Annual Health and Safety Report 2015/16

Contents

Executive Summary

This report is a statement of Cumbria County Council's occupational health and safety performance to the end of the financial year 2015/16 and of its intentions with regard to health and safety for the year 2016/17 and beyond. It demonstrates that although the Council maintains strong commitment to health and safety, further work is required to push forward safety performance.

The County Council faces unprecedented challenges with a downsizing workforce. Employees continue to work in many varied roles and are exposed to similarly varied risks.

The Corporate Health and Safety Team provides the "competent person" role to the Council that is required by The Management of Health and Safety at Work Regulations. The team's resources have contracted over time in line with staffing reductions in the wider council.

A slightly reduced number of health and safety audits and inspections was undertaken in 2015/16 compared to the previous year.

During the year the Health and Safety Team introduced new health and safety procedures on tree safety and on construction safety management, launched on-line asbestos awareness training, and assisted in ensuring effective legionella and asbestos controls remain in place.

Shared service work continued with Eden District Council and the Lake District National Park Authority.

A health and safety improvement programme is monitored using an ongoing action plan. Progress against the plan and an update for 2015/16 is summarised in this report. Progress continues to be made but is affected by staffing pressures.

Our statistical information shows that there is no clear trend in overall accident data but statutorily reportable incidents showed a significant upturn in 2015/16 compared to the previous year.

Work related ill health also increased both in terms of cases and lost working time rates. 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.

Health and Care Services and Fire and Rescue Services show the highest rates of accidents and work related ill health.

No formal action was instigated last year against the Council by the Health and Safety Executive (HSE).

Going forward to further drive health and safety performance it will be necessary to:

- Undertake a strategic review of health and safety management in the organisation, identifying alternative audit arrangements to the established biennial RoSPA (Royal Society for the Prevention of Accidents) audit;
- Promote behavioural changes to improve safety culture, investigating options to achieve this;
- Focus resources on key risk areas such as Cumbria Care and on Highways activities, in particular increasing inspection activities of the latter;
- Further encourage reporting of all incidents, in particular low level violent incidents to ensure a truer picture of overall safety is established.

Background

Cumbria has the second largest geographical area of all the counties in England with over half its population of approximately 500,000 people residing in rural areas.

2015/16 has been a challenging year in local government generally, and in Cumbria in particular. Continued pressures have been applied to local government budgets, and local floods during the winter devastated infrastructure, triggering emergency response followed by the commencement of recovery operations.

The County Council and the six district councils manage public services delivery in the county against a background of reducing staff numbers. Current plans are to reduce the County Council's workforce to around 5000 staff, excluding school based staff.

The County Council delivers services including school education, waste disposal, highway maintenance, strategic planning, adult education, social services, fire and rescue, library services and trading standards. It provides these services either directly or through contracting arrangements. Although many of the "blue collar" services are provided by contractors some are still retained in-house including residential care and highways maintenance.

Violence and aggression has consistently been the biggest single contributor to accident data and stress and manual handling are consistently the biggest contributors to work related absence. The wide variety of activities undertaken by the Council also presents some specific risks in areas such as highway maintenance, fire and rescue, and social care.

The Corporate Health and Safety Team fulfils the "competent person" role required by The Management of Health and Safety at Work Regulations, providing advice across the organisation and undertaking audits to ensure appropriate health and safety measures are implemented. Specialist internal fire safety and construction safety management advice is provided by specific personnel. The team's services extend to schools including some not under local authority control and to some other local public bodies. Oversight of the safety of educational visits is also a key role of the team with around 8000 visits per year tracked.

Since 1 September the team has been part of the Capital Programme and Property Division having previously being part of the Regulatory Services Division.

The Corporate Director of Economy and Highways Directorate (originally Resources) remains the Lead Director for health and safety.

In the face of increasing staff pressures the governance arrangements of established safety groups was reviewed during the year.

The Health and Safety Lead Officers Group which previously used to direct and approve policies and procedures was replaced with alternative arrangements. Formal health and safety decision making is now devolved to the appropriate management group as dictated by the scope and implications of the decision to be made. Where necessary, decisions are directed to the Corporate Management Team.

The Health and Safety Practitioners Group remains the lead on development of health and safety policies and procedures.

A decision was made to subsume the Corporate Union Health and Safety Consultation Group into the Policy Group of the Joint Consultative Group. These arrangements are, however, proving to be impractical and the group, as previously constituted, is likely to be re-instated. 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 2015/16 financial year a total of 137 internal health and safety audits were undertaken in the Council compared to 157 in the previous year, the majority being in relation to premises occupied by Health and Care Services, Children's Services and schools. In addition,12 health and safety inspections by the Health and Safety Team on highways work sites took place throughout the year with a further 340 undertaken by operational staff. This compares to 25 and 284 respectively the previous year.

The audits and inspections provide an essential tool for monitoring health and safety standards and driving forward improvements. Audits have provided evidence for improved fire safety standards in residential care facilities, improved asbestos, legionella and electrical safety management, improved risk controls relating to falls from height in care homes, improvements to the statutory inspection regime, and improvements in the health and safety management of contractors. 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.

However, the number of Health and Safety Team-led inspections of highways activities was lower this year than previous years, with greater reliance placed on much increased self-inspection by the highways teams. Whilst the ethos of self-inspection is a good one, the year saw a significant increase in reportable incidents in relation to highways incidents (see later). A decision has therefore been made to increase inspection numbers by the Health and Safety Team again to see if this has an effect on reportable incidents arising.

The Council previously commissioned RoSPA (Royal Society for the Prevention of Accidents) to undertake independent biennial annual audits of its health and safety management system. The last three audits achieved the maximum QSA Level 5. In order to introduce further scrutiny of strategic health and safety management, alternative arrangements are now being considered.

During the financial year new procedures in relation to tree safety management and construction safety management were consulted on before finalisation and approval shortly after the year end.

Asbestos management e-learner training was developed and launched during the year. Legionella management and work related stress e-learner packages have been developed and are awaiting finalisation by the Corporate L&D Team.

The Health and Safety Team has delivered face to face training for Governors and for Educational Visits Leaders and Co-ordinators in schools, which continues to receive positive feedback. Risk assessment software continues to be rolled out into service areas.

A further round of asbestos re-inspections in schools was undertaken in the year. A much reduced number of priority remedial actions compared to the previous round of inspections was identified and dealt with, indicating the recent strategy of re-inspection and remedial action has been successful.

Asbestos re-inspections of corporate properties will commence early in the 2016/17 financial year, followed by consideration of the longer term re-inspection arrangements for all properties.

A new contract was implemented for legionella management. A further round of legionella risk assessments commenced, with priority given to residential care establishments where the potential risks to vulnerable service users are greatest.

The Care Quality Commission (CQC) has been very active in undertaking pro-active inspection of the Council's care homes during the year. The inspections include scrutiny of health and safety related matters.

The Health and Safety Team and the wider Capital Programme and Property Division have supported responses to CQC findings.

Shared service agreements for health and safety support to the Lake District National Park Authority and Eden District Council continued, providing improvements in both efficiency and service delivery for all parties.

