

# OCCUPATIONAL HEALTH & SAFETY IMPROVEMENT PROGRAMME

2012 - 2015

## END OF 3-YEAR IMPROVEMENT PROGRAMME REPORT – APRIL 2015

### **1.0 Introduction**

1.1 This report summarises the Councils performance against its Occupational, Health & Safety (OH&S) Improvement Programme 2012 to 2015

### **2.0 Background**

2.1 In late 2011/early 2012 the Council developed a working group who were responsible for identifying the Councils key areas for improvement in relation to Occupational, Health & Safety and for taking steps to achieve improvements in those identified areas.

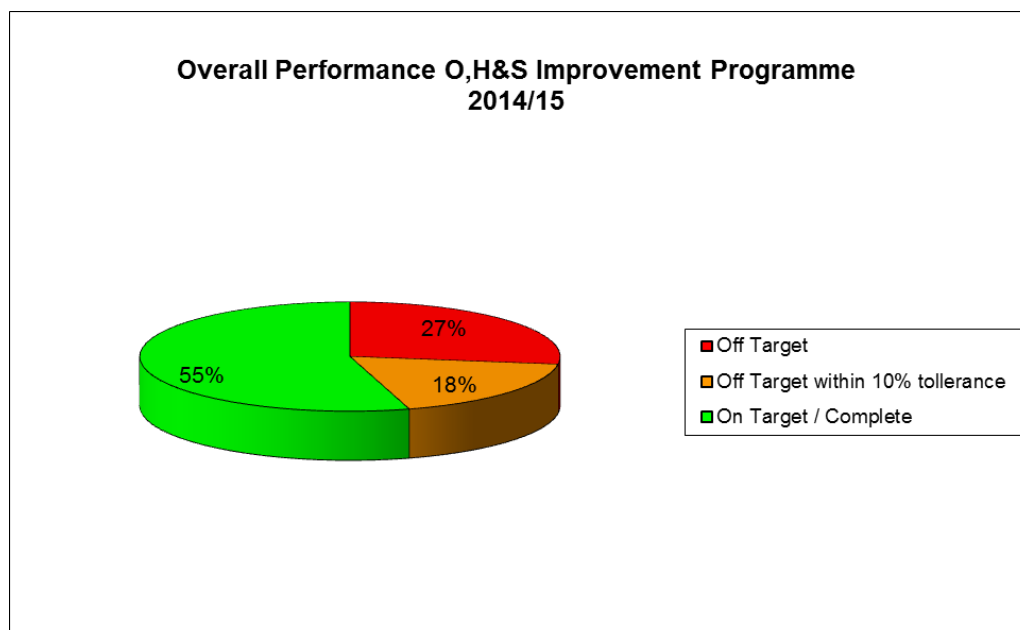
2.2 The Council then developed and launched in May 2012, the OH&S Improvement programme 2012-2015, focusing improvements around 4 key themes:-

- Accident Performance
- H & S Management
- H & S Climate
- Occupational Health

2.3 A copy of the improvement plan showing the Objectives & Targets for each of these themes is detailed in Item 2 of the H&S Committee Papers.

### **3.0 Performance Outturn**

3.1 The OH&S Improvement programme contains 11 key targets, the following chart summarises overall performance against those 11 targets using a RAG status and shows that 55% are on target or complete. The percentage scores in the chart below reflect the current status at the end of the third quarter of 2014/15.



#### 4.0 Performance Per Objective

4.1 The following sections summarise performance outturn against the four threads of the Improvement programme for the period January 2014 to December 2014.

<b>Accident Injury Performance</b>		
<b>Objective:</b> Over the period April 2012 – March 2015 the Council will continuously reduce its employee accident/incident rate		
<b>Target 1:</b> By 31 March 2015 the total of non-fatal injury incidence rate will have been reduced to 71.9 per 1000 employees or better this equates to a year on year reduction of at least 12%	<b>Target 2:</b> To reduce the number of cases of accidents which led to employees having time off work by 25% by March 2015, this equates to 8% year on year	<b>Target 3:</b> To maintain the average number of days lost due to accidents to 5 or fewer per accident.

#### 4.2 Target 1 – Non-Fatal Injury incidence (per 1000 employees)

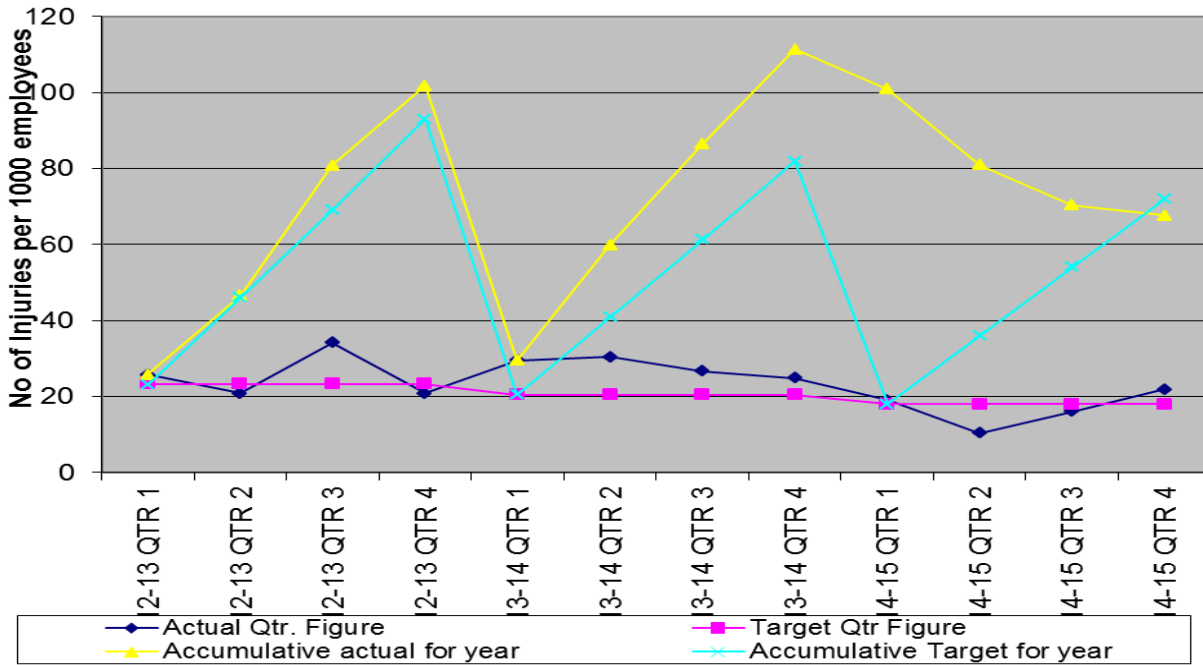
4.2.1 The 2014/15 figure is 67.6 per 1000 employees. This is a satisfactory result that is 5.9% below the 71.9 per 100 employee’s target that was set for the end of March 2015.

