



Annual Health Safety & Wellbeing Performance Report 2018 - 2019

Leicestershire County Council

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Key Facts

The Health, Safety and Wellbeing (HSW) Service endeavour to continually monitor HSW performance within the authority in order that improvements can be made to ensure legal compliance, financial savings and most importantly the safety of staff, clients, pupils, service users, volunteers and contractors. This annual report highlights some of the work that has been undertaken in the past year to put in place proactive measures, to address compliance issues and to raise awareness of the appropriate hazards and risks and highlight what departments have done to mitigate them.



1240

Injuries



34

RIDDOR Incidents



2183

Counselling sessions to
corporate staff



86

Audits undertaken



821

DSE assessments
undertaken by staff



381

Injuries caused by slips
trips and falls



220

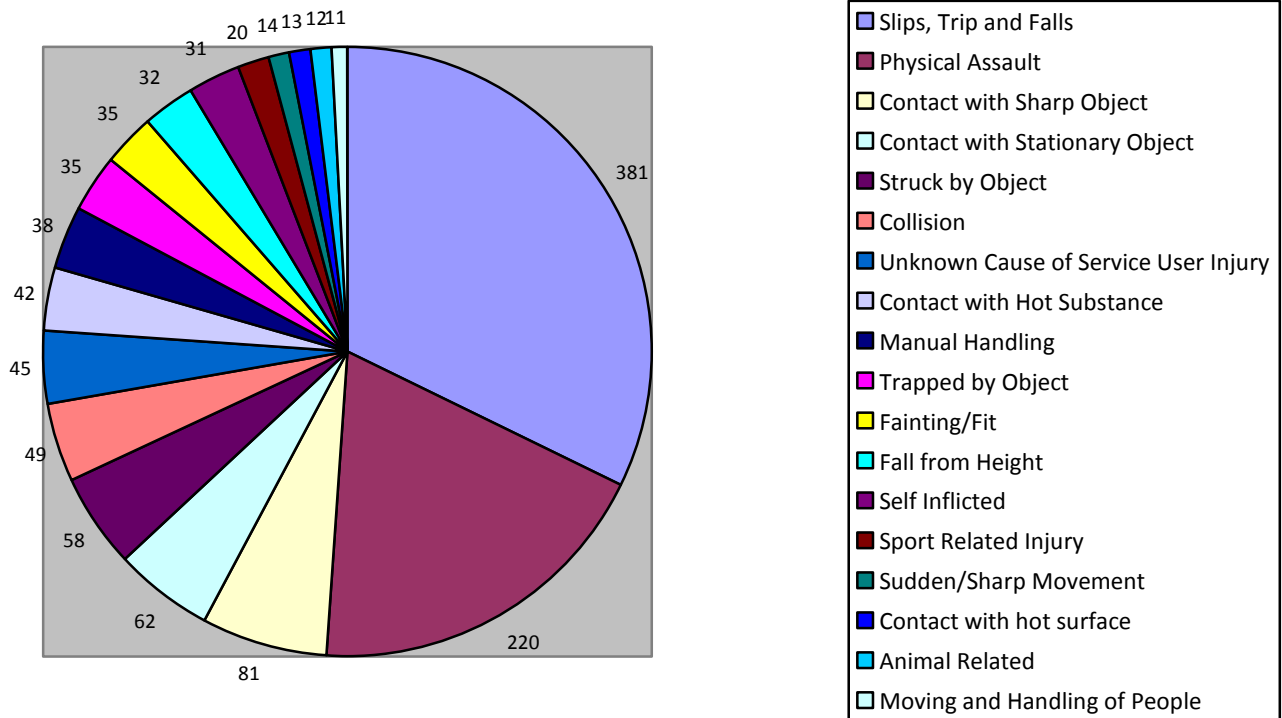
Injuries caused by
physical assault



1980

Staff attended Health and
Safety Courses

Accident Data Analysis for Leicestershire County Council April 2018 – March 2019



NB: All data with fewer than 10 instances has been omitted to enable clarity in the pie chart

436 near misses were recorded **428** Violent Incidents were recorded

- During the 2018/2019 financial year **1240 accidents** which resulted in injury were recorded (CFS & LA Schools, A&C, CR, CEx, E&T, Public Health and ESPO). This is an 18% increase in injuries compared to 2017 / 2018.
- Slips, trips and falls continue to be the greatest cause of accidents and represent 31% of all accidents.
- The number of physical assaults (resulting in injury) reported has increased since 2017/2018 by 26%.
- **436 near misses** were reported in 2018/2019 - 15% increase from 2017-2018.
- **34 RIDDOR incidents** were reported in 2018/2019 – compared to 33 in 2017-2018.
- **428 violent incidents** (this includes physical and verbal abuse) were reported in 2018/2019 – 42% increase from 2017/2018

Information within this report has been gained from Leicestershire County Council's accident and incident reporting system, AssessNET on 26/04/2019



Accident Data for the Council

Location of accidents (those resulting in injury)

The Council uses the AssessNET system to report all accidents and incidents. The information below shows the 5 services that have reported the highest number of injuries throughout the council.