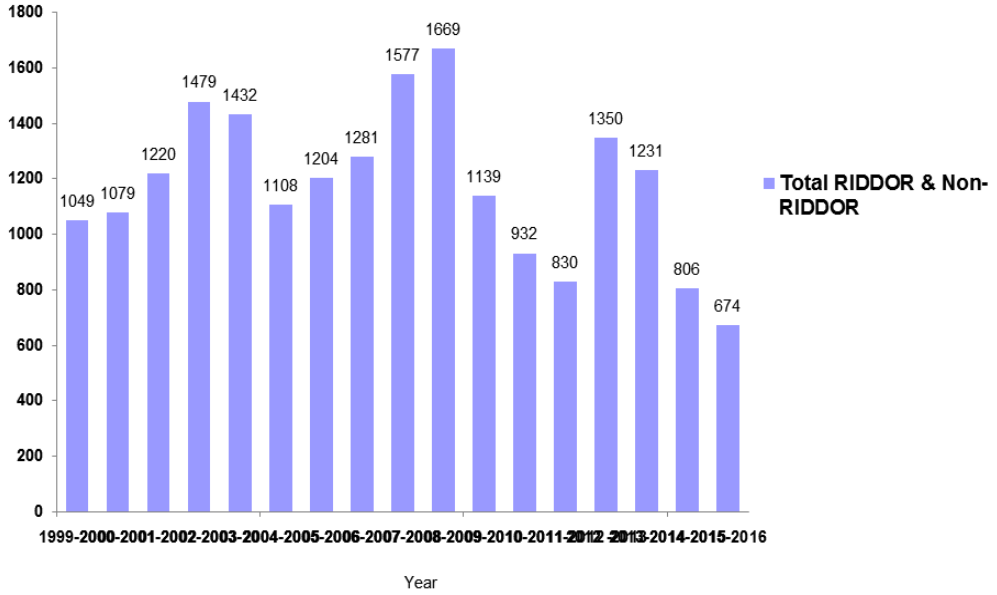
The Council continues to face budgetary challenges and it is essential that it looks to work more efficiently whilst maintaining high standards of health and safety. Following deletion of two vacant posts in the Corporate Health and Safety Team from the start of the 2015/16 financial year a further three posts are being deleted at the start of 2016/17. These posts have been held vacant for some time so there will be no immediate significant additional pressure on the team. The team continues to work towards improved self-service and management software tools to mitigate against resource reduction.

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 but last year saw a further significant reduction on the previous year.

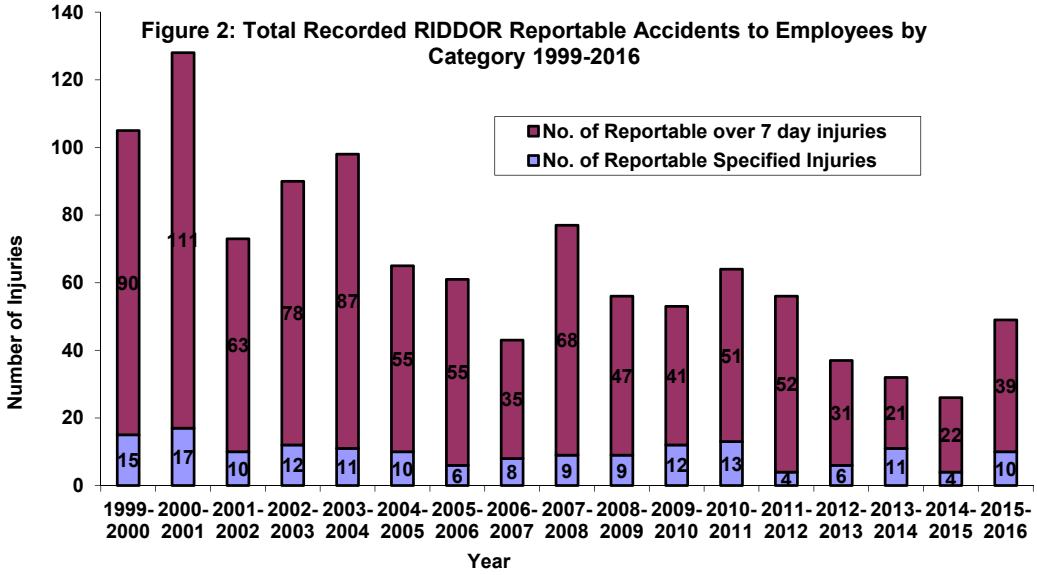
Figure 1: Total Recorded Incidents to Employees 1999-2016



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 and 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 and Safety Executive (HSE).

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

Figure 2: Total Recorded RIDDOR Reportable Accidents to Employees by Category 1999-2016



As can be seen, there is a downward trend in the total number of RIDDOR accidents overall over the period. There was a significant drop after 2011/12 due to a re-classification of the reportable absence injuries from a three day trigger to a seven day absence trigger. However,following the lowest number of such incidents on record in 2014/15, at just 26 accidents, there was a significant increase to 49 in 2015/16 which is contrary to the reduction in non-RIDDOR reportable accidents.

The areas of greatest increase in RIDDOR accidents in 2015/2016 are in relation to highways activities and in the domiciliary care and reablement area of Health and Care Services.

There is no immediately identifiable reason why the number of RIDDOR incidents has increased in highways activities, the incidents being variable in their nature. As a point of note there were no RIDDOR incidents recorded that related to the significant flood response work.

As stated earlier though, there has been increased reliance on health and safety inspections of highways activities by the highways teams themselves and less emphasis on inspections by the Health and Safety Team. Increased inspections of highways activities by the Health and Safety Team will be undertaken in the 2016/2017 financial year, which will provide further independent intelligence on the risk controls. The effect of these inspections on recorded RIDDOR events will also be reviewed.

It should also be noted a number of management changes have occurred in the highways area and the structure of the highways team has been under review for some time.

Domiciliary care involves providing care for people in their own homes on an ongoing basis. On the other hand, reablement is relatively short term provision of personal care and help with daily tasks for persons discharged from hospital or otherwise entering the care system following a crisis. It helps people to live at home with confidence and skills to undertake self-care activities. Reablement has increased as government funding cuts take effect, necessitating a shift from providing care for people to helping them to live independently. Reablement tends to involve a team approach between domiciliary workers, physiotherapists, occupational therapists and other health professionals.

With both domiciliary care and reablement, there are challenges of working in less controlled and more variable environments than in council-provided premises which may in part account for elevated incidents in relation to these activities.

The health and safety management controls of the domiciliary and reablement services will be reviewed to ensure they adequately address the risks.

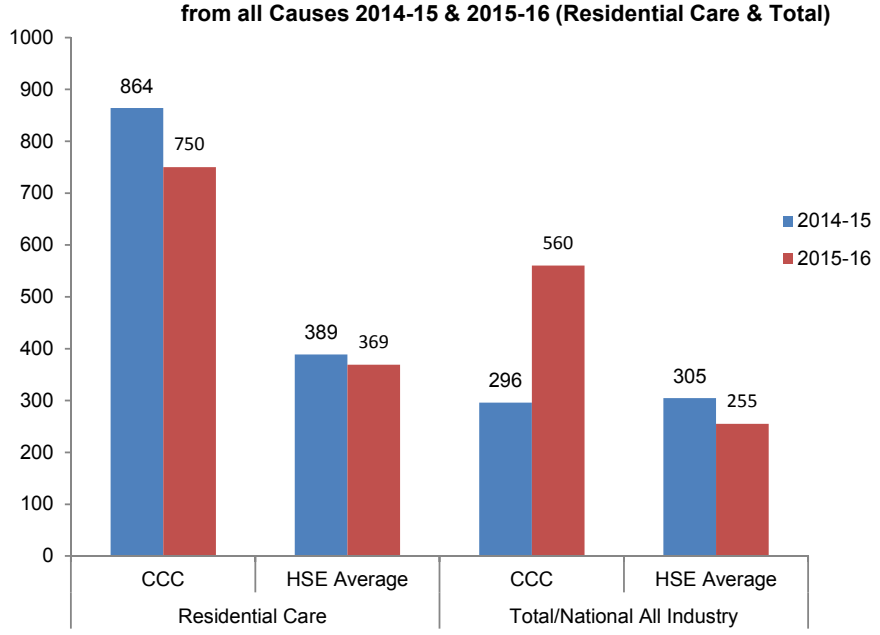
There is no clear trend in the rate of specified (formerly classified as major) injuries to employees (as defined by RIDDOR) but given the relatively small number of such events in any one year this is not surprising. In 2015/16 there were ten such incidents.

