

Annual Health and Safety Report

Report to: Board

Date: 30 September 2016

Report by: Gordon Weir, Executive Director Corporate and Customer Services

Report No: B-23-2016

Agenda Item: 16

PURPOSE OF REPORT

To advise the Board of the health and safety performance of the Care Inspectorate for 2015-16 and provide comparative information for 2014-15. The report also summarises the Health and Safety planned actions for 2016-17.

RECOMMENDATIONS

That the Board:

1. Notes the health and safety performance for 2015-16.

Version: 2.0 Status: Final Date: 23/09/2016

Version Control and Consultation Recording Form

Version	Consultation		Manager	Brie	ief Description of Changes		Date	
	Senior Manag	ement						
	Legal Service	S						
	Corporate and Customer Ser Directorate							
	Committee Consultation (where approp							
	Partnership For Consultation (where appropriate to the control of							
Equality	Impact Assess	sment						
Confirm that Involvement and Equalities Team have been informed			,	YES		NO [х	
EIA Carried Out			,	YES		NO [х	
If yes, please attach the accompanying EIA and appendix and briefly outline the equality and diversity implications of this policy.			d					
If no, you are confirming that this report has been classified as an operational report and not a new policy or change to an existing policy (guidance, practice or procedure)			₩ e,	Name: Carole Keillor Position: Corporate Health and Safety Adviser				
Authorised by Director Name:G Weir			!	Date:22/9/16				

1.0 BACKGROUND

1.1 The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 place duties on employers to ensure, so far as is reasonably practicable, the health and safety of their employees at work. This report outlines the health and safety performance of the Care Inspectorate for 2015-16.

2.0 ORGANISATION FOR HEALTH AND SAFETY

2.1 The Care Inspectorate carried out a root and branch review of its health and safety provision in 2015. This identified a number of actions required, the highest priority being the revision of the Corporate Health and Safety Policy. A detailed action plan was prepared following the review and the implementation of the plan is being monitored by the Resources Committee at each of its meetings.

The Resources Committee approved the revised Health and Safety Policy at its June 2016 meeting. The policy considers the following elements:

- Senior Management, management, employee, health and safety committee and partnership forum responsibilities
- Health and Safety Policies, procedures and guidance
- Health and Safety Planning
- Risk Management and Assessments
- Monitoring
- Review

The Health and Safety Committee, which replaced the National Health and Safety Forum, revised its role, remit and membership this year. It monitors and reviews health and safety performance throughout the year.

The Health and Safety Committee chaired by the Director of Corporate and Customer Services, meets four times a year to review and monitor the overall strategy, policies and procedures, national accidents/incidents and any trends as well as the overall health and safety performance.

3.0 HEALTH AND SAFETY ACHIEVEMENTS DURING 2015-16

3.1 Policies and Procedures

The following policies, procedures, guidance, risk assessments and forms were updated or developed in 2015-2016:

- Corporate Health and Safety Policy
- Zero Tolerance Policy
- Alcohol and Drugs Misuse Policy
- Display Screen Equipment Guidance
- Flu Vaccination Guidance
- Safe Use of Mobile Devices Guidance
- Fire Safety Risk Assessment
- Stress Risk Assessment
- Manual Handling Risk Assessment
- Homeworker Risk Assessment
- Operational Team Risk Assessment
- Office Risk Assessment
- Risk Assessment Template

3.2 Measuring Performance

3.2.1 Accidents, Incidents and Near Misses

All accidents and incidents require to be reported. There are concerns that the reporting regime has not been effective and there has been an element of underreporting in the past.

Following the recent training of all Team Managers with the Institute of Occupational Safety and Health qualification, there has been an increased awareness by managers of health and safety matters and this will be cascaded to staff through team meetings. It is anticipated that this will lead to a significant increase in the number of reported events over the next year. In addition, we are introducing reporting of "near misses" to support learning and improve controls.

The numbers of reported accidents and incidents for 2014-15 and 2015-16 are shown below.

ACCIDENTS

Accident Category	2014-15	2015-16
Machinery/Equipment	0	1
Burns	0	2
Vehicles/Cars/Road/Traffic	1	2
Moving / Falling Object	1	1
Slips, Trips and Falls	3	4
Cuts	0	1
Other	0	1
Total	5	12

INCIDENTS

Incident Category	2014-15	2015-16
Lone working	2	0
Verbal Aggression	6	8
Vehicles/Cars/Road/Traffic	2	3
Machinery/Equipment	0	1
Slips/Trips/Falls	0	2
Weather	0	1
Other	2	3
Total	12	18

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) require certain types of work related accidents and injuries to be reported to the Health and Safety Executive. There was one such instance reported in 2015-16 (a back injury) and one in 2014-15 (due to a fall on a public pavement while travelling from an inspection).

3.2.2 Absence

Total Sickness Absence for 2014-15 and 2015-16 is as follows:

Directorate/Business Area	Total 2014-15	Total 2015-16
Strategic Development - Complaints and Registration	0.0%	4.3%
Corporate Services	3.1%	2.2%
Corporate Services - Business Support	3.9%	3.5%
Inspection – Adult Services	2.1%	4.8%
Inspection - Children and CJ	5.1%	6.8%
Senior Management	0.4%	7.2%
Strategic Development	3.1%	4.7%
Overall Percentage	3.6%	4.8%

Overall, there was an increase in the total sickness absence for 2015-16 due to the long term sickness absence of a small number of staff. For comparison purposes the public sector average is 3.8% (source - Chartered Institute of Personnel and Development.