Department	Service Area	No. of Injuries
CR	Commercial Services > LTS Catering	93
A&C	Direct Services > Provider Services > Coalville Community Resource Centre	63
CFS	Nursery School > Sketchley Hill Menphys Nursery	50
CFS	Nursery School > The Menphys Centre Wigston	42
E&T	Highways Transportation > Highways Delivery > Highways Operation	34



RIDDOR Reportable Incidents and Incidents of Significance

The Council is obliged to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. It is a requirement that certain incidents that are more serious are reported to the HSE. The following information outlines the incidents by department that have been reported under the RIDDOR regulations during 2018/2019.

A&C reported 5 RIDDOR incidents within 2018/2019. There were also 5 RIDDOR incidents reported in 2017/2018. The 2018/2019 incidents are summarised below:

1. Whilst pushing a service user in a wheelchair a Support Worker at Bridgeview Community Life Choices sustained a hip injury which prevented her working for 14 days. The Service User had a rucksack on the back of the chair, during the investigation it was noted that the rucksack prevented the Support Worker being able to adopt a safe pushing position. Risk assessments have since been reviewed and staff have been reminded not to carry bags on the back of wheelchairs.
2. An employee from The Trees Residential and Short Breaks Service was visiting County Hall to attend a training course. During the course the employee tripped over another delegate's handbag strap which caused her to fall on the floor. The employee sustained soft tissue damage to her knee which prevented her working for 70 days. The staff running the training courses have been reminded to check for tripping hazards before a course starts.
3. A Support Worker at The Trees was physically assaulted by a Service User with challenging needs. The IP (injured person) sustained neck and shoulder injuries after being pulled by her hair a short distance across the floor; she was unable to work for 15 days. The incident investigation identified that the service user became agitated because his music had not been set up correctly in the bathroom, however it was also identified that the IP was lacking in certain elements of training in relation to working with service users with challenging behaviours. The Trees were recommended to review all staff training needs.
4. The same Service User (SU) at the Trees assaulted another member of staff later in the year. The IP sustained neck injuries which prevented her working for 34 days. The cause of the attack was due to the service user becoming agitated during the handover period between the Support Workers and the day care staff. The investigation identified that there was a lack of consideration of what may trigger the SU to become aggressive and the IP was lacking certain elements of the required training which may have affected how she dealt with the situation.
5. On the 11th December at Coalville Community Resource Centre a Support Worker was hit in the face by a Service User with challenging needs. The IP was off work for 48 days. The SU had become agitated as he was worried about his brother who had been taken to the doctors. The investigation identified that there was a lack of forward thinking into the way the SU may react when he became emotional.



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6. Additional incident of significance - At Pennine House a business support employee noticed that asbestos containing tiles from the basement floor had been removed by the premises officer on site. The area was monitored and made safe by Property Services. The investigation into the incident identified communication issues within the Premises Officers team however it was also identified that the required Local Asbestos Management Plan (LAMP) was not in place at Pennine House. This identified a weakness in the management arrangements for shared premises as it was unclear where this responsibility lies. The HS&W team are addressing this by carrying out targeted premises related audits in 2019/20.

Corporate Resources reported 14 RIDDOR incidents within 2018/2019. This has increased from 6 in 2017/2018 but do include 5 cases of Hand-Arm Vibration required in response to an internal procedural change. The 2018/2019 incidents are summarised below:

