



Health and Safety Annual Report 2017-18

Report to: Board

Date: 27 September 2018

Report by: Kenny Dick – Interim Executive Director Corporate and Customer Services
Carole Keillor – Estates, Health & Safety Manager

Report No: B-62-2018

Agenda Item: 20

PURPOSE OF REPORT

To advise the Board of the health and safety performance of the Care Inspectorate for 2017-18. The report also summarises the Health and Safety planned actions for 2018-19.

RECOMMENDATIONS

That the Board:

1. Notes the health and safety performance for 2017-18.

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Consultation Log

Who	Comment	Response	Changes Made as a Result/Action
Senior Management			
Legal Services			
Corporate and Customer Services Directorate			
Committee Consultation (where appropriate)			
Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment			
Confirm that Involvement and Equalities Team have been informed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EIA Carried Out	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If yes, please attach the accompanying EIA and appendix and briefly outline the equality and diversity implications of this policy.			
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)	Name: Carole Keillor Position: Estates, Health & Safety Manager		
Authorised by Interim Director	Name: Kenny Dick	Date: 13 September 2018	

1.0 BACKGROUND or INTRODUCTION

Strategic Objective No 4

We will perform as an independent, effective and efficient scrutiny and improvement body, working to consolidate excellence, deliver cultural change, invest in a competent, confident workforce and work collaboratively with partner agencies to support the delivery of safe and compassionate, rights-based care.

Key Priority 4.1

Develop a best value approach underpinned by an efficiency saving regime to identify areas for savings, investment, and growth. This will enable us to meet future financial challenges, working collaboratively with our staff and partner bodies to continue to identify ways of reducing duplication and deploying flexible, innovative approaches to evidence public value. We will revise and strengthen our quality assurance processes and practices across all parts of the Care Inspectorate to ensure we deliver the highest quality work in a way that constantly evolves and improves.

1.1 BACKGROUND

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 2017-18.

2.0 ORGANISATION FOR HEALTH AND SAFETY

The Health and Safety Committee (HaSC), chaired by the Executive 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 2017-18

3.1 Policies, Procedures, Guidance and Risk Assessments

- We achieved the Healthy Working Lives Gold Award in February 2018.
- The Management of Road Risk Policy has been drafted and is out for consultation.
- The Loneworking Policy has been drafted in consultation with staff. A working group has been set up to prepare the action plan.
- It was agreed by the Health and Safety Committee that the Work Positive Stress Risk Assessment model would be used by the Care Inspectorate.
- Severe Weather Guidance and Guidance on the Closure of Offices was updated.

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3.2 Measuring Performance

3.2.1 INCIDENT REPORTING

Incidents reported 2017/18



Incidents with injury:

Table 1

Incidents with Injury Category	Total in 2016-17	Total in 2017-18
Verbal Aggression	0	0
Vehicles/Cars/Road/Traffic	1	2
Slips, Trips and Falls	3	7
Other	0	3
Moving / Falling Object / Trap / Crush	1	1
Cuts	0	1
Machinery/Equipment	0	1
Burns/Scalds	2	1
Total	7	16

Incidents without injury:

Table 2

Incidents without Injury Category	Total in 2016-17	Total in 2017-18
Verbal Aggression	16	10
Vehicles/Cars/Road/Traffic	4	7
Slips/Trips/Falls	1	0
Other	0	1
Moving / Falling Object / Trap / Crush	1	0
Cuts	0	0
Machinery/Equipment	0	0
Burns/Scalds	0	0
Total	22	18