The reason for the contrary position of general recorded employee incident numbers falling whilst recorded RIDDOR accident numbers has increased is not immediately obvious. However,as can be seen later, the main area of decrease in general incidents appears to be in the violence and aggression area. It is feasible that there is under-reporting in this area.

The performance of the council in relation to accident rates can be compared with the national picture using data published by the 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 as in previous years several assumptions have been made to arrive at a full time equivalent staff number for school-based staff (projected head counts from a survey and an assumption on conversion rate to FTE).

Figure 3: Riddor Reportable Injuries per 100,000 FTE Employees from all Causes 2014-15 & 2015-16 (Residential Care & Total)



Our overall performance this year is much poorer than the national comparator (i.e. we have a higher rate of RIDDOR incidents), the rate having increased significantly compared to the previous year.

However, when we last compared ourselves to other local authorities voluntarily submitting information to the CIPFA (Chartered Institute of Public Finance and Accountancy) benchmark club (limited number), our RIDDOR rate was well below the average of the other authorities.

The accident rate in our residential care settings fell slightly compared to the previous year but is still more than double the national average residential care home rate. There were 9 RIDDOR reportable injuries to employees in this area. Residential care homes justify additional controls to protect both employees and residents alike. We audit care homes at higher frequency compared to other environments and apply specific risk interventions such as enhanced manual handling practices, to help ensure appropriate controls remain in place (see later in report).

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

Figure 4: Total Recorded Injuries and Incidents to Employees by Directorate 2015-16

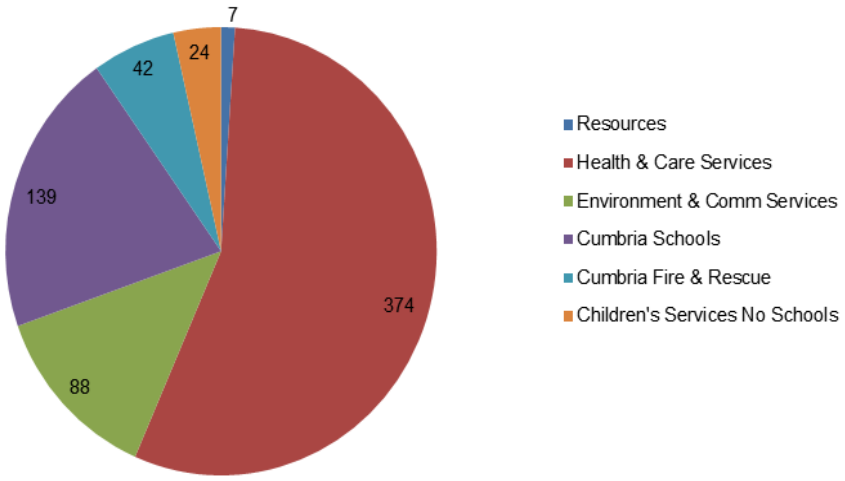
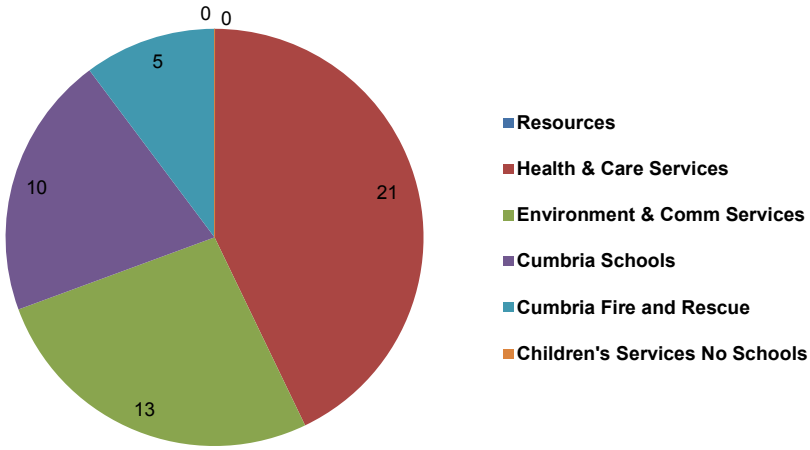


Figure 5: Total Recorded RIDDOR Reportable Accidents to Employees by Directorate 2015-16



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

Figure 6 All Recorded Injuries per 100,000 FTE Employees by Directorate 2015-2016

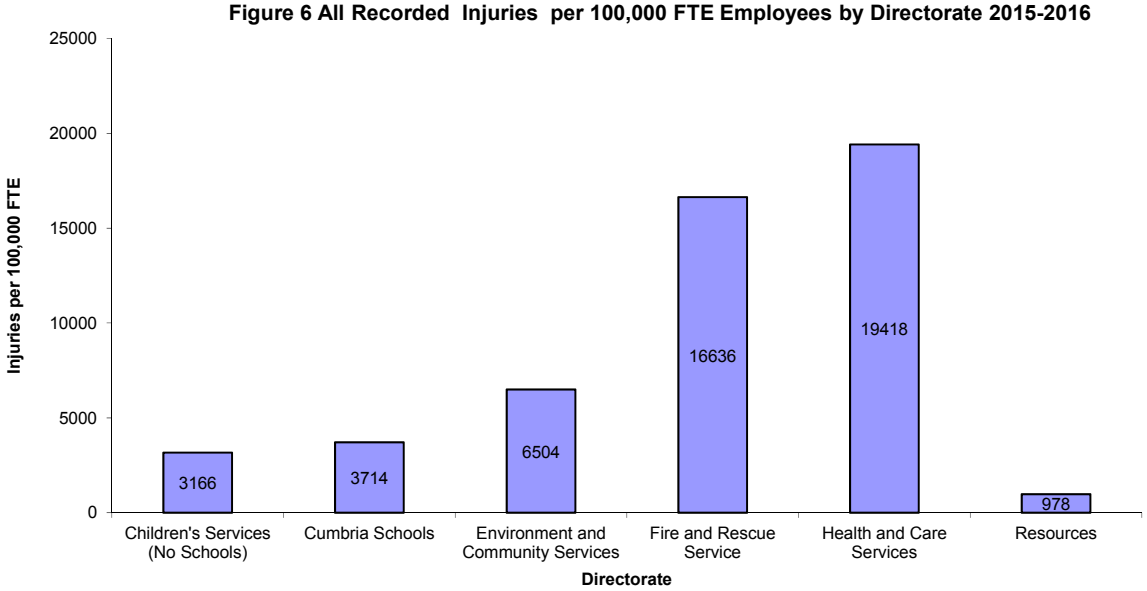
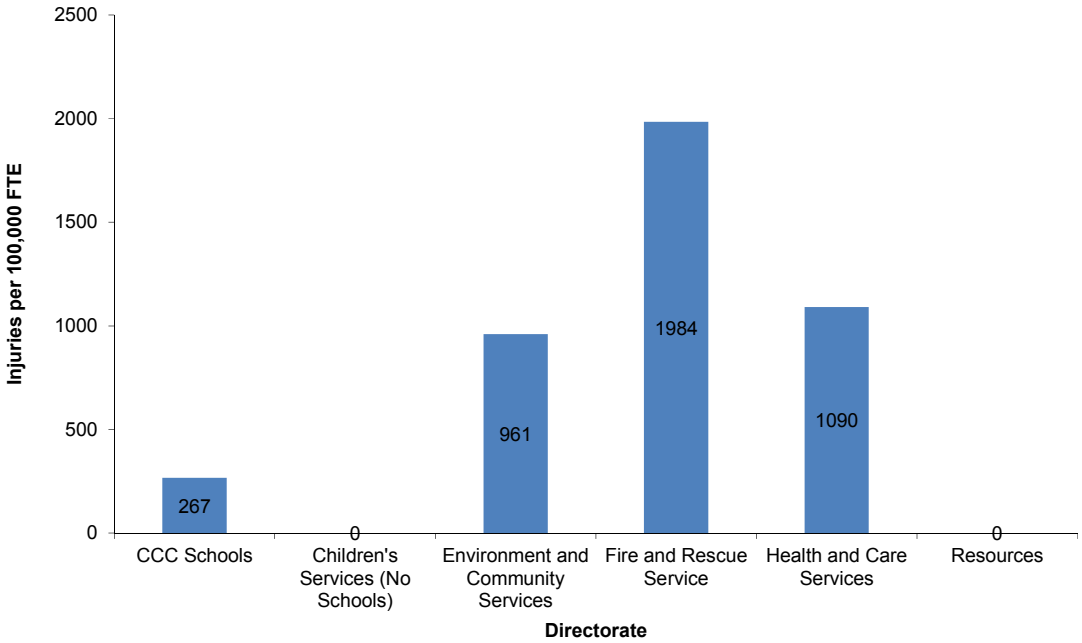