4.2.2 The proximate causes of accidental injuries and near misses are shown in the PIE chart below. It continues to indicate that slip, trip and fall risks together with manual handling risks are by far the biggest cause of non-fatal injury accidents across the Council, highlighting the need for Service Managers to take further action to reduce such incidents.

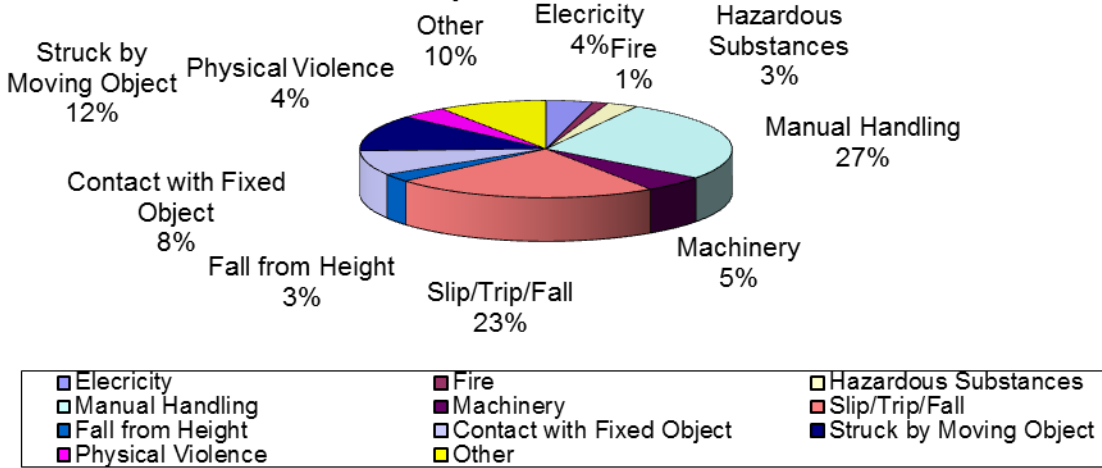
4.2.3 The administrative costs of dealing with these incidents, (not including the cost of time off work), is estimated to be £10,700 for 2012/13 and £11,700 for 2013/14. The estimated cost for 2014/15 is £7,100. This is based on HSE methodology (£100 per incident).

No of non -fatal injury Incidents	2011/12	2012/13	2013/14	2014/15
<b>Target – No</b>	Baseline	98	86	76
<b>Target – Per 1000 employees</b>	Baseline	93	81.8	71.9
<b>Actual – No</b>	111	107	117	71
<b>Actual – Per 1000 employees</b>	105.7	101.9	111.3	67.9
<b>% Increase / Decrease</b>	N/A	-3.6%	+9.2%	-38.9%

### Non-Fatal Injury Incidence per 1000 employees 2012-2015



### Proximate Causes of Accidental Injuries April 2014 - March 2015



### 4.3 Target 2 - Accidents leading to employees having time off work

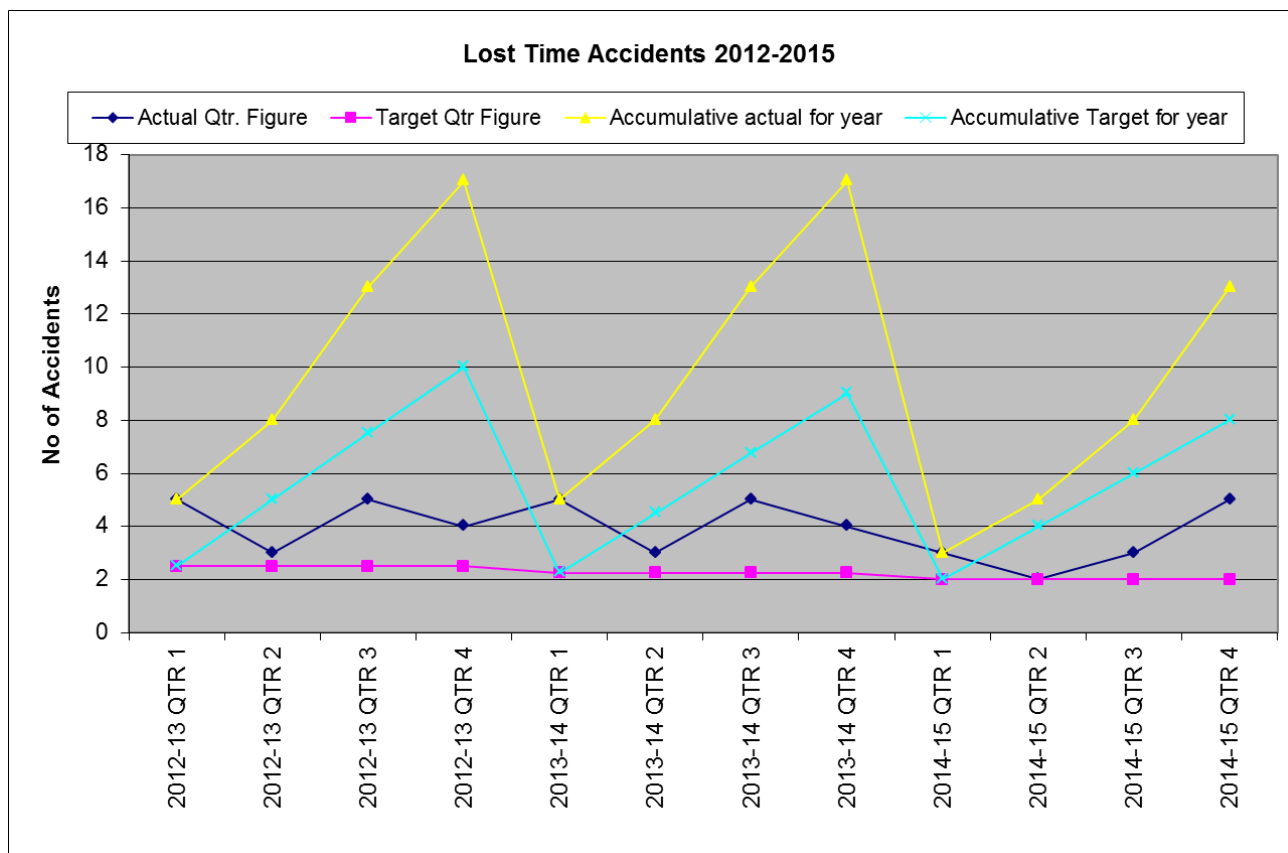
4.3.1 There has been a slight decrease in the 2014/15 figure (13) compared to the figure for 2013/14 (17). The two most common causes of lost time incidents remain to be slip, trip and fall accidents and accidents that resulted in musculoskeletal injuries.

