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**CORPORATE HEALTH AND SAFETY REPORT 2014-15**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To enable the Audit Committee to review performance on health and safety. The report details both progress and future actions associated with the implementation of the Council's plans for health and safety management.

**Summary**

2. The main focus for the year was to continue to embed the health and safety management system and drive forward health and safety improvements.
3. The Think Safety group has continued to meet regularly and a number of initiatives have been implemented throughout the year to promote a positive health and safety culture.
4. The overall health and safety performance for the year is encouraging.

**Recommendation**

5. It is recommended that the progress to date and key planned actions for 2015-16 be noted.

**Paul Wildsmith  
Director of Neighbourhood Services and Resources**

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| S17 Crime and Disorder           | There is no specific crime and disorder impact.  |
| Health and Well Being            | The report notes the health and safety performance figures for 2014-15 and the objectives for 2015-16 which aim at improving health and safety within the Council. |
| Carbon Impact                    | There are no issues which this report needs to address.  |
| Diversity                        | Diversity issues are incorporated into health and safety arrangements and training.  |
| Wards Affected                   | All wards are affected equally.  |
| Groups Affected                  | Employees, members of the public, clients and pupils in schools.   |
| Budget and Policy Framework      | This report does not affect the budget or policy framework.  |
| Key Decision                     | This is not a key decision.  |
| Urgent Decision                  | This is not an urgent decision.  |
| One Darlington: Perfectly Placed | Action detailed in the report supports the Healthy Darlington aspect of the SCS.   |
| Efficiency                       | Good health and safety performance has a positive impact on efficiency.  |

## MAIN REPORT

### Information and Analysis

6. The main focus for the year has been to complete the Health and Safety Management Project and continue to drive health and safety improvements.
7. Think Safety initiatives involved developing new ways of communicating health and safety messages with support and commitment from senior management. The introduction of a monthly health and safety briefing has been well received and has encouraged positive discussions in addition, to raising awareness on key subject areas.
8. Employee involvement has also continued to be a priority and the role of the Health and Safety Champions was further established. There are now, 73 champions, who help to promote health and safety, communicate information and raise awareness of the importance of near miss reporting.
9. The identification of health risks from work activities remained a key priority with implementation of revised COSHH (Control of Substances Hazardous to Health) and manual handling risk assessment processes to reduce the risk of occupational ill health.
10. Overall performance indicators are details below.

## Performance

11. The number of accidents reportable to the HSE has increased by one this year to 12 which is an accident rate of 470 per 100,000 employees, this was 11(412) in 13/14, and 14 (502) in 12/13. Details of the Council's year on year accident data is provided in **Appendix 1**.
12. Three reportable accidents resulted in specified injuries (fractures). These were all within the slip, trip and fall category. A fractured ankle as a result of a fall in a car park, fractured vertebrae sustained from a fall from a set of stepladders and a broken wrist as a result of a fall down some stairs.
13. The other types of over 7 day absence accidents reported to the HSE were, manual handling (4), contact with sharp objects (3), striking against (1) and electric shock (1).
14. In a number of cases accident investigations identified the need for further development of risk assessments, detailed safe systems of work, refresher training and improved monitoring systems.
15. There was an increase in the number of minor accidents reported in 2014/15. Minor accidents, are classified as those which do not require reporting to the HSE. The continuing work to raise awareness in the importance of reporting all accidents however minor, to ensure we have a true representation of health and safety standards is likely to have had a positive effect on the number reported.
16. There were zero reportable occupational diseases (reportable diseases linked to occupational exposure) diagnosed in 2014/15. Work has been carried out over the last few years to identify all those employees that require health surveillance and maintain a robust system of recall and record keeping. At the end of the financial year 97.42% (388 identified / 378 attended) of those persons that required health surveillance had attended. Health surveillance includes monitoring for signs and symptoms of hand arm vibration, sensitiser (lung function) and noise induced hearing loss.
17. Lost time as a result of accidents during 2014/15 was at 404 days, an increase of 23% on the previous year. However it should be noted that 120 days, were from an accident in the previous year. Of the 27 accidents that resulted in lost time 7 led to long term absence (between 20-50 days). In the last three years the number of accidents that have given rise to absence has remained relatively consistent at approximately 27. A breakdown of performance is provided in **Appendix 2**.
18. The number of near miss reports received has increased considerably resulting in a 62% increase on the previous year to 89 reports. This is an indication of the continued improvements in the health and safety culture, allowing the organisation to identify areas of weakness and share lessons between services. Details are provided in **Appendix 3**.