Figure 7 Rate of All RIDDOR Reportable Injuries per 100,000 Employees by Directorate 2015 - 2016



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.

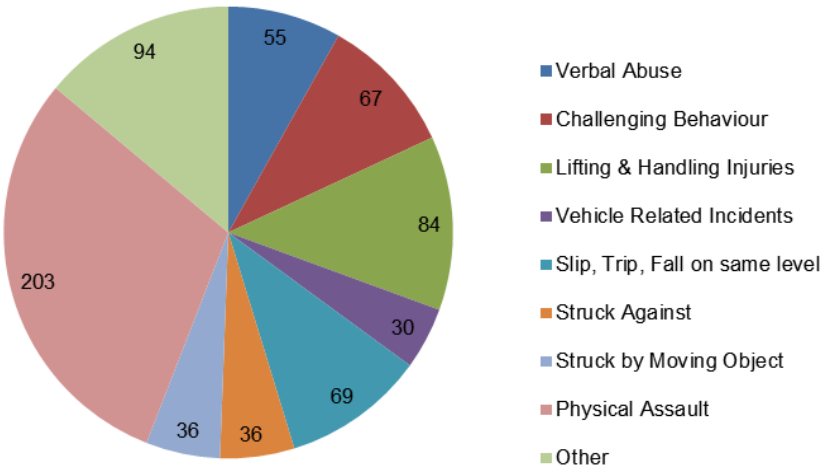
It might reasonably be expected that due to the nature of activities undertaken and risks encountered that Health and Care Services, Fire and Rescue, and Environment and Community Services (which includes highways activities) show higher rates due to the increased risks from activities undertaken.

Health and safety support to higher risk areas is generally prioritised to monitor the interventions in place to control the risk, although earlier comments concerning reducing independent highway inspections should be noted.

Accidents by type

Figure 8 below shows a breakdown of all accidents by type.

Figure 8: Total Injuries and Incidents to Employees by Type 2015-16



Clearly recorded violence and aggression-related incidents remain the biggest contributor to recorded incidents overall. However, physical assaults show a significant fall over the year, accounting for almost all the general reduction in incidents. Recorded physical violence includes relatively minor intentional physical contact incidents. Reporting in this area is historically perceived to have been good but it is possible that there is now a degree of under-reporting.

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.

Significant training and other interventions remain in place to mitigate the risks from violence and aggression, particularly in Health and Care Services and specifically Cumbria Care. 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.

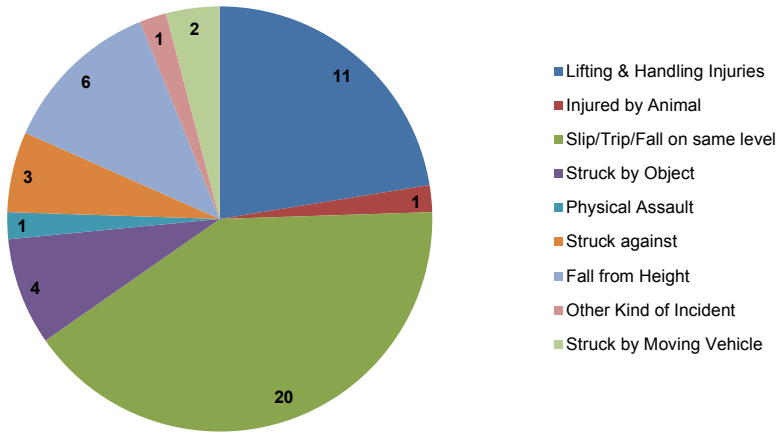
When incidents do occur they are investigated to establish causal factors and ensure appropriate remedial actions are implemented. An overview is also maintained by the Corporate Health and Safety Team.

The total recorded numbers of handling, lifting and carrying-related injuries saw a significant reduction, potentially reflecting training and risk assessment in this area by Cumbria Care (see later).

The number of slip, trip and fall injuries is almost identical to the previous year.

As in previous years there is a somewhat different picture 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) remains relatively efficient at collecting data on lower level physical violence incidents, although the previous comments on possible reduced reporting should be noted. Slips, trips and falls and handling incidents continue to make up the majority of RIDDOR incidents.

Figure 9: Total RIDDOR Reportable by Type 2015-16



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 2015-16

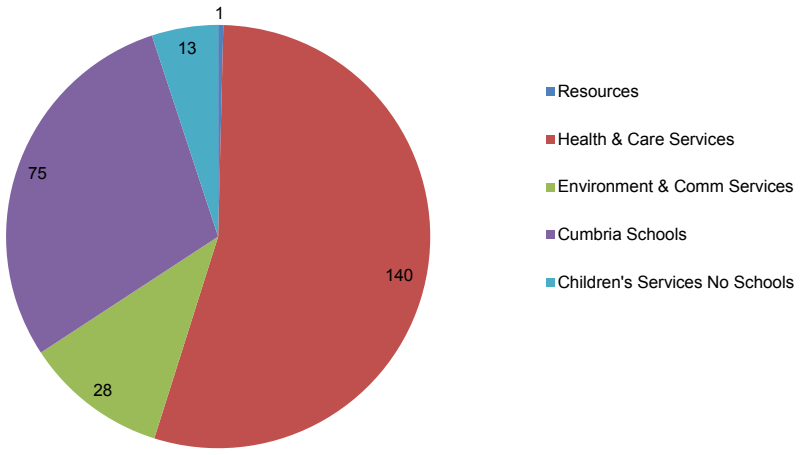


Figure 11 Rate of Injuries to Employees as a result of Violence and Aggression per 100,000 FTE Employees by Directorate 2015-2016