4.3.2 Using HSE methodology, (£2,600 per incident), it has been estimated that the cost of accidents leading to employees having time of work is £28,600 for 2011/12, £44,200 for 2012/13 and £44,200 for 2013/14. The estimated cost for 2014/15 is £33,800.

4.3.3 When adding figures 4.2.3 & 4.3.2 the cost to the council of accidents is estimated to be £54,900 for 2012/13 and £55,900 for 2013/14. The estimated cost for 2014/15 is £40,900. This does not take into account the costs incurred in rectifying damage to property, vehicles or the impact of any insurance claims made against the councils that directly relate to accidents.

#### LOST TIME ACCIDENTS

	2011/12	2012/13	2013/14	2014/15
<b>Target</b>	Baseline	10	9	8
<b>Actual</b>	11	17	17	13
<b>% Increase / Decrease</b>	N/A	+54.5%	0	-29.4%



### 4.4 Target 3 – Average number of days lost due to accidents

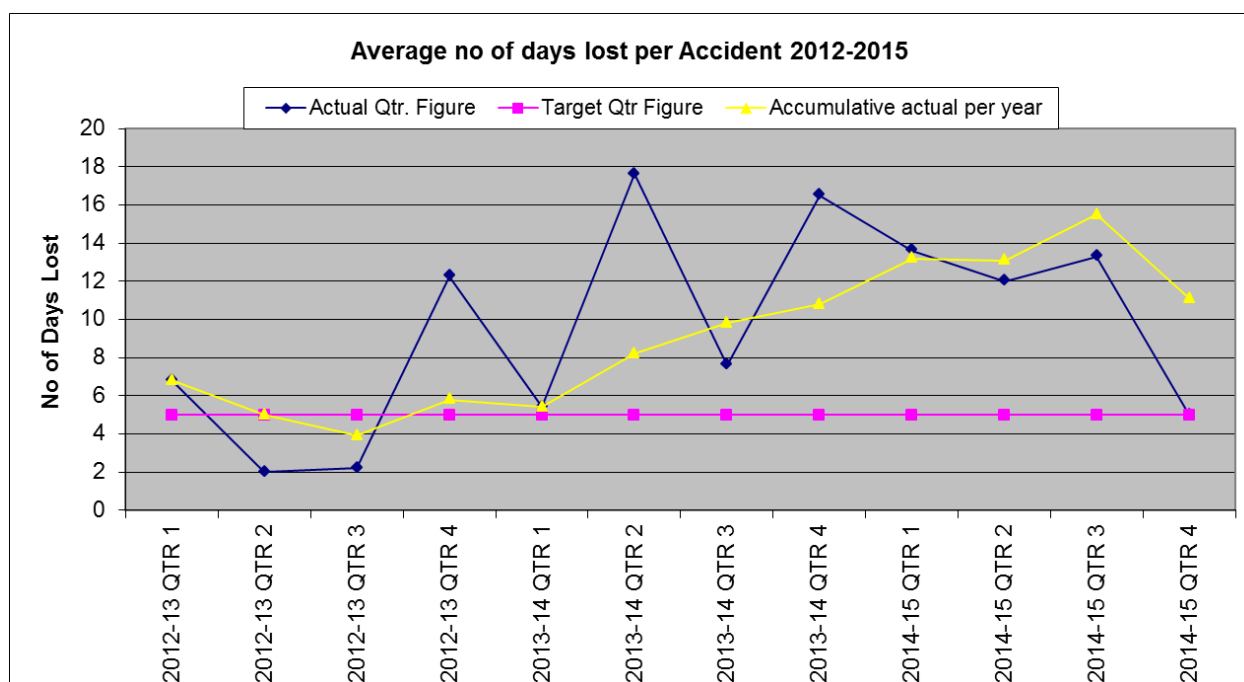
4.4.1 The performance target is set at 5 days per accident. The 2014/15 figure for the average number of days lost is 11.1 which is 6.1 over the performance target.

4.4.2 During this reporting quarter, the 5 accidents which have led to sickness absence are detailed below:

- Whilst laying pavers, an employee strained his back. This led to him having 10 days off work.
- A second employee also sprained his back whilst laying paver, resulting in him having 5 days off work.
- An employee slipped and fell on ice in an employee car park which resulted in a fracture to her wrist. This led to her having 2 days off work.
- An employee cut his left hand whilst operating a circular saw. This resulted in him having 5 days off work.
- An employee lost his balance and fell, twisting his knee and his ankle. This led to him having 2 days off work.

