



Health and Safety Performance Report 2023/24

Date of committee meeting:
Corporate Management Team: 12th June 2024
(and then onto CMB and the Audit and Risk Committee)

Lead Manager: Victoria Deacon

Useful information

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- Report version number: V1.0

1. Purpose of report

- 1.1 To provide performance information on the level of conformance with the approved corporate health and safety management standards for the period 1st April, 2023 – March 31st, 2024.
- 1.2 To provide information from both active and reactive health and safety performance measuring over the reporting period.
- 1.3 To provide information relating to occupational health.
- 1.4 To recommend and advise on areas of focus as part of continuous improvement in health and safety management.

2. Conformance with Health & Safety Management Standards

2.1 This report covers the second year where a new method of conducting the annual corporate health and safety audit program has been deployed. This has allowed for corporate H&S performance for the previous reporting year 22/23 to be compared to the reporting year 23/24 and progress tracked.

2.2 Throughout the reporting period the corporate health and safety team have continued to act as competent advisor to the organisation in relation to health and safety compliance and best practice. The provision of this advisory service has been in accordance with the parameters of the agreed health and safety management system. Oversight has been provided by CMT who have monitored health and safety performance during the period.

2.3 The health and safety team completed all the audits requested by Directors except for Children's Social Care where it was agreed to examine nominated services in the first quarter of 24/25 following business continuity constraints in March 24 as a result of the cyber-attack.

2.4 The health and safety team completed a total of 110 audits in the reporting period, 105 standard service audits and 5 divisional. 28 audits were follow up audits where services failed to achieve 85% or above in 22/23. Overall, there was a 24% increase in audits undertaken compared to the previous year.

2.5 Corporate Performance Measurement Criteria

2.5.1 Every service must legally assess the risk on safety and health for work they undertake. They must also provide information, instruction, and training on those risks and the measures in place to control them so far as is reasonably practicable.

2.5.2 Risk assessment and training were mandatory RCPIs because suitability and sufficiency of risk assessments and training programs are a primary focus for HSE when determining if a material breach of the health and safety regulations has occurred.

2.5.3 All other RCPIs were selected by services based on their own risk profiles. For example, every service was assessed on risk assessment conformance due to their importance but not every service was assessed for conformance to the management of asbestos as this would not be a significant risk for that service and therefore a viable subject for audit.

2.5.4 Selections were made with support from a health and safety advisor and were based on service activity and risk profile rather than areas the service was best at. Therefore, each sample (or service audited) score is recorded in a scoring matrix (dashboard) with the total number averaged to arrive at a corporate percentage score for that RCPI.

2.5.5 The findings are expressed as a percentage allowing for easy communication of results with the audited service, providing a useful performance indicator for benchmarking and also a baseline from which to monitor continuous improvement.

2.5.6 Corporate Performance is an averaged score for performance across the RCPI by the services who selected it as a performance indicator.

2.5.7 An average score of 85% and above is RAG rated as Green and can be seen as providing substantial assurance. 60% to 85% is RAG rated as Amber or partial assurance. 60% and below is RAG rated as Red or requires significant improvement.

2.6 Corporate Performance against Safety Management Standards 2023/2024

2.6.1 The council has achieved a total Health and Safety Performance Rating of 82% in the 2023/2024 Audit Program. This is an upward improvement of 2% compared to 2022/2023

2.7 Revisit Audits

2.7.1 Services that scored less than 85% in 22/23 were revisited during the 23/24 program.

2.7.2 Increases in health and safety performance were found in 77% or 21 out of 27 services reaudited.

2.8 Divisional Averages


















2.8.1 In this report for the 23/24 audit program DCPG remains as a division due to when their audits were completed as opposed to the newly formed Corporate Services Division. Sports and Electoral Services are recorded within DCPG.

