



ANNUAL HEALTH AND SAFETY REPORT 2007/08

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Executive Summary

This report is a statement of the County Council's occupational health and safety performance during 2007-2008 and of its intentions with regard to health and safety for the year 2008/09 and beyond.

Cumbria County employs approximately 17 000 employees in varied roles and exposed to similarly varied risks.

Health and safety support is provided by a combination of Corporate and Directorate based staff.

Our statistical information shows that on first appearance accidents appear to be on the increase at Cumbria but this is not supported when looking at more reliable statutorily reportable accident information which indicates the opposite trend.

When compared to available national accident data we perform better in most areas, with Adult Services being the exception.

Adult Services has the highest rates of accidents in relation to violence and aggression, and handling, lifting and carrying when compared to other Directorates but this should not be surprising given the nature of the work undertaken. Slips, trips and falls accident rate is more even across Directorates.

Since 2001 / 02 prevalence and lost working time from work related injury and ill health have increased despite targets to reduce them. Lost working time and cases of work related injury and ill health is greatest in Adult Services and Children's Services.

Whilst our prevalence rate for work related injury and ill health is generally worse than the national picture more importantly our position with regard to lost working time is better than the national picture.

The majority of work related injury and ill health cases and 80 percent of work related lost working time is attributable to stress, anxiety and depression.

Over the year we had a number of Health and Safety Executive (HSE) visits but in common with recent years we were not subject to any enforcement action.

The majority of our performance indicators, as currently set, have not been achieved. The validity of the current indicators is questionable and a number are to be changed going forward to make them more reliable and representative indicators of performance. A number of factors prevented achievement of actions identified in the year's corporate health and safety action plan.

Going forward, following the appointment of a new Corporate Director for Organisational Development and a new Corporate Health & Safety Manager, a significant work programme for 2008/09 and beyond to improve health and safety management has been identified and is now underway.

Background

Cumbria County Council is the upper tier of local government in Cumbria and together with six district councils delivers services to the people of Cumbria. The County Council employs approximately 17 000 people.

The County Council aims to deliver efficient and effective public services in areas including waste disposal, highway maintenance, strategic planning, education, social services, fire and rescue, library services and trading standards. It provides these services either directly or through strategic partners including Capita, Amey and Cumbria Waste Management. Although much of the “blue collar” services are provided by partner organisations some are still retained in house including catering, cleaning and residential care.

Because the directly provided services are quite diverse the range of risks is similarly varied. Although, violence and aggression is by far the biggest contributor to accidents, and stress and manual handling are the biggest contributors to work related absence there are many other specific risks, including, for example, those arising from fire fighting and rescue services.

Health and safety support to the council is provided through a combination of Safety Practitioners in a Corporate Team and Directorate based Safety Practitioners representing some of the Directorates. The recently appointed Corporate Health & Safety Manager is the Head of Profession for the council as a whole.

Consultation with employees takes place through union attended safety committees at Directorate level and through employee groups such as “Feedback 500”. It is recognised that consultation could be improved at the corporate level.

A review of health and safety service to the council was undertaken by The Deputy Chief Executive in September 2007 and a council wide audit of health and safety performance was undertaken following the review. The findings of the review and the audits, along with an initial review by the Corporate Health & Safety Manager, have influenced the goals for health and safety going forward identified in this report.

Additional recurring capital and resources budgets of £100K each for health and safety purposes were agreed following the Deputy Chief Executive’s review.

In addition to the review and audits undertaken one of the most significant events of the year was preparation for the Councils “Wellbeing for Life” campaign which is now underway. This campaign seeks to promote the health and wellbeing of employees in a holistic away including encouraging healthy eating, exercise and work-life balance.

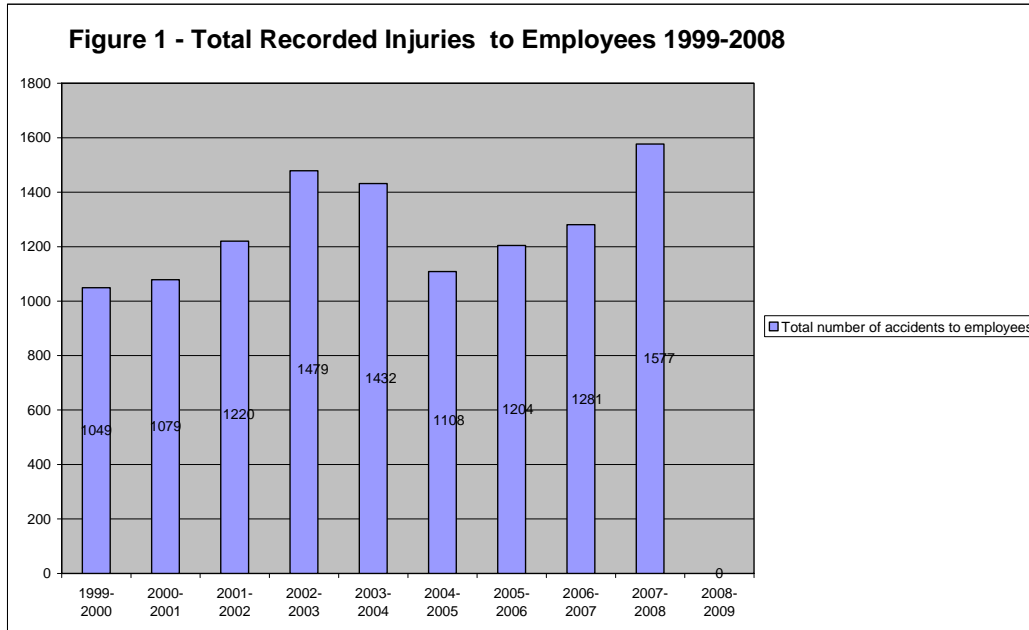
The most significant changes to the management of health and safety during the year were the appointment of a Corporate Director to the new Organisational Development Directorate and a subsequent appointment to the new position of Corporate Health & Safety Manager on the last day of 2007/8.

There have been no changes to the County Council's Health and Safety Policy Statement during the year although a number of corporate health and safety procedures have been amended.

Accidents & Work Related Ill Health at Cumbria County Council

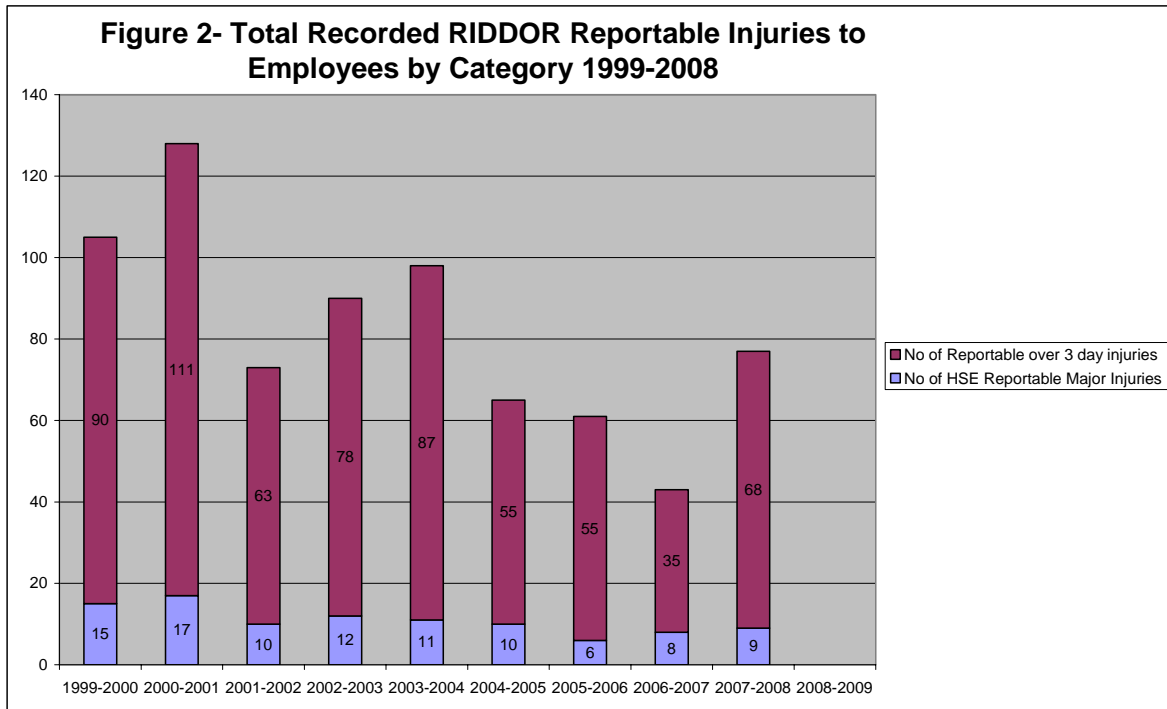
Accident Data

Figure 1 below shows the total numbers of recorded accidents to employees since 1999/2000. There has been a slight upward trend in recorded accidents overall since 1999/2000. It should be noted that employment levels in the council have fluctuated during the period represented.



