Staff and Pensions Committee

Thursday 14 November

Agenda

The Staff and Pensions Committee will meet in Committee Room 2, Shire Hall, Warwick, on Thursday 14 November 2013 at 3 pm or on the rising of Cabinet if this is later.

1.   General

(1)   **Apologies for absence.**

(2)   **Members' Disclosures of Pecuniary and Non-Pecuniary Interests.**

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest <u>if s/he has not already registered it</u>
- Not participate in any discussion or vote
- Must leave the meeting room until the matter has been dealt with (Standing Order 42).
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

(3)   **Minutes of the meeting held on 18 July 2013**

Enclosed.

2. Corporate Health, Safety and Wellbeing Annual Report 2012-13

This report provides an annual position statement on the management and performance of health and safety within the County Council and summarises the health and safety activities within the Authority from 1st April 2012 to the 31st March 2013.

Warwickshire County Council

3. Employee Sickness Management Report

This report covers information on sickness absence for the financial year April 2012 – March 2013.

4. Staff Travel Rate

A report discussing the introduction of a staff travel rate to 40p per mile.

5. Any Other Business Considered Urgent by the Chair

JIM GRAHAM
Chief Executive
November 2013

Membership

Councillors: Izzi Seccombe (Chair), John Appleton, Jeff Clarke, Sara Doughty, Bill Gifford, Brian Moss (VC)

General Enquiries: Please contact Paul Williams on 01926 418196.E-mail:
paulwilliamscl@warwickshire.gov.uk Enquiries about specific reports: Please
contact the officers named in the reports.

Warwickshire
County Council

Minutes of a meeting of the Staff and Pensions Committee held on 18 July 2013

Present:

Members of the Committee:
Councillors: Izzi Seccombe (Chair)
                  John Appleton
                  Jeff Clarke
                  Sara Doughty
                  Bill Gifford
                  Brian Moss

Other Councillors:

                  Councillor Mike Gittus

Officers: David Carter, Strategic Director, Resources
                  Sue Evans, Head of Human Resources and Organisational Development
                  Kate Sullivan,HR Advisory Team Leader
                  Janet Purcell, Democratic Services Manager

1.   General

    (1) Apology for Absence
      None.

    (2) Members Declarations of Personal and Prejudicial Interests

    Councillor Sara Doughty declared a personal interest as a member of Unite.

    (3) Minutes of the meeting held on 19 February 2013

    Resolved

    That the minutes of the meeting held on 19 February 2013 be agreed as a correct record.

2.   Exclusion of Public

    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 paragraphs 1 and 4 of Part 1 of Schedule 12A of the Local Government Act 1972.

3. **Exempt minutes of the meeting held on 19 February 2013**

   Resolved

   That the exempt minutes of the meeting held on 19 February 2013 be agreed as a correct record.

4. **Recognition and Procedural Agreement between Warwickshire County Council and recognised trade unions.**

   Sue Evans, Head of HR and OD, explained that the Council had worked with unions under an informal agreement for many years but that it is now an appropriate time to have a formalised agreement, given the number of staff who are TUPE transferred to other organisations. Union recognition, and other terms and conditions are transferred and there is an obligation on the new employer to continue to recognise trade unions in the same way. The unions have, therefore, requested a written recognition agreement so that it can be used for TUPE transfer purposes.

   The Committee was advised that the proposed agreement formalises the relationship and facilities already afforded to the trade unions recognised by the Council and does not make any changes in the way the unions are recognised. The Committee was assured that, although the agreement does not constitute a legally enforceable agreement, it set out clear principles that the Council and Unions would expect employers to respect with regard to transferred staff.

   The Committee welcomed the agreement and agreed that the Council sign this, subject to paragraph 10 'Termination' being amended to allow for a regular review at least every three years.

   Resolved

   That, subject to amendment to paragraph 10 to read 'This Agreement shall be reviewed at least every three years,' the Committee formally approves the Recognition and Procedural Agreement between Warwickshire County Council and the recognised trade unions, UNISON, UNITE and the GMB.

5. **National Pay Award**

   The Committee was advised that the National Employers have agreed a 1% pay award and that the Council's Corporate Board had recommended that the payment apply to all staff, other than the Corporate Board.

   It was noted that Warwickshire County Council had gone further than other local authorities in having frozen pay for four years, rather than two. The Committee agreed that the increase should be supported. The award had been built into budget assumptions, from April 2013.

Resolved

That the Committee endorses the payment of the 1% pay award to all staff with the exception of Corporate Board Members, as recommended by Corporate Board.

The meeting rose at 4.00 pm.

....
Chair

The meeting ended at 12.40 pm.

Staff and Pensions Committee

13 November 2013

Corporate Health, Safety and Wellbeing

Annual Report 2012-13

Recommendation

That the Staff and Pensions Committee review the Corporate Health, Safety and Wellbeing Annual Report 2012-13 and endorse the proposed actions, Key Performance Indicators (KPIs) and priorities recommended within it for 2013-14.

1.0 Key issues

1.1 This report provides an annual position statement on the management and performance of health and safety within the County Council and summarises the health and safety activities within the Authority from 1st April 2012 to the 31st March 2013. The key issues outlined within this report are as follows:

1) There are legislative changes nationally which will impact on the County Council, with the HSE's 'Fee For Intervention' cost recovery scheme being a significant change (refer to Section 2.2).
2) There has been regulatory intervention against WCC (refer to Section 2.4).
3) The total number of reported accidents has slightly decreased (refer to Section 2.5).
4) The Health, Safety and Wellbeing Service have initiated a new risk based health and safety workplace inspection process (refer to Section 2.6).
5) The top two reasons for management referrals to Occupational Health remains musculoskeletal problems and stress, depression, anxiety related reasons (refer to Section 2.9).
6) A structured approach to health and safety action planning is proposed (refer to Section 3).

2.0 Corporate Health, Safety & Wellbeing Annual Report 2012-13

2.1 Introduction

In its role as statutory employer, the County Council has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees and others not in their employment who may be affected by our activities (for example, non-employees include, customers, members of the public, contractors, school pupils etc.).

Under the Management of Health and Safety at Work Regulations, 'Regulation 7: Health and Safety Assistance', the Health, Safety and Wellbeing (HSW) Service (within HR & OD) has been appointed to provide competent in-house health and safety assistance and advice to WCC covering all relevant Health and Safety legislation.

Warwickshire
County Council

The Service is managed by the Corporate Health, Safety and Wellbeing Manager who is the corporate competent lead for health and safety. The Service includes:

- An appointed Senior Health and Safety Advisor for each Group;
- Four Health and Safety Advisors who work corporately to support the Senior H&S Advisors;
- A Staff Health, Safety and Wellbeing Advisor who works corporately to integrate health and safety with the workplace health and wellbeing agenda.
- The service also includes the Staff Care Service, County COSHH Officer and administrative team.

