

Audit Committee

29 September 2023

Health, Safety and Wellbeing Performance report Quarter 1 2023/24



Ordinary Decision

Report of Amy Harhoff, Corporate Director of Regeneration, Economy and Growth

Electoral division(s) affected:

Countywide.

Purpose of the Report

1. To provide an update to Audit committee on the council's Health, Safety and Wellbeing (HSW) performance for Quarter one 2023/24.

Executive summary

2. There were 363 accidents, incidents and near misses compared to 457 in the previous quarter. Quarter one statistics indicate a lower than average number following a quarterly average of 418 in 2022/23.
3. In terms of more serious accidents there were two RIDDOR specified injuries, both within CYPS, and seven over 7-day absences in quarter one. These are both lower than average for a quarter based on previous quarterly statistics.
4. There were three fire related incident during quarter one. These occurred at Southfield lodge Crook, Elemore Hall School and Louisa Centre Stanley. There were no injuries as a result of the fire incidents and only minor damage to property and equipment.
5. There were 118 H&S and fire safety audits and inspections of council premises and work activities during the quarter which resulted in an overall compliance rate of 94.33%. Once again, the majority of noncompliance issues were of a low priority and almost 300 opportunities for improvement were identified.
6. Work continued in relation to the detailed results of the employee working well survey and results were presented to all service groupings and made available to each Head of Service across the Council. The corporate action plan in response to the survey is currently being developed and will be presented to CMT in Quarter 2 2023/24.

7. Work commenced in relation to radon gas management across corporate property and land with a programme for risk assessment and analysis being finalised. The programme will ensure the Council is able to evidence initial measurement of radon levels across workplaces and implement additional controls as required.

Recommendation(s)

8. Audit Committee is recommended to:
 - (a) note and agree the contents of this report.

363

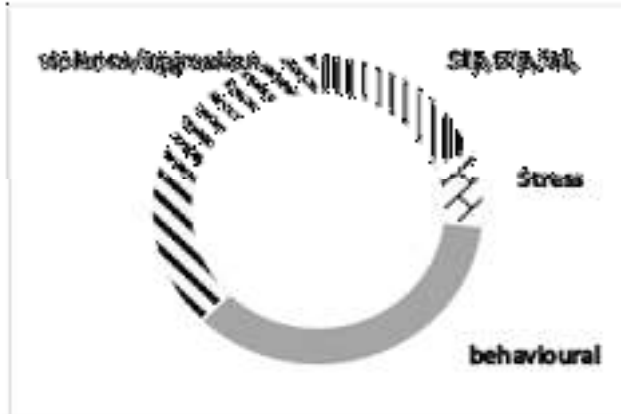
Accidents, injuries and lost hours reported
 167 in Q1, 537 in Q2, 295 in Q3 and 298 in Q4



96%

Staff reported accidents via either proxy or employee

Main Accident/Incident Causes



7 RIDDOR specified injury, and 7 over 7 days absence RIDDOR injuries.

Employee working well survey findings presented to service groupings and Head of Service results released.



• Better Health at Work Maintaining Excellence Status and working towards subsequent goals



32 psychological work-related incidents in 181 RIDDOR compared to 48 in Q1, 57 in Q2, 59 in Q3 and 30 in Q4 2023/24.

3 fire related incidents



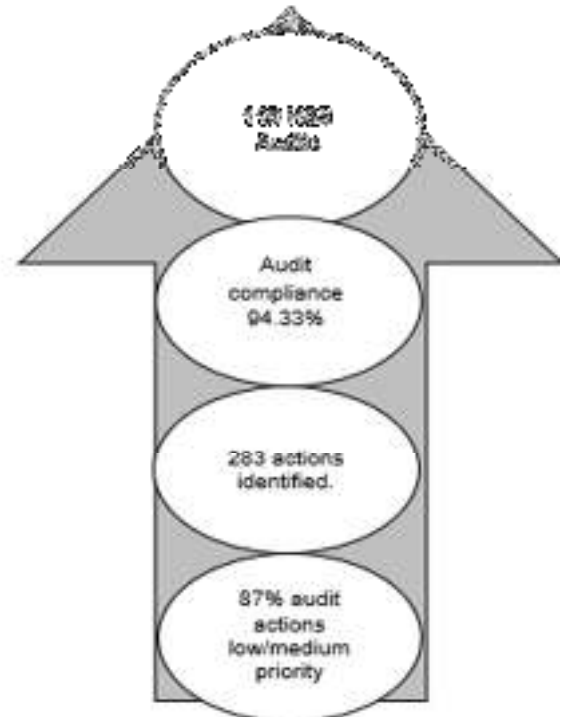
8 cases of reported injuries



Review of Radon management undertaken, and programme finalised for risk management.

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Enforcement related action or advice from HSE/CDDFRS following inspections and audit activity



Background

- 1 The HSWSG has been established to ensure that suitable priority is given to the management of HS&W within the council. The group monitors the development, implementation and review of the Corporate H&S Policy to ensure that it is consistently applied throughout the council and that performance standards are achieved. Key reporting topics, including COVID, are detailed below.

