

Corporate Services Select Committee

7 March 2018



Corporate Health & Safety Action Plan 2017-18

Purpose of report: Scrutiny of Performance Management

The Select Committee is asked to review the 2017–18 Health and Safety Action Plan and progress to date.

Introduction:

1. Officers and elected Members have a role in ensuring that the health and safety of employees and others who may be affected by the Council's activities is safeguarded. The Leader, Cabinet and Chief Executive should set the direction for health and safety through strategy and policy. They should also provide overall leadership on health and safety for the Council and promote a positive health and safety culture.
2. The LGA/IOSH (Institute of Occupational Safety & Health) *Health & Safety in the Council – Local Leadership Councillor Workbook* sets out clear expectations and requirements from the political leadership of the Council, as follows:
 - The Cabinet – together with Leader and advised by officers – should take ownership and endorse the Council's health and safety improvement strategy.
 - The strategy will set out where the Council wants to go and how it will get there. It should contain objectives and milestones, including leading and lagging indicators including accident and occupational ill health figures.
 - Members should receive regular reports from officers on progress. The Cabinet should also be made aware of significant health and safety issues, immediately where necessary. In Cabinet reports, portfolio holders should also ensure that adequate resources are allocated when setting budgets to secure the health and safety of the workforce and others who may be affected.
3. The importance of effective health and safety management has become even more critical with the introduction of the new sentencing guidelines for health and safety and corporate manslaughter offences which came into effect on 1st February 2016.
4. A critical difference is that whereas previous fines and custodial sentences were based on actual harm, now the emphasis is on the risk of harm. This could be seen in an

increase in fines and custodial sentences. A quote from Dr Simon Joyston-Bechal, Turnstone Law states :

'It is going to be difficult for an individual convicted offender to escape a jail sentence if he or she was aware of a risk of being in breach, nobody suffered an injury but several people were exposed to a 'medium' likelihood of death or disability'

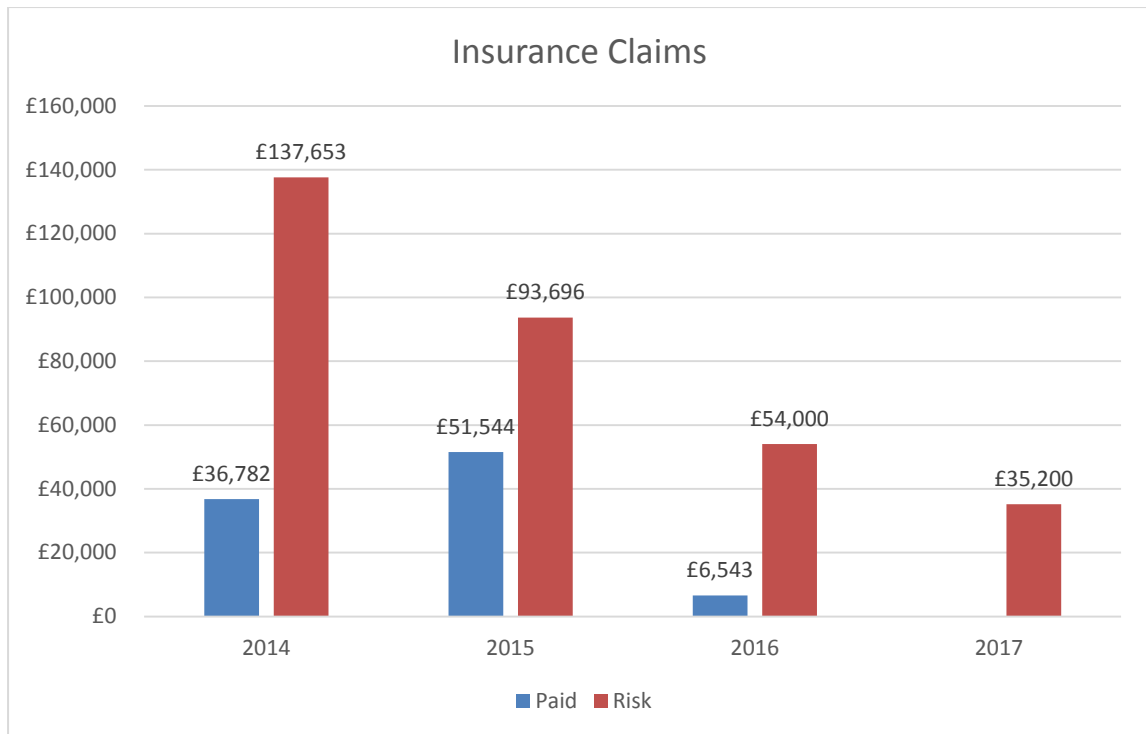
5. The guidelines are considered by the sentencing Court to determine the offence category.
6. The first consideration of the Court in accordance with the guidelines is the **level of culpability**, where the range is from 'very high' (which involves a deliberate breach or flagrant disregard for the law), to a 'low' level of culpability (when significant efforts were made to address the risk).
7. The next stage considered is the **seriousness of harm 'risked'** and the **likelihood of that harm occurring**.
8. Once the offence category is established, the Court will then consider the means or 'turnover' of the defendant to identify the appropriate sentence ranges and fines within the guidelines. For example, large companies with a turnover of over £50m. By way of example, an organisation with a turnover in excess of £50m, could receive a fine of up to £10m, for very high culpability offence category.
9. New research has shown the number of fines from the Health and Safety Executive (HSE) have increased to 74% in a year with the cost of local authority fines rising by a staggering 1,870%.

