

## PLYMOUTH CITY COUNCIL

**Subject:** Health, Safety and Wellbeing Report and the Annual Report  
**Committee:** Employment Liaison Committee  
**Date:** 8 July 2013  
**Cabinet Member:** Councillor Peter Smith  
**CMT Member:** Mark Grimley (Assistant Director HD and OR)  
**Author:** Emma Rose, Head of Health, Safety and Wellbeing  
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**Ref:**

**Key Decision:** No

**Part:** I

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### **Purpose of the report:**

The Employment Liaison Committee to note trend analysis relating to incidents, accidents and referrals made to occupational health and the associated recommendations made within the report. The report is in two parts:

- A. Health, safety and wellbeing update report, financial year to date
  - B. PCC annual health, safety and wellbeing report 2012/13
- 

### **Corporate Plan 2012 – 2015:**

The Health, Safety and Wellbeing team supports our employees to be safe, fit, healthy and productive and as such, contribute to the delivery of the Council's priorities.

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### **Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:**

### **Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:**

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### **Equality and Diversity:**

Has an Equality Impact Assessment been undertaken? Yes/No

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### **Recommendations and Reasons for recommended action:**

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### **Alternative options considered and rejected:**

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### **Published work / information:**

[HSE Simplified Young People's guidance for employers](#)  
[DfE/OFSTED Simplified Young People's guidance for employers](#)  
[Health Surveillance Guidance for Employers](#)

**Background papers:**

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

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**Sign off:**

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member													
Has the Cabinet Member(s) agreed the content of the report? Yes / No													

# HEALTH, SAFETY AND WELLBEING UPDATE FINANCIAL YEAR TO DATE

## 1.0 INCIDENT ANALYSIS

### 1.1 Total Incidents and Accident Incident Rates

1.1.1 A total of 470 incidents have been reported to the HSW Team in the 2013/14 financial year to date. This figure includes incidents at schools<sup>1</sup> and involving employees and nonemployees. This is an increase of 18 compared with the same period in 2012/13.

1.1.2 The total number of internally reported incidents has increased for employees and the total number of reportable and serious incidents has decreased. This is a continuing trend that suggests we continue to improve as an organisation at identifying and reporting more minor incidents and preventing major injuries occurring.

The following table summarises the incidents reported across the Council:

Table 1 – Incidents reported to HSW team financial year to date 2013/14 compared to 2012/13

incidents		TOTAL FYTD (April and May)		trend
		2013/14	2012/13	
Total		470	452	↑
Non-employees	Non school	70	94	↓
	school	142	138	↑
Employees	Non school	110	70	↑
	School	148	150	↓

1.1.3 The incident rates for non-school employees across all directorates are published as monthly dashboard reports on Staffroom and reported to local JCC's for further discussion and action. The most recently published dashboard is included as appendix I. The three most prevalent incident types across the council are displayed as key focus areas on the dashboard and remain:

- violent incidents
- slips, trips and falls
- manual handling related incidents

<sup>1</sup> not including Academies

## 1.2 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Incidents

1.2.1 There is a legal duty to report certain types of accident/incident to the Health and Safety Executive (HSE) under the RIDDOR 1995 Regulations. These include prescribed major injuries, over-7 day employee injuries where they are work-related, injuries to a member of the public that occur due to the work activity and result in person going straight to hospital from the scene, dangerous occurrences and work-related illnesses.

1.2.2 There have been 7 reportable incidents across the Council, including in schools, in the financial year to date. This figure includes all incidents linked to our work activities, whether related to pupils, members of the public or employees. This is a substantial decrease when compared with the same period in 2012/13 when 15 RIDDOR reports were made.

The following table summarise the RIDDOR reports across the council.

