

Staff and Pensions Committee

14 October 2010

Agenda

The Staff and Pensions Committee will meet at the **SHIRE HALL, WARWICK**, on **THURSDAY 14 OCTOBER 2010 at 2.30 pm or on the rise of Cabinet if that is later.**

1. General

- (1) Apologies for absence.
- (2) Members Declarations of Personal and Prejudicial Interests.

Members to declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare an interest unless the Member chooses to speak on the matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

- (3) Minutes of the public meeting held on the 27 May 2010.

2. Employee Absence Management

Report of the Strategic Director of Customers, Workforce and Governance.

This report describes the latest performance information on employee absence levels for 2009/10 (Quarter1).

Recommendation

That the Committee note the latest available performance information in relation to the management of sickness absence.

3. Health and Safety Annual Report 2009/10

Report of the Strategic Director of Customers, Workforce and Governance.

The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within the County Council. The report summarises the health and safety activities within the Authority from 1st April 2009 to the 31st March 2010.

Recommendation

For the Staff and Pensions Committee to review and comment upon the Health and Safety Annual Report for 2009/10 and endorse the priorities recommended within in it.

4. Items Containing Exempt Information

To consider passing the following resolution:

‘That members of the public be excluded from the meeting for the items mentioned below on the grounds that their presence would involve the disclosure of exempt information as defined in paragraph 4 of Schedule 12A of the Local Government Act 1972’

(NB. Copies of extracts describing exempt information are available in Warwickshire Libraries, the County Council Handbook and the Access to Information Register held in my office).

5. Exempt minutes of the public meeting held on the 27 May 2010.

6. Workforce Planning

(This report was not available at the time the agenda was printed and will be forwarded separately.)

Report of the Strategic Director of Customers, Workforce and Governance.

The report addresses various workforce planning issues to be considered in the light of the anticipated budget reductions.

7. Pay and Conditions Review – Phase 2: Post Consultation and Implementation

(This report was not available at the time the agenda was printed and will be forwarded separately.)

Report of the Strategic Director of Customers, Workforce and Governance.

This report summarises the results of consultation with the workforce on the outcomes of the Pay and Conditions Phase 2 review, and makes recommendations accordingly.

JIM GRAHAM
Chief Executive

Membership

Councillors: Peter Butlin, Alan Farnell (Chair), Jim Foster, Eithne Goode, Colin Hayfield and Brian Moss.

General Enquiries: Please contact Jean Hardwick on 01926 412476

E-mail: Jeanhardwick@warwickshire.gov.uk Enquiries about specific reports:

Please contact the officers named in the reports.

**Minutes of a meeting of the Staff and Pensions Committee held on
27 May 2010**

Present:

Councillors Alan Farnell (Chair)
Peter Butlin
Jim Foster
Eithne Goode
Colin Hayfield
Brian Moss

Officers:

David Carter, Strategic Director Customers,
Workforce and Governance
David Clarke, Strategic Director, Resources
Bob Perks, Head of Human Resources
Colin Williams, Consultant, Pay & Conditions Team
Janet Purcell, Executive and Member Support
Manager

1. General

(1) Apologies for absence

None.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Alan Farnell declared a personal interest as a school governor.

2. Item Containing Exempt Information

Resolved

That members of the public be excluded from the meeting for the item mentioned below on the grounds that their presence would involve the disclosure of exempt information as defined in paragraph 4 of Schedule 12A of the Local Government Act 1972.

3. Pay and Conditions Review - Implementation

Colin Williams introduced the report. The Committee considered the report and the feedback from union representatives reported to them at the meeting and agreed proposals as the basis for a period of a further 30 days formal consultation on the basis set out in the exempt minutes, with a report back to the committee upon the expiry of the consultation. The Committee also gave authorisation to the Strategic Directors of Customers, Workforce and Governance and Resources on issues set out in the exempt minutes.

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Chair of Committee

The Committee rose at 3.30 p.m.

AGENDA MANAGEMENT SHEET

Name of Committee **Staff and Pensions Committee**

Date of Committee **14 October 2010**

Report Title **Employee absence management**

Summary This report describes the latest performance information on employee absence levels for 2009/10 and 2010/11 (Quarter 1)

For further information please contact: Martyn Thompson
Deputy Head of Workforce
Strategy & Development
Tel: 01926 41 2704

Would the recommended decision be contrary to the Budget and Policy Framework? No

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor Foster
Councillor Goode
Councillor Moss
- Cabinet Member Councillor Farnell
Councillor Hayfield
Councillor Butlin
- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils
- Health Authority

Police

Other Bodies/Individuals

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee Recommendation that this Committee continues to receive annual progress reports

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Staff and Pensions Committee - 14 October 2010

Employee Sickness Absence Management

**Report of the Strategic Director of Customers,
Workforce and Governance**

Recommendation

That the Committee note the latest available performance information in relation to the management of sickness absence.

1. Introduction

This report covers information on sickness absence for:

- a) the financial year April 2009 – March 2010 and
- b) Quarter 1 2010/11 based on a rolling 12 month period from July 2009 – June 2010) and
- c) compares this data with previous years to show the trend.

Elected members should note that significant organisational restructuring involving the move of services between Directorates with effect from 1 April 2010 will not allow sensible comparisons between Q1 and previous years.

2. Sickness Days lost per Employee (FTE)

2.1 A summary of corporate comparative absence figures over the last six years is as set out below: -

Year Ending	2004/5	2005/6	2006/7	2007/8	2008/09	2009/10	2010/11 Q1
Days Lost per Employee*	10.12	10.57	9.51	8.51	8.50	8.32	8.33

* based on full time equivalent

The overall sickness absence level for the County Council was 8.32 FTE days per employee during 2009/10. This compares favourably to previous years and shows a general downwards trend that has continued since 2005/06.

The current sickness absence levels remain lower than both the latest national local government figures of 9.6 days absence per FTE employee. (Local Government Employers "Local Government Sickness Absence Levels and Causes Survey") and

the national average levels of absence for public sector employers at 9.7 days per employee per year (CIPD Absence management Survey 2009).

Sickness absence rates do however remain higher than the CBI National average for private sector employees (6.4 days).

2.2 Sickness Absence Levels by Directorate are as follows:

Directorate	2007/ 08	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	14.46	15.04	16.52	17.53
CYP&F (schools)*	7.97	7.52	7.47	7.32
CYP&F (non schools)	6.52	9.18	6.60	6.94
Environment & Economy	7.20	7.43	7.32	8.02
Fire & Rescue (formerly Community Protection) **	9.00	5.80	5.67	7.63
Customers, Workforce & Governance	7.20	5.52	6.04	7.93
Partnership & Performance Unit			5.38	5.95
Resources	8.59	8.91	8.22	8.61
WCC	8.51	8.50	8.32	8.33

* Based on headcount figures (rather than FTE) in order to retain comparative base (over the last three years) and to balance the difficulties in recording term time/part time absence data.

** Excludes Fire Fighters

3. Percentage of Employees with no absences.

Directorate	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	20.6	20.3	18.8
Children, Young People and Families	35.7	42.6	42.5
Community Protection	52.1	56.6	52.5
Customers, Workforce & Governance	40.9	36.6	34.8
Environment & Economy	32.7	41.9	39.0
Partnership & Performance Unit		42.9	38.9
Resources	32.2	37.4	37.5
WCC	35.70	34.71	34.38

The average percentage of employees with no absences has decreased from 35.70% in 2008/09 to 34.71% in 2009/10.

4. Number of Episodes of Sickness per Employee.

The number of episodes equates to the average number of occasions during the period that an employee is absent due to sickness in each Directorate.

