

Audit Committee

29 November 2024

Quarter two 2024/25 Health, Safety and Wellbeing Performance Report



Report of Amy Harhoff, Corporate Director, Regeneration, Economy and Growth and Paul Darby Corporate Director, Resources.

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 two 2024/25.

Executive summary

2. There were 378 accidents, incidents and near misses which was a minor increase from the previous quarter but on average for the year. There were an increased number of more serious incidents with only eight Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) specified injuries. The main causes of these specified injuries were slips, trips and falls and of note there were two incidents related to injuries while restraining young persons.
3. During Quarter two there were five related incidents involving council premises and vehicles. Once again, the majority of these involved discarded batteries in refuse and recycling vehicles. It was positive to see that emergency procedures were again used appropriately to result in no personal injury or significant property damage. The recent public communications and awareness has highlighted this fire related risk emanating from discarded batteries and similar combustible products.
4. Enforcement related action was taken by County Durham and Darlington Fire and Rescue Service (CDDFRS) in relation to Sherburn House where a major deficiencies letter was issued in relation to potential restricted access to sleeping accommodation and locking mechanisms on front exit doors. These issued were resolved immediately on the same day of the inspection.
5. There were 140 Health and Safety (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 93.5%. Once again, the majority of noncompliance issues were of a low priority and almost 370 opportunities for improvement were identified.

6. Radon gas management programme continues to make progress against schedule. The total number of buildings in scope requiring radon gas assurance testing was 60 and all sites have now been tested with only two per cent of results left to be returned via The UK Health Security Agency (UKHSA). 99.2 % of sites tested are compliant with only five sites requiring remedial works. The main single site which triggered notification to premises users is now showing readings significantly below radon threshold levels.

Recommendation(s)

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

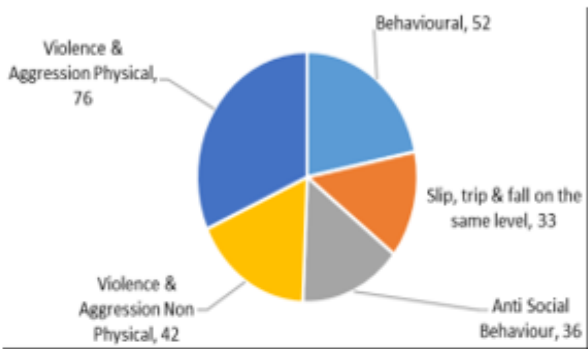
Health, Safety & Wellbeing Quarter 2 2024/25 in Numbers

378 Accidents, incidents and near misses reported. (400 Q1 2023/24, 361 Q4 2023/24, Q3 2023/24)



94%
Of all reported accidents are either no injury or near miss

Main Accident/Incident Causes Q2 2024/25



8 RIDDOR 'specified' injury, and 4 over 7 days absence RIDDOR injuries.



Better Health at Work Award

Better Health at Work Maintaining Excellence Status achieved, working towards ambassador status

15 psychological work-related incidents in Q2 2024/25. (27 in Q1 2024/25, 32 in Q4 2023/24, 36 in Q3 2023/24.)

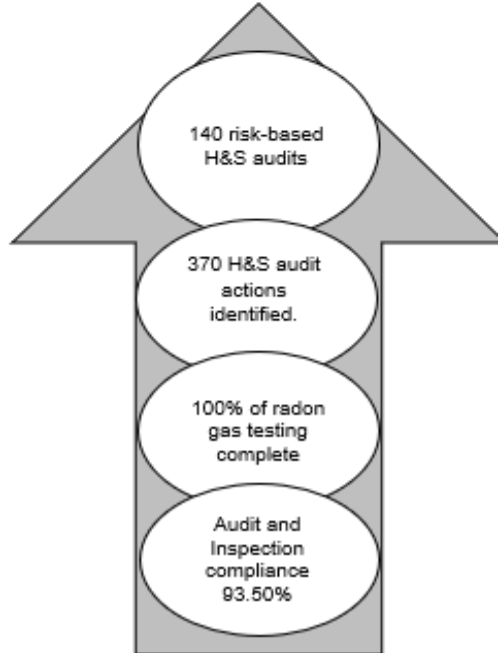


5 fire related incidents  1 CDDFRS inspection of council premises



H&S/Fire Safety management audit action completions rates remained at 77% in Quarter 2 2024/25

1 Enforcement related action from CDDFRS following inspections and audit activity.



Background

- 10 The Health, Safety and Wellbeing Strategic Group (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 are detailed below.

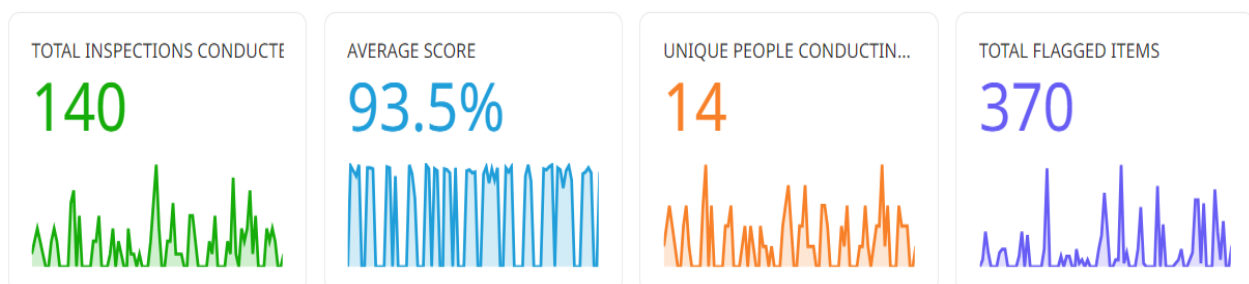
Consultation/Communication

- 11 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.
- 12 There was one joint visit undertaken between H&S and trade union safety representatives in quarter two. This in the refuse and recycling service.