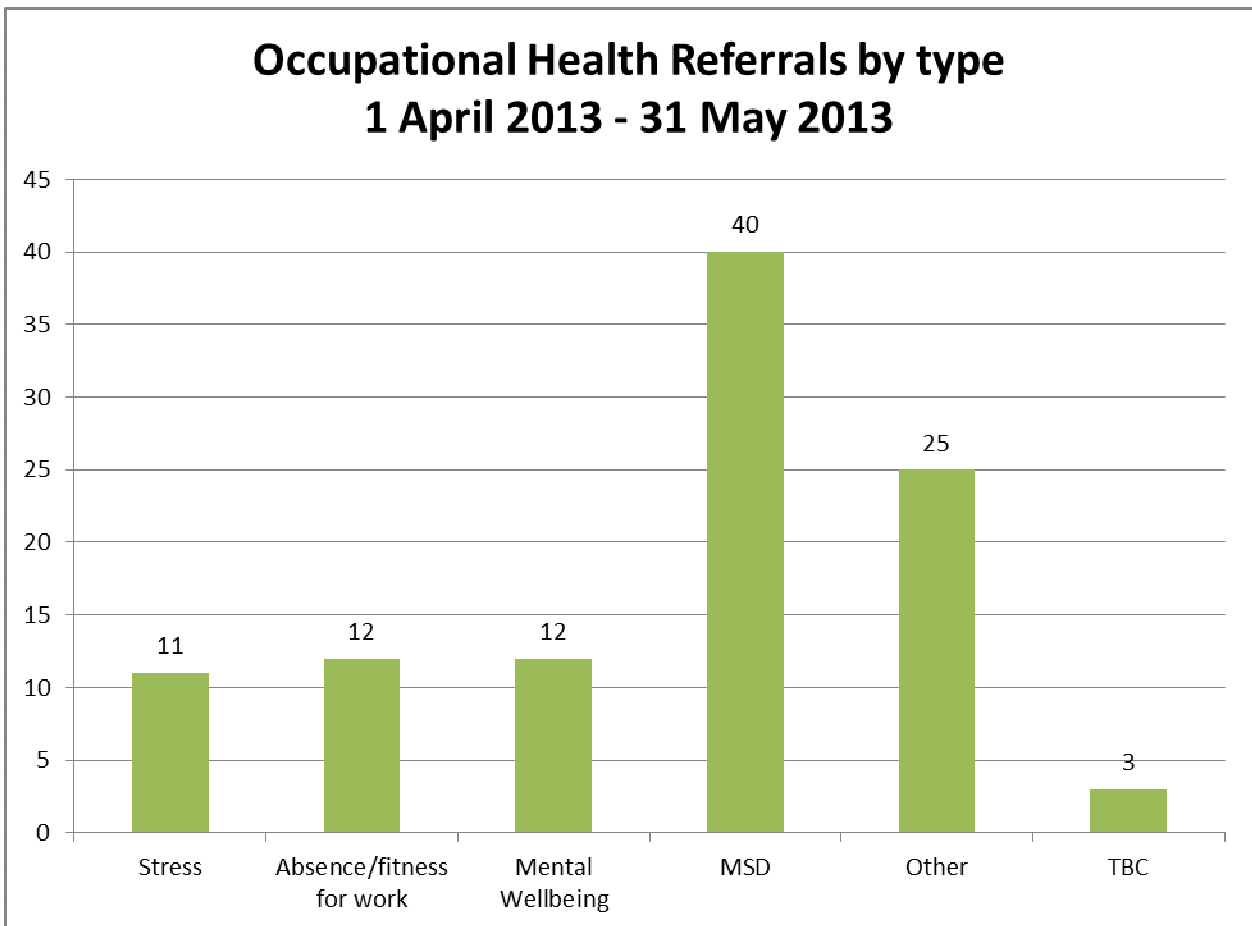
Table 2 – summary of RIDDOR incidents financial year to date 2013/14 compared to 2012/13

RIDDOR incidents		TOTAL FYTD (April and May)		trend
		2013/14	2012/13	
Total		7	15	↓
Non-employees	Non school	0	4	↓
	School	0	3	↓
Employees	Non school	4	5	↓
	(of which Major)	1	1	↔
	School	3	3	↔
	(of which Major)	2	1	↑

### 1.3 Occupational health referrals

1.3.1 A total of 103 referrals have been made to occupational health (OH) financial year to date. This compares with 105 for the same period last year.

1.3.2 An analysis of occupational health (OH) referrals demonstrates that the top two priority areas remain musculoskeletal (MSD) and mental health issues. The breakdown for the financial year to end of May 2013 is as follows:



The 'other' category includes a wide range of referral types that are grouped together to avoid identifying individuals. 'TBC' is a code used by our OH provider for referrals that they have not yet classified.

1.3.3 As reported to previously, when taken in conjunction with the incident analysis summarised in section 1.1, this OH evidence further supports more work and interventions in relation to musculoskeletal injuries (including slips, trips falls) and mental health (including violent incidents). Focussing on these priority areas will have the greatest impact in reducing incident rates and improving employee health, safety and wellbeing.

## 2.0 Legal Update

Recent HSE updates of particular relevance include:

### 2.1 Simplified Young People's guidance for employers

HSE has published revised [guidance](#) for employers with health and safety responsibilities for young people, and in particular those on work experience. The simplified guidance provides clarity, particularly in the areas of risk assessment and clearly sets out what work experience organisers do and do not need to do. This makes it clear that if workplace risk has already been assessed with young people in mind, there is not a requirement to repeat this for each new student. The insurance industry has committed to treat work experience students as employees for the purposes of insurance against bodily injury and confirmed that simply giving work experience opportunities to students will not in itself impact on insurance premiums. DfE and Ofsted have published [guidance](#) to clarify the health and safety responsibilities for educational establishments organising work experience opportunities.

### 2.2 Health Surveillance Guidance for Employers

The HSE has updated their online health surveillance guidance to produce a clear and simple [resource](#) to help employers to understand what they need to do to check and protect their workers' health.