	Total %	Risk Assess	H&S Training	Lone Working	Violence	Stress	Home Working	DSE	PPE /RPE	Manual Handling
Adults	79%	65%	77%	86%	92%	77%	74%	78%		80%
Children's	67%	51%	63%	77%	79%	51%	79%	78%		
DCPG	83%	72%	75%	88%	88%	64%	70%	100%	60%	68%
Education	79%	74%	75%	82%	91%	76%	79%	92%		57%
EBS	81%	69%	83%	87%	80%	77%	66%	84%	87%	73%
Housing	84%	82%	82%	80%	82%	83%	78%	89%	70%	88%
N&ES	83%	78%	77%	78%	79%	72%	64%	80%	76%	81%
PDT	93%	95%	87%	91%	100%	95%	71%	96%	95%	93%
TCII	90%	85%	85%	89%	91%	89%	88%			85%

2.8.2 The biggest improvements in divisional performance were within Adult Social Care whose overall performance increased by 20%.

2.9 Corporate Performance against RCPIs 23/24 compared to 22/23

RCPI	Corporate Performance 22/23	No of Audits	Corporate Performance 23/24	No of Audits	Hazard Category	Trend	% Difference
Risk Assessment	69%	85	77%	105	Organisational	↑	8%
Training	72%	85	79%	105	Organisational	↑	7%
Manual Handling	80%	34	81%	43	Health	↑	1%
DSE	81%	51	86%	62	Health	↑	5%
Stress at Work	68%	55	77%	65	Psychosocial	↑	11%
Lone Working	86%	59	82%	79	Psychosocial	↓	4%
Workplace Violence	79%	36	86%	47	Psychosocial	↑	7%
Home Working	67%	48	74%	53	Psychosocial	↑	7%
PPE/RPE	83%	27	81%	31	Safety/ Health	↓	2%
Asbestos	93%	12	91%	15	Health	↓	2%
Contractor Management	95%	24	97%	32	Organisational	↑	2%
Electricity	90%	11	91%	9	Safety	↑	1%

Fire Safety (Hard FM)	89%	34	93%	32	Safety		4%
Fire Safety (Soft FM)	80%	28	77%	38	Safety		3%
First Aid	86%	31	90%	43	Health		4%
Gas Safety	97%	5	85%	4	Safety		12%
COSHH	86%	27	88%	34	Health		2%
Health Surveillance	94%	6	98%	6	Health		4%
Lifts/Lifting Equipment	87%	14	83%	13	Safety		4%
Noise	76%	5	77%	8	Health		3%
ORR (own vehicles)	78%	20	84%	27	Safety		6%
ORR (fleet drivers)	95%	18	90%	15	Safety		5%
Transport Management (Depots)	89%	6	75%	5	Safety		14%
Stores	64%	6	89%	5	Safety		25%
Vibration	66%	7	80%	7	Health		14%
Water Hygiene	80%	22	84%	36	Health		4%
Work at Height	91%	14	88%	13	Safety		3%
PUWER	83%	11	88%	10	Safety		5%
Workplace	92%	18	95%	22	Safety		3%

2.9.1 Corporately performance against the risk assessment safety management standard has risen from 69% to 77%. Individual competency to complete risk assessments as demonstrated by training records remains an area for significant improvement rising by 2% to 60% overall.

2.9.2 Corporately there has been an improvement in each criterion relating to Health and Safety Training with a 7% improvement overall rising from 72% to 79%. Although rising from 49% to 68% manager health and safety training remains the biggest area for continuing focus in relation to health and safety training performance.

2.9.3 Performance against the management of work-related violence management standard has increased from 79% to 86%.

2.9.4 Performance against stress management standards has increased by 11% from 66% to 77%. The biggest area for improvement against this standard is for managers to complete a stress for managers training course. Vivup have been delivering this course on behalf of the council since September 2023 and so it is expected this criterion will improve further in 24/25.

2.9.5 Performance against the manual handling SMS increased a fraction from 80% to 81%. Training for those carrying out manual handling risk assessments remains the biggest area for improvement.

2.9.6 Lone worker and personal safety performance dropped by 4% to 82% overall. Key areas were written lone worker procedures and information provision to staff who lone work. By contrast improvements were noted in manager and staff feedback mechanisms such as 1-1s and staff meetings where lone working and personal safety was discussed rising from 84% to 91%.

2.9.7 Homeworking performance increased from 67% to 74% with the biggest area for improvement being the completion of home working risk assessments for those who regularly work from home.

2.9.8 DSE performance rose from 78% to 86% the most notable improvements being in the number of staff completing a DSE assessment and DSE training.