2.2 Health and safety legal updates 2012/13

In line with Government Policy on 'Common Commencement Dates' the Health and Safety Executive (HSE) implements legislative changes that arise from within the UK on only two dates each year, the 6th April and the 1st October.

2.2.1 Background to the current legislative changes

Nationally, the health and safety legal framework has been reviewed, recommendations made and changes implemented. This review was instigated by the coalition Government as detailed below.

Government Review
Lord Young published his report "*Common Sense Common Safety*" in October 2010 in response to the coalition Government's pledge to review and reform health and safety legislation.

His report focussed on ways to free businesses from unnecessary bureaucratic burdens arising out of health and safety regulation, the growing 'compensation culture' industry and the resulting fear for businesses in operating their health and safety policies.

The Government accepted all of Lord Young's recommendations and a range of government bodies have been involved in taking them forward. One of which included an independent and comprehensive review of UK's health and safety regulations which was to be led by Professor Löfstedt.

Löfstedt report – 'Reclaiming Health and Safety For All'
Employment Minister Chris Grayling commissioned the independent review in March 2011 and appointed Professor Ragnar Löfstedt to chair it. Professor Löfstedt has made recommendations aimed at reducing the burden of unnecessary regulation on businesses while maintaining Britain's health and safety performance, which is among the best internationally.

This will therefore bring forthcoming changes to the UK health and safety regulatory framework for which the Health, Safety and Wellbeing Service will monitor, review and implement as required for the undertakings of WCC. Those changes and known forthcoming changes are detailed in sections 2.2.2 and 2.2.3.

2.2.2 New legislation 2012-13

In 2012 -13 the following changes to legislation came into force.

Warwickshire
County Council

The Health and Safety (Fees) Regulations 2012

Under The Health and Safety (Fees) Regulations 2012, those organisations who break health and safety laws are liable for recovery of the HSE's related costs, including inspection, investigation and taking enforcement action. These Regulations will put a duty onto the HSE to recover its costs for carrying out its regulatory functions from those found to be in material breach of health and safety law. The HSE therefore operates their 'Fee For Intervention (FFI)' cost recovery scheme, which came into effect 1st October 2012.

The fee is for the HSE's time and effort if they identify a 'material breach' of the law. The 'time' relates to the time spent by the HSE inspector identifying the material breach, helping the organisation to put it right, investigating and taking enforcement action.

The HSE and the Government believe it is right that businesses that break health and safety laws should pay for HSE's time to put matters right, investigating and taking enforcement action.

A material breach is when, in the opinion of the HSE inspector, there is or has been a contravention of health and safety law that requires them to issue notice in writing of that opinion to the dutyholder.

The fee payable by dutyholders found to be in material breach of the law is £124 per hour (except where Health and Safety Laboratory (HSL) or third-party involvement is required where the actual costs of the work will be recovered). There is no maximum!

The total amount to be recovered will be based on the amount of time it takes HSE to identify and conclude its regulatory action, in relation to the material breach (including associated office work), multiplied by the relevant hourly rate. This will include part hours.

This therefore applies to WCC, and please note, these costs will not be covered by insurance and will therefore need to be sought from the relevant team/service budgets (there is no central budget for health and safety).

A Health and Safety Newsletter was circulated by the Health Safety and Wellbeing Service in September 2012 informing managers about FFI, and WCC health and safety manager training has been updated to include information on FFI (at the manager introduction to health and safety course and the manager refresher). A copy of the newsletter can be found on the health and safety intranet pages.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 – amendment 6th April 2012

As of 6 April 2012, RIDDOR's over-three-day injury reporting requirement has changed. The trigger point has increased from over three days' to over seven days' incapacitation (not counting the day on which the accident happened). Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work. The Health, Safety and Wellbeing Service will report these incidents and other relevant incidents to the HSE as required under RIDDOR.

In addition to this April amendment, RIDDOR 1995 has been superseded by RIDDOR 2013 as of the 1st October 2013. This brings forth significant changes, with the main change being to simplify the reporting requirements (such as, the 47 types of industrial diseases have been replaced with 8 categories of reportable work-related illness, there are fewer dangerous occurrences that require reporting, and the 'major injuries' classification is replaced with a shorter list of 'specified injuries'. However there is no change to non-employee reporting).

Within WCC, all employees must continue to report work related accidents, incidents, near misses and dangerous occurrences on the WCC accident recording database on lotus notes^ or on the

Warwickshire
County Council

hardcopy forms if there is no access to lotus notes. Managers must ensure that all of the necessary information is completed on the accident report form as appropriate (which includes their own investigation findings and actions to prevent a recurrence).

WCC has a Policy in place to cover the reporting and investigation of accidents/ incidents, and will be revised to account for these recent legal changes in October.

^In 2013-14 ICT have programmed in the development of a new WCC accident database following the decommissioning of lotus notes. More detail will be provided when this new system is launched (implementation date is scheduled for Jan-Apr 2014).

Control of Asbestos Regulations 2012
The Control of Asbestos Regulations 2012 came into force on 6 April 2012, updating previous asbestos regulations to take account of the European Commission's view that the UK had not fully implemented the EU Directive on exposure to asbestos (Directive 2009/148/EC).

In practice, the changes are fairly limited and mean that some types of non-licensed work with asbestos now have additional requirements, i.e. notification of work, medical surveillance and record keeping. All other requirements remain unchanged, e.g. relating to licensed work with asbestos, duty to manage, risk assessment, the asbestos control limit, control measures and training requirements.

WCC has an Asbestos Management Policy and Procedures document that details how WCC will meet the relevant regulations.

2.2.3 Forthcoming legal changes 2013-14

Amendment to the Health and Safety (First-Aid) Regulations 1981
The Health and Safety Executive (HSE) consulted late last year on proposals to amend the Health and Safety (First Aid) Regulations 1981. This was in response to Professor Ragnor Löfstedt's recommendation to remove the requirement for HSE to approve first aid training and qualifications.

As of the 1st October 2013 the regulations have been amended, removing the requirement for HSE to approve first aid training and qualifications.

WCC has a First Aid at Work Policy in place, which will be reviewed and amended following this recent change in October.

Health and Safety Law Poster
Employers have a legal duty under the Health and Safety Information for Employees Regulations 1989 (HSIER) to display the approved poster in a prominent position in each workplace or to provide each worker with a copy of the approved leaflet that outlines British health and safety law.

Within WCC we require the poster to be displayed in the prominent part of the building (i.e. at access points).

A new health and safety law poster was launched in 2009 and employers were given a 5-year transition period to implement the new poster. Persons in charge of premises will be reminded to check their posters and update them as appropriate as part of the annual formal health and safety inspection led by Health Safety and Wellbeing Service in conjunction with Facilities Management.

