Staff and Pensions Committee

Agenda

The Staff and Pensions Committee will meet at the **SHIRE HALL, WARWICK,** on **THURSDAY 13 October 2011 at 3.15 pm or on the rising 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)   Public minutes of the meeting held on the 14 April 2011

Enclosed.

2. Corporate Health and Safety Annual Report 2010/11

The enclosed report provides 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 2010 to the 31st March 2011 and sets out actions for 2011/12.

3.   Employee Absence Management

The enclosed report describes the performance information on employee absence levels for 2010/11 and compares it with previous years.

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4. Any Other Business

5. Item Containing Exempt Information

To consider passing the following resolution:

'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'

6. Exempt minutes of the public meeting held on the 14 April 2011 2011

Enclosed.

JIM GRAHAM
Chief Executive
October 2011

<u>**Membership**</u>

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

General Enquiries: Please contact Janet Purcell on 01926 413716
E-mail: <u>Janetpurcell@warwickshire.gov.uk</u> Enquiries about specific reports:
<u>Please contact the officers named in the reports.</u>

Minutes of a meeting of the Staff and Pensions Committee held on 14 April 2011

Present:

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

Officers**:**   David Carter, Strategic Director, Resources Group
                       Bob Perks**,** Head of Human Resources & Organisational Development
                       Janet Purcell, Executive and Member Support Manager

1.   General

    (1)   Apologies for absence

        An apology for absence was received from Councillor Brian Moss

    (2)   Members Declarations of Personal and Prejudicial Interests

        None.

    (3)   Public Minutes of the meeting held on 16 December 2010

        Resolved

        That the minutes of the meeting held on 16 December 2010 be agreed and signed as a correct record.

2.   Items Containing Exempt Information

    Resolved

    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 Part 1 of the Local Government Act 1972.

3. **Exempt minutes of the meeting held on 16 December 2010**

    Resolved:

    That the minutes of the meeting held on 16 December 2010 be agreed and signed as a correct record.

2. **Pay & Conditions Review (Phase 2) Payment of Car Allowances to Fire Officers**

    The Committee considered a report setting out further information on the costs incurred by uniformed fire officers who use their own cars on emergency duty. The Committee considered the issues as set out in the report and concluded as set out in the exempt minutes.

5. **Voluntary Redundancy**

    The Committee was provided an update on the outcome of the offer of early retirement and the approach that could be taken for future redundancy offers and early retirement. The Committee agreed as set out in the exempt minutes.

6. **Pay & conditions Review (Phase 2) Car Allowance Rates**

    The Committee noted the Government's announcement to increase the Approved Mileage Allowance Payments to 45p a mile. The Committee's decision in October to reduce mileage rates for staff to 40p a mile does not take full effect until 1 November 2013 and the Committee concluded that no change to their decision be taken at this time.

    ………………………………….
    Chair of Committee

The Committee rose at 4:03 p.m.

Staff and Pensions Committee – 13 October 2011.

Health & Safety Annual Report 2010/11

Recommendation

That the Staff and Pensions Committee review and comment on the Health and Safety Annual Report for 2010/11 and endorse the proposed actions, KPIs and priorities recommended within it for 2011/12.

1.0   Key Issues

1.1   There have been a number of developments within the health and safety function. They include the integration of the health and safety team (who are now directly line managed by the Corporate Health, Safety and Wellbeing Manager); a series of health and safety policies have been developed/ reviewed and launched; a communication strategy has been implemented. The report therefore outlines how the newly merged health, safety and wellbeing team will coordinate their approach within WCC so as to ensure our operation within the legislative framework and to meet the WCC health and safety policy aims/objectives.

1.2   The health and safety cross directorate bi-annual audit has been undertaken and the corporate recommendations and proposed actions have been identified and stated within this report.

1.3   The number of reported accidents have increased by 17%. The top 5 causes of accidents remains the same for the 5th consecutive year with the top cause being slips, trips and falls on the same level.

1.4   There has been regulatory intervention following accidents.

The top three reasons for referral to Occupational Health are musculoskeletal symptoms, stress/anxiety/mental health, and medical conditions. The Staff Care Service (corporate) and Staff Wellbeing Adviser & Counsellor (F&R) received a combined total of 257 new referrals for support and counselling.

1.5   The health and safety KPIs for 2010-11 have been measured, and set for 2011-12 along with actions.

Background information

None.

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Head of Service	Bob Perks	Head of Human Resources & Organisational Development
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Cabinet Portfolio Holder	Councillor Martin Heatley	cllrheatley@warwickshire.gov.uk

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Corporate Health & Safety Annual Report 2010/11

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.

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/Group. 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 with health and safety measures so as to 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 work 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; and the Staff Care Service, which provides short term support and counselling to employees.

In October 2010 all Directorate health and safety staff, except for Fire & Rescue, moved directorates to be line managed by the Corporate Health, Safety & Wellbeing Manager. See section 3.2 for further detail.

Even though line management has changed, within each Directorate health and safety team there is still a competent lead officer for health and safety with a reporting line to their own Strategic Director; in addition to the professional guidance from the Corporate Health, Safety & Wellbeing Manager.

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The appointment of health and safety competent persons does not absolve the employer from responsibilities under The Health and Safety at Work etc. Act 1974 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 Through line management and regular meetings, the Corporate Health, Safety & Wellbeing Manager ensures that all health and safety staff works towards a proactive and consistent approach to health and safety throughout the county council and thus strive to raise the profile of health and safety and work towards continual improvements.

2.4 Health and safety developments/initiatives, etc, are initiated and progressed through a series of working groups that 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 the 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 the legionnaire's disease and water hygiene policy). 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)
- Safe management of contractors policy 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 Corporate Health, Safety & Wellbeing Manager (chair), lead health and safety staff from the 3 Directorates, a Unison representative, Teachers Union representatives, and GMB representative. The

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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. Refer to section 5 for information on the 2011 bi-annual audit.

3.0 Summary of developments during 2010/2011

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 In 2010 -11 there was no new health and safety legislation that affected the undertakings of the County Council.

3.2 Health, Safety & Wellbeing reporting lines

The appointment of the Corporate Health, Safety & Wellbeing Manager in July 2009 included additional responsibilities to that of the previous Corporate Health and Safety Officer post for which it succeeds. These additions were to enhance the post and make it more encompassing so that it includes wellbeing as well as health and safety. This was the first step in enabling the integration of health, safety & wellbeing and thus strive for continuous improvements in health and safety management and performance.

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 further enable improvements, all directorate health and safety staff moved directorate to be line managed by the Corporate Health, Safety & Wellbeing Manager (with the exception of Fire & Rescue health and safety staff whilst the Atherstone on Stour investigation continues); along with the County COSHH Officer and the Staff Care Officer. The collective team will therefore be known as the 'Health, Safety and Wellbeing team' as a representation of this multi-disciplinary team of professional colleagues. The Corporate Health, Safety & Wellbeing Manager also has a working relationship with the County Council's Occupational Health provider. This link to Occupational Health is important for the provision of statutory requirements (such as health surveillance as required under health and safety legislation) and for occupational ill health prevention and early intervention strategies to be identified and implemented.

The Staff Care Service has been provided corporately since 1st April 2009. Access to the Staff Care Service currently excludes school employees as they

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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 provision.