1. An employee from the Supported Employees team working at County Hall stumbled and fell when walking up an access ramp. As a result, the IP sustained a fractured elbow which made the incident RIDDOR reportable. The investigation into the incident identified that safety procedures were followed correctly however it was identified that the IP tended to fall and panic. Following the incident, the IP's personal risk assessment was reviewed. The HS&W team have helped with reviewing the majority of the Supported Employee's personal risk assessments to ensure they take account of any medical conditions.
2. A visitor to Beaumanor Hall slipped and fractured her wrist whilst walking from a grassed area onto a path. The IP was taken directly to a walk-in centre for treatment. It was unclear what caused the accident to happen as it appeared that all surfaces were in good condition and the weather was dry.
3. A School Food Supervisor working at Viscount Beaumont School sustained a cut to her thumb whilst cleaning a bracket inside an oven. The IP was off work for 14 days because of the injury. During the investigation it was identified that cleaning the brackets was not a job that the supervisors would normally carry out as the ovens are designed to be self-cleaning, only wiping down of the racks is normally required. Prior to the incident occurring staff had reported that the oven was broken, a contractor had visited site and identified that the oven wasn't working due to a build-up of scale which caused the motors to break. As a result, the contractor applied a descaling solution and asked the IP to wipe down the brackets the following day, which caused the injury. It was further identified that the build-up of scale had occurred as the water filters had not been changed at the required time. The manufacturer recommended that the displays are changed from analogue to digital to make it easier to see when the filters need changing in future.
4. A pupil visiting Beaumanor Hall sustained a head injury after leaning up against a knee-high fence and subsequently falling backwards hitting his head on a sign. The IP was taken to hospital for treatment. The investigation identified that there was a lack of supervision from the teachers at the time of the incident and that the fence was not designed to take any weight.

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5. A LTS Catering Employee sustained a fractured ankle from slipping in the kitchen at Overdale Junior School. The investigation identified there was nothing obvious that caused the slip as all procedures were being followed correctly.
6. At Woodstone Primary School Kitchen an LTS Catering Employee sustained an injury to her wrist from slipping and falling in the kitchen. The investigation identified that the IP was washing up at the time and it is thought that the floor and the IP's shoes became wet which caused the slip. LTS catering have since started a roll out of new safety footwear which may help to prevent similar incidents in the future.
7. A LTS Catering Employee working at Mowacre Hill Primary School sustained a back injury from moving a trolley around the school. The investigation identified that the route the IP took made manoeuvring the trolley difficult as she had to go outside therefore the trolley was affected by the wind. The staff at the school have since reviewed this procedure.
8. A LTS Catering Employee sustained a back injury after slipping and falling in New Swannington Primary School's car park. The IP was subsequently off work for 8 days. The car park was icy at the time due to cold weather. Following the investigation, the school were recommended to improve their gritting procedures.
9. A LTS Catering Employee working at St Cuthbert's Primary School sustained a burn to her arm from the boiling water in the sterilising sink. The investigation identified that the IP did not report the incident at the time and did not seek first aid treatment onsite. The IP was subsequently off work for 8 days after reporting the incident to her supervisor the next working day. LTS Catering have risk assessments and safe systems of work in place for the use of the sterilising sink which the IP was aware of. Following the investigation, it was recommended that LTS Catering consider replacing sterilising sinks with dishwashers where practicable to eliminate the hazard.

Hand-Arm Vibration (HAV) Reports

During the year the Health, Safety and Wellbeing team made the decision to RIDDOR report several cases of diagnosed hand-arm vibration syndrome. Historically the Council have not reported cases of stage 1 HAVS as the symptoms are minor however after consultation with Occupational Health and the Health and Safety Executive it was recommended that all cases are reported. The 5 reports are summarised below;

10. Country Parks (Property Services). A Country Parks Operative was diagnosed with Stage 1 HAVS for the vascular component in both hands and HAVS Stage 1 for sensorineural component in both hands. They were deemed fit to continue in role without restrictions. Diagnosed July 2017 as part of health surveillance programme and when seen by occupational health again in November 2018, confirmed that the diagnosis had not deteriorated.
11. Hard FM (Sites Development). Site Development Operative was diagnosed with HAVS Stage 1 for the sensorineural component in his left hand. Deemed fit to continue in role without restrictions.



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12. Hard FM (Beaumanor Hall). Operative was diagnosed with Stage 1 HAVS for the vascular component in both hands and HAVS Stage 1 for sensorineural component in both hands. Deemed fit to continue role without restrictions. Diagnosed July 2017 as part of health surveillance programme and when seen by occupational health again in December 2018, confirmed that the diagnosis had not deteriorated.
13. Hard FM (Beaumanor Hall). Team Leader was diagnosed with Stage 2 (early) HAVS for the vascular component and sensorineural component in both hands. Deemed fit to continue role without restrictions. Diagnosed July 2017 as part of health surveillance programme and when seen by occupational health again in December 2018, confirmed that the diagnosis had not deteriorated.
14. Contract and Business Development (Post and Premises). Premises Officer diagnosed with Stage 2 HAVs for the vascular component in right hand and Stage 1 in left hand and HAVS Stage 1 for sensorineural component in both hands. Deemed fit to continue role without restrictions. Diagnosed in July 2017 as part of health surveillance programme. Report noted `both the vascular and sensorineural symptoms were pre-existing. Seen by occupational health again in December 2018 and it was confirmed that the diagnosis had not deteriorated.