HSE Consultation process
As detailed in section 2.2.1, a series of health and safety regulations have been under review, with employers/ health and safety professionals having the opportunity to be part of the consultation

Warwickshire
County Council

exercise for the proposed changes. A large proportion of regulations continue to be reviewed, revised and circulated for consultation. For example, recent consultation includes, Workplace (Health, Safety and Welfare) Regulations, Control of Substances Hazardous to Health Regulations, etc…

Amendments to the WCC Health and Safety Management System will be undertaken by the Health, Safety and Wellbeing Service as required.

Corporate Manslaughter update
The Corporate Manslaughter and Corporate Homicide Act 2007 is a landmark in law. For the first time, companies and organisations can be found guilty of corporate manslaughter as a result of serious management failures resulting in a gross breach of a duty of care.

To date, there have been three successful prosecutions in the UK. Those who have been prosecuted have been relatively small, with single, or relatively few, directors; therefore the Act is still untested for large organisations.

It is interesting to note that the number of cases being opened has significantly increased over the past 12 months. In 2012, 63 new corporate manslaughter cases were opened compared with 45 in 2011.

The Health, Safety and Wellbeing Service will continue to monitor any updates with regard to this Act, and provide relevant updates to leadership teams and managers.

2.3   WCC Health and Safety Management System updates

The following WCC Corporate Policies have been reviewed/revised or developed:
- Accident, Incident, Near Miss, Reporting, Recording and Investigation Policy – revised following the legislation change outlined in Section 2.2 of this report
- Health and Safety Workplace Inspection Policy and Procedures – the Policy and Procedures have been reviewed and revised in 2012-13 for a June 2013 launch date (see also Section 2.6).
- WCC Management of Work-Related Stress and Wellbeing Policy – has been reviewed and revised in early 2013 in preparation for a July 2013 launch. This revised Policy is the first health and safety policy to be produced in the new corporate policy format which aims to streamline the content to make it more focused and user friendly for managers.

The following WCC Corporate guidance/tools have been reviewed/revised or developed:
- Stress risk assessment templates (individual and team/role templates) have been amended following user feedback.
- The 'Procedures and Guidance for Producing a Personal Emergency Evacuation Plan (PEEP's)' has been revised and revamped.

The following WCC Corporate training courses have been introduced/ revised (see also Section 2.8):
- Introduction to health and safety for managers (1 day) – revised
- Manager refresher training (1/2 a day) - newly added to the corporate training menu to provide a 3 year refresher
- Personal safety training for: managers (1 day), employees (1/2 a day) and team bespoke (1 day) – newly added to the corporate training menu

Warwickshire County Council

- Manual handling of objects - newly added to the corporate training menu and delivered in-house by Health, Safety and Wellbeing Service and tailored to team needs.

2013-14 developments
- Fire Safety Management Policy and Arrangements which is led by Physical Assets, Resources Group with Health, Safety and Wellbeing support *(launched July 2013)*
- Revised Manual Handling Policy *(launched August 2013)*
- Revised Corporate Health and Safety Policy
- Revised Personal Safety Policy and supporting documentation
- Revised Display Screen Equipment Policy

Group updates/specific work
- People Group - The School Health and Safety Standards document has been reviewed and revised *(launched April 2013).*

2.4 Health and Safety Performance during 2012/13

2.4.1 Regulatory interventions – HSE
The County Council was charged as the organisation with legal responsibility for WF&RS, for failing to ensure the health and safety at work of its employees, under section 2 of the Health and Safety at Work Act 1974 following the Atherstone-on-Stour incident. The County Council entered a plea of guilty to a health and safety offence but on a strictly limited basis. In December 2012 the County Council was fined £30,000.

2.4.2 Regulatory interventions – Fire & Rescue Service enforcement officers
The F&R Service enforce the Regulatory Reform (Fire Safety) Order 2005.

There have been no regulatory interventions within the Council from the Fire and Rescue Service for 2012-13.

2.4.3 Performance against 2012-13 Key Performance Indicators
The Health, Safety and Wellbeing Service KPIs were reviewed and modified for 2012-13 in response to the service restructure and HR&OD business plans/ objectives. The outcome is as follows:

No.	KPI	Target 2012/13	Achieved 2012/13
1	Corporate Health, Safety and Wellbeing Manager to meet objectives within the HR&OD business plan for 2012-13	100%	To be detailed in corporate report
2	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%	100%
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	100%	100% all RIDDORs are reviewed and investigated as

Warwickshire County Council

No.	KPI	Target 2012/13	Achieved 2012/13
			required
4	Health, Safety & Wellbeing Service 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 2013.	100%	100%
5	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC health and safety manager training sessions via the corporate training menu by the 31st March 2013.	100%	100%
6	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC risk assessment workshop sessions via the corporate training menu by the 31st March 2013.	100%	100%
7	Health, Safety & Wellbeing Service to produce and circulate health and safety newsletter at least 4 times a year by the 31st March 2013.	100%	100% (new and expectant mothers, Fee For Intervention, gritting advice, working at height)
8	Health, Safety and Wellbeing Service to implement recommendations as identified in internal audits health and safety report	100%	On-going
9	Health, Safety and Wellbeing Service to review and revise WCC Workplace Inspection Policy by March 2013.	100%	100% - launch arranged for June/July in accordance with communication plan
10	Health, Safety and Wellbeing Service to review and revise the 'draft' WCC Health and Safety Audit Policy by March 2013.	100%	On-going – 2013-14 for a revamped process
11	Senior Health and Safety Advisors to produce their own Group Annual Health and Safety Report within the agreed corporate format.	Report completed by the 30th June 2013	Yes
12	Corporate Health, Safety & Wellbeing Manager to produce the Corporate Annual Health and Safety Report by compiling the required information from all Group Annual Health & Safety Reports for submission to Staff and Pensions Committee in November 2013	Report completed by 18th October 2013	Programmed in

2.5   Accident/ Incident statistics

2.5.1   Overview

There were a total of 2,012 reported accidents across all four Groups. A breakdown of the combined total employee and non-employee (members of the pubic, pupils, customers) accidents per Group are as follows:

Group	2011/12	2012/13
People Group^ - Children's services	1013	854
People Group^ - Adult Services	573	769
Communities Group (previously Environment and Economy)	141	121
Resources Group	165	115
Fire & Rescue Service*	141	153
Total	**2033**	**2012**

^ The People Group figures have been split into adult and children services to provide comparative data.

*F&R data relates to the fire and rescue 'adverse events' which includes near misses, vehicle incidents, violence and aggression, and dangerous occurrence. This is the same as the other Groups data.

The noticeable reduction in accidents is within children services. This could be as a result of the schools transferring to academy status whereby WCC is no longer the employer. WCC also no longer receives employee accident reports for Voluntary Aided (VA), Foundation and Trust schools as WCC is not the employer (the employer for these categories of schools is the Governing Body). There is also a noticeable increase in adult services incidents. These relate to the accident reporting awareness work within adult services (refer also to Section to 2.5.2).