A more reliable indicator of accident trends is to look at the number of accidents to employees that are reportable under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR). The reason for the reliability of this information is that such accidents are more serious by their nature, being more likely to come to light, and they are statutorily notifiable to the Health & Safety Executive (HSE).

Figure 2 below shows the total numbers of RIDDOR reported accidents to employees since 1999/2000.



As can be seen there is a downward trend in the total number of RIDDOR accidents over the period, although there is an upturn in the figures for 2007/08 over 2006/07.

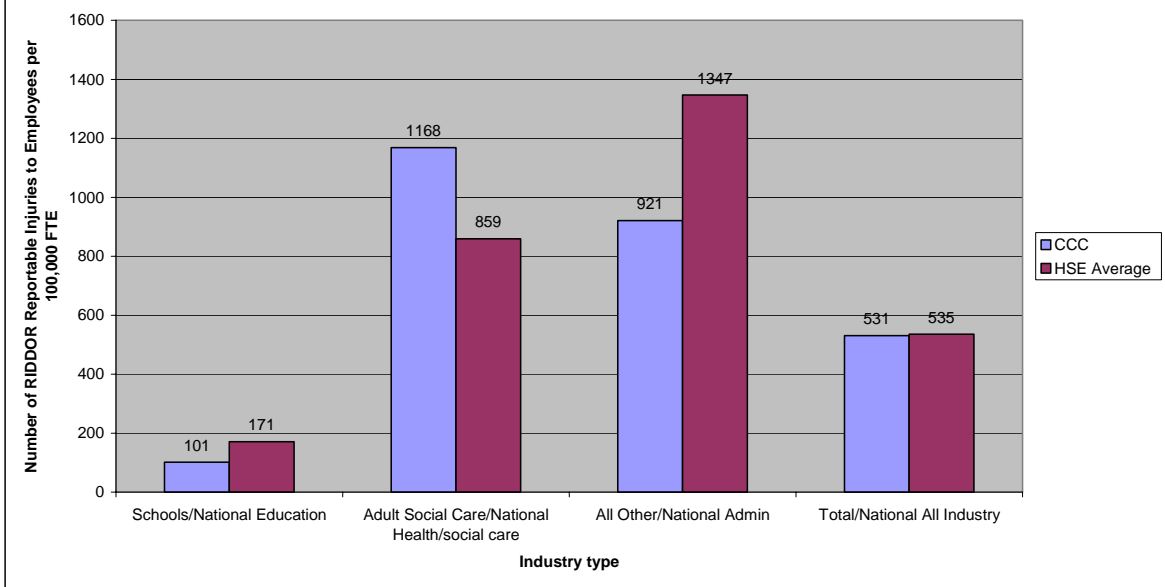
There is no clear trend in the rate of major injuries (as defined by RIDDOR) to employees but given the relatively small number of such events in any one year this is not surprising.

The fact that our reported rate of accidents overall is increasing whilst the RIDDOR rate is falling probably indicates that our performance at recording incidents overall is improving rather than the number actually increasing.

The performance of the council in relation to accident statistics can be compared with the national picture using data published by HSE on reportable injury rates. In order to make comparisons our data has to be converted into rates per 100 000 full time equivalent (FTE) staff.

Comparison data is presented in Figure 3 below:

Figure 3 - Rate of RIDDOR Reportable Accidents to Employees From All Causes by Sector 2007-2008



It should be noted that that the HSE national data is for 2006/7 (latest available) whereas CCC data is for 2007/08. In order to compare our performance the most appropriate available categories have been selected for comparison. Adult Services Directorate data is compared to national health & social care data, schools data is compared to national education data, data for remaining employees is compared to public services data and our data as a whole is compared to the national “all industries” data. These categories and the 2006/07 period are used for comparison throughout this report.

With the exception of Adult Services our performance is better than the national comparators, i.e. generally we have lower rates of RIDDOR incidents.

Figures 4 and 5 show the numbers of all accidents and RIDDOR injuries respectively occurring by Directorate. The data in both charts is relatively consistent although Client Services has a relatively high RIDDOR accident incidence compared to total recorded accident incidence. In fact the figures suggest that almost 1 in 3 accidents in Client Services are reportable under RIDDOR which is unlikely to be the case. Of greater likelihood is an under recording of non-RIDDOR accidents.

Figure 4 - Total Recorded Injuries and Incidents to Employees by Directorate 2007-2008

