

**The Highland Council**  
**Resources Committee – 24 August 2016**

Agenda Item	27
Report No	RES/66/16

**Occupational Health, Safety and Wellbeing Annual Report and Review of Corporate Occupational Health, Safety and Wellbeing Policy**

**Report by Deputy Chief Executive / Director of Corporate Development**

**Summary**

This report presents the Council's Occupational Health, Safety and Wellbeing (OHSW) performance, achievements and progress in 2015/2016 and presents the plan for 2016/2017, including new proposals for health and safety performance indicators. The revised Corporate Health, Safety and Wellbeing Policy is also presented for approval.

**1. Background**

- 1.1 The Highland Council's Occupational Health, Safety and Wellbeing Policy includes a commitment to the production of an annual report on its occupational health, safety and wellbeing (OHSW) performance. This report presents the Council's OHSW performance, achievements and progress in 2015/2016 and presents the OHSW plan for 2016/17.
- 1.2 There is a legal requirement for organisations that employ 5 or more staff to have a written Health and Safety Policy, signed by the Chief Executive. The Council's policy is reviewed annually to ensure it reflects legislation and best practice and reflects any changes in the organisation.

**2. Annual report**

- 2.1 The main achievements to note from the annual report:
  - No HSE enforcement action in 2015/16
  - 8% decrease in working days lost
  - Close out of HSE Improvement Notices served in February 2015
  - Increase in accident reporting numbers; decrease in major injuries. It is important that accidents are reported but that the severity and outcome of accidents in terms of both lost working days and severity of injuries (major injuries) are reduced.
  - Increased use of occupational health service, helping staff return to work/remain in work. Developments include reference to the HSE's stress management standards in medical reports where stress/mental health are identified, in order to assist managers manage return to work more effectively.
  - Partnership working to produce Absence Management and Mental Health toolkits

- Continued partnership working with Trade Union Reps

### **3. Performance Indicators**

- 3.1 A range of new OHSW Performance Indicators have been introduced covering a range of reporting responsibilities for Managers and Service co-ordinators. The aim of the new measures is to increase the effectiveness and awareness of OHSW across the organisation, with a focus on timely reporting, increased training and a renewed focus on wellbeing and attendance management, including measures to reduce Occupational Health missed appointments by 50%. This will underpin ownership and compliance in health and safety across Services and assist in the ongoing development of the health and safety culture.

Performance indicators will also be introduced to ensure compliance with Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) legislation

New performance indicators for 2016/17 are presented at Appendix 1 of the report.

## **4.0 [Corporate Health, Safety and Wellbeing Policy 2016](#)**

### **4.1 Summary of changes**

- 4.1.1 The main changes to the [policy](#) are outlined below:

- 4.1.2 On p3, a paragraph has been added which states:

“Where any Service enters into an arrangement on Partnership Working with an external partner, agreement must be reached, prior to commencement, with all partners to determine how health and safety will be managed and the standards to be met. As a minimum standard, the Council’s policies and arrangements for securing health and safety will be maintained.”

- 4.1.3 In the Section “Directors’ responsibilities” the requirement to set up a health and safety planning group in the Service has been added. This could be part of a regular SMT meeting rather than an additional meeting.

- 4.1.4 In the section detailing the responsibilities of Heads of Service/Team Managers/ Area Managers/Head teachers the requirement to ensure that those staff who do not have access to the Council’s Intranet, are made aware of changes to the safety management system as it affects them.

### **5.0 Consultation**

- 5.1 Service Health and Safety Coordinators have been consulted in the review of this policy. This paper was agreed at the Central Safety Committee (the

formal vehicle for consultation with Trade Unions) on 12 August 2016.

## **6.0 Promotion of Policy**

6.1 Staff will be made aware of the changes to the policy via:

- Service and Area Health and Safety Consultation Groups
- Health and Safety Training Courses
- Article in “In Brief”
- Intranet
- Induction

## **7. Implications**

- 7.1 Failure to follow health and safety legislation can lead to enforcement action by the Health and Safety Executive (HSE) which can range from the serving of an Improvement Notice to Court Proceedings. HSE intervention is now charged at a cost of £129 per hour.
- 7.2 Failure to ensure the safety of staff, students or the public can lead to civil action against the Council.
- 7.3 There are no Equalities, Climate Change/Carbon Clever, Gaelic or Rural implications arising from this report.

## **8. Recommendation**

That the Committee approves the Annual Report, Performance Indicators and the revised policy.