Consultation/Communication

- 2 Trade Union H&S representatives continue to actively participate in the corporate and service specific H&S meetings. Each service grouping has an established H&S forum that meets on a regular basis. The H&S team continue to undertake, on a priority basis, a range of joint audit and inspection programmes in conjunction with trade union H&S representatives. One joint visit was carried out at South Moor and Shield Row during quarter one.

Audits and Inspections

- 3 There were a total of 118 audits and inspections undertaken by the H&S team during quarter one.

Chart 1 – Audit and Inspection Activity for Quarter 1.



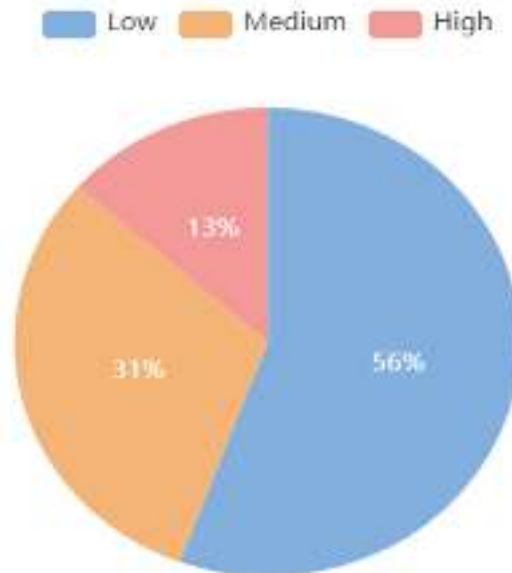
- 4 From the audits undertaken the following headline percentage compliance scores can be determined for each service area where audits took place:

Table 1 Compliance scores

TITLE	INSPECTIONS	SCORE (%)
	Total	Average
AHS General Audit 2023	3	99.02%
Arbor Work	1	96.67%
Civil Engineering and Construction Sites	22	89.90%
Culture & Sport	4	83%
CYPS General Audit 2022	2	95.54%
Extra Care Audit 2023	1	100%
Fire Safety Audit	11	91.98%
Indoor Sport Facilities (Wet)	1	92.24%
Neighbourhoods and Climate Change SLA's	1	88.46%
Pest Control services	1	93.33%
Refuse and Recycling	18	93.90%
School Audits	37	95.62%
Sub Depot Monitoring	1	85.37%
Waste Transfer Stations	2	92.86%

- 5 From the compliance scoring it must be noted that the majority of non-compliance related issues identified were low to medium low as per below chart 2.

Chart 2 Compliance Actions by Priority



High Priority Action Areas

Site	High Priority Actions
Building And Facilities Management	5
Howletch Lane Primary School	5
Seaham Trinity Primary School	5
Environment And Design Services	5
Bowes Hutchinson's C.E. (Aided) Primary	4
Shotton Hall Primary School	4
Sugar Hill Primary School	4
Park House	3
Stranton Primary School	3
Pest Control Services	2
Sedgefield Primary	1
Rosa Street Primary School	1
Coxhoe Primary School	1

Fire Incidents

- 6 There were three fire related incident at a Durham County Council owned premises during quarter one. These were at Southfield Lodge Crook, the Louisa Centre Stanley and Elemore Hall school.

Southfield Lodge Crook

- 7 Southfield Lodge is an extra care scheme premises, whereby the property is owned and maintained by Accent Housing, the building accommodates 37 residential units with individual tenancy agreements in place for each resident. DCC Staff provide a care service for the residents.
- 8 It was reported that staff response to a fire alarm activation from flat 28 at 20:15 hours on 28 May 2023, staff contacted the flat via the call system. The tenant informed the staff they had put food in the microwave, and this had caused the alarm to activate. Staff entered the flat and supported the tenant and opened the windows to allow for ventilation due to the burning smell. The tenant sat outside the flat until the smell had gone. The tenant reported to staff that they had put food in the microwave oven to warm up for what they thought was one minute but had put it on for eleven minutes. Staff continued to check on the tenant that evening and no further concerns were raised. The tenant has been reminded to check that the timer on the microwave is correct before reheating/cooking.

Louisa Centre Stanley

- 9 It was reported that at 15:00 hours 27 May 2023 the centre manager received a call from reception that there was a smell of smoke in the building. Believing that the smell was coming from the plant room near the pool, staff made their way to the room, however they discovered that smell

was due to burning grass outside of the perimeter fence of the centre. The fire was extinguished by staff using two portable fire extinguishers before it could spread. As the fire was quickly extinguished the Fire Service were not called, however the Police were notified. There was no damage to the premises and the centre did not need to evacuate as the fire was some distance away and was not a threat to the building.

Elemore Hall School

- 10 It was reported that at 12:30 hours on 15 June 2023 a pupil was seen lighting a fire in the wooded area to the rear of the school. A staff member responded to the incident went up to the scene with a bucket of water. There wasn't any apparent flame or smoke but covered the area with water. The pupil was spoken to about the seriousness incident and a lighter confiscated. He was kept on internal exclusion that afternoon. The pupil's parents attended a meeting at the school to discuss his behaviour and the school are acting during the summer holidays to thin out the trees in the wooded area to make the area less of a focal point for pupils to congregate and engage in anti-social behaviour.