## **Brief outline of objectives for 2015-16**

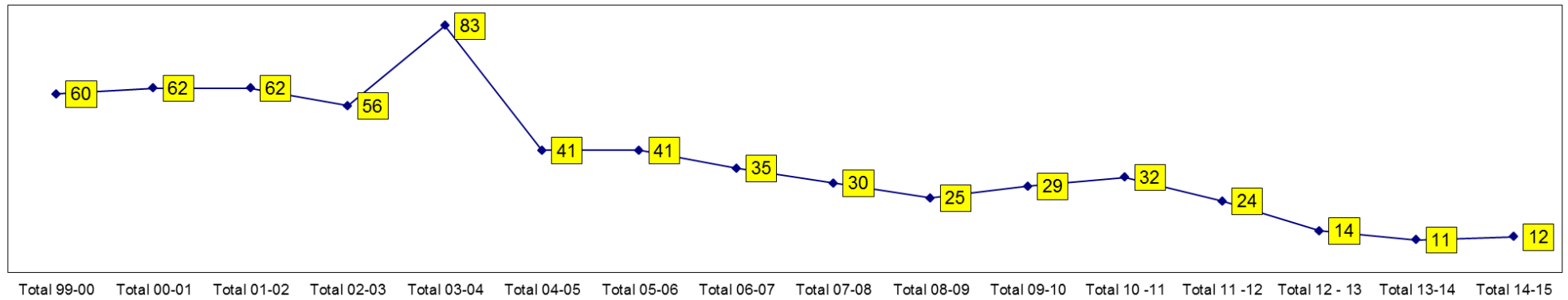
19. To ensure continual improvement in both health and safety management and safety culture the following strategic priorities have been identified as applicable for the whole of the authority. Each element compliments and supports the other in achieving the main aim of a safe and healthy workplace.
20. Ensure the health and safety management system is embedded within the Authority, by continuing to plan for hazard identification, risk assessment and risk control to include routine and non-routine activities as well as addressing behavioural issues.
21. The development and implementation of new arrangements to ensure the Authority complies with changes to the Construction Design Management Regulations, including; resource implications, transitional plans and training and development needs for internal duty holders.
22. The implementation of a managed lone working solution, this technology will support existing procedures and improve the protection for staff whilst working alone.
23. Ensure a full programme of health and safety training is delivered.
24. Focus on the successful implementation of health and safety arrangements and effective self-monitoring by services.
25. Continue to follow the 'Think Safety' approach, delivering the message across the authority and encouraging success through senior management leadership and support from all levels.
26. Continue to introduce effective health and safety documentation and data control of health and safety management system.
27. Continue to ensure emergency preparedness and response, first aid, fire etc.
28. Continue to measure and monitor performance (key performance indicators) utilising both proactive and reactive measures.
29. Carryout a programme of audits ensuring non-conformance and corrective and preventative actions are followed up and closed out.

## **Conclusion**

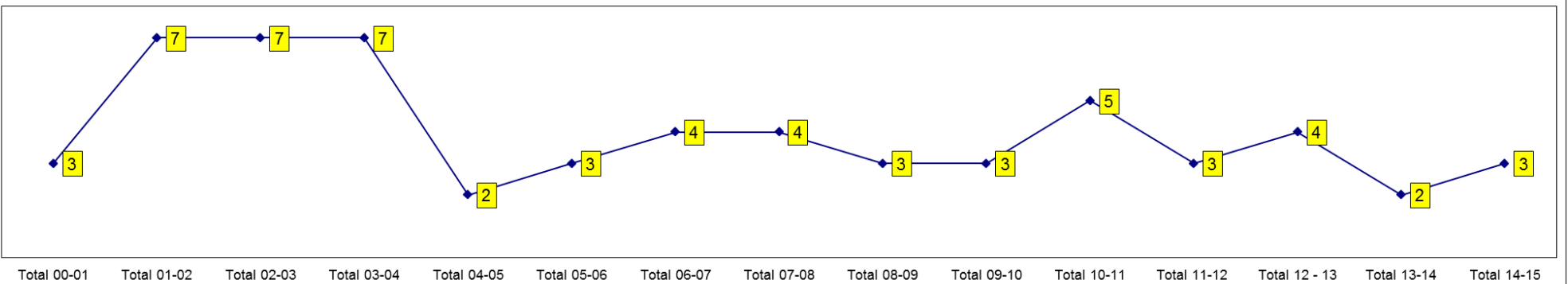
30. Health and safety in the organisation continues to be a high priority and the performance results show improvements are again being made. The objectives for 2015/16 will ensure continual improvement is achieved and embedded into all the councils' activities.