Designation: Deputy Chief Executive / Director of Corporate Development

Date: 12 August 2016

Author: Gena Falconer, OHS&W Manager

Background Papers:



# **Occupational Health Safety and Wellbeing**

**Annual Report  
August 2016**

## **1.0 Introduction**

The Highland Council's Occupational Health, Safety and Wellbeing Policy includes a commitment to the production of an annual report on its Occupational Health, Safety And Wellbeing (OHSW) performance. This report presents the council's OHSW performance, achievements and progress in 2015/2016 and presents the OHSW plan for 2016/17.

## **2.0 Occupational Health, Safety and Wellbeing Team**

The health and safety advisory team are Chartered Members of the Institution of Safety and Health, meaning they can demonstrate a high level of qualifications and experience, and take part in continuing professional development to maintain this status.

The team also oversees two corporate contracts: the provision of Occupational Health Services and that of Ergonomic Advice and Equipment.

## **3.0 Performance**

### **3.1 HSE Intervention**

No issues were raised by HSE in this time period.

However, a significant amount of time was dedicated to addressing the two Improvement Notices served on the council in February 2015 in respect of failure to manage the risk of Hand Arm Vibration Syndrome (HAVS) in the Roads and Transport team in Community Services.

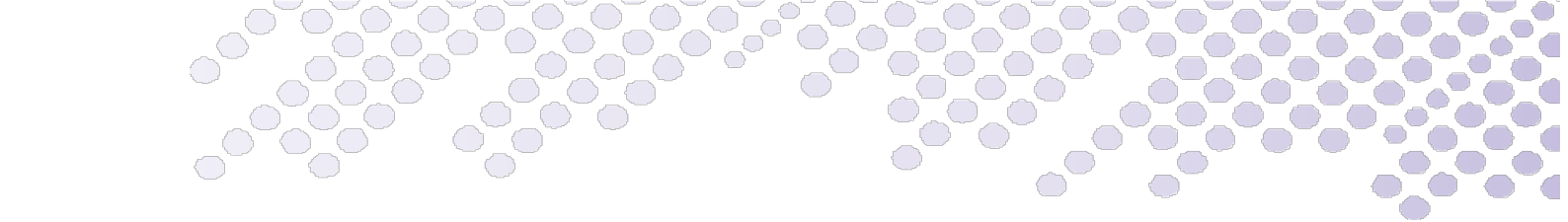
Over 500 staff in Community Services have been trained in HAVS management and controls, including 21 who are now competent to use the measuring equipment and deliver training to other operatives.

Over 160 pieces of equipment were measured, with the results shared across the Service, and approved equipment lists drawn up which meet vibration level requirements.

The positive purchasing/hiring approach has resulted in equipment being assessed prior to purchase and maintenance agreement included on the purchase. Stronger controls on the hiring of equipment (including assessment of equipment and limitation of hire periods) have been introduced.

Building Maintenance Staff were also advised not to use their own power tools as one of the HAVS controls.





In November 2015, the Council was informed that the requirements of the Notices had been met.

It is appreciated that although the Notices have been lifted, a significant amount of work is still required across the Service to raise health and safety performance, including training in risk assessment and accident investigation.

A letter issued by the HSE raised concerns about the level of awareness of the health and safety management system and a review of leadership, management competence and worker consultation and involvement.

To address these concerns, the Chief Executive, Directors and Heads of Service attended a course, Safety for Senior Executives, provided by the Institution of Safety and Health (IOSH).

A new course (aimed at third tier managers) Managing Health and Safety in the Highland Council was launched and awareness of other, competence-based training was raised at Service and Area health and safety meetings.

### **3.2 Accident/Incident Analysis**

There were 1196 incidents to staff reported in the period 1 April 2015 to 31 March 2016. This is an increase from last year's total number of incidents. This rise is attributed to raising awareness of the need to report accidents/incidents and the inclusion of violent incidents to staff. The severity of incidents has not increased.

905 of all incidents (76%) are attributable to violence and aggression reported in schools or child care where pupils were the perpetrator. This is the highest cause of incidents across the Council. It should, however, be noted that none of these incidents were reportable to the HSE.

In recognition of the level of violence and aggression, Care and Learning will be running a number of initiatives:

- The Early Years' Service has a behaviour policy which is currently shared with parents and will be shared with the Promoting Positive Relationships Team to ensure a consistent message across Care and Learning.



