HEALTH and SAFETY

ANNUAL REPORT 2003-2004

REPORT TO: **GENERAL PURPOSES COMMITTEE**

REPORT FROM: **HEAD OF HUMAN RESOURCES.**

SUBJECT: **ANNUAL REPORT ON HEALTH AND SAFETY 2003-2004**

REPORT BY: **Ted Williams, Health and Safety Unit**

1 PURPOSE

To outline the overall health and safety performance of the Council between April 2003 and March 2004

2 RECOMMENDATION

That:

I. The contents of the report on health and safety for 2003/4 be noted.
II. The action plan for 2004/5 be endorsed.

3 BACKGROUND

The Health and Safety Commission (HSC) are encouraging employers to include reporting on health and safety performance in their annual report and accounts as part of the drive to achieve the targets set in strategy statement "Revitalising Health and Safety" published by the DETR and HSC in June 2000. Initially they are targeting the top 350 companies in the private sector with a view to extending this guidance to all businesses and organisations with more than 250 employees by 2004. This is the second annual report presented to the Strategic Directors and General Purposes Committee.

4 ACCIDENTS TO EMPLOYEES: April 2003 –March 2004

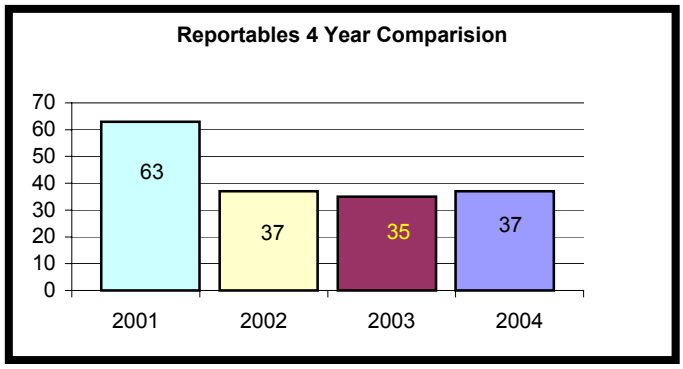
4.1 Summary

In accounting year 2003 - 2004, 242 accidents were reported to the Authority. This equates to an increase of 4.2% over that of 2002/2003. The number of accidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) was 37.

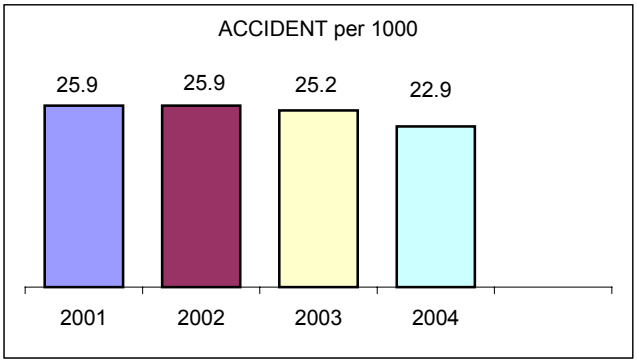
4.2 Reportable Accidents

At the end of the reporting year 2003/04 the number of reportable accidents under RIDDOR was 37. This is an increase of 5.2% over that of 2002/3.

Since 2001 there has been a reduction of 41.3% in reportable accidents



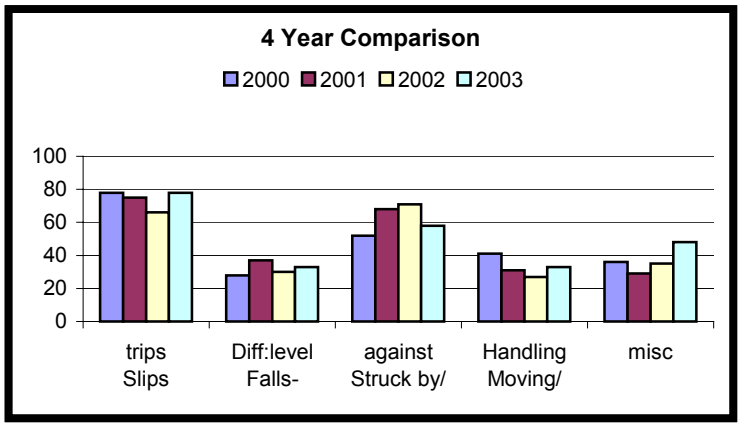
4.3 Accidents per 1000 employees



The number of accidents (reportable and non-reportable) per 1000 staff for 2003/04 shows a reduction of 9%.
The councils' data shows that there were 3.6 reportable (over 3-day) accidents per 1000 employees. For comparison Health and Safety Executive data shows that nationally there were 5.08 reportable (over 3-day) accidents per 1000 employees.

4.4 Accident Type 3 Year Comparison

Accidents caused by poor housekeeping e.g. slips/trips and striking against objects continues to represent a high proportion of the total accidents at 56.9% (60% 2002/03). With 32.2% of the total being attributed to slips and trips. The incidents of manual handling related accidents, after a decrease in 2001/02, has risen by 22%, now being 33 (27). Considering that manual handling within the authority is generally of low risk, the number of incidents is high. Greater awareness and knowledge by managers and supervisory staff of manual handling risks and techniques is necessary to enable manual handling to be monitored and incidents reduced. Attendance at the monthly staff training course for 2002/03 was 179 representing an increase of 46. The uptake of the managers /supervisor course to enable them to monitor/risk assess manual handling activities has been 23.



5 VIOLENT INCIDENTS towards employees:

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

Violence is a global problem, with implications for employees' health and well being, the Authorities' productivity and reputation, and the health services. Violence affects all occupational groups who deal in some way with the general public.

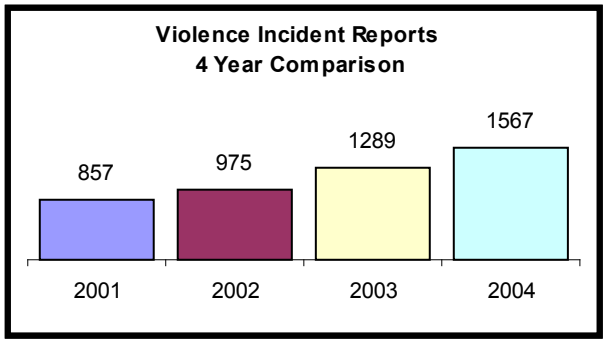
Some risk factors: working with the public, handling money, working alone, working with special needs clients.