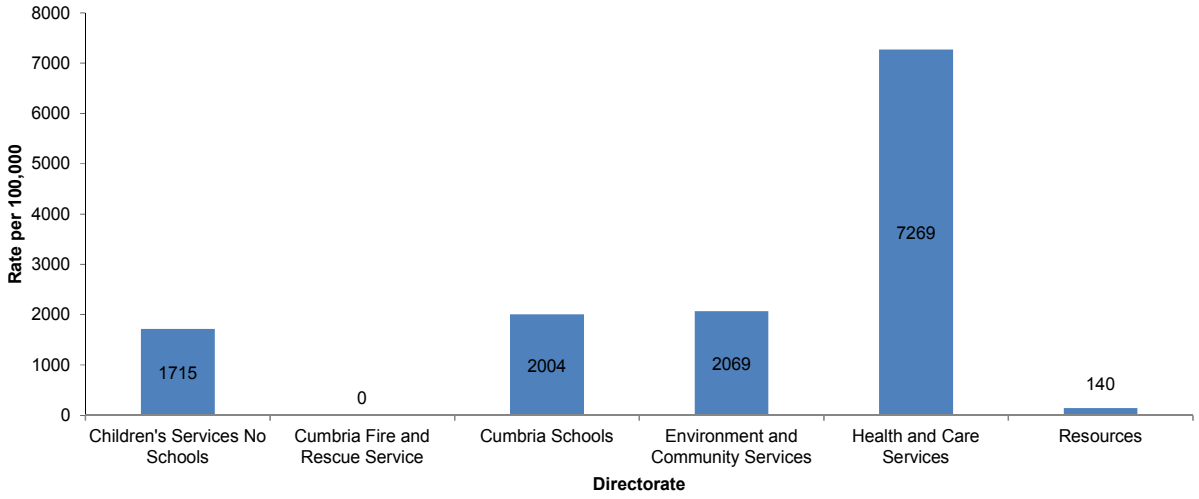


Figure 12: Total Recorded Injuries to Employees as a result of Handling, Lifting or Carrying 2015-16

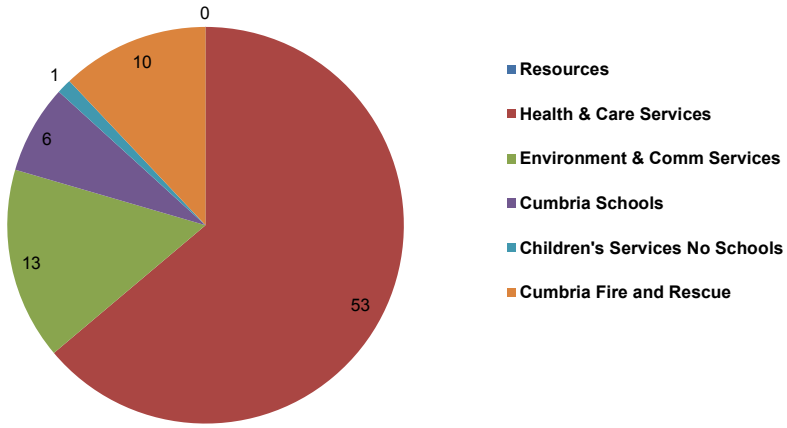
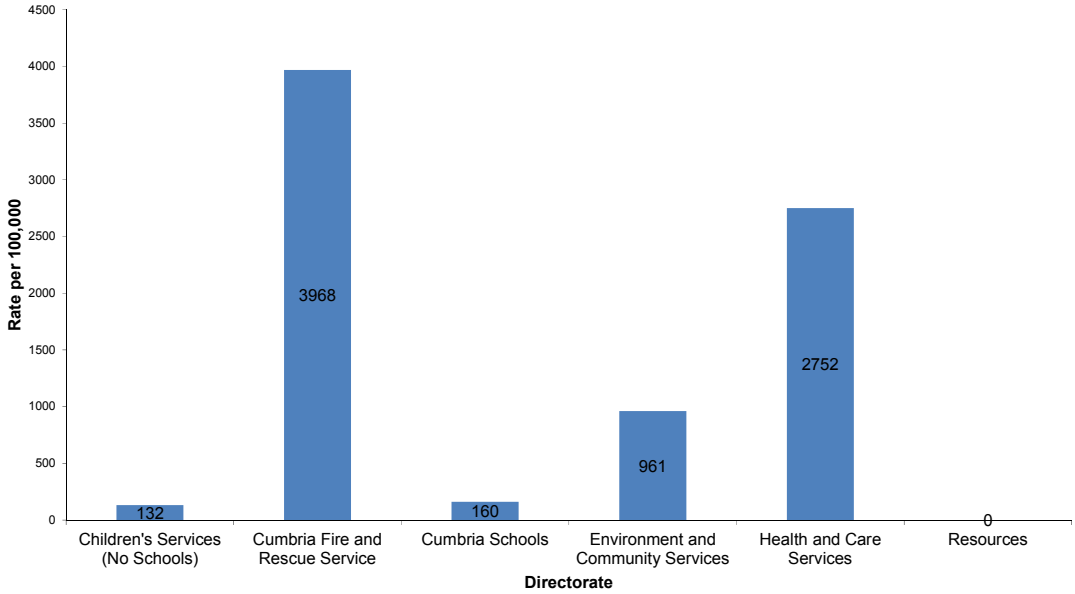


Figure 13: All Recorded Injuries resulting from Handling, Lifting or Carrying per 100,000 FTE Employees by Directorate 2015-16



Health and Care Services and Cumbria Fire and Rescue show the highest rates of injury from handling, lifting and carrying.

Health and Care Services' rate of injury from handling, lifting and carrying, although comparatively high, has shown a significant reduction from previous years. This may reflect the benefits of long term adoption by Cumbria Care of the DIAG (Derbyshire Inter Agency Group) code of practice requirements. These aim 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.

The actual number of injuries in Fire and Rescue is small (10) and past benchmarking against other fire and rescue services has shown favourable performance. In Cumbria Fire and Rescue, safe manual handling is prioritised as a core skill. Every firefighter receives annual training on manual handling and additional casualty handling training. Specialist handling aids are provided for bariatric patients and animal rescues, and each task is assessed, with appropriate measures applied. Safe systems of work are provided for getting equipment off and on other emergency vehicles, and progression towards lighter equipment generally has been taking place over time.

Manual handling training is compulsory for any council employee engaged in significant handling tasks.

Figure 14: Total Recorded Injuries to Employees as a result of Slips, Trips and Falls

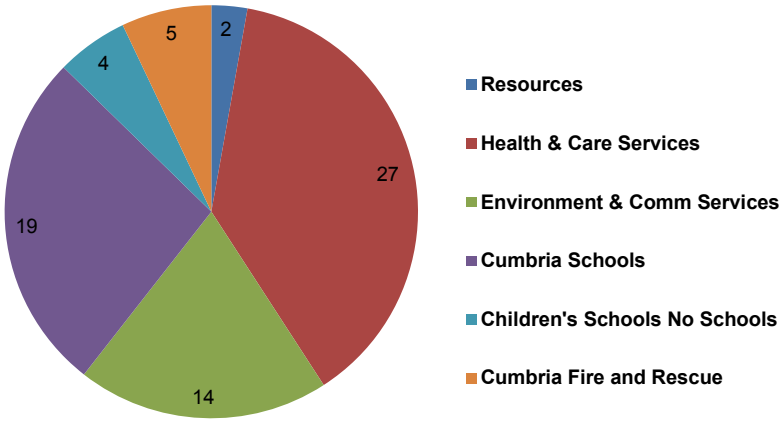
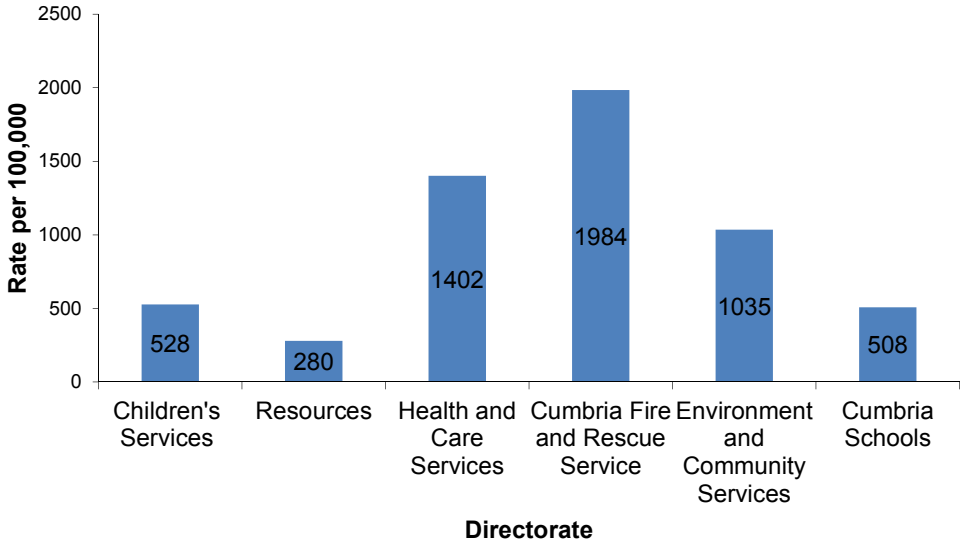