- De-escalation training for early years, including how to put together incident plans to prevent a re-occurrence of violence and aggressions, is currently delivered to PSAs and will be rolled out to other staff.
- Emotional literacy training, which underpins understanding pupils' behaviour and how we respond to it will be offered along with courses on ASN issues and early language development, as failed communication is often behind violent behaviours

The next main cause of injury is manual handling which accounts for 5% of all accidents (a slight reduction from last year's 6%). 5 of these incidents were reportable to HSE as they incurred more than 7 days absence

The number of incidents reportable to the Health and Safety Executive reduced slightly from last year's 22 to 21. This category refers to accidents which resulted in either 7 or more working days lost or a serious injury.

Reportable injuries resulted in a total of 1237 days lost; a decrease on last year's 1348 lost working days.

This year's trends and rates compared to the previous 5 years are presented in the table below:

	<b>2010/ 2011</b>	<b>2011/ 2012</b>	<b>2012/ 2013</b>	<b>2013/ 2014</b>	<b>2014/ 2015</b>	<b>2015/ 2016</b>
<b>Total employee accidents</b>	<b>701</b>	<b>691</b>	<b>746</b>	<b>886</b>	<b>937</b>	<b>1196</b>
<b>Fatalities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Working days lost</b>					<b>1348</b>	<b>1237</b>
<b>Major injuries</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>7</b>
<b>Over 7 day injuries</b>	<b>27</b>	<b>26</b>	<b>15</b>	<b>12</b>	<b>12</b>	<b>14</b>
<b>Total reportable to HSE</b>	<b>36</b>	<b>28</b>	<b>16</b>	<b>18</b>	<b>22</b>	<b>21</b>

<b>Accident Injury Rate (AIR)*</b>	<b>368</b>	<b>356</b>	<b>158</b>	<b>215</b>	<b>213</b>	<b>261</b>
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\*AIR = (reportable injuries/no. employees)\*100,000

### 3.3 Training

The table below indicates the level of health and safety training delivered by both the Learning and Development and Occupational Health, Safety and Wellbeing teams

<b>Course title</b>	<b>2015/2016</b>	<b>Trend</b>
Accident Reporting and Investigation	24	NEW
Dealing with challenging behaviour	30	↑
First Aid Certificate	52	↑
First Aid Certificate Refresher	72	↑
Emergency First Aid	378	↓
COSHH and Sharps	55	↓
Moving and Handling (People)	102	↑
Evac chair	36	↑
Fire Extinguisher Training/Fire Marshal	12	↓
Lone Working	44	↑
Managing Health and Safety in Highland Council	46	↑
Management of Lone Working	17	NEW
Mini-Bus Assessments	78	↑
Manual Handling	250	↑
Risk Assessment	110	↑



RPO Briefing	12	NEW
Stress Awareness	44	↑
Mentally Healthy Workplaces	55	↓
Violence at Work	67	↓
<b>E-learning courses</b>	<b>2015/2016</b>	<b>TREND</b>
Alcohol and drugs in the workplace	1	
Display Screen Equipment	246	
H&S Building Files	7	
Mentally Healthy Workplaces	24	
Preventing violence and aggression	46	
Snow and ice clearing	24	
Managing stress	36	
Introduction to OHSW	108	
Occupational Health	41	

Fewer staff were trained in 2015/16 than in the previous period. Managers are reminded that investment in health and safety training is a proactive method of improving health and safety performance and culture. It should also be noted that there is no cost to Services for the above courses.

### 3.4 Performance Indicators

Health and Safety targets have previously been established and the following table indicates progress to date.

Target	Progress
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Improve occupational health provision	RS Occupational Health was appointed in August 2011 to provide occupational health services to the Council. The contract is monitored by the Central Safety Committee where quarterly reports are submitted.  The contract was again awarded to RSOH in 2016. Separate performance indicators for the Service are monitored quarterly at the Central Safety Committee.
To train an additional 30 trade union safety representatives by 31 March 2015.	Complete

Performance indicators for 2016/17 are included at Appendix 1. The aim of these is to underpin ownership and awareness across Services and to support the Council's health and safety culture.

#### 4.0 Occupational Health

RS Occupational Health (RSOH) has been the Council's occupational health provider since September 2011. They were re-awarded the contract in 2016 following a competitive joint tender exercise with Shetland Islands Council.