### AVERAGE NUMBER OF DAYS LOST PER ACCIDENT

	2011/12	2012/13	2013/14	2014/15
<b>Target</b>	Baseline	5	5	5
<b>Actual</b>	5.9	5.8	10.8	11.1
<b>% Increase / Decrease</b>	N/A	-1.7%	+86.2%	+2.7%



## H & S Management

**Objective:** Over the period of April 2012 to March 2015 the Council will demonstrate a continuously improving performance when benchmarked against the HSE Corporate H & S performance Index (CHaSPI)

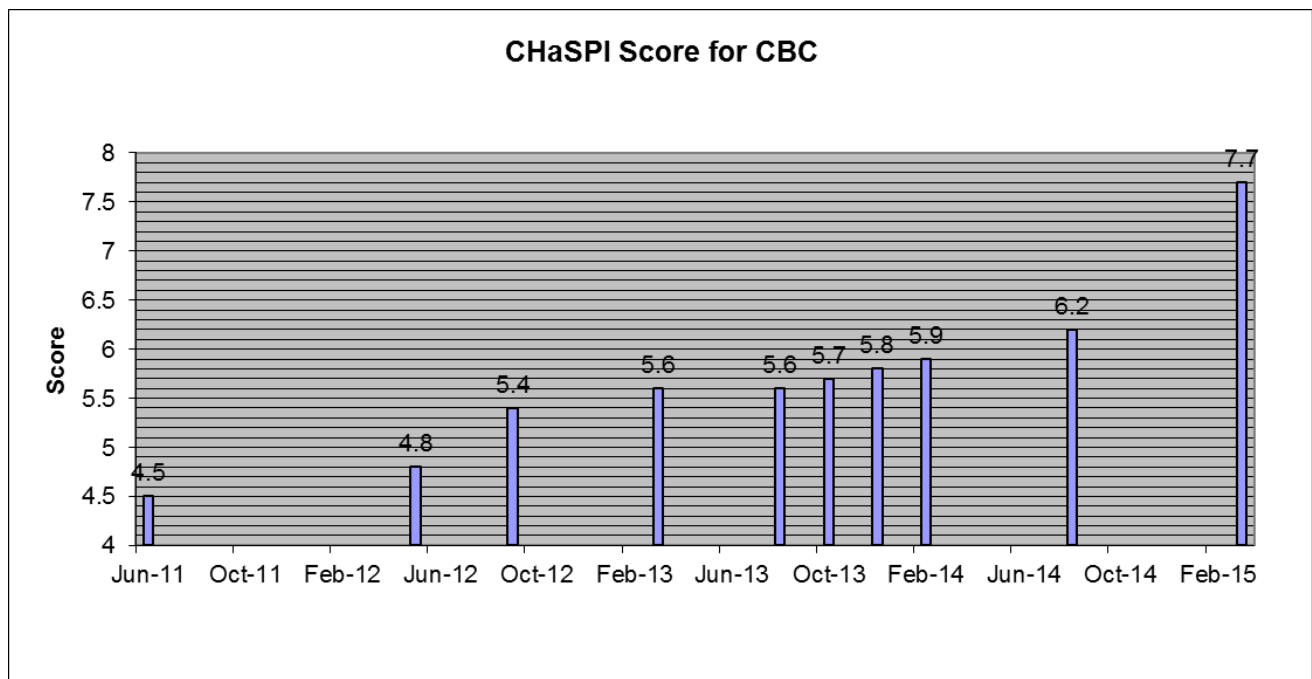
**Target 4:** To achieve an overall score equal to or above the CHaSPI mean (6.6 as of April 2012) for the LA sector by March 2015.

**Target 5:** To develop and implement an improved and robust system for the management of contractors

**Target 6:** To monitor the effectiveness of that system for active contractors, obtaining a baseline performance position.

### 4.5 Target 4 – CHaSPI Score of 6.6

4.5.1 The Occupational Health & Safety Improvement Group (OH&SIG) have been working towards improving the Corporate Health & Safety Performance Index (CHaSPI) score since it was established in early 2012, during that time steps have been taken to improve the councils ability to deliver against the many working areas of the assessment, the score for CHaSPI has been re-assessed at various intervals, as shown below. Since 2012, the group have made steady progress towards the goal of 6.6 by March 2015. It is pleasing to report that the actual score achieved by March 2015 is 7.7, surpassing the 6.6 target by 1.1.



#### 4.6 Target 5 – Develop a Contractor Management System

- 4.6.1 The Contract Management Working Group has developed new arrangements for the management of contractors working for or on behalf of the Council.
- 4.6.2 Procedures for assessing contractor competency and monitoring contractor performance on site have been prepared and work is now complete in preparing a training presentation for relevant Council officers.

#### 4.7 Target 6 – Effectiveness of the Contractor Management System

- 4.7.1 The Contractor Management Group have prepared an excel spreadsheet to record the health & safety site performance of contractors working on Council projects. This will be implemented as soon as relevant Council Officers have undergone training on the new arrangements.

### H & S Climate / Culture

**Objective:** Over the period April 2012 – March 2015 the Council will demonstrate a continuously improving health and safety climate, with senior management commitment and governance.

**Target 7:** To achieve by 31 March 2015, an improved score, in relation to Accident Performance, Barriers to Safety & Supervision across all of the councils service areas in the employee health & Safety opinion survey

#### 4.8 Target 7 - Improved H&S Climate / culture

- 4.8.1 The 3 key areas highlighted for improvement in the 3-year improvement plan are Accident Performance, Barriers to Safety & Supervision.
- 4.8.2 The results of the 2014/15 survey have revealed that, although a number of Service areas have improved their score, not all of them have managed to raise their score to a minimum of 50 in the three key areas of accident performance, barriers to safety and supervision.
- 4.8.3 The table below shows the minimum, maximum and average scores across all Service areas in the three key areas:

Area	Minimum	Maximum	Average
Accident Performance	33	66	55
Barriers to Safety	25	64	40
Supervision	28	67	50

- 4.8.4 Although the response rate for the 2014/15 survey isn't quite as high as the response rate for the previous survey, it is almost double that of the first survey, undertaken in 2011/12. This perhaps reflects an increasing awareness of, and interest in, health and safety at work.

- 4.8.5 The score for Barriers to Safety in most Service areas has been disappointing and a closer examination of the responses to the relevant questions will be required to discover why scores in this area are significantly lower than in others.
- 4.8.6 Where sample sizes in particular Service areas were small, caution is needed when interpreting the results. They should only be used for “indicative” purposes and not be treated as statistically significant.
- 4.8.7 It is important that Management teams understand the reasons for the survey results in their Services. To do this they need to discuss their results with their staff through Service meetings and team meetings, etc. Once they understand the reasons for the less than satisfactory survey responses they will be able to put together action plans to drive improvements.
- 4.8.8 Overall, the survey results are pleasing, particularly in Service areas that have a higher hazard and risk profile. (e.g. Environmental Services and Housing OSD). Scores in these Service areas have improved significantly since the first survey in 2011/12.