### 2.3 Changes to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

From 1 October 2013, subject to Parliamentary review, the law will change, to simplify and clarify the reporting requirements in relation to work-related accidents, illness and dangerous occurrences. Online guidance is being produced which will explain the new requirements, and provide examples of what does and does not require reporting. A quickstart guide to the new regulations will be available to download in July 2013. Following the analysis of the consultation responses, HSE is recommending retaining the requirement to report certain injuries to non-employees and has published a preferred option for the simplification of RIDDOR as follows:

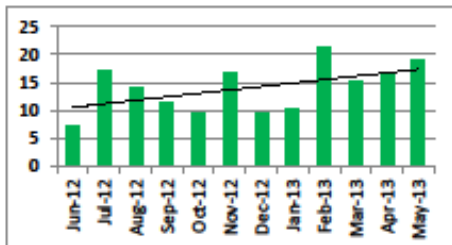
- All deaths to both workers and people not at work
- All major injuries (revised list) to people at work
- Over-seven day injuries to people at work.
- Dangerous occurrences associated with higher-risk industries and activities.
- Domestic gas events.
- Non-fatal injuries to non-workers requiring hospital treatment
- Ill health conditions (revised list of 8 rather than current 47 conditions)

COUNCIL WIDE INCIDENTS (EXCL SCHOOLS)

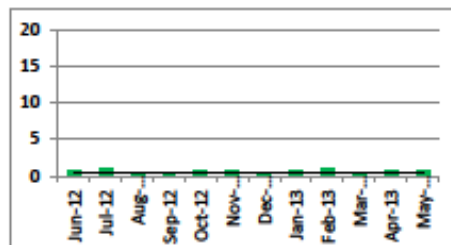
May 2013

Directorate	Number of Incidents	Incidence Rates		Direction of travel since last month
	Financial Year to Date	Average	Max	
Executive Unit	0	0	0	↔
People	58	18	20	↔
Place	34	14	19	↓
Corporate Services	18	6	19	↔
<b>Council Wide Total</b>	<b>110</b>	<b>14</b>	<b>19</b>	<b>↑</b>

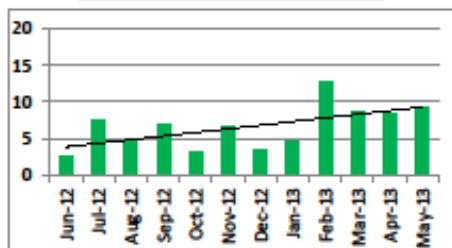
Accident Incidence



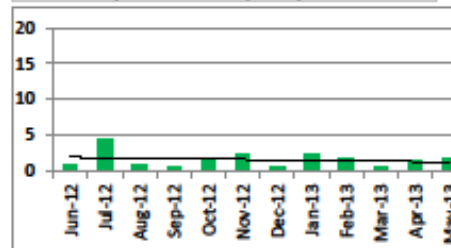
RIDDOR Incidence Rate



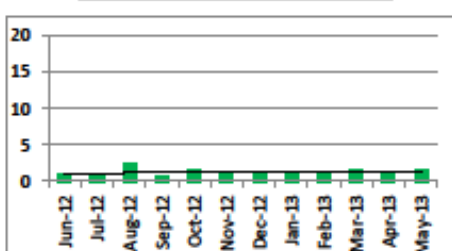
Key Focus Area: Violent Incidents



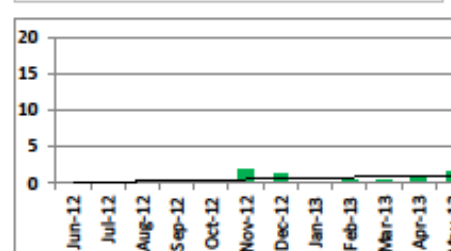
Key Focus Area: Slips, Trips, Falls



Key Focus Area: Manual Handling



Key Focus Area: Near Misses



Note: these figures indicate a rate for the number of accidents per 1000 employees and are based on the number of incidents/ill health reports received each month.

# HEALTH SAFETY & WELLBEING

Annual Report 2012/13



**PLYMOUTH**  
CITY COUNCIL

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## **I INTRODUCTION**

This is the first annual health, safety and wellbeing report for Plymouth City Council that brings together the various pieces of information previously reported to different forums. The Council recognises that in order to be a brilliant, cooperative council we need to ensure that our employees, contractors and volunteers are safe and well and that our customers are positively affected by our activities. Improving our annual reporting format helps us to maintain a clear focus on priorities for the future and promote the continual improvement of health, safety and wellbeing performance.

This report:

- Summarises the Council's health, safety and wellbeing management system
- Summarises the health, safety and wellbeing performance 1 April 2012 to 31 March 2013
- Outlines plans for 2013/14.

## **2 organisation**

The Director of Corporate Services is the corporate Health, Safety and Wellbeing Champion. The primary method of communication and consultation in respect of corporate health, safety and wellbeing is through the Employment Liaison Committee (ELC) which is chaired by the Assistant Director for Human Resources and Organisation Development. The ELC has representation at a senior level from each of the Directorates and from our recognised Unions.

The Head of Health, Safety and Wellbeing provides performance reports that include information on incidents reported, occupational health referrals and emerging issues at each meeting and actively engages with management and Unions to identify and resolve health, safety and wellbeing issues. Regular reports relating to claims received are provided by the Head of Corporate Risk and Insurance.

ELC meets each quarter to discuss issues raised within individual Directorates which may have an impact across the Authority and to share good practice. Each Directorate area runs Joint Consultative Committees (JCCs), also on a quarterly basis, which link to the ELC. A number of health and safety liaison groups are associated with each JCC which look into issues in more detail and may run task and finish projects.