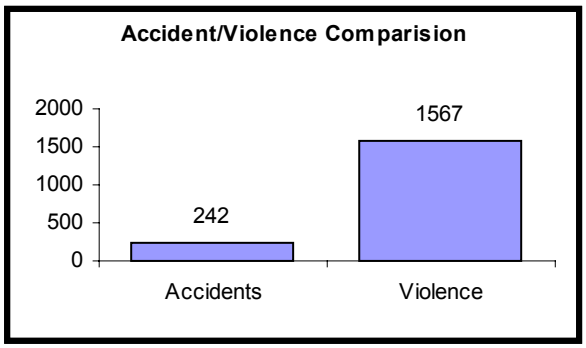
Common consequences of violent incidents: injuries, stress, post traumatic stress, sickness absence, and poorer job performance.

The consequences can be extremely serious for both the individual and the Authority.

5.1 3 Year Comparison

Over the last 4 years the number of reported violent incidences continue to increase. The increase could be attributed to the greater awareness of staff particularly within schools. In particular the poster campaign launched by the Teachers Liaison Panel (TLP) titled " Never suffer in silence - always report violence". Nevertheless although the number is very high and reflects the current social climate, it must be borne in mind that sectors of the Authority, namely areas of Social Services and Education (55.4% and 40.7% of the total respectively) have to deal daily with potentially violent situations. Between 50 and 60% of these incidences result in some form of physical injury, ranging from minor bruising to having time off work due to stress related issues. Both Social Services and Education are focusing on measures to reduce these incidences





As the Accident/Violence comparison chart indicates, reported violent incidents are 6.5 times that of reported accidents. This is the same as 2002/03

6 OCCUPATIONAL HEALTH REFERRALS

6.1 Summary.

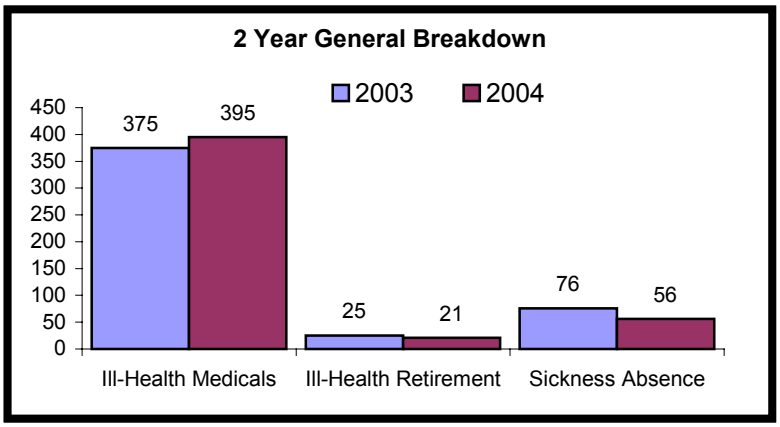
The overall view of the statistics would indicate that the front line services, particularly in the 41-60 age bracket are more susceptible to stress and related problems

Work related stress is now the most common occupational health problem, affecting 28% of workers in the UK. The number of people suffering from stress related conditions caused or made worse by work has more than doubled since 1990.

Studies indicate that stress and motivation can be regarded as two sides of the same coin. If work provides the right mix of work characteristics, it can stimulate motivation and mental health as well as productive performance: this 'right mix' would include demands, which are high (but not too high), skill variety, control, social support and feedback, task identity, reasonable job security and adequate pay. When work design fails to provide a good balance of these characteristics (e.g. excessive demands, insufficient autonomy), stress reactions such as cardiovascular, neurological, gastrointestinal diseases and also mental health problems may occur.

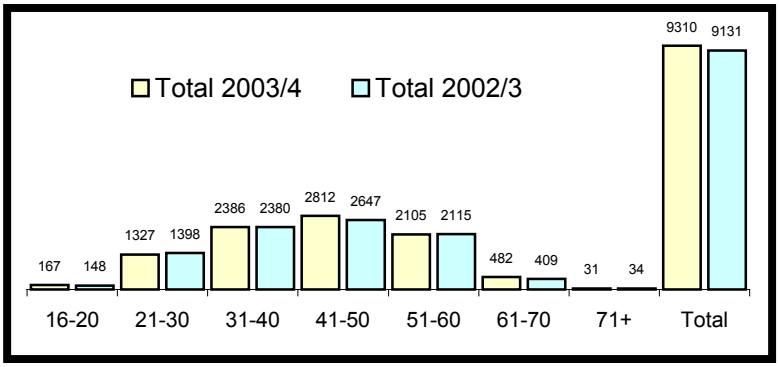
6.2 General Breakdown.

This chart shows the percentage relationship between the 3 general groupings of medical referrals.



6.3 Referrals by Age Group

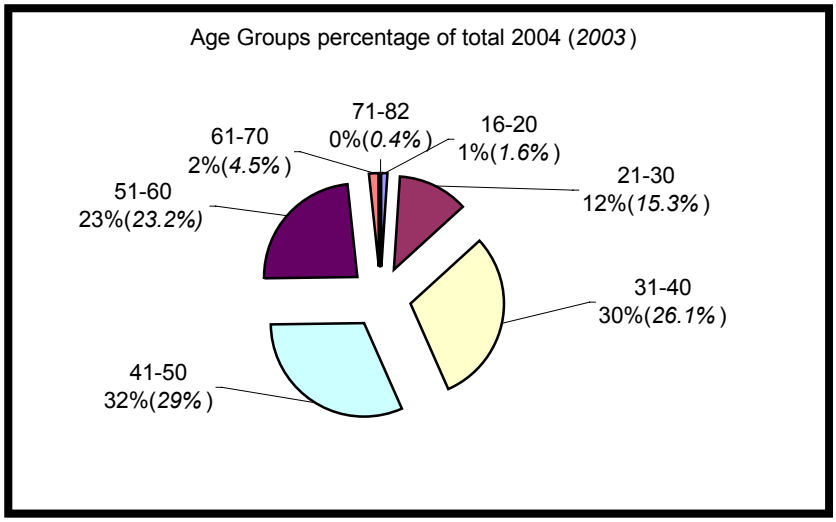
6.3.1 Staff by Age Group



This chart gives the breakdown of staff within PCC for statistical purposes only.