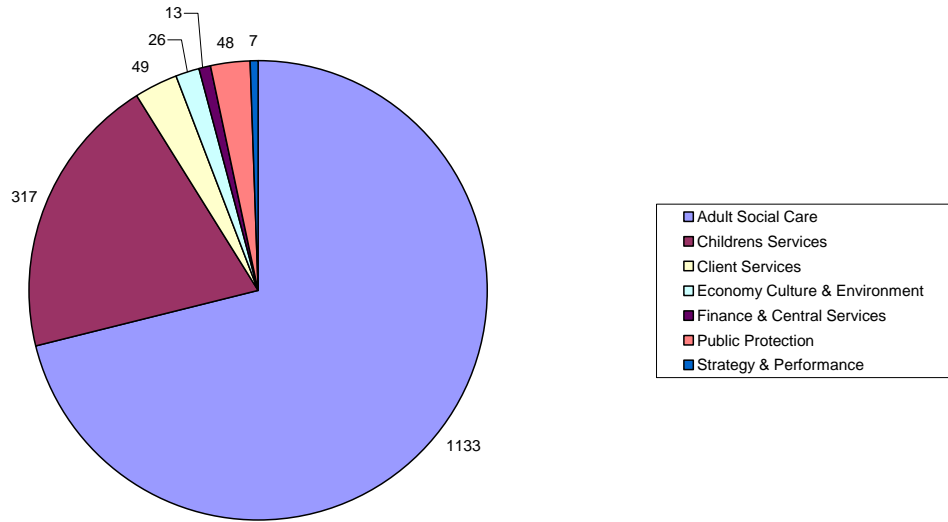
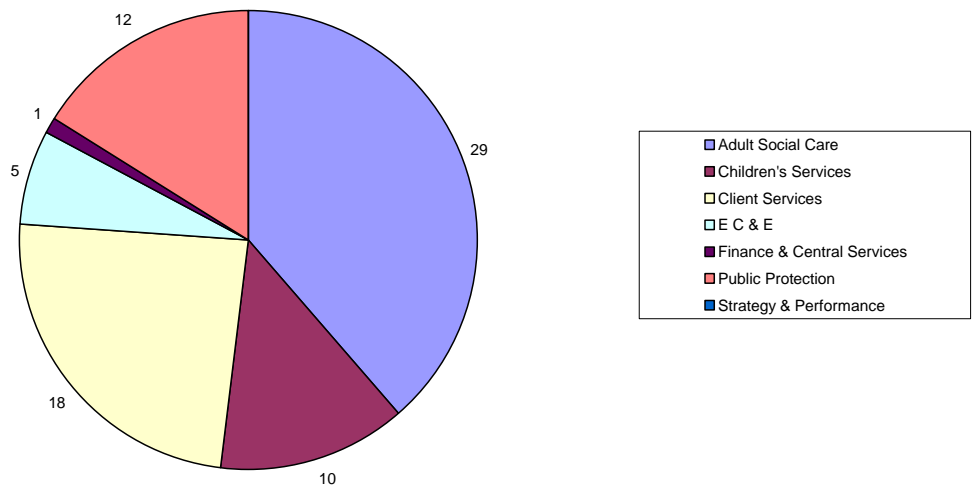
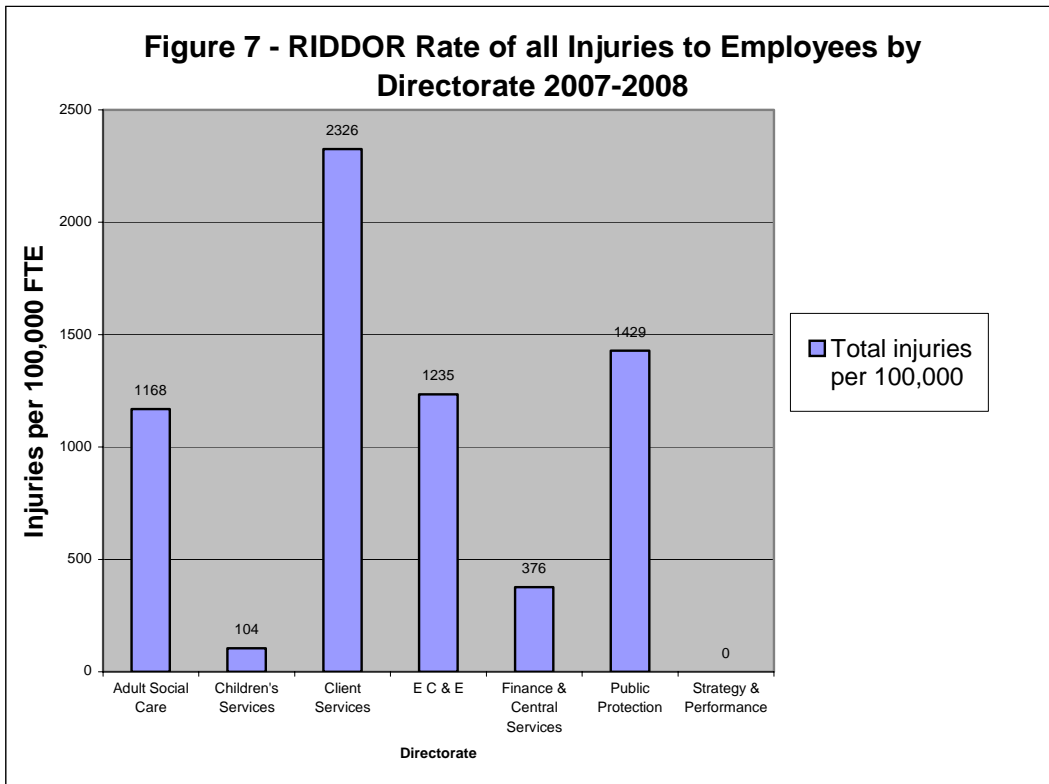
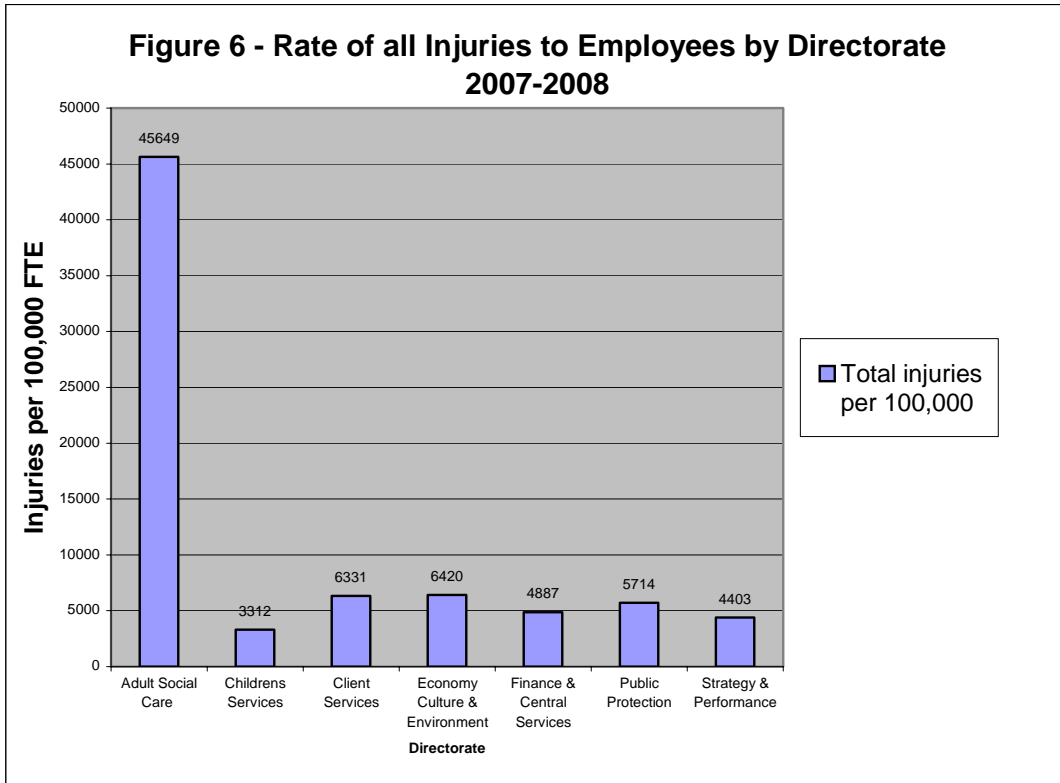


Figure 5 - Total Recorded RIDDOR Reportable Accidents to Employees by Directorate 2007-2008



To provide a better comparison Figures 6 and 7 respectively show the total accident rates and RIDDOR accident rates in Directorates.

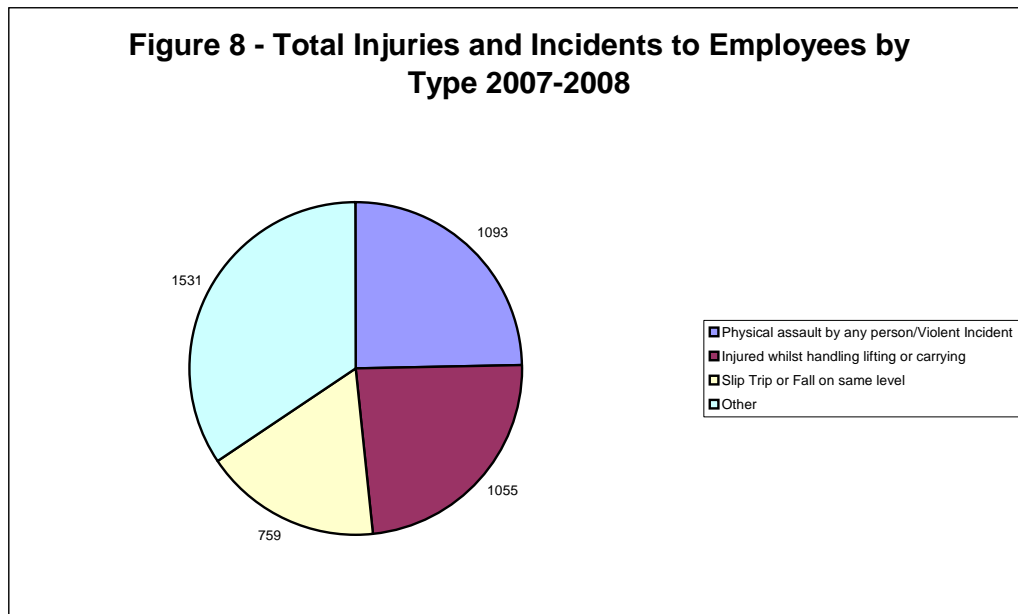


For the reasons stated earlier the data related to RIDDOR accidents (more serious events that are statutorily reportable) is likely to offer more reliability than that related to all accidents.

It might reasonably be expected that due to the nature of activities undertaken and risks encountered that Adult Social Care, Client Services and Public Protection show higher rates due to the increased risks from activities undertaken. The higher rate in Economy, Culture & Environment may be skewed due to the relatively low employee numbers in the Directorate.

Accidents by type

Figure 8 below shows a breakdown of all accidents by type which clearly indicates that violence and aggression is the biggest contributor to incidents in the council followed by handling, and then slips, trips and falls.



A further breakdown of numbers of incidents and incidence rates for each of the three major contributors by Directorates is shown in Figures 9 to 14

Figure 9 - Total Recorded Injuries to Employees as a Result of Violence and Aggression 2007-2008

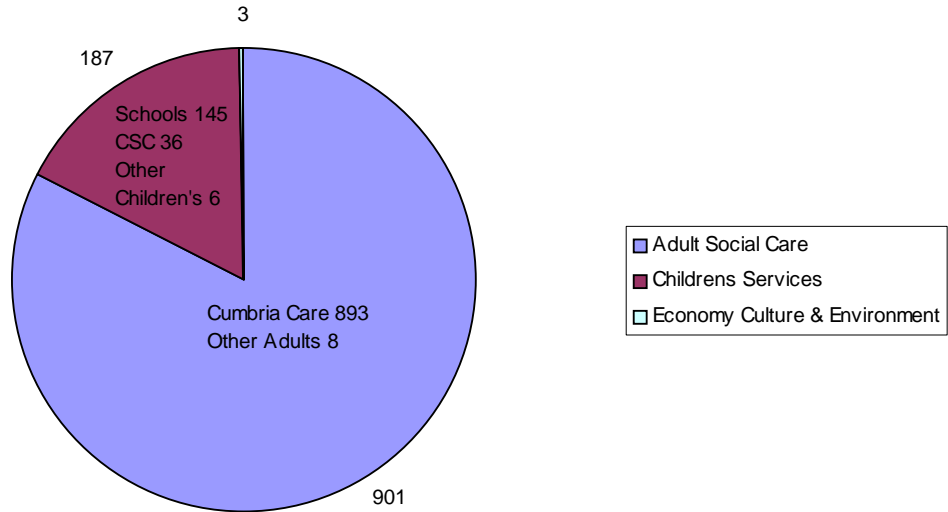


Figure 10 - Rate of Injuries to Employees as a Result of Violence and Aggression 2007-2008