Figure 15: All recorded Injuries resulting from Slips, Trips and Falls per 100,000 FTE Employees by Directorate 2015-2016



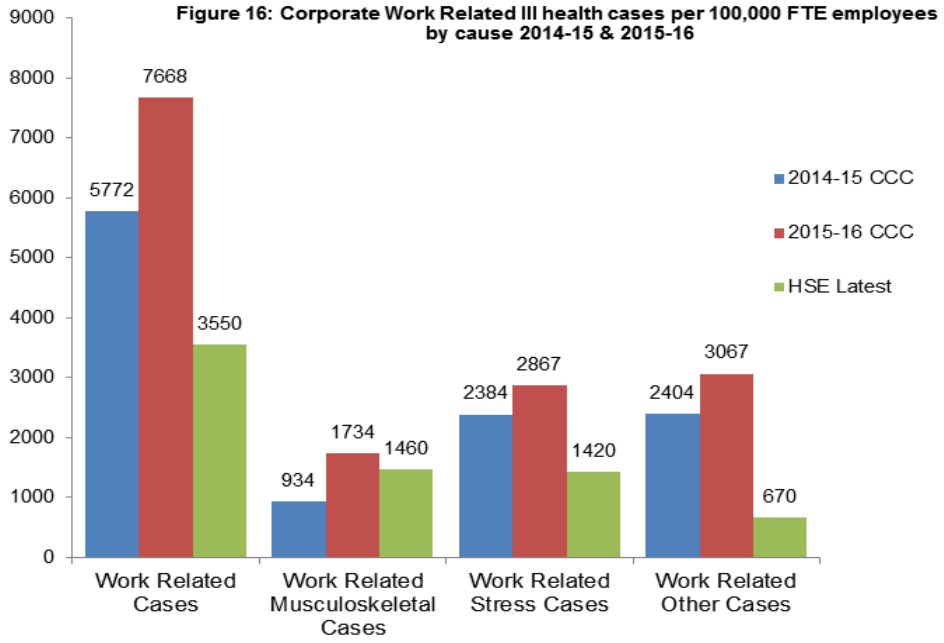
In 2015/16 injuries from slips trips and falls show the highest rate in Fire and Rescue Services and in Health and Care Services, consistent with previous years. Slips, trips and falls are one of the commonest contributors to workplace injuries across all industries and it is necessary to remain vigilant in this area.

Turning briefly to accidents to members of the public there was a total of six RIDDOR incidents to members of the public (where taken direct for hospital treatment or similar). This compares to 11 in both of the previous two years.

Lost Working Time from Work Related Accidents and Ill Health

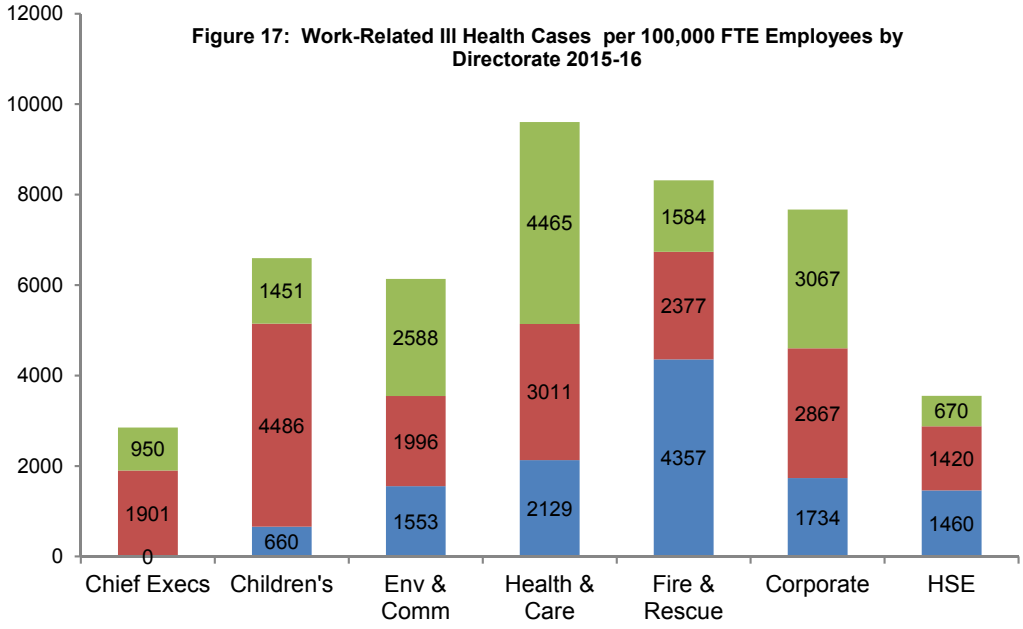
Figures 16 to 21 show information on work related absence.

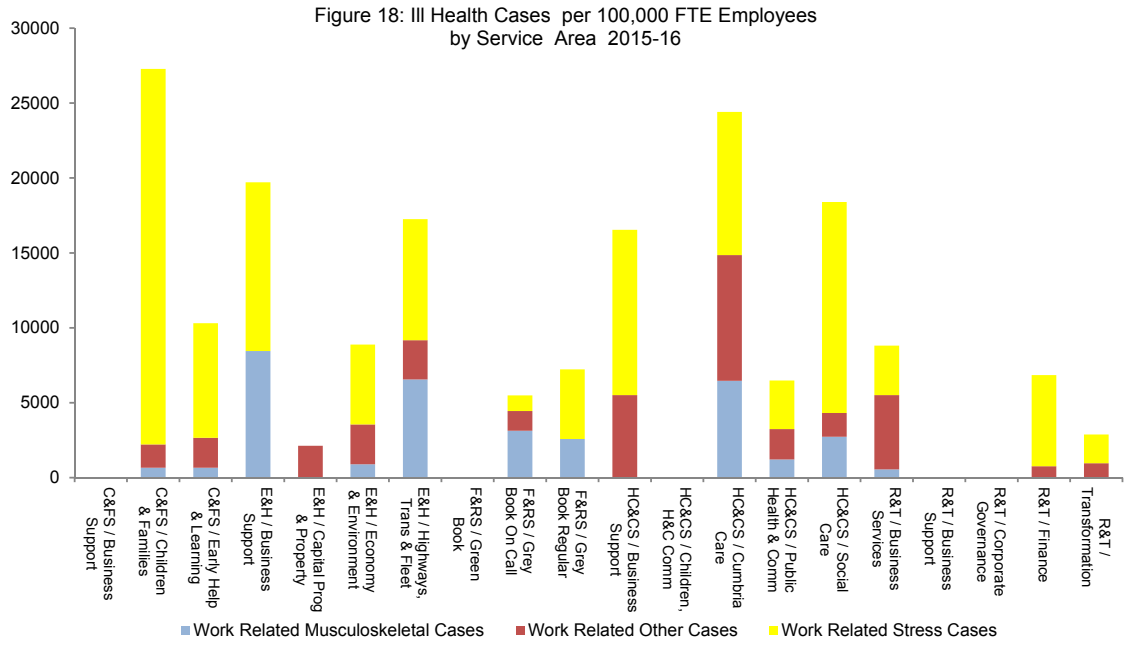
Figure 16 shows the comparison between the overall County Council rate of cases in 2015/16 and the previous year (excluding schools) and the latest HSE all - industries rates in respect of overall, stress anxiety and depression, and musculoskeletal for work related absence cases.