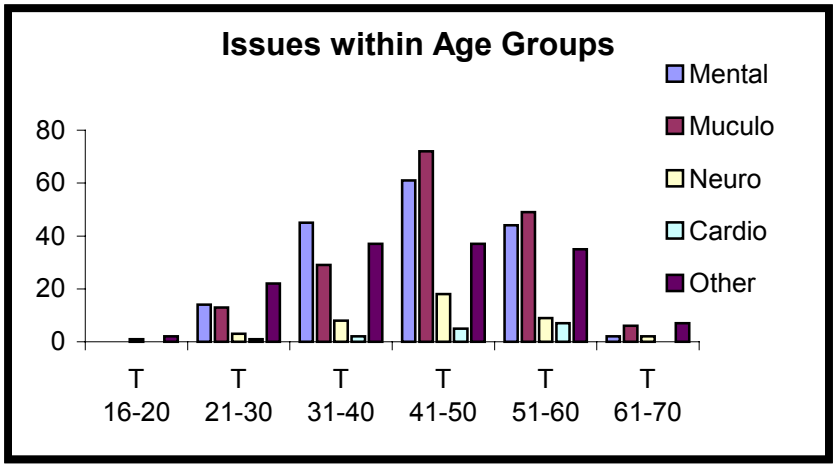
6.3.2 Age Groups percentage of Total

With regards to the percentage of referrals by age group it follows the natural trend of age, with the 41-60 age group having 52.2% *(66%)* of the total referrals.

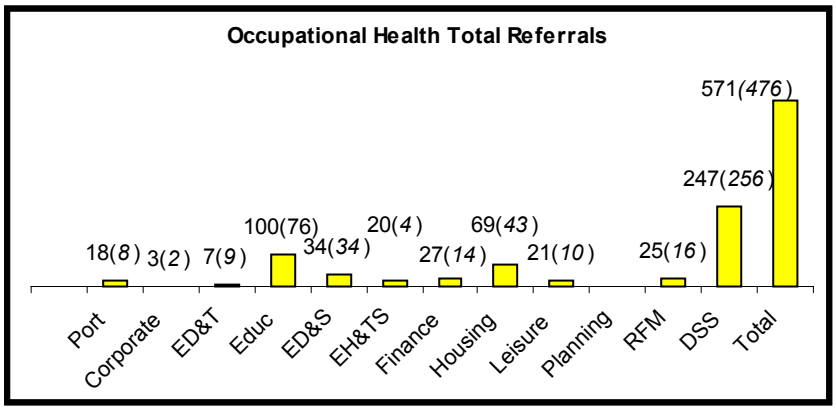


6.4 Referrals Medical Health Categories within Age Groups

The total number of referrals for 2004 was 571(*476*). The main categories of concern are Mental health and Musculoskeletal. These are spread across all age groups and are areas over which the Authority can have a degree of control. The risk assessment management controls could range from training and instruction to the provision of extra resources. It is noted that mental health referrals peaked in the 41-50 age group.



6.5 Departmental Referrals.

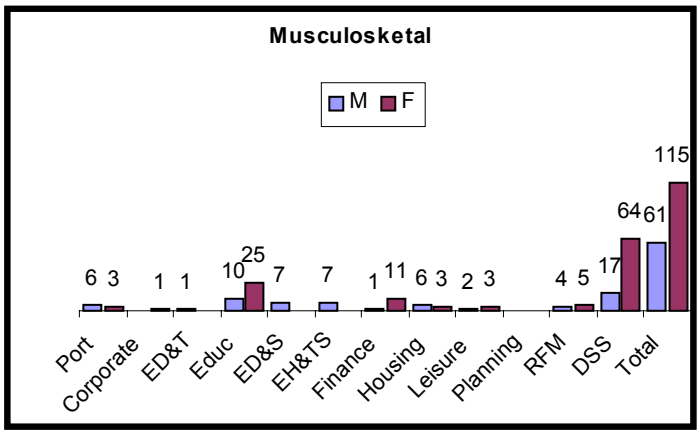


79% of the total referrals were attributable to major Front Line Services.

- Social Services 54%;
- Education 16%;
- Housing Service 9%.