Fire Inspections – County Durham and Darlington Fire and Rescue Service

- 11 There were three CDDFRS inspections of Council premises during Quarter one. These were at Net Park, which was at the following premises Plexus 1, Plexus 2, Discovery 1, Discovery 2, Explorer 1 and Explorer 2. Howletch Lane Primary School Peterlee and the Education Development Centre Spennymoor.
- 12 The outcome of the inspections was that at Net Park and Howletch Lane Primary School the premises were deemed to be broadly compliant with fire safety legislation. A deficiencies letter was issued for the Education Development Centre, with concerns raised about the means of escape from the first floor via the two protected staircases, the location of the evacuation chair and the issue of staff not signing in or out of the building. The senior H&S (fire) advisor has visited the premises and looked at the areas of concern raised following the fire service inspection. The senior H&S (fire) advisor has challenged these findings and disputed the contents of the letter and is awaiting a response back from the inspecting crew who carried out the inspection. A full fire audit of the premises has been arranged for early August 2023.

Employee Health and Wellbeing

- 13 The employee better health at work group, chaired by Corporate Director Adult and Health Services, convened again during this quarter and identified ongoing interventions and communications which were again aimed at raising awareness of support and interventions available and ensuring employees were able to access this where required. Some of the main

activities involved promotion and information sharing regarding mental health awareness week, dealing with loneliness, Carers week, dementia friends and employee benefits.

- 14 The results from the employee working well survey were presented to service grouping senior management teams during quarter one. Each Head of Service were also provided with specific employee survey results for their own respective service area. Feedback in general was very positive and consistent with the corporate outcomes and summary. Senior management teams will review and consider their results from a service perspective and develop local action plans (with support from HR Business Leads) where relevant. Also, following cascading of this survey information, further progress was made towards the development of a corporate action plan in response to some of the key survey findings.
- 15 An engagement session on the results of working well survey took place as part of the strategic manager briefing session in May 2023. Over 300 Tier 5 Managers are scheduled to be briefed on the high-level results at manager briefing sessions scheduled in July 2023. Their feedback will also be noted and incorporated into the overall action plan. An engagement session on the results of the working well survey also took place with the Health Advocates in June 2023 as a group of staff representatives. The Head of HR and Employee Services briefed the six network chairs on the high-level results and the proposed key areas, which was well received. The chairs of these networks will consider detail relating to equalities which will form action plans for each equality group which will also feature in the overall action plan to be approved in September 2023.

Occupational Health Service

- 16 During Quarter 1, 290 employees participated in clinical consultations with the OHS, following management referral in relation to Long Term Sickness Absence (LTSA), Short Term Sickness Absence (STSA), Management Concerns (Man Con) Reviews, and Re referral appointments, Long Term Sickness Absence/Short Term Sickness Absence (LTSA/STSA) and Covid. The number of appointments attended in Q1 this year has decreased from the Q1, 2023/24, a decrease of 27 referrals which represents a 8% decrease.

Chart 1

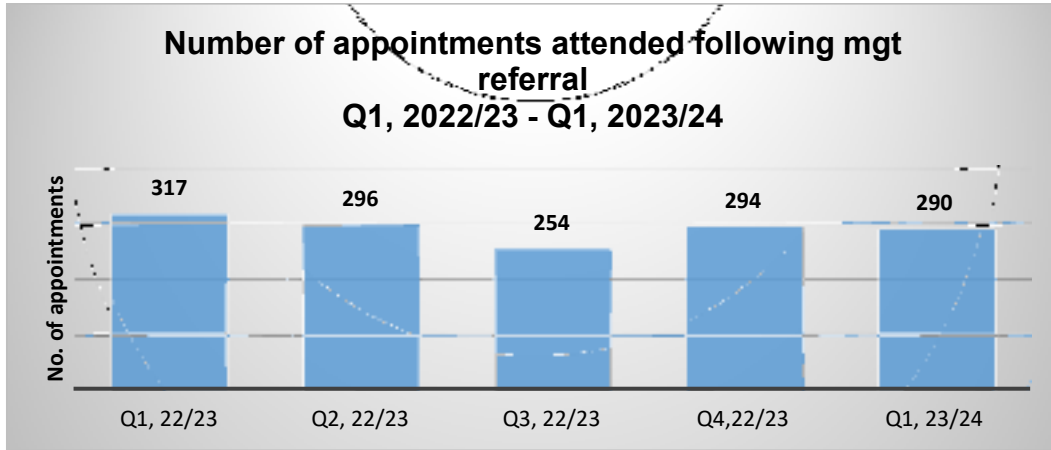
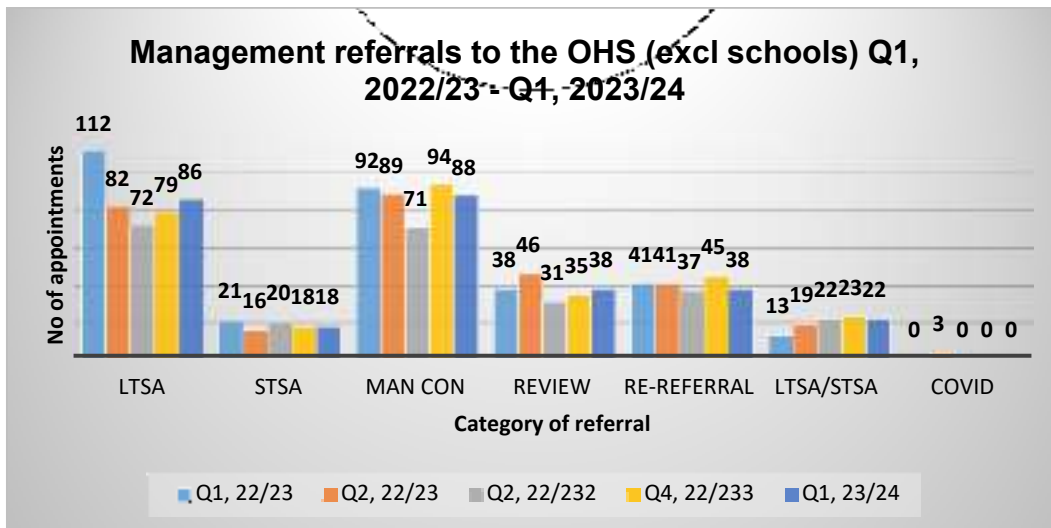