To ensure a coordinated approach to the management of health and safety within WCC, the Corporate Health, Safety & Wellbeing Manager has documented the corporate health, safety and wellbeing framework for the County Council to work towards. This is a top level framework document focused on the statutory requirements for which the County Council must adhere to. See Appendix 1 for the first draft.

A Group action plan (see Appendix 2 for the first draft on how this may look) will link into this corporate framework so as to ensure that the provision of health and safety is consistent and focused on the corporate aims/objectives. However, the purpose of these documents are not to be solely focused on the corporate objectives. The Group is also required to populate the second section of the plan with their own specific health and safety action as deemed necessary to address that Group's activities/ significant risks, etc.

From November 2011 the health, safety and wellbeing team will need to restructure and align with the new organisational structure changes from directorates to groups.

The framework and Group plans will therefore come into force in November 2011 and will be focused/tailored to the new 'Groups'.

3.3   Health and Safety Policy development

3.2.1   Corporate Health and Safety Policy development

Health and safety staff are continuously identifying/implementing ways in which the County Council can continuously improve and therefore strive for excellence in its health and safety management and performance. There has been a vast amount of developmental work going on within health and safety Policy development, revision and implementation. All Policies continue to be developed using the health and safety corporate policy template that we developed and agreed as it follows the WCC health and safety management system structure. This standardised format enables managers to clearly understand the purpose of the policy and the required roles and responsibilities that must be implemented so as to ensure legal compliance and WCC best practice.

Policy development/ consultation has also included other key stakeholders within the County Council to ensure a joined up consistent approach to health and safety management.

In 2010/11 we have launched the following revised corporate policies:

- WCC Health and Safety Policy (Oct 2010)
  This now includes the Leader of the Councils signature as well as the Chief Executives. It also requires each Strategic Director to sign up to the

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policy aims and objectives by signing a statement of health and safety intent for their Directorate/Group.

The Policy formally adopts the 'HS(G) 65' health and safety management system and provides more detail on all elements of the management system within the County Council.

- Control of Substances Hazardous Health (COSHH) Policy (Nov 2010)
  This now includes an accompanying manager's guide with revised COSHH assessment form.

In 2010/11 we have launched the following new corporate policies:

- Risk Assessment Policy (Apr 2010)
  An accompanying guide has also been developed, along with a new risk assessment form and action plan. The risk assessment training has been reviewed and amended to coincide with these changes.

- Electrical Testing Policy (Apr 2010).
  This policy focuses on fixed electrical installations and portable electrical equipment.

- Management of Work-Related Stress & Wellbeing Policy (Nov 2010)
  An accompanying manager's guide, risk assessment forms and return-to-work checklist have also been developed to support the implementation of this policy (for further detail refer to section 4.8).

- Accident, Incident, Near Miss, Reporting, Responding and Investigation Policy (Apr 2011)
  This Policy launch date was put back to April 2011 so that it coincided with the launch of the revised accident recording database – therefore the developmental work and sign off happened in 2010/11.

- Health and Safety Audit Policy and Procedures (Mar 2011 – draft until completion and review of the 2011 bi-annual audits)
  This sets out the framework for the bi-annual cross directorate health and safety audits. This Policy is essential to ensuring that we have a robust and standardised system for auditing.

- The Driving at Work Policy (Oct 2010)
  Accompanying guides have also been developed so that managers and employees only have to refer to the information that is relevant to them and the vehicle(s) they drive for work.
  Although the responsible officer for this Policy is the Fleet Manager, health and safety has had an input into its development along with HR and other key services (such as road safety, and insurance)

The Legionnaires Disease and Water Hygiene Policy was reviewed and revised by the Resources Directorate, Head of Facilitates Management (as per the previous corporate structure). Health and safety staff were involved as part of the consultation process.

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Within AH&CS directorate a managers toolkit for managing infection control has been produced via a working party.

In 2010/11 we have launched the following corporate guidance documents:

- Procedure and guidance for the evacuation of people with disabilities (new document)

- Work experience – managers guide (revised document)

- New and expectant mothers – managers guide (revised document)

There was also developmental work on other policies which are due to be re-issued/ launched 2011/12.

All of this corporate policy development work is undertaken by the Health and Safety Policy Group.

All of these Policies are located on the health and safety intranet pages. The intranet has been reviewed and revamped, so that all of the policies are located under the appropriate topic heading. (intranet > helping you work > health and safety > health and safety topics A-Z)

3.2.2   Key Directorate Policies

In April 2011 the 'Support and Intervention Policy in Schools' was launched. It was produced in January 2011, and following a comprehensive consultation period, it was launched and implemented in April 2011. This Policy is key a document within our health and safety management system because it formally sets out the principles and legislation which underpins the relationship for health and safety between the County Council and the different categories of schools. It is a key document due to the current changing status of our schools, and therefore the change in 'employer' from the legislative health and safety perspective when schools transfer to academy status. For example, the Policy clarifies that the local authority has no statutory health and safety responsibilities for Academies. For all schools, this Policy clearly outlines the extent and level of health and safety support and intervention for the different types and status schools.

This Policy development work was undertaken by the CYP&F Directorate health and safety officer and deputy and sought legal, senior management and union comments are part of the consultation exercise before it was agreed and signed off.

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4.0 Health and Safety performance during 2010/2011

4.1 Regulatory interventions

4.1.1 Regulatory interventions – Health & Safety Executive (HSE)

<u>Provision and Use of Work Equipment</u>
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 (PUWER). 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.

The HSE have since reviewed this case and decided to take action and prosecute WCC for a breach of health and safety regulation. WCC has been in regular dialogue with the HSE in an attempt to demonstrate our position with a view to persuading them to withdraw the prosecution and settle the matter without going through the judicial process. To date the HSE have agreed to reduce the seriousness of the charge, however, following consultation with our solicitors WCC has decided to plead guilty to a breach of PUWER Regulation 11(1) prevent access to dangerous parts of machinery.
A sentencing hearing is due to be scheduled Oct / Nov 2011 at Leamington Magistrates Court. We continue to work with our solicitors on the Councils plea of mitigation

A civil claim for this incident is also ongoing. WCC is continuing to work with our insurers in the robust defence of this claim.

<u>Liquid Petroleum Gas (LPG) compounds</u>
Three Improvement Notices were served on WCC in May 2010 relating to the LPG compounds sited at Claverdon Primary School and Kineton High School.

This was as a consequence of a HSE programmed response to a catastrophic explosion at ICL Plastics in Glasgow in 2004, whereby the HSE joined forces with gas suppliers to request information and assess the pipework and the risk posed at other workplaces.

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The Improvement Notice was served because both sites had buried metallic pipework for which they could not determine its condition and thus ensure its integrity.

In compliance with the Improvement Notice, Claverdon had their LPG removed and replaced by electric. Kineton replaced their metal pipes with Polyethylene. HSE were satisfied that notice has been complied with. There is no further action required by WCC.

4.1.2 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. There has been no regulatory intervention.

