Suffolk County Council

Safety, Health and Wellbeing

Annual report 2012 – 2013

Contents

Table of Figures

Foreword

This annual report has been written by the Head of Corporate Health and Safety with assistance from the Suffolk County Council (SCC) Health and Safety advisors and other key personnel. The report documents the progress that SCC has attained in developing its health and safety management system (HSMS) during the period of 1st April 2012 – 31st March 2013 and sets out our improvement action plan for 2013/14.

The purpose of this report is to ensure that senior officers, councillors and cabinet have an overview of the health and safety activities and issues from the last year, an indication of the plan for next year and the information necessary to satisfy them of the effectiveness of the SCC HSMS.

In December 2009, we had our first visit at Corporate Management Team (CMT) level from the Health and Safety Executive (HSE) who expressed their concerns regarding our HSMS and our control of health and safety at this strategic level. In January 2010 we commenced the process of revitalisation, with a review of our HSMS, and the size of this task became apparent. A five year health and safety strategy and supporting action plan was then developed which was endorsed by CMT and the leader of the council in April 2010. In January 2012 we received formal commendations from the HSE on our improvements thus far and as a consequence have been invited to sit amongst peers at national health and safety steering groups.

We are now three years into our five year strategy of revitalising health and safety. With the appointment of a Head of Corporate Health and Safety in September 2012 it was timely to review our progress to date and a strategic review is currently being undertaken which will direct our refreshed health and safety strategy.

We have come a long way in the past thirty six months. We now have a set of corporate health and safety policies and we have started to embed a consistent direction to health and safety policy across the county. A health and safety steering group operates within each directorate which allows for engagement and information exchange between management, unions and staff. Each directorate has identified their top ten hazards that need to be managed to ensure that the associated risks are controlled. This has allowed us to identify the corporate top ten risks and consequently we now have a clearer understanding of the corporate health and safety hazards and the strategic control measures required.

Our new occupational health service provision has been running now for twenty four months and has had a significant impact upon how managers are able to support their staff. Referrals have stabilised with mental health/stress and musculoskeletal disorders continuing to each make up approximately one third of all referrals to the service.

A task and finish group was established to assess the levels of work related stress and to begin to address the range of issues raised. The metrics indicate

sound progress in raising the awareness of stress-related issues and the start of some positive change in this area.

Quality Safety Audits (QSA) has been conducted in each directorate and corporately in line with the SCC Health and Safety Auditing Plan 2011- 2017 which allows us to benchmark and provides us with a series of continuous improvements which have been agreed.

A workshop to explore the purpose and governance arrangements of the Corporate Health, Safety and Wellbeing Management Board (CHSWMB) was run with key stakeholders in January 2013, resulting in clarified terms of reference for the CHSWMB and the agreement for a new focus to the health and safety strategy. We are developing our performance measurements for the next twelve months based on six key priorities developed from the corporate top ten risks; these are outlined in our Health and Safety Strategy 2013 - 2016.

But we cannot rest easy; there are still areas of improvement required, particularly around our performance measurement and the way in which we audit to ensure that what we commit too in policy is happening on the ground.

We still do not have a corporate incident reporting system and therefore we still lack comprehensive data to inform our trend analysis, to target our priorities and to enable us to benchmark across the sector.

Positive engagement with and training of our staff to equip them with the skills to do their work safely will continue to be an area of focus as we move our HSMS forward.

There are many examples of best practices within the organisation and we shall look to share these around the organisation in 2013/14 as part of our continual improvement plan and to increase consistency of our health and safety standards across the Council.

We are all aware of the hard work that has been done to date as well as the amount of work that still needs to be done to get us to where we should be. Our aim is to achieve a robust HSMS that will protect employees from injury, reduce our sickness and ill health costs and demonstrate our commitment to the people of Suffolk.

Andy Fry

Corporate Director
Chief Fire Officer

1.0 Introduction

The Health and Safety Executive (HSE) promote a guidance document entitled "Successful Health and Safety Management" which is commonly known as HS(G)65. HS(G)65 outlines a model which forms the essential and practical structure of a Health and Safety Management System (HSMS). Suffolk County Council (SCC) is committed to establishing a robust HSMS built around the HS(G)65 model. This will ensure that there is a continual improvement of health and safety and that our HSMS will stand up to both internal and external scrutiny.