A total of 584 management referrals were seen by RSOH between 1 April 2016 and 31 March 2016: these can be broken down by Service as follows:

Service	No. Referrals
Corporate Development	15
Care and Learning	358
Finance	58
Development and Infrastructure	26
Community Services	127

The main reason for referral to occupational health is for mental health issues, 39% of management referrals are classified thus by the medical staff. This is a reduction on the rate of 45% of cases in 2014-2015. There is a requirement for staff who are absent with mental health issues to be referred immediately, as early intervention is viewed as crucial to recovery and getting back to work. It should be noted that not all referrals (for any condition) are made when staff are off ill: some are referred while staff are still at work in order to prevent absence.

132 referrals were made to the Physiotherapy Service: the most common reason for referral was for lower back problems. This is an increase from 116 referrals in the previous 12 months.

Statutory health surveillance is required for all employees who are exposed to certain defined hazards (such as asbestos) or to certain processes such as working with vibrating equipment. Health surveillance is any activity which involves obtaining information about employees' health and which helps protect employees from health risks at work. There is also a requirement to offer night workers a health assessment. The table below shows the health surveillance activity in this period.

<b>Community Services</b>	<b>2015/16</b>
Audiometry	520
HAVS paper screen	306
HAVS Tier 4	13
Skin	299
Respiratory	510
Hep B Initial	44
Hep B Booster	15
<b>Care and Learning</b>	<b>2015/16</b>
Hep B Initial	27
Hep B Booster	28
Audiometry	168
Respiratory	293
Skin	209
HAVS paper screen	91
HAVS Stage 4	1
<b>D&amp;I</b>	<b>2015/16</b>
Hep B Booster	1
Audiometry	16
Respiratory	29

Skin	23
HAVS paper screen	8
HAVS Stage 4	0

Did not attend appointments (DNAs) are those where the employee fails to give more than 24 hours' notice of being unable to attend their appointment – in many cases there is no communication from the employee at all and they do not turn up. Both manager and employee receive notification of appointments and managers are expected to discuss this with the employee.

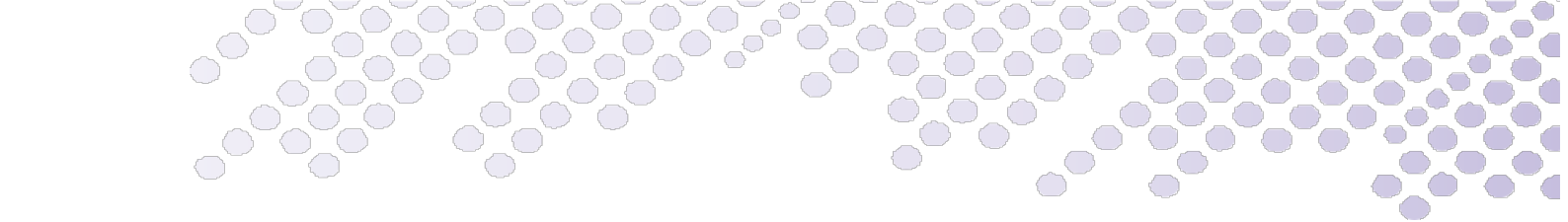
Under the terms of the contract, RSOH will charge the Council for DNAs. The majority of DNAs occurred in Care and Learning (who also had the majority of referrals). The table below shows a breakdown of DNAs by service.

Service	Management Referral	Physio
Corporate Development	2	2
Care and Learning	52	7
Finance	11	0
D&I	0	0
Community Services	17	9

## 5.0 Achievements

The OHSW Team were involved in providing advice to a number of projects including: relocation of Inverness Service Point; Fort William Office Project and the review of Facilities Management.

The OHSW Team worked closely with the Waste Management service to assist with development of a Waste Management Health and Safety Manual, which the service was keen to progress. This involved visits to various landfill sites, unmanned waste sites and accompanying waste operatives on their collection routes to identify health and safety issues arising from work activities; this was felt to be an important initial step in order to highlight compliance concerns and to inform the proposed manual.



In partnership with colleagues in HR and Learning and Development, there was significant input to the development of both the [Mental Health](#) and [Absence Management](#) Toolkits now available on the Intranet.

The team also responded to D&I's Legionella Risk Review and Asbestos Risk Review as part of the Property Risk Management Team's ongoing project.