6.5.1 Department Referrals (Male-Female comparison)

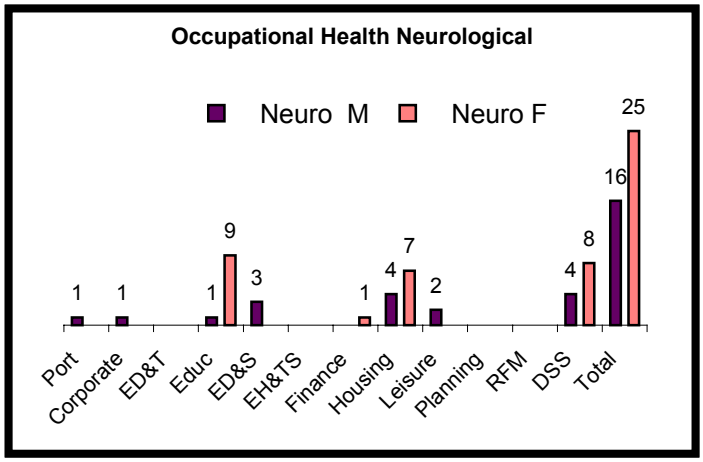
6.5.1.1 Musculosketal



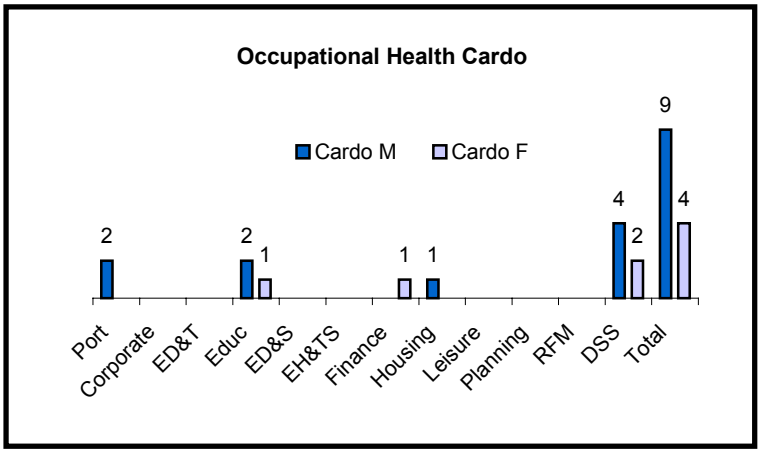
The M/F split across PCC is 20% and 80% respectively with musculosketal referrals having a M/F split of 35% and 65% respectively. 90% of the referrals were attributable to the major front line services. Within this percentage 54.5% were females of which 82.5% were attributed to Social Services. This directly relates to client base within DSS and the requirement to assist in the lifting of clients.

6.5.1.2 Neurological

The total referral for neurological reasons was 27(*12*). 80% of which is attributed to Education Service and Social Services. 58% of the referrals were male in the 41-60 age group



6.5.1.3 Cardiovascular

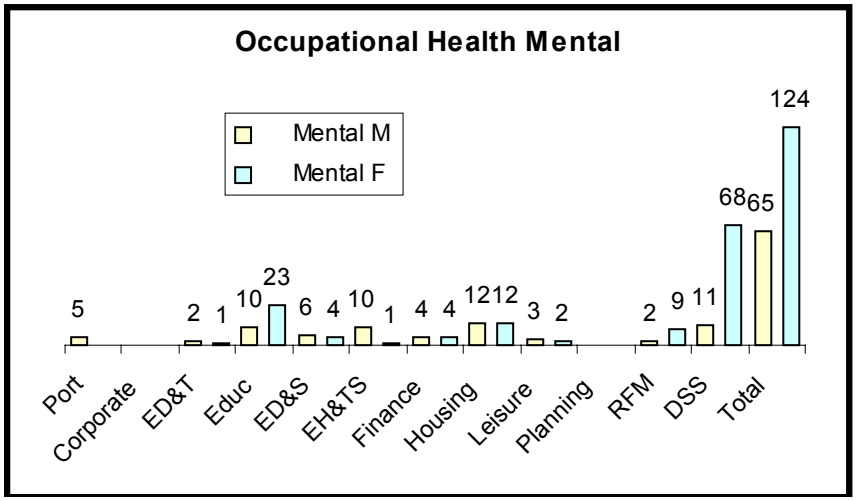


The total referrals for cardiovascular reasons were 13(*24*). 48% attributable were to Social Services.

62.5% of the referrals were male in the 51-60 age group.

6.5.1.4 Mental Health

For the sake of clarity, "mental health" referrals can be deemed stress related. *(Section 7. Confidential Counselling Service)*



The total referrals under the mental health category were 124(*126*). 89% attributable to the Front Line Services namely:

- Social Services 51%;
- Education 20%;
- Housing 21%.

Of the total 81.8% were female. This correlates to the overall M/F representation within PCC of 20% and 80% respectively

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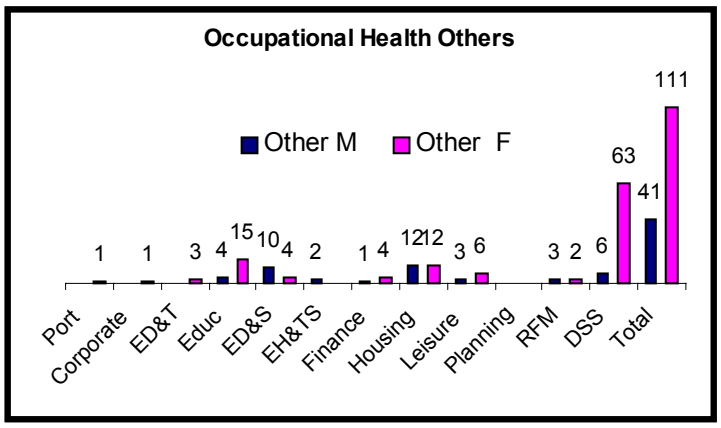
6.5.1.5 Others

This category includes amongst others, respiratory and gastric problems.

The total referrals within this category were 152(*92*), of which 74.3%(113) were from front line services.



7 CONFIDENTIAL COUNSELLING SERVICE

7.1 Summary

The number of employees contacting the service in this reporting year has been broadly similar to the number of the previous year.

In the year ending March 2004, 170 (*171 in 2002/03*) employees contacted the counselling service.

However, the change that is most marked is that the average number of sessions per user has reduced from 7.3 sessions to 5.8 sessions

Of those, 168 (*165 in 2002/3*) wanted face to face counselling sessions. The total number of staff including casual is 10,137 (*9131 in 2002/3)*), this means that 1.68% (*1.8%*) of the staff have requested counselling from the service. 24% (*23*%) were male and 76% (*77%)* were female. This correlates to the overall M/F representation within PCC of 20% and 80% respectively

The other noticeable change is that usage of the service by employees of the Education department has reduced from 27% (of the total number of service users) in the first year, to approximately 15% in the second year. Usage by Social Services staff has increased (by about 9% of total number of users).

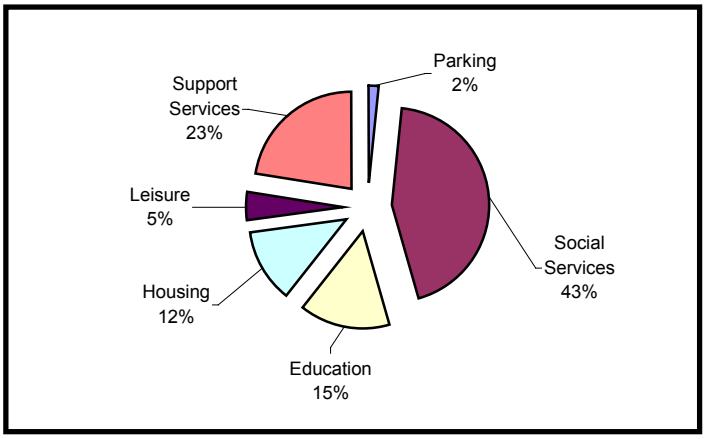
Users of the counselling service with work-related stress has reduced from 39% to approximately 31% in the second year.