Directorate	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	2.03	1.79	1.78
Children, Young People and Families	1.45	1.16	1.17
Community Protection	0.74	0.80	0.80
Customers, Workforce & Governance	1.27	1.27	1.48
Environment & Economy	1.49	1.28	1.38
Partnership & Performance Unit		1.54	1.76
Resources	1.39	1.15	1.16
WCC	1.40	1.36	1.37

5. Percentage of time lost due to short term / long term sickness

	2008/09		2009/10		2010/11 (Q1)	
	Short-term	Long-term	Short-Term	Long-term	Short-Term	Long-term
AH&CS	39.6%	60.4%	32.5%	67.5%	29.6%	70.4%
CYP&F	44.5%	55.5%	54.6%	45.4%	52.8%	47.2%
CP (Fire)	41.7%	58.3%	49.5%	50.5%	38.2%	61.8%
CWG	59.9%	40.1%	59.5%	43.5%	55.6%	44.4%
E&E	51.7%	48.3%	53.1%	46.9%	52.5%	47.5%
PPU			61.4%	38.6%	61.9%	38.1%
Res	42.2%	57.8%	40.3%	59.7%	39.6%	60.4%
Total	46.60%	53.40%	40.93%	59.07%	40.00%	60.00%

The percentage of long-term sickness has increased from 53.40% in 2008/09 to 59.07% over the last year. 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.

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.

The figures do not include absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

6. Reasons for Absence

	2008/09	2009/10	2010/11 Q1
Chest or Respiratory	4.64%	4.30%	4.32%
Digestive System	5.67%	7.06%	7.40%
Eye, Ear, Nose, Mouth	2.99%	3.02%	3.05%

Heart & Circulation	1.41%	1.79%	1.92%
Musculo-skeletal	20.05%	22.58%	21.92%
Neurological	2.19%	3.14%	3.17%
Operation or Post Operative	11.29%	10.31%	11.00%
Stress Mental Health	17.05%	17.96%	19.08%
Viral	12.39%	13.77%	13.37%
Swine Flu		1.28%	1.24%
Other reason	5.88%	7.00%	7.04%
Reason Withheld	16.67%	7.79%	6.49%

6.1 A breakdown of the specific reasons for sickness absence shows that the “top four” reasons for sickness absence remain unchanged from the previous year. These relate to absences categorised as being for musculo-skeletal disorders (22.58%), stress/mental health issues (17.96%), viral infections (13.77%) and Operation or Post Operative conditions (10.31%).

6.1.1 Musculo-skeletal disorders remain the highest reason for sickness absence across the Council accounting for some 13,601 days lost in the last year and over 22% of all absences. This represents just over a 2% increase in MSD related absence since April 2009. The highest incidence of MSD related absence (in terms of days lost) remain within front line services such as home, day and residential care in Adult Social Care (25.58%) and catering, cleaning and caretaking services within the Resources Directorate (28%).

Health and Safety staff and the HR Advisory Service have recently reviewed the absence data for MSD's, particularly within AH&CS Directorate where the incidence of MSD is highest. Proactive and early intervention strategies have been identified and trialled for short term and long term episodes of absence and this learning will be deployed within other Directorates. The focus has been on prevention strategies, information/ instruction for employees on back care and prevention, and return to work options. This is in addition to the current control strategies we already have in place through risk assessment and training requirements.

6.1.2 Mental health / stress reason is the second highest reason for sickness absence accounting for some 10,820 days and 17.96% of all absences.

Again it is not surprising that the rates of stress/mental health related absence remain comparatively high in front line services and particularly within adult social care (19.64%) and children in need (18.25%) and family related social care work (19.04%). Continued work will be undertaken within Directorates to examine the hotspot areas in other areas of the Council.

Over the last 2 years there have been significant initiatives to support health and well being in the workplace and specifically to prevent absences due to occupational related stress. Members will be aware that key aspects of this have been: -

- (i) The provision of health checks for over 2,200 employees.
- (ii) The provision of health and wellbeing workshops, stress management courses and regular lunchtime sessions on tai chi, pilates, waist management challenge, and yoga.

- (iii) The running of bespoke team events where part of the focus is on individual and team well-being.
- (iv) The availability of new and enhanced wellbeing pages and content on the Council's intranet. The well structured, easy to read and understand content, fosters greater understanding of wellbeing issues and topics and provides practical advice to staff on how to improve their wellbeing. This includes well thought through links to a sensible number of well known and reliable sources such as NHS Choices and MIND so enabling the reader to access services and further support if required.
- (v) The key focus on the manager's role in the management of stress in the workplace.

There can, however be no room for complacency and a proactive approach has been adopted to anticipate, prevent and manage workplace stress. A stress and wellbeing working party has been active in producing an excellent corporate stress and wellbeing policy and managers toolkit. This is supported by an associated managers guide, risk assessment form for teams/roles and individuals (based on the HSE management standards) and return-to-work assessment. These documents are due to be launched by the end of 2010 (to link in with the National Stress Awareness Day on the 3rd November 2010).

To ensure the quality, usability, and usefulness of the stress toolkit, managers and end users were consulted at a series of 'stress and mental wellbeing in the workplace' workshops..

Information for employees is also being produced currently. This information will accompany the wellbeing content that is already available on the newly revamped wellbeing intranet pages.

The new corporate Staff Care Service is also available for employees and this service supports many with stress and mental health issues.

6.1.3 Viral Infections The incidence of viral infections is relatively high with a total of 8,298 days lost and accounting for 13.77% of all absence. The County Council, through proactive approach continue as resources allow to promote a healthy lifestyle, including exercise, a balanced nutritious diet and good workplace hygiene. Additionally, front line employees are offered seasonal flu vaccines and consideration is being given to other initiatives which can help to minimise transfer of viral infections in the customer facing and service centre environments.

6.1.4 Other reasons An analysis of other main reasons for sickness absence is set out in the table above. Those absences relating to operations is 10.31%, digestive disorders is 7.06%, chest and respiratory infections is 4.30%, eyes/ears/nose disorders is 3.02% and heart & circulation 1.79%. Apart from the post operative category, for which there may be opportunities for fast track physiotherapy, the percentages of the remaining categories of absence are felt to be either stable or falling and, as such, detailed analysis is not, at present, seen as a priority.

6.1.5 Reason Withheld In 2008/09 16.67% were categorised as "Unknown reasons". To help improve the accuracy of the absence data, this category was removed creating an expectation that managers would report the reason for each absence.

As a consequence the % of other reasons has increased. However, a category of "Reason Withheld" was introduced to provide the option for individuals who had reported their medical reason to Occupational health (or their line manager) but requested that for personal reasons the reason not to be recorded. In addition, the roll out of employee and manager Self Service across all Directorates that requires line managers to enter employee absence on a weekly basis has significantly improved the accuracy of sickness reporting over the last year.

- 6.2 A service-by-service review of the above top reasons has been undertaken within each Directorate and the analysis is presented in the Appendices. The reports show the actions each Directorate is addressing through its HR Business Partners to ensure that the most prominent categories of absence that are highlighted are appropriately managed.

7. Pro-active and preventative initiatives to improve attendance at work

It is clearly important to ensure that work continues to appropriately manage and reduce the levels of sickness absence. A summary of current initiatives is set out below.

(i) Integrated health and well-being function

As from 1st April 2009 the Council adopted an integrated approach to health and wellbeing by bringing together health and safety, staff counselling, well-being and occupational health into one team as part of Specialist HR Services. This approach has been effective in allowing a more effective corporate and integrated approach to be adopted in addressing the management of sickness absence and the organisation of the support available to employees. Part of this approach has involved the launch of a new corporate Staff Care Service and the launch of a new wellbeing website for employees. The next stage of this integrated approach is to bring the health and safety function under the leadership of the professional lead (Health, Safety and Well-Being Manager) in October 2010 with the aim of strengthening corporate working.