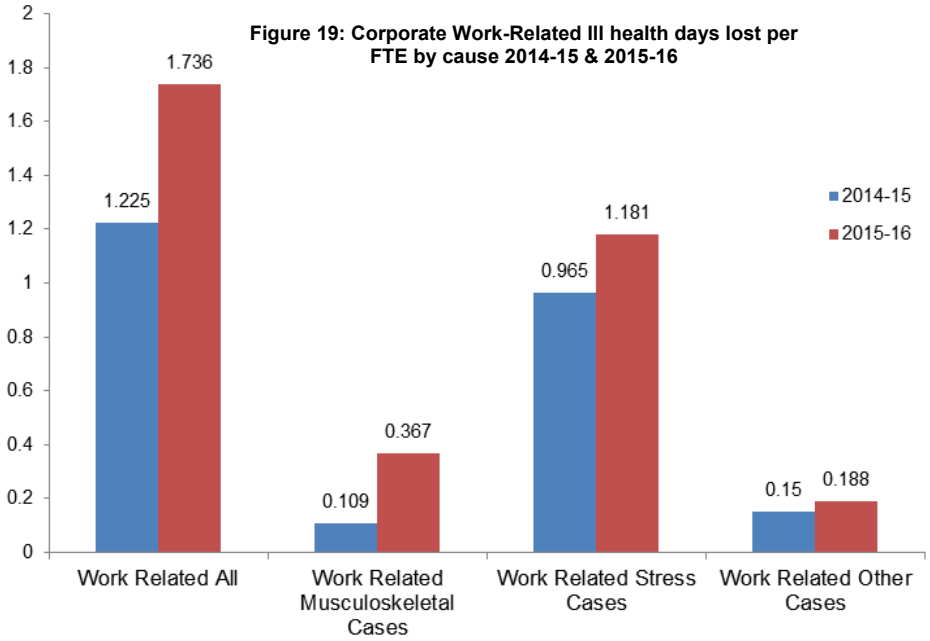
It can be seen that there is a significant increase in the rate of cases of work related ill health from all causes.

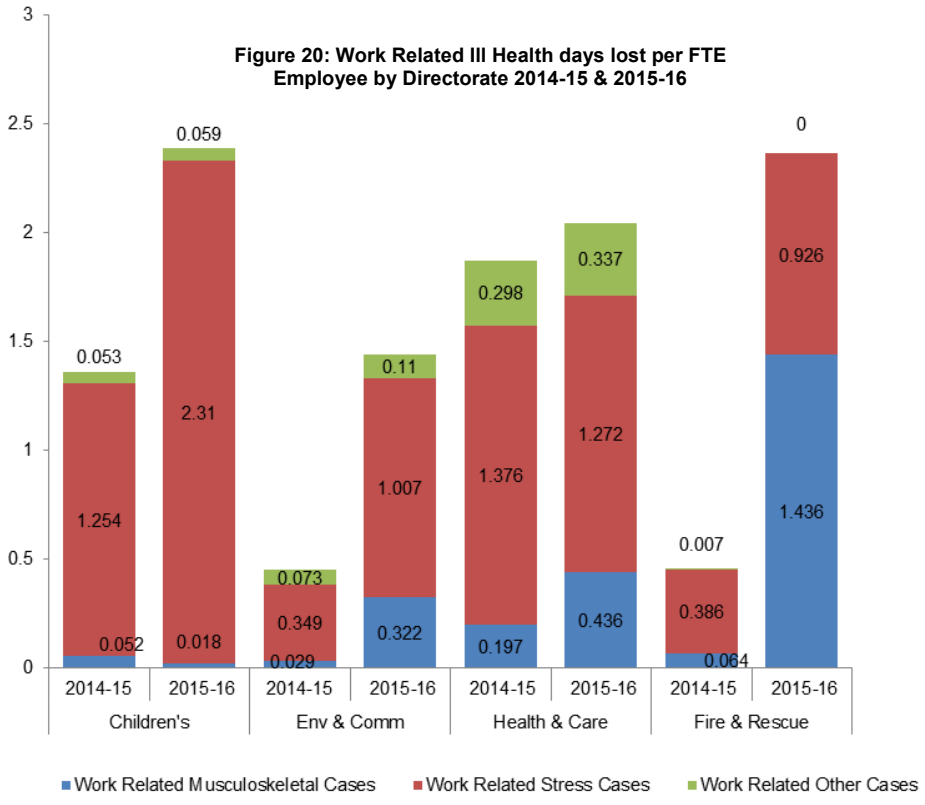
Figures 17 and 18 show the 2015/16 rates for each of the three categories split by Directorate (schools data not included in Children's Services) and by Service area respectively.

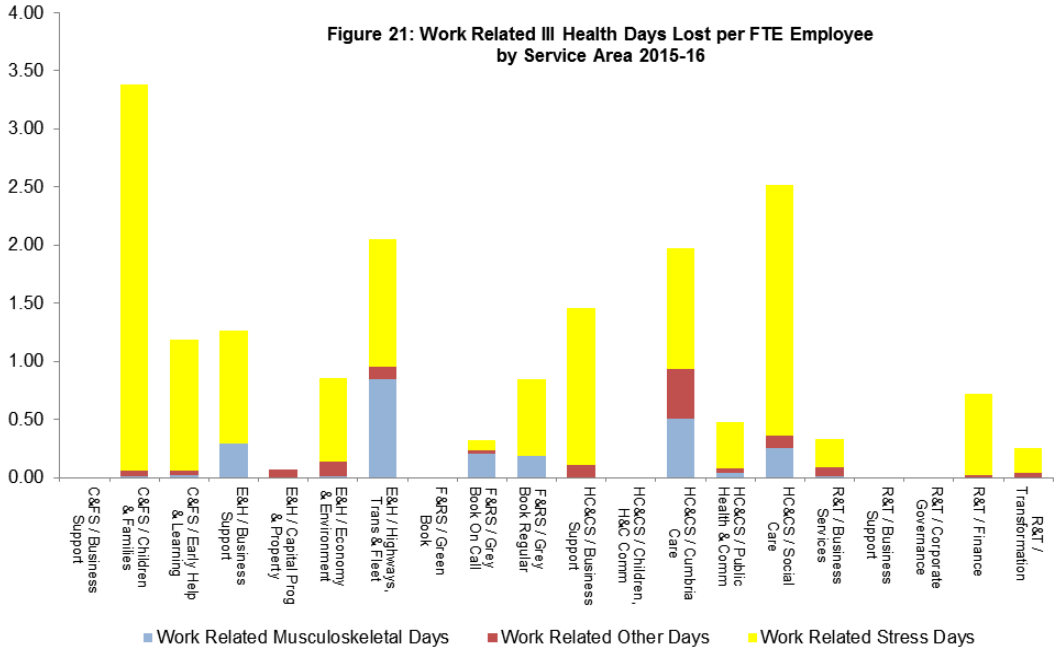




Figures 19 to 21 represent similar data but this time expressed in terms of lost working time per full time equivalent employee.







There are increases in both lost working time per FTE employee and in rate of cases of work related absence.

Stress, anxiety and depression accounts for approximately 37 percent of cases and 70 percent of lost working time for all work related absence. This is in line with previous years, indicating that stress, anxiety and depression generally results in longer absence than other work related cases.

