
Report of Chief Officer (Human Resources)

Report to Resources and Central Services Scrutiny Board

Date: 22nd April 2013

Subject: Occupational Health and Safety

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The report sets out some information as to how health and safety is managed within Leeds City Council.
2. It also provides information on current occupational health performance and the priorities for intervention.

Recommendations

To note the information within the report.

To comment on the identified priorities for intervention for 2013/14.

1 Purpose of this report

- 1.1 Leeds City Council is committed to ensuring the health, safety and welfare of its employees and those affected by its undertaking, including service users, members of the public and school pupils.
- 1.2 This paper will explain how the Council manages health and safety in the current legal and political context.
- 1.3 The report recommends the priority areas for intervention during 2013/14.

2 Background information

- 2.1 Leeds City Council has many responsibilities in terms of health and safety – as a duty holder with large numbers of employees, a regulator (through Environmental Health) and a large-scale procurer of goods and services which can influence safety through the supply chain.
- 2.2 The Council owes a duty of care under health and safety legislation to employees, contractors, service users and visitors – this includes pupils in schools and residents in older people's accommodation.

3 Main issues

3.1 Roles and Responsibilities

- 3.1.1 Overall responsibility for health and safety in the Council lies with the Chief Executive and Leader of the Council. These duties cannot be delegated
- 3.1.2 The main duty of any employer can be summarised as providing: safe systems of work; safe plant, equipment and substances; safe workplaces; risk assessments; training/instruction and supervision.
- 3.1.3 Health and Safety compliance within the Council is enforced by the Health and Safety Executive and Fire Safety by the West Yorkshire Fire and Rescue Service. They have powers to serve legal Notices for the Council to improve safety arrangements, or to cease activities until improvements are made or to prosecute for health and safety failings. They can also bring cases of Corporate Manslaughter where gross misconduct has led to the death of someone affected by the Council's work activities. Fines for health and safety offences can be unlimited if the matter is dealt with in the Crown Court. The HSE also charge for inspection work, where breaches of statutory provisions are found.
- 3.1.4 Civil claims for compensation can also be brought against the Council by employees or members of the public injured due to the council's work activities.
- 3.1.5 The Council is obliged to report certain accidents and incidents to the Health and Safety Executive. These include: deaths at work, major injuries, certain dangerous occurrences, certain occupational diseases, members of the public being admitted to hospital following an

accident at a council premises/activity and employees who are off work for more than seven days following an accident.

3.1.6 In addition, the Council has to notify the HSE about certain construction and asbestos works.

3.2 Roles of Elected Members

3.2.1 A safe and healthy workforce is a prerequisite to the delivery of excellent services to local communities. Elected members have a significant part to play in securing the health and safety of the council’s workforce, as their decisions have a major influence on both local authority staff and the public.

3.2.2 Members are not responsible for managing health and safety services on a day-to-day basis, but can affect it through strategic decisions on plans, priorities and budgets. Elected members also have potential criminal and civil liabilities as individuals or as a body. The leader of the Council is a co-signatory of the Council’s Health and Safety Policy.

3.3 Sensible Health and Safety

3.3.1 Health and safety is about saving lives, not stopping people living. Leeds City Council supports the HSE’s campaign for sensible risk management, where it is based upon practical steps to protect people from real harm and suffering - not bureaucracy. The approach is to seek a balance between the unachievable aim of absolute safety and the kind of poor management of risk that damages lives and the economy.

Sensible risk management is about:	Sensible risk management is not about:
Ensuring people are properly protected	X Creating a totally risk free society
Balancing benefits and risks	X Generating paperwork mountains
Enabling innovation and learning	X Scaring people about trivial risks
Ensuring that those who create risks manage them responsibly	X Stopping important activities
Individuals understanding that, as well as the right to protection, they also have to exercise responsibility	X Reducing protection from real risks

3.4 Current National Position on Occupational Safety and Health

3.4.1 A Government review in 2011, conducted by Professor Lofstedt, considered the opportunities for reducing the burden of health and safety legislation on UK businesses whilst maintaining the progress made in improving health and safety outcomes. This followed an earlier review on 'compensation culture' by Lord Young.