CFS including schools reported 11 RIDDOR incidents within 2018/2019. This has reduced from 16 in 2017/2018. The 2018/2019 incidents are summarised below:

1. A teaching assistant from St Cuthbert's Primary School sustained a fractured bone in her foot from her foot slipping inside her shoe from walking from tarmac to grass. It was identified that her footwear did not provide enough support. The IP was off work for 3 days because of the injury. Staff at the school have been reminded to wear suitable footwear whilst at school.
2. A classroom assistant at Ashmount School sustained a whiplash injury from being physically assaulted by a student; the IP was off work for 21 days. The student who is diagnosed with autism became agitated and pulled the IP's hair. The school were recommended to review their positive handling plan and risk assessment for this student.
3. A pupil at Packington CofE Primary School fractured his fingers when a goal post he was holding onto collapsed. During the investigation it was identified that the bolts, which should have secured the cross bar to the main frame of the goal were missing, as a result the cross bar fell when pressure was applied (by the IP). The root cause of the incident was failure to comply with manufacturer's instructions, specifically regarding inspection. The school were recommended to review their risk assessments and procedures specifically regarding equipment inspections.
4. A Classroom support assistant at Ashmount School sustained a scratch to her face and bruising to her lower back after being physically assaulted by a student with autism who went into 'crisis'. The IP was off work for 10 days because of the injury. The school were recommended to review their risk assessments and plans for all pupils with challenging needs.



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5. A Midday Supervisor at Houghton on the Hill Primary school sustained a fracture to her hip after tripping and falling in an outside area which had been designated as 'out of bounds', the IP was unable to work for 67 days. The investigation identified that the area has not been sufficiently segregated to protect staff and the public. The school were recommended to review their procedures and risk assessments in relation to this area.
6. A classroom assistant at Ashmount School was assaulted by being bitten by a pupil with challenging needs. The IP was off work for 13 days. The investigation into the incident identified that the risk assessments and positive handling plans for the pupil required reviewing however the school were also recommended to review their first aid arrangements and protocols.
7. A pupil at Packington CofE Primary School sustained a burn to her hand after melted soap dripped through a bowl which was being used during a D&T lesson. The lesson was supervised by teachers however the bowl used to melt the soap in the microwave was not suitable and melted. The investigation identified that the school were not following the equipment's instructions. The school were recommended to review all risk assessments to ensure instructions are followed correctly.
8. A Learning Support Assistant at Birch Wood School sustained a foot injury after a table was turned by a pupil with challenging needs; the IP was off work for 52 days because of the incident. The school have since reviewed their Behaviour Support Plan for each pupil.
9. A member of staff at Coalville Children and Family centre was pushed by a parent at the centre. The investigation identified that there were several contributing factors which caused the incident to happen which were triggered by the fact the parent was upset that contact with their child had been cancelled. The staff at the children centre have been recommended to liaise with the social work teams to review their risk assessments and procedures.
10. A teacher at Wymeswold CofE Primary School sustained a head injury after tripping over a child's chair and hitting her head on the corner of a table. The IP was subsequently off work for 13 days. The HSW team have sent the school information on preventing slip, trip and fall incidents and the school have been recommended to review their classroom risk assessments.
11. A teacher at Maplewell Hall School dislocated her shoulder after falling in a wooded area on the school site. The IP was off work for 15 days because of the injury. A full investigation has taken place at the school which has raised questions as to why the IP was in the area where the fall happened. The school have been recommended to review their risk assessments.



E&T reported 2 RIDDOR incidents within 2018/2019. This has decreased from 8 in 2017/2018. The 2018/2019 incidents are summarised below:

1. It was reported that a member of the public had sustained a cut to their shin from a metal support bracket attached to a bus shelter. The incident was reported to Charnwood Borough Council by a witness. The incident was deemed RIDDOR reportable as the injured person was attended to by an ambulance and was taken to hospital for treatment. The maintenance of the bus shelters in the county is managed by the Safe and Sustainable Travel team who contract the maintenance out to an external organisation. Prior to the incident it was identified that the bus shelter required maintenance as a panel was missing which exposed a metal support bracket. As a temporary solution hazard tape had been wrapped around the bracket however this did not prevent the injury occurring, replacing the panel has been planned. Following the investigation, the team are exploring different options to make bus shelters safer if they are damaged, for example using a protective sleeve. The team also plan to install signs which highlight who should be contacted to report damaged shelters.
2. A Highways Operative was walking along the roadside when he went over on his ankle after allegedly losing his footing in a small divert in the road after the road had been resurfaced. The incident became RIDDOR reportable as the IP was off work for 48 days. During the investigation it was identified that the IP's safety boots were inadequately laced which may have contributed to the cause of the incident. Following this incident Highways Delivery issued a tool box talk on safe PPE use including lacing boots. In addition, Environment and Transport have improved and reviewed their standards for PPE.
3. **Additional incident of significance** - A member of the public fell into an open man hole which had been left unguarded by the operative's onsite. The injury sustained was reported to be a cut to the knee and a graze to the elbow which did not result in hospital treatment therefore the incident was not RIDDOR reportable. Following this incident, LCC was contacted by the HSE who asked questions in relation to the safety procedures and controls that were in place at the time of the incident. The internal investigation identified that inadequate risk assessments and safe working procedures were in place. Following this, a safety alert was sent out, risk assessments have been reviewed, light weight barriers have been purchased and operatives have been retrained. LCC have not had any further communications from the HSE in relation to the incident since answering their questions by email.
4. During the year the Signs Workshop at Mountsorrell Depot was inspected, several major health and safety issues were identified in relation to the control of welding, housekeeping and the management of plant and equipment. Due to the issues that were identified welding activities were suspended until improvements were made. It has since been noted that the new Local Exhaust