HS(G)65 has seven components and uses the acronym 'POPIMAR', explained as follows:

- **P**olicy – effective health and safety policies set a clear direction for the organisation to follow
- **O**rganising – an effective management structure and arrangements are in place for delivering the policy
- **P**lanning and **I**mplementation – there is a planned and systematic approach to implementing the health and safety policy through an effective HSMS
- **M**easuring Performance – performance is measured against agreed standards to reveal when and where improvement is needed
- **A**udit and **R**eviewing performance – the organisation learns from *all* relevant experience and applies the lessons.

HS(G)65 is currently under review by the HSE and it is likely that the more universal management cycle of "Plan; Do; Check; Act" will be adopted. If this is the case SCC shall review and align our HSMS accordingly.

This report outlines how the councils' HSMS operates in line with HS(G)65 and how it endeavours to link through to the SCC corporate priorities and values.

2.0 Illustration of how H&S integrates with SCC strategic objectives

Figure 1 below illustrates the key themes and priorities of the Health and Safety (H&S) Strategy and how it relates to national objectives and the strategic direction of SCC .

Figure 1 Illustration of how H&S integrates with SCC strategic objectives

SCC Corporate Priorities

1. Jobs and growth
2. Education
3. Supporting Vulnerable People
4. Localism and Our Place
5. Building on Suffolk's strengths

SCC ASPIRE Framework

Achieve	W e are the best we can be
Support	We work as one team
Pride	We take pride in & are proud of what we do
Inspire	We model the ASPIRE values
Respect	We give and earn respect
Empower	We empower, encourage and motivate people

Mission Statement: We will make a positive difference for Suffolk. We are committed to working together, striving to improve

HSE Mission

To prevent work related death, injury and ill health

H&S Policy and CHSWMB Purpose

SCC recognise that good health, safety and wellbeing is integral to our organisational performance by reducing injuries and ill health, protecting the environment and reducing unnecessary losses and liabilities. Our service delivery decisions will always consider the impact on health, safety and wellbeing.

The core purpose of CHSWMB is to set the strategic direction for health, safety and wellbeing for the whole of SCC on behalf of the Chief Executive and CMT and to monitor the organisations health, safety and wellbeing performance to ensure that continuous improvements are made in the management of our health, safety and wellbeing arrangements.

H&S Strategy, the key themes 2013 - 2016

- The key themes shall emerge from the strategic review being undertaken by the Head of Corporate Health and Safety *however they are likely to include competency of staff; performance management; communication and engagement and further development of the Health and Safety Management System.*
- Monitoring reports of progress made against the annually set risk priority topics (outlined below) for 2013/14.

Priority Topic 1

Asbestos

To satisfy ourselves that we comply with the Control of Asbestos Regulations 2012 and to ensure that our staff or others are not adversely affected by our undertakings.

Priority Topic 2

Road Risk

To understand the risks faced by our staff who drive vehicles whilst at work and others who they may affect. To introduce a revised policy and procedures to manage the risks.

Priority Topic 3

Stress

To better understand the impact on staff of stress at work further develop and manage the risk so as to reduce the number of incidents of stress the number of referrals to our Occupational Health service and so improve staff health and wellbeing.

Priority Topic 4

Contract Management

To satisfy ourselves that our contractors have adequate Health & Safety arrangements in place and that we have suitable arrangements in place to communicate with and to manage our contractors.

Priority Topic 5

Fire

To satisfy ourselves that we fully comply with the Regulatory Reform (Fire Safety) Order 2005 and that we have robust arrangements in place to manage the risk of fire in all of our premises.

Priority Topic 6

Musculoskeletal Disorders

To manage the risks faced by our staff so as to reduce the numbers of injury incidents and referrals to our Occupational Health service for musculoskeletal disorders.