Audits and Inspections

- 13 There were a total of 140 audits and inspections undertaken by the H&S team during quarter two. The audit and inspection activity provided almost 370 opportunities for improving H&S performance.

Chart 1 – Audit and Inspection Activity for Quarter 2.



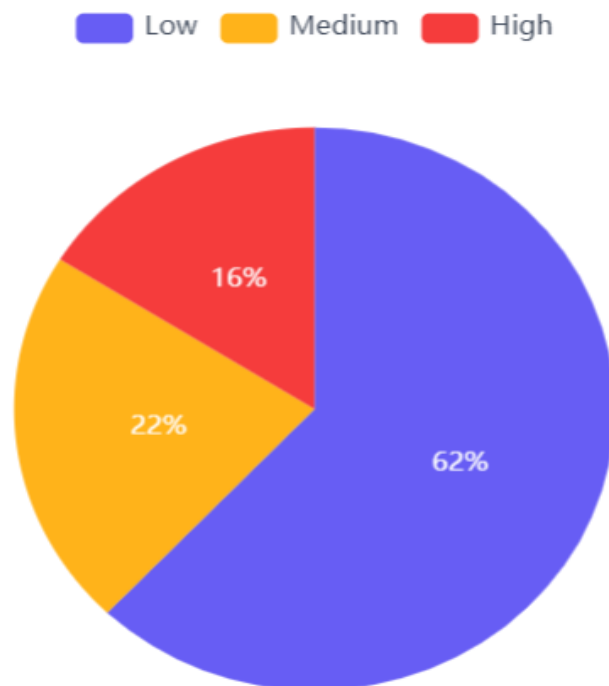
- 14 From the audits undertaken the following headline percentage compliance scores can be determined for each service area where audits took place:

Table 1 Compliance scores

Audit Area	INSPECTIONS	SCORE (%)
	Total	Average
Refuse and Recycling	15	97.47%
CYPS General Audit	11	96.55%
Fire Safety Audits	35	96.20%
AHS General Audit	7	94.92%
Gully Cleaning	2	94.64%
School Audit	10	93.17%
Clean & Green	7	92.63%
Clinical Waste Collection	3	88.73%
Meadowfield Waste Transfer Station	1	88.24%
Indoor Sport Facilities	1	87.06%
Arbor Work	1	83.33%
Civil Engineering and Construction Sites	19	76.51%

15 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



Audit High Priority Action Areas

Site	High Priority Actions Allocated
Buildings Construction Site	24
Roofing Works	23
Schools audits	11
Spectrum 8, Occupational Therapy Team	2
Highways Construction Site	2
Children's Homes	3
Refuse and Recycling East	2
Family Hubs	3
Clean and Green activities	1

Table 2- Audit Actions completion statistics

Summary	Low		Medium		High		Totals			
	To do	Done	To do	Done	To do	Done	To do	Done	To Do	Done
AHS	0	11	1	2	0	1	1	14	15	93%
CYPS	5	32	1	10	0	3	6	45	51	88%
Maintained Schools	35	66	9	41	5	10	49	117	166	70%
NACC	11	41	6	18	6	2	23	61	84	73%
REG	8	10	6	24	3	46	17	80	97	82%
Resources	0	0	0	0	0	0	0	0	0	N/A
Corporate Affairs	0	0	0	0	0	0	0	0	0	N/A
<i>Total</i>	59	160	23	95	14	62	96	317	413	77%

Fire Incidents

- 16 There were five fire related incidents at Durham County Council owned premises or on vehicles during quarter two.

Refuse Vehicle at Seaton, Seaham

- 17 At approximately 11am on 13 August 2024 a refuse crew had just completed emptying recycling bins on the Melrose housing estate and were driving up to Seaton, at the traffic light they were alerted by a member of the public that the vehicle hopper was on fire. The crew promptly tackled the fire with the portable fire extinguisher held on board the vehicle and after extinguishing it, drove back to Hackworth Depot to

have the vehicle examined. The vehicle was examined at the workshop and no damage was found. The fire extinguisher was replaced, and the vehicle was used for the rest of the day without incident.

- 18 The exact cause of the fire was not identified but it is believed to have been from a discarded vape battery that was disposed of within the recycling waste.

The Crescent West Rainton

- 19 At approximately 11:30am on 10 September 2024 the driver of refuse vehicle was driving along the street and identified that the hopper of the vehicle was on fire. The crew extinguished the fire with the portable fire extinguisher held on board the vehicle in the street. After extinguishing the fire, the crew drove back to Thornley waste transfer station and emptied the load within the hot load bay. The waste was doused with wet road sweepings and kept there for 24 hours. It was then back inside the station and disposed of.
- 20 The load was examined for evidence of anything that may cause the fire, but nothing was identified although it is believed to have been a discarded battery of vape battery that was disposed of within the household rubbish.

Wolsingham Industrial Estate

- 21 At approximately 10:55am on 19 September 2024 the driver of refuse vehicle was carrying out bulky wate collections and had been to Tow Law before proceeding to Leadgate Lane in Wolsingham, where a cordless vacuum cleaner was collected. Shortly afterwards the driver of the vehicle noticed that there was smoke coming out of the hopper. The driver contacted his team leader who advised him to eject the load, and the fire service were summoned. The driver proceeded to Wolsingham Ind Est and shortly afterwards the fire service arrived and extinguished the fire.
- 22 The fire debris/rubbish was removed from site and the identified cause of the fire was the battery that had been attached to the cordless vacuum cleaner.

Riverside Leisure Centre

- 23 At approximately 9:30am on 27 September 2024 the operations manager observed smoke outside of the window of his office and then saw flames and smoke appearing from the external grassed area between the athletics track and the main building. The fire service were

called whilst the mains power in the premises was isolated to the main building and to the track lights. The fire service arrived, and they contacted Northern Power grid as it was identified that the main power cable to the premises had developed a fault.