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Ventilation System was installed in May, the air compressor system is subject to routine maintenance and inspection programme and housekeeping has been improved.

5. Barwell Recycling of Household Waste Site was inspected by a HSE inspector. The following recommendations were made;
- Review procedures for vehicle movement and pedestrian segregation at waste sites.
 - Review legionella management procedures.
 - Risk assessments to retrain from using terminology such as 'where possible'.
 - Safe systems of work should be specific and include visual explanations.
 - Ensure subcontractors are given safety information.
 - Following this visit the Waste team are working through an action plan to ensure all recommendations are considered.



Health and Safety Audits

By auditing proactively, issues are identified at the earliest opportunity. Where non-conformities are identified, the auditor supports the manager through the development of an action plan and provides practical advice. The frequency of future audits is determined based on the findings of the previous audit. Using a simple score system, the auditor will give individual services an audit score of 1, 2 or 3. If an audit receives a score of 1, then another audit is completed in the following year (high priority); a score of 2 would result in a bi annual audit (medium risk) and a 3 would generate an audit every 3 years (low priority). Monitoring and support visits are undertaken by the responsible advisor.

The following Services were audited in 2018/2019. A total of 86 audits took place.

- A&C > Communities and Wellbeing (Digital and Stock Services)
- A&C > Direct Service X3
- A&C > East Care Pathway X5
- CE > X3
- E&T > Highways Transportation X5
- E&T > Environment and Waste X4
- CR > Commercial Services X4
- CR > Operational Property Services X5
- CR > Strategic Property Services
- CFS > Children's Social Care X2
- LA Schools X46
- Public Health > X2

Non-conformities in relation to lack or risk assessment, training and unclear roles and responsibilities were identified. Service managers have been provided with an action plan and audit reports. Service Managers are expected to ensure progress is made to complete actions within the action plans. Monitoring visits and inspections will be carried out in 2019/2020 to check progress.



Major Non-Conformities

The table below outlines the **major non-conformities** identified in audits undertaken in 2018/2019.

A **major non-conformity** is defined within the OHSAS Internal H&S Auditing Procedure as “A significant breach of an appropriate legal requirement or the LCC OHSMS which may present a risk to the health, safety and wellbeing of LCC staff and other stakeholders and/or that may leave the authority open to external scrutiny.”

E & T Croft Vehicle Workshop	
Major Non-Conformity	Action taken (updated 13/08/2019)
	<p>*The Service was re-audited in August 2019- new action plan has been issued</p>
Fire safety related non-conformities were identified including; lack of fire risk assessment, blocked fire exits, missing fire extinguishers and a lack of personal emergency evacuation plans.	Partially complete. Additional fire safety hazards have also been identified within the most recent health and safety audit for the workshops.
There was a significant lack of communication procedures in place for health and safety information.	Partially complete – staff briefing form has not been used to formally communicate health and safety documentation i.e. RA’s
It was identified there were no risk assessments in place for the activities undertaken within the workshop.	Ongoing – no further risk assessments have been developed since update on 20/05/2019
Lack of monitoring and management of vibrating equipment.	Incomplete
Lack of management of COSHH including; no COSHH risk assessments were in place.	Incomplete
Lack of suitable and sufficient ventilation	Complete
Lack of fall from height protection around the inspection pit	Incomplete

* Minor non-conformities were also identified.



