Annual Health And Safety Report 2012/13

Cumbria County Council

serving the people of cumbria

cumbria.gov.uk


GO
OPEN
Cumbria
PLANT & MACHINERY
SERVICE CENTRE

CONTENTS

Executive Summary

This report is a statement of the County Council's occupational health and safety performance to the end of the financial year 2012/13 and of its intentions with regard to health and safety for the year 2013/14 and beyond.

Cumbria County employs approximately 15 000 employees in varied roles and exposed to similarly varied risks.

Health and safety support in the council is provided by professionally qualified Health & Safety Practitioners, forming the Corporate Health and Safety Team

A significant number of audits and other activities were undertaken in 2012/13 supporting improvements in health and safety practices.

The Council's health and safety management system is audited on a bi-annual basis by RoSPA (Royal Society for Prevention of Accidents). The Council retained the maximum QSA Level 5 at the last RoSPA audit undertaken in March 2013 with an increase in overall audit score.

A health and safety improvement programme is monitored using an ongoing action plan. Progress against the plan and an update for 2013/14 is summarised in this report. Significant areas of work have been undertaken on contractor controls, implementation of a new risk assessment system and occupational road risk.

Development of shared service work has continued with new agreements in place with Eden District Council and Yorkshire Dales National park adding to the one in place already with the Lake District National Park Authority.

Our statistical information shows that there is no clear trend in overall accident data but statutorily reportable incidents continue to show a downward trend.

When compared to available national "all industries" injury data we perform better.

Adult and Local Services has the highest rates of accidents in relation to violence and aggression, and handling, lifting and carrying when compared to other directorates but this should not be surprising given the nature of the work undertaken.

Slips, trips and falls accident rate is more even across Directorates but still with noticeably higher rates in both Adults and Local Service and Children's Services.

The majority of work related injury and ill health cases and lost working time is attributable to stress, anxiety and depression. Musculoskeletal injury is the second largest contributor.

Significant intervention in the form of training, assessment and audit is in place to ensure the risks identified from the accident and work related ill health data are controlled as far as possible but we are not complacent.

Once again no formal action was instigated against the Council by the Health and Safety Executive (HSE).

We continue to refine and monitor health and safety performance data. Good quality work related ill health data through the HR Service Centre is being provided on a monthly basis.

Background

Cumbria has the second largest geographical area of all the counties in England with over half its population residing in rural areas. The County Council, together with six district councils, delivers public services to approximately 500 000 people. To do this the Council employs approximately 15,000 people.

The County Council aims to deliver efficient and effective public services in areas including waste disposal, highway maintenance, strategic planning, education, social services, fire and rescue, library services and trading standards. It provides these services either directly or through contracting arrangements. Although much of the "blue collar" services are provided by contractors some are still retained in house including catering, cleaning residential care and highways maintenance. Catering and cleaning services, however, will transfer out of the Council to a newly created private company wholly owned by the County Council on 1 April 2013.

Violence and aggression is by far the biggest single contributor to accident data and stress and manual handling are the biggest contributors to work related absence. The wide variety of activities undertaken by the Council also present some specific risks in areas such as highway maintenance and fire and rescue services.

All the Council's Health and Safety Practitioners, along with the Construction Design and Management Coordinators (CDMCs) and Outdoor Learning and Educational Visits Coordinator form the Corporate Health & Safety Team. This provides for an efficient and resilient health and safety professional support service to the council. A minor restructure implemented on 1 April 2013 further

strengthens the team by re-organising CDMC services and introducing a new fire safety specialist role, whilst at the same time reducing costs of the service.

The Corporate Health & Safety Team is based in the Public Protection Division of the Safer & Stronger Communities Directorate. The Corporate Director for Safer & Stronger Communities Directorate is the Lead Director for health and safety.

Three groups are used to drive development of the health and safety management system at the corporate level:

- The Health & Safety Practitioners Group lead on development of policies and procedures.
- The Corporate Union Health & Safety Consultation Group provides a forum for health and safety consultation at corporate level to all recognised unions across the council.
- The Health & Safety Lead Officer Group acts to direct and approve policies and procedures.

The Senior Health, Safety & Wellbeing Manager chairs the Health and Safety Practitioners Group and acts as the link between the three groups. He reports on policy matters to the Corporate Director with health and safety responsibility, who chairs both the Union and Lead Officer Groups.

Statutory consultation with employees takes place through union attended safety committees at directorate level. There are many other methods of consultation including through employee groups such as focus and working groups, and use of council publications, intranet and email.

During the 2012/13 financial year a total of 147 internal health and safety audits were undertaken in the Council compared to 179 in the previous year. The majority of these were in relation to premises occupied by Adults & Local Services, Children's Services and schools. In addition health and safety inspections on highways work sites took place throughout the year.

The audits and inspections provide an essential tool for monitoring health and safety standards and driving improvements. For example audits undertaken in residential care facilities identified the need for and led to improvements in physical and management fire safety standards including upgrades to fire detection, improved evacuation techniques and exercises, and improvements in fire compartmentalisation.

The Council has also been able to defend a number of claims and settle them without payment where audits have provided evidence of compliance.

Repeat audits consistently show that health and safety improvements are evident from the initial audit report.

Audits inform priorities for action across the council and this can be evidenced in areas such as asbestos management, legionella management and electrical maintenance.

Since March 2009 the Council has commissioned RoSPA to undertake bi-annual audits of its health and safety management system. The initial audit scored the Council's overall health and safety management performance at QSA Level 2 and an action plan was put into place to address areas identified for improvement. In March 2011 the Council achieved the maximum QSA Level 5 which was retained with an increase in overall score at the March 2013 audit. Work in the area of contractor control and occupational road risk during 2012/13 made a significant contribution to improving the QSA audit score.

A new health and safety procedure on control of contractors and a contractor health and safety code of practice were launched for consultation, being formally approved shortly after the year end.

Implementation of centralised DVLA (Driver Vehicle and Licensing Agency) licence checking, other driver and vehicle checks, individual driver risk profiling and driver assessment and training have been introduced through the Road Safety Team in Fleet Support. The arrangements were formalised in a revised Management of Occupational Road Risk procedure again formally approved shortly after the year end.

Work continues to support highway maintenance activities which transferred back into the Council at the beginning of the year. The Corporate Health & Safety Team restructure will increase resilience in this area.

The risk assessment software acquired at the end of the previous financial year is steadily being rolled out into service areas.

Health and safety training was included as part of a wider training re-procurement exercise during the year and newly appointed training organisations will be in place shortly.

An exercise was undertaken to re-survey all corporate properties for asbestos containing materials during the year. Following a recent tendering exercise this will now also be extended to schools. Revised asbestos management procedures have also been introduced.

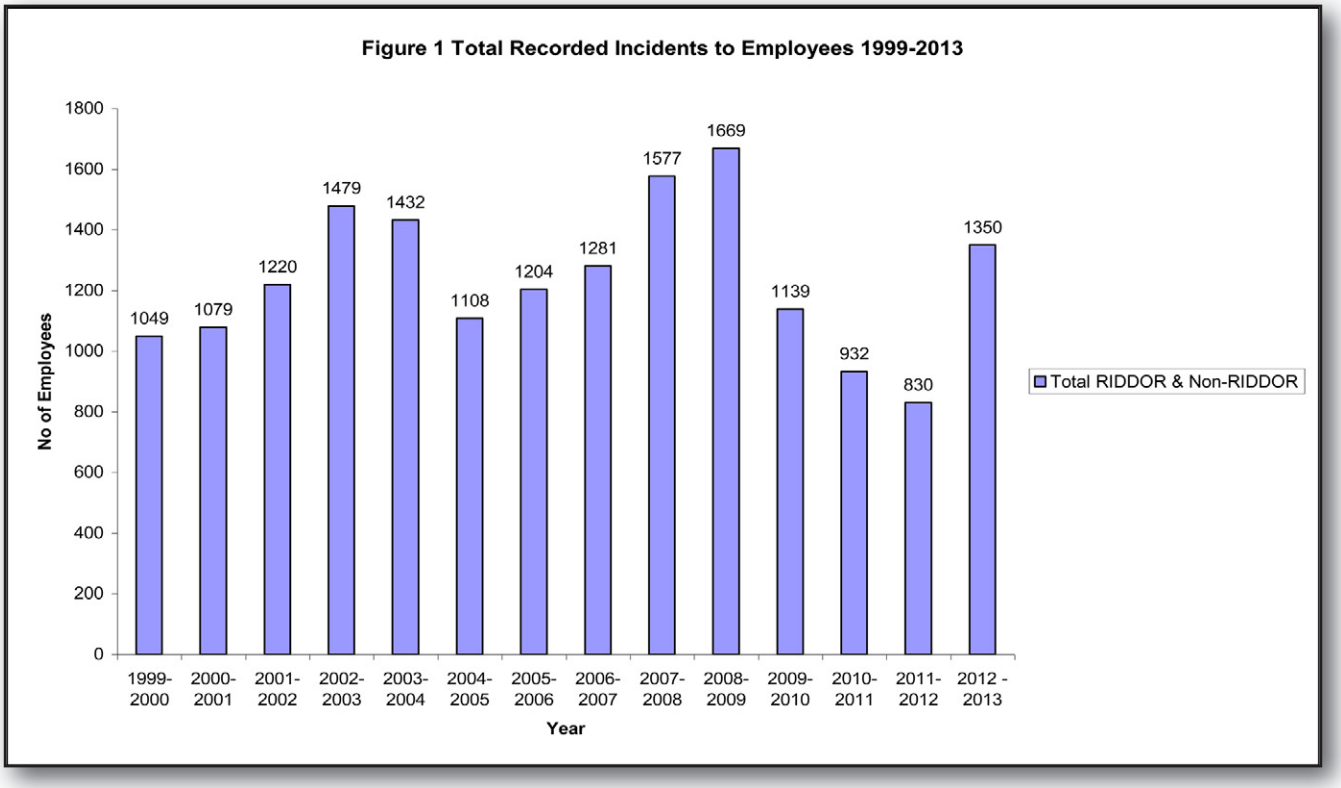
The council continues to face budgetary challenges and it is essential that it looks to work more efficiently whilst maintaining high standards of health and safety.

The three year shared service agreement to provide health and safety support to the Lake District National Park Authority continues. Further shared services with Eden District Council and with the Yorkshire Dales National Park were established in August 2012. This creates improvements in both efficiency and service delivery for all parties. Despite exploration South Lakeland District Council and Copeland Borough Council ultimately chose not to follow the shared service route at this time.