4.1.3 Police investigation

Following a serious incident in April 2010, the Police have been undertaking an investigation which was passed onto them by the HSE. In April 2010 a customer who attended a Community Support Service Centre was taken to hospital following an accident in a vehicle whereby the wheelchair she was travelling in tipped back during the journey back to the centre. Regrettably, the customer died in August 2010. To date the Support Worker who was driving the vehicle has been prosecuted in the local Magistrates Court under the Road Traffic Act. The prosecution related to driving with an unsecure load - failure to secure the wheelchair.

This incident has also been investigated internally. A critical incident review meeting was established in accordance with Council procedure. It was chaired by the Head of Communities and Wellbeing and membership included health and safety, legal, fleet management, and Community Support Service management. This has resulted in a number improvements being identified.

The Police will be taking no further action against WCC. We are awaiting instruction about the Coroners inquest which is still to be held. Following the inquest, it is possible that the HSE may wish to investigate under their remit.

4.1.4 Atherstone on Stour – investigation

At the end of February 2011 a decision was made by the Crown Prosecution Service to charge 3 Warwickshire Fire & Rescue Service (WFRS) Managers with manslaughter by gross negligence, for the deaths of 4 fire-fighters in a warehouse in November 2007. In addition to this Warwickshire County Council as the Fire Authority will face charges of failing to ensure the heath

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and safety at work of it employees, under Section 2 of the Health and Safety at Work Act 1974.

This case is ongoing.

4.2   Performance against key performance indicators

4.2.1   2010/11 performance against KPI's

The Corporate Health, Safety & Wellbeing Manager reviewed the previous health and safety targets and has replaced them with SMART key performance indicators (KPI's) starting this year 2010/11.

The corporate performance against the KPI's are as follows:

No.	KPI	Target 2010/11	Achieved 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 31st March 2010).	**Action plan to be completed by August 2010 and included in the Corporate Annual Health and Safety Report**	**Yes - Refer to section 7**
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%**	**Yes - 100%**
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	**100%**	**Yes - 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 31st March 2011.	**100%**	**Yes - 100%**
5	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC health and safety manager training sessions by the 31st March 2011.	**100%**	**Yes - 100%** **Total of 11 sessions were delivered to meet demand.**
6	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC risk assessment workshop sessions by the 31st March 2011.	**100%**	**No – 75%** **Only 6 sessions were delivered based on demand. However additional manager training sessions were**

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No.	KPI	Target 2010/11	Achieved 2010/11
			delivered.
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 31st March 2011.	100%	Yes – 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 31st March 2011^.	100%	Yes – 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%	Yes – 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 31st March 2011	100%	No. Initial audit process started in early 2011, with agreement from SDLT to start audits from April 2011 due to structure changes
11	Health and Safety Officers to produce their own Directorate Annual Health and Safety Report within the agreed corporate format.	Report completed by the 30th June 2010	Yes
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 28th September 2010	Report completed by 13th August	Yes – last year the destination of this report changed from CS&CS Overview & scrutiny committee to the Staff & Pensions Committee.

* The action plan will be weighted towards the top 3 causes.
^ health and safety systems include accident reporting system and WorkRite.

Therefore all KPI's were achieved with the exception of two. One of which wasn't achieved due to the lack of demand for that particular training session ; and the other was with agreement of SDLT to commence auditing after the initial phase of the organisations restructure (e.g. the forming of Resources Group in April 2011).

4.2.2 2011/12 KPI's

All KPI's will remain the same for 2011/12 with the exception of the following:
- Number 1 this KPI will change for next year to coincide with the indicator change within the Resources business plan. New KPI will read 'Optimise health and safety within the County Council'
- Numbers 5 and 6 will be reviewed so that the appropriate numbers of courses are provided based on demand.

- Number 10 will be removed and amended to include the monitoring of the bi-annual report recommendations.
- Number 12 will be amended to state 'Staff and Pensions Panel' and the relevant dates in 2011.

4.3 Accident Statistics

As this report relates to 2010-11 which is prior to the structure change from Directorate to Groups, this report is therefore still based on the 6 directorates. This consistency in reporting will also enable trends to be observed.

Elected members should note that organisational restructuring involving the move of services into new Groups between April and November 2011 will involve a significant change to the way future reports are presented and will limit the scope for sensible comparisons with previous year's sickness data.

4.3.1 Overview

There were a total of 2276 reported accidents across all Directorates. A breakdown of the employee and non-employee (members of the pubic, service users, pupils, customers) accidents per Directorate are as follows:

Directorate	2006/ 07	2007/ 08	2008/ 09	2009/ 10	2010/11
Children's, Young Peoples and Families	1390	1384	1272	1320	1565*
Adult Health and Community Services	408	325	344	313	359
Environment and Economy	103	115	111	150	143^^
Fire & Rescue Service	77	58	57	61	54
Customers, workforce and Governance^	26	13	22	27	73**
Resources^	61	58	71	71	82
Total	2065	1953	1877	1942	2276

* See section 4.3.7
**This figure is higher than previous figures because CWG now includes libraries for which there were 57 reported accidents. The library statistics used to be within the AH&CS Directorate.
^ For the purpose of this report and for comparison with previous figures, CWG and Resource data has been kept separate.
^^ The E&E figure includes 11 reported near misses.

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%
2010/11	**2276**	**+ 17%**

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There has been a 17% increase in accidents compared to last year's figures. See section 4.3.2 for detail on where these increases have occurred and 4.3.7 for concluding remarks.

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 continue to be explored at the West Midlands Leaders Board (WMLB) health and safety group (which the Corporate Health, Safety & Wellbeing Manager attends).

4.3.2   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 = 830 reports
2. Hit by moving, flying, or falling object, n = 413 reports
3. Violent incidents (both physical/ verbal assault)*, n = 248 reports
4. Hit something fixed or stationary, n = 178 reports
5. Manual handling (lifting, carrying, pushing and pulling), n = 95 reports

These 5 commonest reasons for accidents are the same top 5 categories as 2006/07, 2007/08, 2008/09 and 2009/10.

* For this years statistics we are using a version of the accident database that does not allow us to separate the physical and verbal assaults. However, the newly revised accident database will enable us to break down this data for future reports (database was launched in April 2011 so this stats were collated prior to this date).

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

Accident type	2009/10	2010/11	Previous year comparison	% change
Slips, trips and falls on the same level	638	**830**	+192	+31%
Hit by moving, flying, or falling object	315	**413**	+98	+31%
Violent incidents (both physical/ verbal assault)	291	**248**	-43	-14%
Hit something fixed or stationary	136	**178**	+42	+30%
Manual handling (lifting, carrying, pushing and pulling)	84	**95**	+11	+13%

There has been a reduction in the number of reported violent incidents. For all of the other top causes of incidents there has been a noticeable increase when compared to last years data. The increase in reported 'slip/trip/fall' accidents relate mainly to minor pupil incidents in the playground (n=91). CYP&F health and safety colleagues will be raising awareness within the Directorate and schools on the potential causes and control measures of slips, trips and falls.

There was also a noticeable increase in the number of CYP&F reported 'hit by moving, flying or falling object' incidents (n=111). The type of incidents and objects are typically sports equipment, collision with other pupils, not resulting in injuries and returning to normal activities.

Refer to section 4.3.7 for further commentary on the statistics.

