

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.

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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 come 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 31st March 2010
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. Therefore the integration of these services will be actioned.	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