3.2.2 SICKNESS ABSENCE STATISTICS 2015-18

3.2.3 Organisational Total % of Working Days Lost in 2015-18

Absence levels

Days lost in 2015-16



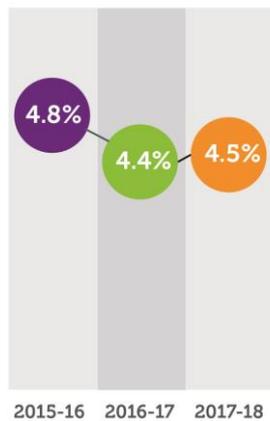
Days lost in 2016-17



Days lost in 2017-18



Total days lost 2015-18



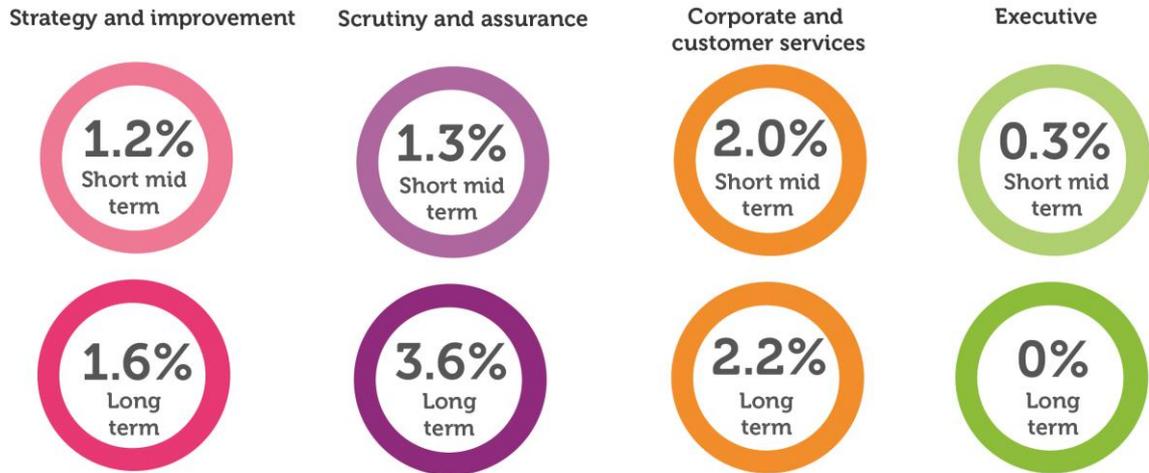
The Care Inspectorate’s working time lost for the whole of 2017-18 was 4.5%. This is higher than the quarterly percentages because sickness notifications were not received before the quarterly analysis was completed. This highlights the importance of prompt sickness recording in Pulse (our payroll / HR management information system).

The 2016 CIPD Absence Management Report reported an average of 4.3 % working time lost within the public sector, which equates to 9.8 average days lost per employee per year.

HR is continuing to work with managers in maximising attendance when staff absences are meeting the absence triggers so they can carry out attendance review meetings. With long term sickness absence cases HR meet with employees and their managers to look at supports that can be put in place to assist employees to return to. This includes getting help from Optima (our occupational health provider), flexible working, phased returns and reduced hours.