3.4.2 The main recommendations were to:

Streamline and improve health and safety legislation – reducing bureaucracy;
Work with the European Union to ensure proposals for new legislation are risk and evidence based;
A proposal to prevent civil compensation claims attaching themselves to the strict liability imposed by some health and safety regulations;
Recommendations to reform civil claim activity.

A review has also been made to try and reduce sickness absence from the workplace. The key recommendations are:

To deliver a state-funded Occupational Health service for people who have been off work for over 4 weeks;
To address poor performance on sickness absence in the public sector;
To provide tax relief on vocational rehabilitation and Employee Assistance Schemes.

3.5 How Leeds City Council Manage Occupational Safety and Health

3.5.1 Health and Safety Management in the Council is based on an approach advocated by the Health and Safety Executive. This is realised through a series of Health and Safety Performance Standards jointly agreed with the Trade Unions.

3.5.2 The Chief Executive is ultimately accountable for the health and safety of employees and service users of Leeds City Council. To assist him to undertake this role he has nominated the Director of Resources as the CLT member with responsibility for apprising him of health and safety performance. In turn the Director of Resources is supported by a team of professionally qualified Health and Safety Advisers and Occupational Health Practitioners, led by the Head of Health and Safety. In addition to these specific roles, the Council's Health and Safety Policy details individual accountabilities for every level of employee. As Leader of the Council, Councillor Wakefield also has a responsibility to ensure that decisions taken by elected members do not compromise the health and safety of staff or service users.

3.5.3 Co-operation and consultation with the workforce on health and safety matters is extremely positive. There are Directorate/Service level Health and Safety Committees and a Corporate Health and Safety Committee.

3.5.4 LCC has fostered positive working relationships with the enforcement agencies and has signed a Fire Safety Concordat with the Fire Service which is working well.

3.6 Priorities for 2012/13

3.6.1 The priorities for 2012/13 and progress against them:

Priority	Brief Summary of progress
Management and Control of Asbestos	Council-wide Asbestos management group established. Much greater management and control.
Management and Control of Legionella	Audit of one remaining cooling tower took place and recommendations made.
Contractor Management	All contractors vetted for health and safety performance. Audits of contractors on-site taking place.
Violence and Aggression	Excellent work in schools. Body cams in Parking Enforcement continuing to bring levels of violence and aggression down.
Health Surveillance: focus on vibration and shift work	Hand-arm vibration monitoring and surveillance programme established.
'Working Together for Risk Management': focus on leadership and worker participation	Health and safety committees working well.
Monitoring, auditing and performance measurement: focus on risk assessment; planned maintenance; and accident investigation	New auditing programme established by the health and safety teams.
Musculo-skeletal Disorders	Tailored training delivered in Waste Collection. On-line Display Screen Equipment Programme to be introduced.
Improving Public Health Through the Workplace: focus on mental health and 'health is everyone's business'	Health is Everyone's Business rolled out. Wellbeing Framework established and endorsed by CLT.
Waste Collection Audit	HSE completed their audit without taking any formal enforcement action.

3.7 Occupational Health and Safety Performance

3.7.1 Occupational Health

3.7.1.1 The internal Occupational Health Unit was formed in February 2009. It looks at the impact of work on employees' health and of their health on the work they do. Since it opened nearly 8,000 people have been seen in the unit. 1043 appointments have been made from 1/4/2012 to 28/2/13. Most referrals relate to mental health and musculo-skeletal disorders.

3.7.2 Fire Safety

3.7.2.1 The Authority has signed a 3 year Fire Safety Concordat agreement with West Yorkshire Fire & Rescue Service, this agreement runs from April 2011 to 2014. As part of this there is an agreed Corporate Fire Safety Action plan setting out targets for the

authority. Both parties find the agreement mutually beneficial and are already working to renew the partnership agreement, with a new target driven action plan. Since working under the Fire Concordat, there has been a significant reduction in insurance claim relating to fires.