- 24 Northern Power grid arrived at site several hours later and identified that the main power cable had developed a fault, and the cable was replaced that day. Power was restored to the premises at 19:00 hours the same day. Fortunately, the premises was not occupied at the time of the incident and the premises were closed until the power was restored.

The Orchards Extra Care Scheme Brandon

- 25 The Orchards is an Extra Care scheme premises whereby the property is owned and maintained by Hanover Housing with a tenancy agreement in place for each resident. Durham County Council staff provide a care service for the residents. At 19:50pm on 24 August 2024 staff attended flat three. Upon entering the flat they found a bucket which was smouldering. This bin had been provided by the fire service for his cigarette ends but he had also thrown an empty cigarette box in and there were cigarette ends still lit. Staff poured liquid over the top to stop the smouldering and opened the windows to ventilate the room.
- 26 The occupant of the flat is a heavy smoker and due to this has had several interventions from the Community Fire Officer and the bucket was one of the safety measures that were provided to the occupant, as well as fire retardant spray was applied to flat. Staff have tried to encourage the resident to try smoking cessation, but at present they are unwilling to try this. Staff carry out regular safety checks and try to encourage the resident to go outside to smoke during the day when they don't have as many calls. The resident sits under a porch in a smoking area, during the day and staff have also put in place regular safety checks. The ashtray is emptied on the last call and at call times if required. There has been no further smoking related incident with this resident at the present time.

Significant Incidents, Enforcement Activity and Interventions

- 27 There was one County Durham and Darlington Fire and Rescue Service inspection of council premises during quarter two. This was at Sherburn House, Sherburn Village.
- 28 The outcome of the inspection that it was considered by the inspecting officer that there were major deficiencies of fire safety legislation. The main concern was that ground floor sleeping accommodation corridor leading from the ground floor lounge would be inaccessible to staff on

duty on a night if a fire was to occur on a night. Other observations identified were that the front doors had several locking mechanisms and that the current fire risk assessment actions had not been fully closed out.

- 29 This was addressed immediately on the day of the visit whereby an in-house joiner installed a key lock to the outside of the door to allow staff to access the door externally and enter the corridor in the event of a fire blocking the lounge.
- 30 The senior fire safety advisor has revisited the premises and rewritten the premises fire safety risk assessment to address the points raised from the inspection and assisted the home manager to update the fire emergency plan. In addition, the senior fire safety advisor has challenged some of the deficiencies identified within the letter and raised this with the fire safety manager at CDDFRS. The outcome of this was that he agreed that some of the observations were overzealous and would be amended.

Durham Bus Station

- 31 Following concerns being raised via an independent inspection of the external cladding structure in July 2024, further assurance inspections were undertaken immediately and throughout August 2024. As a result, it was deemed necessary that until further assurances could be provided and intrusive investigations undertaken, precautionary measures in the form of crash decking the main accessible entrance and segregating area beneath the cladding structure around the perimeter of the building was required.
- 32 Pedestrian diversion signage has been put in place for North Road and bus station users. All parts of the structure are now safe with temporary control measures in place, and these are subject to daily inspections. It is anticipated that further updates will be available in quarter three regarding additional assurance inspections and solutions in relation to the issues identified with the cladding system.
- 33 A task and finish group has been convened in quarter two to identify improvement opportunities within construction services, focusing on lessons learned from the Durham bus station near miss incident in November 2023 and subsequent construction related auditing outcomes. The issue of contractor management is a key area of focus in terms of performance, assurance and monitoring and management.

Employee Health and Wellbeing

- 34 The employee better health at work group, chaired by Interim 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.
- 35 Following the Health Needs Assessment survey which closed on 17 June, a review of the 2,836 responses (28.5% of the workforce) was undertaken in quarter two and the views shared on how health, safety and wellbeing at work can be improved. The survey was part of the councils participation in the regional Better Health at Work Award scheme which aims to improve the health, safety, and wellbeing of the workforce. The award is coordinated by the Northern TU.
- 36 A paper outlining feedback and recommendations on the actions identified across the council is being prepared for quarter three and further communications will be provided to all staff in the new year.
- 37 There was again a wide range of activities and promotions of health and wellbeing related topics during the quarter. During the months of July, August and September a range of awareness activities and promotions were undertaken including, how to access mental health and wellbeing support, blood pressure clinics and free flu jabs for staff, women's health and care services, domestic abuse workplace champions, occupation health awareness week and Stoptober aimed at supporting staff to stop smoking.

Open Water Safety

- 38 The City Safety Group met during the quarter and continued to review the city centre related open water safety related risks amongst other key city centre issues. There were no significant incidents reported and reviewed.
- 39 The city centre river corridor continues to undergo monthly public rights of way inspections and weekly inspections of public rescue equipment provided.
- 40 The County wide open water safety group also convened during quarter two. The group reviewed incident data and concluded that there were no incidents of significance requiring investigation during the summer period which was positive. A review of priority risk assessments at higher risk locations across the county has been completed ahead of the summer holiday period to ensure that control measures remain and

in place and are effective. Winter related proactive awareness campaigns and initiatives are being planned via the group.

- 41 In terms of awareness and education activities planned, there were communications issued and activities planned for world drowning prevention day on 25 July 2024. Work continues via the national water safety forum in the introduction of water safety to be added into primary school's curriculum.