(ii) Role of Team Prevent, Occupational Health Service

Team Prevent are Occupational Health contractors based in Shire Hall. They provide regular and professional clinical advice and support to managers who seek advice on individual cases relating to the management of employee absence. In addition, the Occupational Health Service work under the direction of Specialist HR Services to continually promote positive health initiatives to employees.

Proposals are being discussed with Team Prevent to reduce absence through a case management approach which will enable immediate intervention and referral to Occupational Health where stress or MSDs are indicated as the reason for absence. Team Prevent will be adopting evidence based Stay at Work and Early Return to Work approaches and setting targeted return to work dates, in line with evidence based recovery periods, for those employees who are absent from work due to surgical procedures.

(iii) Facilitation of health & well-being interventions

The Healthy Workforce Co-ordinator has been seconded to the Department of Health for 18 months and has not been replaced. However, a limited range of health and well being interventions such as Wellpoint health kiosks, positivity workshops and health and well-being weeks have occurred.

(iv) Performance Management of sickness within Directorates

Performance management across all service areas is key to the management and reduction of absence. Over the last 2 years this has improved across all Directorates. Absence information is now considered regularly at all Directorate Leadership Teams and appropriate action taken. The speed and consistency of action has continued to improve as part of the recent launch of the corporate HR Advisory Team working closely with Team Prevent.

(v) Review of Staff Sickness Policy and Procedures

The current Staff Sickness Policy is being reviewed to reflect recent statutory changes from “Sick notes” to “Fit notes” and to strengthen the proactive and supportive approach the Council are playing in encouraging wellbeing of the workforce to encourage attendance rather than absence.

8. Conclusion

Despite factors such as the worrying economic climate that is threatening jobs and the impact of swine flu, further progress has been made in reducing the level of staff absence due to sickness. Work continues in equipping managers to effectively manage staff absence. Proactive support to encourage staff wellbeing is ongoing and continual improvements are being made monitoring and reporting absences.

David Carter
Strategic Director of Customers, Workforce & Governance
Shire Hall
Warwick

September 2010

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Adult, Health & Community Services Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	8,554	28.00%	8,004	26.47%
Stress & mental health	6,231	20.69%	6,589	21.79%
Viral	3,112	10.19%	2,931	9.69%
Operation	3,126	10.23%	3,332	11.02%

Commentary

The overall figure for Adults for Q1 2010/11 appears to show an increase on 2009/10, but this is misleading. This is the effect on the statistics of the transfer to CWG of libraries staff, who have lower absence rates than social care staff. It does not represent a real increase in the absence of those staff who remain in the Directorate. Whilst social care, and in particular client care provision, typically have higher absence rates than most other Local Government employee groups, the Directorate is very aware of the consequential cost and disruption to service and a Steering Group is overseeing an action plan seeking to reduce absence. Key aspects of this are described below.

A Review Panel has initially focused on long term absence. As a direct result of the first cohort reviewed, more than 26 long term absence cases were resolved and others subsequently. At least as important is the learning which is being applied on an ongoing basis with the HR Advisors for A, H & C maintaining a strong focus on all sickness absence case management in support of managers. They are also addressing and monitoring some short falls in the administrative arrangements of the Occupational health Service which was resulting in delayed appointments. As many individuals had a 3 month notice period and sickness rates are calculated over a 12 month period it will be about another 9 months before the full effect of these actions is will be seen in the figures. In September/October, the next review panel will start to consider short term persistent absence management.

Other initiatives include:

- Health and Staff Support team and HR Advisory Team working to provide better tools and processes to strengthen our response to stress related absence including stress risk assessments.
- researching potential providers of a nurse triage service to respond to people phoning in sick, for which we hope to progress a small pilot in the next few months.
- following research, agreement that physiotherapy should be provided on a case by case basis through Occupational Health when cost effective for staff with musculo-skeletal injuries.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Children Young People & Families Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	1,366	11.38%	1,442	11.59%
Stress & mental health	1,935	16.06%	2,186	17.56%
Viral	2,187	18.15%	2,251	18.09%
Operation	1,189	9.86%	1,360	10.92%

Commentary

It is disappointing that there has been a marginal increase in the level of sickness absence within the Directorate. However, CYPF still remain close to the CBI National Average in the private sector of 6.4 days per employee.

The Directorate's Leadership Team continue to receive reports regarding sickness absence figures and trends in order that they can monitor and respond to issues within their respective Divisions. HR continues to monitor the absence figures with a view to working with managers in taking proactive action in responding to the absences.

In our last report we highlighted a need to reduce the level of absences relating to stress and mental health which was apparent in certain teams and locations.

A team was identified that needed intervention support around stress management and well-being and the CYP&F Business Partnership Team commissioned some focussed work with this team to develop skills to enable them to effectively identify and combat stress and to produce action plan to reduce and prevent it in the future.

The initial feedback has been extremely positive and since then a number of issues have been addressed through conducting risk assessments which have enabled staff to identify stress triggers and therefore put interventions in place.

The team's Manager has reported that since the training in May that overall stress related sickness has significantly reduced.

Further follow ups will be conducted and additional support provided for particular issues that may arise. The intention is to now to out this model to other CYPF service later this year.

In addition to the above, over the last 12 months we have provided staff with bite size learning opportunities under the umbrella of 'Learning at Work'. In May we ran a series of targeted workshops and seminars aimed at particular divisions within the Directorate which would provide interventions and solutions to information highlighted in documents such as Absence, liP and Staff Survey reports.

Interventions included:

- Manual Handling Awareness training
- Stress Management for Managers
- Wellbeing workshops for Staff
- Positivity Workshops.

Feedback from both facilitators and delegates has been very positive. Both staff and teams have highlighted that since these interventions have taken place significant changes to either their working arrangements/procedures or how they keep 'themselves well' in and out of work has taken place.

Musculoskeletal issues also represents a significant proportion of absence and has been a focus for attention within CYPF.

In March 2010, the CYPF Directorate re-launched the WCC on-line, interactive, display screen equipment training and self-assessment system, AssessRite, to all employees who use a workstation.

Currently the directorate has 1,277 users of the AssessRite system, 786 users have completed all of the modules, the training and assessment.

From the completed assessments, 890 issues (risks) have been identified for action by the designated manager, half of these have now been actioned. The CYPF H&S Officer is working to ensure that further scheduled monitoring of the completion of the training and assessments is undertaken. This will include a follow up to inform managers of the modules and issues outstanding.

Advice has also been given directly to managers where this has been sought, relating to general health issues arising from the use of DSE or identified from the assessments and resolved effectively, such as aches and pains in wrists, shoulders, back. For example, a physical visit and advice on workstation set up and posture, advice on purchasing alternative or specialist equipment etc.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Customers, Workforce & Governance Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	742	13.43%	889	15.36%
Stress & mental health	1,032	18.66%	1,125	19.45%
Viral	1,019	18.42%	1,031	17.84%
Operation	744	13.46%	808	14.00%

Commentary

The Directorate has continued to be proactive and engage in preventative initiatives to ensure that employees are supported in the workplace. Following on from the success of the first Wellbeing and Development week in 2008, the event was repeated in November 2009. The focus was on providing a whole range of health and wellbeing interventions that included a combination of physical activities such as dance, tai chi, pilates and touch rugby and relaxation based interventions including massage and relaxation techniques. There has also been a focus on stress and well being training. These activities have been selected in response to staff survey results, staff panel requests and the corporate focus on stress and mental health. However, in the light of planned budget reductions these activities are not planned in the future.

