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Date: 22nd February 2017

Dear Sir/Madam,

A meeting of the **Corporate Health and Safety Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Wednesday, 1st March, 2017** at **10.00 am** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads 'Chris Burns'.

Chris Burns
INTERIM CHIEF EXECUTIVE

AGENDA

	Pages
1 To receive apologies for absence.	
2 Declarations of Interest.	

Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest(s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

To approve and sign the following minutes:-

- 3 Corporate Health and Safety Meeting held on the 21st November 2016.

1 - 6

A greener place Man gwyrddach

Correspondence may be in any language or format | Gallwch ohebu mewn unrhyw iaith neu fformat



To receive and consider the following report(s):-

- | | | |
|---|---|--------|
| 4 | Ageing Workforce - Implications and Opportunities (Presentation and Report - Kath Evans Occupational Health and Wellbeing Manager). | 7 - 30 |
| 5 | Statutory Maintenance Update -(Presentation on the day to provide up to date Statistics - Donna Jones). | |
| 6 | HSE Involvement (Verbal Update - Donna Jones). | |

To receive and consider the following information item(s)*:-

** If a member of the Committee wishes for either of the above information items to be brought forward for discussion at the meeting please contact Amy Dredge, Tel. 01443 863100 by 10.00 am on Tuesday, 28th February 2017.*

- | | | |
|---|--|---------|
| 7 | Accident Statistics Report for October -December 2016. | 31 - 38 |
| 8 | Recent HSE Updates. | 39 - 44 |

Circulation:

Councillors M.A. Adams, P.J. Bevan, D.T. Hardacre, D. Havard, A.G. Higgs, G. J. Hughes, S. Kent and Mrs C. Forehead

Trade Union Representatives.

And Appropriate Officers



CORPORATE HEALTH AND SAFETY COMMITTEE

**MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, YSTRAD MYNACH
ON MONDAY, 21ST NOVEMBER 2016 AT 10.00 A.M.**

PRESENT:

Councillor D. Havard (Chair)
Councillor M. Adams (Vice-Chair)

Councillors:

P.J. Bevan, D.T. Hardacre, A G Higgs

Together with:

D Jones (Service Manager, Health Safety and Welfare), T. Phillips (Health and Safety Manager), P. James (Health and Safety Manager), E. Townsend (Deputy Health and Safety Manager). Mark Williams (Head of Community and Leisure). L. Donovan (Interim Head of Human Resources), R. Phillips (Asbestos Officer), E. Townsend (Health and Safety Manager), M.S. Williams (Head of Community and Leisure Services), D. Beecham (Head of Electoral Services), A. Edmunds (Building Maintenance), C. Jones (Head of Performance and Policy), B. Hopkins (Assistant Director Education), S. Richards (Principal Finance Officer) and E. Sullivan (Interim Scrutiny Officer)

Trade Union Representatives:

N. Funnell (GMB), J. Garcia (UNISON) and D.A. Williams (UNITE)

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from G.J. Hughes, S. Kent and R. Munn (UNITE).

2. DECLARATIONS OF INTEREST

There were no declarations of interest made at the commencement or during the course of the meeting.

3. MINUTES – 11TH JULY 2016

RESOLVED that the minutes of the Corporate Health and Safety Committee held on Monday 11th July 2016 be approved as a correct record and signed by the Chair.

4. MATTERS ARISING

Minute No. 3 – Health and Safety Annual Report (Page 5).

Donna Jones (Service Manager Health Safety and Welfare) provided an update on radon testing in schools. The three schools noted in the report have since completed all the further testing required with results showing less than 400 becquerels present. Public Health Wales have advised that no further testing is needed and no remedial works are required.

Minute No. 6 – Safety of Automated Gates – Update

Members were advised that since the last meeting the final school audit had been completed and all remedial actions had been undertaken.

REPORTS OF OFFICERS

The Chair sought the Committee's approval to bring forward Agenda Item No. 6, Tree Survey's Within Schools and this was unanimously agreed.

Consideration was given to the following reports:

5. TREE SURVEYS WITHIN SCHOOLS

Donna Jones, Service Manager Health Safety and Welfare and Paul Harris, Tree Officer introduced the report which updated the Committee on the latest developments regarding the recent county borough wide tree survey at school sites.