The increase in F&R from last year to this year relates to the promotional work on near miss reporting, whereby 60 of the 153 adverse events are near misses. This is an increase of 24 on the previous year figure.

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%
2011/12	2033	-12%
2012/13	**2012**	**-1%**

There has been a 1% decrease in accidents compared to last year's figures.

NOTE: Due to the diversity between one local authority and another local authority, it is difficult to benchmark with other similar authorities as 'like for like' does not exactly exist. 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 3 times a year).

Warwickshire County Council

2.5.2 Accident/ incident causation

Accident/ Incident 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 = 942
2. Violent incidents (both physical/ verbal assault)*, n = 220
3. Hit by moving, flying, or falling object, n = 146
4. Fall from height, n = 119
5. Hit something fixed or stationary, n = 110
6. Manual Handling, n=88

* This figure is the combined result for violent incidents and is inclusive of malicious and non-malicious assaults (which includes physical and verbal).

The top three commonest causes for accidents are the same top three categories since 2006/07. This is the second year that manual handling has dropped outside of the top 5 causes and has been replaced by 'falls from height'. The largest proportion of these incidents relate to the customers within the adult service sector within People Group. This is as a result of the Health, Safety and Wellbeing Service reviewing and raising awareness on 'Falls in Care Homes'. Statistics have been scrutinised to identify any trends regarding the cause, e.g. time of day, etc., and a specific investigation form has been provided to identify causes and to assist with the review of care plans. This increased awareness may have raised the number of reported incidents compared to previous years.

The largest proportion of the slips, trips and falls on the level occurred in the adult services section (n=503). The majority of these incidents (n=487) relate to our care home customers following an awareness campaign to report incidents which ran from 2011-2013. This generated a large number of reports being populated onto the corporate accident database system compared to the previous care home process which would have seen some of these incidents recorded locally. Therefore this increase is due to improved awareness on reporting requirements. Please note, with the care homes changing employer at the end of 2012-13, these accident statistics for adult services are likely to reduce next year.

The table below represents last year's top three kinds of accidents with this year's figure and the percentage change from last year's figure (reduction or increase):

Accident type	2011/12	2012/13	Previous year comparison	% change
Slips, trips and falls on the same level	780	942	+162	+17%
Violent incidents (both physical/ verbal assault)	272	220	-52	-19%
Hit by moving, flying, or falling object	240	146	-94	-39%

The noticeable increase is for slips, trips and falls. Refer to commentary above in Section 2.5.2.

Warwickshire
County Council

2.5.3 Employee accident reports:

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

Group	2010/11	2011/12	2012/13
People Group - Children's Services	504	341	283
People Group - Adult Services	110	154	66
Communities Group (previously Environment and Economy)	59	54	57
Fire & Rescue Group	51	51	105
Resources Group	129	123	103
Total	**853**	**723**	**614**

Total number of employee accidents has decreased by 15% compared to last year's figures.

2.5.4 Non-employee accident reports

The following is a breakdown of non-employee accident reports for 2012/13:

Group	Member of Public	Contractors	Customers/ Clients	Pupils	Youth Dev	Other	Total
People Group - Children's services	19	4	9	532	n/a	7	571
People Group - Adult Services	1	0	696	0	n/a	6	703
Communities Group	47	2	3	7	n/a	5	64
Resources Group	9	0	0	n/a	n/a	3	12
Fire & Rescue Group	0	6	0	n/a	1	41	48
Total	76	12	708	539	1	62	**1398**

The above table represents an overview of the non-employee incidents with a combined corporate total of 1398. The Fire and Rescue 'other = 41' relates to vehicle incidents and dangerous occurrences, etc.

2.5.5 HSE RIDDOR reportable incidents

A total of 59 incidents were reported to the HSE on the F2508 form as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

This equates to 28 employee RIDDORs, 29 non-employee RIDDORs, and 2 dangerous occurrences.

Warwickshire
County Council

2.5.6 Concluding remark

It is worth noting that accident statistics are a reactive measure of incidents, injury, ill health and loss. They should not be used solely to measure health and safety performance of the organisation (this is because increased accident reports could be as an outcome of improved employee awareness about the fact they need to report incidents and near misses rather than the increase being due to increased health and safety failures. For example, the increase in the number of falls from height due to the 'Falls in Care Homes' campaign). However, these figures combined can give us an overview of where the Group/ Corporate efforts/ initiatives can be targeted.

Corporately we encourage accident/incident reporting so that we can prevent a recurrence through the investigation and action planning process. The investigation is undertaken by managers and is necessary for identifying root causes and identifying action to prevent a recurrence locally. Where necessary, the Health, Safety and Wellbeing Service will seek further information from managers or conduct an independent investigation.

Currently, as a consequence of the organisational changes, employee 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. WCC therefore must remind managers to undertake risk assessments for any changes in activities and premises, and that advice can be sought from the Health, Safety and Wellbeing Service; otherwise WCC may see an increase next year in accident/incidents as a result. To assist with the planning stage for property moves, the Health, Safety and Wellbeing Service have been liaising with the Property Rationalisation Team (PRT) and advise the PRT team and managers accordingly. The inclusion of Group Health and Safety Action Plans in April 2013 will identify, promote and monitor health and safety risk management (refer also to Section 3.4).

2.6 Health and Safety Monitoring - auditing activity/ inspections

The WCC Workplace Health and Safety Inspection Policy and Procedures have been revised and updated. This new process provides WCC with a standard approach across all of the workplaces we use so as to ensure that the physical workplace is safe for all who use it.

Inspections will be undertaken annually identifying and evaluating hazards in the workplace. A sensible risk based approach to inspections has been implemented to ensure all relevant persons are part of the inspection process. This includes a health and safety advisor where deemed appropriate based on the level of risk, a Facilities Management representative where the premise is an FM centralised property, and the appropriate Site Responsible Person (Premise Representative, manager). Three months post inspection, the Health, Safety and Wellbeing Service will review action taken.

This new procedure commenced in June 2013 so an overview of findings will be provided within the 2013-14 annual health, safety and wellbeing report.

Following on from the inspections, the health and safety management system audits will be undertaken in 2013-14 following a newly developed rolling programme. This programme will require Health and Safety Advisors to sample audit across all service areas. This is a change from the bi-annual directorate level process that has been undertaken to-date. By changing the process to a service level the information gathered can undergo more testing and provide more useful feedback (on areas of good practice and areas for improvements, this process will include schools where WCC is the employer). The rolling programme will

Warwickshire
County Council

enable the Health, Safety and Wellbeing Service to revisit areas and identify their direction of travel since the previous audit. When available, the audit process will be shared with Group Leadership Teams as relevant for their Group.