Approximately 33% of service users were absent from work when contacting the counselling service

Please find below some statistical analyses of the counselling service.

7.2 Departmental Breakdown

7.2.1 Front Line Services



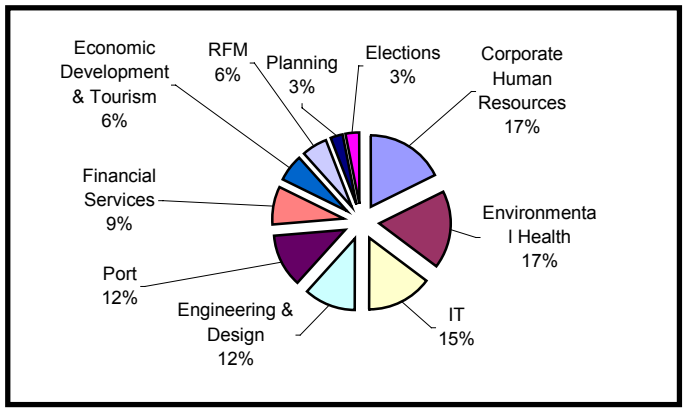
The total numbers of employees requesting counselling was 170, 74% *(78%)* from the main front line services:

- Social Services: 45% *(36%),*
- Education: 15% *(27%),*
- Housing 12% *(11%).*

Leisure's take up of the service has increased from 3% to 5%. With Parking personal appearing for the first time.

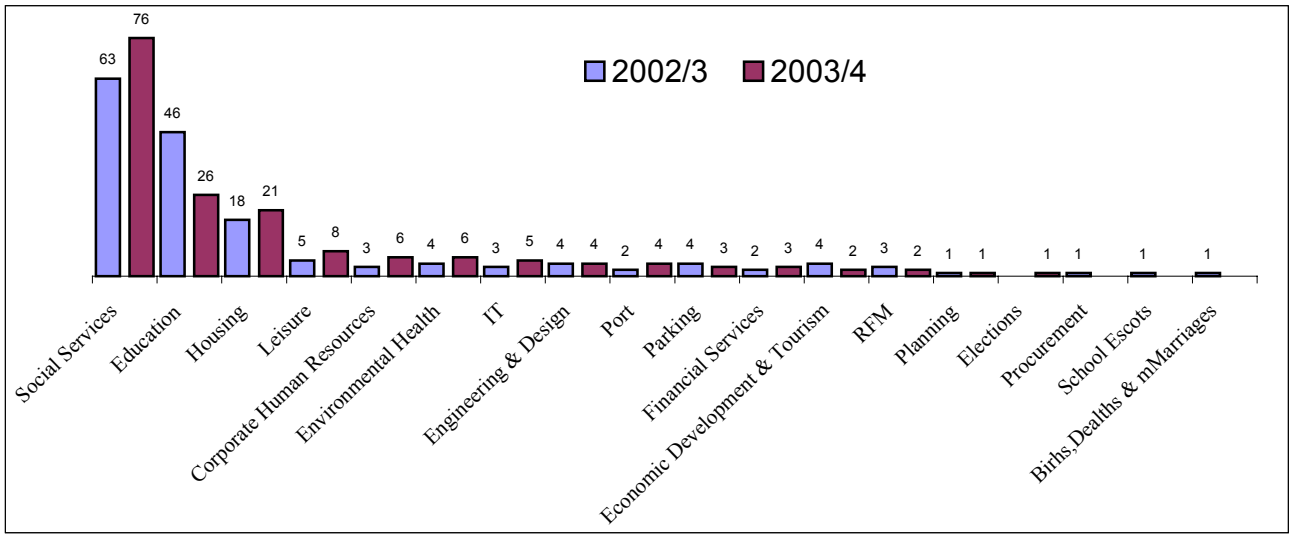
7.2.2 Other Services

The take up of the remaining services remains at the same level as last year at 23%. Within this percentage Corporate HR, Environmental and Trading Standards Services each had 6 take up which, equates to 17%**.** This is an increase of over the previous year.



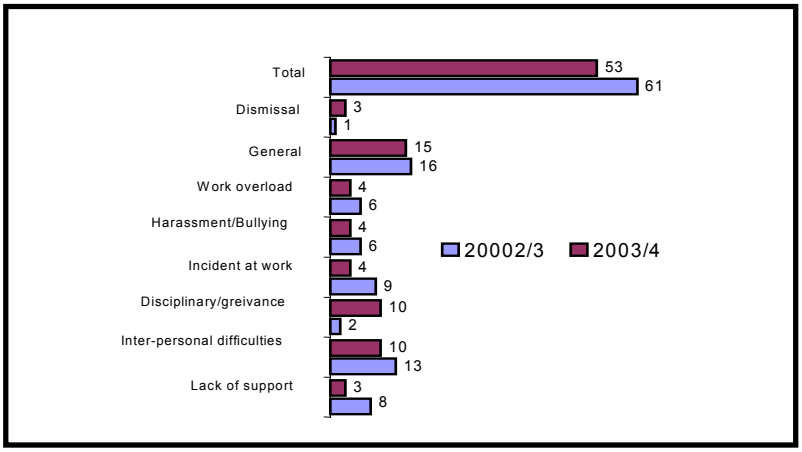
7.3 Analysis of Presenting Problems

7.3.1 Departmental Breakdown



A noticeable change is that usage of the service by employees of the Education department has reduced from 46 in 2002/3 to 26 in 2003/4 (43.5% reduction). Usage by Social Services staff has risen from 63 in 2002/4 to 76 in 2003/4 (20.6% increase).