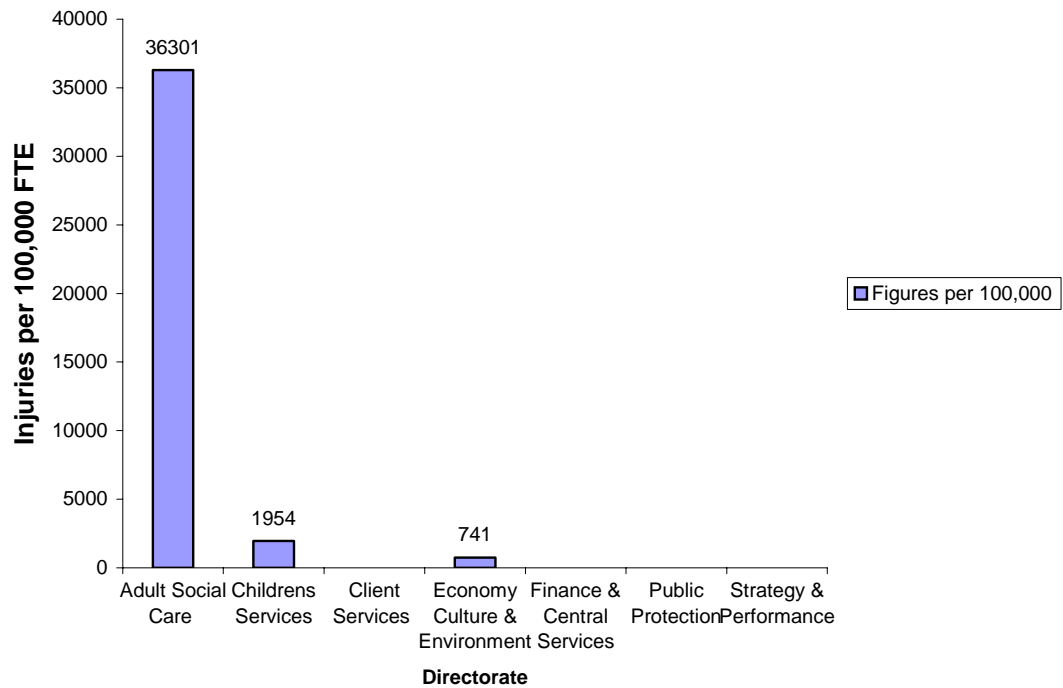


Figure 13 - Total recorded Injuries to Employees caused by Slips Trips and Falls 2007-2008

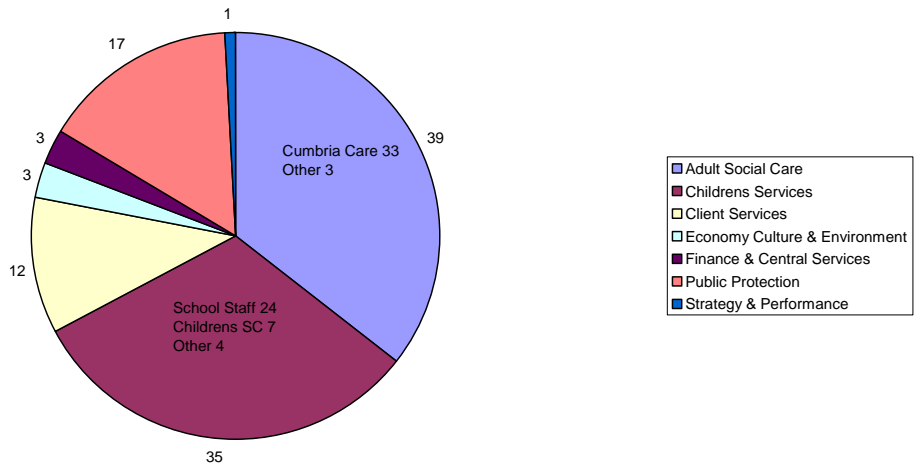
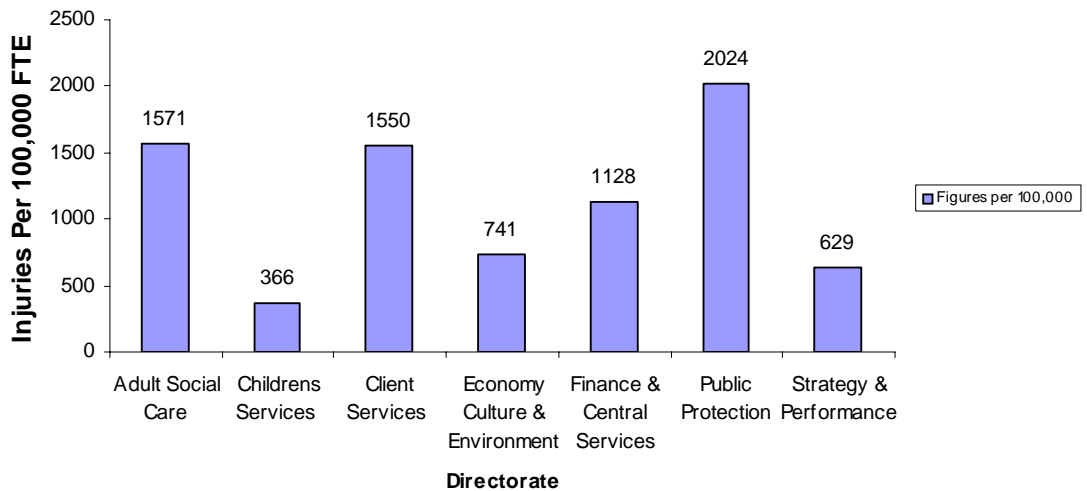
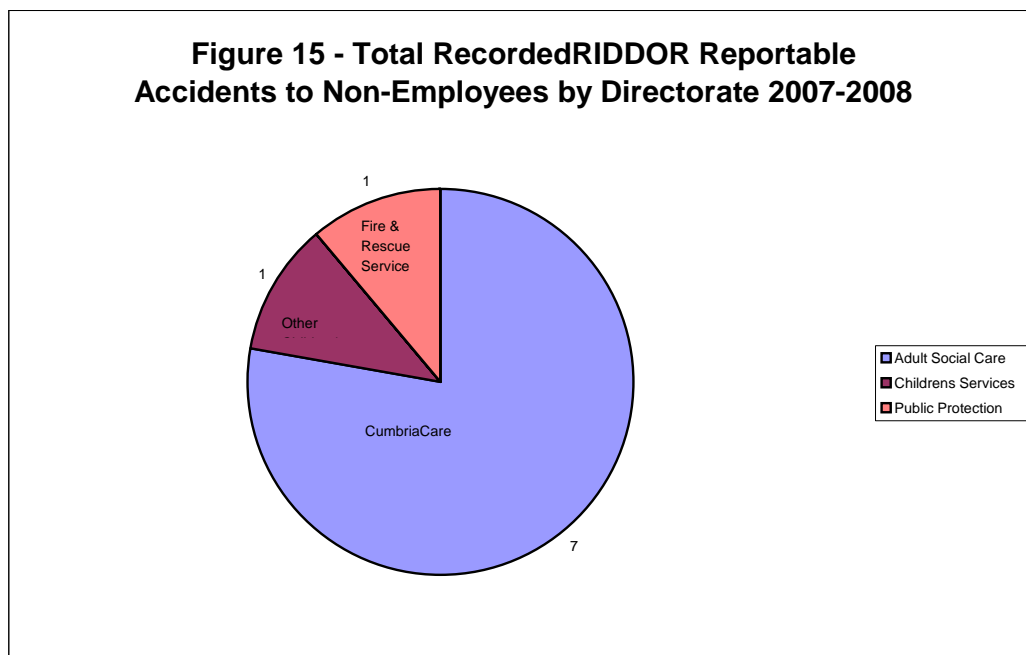


Figure 14 - Rate of Injuries to Employees caused by Slips Trips & Falls 2007-2008



Turning briefly to accidents to members of the public Figure 15 below shows the total number of RIDDOR incidents to members of the public (where taken direct for hospital treatment or similar).