## **3 HSW Planning**

The Council fulfils its legal responsibility for health, safety and wellbeing by:

- Maintaining a robust Occupational Health and Safety Management System (OHSMS);
- Providing a team of competent health, safety and wellbeing professionals to provide specialist support to service areas;
- Delivering and facilitating health, safety and wellbeing training on the basis of identified risk;
- Measuring performance through a robust audit programme.

### **3.1 Maintaining a robust Occupational Health & Safety Management System**

The Council's occupational health and safety management system is subject to continuous review and improvement.

#### **3.1.1 Examples of additions / improvements 2012/13:**

- Implementation of a first aid performance standard;
- Started detailed review of all health and safety performance standards, with user group input from service areas and Unions;
- Development of corporate potentially violent persons register;
- Development of self-service incident management solution;
- Development of 3 year internal HSW audit programme;
- Development of the traded services brochure to identify health, safety and wellbeing services available for Academies and non-maintained schools wishing to buy back services.

#### **3.1.2 Proposed developments 2013/14:**

- Implementation of 3 year formal audit programme;
- Complete detailed review of health and safety performance standards;
- Launch of a self-service incident management solution;
- Launch of a corporate potentially violent persons system;
- Integrate guidance and standards relating to corporate buildings into the health and safety performance standards framework.

### **3.2 Providing a team of professionals to provide specialist HSW support**

The Council maintains a team of competent Health and Safety professionals to act as competent persons for the organisation.

#### **3.2.1 The team is responsible for:**

- Maintaining a robust Occupational Health and Safety Management System as outlined in section 3.1 above;
- Providing health and safety management information to Directorates to assist them in managing health and safety and in setting health and safety goals;
- Providing reactive advice and support on a range of Health, Safety and Wellbeing issues;
- Undertaking a comprehensive health and safety internal audit programme;
- Providing training/toolbox talks/workshops/briefing sessions covering a range of topics

### **3.2.2 Team development**

In order to ensure that the Health, Safety and Wellbeing continues to maintain its professional status and as part of the succession planning, two of the team are undertaking NEBOSH Diploma training supported by the organisation.

### **3.3 Training for employees**

The Health Safety and Wellbeing Team deliver, develop and commission face to face training as identified as necessary on the basis of risk. The team is also developing an e-learning module for occupational health and is reviewing this method of delivery for other topic areas.

Training activity includes Governors' briefings, Head teacher's induction, IOSH Managing Safely, DSE, COSHH, stress and resilience, risk assessment. A full menu of programmed training is available on Staffroom.

### **3.4 Measuring performance through a robust audit programme**

During the period April 2012 to March 2013 an external audit was carried out by Gallagher Basset supported by the HSW team. This focussed on the implementation of our stress and resilience health and safety performance standard was completed. A number of pilot audits were also completed by the HSW team in the planning of the 3 year rolling programme that is being implemented in 2013/14.

The timetable for a 3 year rolling HSW audit programme is included as [Appendix I](#).

## **4 Consultation and Communication**

### **4.1 Internal**

The Health, Safety and Wellbeing Team consult with the organisation through a variety of channels including:

- Staffroom/Schoolroom
- School newsletter
- Meetings including:
  - Employment Liaison Committee (ELC);
  - Lead Reps;
  - Departmental Management Teams;
  - Directorate Joint Consultative Committees (JCCs)
  - Department health and safety liaison groups ;
  - Capital Delivery Board.

## **4.2 External Consultation and Communication**

The Health, Safety and Wellbeing Team consult with external interested parties including:

- The council's Occupational Health provider IMASS;
- The Health and Safety Executive;
- Public Health England;
- Devon and Somerset Fire and Rescue Service;
- Devon and Cornwall Police;
- Plymouth Community Healthcare;
- Plymouth Hospitals NHS Trust;
- Queen's Harbour Master;
- Other local authorities and district councils;
- External training providers.

## **5 Health, Safety and Wellbeing Objectives**

The Health, Safety and Wellbeing Team sets annual objectives through service planning based on the identification of risk.

The table below provides a review of the objectives set for 2012/13 and identifies the objectives for the period 2013/14.

Objective 2012/13	Review	New Objective 2013/14
Implement a flu vaccination programme for non-school employees, to help reduce sickness absence and raise engagement. Target of 10% take up	'Beat the Bug' implemented in November 2012 exceeded target take up. Overall sickness absence during the flu season lower in 2012/13 than previous year	Increase uptake of the scheme and further reduce absence associated with flu.
Reduce sickness absence	Overall levels of sickness absence reduced 2012/13 vs 2013/14.  Focussed project completed identifying causes of long term sickness absence and producing Managing Attendance Action plan	Reduce sickness absence to agreed target and threshold levels by:  Completing Managing Attendance Action Plan Investigating the business case for 'passport to physio' intervention for musculoskeletal disorders Implement enhanced mental health awareness training Increase usage of employee assistance programme Developing occupational health e-learning packages. Improving information on Staffroom
Provide good occupational health and wellbeing support to employees.	Scrutiny report 2 July 2012 demonstrated increased investment in occupational health had reduced sickness absence over the same period	Review performance and consider whether occupational health and employee assistance programme contracts to be extended for further 2 years from January 2014
Reduce impact on our employees of potentially aggressive situations by:  • providing corporate conflict resolution training	External provider sourced, 2 year funding agreed	Review provision and implement long term solution for delivery
Provide a system to share appropriate information with employees in order to protect their safety by:  • Developing a corporate potentially violent persons	CRM solution under development	Implement corporate PVP register