4.3.4   Employee accident reports:

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

Directorate	2009/10	2010/11
Children's, Young Peoples and Families	518	504
Adult Health and Community Services	176	110
Environment and Economy	55	59
Customers, workforce and Governance	24	51
Resources	65	78
Fire & Rescue Service	56	51
Total	**894**	**853**

Total number of employee accidents has decreased by 4.6%.

Of all our reported accidents 37.6% (n=853) relates to our employee incidents. Therefore 62.3% (n=1412) relates to accidents to non-employees. The 0.1% missing relates to the 11 near misses reporting in E&E.

See section 4.3.6.

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4.3.5 HSE RIDDOR reportable incidents for employees:

Of the 853 employee accidents reported, a total of 121 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 121 RIDDOR reports per Directorate is as follows:

Directorate	2007/ 08	2008/ 09	2009/ 10	2010/11
Children's, Young Peoples and Families	49	41	23	**66**
Adult Health and Community Services	37	37	34	**16**
Environment and Economy	8	10	3	**2**
Customers, workforce and Governance	0	1	4	**4**
Resources	10	15	12	**12**
Fire & Rescue Service	17	13	13	**21**
Total	**121**	**117**	**89**	**121**

There has been a 36% increase in the number of employee accidents that were RIDDOR reportable to the HSE compared to last year. The noticeable increase is in CYP&F.

4.3.6 Non-employee accident reports

The following is a breakdown of non-employee accident reports for 2010/11:

Directorate	Member of Public	Contractors	Customers/ Clients	Pupils	YFA	Other	Total
Children's, Young Peoples and Families	118	7	95	803	n/a	38	**1061**
Adult Health and Community Services	4	0	243	n/a	n/a	2	**249**
Environment and Economy	42	0	31	n/a	n/a	0	**73**
Customers, workforce and Governance	20	0	0	n/a	n/a	2	**22**
Resources	0	1	0	n/a	n/a	3	**4**
Fire & Rescue Service	0	1	0	n/a	2	0	**3**
Total							**1412**

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

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does represent an overview of the non-employee incidents with a combined corporate total of 1412 reports.

This is a 33% increase in reported incidents to non-employees (whereby n=1062, in 2009/10). See section 4.3.7.

4.3.7 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). This is likely to be a reason behind the noticeable increases this year.

Health and safety staff have initiated a communication strategy and accident reporting has been a focused topic, as has slips and trips. For example, accident reporting awareness training has been undertaken in AH&CS and mentioned at library staff briefings. Promotional work on accident reporting has also been undertaken within schools. This coupled with the current organisational climate may mean that awareness and compliance with processes are more prominent. You will notice from section 4.3.6 that the largest noticeable increase in accidents rests with non-employee incidents. Therefore, there is likely to be a greater awareness and compliance around reporting these incidents than there used to be (for example, this may be an outcome of the training initiated in the care homes for accident reporting). As we continue to raise the profile of health and safety, the compliance with systems is likely to increase (e.g. increased accident reporting and not an increase in accidents).

We encourage accident reporting so that we can prevent a recurrence. As part of the accident form there is an investigation section. The investigation done by managers 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 directorate/ corporate efforts/ initiatives can be targeted.

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

Currently, the organisation changes are also meaning that people's jobs, roles and responsibilities may be changing and their location of work may change. Unless these are adequately planned for, unmanaged health and safety hazards/risks can be introduced. We therefore encourage managers to undertake risk assessments for any changes in activities and premises, and seek health and safety advice; otherwise we may see increase next year in accident/incidents as a result.

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4.4   Staff Survey Results

The results of the 2010 staff survey have demonstrated that employees generally agree that the County Council takes health and safety seriously. Employee confidence level for the implementation of health and safety is still high for the fifth consecutive year (for the previous 4 years there was an increase, but this year the figure has remained the same). This is measured by question 42 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	2010
78%	81%	83%	84%	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%
2010	80.3%	84.5%	84.5%	84%	85%	85%

AH&CS, CYP&F and F&RS have increased. E&E, CWG and RE have slightly decreased compared to last year. These changes may be a result of the organisational changes, staff moving directorates and the organisational climate.

4.5   Auditing activity

The County Council's health and safety management system is HS(G) 65 as recommended by the HSE, 'Successful health and safety management'. 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 cross directorate 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.

The next audit was therefore scheduled to commence by March 2011.

4.5.1   WCC Cross directorate bi-annual audit 2011

Work on the health and safety audit policy and procedures was initiated in Dec 2010/Jan 2011, but due to the forthcoming organisational structure, it was approved by SDLT to start the audits in April 2011. The audit policy and procedures were developed and final draft agreed in March 2011 (it was agreed that we would keep this as a 'final draft' until the first round of audits had been completed. This will enable a review of this new process, and any necessary amendments will be made to ensure the audit framework is robust).

The audit is undertaken to measure current health and safety performance within each directorate/group against the individual elements of the WCC Health and Safety Management System as detailed in the WCC Health and Safety Policy and the WCC Health and Safety Audit Policy. The audit identifies areas of good practice and areas for improvement, with recommendations.

The findings and recommendations for each directorate/ group have gone back to the relevant strategic director and their leadership team.

The corporate health and safety findings and required actions are tabled at Appendix 3.

4.6   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.

Please note, the organisational structure changes will mean that the health and safety systems, like AssessRite, will also need updating.

4.6.1   A new report feature to AssessRite has just been included, so health and safety staff can run a report of compliance and forward to DLT/GLT for action. As soon as the reporting feature has been tested, an overview of results will be offered to DLT/GLT in 2011/12 quarter 3.

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4.7 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.

The health and safety training-sub group has started to review all of the health and safety training being delivered in WCC, so that we can identify a corporate, consistent and standardised provision of health and safety training for WCC employees in accordance with the WCC Health and Safety Policy. The First Aid at Work training provision was the first session to be reviewed and provided corporately.

4.8 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 is now rebranded and entitled 'Your Wellbeing' so that employees can instantly recognise and search for the information they require from a range of topics. There is also a link to NHS Choices website. NHS Choices has been up and running for more than three years and has become the biggest and most visited health information website in Europe, with more than 100m visits in the past 12 months alone. This is a welcomed addition to the wellbeing information that we currently hold on the intranet.

This comprehensive information service is intended to help people make choices about their health, from lifestyle decisions about things like smoking, drinking and exercise, through to the practical aspects of finding and using NHS services in England when you need them.

The WCC 'Management of Work-Related Stress and Wellbeing Policy' has been launched. This Policy is accompanied by a manager's guide, risk assessment for the management of stress for an individual, risk assessment for the management of stress for a team/role, and return-to-work checklist. The information is based on the HSE management standards that define the characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled.

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. In other words, the six Management Standards cover the primary sources of stress at work. They are demands, control, support, relationships, role and change.

A series of pilot training sessions for managers have also been rolled out. Following the success of the WCC pilot training and risk assessment forms, the provision of training is now being reviewed as part of a procurement exercise with the view to launch the new corporate training sessions in 2011/12 quarter 3.

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 works within the same HR function as the Corporate Health, Safety and Wellbeing Manager, health and safety staff; and staff Care Service.

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

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5.1.1 Occupational Health Referrals

5.1.1.1 WCC OH referrals excluding F&R

From 1st April 2010 – 31st March 2011 Team Prevent received 874 management referrals.