Accidents and Work-related Ill Health at Cumbria County Council

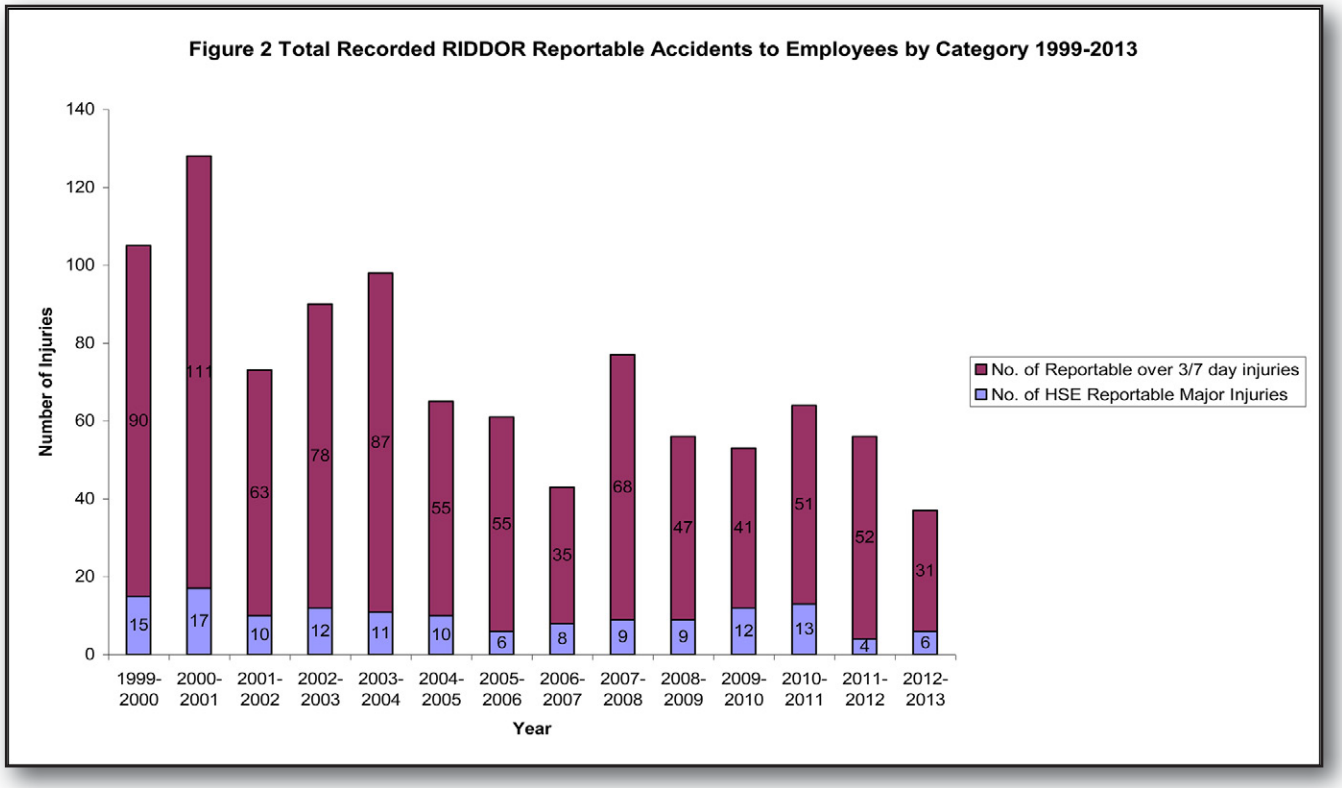
Accident Data

Figure 1 below shows the total numbers of recorded accidents to employees since 1999/2000. There is no overall trend in recorded accidents since 1999/2000, although recorded levels increased in 2012 / 13 compared to the previous three years. Some of this can be explained by improved recording of verbal abuse (see later).



A more reliable indicator of true accident trends is to look at the number of accidents to employees that are reportable under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR). The reason for the reliability of this information is that such accidents are more serious by their nature, being more likely to come to light, and they are statutorily notifiable to the Health & Safety Executive (HSE).

Figure 2 below shows the total numbers of RIDDOR reported accidents to employees since 1999/2000.



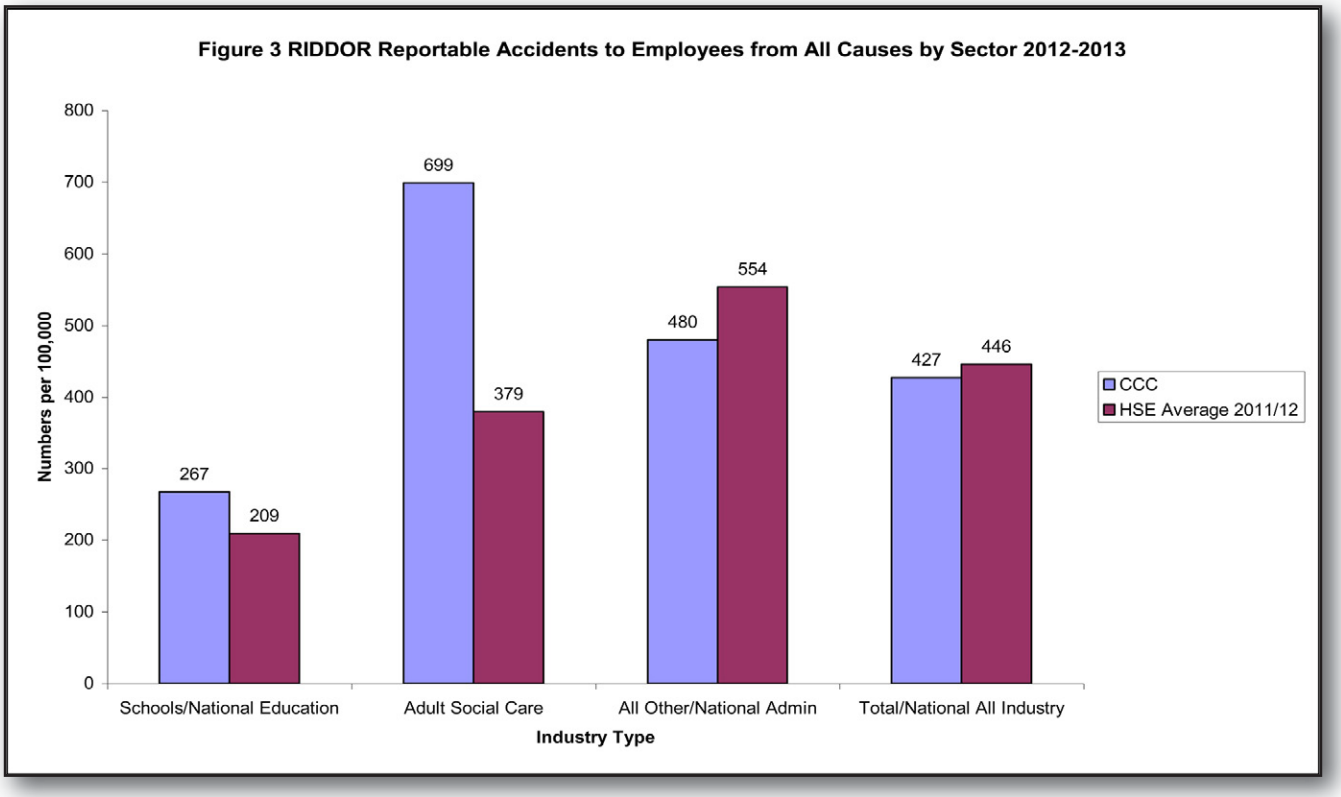
As can be seen there is a downward trend in the total number of RIDDOR accidents over the period, with a significant drop in 2012/ 13. The main reason for the significant drop is a re-classification of the reportable absence injuries from a three day trigger to a seven day trigger on 6 April 2012. The accident recording system is not able to identify exact length of absence to allow direct comparison.

There is no clear trend in the rate of major injuries to employees (as defined by RIDDOR and for which the classification remains the same) but given the relatively small number of such events in any one year this is not surprising. Nevertheless 2011/ 12 and 2012/13 showed the two lowest recorded annual number of such incidents over the period.

The performance of the council in relation to accident rates can be compared with the national picture using data published by HSE on reportable injury rates. In order to make comparisons our data has to be converted into rates per 100 000 full time equivalent (FTE) staff.

It should be noted that this year several assumptions have been made to arrive at a full time equivalent staff number for schools based staff (projected head counts from a survey and an assumption on conversion rate to FTE). This has resulted in calculations derived from a lower assumed staffing level (3743 FTE compared to the 7302 figure used the previous year) which has the effect of increasing recorded accident rate, potentially artificially high.

Comparison data is presented in Figure 3 below:



It should also be noted that that the HSE national data is for 2011/12 (latest available) whereas CCC data is for 2012/13. In order to compare our performance the most appropriate available categories have been selected for comparison. Adult Social Care data is compared to national residential care and social care data, schools data is compared to national education data, data for remaining employees is compared to national admin data and our data as a whole is compared to the national "all industries" data.

Whilst overall our performance appears to be better than the national comparator (i.e. we have lower rate of RIDDOR incidents) great caution is required as the Council's figures represent reporting under the new "more than seven day" absence criteria whereas the HSE's figures are for the previous year where reporting was based on the "more than three day" absence criteria. Only next year will the figures be directly comparable. In schools although our rate appears to be slightly higher than the national education average the rate is based on staffing levels calculated with a number of assumptions. One possible explanation for the higher than national rate in Adults Social Care is the large number of care homes that the Council operates.

Figures 4 and 5 show the numbers of all accidents and RIDDOR injuries respectively occurring by Directorate / schools (Community and Voluntary Controlled).

As in the previous three years Resources Directorate, which includes catering and cleaning activities covered by the Facilities Management Division, continues to show a surprisingly low total and RIDDOR rate of accident reporting. Over the last two years efforts have been made to encourage accident reporting in the Facilities Management division.