Chart 2 shows the categorisation of management referral appointments attended.

Chart 2



- 17 During Q1, 47 employees did not attend their allocated appointment following management referral. This represents a 14% non-attendance rate and equates to 9.5 days of clinic time. See Chart 3 and 4.

Chart 3

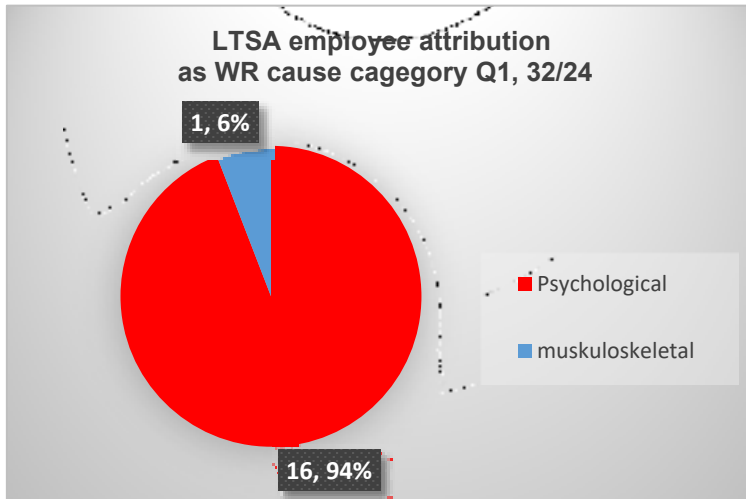
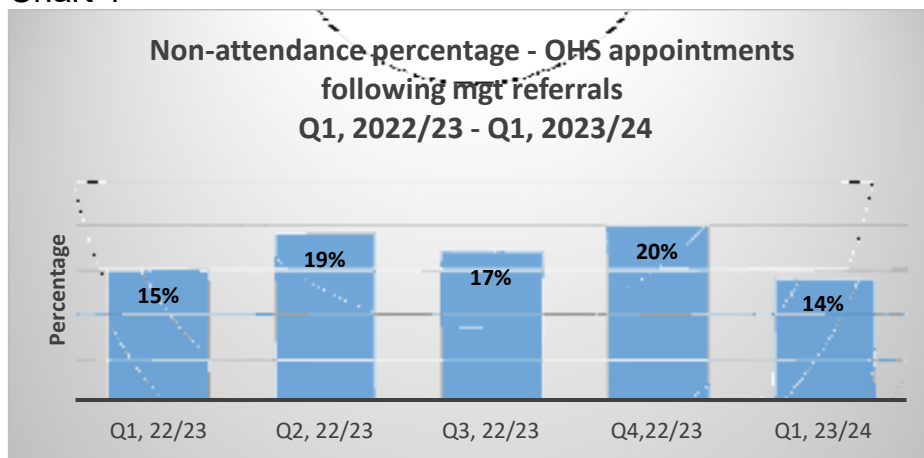