A number of Safety Bulletins, based on significant incidents within the Council and from other similar organisations were shared with relevant Services and published on the Intranet. These included:

- Cable strike (internal incident)
- Vehicle tyre blowout (external incident)
- Blue underground cables (external incident)
- Window blind cords/chains (external incident)
- Hook loader skip lorry (external incident)

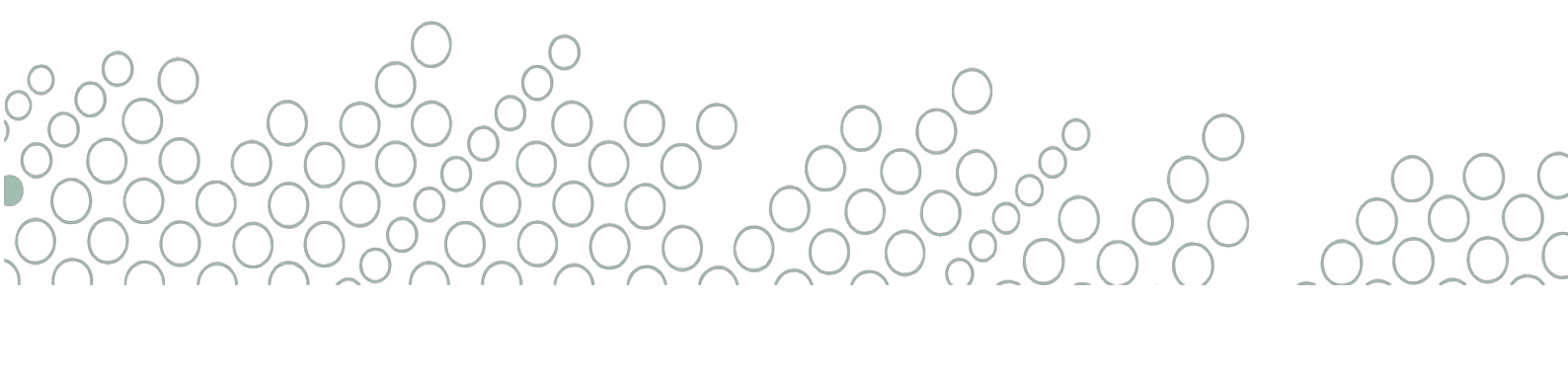
As part of the health promotion work, the "Sit less, move more" campaign was launched. This encouraged staff to move about more whilst at work and was followed up a month later with promotion of the "Walk to Work Week". We also promoted the autumn "Step Count Challenge" where Council staff walked over 21 million steps, approx. 9540 miles – the equivalent of Inverness to Cape Town.

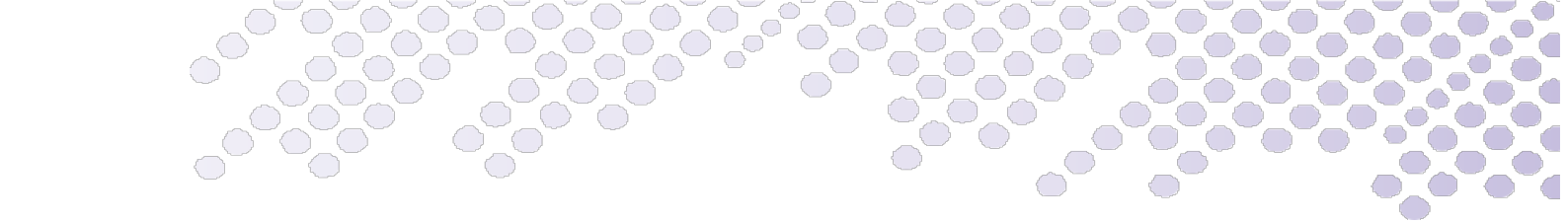
To assist the continued roll out of the "Manual Handling Passport" (which aims to standardise training and competence of manual handling/moving and handling in Scottish Local Authorities and NHS Scotland) 15 staff in Care and Learning have been trained as trainers. This should reduce the number of moving and handling incidents in the Service.

The OHSW team also achieved 100% attendance at Area and Service health and safety consultation groups.

## **6.0 OHSW Work plan for 2016/17**

The OHSW management system will continue to be reviewed to ensure that guidance for staff is up to date and meets legislative and best practice requirements. Policy and Guidance due for review includes:

- Management of Occupational Road Risk (formerly Driving at Work)
  - Health and Safety Training
  - Mental Health and Wellbeing Policy
  - Control of substances hazardous to health (guidance)
- 



It is anticipated that new guidance will also be developed to assist services manage health and safety requirements. This will include:

- Use of personal protective/respiratory equipment (PPE/RPE)
- Workplace equipment
- Work in confined space
- Noise at work
- Portable appliance testing

Other objectives for 2016 include:

Continue to work with Services to ensure that effective health and safety management runs throughout the Council. This will include ongoing monitoring and input to Service OHSW Plans which will identify health, safety and wellbeing needs

cContinue to work with those Services potentially affected by hand arm vibration syndrome to ensure continued application of the guidance and training.