2.9.9 Performance against the workplace safety management standard remains high at 95% with the one area for improvement being documented snow and ice risk assessments where required.

2.9.10 Water Hygiene performance was measured at 84% in the workplaces assessed in the program. Areas noted for improvement was for high-risk remedial actions on water hygiene management surveys to be progressed. This area showed a marginal increase from 52% to 54% but remains the most significant area for improvement against the SMS.

2.9.11 Occupational Road Risk for grey fleet rose from 73% to 84% with an area for improvement being information on how to perform a pre use vehicle check when using an LCC owned pool car.

2.9.12 Evidencing vehicle checks on LCC fleet vehicles along with evidence of driver refresher training (CPC) saw a decrease this reporting period meaning ORR fleet vehicles decreased by 6% overall.

2.9.13 Fire Safety Management (soft FM) performance fell to 77% with the key areas for improvement centred around site specific risk assessments and evac chair training.

2.9.14 In terms of items with regulatory priority on the HSE's strategic plan management of Asbestos where assessed decreased from 93% to 91% primarily as associated with lack of asbestos awareness training.

2.9.15 Management of transport risks within LCC depots dropped by 14%. The audits found separation of pedestrians and moving transport activities was the biggest area where

improvements were required along with appropriate signage. Managing transport risks is a HSE priority activity and improvements in these areas should be prioritised.

2.9.16 Where assessed work at height performance decreased from 91% to 88% with ladder training dropping from 89% to 76% affecting the overall percentage score for the RCPI.

2.10 A clear action plan for improvement is provided at the end of a corporate audit to each lead manager. It is the head of service who is responsible under the management system to ensure these action plans are implemented. Once the actions are implemented and resolved, there should be a measurable improvement for that service in performance over the next reporting period.

2.11 Of the services that had a repeat audit there was progress evidenced in 88% of cases. This indicates that services who take accountability for the actions demonstrate improvement in their management of health and safety risks.

2.12 Although RCPI performance against the standards has increased in the majority of areas, but reductions in some areas have translated to an overall corporate improvement of 2% in the reporting period. Provision of information, instruction and training is the biggest area of improvement currently holding back the overall corporate performance average.

2.13 Accountability for completing identified audit actions across all services and divisions will ensure performance improvement in the next reporting period. This will require heads of service taking responsibility for driving health and safety performance in alignment with their responsibilities under the health and safety management system.

Active Monitoring Summary of Recommendations

The corporate audit findings provide a position statement from which to improve safety and health performance.

1. It is recommended that Risk Assessment and Health and Safety Training Attendance and recording remain two areas of focus in the coming 12 months. Key areas for improvement being;
 - Health and Safety for Manager's Training
 - Risk Assessment for Manager's Training.
 - Manual Handling Risk Assessment Training
 - Stress and Resilience for Managers Training

The above training courses are available for booking on ESS.

2. Addressing identified weaknesses in core areas of compliance such as fire management (soft FM), gas and lifts and lifting equipment all of which come with their own set of safety regulations should be addressed as priority. Again, the primary focus being on documented site-specific procedures, training and information being provided to employees.
3. Continuing to implement safety management standards in relation to manual handling and controlling risks through risk assessment, process design and training should remain a

corporate focus. Taking opportunities to promote physical and mental health support and initiatives with an aging workforce can help reduce the likelihood of musculoskeletal injury and ill health as well as severity of injury should one occur.

4. Lone working and personal safety should be an area of corporate focus for the coming 12 months. Ensuring all lone workers are provided with information, instruction and training in the risks associated with lone working and how these can be controlled should be a key area of focus along with an assessment of training needs and ensuring all workers are aware of wrap around support available to them such as 1-1s with managers, peer to peer support, and health and wellbeing resources.
5. Integrating the 2024 healthy workplace survey results to the delivery of the health and safety management standards in relation to home working, lone working, violence and personal safety and stress is an opportunity to align these processes into an integrated risk management system for psychological safety.