Background

10. In 2014 the Chief Executive agreed to an audit of health and safety practice as part of the review of annual insurance.
11. The Royal Society for the Prevention of Accidents (RoSPA) were commissioned to carry out the audit and reported that the Council has a reasonably well developed Health and Safety Management System (HSMS), which is supported by experienced and effective health and safety professionals in both the corporate and service teams.
12. As a result, work was undertaken to address key risk factors to develop the annual planning and reporting process.

Insurance injury claims (2014 to 2017)

13. Employees can make an injury claim up to three years after the date of the accident. The chart below shows the claims made in the relevant year of the accident and the associated monetary amounts.
14. The costs shown in the left column are the amounts that have been settled (£94,869) and the cases closed. The table also shows in the right column, the claims against the Council that are as yet undecided and are up to the value of £325,549.



Corporate Health & Safety Action Plan 2017 to 2018

15. The corporate health and safety action plan was developed following a review of the key data and evidence of need and in consultation with the Health & Safety Operations Committee and the Central Joint Safety Committee (CJSC). These committees are made up of service health & safety leads, health & safety coordinators and trade union representatives, who provide insight into the specific needs of services.
16. Once the proposed action plan had been agreed, it was presented to the Chief Executive and Direct Reports (CEDR), for comment and agreement.
17. Planning for health and safety is key to ensuring the Councils health and safety arrangements work and sets out prioritised actions that are set out in policy. It also allows the Council to work out how the actions will be delivered in practice.
18. There was an action plan for 2016-17, however, this did not progress through the proposed fuller governance route that is being advised for this year. The 2016-17 plan was developed through consultation with the Health & Safety Operations Team and Central Joint Safety Committee. The plan was shared with CEDR, with progress monitored with updates through the same committee. The action plan for 2017-18 was made up of three key focus areas:
 - Process Improvement
 - Prevention
 - Strategic

Process Improvement

19. The key focus area of Process Improvement looked at a number of areas:
- a. To develop a process to on board new employees who required certain health protection measures in relation to their job roles.
 - b. To develop a process to centralise the recording of employee's driver documentation for those employees who drive for work.
 - c. To review the internal health and safety audit that had highlighted a number of areas for significant improvement. All areas were assigned to specific officers within dedicated timelines.
 - d. To review the security risks to the Councils main building following an audit by the National Counter Terrorism Security Office.
 - e. To improve the quality, access and take up of health and safety training for all managers and leadership team.

Progress Update on Process Improvement

To get new staff aligned to the on boarding process for health surveillance and protection.

20. In 2016-17, a programme of health surveillance and protection was introduced for employees who are classified as night workers, staff who use vibrating and noisy equipment, along with staff at risk from contracting Hepatitis B. This was offered to all identified staff.
21. For 2017-18 the approach has been to mainstream these programmes into business as usual, by assigning the individual requirement against each employee record on SAP.
22. There has been delays with the systems that enables this process to progress, however a manual approach has been meeting the requirement to date.
23. For the period 1st January 2017 to 30 November 2017 the following have been delivered:
- 25 Audiometry
 - 35 Health Surveillance (HAVs)
 - 5 Night Worker assessments
 - 557 Hep B inoculations

Management of Occupational Road Risk and Driver Wellbeing

24. The driving documentation check process is well advanced, with over 2000 staff invited to conduct a risk assessment and provide relevant documentation. This process is currently being managed by a trusted external partner, who also offer a full suite of development tools based on the outcome of an employee self-service risk assessment.

25. This checking process has generated a number of alerts including:

- Insurance expired
- MOT expired
- Disqualified driver
- Insufficient insurance cover
- Vehicle Excise Licence expired

26. This demonstrates an effective alert system. These have been managed directly by the HR Helpdesk and to date there have been no ongoing concerns.

