Resources and Fire & Rescue
Overview and Scrutiny Committee

21 January 2016

Absence, Health, Safety and Welfare.

Recommendation

That the Committee notes and supports the performance information in relation to employee sickness absence, health safety and wellbeing as detailed in the attached reports.

1. At its meeting of 3 December 2015 the Resources and Fire & Rescue Overview and Scrutiny Committee reviewed its work programme and in doing so confirmed that it wished to examine the incidence of absence across the County Council. In addition it requested to look at health, safety and welfare.

2. The Staff and Pensions Committee of the Council receive annual reports detailing the absence, health safety and wellbeing position for the Council. The most recent of these detailed reports were presented to the committee in July 2015. They can be found attached to this report.

3. Active management and monitoring of absence levels has continued during 2015-16 and at the end of Quarter Two absence levels across the Council were reported at 4.44 days per FTE which is consistent with the same period last year. The split between short and long term absence also remains the same at 39.3% and 60.7% respectively, as does the three top reasons for absence: Stress and Mental Health; Muscular Skeletal; Operative/Post-Operative.

4. Sickness absence is a concern across the public sector. Figures reflect an upward trend across the sector which is not surprising given the increased pressure on public services, uncertainty and diminishing resources.

5. Absence figures for the public sector are higher than private sector, however public sector is more likely than the private sector to record absence levels (91% versus 73%) and monitor the cost of employee absence (55% versus 30%).Public sector organisations are more likely

to use absence level as a key performance indicator (75% versus 55%) and twice as likely to have a target in place to reduce absence (60% versus 31%).

6. Stress and depression is a leading cause of sickness and the need to support a healthy workforce is paramount and that is the focus in WCC.

7. WCC monitors absence and sets targets to reduce absence. There are also action plans in place to address specific areas where absence is highest and policy and procedures are in place to manage absence. Sickness reporting procedures are under review and a focus on additional action that can be taken to address our top causes of sickness absence and occupational health referrals to include exploring the option to provide physiotherapy services to respond to the high level of musculoskeletal related absence.

8. WCC recognise the links between employee wellbeing and attendance and where staff are engaged and committed to their work, absence can be reduced. The National Institute for Health and Care Excellence have produced management practices for workplace health which links to our engagement strategy and are followed. A workplace health and wellbeing action plan has been endorsed by the Head of HR and a workplace health and welling forum meet regularly to focus on health and wellbeing trends and advise on action that can be taken. Specific actions intended to develop resilience and wellbeing include: Training and support for managers in managing absence; Resilience sessions for managers and staff; support for managers in managing change; role modelling healthy behaviours; collaboration with Public Health colleagues in reducing smoking; healthy weight maintenance; exercise and stress management training for managers in recognising mental health issues and supporting staff return to work plans; employee benefits offer gym membership and outdoor activities, cycle schemes; walking for Warwickshire and other fitness campaigns; stress and time management for staff and managers; flexible working agreements allow for a better work-life balance; good communication to help manage uncertainty; support for staff at risk.

9. Members are asked to consider and comment upon the two reports reflecting on absence trends, patterns across the organisation and actions and initiatives being pursued to address them.

Background Papers

None

	Name	**Contact details**
Report Author	Allison Lehky	allisonlehky@warwickshire.gov.uk
Head of Service	Sue Evans	sueevans@warwickshire.gov.uk
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Portfolio Holder	Cllr Kam Kaur	cllrkaur@warwickshire.gov.uk

Staff and Pensions Committee

21 July 2015

Employee Sickness Absence Management Report

Recommendations

(1) That the Committee notes and supports the performance information in relation to the management of employee sickness absence during 2014/15

(2) That the Committee supports a proactive approach to managing absence which includes on-going training of managers.

1.0 Introduction

1.1 This report covers information on sickness absence for:-
  a) the financial year April 2014 – March 2015 and
  b) compares data with previous years and
  c) the figures exclude absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

2.0 Sickness days lost per employee

2.1 A corporate summary of days lost through sickness absence per employee (full-time equivalent) since 2007 is set out below: -

Year Ending	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Days Lost per Employee FTE	8.51	8.50	8.32	8.80	8.82	9.61	9.60*	10.08*

* The 2013/14 and 2014/15 figures exclude schools. Those figures in the above table up to, and including, 2012/13 include schools (NB. The overall sickness absence level for the County Council during 2014/15 when including schools was 9.09 FTE days per employee).

2.2 In terms of comparative data, the public service sector average is 7.9 days days per employee per year (CIPD 2014).

Benchmark data on average days absence has been obtained from a mix of neighbouring shire, district and borough authorities in order to provide a degree of comparison. These are reported in the table below:-

Birmingham City Council	10.46 days
Coventry City Council	9.40 days
Derbyshire County Council	8.16 days
Dudley MBC	12.49 days
Herefordshire County Council	9.77 days
Leicestershire County Council	9.6 days
North Warwickshire Borough Council	12.38 days
Nuneaton&Bedworth Borough Council	8.94 days
Rugby Borough Council	10.15 days
Solihull MBC	10.17 days
Shropshire County Council	9.35 days
Staffordshire County Council	9.98 days
Stratford District Council	7.98 days

2.3 The high levels of change and uncertainty still being experienced by staff make it essential for the County Council to have a proactive focus on employee wellbeing in order to reduce sickness absence levels. Further details on this area of work can be found in the Corporate Health and Safety and Wellbeing Annual Report presented to Staff and Pensions Committee.

2.4 Warwickshire County Council continues to offer flexible working opportunities to help respond to the different needs of the workforce. Examples of these include older employees wanting to work in different ways and hours as they approach retirement, staff with disabilities who may require reasonable adjustments to their working patterns, and staff with caring responsibilities needing to work more flexibly.

2.5 Sickness absence levels (days per employee FTE) by Group and by Business Unit are reported in the table below:-

	2013/14	2014/15
WCC (excluding schools)	**9.60**	**10.08**
Communities Group	**8.51**	**9.99**
Economic Growth	7.46	10.42
Transport & Highways	8.90	9.77
Localities & Community Safety	8.95	9.26
Public Health	4.55	3.16
Education & Learning	9.65	11.72
People Group	**12.38**	**12.28**
Professional Practice & Governance	3.91	7.32
Early Help & Targeted Support	14.88	13.29
Safeguarding	10.83	11.80
Social Care & Support Services	12.58	11.90
Strategic Commissioning	11.79	15.89
Resources Group	**8.41**	**8.20**
Customer Service	7.01	11.21
Finance	6.66	6.83
HR &OD	10.10	7.84
Information Assets	7.08	4.64
Law & Governance	8.48	7.29
Physical Assets	8.91	8.70
SICM	6.67	9.00
Fire & Rescue*	**5.58**	**6.50**

*Please note all the data for the Fire and Rescue Service excludes operational Firefighters

3.0 Percentage of employees with no absences

3.1 The average percentage of employees with no absence is reported in the table below:-

	2013/14	2014/15
WCC (excluding schools)	**39.9%**	**38.7%**
Communities Group	**41.3%**	**41.2%**
Economic Growth	43.6%	36.3%
Transport & Highways	39.8%	40.9%
Localities & Community Safety	41.2%	43.2%
Public Health	57.1%	47.1%
Education & Learning	44.5%	41.4%
People Group	**40.0%**	**35.5%**
Professional Practice & Governance	0.0%	26.9%
Early Help & Targeted Support	30.3%	28.4%
Safeguarding	46.2%	47.3%
Social Care & Support Services	29.3%	32.0%
Strategic Commissioning	31.0%	30.2%
Resources Group	**36.6%**	**37.8%**
Customer Service	40.8%	37.0%
Finance	35.7%	35.9%
HR &OD	38.4%	25.9%
Information Assets	35.7%	35.6%
Law & Governance	47.2%	32.1%
Physical Assets	41.1%	41.5%
SICM	37.0%	39.0%
Fire & Rescue	**50.8%**	**47.5%**

4.0 Average number of episodes of sickness per employee

4**.1** The average number of episodes of sickness absence per employee in 2014/15 is reported in the table below:-

	2013/14	2014/15
WCC (excluding schools)	**1.42**	**1.49**
Communities Group	**1.42**	**1.69**
Economic Growth	1.32	1.49
Transport & Highways	1.43	1.32
Localities & Community Safety	1.52	1.61
Public Health	1.14	1.02
Education & Learning	1.34	3.00
People Group	**1.51**	**1.46**
Professional Practice & Governance	2.63	3.93
Early help & Targeted Support	1.66	3.73
Safeguarding	1.21	1.20
Social Care & Support Services	1.71	1.61
Strategic Commissioning	1.68	2.07
Resources Group	**1.45**	**1.47**
Customer Service	1.50	1.67
Finance	1.66	1.74
HR &OD	1.86	1.72
Information Assets	1.43	1.31
Law & Governance	1.42	1.27
Physical Assets	1.32	1.33
SICM	1.36	1.75
Fire & Rescue	**0.83**	**0.93**

5.0 Percentage of time lost due to short term / long term sickness

5.1 Short term absence is defined as an absence of below 20 working days. Long term absence is defined as absence of longer than four weeks and which often requires a medical intervention to aid recovery and return to work.