7.4 Stress Causation's



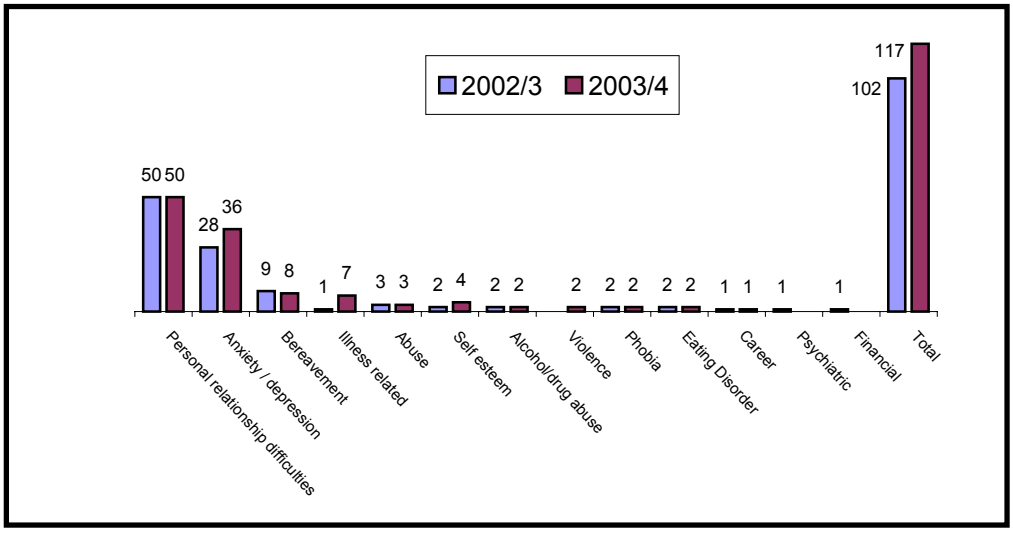
7.4.1 Work Related

The Health and Safety Executives' data indicates that work related stress is the 2nd most common problem (1st being Musculoskeletal Disorders)

Work-related stress has reduced from 39%(20002/3) to 31% in 2003/4.

The "Lack of Support" category has shown a marked improvement, a reduction of 62.2%.

7.4.2 Non-work related.



8 HEALTHCHECK (Lloydspharmacy)

8.1 Introduction

Corporate Health Screening

The CBI estimates that time off from work due to illness costs UK business £10.7 billion per year - a figure that has remained constant for the past four years. On average non-manual employees take 6.3 days absence per year and in most cases absence is short term (typically 5 days or less) but a large proportion of lost time (40%) is accounted for by long-term absence (lasting more than 20 days).

In practical terms, absence from work places a strain on remaining employees, reduces productivity and service quality, and ultimately impacts on efficiency.

A corporate health-screening program ensures that employee health is monitored regularly, detecting the pre-cursors of ill health. Corporate health screening also serves to reassure staff (for those who take it up) who enjoy good health, providing them with information about maintaining good health, fitness and well being.

The provision of a health- screening programme is a tangible demonstration of an employer's commitment to the health of its employees.

There is a continuing need for Health Screening strategies aimed at controlling risk factors are likely to lead to decreases in absences rates from diseases such as coronary heart disease (CHD) and cancer.

Multiplication of Risk Factors: The greater the number of risks factors, the greater the level of risk.
For example: A smoker with a modest elevation of cholesterol or hypertension is at much higher risk for developing CHD than a non-smoker with severe hypertension and high cholesterol. Therefore, a comprehensive risk assessment of an individual is an essential pre-requisite to developing strategies for the primary prevention of CHD and other illnesses.

8.2 Summary

This is the first operational year for Lloydspharmacy. During 04/01/2003 to 31/03/2004, 865 staff were tested to establish their risk of Coronary Heart Disease (CHD) and Stroke in the next ten years.

Certain individual risk factors were highlighted as potential areas of concern. This sample includes 599 females and 266 males that were tested. The average age of those tested is 44 years.

A CHD risk level above 15% is an indication for medical referral for individuals not already under treatment or advice.

The average 10-year CHD risk of the entire sample was 4.85%.
0.11% of the total sample showed a 10-year risk of more than 10%.
0.05% had a risk level of 15% or over, and were automatically asked to seek medical advice.

8.3 Council's Health Risk Profile

This risk appraisal provides a lifestyle and health evaluation of your most valuable asset - your human resource, and underscores the importance of effective health screening and lifestyle & health awareness programming.
Risk factor prevalence among those tested compared to prevalence rates for UK men and women of a similar age are shown below.

HIGHER Risk compared to average UK MALE

Under 40	Over 40
Overweight Elevated Blood Pressure	Overweight Elevated Blood Pressure

LOWER Risk compared to average UK MALE

Under 40	Over 40
Smoking Excess Alcohol Consumption Physical Inactivity Elevated Cholesterol	Smoking Excess Alcohol Consumption Physical Inactivity Elevated Cholesterol

HIGHER Risk compared to average UK FEMALE

Under 40	Over 40
Smoking	

LOWER Risk compared to average UK FEMALE

Under 40	Over 40
Excess Alcohol Consumption Physical Inactivity Overweight Elevated Cholesterol Elevated Blood Pressure	Smoking Excess Alcohol Consumption Physical Inactivity Overweight Elevated Cholesterol Elevated Blood Pressure