An audit of LTS Print (formally Central Print) was undertaken in February 2019. **The audit highlighted that many of the minor non-conformities identified in the previous audit carried out in February 2016 had not been actioned, these non-conformities have been escalated to major non-conformities due to the time that has lapsed.**

CR LTS Print	
Major Non-Conformity	Action taken Update provided 10/09/2019
Lack of competent risk assessors. It was identified that staff have not undertaken risk assessment training.	In progress - Michael Jacques booked on training on 26/11/2019 and Charles Greasley booked on 04/10/2019.
Lack of health and safety training. There appeared to be no formal method of identifying health and safety training needs.	Complete – copy of the training matrix was shown on the 10/09/2019.
Lack of clarify regarding first aid requirements and provision.	In progress – Steve Hume and Michael Jacques are booked on training in October and November 2019. First Aid Needs Risk Assessment has been completed by Mark Watts.
Poor fire safety awareness and training.	In progress – Michael has verbally confirmed that all staff will have completed the e-learning course by end of October 2019. The practical element will then be arranged.
Lack of regular health and safety inspections and monitoring.	Complete – inspections now taking place and recorded.
Unclear health and safety responsibilities. No local arrangements procedure in place to identify responsibilities.	Complete – local arrangements procedure in place.
Non-compliance with the Display Screen Equipment Regulations.	In progress – Michael has verbally confirmed that staff are currently completing this and will be done by end of October 2019.



Poor Contractor management and control.	In progress
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* Minor non-conformities were also identified.

The Country Parks Service was audited in August 2018. The audit identified many minor non-conformities including lack of risk assessments, poor control over accident and incident reporting, COSHH and emergency procedures. The audit also identified a major non-conformity which is detailed below. The HS&W team have provided regular support to the Country Parks team to ensure actions are closed out.

CR Country Parks	
Major Non-Conformity	Action taken Update provided 02/04/2019
Lack of health and safety training. It was identified that many health and safety training and qualifications has lapsed. It was recommended that a formal training matrix system was adopted to monitor training needs.	All training records have been collated and are recorded on the Learning Hub. L&D have supported with identifying training needs.

The Premises and Post Service was audited in February 2019. The audit identified many minor non-conformities including lack of clarity regarding H&S responsibilities at each site, out of date documentation, and a lack of training and risk assessment. The HS&W team have planned to closely monitor the progress made following this audit during the year 2019/2020. The audit also identified two major non-conformities which are detailed below.

CR Premises and Post	
Major Non-Conformity	Action taken Update provided 24/05/2019
Lack of robust lone working risk assessment and suitable lone working procedure. It is recommended that a formal lone working procedure is implemented. The Service was recommended to consider implementing lone working devices with man down and GPS features.	The Service is considering using a lone working device. This action is currently on hold pending a corporate approach.
Review all health and safety arrangements at all locations where premises officers work	In progress – The team are in the process of reviewing documentation contained within each site's manual (including risk assessments, policies, COSHH assessments).



The Sites Development Service was audited in August 2018. The audit identified many minor non-conformities including lack of near miss and accident reporting, provision of welfare facilities and improvement required in relation to communication and tool box talks. The audit also identified several major non-conformities which are detailed below. The HS&W team have provided regular support to the Sites Development team to ensure actions are closed out.

CR Sites Development	
Major Non-Conformity	Action taken Update provided 13/08/2019
Lack of suitable and sufficient risk assessments. Risk assessments were lacking detail and required reviewing.	All risk assessments and safe systems of work being fully re-written by a third party then reviewed by the service.
Lack of control and assessment of working at height activities.	Risk assessments have been reviewed. Work at Height training undertaken. Ladders removed from use.
Lack of control and assessment of manual handling activities.	Risk assessments and training has been reviewed.
It was identified that further work was required to ensure compliance with the Provision and Use of Work Equipment regulations (PUWER). The service was recommended to collate manufacturer's instructions for all work equipment to ensure compliance with servicing requirements.	Sites Development now have a full inventory with servicing and vibration records All equipment currently being serviced or inspected (min within 12months)
Improving monitoring and control over CPC driver training.	CPC currently being done, majority of staff will have all driver hours by Autumn 2019.
Lack of health and safety supervision on site.	Supervisors have started to record inspection visits.



HSE enforcement action

Leicestershire County Council have not received any HSE enforcement action or prosecutions during the year 2018/2019.



Training Statistics

The following section highlights the numbers of delegates from the Council that have attended or completed corporate Learning and Development courses provided by the HS&W Service. **Note:** Figures also exclude job specific training which may have a safety consideration and any training which may have been arranged directly by managers within the department.