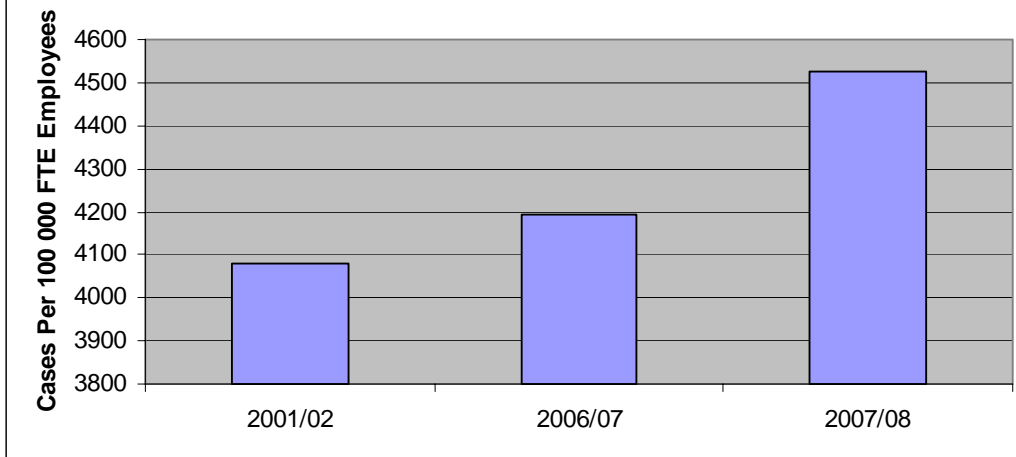
Of the 9 RIDDOR events to members of the public 7 were in Cumbria Care. This is of little surprise given the vulnerability of the service users.



Lost Working Time from Work Related Accidents & Ill Health

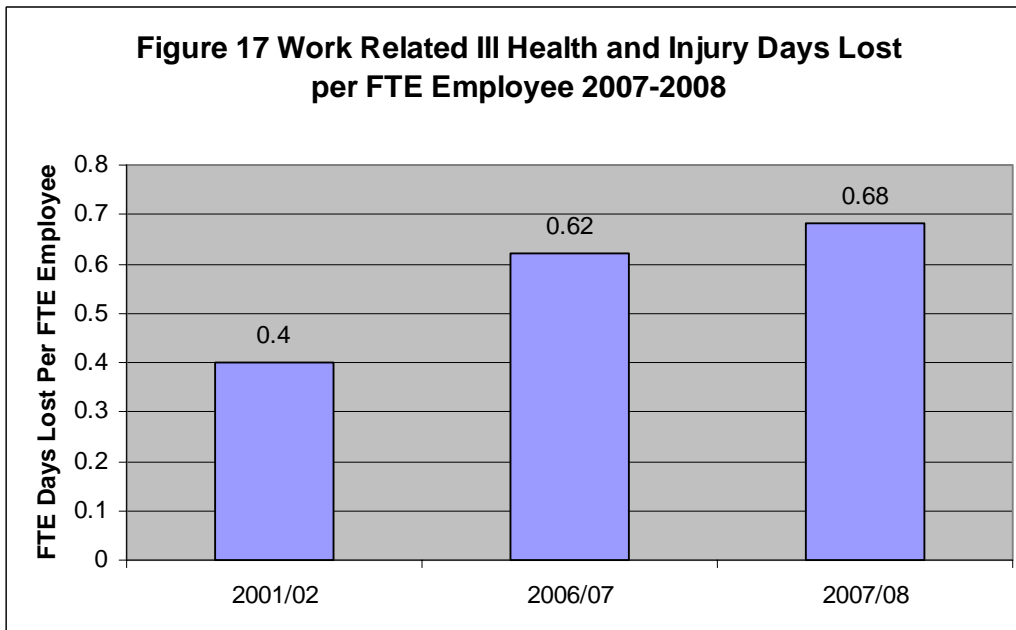
Figure 16 below shows the prevalence rate (new and ongoing cases of absence) for work related ill health and accidents in the council (excludes uniformed officers) for the years 2001/02 (baseline), 2006/07 and 2007/08. The trend is for increase in cases with a large increase between 2006/07 and 2007/08.

**Figure 16 Rate of Work Related Ill Health and Injury
Absence Cases 2007-2008**



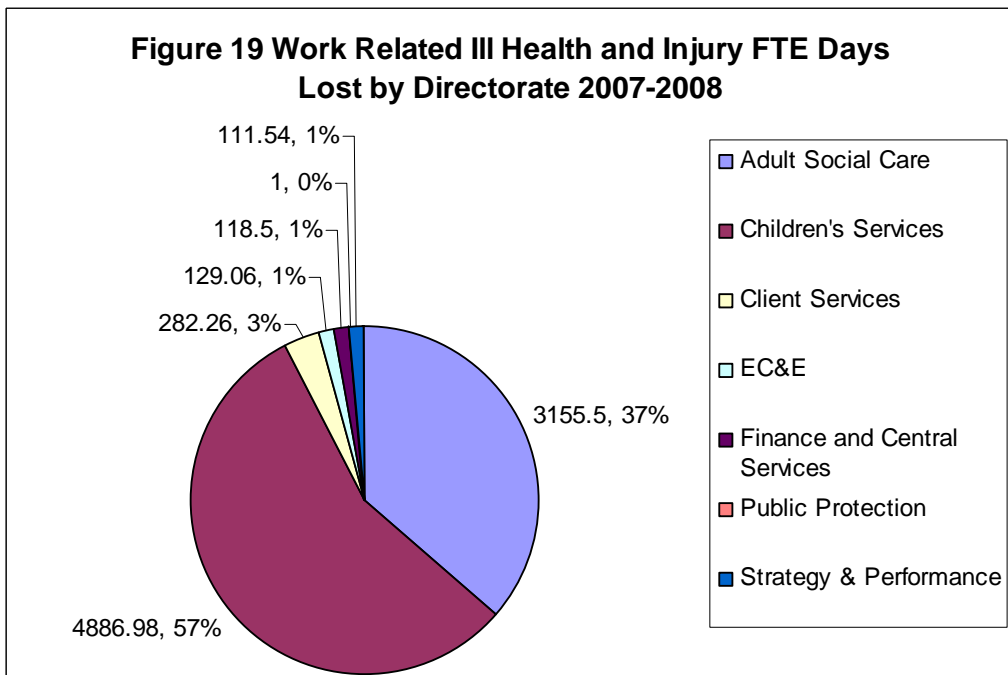
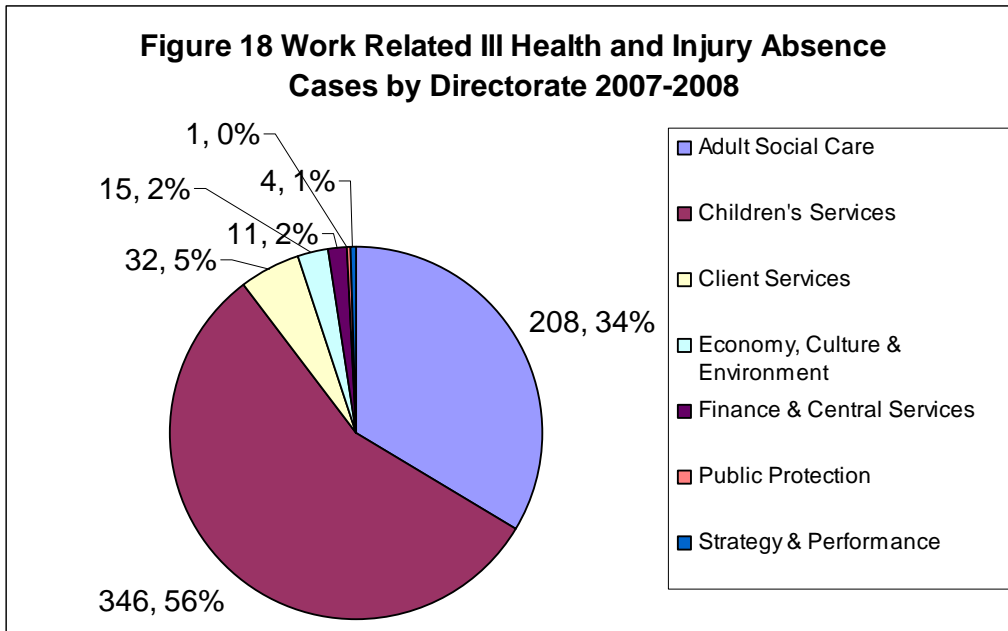
Probably of more significance than number of cases is the total lost working time. Figure 17 below shows the number of lost working days per full Time Equivalent for the same years. Again this shows a similar trend but with a small increase between 2006/07 and 2007/08.