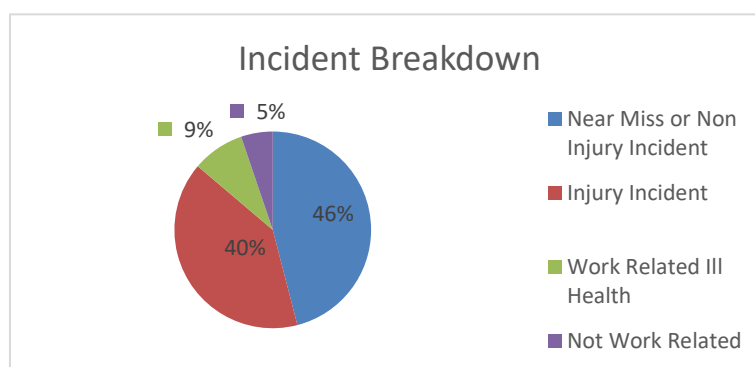
Reactive Performance Measurement

3. Accident and Injuries

3.1 A total 1349 incidents were reported on the Alcumus S02 reporting system relating to council operations and activities in the reporting period. This is down from 1433 in 22/23 and 1497 in 21/22. This represents an annual 9.4% decrease in incidents since 21/22.

3.1.1 The HR absence dashboard records 273 days lost to work accidents in the reporting period at a cost of £31,611.

3.2 Breakdown of H&S Incident Reports 23/24 reported by employees.



3.2.1. Breakdown of incidents involving employees in the period is as below;

- 302 injury incidents reported by employees.
- 353 Near miss or non-injury incidents
- 66 reports of work related ill health

3.3 Reported injuries to employees measured broadly flat with a marginal increase of 1% from 297 to 302 reports in the previous period.

3.4 Reported incidents of musculoskeletal injury are down by 15%.

3.5 Incidents recorded as violence are down by 8% compared to 22/23 and 21% compared to 21/22.

3.6 Reports of verbal abuse 'injury' incidents reduced by 50% since 21/22 and 39% since 22/23. However as per 4.1.2. below 39% of all near miss reports are relating to situations involving conflict. This suggests incidents could be being recorded differently on the system rather than an overall improvement trend for public facing employees.

3.7 There were 66 reports of work related ill health of which 26% were for stress, a total of 17 individual reports. 30 incidents were reported without cause being inputted and therefore causation cannot be reported on.

3.8 HSE report 49% of work related ill health in England and Wales is due to stress, anxiety or depression. Industries with higher than average rates of work-related stress, depression or anxiety are human health/social work, public administration/defence and education. Incidences of work related stress in human health/social work are 50% higher than the national average across all industries and for public administration workers the rate is 40% higher.

3.9 Injuries to employees can be broken down into causation categories with the top causes of injury classified as below;

- 18% Manual handling injury
- 18% Slips, trips and falls
- 12% Struck by a moving object
- 9% Supported Person Attack (Children)
- 7% Struck by Something Fixed
- 5% Member of Public Attack

3.9.1 HSE statistics for 2022/2023 show that across industry the top 5 causes of injury to workers in England & Wales were as below

- 32% Slips, trips & falls
- 17% Handling, lifting or carrying
- 11% Struck by a moving object
- 24% Acts of Violence (in public administration/defence)
- 8% Falls from Height

3.9.2 These figures show the council to be slightly higher with reports of manual handling injuries, but significantly below national rates with slips, trips and falls.

3.9.10 The council's reporting breaks down acts of violence into those involving a person drawing on our support and a member of the public attack. If these were to be combined, they would constitute 10% less than the percentage reported by HSE for 2022/2023 across for public administration and defence. HSE estimate where acts of violence have occurred 24% are in public administration or defence roles, 24% in education and 55% in health and social care.

4. Near Miss Incidents

4.1 There were 353 Near Miss reports in the period a decrease of 36% compared to the reporting period 22/23 equating to 39% of all reported incidents.

4.2 58% of near miss reports involved conflict situations and were categorised as below.