Course	A&C	E&T	CFS	CE	CR	PH
Stress Awareness E-learning	45	6	11	3	9	1
Managing Wellbeing, Stress and Pressure	28	5	7	0	3	2
COSHH	43	15	13	0	9	0
Fire Safety	282	38	63	11	37	2
Introduction to H&S (Mandatory) % shows the level of compliance within the department	216 (35% completed)	90 (56% completed)	72 (28% completed)	36 (39% completed)	282 (29% completed)	14 (69% completed)
Legionella Awareness	16	16	15	0	3	0
Management of H&S (Mandatory) % shows the level of compliance within the department	21 (40% completed)	50 (82% completed)	12 (24% completed)	11 (44% completed)	61 (57% completed)	3 (47% completed)
Manual Handling	46	40	21	9	36	1
Principles of Risk Assessment	30	99	6	2	1	8
Working at Height	16	21	2	0	10	1
Asbestos Awareness	0	1	2	0	1	0
Fire Risk Assessment	2	4	1	2	0	0
Albac Mat	37	0	13	0	7	0
Evac Chair	5	0	0	1	4	0



Key Performance Indicators

The following Key Performance Indicators (KPIs) were set in the 2015 – 2020 Health, Safety and Wellbeing Strategy to monitor improvements in Health, Safety and Wellbeing across Leicestershire County Council. The table below details the performance of the Council against the KPIs.

No.	Key Performance Indicator	Performance
1	Improvements in audit scores across all services of the authority, aim to achieve 50% reduction by 2018 on reports achieving 1 yearly audit revisits, and 100% by 2020.	86 audits were undertaken within 2018/2019. Major non-conformities were identified in 5 audits that were completed
2	All audit reports and action plans are developed within 5 working days from the completion of the audit.	The KPI was not met for all audits. 75% compliance.
3	LCC would like to realise a 10% reduction in workplace accidents and incidents year by year.	There has been an 18 % increase in the number of workplace accidents and incidents.
4	A 10% reduction in RIDDOR reported incidents year on year	This has not been achieved. (The number of RIDDORS increased by 1). This includes the 5 HAVS reports.
5	Robust documented investigations conducted in all instances where accidents are RIDDOR reportable for employees	100%
6	Ensure overall compliance with all applicable legislation across the authority.	The audits undertaken demonstrated partial compliance to applicable legislation. Details of major non-conformities are included in the report.



Wellbeing Activity

The data below is in relation to the usage of the internal Wellbeing Service (Counselling Sessions);

Department	Q1		Q2		Q3		Q4	
	New referrals	No. of Sessions	New referrals	No. of Sessions	New referrals	No. of Sessions	New referrals	No. of Sessions
Adults and Communities	3	78	15	90	21	121	20	150
Chief Executives	0	6	2	12	1	15	2	7
Children and Family Service LA Schools	7	24	5	32	10	44	7	173
Children and Family Service Non Schools	8	87	13	94	24	135	12	76
Corporate Resources	13	65	14	68	16	149	9	181
Environment and Transport	4	23	5	38	4	38	11	70
Public Health	1	5	0	17	2	8	3	17
Non-Declared	0	0	0	0	0	0	0	0
ESPO	0	0	1	0	2	5	2	14
Totals	44	355	67	420	105	609	88	799

Overview	2016/2017	2017/2018	2018/2019
Total new referrals	391	247	304
Total sessions	1442	1018	2183

23% increase in number of **referrals** compared to 2017/18

114% increase in number of **sessions** compared to 2017/18

The increased usage of the services is partially attributed to the additional full time Wellbeing Advisor that was appointed in Q3. The Wellbeing team have made significant progress in reducing the waiting time to access the service.

New for 2019/2020 - Employee Assistance Programme

Launched in April 2019 the new telephone counselling service will be trialled for 1 year. The EAP will work alongside our current Wellbeing Service and will provide additional confidential telephone counselling and self-help via our external Occupational Health Provider. The usage of this service will be monitored quarterly and will be reported on in the 2019/20 Health and Safety annual report.



Time to Change

The Time to Change pledge was signed by the Chairman of the County Council during the Stress Awareness Events that took place in the summer. During the events managers were asked to complete two HSE stress toolkits. The HSE Stress Indicator Toolkit which is designed to identify stress levels within a team, and the Line Manager Competency Indicator Tool which can help to measure how well managers are managing stress within their team. Following the event the HS&W team received several requests to undertake stress audits using the HSE Stress Indicator Toolkit.

The HS&W team have also supported with several personal stress risk assessments for various teams. The Line Manager Competency Indicator Tool will be promoted further in 2019-2020.

The Wellbeing Strategy was launched in 2018. The following KPI's were included within the strategy;

- 10% reduction in the number of employees being referred to occupational health with mental health issues.
- 30% increase in attendance of Stress Management Training.
- Reduced sickness absences rates, target of less than 7.5 days per employee.
- Increased visibility of mental health first aiders.
- Increase in healthy food options in the canteen.
- Promote the importance of physical exercise in managing mental wellbeing.