Work to reduce the number of people who failed to attend Occupational Health appointments will be undertaken in conjunction with HR and OH.

Work with officers in HR and CIP with a view to using Resourcelink as the method to record workplace accidents and injuries. One benefit of this is that managers will have access to Service-specific health and safety management information, including accident trend monitoring. We will also be able to record, and report on, insurance costs against individual incidents.

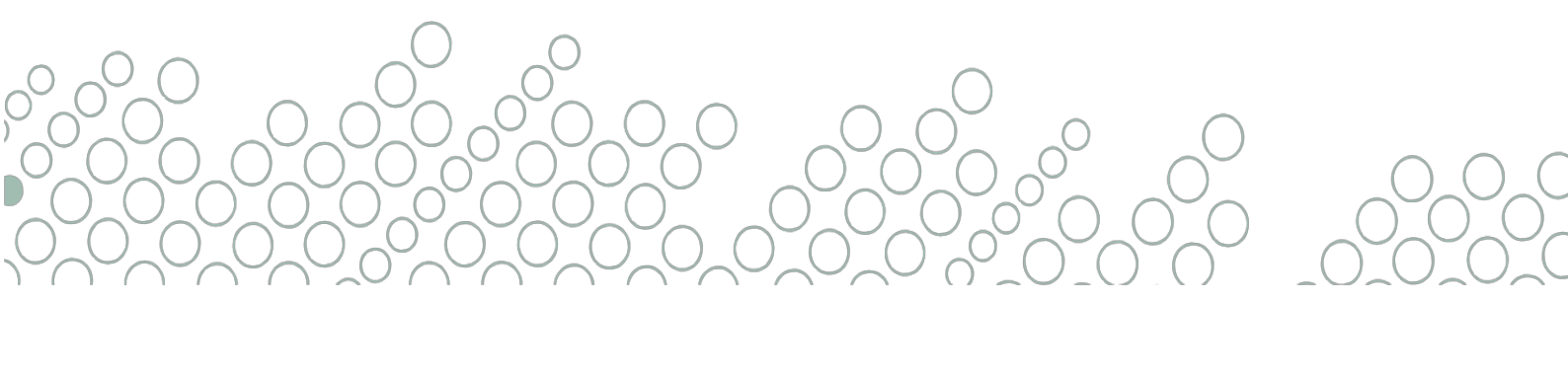
Dedicated OHSW pages on the Council's Intranet will be maintained and developed to ensure continued access to competent health and safety information.

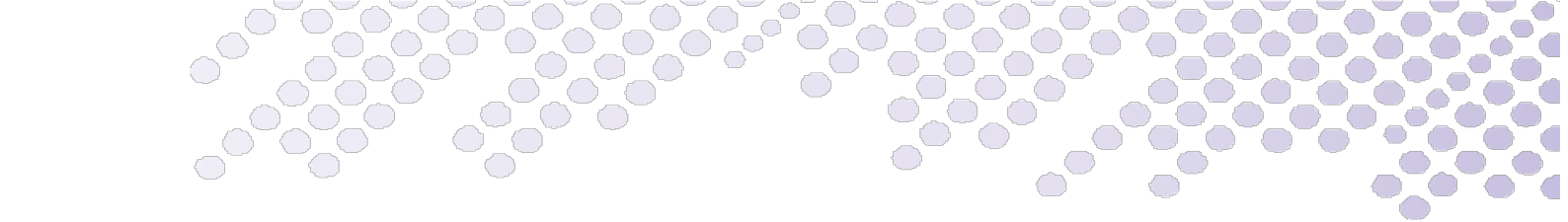
Continue to deliver an advisory role to the workgroup looking at Radon Management in schools, other workplaces and domestic premises.

A group looking at improving the reporting of violent incidents in schools was set up and has resulted in the development of a reporting and investigation form which should be easier to complete and monitor feedback to staff. This will be trialed in a number of schools in the first term of the new academic year. The group will look at how this form can be used to support staff in Care settings.

Following the introduction of the new CRM system, a review of the existing violence and aggression reporting system (for adult service users) will be instigated.