Near Misses - Conflict	Count
Anti-Social Behaviour	76
Challenging Behaviour	45
Verbal abuse	32
Threats of harm to individual/s	27
Racial/sexual harassment	5
Physical Violence	5
Offensive Weapon Used	4
Physical Abuse	4
Emotional abuse	2
Violent incident involving an animal	1
Sexually inappropriate	1
Dangerous animals	1
Grand Total	203

4.3 40% of near miss reports were recorded as not violent situations with recorded categories;

- Slips, trips, falls
- Manual handling
- Struck by moving object
- Exposure to hazardous substances

Near Miss Summary of Recommendations

1. Near miss reports provide valuable insights into hazards workers are exposed to during their work and present opportunities to review risk assessments, training and equipment provision. These are proactive and preventative measures services can take to reduce health and safety risk and are indicative of a mature health and safety culture. It is recommended near miss reporting should continue to be encouraged investigated and trends acted upon as part of a culture of continuous improvement.
2. It is recommended that where a near miss is reported causation is also inputted into the system to allow for greater insight into trends.
3. It is recommended that training and support provision for workplace exposure to violence and aggression is reviewed across the authority. Provision should be informed by role based risk assessments that take into account psychosocial risk of exposure to threats and aggression, as well as conflict management techniques and building personal resilience.

5 S03 Investigations

5.1 Corporate health and safety have adopted the recommendations of HSG245 Investigating Accidents and Incidents when developing the council's internal investigation procedures.

5.2 HSG245 categorises investigations into low, medium and high level. A high-level investigation is conducted as part of risk management in conjunction with Insurance Services.

5.3 Low level S02 investigations are conducted by the manager of the service where the accident occurred and are recorded and signed off as complete on the alucmus reporting system. Information is shared regularly with senior managers on the timeliness of completion of S02 investigations.

5.4 Medium level investigations (SO3) are conducted by the corporate health and safety team in coordination with the manager and head of service. All S03 investigations result in a written report and action plan and are concluded as far as possible prior to submitting a RIDDOR report to HSE. This allows for a more comprehensive, fact based RIDDOR report which already identifies root cause and can report on corrective actions implemented or underway.

5.5 The corporate health and safety team conducted 27 SO3 investigations in the reporting period up from 21 in the previous period.

5.5.1 22 SO3 action plans have been closed.

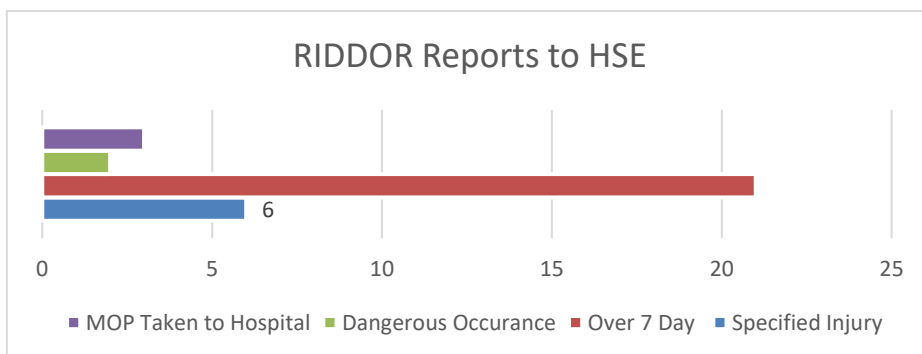
5.5.2 5 further outstanding SO3s are progressing in line with expectations.

5.6 SO3 investigations were carried out in the following departments.

- 7 Housing
- 2 Planning, Development & Transportation
- 6 N&ES
- 4 DCPG
- 2 Adult Social Care
- 3 Children's Social Care
- 1 EBS
- 2 TCII

6. Reportable Incidents under RIDDOR

6.1 A total of 32 incidents were reported to HSE under RIDDOR in the reporting period.



- 6.1.1 6 reports were for specified injuries, all relating to bone fractures.
- 6.1.2 2 dangerous occurrences relating to ceiling tracking hoists.
- 6.1.3 21 incidents were reported relating to injuries at work that resulted in over 7-day absences. 20 cases related to manual handling injuries and 1 resulting from violence.
- 6.1.4 2 reports relating to members of the public being taken directly to hospital for treatment as a result of an accident on LCC controlled premises.
- 6.2 There has been no HSE interventions or enforcement action in the reporting period.