5.2 All figures within this report relate only to sickness absence as reported through the appropriate procedures and managed through the Council's management of attendance procedure. In the very rare occasions where there is strong evidence that employees are not genuinely sick, then this would be dealt with as a disciplinary issue and would not be included in the sickness figures.

5.3 Overall, 39.7% of working time lost to absence is accounted for by short-term absences, whilst 60.3% is attributed to long-term absences (20 working days or more). Details are reported in the tables below:-

WCC	Short Term	Long Term
2013/14	40.1%	59.9%
2014 /15	39.7%	60.3%

Group	Communities		Fire & Rescue		People		Resources	
	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term
2013/14	47.7%	52.3%	44.5%	55.5%	32.6%	67.4%	49.8%	50.2%
2014/15	39.6%	60.4%	45.5%	55.5%	35.1%	64.9%	46.7%	53.3%

5.4 With the support of the HR Service, managers across all of the Groups are working to proactively manage sickness absence in accordance with the Council's Management of Absence Policy. During 2014/15, 11 employees were dismissed due to sickness absence, or for reasons related to the absence triggers. Added to that, a further 11 employees left the County Council on ill health retirement grounds during 2014/15. (NB. These figures exclude Fire & Rescue and Schools).

6.0 Reasons for sickness absence

6.1 The reasons for sickness absence during the last 3 years are reported in the table below:-

WCC	2012/2013	2013/14	2014/15
Chest or Respiratory	5.0%	5.0%	5.9%
Digestive System	7.7%	6.3%	6.9%
Eye, Ear, Nose, Mouth	3.9%	3.3%	3.6%
Heart & Circulation	1.4%	2.0%	1.0%
Musculo - skeletal	16.8%	18.0%	17.7%
Neurological	4.0%	3.9%	4.0%
Operation or Post-Op	12.3%	11.1%	11.2%
Stress / Mental Health	17.4%	23.7%	19.9%
Viral	14.4%	12.8%	13.9%
Swine Flu	NIL	NIL	NIL
Other Reason	11.1%	7.5%	9.1%
Reason Withheld	6.6%	6.5%	6.6%

6.2 The top four reasons for sickness absence in 2014/15 are shown in the table below. <u>NB.</u> The figures in italics are the 2013/14 top four sickness absence reasons.

Total Days Lost (%)	Musculo – Skeletal	Stress & Mental Health	Viral	Operation / Post-Op
Communities	1996 (22.6%) *1105 (19.4%)*	1843 (20.8%) *1314 (23.1%)*	1314 (14.9%) *827 (14.5%)*	881 (10%) *550 (9.6%)*
People	3291 (18.3%) *3611 (16.7%)*	5437 (30.2%) *6221 (28.7%)*	2365 (13.2%) *2592 (12.0%)*	1555 (8.6%) *1905 (8.8%)*
Resources	1903 (16.1%) *1731 (14.9%)*	2025 (17.2%) *2066 (17.7%)*	1845 (15.6%) *1687 (14.5%)*	1676 (14.2%) *1844 (15.8%)*
Fire & Rescue	846 (28.4%) *1059 (40.2%)*	684 (23.0%) *157 (6.0%)*	310 (10.4%) *223 (8.5%)*	445 (15%) *350 (13.3%)*

6.3 The most common cause of short-term absence is minor illness, including viral, digestive, colds, flu, stomach upsets, headaches and migraines. Musculo-skeletal, stress and mental ill-health, viral and operation / post-op are most commonly responsible for long-term absence.

6.4 A breakdown of the specific reasons for sickness absence shows that the top four reasons for sickness absence remain consistent and relate to absences categorised as being for stress/mental health issues (19.9%), musculo-skeletal disorders (17.7%), viral infections (13.9%), and operation/post- op (11.2%).

6.5 Benchmark data on the top three reasons for sickness absence in 2014/15 has been obtained from other county councils in order to provide a degree of comparison and are reported in the table below:-

Leicestershire	Viral 26%	Stomach 18%	Not supplied
Devon	Psychological 21.5%	Cold/Cough/Flu 11%	Musculo-Skeletal 11.7%
Norfolk	Viral 29%	Mental Wellbeing 23%	Musculo-Skeletal 14%
Anonymous (shire county)	Stress/Depression 18.82%	Operation/Post-Op 16.83%	Other 15.35%
Derbyshire	Stress 16.8%	Musculo- Skeletal 13.45%	Back & neck 8.07%
Lincolnshire	Stress 27%	Other Musculo-Skeletal 13%	Stomach 11%
Hertfordshire	Stress/Anxiety 18.2%	Musculo- Skeletal 11.0%	Back problems 5.6%

7.0 Occupational Health & short term support and counselling

7.1 Team Prevent, the Occupational Health service, provides pre-employment health assessment, management referrals, medicals, health surveillance and monitoring where necessary. This is a proactive service to ensure employees are protected against risks of work-related ill health, to assist with reducing sickness absence, and to get them back to work sooner.

7.2 To assist with this proactive approach, Team Prevent works closely with the HR and OD Service, including the HR Advisory team, the Health & Safety & Wellbeing t e a m and the Staff Care Service.

7.3 The Fire & Rescue Service has its own in-house Occupational Health service, which includes counselling support provided by the Staff Wellbeing Adviser & Counsellor.

7.4 In 2014/15, a total of 460 referrals were made to Team Prevent, with 256 from the People Group, 127 from Resources Group, and 77 from the Communities Group.

7.5 For those staff seen by Team Prevent, Muscular Skeletal Disorder accounted for 22% of the new referrals, whilst 29% were for Mental Health reasons. It is worth noting that 11% were for Work Related Stress.

7.6 In respect of the Fire & Rescue, a total of 171referrals (including reviews) were made to their Occupational Health Adviser. Muscular Skeletal Disorder accounted for 66%, and 12% were for Mental Health reasons.

7.7 In 2014/15 the Staff Care Service received 207 new referrals (down from 241 in 2013/14), and the Fire & Rescue Staff Wellbeing Advisor and Counsellor received 40 new referrals (up from 36 in 2013/14).

7.8 The top three reasons for referral to the Staff Care Service were as follows:-
- Work demand (45 cases)
- Work relationships (22 cases)
- Personal (16 cases)

The top three reasons for referral to the Staff Wellbeing Adviser & Counsellor in the Fire Rescue Service were:-
- Stress (17 cases)
- Relationship (7 cases)
- Bereavement (6 cases)

8.0 Support and Advice for Managing Absence

8.1 Sickness absence levels are reported to managers on a regular basis with advice and support in managing long and short term absences provided by the HR Advisory Service.

8.2 Training on developing resilience has been procured and is widely available to all staff through the corporate training offer.

8.3 In response to sickness absence levels, and the wider health and safety and wellbeing agenda, a Health and Safety and Wellbeing Plan is currently being drafted which will outline the areas of work to be undertaken. Further details are outlined in the Corporate Health and Safety and Wellbeing Annual Report presented to Staff and Pensions Committee.