Chart 4



- 18 During Quarter 1, 86 employees were seen for LTSA of which 20% (n=17) stated to the OHS that they consider the underlying cause to be due to work related factors. Of the 17 employees, 94% (n=16) identified this was due to 'psychological' reasons and 6% (n=1) identified as 'muskuloskeletal'
- 19 Chart 6 shows the cause of absence categories for non-work related LTSA seen in the OHS, 28% (n=19) were due to psychological reasons; 33% (n=23) were due to musculoskeletal problems; 1% (n=1) was due to neurodiversity and 38% (n=26) were due to other reasons.
- 20 Management concern referrals are made when the employee is not absent from work and advice is required relating to work that is affecting the employees' health or their health is affecting their work.
- 21 During Q1, 88 employees were seen as a management concern, 15% (n=13) of these referrals stated to the OHS that they consider the underlying cause to be due to work related factors. (Chart 7) Of the 88 employees seen 92% (n=12) of the work related and 11% (n=14) of the non-work related were due to psychological reasons, by referring to the OHS support, advice and signposting to EAP can be given at an early stage and hopefully prevent an absence from work. Musculoskeletal problems accounted for

24% of non-work related and 8% of work-related management concern referrals, identifying these issues before they result in an absence from work and allow early intervention which could include referral to physiotherapy. Although not all absences are work related, they can have an impact on work and the wellbeing of employees. (Chart 8)

- 22 Further analysis of the data relating to management concern referrals identified that 7% of the LTSA referrals received in Q1 were seen in the previous 12 months as a management concern referral.

Chart 7

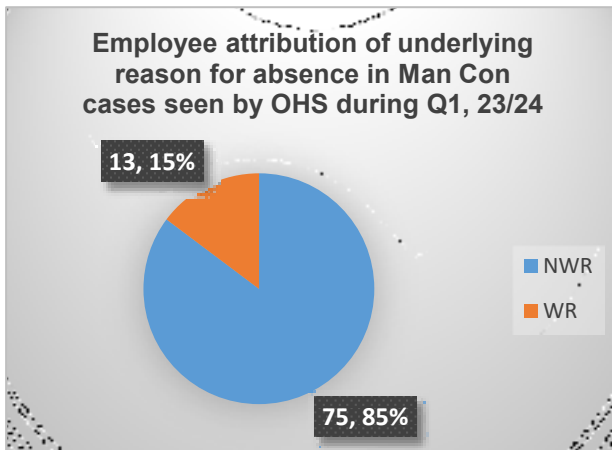
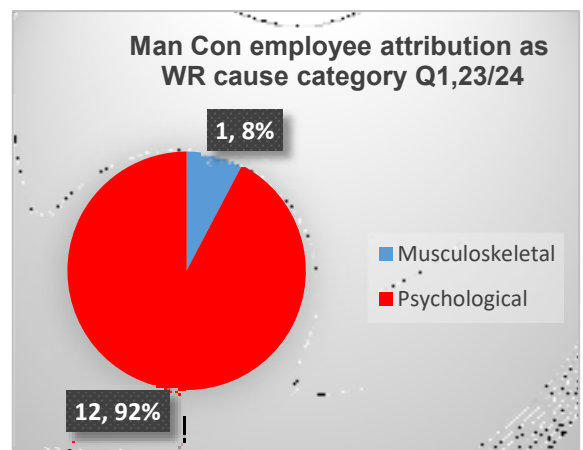


Chart 8



- 23 During Quarter 1, the OHS provided the following additional support services. See Table 1.

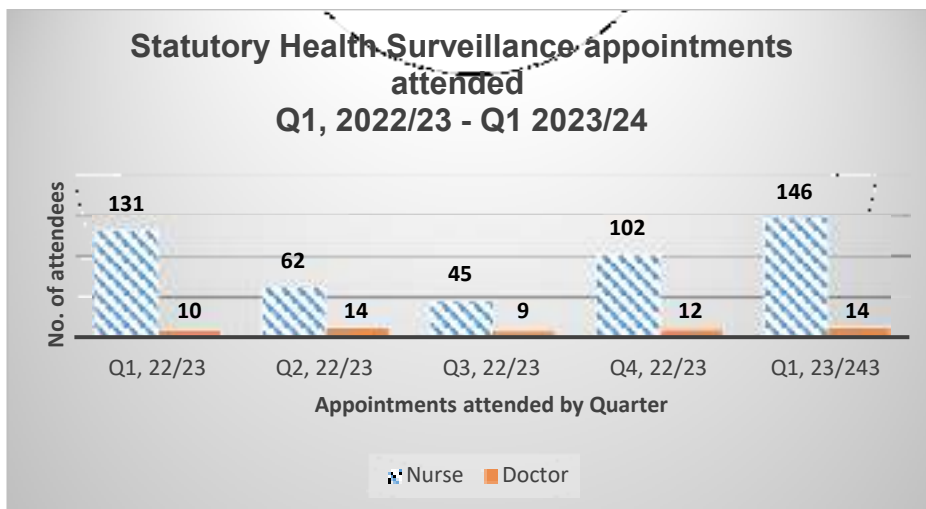
Additional Support services accessed via the OHS	A&H S	CYP S	NCC	REG	Res	Service not detailed	Q1	Q4	Q3	Q2	Q1
							23/44	22/23	22/23	22/23	22/23
							Total	Total	Total	Total	Total
Number of routine physiotherapy referrals	12	16	15	11	16	-	70	74	52	60	65
Number of routine physiotherapy sessions	29	27	28	21	39	-	144	174	189	223	214
Number of 'face to face' counselling referrals	0	0	0	1	1	-	2	6	8	6	6
Number of 'face to face' counselling sessions	0	2	0	4	0	-	6	15	6	11	13
Total number of calls to the EAP	19	49	11	6	10	39	134	160	134	110	92
Telephone EAP structured counselling cases	0	2	0	0	0	2	4	5	3	7	0
Telephone EAP structured counselling sessions	0	6	0	0	0	1	7	40	0	38	0
Employees referred to online counselling	1	4	0	0	1	0	6	13	10	2	5
Online Counselling Sessions	5	24	0	0	0	8	37	49	7	11	7
Employees referred to online CBT	0	1	0	0	1	1	3	0	23	2	32
Online CBT sessions	0	0	0	0	0	2	2	0	31	0	22