9 HEALTH AND SAFETY TRAINING

9.1 Summary.

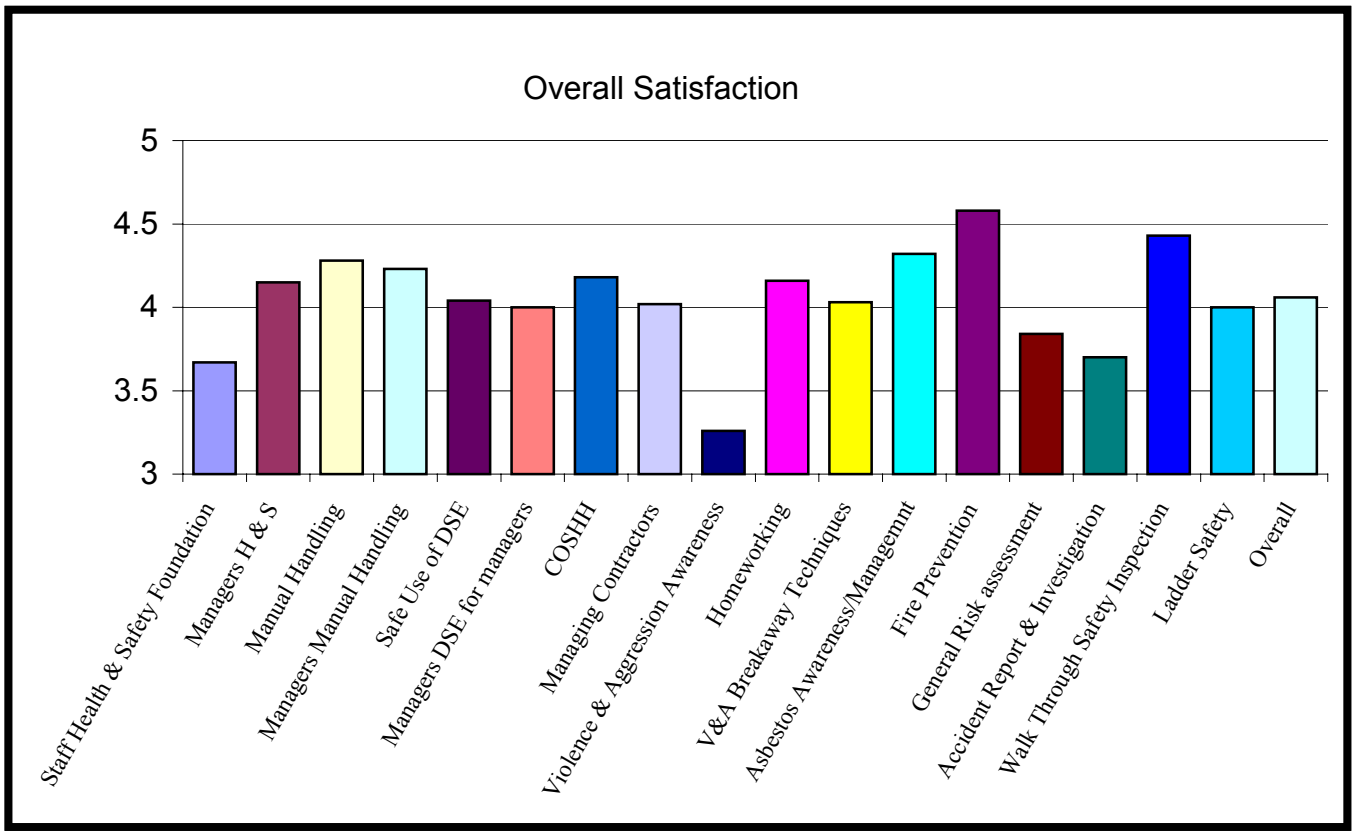
Health and safety training is itself a legal requirement and also the key to achieving HSE compliance. It can empower employees to take action to make their work places safer for themselves, their colleagues and anyone else affected by their work. Health and safety training is delivered by a variety of means including corporately, within services and on the job as appropriate. The Corporate Staff Health and Safety Foundation course is well attended, with an average of 40 delegates per month. Corporate manual handling training take up has continued to increase with a steady demand for courses, several of which have been tailor made and delivered on site. There was an encouraging increase in the attendance of managers coming forward for health and safety training, particularly the foundation course, for which there is now a waiting list.

	HHS	EH &TS	DELL (Ed)	Support Services	CENG	CLEIS	ER & T	DSS	HFS	PM	HPERS	HCX	HPROP	CPLAN	NBPT	IT	TOTAL
Health & Safety Foundation	127	19	21	51	56	51	22	130	19	2	6	1		48		6	559
Health & Safety Foundation for Managers	34	5	3	3	11	59	7	23		6	10			6			167
Manual Handling	40		20	39		36		39		19	6	1		2		1	203
Manual Handling for Managers	1				2	10	5			5							23
Accident Investigation and Reporting		5			18	8	2			2							35
Asbestos Awareness			6	1	5								1				13
COSHH	9		20		22	5		10									66
DSE for Users					13	12	3	1	5		1			38	3		76
DSE for Managers	27				9		3		1		1			2		1	44
General Risk Assessment		14		2	38	5				6				1			66
Homeworking					3						7						10
Ladder Safety		3			25	5											33
Managing Contractors	5		17		40	5							1				68
Violence & Aggression Awareness					6	1				4							11
Violence & Aggression Breakaway Tech	1	1	1		6	18				1			1	3			32
Walk Through Inspections and Audits			1		6	7	3	1									18
Fire Prevention			11														**11**
TOTAL	**244**	**47**	**100**	**96**	**260**	**222**	**45**	**204**	**25**	**45**	**31**	**2**	**3**	**100**	**3**	**8**	**1435**

9.2 Overall Satisfaction

5= very good; 4=good; 3=satisfactory;2=unsatisfactory;1=poor

The training with the exception of Violence Break away techniques is provide in- house by the Health and Safety Unit.



10 EMPLOYEE CONSULTATION

During the year the Corporate Health and Safety Forum met 4 times to consider health and safety issues of Council wide significance. This was in addition to Service/department team meetings to discuss operational health and safety issues as required by the HSE Audit of 2001. The revised Corporate Health and Safety Forum and associated health and safety management system will ensure Trade Unions and employee representatives are involved in the consultation process.

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

There was no action or involvement with HSE during 2003/04

12 The Outcomes of the key actions for 2003/2004 were as follows

ACTION	OBJECTIVE	LEAD	OUTCOME	TARGET	Present State
To use NGFS for departmental and corporate accident recording & reporting.	To provide a computer based recording system, which is directly linked to personal records.	CHR & Depts	i. To provide a database which can be evaluated to prioritise remedial actions. ii. Enable a greater degree of corporate monitoring, thus ensuring that investigation & statutory reporting of accidents are carried out by departments. iii. Improve the retrieval of accident information in the event of civil or criminal proceedings against the Authority. iv. Assist in complying with the Data Protection Act.	On-line reporting by November 2003	Due to NGFS priorities this action has been delayed. NGFS accident reporting will now be on line April 2005 with full implementation by Aug 2005.
Using NGFS to establish how many days are lost due to work related ill health.	Identify causation of work related ill health.	CHR	i. Create a pro-active culture in relation to the prevention of work related ill health. ii. Improve the rehabilitation & return to work (risk assessment) process. iii. Reduce the time spent away from work.	November 2003	
Further improve management competence in health and safety. (20002/3 there was only a 13% take up of available training places)	Comply with the HSE Audit action plan (2001).	Heads of Services	That all identified managers are programmed to attended the Mangers Health & Safety Foundation Course.	March 2004	The training programme is now fully integrated with in departmental training programmes