2.7   Workstation assessments

Due to the organisational restructure, the AssessRite database has required updating as it works on a similar workflow process to that of HRMS (i.e. the structure needs to be built within it). This piece of work has been put on hold until the revised Display Screen Equipment (DSE) Policy is launched, and also due to the recent introduction of the Warwickshire Integrated Learning Management System (WILMa). To ensure a consistent corporate approach to e-learning, the Health, Safety and Wellbeing Service are exploring the possibility of moving the DSE self-assessment and DSE e-learning requirements from AssessRite to WILMa. Until formal changes are made, employees will continue to use AssessRite.

In addition, the Health, Safety and Wellbeing Service have provided information on the health and safety intranet about how to set up workstations, and have been liaising with the Property Rationalisation Team as required, and have been undertaking formal DSE assessments where required (the number being requested are increasing due to the office moves). To support this increase in DSE assessment requests, a DSE referral process has been implemented. This provides additional support to managers and may negate some referrals being forwarded directly to occupational health at a cost to the manager.

2.8   Health and Safety training

<u>What's new corporately?</u>
- The Health, Safety and Wellbeing Service has procured and included the 'Tackling Work-Related Stress - A Manager's Role' training, and 'Developing Resilience' training sessions to the corporate training menu (this is the second procurement process in recent years). This training is provided to support the WCC Management of Work-Related Stress and Wellbeing Policy. Both courses have been well attended and well received.
- The Health, Safety and Wellbeing Service has reviewed and revised the 'Health and Safety for Managers' training course. A refresher course has also been developed and now offered. Refresher period for in-house health and safety training has been set to 3 years.
- In response to the organisational changes and the impact it has had upon working practices, three personal training sessions have been added to the corporate training menu due to more employees lone working. These sessions are: 1) personal safety for managers; 2) personal safety awareness for employees; and 3) personal safety bespoke course for a team.
- The Health, Safety and Wellbeing Service have added a manual handling inanimate object course to the corporate menu which is delivered on site and tailored to the service need.

All Senior Health and Safety Advisors have been involved in the planning and delivery of various health and safety courses within their respective Group (such as working at height, safe management of contractors). 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.

Warwickshire
County Council

2.9 Health and Wellbeing

HR&OD capture, review and monitor sickness absence statistics and undertake focused work on the top four reasons of absence. For information on sickness absence and proactive focused work, reference should be made to the HR&OD Employee Sickness Management Report 2012/13 that is being tabled at the same Staff and Pensions Committee.

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

2.9.1 Control of Substances Hazardous to Health (COSHH)

The Control of Substances Hazardous to Health Regulations (COSHH) are part of the Health and Safety law that deal with protecting employees (and others) from hazardous substances used and produced in the workplace.

There were no major COSHH incidents in 2012/13.

The COSHH officer role is advisory and auditing and is responsible for enabling WCC to fulfil the requirements of the COSHH regulations, thereby reducing the risk of injury and ill health to employees and others.

The frequencies of site visits continue to be risk based to allow resources to be focussed more effectively. The COSHH officer role continues to develop to meet changing needs, for example with specific competence for swimming pool operations and most recently taking on aspects of the DSEAR (Dangerous Substances Explosive Atmospheres Regulations), which complement the COSHH regulations. These changes will be implemented in 2013-14.

2.9.2 Occupational Health & Short Term Support and Counselling

Occupational Health

The occupational health service provides pre-employment health assessment, management referrals, medicals, health surveillance and monitoring where necessary, etc. 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. To assist with this proactive approach, Team Prevent works within the same HR function as the HR Advisory Service, 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 which is provided by the Staff Wellbeing Adviser & Counsellor.

Warwickshire
County Council

Occupational Health (OH) Referrals:

From 1st April 2012 – 31st March 2013 Team Prevent received 667 management referrals (note this excludes Fire and Rescue OH data).

Groups (excluding F&RS)	2009/10	2010/11	2011/12	2012/13
People Group - minus schools	522	480	404	305
People Group - WCC employed schools only	227	250	177	194
Communities Group	30	38	41	44
Resources Group	86	105	88	124
Total	**865**	**873**	**710**	**667**

The number of management referrals has decreased by 6%. The reduced number may be attributable to the reduction in employee base within WCC. Within Fire and Rescue there were 101 management referrals to F&R Occupational Health Advisor and 75 management referrals to the Service Medical Advisor. This equates to a total of 176 F&R Occupational Health management referrals, and a combined corporate total of 843.

For those who were seen by Occupational Health (Team Prevent and F&R OH), the top 5 reasons for new referrals are as follows:
- Musculoskeletal problems (work-related and non-work related, n=201);
- Depression (n=86)
- Medical conditions (n=68);
- Work-related stress (n=55)
- Non-Work Related Stress (n=28)

Fire and Rescue received 23 referrals for mental health reasons, due to the differing data capture methods, these 23 cannot be proportion to work related or non-work related. However, the combined mental health reasons equate to 192 management referrals.

The breakdown of musculoskeletal referrals are as follows across People, Communities and Resources Groups, work related = 24, non-work-related = 99.
For non-work related issues, the Wellbeing intranet site and provision of information/training will continue to be provided and tailored according these statistics. The Health, Safety and Wellbeing Service will lead on this and work with HR&OD colleagues as appropriate.

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. To ensure provision across WCC schools can access an external counselling and support service via their HR Advisor; and F&RS access their Staff Wellbeing Adviser & Counsellor.

For 2012/13 the Staff Care Service received 257 new referrals (this is an increase of 38 new referrals compared to 2011/12), and the F&R Staff Wellbeing Advisor and Counsellor received 32 new referrals. Across the four Groups (excluding schools), there was a total of 289 new referrals (clients).

Warwickshire
County Council

The top four 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	43^	3	34	6
Stress and anxiety	158^	79	29	45
Depression	25^	4	10	11
Bereavement & Loss	15^	0	13	2

^These figures are the combined totals for WCC excluding schools as the Corporate Health, Safety & Wellbeing Manager doesn't have access to this data. 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 has been on-going. In addition to this WCC has experienced a lot of organisational change, with some areas experiencing reduction in resources, change in roles and property (which may be attributable to those presenting with work-related stress/anxiety). To proactively identify risk factors within work, the WCC team/role stress risk assessment template continues to be promoted (as this tool has been developed in accordance with the HSE management standards). This has been promoted to managers, and the Tackling Work-Related Stress training course includes information on its application. For individual cases of stress, the HR Advisory Service, Health, Safety and Wellbeing Service, and Staff Care can and do advise as appropriate. The Developing Resilience course continues to be promoted and utilised. To consider further support options within the health and wellbeing remit, the Corporate Health, Safety and Wellbeing Plan has identified the need for an Occupational Health and Wellbeing Strategy (refer to Section 3.1).

3.0   Key actions for 2013/14

3.1   Corporate Health, Safety and Wellbeing Plan

For 2013/14 the Corporate Health, Safety and Wellbeing Manager has initiated a formal process to: a) demonstrate the County Council's commitment to health and safety at senior leadership level; b) in response to HSE guidance on leading and managing health and safety; and, c) WCC's ability to demonstrate legal compliance.