Mr Harris explained the tree survey framework agreement and advised that the survey inspections which began in early 2016, have now been completed at all schools across the borough. Trees' conditions, any significant defects, general details and any recommended or necessary maintenance had been recorded in a specialised database. Using the Arbortrack system, a report of the survey data, tree location plan and a list of works was sent to each school. The plan and works list had also sent to the school's appointed contractor with a view to pricing said works. Members were advised that only routine maintenance was required at most schools with very few major problems identified.

The Committee were advised of the schools legal duty of care with regard to the maintenance and safety of the trees within their grounds and their responsibility to ensure that recommendations were being followed through.

The Chair thanked the Officer for his report and full discussion ensued.

Clarification was sought as to whether the school or authority would pay for the works required and the Officer confirmed that the responsibility would lie with the individual school. Concerns were expressed that given present budgetary constraints, schools would be unable to fund any emergency works identified. A Member requested that consideration be given to offering some form of separate funding facility that would allow emergency works to be carried out without immediate financial cost to the school and this was discussed at length.

Mr B. Hopkins, Assistant Director Education, confirmed that Fair Funding Regulations laid out a clear set of financial responsibilities with maintenance being the responsibility of the school. It would not be possible or practical to implement a cost deferral system. However Mrs S. Richards, Principal Finance Officer advised that it

would be possible for schools to request a deficient budget licence in order to support a spend in this year under these circumstances. The Member agreed that support for deficient budgets in order to accommodate an emergency spend that would ensure the safety of pupils would be acceptable.

Members discussed possible boundary/adjoining wall damage by trees and queried if this issue had also been picked up during the survey. The Officer confirmed that these had been incorporated and the most appropriate course of action recommended, he also advised that outstanding data and any ad hoc requests had also been noted and actioned on a case by case basis. As the assessments were based on a 3-5 year tree management cycle the Officer anticipated that schools would need to repeat the survey process within the next 3-5 years to ensure a proactive approach. It was noted that any specific issues that warranted more frequent inspections would also have been included in the reports.

Leaf fall and their impact on drains and culverts was discussed and clarification sought as to any additional resources to assist schools with this problem. M.S. Williams advised that there were not sufficient resources or man-power available to collect the volume of leaves present at this time of year. School caretakers would be responsible for the clearing the leaves within the school grounds, outside, highways would be able to deploy mechanical sweepers for at risk gullies.

Having fully considered its content the Corporate Health and Safety Committee noted the report.

6. STATUTORY MAINTENANCE COMPLIANCE REPORT – OCTOBER 2016

Donna Jones, Service Manager Health, Safety and Welfare introduced the report which updated the Committee on the current compliance rating of Caerphilly premises in relation to statutory maintenance, as well as an overview of the current statistics for outstanding remedial tasks for the high risk disciplines, which have not been closed down within the allocated timescales.

The inspection data centred on electrical installations, gas safety inspections, legionella inspections, fire log books and fire risk assessments. It was noted that any imminently dangerous faults identified during the inspections were rectified or made safe prior to the contractor leaving the premises. Remedial works are progressed via Facilities Management or Building Consultancy depending on the nature of the work.

Members were referred to section 4.3, 4.4 and 4.5 of the report and the tables contained therein which listed tasks which have been outstanding for over 90 days. In relation to Corporate Services, managed by the Corporate FM Team, it was noted that since the publication of the report all fire works have been completed.

The high number of outstanding actions in schools was noted and it was confirmed that a significant number related to electrical installations. However certain electrical works did fall within the schools Capital Scheme and would be progressed under that remit. Members were assured that the 13 outstanding priority 1 actions relating to gas installations in primary schools mainly related to ventilation improvements and were not dangerous as the Engineer legally could not leave an unsafe gas installation in operation. It was also noted that there was considerable work to be done with regard to fire safety log books and fire risk assessments.

Reference was made to the significant improvements made in Sheltered Housing and Paul Smythe, Housing Repairs Operational Manager was commended for the work done in this area to improve the compliance rating and therefore safety of these premises.

The Committee were advised this was one of the only Councils to have this level of data available to them which allowed targeted use of Council and School budgets to maintain buildings in a safe condition. Facilities Management and Building Consultancy were commended for their work in this area and for the significant reduction in outstanding tasks.

The Chair thanked the Officer for her report and full discussion ensued.