24 Routine physiotherapy clinics operate two days per week in the OHS at Annand House under contract with the OHS, the clinics are a combination of telephone assessments and face to face physiotherapy appointments,

should following the physiotherapy initial assessment by telephone the physiotherapist deem this to be clinically required. Employees can self-refer or be referred by their manager.

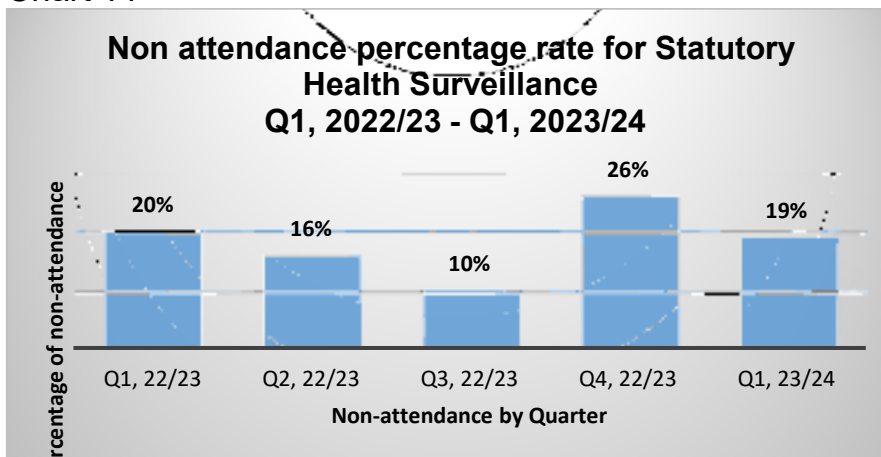
- 25 At the time of preparing this report (25/07/23) there was no waiting time for an initial assessment. The OHS will continue to monitor this waiting time and report to this group.
- 26 The OHS continues to provide statutory health surveillance programmes to employees in line with HSE guidelines. Some health surveillance clinics are carried out on site to minimise the effect on service delivery.
- 27 During Quarter 1, a total of 160 employees attended OHS appointments for routine statutory health surveillance, 146 with an Occupational Health Nurse and 14 with the Senior Occupational Health Physician.

Chart 10



- 28 During Quarter 1, 19% (n=38) employees failed to attend their appointment with the OHS in relation to statutory health surveillance. This equates to 4.5 days of clinic time lost. See Chart 11.

Chart 11



- 29 During Q1 the OHS have continued to provide Hepatitis B immunisation to employees whose job role has been identified via risk assessment as requiring an offer of Hepatitis B immunisation, administering a total of 9 vaccines.
- 30 During Q1 there were 2 inoculation incidents reported to the OHS, one needlestick injury and one spitting into the face by a service user, appropriate assessment and follow up was provided to the employees concerned.
- 31 A full summary of occupational health activities for quarter one is as follows:

Occupational Health Activity Data DCC related activity (note this data does not include Local Authority Maintained Schools).	Q1 2023/24 Total	Q4 2022/23 Total	Q3 2022/23 Total	Q2 2022/23 Total	Q1 2022/23 Total
Appointment category					
Pre-Employment/Pre-Placement assessments Of which attended an appointment	564 38	458 22	669 139	681 142	687 108
Management referrals seen – Long Term Sickness	86	79	72	82	112
Management referrals seen – Short Term Sickness	18	18	20	16	21
Management Referrals seen -Long/Short Term Sickness	22	23	71	19	13
New Management Concern referrals seen	88	94	31	89	92
Review appointments seen	38	35	37	46	38
Re-referrals seen	38	45	22	41	41
Statutory Health Surveillance Assessments Attended (Nurse)	127	102	44	62	131
Music Service audiometry attended	19	10	1	1	0
School Crossing Patroller Routine Medicals	3	10	10	7	9
Driver Medicals (DVLA Group 2) e.g. HGV	26	18	6	19	18
Night Worker assessments (Working Time Regs 1998)	2	0	0	0	1
Immunisations against occupationally related infections	12	9	30	25	25
'Flu' Immunisations	0	0	342	0	0
Inoculation injury OHS Assessments – where injury has been reported to the OHS	2	0	0	2	3
HAVS Postal Questionnaires sent	125	128	143	126	62
HAVS Postal Questionnaires returned percentage rate	86%	30%	63%	70%	32%
Did Not Attend (DNA) for statutory health surveillance appointment (Nurse)	17	36	4	15	36
Music Service DNA	0	1	0	0	0
DNA – Management Referral appointments with the OHS (excluding health surveillance)	47	72	51	69	58

