Musculo-Skeletal	10	30
Heart/Circulation	1	9
Stress/Depression	41	66
Infections	6	9
Operation / Post Operation	4	11
Stomach	4	7
Chest/Respiratory	1	1
Neurology	3	1
Genito / Urinary	1	2
Other cancers	4	1
Declared Disabled	1	0
Health Screening	3	6
Declared Health Issue	0	1
Ill health retirement	0	3
Other	0	1

ACCIDENT/INCIDENT STATISTICS REPORT

Last Reporting Period: 1st February to 30th April 2006

Current Reporting Period: 1st May to 31st July 2006

Comparison Of Total Accidents Across Directorates

Directorate	01/02/06 – 30/04/06	01/05/06 – 31/07/06
Adult & Community	22	25
Chief Executive	0	1
Children & Young Persons	63	64
Corporate & Customer	2	2
Environment	10	9
Resources	2	3
Unspecified	0	13
Non-Employee	2	1

Comparison Of Total Accident Types

Accident Type	01/02/06 – 30/04/06	01/05/06 – 31/07/06
Contact Machinery	0	0
Hit By Object	8	13
Hit By Vehicle	3	1
Hit Stationery Object	2	13
Injured While Handling	10	16
Slip / Trip on Level	12	15
Fell From Height	3	3
Trapped by Collapse	2	2
Drowned/asphyxiated	0	0
Harmful Substance	1	0
Exposed to Fire	1	1
Exposed to Explosion	0	0
Contact Electricity	0	1
Injured by Animal	2	1
Physical Assault/Threat	38	35
Other	19	17