3.2.4 Sickness Absence Comparisons by Directorate 2017-18

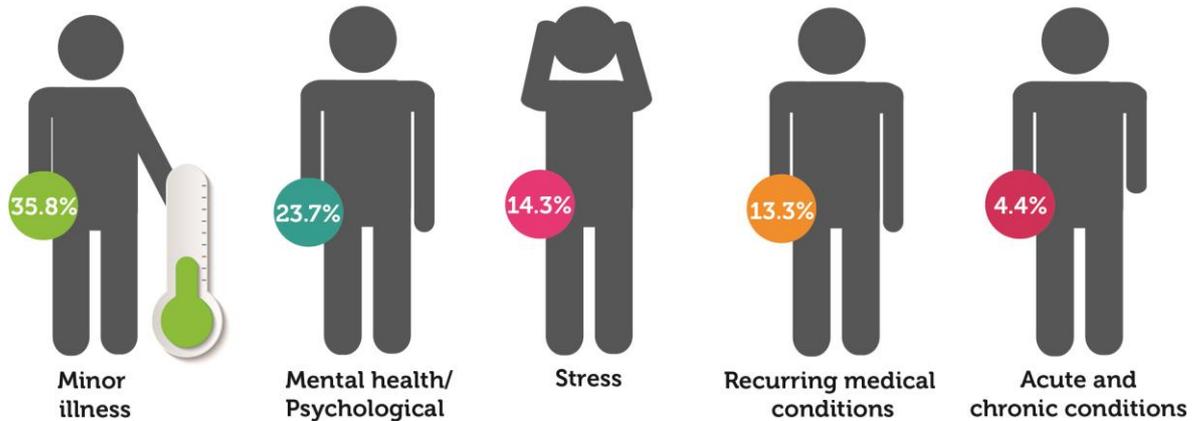
Absence by directorate in 2017-18



3.2.5 Reasons For Sickness Absence 2017-18

The top 5 reasons for sickness absence in 2017-18 are set out below.

Top five reasons for absence 2017-18



3.2.6 Risk Assessments Reported in 2017-18

Risk assessments reported 2017/18



3.2.7 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.

3.2.8 Disabled Evacuation

Additional volunteers for both Dundee and Paisley were sought with a view to training taking place early 2018-19. All other offices that require Evacu-chair volunteers have sufficient provision.

Personal Emergency Evacuation Plans (PEEPs) and adjustments are made to ensure safe evacuation procedures are in place where required.

3.2.9 Health and Safety Learning and Development

Our provision for these volunteers is constantly under review and training carried out when required.

4.0 HEALTH AND SAFETY PLAN 2018-19

4.1 Policies and Procedures

The following policies and procedures will be launched or reviewed in 2018-19:

- Management of Road Risk (MoRR) Policy
- Lone working Policy
- Mental Wellbeing Policy – replacement for the Stress Management Policy
- Health and Safety Risk Assessment Policy
- Electronic Incident and Near Miss Reporting Procedure
- Review of arrangements for the DSE provision of occasional homeworkers and agile working.

4.2 Training and Development

4.2.1 Training for 2018-19

- Rolling out of E-Learning – delayed due to technical issues with the contractor. These were resolved and a roll-out plan for 2018-19 drafted.
- New Induction program – OWD is taking this forward.
- Conflict resolution training – OWD is taking this forward.
- Mentally Healthy Workplace for Managers has been delayed until 2018-19. This was due to the lack of availability of Train the Trainer training. This has now been completed by the Estates, Health and Safety Manager and the Human Resources Adviser, with a planned roll-out for 2018-19.
- Health and Safety for Line Managers

4.2.2 E-Learning

Through a contractor, we have a suite of 22 e-learning modules available. A planned, prioritised roll-out will be carried out in 2018-19.

4.3 Health and Safety Strategy 2017 - 2020

The Health & Safety Strategy for 2017 – 2020 was agreed by the Health and Safety Committee and is a standing item on the agenda for the Committee going forward.

5.0 RESOURCE IMPLICATIONS

- 5.1** There will be resource implications as a result of the implementation of the Management of Road Risk, Lone Working and Mental Wellbeing policies. These implications will be considered by the HaSC and the Executive Group as appropriate.

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6.0 CUSTOMER SERVICE IMPLICATIONS

The recommendations support Customer Service Theme 2 – Culture. By improving our staff’s wellbeing and our organisation’s health and safety culture, we will improve / maintain our professionalism when working with customers.

7.0 BENEFITS FOR PEOPLE WHO EXPERIENCE CARE

7.1 Strong health, safety and wellbeing support for our staff will ensure that they have the confidence and support to deliver their roles well. Our staff are our most important asset in the delivery of our strategic aims that are all ultimately intended to bring benefits to people who use care services and their carers.

8.0 CONCLUSION

This report reviews the organisation’s health and safety performance for 2017-18. The report also summarises Health and Safety plans for 2018-19.

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