Of the total Overall Percentages of 3.6% and 4.8% per year respectively, the cause of the absences can be broken down as follows:

Cause	2014-15	2015-16
Acute and Chronic Conditions	10.0%	9.0%
Back and Neck Problems	5.4%	8.1%
Disability Related Absence	0.0%	0.0%
Drink or Drug Related Conditions	0.0%	0.0%
Injuries/Accidents	0.9%	0.2%
Minor Illness (short term)	21.3%	31.7%
Work Related Upper Limb Disorders (WURLDs)	5.2%	6.4%
Pregnancy Related Absence	0.7%	0.8%
Psychological/ Mental Health	20.7%	20.4%
Recurring Medical Conditions	7.2%	5.4%
Special Cases	0.0%	0.0%
Stress	28.6%	18.0%
TOTAL	100.0%	100.0%

After short term illnesses, stress is the highest cause of sickness absence in 2015-16. We will be working with Healthy Working Lives to produce a new Stress Management Policy and action plan to reduce our workplace stress.

3.2.3 Risk Assessment

The Health and Safety Risk Assessment Policy is under review, however risk assessments have continued to be carried out. The numbers for the two years are:

Specific Risk Assessments	2014-15	2015-16
Disability	3	3
III Health	4	5
Stress	3	5
Pregnant / New Mother	0	3
Manual Handling	0	0
Young Person (Under 18)	0	1
Other	0	2
Total	10	19

3.2.4 Premises Inspection

All offices had a minimum of one premise inspection completed during each year. No major health and safety issues were raised and action plans were created to resolve any minor issues identified.

3.2.5 Disabled Evacuation

We are in the process or retraining all disabled evacuation chair and/or evacuslide mattress wardens in the Dundee, Aberdeen, Hamilton and Musselburgh offices. The remaining offices have varying levels of accessibility for people with mobility impairments in relation to safely evacuating in an emergency. The majority of issues are being resolved through sharing resources with Scottish Government bodies we share premises with or through prioritising ground floor locations when leases are renewed.

A benchmarking exercise is in progress with information from a number of Scottish Government bodies including Scottish Prisons Service, Scottish Childrens Reporter Administration and Scottish Parliament in relation to disabled evacuation procedures.

Every employee who has declared a disability or impairment has a specific risk assessment completed which incorporates a Personal Emergency Evacuation Plan (PEEP) and adjustments are made to ensure safe evacuation procedures are in place.

3.2.6 Health and Safety Learning and Development

Training completed in 2015/16 included:

- Safety for Senior Executives 17 persons
- Managing Safely 82 persons
- First Aid at Work 10 persons
- Evacu-chair/mattress Wardens 3 persons
- Evacu-chair Train the Trainer 2 persons
- DSE Assessors 29 persons
- Fire Wardens 52 persons

3.2.7 Service Level Agreement

Office of the Scottish Charity Regulator (OSCR)

The Corporate Facilities, Health and Safety Adviser continues to support the Office of the Scottish Charity Regulator (OSCR) to meet their legislative responsibilities for their local health and safety. A service level agreement has been formally agreed.

4.0 Health and Safety Plan 2016-17

4.1 Policies and Procedures

The following policies and procedures will be developed or updated in 2016-17:

- Management of Road Risk (MoRR) Policy
- Lone working Policy
- Stress Management Policy
- Health and Safety Risk Assessment Policy
- Emergency Evacuation Procedure
- Accident, Incident and Near Miss Reporting Procedure

4.2 Display Screen Equipment (DSE) E Learning

The DSE E learning contract ended in February this year. All DSE requirements are currently being undertaken by trained DSE assessors or, if appropriate, by Posturite, our approved contractor. However, there will be a new E learning contract put in place this year to include DSE, Basic Health and Safety and Basic Fire Awareness.

4.3 Health and Safety Provision

Since June 2015, there has been an external consultant in place to act as the organisation's 'Competent Person' for health and safety purposes. It is anticipated that by the end of this year, we will have our own, permanent, 'Competent Person' in place in that the Corporate Facilities, Health and Safety Adviser will have passed her National Examination Board in Occupational Safety and Health (NEBOSH) Diploma, the result due in November 2016. In addition, the Corporate Facilities, Health and Safety Assistant has a NEBOSH Certificate in Occupational Health and Safety, so between both members of staff there is a good level of knowledge and experience.

4.4 Audit

The Health and Safety Management System being followed by the Care Inspectorate is the Health and Safety Executive's Health and Safety Guidance 65 (HSG 65) – Managing for Health and Safety.

This guidance is structured under four sections, using a Plan, Do, Check, Act approach. Under "Check", we are required to measure our performance and auditing is one means to do so. Compliance audit plans are due to commence in August 2017 as this system is newly in place.

4.5 Health and Safety Learning and Development

Any new health and safety learning will be considered and agreed through the Health and Safety Committee and local forums where appropriate. For 2016-17 the health and safety training available will include:

- Fire Warden learning
- DSE Assessor learning
- First Aid learning
- Manual handling assessment learning

Training in dealing with violence and aggression will be reviewed in conjunction with the Organisational Development team.

5.0 RESOURCE IMPLICATIONS

There are no direct resource implications as a result of this report.

6.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

This report details measures and actions which should improve our health and safety culture by widening our staff's awareness of health and safety within their working environment and our commitment to their safety. This will have a positive effect on the way we work with people who use care services and their carers.

7.0 CONCLUSION

This report reviews the organisation's health and safety performance for 2015-16 and provides comparative information from 2014-15. The report also summarises Health and Safety plans for 2016-17.