Open Water Safety

- 32 The City Safety Group has continued to oversee the risk mitigation measures identified from the independent review of the city centre river corridor by RoSPA. A series of additional infrastructure works have been completed along the various sections of the river corridor, including fencing, additional rescue equipment and safety signage. A programme of monthly inspections of the risk mitigation measures and public rights of way continue to take place within the city centre river corridor.
- 33 Linked to the work of the City Safety Group, water safety awareness training was delivered in quarter one for a range of partners. Following a series of incidents in the city in and around the river and several bridges, a request was made by city hub team members for water safety awareness and rescue training to be provided along with the provision of throw line rescue equipment. As a result, two sessions were held at has been arranged during quarter one and attendees included hub staff, police, neighbourhood wardens and licensed premises management. The training was hosted by CDDFRS and incorporated general water safety awareness, rescue methods and deployment of throw lines for river rescue scenarios. Throw lines were then provided to attendees for use in emergency situations and first responder scenarios.
- 34 From a county wide perspective, the reassessments of priority risk open water locations commenced with a view to completion before the summer holiday period when weather temperature increases and at risk groups such as young persons are likely to frequent locations during summer schools holidays. Work also commenced during the quarter to develop a new water safety awareness video which could be utilised by schools prior to the summer holiday period and used by the council and its partners to educate the general public via social media.

Radon Gas Management

- 20 A review of Radon gas management across corporate property has been undertaken to ascertain current levels of compliance and risk mitigation. Radon is a colourless, odourless, radioactive gas that occurs in rocks and soils, some building materials and water. The ground is the most important source as radon can seep out and build up in buildings including residential housing and indoor workplaces. The highest levels are usually found in underground spaces such as basements, caves and mines.
- 21 Durham has many areas with high radon levels and are categorised as in 'Radon Affected Areas'. For clarity, the term radon affected area applies to any occupied workplace in a radon affected area of 1-3% or above. In County Durham the majority of Council occupied workplaces will be in a radon affected area of at least 1-3%. There are areas in Weardale and Teesdale where radon presents a significantly foreseeable higher risk due to presence of basements caves and mines. Work has already been

undertaken within Killhope mine to control radon related gases in areas where employees and the public frequent.

- 22 Radon surveys must be conducted in any workplace where its location and characteristics suggest that elevated levels may be found and significant exposures to employees and/or other persons are possible. Where the workplace measurements show annual average radon levels below the stated thresholds, as is the case for the majority of buildings, then the only further action required is to decide when the risk assessment will be reviewed. For occupied areas with levels above the stated thresholds, the Council may need to take steps to manage occupational exposures pending any decision they may take to reduce the radon levels by engineered means.
- 23 The review has resulted in a systematic approach to the initial assessment of Council buildings and where appropriate, placement of monitoring devices to ascertain levels of radon gas present. A task and finish group has been convened to oversee the process of assessment and there will be further communications to building managers and employees ahead of any onsite monitoring taking place. Further updates will provide to HSWSG as the process progresses during 2023/24.

Reinforced Autoclaved Aerated Concrete (RAAC)

- 24 As at quarter one 2023/24, the council is continuing its risk-based programme of inspections of council buildings which may present a risk of the presence of RAAC. RAAC is a lightweight, 'bubbly' form of concrete that was commonly used in school and other buildings from the mid-1930s to the mid-1990s. RAAC is mainly found in roofs, primarily roof planks, although occasionally in floors and walls. RAAC is less strong than traditional concrete and there have been problems as a result, which could have significant consequences.
- 25 As a responsible body, the Council must identify any properties constructed using RAAC and validate the potential risk appropriately. Corporate Property and Land are reviewing the risk of RAAC being present across a total of 1,271 no. buildings where the Council is the responsible body. No RAAC has been identified in any building to date following inspections undertaken since DfE guidance was issued in 2021. There are 61 no. school buildings and 229 no. Council buildings left to review.
- 26 Reviews have been undertaken in line with guidance first issued February 2021 and then updated in December 2022. New guidance has since been published on the gov.uk website dated 30th August 2023.

