Annual Health, Safety and Wellbeing Report

Workforce & Change

November 2021

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1. Executive Summary

1.1 This report is a statement of Bristol City Council's occupational health, safety and wellbeing (HSW) performance to the end of the financial year 2020- 2021and to the date of writing the report. It also includes our improvement plan for 2021-22. The health, safety and wellbeing strategy agreed in April 2021 underpins everything we do.

1.2 Our improvement plan for the coming year considers the current performance analysis taken from the Corporate Health and Safety Management System (CHaSMs), accident and incident, occupational health and EAP data and the HSW pressures driven by the COVID-19 Pandemic.

1.3 The report updates Corporate Leadership Board (CLB) on progress of the corporate arrangements for how health, safety and wellbeing are being managed.

2. Governance and Accountability

2.1 Accountability for our duty of care to our employees under the Health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council who is the Safety Director. Arrangements describing how this accountability is discharged are outlined in our revised Corporate Policy Statement, Organisation and Responsibilities Policy, with roles and responsibilities dispersed throughout the organisation. This policy has now been through the final stages of consultation and approval at the Corporate Leadership Board (CLB) and Corporate Safety Consultative Committee (CSCC).

2.2 The Council's Health, Safety and Wellbeing Strategy 2021 to 2026 has been informed by, and is developed to support, the Bristol City Council Corporate Strategy 2018. The strategy has been devised to engage all staff and their representatives to improve the efficiency and effectiveness of our health, safety and wellbeing management system allowing us to deliver a safer, healthier, and more resilient work environment. It seeks to encourage and enable a positive, sustainable, safety, health and wellbeing high performing culture.

2.3 The strategy sets out the principle strategic aims alongside the 5 strategic priorities and forms part of our improvement plan.
- Leadership and Commitment
- Risk Control
- Communication and Engagement
- Training and Competence
- Performance Management

2.4 Positive progress has been made reviewing the existing governance and assurance arrangements. Quarterly reports are now submitted to the Corporate Leadership Board and Extended Directorate Management teams (EDMs) for Resources, People and Growth and Regeneration. This provides an improved level of assurance on key matters of health, safety, and wellbeing.

2.5 Each Directorate continues to have a health and safety meeting as part of the ongoing governance arrangements for communication and engagement on matters of health safety

and wellbeing to raise matters of concern in relation to the health & safety of the employees they represent, or where those matters cannot be resolved at a local level.

2.6   The Corporate Health and Safety Consultative Committee continues to meet quarterly. It continues to discuss and make recommendations relating to health, safety and welfare matters which relate to issues which are of a corporate(strategic) nature.

2.7   In addition, there is a Project Board developing the Corporate Landlord model which will greatly improve the way in which we respond to Landlord and Built Estate risks and the most significant liabilities across the built estate.

2.8   A new digital incident reporting platform has now been purchased. This is an extension to the platform used by the Risk Management Service. The new system is due to be implemented over the next 3 months. It will transform the way in which we are able to record, track, and analyse incident information in real time; providing greater potential for learning to be shared across the organisation and timely remedial actions taken to prevent recurrence.

2.9   COVID-19 pressures delayed some of the planned work on policy revision throughout 2020/2021.

3. Enforcement Activity

3.1   There have been occasions when both external and internal agencies/teams have needed to serve formal notices on the authority to seek improvement or prohibit an operation. During 2020-2021 there has been no enforcement activity from external agencies.

3.2   The last Notice from the HSE was signed off on 31st March 2020. We met with the HSE in December 2020 to ensure our systems of inspection, maintenance and repair were still in place for street lighting. There was no further action following this visit.

3.3   There has been one prohibition notice related to COVID-19 served by a member of the Corporate Health and Safety Team. Corrective action was taken quickly by the manager to the building that was found to require some of the risk controls relating to COVID-19 to require strengthening to ensure the building did not pose a significant risk to the public.

4. Audit and Risk

4.1   The audit programme for 2020-2021 focussed on COVID-19 ensuring that buildings and schools were COVID-19 safe. A total of 142 premises were audited against the government criteria (risk assessment, cleaning and hand hygiene, social distancing, arrangements for people working from home, and additional contingency and risk controls for <2 metres). 54 Corporate buildings and 88 maintained schools were issued with a COVID-19 safe and secure certificate.