Figure 4 Total Recorded Injuries and Incidents to Employees by Directorate 2012-2013

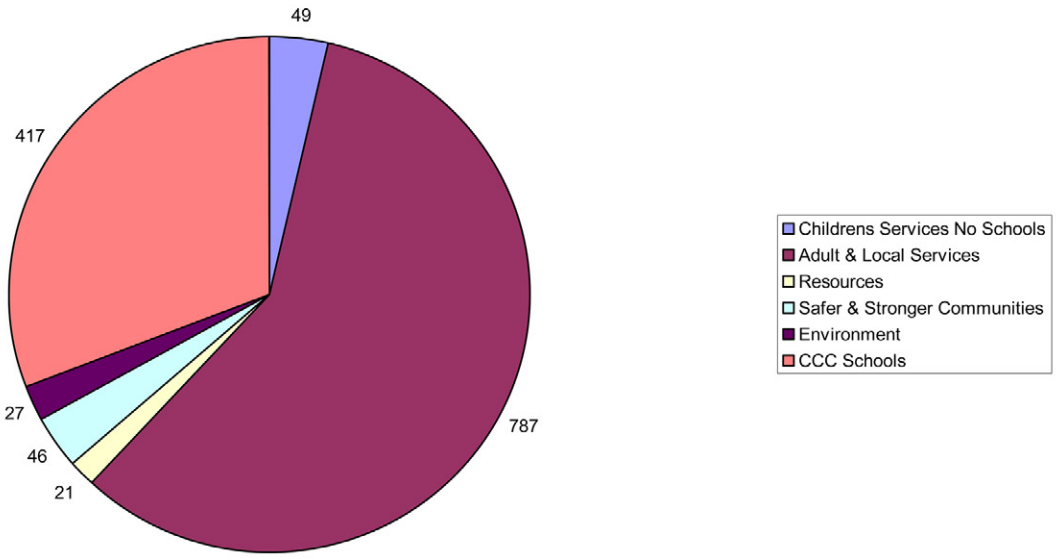
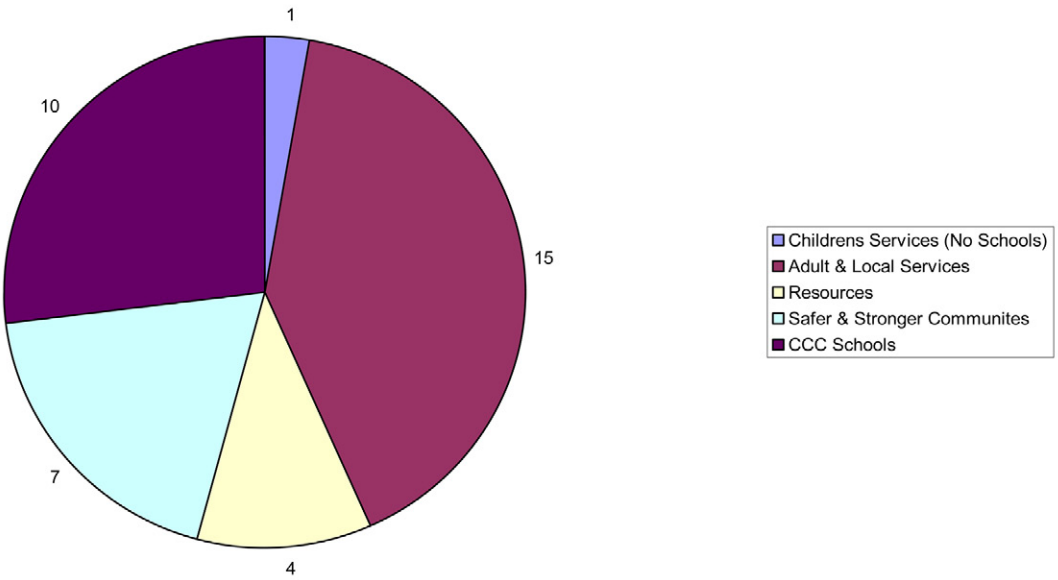
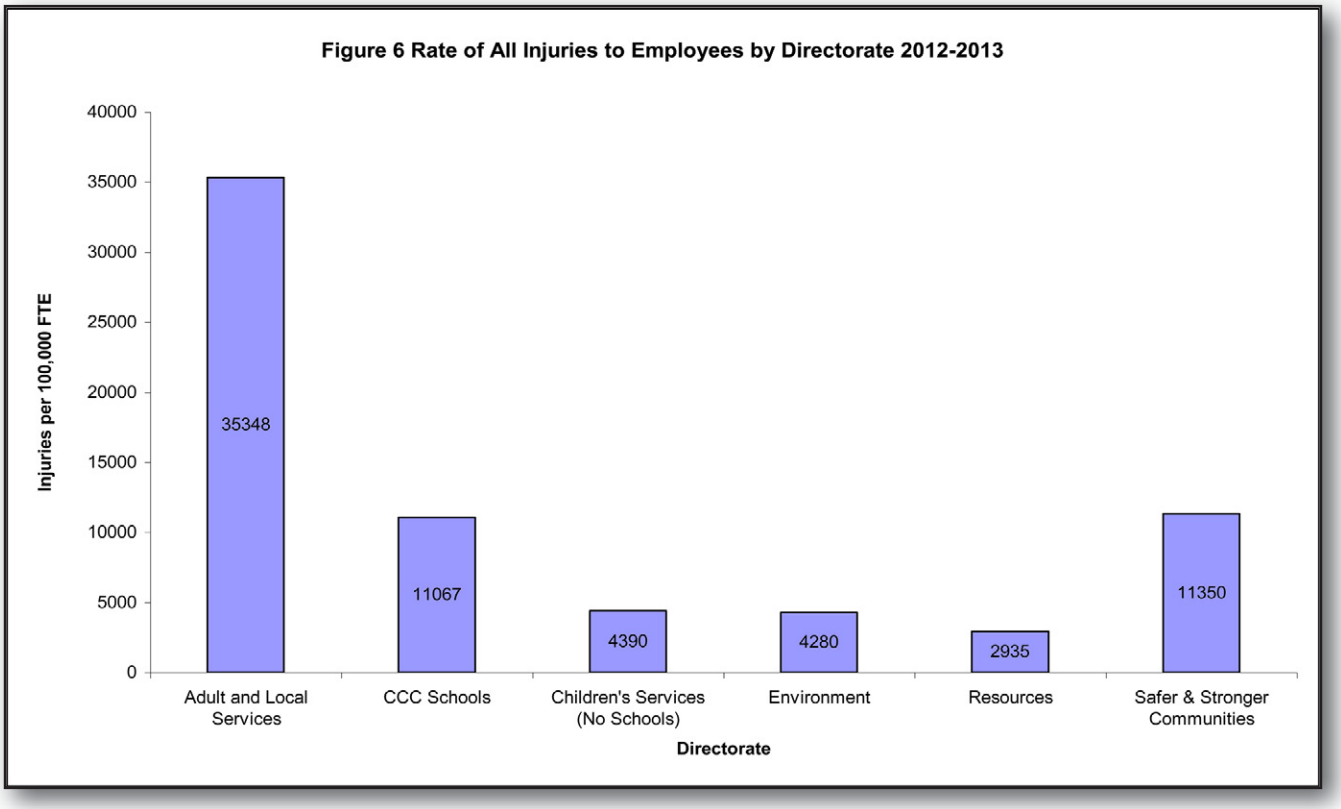
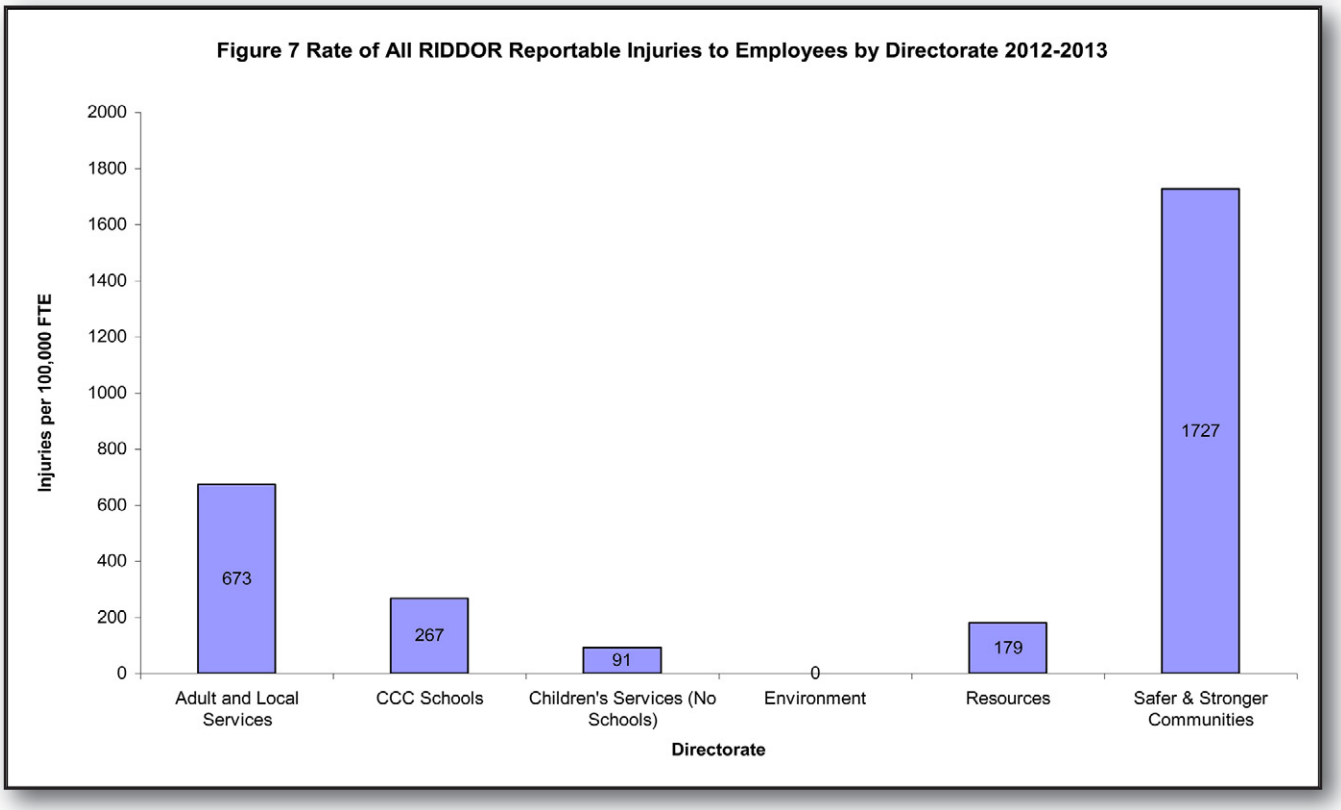


Figure 5 Total Recorded RIDDOR Reportable Accidents to Employees by Directorate 2012-2013



To provide a better comparison Figures 6 and 7 respectively show the total accident rates and RIDDOR accident rates in Directorates.





For the reasons stated earlier the data related to RIDDOR accidents (more serious events that are statutorily reportable) is likely to offer more reliability than that related to all accidents.