9.0 Conclusion

9.1 This report has compiled all relevant and available statistics for sickness absence management within WCC. The statistics demonstrate that the monitoring and management of sickness absence remains essential.

9.2 The average sickness absence levels of WCC staff (excluding schools) in 2014/15 were 10.08 days per employee.

9.3 As with 2013/14, stress and mental health remains the top reason for sickness absence, although its overall percentage of absence has decreased. The economic pressures and the continuous changes in the workplace have a clear impact on the anxiety and stress levels experienced by staff. As a consequence, the County Council must remain committed to the health and wellbeing of its staff and to implement strategies to address these.

9.4 The focus will remain on managing absence, ensuring managers are aware of their roles and responsibilities, and proactively managing cases before employees are absent from work on long term sick. Consequently, the County Council will continue to train its managers to develop their capability in managing sickness absence effectively, including conducting effective return-to-work interviews.

Background Papers

None

	Name	Contact details
Report Author	Andy Dunn HR Business Partner - Communities	andydunn@warwickshire.gov.uk
Head of Service	Sue Evans, Head of HR & OD	sueevans@warwickshire.gov.uk
Strategic Director	David Carter Strategic Director for Resources Group	
Portfolio Holder	Councillor Kam Kaur	

Item No

Staff and Pensions Committee
21ˢᵗ JULY 2015

Corporate Health, Safety and Wellbeing

Annual Report 2014-15

Recommendation

that the Committee notes and supports the performance information contained within this 'Report';

and

endorses and supports a proactive approach regarding the management of health, safety and wellbeing, including the promotion of a strong health and safety culture.

1.0   Introduction

1.1   The purpose of this report it to provide Staff and Pensions Committee with an annual position statement on the management and performance of health and safety within the County Council and summarises the health, safety and wellbeing (HSW) activities from 1st April 2014 to the 31st March 2015.

1.2   This report includes information on:

- Legislative changes nationally which impact on the County Council.
- Performance data including comparisons with previous year(s)
- The Corporate HSW Strategy framework within the County Council and the implementation of the occupational health and safety management system.

2.0   Background

2.1   This report addresses information relevant at a Corporate level and not information that is relevant at Group/ service/ team level. The health, safety and wellbeing information within this report relates to all WCC employees and WCC activities for which we have statutory health and safety responsibilities (within the County Council this includes Community and Voluntary Controlled Schools).

2.2   Routine health, safety and wellbeing reports are produced by the Health, Safety and Wellbeing Service on a quarterly basis for Group Leadership Teams (GLTs). These reports include legal updates, accident/incident statistics, policy updates, audit/inspection overview and actions. This process has been developed to ensure timely information to the relevant GLT and to encourage positive action to be taken by senior management based on the information provided.

3.0   Health, Safety & Wellbeing Legislation

3.1   New Health and Safety Legislation Introduced During 2014-15

This section focuses on health and safety legislation that is applicable to the corporate body.

3.1.1   Health & Safety Law Posters
Employers have a legal duty to display the approved health and safety law poster in a prominent position in each workplace or to provide each employee with the approved leaflet. Within the County Council we require the poster to be displayed in a prominent position. As of the 5th April 2015 the law poster that is displayed must be of the new type.

WCC has completed the replacement of the out of date posters. Workplace inspection regime will continue to monitor accordingly.

3.1.2   Construction (Design and Management) Regulations 2015 (CDM 2015)
CDM 2015 is the law that applies to the construction, design and management (CDM) process on all construction projects, from concept to completion. The regulations were revised on 6th April 2015 to make them clearer and easier to understand. The legislation states what each dutyholder must or should do to comply with the law to ensure projects are carried out in a way that ensures health and safety.

The Health and Safety Executive (HSE) has produced detailed guidance on the regulations for people who initiate, commission, design or manage construction work. This includes the legal definition of 'construction work' for the purposes of the Regulations. Following these legislative changes, the WCC Managing Contractors Policy is under review and will be amended to reflect the necessary legislative changes for WCC construction work and contractor management activities.

To date, the Health, Safety and Wellbeing Service have provided relevant employees within Communities Group and Resources Group with CDM briefings on the legislation changes.

3.1.3 Fit for work

The new Fit for Work scheme in England, Scotland and Wales went live in December 2014. The scheme offers a two stage support system for advice on return to work issues and preventing sickness absence. There is an advice line and a referral assessment service, which enables employers to refer employees to an occupational health professional. The scheme is currently being rolled out across the Country.

This new scheme will not alter the current WCC process. We will continue to use our Occupational Health Provider for advice on return to work issues and sickness absence prevention/ early intervention strategies.

3.2 Forthcoming Changes

3.2.1 The Classification, Labelling and Packaging (CLP) Regulations 2009

The CLP Regulation entered into force across all EU member states, including the UK, on 20 January 2009. However CLP is being introduced gradually and has a fairly lengthy transitional period before it applies in full. From 1st June 2015 all chemical products provided by manufacturers or suppliers must use the new hazard labelling. There is a further transitional period until 2017 for products that are already in the supply chain (on the shelves) to allow for relabeling.

The WCC is a consumer / occupational user of chemicals and therefore needs to ensure that employees are aware of the new hazard symbols and their meaning. The current 'Control of Substances Hazardous to Health' (COSHH) Risk Assessment and Guide contains this information in preparation for the change.

Existing consumable stock on WCC premises does not need relabeling. When products are decanted or diluted into smaller containers, these should be labelled with the new hazard symbols where appropriate.

The WCC COSHH Policy already makes reference to this forthcoming change and will up updated as necessary.

3.2.2 Health and Safety Offences, Corporate Manslaughter and Food Safety and Hygiene Offences Guidelines – Sentencing Council.

Currently there is only piecemeal guidance for sentencing the health and safety offences not covered by the Sentencing Guidelines Council (SGC) guideline i.e. offences not resulting in death and offences committed by individuals. The Sentencing Council believes that further guidance will assist with consistency and help sentencers deal with relatively unfamiliar cases.

The Sentencing Council is now proposing a different approach for the assessment of fines than is found in the SGC guideline and is keen to ensure consistency across health and safety and corporate manslaughter offences. The Sentencing Council have been consulting on the draft guidelines for sentencing health and safety, corporate manslaughter and food safety

offences. Consultation concluded in early 2015. Once finalised it may mean higher fines for organisations and individuals for health and safety offences.

The Corporate Health, Safety and Wellbeing Manager will update senior management as required.

3.3   Update on Fee for Intervention (FFI)
As mentioned in previous reports, the HSE can now recover charges from organisations that are in a 'material breach' of health and safety legislation in respect of HSE work done to investigate, enforce and rectify the breach.

The first 18 months of the Fee For Intervention approach, generated a revenue of £10.6m with the average invoice costing employers £502.

4.0   Regulatory Intervention

4.1   Fee For Intervention within the County Council

During 2014/15 the County Council received its first 'Notice of Contravention' from the HSE under its Fees for Intervention scheme (FFI).

The HSE inspector visited Wellesbourne workshop (County Fleet Maintenance) initially on 25th June 2014 and then requested a further visit. A HSE letter and notification of contravention of law was then sent to the Chief Executive on 7th July 2014, detailing the contraventions identified during the visit.   This also included a contravention identified at the Waste Recycling Centre on this site (See Section 5.4.5 for further detail).

The Council wrote to the HSE to detail our action plan to address the HSE's initial findings. The HSE has issued the council with a series of invoices totalling £1,300 approx. There has as yet been no response from the HSE to the Council's letter.

Whilst the invoice cost wasn't a significant amount, the costs of carrying out the work and the 'administration' time to get the Council to where it needed to be on this issue, is likely to be many times that figure.

5.0   WCC Occupational Health and Safety Management System

Organisations have a legal duty to put in place suitable arrangements to manage health and safety. Our WCC Occupational Health and Safety Management System is in accordance with the HSE's framework 'Managing for health and safety' (referred to as 'HS(G) 65' in industry). The management system follows the 'plan, do, check, act' cycle and is constantly under review to ensure continual improvement. This Section outlines the updates that have occurred in 2014-15 (each section is headed under the *'plan, do, check, act'* elements):

5.1 Strategic Planning for Health and Safety *(Plan)*

5.1.1 Corporate strategy

5.1.1.1 The corporate health, safety and wellbeing framework (appendix 1) and strategy 2014-18 (as per appendix 2) outline WCC's plans for health safety and wellbeing at a corporate level.