3.7.2.2 The council has arrangements in place for the issuing and reviewing of fire risk assessments, as required by the Regulatory Reform (Fire Safety) Order 2005, these assessments have been key in improving on LCC safety arrangements and in meeting statutory requirements.

3.7.2.3 The authority has recently received external accreditation from the Institute of Fire Safety Managers for a Fire Wardens and Fire Safety Champion training course.

3.7.2.4 In December 2011 West Yorkshire Fire & Rescue Service changed its attendance policy, at the majority of our sites. There is now a requirement for LCC staff to check for signs of fire before calling the Fire Service. This change of policy has been widely circulated and additional training has been provided. Emergency evacuation Procedures are currently being revised to bridge any gap between fire safety and emergency planning issues.

3.7.3 Enforcement

3.7.3.1 In the past two years LCC has only been served with two enforcement notices by the HSE and none by the Fire and Rescue Service. These notices were as a result of an HSE clamp down on construction sites in Leeds and were related to health surveillance of joiners and fire precautions on site.

3.7.3.2 The Council is also to be prosecuted by the HSE in relation to a rotten wooden flagpole in Otley Memorial Gardens which fell on a young child. The child has fully recovered, although she will be monitored for the next two years. Systems for inspection, monitoring, reporting and repair have now been significantly improved to the satisfaction of the HSE.

3.7.3.3 LCC has a positive, co-operative relationship with the enforcement agencies.

3.7.4 Accidents and Incidents – Quarters 1 to 3 2012/13

3.7.4.1 There were 2,956 accidents and incidents during quarters 1 to 3 2012/13. This remained at the approximately the same level as 2011/12.

3.7.4.2 The top 5 causes of accidents and incidents were:

<i>Physical assaults</i>	- 49% of total;
<i>Verbal assaults</i>	- 16% of total;
<i>Slips, trips and falls</i>	- 7.5% of total;
<i>Handling and lifting</i>	- 4.8% of total;
<i>Hit by moving/flying object</i>	- 4% of total.

3.7.4.3 41% of accidents occurred in schools, followed by 17.4% in Adult Social Care.

3.7.4.4 The 'top ten' services with the highest accident/incident levels were:

Rank	Service Area	Most Common Accidents/Incidents.
1	Schools	Physical assaults; verbal assaults and to a lesser extent slips; trips and falls.
2	Community Support (Adult Social Care)	Physical assaults; verbal abuse and disruptive behaviour.
3	Older People's Services (Adult Social Care)	Most of these are related to physical assault; verbal abuse and disruptive behaviour.
4	Waste	Most are vehicle related, followed by verbal abuse and manual handling.
5	Libraries	Most of these incidents involved verbal abuse or disruptive behaviour.
6	Childrens Social Work Team	Mainly physical and verbal assault
7	Catering and Cleaning	Most accidents involved contact with hazardous substances, slips/trips/falls and manual handling.
8	Face to Face Contact (Customer Access and Performance)	Mainly verbal abuse.
9	Environmental Action team	Mainly verbal abuse, vehicle related or slips/trips/falls.
10	Property Maintenance	Most accidents involved moving and handling, slips/trips/falls and striking against something fixed or stationary.

7.5.5 The following accident reports were sent to the Health and Safety Executive during Quarters 1 to 3 2012/13:

- 1 Dangerous Occurrence;
- 4 Major injuries;
- 61 accidents which led to employees taking more than 7 days off work.

3.7.5 Health and Safety Training

3.7.5.1 On average over 3,000 places on health and safety courses are taken up every year.

3.8 Provisional 'Top Ten' Priorities for 2013/14

Construction	this covers a huge range of operations, including property maintenance and management, refurbishment, demolition and excavation, as well as specific problem areas such as asbestos and legionella. Contractor management is also important here.
Transport	this includes highways maintenance, road safety, depot management, pedestrian access, school transport and occupational road risks
Fire	the size of the authority's property portfolio makes this an important