4.2   Ongoing monitoring of these buildings has continued with follow up visits as appropriate. The HSE during this time made several unplanned visits across our sites including schools to check our arrangements for COVID-19. No action was required following these visits.

4.3   Our Internal Audit team undertook an audit of that focussed on the Managers Health and Safety Self-Assessment (CHaSMs) process. The outcomes from the audit provided limited

assurance which means that there are weaknesses in the risk management, internal control, and governance processes which places service objectives at risk. Key areas of weakness were found to be in the following areas:

- Poor understanding of H&S roles and responsibilities.
- Training and understanding – several managers at all levels confirmed that mandatory training has not been completed
- H&S Review and Reporting – inconsistency in the completion of CHaSMs resulting in missing health and safety data.
- Ineffective health and safety risk management - several managers viewed the CHaSMs exercise as tick box rather than an effective tool for managing H&S risk
- H&S risk Management – greater support required for complex and specialist risk assessment some H&S risks may not be effectively managed currently.
- Procedure for Accident and Incident Reporting is not clear.

4.4   Management actions are in place with agreed timescales to address these shortcomings. These actions form part of the overall performance improvement plan for the Corporate Health Safety and Wellbeing Team.

4.5   The 6 monthly CHaSMs return showed an improvement in the overall level of compliance of completion. There is further work to do to ensure consistency of approach and ensuring that the information is being completed by the right people and the right level. Outcomes of the 6 monthly CHaSMs returns has been shared at CLB and all EDM's. Work is ongoing to ensure an accurate list of service managers and returns, and improvements plans based on the outcomes.

4.6   The CHaSMs outcomes will form part of the Corporate Health Safety and Wellbeing Audit programme for 2021 -2022. Each Head of Service is responsible for producing a health safety and wellbeing improvement plan which will include all areas of amber and red outcomes.

5. Training and Learning

5.1   A focus on compliance with mandatory training has continued during 2020-21. The basic programme of training includes induction, managers training, stress risk assessment, lone working and stress resilience and wellbeing.   Achieving compliance with mandatory training is fundamental to achieving a pro-active approach to health, safety, and wellbeing, and raising the general ability of employees at all levels to make informed decisions on the management and escalation of risk.

5.2   Publishing performance data in this area will support service areas to achieve compliance. Delivery methods, content and record keeping is currently being reviewed so we can provide consistent and reliable data and have a thorough understanding of mandatory training compliance. Table 1. Illustrates core training delivered by Corporate Health Safety and Wellbeing Team.

Table 1.

Training Delivered	Number of Sessions	Number of Attendees
Core Health and Safety for Managers	17	120
Stress Risk Assessment	4	30
Lone Working	5	74
Stress Resilience and Wellbeing	4	55
Fire Safety	11	
Management of Legionella	7	

6. Incident Reporting

6.1   We record all our accidents and incidents. Reporting certain incidents is a legal requirement. The legal report informs the HSE about deaths, injuries, occupational diseases, and dangerous occurrences, so they can identify where and how risks arise, and whether they need to be investigated. For the purposes of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work. The following accidents are reportable: death, specified injury to workers, over 7-day injury to workers, injuries to non-workers, occupational diseases and dangerous occurrences and some gas incidents.

6.2   The current areas of concern from those accidents that have been reported as a F2508 are:
   - Violence and Aggression – physical and verbal
   - Moving and Handling – people and objects
   - Stress
   - Slips and Trips
   - Asbestos exposure

6.3   We are currently updating the existing Accident Incident Reporting system so we can provide better performance information in respect of incidents, to enable a greater analysis of themes and trends.

6.4   The data currently provided is for the period April 2020- March 2021. Currently accident incident data is provided to the Corporate Safety Committee on a quarterly basis. The new system will allow for information to be published monthly for each directorate and data on a rolling period. It will provide real time data for the Corporate Health, Safety and Wellbeing team to respond to. Additional KPI's are being introduced for investigation times and closure of all incidents.