A review of lone working arrangements and controls will be completed with a suite of options available to managers and staff.





A short life working group to look at managing stress/mental health issues in schools has been identified and will convene in August 2016.

A course – Living and Working with Long Term Conditions – will be offered to staff diagnosed as having a long term medical condition. This course is run in partnership with “Let’s get on with it together”, a Highland based team made up of NHS, voluntary sector and Council representatives. The aim is to teach the concepts of self-management: giving people living with long-term conditions the tools, skills and support they need to improve their own wellbeing and, hopefully, maintain productive employment.

Work with CPAM and Community Services involved in the depot rationalisation programme.

An additional course, Safety for Senior Executives, will be organised for those new Heads of Service appointed following the recent VR exercise.

Explore the possibility of introducing a confidential Employee Assistance Programme for staff as a way of supporting those with stress/mental health issues.

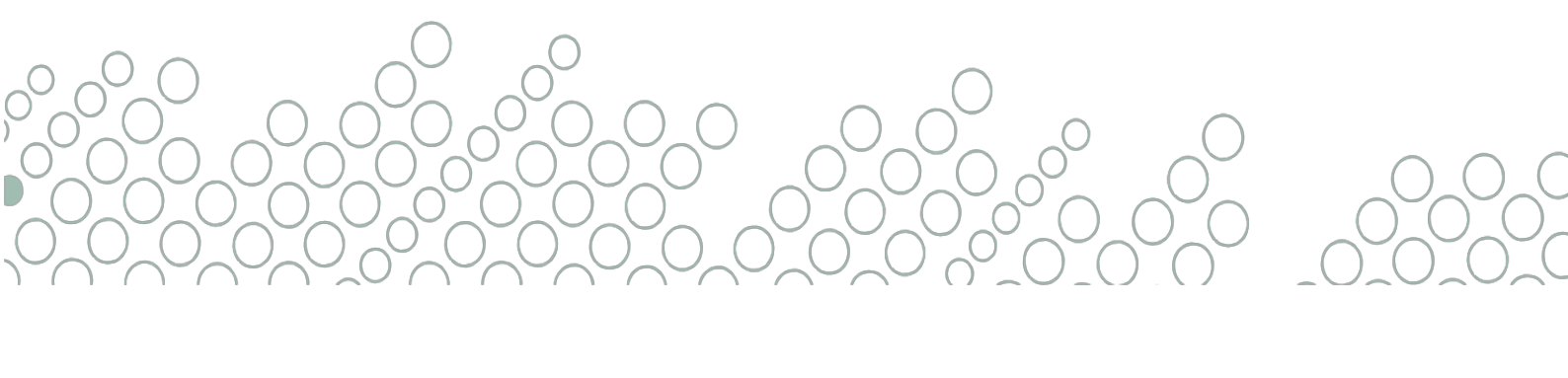
A programme of compliance monitoring will be introduced, with a separate topic being reviewed on a bi-monthly. Topics to be covered in 2015/16 will be:

- Responsible Premises Officers
- Workplace Inspections (by Managers)
- DSE Assessments
- First Aid Arrangements
- Lone Working Arrangements
- Risk Assessments

Achieve the Healthy Working Lives’ Gold Award for health promotion. This will involve setting up a cross-Service Group, reviewing our health related policies and organise health promotion events.

Continue to provide support and advice to Services including site visits, audits and inspections, accident investigation and providing training opportunities.

The programme of Fire Risk Assessments in workplaces will be restarted. It is anticipated that the RPOs in low fire risk premises will be trained to conduct future FRAs, if no significant change has been made to the premises.