7.0 Corrective and Preventative Action Notices

7.1 A corrective and preventative action notice (CAPA) is issued by the corporate health and safety team where an uncontrolled hazard is observed, a non-compliance is observed or if the health and safety advisor is of the reasonable belief that written over verbal advice is warranted in the circumstances.

7.2 The corporate health and safety team have aligned their processes to the HSE enforcement management model (EMM). This is the HSE's procedure for issuing improvement notices. A CAPA therefore can be regarded as an internal improvement notice.

7.3 CAPA notices are issued with a clear statement as to the breach, the requirements of the regulations relating to the breach and an advisory action plan for correction or improvement.

7.4 There have been 17 CAPA notices issued in total since the introduction of the procedure in November 2021. 3 CAPA notices were issued in the reporting period.

7.4.1 Of the 3 issued in the reporting period 1 has been closed as all actions have been satisfactorily addressed. 2 remain outstanding.

7.4.2 Of the total 17 issued, 5 remain open.

7.5 Compared to reactive actions taken following an injury or reportable incident, these findings suggest services are less responsive to taking preventative, proactive measures. This is an area of opportunity for the council to improve by further embedding a proactive, preventative health and safety culture.

Reactive Monitoring Summary of Recommendations

1. Verbal abuse, threats and aggression although classed as near misses on the council's reporting system can result in psychological injury to individuals who receive them. It is recommended that services continue to monitor these incidents and review training and support arrangements for employees where this is a risk. Training should have an emphasis on interpersonal skills and techniques when dealing with conflict and difficult situations which could escalate into physical violence.

2. It is recommended that areas who recognise workplace violence as a key risk to employees manage that risk in accordance with the agreed safety management standard. Improvement actions pertaining to the management of workplace violence and verbal abuse should be a primary focus when prioritising audit actions. Services should review their risk assessments and training in line with types of incidents reported by front line workers.
3. It is recommended that services continue to focus on manual handling risk assessment and the prevention of work-related musculoskeletal injuries including the potential risk of injury from use of display screen equipment. Despite clear improvements Manual handling injury caused by moving and lifting remains the joint largest reported injury category for the council at 18% and constitutes 63% of all RIDDOR reports to HSE. Last year this resulted in 20 over 7-day injuries. It constitutes the most significant avoidable financial cost to the organisation.
4. It is recommended that CAPA notices and the associated preventative recommendations are noted and prioritised by heads of service. They are an internal version of a regulatory improvement notice and therefore an opportunity to prevent accident, loss and injury, remedy material breach of health and safety regulations as well as avoid an actual regulatory notice.

8.0 Occupational Health

8.1 772 performance and attendance management referrals have been made in the reporting period.

8.2. 403 employees have been through a health surveillance program which monitor health effects from potential exposure to dust, noise, vibration, and skin irritants or sensitisers.

8.2.1 388 passed the health surveillance monitoring without need for further examination. 15 employees required further testing. 12 recommended interventions were for symptoms of HAVs, where adjustments were recommended. Overall, in 401 cases employees were assessed as being fit to work In 2 cases employees were assessed as being unfit for their current work 1 for Skin and Audio and 1 respiratory.

8.2.2 312 employees underwent a general safety critical medical in the reporting period. General safety critical medicals are given to employees who undertake safety critical tasks e.g. working at height, FLT driving, HGV driving, working in confined spaces, working with gas or electricity.

8.2.3 92% of employees assessed met the required standards, 6.5% were fit with recommended adjustments and 1.5% totalling 4 employees were found to be unfit to continue safety critical tasks at the time of assessment.

8.3 Optima record health surveillance compliance rates (employees having attended within the recommended timescale from their last assessment in line with risk assessment) as below:

- Highways 100%
- Lighting 100%
- Housing 76.3%
- Parks 97.7%

9 Mental Health

9.1 299 referrals made to occupational health were for mental health conditions which equates to 38% of all referrals.

9.2 86% of mental health referrals to occupational health for stress/anxiety/depression with 22% recorded as primarily work related with a further 25% as having work related factors.

9.2.1 In 210 cases (71%) employees were referred after absence had commenced and the average time to refer females was 66 days for work related stress and 87 days where the condition was not work related. The longest referral time was 347 days.

