

TELFORD & WREKIN COUNCIL

CABINET - 21 JULY 2009

ANNUAL REPORT ON HEALTH AND SAFETY 2008-9

REPORT OF THE HEAD OF HUMAN RESOURCES

1. PURPOSE

- 1.1 This is an information report that outlines the overall health and safety performance of the Council between April 2008 and March 2009.

2.0 RECOMMENDATIONS

That the contents of the report are noted and the proposed key actions for 2009-10 be endorsed ie

- **Further promotion of employee health and wellbeing.**
- **Embedding the health and safety strategy across the Council particularly closer monitoring of health and safety audits.**

3.0 SUMMARY

3.1 The key findings of the report are:

- There has been a slight reduction in the number of accidents reported to employees and a reduction in the number of days lost due to accidents.
- The Occupational Health Service is increasingly well used as is the employee counselling service.
- The uptake of health and safety training by managers remains encouragingly high.

3.2 Proposed key actions for 2009/2010

The key actions proposed by the Chief Executive's health and safety group are as follows:

- Further promotion of employee health and wellbeing.

- Embedding the health and safety strategy across the Council particularly closer monitoring of health and safety audits.

4. PREVIOUS MINUTES

- 4.1 The previous annual report on health and safety performance was considered by Cabinet at the meeting on 14th July 2008 minute number CB-31.

5. INFORMATION

- 5.1 The health and safety performance information is given both in terms of reactive monitoring where incidents have occurred and proactive monitoring to show what is being done to ensure that we have robust systems in place to prevent injury and ill health. The detail of this information is set out in the three appendices attached:

- **Appendix 1 Reactive safety performance** This covers accidents, violent incidents and enforcement.
- **Appendix 2 Health performance** Covering occupational health, counselling services and stress related sickness absence.
- **Appendix 3 Proactive health and safety performance** Includes detail on training, reviews, consultation, awards, safety of buildings and progress on the corporate plan for health and safety.

6.0 Background

The Health and Safety Commission encourage employers to include reporting on health and safety performance in their annual reports as part of the drive to achieve the targets set in strategy statement "Revitalising Health and Safety".

6.1 Equal opportunities

Some health and safety issues are gender specific, for example the safety and health of new and expectant mothers.

6.2 Environmental impact

None.

6.3 Legal comment

The key actions discussed in this report are needed to continue to comply with current health and safety law.

6.4 Link with corporate priorities

- 6.4.1 Promoting employee health and wellbeing links to the priority of promoting healthier communities and also to the priority of providing and efficient, effective and customer focussed Council that delivers value for money to the community

6.4.2 Embedding our health and safety strategy links to the priority of being an efficient, effective and customer focussed Council that delivers value for money to the community.

6.5 Financial implications

The Health & Safety and Occupational Health service are both support services funded from within existing resources. The cost of counselling services are borne by service budgets according to usage.

6.6 Opportunities and Risks

The opportunities and risks associated with these actions have been identified and assessed. Arrangements will be put in place to manage the risks and maximise the opportunities that have been identified.

7. Ward Implications

District wide implications.

8. Background papers

Annual reports of health and safety performance for 2006-2007 and 2007-8

Any queries regarding this report please contact: Jo Revell Health and Safety Manager 383625

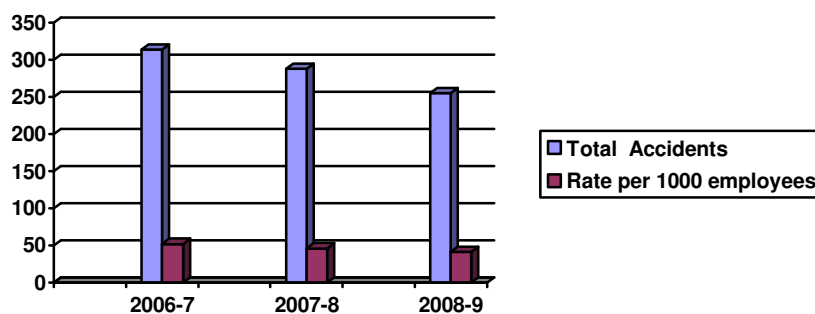
APPENDIX 1

REACTIVE SAFETY PERFORMANCE –Accidents, Violent Incidents and Enforcement

1.1 ACCIDENTS TO EMPLOYEES: April 2008 –March 2009

2008-9 is the first year that reports on accidents and incidents are being drawn off PSE. This has created some difficulties with inexperienced system users; improved explanatory guidance has been produced to help minimise this in future.