### Occupational Health

**Objective:** Over the period April 2012 to March 2015 the Council will continuously reduce its overall reported work related ill health

**Target 8:** 2012-13 to introduce a comprehensive system for recording cases of work related ill health

**Target 9:** 2012/13 to obtain a benchmark level for the incidence of cases of work related ill health

**Target 10:** 2013-15 Targets to be set to reduce the level of work related ill health based on the 2012/13 baseline level

**Target 11:** To successfully implement the Councils Stress Management Policy across all Services.

#### **4.9 Target 8**

- 4.9.1 Previously, when analysing sickness absence data it was not possible to determine whether or not the absence was due to work related factors. Furthermore, due to the way the reasons for the absences were grouped on Resource Link, it was not always possible to determine the exact cause of absence.
- 4.9.2 In order to achieve this target, Human Resources have developed Resource Link to allow the capture of more detailed absence data. The changes have been made based on the HSE’s toolkit for recording sickness absence.
- 4.9.3 The absence data originates from return to work interviews which should be conducted by managers following every period of sickness absence. Human Resources have amended the Return to Work interview (S2) form to replicate those changes made in Resource Link.
- 4.9.4 Providing Council managers fully complete the S2 form, the following information should be available for each period of sickness absence:

1. The length of the absence

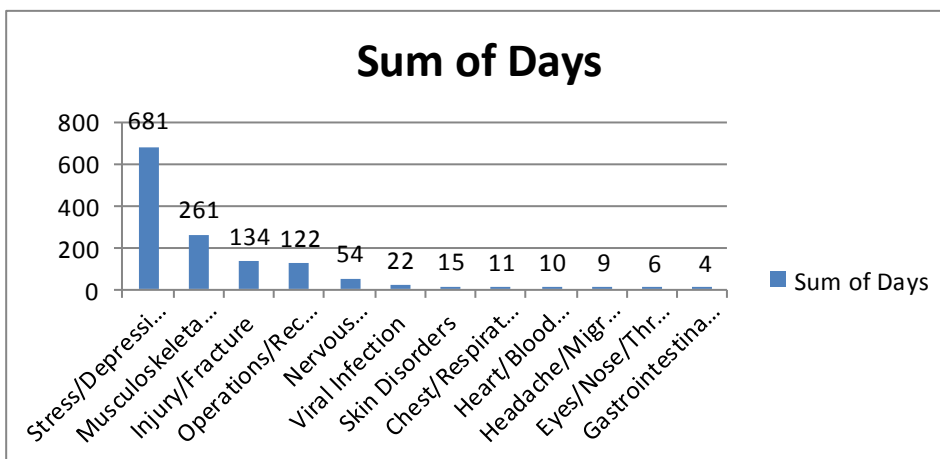
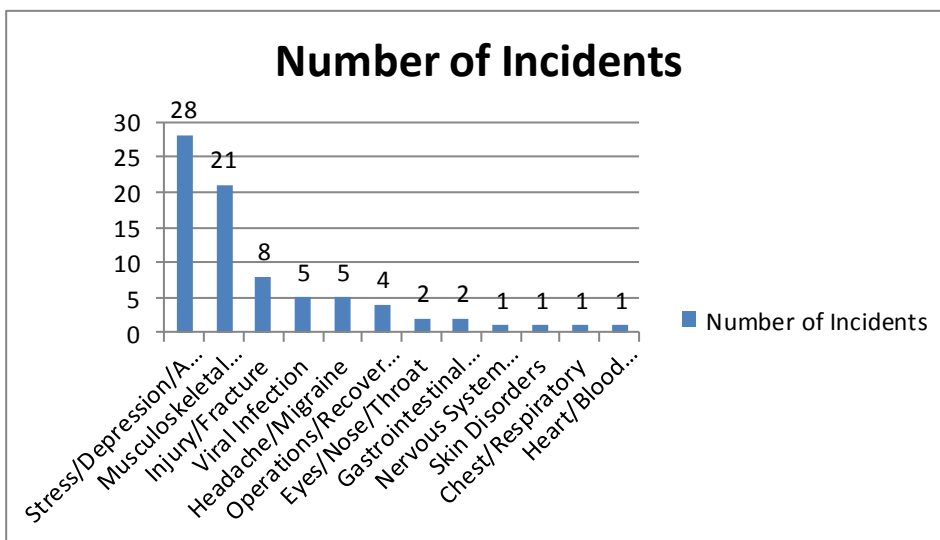


2. The top level reason for the absence (e.g. Anxiety/Stress/Depression/other psychiatric illness)
3. The detailed reason for the absence (e.g. Stress)
4. Whether or not the cause of the absence was work related.

4.9.5 The systems put in place by Human Resources record only those cases where an absence has occurred. It is acknowledged that work related ill health does not necessarily result in absence from work.

4.10 **Target 9 – Obtaining a benchmark level for the incidence of work-related ill health**