**Figure 17 Work Related Ill Health and Injury Days Lost
per FTE Employee 2007-2008**



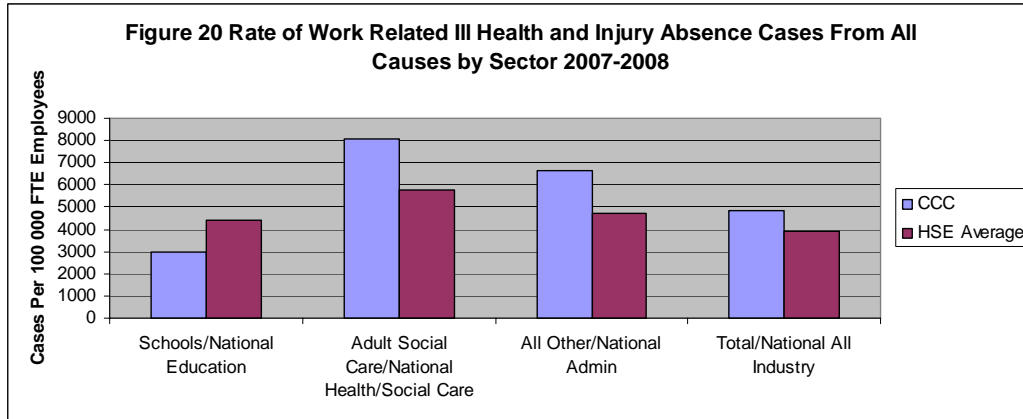
The split by Directorates for number of cases and lost working time can be seen in Figures 18 and 19 respectively. Adult Social Care and Children's Services (including schools) account for the largest numbers of cases and lost working time. As well as the additional health and safety risks in these

Directorates the full time equivalent employee numbers are also higher than other Directorates.



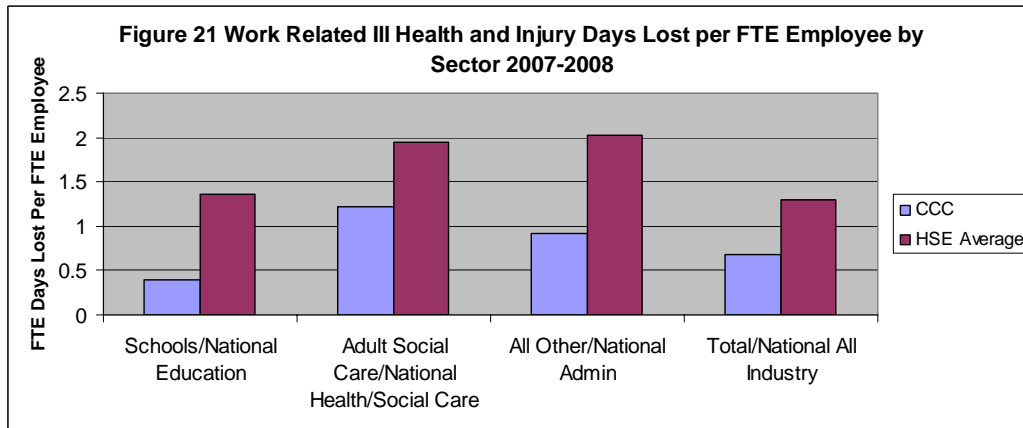
To take account of differing employment levels within Directorates and also to allow comparison with national statistics published by the Health and Safety Executive (HSE) the number of cases per FTE is a better measure to use.

The comparators used and comparison year (2006/07 for national data rather than 2007/08) are the same as for the RIDDOR reportable injury data presented earlier in the report. Figure 20 shows our performance against each of the national comparators for work related injury and ill health absence cases of all types.

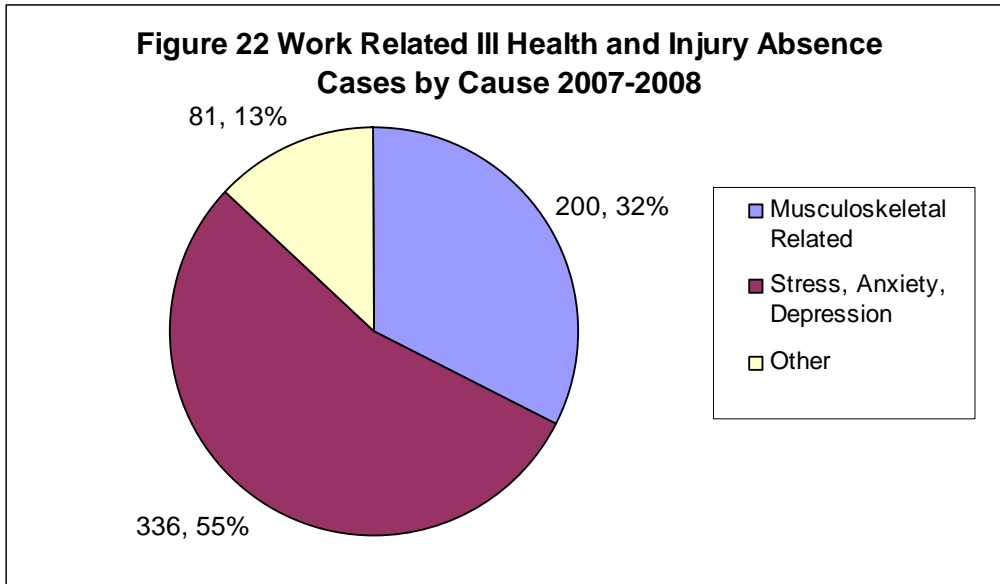


When looking at prevalence rate for all causes only schools perform better than the national comparator (education).

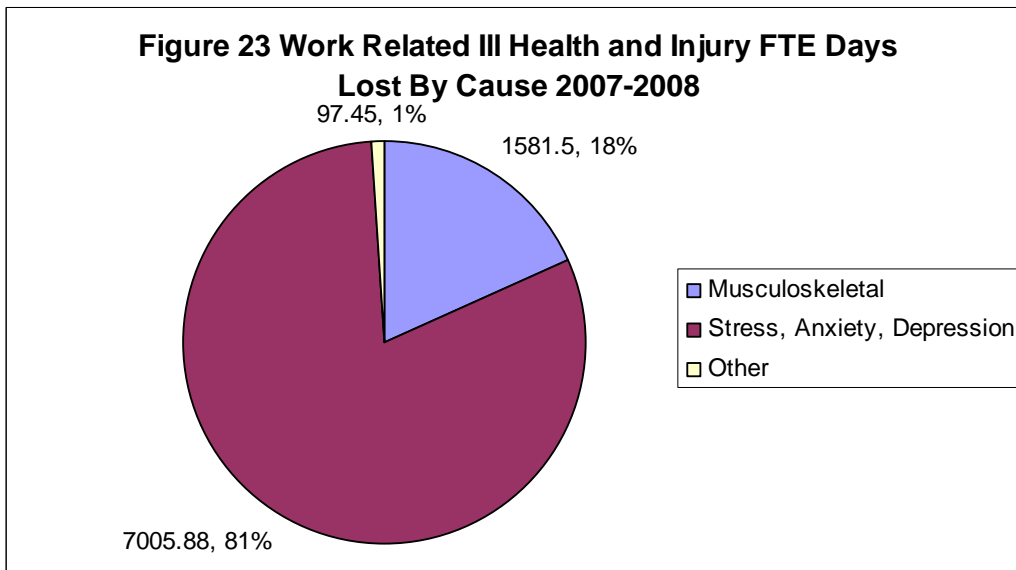
As stated earlier lost working time is probably a more important measure than prevalence rate. When comparing the four categories against the national picture using this method we, in fact, perform better than each of the national comparators for total working days lost per FTE as seen in Figure 21.