It might reasonably be expected that due to the nature of activities undertaken and risks encountered that Adults & Local Services, Resources (which includes the Facilities Management Unit) and Safer & Stronger Communities (which includes Fire and Rescue) show higher rates due to the increased risks from activities undertaken.

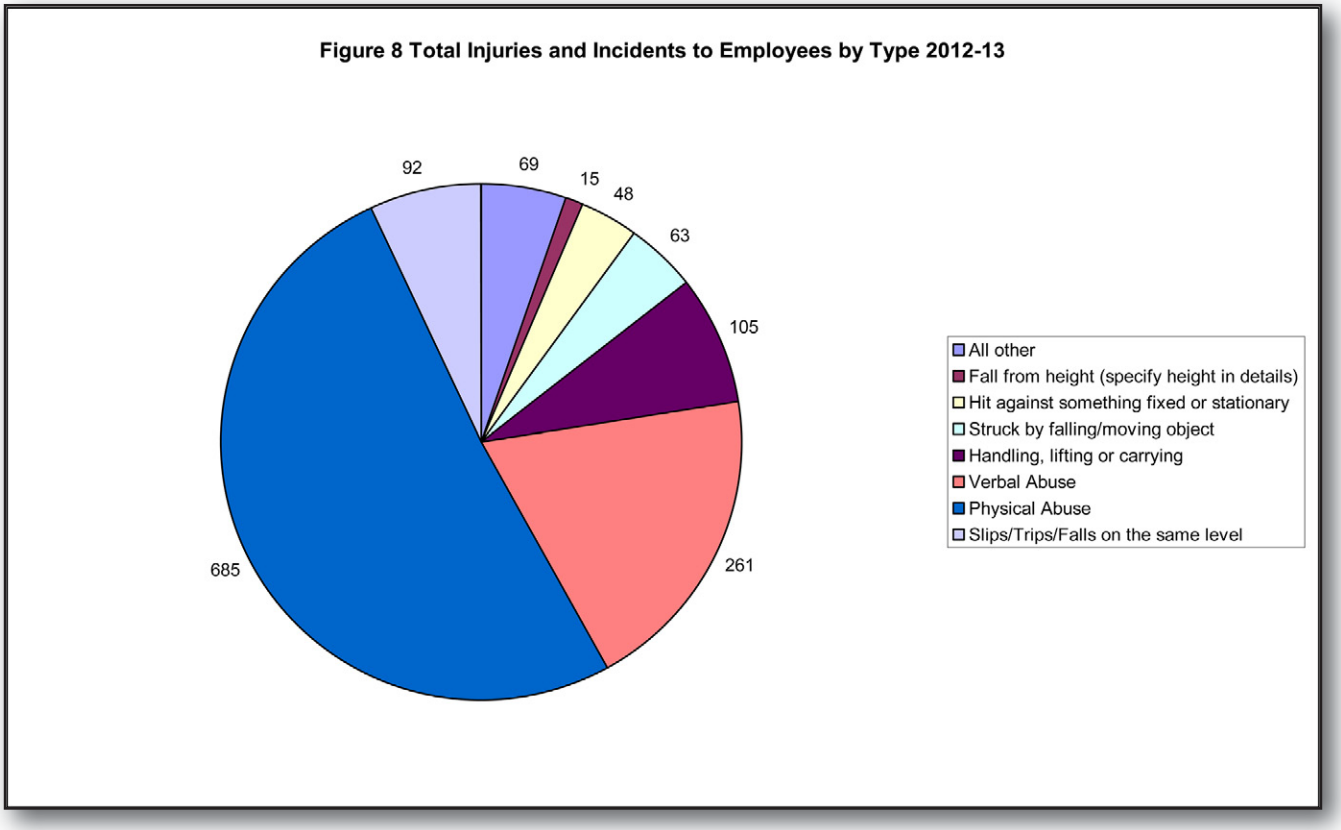
Accidents by type

Figure 8 below shows a breakdown of all accidents by type which clearly indicates that violence and aggression related incidents are the biggest contributor to recorded incidents overall. Last year the number of verbal violence incidents recorded was surprisingly low at just six indicating under reporting in this area. This year the recorded incidents of verbal violence have increased markedly to 261. The number of physical incidents recorded also increased. Whilst at first this may appear alarming it should be viewed positively in that clearly reporting has improved in this area. Recorded physical violence includes minor physical contact as well as assaults.

High incidence of violence and aggression is anticipated in some types of environment encountered in the Council such as social care where service users may have disability and mental health issues. In addition there is an ever increasing number of individuals with dementia and unpredictable behaviour in residential care with staff having to deal with more challenging behaviour than in the past.

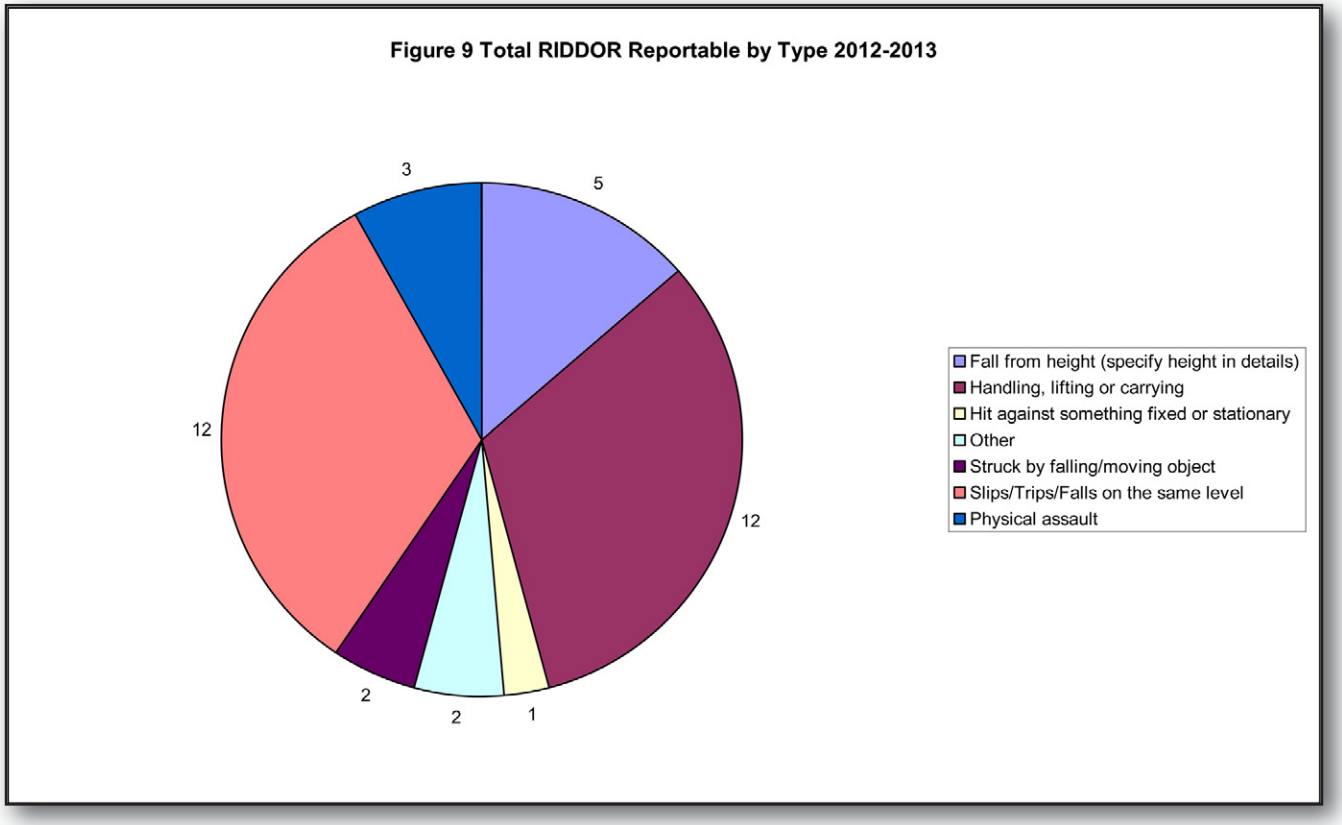
The total recorded numbers of handling, lifting and carrying related injuries has fallen by a third over the previous year. The number of slip, trip and fall injuries is almost identical to 2011/12.

Figure 8 Total Injuries and Incidents to Employees by Type 2012-13



The picture changes somewhat when looking at RIDDOR events as in Figure 9. Violent incidents form a much smaller proportion of these events. This indicates that the Council as a whole (and Cumbria Care in particular) is efficient at collecting data on lower level physical violence incidents. Ignoring the "other" category slips, trips and falls and handling incidents make up the equal largest proportions of RIDDOR incidents. These observations remain similar to previous years.

Figure 9 Total RIDDOR Reportable by Type 2012-2013



A further breakdown of numbers of incidents and incidence rates for each of the three major contributors by Directorates is shown in Figures 10 to 15

Figure 10 Total Recorded Injuries to Employees as a result of Violence and Aggression 2012-2013