3.0 Policy

3.1 Written Health and Safety Policy

SCC is fully committed to comply with the Health and Safety at Work etc Act 1974 and associated legislation. Our overarching Health and Safety Policy (HS01) sets out this commitment which is that we "recognise that good health, safety and wellbeing is integral to our organisational performance by reducing injuries and ill health, protecting the environment and reducing unnecessary losses and liabilities. Our service delivery decisions will always consider the impact on health, safety and wellbeing" (HS01, SCC, 2012).

HS01 is endorsed at the most senior level by our Chief Executive and the Leader of the Council. A copy of the Health and Safety Policy can be found here.

The SCC Constitution records that accountability for the implementation of our HSMS is held at the highest level, by our Chief Executive. Responsibility for the management of health and safety has been delegated to the Corporate Health, Safety and Wellbeing Board (CHSWMB).

3.2 Responsibility and commitment demonstrated at Board level

The core purpose of CHSWMB is to set the strategic direction for health, safety and wellbeing in the whole of SCC and to monitor the organisations health, safety and wellbeing performance to ensure that continuous improvements are made in the management of our health, safety and wellbeing arrangements.

The CHSWMB is chaired by the CMT member responsible for health and safety, the Director of Public Protection and Chief Fire Officer. The Chair is supported by the Cabinet Member for Public Protection in their role as the Deputy Chair. The Cabinet Member keeps fellow Members and Councillors informed of key issues and refers items to the Scrutiny Committee as required.

The governance arrangements for CHSWMB means that staff representation is achieved through membership of various recognised Unions. In addition, each directorate is represented by a nominated Assistant Director (AD) as the senior person who is responsible for leading the daily implementation of health and safety within their directorate and as a member of the Board they also act as a leader for health and safety throughout the organisation.

The professional advisor to CHSWMB is the Head of Corporate Health and Safety who is supported by the Corporate Health and Safety Management Team (CHSMT) and the Health and Safety Advisors Group (HSAG) which is made up of the health and safety professionals across SCC.

4.0 Organising

The way in which the council is organised to ensure that the necessary management structures and arrangements are in place for the delivery of the policy is detailed below.

4.1 Corporate Health and Safety Management Team (CHSMT)

The CHSMT is part of the Public Protection Directorate (PPD). The CHSMT assists with corporate projects that are common to all directorates such as the occupational health contract and the development of new policy and guidance as required as the organisation changes.

CHSMT keeps abreast of, interprets, and implements the required corporate standards based on current and new health and safety legislation through its policy work.

4.2 Health and Safety Advisors Group (HSAG)

Each directorate has a provision for competent health and safety advice which is deemed appropriate for the risks faced by the staff of that directorate. This network of professional health and safety advisors support the lead ADs in each of the directorates on a day to day basis and along with the CHSMT forms the membership of the HSAG.

The HSAG meet on a regular basis to discuss corporate and directorate issues. The group agrees standards and process for developing the HSMS and works collectively on projects as requested by the CHSWMB.

During the past year, two members of the HSAG have been seconded on a part time basis to a divested service and covered a vacant health and safety advisors post within one of the directorates. It is envisaged that during 2013/14 these posts shall be filled and the HSAG members can resume their full time posts.

4.3 Directorate Management Teams

The nominated AD with the lead for health and safety is responsible for ensuring that health and safety is being managed within their directorates. All line managers within SCC are required to manage health and safety as part of their job.

A health and safety steering group operates within each directorate which allows for engagement and information exchange between management, unions and employees.

Health and safety is discussed at Directorate Management Team (DMT) meetings as required.

4.4 Competency of our staff

All line managers at SCC are required to manage health and safety as part of their normal job. SCC promotes continued development of staff and application of knowledge throughout the organisation through training available on the learning pool.

SCC runs both internal health and safety awareness courses and uses external providers to secure health and safety training. A senior manager health and safety seminar was run in June 2012. The volume of training conducted during the period is outlined further in section 6.1 below.

The competency of our staff will need to remain a key part of our health and safety strategy and continuous improvement plan over the next period. The introduction of mandatory, recommended and optional health and safety training dependent on the job role will equip them with the skills to do their work safely.

5.0 Planning and implementing

The following actions outlined below were carried out during 2012/2013.