6.5   Figures are based upon the accident / incident data presented to the Corporate Safety Consultative Committee (CSCC) during 2020/21. These figures relate to incidents reported

to the HSE on the Form F2508, they include incidents such as fractured legs, absence from work for over 7 days after an incident. As stated previously the authority's accident/incident database is a real time data base, and as such the comparison figures quoted are based upon the figures from last year's annual report, and these figures may not tie up with the figures produced more recently due to late reporting of incidents.

6.6   The total number of accidents / incidents recorded for the period up to 31 March 2020 was **846 (1391)**.

The split between accidents, and violent incidents for the period is **401 (766)** accidents and **445 (625)** incidents involving violence and aggression. Accidents decreased by **365** incidents, and violent incidents decreased by **180** incidents

Table 1 – Total number of Incidents 20/21

Type	2020/21	2020/21 Variation from 19/20	2019/20	2018/19	2017/18
Accidents	401	-365	766	1044	1066
Aggression / Violence	445	-180	625	679	731
TOTAL	846	-545	1391	1723	1797

Table 2 – Total number of Incidents per Directorate 20/21

Directorate	2020/21	2019/20	2018/19	2017/18
Adult Children & Education	657	965	1168	1262
Growth & Regeneration	160	315	505	448
Resources	29	111	50	87
TOTAL	846	1391	1723	1797

Table 3 – Total number of RIDDOR (F2508) per Directorate 20/21

Directorate	2020/21	2019/20	2018/19	2017/18
Adult Children & Education	14	20	23	29
Growth & Regeneration	16	10	32	27
Resources	1	0	0	2
TOTAL	31	30	55	58

6.7 The number of Reportable Incidents (RIDDOR F2508) to the HSE remains high. Working with Services and ensuring that they have adequate controls in place for areas such as Asbestos exposure we would want to reduce the number of F2508 reports to the HSE by working with Services to ensure that they have adequate controls in place to reduce the risk of injury and/or ill health to our employees and other. Lessons learnt form incidents will be shared across Directorates.

6.8 Currently near miss reporting does not happen. The Council should encourage near miss reporting. This would be a marker of a positive reporting and learning culture and support the decrease of lost time incidents and F2508 reports.

Key Areas of Work and Outcomes

7. Wellbeing

7.1 The Wellbeing of employees is of paramount importance. The Corporate Health, Safety and Wellbeing Team have specialists within the service to support the wellbeing agenda.

7.2 Work continues across all directorates to deliver their wellbeing and resilience priorities. Our specialist team continues to work collaboratively with several directors and has created bespoke courses to help teams with their resilience and stress. Where appropriate we have used external specialists to support this ongoing work. Wellbeing workshops and training have been extended through COVID-19 to our existing offer.

7.3 We have commissioned National Mind E-Learning on managing 'Mental Health at Work'. This has helped many managers working from home to identify and respond to employee wellbeing and supported sensitive conversations.

7.4 The Mental Health First Aiders group has now been established. Membership includes two Directors from the Council. Their leadership is helping to embed the role as part of everyday wellbeing.

7.5 We continue to offer mediation to support complex psychological issues and sign post on to other appropriate services. This helps managers to address behaviours that do not meet our Corporate values and behaviours.

8. Reasonable Adjustments

8.1 During COVID-19 lock down the service has continued to provide day to day casework support to staff and the organisation regarding disability and long-term condition related reasonable adjustments, via an adapted model of remote service delivery.

8.2 In addition to this:
- the DSE assessment and loan library has been established at City Hall
- the DSE information has been refreshed and updated on The Source to reflect healthy home working and
- the provision of remote DSE/Workstation assessments and advice has been developed.

8.3 Collaborative working with the Disabled Colleagues Network has continued and progress has been made to develop a Reasonable Adjustments training package for managers. The delivery of this training is due to start during Q3 2021/2022. Additional resources and new pages via the Source have been made available for disability and health condition adjustments. This has also included updated and additional information about Access to Work. Further collaborative working is ongoing with HR and Learning and Development to embed relevant information into current processes and procedures.