The framework at a glance outlines how health and safety is strategically managed throughout the County Council, and the strategy provides direction for the corporate body on health and safety priority areas. The strategy document was initially tabled as part of this report in the 2013-14 report as an annual action plan. It has been updated to a strategy status given the long term goals that the County Council is striving for.

5.1.1.2 To ensure the County Council's health and safety management system accounts for relevant work-related health and wellbeing considerations, a Workplace Health and Wellbeing Plan 2014-17 has been developed and is endorsed by the Head of HR&OD and Corporate Health, Safety and Wellbeing Manager. This plan promotes collaborative working and targets areas of occupational health and wellbeing risk and identifies remedial action.

To deliver on the actions, a Workplace Health and Wellbeing Forum has been setup and chaired by the Health, Safety and Wellbeing Service to communicate, coordinate, share and consult on relevant occupational health and wellbeing information with relevant stakeholders. A key responsibility of the forum is to undertake trend analysis of sickness absence data, accident/incident data, occupational health referrals, and staff care referrals so that trends can be identified and intervention strategies explored.

5.1.2 Group strategy

The corporate approach outlined in Section 5.1.1 is supported by Group Health, Safety and Wellbeing (HSW) Action Plans that ensure the health, safety and wellbeing requirements get cascaded throughout the County Council and implemented accordingly for each service/team dependent on their activity/risk. The plans are developed, maintained and monitored locally by the relevant GLT. The content of which is not discussed as part of this report.

This process is supported by the quarterly reports as outlined in Section 2.2.

5.2 Policies and Organisational Arrangements for Health, Safety and Wellbeing *(Plan/ Do)*

5.2.1 Corporate Health and Safety Policy

In December 2013 the HSE launched the revised version of their 'Managing for Health and Safety' (HS(G)65) publication. The WCC Health and Safety Policy was therefore updated in 2014 and launched in September 2014 to all members of staff highlighting their specific health and safety responsibilities. A

targeted communication strategy was implemented for employees and managers.

To support the implementation of this policy, managers are required to provide all new starters with a health and safety induction which includes information on their responsibilities and all managers must attend a mandatory 'management of health and safety' training session. All councillors are offered a health and safety training session as part of their member development sessions.

New to 2015 will be the delivery of 'leading for health and safety' training for the senior leadership team (Corporate Board and Heads of Service) to focus specifically on their responsibilities and accountability at board level.

5.2.2 Risk Assessment Policy
The risk assessment policy, supporting guidance and template form were revised and launched in November 2014. The guidance has been streamlined for ease of use whilst still encompassing the requirements of the HSE.

5.2.3 Electrical Testing Policy
The electrical testing policy has been revised and launched in August 2014. The policy ensures that HSE guidance on electrical testing is adopted to ensure a sensible approach to equipment testing timescales.

5.2.4 Workplace Health and Safety Inspection Policy and Procedures
The workplace health and safety inspection policy and accompanying procedures have been revised and launched in February 2015. This policy was amended to reflect the agreed changes in inspection timescales and thus ensure a consistent and sensible approach to inspections for our low risk accommodation and high risk accommodation.

The Health, Safety & Wellbeing Service continue to work with Facilities Management on the implementation of the inspection regime across WCC buildings.

5.3 Organisational Arrangements *(Do)*

The organisational arrangements for health, safety and wellbeing are written within each policy as relevant to that topic area.

5.3.1 Consultation
The Health and Safety Joint Consultative Committee (JCC) has met quarterly throughout the year giving the opportunity for Health and Safety Trade Union Representatives to discuss, influence and keep under review the strategic measures taken to ensure the health, safety and welfare of employees working within the County Council or any others who could be affected.

Health and Safety Policies always undergo consultation with relevant stakeholders including Trade Unions and managers.

5.3.2 Communication

All health and safety policies, key messages, and wellbeing information continues to be delivered in accordance with a planned communication strategy.

To ensure consistency in health and wellbeing messages to employees, the Health, Safety and Wellbeing Service have initiated a joint approach with Public Health.

5.3.3 Competency

All policies detail the required competency for relevant health and safety responsibilities. The Health, Safety and Wellbeing Service continue to provide relevant training to support policy implementation as part of the corporate offering (such as managing health and safety, risk assessment workshop, manual handling training, leading for resilience, and developing resilience training, personal safety training, first aid, etc).

Requests for bespoke training courses continue to be popular and well attended (for example, bespoke manual handling and personal safety).

Managers have the responsibility for identifying and implementing competency requirements within their teams.

5.3.4 Controls

Each policy details the specific control measures that must be in place to ensure WCC meets legal compliance and WCC best practice.

Policies are updated to ensure WCC responsibilities reflect current legal requirements. Within the County Council health and safety responsibilities are delegated to managers. Managers must ensure they comply with relevant health and safety policies for their activities.

5.4. Health and Safety Monitoring *(Check)*

Health and safety performance is monitored using various methods. All of which are outlined within this section.

5.4.1 Key Performance Indicators

Health and safety key performance indicators exist with the Resources Group performance management forecast and reporting process. Within 2014-15 all of the required information was provided and monitored.

The Corporate health, safety and wellbeing strategy (as Appendix 2) is monitored and reviewed by the Corporate Health, Safety and Wellbeing Manager with feedback to the Head of HR&OD for information/action as and when necessary.

5.4.2 Group Leadership Teams - HSW Updates & Action planning

As outlined in Section 2.2 and Section 5.1.2 GLT's review and monitor health and safety trends and follow a formal action planning process. Early feedback from GLT's indicates that this is extremely beneficial and they have welcomed the opportunity to take ownership of their individual H&S Action Plans and have the opportunity to influence the health and safety audit priority areas.

5.4.3 Workplace Inspections

The corporate approach to workplace inspection was revamped and launched in July 2013. This change meant that health and safety and/or facilities management or the manager were undertaking the inspection based on risk (please note, this is purely an inspection of the physical workplace and not an audit of the processes, etc).

In 2014/15 the majority of inspections were undertaken in conjunction with Facilities Management and the premise/site manager and any resultant actions have been prioritised and allocated to the appropriate person. Where high risk level hazards are identified, remedial action is taken at the time of the inspection, or actioned as urgent priority.

The emerging themes across all inspections, includes failure to complete/ lack of awareness on first aid needs assessment, and quality of/completion of fire risk assessment, and failure to finalise actions from the previous inspection. Where this is the case the Health, Safety and Wellbeing Service and Facilities Management are addressing these findings.

5.4.4 Auditing

The health and safety management system, as with any other management system, requires a 'checking' element to ensure the successful implementation of the management system throughout the organisation. Auditing activity will identify if gaps are starting to appear in the system, and thus enable remedial action to be identified and undertaken in a timely manner rather than reactively when something has already gone wrong.

The Health, Safety and Wellbeing Service have reviewed and redesigned the health and safety auditing process. Previously sample audits were undertaken bi-annually across the Groups. As of May 2014 this process is now a rolling audit process that will ensure the Health, Safety and Wellbeing Service undertakes sample audits across all Business Units. Each Senior Health and Safety Advisor will identify auditing requirements as part of their Group Health and Safety Plan, which will be endorsed by the relevant GLT. Auditing findings will be fed back to the relevant manager, and an overview provided to GLT. This process is more beneficial as it provides more relevant information at a local level, and it ensures areas are prioritised on a risk basis and can be audited in a more timely manner.

School audits are also undertaken by Health, Safety and Wellbeing Service for all WCC employed schools. Currently, 30 schools are audited each year with findings circulated back to the relevant Headteacher.

The audit process requires interviews, discussion, review, testing and observation of documentation/ work activities at each management level and employee level so as to assess the implementation of policies, procedures, risk assessments and control strategies throughout.