5.1 CHSWMB Review

During January 2013, a workshop was run to review the purpose of CHSWMB with input from CHSWMB, HSAG members and the Unions. The publication "Leading Health and Safety at Work" jointly produced by the Institute of Directors (IoD) and the HSE was considered as part of this review. The result of the workshop was to clarify the terms of reference for CHSWMB with the inclusion of explicit roles of CHSWMB members and the agreement for a new focus to the health and safety strategy.

Following the workshop, the Chair of CHSWMB lead two sessions to explore the recommendations from the workshop, both sessions were supported by Union representation. The first session with the Lead AD's, established an outline health and safety strategy with the need to incorporate concise annual targets to enable CHSWMB to monitor progress through the year.

The second session with the HSAG, utilised their professional expertise to explore the risk priority areas for inclusion in the health and safety strategy and the production of both leading and lagging indicators for focus in the coming year 2013/14. This is discussed further in section 5.2 below.

5.2 Health and Safety Strategy Review

The health and safety strategy is currently under review. It shall become a rolling three year strategic plan which will be reviewed and revised annually enabling us to ensure that the strategy and annual targets remains fit for purpose. It is expected that the strategy will be published in the first quarter of 2013/14.

The strategy will have key strategic themes which shall emerge from the strategic review being undertaken by the Head of Corporate Health and Safety plus the specific risk priority topics that were developed by HSAG. Justification for selecting the risk priority topics is set out in the health and safety strategy document. The six risk priority topics set for 2013/14 were outlined in section 2.0 above and are as follows:

1. Asbestos
2. Road risk
3. Stress
4. Contract Management
5. Fire
6. Musculoskeletal disorders

In order to set specific, measurable, achievable, realistic and time bound (SMART) targets an exercise to establish current baseline data on the six priority topics is being compiled. Once this data has been established, SMART targets shall be assigned for the coming year with leading and lagging indicators allowing progress to be monitored by CHSWMB through out the year. It is expected that these targets will be finalised in May 2013.

Work is planned to be undertaken in 2013/14 to ensure that H&S considerations are incorporated into the directorate planning process. This piece of work will involve the CHSMT working with colleagues in the Business Development team to support Directorate Management Teams as they develop their directorate plans for 2014/15.

5.3 Top 10 risks and progress

During 2012 each directorate reviewed its health and safety self awareness by identifying their current top ten hazards that needed to be managed. Consequently, we can now identify the current corporate health and safety risk priorities which are outlined below.

The top ten risks are included in the provision of a suite of corporate health and safety policies that are in place to direct and guide our staff. A number of the corporate risks were specifically targeted through project work during 2012/13, whilst other risks were managed by the organisation as usual items. Progress is outlined below.

Figure 2 Top ten corporate risks

Top 10 corporate risks			
1	Stress	**6**	Fire
2	Road risk	**7**	Display Screen Equipment
3	Slips, trips & falls	**8**	CoSHH
4	Violence at Work	**9**	Asbestos
5	Lone working	**10**	Manual Handling
Other risks identified during the period			
	Musculoskeletal		
	Contract Management including divestment		

5.3.1 Stress

A survey was completed by 2600 staff late in 2011, analysed against the six key stressors under HSE guidance. A stress task and finish group (TAFG) of volunteers was established and met throughout 2012 working with clear terms of reference resulting in a comprehensive action plan which has been published to raise employee and councillor awareness.

The plan included actions around the themes of performance management, capacity, managers, tools for the job, engagement and communications, ways of working, reward, and policy actions. Fifteen focus groups were run by the TAFG and trained coaches from the Suffolk Coaching and Mentoring Partnership to validate survey results in relation to general and specific stressors. A range of other related information was also analysed e.g. absence rates to ensure a holistic picture was understood. The TAFG delivered a diverse set of actions ranging from new and updated development / training, raised awareness of the impact of stress and absence, clarification of certain responsibilities and establishment of new channels of communication and engagement.

Synergies were identified between the outputs from other projects which led to some wider teamwork outside of the TAFG. The group also dovetailed with The Deal programme which has seen the development of a new set of organisational values, behaviours and performance management. Support has been provided from both CHSMT and Strategic HR for services to understand their local results to ensure meaningful action is in place at all levels. A review of the following related metrics tells us that they have made sound progress in raising awareness of stress-related issues and have started some positive changes in this area:

- Over the last year, less people have left the council due to ill health retirement (the group did not look at ill health capability, which will be an action to be taken forward)
- Over the last year, there has been a small drop in average stress related absence per person; the numbers on this need to be regularly monitored

- Training is available to support staff but is not being widely utilised
- Stress caseload for our occupational health provider HML (Health Management Ltd) has reduced by 1% over the last year but managers are still taking too long to refer staff to the service
- Usage of HM Assist (the counselling and advice service) is up from 3.73% to 5.29% so is in the right direction; clinical utilisation rate (counselling) is higher than the national average
- We also know that work related stress cases are increasing across the full HML client base and sector generally; our profile is still the same as others.

The TAFG also recognised that many of the contributors to workplace stress are deeply cultural and will take a long lead-in time to change. We know that usage of the employee assistance programme (HM Assist) has improved; that stress caseload for occupational health has reduced as a percentage of total cases but that there is a lot more to do to ensure managers fully play their role such as referring staff to HML in a timely manner. Work related stress continues to be one of SCC's risk priorities for 2013/14. Further action will continue to tackle these issues through other work such as the new Staff Health and Wellbeing Strategy; continued attention from Strategic HR on absence metrics as part of paybill management; and implementation of The Deal.

5.3.2 Road Risk

The total SCC business miles for 2011/12 approximated 19.9 million miles of which 11.5m was private mileage (staff using their own cars). Organisations doing this amount of miles might expect approximately ninety six incidents per year including one fatality. Thankfully we appear to be bucking the trend however we need to do more to manage our road risk.

During 2012/13 the CHSMT worked with colleagues from the SCC Road Safety team to progress our policy and arrangements. We do not have reliable data as to how many managers undertake annual checks on their staffs' drivers license, insurance or MOT. Work surrounding the management of our staffs' road risk shall continue into 2013/14 and road risk forms one of our risk priorities.

5.3.3 Asbestos

Asbestos continues to be a high priority within SCC. Corporate Property are responsible for ensuring the annual asbestos condition survey monitoring is completed and the asbestos register is updated for each operational premises. Corporate Property also ensures that the premises responsible person is aware of the asbestos register, how to use it and their responsibilities within the SCC premise asbestos management plan and the Control of Asbestos Regulations (2012).

An internal review of our asbestos arrangements is planned for early 2013/14 in order to assure ourselves that we are doing all that is reasonably

practicable to manage the risk of asbestos in our properties. As such asbestos continues to be one of our risk priorities during 2013/14.

5.4 Occupational Health Provision

The contract with our occupational health provider, Health Management Ltd (HML) has been running for two years and has had a significant impact upon how managers support their staff. The second year has seen an increase in the number of referrals to over 1600. This is most likely due to better use being made of the service along with the change in the absence policy taking effect which requires earlier referrals. Of these approximately 40% of all cases are assessed and managed by telephone, whilst some 60% are seen by either an occupational health nurse or physician. There is an improving trend in the time to appointments but we are still experiencing a 'Did Not Attend' (DNA) rate of around 13%. This means that one in every seven clinic sessions is a wasted appointment. Work is continuing to improve each of these processes.

During this second year the types of referral have stabilised such that mental health and musculoskeletal disorders continue to make up approximately one third each of all cases and this corresponds with benchmark data across similar authorities.

Following the first annual report from HML a set of objectives were set for 2012/13. This outlined a range of specific activities to be developed and monitored including an increase in preventative measures and reviewing health surveillance. These have been monitored along with the usage data at the quarterly contract meetings. HML has contributed to the council's developing health and wellbeing strategy. They have also worked with us to modify the online HML portal so that we can now monitor the speed of referrals in relation to staff absence.

Our Employee Assistance Programme provided by HM Assist continues to be used by staff both in terms of the counselling and advisory services. An ongoing objective to promote the service and increase usage shall be taken forward in 2013/14.

5.6 Engaging with staff and consulting with recognised Unions

Another key element of our HSMS arrangements considers how we engage with staff and consult with the recognised trade unions that represent our staff.

Consultation with unions regarding health and safety matters is formally achieved through their membership at the CHSWMB where a representative from the teaching unions attends alongside Unison representing single status staff and an invite is extended to the Fire Brigades Union. The unions are also invited to attend various working parties and task and finish groups as well as the directorate H&S steering groups.

Engagement with staff during the period has largely been achieved through poster and newsletter campaigns. There are pockets of best practice across

SCC such as the safety 'stand down day' held by the Suffolk Highways Contracting team which is part of the Economy, Skills and Environment Directorate and the production of their directorate specific health and safety newsletters.

In the coming period we shall look to share these best practices across the organisation 2013/14 and the health and safety strategy for 2013 -2016 will explore the possibility of developing a network of health and safety champions from our front line staff in order to improve engagement.

6.0 Measuring

SCC's management of health and safety has come a long way in the past thirty six months. Whilst there is still a large amount of work to do on our journey of continuous improvement we present the following data to support our progress during 2012/13.

It must be noted however that this data was collected from a number of different sources and in some cases we are unable to produce robust and consistent data. Some of the following data therefore is not reliable, where this is the case it is identified in the table.

6.1 Health and Safety Training

SCC provides both internal and externally commissioned H&S training to support our staff in understanding their roles and responsibilities and to empower them through training and experience to improve their competency.

The three tables below outline the training conducted during the past twelve months across all directorates broken down into three categories; Internal training delivered face to face by the CHSMT (Figure 3); Internal e-learning training developed by HSAG members (Figure 4) and thirdly externally commissioned training delivered by other providers (Figure 5).

The tables demonstrate the total number of staff who have attended a training session. In theory this means that just over 10,000 staff benefited from one piece of training although this is misleading as some staff members have accessed more than one training course. When considering the average total number of employees employed by SCC during the period (circa 21,000) it means that more than half of our employees did not access one single health and safety course in the period.

Figure 3 Internal training delivered face to face

Internal Training (Face-to-Face)	Number of attendees
Advanced H&S for Managers	22
Incident Investigation	11
Property Management	31
Property Management for Schools	72
H&S Introduction for Managers	80
Risk Assessment for Managers	38
Managing Stress and Wellbeing	75
Total	**329**

Figure 4 Internal training received via e-learning

Internal E-Learning Training	Number of attendees
Driving Safely	6
DSE (Display Screen Equipment)	573
Manual handling inanimate objects	237
Introduction to Health & Safety	941
Principles of risk assessment	96
Stress awareness	551
Fire safety for health staff	22
Total	**2426**

Figure 5 Training conducted by external providers

External H&S Training	Number of attendees
NEBOSH Diploma	4
NEBOSH General Certificate	9
NEBOSH Managing safely	22
IOSH Managing Safely	2
IOSH Risk Assessors	1
Fire Fighter operational training	650[#]
FPA Fire Safety Management and Fire Risk Assessment Certificate	1
Governor Training (schools)	260
Senior Management H&S Seminar	77
Unisafe Training*	5715
Fire Warden Training	72
Fire Warden Training (Care Staff)	3
Fire Safety Management Training	10
Computer Workstation Assessor	27
Manual Handling (Inanimate objects)	107

Emergency First Aid at Work	83
Basic Life Support - CYP Health Staff	89
First Aid at Work statutory Certificate	12
First Aid at Work Re-qualification	12
Total	**7156**

[#] This operational training is required on a regular rota for fire fighters, but the specific data for 2012 is not available.

* 34 different courses delivered to ACS, CYP, Community Health and School staff

6.2 Incident reporting

A fundamental issue with our incident data is that SCC do not have a comprehensive system in place to capture or collate the records centrally. Historically, a number of failed attempts have been made to procure an incident reporting system (IRS). The consequence is that directorates made their own arrangements and the footnotes accompanying Figure 6 should be noted, the data is not robust. Inconsistencies in the data are often raised and there is a concern that incidents are not being fully reported. To further compound this, the data cannot be manipulated to highlight our trends to ensure that our work is targeted to actively prevent reoccurrences.

In December 2012 another project was established to source and implement an IRS lead by a member of the CHSMT. A pilot will run for four weeks during May 2013 across all directorates involving a collection of teams to test the system. The expectation is that the new system should be rolled out in July 2013 with schools coming on stream in September 2013. The IRS system is a major project for the 2013/14 period and will involve a complex communication and implementation plan to ensure the smooth roll out of the project across the County.

The following table sets out the SCC incident reports that were recorded in the period compared with the previous year.

Figure 6 Incident reports during 2011 and 2012

							RIDDOR									
SCC	**No of Incidents**		**Near Misses**		**Work related illness**		**No of RIDDOR**		**Fatalities**		**Major Injuries**		**Over 7 days absent**		**Dangerous Occurrence**	
Year	**11**	**12**	**11**	**12**	**11**	**12**	**11**	**12**	**11**	**12**	**11**	**12**	**11**	**12**	**11**	**12**
Staff	1752	1098	231	212	61	13	54	34	0	1	3	7	42	25	4	1
Clients	4458	1369	47	48	0	41	9	0	0	0	0	1	0	0	0	0
Other	177	209	10	5	0	7	0	11	0	0	0	0	0	0	0	0
Total	6387	2676	288	265	61	61	63	145[#]	0	1	3	8	42*	25	4	1

[#] The Total data is not a sum of the above figures because we are unable to produce robust data information including schools at the time of the report.

* This data represents over 3 days absent figures from 2011 - RIDDOR regulations changed April 2012 which decreased the reporting requirements, only to report over 7 days absent from work.

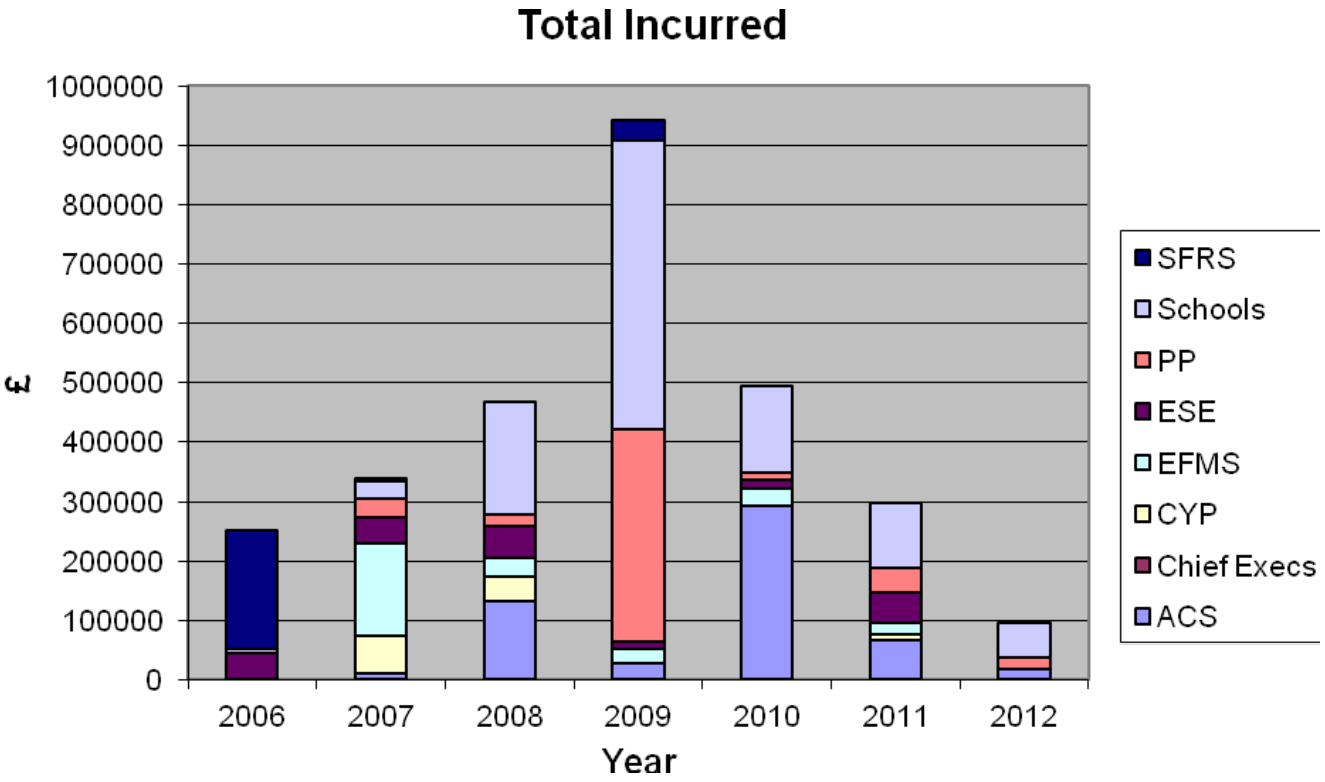
It should be noted that this data is full year data (1st January – 31st December) for both years.