Directorate (excluding F&RS)	2009/10	2010/11
Children's, Young Peoples and Families (WCC employees minus schools)	92	99
Children's, Young Peoples and Families (schools only)	227	250
Adult Health and Community Services	430	381
Environment and Economy	30	38
Customers, workforce and Governance	35	52
Resources	51	53
Total	865	874

The number of referrals has increased by 1%. 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=174);
- medical conditions (n=160); and
- work-related stress (n=85).

5.1.1.2 WCC OH referrals for F&R

There were the following referrals to F&R occupational health in 2010/11
- Occupational Health Advisor referral n = 107
- Occupational Health Physician referral n = 48

The top two reasons for new referrals made to F&RS occupational health for all employees are as follows:
- Musculoskeletal symptoms
- Stress/ anxiety/ Mental health

The proactive and preventative initiatives to improve attendance and work is stated within the HR 'employee absence management' report which is also tabled at the Staff and Pensions Committee.

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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 & Counsellor.

For 2010/11 the Staff Care Service received 214 new referrals. For 2010/11 the Staff Wellbeing Adviser & Counsellor received 43 new referrals.

The top 4 reasons for referral to the Staff Care Service and the Staff Wellbeing Adviser & Counsellor within F&RS are as follows:

Presenting problem	Total Number Of cases	Work-related	Personal	Combination
Relationships/ Personal	58^	4	44	10
Stress and anxiety	133^	98	9	26
Depression	23^	6	4	13
Bereavement	10^		9	1

^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 and launched the management of work-related stress & wellbeing policy, risk assessments for teams/ roles and individuals to complete so that action can be taken to prevent causes of work-related stress.

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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 2011 the status against priorities is given below:

Priorities 2009/10	Planned Date	Status as of 31st March 2011
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 – H&S line management changed in Oct 2010
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 The H&S intranet continues to be populated
Review the Corporate health and safety policy to include wellbeing and the OHSAS 18001 audit findings; and the Warwickshire Audit findings.	Nov 2009	Complete New policy launched Oct 2010
Develop and review corporate polices 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 – as per the H&S GANTT and H&S KPI's
Start to implement a corporate health and safety training programme which will also	Ongoing	Ongoing

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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.	June 2011	On target
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.	April 2011	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.	Mar 2011	Complete
In conjunction with the Fleet Manager, the health and safety policy group will advise on the content of the occupational road risk policy.	Oct 2010	Complete – still awaiting HRMS functionality that is due to be launched in Sept – Oct 2011

7.0 Corporate key performance indicators (KPI's) and action 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. Please refer to section 4.2 for the list of KPI's.

7.1 Action to proactively control and manage WCC's top 5 causes of incidents – update from last year.

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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).

Proposed in April 2010	Update April 2011 Undertaken – Yes/No; comments
To promote health and safety in the workplace	Yes – a communication strategy has been initiated using all media options
To promote the HSE campaign on slips, trips and falls within our workplaces	Yes – newsletter circulated. Currently developing the intranet page and localised initiatives for 2011/12
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.	Yes – a communication strategy has been initiated. This is led and monitored by the H&S communication and newsletter sub-group
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).	Yes – newsletters circulated. New policy and revamped database. Ongoing in 2011/12

These actions will carry over to 2011/12, along with the KPI's and the new corporate framework and directorate plans (see appendix 1 and 2). 2011-12 will focus on the bi-annual audits and the findings, so that appropriate recommendations can be identified and implemented (see appendix 3 for the corporate bi-annual audit outcome).

Please note that the initial action we have decided to take is focused on awareness raising about the importance of health and safety issues amongst managers and employees (and thus improving the health and safety culture of the organisation which will take time to develop). 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.

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8.0   Conclusion

The health and safety priorities for 2011/12, corporate framework, directorate plans and bi-annual audit recommendations will continue the corporate approach to health and safety management and striving for continual improvements. The newly formed health, safety and wellbeing team reporting to the 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, wellbeing, and occupational health. This approach will enable a more proactive, standardised and enhanced approach to health and safety management and performance. The future annual reports will therefore be entitled 'Health, Safety & Wellbeing Annual Report'.

David Carter
Strategic Director of Resources Group
Shire Hall
Warwick

September 2011

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Appendices

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Appendix 1 - WCC Corporate Health, Safety and Wellbeing Framework - *DRAFT*

Produced by: Ruth Pickering, Corporate Health, Safety & Wellbeing Manager (CHS&WM)
Date: To be launched November 2011 (this current version is the first DRAFT)
Review Date: April 2013 to coincide with Transformation 2013
Ref: WCC H&SWP

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

Ref	Objective	Key Action	Lead Officer	Sign posts	How to monitor and ensure effective*

W1	Comply with relevant health and safety legislation	• Produce and keep up-to-date WCC health and safety policy
		   o Adopt a recognised H&S management system – HSG(65)
		   o Clearly define roles and responsibilities for health and safety
		   o Cover all necessary legislative, ACoP, industry guidance and best practice information.
		   o Adopt HSE sensible risk management approach
			• CHS&WM	• WCC Health and Safety Policy
				 • Corporate topic-based Policies
				 • Risk Assessments
				 • Directorate arrangements, policies, procedures
				 • H&S audit Policy and
					Bi-annual audit

		o Monitor, review and audit system • Endorse WCC health and safety policy • Provide competent health and safety advice and guidance to managers and staff • Ensure resources are available to ensure the successful management and implementation of health, safety and wellbeing. • Implement adequate measures to prevent, reduce, or protect against the health and safety risks arising from our work activities • provide safe plant and equipment and maintain safe and healthy working conditions, providing health surveillance where necessary • All employees to comply with their assigned responsibilities	• Corporate Board • Corporate Board/ CHS&WM • Corporate Board/ Managers • Managers • Managers • Employees	Procedures • H&S policy group • H&S sub-groups • H&S policy GANTT • JD with H&S inclusion	
W2	Provide advice, guidance and support to WCC as per Regulation 7, Management Regulations	• Provision of competent H&S staff • Promote the principles of sensible risk management	• CHS&WM/ H&S staff	• WCC H&S Policy • H&S staff JD's • Appraisals • Training	Annual H&S reports
W3	Communicate and	• Health and safety communication	• CHS&WM /	• H&S JCC	Bi-annual audit