Radon Gas Management

- 42 Following the review of Radon gas management across corporate property the delivery programme progressed during the quarter against schedule. A systematic approach to assessment of buildings was agreed and the initial programme of assessments commenced from October 2023.
- 43 The total number of buildings in scope requiring radon gas assurance testing has been revised and is 650. Radon monitors have been installed in all of the buildings in scope and 98% of results have been returned via UKHSA. There remain only 14 monitors now due for return in December 2024 and January 2025.
- 44 From the 985 of results returned, 99.2% are all under the radon gas thresholds. There is only one site to date in terms of Cassop which has resulted in notification to affected persons. This is now under control and readings are significantly below the levels initially found in July 2024. All remedial works in the school are complete and remote monitors have been placed to give real time readings. In addition, longer term monitoring is also in place and once these have been submitted and returned via UKHSA in December 2024, annual testing thereafter will only be required.
- 45 Other sites with higher readings in parts of the premises but lower calculated exposure levels to staff and buildings users so therefore not at the extent of Cassop school are Ferryhill The Woodlands, Sherburn Hill Childrens Centre, Sherburn Hill Hub and Sedgefield Primary School. There are a range of control measures implemented in these sites ranging from installation of installing additional sumps and fans, wall vents, window vents and removal of some external signage that was blocking other ventilation.

Violence and Aggression – Potentially Violent Persons Register (PVPR)

<p>The total number of live entries at the end of Q2 was 157.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Live Entries</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>85</td> <td>137</td> <td>178</td> </tr> <tr> <td>Q2</td> <td>89</td> <td>173</td> <td>157</td> </tr> <tr> <td>Q3</td> <td>100</td> <td>199</td> <td></td> </tr> <tr> <td>Q4</td> <td>113</td> <td>191</td> <td></td> </tr> </tbody> </table>	Live Entries	22-23	23-24	24-25	Q1	85	137	178	Q2	89	173	157	Q3	100	199		Q4	113	191		<p>The total number of additions at the end of Q2 was 25.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Additions</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>22</td> <td>41</td> <td>36</td> </tr> <tr> <td>Q2</td> <td>21</td> <td>50</td> <td>25</td> </tr> <tr> <td>Q3</td> <td>35</td> <td>50</td> <td></td> </tr> <tr> <td>Q4</td> <td>38</td> <td>23</td> <td></td> </tr> <tr> <td>Total</td> <td>116</td> <td>164</td> <td></td> </tr> </tbody> </table>	Additions	22-23	23-24	24-25	Q1	22	41	36	Q2	21	50	25	Q3	35	50		Q4	38	23		Total	116	164					
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<p>The total number of extensions at the end of Q2 was 16.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Extensions</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td style="background-color: black;"></td> <td>10</td> <td>21</td> </tr> <tr> <td>Q2</td> <td style="background-color: black;"></td> <td>21</td> <td>16</td> </tr> <tr> <td>Q3</td> <td>9</td> <td>18</td> <td></td> </tr> <tr> <td>Q4</td> <td>8</td> <td>7</td> <td></td> </tr> <tr> <td>Total</td> <td>17</td> <td>56</td> <td></td> </tr> </tbody> </table> <p><i>*Data was not recorded pre Q3 (22-23)</i></p>	Extensions	22-23	23-24	24-25	Q1		10	21	Q2		21	16	Q3	9	18		Q4	8	7		Total	17	56		<p>The total number of removals at the end of Q2 was 50.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Removals</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>12</td> <td>17</td> <td>41</td> </tr> <tr> <td>Q2</td> <td>17</td> <td>17</td> <td>50</td> </tr> <tr> <td>Q3</td> <td>24</td> <td>19</td> <td></td> </tr> <tr> <td>Q4</td> <td>29</td> <td>40</td> <td></td> </tr> <tr> <td>Total</td> <td>82</td> <td>93</td> <td></td> </tr> </tbody> </table>	Removals	22-23	23-24	24-25	Q1	12	17	41	Q2	17	17	50	Q3	24	19		Q4	29	40		Total	82	93	
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<p>The total number of warning letters sent at the end of Q2 was 11.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Warning Letters</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>12</td> <td>10</td> <td>9</td> </tr> <tr> <td>Q2</td> <td>4</td> <td>13</td> <td>11</td> </tr> <tr> <td>Q3</td> <td>11</td> <td>18</td> <td></td> </tr> <tr> <td>Q4</td> <td>10</td> <td>12</td> <td></td> </tr> <tr> <td>Total</td> <td>37</td> <td>53</td> <td></td> </tr> </tbody> </table>	Warning Letters	22-23	23-24	24-25	Q1	12	10	9	Q2	4	13	11	Q3	11	18		Q4	10	12		Total	37	53		<p>The total number of appeals at the end of Q2 was 4.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Appeals</th> <th>22-23</th> <th>23-24</th> <th>24-25</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1</td> <td>0</td> <td>2</td> </tr> <tr> <td>Q2</td> <td>0</td> <td>2</td> <td>4</td> </tr> <tr> <td>Q3</td> <td>3</td> <td>2</td> <td></td> </tr> <tr> <td>Q4</td> <td>1</td> <td>0</td> <td></td> </tr> <tr> <td>Total</td> <td>5</td> <td>4</td> <td></td> </tr> </tbody> </table> <p>The appeals during Q2 were all rejected.</p>	Appeals	22-23	23-24	24-25	Q1	1	0	2	Q2	0	2	4	Q3	3	2		Q4	1	0		Total	5	4	
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Total	5	4																																															

PVPR Viewing Statistics

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

Service	People Viewed	How many times
NACC	26	252
REG	123	922
Resources	138	3604
CYPS	84	290
AHS	75	276
Corporate Affairs	2	10
Unions	2	8
Members	1	2