Objective 2012/13	Review	New Objective 2013/14
register		
Improve compliance and assurance by developing the formal internal health, safety and wellbeing audit programme	Timetable produced and programme underway with first audits due in Autumn 2013	Implement the improved formal audit system by: <ul style="list-style-type: none"> <li>• Completing internal HSW audits according to timetable</li> <li>• Establishing target completion rates following baseline check in year 1 (2013/14)</li> </ul>
Provide resilient, competent HSW team to support the organisation by: <ul style="list-style-type: none"> <li>• Supporting NEBOSH diploma level training for technicians</li> <li>• Supporting CPD requirements of the team</li> </ul>	NEBOSH diploma level training partially complete  Formal audit training funded	Complete diploma level for technicians by 2014/15  Continue to identify and support development needs for the team through the appraisal process
Improve access to Health, Safety and Wellbeing Management information	Monthly dashboard reports published to Staffroom  Quarterly reports to JCCs and ELC  ELC report includes OH data  Referring managers have live access to OH referral information via the IMASS portal	Develop and provide regular OH trend information  Implement self-service for incident management to include access to summary reports

## **6 Incident management**

The HSW team receives paper incident report forms, enters them onto a database and analyses trends in order to identify key focus areas for interventions. A total of 3,111 incidents were recorded between April 2012 and March 2013. This is an increase of 100 compared with the previous year. It is important to note that the incidents reported include near misses and we actively encourage reporting in order to identify risk and take preventative action wherever possible. The dashboard report for the full year is included as [appendix 2](#). The top three key focus areas were:

1. Violent incidents (which includes unintentional violence in special schools settings and verbal violence)
2. Slips, trips and falls
3. Manual Handling

Of the 3,111 incidents reported last year, 64 were reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. This is a reduction of 23 compared with the previous year. RIDDOR reports include, but are not restricted to:

- accidents to members of the public as a result of the Council's activities that result in the person going straight to hospital
- injuries to our employees that result in a broken major bone
- injuries to our employees that lead to that person needing over seven days off work to recover

Detail of the incidents received is included in tables 1 – 3 in [appendix 3](#) and for reportable incidents, tables 4 – 6, [appendix 4](#).

There were no formal interventions by external enforcement agencies in terms of general health and safety compliance in 2012/13.

## **7 HSW team resources**

The following changes impacted on the work of the Health, Safety and Wellbeing Team during the period covered by this report:

- Reduction in team resources of 0.6 FTE;
- Changes to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations RIDDOR (over 7 days rather than over 3);

The following developments are anticipated to impact on the work of the Health, Safety and Wellbeing team in the coming year:

- The outcomes and support for the HSW audit programme
- Support for the transformation programme, yet to be quantified
- Outcomes of the transformation programme

## **8 Occupational Health and Wellbeing**

### **8.1 Occupational Health**

The Council has an external contract for the provision of occupational health services with IMASS and an Employee Assistance Programme with Workplace Options. Both contracts were awarded in January 2011 for three years with have an option to extend for a further two.

A total of 664 referrals were made to IMASS in the period covered by this report. This is a small increase of 8 compared with the previous year.

The top two reasons for referral were musculoskeletal and mental health. Together, these conditions made up nearly 60% of all referrals.

We continue to work with IMASS on interventions to reduce the impact of our activities on the health of our employees, and support those with non-work related conditions to remain in active employment with us. In order to impact the trends identified, consideration is being given to a 'passport to physio' project and mental health awareness training.

More detailed analysis of the occupational health referrals is included in charts 1 - 3 as [appendix 5](#).

## **8.2 Employee Assistance Programme**

The Council has access to an Employee Assistance Programme through Workplace Options which provides access to a 24/7 helpline and a signposting website for wellbeing and financial services and support. Management information is provided on a quarterly basis.

An average of 125 logins to the website and 50 telephone support cases take place each quarter. The HSW team will be raising awareness of the service in the coming year and assessing whether to extend the contract.

## **9 Conclusions**

The Health, Safety and Wellbeing Team continue to engage with internal and external stakeholders to enable the Council to continually improve health, safety and wellbeing performance and comply with the law.

Incident reports are increasing year on year but reportable injuries, diseases and dangerous occurrences are significantly decreasing. This indicates that the organisation is becoming more proactive and recognising the value in investigating near misses in order to prevent injuries. The revised audit programme will build on these indications of improvement and continue the focus on a more proactive health, safety and wellbeing culture.