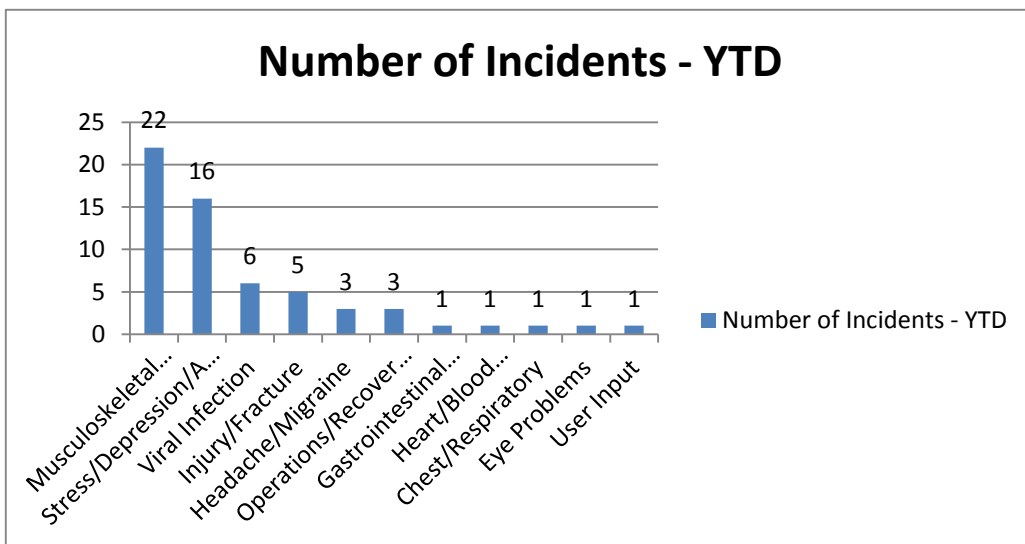
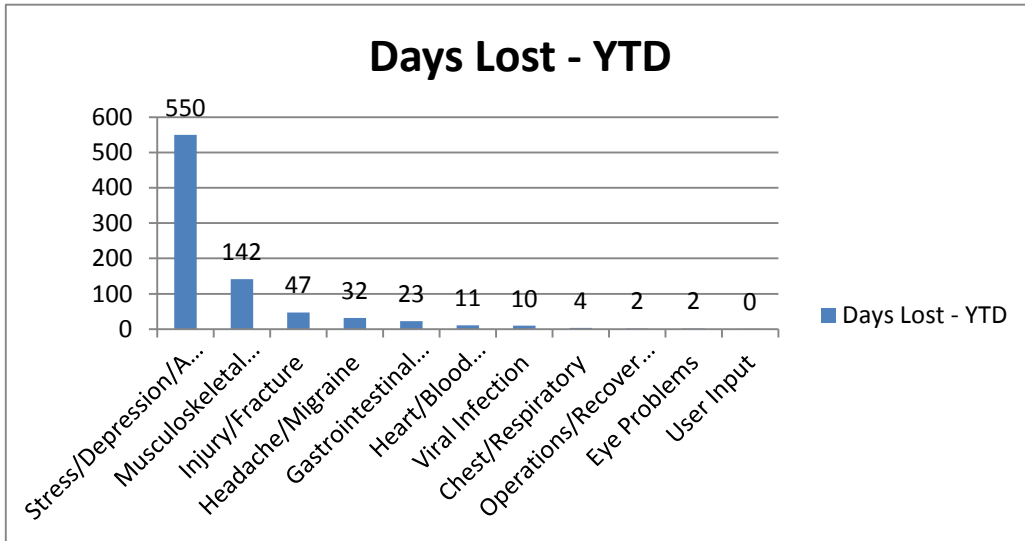
4.10.1 The above changes to the absence recording systems were implemented in November 2012. The results of the data collected during the period 1<sup>st</sup> April 2013 until 31<sup>st</sup> March 2014 for work related absences are as follows:



The total number of days lost due to work related absences during the period 1<sup>st</sup> April 2013 until 31<sup>st</sup> March 2014 was 1328 days. These absences were accumulated from 79 employees and an FTE of 71.

The above figures for the benchmark vary slightly from those previously presented. The report which produced this data was re-run on 7<sup>th</sup> April 2015. The variation in data could be due to information being input after the original benchmark was produced.

The relatively small differences in the figures do not affect the overall conclusions that stress and musculoskeletal injuries are the two most common causes of work related sickness absence.



The above two charts show all work related absences for the period January 2014 to March 2015 and confirm that the biggest causes of work related absences remain mental health and musculoskeletal issues. These two areas should remain as the immediate targets for action.

Discrepancies between the above figures and those contained within tables later within this report are due to the processes involved in producing this data. Inconsistencies in figures occur where absences straddle different quarters.

**4.11 Target 10 – to reduce the level of work-related ill health based on the baseline level**

**PERFORMANCE TARGETS FOR DAYS LOST DUE TO OCCUPATIONALLY RELATED ILL HEALTH**

**5% YEAR ON YEAR DECREASE IN DAYS LOST DUE TO WORK RELATED STRESS & MUSCULOSKELETAL INJURY (TARGET)**

	2013/14 (Actual)	2014/15	2015/16	2016/17
Stress	710	675	TO BE AGREED	TO BE AGREED
Musculoskeletal	261	248	TO BE AGREED	TO BE AGREED
% Increase - Decrease	-	-5%	TO BE AGREED	TO BE AGREED

**ACTUAL PERFORMANCE 2013/14**

	APR/JUN 2013	JUL/SEP 2013	OCT/DEC 2013	JAN/MAR 2014	ACTUAL TOTAL FOR YEAR
Stress	129	232	182	167	710
Musculoskeletal	26	78	87	70	261

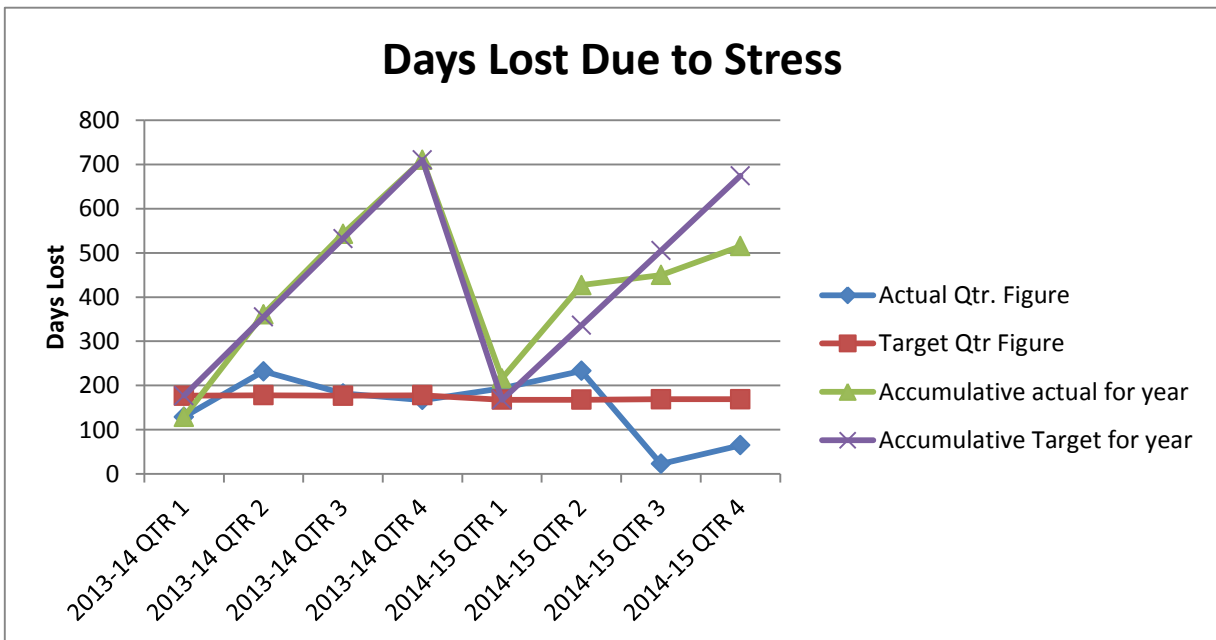
The target for reducing the number of days lost due to work related ill health has been set at 5% year on year using the period 2013 /14 as the baseline.