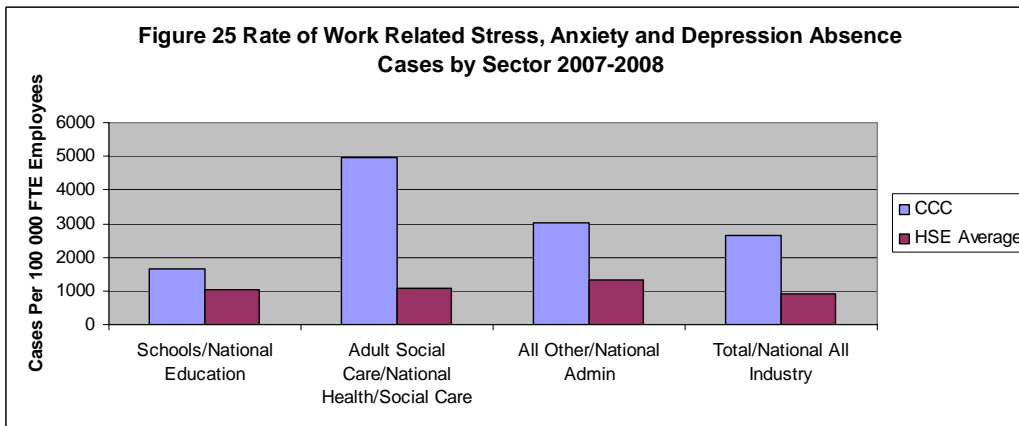
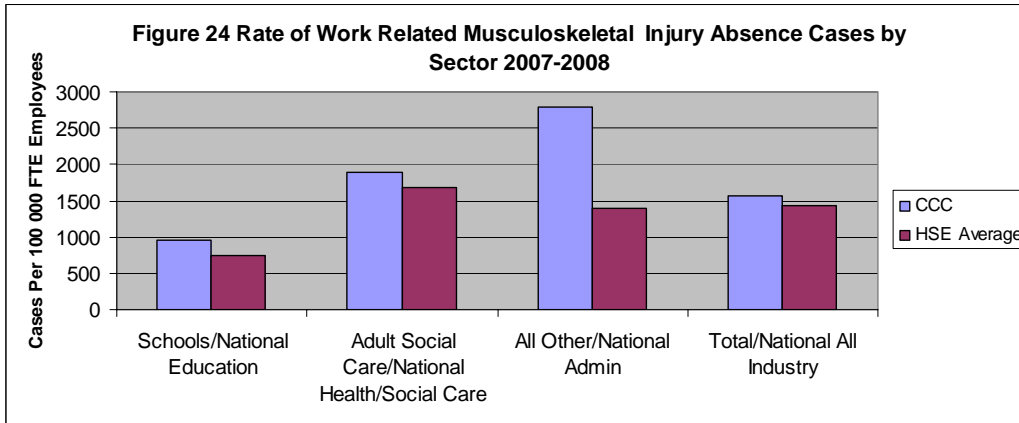
Turning to the cause of absence from work Figure 22 shows the split in number of cases by cause for 2007/08. Stress, anxiety and depression account for over half of cases with musculoskeletal accounting for approximately a further third.



The importance of stress, anxiety and depression in the overall picture is even better illustrated by looking at the breakdown of lost working time by cause in figure 23. Over 80% of work related lost working time is attributed to stress, anxiety and depression, with just below 20% attributed to musculo-skeletal injury.



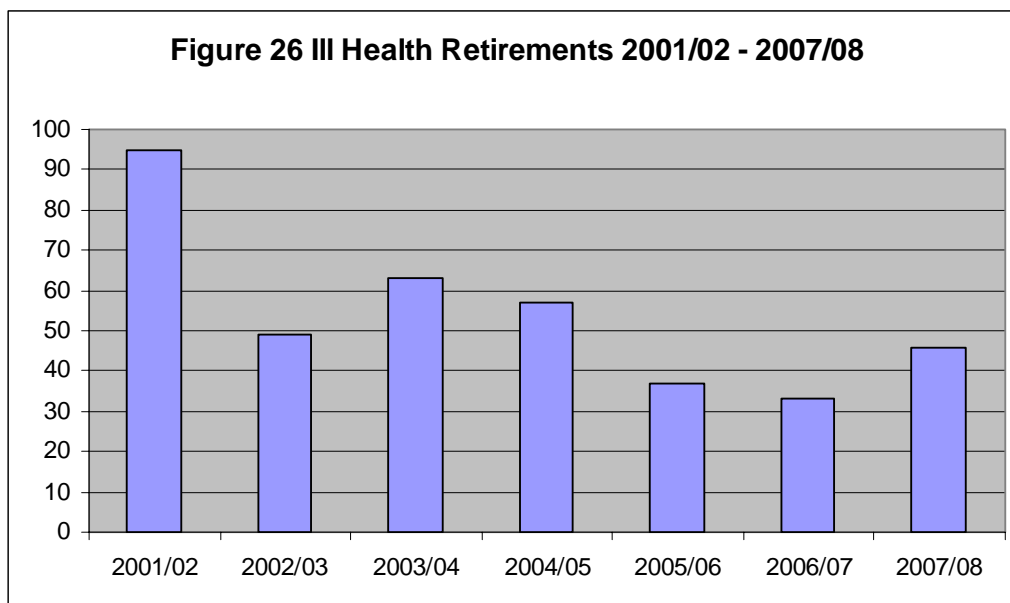
The only readily available comparison data in relation to musculoskeletal injury and stress is for prevalence rates as presented in Figures 24 and 25 below.



In all 4 comparison sectors we have a greater prevalence of both stress, anxiety and depression, and of musculoskeletal injury than the national comparators.

Work Related Ill Health Early Retirements

Figure 26 shows the trend in ill health retirements between 2001/02 and 2007/08. The general trend is downwards but there was an increase between 2006/07 and 2007/08 when there were 45 ill health retirements. Caution should be used when attempting to use ill health retirements as an indicator of health and safety performance as the figures are not just work related (despite the performance measure previously stating this) and the figures may also be largely affected by policy on retirement.



Conclusions from Accident & Ill Health Data

Whilst the trend in number of RIDDOR reportable accidents is downwards and our performance on reportable accident rates generally compares favourably to the national picture the accident statistics along with work related ill health data can be used to inform us of where our efforts are best focussed.

Violence, handling injuries, and slips, trips and falls are the biggest individual contributors to our accident statistics and the statistics also show the relative contribution of Directorates to these figures. Some caution is required when using non reportable accident rates to compare Directorates as there is some anecdotal evidence that recording rates vary.

Whilst the trend in prevalence rate for work related ill health and injury is upwards and generally above the national average picture, and the trend in lost working time is also upwards, our lost working time is generally better than the national picture. The most revealing statistic is that stress, anxiety and depression account for over 80 percent of work related injury and ill health lost time.

The data supports the argument that we should concentrate our efforts on stress, anxiety and depression, violence reduction, manual handling, and slips, trips and falls issues, using our resources in the work areas which there are greatest opportunities to address these. In some of these areas we are more active than others.

As a final note of caution there are areas which are generally not contributing to the accident and ill health data but which have great potential to cause serious injury and ill health and must therefore not be overlooked. Such areas include asbestos management and controlling risk of falling from height.

Health & Safety Executive Contacts & Interventions

A number of routine visits were made to CCC sites by HSE during the year. Of particular note are visits made to Adult Services to review arrangements to reduce work related stress. A study centred on Woodlands Residential Care Home found that the local approach to stress was very good, but that more work may be required on this issue in Adult Services generally and also in relation to the council as a whole. As indicated above stress, anxiety and depression accounted for approximately eighty percent of lost working days in the council that are due to work related ill health or injury in 2007/08.

As has been the case for several years no enforcement notices and no prosecutions against the council were initiated by the HSE during 2007/08.

Health & Safety Goals for 2007/08 & Progress Towards Achieving Them

For a number of years the Council has set performance indicators , several of which are based on national goals as set out in the HSE strategy documents, *Revitalising health and safety* and *Securing health together*. The performance indicators are detailed in the table below along with an indication of the progress towards meeting them:

Performance Indicator	Extent to which Achieved	Comments
To reduce the number of fatal and major injury accidents reportable to the Health and Safety Executive by 10% by 2010 from 1999/2000 base, although the actual measure used over recent years has been reduction of total RIDDOR accidents to employees.	10% reduction in total number of RIDDOR accidents from baseline achieved every year since 2001/2 10% reduction in fatal and major injuries to employees from baseline achieved every year since 2000/01	General trend in total number of RIDDOR accidents is downwards but there have been fluctuations. Upturn in 2007/08 over 2006/07 Although the 10% reduction in fatal and major injuries has been achieved there is no clear trend in the figures. The small number of such incidents per year (approx 10) calls in to question the validity the use of this as a suitable performance indicator.
To reduce the number of cases of work-related ill health by 10% by 2010 from base in 2001/2	The number of cases decreased initially but the prevalence rate now shows a significant increase over baseline figures	Cases rather than rate have been used for comparison in past preventing comparison that takes account of fluctuating employment level.
To reduce the number of working days / shifts lost due to work related injury and ill health by 30% by 2010 from 2001/02 base	The number of working days / shifts lost decreased initially but now shows an increase of almost 100% over baseline figures	Days lost rather days lost per FTE has been used for comparison in past preventing comparison that takes account of fluctuating employment level.
To reduce the number of employees retiring on grounds of work-related ill health by 30% by 2010 from 2000/1 base	This has been achieved every year since the target was set but now with no clear trend.	Measure used is ill health retirement from all causes (not only work related) and the number of retirements in any one year can be affected by policy.