Mental health and musculoskeletal disorders, whether or not related to a workplace accident, continue to present significant challenges. We will continue to work with our occupational health provider to implement interventions to prevent these conditions that affect our employees whenever possible.

CMT and the ELC is asked to note and support the content of this annual report and management review.



# HSW Audit Programme

Below is the three year Health, Safety and Wellbeing (HSW) audit programme based on risk profile. We will give each Director and respective Head of Service two months' notice of each audit. The programme has been developed to address the strategic risk register entry and we need your commitment to help us make this really productive, identifying emerging issues and moving towards a more proactive safety culture. The key benefits to be realised from implementing the programme are:

- better safety management information available to inform sensible, risk based decision making
- improved risk profile of organisation
- assurance of legal compliance
- improved staff awareness of roles and responsibilities
- emphasis on proactive ways of working, that then promote continual improvement
- reduced risk of litigation/claims.

For further details, please contact the HSW Team.

## Corporate Services Directorate and Executive Office

Department	Service area	Audit date
Finance, Efficiencies, Technology and Assets	Capital and Assets	February 2014
Customer Services	Library Services	May 2014
Democracy and Governance	Plymouth Register Office	August 2014
Finance, Efficiencies, Technology and Assets	ICT	November 2014
Democracy and Governance	Democratic and Member Support	March 2015
Democracy and Governance	Electoral Services	March 2015
Customer Services	Customer Services/Customer Relations	July 2015
Finance, Efficiencies, Technology and Assets	Finance	September 2015
Finance, Efficiencies, Technology and Assets	Revenues and Benefits	September 2015
Democracy and Governance	Coroner's Office	January 2016
Democracy and Governance	Legal Services	January 2016
Democracy and Governance	Risk and Insurance	January 2016
Human Resources and Organisational Dev	Organisational Development	April 2016
Human Resources and Organisational Dev	Corporate Functions	April 2016
Human Resources and Organisational Dev	HR Advisory	April 2016
Corporate Communications	Communications Unit	August 2016
Policy, Performance and Partnerships	Civil Protection Unit	August 2016
Policy, Performance and Partnerships	Policy, Performance, Partnerships	August 2016
Policy, Performance and Partnerships	Transformation Team	August 2016

## Place directorate

Department	Service area	Audit date
Environmental Services	Waste and Street Scene	October 2013
Planning	Building Control Partnership	January 2014
Planning	Development Management	April 2014
Environmental Services	Public Protection Services	July 2014

Economic Development	Museums, Heritage and Arts	October 2014
Environmental Services	Waste Disposal	January 2015
Transport and Infrastructure	Parking, CCTV and Marine Service	May 2015
Environmental Services	Fleet and Garage	June 2015
Economic Development	Land and Property	November 2015
Transport and Infrastructure	Transport Strategy and Programme Mgmt	November 2015
Transport and Infrastructure	Living Streets and Network Management	December 2015
Planning	Development Planning	December 2015
Economic Development	Strategy Development	March 2016
Economic Development	Economy, Enterprise and Employment	March 2016
Economic Development	Capital Strategy/Capital Programmes and Projects	June 2016
Business Team	Business Team	July 2016

### People directorate

Department	Service area	Audit date
Homes and Communities	Youth Service	September 2013
Joint Commissioning and Adult Social Care	Adult Social Care	November 2013
Homes and Communities	Safer Communities	December 2013
Education, Learning and Families	Behaviour Attendance and Family Support	March 2014
Education, Learning and Families	Neighbourhood and Informal Learning	June 2014
Education, Learning and Families	Education Catering	September 2014
Children's Social Care	Children and Young People in Care	December 2014
Joint Commissioning and Adult Social Care	Commissioning - adults and children	February 2015
Children's Social Care	Children in the Community/Family Support	April 2015
Education, Learning and Families	School Org, Access and Sv to Schools	October 2015
Homes and Communities	Housing Options	October 2015
Homes and Communities	Private Sector Housing and Regeneration	February 2016
Homes and Communities	Anti-social behaviour team	February 2016
Education, Learning and Families	Plymouth Community Psychological Service	May 2016
Education, Learning and Families	Integrated disability service	May 2016
Education, Learning and Families	Schools and Settings	May 2016
Education, Learning and Families	Pupil and Access Service	July 2016

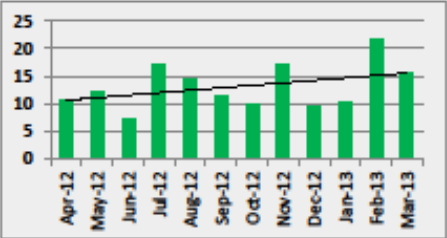
# Corporate Dashboard report April 2012 – March 2013

## COUNCIL WIDE INCIDENTS (EXCL SCHOOLS)

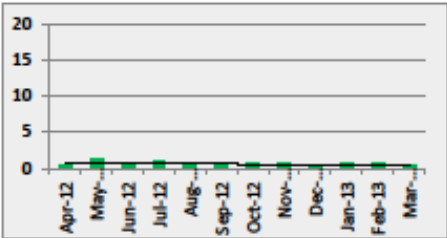
March 2013

Directorate	Number of Incidents	Incidence Rates		Direction of travel since last month
	Financial Year to Date	Average	March	
Executive Unit	0	0	0	↔
People	307	18	24	↓
Place	122	13	10	↓
Corporate Services	52	5	7	↔
<b>Council Wide Total</b>	<b>481</b>	<b>13</b>	<b>16</b>	<b>↓</b>