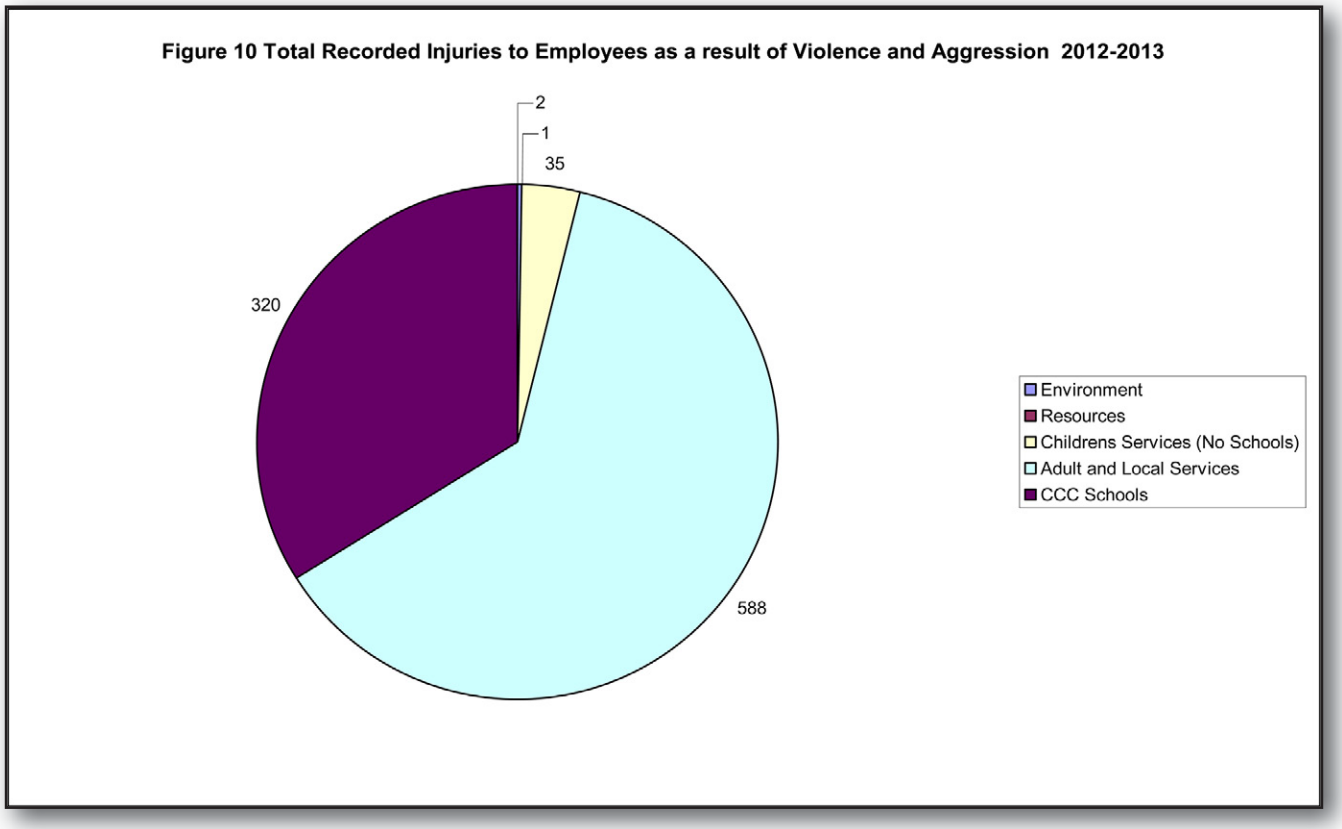


Figure 11 Rate of Injuries to Employees as a result of Violence and Aggression 2012-2013

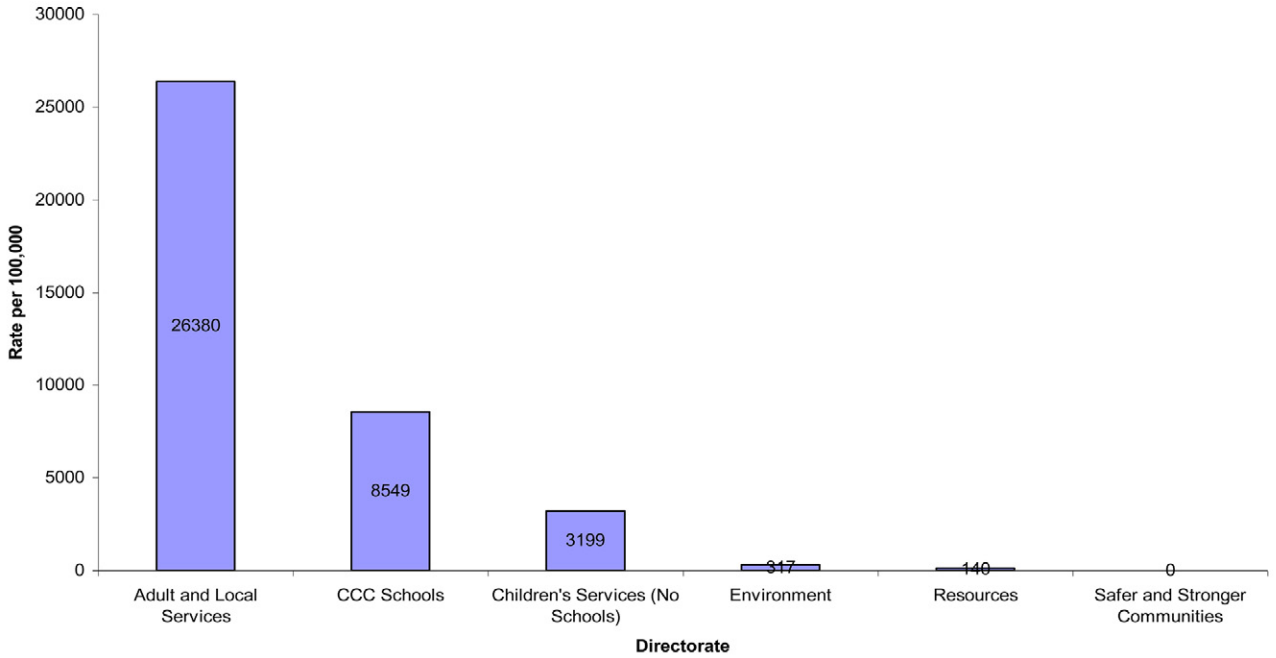


Figure 12 Total Recorded Injuries to Employees as a result Handling Lifting or Carrying 2012-2013

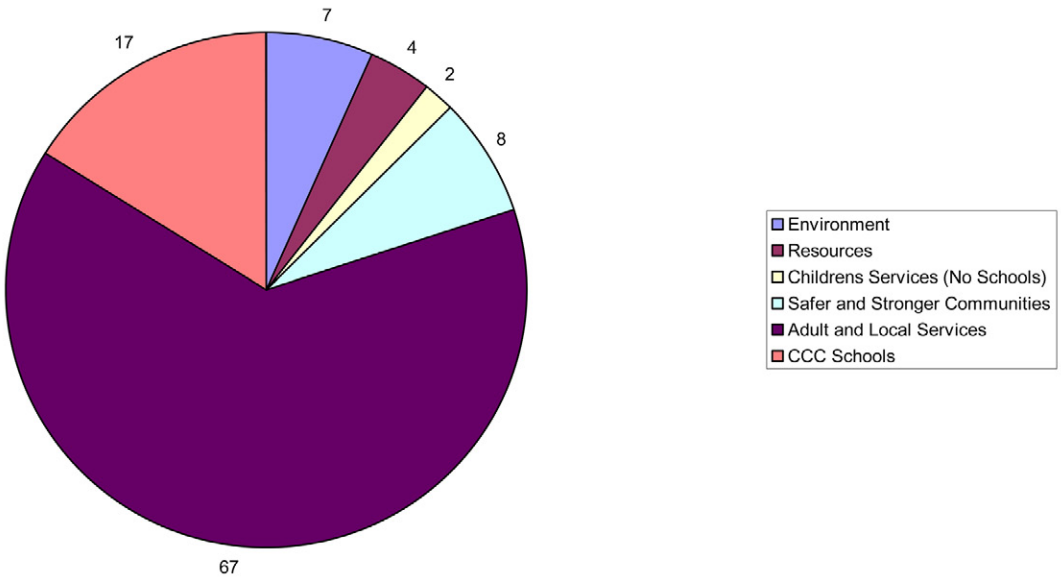


Figure 13 Rate of Injuries to Employees whilst Handling, Lifting or Carrying 2012-2013