Performance Indicator	Extent to which Achieved	Comments
To ensure 95% of chief officers and senior managers having received health and safety training to at least IOSH Safety for Senior Executives Standard by March 2003.	Approximately 60 % of Heads of Service and above had received suitable training by 31 March 2008.	Because this indicator measures inputs rather than outcomes its continuing use as a suitable performance indicator is questionable.
To ensure 95 % of managers and supervisors have received health and safety training to an approved standard (excluding schools) by March 2006	Only approximately 29 % of managers and supervisors had achieved suitable training by 31 March 2008.	Because this indicator measures inputs rather than outcomes its continuing use as a suitable performance indicator is questionable.

The Corporate Health and Safety Unit set itself a number of goals in the form of an Action plan for 2007/08. There were a number of factors which reduced the ability of the unit to complete the actions including sickness absence, new appointments and the requirement to undertake (with assistance from Directorates) a corporate wide health and safety audit.

The main focus for the unit, in addition to the corporate audit, was maintaining the routine work programme including providing programmed health and safety courses for councillors, managers and supervisors, delivering ad-hoc training courses, supporting directorates with an advisory role and collating accident and ill health statistics.

Health & Safety Goals for 2008/09 and Beyond

There are a number of factors which will result in changes to, or which are drivers for revision of current targets.

- A new payroll and HR system (Midland Trent) is being introduced. This will improve the data available for reporting on lost working time. There is some anecdotal evidence that lost working time data in the past is inaccurate.
- Some of the targets such as reduction in ill health retirements and reduction in overall number of RIDDOR reportable employee accidents were met long ago.
- Rate of major injuries is an unreliable measure of performance due to the low numbers in any one year (typically 10).
- Previously some targets have not been expressed as rates per 100 000 employees which does not allow ready comparison with national figures.
- Level of training is an input measure rather than an outcome measure. For this reason training should not be used as a measure of performance. The requirement for training should remain mandatory (and this should be documented in corporate health and safety procedures) as training will assist in achieving other performance measures.

Taking into account the above factors our revised performance indicators will be:

- Maintain the rate of reportable injury to employees (as defined by Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) below the national average in each area below
 - Schools compared to national education
 - All employment (minus schools and Adult Social Care) compared national public admin
 - All employment compared to national all industries
- Reduce the rate of reportable injury to employees (as defined by Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations in Adult Social Care to, or below, the national health and social care rate by end of 20012/13
- Reduce, or maintain where applicable, the number of cases per 100 000 FTE employees of work related ill health and injury to the national average or below by the end of 2012/13 for all causes, for stress, anxiety and depression and from musculoskeletal injury in each area below
 - Adult social Care compared to national health and social care
 - Schools compared to national education
 - All employment (minus schools and Adult Social Care) compared national public admin
 - All employment compared to national all industries

- Continue to attempt to meet the original target of reducing the rate of work related ill health cases per 100 000 FTE employees from 2001/ 02 base (4080) by 10% by end of 2009 /10 (3673). NB the original target was strictly speaking in relation to total number of cases (558 base), not rate. (Assumes 13 674 FTE Employees from historic data is correct).
- Continue to attempt to meet the original target of reducing the number of lost working days work per FTE from related ill health and injuries from 2001/ 02 base (0.40) by 30% (0.28) by end of 2009 /10. NB the original target was strictly speaking in relation to total working time (5418 days) lost not lost working time per FTE. (Assumes 13 674 FTE Employees from historic data is correct).
- No Health & Safety Improvement Notices served against the council
- No Health & Safety Prohibition Notices served against the council
- No Health and Safety prosecutions brought against the council

In the future other performance indicators may be developed including:

- Measuring our performance on achieving the HSE management standard indicators that relate to stress. The first stage would be to establish baseline performance using a standard questionnaire with the long term aim of achieving responses in the top 20% compared to the National Household Survey for each of the six stressors indicated.
- Measuring our performance in relation to management of health and safety using the HSE CHaSPI (Corporate Health and Safety Performance Indicator) tool.

In support of measuring our performance and achieving our performance indicators our wider goals for 2008/09 are to achieve the following:

- There will be a named **Lead Officer (substantive member of the DMT) for Health and Safety** in each Directorate to act as champion for health & safety within their Directorates.
- Each Directorate will have a **named Health and Safety Practitioner** (supported by a team in some cases) responsible for advising and directing the health and safety management within the Directorate. The Corporate Health & Safety Team will be used to fill gaps in provision. There will be reporting lines between the Safety Practitioners and the Directorate Lead Officers for Health & Safety, as well as to the Corporate Health & Safety Manager.
- **Safety Practitioner Groups and Lead Officers Groups** (having distinct roles and constitutions to remove past problems of duplication) will develop health and safety policy for the council, with Lead Officers Group authorising policies and procedures where required

- Mechanisms for **consulting with the unions and non-unionised staff members** will be developed to comply with consultation legislation and to facilitate more inclusive development of health and safety management procedures.
- The **Corporate Health & Safety Policy statement** will be amended to reflect changes in the health and safety organisation and arrangements. The policy statement should be signed jointly by the Leader of the Council, the Chief Executive and the Portfolio Holder for Human Resources & Organisational Development.
- Additional and revised corporate **health & safety procedures** will be drafted in a more user friendly accessible style and will represent the minimum standards applicable to all directorates whilst being flexible enough to allow all directorates to be able to implement them effectively.
- Greater use of **benchmark reporting** against similar organisations in terms of safety management performance and work related accident / ill health statistics will be made using tools and statistics available from the HSE.
- Quarterly **health and safety update reports** for CMT will be re-introduced and along with the Annual Health & Safety Report will include benchmarking data, progress against established performance indicators, updates on relevant new and forthcoming health and safety legislation and guidance, and details of any HSE contacts and activity in relation to the council.
- Better use will be made of **information technology** for the consistent management of health and safety, in particular in relation to accident recording, display screen equipment assessments / training and asbestos management.
- **Health and safety management courses** provided corporately will be rationalised so that a single Institution of Occupational Safety & Health (IOSH) Managing Safely qualification is offered (tailored to audience) and one day refresher training on these courses will be introduced to ensure the qualification remains valid (Three year validity stipulated by IOSH).
- Corporate Health & Safety Team will continue to **promote attendance on the Managing Safely & Safety for Senior Executives courses**. To further promote the training message the Chief Executive, the Portfolio Holder for HR & Organisational Development and Corporate Director of OD (as health and safety champion) should attend IOSH Safety for Senior Executives course as soon as possible.
- Health & safety **auditing arrangements** will be established to ensure each directorate has arrangements in place for self auditing, independent verification by peer to peer audits between directorates is established and the performance of the health and safety service as a whole can be verified by an external body such as the Royal Society for Prevention of Accidents (RoSPA). Using RoSPA would allow the health and safety service ultimately to apply for award recognition and would give consistency with the arrangements already in the fire and rescue service.

- Improve the **management of asbestos**, in conjunction with Property Unit, to include development of a corporate asbestos management plan, use of an improved accessible electronic asbestos database and tightening of the criteria used to assess competence of persons undertaking asbestos management in-house and of external contractors undertaking surveying / asbestos remediation work.
- The draft **control of legionella** document produced by the Children's Services team will be adapted by the Corporate Health & Safety Unit, in conjunction with Property Unit, to fit with the Corporate Health & Safety Procedures Manual .
- Follow the HSE's Management Standards approach for reducing **work related stress** (and the consequent lost working time) driven by a Corporate Steering Group. Corporate indicators, procedures and training in relation to stress will be reviewed and focus groups within directorates will be established to inform the corporate steering group on local implications.
- Corporate Health & Safety Unit, working in conjunction with Property Unit, should improve **contractor controls** to include development of a corporate contractor code of practice, assessment procedures and an improved preferred contractor list. Corporate Health & Safety Unit will carry out a more in-depth health and safety audit of contractor activities.
- Improve health and safety management in shared buildings by re-drafting, and incorporating into corporate health and safety procedures, the document related to **management of health and safety in buildings**, introducing a new role of "Building Health & Safety Record Holder", free from significant health and safety duties.
- Improve the corporate **occupational road risk** procedure drawing on best practices from across Directorates. There will be particular focus on the arrangements for driver training / assessment and licence checks.
- Improve the arrangements to protect **lone workers** (in particular monitoring arrangements) following a review by a lone worker task and finish group.
- Follow up and report on the actions taken following the corporate safety audits undertaken in 2007
- Improve provision of information to other relevant parties on health and safety legislation and guidance updates
- Revise corporate guidance on fire safety and fire risk assessments
- Review the safety arrangements for people working for and on behalf of the council in relation to business continuity and emergency planning.
- Continue to promote health and wellbeing for employees through the "wellbeing for life" campaign.
- Review how health and safety resources are allocated in the council to best achieve improve health and safety performance.