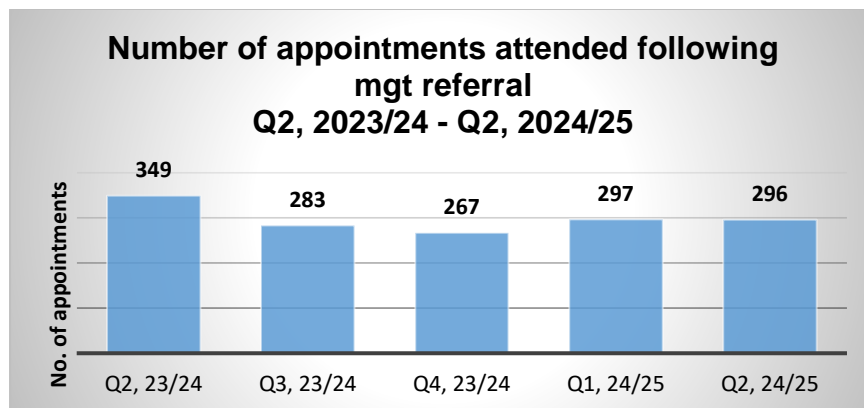
Occupational Health Service

- 46 The Occupational Health Service (OHS) have reaccredited with SEQOHS (Safe Effective Quality Occupational Health Service) following a five yearly submission of evidence and an assessment visit. Positive feedback was provided from the independent assessors regarding the quality and professionalism of the service.
- 47 An Occupational Health physiotherapist has been recruited to join the OH clinical team to enhance the provision available to support musculoskeletal health in the workplace. Dr Wynn will be retiring at the end of the year; recruitment of an Occupational Health Physician has been completed and Dr Mark Leeming has been appointed to start in post on 1st December 2024.

Management Referrals

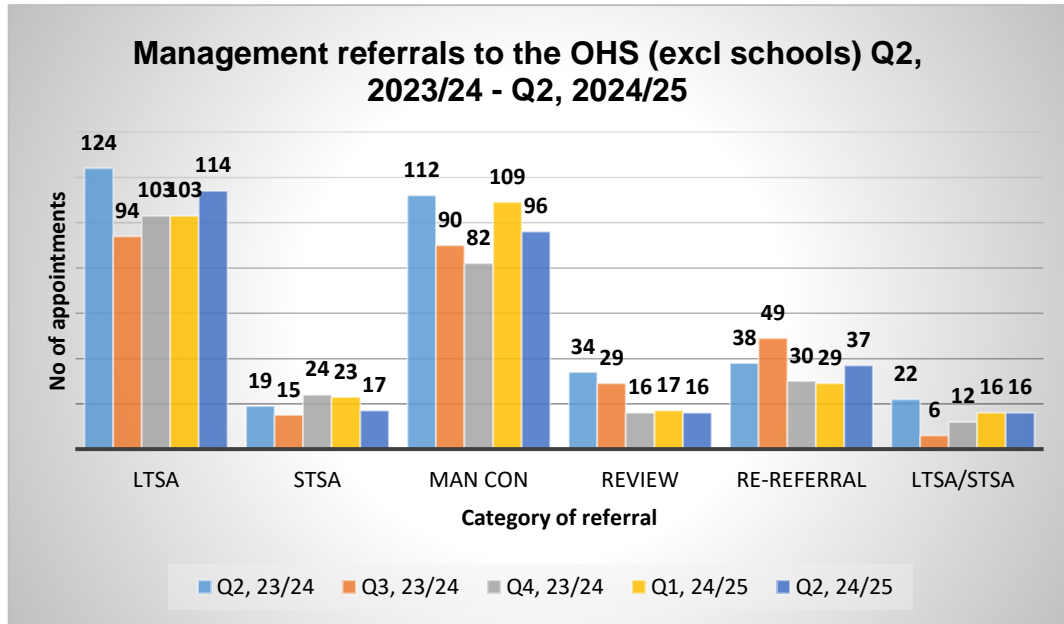
- 48 During Quarter two, 296 employees participated in clinical consultations with the OHS, following management referral in relation to Long Term Sickness Absence (LTSA), Short Term Sickness Absence (STSA), Management Concerns (Man Con) Reviews, and Re referral appointments, Long Term Sickness Absence/Short Term Sickness Absence (LTSA/STSA) and COVID.

Chart 1



- 49 Chart 2 shows the categorisation of management referral appointments attended.

Chart 2



Management Referrals - Non Attendance

50 During Q2, 53 employees did not attend their allocated appointment following management referral. This represents a 15% non-attendance rate and equates to 10.6 days of clinic time. See Charts 3 & Table 1.

Chart 3

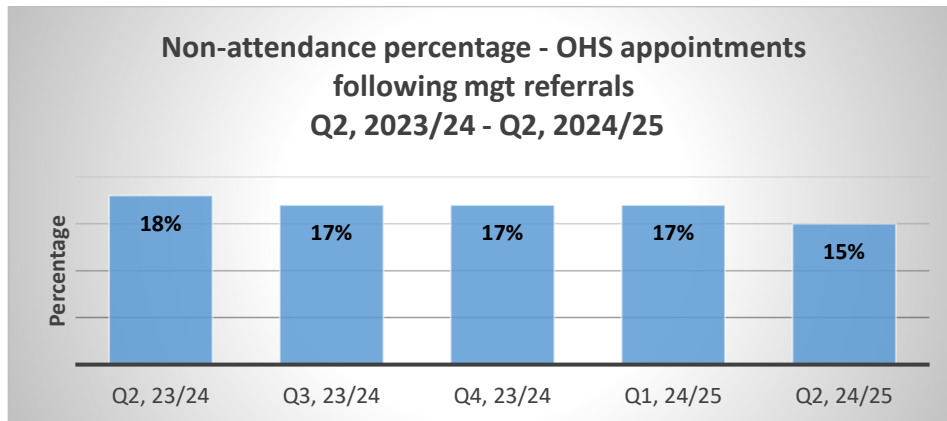


Table 1

Non-attendance - OHS appointments following mgt referral by Service	AHS	CYPS	NCC	REG	Res	Q2	Q1	Q4	Q3	Q2
						24/25	24/25	23/24	23/24	23/24
						Total	Total	Total	Total	Total
Q2, 2024/25										
Number failed to attend	7	16	11	9	10	53 (15%)	59	54	47	67
Days Clinic time lost	1.4	3.2	2.2	1.8	2	10.8	11.8	10.8	9.4	13.4
Of which										
Doctor	0	3	3	4	4	14	-	-	-	-
Nurse	7	13	8	5	6	39	-	-	-	-