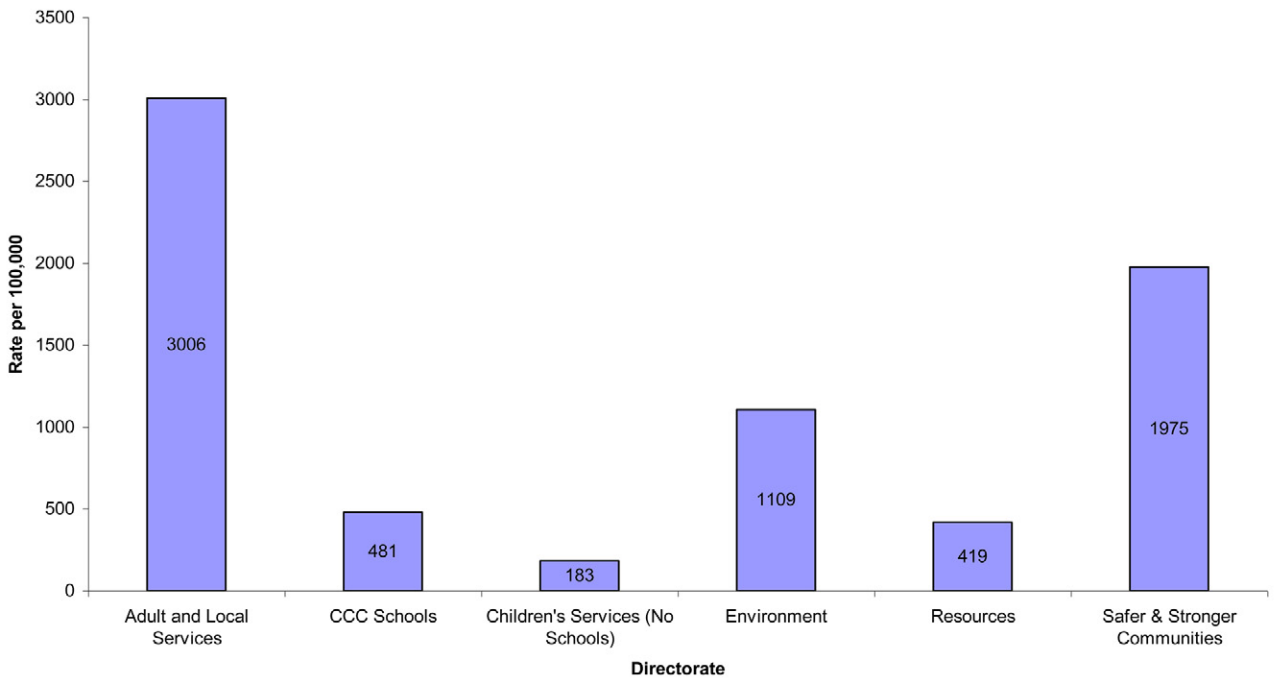
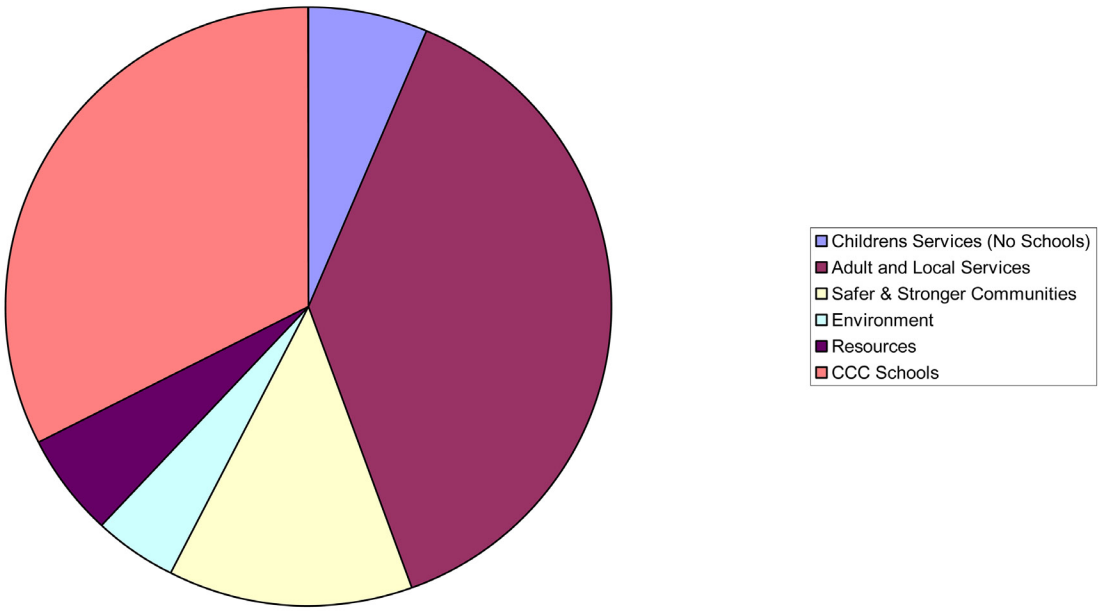
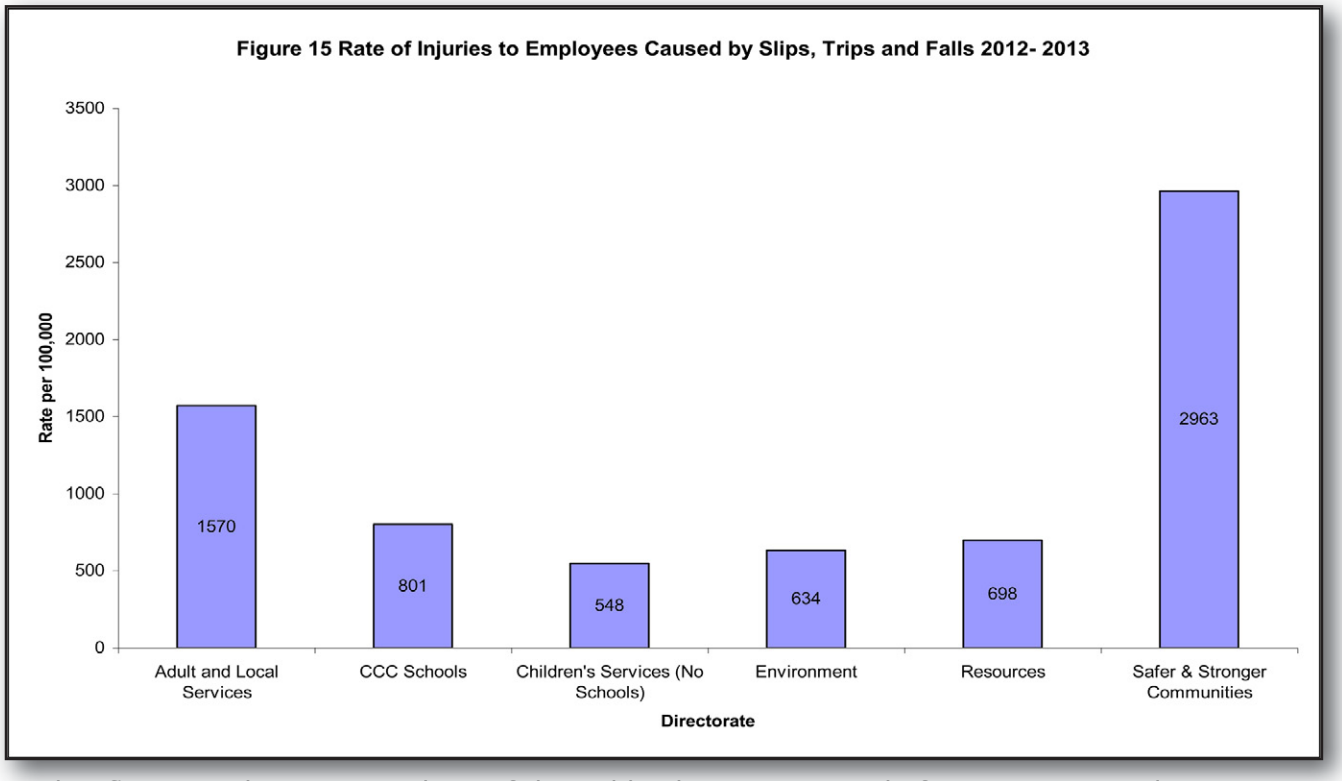


Figure 14 Total Recorded Injuries to Employees as a result of Slips Trips and Falls 2012-2013





Turning briefly to accidents to members of the public there was a total of 11 RIDDOR incidents to members of the public (where taken direct for hospital treatment or similar). This compares to 37 in the previous year, which were almost all related to curriculum based sporting activities. The reduced reporting can be explained by the fact that although the legislation relating to reporting member of the public accidents has not changed HSE has amended its guidance once again in relation to reporting hospitalisation of pupils as a result of curriculum based sporting activities. The majority of such incidents are no longer deemed reportable.

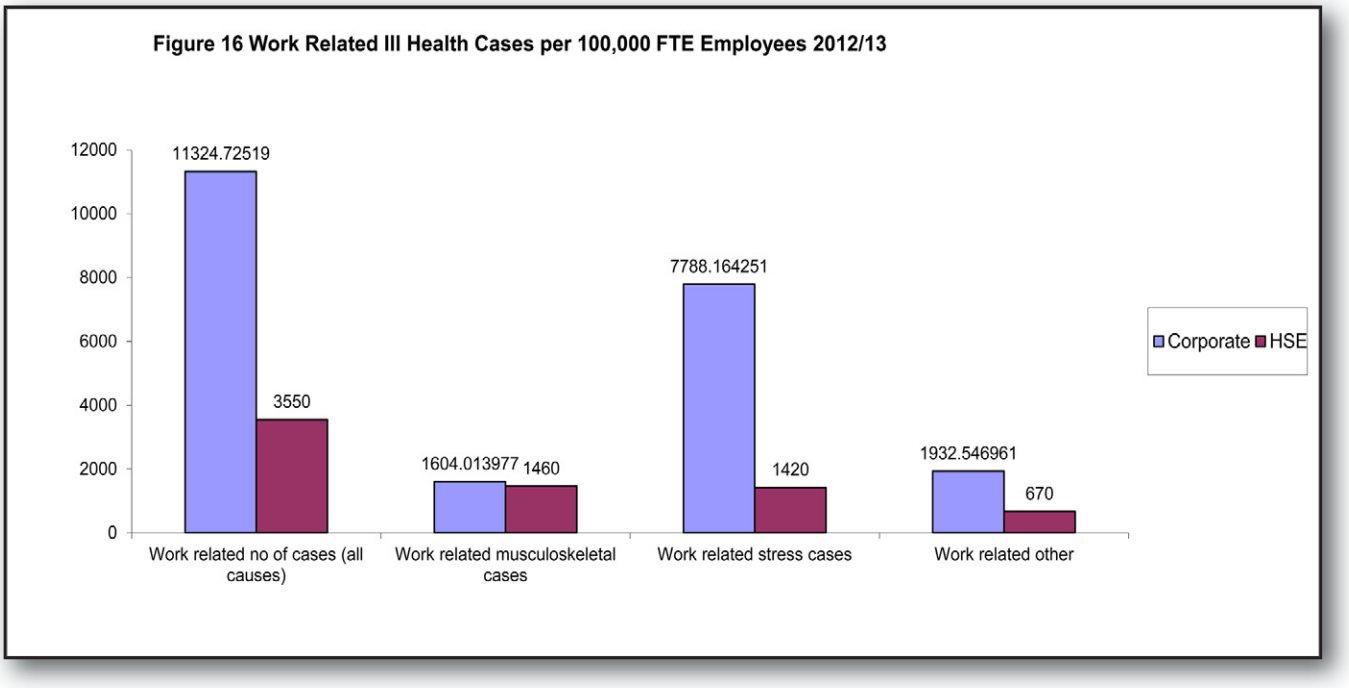
Lost Working Time from Work Related Accidents & Ill Health

Robust comprehensive data on work related ill health is now available for non-schools based staff. There is however, still an issue to resolve on case reporting where cases spanning more than one month are counted for each month. This results in some over counting of case numbers at present.

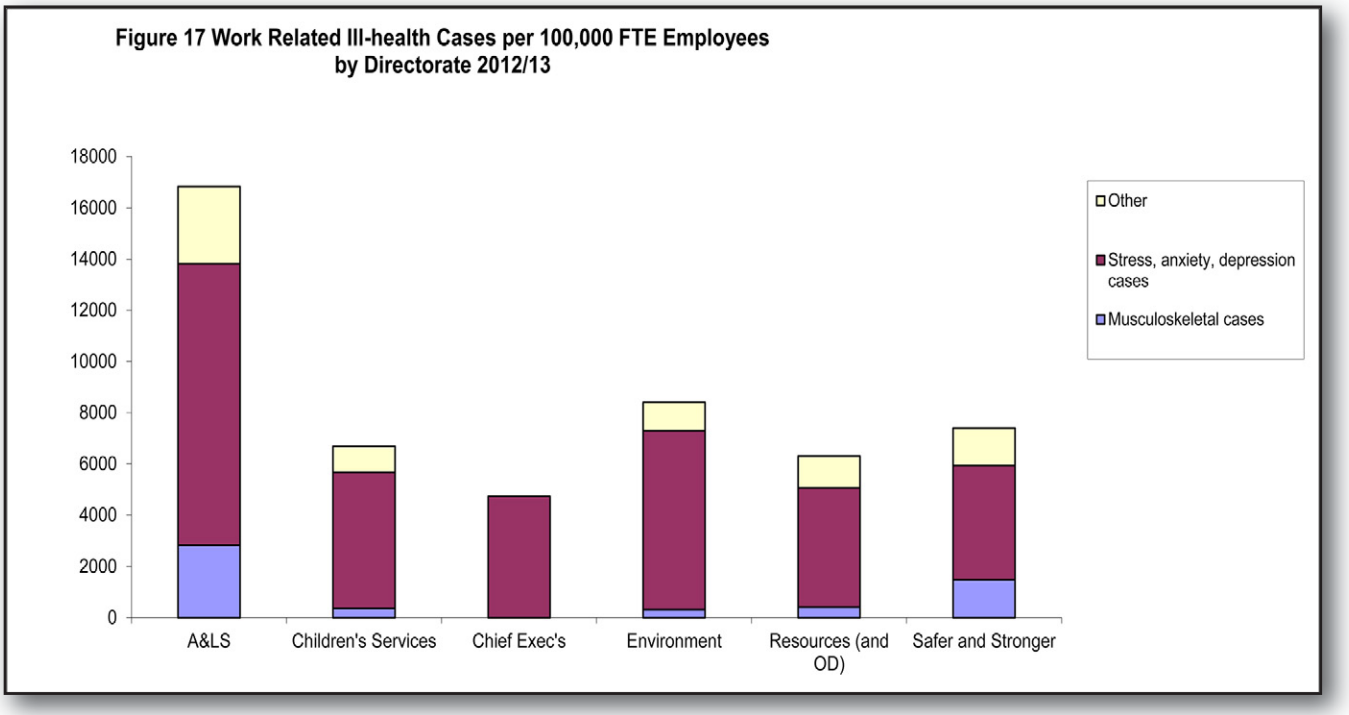
Currently obtaining reliable work related ill health data for schools is not possible.