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	consult on health and safety with employees	action plan & publication schedule • Consult with employees or their representatives on health and safety matters	H&S comm. & newsletter sub group • Managers/ JCC		
W4	Ensure competency to undertake roles and responsibilities for health and safety	• Topic based Health and Safety Policy defines training need e.g. manual handling • Identification through work activity requirement and risk assessment • Provision of information, instruction, training and supervision as required	• CHS&WM / H&S Policy group • Managers • Managers	• H&S policies • Local risk assessment(s), appraisals	Bi-annual audit Workplace inspections
W5	Audit the H&S management system and strive for continuous improvements	• Bi-annual cross directorate audit undertaken accordingly & SDLT to endorse audit process and required actions	• H&S staff/ Corporate Board	• H&S audit policy and procedures	Audit findings
W6	Monitor and review health and safety management and performance on an annual basis	• Produce Directorate/Group annual health and safety reports • Produce Corporate annual health and safety report • Endorse Corporate annual health and safety report, KPIs and the recommendations therein	• DHSOs • CHS&WM • Staff and Pensions Committee	• H&S annual reports	H&S KPIs
W7	Develop and implement an action plan to	• Produce action plan, but weight	CHS&WM / H&S staff/ managers	• CWG	CWG / Resource

	proactively control and manage WCC's top 5 causes of incidents (as reported on WCC's accident reporting system by the end of each financial year).	them towards the top 3 causes. • Action plan to be completed by August on an annual basis for inclusion in the Corporate Annual Health and Safety Report for tabling at the Staff & Pensions Committee • Monitor accident statistics quarterly and report on CWG business card and to H&S JCC		performance indicator • Corporate annual health and safety report	group performance indicators
W8	Ensure Health and safety staff to have a direct link to SDLT	• Corporate health and safety champion assigned to a member of SDLT • Review compliance with IOD 'Leading Health and Safety at Work' document	• Corporate Board	• WCC H&S Policy	Bi-annual audit
W9	Consider wellbeing as part of the management system along with health, safety and welfare	• Include in WCC health and safety policy • Policies inclusive of wellbeing issues (such as work-related stress) • Wellbeing intranet page provided • Short term support and counselling provided to employees • H&S to link with HR strategies as appropriate	CHS&WM / H&S staff/ HR	• WCC H&S Policy • HR provision of information	Corporate annual health and safety report Sickness absence report

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W10	Monitor performance against the yearly corporate health and safety KPIs	• KPIs developed and monitored in annual H&S reports	H&S staff	• Annual H&S reports (corporate/ directorate/ group)	
W11	Implement corporate actions and directorate/group action to achieve all of the above	• Produce, implement and monitor a Corporate H&S action plan • Produce, implement and monitor a Directorate/group action plan • Identify and implement actions corporately based on the findings of the bi-annual audits	CHS&WM / H&S staff	• Action plans – CHS&WP and DH&SP • Bi-annual audit reports/ findings	

*There are no dates assigned to the objectives because these are legal requirements that must be implemented. Timescale for completion will be included on the corporate and directorate level action plans.

Key:

CHS&WM – Corporate Health, Safety & Wellbeing Manager
DHSO –   Directorate Health & Safety Officer
CHS&WP – Corporate Health, Safety & Wellbeing Plan
DH&SP –   Directorate Health & Safety Plan
KPIs -   Key performance indicators
Corporate Board – previously SDLT

![Warwickshire County Council logo]

Appendix 2 - Group Health and Safety Plan – DRAFT EXAMPLE

Produced by: X
Date: X
Review date: **X**
Ref: GHSWP

Objective: To outline how X will achieve our statutory obligations, manage health and safety throughout the directorate/group, and ensure the 'WCC Health, Safety & Wellbeing Plan' (WCC HS&WP) is delivered.

Ref	Objective	Key Action	Lead Officer	Sign posts	How monitored? Completion date?	Review Completed – Y/N
1.	Compliance with relevant H&S legislation	• Support and advise managers and staff and provide professional advice, guidance and assistance on health and safety issues to ensure legislative requirement and best practice • Develop specific Directorate/Group health and safety procedures, arrangements, and guidance that is specific to a Directorate/Group, and develop standards and targets for continuous improvement • Partake in the cross-directorate bi-annual health and safety audit • Stop any unsafe working practices where there is imminent risk or breach	H&S staff	H&S policies Directorate/ Group arrangements Training provision		

![Warwickshire County Council logo]

		• of legislation • Identification of directorate training needs and provide advice for local needs • Promote the principles of sensible risk management				
		• Compliance and implementation of policies and arrangements at a local level • Ensure resources are available to ensure the successful management and implementation of health, safety and wellbeing. • Through the risk assessment process, implement adequate measures to prevent, reduce, or protect against the health and safety risks arising from our work activities • Provide safe plant and equipment and maintain safe and healthy working conditions, providing health surveillance where necessary	Managers	Local arrangements		
2.	Ensure Directorate/Group to have signed statement of intent	• Strategic Director to sign statement of intent	Strategic Director	Statement of intent		
3.	Ensure all incidents, injuries and dangerous occurrences are reported as required under	• Health and Safety Staff must report all RIDDOR reportable incidents that have been notified to them to the HSE within the legislative timescales with	H&S staff	• Acc Policy • Database • F2508 submission		

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	RIDDOR to the HSE	copies of the F2508/ F2508A to the Corporate Health, Safety & Wellbeing Manager. • Promote accident, incident and near miss reporting • Investigate accidents	Managers		
4	Monitor and review health and safety management and performance on an annual basis	• Monitor against KPIs; incident statistics; audit results; inspection information; areas of good practice; DSE, etc… • Produce annual and half yearly health and safety report	H&S staff	Annual report	
5	Communicate health and safety policy within directorate/group	• Follow the sub-group communication action plan • Have a communication strategy for directorate/group.	H&S staff	Communication action plan	
6	Attend and partake in health and safety meetings (policy group and sub-group) and any partnership working (with other agencies/ teams as appropriate)	• Meet the aims and objectives of the meetings terms of reference.		Terms of Ref	
7	Ensure compliance with the workplace inspection policy and thus ensure inspections are undertaken	• Ensure workplace inspections are undertaken. • Ensure that action plans are completed and action taken as appropriate	H&S staff		

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8	In accordance with property rationalisation provide H&S advice as necessary	• Contribute to and follow WCC modern and flexible working arrangements	H&S staff			
9	Review the findings of the bi-annual health and safety audit and implement recommendations as appropriate	• Complete the action plan based on the findings.	DLT			
Group specific actions *(To be completed and agreed with group representative)*						
		•				
		•				
		•				

		Appendix 3 – Corporate recommendations based on the cross directorate bi-annual audit findings					
SECTION	**RECOMMENDATION**	**ACTION**	**TO BE ACTIONED BY**	**PROPOSED DATE OF ACTION**	**DATE OF COMPLETION**	**PRINT NAME**	**SIGNATURE**
Policy	Statement of Intent to be agreed and signed by all Strategic Directors for newly formed Groups	*Appointed Group H&S Advisor to liaise with relevant Strategic Director*	*Communities Group & People Group*	*November 2011*			
	Develop and implement the H&S arrangements for new People Group and Communities Group	*Group H&S Advisor to develop H&S arrangements specific to the new Group*	*Appointed Group H&S Advisor*	*November 2011*			
	Ensure all Group arrangements and H&S action plans are in a consistent format	*Corporate Health, Safety & Wellbeing Manager to set template and review*	*Corporate Health, Safety & Wellbeing Manager & Group H&S Advisor*				
	Inform employees of their responsibilities within WCC H&S Policy	*General H&S statement has now been included on the HR JD template.*	*HR/ H&S*	*Completed*	*Completed August 2011*		
		When the new arrangements are launched, employees to be notified of their responsibilities	*Managers*	*November 2011*			