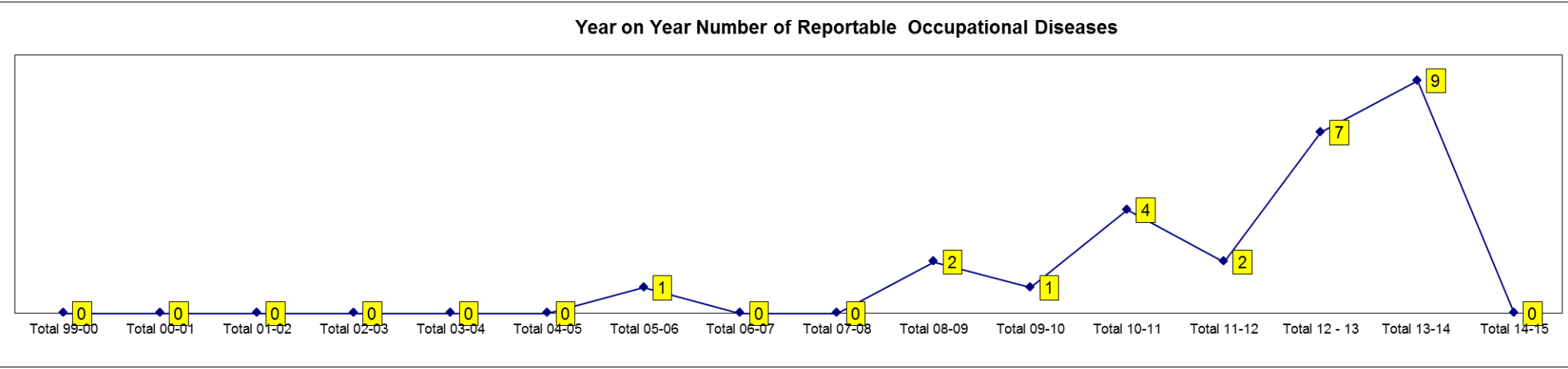
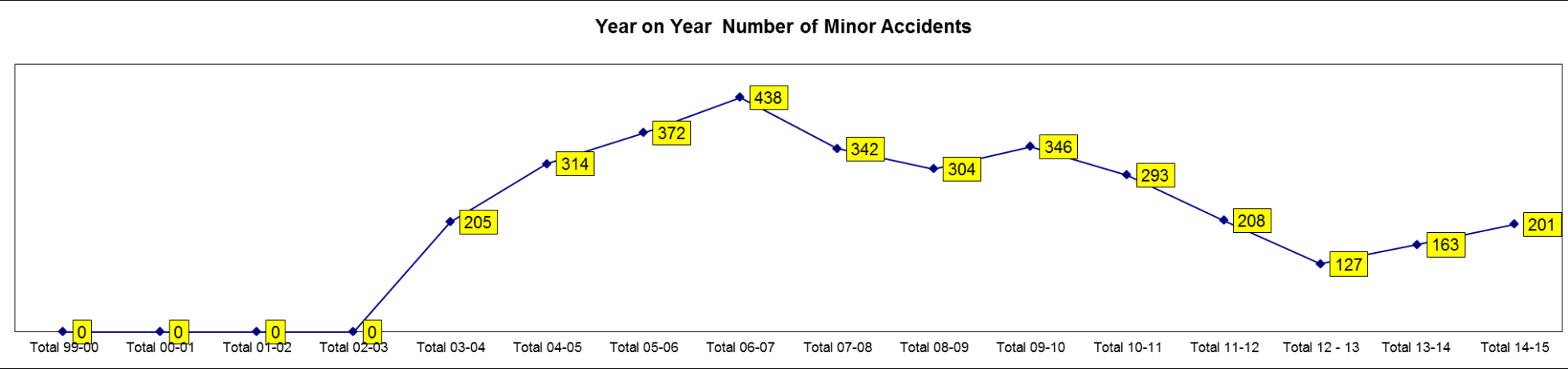
## Appendix 1