If any areas of concern are not remedied by the manager, then concerns will be raised. Ultimately, any concerns which fail to be addressed will be raised to the Corporate Health and Safety Champion as deemed appropriate by the Corporate Health, Safety and Wellbeing Manager.

5.4.5 COSHH and DSEAR Audits
An audit regime is in place to review the implementation of the required control measures that will satisfy The Control of Substances Hazardous to Health Regulations (COSHH) and the Dangerous Substances Explosive Atmospheres Regulations (DSEAR). The COSHH and DSEAR audit schedule follows a risk based approach. The most frequent issues in 2014/15 concern risk assessments rather than the actual use and storage of chemicals. For example, COSHH folders not up to date – missing risk assessments and / or safety data sheets, unused product information still in folder, the manager / responsible person not signing off the assessment; and risk assessments not reviewed annually. The COSHH Officer is advising accordingly, and workplace inspection regime will include COSHH as part of the criteria.

As part of the HSE Notification of Contravention as outlined in section 4.1 included concerns around the control of diesel exhaust fumes, known officially as Diesel Engine Exhaust Emissions (DEEEs). While the use of the "substance" diesel fuel was in a COSHH risk assessment, the exposure to DEEEs in the workshop was not specifically addressed. The required action has now been taken to remedy this contravention.

Other work activities are being reviewed to ensure workplace exposure is adequately addressed as part of the COSHH assessment process.

5.4.6 Accident/ Incident reporting system
As part of the County Councils ICT project to remove the use of Lotus Notes, the revised Accident/ Incident Reporting System was launched in January 2015. The timing of the new system enabled the question-set to be updated to reflect recent RIDDOR changes.

5.5 Accident/ Incident statistics – Trend Analysis

5.5.1 Overview – See Appendix 3
There were a total of 1178 reported accidents/incidents across all three Groups and Warwickshire Fire and Rescue Service (WFRS). A breakdown of the combined total employee and non-employee (members of the pubic, pupils, customers) accidents per Group can be found in Appendix 3.

This equates to a 2.7% decrease (this equates to n=33).

NOTE: *Due to the diversity between one local authority and another local authority, it is difficult to benchmark with other similar authorities as 'like for like' does not exactly exist; other than in the area of statutory reporting requirements regarding RIDDOR. However, benchmarking possibilities continue to be explored at the West Midlands Regional Health and Safety Group (which the Corporate Health, Safety & Wellbeing Manager attends 3 times a year).*

5.5.2 Accident/ incident causation – See Appendix 3

Accident/ Incident statistics are recorded against the HSE categories. The commonest reason for accident reports for employees and non-employees, in ranked order, excluding fire and rescue statistics, are:

1. Slips, trips and falls on the same level, n = 311
2. Violent incidents (both physical/ verbal assault)*, n = 123
3. Hit by moving, flying, or falling object, n = 111
4. Hit something fixed or stationary, n = 56
5. Fall from height, n = 56
6. *Manual Handling**, n= 36*

- ** This figure is the combined result for violent incidents both physical and verbal and is inclusive of malicious and non-malicious assaults.*
- *** This figure includes the lifting/moving of both inanimate objects & people*

'Slip, trips and falls on the level' remains the most common cause for incidents.

The majority of the 'Falls from Height' incidents relate to non-employees using play equipment.

Of the violent incidents, 48 were non-malicious, 40 were malicious, 25 verbal, and 10 were inter-violence between non-WCC employees (e.g. pupil altercations). Within WFRS there were 9 reported incidents of violence and aggression which is an increase of 7 compared to the previous year. There were no noticeable trends and it wasn't only operational personnel who were affected. Within WFRS all incidents of this nature are investigated and dealt with effectively.

5.5.3 Employee accident reports – See Appendix 3

Of the 1,178 total reported accidents, 510 of them were for WCC employees. A breakdown of employee incidents against each Group can be found in Appendix 3. To help put the figures into some context against number of employees and to enable comparisons across Groups to be made, the injury incident rate calculation has been applied. Please note, this calculation is purely to enable a comparison to be made against the number of employees and number of reported incidents, and does not account for variations in part-time employment.

WFRS reported 59 employee incidents, this equates to an incident rate of 1,255 injured employees per 10,000 employees. It is worth noting that WFRS

operates within hazardous environments as part of its daily work, and there is a high awareness to report incidents.

Across all three Groups: Communities^ has the highest incident rate of 1,001 injured employees per 10,000 employees; and WCC employed schools have the lowest at 217 injured employees per 10,000. There is a vast difference in the occupational hazards across these two areas, but more reported accidents does not necessarily mean an area is more dangerous. For example, there may be more awareness to report accidents in one area compared to that of another. It is important to consider under reporting across the Groups as well.

^please note, Communities incident data does not include school data (from the Education and Learning Business Unit). Schools information is recorded separately.

5.5.4 HSE RIDDOR Reportable Incidents
A total of 49 incidents were reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR). This is 10 more than in 2013/14.

This equates to 34 (20) employee RIDDORs, 15 (14) non-employee RIDDORs. Please note, the number in the bracket is 2013-14 figure.

The incident rate for employee RIDDORs is 36 per 10,000 employees.

5.5.5 Concluding Remark
It is worth noting that accident statistics are a reactive measure of incidents, injury, ill health and loss. They should not be used solely to measure health and safety performance of the organisation (this is because increased accident reports could be as an outcome of improved employee awareness about the fact they need to report incidents and near misses rather than the increase being due to increased health and safety failures).

Corporately we encourage accident/incident reporting so that we can prevent a recurrence through the investigation and action planning process (which is undertaken at the local level by the relevant manager). Please note: the Health, Safety and Wellbeing Service review all incident reports and liaise with managers as necessary.

Currently, as a consequence of the organisational changes/ implementation of the one organisational plan, employee roles and responsibilities may be changing, their location of work may change, and the service delivery may change. Unless these are adequately planned for, unmanaged health and safety hazards/risks can be introduced. The consideration of risk management at this time of change and less resources is paramount. WCC therefore must remind managers to undertake/review risk assessments/safe systems of work for any changes in activities and premises, and that advice can be sought from the Health, Safety and Wellbeing Service. The Service continues to work closely with Facilities Management and the Property Officers Forum to ensure health and safety advice is given at appropriate stages of project management.

One key piece of work was the development of the building safety and security needs assessment which has proved particularly useful for reception areas where there is a risk of violence and aggression from our customers. And secondly, the development of the personal safety needs assessment for managers to complete and ensure appropriate risk control strategies are in place. Both of these assessment tools were developed to support managers whose work location and/or service delivery methods where changing as part of the property rationalisation programme and one organisational plan respectively.

6.0 Health and Wellbeing

6.1 Introduction

HR&OD capture, review and monitor sickness absence statistics and undertake focused work on the top four reasons of absence. For information on sickness absence and proactive focused work, reference should be made to the Employee Sickness Absence Management Report 2014-15.

The Health, Safety and Wellbeing Service consider work-related health and wellbeing risks at an organisational level in addition to other services within HR&OD. It is important to identify any foreseeable work-related health risks within WCC work activities as they may include musculoskeletal problems, exposure to noise, work-related stress, hazardous substances, etc. Some of this work includes information in the following sections.

6.2 Short-term Support & Counselling Provision

Short term support and counselling is provided across the County Council. For Resources, Communities and People Group (excluding schools) they access the Staff Care Service. Schools access a counselling provision via the WES HR Advisory Service, and Fire and Rescue access their provision through the Occupational Health Unit. The following sections will highlight usage and trends across these three provisions.

6.2.1 Staff Care
Short term support and counselling for WCC staff (with the exception of school employees and F&RS employees), is provided by the Staff Care Service.

The total number of new referrals to the Staff Care Service for the year 2014/15 was 207. This represents a slight decrease on the number of new clients presenting in the year 2013/14 (n=241).

Of the 207 new clients, 61% were from People Group (n=126), 21% from Resources Group (n=43) and 18% were from communities Group (n=38). This split is representative of the size of the groups, whereby People is the largest

Group. The majority of employees self-referred to the service (85%). The manager referred 13% and Occupational Health referred 2%.