- Staff in system = 1967
- Alerts = 111

27. An internal SAP portal, that allows managers to record that they have reviewed their employee driver documentation is in the development stage and is expected to go live in April/May 2018.

28. At this time the Council have no central recording system for driver documentation leaving it vulnerable to work related road risk.

29. The impact will be as of April/May, the Council will have a centralised recording system with over 1000 initial employee records of drivers who drive for over 50% of their working time. Over time, managers will undertake the checks and all staff who drive for any work related purposes will be held on this central record.

Review of Internal Audit Management Action Plan

30. The Health & Safety audit review has taken place and has gone from *Significant Improvement Required* rating to a *Reasonable Assurance* rating within 6 months. This indicates that most controls are in place and operating as expected to manage the risks. The outstanding area of focus is the Management of Tree Risk.

31. There have been workshops set up with all stakeholders, to agree and adopt a common set of standards, to enable this to reflect industry best practice. To enable this a policy has been drafted.

32. The impact has been an overall improvement of health and safety systems including the reporting of incidents, safe systems of work and tree risk management.

Security Risk Management

33. A stakeholder working group was set up at the beginning of 2017 following an external audit by the National Counter Terrorism Security office of County Hall.

34. The audit highlighted the need to have an effective security of premises policy and training and development for all staff on how to manage a terrorist alert or incident.

35. Effective measures and improvements have been made at County Hall, including restricting the number of access/egress points and a follow up external audit showed solid progress.
36. There is a further series of audits being planned at identified locations across the County e.g. main offices and libraries and a new dynamic lockdown procedure has been designed.
37. Training programmes, based on national best practice guidelines, have been developed and launched, complimented by the Prevent Training.
38. This now allows the Council to respond more effectively during severe and critical threat levels and increases the awareness of staff of what to do during an incident.

Health & Safety Training

39. The leadership training was delivered in October 2017, to 47 senior managers by an external Barrister. The Barrister has in-depth experience with County Councils in health and safety cases and previously delivered the same sessions to our Orbis partners.
40. This training generated a lot of renewed interest at Chief Executive Forums where key performance areas were reviewed, including the current governance arrangements.
41. Through improved access the take up of health and safety training for managers has also improved.
42. For the period 1st January 2017 to 31st December 2017:
 - 40 Managers attended the Health & Safety for Managers classroom course.
 - 826 Managers carried out the E Learning – Health & Safety for Managers.

Prevention

The key focus area of Prevention looked at a number of sub areas:

Slips, Trips and Falls

- a. How to reduce the number of Slip, Trips and fall accidents which are the highest accident causation in the Council.

Preventing Abuse, Violence and Threats in the Workplace

- b. To improve the reporting and address concerns of a potential culture of tolerance developing, where staff may be exposed to risk of abuse, threats and violence at work. To also grow restorative ways of working and resolution.

Workload Management and Social Worker Employment Standards

- c. To ensure there is appropriate stress reduction, including workload management processes in place to support Social Workers.
43. An example of successful prevention initiatives prior to this annual plan was the focus around good workplace posture and workstation set up. This would help to address musculo-skeletal issues and prevent common conditions, for example Repetitive Strain Injury (RSI). This was achieved through significant investment of new work stations, adjustable chairs and desks and mandatory DSE e-learning and self-assessment, as part of induction. The table below illustrates that we now have very few of cases of incidents of RSI related conditions.