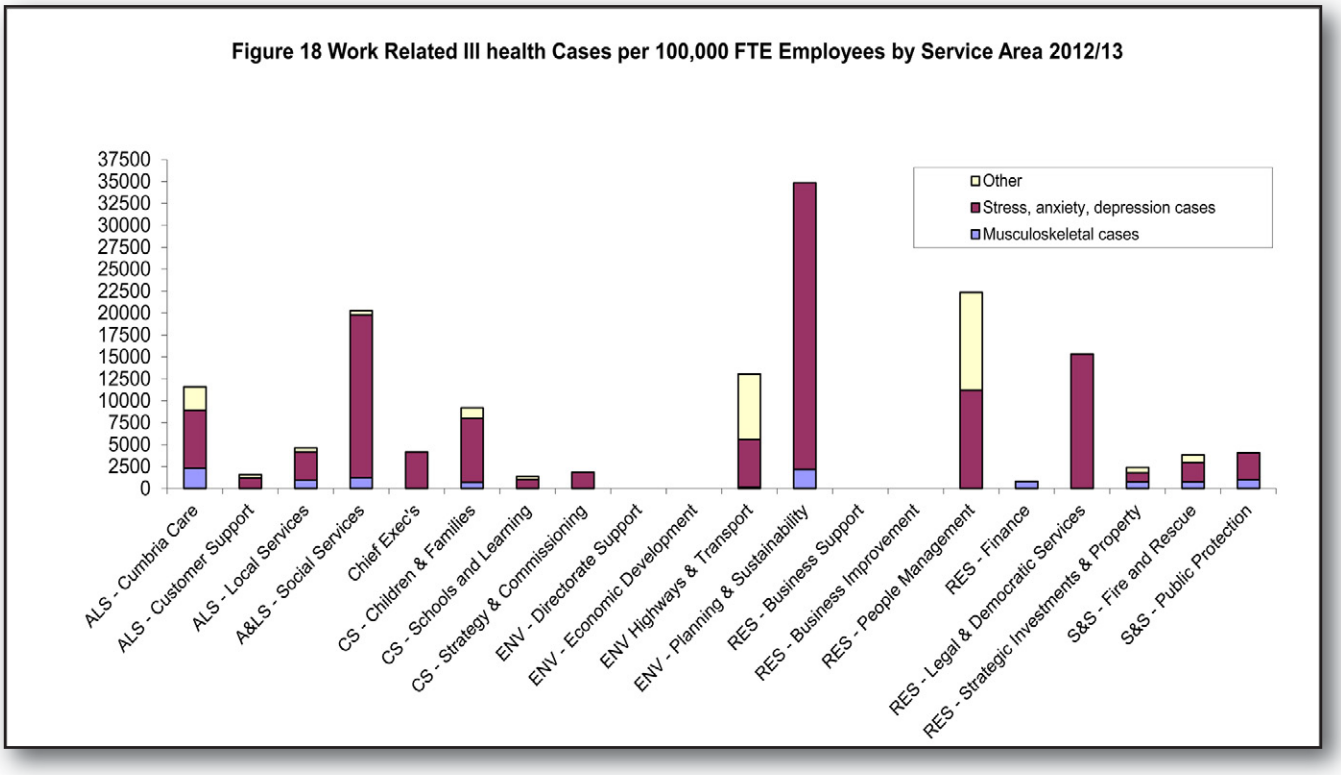
Figures 16 to 20 below show information on work related absence

Figure 16 shows the comparison between the overall county council rate (excluding schools) and the HSE all industries rates in respect of overall, stress anxiety and depression and musculoskeletal for work related absence cases.

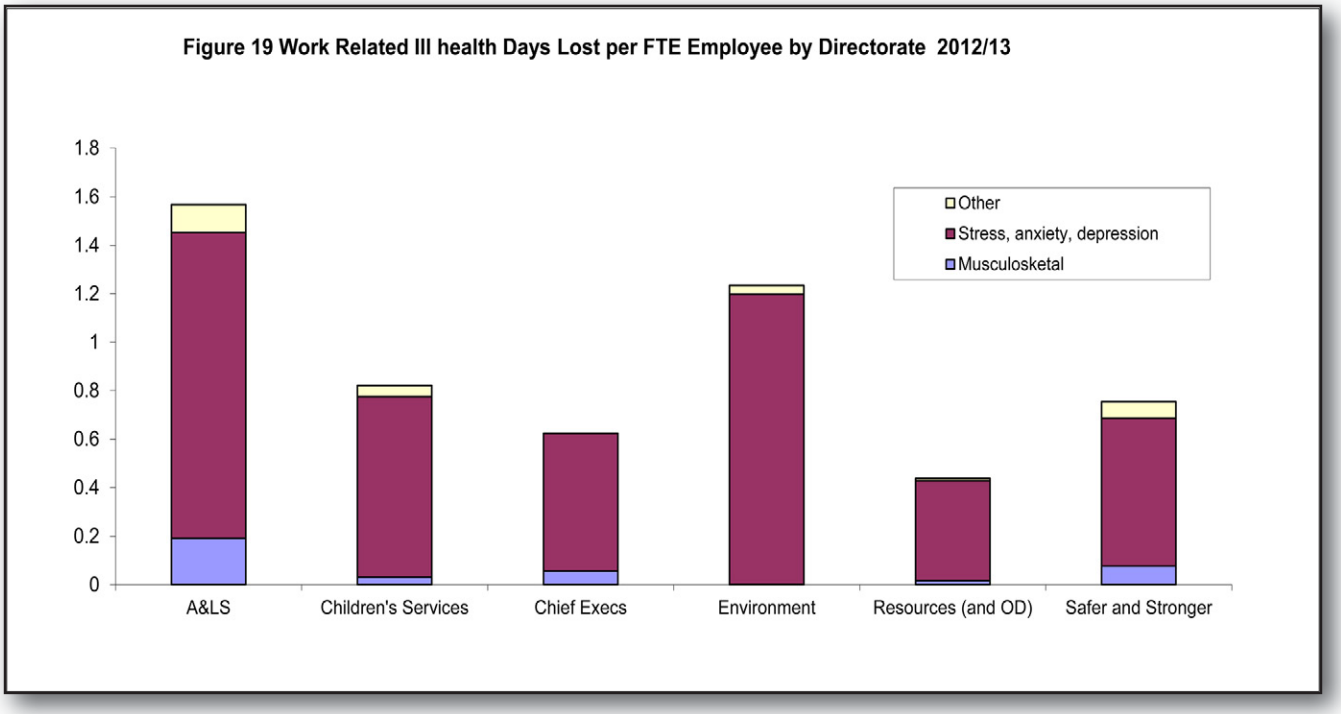


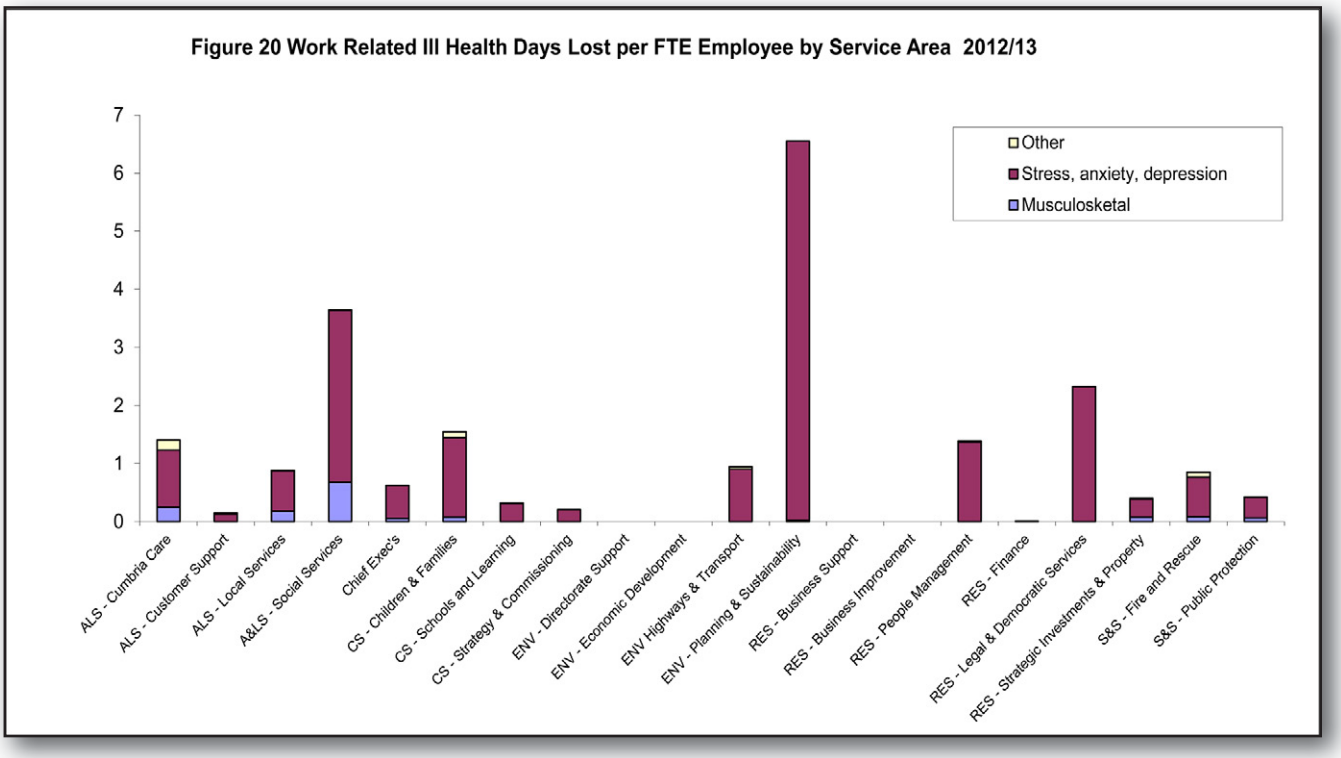
Figures 17 and 18 show the rates for each of the three categories split by Directorate (schools data not included in Children's services) and by Service area respectively.