Induction programmes for management continue to include health, safety and wellbeing as priorities with the directorate providing managing employee stress as a standard course. All staff are required to go on Health and Safety awareness, this includes information regarding a healthy lifestyle and Council support for wellbeing. Additional training is provided where specific areas of risk have been identified. This includes lone working/personal safety for those staff working in outlying areas or expected to work with the public on their own. Front line staff are trained in handling difficult customers and conflict resolution. In order to reduce musculo-skeletal injuries manual handling training is also provided for the relevant staff.

Managers are now familiar with using HRMS self-service to record and manage absence for their teams. Managers are alerted by the system once triggers are reached and this prompts them to arrange appropriate referrals to Team Prevent, the Occupational Health provider. Managers are also able to refer their employees requiring counselling support to the newly established corporate Staff Care Service that is now based within Workforce Strategy & Development. The Directorate's Management Team will receive reports regarding sickness absence figures and trends in order that they can monitor and respond to issues within their respective Divisions. The HR Advisory service will continue to monitor the absence figures with a view to working with managers in taking proactive action in responding to the absences.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Economy & Environment Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	837	17.35%	778	15.20%
Stress & mental health	477	9.89%	565	11.05%
Viral	1,059	21.95%	1,186	23.18%
Operation	474	9.83%	460	8.99%

Commentary

The Environment and Economy Directorate has recently launched its OD programme; part of which is for the HR Business Partnership team, in conjunction with HR Advisors, to run Management workshops on sickness absence management through October and November 2010. These workshops will be addressing the roles and responsibilities of Staff, Managers and HR in relation to the management of absence.

Absence levels remain relatively static within the Environment and Economy Directorate. It is clear that the momentum needs to be maintained in relation to the management of sickness absence, and Heads of Service will ensure all cases are referred to HR where employees hit their trigger points. The HR Service will continue to support line managers to address individual cases of sickness absence.

The above measures underpin our pledge to manage the health and wellbeing of our workforce and, in return, reduce levels of absenteeism.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Fire & Rescue

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	44	9.02%	94	14.51%
Stress & mental health	163	33.44%	236	36.14%
Viral	58	11.91%	48	7.33%
Operation	87.1	17.79%	118	18.05%

Commentary

The Fire & Rescue Staff Wellbeing Adviser works with individuals experiencing stress and mental health issues, to support them back to work through counselling and other relevant therapies.

Stress and Mental Health is the top reason for sickness absence within Fire & Rescue during this reporting period, however further investigation within the Service has shown that this related to personal rather than work-related stress in over 90% of cases.

The past 12 months has seen more than 10 Fire & Rescue employees arrested and bailed by the Police for reasons associated with the Atherstone-on-Stour tragedy. This has had a significant impact upon those employees and their colleagues, thus increasing the levels of stress overall. The Police investigation is ongoing at present and so we do not anticipate stress levels associated with this to reduce in the near future.

Operations (2nd highest reason) are not something that can be prevented via workplace interventions but employees are supported by our Fire & Rescue Occupational Health Department through rehabilitation programmes and the availability of light duties, thus proactively managing a positive return to work. Musculo-skeletal absences are also managed via rehabilitation and light duties but many roles within the Fire & Rescue Service are physically demanding and thus we expect a number of cases to arise, although preventative programmes are promoted to reduce this risk.

The Fire & Rescue Service Improvement Plan was endorsed by the County Council on 20th July 2010 and one of the main 8 improvements within the plan is to reduce sickness absence. An action plan is already being implemented towards achieving this objective and monthly absence monitoring meetings concentrate on reducing absence levels.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Partnerships & Performance Unit

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	9	6.67%	21	13.11%
Stress & mental health	66	46.70%	59	37.14%
Viral	39	27.53%	50	31.59%
Digestive System	14	9.83%	15	9.36%

Commentary

The PPU has implemented a series of 'Unit Get Together' events over the forthcoming year. The aim of the 'Get Together' is to provide a further opportunity for staff to come together to share their concerns and ideas with each other and managers. This has, and will increasingly enable improved communication, identify how best staff and managers can support colleagues as a major contribution to improving health and wellbeing in the Unit and attendance at work.

Opportunities have been provided for staff in relation to Working Smarter and improving time management (both at work and at home), improving personal performance and effectiveness (again, both at work and at home). Outcomes from these personal development opportunities will have a direct enhancement of staff's health and wellbeing, resulting in improved attendance.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Resources Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	2,367	30.34%	2,478	30.50%
Stress & mental health	1,038	13.31%	1,173	14.43%
Viral	846	10.85%	863	10.63%
Operation	819	10.49%	800	9.84%

Commentary

The Resources Directorate continues to be proactive in the management of sickness absence. This is regularly reported to and monitored by the Directorate's Management Team and audits are undertaken to identify and address areas of concern. The introduction of HRMS Self-Service means that managers are notified automatically by the system when staff hit sickness absence triggers, therefore, prompting the management of sickness absence in a timely way.

Musculo-skeletal disorders and stress/mental health continue to be the top 2 reasons for sickness absence in Resources. The highest reason for sickness absence in Resources is musculo-skeletal disorders with most attributable to Facilities Management's catering and cleaning services. At least 38% of these absences have been identified as being related to back injuries, which is not unexpected due to the physical nature of the jobs undertaken. However it is evident that whilst these injuries lead to longer individual periods of absence the most frequently occurring absence across the Directorate is, as would be expected, attributable to virus/flu/digestive complaints.

In association with the corporate Healthy Workforce Coordinator, staff from Cleaning and Caretaking attended a Stress Management and Well being course. Additional training was also provided on manual handling for the Building Services Supervisors due both to the increasing amount of recycling work across County Buildings and also their involvement in the removal of glass panels. .

The Directorate held its annual Learning and Development Fortnight (LDF) which included a wide range of health and well-being activities and interventions, aimed at achieving a healthy workforce and a positive work-life balance. These activities, some of which have been suggested by staff, include self-service well point kiosks at Shire Hall and Kings House in Bedworth; a Migraine Workshop; applying Tai Chi principles for health and relaxation; Healthy Eating Workshops such as Mood and Food and Heart health and the Optimal Food Choices; Self Defence; Yoga; Football 6/7 aside which build team skills and can improve fitness levels; and a Positivity Workshop to explore and practice maintaining positive moods and attitudes as a way of encouraging well-being.

AGENDA MANAGEMENT SHEET

Name of Committee Staff and Pensions Committee

Date of Committee 14 October 2010

Report Title Health & Safety Annual Report 2009/10

Summary The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within the County Council. The report summarises the health and safety activities within the Authority from 1st April 2009 to the 31st March 2010.

For further information please contact: Ruth Pickering
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Would the recommended decision be contrary to the Budget and Policy Framework? No

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor Foster
Councillor Goode
Councillor Moss
- Cabinet Member Councillor Farnell
Councillor Hayfield
Councillor Butlin
- Chief Executive
- Legal Jane Pollard
Sarah Duxbury
- Finance

- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee Recommendation that this Committee continues to receive annual progress reports
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Agenda No

Staff and Pension Committee – 14th October 2010.

Health & Safety Annual Report 2009/10

Report of the Strategic Director of Customers, Workforce & Governance

Recommendation

For the Staff and Pensions Committee to review and comment upon the Health and Safety Annual Report for 2009/10 and endorse the priorities recommended within it.

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Corporate Health and Safety Annual Report 2009/10

1.0 Introduction

- 1.1. The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within Warwickshire County Council. The Corporate Health, Safety and Wellbeing Manager came into post 27 July 2009. This post now includes health and safety with wellbeing so that an integrated approach to health, safety and wellbeing management can be achieved and proactively implemented.