Of those presenting employees, 63% were presenting with a work-related factor as the prominent issue (n=129), and 37% presenting with a personal issue (n=77) as the prominent issue. Within the Staff Care Service it is acknowledged that the reason for referral is rarely down to any one problem, but that it is usually down to a combination of concerns that all impact at the same time. For our reporting purposes, we have attributed referral to the most prominent concern at the time.

The top three presenting issues are as following:
- Work demand – n=45 (22%)
- Work relationships – n=22 (11%)
- Personal (partner) – n=16 (8%)

6.2.2 WF&RS Occupational Health – Counselling provision
The WF&RS Staff Wellbeing Advisor and Counsellor received 40 new referrals in 2014/15 which is a slight increase on 2013/14 referrals (36).

The main presenting issues during 2014/15 were stress (n=17), relationship issues (n=7) and bereavement (n=6).

6.2.3 School Counselling provision
This data relates solely to the schools who are employed by WCC (community and voluntary controlled schools) who have accessed the counselling provider that is available through the WES HR Advisory Service. It does not account for the support provided to teaching staff through other mechanisms (such as, teachers support network).

In 2014/15 a total of 20 school employees accessed the provision compared to a total of 10 in 2013/14. Although this is an increase, the total number of referrals is relatively low given the employee head count across schools. However, it is worth noting that school staff has confidential access to the Teacher Support Line which offers counselling support. The usage of this service is unknown.

6.2.4 Summary of findings
Across all Groups (excluding schools), there was a total of 247 new referrals (clients) compared to 277 in 2013/17.

It is important to note that employees and managers continue to access Staff Care support and counselling during this time of organisational change/restructures, increasing external pressures, and the implementation of the one organisational plan. The need and demand for counselling support is reflected in the sickness absence report figures, whereby the top reasons for absence (excluding school data) is stress/mental health at 19.9% and musculoskeletal problems at 17.7% (there is also a link between musculoskeletal problems and stress related problems).

As part of the health, safety and wellbeing communication plan, in 2015/16 the counselling provision for all employees will be promoted as part of the health and safety week in June when the revised policy relating to stress and resilience management is launched.

6.3 Occupational Health Provision

6.3.1 Corporate Occupational Health Trend Analysis – See Appendix 4

Team Prevent, the contracted Occupational Health Service provider, work closely with the HR & OD Service including Health Safety & Wellbeing service and Staff Care Services, providing advice, guidance and promoting early intervention which is key to reducing absence and getting people back to work sooner. Team Prevent provides pre-employment health assessment, management referrals, medicals, health surveillance and monitoring where necessary.

In 2014/15 Team Prevent received 710 management referrals across all Groups (including schools (n=248) but excluding Fire and Rescue OH data – refer to Section 6.3.2) which is a slight increase compared to 2013/14 (n=678). Of those referrals, 29% accounts for all mental health concerns, and 22% accounts for all musculoskeletal injuries and fractures. This correlates with the top two reasons for sickness absence (refer to Section 6.2.4).

Of those musculoskeletal injuries and fractures the majority are attributed to non-work related reasons. Only 1% of occupational health referrals relate to work-related musculoskeletal concerns compared to 17% to non-work relation musculoskeletal concerns.

The number of management referrals has increased by 4.7% compared to last year.

6.3.2 WFRS Occupational Health Trend Analysis

Within Fire and Rescue there were 171 new management referrals.

6.3.3 Summary on findings

The combined corporate total of occupational health referrals is 881 (including WFRS) which is a 3.5% increase compared to 2013/14 (n=849).

For those who were seen by Occupational Health (Team Prevent and WFRS), the top 5 reasons for new referrals are as follows:

   I.   Medical conditions;
  II.   Musculoskeletal problems (work-related and non-work related);
 III.   Mental health (includes, work-related stress, depression, mental ill health and non-work related stress)
  IV.   Surgical procedures

The occupational health statistics are being monitored at the Occupational Health User Group from a contract management perspective, and at the Health and Wellbeing Forum (chaired by Health, Safety & Wellbeing Service) to identify trends and action (see also Section 5.1.1.2). Recommendations will be fed back to the Head of HR&OD.

7.0   Health, Safety and Wellbeing for 2015-16

The following priority areas will continue in 2015-16:
- To continue to work towards the corporate health, safety and wellbeing strategy.
- To continue the implementation of the Workplace Health and Wellbeing Action Plan
- To continue to produce and monitor Group Health and Safety Action Plans annually.
- To continue to produce quarterly GLT health and safety reports.
- To continue to provide relevant health and safety performance information to Resources Group performance management process.
- To undertake proactive monitoring in the form of workplace inspections and audits to measure compliance with health and safety standards and statutory requirements will continue.
- To start producing quarterly health and safety updates for manager.

8.0   Conclusion

During 2014/15 the HS&W Service has continued to deliver a proactive and professional service to the whole of the County Council; providing a competent and efficient advisory and support function to Directors, Heads of Service, Managers/Headteachers and employees.

Key areas of work include the update of the corporate health and safety policy and the successful communication strategy to inform managers and employees of their responsibilities. In support of this revised policy, the manager health and safety training session has been reinvigorated, and the inclusion of a 'leading for health and safety' session demonstrates commitment to health and safety across the County Council. All sessions will include messages around safety culture, and the important part that managers play to build a positive safety culture.

In response to the HSE's sensible risk campaign, the Health, Safety and Wellbeing Service continue to review and revise policies with the aim to ensure the content is streamlined and adopts the HSE's sensible and proportionate approach to risk management.

The revised rolling audit process is in recognition of health and safety importance by ensuring our management system is being implemented

throughout the County Council at a Business Unit/Service/Team level dependent on the activities/risk.

Reactive monitoring in the form of accident reporting/investigation and the assessment of trends has identified a slight reduction in accidents/incidents. Following the launch of the new Accident/Incident Reporting System we can anticipate an increase in reporting due to raised awareness.

Finally, the County Councils contravention of Fee For Intervention for a 'material breach of health and safety' on this occasion did not escalate to a high cost by way of HSE costs recouped; however, it did cost the Council in officer time spent on the recommendations. It also serves as a useful reminder that HSE will take appropriate action as they see fit. The County Council's approach to health and safety management should be proactive, and the Health, Safety and Wellbeing Service will continue to communicate this message and strive for continuous improvement. The importance of this approach is reflected in the County Council health, safety and wellbeing strategy and priority areas for 2015-16 (Section 7).

Background Papers (Please list below, with electronic links where applicable)

None applicable

	Name	Contact details
Report Author	Ruth Wilkinson, Corporate Health, Safety & Wellbeing Manager	ruthwilkinson@warwickshire.gov.uk 01926 412316
Head of Service	Sue Evans, Head of HR & OD	
Strategic Director	David Carter Strategic Director for Resources Group	
Portfolio Holder	Cllr Kam Kaur	

APPENDICIES

Appendix 1 –   Corporate Health, Safety and Wellbeing Strategic Framework

Appendix 2 –   Health, Safety and Wellbeing Strategy 2013-18 (including Action Plan)

Appendix 3 –   Accident/Incident Statistic Trend Analysis

Appendix 4 -   Corporate Occupational Health Trend Analysis

Appendix 1-Warwickshire County Council – Corporate Health, Safety and Wellbeing Strategic Framework 2014-18