Warwickshire County Council

Appendix 3 – Corporate recommendations based on the cross directorate bi-annual audit findings							
SECTION	RECOMMENDATION	ACTION	TO BE ACTIONED BY	PROPOSED DATE OF ACTION	DATE OF COMPLETION	PRINT NAME	SIGNATURE
Organising - Control	Include a statement for general or specific health and safety responsibilities in all job roles	*New standard WCC JD now includes a general statement on H&S responsibilities.*	*HR/ H&S*	*Complete*	*Completed August 2011*		
	Ensure an independent review of the WES Safety & Premise, H&S service, to ensure it is compliant/consistent with WCC Policy	*In accordance with Service Standard Agreement that has been written*	*Corporate Health, Safety & Wellbeing Manager and Facilities Service Manager*	*TBC with FM*			
Organising - Cooperation	Ensure that the new Group H&S arrangements include cooperation and consultation for all members of staff.	*Group H&S Advisor to develop H&S arrangements specific to the new Group*	*Appointed Group H&S Advisor*	*November 2011*			

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Appendix 3 – Corporate recommendations based on the cross directorate bi-annual audit findings							
SECTION	**RECOMMENDATION**	**ACTION**	**TO BE ACTIONED BY**	**PROPOSED DATE OF ACTION**	**DATE OF COMPLETION**	**PRINT NAME**	**SIGNATURE**
Organising - Competence	Review corporate H&S training and induction provision; and ensure staff are aware of training that is available (this will ensure they are aware of systems, how to use them, etc… such systems include the WCC accident database).	*Action already being undertaken by the H&S training sub-group.* *This will ensure that information, instruction and training is standardised, and consistent across the County Council (such as, H&S induction).* *Other specific training will still be required where relevant*	*H&S training sub-group*	*Ongoing*			
Planning and Implementing	Review the safe management of contractors policy to ensure roles and responsibilities are identified and assigned	*Action already underway. The Safe management of Contractor's policy is under review*	*H&S Policy Group*	*November 2012*			

Warwickshire County Council

Appendix 3 – Corporate recommendations based on the cross directorate bi-annual audit findings							
SECTION	RECOMMENDATION	ACTION	TO BE ACTIONED BY	PROPOSED DATE OF ACTION	DATE OF COMPLETION	PRINT NAME	SIGNATURE
Measuring Performance	Review WCC workplace inspection policy and regime. Ensure risk based approach.	*Reform the H&S workplace inspection sub-group to review and revise the policy and arrangements.*	*CHS&WM, H&S Policy Group & sub-group*	*April 2012*			
	Introduce a system of evaluation of training activity to ensure application in the workplace	*Review evaluation criteria and link in with OLM*	*H&S and OLM*	*TBC*			
Audit and Review	Following this initial round of bi-annual audits, review the H&S audit policy and procedures.	*Review documentation to ensure that it is suitable and sufficient for the organisational structure changes and the need of the Council*	*CHS&WM, H&S Policy Group & audit sub-group*	*December 2011*			

Warwickshire
County Council

Staff and Pensions Committee - 13 October 2011

Employee Sickness Absence Management

Recommendation

That the Committee note the performance information in relation to the management of employee sickness absence during 2010/11

1. Introduction

This report covers information on sickness absence for:
   a) the financial year April 2010 – March 2011 and
   b) compares this data with previous years to show the trend.

Elected members should note that organisational restructuring involving the move of services into new Groups between April and November 2011 will involve a significant change to the way future reports are presented and will limit the scope for sensible comparisons with previous year's sickness data.

2. Sickness Days lost per Employee (FTE)

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

Year Ending	2004/5	2005/6	2006/7	2007/8	2008/09	2009/10	2010/11
Days Lost per Employee*	10.12	10.57	9.51	8.51	8.50	8.32	8.80

* based on full time equivalent

The overall sickness absence level for the County Council was 8.80 FTE days per employee during 2010/11. This figure shows a slight increase in sickness levels from the previous year and brings to an end the 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 10.3 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 9.6 days per employee per year (CIPD Absence Management Survey 2010).

Sickness absence rates do however remain higher than the CBI National average for private sector employees (6.6 days).

2.2   Sickness Absence Levels by Directorate are as follows:

Directorate	2007/ 08	2008/09	2009/10	2010/11
Adult Health & Community Services	14.46	15.04	16.52	15.37
CYP&F (schools)*	7.97	7.52	7.47	8.29
CYP&F (non schools)	6.52	9.18	6.60	7.90
Environment & Economy	7.20	7.43	7.32	8.70
Fire & Rescue (formerly Community Protection) **	9.00	5.80	5.67	7.15
Customers, Workforce & Governance	7.20	5.52	6.04	7.23
Partnership & Performance Unit			5.38	6.61
Resources	8.59	8.91	8.22	7.79
WCC	8.51	8.50	8.32	8.80

*   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
Adult Health & Community Services	20.6	20.3	17.7
Children, Young People and Families	35.7	42.6	40.2
Community Protection	52.1	56.6	45.5
Customers, Workforce & Governance	40.9	36.6	34.6
Environment & Economy	32.7	41.9	34.1
Partnership & Performance Unit		42.9	27.6
Resources	32.2	37.4	38.6
WCC	35.7	34.7	31.9

The average percentage of employees with no absences has continued to decrease from 34.71% in 2009/10 to 31.9% in 2010/11.

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
Adult Health & Community Services	2.03	1.79	1.72
Children, Young People and Families	1.45	1.16	1.15
Community Protection	0.74	0.80	0.83
Customers, Workforce & Governance	1.27	1.27	1.37
Environment & Economy	1.49	1.28	1.43
Partnership & Performance Unit		1.54	1.55
Resources	1.39	1.15	1.12
WCC	1.40	1.36	1.32

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

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

	2008/09		2009/10		2010/11	
	Short-term	Long-term	Short-Term	Long-term	Short-Term	Long-term
AH&CS	39.6%	60.4%	32.5%	67.5%	33.8%	66.2%
CYP&F	44.5%	55.5%	54.6%	45.4%	53.8%	46.2%
CP (Fire)	41.7%	58.3%	49.5%	50.5%	39.3%	60.7%
CWG	59.9%	40.1%	59.5%	43.5%	58.1%	41.9%
E&E	51.7%	48.3%	53.1%	46.9%	45.2%	54.8%
PPU			61.4%	38.6%	43.5%	56.5%
Res	42.2%	57.8%	40.3%	59.7%	40.9%	59.1%
Total	46.60%	53.40%	40.93%	59.07%	41.4%	58.6%

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
Chest or Respiratory	4.64%	4.30%	5.6%
Digestive System	5.67%	7.06%	7.8%
Eye, Ear, Nose, Mouth	2.99%	3.02%	3.6%
Heart & Circulation	1.41%	1.79%	1.4%
Musculo-skeletal	20.05%	22.58%	20.5%
Neurological	2.19%	3.14%	3.0%
Operation or Post Operative	11.29%	10.31%	12.1%
Stress / Mental Health	17.05%	17.96%	20.7%
Viral	12.39%	13.77%	12.6%
Swine Flu		1.28%	0%
Other reason	5.88%	7.00%	7.9%
Reason Withheld	16.67%	7.79%	4.8%

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 stress/mental health issues (20.7%), musculo-skeletal disorders (20.5%), viral infections (12.6%) and Operation or Post Operative conditions (12.1%).

6.1.1   <u>Mental health / stress</u> reason is the top reason for sickness absence accounting for some 11,717 days and 20.7% 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 (25.4%) and Children, Young People & Families (17.1%). Work is undertaken in each Directorate to examine the hotspot areas in all areas.