Please note that each Directorate Health and Safety Officer has prepared an annual report on the management and performance of health and safety within their respective Directorate. Each report has been presented to the respective Strategic Director and management teams prior to this report being prepared. This report therefore provides the corporate position statement based on the Directorate information. For Directorate specific information, a copy of the individual reports will be provided by the Corporate Health, Safety & Wellbeing Manager upon request.

- 1.2. The Governments "Revitalising Health and Safety" strategy document requires all public bodies to summarise their health and safety performance plans in annual reports, and that Government (including local government) be exemplars of best health and safety practice.

2.0 Management of health and safety in Warwickshire County Council

- 2.1 The Health and Safety at Work etc Act 1974 and The Management of Health and Safety at Work Regulations require employers to appoint competent persons to assist them health and safety measures ensure adequate, effective, and strong health and safety practice. Within Warwickshire this is achieved in-house through the Corporate Health, Safety & Wellbeing Manager who is the competent lead on health and safety; and through the Directorate Health and Safety staff who works in conjunction with the Corporate Health, Safety & Wellbeing Manager. Each Directorate health and safety team are qualified to provide the required health and safety advice for their Directorate. The health and safety function also includes the County COSHH (Control of Substances Hazardous to Health) Officer who provides a support and advisory service county wide. With the inclusion of wellbeing to the Corporate Health, Safety & Wellbeing Manager post, the Staff Care Service (short term support and counselling) and Healthy Workforce Co-ordinator posts also sit within the health, safety and wellbeing function.

Within each Directorate health and safety team there is a competent lead officer for health and safety with a reporting line to their own Strategic Director; and with professional guidance from the Corporate Health, Safety & Wellbeing manager.

The appointment of health and safety competent persons does not absolve the employer from responsibilities under The Health and Safety at Work etc. Act and other statutory provisions. It does however; give added assurance that these responsibilities will be discharged adequately.

- 2.2 The County Council has delegated operational responsibility for health & safety to the Corporate Health, Safety & Wellbeing Manager. This responsibility includes reviewing and interpreting new legislation to determine its effect on corporate policy and co-ordinating the management of good health and safety practice through the Directorate leads.
- 2.3 The Corporate Health, Safety & Wellbeing Manager ensures that all health and safety staff meets together throughout the year to ensure a corporate approach to health and safety, a shared approach to policy development and the exchange of good practice.
- 2.4 In addition to the health and safety staff meeting, a number of key development working groups have been set up to provide a focus on key policy, performance and implementation requirements. Firstly, a health and safety policy group is held monthly with a lead health and safety staff member from each Directorate. This group writes, develops and co-ordinates all corporate health and safety policies to ensure legal compliance and County Council best practice. The group also liaises with other Directorates in the development of other corporate health and safety related policies (such as legionnaire disease and water hygiene management). The following sub-groups support this policy group by focusing on key policies, procedures and implementation requirements to ensure legal compliance and the continual improvement of WCC's health and safety performance:
 - Health and safety training
 - Health and safety communication & newsletter
 - Health and Safety Workplace Inspection and audit
 - Work-Related Stress and Wellbeing
 - Health and Safety Systems (which includes the AssessRite and Accident Reporting databases)
 - Control of Substances Hazardous to Health (COSHH)
 - Health and safety control of contractors review
- 2.5 All corporate policies apply to all Directorates. How these policies are implemented is detailed within the Directorate arrangements. The corporate policy group has a 3 year rolling programme for developing, reviewing and implementing health and safety policies. Policies are developed/ reviewed, produced/amended earlier than the 3 year programme following any new legislation, HSE or industry guidance, and following any significant incident.
- 2.6 The County Council have a well established Health and Safety Joint Consultative Committee (JCC) to share information with representatives of the recognised trade unions. Membership includes the lead health and safety staff from 3 Directorates, a Unison representative, Teachers Union representative, and GMB representative. The group continues to be effective in relation to the development of corporate policies and the management of joint health and safety workplace inspections.

- 2.7 An important part of the management of health and safety is the process of cross Directorate auditing. A lead Health and Safety Officer from one Directorate audits the health and safety management arrangements of another. The recommendations then inform the action plan for that appropriate Directorate. The process of cross Directorate auditing takes place on a bi-annual basis.

3.0 Summary of developments during 2009/2010

New Corporate Health, Safety & Wellbeing Manager post and corporate support services

The Corporate Health, Safety & Wellbeing Manager post encompasses more areas of responsibility compared to the previous Corporate Health & Safety Officer post for which it supersedes. This emphasises WCC's recognition of employee wellbeing, and that for health and safety management and performance to be effective there needs to be close working partnerships and arrangements with other key disciplines. To enable improvements, the Manager has the Staff Care Officer and Healthy Workforce co-ordinator reporting into that post, with a link to the Occupational Health provider. The link to Occupational Health is important for the provision of health and statutory requirements (such as health surveillance) and for occupational ill health prevention and early intervention strategies to be identified and implemented.

As a result the Staff Care Service went corporate wide on the 1st April 2009 (the promotion for the service was delivered to Directorates in a phased manner). The Staff Care Service currently excludes school employees as they receive access to short term support and counselling via their HR Advisory Team; and excluding the Fire and Rescue Service as they have their own in-house counselling adviser.

On the 1st April 2009 Team Prevent started their contract with WCC as the Occupational Health provider.

Pandemic Flu

The Corporate Health, Safety & Wellbeing Manager and some of the Directorate Health and Safety Officers were involved in implementing the swine flu prevention and contingency planning. For the protection of our employees and our vulnerable customers, our main role was to: a) liaise with the Primary Care Trust (PCT); b) to identify our employees who were eligible to receive the swine flu vaccine due to their occupation; and, c) provide the vaccine to those identified employees. This was a large logistical operation covering care staff and special school staff who provide personal care. This was planned and implemented by good joint working arrangements with health and safety, HR Advisory Service, Occupational Health and the PCT.

Health and safety colleagues within the AH&CS Directorate worked in partnership with health colleagues and the private and voluntary sector to ensure

that we have comprehensive and co-ordinated plans in place to manage a pandemic. Anti-viral collection points were set up in district libraries and secretariat staff co-ordinated Flu Friend volunteers who could collect and deliver anti-virals to those in need in the community. Numbers were much lower than expected, but as arrangements and systems were monitored and adapted as necessary, they could be re-introduced should circumstances change this winter.

Policy development

Health and safety staff are continuously striving for continuous improvements that enables the County Council to strive for excellence in its health and safety management and performance. There has been lots of developmental work going on within Policy development and implementation at a corporate level and directorate level. This work has enabled us to come up with a standardised policy and guide format that will assist managers with reviewing, understanding and implementing health and safety control systems.

Policy development has also included other key stakeholders within the County Council to ensure a joined up consistent approach to health and safety management. In 2009/10 we have launched Corporate Health and Safety Policy and Guidance on personal safety, infection control, modern and flexible working, and workplace inspection. There was also developmental work on other policies which are due to be launched 2010/11.

3.1 New Legislation that applies to Warwickshire County Council

The HSE implements legislative changes that arise from within the UK on only two dates each year, the 6th April and the 1st October.

3.1.1 New legislation that came into force during 2009/2010:

In 2009/10 there has not been any new legislation implemented that requires compliance from WCC.

First Aid at Work revised Guidance

However, the HSE has issued a revised version of the 'First Aid at Work Approved Code of Practice' and 'First Aid Training and Qualification for the purpose of the Health and Safety (first Aid) Regulations: A guide for training organisations' on 1st October 2009. In summary, the revised documents have changes the 4 day First Aid at Work qualification course to a 3 day course. A new 1 day Emergency First Aid at Work course has been introduced. Certificates will remain valid for three years, however the HSE has strongly recommend that First Aiders should receive an annual half-day refresher to maintain their level of knowledge and skills.