8.4 A key challenge remains that users of Dragon voice recognition software that's previously been used to support colleagues with dyslexia and other disabilities have not been able to use it since moving over to Windows10 and our new laptops. Whilst colleagues cannot use Dragon on Win10 laptops at present, their Win7 laptops are still fully functional in the meantime. The issue lies with the software vendor, rather than BCC IT colleagues, and is an issue with several organisations including DWP*.

8.5 We recognise that this issue is having an impact on colleague's mental health and wellbeing and potential productivity. We will continue to provide the necessary support during this time but would look for this to be resolved as quickly as possible.

9. Occupational Health and Employee Assistance Programme (EAP)

9.1 We have procured a new provider for Occupational Health. Our new provider is <u>Health Management Ltd (HML)</u> and they are providing an integrated medical service for Occupational Health, Employee Assistance Programme (EAP) and Physiotherapy service. They are the one stop shop for Occupational Health support from Management Referrals to New Starters, Workstation Assessments, Physio and EAP. Schools can buy into this service.

9.2 Between April and June 2021 there were 274 referrals made to OH. 93% of the referrals were triaged to remote OHA assessment. The largest referring department was Children's services (62) and Adult Social Care (56). Mental Health Disorders (MHD)accounted for 82 referrals, 28% of all referrals to OH. The main reason for referral was stress and anxiety. The largest referring department was Children's Services (22).

9.3 Musculoskeletal (MSK) accounted for 106 referrals, 36% of all referrals to OH. The main reason for referral was thoracic and lumbar.
The largest referring department was Adult Social Care (31).

9.4 Our Health Surveillance Programme will be run through HM. Work has been undertaken by the Corporate Health Safety and Wellbeing Team to identify which employees require Health Surveillance in relation to the job that they do and the frequency of that Surveillance.

9.5 All employees have access to the EAP helpline Monday-Friday; they offer a range of help and support, not only relating to work but other lifestyle issues, such as bereavement, finances, and lifestyle changes. The EAP service is now able to address all levels of risk low, moderate and severe.

9.6 EAP received 78 calls just for some information and advice and others receiving immediate emotional support and were then signposted into self-help resources. Throughout this reporting period Vita identified 28 callers as needing more support than what the helpline

could offer and of them 4 calls were signposted to structured wellbeing support. 12 calls were signposted to Guided Self Help - this is for low to moderate ill mental health and 12 were signposted to Counselling - this would be for what would be called a life stressor. (For example: a relationship breakdown, probate, moving to a new house).

9.7   During the first 10 months of COVID-19 additional counselling support was made available through the Nilaari Agency. These services supported some of our Black Asian Minority Ethnicity colleagues with their emotional wellbeing and mental health during COVID-19.

10. Health Surveillance

10.1   Health surveillance is a scheme of repeated health checks which are used to identify ill health caused by work. Health and safety law requires health surveillance for our workers when they remain exposed to health risks even after we have put controls in place. Health risks which require health surveillance for Bristol Council staff include noise, vibration, and substances hazardous to health.

10.2   The Corporate Health Safety and Wellbeing Team have been working closely with Services to identify the workplace hazards and controls and determine which areas of activity require health surveillance.

10.3   We have contracted 8 health surveillance days which will be delivered at 7 locations via a mobile unit.

11. Fire Safety Management

11.1   Development of the corporate health and safety Fire Procedure is part of the safety, health and wellbeing strategy to develop consistent corporate procedures across all departments of Bristol City Council. When the Corporate Landlord model is implemented the roles and responsibilities will be reviewed and updated.

11.2   The Bristol City Council procedure for Fire Safety Management is based on The Regulatory Reform (Fire Safety) Order 2005. The Fire Safety Order 2005 sets out our legal duties and the HM Government Fire Safety Risk Assessment guidance documents give practical advice on how to comply with those requirements. The guidance provides minimum standards for protecting employees from risks associated with fire. The procedure covers all areas of work activity where staff may be at risk from fire.