Management Referrals – Employee Attribution

51 During Quarter two, 114 employees were seen for LTSA of which 18% (n=21) stated to the OHS that they consider the underlying cause to be due to work related factors. Of the employees, 90% (n=19) identified this was due to 'psychological' reasons, five per cent (n=1) identified as 'musculoskeletal' and 5% (n=1) identified as other. See Charts 4 & 5

Chart 4

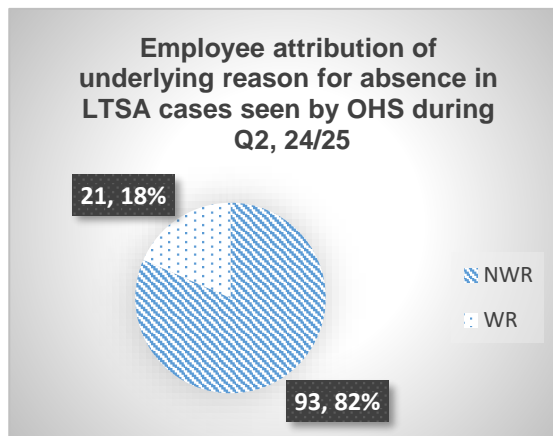
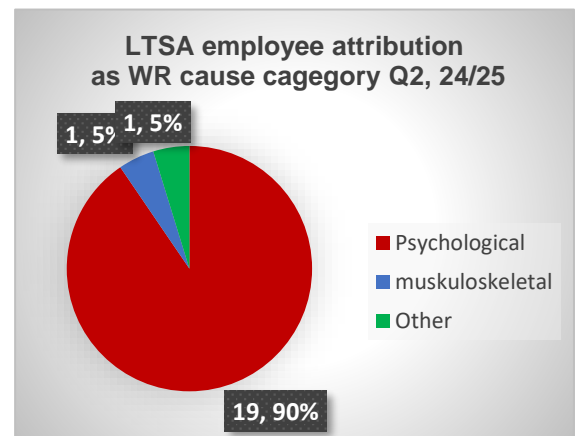
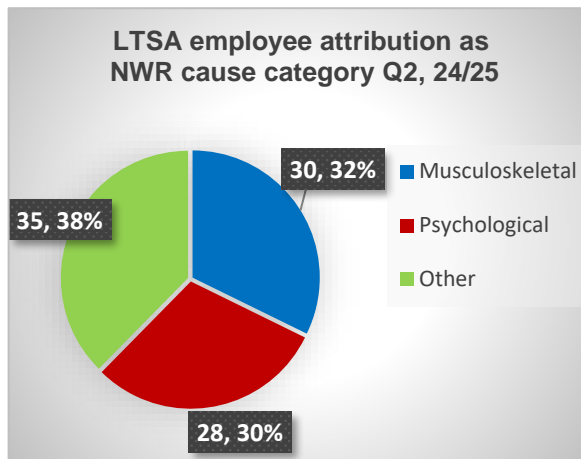


Chart 5



52 Chart 6 shows the cause of absence categories for non-work related LTSA seen in the OHS, 30% (n=28) were due to psychological reasons; 32% (n=30) were due to musculoskeletal problems and 38% (n=35) were due to other reasons.

Chart 6



- 53 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.
- 54 During quarter two, 96 employees were seen as a management concern, 20% (n=19) of these referrals stated to the OHS that they consider the underlying cause to be due to work related factors. (Chart 7) Of the employees seen 47% (n=9) of the work related and 21% (n=16) 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 32% of non-work related and 37% 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 & 9)
- 55 Further analysis of the data relating to management concern referrals identified that 11% of the LTSA referrals received in quarter two were seen in the previous 12 months as a management concern referral.