This process consists of a Corporate Health, Safety and Wellbeing Plan and Group Health and Safety Plan's. These documents are an important part of our health and safety management system as they provide our direction for health and safety management and performance at a corporate (strategic) level and Group level. A copy of the corporate plan has been attached at appendix 1 for your information. Refer also to Section 3.2.

Warwickshire County Council

3.2 Group Health and Safety Action Plan

The Group Health and Safety Action Plan is in place to support and help deliver the Corporate Health, Safety and Wellbeing Plan in addition to focusing on Group specific actions for health and safety. All Group plans have been submitted to GLT in April 2013 for review and endorsement of the key action for 2013-14.

3.3 Key Performance Indicators (KPIs) 2013/14

The Health, Safety and Wellbeing Service KPIs have been reviewed and modified for 2013-14. They are as follows:

No.	KPI	Target 2013/14	Achieved 2013/14
1	Corporate Health, Safety and Wellbeing Manager to meet the assigned Resources Group and HR&OD indicators.	100%	
2	Health and Safety Staff must report all RIDDOR reportable incidents that have been notified to them to the HSE within the legislative timescales with copies of the F2508/ F2508A to the Corporate Health, Safety & Wellbeing Manager.	**100%**	
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	**100%**	
4	Health, Safety & Wellbeing Service will write or review health and safety policies in accordance with the prioritised health and safety policy GANTT.	**100%**	
5	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC health and safety manager training sessions via the corporate training menu by the 31st March 2014.	**100%**	
6	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC risk assessment workshop sessions via the corporate training menu by the 31st March 2014.	**100%**	
7	Health, Safety & Wellbeing Service to produce and circulate relevant health and safety information throughout WCC in accordance with the health, safety and wellbeing communication strategy.	**100%**	
8	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%**	
9	Health, Safety and Wellbeing Service will undertake health and safety audit's in accordance with the revised Health & Safety Auditing Policy and Procedures.	**100%**	

Warwickshire County Council

10	Corporate Health, Safety and Wellbeing Manager to produce Corporate Health, Safety and Wellbeing Action Plan prior to next financial year and submit to Corporate Board for their endorsement	**100%**	
11	Senior Health and Safety Advisors to produce health and safety action plan for their assigned Group and submit to relevant GLT for their endorsement prior to next financial year	**100%**	
12	Staff Health, Safety and Wellbeing Advisor to produce a WCC occupational health and wellbeing strategy prior to next financial year; and submit to Corporate Health, Safety and Wellbeing Manager for inclusion with Corporate health and safety action plan.	**31st March 2014**	
13	Senior Health and Safety Advisors to provide Group Leadership Teams with health, safety and wellbeing updates and trends on a quarterly basis as a minimum.	**100%**	
14	Corporate Health, Safety & Wellbeing Manager to produce the Corporate Annual Health and Safety Report for submission to Staff and Pensions Committee no later than July 2014	**Report completed by 31st July 2014**	

Group health and safety performance will be actioned and monitored in accordance with the Group Health and Safety Action Plan.

3.4   Proposal for future reports

The Corporate Health, Safety and Wellbeing Manager proposes to amend the current submission date of this annual report to one which enables information to be more timely and relevant for Staff and Pensions Committee.

The proposal is for the 2013-14 annual health, safety and wellbeing report to be submitted to Staff and Pensions Committee no later than July 2014.

To ensure the timeliness and relevance of information for Group Leadership Teams, the Senior Health and Safety Advisors within Health, Safety and Wellbeing Service will provide updates and trend analysis at a strategic level to GLTs on a quarterly basis as a minimum. As these updates will review and monitor trends, the Group annual health and safety report content will be covered within this process.

4.0   Conclusion

This report has compiled all relevant and available statistics for occupational health, safety and wellbeing within WCC. The statistics demonstrate that the management of health, safety and wellbeing risks is essential and necessary.

Warwickshire
County Council

Nationally, there are lots of changes occurring within the health and safety legal framework and guidance which have an impact on the undertaking of the County Council and thus require WCC compliance. The Health, Safety and Wellbeing (HSW) Service will continue to monitor these changes, and implement them as appropriate within our health and safety management system. As part of the proposed quarterly updates to GLTs (section 3.4) any relevant changes will be communicated; and the Corporate Health, Safety and Wellbeing Manager will continue to provide relevant updates to our Corporate Champion for Health and Safety and to all relevant managers and employees as part of the HSW service communication plan.

Focus will remain on improving the health and safety management system, and ensuring managers are aware of their roles and responsibilities and to implement an inspection and audit regime that is effective for WCC. Essentially, work will focus on the objectives within the Corporate Health, Safety and Wellbeing Plan 2013-14 (refer to Appendix 1).

Background Papers

None

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

Warwickshire County Council

Warwickshire County Council

Working for Warwickshire

Corporate Health, Safety and Wellbeing Plan 2013-14

Prepared by:	Ruth Wilkinson, Corporate Health, Safety and Wellbeing Manager
Endorsement:	Corporate Health and Safety Champion Corporate Board
Date:	April 2013
Review Date:	March 2014

Introduction

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

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

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

This plan strives to meet the WCC Health and Safety Policy aims and objectives; in addition to assisting WCC in meeting the ambitions stated within the Corporate Business Plan. Namely the

Warwickshire County Council

key priorities for safety and protection (Ambition 2) for the residents of Warwickshire; and for WCC to be a good employer (Ambition 7). As well as assisting with legal compliance, meeting moral duties, and business benefits; the work of the HSW Service impacts on the efficacy of reaching these corporate ambitions.

The Corporate Health, Safety and Wellbeing Plan 2013-14 will therefore focus on the priority areas for WCC which are: developing a positive health and safety culture, raising the profile of health and safety, integrating traditional health and safety with occupational health and wellbeing, defining and developing the management system to ensure WCC meets statutory legal requirements, advising/informing managers and employees on the roles they play for health and safety, and by providing a more resilient in-house H&S advisory service to meet the needs of WCC's occupational health, safety and wellbeing risks.

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

Corporate Key Priority Areas

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

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

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

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

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

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

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

Warwickshire
County Council

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

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

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

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

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

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

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

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

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

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

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

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

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

Warwickshire
County Council

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

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

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

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

Warwickshire
County Council

Corporate Health, Safety and Wellbeing Action Plan 2013/14

Produced by: Ruth Wilkinson, Corporate Health, Safety & Wellbeing Manager (CHS&WM)
Objective: To strategically outline how WCC will achieve our statutory obligations and achieve our WCC Health and Safety (H&S) Policy aims/ objectives and thus strive for excellence in health and safety management and performance.