11.3   The implementation of this procedure covers all areas of Bristol City Council. But does not include partners where we deliver a service on their behalf but where we are not the duty holder. Where Bristol City Council is the Landlord, we will ensure through different arrangements that they follow the requirements set out in the procedure including competent persons and appropriate management of contractors.

11.4   The Fire Safety Management Procedure and Fire Safety Manual has been developed to provide robust arrangements to ensure compliance with current fire legislation – the Regulatory Reform (Fire Safety) Order 2005. This includes templates to develop suitable, sufficient and risk appropriate fire precautions within buildings, and management systems to enable the safe evacuation of people.

11.5	The Fire Safety Manual is designed to assist Managers, Head teachers and employees to ensure that the premises in which they work is safe from fire. There is a project plan in place to deliver its roll out. It is currently being piloted within the Library Service.
11.6	All known buildings have a Technical Fire Risk Assessment in place. Risk profiling of all buildings has taken place over the past year and we are now able to review risk assessment on a risk-based approach.
11.7	Local managers are responsible for ensuring that they review the risk assessments on a yearly basis and report through the new fire safety reporting process. Any action that is required following that review needs to be part of their management action.
11.8	CHaSMs will include Fire Safety Management as part of the next self-monitoring exercise in November 2021.

12. COVID-19 Pandemic

12.1	In March 2020 the Council activated emergency planning arrangements in response to the COVID-19 pandemic. Our approach to COVID-19 and the management of a biological hazard is presented below:

- All Government Guidelines have been followed since lockdown was announced on 25 March 2020
- Much of our workforce were able to work from home, whilst the remainder continued to support critical services to continue to operate across the City.
- Safe Systems of Work and delivered webinars talks based on corporate master documents and adapted for different operational services as appropriate.
- New risk assessment processes for individuals who are clinically extremely vulnerable and clinically vulnerable are in place.
- A process for identifying cases of COVID-19 that required reporting as RIDDOR was put in place, along with an internal track and trace methodology.
- All corporate buildings have had a COVID-19 secure RA, and buildings have been adapted to ensure the government guidelines can be followed.
- People working from home undertook a specific COVID-19 working checklist and were provided with any DSE compliance equipment needed (including specialist equipment where required)
- We worked closely with all our Maintained Schools, Education Leaders and TU representatives reviewed and agreed COVID-19 risk assessments for all maintained school.
- Maintained schools also completed COVID-19 assessments which included Facilities Management such as Fire and Legionella.
- TU health and safety representatives had weekly meetings with the Head of HR and Head of Health Safety and Wellbeing in support of HSW activities relating to COVID-19.

13. Key Areas of Work

The detail of the key areas of work are set out in the attached Improvement Plan for 2021/2022. Progress and outcomes will be reported quarterly to CLB EDM's and the Corporate Health and Safety Consultative Committee.

*The software issues with the vendor have now been resolved since this report went to CLB.

'Healthy High Performance' improving the lives, health and disability of our workforce and preventing injury and ill health'

Theme	OBJECTIVE	PRIORITY	Deliverables	
Leadership and Commitment	Lead and engage with our workforce to improve workplace safety, health and wellbeing	● Continue to focus our activity on tackling ill health as part of our work programme 2021-2022 will focus on Mental health and Wellbeing and our three main causes of absence	L1	Complete actions and targets identified in the Workforce Strategy S4.
		Work –related stress and anxiety	L2	Revise and publish work related stress guidance information and risk assessments
		Musculoskeletal disorders	L3	Develop programs
		Colds Flu Cough Infectious Diseases – including COVID-19	L4	Continue with the existing strategy for COVID-19
		● Promote proportionality in health and safety management	L5	Revise the current Health and Safety Policy Develop a document management framework that supports the Health and Safety Policy and sets out the policy standards, detailed roles and responsibilities and methodology for preventing and controlling risk in all areas of activities, services and buildings. Revise current guidance to support the framework and explore the use of technological solutions where