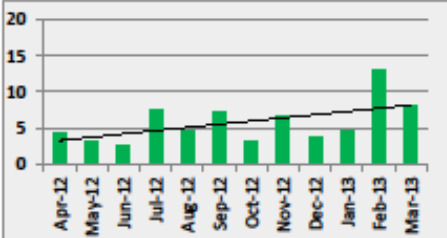
Accident Incidence



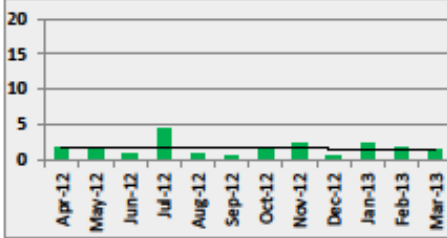
RIDDOR Incidence Rate



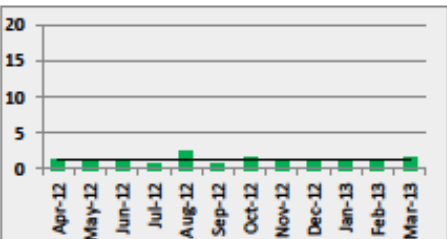
Key Focus Area: Violent Incidents



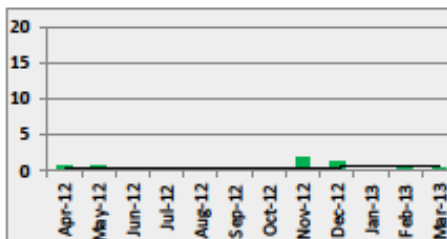
Key Focus Area: Slips, Trips, Falls



Key Focus Area: Manual Handling



Key Focus Area: Near Misses



Note: these figures indicate a rate for the number of accidents per 1000 employees and are based on the number of incident/ill health reports received each month.

## Incident reports received | April 2012 to 31 March 2013

**Table 1 – totals by category of injured person**

Category	Directorate			
	Corporate Services	People	Place	Total
Agency	8	37	24	69
Client	0	200	3	203
Contractor	0	4	2	6
Employee	52	1506	121	1679
Member of the public	12	126	29	166
n/a <sup>2</sup>	2	2	2	6
Pupil	0	981	0	981
<b>Grand Total</b>	<b>74</b>	<b>2856</b>	<b>181</b>	<b>3111</b>

**Table 2 – totals by category of injured person excluding schools**

Category	Directorate			
	Corporate Services	People	Place	Total
Agency	8	31	24	63
Client	0	198	3	201
Contractor	0	2	2	4
Employee	52	307	121	480
Member of the public	12	101	29	142
n/a <sup>1</sup>	2	1	2	5
Pupil		33		33
<b>Grand Total</b>	<b>74</b>	<b>673</b>	<b>181</b>	<b>928</b>

**Table 3 – totals by category of injured person schools only**

Category	Schools (excluding Academies)	Academies (5)	Total
Agency	6	0	6
Client	1	1	2
Contractor	2	0	2
Employee	1178	21	1199
Member of the public	24	1	25
n/a <sup>1</sup>	1	0	1
Pupil	925	23	948
<b>Grand Total</b>	<b>2183</b>	<b>46</b>	<b>2183</b>

<sup>2</sup> near miss or property damage  
Revised Dec 2012

## Reportable incidents received | April 2012 to 31 March 2013

**Table 4 – Reportable incidents, including schools**

Category		Directorate			
		Corporate Services	People	Place	Total
Agency	Major injury	0	0	1	1
Employee	Major injury	1	14	1	16
	>7day	1	18	7	26
Member of the public		1	1	3	5
Dangerous Occurrence		0	0	1	1
Pupil		0	15	0	15
Grand Total		3	48	13	64