Feb 2017 to Jan 2018

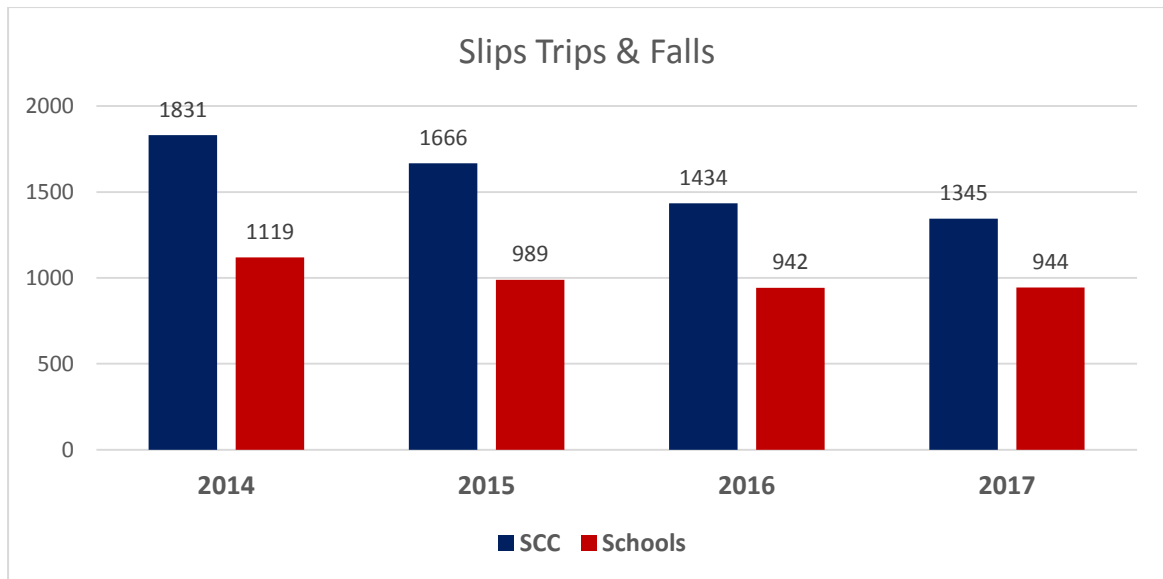
Work Related MSD Issues

Multiple / Other	4
Shoulders	2
Wrist	2
Hand	2
Arm	1
Elbow	1
Total	12

Progress Update on Prevention

Slips Trips & Falls

44. Slips and trips are the most common cause of injury at work. On average, they cause 40 per cent of all reported major injuries and can also lead to other types of serious accidents, for example falls from height. Slips and trips are also the most reported injury to members of the public.
45. Through improved management practice, over time there has been a successive decrease in the total number of incidents involving slips, trips and falls (STFs).
46. The chart below shows the total slips trips and falls in the blue column and the total number of those slips trips and fall that occurred in all schools, including free schools and academies in the red column.



Preventing Abuse, Violence and Threats in the Workplace

47. An analysis of reported incidents and a survey was conducted with different frontline services to identify the different challenges in the workplace. Several directorate workshops have been delivered in ASC and Facilities, which were areas which were showing higher numbers of incidents. The recommendations from the workshops will define and develop a toolkit that all services can use, to enable them to effectively prevent, reduce and manage incidents.

Workload Management and Social Worker Employment Standards

48. There has been an in-depth research and a survey of CSF and ASC Social Workers, as part of the LGA 39 Steps Health Check programme. The key findings and recommended changes in practice are being identified by the service.

Strategic

49. The key focus area of Strategic looked at a number of sub areas:

- Audit / Review / Self-Check Process
- Annual Health and Safety Report
- Health and Safety Policy Review

Progress Update on Strategic

Audit / Review / Self Check Programme

50. The Audit/Review/Self Check programme is in the process of being developed, with roll out in 2018-19.

Annual health and safety performance report

51. A 2017/18 Annual Report will be produced and seen by CEDR and Cabinet by the end of June 2018.

Council Health & Safety Policy – Annual Review

52. The Policy was reviewed in early 2017 and the date changed to January 2017. No other changes were made.
53. The Policy will need to be reviewed in early 2018 to align with the new Chief Executive appointment and any revised governance arrangements.

Monitoring Performance

54. We currently have the following high level KPIs and monitor health and safety performance through a quarterly scorecard which is presented at CEDR, H&S Operations and Central Joint Safety Committee. The focus is on:
- 100% reporting of accidents and incidents
 - 90% of management reviews of accidents and incidents being carried out
 - 100% attendance and/or undertaking health and safety essential training.
55. As the action plan evolves, further specific KPIs will be introduced into the performance monitoring. An example of this will include the reduction of slips, trips and falls against our internal improvement requirements and national benchmarks. The Council is currently sourcing relevant benchmarking data.

Conclusions

56. The completion of the actions within the plan will see a vast reduction in the risk of harm to employees, service users and others who may be affected by the Council's work. The progress of the plan will be monitored at the Health & Safety Operations Team and Central Joint Safety Committee meetings.
57. By bringing the action plan to the Select Committee for scrutiny, this will show a positive commitment and appropriate ownership of health and safety by the Council's political leadership, who are asked to take ownership and endorse the Council's improvement strategy/plan.

Recommendations

58. The Corporate Services Select Committee is asked to,
- a. Review the progress that has been made to date with the 2017-18 Action Plan.
 - b. Support the development of the 2018-19 Action Plan.
 - c. Propose additional areas of focus for further consideration in the 2018-19 Action Plan.

Next steps

59. For the Cabinet and the Corporate Service Select Committee to receive appropriate health and safety training to ensure they understand their role and responsibilities in relation to health and safety.

60. For the Leader and Cabinet to support the direction setting for health and safety through the strategy/plan for 2018-19.

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Background paper:

Appendix 1 2017-18 Health & Safety Action Plan

Sources:

- LGA Health & Safety in the Council
- 2016 Health and Safety sentencing guidelines
- Health & Safety at Work Act 1974