WCC	Plan – Establish standards for health and safety management based on risk assessment and legal compliance through policy and planning		Do – implement plans to achieve the objectives/standards that have been set through risk profiling and organisation for health and safety		Check – measure progress with plans and compliance standards	Act – review against objectives and standards and take appropriate action		
	Vision	Policy	Organising	Arrangements (implementing the plans)	Measuring performance	Reviewing performance	Auditing	Continuous improvement
Corporate (strategic)	• Striving for excellence in health, safety and wellbeing performance and management • Effective H&S management system • Positive H&S culture • Be a 'good employer' • Safety and protection for residents • Safe activities and place of work • Legally compliant • Continuous improvement	WCC Health and Safety Policy Corporate topic based H&S Policies and supporting documentation Corporate HSW Strategy Occupational HSW strategy	H&S policies detail the relevant and required roles, responsibilities and competence Policy consultation H&S Joint consultative Committee (JCC) Corporate Training Matrix and training provision	H&S Policies detail corporate arrangements (particularly assessment of risk) and control strategies Business planning/risk management Management processes (e.g. appraisals, 1:1's) Visible leadership and commitment for H&S	Resources Group HR&OD performance indicators HSW Service KPI's HR&OD and Employee Relations Business Plan Corporate HSW Strategy H&S Policies detail corporate arrangements for measuring performance	Corporate annual HSW report H&S JCC, OH User Group and Staff Care Protocol to review relevant data/ trends and taking action	Internal audit of H&S management system (independent) HSW audit procedure - regime developed and considers corporate level detail	Through review/audit and taking appropriate action Learn from experience Actively identifying and implementing changes nationally and regionally Internal review dates on documents Revisit action plans and policies
Group	• Prevention of occupational incidents, injury, ill health • Positive H&S culture • Sensible risk management • Safe workplace • Safe activities/ service delivery • Legally compliant	Statement of H&S intent Group H&S Action Plan Implement corporate H&S policies	Implement corporate H&S policies and inform employees of their roles and responsibilities H&S on meeting agendas Communication channels in place Group training needs analysis	Visible H&S Leadership and management Consider H&S with other business risks Consider H&S at planning stage of any new work/changes/ decision making Business planning process	Group H&S performance indicators (i.e. in business plans, appraisals, etc)	Group HSW quarterly updates Monitoring statistics and taking action	Implementation of H&S audit procedure - regime pertinent to Group	
Local (operational)	• Prevention of occupational incidents, injury, ill health • Safe activities and workplace • Positive H&S culture • Safe, motivated, competent staff • Good communication, worker involvement and cooperation	F&R Service Order's School H&S standards Local H&S arrangements (i.e. procedures, processes, safe systems of work, etc) to implement corporate H&S policies	Compliance with H&S policy/ F&R Service Orders/ School H&S Standards Informed employees Training needs analysis and relevant training provided H&S on team meeting agenda H&S considered in appraisal system Business planning	Risk assessment process for activity/ process/ operation significant risks Sensible risk management with arrangements (procedures, safe systems of work and processes) in place Accident/Incident/ near miss reporting, investigation and action Implement local arrangements	Undertake H&S workplace inspections Undertake visual observations and take action accordingly (day-to-day management of H&S) Investigate incidents and take action	Risk assessment review Monitor incident/ accident/ ill health data and take action Taking action on inspection and audit findings	H&S audit procedure at local level Take appropriate action as identified in audit process	

Appendix 2

	Warwickshire County Council	*Working for Warwickshire*

Corporate Health, Safety and Wellbeing Strategy 2013-18
Version 2

Prepared by:	Ruth Wilkinson, Corporate Health, Safety and Wellbeing Manager
Endorsement:	Corporate Health and Safety Champion Corporate Board
Initial date:	April 2013
Date of this review:	June 2015

Introduction

In compliance with The Management of Health and Safety at Work Regulations, *Regulation 7: Health and Safety Assistance*, Warwickshire County Council (WCC) has appointed health and safety professionals within the Health, Safety and Wellbeing Service (HSW) as the competent persons to assist the employing body in taking the measures needed to comply with relevant legislation. The HSW Service is therefore the competent health and safety advice for all WCC employees, and is led by the Corporate Health, Safety and Wellbeing Manager. Roles and responsibilities for managing health and safety within WCC have been assigned accordingly through the WCC Health and Safety Policy and corporate-topic based policies.

To assist with legislative compliance, WCC has written this strategy in accordance with the Health and Safety Executive's (HSE), *Managing for Health and Safety*, HS(G) 65 publication, as the County Council has adopted this as our occupational health and safety management system. This management system enables WCC to put in place suitable arrangements/framework for health and safety so that it can be suitably embedded throughout the organisational structure.

The strategy is also mindful of the National legislative reviews and forthcoming changes to the health and safety legal framework. To date we have considered the Lord Young

report '*Common Sense – Common Safety'* and Professor Löfstedt's report *'Reclaiming health and safety for all: An independent review of health and safety regulation'.* The HSW Service will continue to keep up-to-date with the health and safety legislative requirements applicable to WCC and to monitor forthcoming changes. HSW Service will advise management on these changes accordingly, and follow the process for effective implementation into WCC Policy as required.

This strategy strives to meet the WCC Health and Safety Policy aims and objectives; in addition to assisting WCC in meeting the ambitions stated within the Corporate Business Plan. Namely the key priorities for safety and protection (Ambition 2) for the residents of Warwickshire; and for WCC to be a good employer (Ambition 7). As well as assisting with legal compliance, meeting moral duties, and business benefits; the work of the HSW Service impacts on the efficacy of reaching these corporate ambitions.

The Corporate Health, Safety and Wellbeing Strategy 2013-18 will therefore focus on the priority areas for WCC which are: developing a positive health and safety culture, raising the profile of health and safety, integrating traditional health and safety with occupational health and wellbeing, defining and developing the management system to ensure WCC meets statutory legal requirements, advising/informing managers and employees on the roles they play for health and safety, and by providing a more resilient in-house H&S advisory service to meet the needs of WCC's occupational health, safety and wellbeing risks.

This strategy therefore outlines these key priority areas in more detail, and provides a supporting action plan to help drive them forward.

Corporate Key Priority Areas

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1. To develop and promote a positive health and safety culture (C1)

WCC will promote a positive health and safety culture based on the key elements required for effective health and safety management, and HSE information/guidance and direction. In order to meet this aim, we will develop and implement our health and safety strategies in accordance with the below key factors:

- Leadership and Management
- Employee involvement
- Competence of workforce (trained/skilled)
- Clear communication

The main focus will therefore be to ensure everyone is informed, and is clear and understands their health and safety roles and responsibilities. Effective health and safety performance is driven from the top via senior leadership teams through active leadership. Therefore stronger links will be made with Group Leadership Teams (GLTs) through Group health & safety action plans, feedback on performance (i.e. annual reports) and through communication channels. With effective communication and active leadership, health and safety can be considered, planned for, and impacts remedied at the appropriate stage of any activity, new work, initiatives or changes. Therefore, we will continue to strive for health and safety to be considered and managed as other core business risk(s).

We recognise that worker involvement, consultation and communication are key for effective health and safety management. HSW Service will therefore implement a communication plan and continue to consult with the Health and Safety Appointed Trade Union Representatives and consider other consultation routes as appropriate/required.

The attainment of relevant health and safety competencies are essential in developing a health and safety culture. The HSW Service will continue to develop, provide, advise on Corporate/Group training requirements at the organisational/strategic level based on an overarching corporate training needs analysis (this process will also need to be undertaken locally and HSW Service can provide support to managers).

HSW Service will continue to develop and improve the health and safety management system, and provide clarity on the levels of implementation throughout WCC. The first step in providing clarity is through this strategy and the revision of the Corporate Health and Safety Policy and the accompanying occupational health, safety and wellbeing framework for WCC.

2. Raising the profile of health and safety (C2)

The HSW Service recognises that health and safety has had negative press over recent years; and supports the HSE's sensible risk management campaign, and myth busting agenda which includes the recent launch of the myth buster challenge panel.

The HSW service will continue to raise the profile of health and safety through the provision of a resilient and quality/professional service with a clear vision, aims and objectives, and key performance indicators. The communication plan and Group health & safety action plans will be the key tools in helping the HSW service raise the profile.

Feedback on the HSW service will be obtained and actioned accordingly.

3. Integrate health and safety with occupational health and wellbeing (C3)

The HSW Service recognises the health and safety issues and challenges within WCC and nationally. The HSW service re-structure has accounted for strategic consideration and direction for occupational health and wellbeing within the workplace; as well as providing a more resilient in-house health and safety advisory service to meet the current and changing needs of WCC. The service provision is therefore inclusive of health, safety and wellbeing; and has working links with our Occupational Health Providers, HR & Organisational Development teams, Public Health, Facilities Management, and other relevant services.