Chart 1 Total employee accidents and accident rate

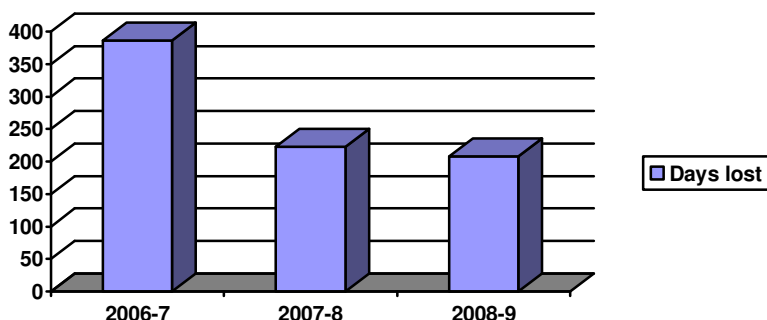


1.1.2 Our notifiable accident rate (ie serious accidents reportable under the Reporting of Incidents, Disease and Dangerous Occurrences Regulations (RIDDOR)) to employees is 2.2 per 1000 (2.1 last year) whilst our overall accident rate is 41 per 1000 which is a decrease from 46 last year.

1.1.3 The causes of accidents resulting in any time lost were as follows: Eight were due to slips trips and falls including two on ice, three off kerbs or steps, one over a drain cover and two whilst manoeuvring trolleys. Two involved falls from height including downstairs and off a quad bike. Three were caused by manual handling, one was a road traffic collision and one involved a chemical splash to the eye. One resulted from a trapping incident and one when an employee was running to answer the phone. One was as a result of being bitten by a dog.

1.1.4 All four most serious (major injuries) happened as a result of slips, one on at wet floor in a school, one on ice at a primary school, one in a car park and one off a step. All these accidents resulted in fractures to parts of the lower limbs.

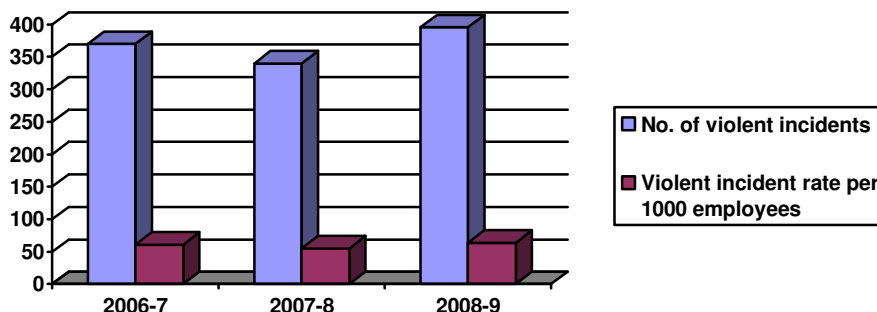
Chart 2 Employee days lost due to accidents



1.1.5 The target of reducing accidents causing more than three days to be lost from work (12) to below the average of the preceding three years (14) was achieved in 2008-9.

1.2 VIOLENT INCIDENTS towards employees:

Chart 3 Violent incidents to employees



1.2.1 A violent incident is any incident in which an employee is verbally or physically abused, threatened or assaulted in circumstances arising out of the course of his/her employment.

1.2.2 There were 396 violent incidents reported 2008-9 a slight increase over the previous year. Around 38% of these incidents are perpetrated by the same nine clients. These people are closely monitored and care plans amended where possible to minimise the chance of these incidents arising. 67% of the reported incidents involved physical assault although the injuries inflicted were very minor in the majority of these cases.