Chart 7

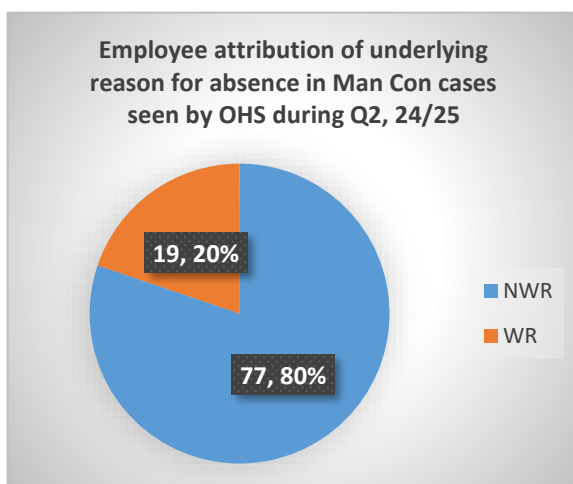


Chart 8

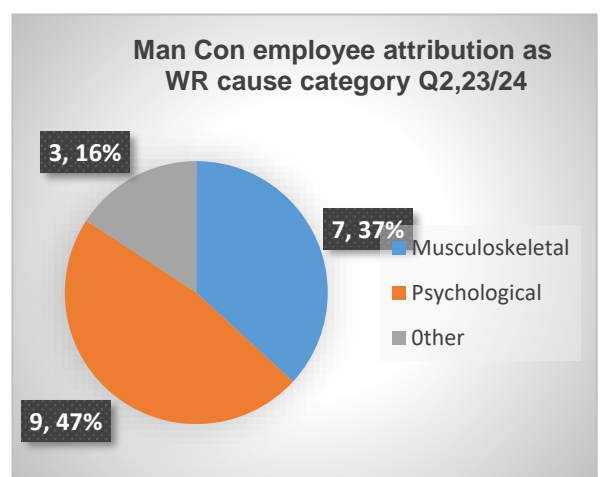
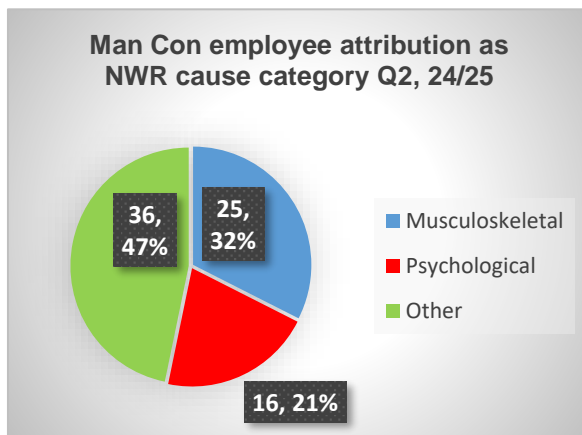


Chart 9



56 During Quarter 1, the OHS provided the following additional support services. See Table 2.

Additional Support services accessed via the OHS	A& HS	CY PS	NC C	RE G	Res	CE	Service not detailed	Q2	Q1	Q4	Q3	Q2
								24/25	24/25	23/24	23/24	23/24
								Total	Total	Total	Total	Total
Number of routine physiotherapy referrals	8	8	14	8	10	0	-	48	67	70	48	65
Number of routine physiotherapy sessions	25	43	38	35	47	0	-	188	232	159	123	150
Number of 'face to face' counselling referrals	1	1	0	1	1	0	-	4	5	8	7	6
Number of 'face to face' counselling sessions	0	10	0	4	0	0	-	14	29	19	7	30
Total number of calls to the EAP	19	35	2	8	17	0	43	124	112	115	104	150
Telephone EAP structured counselling cases	0	0	0	0	0	0	0	0	0	0	2	10
Telephone EAP structured counselling sessions	0	0	0	0	0	0	0	0	0	0	27	52
Employees referred to online counselling	4	2	0	2	3	0	5	17	12	10	3	3
Online Counselling Sessions	15	14	0	3	14	0		81	74	38	7	23
Employees referred to online CBT	0	0	0	0	0	0	0	0	0	2	4	5
Online CBT sessions	0	0	0	0	0	0	0	0	3	3	4	5

Physiotherapy

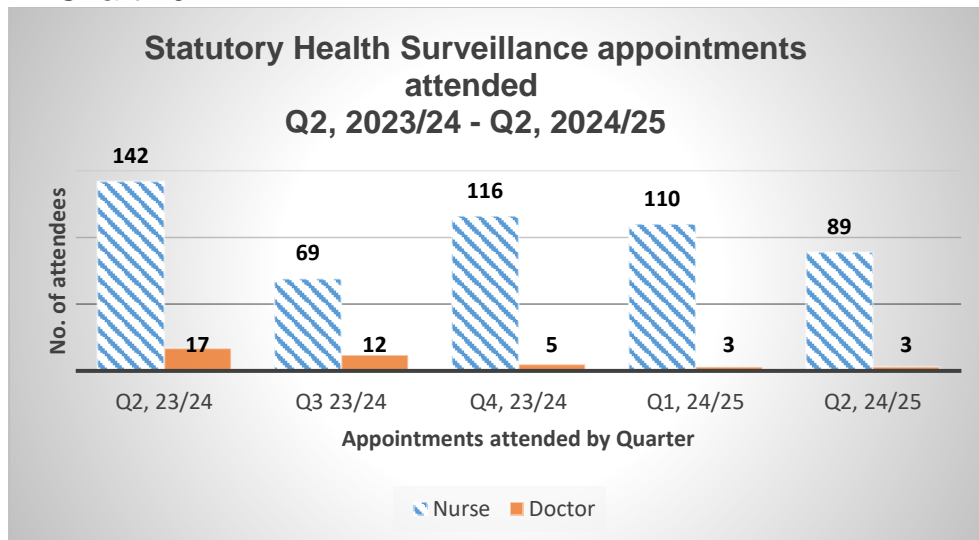
57 Routine physiotherapy clinics operate four days per week in the OHS at Annand House, the clinics are a combination of telephone assessments

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. At the time of preparing this report (17/07/2024) there was no waiting time for an initial assessment.

Health Surveillance

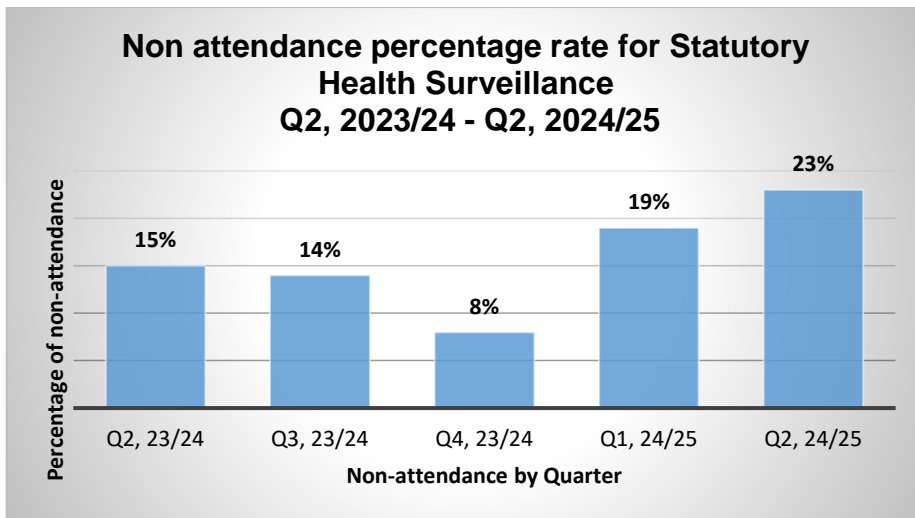
- 58 The OHS continues to provide statutory health surveillance programmes to employees in line with HSE guidelines. Some health surveillance clinics are carried out on site to minimise the effect on service delivery. During Quarter two, a total of 92 employees attended OHS appointments for routine statutory health surveillance, 89 with an Occupational Health Nurse and three with an Occupational Health Doctor.