This will therefore have a significant financial impact across the authority so the Corporate Health, Safety & Wellbeing Manager has started to produce a

Corporate First Aid at Work Policy which will outline WCC's standards for first aid training provision and refresher requirements (please note that first arrangements are currently in place for each Directorate).

Health and Safety Information for Employees Regulations (HSIER) – new Health and Safety Law Poster

Employers have a legal duty under the HSIER to display the health and safety law poster in a prominent position in each workplace or provide each worker with a copy of the equivalent leaflet outlining British health and safety laws.

As from 6 April 2009, HSE published new versions of its approved health and safety poster and leaflet.

Employers can, if they wish, continue to use their existing versions of poster and leaflet until 5 April 2014.

4.0 Health and Safety performance during 2009/2010

4.1 Regulatory interventions – Health & Safety Executive (HSE)

4.1.1 The Chief Executive received one statutory Improvement Notice from the HSE on 13th October 2009 as a result of a contractor accident.

The contractor came into contact with the moving part of a pump situated within one of Shire Hall's plant rooms. This resulted in him having two of his fingers amputated.

As a major injury, this was reported to the HSE for which they investigated and identified that the pump was not suitably guarded in accordance with the Provision and Use of Work Equipment Regulations. Therefore an Improvement Notice was served.

Action was taken to guard the pump along with other remedial action and procedural changes, and the Improvement Notice was complied with and signed off. However, the HSE is still investigating this incident.

4.1.2 As part of a pilot project campaign on slips, trips & falls in the workplace the HSE visited 3 Warwickshire schools that had recent accidents involving over three day employee absences relating to slips, trips & falls. The 3 schools were identified by the HSE via their F2508 (HSE reportable incident reports) submissions in October 2009 (which were randomly selected rather than targeted).

These were low key advisory visits rather than any type of enforcement and involved discussions with Headteachers on the arrangements in place for managing slips, trips & falls in the workplace as part of their national

campaign, e.g. the process of clearing away spillages, cleaning regimes in the kitchen, risk assessment etc. The Deputy Health & Safety Officer for CYP&F was present at one of the visits to listen to the advice given by the HSE.

The HSE has recently published further information on prevention of slip, trip and falls which we are referring to.

4.2 Regulatory interventions – Fire & Rescue Service enforcement officers

With the introduction of the Regulatory Reform (Fire Safety) Order 2005, Fire and Rescue Authorities and other bodies (“enforcing authorities”) now have a duty to enforce fire safety in non-domestic premises.

The fire & rescue service has been undertaking inspections of Warwickshire County Council’s premises, however there have been no statutory notices or prosecutions this year.

4.3 Performance against key performance indicators

The Corporate Health, Safety & Wellbeing Manager has reviewed the previous health and safety targets and has replaced them with SMART key performance indicators starting in 2010/11. Refer to Section 7 for the new key performance indicators.

The previous targets have therefore been excluded from this report as they are difficult to measure and therefore could inaccurately reflect performance. The new indicators demonstrate our continual efforts to improve health and safety performance and management.

4.4 Accident Statistics

There were a total of 1942 reported accidents across all Directorates. A breakdown of the employee and non-employee (members of the public, service users, pupils, customers) accidents per Directorate are as follows:

Directorate	2006/ 07	2007/ 08	2008/ 09	2009/ 10
Children’s, Young Peoples and Families	1390	1384	1272	1320
Adult Health and Community Services	408	325	344	313
Environment and Economy	103	115	111	150
Customers, workforce and Governance	26	13	22	27
Resources	61	58	71	71
Fire & Rescue Service	77	58	57	61
Total	2065	1953	1877	1942

Year on year comparators are given below:

Year	Total number of accidents	% change
2006/07	2065	/
2007/08	1953	- 5%
2008/09	1877	- 4%
2009/10	1942	+ 3%

There has been a 3.4% increase in accidents compared to last year's figures.

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. However, benchmarking possibilities are being explored at the West Midlands Leaders Board (WMLB) health and safety group (which the Corporate Health, Safety & Wellbeing Manager attends).

4.4.1 Accident causation:

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

1. Slips, trips and falls on the same level, n = 638 reports
2. Hit by moving, flying, or falling object, n = 315 reports
3. Violent incidents (both physical/ verbal assault)*, n = 291 reports
4. Hit something fixed or stationary, n = 136 reports
5. Manual handling (lifting, carrying, pushing and pulling), n = 84 reports

These 5 commonest reasons for accidents are the same top 5 categories as 2006/07, 2007/08 and 2008/09.

* Currently the health and safety accident reporting database does not allow us to separate the physical and verbal assaults; however, work is being undertaken with ICT to rectify this problem and to improve the reporting facility generally.

The table below represents last year's figure with this year's figure and the percentage change (reduction or increase):

Accident type	2008/09	2009/10	% change
Slips, trips and falls on the same level	682	638	- 6.5%
Hit by moving, flying, or falling object	299	315	+ 5.3 %
Violent incidents (both physical/ verbal assault)	201	291	+ 44.7%
Hit something fixed or stationary	168	136	- 19%
Manual handling (lifting, carrying, pushing and pulling)	111	84	- 24.4%

There has been a reduction in the number of reported 'slips, trips and falls on the same level', 'hit something fixed or stationary' and 'manual handling' incidents. There has been a slight increase in the number of reported 'hit by moving, flying,

or falling object' incidents and a large increase in 'violent incidents'. This large increase could be due to the launch of the personal safety policy and guides which emphasises the requirement to report incidents so that action can be taken to prevent a recurrence (which would involve risk assessment and/or care/behaviour plan reviews). It is worth remembering that the 291 figure combines incidents that are verbal and physical acts of violence which are either malicious or non-malicious. An example of a non-malicious incident would be within a special school, so we need to therefore be mindful of this when reviewing the data in its current format. The work on improving the accident database and reporting function will rectify this problem in the future.

4.4.2 Employee accident reports:

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

Directorate	2008/09	2009/10
Children's, Young Peoples and Families	437	518
Adult Health and Community Services	206	176
Environment and Economy	53	55
Customers, workforce and Governance	20	24
Resources	70	65
Fire & Rescue Service	50	56
Total	836	894

Total number of employee accidents have increased by 6.9%.

Of all our reported accidents 46% (n=894) relates to our employee incidents. Therefore 54% (n=1048) relates to accidents to non-employees. See section 4.4.4.

4.4.3 HSE RIDDOR reportable incidents for employees:

Of the 894 employee accidents reported, a total of 89 were reported to the HSE on the F2508 form as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

The breakdown of the 89 RIDDOR reports per Directorate is as follows:

Directorate	2007/08	2008/09	2009/10
Children's, Young Peoples and Families	49	41	23
Adult Health and Community Services	37	37	34
Environment and Economy	8	10	3
Customers, workforce and Governance	0	1	4
Resources	10	15	12
Fire & Rescue Service	17	13	13
Total	121	117	89

There has been a 24% decrease in the number of employee accidents that were RIDDOR reportable to the HSE compared to last year. This is encouraging because RIDDOR reportable accidents have to be made for the clearly defined work-related accidents as specified in the Regulations (for example, fracture excluding fingers and toes, over 3 day injuries, injuries to members of the public which requires them to be taken straight to hospital, etc).