Members noted the high number of outstanding fire risk assessments in schools and clarification was sought as to whether schools management were undertaking fire drills, chemical risk plans and storage and evacuation plans in order to safeguard life. The Officer confirmed that the fire log book covered all aspects of fire safety with schools required to undertake a fire drill each term, furthermore all current fire safety advice centres on the preservation of life rather than asset. Members were advised that schools pay for the services of a Health and Safety Officer as part of their SLA but not all schools buy into this additional support. It was further clarified that all schools are issued with a report on outstanding actions, emailed reminders and are monitored, so schools are aware of what needs to be done.

Members queried the effectiveness of school fire drills and whether any were observed in order to ensure they were being done properly. Ms Jones explained that supervised fire evacuations had been undertaken for those schools with an identified risk. It was noted that secondary schools could be more problematic in this area. Reference was made to an incident in a certain school where groups of staff, who were under the impression that they did not need, had not evacuated during a drill. The Committee were advised that the only school that would be subject to a phased evacuation process would be Trinity Fields, every other school on hearing an alarm should fully evacuate.

The Committee commended the Health and Safety Department for the amount of work done to bring the statics presented to their present level. Colin Jones, Head of Performance and Policy reminded the Committee that the data before them was very much a living document and since the reports date the position had already moved on with 63 items on the Primary School electrical tasks list to be removed having been completed.

Ms Ceri Edwards, Health and Safety Manager sought clarification in relation to the schools legionella statistics and the types of works outstanding and was advised that this primarily related to 'dead legs' and the installation of thermostatic mixing valves it was noted that there were no unsafe tanks.

Having fully considered its content the Corporate Health and Safety Committee noted the report.

7. CONTROL OF HAND ARM VIBRATION AT WORK POLICY

Donna Jones, Service Manager Health, Safety and Welfare introduced the report which sought Members views on the Control of Hand Arm Vibration at Work Policy prior to its consideration by Cabinet as part of the consultation process. Trade union representatives for their support during the policy development process.

Arm Hand Vibration is caused by repeated and frequent use of hand-held vibrating tools which over time causes injury to the small nerves and blood vessels in the fingers. The draft policy details the roles and responsibilities at all levels for the control of vibration (appendix 1) and the draft corporate management arrangements (appendix 2) detail the practical measures which will be undertaken to control the risk from use of vibratory tools.

Practical measure will include risk assessment, selection and procurement, maintenance, health surveillance and instruction and training. The Committee were advised that at risk employees had undergone a medical check with a specialist Occupational Health Physician in order to create a risk baseline; in this way any already existing issues identified could be monitored. Ms Jones confirmed that unfortunately there had been circumstances where they have had to prohibit or remove effected employees working with vibration causing equipment. Limiting the use of equipment was noted as the best method of intervention however it was acknowledged at a certain point the impact of the disease is irreversible.

The Chair thanked the Officer for her report and Members comments were welcomed as part of the consultation process.

Clarification was sought in relation to the use of specialist gloves and whether these provided any protection. The Officer confirmed that they would not protect against the vibration itself, however cold and inclement weather did have a part to play, increasing susceptibility.

The Committee commended Health and Safety on an excellent policy that covered every area of concern from procurement onwards. The Committee welcomed the policy and the trade union involvement.

Having fully considered the report it was moved and seconded that the draft policy and corporate management arrangements be recommended to Cabinet for approval and by show of hands this was unanimously agreed.

RECOMMENDED to Cabinet that the Control of Hand Arm Vibration at Work Policy and Corporate Management Arrangements be approved.

8. ANOTHER BUSINESS – POSSIBLE LISTERIA INFECTION IN SCHOOLS

In that Ms Ceri Edwards, Environmental Health Manager was present Members requested a brief update on the recent contaminated meat issue in Caerphilly schools.

Ms Edwards confirmed that on the 19th November 2016, kitchen staff at a school had noted an odour was present on opening a pre-packed ready to serve chicken product. They removed the product from the menu and reported this to catering services, following this incident the same issues were reported by two further schools in quick succession. Unfortunately as the issue had only been spotted at the very point of serving by the time the removal notice for the product had been issued to all schools some had been served to pupils. Environmental Health Officers were sent out as soon as the issue became apparent and they had removed the entire product and sent batches for testing. Initial testing had shown listeria present in some samples and full batch testing was then undertaken, the results of which are expected shortly. The Officer confirmed that the Food Standards Agency would be the enforcing authority in this regard and an investigation is on-going. Letters have been sent to parents informing them of the potential for illness, however with an incubation period of between 3-70 days it will be difficult to know the true extent of any possible infection for some time.