**YEAR TO DATE PERFORMANCE – APR 2014 TO MAR 2015**

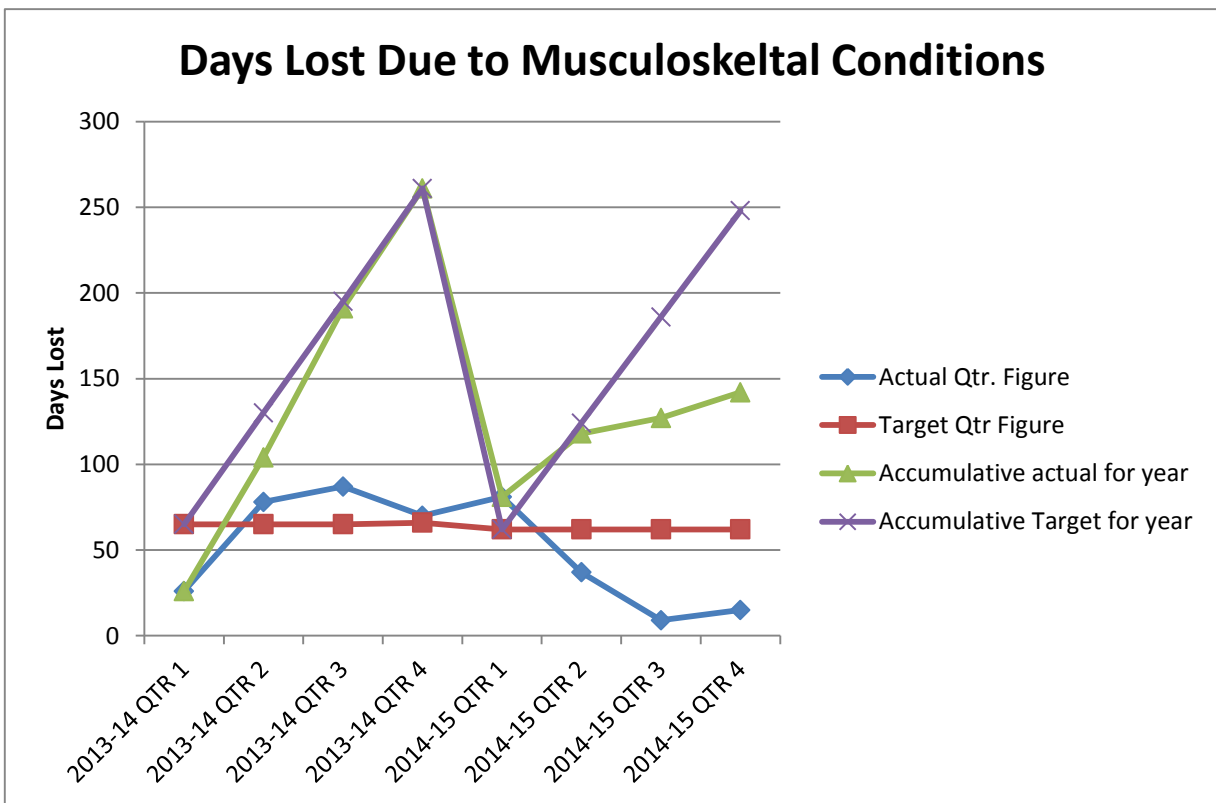
	APR/JUN 2014	JUL/SEP 2014	OCT/DEC 2014	JAN/MAR 2015	ACTUAL TOTAL FOR YEAR TO DATE
Stress	194	233	23	65	
% Increase - Decrease	+16%	+20%	-90%	+183%	FROM 710 to 515 = 27% DECREASE
Musculoskeletal	81	37	9	15	
% Increase - Decrease	16%	-54%	-76%	+67%	FROM 261 to 142 = 46% DECREASE

The 2014/15 target for the number of days lost due to occupationally related ill health has been set at 675 days (Stress) and 248 (Musculoskeletal). The current year to date figure for stress related absence is 515, this is 24% below the target. The current year to date figure for musculoskeletal related absence is 142, this is 43% below the target.

The sudden decline in days lost due to work related stress is due to 5 long term cases being resolved between July and September 2014.



The above graph illustrates the number of days lost due to work related stress.



The above graph illustrates the number of days lost due to musculoskeletal conditions.

**HEALTH PERFORMANCE TARGETS FOR STRESS AND MUSCULOSKELETAL INCIDENTS**

**5% YEAR ON YEAR DECREASE IN INCIDENTS OF WORK RELATED STRESS & MUSCULOSKELETAL INJURY (TARGET)**

	2013/14 (Actual)	2014/15	2015/16	2016/17
Stress	40	38	TO BE AGREED	TO BE AGREED
Musculoskeletal	22	21	TO BE AGREED	TO BE AGREED
% Increase - Decrease	-	-5%	TO BE AGREED	TO BE AGREED