The HSW service offers proactive advice, policy, guidance and tools for the management of occupational health and wellbeing risks; and also short term support and counselling which enables employees to receive support whilst remaining at work; or assist employees in returning to work sooner.

An occupational health, safety and wellbeing strategy will be developed to move forward the occupational health and wellbeing objectives within this strategy, and continue to embed the synergies between health and safety and wellbeing.

Stronger links with Facilities Management will be made to co-ordinate efforts for the building health and safety requirements.

4. Develop and maintain an effective health and safety management system (C4)

Auditing is a key aspect of ensuring that health and safety legislation is adhered to. WCC has a statutory obligation under the Management of Health and Safety at Work Regulations to monitor and review the protective measures put in place for health and safety at work. As the organisation has changed since the previous bi-annual health and safety audit was reviewed/ undertaken, therefore the audit regime will be reviewed in preparedness for 2013/14. The revised workplace health and safety inspection policy will be launched and implemented so as to ensure a consistent, risk based approach to the identification and management of physical workplace hazards.

The occupational health and safety management system will be monitored via the HSW GANTT chart; and in priority order, and in response to the legal requirements place on WCC. The main focus will always be on continuous improvement and making sure the advice/documentation that we provide is current, clear, competent and sensible.

To help provide clarity on the system and how it is implemented and embedded throughout WCC, refer to the HSW framework within the Corporate Health and Safety Policy.

5. Advising managers and employees on their roles and responsibilities for health and safety (C5)

The HSW Service will review and improve how we communicate with our customers. This will include a review of our current training provision to ensure clarity on what it is we want our customers to know or take away with them (i.e. their role, responsibilities and skills to be implemented).

The service will also promote what we provide and emphasise that managers manage health and safety locally/ on a day-to-day basis and inform all employees that they also have responsibilities.

The communication plan will drive this forward and provide key information to target audiences. Improved corporate training provision will enable teams to obtain bespoke training that will be tailored to their needs.

Corporate Health, Safety and Wellbeing Action Plan 2013-18

Produced by: Ruth Wilkinson, Corporate Health, Safety & Wellbeing Manager (CHS&WM)

Objective: To strategically outline how WCC will achieve our statutory obligations and achieve our WCC Health and Safety (H&S) Policy aims/ objectives and thus strive for excellence in health and safety management and performance.

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action
To develop and promote a positive health and safety culture	C1	Implement all elements of management system across the organisation	Group health and safety action plans Competent in-house health and safety assistance through Senior H&S Advisor	GLTs	
		Visible leadership commitment to health and safety	Consideration of health and safety at planning and implementation stage, and in line with other business objectives, and good downward communication.	Heads of Service	
		Sensible risk management and employees informed	Risk assessment process	Managers	
			Local arrangements	Managers	

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action
		Worker involvement, communication, cooperation, and consultation with employees			
		Health and safety discussed at team meetings	Standing agenda item	GLT/Managers	
		Competent employees	Training needs analysis	Managers	
Raise the profile of health and safety	C2	Visible leadership and commitment to health and safety	As above	GLTs	
		Worker involvement	Senior H&S Advisors to liaise with Heads of Service	GLT/ Service manager	
		Awareness of health and safety roles and responsibilities	Local arrangements HSW Service communication plan, employees are briefed by managers as relevant	HSW	
		Seek feedback on service	Evaluation of service provided	HSW/ Resources Group service evaluation	
Integrate H&S with occupational health and wellbeing	C3	Identify and plan for the reduction/prevention of the main risks in occupational health and safety	Develop occupational health, safety and wellbeing strategy for WCC	Corporate Health Safety and Wellbeing Manager, Staff	

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action
				HSW Advisor	
		To specifically target key work-related health issues with arrangements in place	As above		
		Develop, monitor and review new and existing policies as necessary to ensure legal compliance and WCC best practice for example these include: stress, DSE, health surveillance, infection control, hazardous substances, noise, vibration	As above		
		Consult, communicate and cooperate with other relevant WCC services	As above and through policy consultation and meeting regime	Corporate HSW Manager	
Develop and maintain an effective occupational health and safety management system	C4	Competent health and safety assistance provided through HSW Service	HSW Service with required competence	Corporate Health Safety and Wellbeing Manager	
		Implement effective audit regime to meet Group requirements	Review and amend H&S audit policy and procedures	HSW	
			Group Health and Safety Plan	GLT/ HSW	
		Health and safety policy development and implementation to ensure legal	HSW service, consultation process, communication plan, HSW GANTT	HSW	

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action
		compliance and WCC best practice Undertake H&S workplace inspections	WCC H&S workplace inspection policy and procedures	Managers	
Advise managers and employees on their roles and responsibilities for health and safety	C5	Provide relevant information on policy, through training, and updates Effective downward and upward communication in Groups	HSW Service through communication plan and training provision/ feedback Local group arrangements	HSW GLTs	

Measure of success			
Target % (percentage of all required action achieved)	Actual % (as of 31 March 2018 utilising H&S audit findings)	Overall R-A-G Alert	Comment(s)
80%			

Appendix 3 - Accident/ Incident Trend Analysis

Overview

There were a total of 1178 reported accidents/incidents across all four Groups. A breakdown of the combined total employee and non-employee (members of the pubic, pupils, customers) accidents per Group are as follows:

Group	2014-15
People Group	130
Resources Group	114
Communities Group	159
Schools (Community and Voluntary Controlled)	595
Fire and Rescue	180
Total	**1178**

The previous yearly data has not been included due to the information being presented in the old structure of 'children's services' and 'adult services'. The largest reduction in reported incidents is within schools. This is a continuing trend in recent years due to schools converting to Academy status.

Year-on-year comparators are given below:

Year	Total number of accidents	% change
2009/10	1942	-
2010/11	2276	+ 17%
2011/12	2033	-12%
2012/13	2012	-1%
2013/14	1211	-40%
2014/15	1178	-2.7%

This equates to a 2.7% decrease (this equates to n=33).

Employee accident reports

The number of accident reports for our employees only, are as follows:

Group	2014-15	Injury Incidence Rate^
People Group	89	419 per 10,000
Resources Group	101	491 per 10,000
Communities Group	85	1,001 per 10,000
Schools (Community and Voluntary Controlled)	176	217 per 10,000
Fire and Rescue	59	1,255 per 10,000
Total	**510**	**375 per 10,000 employees. Ave.**

^The Injury Incidence rate is calculated using the following formula = (No. reported incidents in the year / average no. employed during the year) x 10,000. This gives the rate

per 10,000 employees. The formula makes no allowance for variation in part-time or full time. The headcount figures for 2014/15 used for this report are: Communities n=849, people n=2123, Resources n=2055, Fire n=470, community schools n=6490, and voluntary controlled schools n=1604.

The highest incident rate exists within Fire and Rescue.
Fire and Rescue operates within hazardous environments as part of its daily work. These environments are not owned or operated by the authority which means we are often unable to control the risks associated with the building, its contents, people or location. The hazardous environments and the need for rapid intervention to save life and reduce property damage do increase the likelihood of injuries despite high levels of training, personal protective equipment and safe systems of work. The training Fire & Rescue provides to its operational staff must be realistic, it is often physically demanding and takes place in hostile training environments. Although more controlled than an actual incident the potential for injuries is ever present.

Appendix 4

Occupational health trend analysis – excluding WFRS

Groups (excluding F&RS)	2013/14	2014/15
People Group	290	256
Schools (Community and Voluntary Controlled)	215	248
Communities Group	50	77
Resources Group	123	127
Other		2
Total	**678**	**710**

Management Referrals received by each Group

Extracts taken from the Team Prevent statistic report for 2014-15

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
Null										1	1		2
1 People	27	20	23	16	19	17	27	28	22	18	10	29	256
2 Communities	4	8	7	8	5	11	9	6	6	5	3	5	77
3 Resources	9	6	9	14	6	15	12	12	11	12	7	14	127
4 Schools	27	21	20	21	3	20	17	23	28	23	16	29	248
Grand Total	67	55	59	59	33	63	65	69	67	59	37	77	710

Reason for referral across each Group

Extracts taken from the Team Prevent statistic report for 2014-15

Summary: