

TITLE OF REPORT: Annual Health and Safety Performance Report

REPORT OF: Mike Barker, Strategic Director

SUMMARY

This report reviews the health and safety performance for 2022/2023 of Gateshead Council and identifies key priorities for 2023/2024.

Introduction

- Gateshead Council is committed to providing its employees with safe conditions of work as far as is reasonably practicable and has structured arrangements in place to ensure the safety and wellbeing of staff and others who may be affected by our activities. Our aim is to minimise the adverse impacts to individuals and the business from ill health and injury.
- 2. Gateshead Council continues to use the principles of the HSE guidance *Managing for health and safety* (HSG 65), which are Plan, Do, Check, Act. The guidance explains the Plan, Do, Check, Act approach and shows how it can help achieve a balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good management generally, rather than as a stand-alone system.

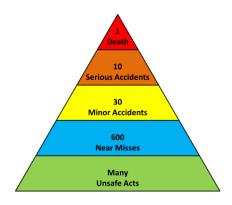


These principles underpin the Council's safety management system and operational arrangements as detailed in the Corporate Health and Safety Policy and arrangements.

3. Health & Safety Performance Review 22-23

3.1 Incident Statistics ('accidents' and 'near misses')

- 3.1.1 The statistics (which include the Council's schools) in *Table 1* show the following compared to the previous year:
 - A rise in the total number of incidents reported.
 - The number of accidents has fallen slightly compared with last year (23 fewer accidents reported).
 - In contrast, the number of near misses/ hazards reported has increased. We have seen a steady rise in the number of near misses being reported over the past 3 years.
 - In terms of developing the Council's safety culture, we would initially expect to see an increase in near misses which would eventually lead to fewer accidents occurring. Therefore, the near miss data we've seen this year is encouraging to see and demonstrating a positive shift in safety behaviour.
 - Based upon various 'accident triangle' models, we would expect to experience far more near misses than accidents. The image below shows the 'Bird' accident triangle. Please note that the numbers are only stated as an example. There are many studies which get different results although the principal elements of the triangle remain the same.
 - Encouraging a culture where people feel confident to raise a near miss rather than not report, for fear of retribution, must continue to ultimately avoid a serious accident or at worse a fatality.
 - Near miss reporting allows the organisation to learn and put in place preventative measures to avoid a further near miss or accident.



(Image source: Accident Triangle | AllAboutLean.com)

Table 1 – Incidents Reported (Work Related Incidents Only and Schools)

Туре	Year			Comments	
	2020-21	2921-22	2022-23		
Total Incidents	447	620	677		
Specified Injuries (RIDDOR)	7	4	5	Injuries sustained all involved arm fractures	
Dangerous Occurrences (RIDDOR)	0	0	0		
Direct to Hospital (RIDDOR)	12*	30*	17	*DTH figures for 2020/21 and 2021/22 also included those DTH incidents which weren't RIDDOR.	
Industrial Diseases		4	1	Data for 2020-21 not recorded in statistics	
>7 Day (RIDDOR)	14	12	11	These are Incidents at work that have directly resulted in over 7 days of absence.	
Total RIDDOR	33	50	28		
Minor injuries	208	345	342		
Near Misses/	206	225	306	Numbers of near misses/hazards	
Hazards	(46% of	(36% of	(45% of	reported are gradually increasing.	
	total	total	total		
Total Incidents	incidents) 447	incidents) 620	incidents) 676		

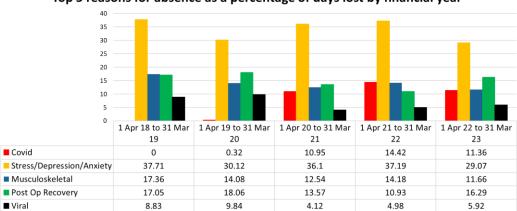
*2021-22 statistics changed from November 2021 to only include work related incidents.

- 3.1.2 The three categories which accounted for the highest number of reported incidents for 2022-23 were:
 - Physical assaults (208 accidents and near misses)
 - Threatening behaviour (76 near misses)
 - Verbal abuse (58 near misses)
- 3.1.3 98% of physical assaults were reported within care settings and schools. 78% of which were classified 'unintentional' due to the fact they involved employees supporting service users/ pupils with complex care or SEND needs.
- 3.1.4 The one Industrial Disease case concerned the diagnosis of hand arm vibration.
- 3.1.5 The total number of slips, trips and falls reported has reduced by half compared with the previous year. However, slips, trips and falls was the main cause of over 7-day injuries (RIDDOR) (5 reported accidents).
- 3.1.6 Due to differences regarding how health and safety is managed within schools, future SMG reports will highlight school incident statistics separately from other council services.

3.2 Sickness Absence (Stress/ Work Incidents)

3.2.1 Table 2 shows that the percentage of sickness absence, on average has fallen for the top five reasons for absence over the last five years. This table is included to highlight that stress related absences remains the highest cause of absence in the Council. An audit of how this is managed, responded to etc. is planned to take place in the Service which experiences the most days lost due to sickness absence.

Table 2



Top 5 reasons for absence as a percentage of days lost by financial year

3.2.2 Table 3 shows that the proportion of sickness due to work related injury and ill health has increased compared with the previous two years. There were 12 separate instances of sickness due to work-related injury and ill health recorded in total for this year. 10 of these incidents were HEHC and two Adult Social Care. Musculoskeletal injury remains the main cause of days lost due an alleged work-related injury. There are no obvious trends regarding the underlying factors.

Turne	Year			Commonto	
Туре	2020-21	2021-22	2022-23	Comments	
Sickness relating to industrial injury.	1.35%	1.80%	2.32%	Percentage of total days lost due to work related injury and ill health	

3.3 Occupational Health Statistics

- 3.3.1 A summary of the work carried out is set out in the *Tables 3 and 4* below. The data for 2019/20 is illustrative of pre-COVID.
- 3.3.2 Additional physician time has been agreed for 2023-24 to help with deal the high number of referrals (this has been in place since 2020/21). The statistics show an overall increase in appointments since pre-pandemic levels. However, there has also been periods of absence and staff turnover within the Occupational Health team during this time which has led to longer waiting times.

Table 3: Appointments

Tupo		Yea	Comments		
Туре	2019-20	2020-21	2021-22	2022-23	comments
Health Surveillance	515	498	309*	582	
Driver Medical	84	2	22*	55	
Vision Screening	56	36	25*	28	
Medical Referral – OH Advisor	513	683	430*	601	
Medical Referral – OH Physician	146	372	244*	403	
Pre-placement questionnaires	97	701	364*	1189	Pre-placement questionnaires are a desk top exercise
Physiotherapy	476	211	111*	468	
Counselling Sessions	2352	2300	462*	2077	Carried out remotely since the start of the pandemic.
Total	4238 (2401*)	4803 (4102)	1967 * (1,603)	5403 (4,214)	Figures in brackets exclude pre-placement questionnaires.

*Annual data incomplete, no data recorded between July 21 -Dec 21. This was due to staff absence and staff turnover affecting capacity issues within the team.

Table 4: Non-Attendance

	Year				
Туре	2020-21	2021-22	2022- 23	Comments	
Health Surveillance	63	56*	227		
Driver Medical					
	0	0*	18		
Vision Screening	0	0*	1		
Medical Referral – OHA					
	44	40*	78		
Medical Referral – OHP					
	6	8*	21		
Physiotherapy	4	16*	23		
Counselling					
Ŭ	87	53*	87		
Total	204	173*	455	Percentage of non-attendance at	
	(4.9%)	(10%)	(10%)	appointments	

*Annual data incomplete, no data recorded between July 21 -Dec 21. This was due to staff absence and staff turnover affecting capacity issues within the team.

3.3.3 There has been a high rate of non-attendance over the past two years. This is currently subject to further investigation by the Occupational Health Team to establish the root causes for the non-attendance.

3.4 Enforcement Action

- 3.4.1 There were no prosecutions or enforcement notices issued by the Health & Safety Executive (HSE) over the reporting period (see *Table 5*).
- 3.4.2 The Council was issued with one Fee for Intervention (FFI) by the HSE in July 2022. An HSE Inspector was visiting Council premises at Shearlegs Road which are currently leased to Ace Joinery (N.E.) Limited. The HSE determined that the Council had not made the tenant sufficiently aware of asbestos containing materials within the building. A charge of £766.10 was paid by Building Management
- 3.4.3 The Council's H&S and Building Safety Teams worked together to ensure an investigation was carried out and corrective actions put in place to prevent a similar incident from happening again.
- 3.4.4 All recommendations were actioned and the HSE acknowledged the corrective actions taken by the Council.
- 3.4.5 The HSE also carried out 3 separate visits to Council schools during 2022-23 to review asbestos management arrangements. The inspectors were satisfied the management arrangements in place and no enforcement action was taken.

Table 5 - HSE Enforcement Action

Туре	Year				
	2020-21	2021-22	2022-23		
Prosecution	0	0	0		
Prohibition Notice	0	0	0		
Improvement Notice	0	0	0		
Fee for Intervention (FFI)	1	1	1		

3.5 **Proactive monitoring**

Audits

- 3.5.1 The Council's Health & Safety team have carried out two audits in the past year. This has included a detailed Council-wide audit of the Corporate Warning Alert System (CWAS), and a work at height audit within Construction Services.
- 3.5.2 For CWAS, the control systems in place were found to have significant weaknesses. 20 recommendations were made in total (6 high priority, 11 medium and 3 best practice). These actions have been assigned to both the H&S Team (as system owners) and IT Services.
- 3.5.3 Some of the key findings of the CWAS audit included:
 - Not all teams who have planned face to face meetings with members of the public have access to CWAS.
 - Details of system administrators are not being kept suitably up to date.

- Several areas of clarification around responsibilities required within the user guide and procedure.
- A lack of consistency regarding how information is classified and displayed from feeder systems.
- 3.5.4 The work at height audit identified 18 areas of compliance, 12 areas of partial compliant and 2 areas of non-compliance. 23 recommendations were made in total, and a meeting is scheduled with Construction Services to agree audit actions and timescales for implementation.
- 3.5.5 A risk profiling exercise has been carried out by the Health & Safety Team, and the findings have been used to produce a new three-year audit programme. This is audit plan was presented to the Corporate Health & Safety Committee and approved on 26th July.

Inspections

- 3.5.6 Health & Safety Officers carried out 279 inspections which involved visiting construction sites, schools, and other Council work areas. This enabled activities to be monitored and risk assessments, method statements, and training records to be checked.
- 3.5.7 Whilst there were many examples of work being carried out in a safe manner, there were also non-compliance issues relating to: Respiratory Protective Equipment (RPE) not being worn; H&S documentation not available for inspection; scaffolding not erected to correct standards; asbestos registers not checked prior to work commencing and poor vehicle management. When the necessary standards were not being achieved the work was temporarily stopped until corrective action was taken. Feedback on outcomes from inspections were discussed at the relevant Group H&S meetings attended by senior managers.

3.6 Health and Safety Training

- 3.6.1 Health & Safety Training is delivered by both internal and external trainers. Training requirements are documented within the group training matrices produced by Workforce Development. Service Managers are also responsible for ensuring mandatory training is up to date and records are kept.
- 3.6.2 The Health and Safety Team have continued to work with Workforce Development on reviewing the suitability of existing e-learning modules available on Learning Hub and to also design and launch new ones.
- 3.6.3 A blend of both e-learning and classroom-based training is being adopted for the delivery of health and safety training.
- 3.6.4 Table 6 below shows compliance data extracted from Learning Hub for mandatory H&S courses. This data will be reported against quarterly to monitor overall compliance.
- 3.6.5 A list of non-attendees will be shared with the relevant Service Directors each quarter to ensure compliance is improved re attendance. The level of non-compliance with also be followed up with services as part of group H&S Meetings and Training Advisory Groups (TAGs) to review the reasons for low levels of

compliance and how these can be corrected. Other considerations include cross charging services for training not attended because this a cost for the council.

Course	Percentage compliant	Instructor Led No of People	eLearning No of People	Did not Attend	
H&S for Managers	50.56%	32	233	7	
		12.08%	87.92%		
H&S Awareness	42.99%	0	1799	0	
		0%	100%	U	
A Managers Guide to	48.62%	14	280	7	
Managing Stress	48.02%	4.76%	95.24%	/	
Fire Safety	57.58%	N/A	1709	NI / A	
			100%	N/A	

Table 6: Mandatory Health & Safety Training Compliance Statistics

3.7 Educational and Other Visits

- 3.7.1 Council Health & Safety Officers (under the banner of the Educational Visits Advisory Team) provide advice and support to teachers, youth workers and other Council employees who are responsible for young people on educational and out-of-centre visits. They are also responsible for the implementation of, and monitoring compliance with, the policy and procedures which ensure the Council meets its statutory responsibilities for the safety of such activities. The team maintain the EVOLVE on-line visit planning, recording and approval system for Gateshead.
- 3.7.2 EVOLVE also provides the Council with a clear picture of the great range of Learning outside the Classroom opportunities being provided for Gateshead children.
- 3.7.3 In the academic year 2022/23 we recorded 11,020 visits. 112 of these visits involved residential stays, 167 involved adventurous activities.
- 3.7.4 Visits involving overseas travel have now started taking place again this summer. These have included visits to Germany, Switzerland, and Nepal. In recent years COVID restrictions and related uncertainty of travel requirements to other countries have prohibited these visits from taking place. There visits will be reflected in next year's statistics.