Figures 19 and 20 represent similar data but this time expressed in terms of lost working time per full time equivalent employee.





Stress, anxiety and depression accounts for approximately two thirds of cases and four fifths of lost working time for all work related absence. Compared to HSE all industries averages, the Council shows much greater levels of work related ill health absence

It might be expected that stress, anxiety and depression shows the highest rates in Children's Services and in Adults and Local Services Directorates, consistent with HSE national observations. This year high rates are also observed in Environment Directorate. This might be explained by feeling of uncertainty for staff with major restructures taking place. Although particularly high rates are observed in Planning and Sustainability, the figure appears to have been skewed by the impact of absence on a relatively small service area.

Musculoskeletal injury continues to make up the majority of other work related accident and ill health cases and lost working time.

Musculoskeletal injury shows the highest rate in Adults and Local Services Directorate with Cumbria Care showing high rate in terms of service area.

Conclusions from Accident & Ill Health Data

Whilst the trend in number of RIDDOR reportable accidents is downwards and our performance on reportable accident rates is lower than the national picture the accident statistics, along with work related ill health data, can be used to inform us of where our efforts are best focussed.

Violence, handling injuries, and slips, trips and falls are the biggest individual contributors to our accident statistics and the statistics also show the relative contribution of directorates to these figures.

Some caution is required when using non reportable accident rates to compare directorates as there is some anecdotal evidence that recording rates vary. However it is clear that violence and handling injury rates predominantly arise from Adults & Local Services Directorate, and in particular Cumbria Care.

There are significant training and other interventions in place to mitigate the risks above.

A working group in Cumbria Care is assessing how best increasing challenging behaviour in disability and mental health care can be managed. Appropriate de-escalation and disengagement techniques and procedures have been instructed for staff. In addition detailed care plans are devised and developed for all service users.

The ill health data clearly shows that stress, anxiety and depression remains the major cause of work related ill health absence with musculoskeletal injury making up the majority of the remainder of lost time and cases.

The corporate action plan continues to be implemented to address some of the major underlying causes of work related stress.

In relation to manual handling Cumbria Care is adhering to best practice guidance adopting the DIAG (Derbyshire Inter Agency Group) code of practice. This aims to provide safer personal assistance, balancing the requirements of health and safety legislation, human rights and disability legislation. Personal handling risk assessment and personal handling plans are developed for service users.

We should also continue to focus on areas which are generally not contributing to the accident and ill health data but which have great potential to cause serious injury and ill health and must therefore not be overlooked. Such areas include road risk management, asbestos management, contractor control and going forward, highway maintenance.

Health & Safety Executive Contacts & Interventions

No Improvement Notices or Prohibition Notices were served and no other enforcement action was instigated by HSE during 2012/13.

There were no HSE reportable dangerous occurrences during the year.

Health & Safety Performance to April 2013

The Council's health and safety performance indicators were revised at the beginning of 2010/11.

The indicators and the extent to which the targets are achieved are monitored using the Council's performance management software. Systems for collation of data to evidence compliance with the targets are being improved for some of the indicators as a number of databases (including our new property database) become embedded.

An ongoing Action Plan to monitor the corporate health and safety goals is established. The goals established for 2012/13 and beyond and the extent to which they have been met is set out in Appendix 1.

External auditing by RoSPA is also used to provide an independent assessment of our progress. In March 2013 we retained the maximum QSA Level 5 with an improvement in overall audit score.

Work continues to drive forward improvements in health and safety management.

Health & Safety Performance Indicators for 2013/14 and Beyond

We will continue to use the same heath and safety performance indicators introduced for 2010 /11 but will keep them under review. In some cases performance is assessed by sampling and the frequency of monitoring varies between the indicators, being monthly, quarterly or annual as appropriate.

Health & Safety Actions for 2013/14 and Beyond

In support of achieving our performance indicators, our wider goals for 2013/14 and beyond are to achieve the following:

- Embed use of new **health and safety auditing** software to implement inter-directorate audit arrangements and improve efficiency and consistency in routine health and safety auditing.
- Embed new **risk assessment** software and update corporate health and safety procedure on risk assessment
- Provide support during **schools asbestos** survey programme.
- Following conclusion of the consultation process publish new **contractor and construction safety** documentation.
- Introduce **permit to work procedures** for high risk activities, undertaken mainly by contractors.
- Publish revised corporate **electrical safety** procedures.
- **Update** corporate health and safety procedure on **legionella** controls to reflect changes in management arrangements.
- Following creation of fire specialist role, in new Corporate Health & Safety Team structure, revise corporate guidance on **fire safety** and fire risk assessments.
- Publish revised corporate revised **first aid** procedures to take account of draft HSE guidance published in March 2013.
- Revise corporate procedure on **work related stress**.
- Re-evaluate **lone worker monitoring arrangements**.
- Publish revised procedure on **personal safety in the workplace** once revised lone worker arrangements are in place.

Appendix 1- Health & Safety Goals For 2012/13 And Beyond And Progress Towards Completion

Progress Against Action Plan (To 31 March 2013)		
Action	Progress (See key below)	Further Work required
Ensure robust health and safety procedures are embedded in the new highways and transport road maintenance operations.	Procedures well embedded. RoSPA audit at end of year identified good practice and some minor areas for improvement.	Review and revise procedures to ensure they remain fit for purpose
Work with the Council's new Fleet Management Team to implement further improvements in relation to management of occupational road risk. This will include, centralising driver and vehicle checks (driver licence, insurance, etc) and provision of driver risk assessment / driver training.	CMT approved detailed recommendations on management of occupational road risk which, following staff consultation, are now being implemented through the Road Risk Team in Fleet Support.	Embed new procedures throughout organisation.
Utilise newly acquired auditing software to implement inter-directorate audit arrangements and improve efficiency and consistency in routine health and safety auditing.	Software has been trialled and use as sole auditing tool is imminent. Further work required to develop question sets	Develop further question sets
Consult on and launch the contractor health and safety code of practice and procedure	Code and procedure published for consultation.	Implement and embed code and procedure.
Consult on and launch the revised corporate procedure on Construction Design & Management (CDM) Regulations and associated documents to reflect the fact that the CDM Coordinator Role has been brought in house / changes in delivery of highway maintenance operations.	Draft documents have been used as working documents.	Further refine documents

Key:

- Action completed
- Action progressing towards completion
- No action yet taken

Progress Against Action Plan (To 31 March 2013)		
Action	Progress (See key below)	Further Work required
Further roll out self service for accident database entry.	Database self service is rolled out as far as software / access limitations allow.	
Publish revised corporate electrical safety procedures to close out RoSPA Recommendation.	Most of RoSPA recommendations were closed out through other documentation	Finalise procedure
Publish revised corporate revised first aid procedures.	HSE guidance has been further modified in 2013 and procedure will require appropriate amendments.	Revise procedure
Implement quarterly reporting regime on Health and Safety for Lead Officer's Group, CMT, Etc.	Report format finalised and in use.	None
Work with Corporate Learning & Development to commission / re-commission as appropriate fire warden / first aid / manual handling training courses for centralised administration following corporate courses fair in July 2012.	All courses re-procured.	Monitor performance of new course providers.
Revise corporate procedure on work related stress.	Information updated on intranet site but procedure still requires updating.	Update procedure.
Revise corporate guidance on fire safety and fire risk assessments	New Health and Safety Team structure to be implemented on 1 April 2013 will allow further work in this area.	Complete new procedure.

Key:

- Action completed
- Action progressing towards completion
- No action yet taken

Progress Against Action Plan (To 31 March 2013)		
Action	Progress (See key below)	Further Work required
Re-evaluate lone worker monitoring arrangements.	Fire & Rescue Service arrangements via Cheshire control room will cease during 2013 and require new arrangements.	Re-invigorate investigation of new arrangements.
Publish revised procedure on personal safety in the workplace once revised lone worker arrangements are in place.	Awaiting completion of revised lone worker monitoring arrangements.	
Review out of hours emergency contact arrangements for health and safety support.	Performance issues in other areas of the business with potential provider have delayed arrangements. However use of new system for notifying school closures has removed the majority of out of hours calls	Pager system to be phased out once alternative arrangements found.
In order to further improve efficency continue to search for shared health and safety support service opportunities.	New Shared service arrangements established with Eden district Council and Yorkshire Dales National Park Authority adding to existing arrangements with Lake District National Park Authority.	As opportunities arise look to develop additional shared health and safety arrangements.

Key:

Action completed

Action progressing towards completion

No action yet taken

Appendix 2 - Glossary

Term	Definition
BOHS	British Occupational Hygiene Society. The professional society representing qualified occupational hygienists in the UK
CMT	Corporate Management Team. CMT is led by the Chief Executive of the Council and includes all Corporate Directors. CMT's main purpose is to think and act in the best corporate interests of the County Council.
DVLA	Driver & Vehicle Licensing Agency.
FTE	Full Time Equivalent – the term that allows personnel data to be expressed as if it applied to a full time post
HSE	Health & Safety Executive. It is a non-departmental public body with Crown status, sponsored by the Department for Work and Pensions and accountable to its ministers. Its primary function is to secure the health, safety and welfare of people at work and to protect others from risks to health and safety from work activity. It is responsible for regulating health and safety in Great Britain and work in partnership with local authorities.
IOSH	Institution of Occupational Safety & Health. The chartered body for health and safety professionals.
LGA	Local Government Association. A voluntary membership body of local authorities in England and Wales which lobbies and campaigns for changes in policy, legislation and funding on behalf of member councils and the people and communities they serve.
RIDDOR	Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 – the regulations that require certain incidents to be notified to HSE.
RoSPA	Royal Society for The Prevention of Accidents. A British charity which aims to promote safety and which first came into being in 1917

Cumbria

County Council