Although the budget for employee well being has been removed in the current round of savings, the following action has been taken to address the above sickness trend:

(a)   The NHS Choices website offering a wide and reliable range of advice to employees on well-being has been incorporated into the Council's intranet. This 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 so enabling the reader to access services and further support if required.

(b)   A proactive approach has been adopted to anticipate, prevent and manage workplace stress. A stress and wellbeing working party has produced a corporate Management of Work-Related Stress & Wellbeing Policy and Manager's Guide together with stress risk assessment forms (both individual and team/role as well as a return-to-work checklist). A series of pilot training sessions were delivered to a selection of manager's in 2010/11 to provide training on the management of stress (based on legislation, case law and the HSE management standards), and to introduce the accompanying WCC guide and assessment tools as part of the consultation process. These documents were launched by the end of 2010 to link in with the National Stress Awareness Day on the 3rd November 2010.

Following the success of these pilot training sessions, the corporate training provision will be reviewed and a new session provided in 2011/12 and rolled out to all managers. Information to employees is provided via the wellbeing intranet page and training sessions will be explored.

(c)   The corporate Staff Care Service continues to develop its services and is available for all employees (with the exception of Fire & Rescue and Schools who have their own arrangements). In particular support is provided to many with stress and mental health issues.

6.1.2   <u>Musculo-Skeletal Disorders (MSD)</u> is the second main reason for sickness absence across the Council accounting for some 11,631 days lost in the last year and over 20% of all absences. This represents a 1.5% decrease in MSD related absence since the previous year. 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 (23.5%) and catering, cleaning and caretaking services within the Resources Directorate (29.6%).

Health and Safety staff and the HR Advisory Service are continually reviewing 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. 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 <u>Viral Infections</u> The incidence of viral infections is relatively high with a total of 7,130 days lost and accounting for 12.6% of all absence. Limited resources have restricted the offering of lunchtime healthy activities to staff however, the intranet is now an excellent source of information that encourages employees to adopt a healthy lifestyle, including tips on exercise, a balanced nutritious diet and good workplace hygiene. Additionally, front line employees have access to seasonal flu vaccines and consideration will be given to any other initiatives which can help to minimise transfer of viral infections in the customer facing and service centre environments.

6.1.3 <u>Other reasons</u> An analysis of other main reasons for sickness absence is set out in the table above. Those absences relating to operations is 12.1%, digestive disorders is 7.8%, chest and respiratory infections is 5.6%, eyes/ears/nose disorders is 3.6% and heart & circulation 1.4%. 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.

6.1.4 <u>Reason Withheld</u> The percentage of reasons withheld continues to fall from 16.67% In 2008/09 to 7.79% in 2009/10 to 4.8% in 2010/11. To help improve the accuracy of the absence data, the category of "unknown reasons" 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 review of the above top reasons has been undertaken within each Directorate through the HR Business Partners to ensure that the most prominent categories of absence that are highlighted in the Appendix are appropriately managed.

7. Action 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 recent initiatives is set out below.

(i) <u>The further Integration of the Health, Safety and Well-Being function</u>

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. Since the last report the line management of all health and safety staff was transferred in October 2010 under the leadership of the Health, Safety & Well-Being Manager. This has strengthened corporate working and the capacity to develop initiatives to improve the management and performance of health and safety and also the well being of the workforce.

(ii) <u>Interventions by Team Prevent, Occupational Health Service</u>

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.

During the last year, Team Prevent have supported the reduction in absence through a case management approach which encourages immediate intervention and the early referral to Occupational Health where stress or MSDs are indicated as the reason for absence. Team Prevent have also supported the Council by providing back care sessions during Learning at Work month.

(iii) <u>Provision of a comprehensive Well-Being Information Resource on the Council's HR Intranet</u>

The NHS Choices website is promoted on the HR intranet and is easily accessible by employees who can gain detailed and up to date health information. The main sections includes
a) an A-Z of medical conditions,
b) Living Well
c) Carers Support
d) Health News

(iv) <u>Improved Absence Data</u>

Performance management across all service areas is key to the management and reduction of absence. Over recent years this has improved across all Directorates. Individual employee absence information is now available via Self Service to individuals and their manager. Also a wide range of sickness absence reports are available to managers from the HRMS system via a new Information Team based in the HR Service Centre. However, during the current year the phased changes to the structure of the organisation will require work to be undertaken on building the new organisation in the HRMS system and adjusting reports accordingly.

(v) <u>Revised Sickness Absence Policy and Procedures</u>

A new sickness absence policy and procedures that has recently been agreed with the aim of reducing the incidence of sickness and help employees return to work as soon as possible. (the new policy now includes the change from 'sick note' to 'fit note'). The next stage is for managers to be trained to be able to effectively implement the new sickness procedures. This is planned during the remainder of the year. An Employee Sickness Absence Guide has also been produced for the

first time to explain to employees their responsibilities and what they should expect when unable to work due to sickness.

8.   Conclusion

The overall sickness level for the County Council has increased over the period 2010/11 (8.8 days absence per FTE) although this continues to be lower than the mean for local government. (10.3 days absence per FTE). Stress and mental health has now become the top reason for sickness. The economic pressures that have resulted in redundancies and changes in the workplace (structural, roles, etc) have had a clear impact on anxiety and stress levels.

Yet despite the higher absence levels, the Council has been proactive in its absence management. Steps have been taken to identify and reduce stress in the workplace using the HSE stress management standards and staff care support. The employee sickness policies and procedures have been re-written and managers will receive further training in handling absences effectively.

Background Information

None.

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TOP REASONS FOR SICKNESS ABSENCE BY DIRECTORATE

Adult, Health & Community Services Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	8,554	28.00%	5,420	23.5%
Stress & mental health	6,231	20.69%	5,860	25.4%
Viral	3,112	10.19%	2,036	8.8%
Operation	3,126	10.23%	2,719	11.8%

Children Young People & Families Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	1,366	11.38%	2,435	17.1%
Stress & mental health	1,935	16.06%	2,305	16.1%
Viral	2,187	18.15%	2,091	14.7%
Operation	1,189	9.86%	1,652	11.6%

Customers, Workforce & Governance Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	742	13.43%	747	14.5%
Stress & mental health	1,032	18.66%	843	16.4%
Viral	1,019	18.42%	967	18.9%
Operation	744	13.46%	962	18.7%

Economy & Environment Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	837	17.35%	699	11.6%
Stress & mental health	477	9.89%	1,268	21.1%
Viral	1,059	21.95%	1,147	19.1%
Operation	474	9.83%	460	8.99%

Fire & Rescue

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	44	9.02%	93	16.9%
Stress & mental health	163	33.44%	204	37.0%
Viral	58	11.91%	48	7.33%
Operation	87.1	17.79%	61	11.1%

Partnerships & Performance Unit

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	9	6.67%	46	23.4%
Stress & mental health	66	46.70%	67	33.8%
Viral	39	27.53%	43	21.6%
Digestive System	14	9.83%	15	9.36%

Resources Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	2,367	30.34%	2,177	29.6%
Stress & mental health	1,038	13.31%	1,170	15.9%
Viral	846	10.85%	795	10.8%
Operation	819	10.49%	847	10.8%