A Stress Working Group has been set up with representatives from Strategic Human Resources, Health Safety & Wellbeing and Learning and Development to help address issues relating to work related stress and mental health issues. The group works closely with other groups and teams such as Public Health, Wellbeing Champions and the Employee Wellbeing Service to help achieve the KPI's within the strategy. The following work streams were identified and progressed during 2018-19 financial year;

- **Promotion and marketing of the support available to managers and employees.** The group have been regularly updating information on the Corporate notice boards in line with stress and wellbeing information as well as the recently launched EAP scheme.
- **Education and Training.** Further training has been developed to support managers and employees with mental health and stress. Including stress awareness, sleep management and resilience.
- **Increased visibility of Mental Health First Aiders (MHFA).** The team is working to increase the visibility of MHFAs. A web form has been launched where MHFAs can record their MHFA intervention, refresher training has also taken place. MHFAs have also been issued with specific lanyards and have been instructed how to update their online profile to show they are a MHFA.
- **Wellbeing Calendar.** The team is working closely with Communications to promote national wellbeing days on the intranet calendar. Specific events and information has been provided to staff on national wellbeing days including Time to Talk Day and World Mental Health Day.



Occupational Health Referrals

Division	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
ESPO	1	1	3	3	1	0	2	2	2	2	0	1	18
Chief Ex	0	2	2	0	0	0	0	3	0	0	0	0	7
E&T	3	8	7	1	9	2	3	3	3	4	4	2	49
CFS	3	1	6	6	5	1	1	0	2	2	1	3	31
PH	0	2	0	1	0	0	1	0	1	0	0	0	5
CR	4	4	7	4	4	4	1	7	2	1	7	3	48
A&C	7	5	6	7	10	5	5	8	8	14	6	5	86
Total	18	23	31	22	29	12	13	23	18	23	18	14	244

Health and Safety Changes

There are a number of recent HSE safety alerts that could impact on service delivery. Where relevant, action has been taken at a department level.

Platform Lifts - Risk of falls from height to employees/workers and members of the public

Key Issues

Potential danger from:

- inadequate maintenance of door components;
- inappropriate adjustment of door locks;
- interference with zone bypass switches at doors;
- unauthorised access to lift well (shaft) when the lifting platform (lift car) is at a different level

Action required:

- carry out appropriate levels of maintenance; and
- regular safety checks

Change in Enforcement Expectations for Mild Steel Welding Fume

Key Issues

- There is new scientific evidence that exposure to all welding fume, including mild steel welding fume, can cause lung cancer.
- There is also limited evidence linked to kidney cancer.
- There is a change in HSE enforcement expectations in relation to the control of exposure of welding fume, including that from mild steel welding.
- All businesses undertaking welding activities should ensure effective engineering controls are provided and correctly used to control fume arising from those welding activities.
- Where engineering controls are not adequate to control all fume exposure, adequate and suitable respiratory protective equipment (RPE) is also required to control risk from the residual fume.

Preventing unauthorised access onto scaffolding and other work platforms

Key Issues

- Security of a construction site including scaffolding and ladders is vital to prevent unauthorised access onto scaffolding or other work platforms. Falls from height from scaffolding or incomplete buildings following unauthorised access by the public frequently involve children and result in major and sometimes fatal injuries. Access points may be designed for access or be opportunistic. All such routes may need to be secured by a combination of perimeter fencing, local fencing and ladder removal out of working hours, or securing ladders using a suitable ladder guard to make them unclimbable

The Health and Safety (Amendment) (EU Exit) Regulations 2018

- The above piece of legislation has been introduced to remove EU references in Health and Safety Legislation, the legal requirements of these regulations remain the same.



Guidance and Information

The HS&W Service have been actively engaged in reviewing all of the LCC policy and guidance documents available on the Intranet. This ensures that the policy and guidance given to Managers remains relevant, concise and appropriate to the changing circumstances of the Authority. The following table outlines the policies have been reviewed or developed within the 2018/19 financial year and those that are planned for review during the next. Managers are advised to ensure that they are familiar with those that are applicable to their operations.

Guidance Changes 2018 / 2019	Planned Guidance Changes 2019 / 2020
Microwave Guidance	CDM Guidance (completed)
Working at Height	HAVS Guidance (completed)
Driving in adverse weather	Confined Spaced (completed)
Use of Car Seat Belts and Restraint Systems for Children	Contractor Management (completed)
Driving in Hot Weather	First Aid (completed)
Driver and Vehicle Safety Guidance	Accident Reporting (completed)
	Pregnancy and Breast feeding (Formally New and Expectant Mother) (completed)
	COSHH
	Lone Working
	Safety whilst Smarter Working
	Management of Stress

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