3.8 Corporate Procedures and Codes of Practice

3.8.1 These form part of the overall health and safety policy, providing safe systems of work for employees to follow and to adapt them for their service areas as appropriate. There were 42 documents produced or revised during 2022-23. All new documents and those with significant changes are presented to the Corporate Health and Safety Committee as part of the consultation process. Minutes of meetings detailing specific details are available on the intranet.

4. Priorities for 2023/24

- 4.1 The following have been identified as key areas of priority for 2023/24 to ensure health and safety operates effectively.
 - Setting a vision and strategy Before the Council reviews it's corporate health and safety objectives, we intend to clarify what the Council's vision is for health and safety and how this aligns with the Council's values and overall Thrive agenda.

A workshop was held with representatives from different services on developing a vision, strategy and action plan. Employees were asked to put forward suggestions for the Vision Statement. Consultation has taken place via the Corporate Health & Safety Committee and a survey was distributed allowing employees to have their say and vote on their preferred option. The intention is to have a draft Strategy and Action Plan finalised by December 2023.

• **H&S Culture** - The Health & Safety Team are working with Construction Services on running a pilot to develop a proactive and positive health and safety culture.

Work is currently underway to transform the way toolbox talks are currently carried out. The toolbox talk format has been changed and training is being rolled out to ensure managers and supervisors are both competent and confident in delivering the talks.

We have designed and developed a new way for encouraging employees to be proactive in questioning and checking whether they are working safely and identifying if anything else is needed. The new 'STAR' (Stop Think Act React) Report will be trialled once the new way of delivering toolbox talks is embedded.

- **Data metrics** work has started to review how we can improve the data available to us for monitoring purposes. This will include reviewing how we gather and report on data for: action tracking, incident statistics, Occupational Health appointments and training.
- Implementation of a new incident reporting system The Health & Safety Team had previously hoped to launch the new incident reporting system in April 2023. This has been delayed due to technical difficulties with developing the new system on AssystNet. It is hoped that the outstanding issues can be resolved soon, and Phase 1 of the system launched before the end of 2023. Phase 2 will involve launching the new system for schools, once the system becomes cloud-based. This will not happen until 2024.
- Health and Safety Campaigns Following the number of incidents being reported which involve either physical assault, verbal abuse, or threatening behaviour, we have chosen to focus the next health and safety campaign on violence at work. Consultation has started with trade unions and the campaign will target schools as well as other Council services. Updates to the Council's violence at work procedure will precede the campaign.
- Annual Health & Safety Performance Report (HS39) The process for carrying out annual health and safety performance reports has been reviewed

and changes approved at the Corporate Health & Safety Committee. The HS39 report has now become the Service Director Health & Safety Audit.

- Occupational Health Software A new system has now been procured for booking referrals and managing medical notes. We are working on an implementation plan with RioMed the supplier. The system has been delayed and is expected to now go live by December 2023.
- **Policy/ procedure reviews** Work is underway to review and update the Construction Dust and Silica procedure, our approach to HAVS (Hand Arm Vibration) and Working at Height.

5. Summary

- 5.1 As detailed earlier in this report, the Council's approach to health & safety management continues to follow the guidance document HSG65 '*Managing for Health and Safety*'. Commitment from senior management is strong and progress has been made in delivering improvements.
- 5.2 The Health and Safety Executive (HSE) in this reporting period visited several Council sites, with no enforcement notices or prosecutions issued.

6. What will we do next?

- 6.1 The Health & Safety team will work with the Group Management Teams to continually improve H&S management systems including policies, procedures and arrangements.
- 6.2 The Corporate Health & Safety Committee will continue to meet quarterly to address strategic issues affecting health, safety, welfare and wellbeing. Actions in the Corporate health and safety action plan will be tracked.
- 6.3 Continue to monitor health and safety performance through both proactive and reactive means.
- 6.4 The Health & Safety Team will work closely with colleagues in the Building Safety Team, on any issues relating to fire safety, asbestos, water hygiene, gas and electrical safety as appropriate.
- 6.5 Occupational Health to meet all statutory requirements by fulfilling health surveillance programmes.
- 6.6 Group Management Teams and Head Teachers will be informed of any significant changes to the Council's corporate health and safety policies and procedures or when action is necessary because of any health and safety failing.
- 6.7 Senior Management Group will be advised on a quarterly basis on the progress being made and any issues to address.

7. Recommendation

- 7.1 The views of the Overview and Scrutiny Committee are sought on:
 - Whether the Committee is satisfied that the actions taken are appropriate and effective to maintain or improve the health and safety management system

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