**Table 5 – Reportable incidents, excluding schools**

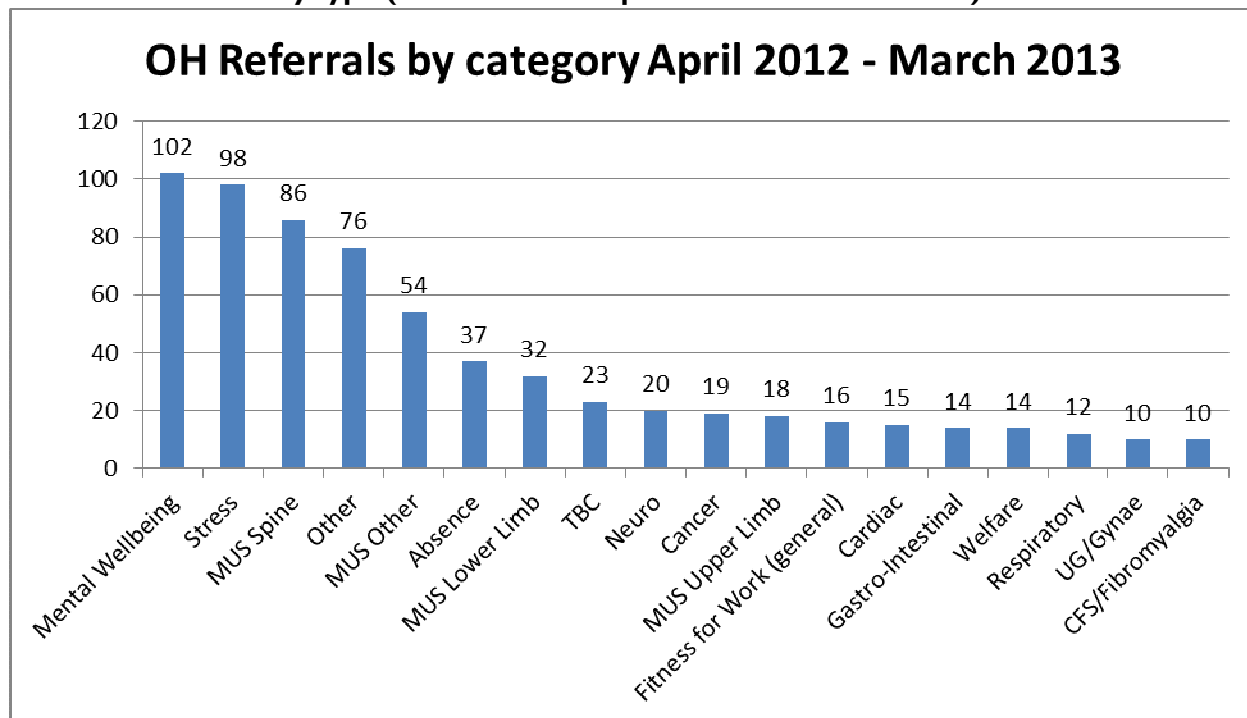
Category		Directorate			
		Corporate Services	People	Place	Total
Agency	Major injury	0	0	1	1
Employee	Major injury	1	5	1	7
	>7day	1	8	7	16
Member of the public		1	1	3	5
Dangerous occurrence		0	0	1	1
Pupil		0	1	0	1
Grand Total		3	15	13	31

**Table 6 – Reportable incidents, schools only**

Category		Schools (excluding Academies)	Academies (5)	Total
Employee	Major injury	9	0	9
	>7day	8	2	10
Pupil		13	1	14
Grand Total		30	3	33

# Occupational Health Referrals | April 2012 to 31 March 2013

Chart 1 – Referrals by type (total of 664 compared with 656 in 2011/12)



Notes:

- TBC is used by IMASS where the referral is yet to be categorised
- 'Other' is used for conditions that do not fall into any of the other categories in the chart above
- MUS covers musculoskeletal conditions.

Chart 2 – Referrals by Gender

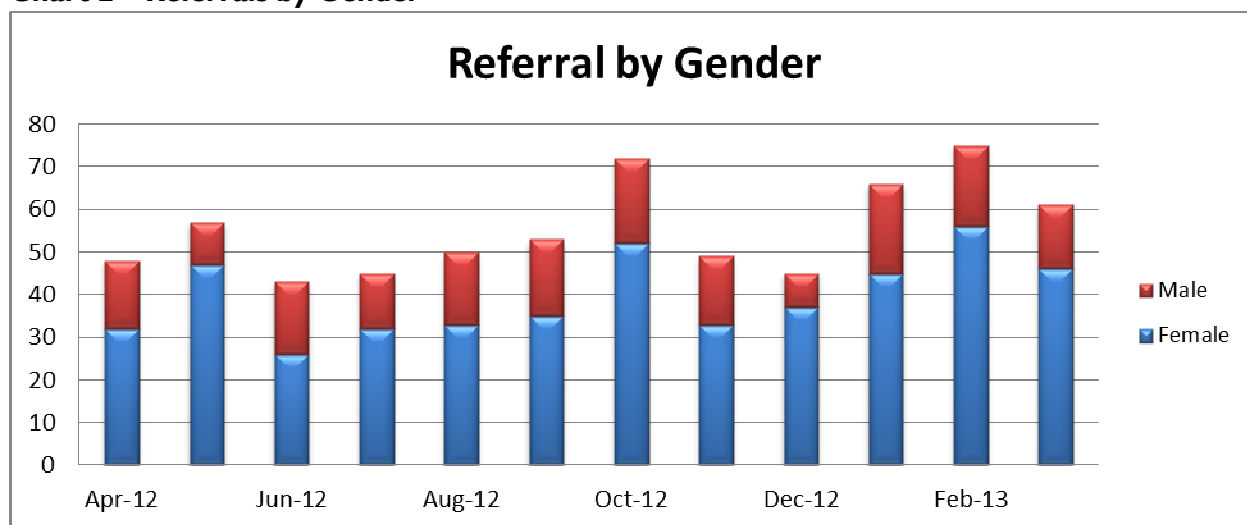


Chart 3 – Referrals by age