**ACTUAL PERFORMANCE 2013/14**

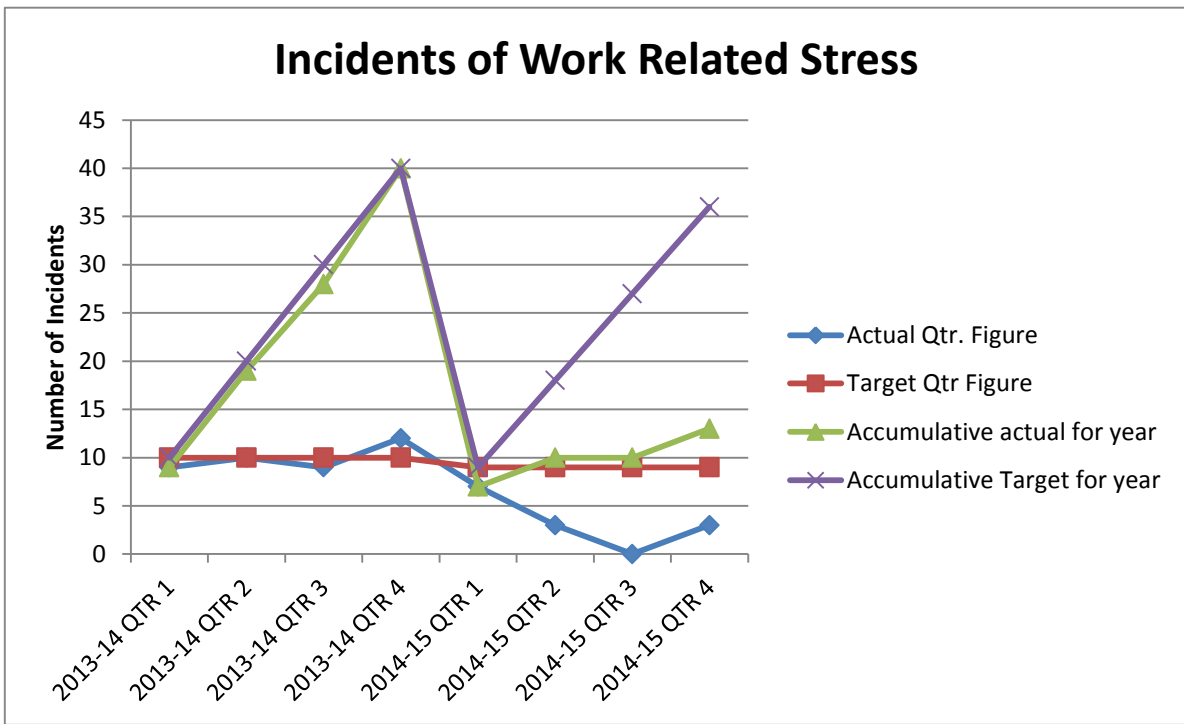
	APR/JUN 2013	JUL/SEP 2013	OCT/DEC 2013	JAN/MAR 2014	ACTUAL TOTAL FOR YEAR
Stress	9	10	9	2	40
Musculoskeletal	3	7	7	8	22

The target for reducing the number of incidents due to work related ill health has been set at 5% year on year using the period 2013 /14 as the baseline.

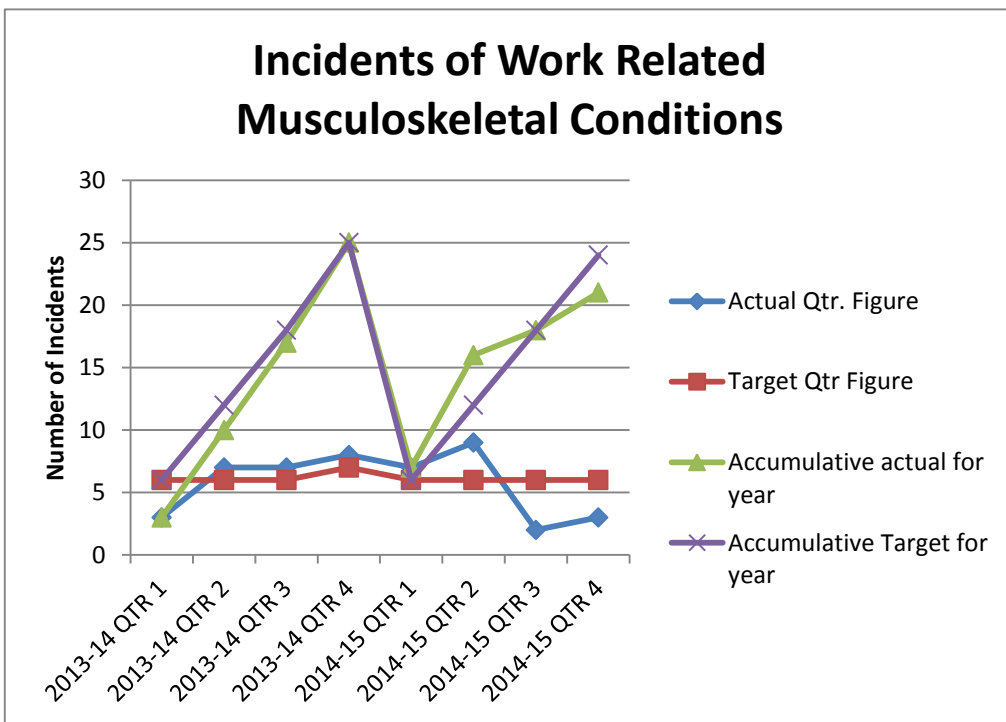
**YEAR TO DATE PERFORMANCE – APR 2014 TO MAR 2015**

	APR/JUN 2014	JUL/SEP 2014	OCT/DEC 2014	JAN/MAR	ACTUAL TOTAL FOR YEAR TO DATE
Stress	7	3	0	3	
% Increase - Decrease	-41%	-57%	-	-	FROM 40 to 13 = 68% DECREASE
Musculoskeletal	7	9	2	3	
% Increase - Decrease	-13%	+29%	-78%	+50%	FROM 22 to 21 = 5% DECREASE

The 2014/15 target for the number of incidents of occupationally related ill health has been set at 38 (Stress) and 21 (Musculoskeletal). The current year to date figure for stress related incidents is 13, this is 66% below the target. The current year to date figure for musculoskeletal related incidents is 21, which has been achieved.



The above graph illustrates the number of incidents due to work related stress. The figures are based on new incidents per quarter to ensure that double counting does not occur.



The above graph illustrates the number of incidents due to musculoskeletal conditions. The figures are based on new incidents per quarter to ensure that double counting does not occur.

#### 4.12 **Target 11**

- 4.12.1 Human Resources in consultation with Council managers and Trade Unions have developed a new Managing Workplace Stress Policy. The new policy which was agreed by Council Members with effect from 1<sup>st</sup> April 2012 aims to be more proactive in identifying potential causes of workplace stress in order that steps can be put in place to reduce the risk of stress occurring.
- 4.12.2 To coincide with the implementation of the policy, Human Resources arranged a stress training programme for Chief Officers, Heads of Service, Service Managers and Managers of the Council.
- 4.12.3 In Dec 2014 / January 2015 the Councils Corporate Management Team has refreshed all Stress Risk assessments. Reports on actions plans will be presented to Safety Committee.
- 4.12.4 The councils CMT has also made a commitment to review the policy during 2015.