				appropriate for the control of risk
		● Share the learning from across the Council with those who can influence workplace health and safety performance	L6	
Risk Control	Secure the effective management and control of risk	Use different interventions to assess and secure effective management and control of hazards and remove risk from the workplace	R1	Develop and maintain a Corporate Safety Health and Wellbeing risk register and risk profile
			R2	Develop annual actions plans to mitigate residual risk associated to our most significant hazards. Eg Fire, Legionella, Asbestos, CDM,Stress, Vibration and Nosie
			R3	Undertake a full review of all corporate Health Safety and Wellbeing documentation. Develop a document management framework that supports the Health and Safety Policy and sets out the policy standards, detailed roles and responsibilities and methodology for preventing and controlling risk in all areas of activities, services and buildings. Revise current guidance to support the framework and explore the use of technological solutions where appropriate for the control of risk

			R4	Introduce an information governance management system to ensure all HSW documentation and records are accurate correct appropriately stored and contain up to date consistent information (Sharepoint)
			R5	Introduce the Accident/Incident reporting system linked to the Claims RM system
			R6	Develop and online risk assessment procedure with a standard electronic template which has an automatic review trigger mechanism
		Target site monitoring visits on specific issues and activities (high risk and most significant hazards), including a sustained focus on work-related ill health such as stress and musculoskeletal	R7	Introduce a system which will use data from CHaSMS, monitoring visits and incident investigation actions to track and close off actions.
			R8	Develop a programme of site monitoring visits to check risk controls are in place
			R9	Revise Accident and Incident Reporting and Investigation Procedure and ensure that it is in line with the HSE Enforcement Model
		Risk Profiling -	R10	Risk profile each of the areas of activity linked to Services to focus on the high and medium areas of risk.

				Review risk assessment process. Support services to undertake complex risk assessments.
Communication and Engagement	Support our people to be the best they can.	Unlock healthy and high performance in the workplace and ensure that wellbeing and resilience are key enablers of staff engagement and high performance.	C1	Strengthen links between other disciplines such as RM, Equalities and Learning and Development to further support enhanced partnership working to achieve greater efficiencies and cost savings
			C2	Update our HSW roles, responsibilities, and capabilities to manage risk
			C3	Publish new arrangements for how we prevent mental ill health, promote wellbeing and support colleagues where the need arises
			C4	Implement and promote a safety health and wellbeing information line to provide competent advice
		Explain and help colleagues to understand our strategy and ambitions and how we want to achieve them	C5	Face to face and virtual discussions
		Help colleagues to understand how we need to work in the future and what it means for them	C6	Implement a new HSW leadership excellence development programme

			C7	Review existing arrangements on how we consult and involve our workforce on all matters of health, safety and wellbeing. Develop a communication strategy to meet our legal obligations and obligation to consult with employees TU and others affected by our work activities
		Achieve a good balance between systems and behaviours to support good safety health and wellbeing management	C8	Implement HSG65 Plan Do Check Act (PDCA) as a methodology
Training and Competence	Ensure that the level of competence is proportionate to jobs and places of work	Undertake a TNA and competence framework	T1	Develop an improved Safety Health and Wellbeing training programme which is cost effective and reflects the needs of the individual, services and the wider organisation
			T2	Develop a health and safety passport
			T3	Expand our online training provision
Performance Management		Monitor Delivery through key performance indicators and targets	P1	Set annual leading and lagging KPIs against an agrees annual improvement or completion target (compare year on year)
		Annual Reporting	P2	Produce Annual Safety Health and Wellbeing Report for HR Committee

		Reporting Cycle	P3	Develop a Dashboard MI to report quarterly to CLB and Safety Committee
		Audit programme	P4	Develop an audit programme which responds to CHaSMs and other key areas of risk identified through internal audit. Accident and Incident Data, OH and EAP data
		Assurance and Monitoring of key stakeholders	P5	Develop adequate arrangements to ensure that we meet the minimum arrangements for assurance of health safety and wellbeing with all Maintained Schools
			P6	Develop adequate arrangements to ensure that we meet the minimum arrangements for assurance of health safety and wellbeing with Bristol Companies and subsidiaries
			P7	Develop adequate arrangements to ensure that we meet the minimum arrangements for monitoring and assurance of health and safety (CDM) with all contractors to ensure consistency across the Council