9.2.2 For male employees the average time to refer was 72 days where work was a factor and 76 when not work related. The longest time to refer was 393 days. There were 34 male employees referred for work related conditions and 49 for non-work related.

9.3.3 For both sexes most referrals were for employees between the ages of 40-50 and all were already absent from work.

9.3.4 For all other referrals the average time to refer for an employee absent from work was 108 days.

9.4 To date 2830 employees have registered to use the Vivup portal which allows access to the online EAP which complements the telephone support and counselling service. This is approximately 50% of the workforce.

9.4.1 857 employees used the 24/7 telephone service and 204 employees entered counselling. This equates to 1224 individual counselling sessions.

9.4.2 36% of EAP use was for stress, 20% for anxiety with a further 9% specifically work-related stress.

9.4.3 71% of employees accessing counselling were currently in work, 25% absent from work and 4% were suspended or on a phased return.

9.4.4 71% of employees engaging with the EAP were female and 29% male.

9.4.5 The highest category of workers using counselling define themselves as administration or office workers (20%) the second highest category being support services (18%) and the third being managers (17%)

9.4.6 47% of EAP users reported they have been referred by their manager, a further 9% said they had been referred by human resources. The remainder stating InterFace, referred by a colleague or other advertising.

9.5 The HR absence dashboard estimates 15,005 days lost to mental health related conditions in the reporting period at a cost of £1,920,000.

10 Musculoskeletal Conditions

10.1 210 referrals to occupational health were for musculoskeletal conditions equating to 29% of all referrals. 30% were back related, 20% knee issues and 8% general arthritis.

10.1.2 64% of referrals were for employees already absent from work.

10.1.3 45 referrals were assessed as being work related conditions. All work-related musculoskeletal conditions for female employees who were over the age of 50. The average time to refer was 99 days.

10.2 IPRS hold the contract for musculoskeletal rehabilitation services.

10.2.1 In the reporting period 709 referrals were made to IPRS for musculoskeletal rehabilitation services at a cost of £141,000. This is down from 806 in 22-23 or £159,000.

10.2.2 53 or 6.5% of referrals were for work injuries at a cost of £9,165.

10.2.3 29% of work injuries referring to IPRS were from Housing and 29% from Neighbourhoods & Environmental Services with the remainder broadly split across the other divisions.

10.2.3 311 or 39% of referrals £54,990 was spent on work exacerbated injuries.

10.2.4 There has been a significant overall reduction in work injuries and work-related referrals in the reporting period most notably from Housing. Housing scored 60% in their manual handling audit in 22-23 and 88% in 23-24 highlighting robust application of safety management standards directly reduces the likelihood of workplace injuries.

10.2.5 55% of IPRS referrals were for non-work-related injuries at a cost of £77,550.

10.2.6 345 referrals to IPRS had no work-related factors but any musculoskeletal injury could still influence work performance and sickness absence regardless of origin. 33% of referrals were from Housing, 11% Children's, 11% N&ES and 8% DCPG.

10.2.7 IPRS estimate their services resulted in 3,014 working days saved. They calculate a working day at £80 and estimate £244,000 has been saved in lost working days.

11. Absence Dashboard Information

11.1 The absence dashboard for the reporting period estimates the cost of absence for work related accidents at £31,611.

11.2 Absence costs associated with mental health are estimated to be £1,919,045.

11.3. The costs of absence associated with musculoskeletal health are estimated to be £899,583 for the period.

11.4 These figures do not include associated costs such as insurance costs, occupational health costs, manager admin time and overall loss of productivity within affected services.