Violence and Aggression – Potentially Violent Persons Register (PVPR)

27 At the close of Quarter one 2023/24, there were 137 live entries on the PVPR register. The 12 month rolling figures for PVPR live entries are as follows:

Year	Quarter	PVPR live entries
2022/23	2	89
2022/23	3	100
2022/23	4	113
2023/24	1	137
Number of Live Records		137
Number of Additions		41
Number of Removals		17
Number of Warning Letters Sent		10
Number of PVPR Appeals		0

28 Breakdown by service of PVPR views in the last quarter is as follows:

- CYPS - 67 viewed 105 times
- AHS - 68 viewed 142 times
- N&CC - 67 viewed 107 times
- REG - 126 viewed 340 times
- RES - 124 viewed 784 times
- Members - 4 viewed 4 times

29 Officers are working closely with partners to scale up preparedness for, and protection from, a potential terrorist attack and to ensure that the Council will be able to meet the new requirements of Martyn's Law, which follows campaigning after the Manchester Arena terror attack in May 2017 and is expected to come into force in August 2023.

Statistical Information

30 The H&S team in conjunction with service H&S providers continue to record, monitor and review work related accidents, incidents and ill health. This data is captured through internal reporting procedures and the Corporate H&S Accident Recording Database (HASARD). It is important to

note that when setting future performance targets this data should be utilised.

Main implications

Legal

- 31 Compliance with statutory legislative requirements reduce risks of enforcement action and/or prosecution against the council or individuals. It will also assist in defending civil claims against the council from employees and members of the public, including service users.

Finance

- 32 Compliance with legislative requirements will reduce increased service delivery costs, financial penalties associated with H&S sentencing guidelines 2016 and successful civil claims against the council. Financial costs may be insured to some degree and uninsured in some cases, with poor outcomes possibly leading to increased insurance premiums. Financial implications also include staff absence associated with physical and mental ill health, staff training, retention, recruitment and productivity.

Staffing

- 33 In relation to impact on staffing due to employee absence from injury or ill health, attendance management, employee complaints and grievances, recruitment, selection and retention of employees.

Conclusions

- 34 Accident statistics in general for quarter showed a decrease on previous quarters in 2022/23. A further 2 RIDDOR specified injuries occurred during quarter one which were attributed to CYPs services and were attributable to slip, trip and fall and being hit by a moving object.
- 35 The continued proactive audit and inspection activity by the H&S team continues to provide opportunities for improvement in relation to the working practices and procedures, with 118 audits resulting in almost 300 flagged items for improvement being identified during the quarter. Most items identified continue to be low priority which is positive.
- 36 In terms of fire safety, it was positive that the outcomes of the fire incidents did involve any injuries or significant property and equipment damage. The outcomes of the CDDFRS audits again provided assurance in high profile and risk sites such as net park. Further challenge is being made to the CDDFRS audit outcome for Spennymoor education development centre.

- 37 It is positive that the outcomes of the employee working have now been provided to all service senior management teams and results also provided to all Heads of Service. The further development of the corporate action plan will enable a structured approach to the key outcomes of the survey and further support any localised service grouping outcomes.
- 38 The delivery of water safety awareness and rescue equipment training for council staff, partners and licensees within the city centre provided a timely refresh on a key risk areas ahead of the summer period. This training also provides additional risk mitigation following a series of city centre related incidents involving persons either in open water or indicating entry into it. It provides first responders such as hub staff, licensed premises, neighbourhood wardens and police with emergency response arrangements and equipment deployment.
- 39 The commencement of the radon gas management programme will enable the Council to evidence risk management in this key developing risk area across its corporate property and land portfolio. The introduction of the interim radon policy provides a clear direction of travel for the programme and how the council will approach its risk management responsibilities.

Other useful documents

- Occupational Health Quarter one 2023/24 Report
- Health, Safety and Wellbeing statistical Quarter one 2023/24 report

Author

Kevin Lough Tel: 03000 263381

Appendix 1: Implications

Legal Implications

Failure to comply with statutory legislative requirements may result in enforcement action and/or prosecution against the council or individuals. There are risks from civil claims against the council from employees and members of the public, including service users.

Finance

Failure to comply with statutory legislative requirements may result in enforcement action, including prosecution against the council or individuals. These enforcement actions may result in increased service delivery costs, financial penalties associated with H&S sentencing guidelines 2016 and successful civil claims against the council. Financial costs may be insured to some degree and uninsured in some cases, with poor outcomes possibly leading to increased insurance premiums.

Consultation

Service Grouping strategic managers and operational management staff have been consulted in the preparation of this report.

Equality and Diversity / Public Sector Equality Duty

Equality Act compliance ensures consistency in what the council and its employees need to do to make their workplaces a fair environment and workplace reasonable adjustments are required.

Climate change

None

Human Rights

The right to a safe work environment, enshrined in Article 7 of the International Covenant on Economic, Social and Cultural Rights, links with numerous human rights, including the right to physical and mental health and well-being and the right to life.

Crime and Disorder

None.

Staffing

Potential impact on staffing levels due to injury and ill health related absence, staff retention and replacement staff.

Accommodation

The report references H&S related risks associated with workplaces some of which may have impact on accommodation design and provision of safety systems and features.

Risk

This report considers physical and psychological risks to employees, service users and members of the public. Risks also relate to the failure to comply with statutory legislative requirements, which may result in civil action being brought against the council and enforcement action, including prosecution against the council or individuals. These enforcement actions may result in financial penalties, loss of reputation and reduction in business continuity.

Procurement

None