4.4.4 Non-employee accident reports

The following is a breakdown of non-employee accident reports for 2009/10:

Directorate	Member of Public	Contractors	Customers/ Clients	Pupils	YFA	Other	Total
Children's, Young Peoples and Families	54	4	46	688	n/a	31	823
Adult Health and Community Services	45	0	92	n/a	n/a	0	137
Environment and Economy	61	0	27	n/a	n/a	0	88
Customers, workforce and Governance	3	0	0	n/a	n/a	0	3
Resources	0	2	0	n/a	n/a	4	6
Fire & Rescue Service	0	1	0	n/a	4	0	5
Total	163	7	165	688	4	35	1062

Due to the variation in services being delivered across directorates, the non-employee categories also vary as do the number of incidents. The above table does represent an overview of the non-employee incidents with a combined corporate total of 1062 reports.

4.4.5 Concluding remark

It is worth remembering 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).

However, the accident report and investigation done by managers locally is necessary for identifying root causes and identifying action to prevent a recurrence locally. These figures combined can give us an overview of where our efforts/ initiatives can be targeted.

A new corporate indicator for the reduction in the top 5 WCC accident causes will be introduced in 2010/11 so that proactive health and safety action can be taken by managers in a targeted manner. Refer to section 7 and 7.1 of this report.

4.5 Staff Survey Results

The results of the 2009 staff survey indicate an improvement in employee confidence levels for the implementation of health and safety for the fourth consecutive year. This is measured by question 38 of the survey “*health and safety is taken seriously in the County Council?*”. Although this is only a ‘shapshot’ of respondent’s opinion, rather than a complete measure of health and safety culture/climate, performance and implementation, it is still a satisfying result as employees are recognising health and safety commitment.

% of respondent across the Council – over last 4 years			
2006	2007	2008	2009
78%	81%	83%	84%

Year	% of positive respondents per Directorate					
	AH&CS	CYP&F	F&RS	E&E	CW&G	RE
2008	84%	78%	77%	85%	90%	87%
2009	77%	83%	84%	85%	90%	91%

All Directorates increased apart from AH&CS. Each Directorate is responsible for responding/improving the staff survey results for their teams and AH&CS have interrogated their responses so that areas for improvement could be identified.

4.6 Auditing activity

The County Council currently works to the health and safety management system recommended by the HSE, known as HS(G) 65. This provides a clear management system that is widely used by employers, including other local authorities.

As like any other management system, HS(G) 65 requires auditing activity to take place. To audit the health and safety management system across all Directorates, Health and Safety Staff undertake in-house bi-annual audits.

The last system audit undertaken by an external company (British Standards Management Systems, BSI) in February 2009. The Council carried out a self-assessment prior to this external analysis. An overview of the findings was provided in the 2008/09 annual health and safety report.

This therefore means that the next bi-annual health and safety system audit is scheduled to be completed by the 31st March 2011.

4.7 Display Screen Equipment (workstation) assessments

The AssessRite System was introduced in 2005 following an audit by the HSE. This system was introduced to ensure that the County Council could meet the legal obligation under the Health and Safety (Display Screen Equipment) Regulations. The AssessRite system was launched to Directorates in two phases. First phase within CW&G, F&RS and RE Directorates in April 2009; and the second phase to CYP&F, AH&CS and E&E by March 2010.

AssessRite has now been implemented within all Directorates. Health and Safety staff will generate a report to outline areas of compliance and non-compliance, but the enforcement of the system (i.e. completion of the training package and assessment, with actions undertaken) will be down to Directorates and managers. An overview of compliance will be provided in the 2010/11 annual health and safety report.

4.8 Health and Safety training

All Directorate Health and Safety staff have been involved in the planning and delivery of various health and safety courses within their Directorate. The mandatory health and safety training course for managers, and the mandatory risk assessment course, have been reviewed with the revised courses now being delivered. Other specific health and safety training (such as manual handling, first aid, personal safety, managing employee stress, etc...) is being carried out within each Directorate based on the service area/ team/ employee requirements.

4.9 Health & Wellbeing – developing a healthy and safe workforce

In accordance with the sickness absence statistics, work has continued to focus on the areas with higher absence figures by providing a range of interventions that are tailored to the specific issues that have been identified within each directorate.

The MyTime intranet site has been reviewed, updated and revamped to ensure all information is valid and up-to-date. It has also been branded 'Workforce Wellbeing' so that employees can instantly recognise and search for the information they require from a range of topics.

5.0 Occupational Health & short term support and counselling

5.1 Occupational Health

From the 1st April 2009 Team Prevent started their contract as the occupational health provider for WCC. This follows a tendering exercise, and replaces Heales who previously provided this service.

The occupational health service provides pre-employment health assessment, management referrals, medicals, vaccinations, health promotion events, and health surveillance and monitoring where necessary. This is a proactive service to ensure that our employees are protected against risks of work-related ill health, to assist with reducing sickness absence, and to get people back to work sooner (through early intervention and rehabilitation). To assist with this proactive approach, Team Prevent will work within the same function as the newly appointed Corporate Health, Safety and Wellbeing Manager, health and safety staff; staff Care Service; and the healthy workforce co-ordinator.

The F&RS have got their own in-house occupational health service which includes counselling support that is provided by the Staff Wellbeing Adviser.

5.1.1 Occupational Health Referrals

From 1st April 2009 – 31st March 2010 Team Prevent received 865 management referrals.

Directorate (excluding F&RS)	2009/10
Children's, Young Peoples and Families (WCC employees minus schools)	92
Children's, Young Peoples and Families (schools only)	227
Adult Health and Community Services	430
Environment and Economy	30
Customers, workforce and Governance	35
Resources	51
Total	865

The proportion of referrals per Directorate is consistent with those Directorates that have a larger employee base.

For those who were seen by Occupational Health, the top 3 reasons for new referrals are as follows:

- musculoskeletal symptoms (n=151);
- medical conditions (n=131); and
- work-related stress (n=81).

The top two reasons for new referrals made to F&RS occupational health for all employees are as follows:

- Musculoskeletal symptoms (n=75 to occupational health adviser, n=49 to medical adviser)
- Mental health reasons (n=50 to occupational health adviser, n=14 to medical adviser)

The proactive and preventative initiatives to improve attendance and work is stated within the half yearly 'employee absence management' report.

5.2 Short term support and Counselling Service.

For WCC staff this is provided by the Staff Care Service, with the exception of school employees and F&RS employees. This is because schools access an external counselling and support service via their HR Advisor; and F&RS access their Staff Wellbeing Adviser.

For 2009/10 the Staff Care Service received 274 new referrals. For the period of August 2009 – end March 2010 the Staff Wellbeing Adviser within F&RS received 27 new referrals (the statistics are not for a full financial year due to the new appointment of the Staff Wellbeing Adviser).

The top 3 reasons for referral to the Staff Care Service and the Staff Wellbeing Adviser within F&RS are as follows::

Presenting problem	Total Number Of cases	Work-related	Personal	Combination
Relationships/ Personal	99 [^]	6	87	6
Stress and anxiety	154 [^]	117	13	24
Bereavement	18 [^]		18	

[^]These figures are the combined totals for WCC excluding schools as the Corporate Health, Safety & Wellbeing Manager doesn't have this data at present. These employees then receive an allotted number of one-to-one sessions (usually between 4 – 6 sessions)

It is important to remember that these statistics represent employees who have reached their own crisis point where they personally feel that they require some confidential advice and support.

Usually stress related issues are due to a combination of work-related and personal issues, for the purpose of this report we have recorded the number of referrals against the most prominent cause expressed at their session.