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action (Mar-14)
To develop and promote a positive health and safety culture	C1	Implement all elements of management system across the organisation	Group health and safety action plans Competent in-house health and safety assistance through Senior H&S Advisor	GLTs	
		Visible leadership commitment to health and safety	Consideration of health and safety at planning and implementation stage, and in line with other business objectives, and good downward communication.	Heads of Service	
			Risk assessment process	Managers	
		Sensible risk management and employees informed	Local arrangements	Managers	
		Worker involvement, communication, cooperation, and consultation with employees Health and safety discussed at team meetings	Standing agenda item	GLT/Managers	
		Competent employees	Training needs analysis	Managers	

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action (Mar-14)
Raise the profile of health and safety	C2	Visible leadership and commitment to health and safety	As above Senior H&S Advisors to liaise with Heads of Service	GLTs	
		Worker involvement	Local arrangements	GLT/ Service manager	
		Awareness of health and safety roles and responsibilities	HSW Service communication plan, employees are briefed by managers as relevant	HSW	
		Seek feedback on service	Evaluation of service provided	HSW/ Resources Group service evaluation	
Integrate H&S with occupational health and wellbeing	C3	Identify and plan for the reduction/prevention of the main risks in occupational health and safety	Develop occupational health, safety and wellbeing strategy for WCC	Corporate Health Safety and Wellbeing Manager, Staff HSW Advisor	
		To specifically target key work-related health issues with arrangements in place	As above		
		Develop, monitor and review new and existing policies as necessary to ensure legal compliance and WCC best practice for example these include: stress, DSE, health surveillance, infection control, hazardous substances, noise, vibration	As above		

Key Objectives	Action No.	Required Action	Implementation method	Responsible Person	R-A-G Alert against action (Mar-14)
		Consult, communicate and cooperate with other relevant WCC services	As above and through policy consultation and meeting regime	Corporate HSW Manager	
Develop and maintain an effective occupational health and safety management system	C4	Competent health and safety assistance provided through HSW Service	HSW Service with required competence	Corporate Health Safety and Wellbeing Manager	
		Implement effective audit regime to meet Group requirements	Review and amend H&S audit policy and procedures Group Health and Safety Plan	HSW GLT/ HSW	
		Health and safety policy development and implementation to ensure legal compliance and WCC best practice	HSW service, consultation process, communication plan, HSW GANTT	HSW	
		Undertake H&S workplace inspections	WCC H&S workplace inspection policy and procedures	Managers	
Advise managers and employees on their roles and responsibilities for health and safety	C5	Provide relevant information in policy, through training, and updates	HSW Service through communication plan and training provision/ feedback	HSW	
		Effective downward and upward communication in Groups	Local group arrangements	GLT's	

Measure of success			
Target % (percentage of all required action achieved)	Actual % (as of March 2014)	Overall R-A-G Alert	Comment(s)
80%			

Staff and Pensions Committee

14 November 2013

Employee Sickness Management Report

Recommendations

That the committee notes and supports the performance information in relation to the management of employee sickness absence during 2012/13

and

Support a proactive approach to managing absence which includes effective training of managers.

1.0 Introduction

This report covers information on sickness absence for:

a) the financial year April 2012 – March 2013 and

b) compares data with previous years at Corporate level only

c) The figures excludes absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

2.0 Sickness days lost per employee (FTE)

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

Year Ending	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
Days Lost per Employee*	9.51	8.51	8.50	8.32	8.80	8.82	9.61

The public service sector recorded the highest absence levels, with employees off sick for an average of 8.7 days. (CIPD Absence Management Survey 2013).

The overall sickness absence level for the County Council during 2012/13 was 9.61 FTE days per employee. Overall, there has been a rise in absence levels this year by almost a day per employee. This year the average level at

Warwickshire
County Council

9.61 days per employee per year is back up to the levels observed in 2006 /07, and is currently 28% higher than Public Sector median. (Expert HR 2013) These trends can be seen to reflect the economic climate as the public sector is still facing considerable uncertainty and job losses. An increase in absence levels and the high level of change and uncertainty still being experienced makes it essential to retain and develop a proactive focus on employee well-being.

Offering more flexible working opportunities helps to respond to the different needs of the workforce. Whether it is older employees wanting to work in different ways and hours as they move towards retirement, staff with disabilities who may require reasonable adjustments to their work patterns, staff with caring responsibilities or staff who are pregnant or returning from maternity leave wanting to work flexibly.

Small changes which can make a positive impact on managing absence include adapting working hours from the traditional nine to five, and comprehensive training for line managers on tackling absence and conducting effective return-to-work interviews. (CIPD 2013)

2.2 Sickness Absence Levels by Group are as follows

Group	Communities	Fire and Rescue	People	Resources
2012/13	8.50	7.69	14.41	8.41

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

3.0 Percentage of Employees with no absences

WCC	2009/10	2010/11	2011/12	2012/13
	34.7	31.9	40.5	36.3

Group	Communities	Fire and Rescue	People	Resources
2012/13	39.1	45.5	29.8	36.5

The average percentage of employees with no absence has dropped from 40.5% to 36.3% which is consistent with the increase in the average days lost per employee.

4.0 Number of Episodes of Sickness per Employee

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

Warwickshire
County Council

Group	WCC	Communities	Fire and Rescue	People	Resources
2011/12	1.45	1.31	0.75	1.61	1.51

Group	WCC	Communities	Fire and Rescue	People	Resources
2012/13	1.58	1.38	0.92	1.89	1.53

5.0 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.

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.

WCC	Short Term	Long Term
2012/13	39.5%	60.5%

Group	Communities		Fire and Rescue		People		Resources	
	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term
2012/13	44.4%	55.6%	38.2%	61.8%	45.8%	54.2%	45.8%	54.2%

The rate of long term absence is consistent with trends within other public sector and larger private sector organisations.

Overall, 39.5% of working time lost to absence is accounted for by short-term absences of up to seven days. 60.5% is attributed to long-term absences (four weeks or more).

Managers with the support of HR are driving to proactively manage absence. In accordance with the policy throughout 2012/13 15 employees were dismissed due to sickness absence or reasons due to absence triggers; 17 employees left due to ill health retirement.

6.0 Reasons for Absence

	2010/11	2011/12	2012/13
Chest or Respiratory	5.6%	4.2%	5.0%
Digestive System	7.8%	7.5%	7.7%
Eye, Ear, Nose, Mouth	3.6%	4.2%	3.9%
Heart & Circulation	1.4%	1.6%	1.4%
Musculo-skeletal	20.5%	19.0%	16.8%
Neurological	3.0%	4.0%	4.0%
Operation or Post Operative	12.1%	10.4%	12.3%
Stress / Mental Health	20.7%	20.2%	17.4%
Viral	12.6%	12.5%	14.4%
Swine Flu	NIL	NIL	NIL
Other reason	7.9%	9.4%	11.1%
Reason Withheld	4.8%	7.0%	6.6%

Communities Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	588	10.5%
Stress & Mental Health	1127	20.2%
Viral	964	17.2%
Operation or Post Operative	1039	18.6%

Fire and Rescue

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	1083	31.9%
Stress & Mental Health	112	3.3%
Viral	332	9.8%
Operation or Post Operative	682	20.1%

People Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	4894	17.5%
Stress & Mental Health	6210	22.3%
Viral	3534	12.7%
Operation or Post Operative	3434	12.3%

Resources Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	2135	16.8%
Stress & Mental Health	2392	18.8%
Viral	1923	15.1%
Operation or Post Operative	1657	13.2%

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6.1 By far the most common cause of short-term absence is minor illness, including colds, flu, stomach upsets, headaches and migraines. Acute medical conditions, stress, mental ill-health and musculoskeletal injuries are most commonly responsible for long-term absence.