1.3 ENFORCEMENT ACTION AND HEALTH AND SAFETY EXECUTIVE INVOLVEMENT (HSE)

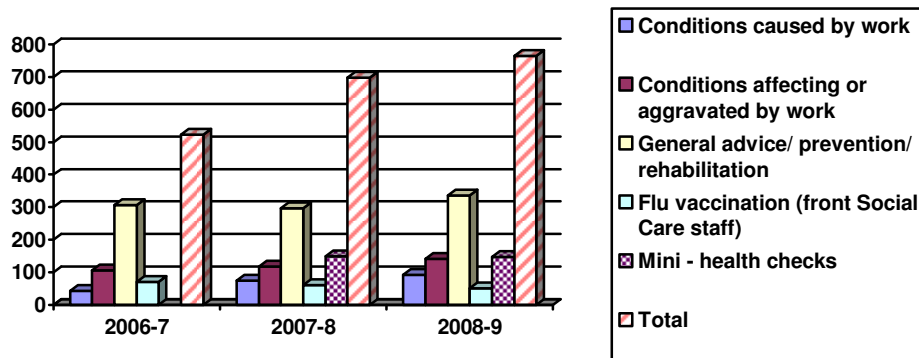
The only HSE involvement this year was a fact finding visit to the Bridge School at the Hadley Learning Community and the investigation of serious, but unforeseeable, accident to a customer at the ice rink. No enforcement action was taken.

APPENDIX 2

HEALTH PERFORMANCE - Occupational Health, Counselling Services and stress related sickness absence

2.1 CONSULTATIONS WITH OCCUPATIONAL HEALTH:

Chart 4: Reasons for consultations with occupational health

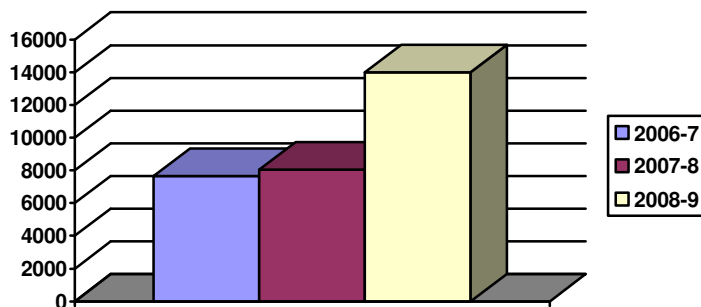


2.1.1 The Occupational Health Service continues to be increasingly well used.

2.2 CONFIDENTIAL COUNSELLING SERVICE

2.2.1 Non physical causes of sickness absence (which include stress and anxiety) are one of the major and increasing causes of sickness absence across the Council (see chart 5). This is a common experience in public sector organisations.

Chart 5 Days absent due to non physical illness



2.2.2 Confidential counselling sessions are available for employees who need some support to resolve difficulties at home or at work that may be causing stress.

2.2.3 In 2008-9 236 employees used the service on average using 2.6 sessions. 83% of those using the service kept working.

2.2.4 The reasons for seeking counselling were given as work 24%, home 53% and both 24%. This is a continuing shift away from work issues towards personal issues as reason for seeking counselling.

2.2.5 The counselling service is valued by employees and some typical comments from evaluation of the service include:

“The counsellor immediately made me feel relaxed and able to talk freely. I feel now that without the thoughtful counselling I received I may still be off work. I will use the service again. Many thanks for this much under estimated service.”

“As a line manager myself I knew about the Counselling Service. It was my own line manager who was aware of my personal problems who suggested I use the service. It has been very useful if only to help me recognise the way forward.”

“At the time I felt overwhelmed and couldn’t cope. If it hadn’t have been for this service I am sure I would have ended up off work sick with stress.”

APPENDIX 3

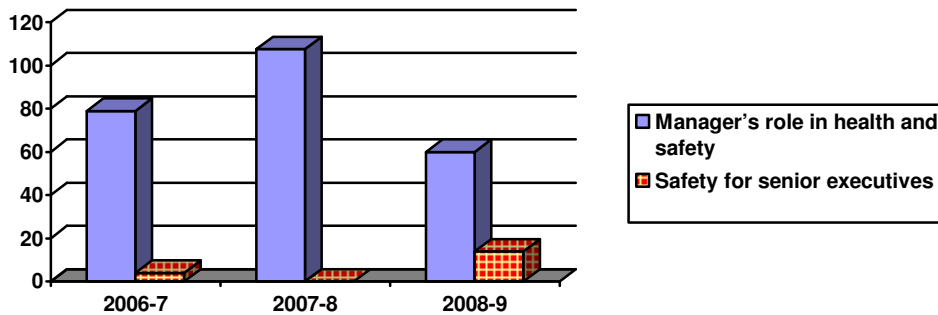
PROACTIVE HEALTH AND SAFETY PERFORMANCE

3.1 HEALTH AND SAFETY TRAINING

3.1.1 Health and safety training is itself a legal requirement and the key to achieving health and safety compliance in other areas as well. It can empower employees to take action to make their work places safer for themselves, their colleagues and anyone else affected by their work.