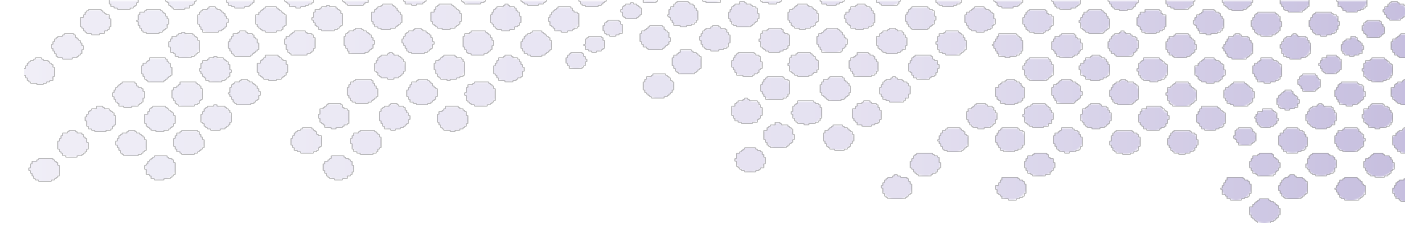


## OCCUPATIONAL HEALTH, SAFETY AND WELLBEING PLAN 2015/16

No.	Action	Owner	Due by	Update	Completion
1	Maintain OHSW management system	OHSW Manager	31/3/17	Policy/guidance for review and development identifies. Progress reported to CSC on quarterly basis.	Ongoing
2	Work with Services to update health and safety plans	H&S Advisers			Ongoing
3	Roll out Hand Arm Vibration training and awareness to D&I and C&L	H&S Advisers			Ongoing
4	Introduce new accident reporting database	OHSW Manager			
5	Work with partners to reduce number of staff who fail to attend Occupational Health appointments	OHSW Manager	31/3/17	Referral form amended. Investigate use of text messages to remind staff of appointments	Ongoing
6	Introduce an Employee Assistance Provider to Council staff	OHSW Manager	31/3/17		
7	Maintain OHSW Intranet pages	H&S Assistant	Ongoing		Ongoing
8	Roll out programme of Fire Risk Assessments (FRAs)	Fire Safety Adviser			Ongoing
9	Train RPOs in low risk premises to conduct FRAs once main outstanding issues addressed	Fire Safety Adviser			
10	Provide advisory support to Radon Management Group	OHSW Manager	Ongoing		Ongoing
11	Complete review of Violence/Aggression reporting in schools	OHSW Manager	31/12/16	New form developed – to be trialled in schools in Term 1 2016/17.	
12	Undertake stress awareness project for school staff with HR, L&D and OH partners	OHSW Manager	30/6/17	Headteachers identified – initial meeting to be set up for August.	
13	Review V&A report process and form	OHSW Manager	31/12/16		
14	Attend Service and Area Health and Safety Consultation Groups	H&S Advisers	31/3/17		Ongoing







15	Review of lone working arrangements	OHSW Manager	31/12/16		
16	Run "Living and Working with Long Term Conditions" Course	OHSW Manager	31/03/17		
17	Run "Safety for Senior Executives" course for new Heads of Service/Area Managers	OHSW Manager	31/8/16	Course scheduled for August 2016	
18	Work with CS and CPAM re depot rationalisation project	OHSW Manager		Initial discussions held	
19	Introduce compliance monitoring exercise	H&S Assistant			
20	Complete and report on HAVS audit in CS	H&S Advisers			
21	Conduct health and safety inspections in school residential premises	H&S Adviser			
22	Achieve HWL Gold Award	OHSW Manager	31/3/17		
23	Develop Management of Occupational Road Risk (MORR) toolkit for fleet and grey fleet drivers	OHSW Manager	31/12/16	Workgroup set up. Guidance drafted.	



## APPENDIX 1

### Performance indicators

Performance Indicator (PI)	PI Owner	Reporting Mechanism
Attend all Service and Area H&S Consultation meetings	OHSW Manager	Annual health and safety report
Submit investigation report within 2 weeks of incident	OHSW Manager	Annual health and safety report
Train additional 20 TU H&S reps by 2020	OHSW Manager	Annual health and safety report
Submit RIDDOR reports within statutory timescales (see below)	Service H&S Co-ordinator	Service annual health and safety report
Hold quarterly H&S consultation meetings	Service H&S Co-ordinator	Service annual health and safety report
Attendance at statutory medical surveillance	Service H&S Co-ordinator	Service annual health and safety report
Develop/maintain Service-specific Health and Safety Action Plan	Service H&S Co-ordinator	Service annual health and safety report
Maintain up to date RPO List (Report changes to K2 system)	Service H&S Co-ordinator	Service annual health and safety report
Reduce number of "failure to attend" Occupational Health appointments by 50%	Service H&S Co-ordinator	Service annual health and safety report
Each rep to conduct 4 workplace inspections per year	TU reps	Annual report to CSC

Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) report timescales:

- Fatalities – notify HSE immediately and report within 10 days
- Dangerous Occurrences – within 10 days of the incident
- Major Injuries – within 10 days of the incident
- Injuries leading to over 7 day absence – within 15 days of incident
- Gas incidents – within 14 days of incident