6.3 Insurance claims

Historically the numbers of insurance claims received from employees has risen over the years from 8 incidents in 2006 to 34 incidents in 2010. As well as an increase in numbers of claims, the average value of claims per year has also risen, largely due to the fact that there are one or two particularly high value claims. The overall average per claim is an increase from £13,000 in 2006 rising to £20,000 in 2012.

Although figures for 2011 and 2012 seem to show a reduction at present, we can still expect claims to be received up to 3 years from the date of incident therefore we would expect these to rise in the coming months.

Figure 7 Insurance claims incidents from 2006 to 2012



7.0 Audit

7.1 Quality Safety Audit

In April 2012 we started to utilise the Quality Safety Audit (QSA) process across the organisation with audits undertaken by the SCC Internal Audit team in line with the SCC Health and Safety Auditing Plan 2011- 2017. In the period, a series of high level reviews were undertaken which examined each of the directorates' arrangements for the management of health and safety based on the HS(G)65 model. As a result, each directorate has identified areas for improvement and each is now in a cycle of closing out the recommended actions in the coming period.

In September 2012 a QSA high level review was undertaken of the corporate health and safety management arrangements. The review highlighted that the measuring performance and auditing element of HS(G)65 were the weakest. This was to be expected as the main thrust of our work to date has been around establishing the policy, organising, planning and implementation elements of the POPIMAR system and we now need to concentrate on the measuring performance and audit in the coming period.

7.2 Directorate audit and inspection arrangements

The table below outlines some of the audits and inspections that have taken place across the directorates in the period.

Figure 8 Audits and Inspections across the directorates

Audits and inspections	SCC
Senior Manager safety discussion	106
Work activity inspection / observation	76
PPE inspection	1841
Premises inspection	73
School monitoring process	7
Line Manager Audit forms	272
QSA	6
Total	**2381**

It should be noted that some are specific to a directorate, such as school monitoring is specific to the Children and Young Person (CYP) directorate however there are pockets of best practice across the county which we shall be looking to make more consistent across the directorates where possible during the coming period.

8.0 Review

We are now three years into our five year strategy of revitalising health and safety and the appointment of a Head of Corporate Health and Safety was made in September 2012 following the retirement of the Corporate Health & Safety Manager. It was timely to review our progress to date and a strategic review is being undertaken which will direct our health and safety strategy in the early part of 2013/14.

Other reviews are initiated after incidents have been reported. These reviews look at the safe systems developed by SCC to identify the action required to improve the safe systems of work.

Other improvements have followed our internal audit process outlined in section 7.0 of this report where the QSA has highlighted the potential for improvement.

We are pleased to report that we have not had any HSE enforcement notices or convictions during the period and we continue our positive dialogue with the HSE on our progress made with our HSMS.

9.0 Conclusion

Since 2009 SCC has come a long way in establishing its HSMS. The main thrust of our work has been to establish the policy, organising, planning and implementation components of the POPIMAR system and we now need to concentrate on the measuring performance and audit and review systems we have established.

Whilst we can demonstrate that we have made marked improvements, SCC still has much to do around engaging with our staff on health and safety matters and ensuring that staff are competent for their roles.

SCC shall continue to develop its HSMS to ensure that it will be robust enough to positively impact on the environments in which our staff work, reducing the numbers of incidents within our work places and stand up to scrutiny from both external enforcing authorities and internal scrutiny whilst providing a sensible and cost effective approach to managing risk.

S Farman

Head of Corporate Health and Safety

April 2013