ACTION	OBJECTIVE	LEAD	OUTCOME	TARGET	Present State
Monitor the provision and attendance of health and safety training and department self-monitoring to ensure that these are in accordance with the HSE Audit action plan (2001) and that of the Authority.	Comply with the HSE Audit action plan (2001).	CHR & Heads of Depts	1) That all staff have: i. Health & Safety training needs identified and ii. Have been programmed to attend the identified courses. 2) Department self - monitoring.: That departments have instigated walk through inspections as required by HSE action plan and corporate requirements.	March 2004	1) Achieved 2) This has been achieved with varying degrees of success. (See action plan for 2004/5)
Foster an inter - linked and holistic approach to the management of violence, by the development of a corporate inter - service and inter - agency data and retrieval system	To provide/develop a computer based recording and interrogation data base system, that will satisfy both inter - service and inter - agency needs and also meets the requirements of the Data Protection Act.	CHR through: a) the Inter-agency violence @ work forum b) the Crime & Disorder strategy forum..	i. The identification of potential violent persons. ii. The identification of violent city 'hot spots'. iii. The reduction in the number of violent incidences to staff and contractors, through better information and hence improved risk assessments and working methods.	March 2004	There is continual improvement taken place with better communications between ASBU and other departments. The Violence Paper to Executive Management was delayed due to the re-organisation (CMB on 19/01/05).
Improve the health and safety aspects of our management of Contractors.	To meet the requirements of 'The Construction (Design and Management) Regulations.	CHR and contracting departments	i. All Authority contractors (construction) to be CHAS approved. ii. Higher standard of safety on Authority's controlled contracts. iii. Higher degree of safety for person effected by the Authority's undertakings.	March 2005	CHAS vetting of contractors is now a corporate requirement and the vetting of contractors is on going.
Ensure health and safety is given due consideration in new working arrangements (e.g. home-working).	To comply with The Management of Health and Safety at Work Regulations 1992	CHR and department HRs	i. Flexible working is not detrimental to health and safety of employees and families. ii. Work and Life balance is maintained.	On going	On going

13 Health and Safety Action Plan 2004/05

ACTION	OBJECTIVE	LEAD	OUTCOME	TARGET
Revise the corporate Health and Safety Policy statement in-line with the new management structure.	Comply with Health and Safety @ Work Act 1974. Section 2(3).	CHR H&S Unit	Compliance with Health and Safety Legislation	January 2005
Develop Directorate Health and Safety polices and in-line with the Corporate Policy in consultation with directorates	Comply with Health and Safety Legislation and corporate policy.	CHR H&S Unit..	i. Compliance with Health and Safety Legislation and corporate policy ii. Provide a structured health and safety management system for directorates.	July 2005
To use NGFS for departmental and corporate accident recording & reporting. .	i. To provide a computer based recording system, which is directly linked to personal records. ii. Identify causation of work related ill health. iii. NGFS reporting by all departments	CHR and contracting departments	i. To provide a database which can be evaluated to prioritise remedial actions. ii. Enable a greater degree of corporate monitoring, thus ensuring that investigation & statutory reporting of accidents are carried out by departments. iii. Improve the retrieval of accident information in the event of civil or criminal proceedings against the Authority. Assist in complying with the Data Protection Act.	NGFS reporting by departments July 2005
Health and safety evaluation of communities centres	To comply with The Management of Health and Safety at Work Regulations 1992	CHR H&S unit and Leisure	i. Compliance with The Management of Health and Safety at Work Regulations 1992 ii. Provide advice and guidance as required.	March 2005
Develop and produce a stress awareness programme	To comply with The Management of Health and Safety at Work Regulations 1992	CHR H&S unit	i. The reduction in stress related absences ii. Compliance with The Management of Health and Safety at Work Regulations 1992	February 2005
Departments conduct stress evaluations utilising the HSE's Stress Management Standards	To comply with The Management of Health and Safety at Work Regulations 1992	Chief Officers Departmental management	i. The identification of possible stressors within departments ii. The reduction in stress related absences	August 2005

ACTION	OBJECTIVE	LEAD	OUTCOME	TARGET
Develop generic risk assessments for schools	Compliance with The Management of Health and Safety at Work Regulations 1992	CHR H&S unit	i. The provision of generic information and control measures for hazards/risks found within schools. ii. Reduction in time spent by school staff on individual schools risk assessments.	August 2005
Intranet… Develop and post Health and Safety Documents	The dissemination and accessibility of health and safety information.	CHR H&S unit	i. The ability of all staff to have access too corporate polices and guidance. ii. Quicker up-dates	March 2005

14 Links with Corporate Priories

14.1 Building a modern effective and efficient council.

The overall health and safety plan aims:

- To control, so far as is reasonably practicable, the risks to health and safety of all employees to enable them both to work safely and to return to work.

- To reduce sickness absence from work-related accidents or ill health which enables productivity to be maximised.

- To control risks reducing damage and loss and hence claiming against the Council minimising the costs of insurance.

- To ensure employees are confident that their health, safety and welfare are taken seriously.

14.2 Promoting a safe, clean and sustainable environment.

Control of health and safety is fundamental in promoting a safe, clean and sustainable environment. The health and safety plan seeks to ensure that all Council controlled premises and property are maintained in a safe and hygienic manner appropriate to their use.

14.3 Promoting the interests of children and young people.

The health and safety plan seeks to ensure, whenever services are provided to children and young people that these are provided without risks to their health and safety and with due regard to the additional precautions that may need to be taken due to their age, inexperience or other vulnerability.

14.4 Improving prosperity & combating poverty and social exclusion.

The health and safety plan seeks to ensure that services can be delivered safely to every user in a way that protects, and if possible promotes their health.