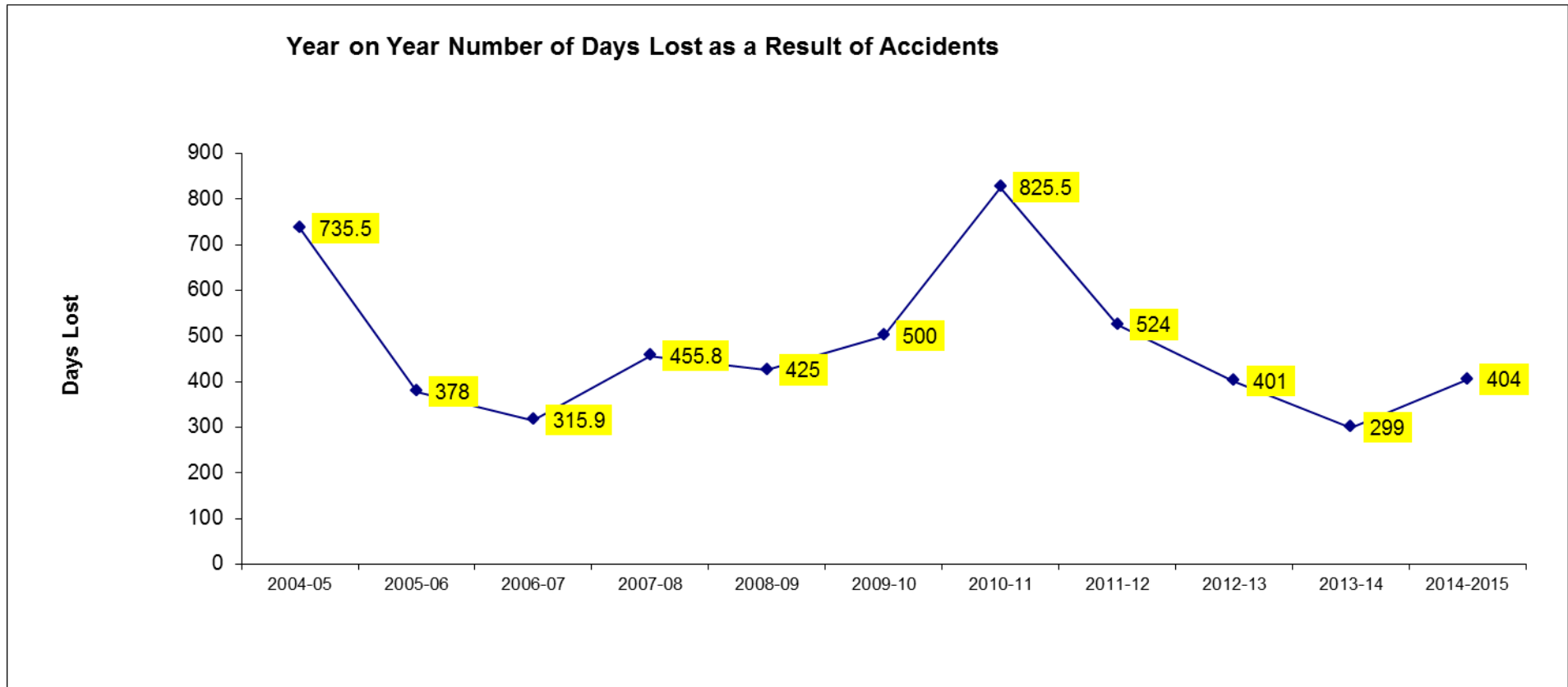
Year on Year Number of Total Reportable Accidents



Year on Year Number of Major /Specified Accidents







### Appendix 3