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 (17.4%), musculo-skeletal disorders (16.2%), viral infections (14.4%) and operation or post-operative conditions (12.3%).

6.1.1 Overall WCC has seen a decrease in employees being away from work due to stress/mental health which bucks the trend and is contrary to trend reported by the CIPD.

6.1.2 Musculo-Skeletal Disorders (MSD) is the second main reason for sickness absence across the Council accounting for some 20275 days lost in the last year and over 16.2% of all absences. The highest incidence of MSD related absence (in terms of days lost) sits with the People Group with a total of 4894 days lost, followed by Resources Group where a total 2135 of days was lost due to MSD within the Physical Assets team (catering, cleaning and caretaking services).

6.1.3 Viral Infections the incidence of viral infections is relatively high with a total of 18093 days lost which is an increase of 1320 days lost compared to 2011/12 and accounting for 14.4% of all absence.

7.0 Occupational Health & Short Term Support and Counselling

The occupational health service provides pre-employment health assessment, management referrals, medicals, health surveillance and monitoring where necessary, etc. 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. To assist with this proactive approach, Team Prevent works within the same HR function as the HR Advisory Service, Corporate Health, Safety and Wellbeing Manager, health and safety staff; and Staff Care Service.

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

For those who were seen by Occupational Health, the top 5 reasons for new referrals are as follows:
- Musculoskeletal problems
- Medical conditions
- Depression
- Work-related stress
- Non-Work Related Stress

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For 2012/13 the Staff Care Service received 257 new referrals (this is an increase of 38 new referrals compared to 2011/12), and the F&R Staff Wellbeing Advisor and Counsellor received 32 new referrals. Across the four Groups (excluding schools), there was a total of 289 new referrals (clients).

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

• Relationships/Personal
• Stress and anxiety
• Depression
• Bereavement

The issues presented clearly correspond with the top causes for absence. For further details please refer to WCC Health and Safety Annual Report 2012/13

8.0 Support and Advice for Managing Absence

The Health, Safety and Wellbeing Service has procured and included the 'Tackling Work-Related Stress - A Manager's Role' training, and 'Developing Resilience' training sessions to the corporate training menu (this is the second procurement process in recent years). This training is provided to support the WCC Management of Work-Related Stress and Wellbeing Policy. Both courses have been well attended and well received.

In response to the organisational changes and the impact it has had upon our workforce HR and OD have responded by offering a wide range of face to face e-learning activities, and bite-size programmes and include the 'The Skills of Managing Change', 'Delivering the Message', 'Supporting Teams Through Change', and 'Crest the Curve' 'Developing Personal Resilience'.

9.0 Conclusion

This report has compiled all relevant and available statistics for Sickness Management within WCC. The statistics demonstrate that the management of sickness absence is essential and necessary.

We have seen an increase in the sickness levels for the County Council to that of 2006/7 (9.61 days absence per FTE).

As with 2011/12 stress and mental health remains the top reason for sickness. The economic pressures that have resulted in redundancies and the continuous changes in the workplace have a clear impact on anxiety and stress levels.

The council continues to be committed to developing new ways of working to benefit both the services it provides and the staff we employ and to ensure the safety of staff working in line with the Flexible Working Policy.

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The focus will remain on managing absence, ensuring managers are aware of their roles and responsibilities and proactively managing cases before employees are absent from work on long term sick. The Council will continue to train managers to conduct effective return-to-work interviews. Developing their capability to manage absence is where we are most likely to have a positive impact on absence.

10.0 Proposal for future reports

10.1 Effective management of the health and welfare of people at work contributes to performance improvement, it is proposed to cross reference occupational referrals against long term sickness, and report on return to work compliance in future reports.

10.2 Future Employee Sickness Management annual reports will be submitted to Staff and Pensions Committee no later than the July Following the financial year end so the information is more timely and relevant.

Background Papers

None

	Name	Contact details
Report Author	Angela Chisholm HR Consultant HR Business Partnership	angelachsiholm@warwickshire.gov.uk
Head of Service	Sue Evans, Head of HR & OD	sueevans@warwickshire.gov.uk
Strategic Director	David Carter Strategic Director for Resources Group	
Portfolio Holder	Cllr Jeff Clarke	

Warwickshire
County Council

Staff and Pensions Committee

14 November 2013

Staff Travel Rate

Recommendation

That the Committee give consideration to the level of the unified staff travel rate implemented on 1st November 2013.

1.0 Key Issues

1.1 In October 2010, as part of the Pay and Conditions Review, the Staff and Pensions Committee decided to move away from national car allowance rates and introduce a unified rate for all travel at 40p per mile. This was to be implemented via a series of gradually reducing rates over a three year protection period culminating in October 2013.

1.2 Although not directly linked, 40p per mile was the rate at which HMRC decided that employees were not gaining any profit and therefore that its payment did not attract income tax.

1.3 The 40p per mile rate had in fact been in place since April 2002 and presumably due to the large rise in fuel prices that had taken place since that time, the rate was increased by HMRC to 45p per mile in April 2011.

1.4 Most local authorities including Birmingham, Solihull and Coventry have moved away from national car allowance rates and adopted the HMRC rate over the last 2/3 years.

2.0 Options and Proposal

2.1 This has not been an issue until now as the protected rate has always been higher than 45p per mile.

2.2 However it is now timely for the Committee to give further consideration as to whether the unified travel rate introduced on 1st November 2013 should continue to be 40p per mile or whether it should have been implemented at 45p per mile to be consistent with the prevailing HMRC rate.

2.3 There were approximately 6.5 million miles travelled by non-schools staff during 2012/13. The cost impact of implementing at 45p per mile instead of 40p per mile is therefore estimated to be in the region of £325,000.

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3.0 Timescales associated with the decision and next steps

3.1 The new unified travel rate of 40p per mile was introduced on 1st November 2013.

Background papers

None

	Name	Contact Information
Report Author	Tracey Sampson	traceysampson@warwickshire.gov.uk 01926 586971
Head of Service	Sue Evans	sueevans@warwickshire.gov.uk 01926 412314
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Portfolio Holder	Cllr Jeff Clarke	cllrclarke@warwickshire.gov.uk

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