3.1.2 Due to their roles and responsibilities some employees will require formal training in some aspects of health and safety. Managers' competence in managing health safety is key to maintaining and improving health and safety standards throughout the Telford & Wrekin Council. It was encouraging that the level of up take on this training has remained at a high level. One course had to be rescheduled from February to April due to snow which has affected the statistics shown in the chart below.

Chart 6 Attendance by managers on corporate health and safety training



3.2 REVIEWING HEALTH AND SAFETY

3.2.1 A corporate programme of reviews of health and safety management has focussed part Resources portfolio in the last year. Managers are asked to carry out a detailed health and safety audit to inform this process. Action plans for improvements have been drawn up and agreed with managers where necessary.

3.2.2 Schools also carry out a detailed safety audit at least once a year, which is used to target help and advice to enable them to comply with health and safety regulations.

3.3 EMPLOYEE CONSULTATION

3.3.1 During the year the Corporate Health and Safety Committee met four times to consider health and safety issues of Council wide significance.

3.4 MAINTAINING SAFE PREMISES/STRUCTURES

3.4.1 The Council is continually active in trying to ensure the safety of the buildings and structures it is responsible for. The work is prioritised by means of risk assessment and includes a wide range of activities. A few examples are given below:

- Managing asbestos – a report highlighting the increasing risks posed by the current condition of asbestos in the Council's ageing buildings was considered by the Chief Executive's Health and Safety Group. It demonstrated the limits of control that can be achieved within existing budgets and identifies how the risks can best be managed.
- Maintaining water systems to ensure they pose no risk from Legionella.
- Improvements to fire detection, warning and evacuation systems.
- Road safety improvements.
- Land stability works.

3.5 PROGRESS ON THE TELFORD & WREKIN COUNCIL PLAN FOR HEALTH AND SAFETY

3.5.1 The key actions selected for 2008/2009 are shown below with a comment on the progress made in italics.

3.5.1.1. Promotion of employee health and wellbeing.

i. Employee health checks continue to be offered whenever the Occupational Health team have the capacity to provide these. These have proved popular with schools to offer to employees as part of Professional Development days.

ii. A survey was carried out seeking employee opinions on the perceived benefits of a number of health promotion initiatives. The feasibility of providing the top twelve options is being investigated further. Employees are now able to benefit from corporate membership of the Council's gyms which was the number one choice.

iii. Work has started to review the sickness absence management policy.

3.5.1.2 Embedding the health and safety strategy across the Council.

i. All portfolios now report on health and safety performance to the Chief Executive's Health and Safety group on an annual basis.

ii. The attendance of managers at all levels on health and safety training is regularly monitored.

3.5.2 Proposed key actions for 2009/2010 are as follows:

Further work is needed on these key actions-

1. Promotion of employee health and wellbeing.

i Work is needed to try to reduce the increase in stress related sickness absence, this needs to include:

- *promoting the use of stress audits and other measures identify work related stressors,*
- *increasing awareness of mental health issues and how to manage these including promotion of the employee counselling service*
- *investigating the options to provide a wider employee assistance programme*
- *Embedding the health and safety strategy across the Council.*

ii. Reviewing the sickness absence management policy:

- *Update the current policy and framework in line with current best practice.*
- *Create a more holistic approach to the management of health and wellbeing.*
- *Produce a concise core policy that has union agreement supported by guidance for managers on how to achieve a consistent approach to dealing with every case on an individual basis.*
- *Shift the perception of the policy away from being seen as punitive towards being supportive, not only of the individual but also of the Council's legitimate aims.*

iii. Further development of feasible, cost effective options that employees feel would benefit their health and wellbeing.

2. Embedding the health and safety strategy across the Council.

i. Embed the use of health and safety audits across the Council and ensure that progress with these is regularly reported on to the Chief Executive's health and safety group.