Chart 10



- 59 During Quarter two, 23% (n=27) employees failed to attend their appointment with the OHS in relation to statutory health surveillance. This equates to 3.5 days of clinic time lost. See Chart 11.

Chart 11



60 During quarter two 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 12 vaccines. During quarter two, no inoculation incidents were reported to the OHS.

Occupational Health Activity Data Durham County Council related activity (note this data does not include Local Authority Maintained Schools).	Q2 2024/2 5 Total	Q1 2024/ 25 Total	Q4 2023/ 24 Total	Q3 2023/ 24 Total	Q2 2023/ 24 Total
Appointment category					
Pre-Employment/Pre-Placement assessments Of which attended an appointment	382 45	391 41	367 172	533 117	625 13
Management referrals seen – Long Term Sickness	114	103	103	94	124
Management referrals seen – Short Term Sickness	17	23	24	15	19
Management Referrals seen -Long/Short Term Sickness	16	16	12	6	22
New Management Concern referrals seen	96	109	82	90	112
<i>Review appointments seen</i>	16	17	16	29	34
Re-referrals seen	37	29	49	49	38
Statutory Health Surveillance Assessments Attended (Nurse)	89	10	116	69	144
Music Service audiometry attended	0	0	1	0	14
School Crossing Patroller Routine Medicals	4	6	11	11	1
Driver Medicals (DVLA Group 2) e.g. HGV	21	20	41	32	14
Night Worker assessments (Working Time Regs 1998)	0	0	0	0	15
Immunisations against occupationally related infections	12	12	13	2	20
'Flu' Immunisations	0	0	1	261	0
Inoculation injury OHS Assessments – where injury has been reported to the OHS	0	1	0	1	0
HAVS Postal Questionnaires sent	42	30	13	95	107
HAVS Postal Questionnaires returned percentage rate	100%	93%	100%	27%	56%
Did Not Attend (DNA) for statutory health surveillance appointment	27	27	11	13	14
Music Service DNA	0	0	0	1	2
DNA – Management Referral appointments with the OHS (excluding health surveillance)	53	59	54	47	67

Corporate risks that may have an impact on Health and Safety

61 The below tables detail the corporate risk that may have an impact on Health and Safety at the end of September 2024.

Health and Safety Related Strategic Risks

Ref	Service	Risk	Treatment
1	CYPS	Failure to protect a child from death or serious harm (where service failure is a factor or issue).	Treat
2	REG	Serious injury or loss of life due to Safeguarding failure (Transport Service).	The current controls are considered adequate.
3	AHS	Failure to protect a vulnerable adult from death or serious harm (where service failure is a factor or issue).	Treat
4	NCC	Breach of duty under Civil Contingencies Act by failing to prepare for, respond to and recover from a major incident , leading to a civil emergency.	Treat
5	RES	Serious breach of Health and Safety Legislation	The current controls are considered adequate.
6	REG	Potential serious injury or loss of life due to the council failing to meet its statutory, regulatory and best practice responsibilities for property and land .	Treat
7	RES	Potential violence and aggression towards members and employees from members of the public	The current controls are considered adequate.
8	NCC	Demand pressures on the Community Protection inspections and interventions	Treat

		arising from the UK exit from the EU may lead to an adverse impact on public health and safety in Co Durham.	
9	NCC	Potential impacts of the spread of Ash Dieback Disease on the environment, public safety, and council finances.	Treat
10	NCC	Risk that the council is unable to meet its responsibilities under the Terrorism (Protection of Premises) Bill when enacted, which sets to improve protective security and organisational preparedness at publicly accessible locations.	The current controls are considered adequate.

Statistical Information

- 62 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

- 63 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

- 64 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

- 65 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

- 66 Accident statistics in general for quarter two showed a similar number and average against previous quarters and financial year. There remained a high prevalence of no injury and minor injury incidents which is positive. Close monitoring of RIDDOR reportable specified injuries is required in quarter three due to the increase in quarter two where eight occurred.
- 67 In terms of fire related incidents, the trend continues in terms of causes relating to discarded batteries. Recent public awareness raising campaigns are appropriate given the frequency of this type of fire.
- 68 It was disappointing that CDDFRS intervention was required in relation to Sherburn House where a major deficiencies letter was issued in relation to potential restricted access to sleeping accommodation and locking mechanisms on front exit doors. However, these issues were able to be resolved immediately and assurances provided.
- 69 The radon gas management programme continues to progress well and is on target for completion at the end of 2024. Whilst there have been five sites requiring further actions to reduce radon levels its remains positive that the majority of results (99.2%) remain below the legal thresholds.
- 70 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 140 audits resulting in over 300 flagged items for improvement being identified during the quarter. Most items identified continue to be low priority which is positive.
- 71 In relation to audit action completion statistics, it is clear that there has been another higher level of action completion percentage although there remains opportunity for improvement, particularly within maintained schools and NACC.

Other useful documents

- Occupational Health Quarter two 2024/25 Report
- Health, Safety and Wellbeing statistical Quarter two 2024/25 report

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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