In terms of infection it was noted that symptoms were very similar to that of colds and flu and given the time of year it would be difficult to differentiate between the two. The Officer confirmed that listeria was only dangerous to the most vulnerable, the very young, very old or women in the early stages of pregnancy. The risk of a normal health child becoming seriously ill was remote. She confirmed that discussions with Parents are ongoing and every thing that could be done has been done and in a timely manner. Parents with concerns are recommended to contact their General Practitioner.

A Member queried if there was any form of testing for listeria and was advised that unfortunately there was not and this was a wait and see situation and due to the extended incubation period the extent of any possible infection would not be known until the New Year, hopefully nothing will develop.

The Committee requested that copies of the letter sent to parents be copied to local Councillors so there are aware of the advice being given.

The Chair thanked the Officer for the update.

9. INFORMATION ITEMS

The Committee noted the following items for information, full details of which were included in the Officer's Reports:

1. Accident Statistics Report for April – September 2016.
2. Recent HSE Updates

The meeting closed at 11.20 am.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 20th February 2017, they were signed by the Chair.

CHAIR



CORPORATE HEALTH AND SAFETY COMMITTEE - 1ST MARCH 2017

SUBJECT: AGEING WORKFORCE – IMPLICATIONS AND OPPORTUNITIES

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The report is provided in response to a union request for consideration of the implications of an ageing workforce, in particular front line staff who are undertaking physical roles. The report provides an overview of the issues which are likely to affect work as well as some options to consider in supporting an ageing workforce. The report is seeking the views of Members prior to its presentation to the Council.

2. SUMMARY

- 2.1 The challenge of an ageing workforce, combined with shrinking pools from which to draw new workers, has been particularly apparent in the public sector as well as other industries. Organisations are facing a number of issues associated with this trend. In response, they are attempting to extend the working career of their employees through alternative work arrangements, preserve organisational memory and balance the work/life needs of multiple generations within the employee population. This report will examine the health challenges of an ageing workforce, the positive aspects of employing older people and some options in supporting our more experienced employees.

3. LINKS TO STRATEGY

- 3.1 The report outlines considering the importance of employing an ageing workforce. Highlighting the importance of a working environment in which peoples physical and mental well-being is maximised, contributing to following Well-being goals within the Well-Being of Future Generation Act (Wales) 2015 by exhibiting:
- A resilient Wales
 - A healthier Wales
 - A more Equal Wales
 - A Wales of cohesive communities.
 - A prosperous Wales.

4. THE REPORT

- 4.1 It's anticipated that by 2020 1 in 3 workers will be over 50 years of age. There are now more than 1 million people aged over 65 in employment. The ageing of the "baby boomer" generation of the 1950 and 1960s means we can expect to see this statistic rise with the number of over 65s in the population expected to increase by 49 % by 2023. There is a growing acceptance that the way we think about work and retirement will be very different

from our parents and grandparents. As a society we need to work for longer. Many people are seeing the financial necessity of working for longer with the state pension age rising. We know that delaying retirement and remaining in paid work has huge benefits in terms of financial security for later life. DWP 2014 estimates that 12 million people are currently heading towards an insufficient retirement income. The rise in ageing workforce is due to combination of events, the scrapping of the default retirement age: people retaining better health into older age: the UK's pension and savings crisis: a lack of younger workers coming through: and the general economic climate meaning that people are less prepared to give up work. In the EU life expectancy has risen significantly, life expectancy in EU was estimated at 83.3 for women in 2013 and 77.8 for men. The fertility rate has been declining since 1965. The result of combination of trends is by middle of this century there are expected to be 48 million fewer people aged 15-64 and 58 million more people aged 65 and over in EU. There are no historical examples of age distribution where the oldest age groups are bigger than the younger. (BMA 2016)

The health benefits that good work can bring have been widely evidenced, most recently by Chief Medical Officer's annual report (DWP 2016) which shows that good work can contribute to self-esteem wellbeing and cognitive benefits. When the Centre for Ageing Better asked retired people what they missed most about work the frequent answer was social connections. Good management and working conditions for older workers are no different than for any other employee. Nothing magically changes at 50 but research has shown that 3 key aspects related to age and life history, determine different priorities and requirements for older workers.