	area.
Mental Health Problems	these are the biggest cause of sickness absence in local government. Stress, anxiety and depression are the main issues
Musculoskeletal injuries	bad backs, muscle damage and sprains are all too common. Injuries aren't just caused by lifting or moving heavy things – repetitive tasks such as intensive keyboard use can also be to blame, along with slip or trip accidents
Transport	this accounts for over 65% of all reported incidents.
Fire	LCC has a large property portfolio, including homes for older people where people live and sleep.
Health surveillance	this is undertaken by Occupational Health and is essential in monitoring employees' health to ensure they are not made ill by the work they do.
Violence and aggression	this accounts for 65% of all reported accidents and incidents in the Council.
Waste collection	nationally, this is the sector with the highest risk of injury
Roles, responsibilities and competence	it is important that all staff are aware of their roles and responsibilities in relation to health and safety and have training commensurate with their role.
Improving health and wellbeing	this is a national priority. Mental health issues account for the largest proportion of sickness absence.

3.9 Overall Assurance

- 3.9.1 The Council is continuing to invest in Health and Safety Training which can only impact positively on the health and safety culture within LCC. Equally positive is the progress made on fire safety and asbestos management and control during 2012/13. Relationships with the Health and Safety Executive and Fire Service are positive.
- 3.9.2 **Table 1 (below)**, demonstrates that the key components of the Health and Safety Management System are in place and operating in the Council. Improving health and safety is, however, a process of continual improvement and review. A new auditing programme was introduced for 2012/13 in an attempt to identify root causes and advice has been given to improve accident investigation.
- 3.9.3 A detailed audit of central health and safety controls was undertaken by **LCC Internal Audit** during 2011/12. They found that the control environment was good, compliance was acceptable and that any non-conformances found only had a minor impact on the organisation. The recommendations were incorporated into the 2012/13 work programme.

4.0 Conclusion

- 4.1 Good progress continues to be made in establishing and embedding a health and safety management system within the Council. At the same time, performance is improving across most indicators. There is a clear Strategic Vision for what needs to be achieved and key risk priorities have been identified and been addressed.

4.2 It remains the role of the specialist team to provide competent advice, getting the balance right between not being stifled by bureaucracy, but allowing the organisation to enjoy the confidence created by assurance.

5.0 Recommendations

5.1 Scrutiny is asked to note the contents of this report.

5.2 Scrutiny is asked to consider the priorities identified for 2013/14.

Table 1 – Elements of a Health and Safety Management System

Element	RAG	Comments
1. Policy	G	Policy in place, currently under review.
2. Organising for Safety		
2.1 organisation	G	Policy and Standards clearly identify roles and responsibilities.
2.2 arrangements	A	A number of core and operational Performance Standards are in place and embedded across the council. Good progress has been made in 2011/12, but some are still outstanding.
2.3 control	G	Policy and Standards clearly identify roles and responsibilities. Key Performance Indicators are in place. A standard Workplace Inspection procedure has been introduced, along with a standard Risk Assessment process. Further improvements required, e.g. strengthening h&s responsibilities in Job Descriptions and introducing more effective performance measurement.
2.4 co-operation	G	Corporate and local H&S Committees in place. Unions consulted on development of the H&S Management System. Union Reps in place, conducting inspections and contributing to risk assessments. Unions also involved in accident investigations and meetings with HSE.
2.5 communication	G	H&S messages communicated effectively using a variety of channels, both corporately and locally.
2.6 competence	G	Significant increase in h&s training in 2011/12. Work to be undertaken to map mandatory h&s training needs more closely to job roles.
2.1 competent health and safety advice	G	All H&S Managers and Head of H&S are Chartered Occupational Safety and Health Practitioners.
3. Planning and Implementation	G	4 Year H&S Vision, corporate and local Plans, risk assessment process and workplace inspection programme in place.
4. Measuring Performance	G	Key indicators measured. New indicators to be agreed at CLT.
5. Reviewing	G	Regular review utilising performance information and following accidents/incidents, claims, or HSE/Fire Service intervention.
6. Auditing	A	Auditing carried out in many service areas using ROSPA QSA, 18001, or local or specialist systems. E.g. schools, leisure, commercial services etc. A new, independent auditing system has been developed for use by the H&S Team during 2012/13.