Division	Est. Cost			
	Work Accident	Mental Health	Musculoskeletal	Grand Total
Adult Social Care & Commissioning	£ 184.00	£ 122,156.00	£ 12,410.00	£ 134,750.00
Adult Social Care & Safeguarding	£ -	£ 231,902.00	£ 97,852.00	£ 329,754.00
Children's Social Care & Community Safety	£ 12,466.00	£ 269,997.00	£ 78,766.00	£ 361,229.00
City Barrister	£ -	£ 1,219.00	£ 5,203.00	£ 6,422.00
Corporate Services	£ 697.00	£ 51,474.00	£ 32,907.00	£ 85,078.00
EBS	£ 2,643.00	£ 118,230.00	£ 56,408.00	£ 177,281.00
Education	£ 370.00	£ 176,222.00	£ 122,846.00	£ 299,438.00
Finance	£ -	£ 84,081.00	£ 29,834.00	£ 113,915.00
Housing	£ 9,437.00	£ 471,167.00	£ 159,059.00	£ 639,663.00
N&ES	£ 2,565.00	£ 236,020.00	£ 213,372.00	£ 451,957.00
PDT	£ 2,632.00	£ 104,104.00	£ 65,297.00	£ 172,033.00
Public Health	£ -	£ 10,654.00	£ 2,637.00	£ 13,291.00
TCII	£ 617.00	£ 41,819.00	£ 22,992.00	£ 65,428.00
Grand Total	£ 31,611.00	£ 1,919,045.00	£ 899,583.00	£ 2,850,239.00

Occupational Health Summary of Recommendations

1. It is recommended that services enhance their proactive monitoring of exposure to health hazards such as noise, vibration, and dust as well as fit for task assessments. Where risk assessment determines a frequency of monitoring this should be adhered to so far as reasonably practicable.
2. If there is documented evidence of robust monitoring processes and data from these practices show that employees are not routinely exposed over and above the recommended action values, then the practice of putting all employees through annual health surveillance programs can be examined for practicability and proportionality to risk.
3. It is recommended services continue to promote proactive and preventative support services available to employees e.g., employee assistance program and signpost employees who are showing signs and symptoms of poor mental health to the support available as part of the more comprehensive wellbeing offer particularly in areas with non-office-based workers. Services should use the stress management SMS to assess the risk of stress within their service, and the results of the 2024 healthy workplace survey to analyse potential root cause of work-related stress and take action accordingly.
4. A safety and health focus on manual handling risk assessment, information, training, and performance monitoring in areas where musculoskeletal injuries are assessed as being work related or work exacerbated could be an area of corporate focus.
5. Providing employees with information, instruction, training, and support all present an opportunity to promote good practice, inform behavioural changes, support resilience which can prevent physical and psychological injury both at work and in everyday life.

12 Key Priorities and Areas of Organisational Focus for 2023/2024

- 1 It is recommended that Risk Assessment, Managing Health and Safety and Stress for Managers training attendance are areas of focus in the coming 12 months following audit results.
- 2 Further focus on the management of stress at work should remain a corporate priority. Aligning the healthy workplace survey action plans to the delivery of the health and safety management standards relating to home working, lone working, stress should facilitate marked improvement in performance of these areas. Improvements can be measured via engagement surveys, staff retention rates and a reduction in work related stress referrals and absence.
- 3 It is recommended that services who assess workplace violence as a potential risk examine their support offer and training to ensure employees exposed to this risk are best equipped to deal with the challenges of their role. The focus should be on how to avoid conflict, diffusion techniques as well as personal safety. It is recommended that further focus is placed on mechanisms to enhance individual and team resilience for those working in front line public facing roles where verbal abuse, challenging behaviours, anti-social behaviours are known risk factors.
- 4 It is recommended for continued corporate focus on reducing musculoskeletal injury with clear KPIs the organisation can work to. It is recommended that positive, preventative action is taken to reduce injury, and absence related costs caused by poor manual handling, lifting and carrying practices. This can be achieved through education, awareness campaigns, taking personal responsibility for musculoskeletal health as well through improved management of risk by greater adherence to agreed safety management standards.
- 5 Increased focus on promoting good health and positive behaviours can reduce sickness absence and associated costs from both work related and non-work related injury and ill health as well as significantly reduce spend on musculoskeletal rehabilitation and injury services. It is recommended the council continues to promote its health and wellbeing offer with focus on information provision and manager support at all levels of the organisation.
- 6 It is recommended the importance of resolving and actioning CAPA notices is reiterated and heads of services where CAPAs have been issued accept the importance of these actions and are accountable for swift resolution of them as part of robust risk management.
- 7 It is recommended that heads of service are accountable for progressing identified actions for improvement from both reactive and active performance measurement indicators and that directors and CMT continue to monitor progress in performance against the health and safety management standards.

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