Compared to HSE National Statistics, the Council shows significantly greater levels of work related ill health absence cases.

It might be expected that stress, anxiety and depression shows high rates in Children's Services and in Health and Care Services directorates, consistent with HSE national observations but no directorate shows lower rates of stress cases than the national all-industries rate (see Figure 17).

The Council remains committed to addressing work related stress. Over the past four years a personal development programme for Head Teachers has been co-ordinated by the Health and Safety Team. The programme, known as Headspace, is facilitated by Worklife Support, a not-for-profit organisation. It is a forum for Head Teachers to discuss concerns with their peers, helping to mitigate pressures and stress. Feedback on the programme has been extremely positive.

Mental Health First Aid training is also being promoted in the wider council.

Mind Training was introduced in the Cumbria Fire and Rescue Service following the suicide elsewhere in the country of a fire-fighter that was related to mental health issues.

In addition, extra resources are to be targeted at this area which was identified as an employee priority during a survey undertaken as part of the recent Better Health at Work Award programme. This will include stress and mental health training resources for managers and staff developed by the Corporate Health and Safety Team.

Musculoskeletal injury continues to make up the majority of other work related accident and ill health lost working time, showing the highest rate in the Fire and Rescue Service followed by Health and Care Services. This is consistent with the work related injury data, providing further evidence to support the interventions already indicated in this area.

Conclusions from Accident and Ill Health Data

The accident statistics along with work related ill health data are 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.

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.

Significant training and other interventions remain in place to address the areas of highest injury and work related ill health. Health and safety support resources are concentrated on the areas of highest risk.

However, from the data it is clear there is a negative trend in both RIDDOR reportable incidents and work related ill health.

The organisation has been undergoing massive change and it is possible that some of these changes may have impacted on workplace health and safety. It is essential therefore that measures to mitigate any risks created are identified and implemented. These measures should include:

- Undertaking a strategic review of health and safety management in the organisation, identifying alternative audit arrangements to the established biennial RoSPA audit;
- Promoting behavioural changes to improve safety culture, investigating options to achieve this;
- Focussing resources on key risk areas such as Cumbria Care and on highways activities, in particular increasing inspection activities of the latter;
- Further encouraging reporting of all incidents, in particular low level violent incidents to ensure a truer picture of overall safety is established.

It is also important that we continue to address specific areas which, whilst generally not contributing to the accident and ill health data, have great potential to cause serious injury/ill health. These areas include road risk management, legionella controls, asbestos management, and contractor control.

On a positive note, although this report relates to the 2015/16 financial year, the data for the early part of 2016/17 appears to show an improving position with regard to both RIDDOR related incidents and overall level of work related ill health.

Health and Safety Executive Contacts and Interventions

No Improvement Notices or Prohibition Notices were served and no other enforcement action was instigated by the HSE during 2015/16.

There was one HSE reportable dangerous occurrence during the year. This related to a care worker suffering a needlestick injury from a service user’s medication needle.

Health and Safety Performance to April 2016

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, but performance monitoring becomes increasingly difficult as resources reduce. Embedding the use of databases such as Atrium, our property database, helps to improve efficiencies and counter resource reduction.

An ongoing Action Plan to monitor the corporate health and safety goals is established. The goals established for 2014/15 and beyond and the extent to which they have been met is set out in Appendix 1.

External auditing by RoSPA has been used to provide an independent assessment of our progress. In March 2015 we again retained the maximum QSA Level 5.

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

Health and Safety Performance Indicators for 2015/16 and Beyond

We will review the heath and safety performance indicators introduced for 2010/11 but maintain key leading indicators on accidents and work related ill health. In some cases performance is assessed by sampling, and the frequency of monitoring varies between the indicators, being monthly, quarterly or annual as appropriate.

Having achieved the maximum QSA Level 5 at the last three biennial RoSPA audits, limited additional benefit is now being derived from the audit process. An alternative scrutiny mechanism will be investigated to further drive health and safety performance.

Health and Safety Actions for 2015/16 and Beyond

In 2016/17 the emphasis will be to re-invigorate health and safety performance following an increase in RIDDOR reportable events and also to further improve efficiencies.

The work will concentrate on improving engagement, ensuring effective scrutiny, and further improving tools for the Corporate Health and Safety Team and the wider Council.

A summary of the work planned for 2016/17 and beyond is provided below:

- Investigate and begin to implement **behavioural safety improvements** where everybody plays a part in improving safety performance.
- Investigate alternative **external scrutiny of strategic health and safety management** to build on the improvements made using RoSPA as the external auditor.
- Continue to roll out our SHE **risk assessment tool** to further areas of the council.
- Launch Pro-Evaluate **auditing software** using Microsoft Surface Pro Tablets.
- Migrate the intranet-hosted ICASS **accident recording software** to the web-based eSafety version which will allow a greater degree of self-service reporting, particulalrly to schools, and will improve reporting tools.
- Consult and publish new / updated procedures on **statutory inspections** and **fire safety.**
- Review **corporate health and safety procedures** generally to ensure they remain fit for purpose.
- Review again the **Corporate Health and Safety Team structure** to ensure the service is provided in an efficient manner suited to organisational needs.

Appendix 1

Health and Safety Goals for 2015/16 and Beyond and Progress Towards Completion

Progress Against Action Plan (to 31 March 2016)

Action	Progress (See key below)	Further Work required
Roll out SHE risk assessment tool to at least 50% of functional areas	Further progression made on rollout.	Further work required to rollout system further.
Implement tablet based auditing using Pro-Evaluate auditing software and reviewing at least 50% of question sets	Question sets updated. Surface Pro tablets issued to auditing staff ready for implementation of Pro-Evaluate. Further software update related to report production awaited to allow roll out.	Implement Pro-Evaluate once software update undertaken.
Develop and improve web and intranet based health and safety information to allow greater degree of self service	Intranet pages updated in number of areas including "Frequently Asked Questions".	Ensure intranet pages kept under review.
Bring forward recommendations for revised lone worker monitoring arrangements.	Introduction of new Windows phones has prevented capability for emergency override to allow contact to alarm receiving centre. Directorates / teams continue to make own arrangements for lone worker monitoring.	Investigate alternative arrangements for lone worker monitoring.
Revise corporate health and safety procedure on risk assessment.	Not progressed.	More comprehensive review of corporate health and safety procedures required.
Revise procedure on personal safety in the workplace once revised lone worker arrangements are in place.	Held up by lone worker arrangements.	
Support the transition to new occupational health arrangements.	New occupational health arrangements implemented including new health surveillance arrangements for relevant staff.	None.
Support Human Resources in development of revised Alcohol and Substance Abuse Policy.	New policy prepared.	None.
Consult and publish new / updated procedures on tree safety management.	Completed.	None.

Action	Progress (See key below)	Further Work required
Consult and publish new / updated procedures on statutory inspections	Substantially completed.	Finalise draft, undertake consultation, revise and publish procedure.
Consult and publish new / updated procedures on construction safety management	Completed.	None.
Consult and publish new / updated procedures on fire safety	Progressing.	Finalise draft, undertake consultation, revise and publish procedure.
Review Corporate Health and Safety Team structure in line with corporate service review process to ensure the service is provided in an efficient manner suited to organisational needs.	Team further downsized by removal of vacant posts.	Review team structure again in view of reduced team size.

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.
CIPFA	Chartered Institute of Public Finance and Accountancy.
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.
DIAG	Derbyshire Inter Agency Group.
DVLA	Driver and 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 and 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 works in partnership with local authorities.
IOSH	Institution of Occupational Safety and 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 and Dangerous Occurrences Regulations 2013 – 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.