For this report these statistics have been provided purely as a means to identify trends and not individuals (which is why the data will not be broken down any further). When considering the statistics above it is worth noting that the

Atherstone investigation within F&RS is still ongoing, and the pay and condition review has been ongoing across WCC. In addition to this WCC has experienced a lot of organisational change, with some areas experiencing reduction in resources. To proactively identify these areas of work-related stress, the stress & wellbeing working party has produced risk assessments for teams/ roles and individuals to complete so that action can be taken to prevent causes of work-related stress. Pilot training sessions have been provided to managers, and the launch of the stress policy in 2010/11 will continue to improve managers' awareness and management within this area.

6.0 Last year's corporate priorities

As identified in last years report, the following priorities and target dates were assigned. As of March 31st 2010 the status against priorities is given below:

Priorities 2009/10	Planned Date	Status as of 31 st March 2010
<p>The new Corporate Health, Safety and Wellbeing Manager post will supersede the Corporate Health and Safety Officer post. With the inclusion of wellbeing within this new post, it will improve the links between the health & safety function, with the staff care service, the healthy workforce agenda, and occupational health. This approach will enable a more proactive and standardised approach to health and safety management and performance.</p> <p>Therefore the integration of these services will be actioned.</p>	From August 2009 onwards	Ongoing
The Corporate Health, Safety and Wellbeing Manager will continue to ensure that wherever possible a uniform approach is taken to the management of health and safety within all Directorates	Ongoing	Ongoing
To review the content of the health and safety information available on the intranet to ensure the required breadth of information is available (for example, all corporate policies, Directorate risk assessment, wellbeing and occupational health information); it is up-to-date; easily accessible and user-friendly.	Ongoing	Ongoing New H&S intranet site to be launched 1 st Oct 2010
Review the Corporate health and safety policy to include wellbeing and the OHSAS 18001 audit findings; and the Warwickshire Audit findings.	Nov 2009	Complete However, new policy

		to be launched Oct 2010
Develop and review corporate policies as necessary based on legislative changes; HSE/ industry guidance; and in accordance with the policy groups 3 year rolling-programme. New policies will be developed as necessary.	Ongoing	Ongoing
Start to implement a corporate health and safety training programme which will also provide specific training for Directorates and service areas as necessary. Due to the revised first aid training guidance being provided by the HSE in October 2009, this training requirement and provision will be the first to be reviewed/ implemented within the corporate framework.	Ongoing Mar 2010	Ongoing Incomplete – this work is to be rescheduled following WCC policy completion
Complete the new accident reporting and recording project which will provide more detailed data analysis and statistical information. A policy to support the implementation of the incident reporting and investigation requirements will be developed. Supporting guidance and forms will also be produced.	Jan 2010	Incomplete Timescale had to be extended due to identification of additional information.
Launch AssessRite into the remaining 3 Directorates (phase 2)	Mar 2010	Complete
To re-establish the stress & wellbeing policy working party to review the content of the policy against HSE guidance to ensure a corporate approach to stress management	Nov 2009	Complete
Develop an auditing policy (and accompanying audit template forms) to support the corporate health and safety policy. This will identify how we assess the adequacy of the Council's health and safety management system and risk control strategies in accordance with HS(G)65.	Feb 2010	Incomplete Timescale had to be increased to March 2011 which is the deadline for the next bi-annual H&S audit

In conjunction with the Fleet Manager, the health and safety policy group will advise on the content of the occupational road risk policy.	Proposal to SDLT Dec 09 Implement Mar 2010	Incomplete Deadline extended due to exploration of the HRMS system. Launch date Oct 2010
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7.0 Corporate key performance indicators (KPI's) for 2010/2011

The Corporate key performance indicators for the forthcoming year will ensure continuation of last year's efforts.

The health and safety targets for this year are specific, measureable, achievable, realistic/relevant, and timely. They have been identified as measures to ensure WCC's health and safety aim and objectives are achieved.

No.	KPI	Target 2010/11
1	Corporate Health, Safety & Wellbeing Manager to develop and implement an action plan to proactively control and manage WCC's top 5 causes of incidents* (as reported on WCC's accident reporting system by the 31 st March 2010).	Action plan to be completed by August 2010 and included in the Corporate Annual Health and Safety Report <i>See section 7.1</i>
2	Directorate Health and Safety Staff must report all RIDDOR reportable incidents that have been notified to them to the HSE within the legislative timescales with copies of the F2508/ F2508A to the Corporate Health, Safety & Wellbeing Manager.	100%
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	100%
4	Health and Safety Policy Group will write or review a minimum of 3 health and safety policies in accordance with the prioritised health and safety policy group GANTT by the 31 st March 2011.	100%

No.	KPI	Target 2010/11
5	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC health and safety manager training sessions by the 31 st March 2011.	100%
6	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC risk assessment workshop sessions by the 31 st March 2011.	100%
7	Health and Safety Communication and Newsletter Sub-Group to produce and circulate health and safety newsletter at least 4 times a year by the 31 st March 2011.	100%
8	Health and Safety Systems Sub-Group to review the efficacy of the existing health and safety systems at least annually with a report to the Corporate Health, Safety & Wellbeing Manager by the 31 st March 2011 [^] .	100%
9	Managers and/ or Health and Safety Staff carry out workplace inspections at least annually or in accordance with the Health & Safety Workplace Inspection Policy.	100%
10	Corporate Health, Safety & Wellbeing Manager and Directorate Health & Safety Officers (and Deputy Officers where competent) will undertake a cross-Directorate bi-annual audit in accordance with the Health & Safety Auditing Policy by the 31 st March 2011	100%
11	Health and Safety Officers to produce their own Directorate Annual Health and Safety Report within the agreed corporate format.	Report completed by the 30 th June 2010
12	Corporate Health, Safety & Wellbeing Manager to produce the Corporate Annual Health and Safety Report by compiling the required information from all Directorate Annual Health & Safety Reports for submission to the Corporate Services & Community Safety Overview & Scrutiny Committee on the 28 th September 2010	Report completed by 13 th August

* The action plan will be weighted towards the top 3 causes.

[^] health and safety systems include accident reporting system and WorkRite.

7.1 Action to proactively control and manage WCC's top 5 causes of incidents

Corporate Health, Safety & Wellbeing Manager to develop and implement an action plan to proactively control and manage WCC's top 5 causes of incidents* (as reported on WCC's accident reporting system by the 31st March 2010). In reference to section 4.4.1 the following action will be taken in 2010/11:

1. To promote health and safety in the workplace – focusing on its purpose, benefits and how it should be undertaken within WCC (based on WCC's health and safety policy). This will be tailored to incorporate the current HSE campaign for 'healthy workplaces and safe maintenance' and 'myths' campaign.
2. To promote the HSE campaign on slips, trips and falls within our workplaces.
3. To improve health and safety communication by utilising various communication channels within WCC. This includes the review and revamp of the health and safety intranet pages, having a standard health and safety item on the 'working for Warwickshire' newsletter, using core briefs and producing topic based health and safety newsletters.
4. To promote accident, incident and near miss reporting when the new accident database is launched. This will include signposting/reference to risk control strategies (such as violent incident control strategies).

Please note that this action is the first stage in raising awareness about the importance of health and safety issues amongst managers and employees. The health and safety initiatives and communication will continue and become more local and bespoke where necessary. This action is in addition to the Directorate arrangements (which includes risk assessments, workplace inspections and training) and the bi-annual health and safety system audit.

8.0 Conclusion

The health and safety priorities for 2010/11 will continue the corporate approach to health and safety management. The newly appointed Corporate Health, Safety and Wellbeing Manager will further enhance the corporate approach by integrating and improving the lines of communication, consultation, cooperation, procedures and processes between the health & safety function, the staff care service, the healthy workforce agenda, and occupational health. This approach will enable a more proactive, standardised and enhanced approach to health and safety management and performance.

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September 2010