- Older workers look for employment that is personally meaningful to them. This can be work that is enjoyable, helps contribute to their personal identity or makes a difference to the lives of other people.
- They look for roles and tasks that are interesting, challenging, stretch them and fully use their skills and experience. Many have built up considerable experience, and using and sharing this can add fulfilment at work.
- Older workers find that autonomy is important - having control over their own tasks, the order they do them in and the methods they use to complete their work. This also relates in flexibility in choosing location of work. Older workers appreciate being able to influence the wider organisation by having the opportunity to make suggestions about change, and have these taken seriously.

4.2 Research by the Centre for Ageing Better showed that for many older workers one of the main benefits of working in later life is the opportunity to make and maintain social connections. Compared to younger employees, older workers may place a greater importance on being part of the social fabric of the company.

Health is the most prominent factor affecting older workers decisions about continuing work. It's important to remember that many people remain healthy well into later life; poor health can be one of the biggest reasons for older workers leaving. Helping older people manage and accommodate long term conditions, chronic health problems and disabilities is essential to make work viable and satisfying. A good occupational health provision and work place adaptations can support older workers by making it easier to balance health conditions and work.

In one respect its good news- experienced workers can add value, potentially playing an important mentoring role to less experienced colleagues. On the other hand there is an issue of health, as it's understood our health deteriorates as we age. With this in mind businesses' have a vested interest to take a proactive approach to their workers' health. Health deterioration can be drastically reduced. As we grow older, associated health issues are reported to be a combination of effects of genetics (25%) and lifestyle and environment (75%). This then implies if we manage our lifestyles appropriately, there is, in theory; no reason that for most of us, we can't be as productive and energetic in our 70s and 80s as we are when we are younger.

In 2013 DWP produced Age Positive initiative that brings together research and information from employers on effectively managing an ageing workforce. It addresses misconceptions about employing older workers concerning productivity, up-skilling, health and blocking opportunities for younger workers. Many successful employers report the benefits of employing older workers as part of a multi-generational workforce include:

- A broader range of skills and experience;
- Opportunities for mentoring new recruits;
- Transfer of skills across the workforce ;
- Reduced staff turnover: and
- Improved staff morale.

4.3 People over 50 are more increasingly likely to have caring responsibilities for family members and others. Having a workplace that supports flexibility is essential for working carers.

- Employers should operate flexible working times and allocate shifts that meet individual needs.
- Line managers understanding and willingness to allow older worker to leave the workplace at short notice is important to offer the practical support that carers need. Those carers who have access to comprehensive support to help them care find it easier to strike a balance, are more likely to remain in work. Fulfilling work isn't an extra- it is essential to longer working lives.

4.4 **Biological effects of ageing**

Functional Impairment:-

4.4.1 **Hearing**

Structural and sensorineural degeneration occurs throughout the auditory system causing age-related hearing loss and age related balance problems. Varying degrees of hearing loss are experienced by older adults, often with tinnitus, is worsened by occupational exposure to noise. Dizziness is common in adults with 25% of 65-69 reporting this. Benign paroxysmal positional vertigo BPPV is the commonest cause, and peaks at about 50 years of age.

4.4.2 **Eye sight**

World-wide 65% of visually impaired and 82 % of all blind people are aged 50 yrs and over. Age related visual changes include presbyopia, impaired contrast sensitivity, dark adaptation, colour discrimination and peripheral vision. Additionally cataracts, glaucoma, macular degeneration, retinal detachment and vitreous separation are more prevalent with increasing age. Impaired vision may affect close detailed work; DSE use and safety critical tasks but need not affect job performance and in most cases are overcome by corrective eye wear or adapting technology.

4.4.3 **Muscle strength**

Muscle strength and aerobic capacity decline progressively with age. Much variation exists but on average this reduces physical capacity by 20% between ages of 40 and 60 yrs. of age. Muscle strength peaks around 3rd decade, is maintained until 45-50 years of age and declines at an average rate of 12 to 15% each decade after.

Those who use physical strength in their jobs retain better strength than those who do not, while an active lifestyle helps to preserve some aerobic capacity.

Little evidence that these declines in muscle strength and aerobic capacity adversely affect performance. Reduced physical capacity is only problematic in jobs with high physical workload. In these cases older workers may benefit from longer recovery periods. In most cases people should be capable of continuing to work in their roles despite an increased retirement age.

4.4.4 **Cognitive function**

While age related cognitive decline may commence in 3rd decade the deterioration isn't generally marked before the age of 70 and possibly older, with only 5% of people over 65yrs showing any sign of cognitive impairment.

Language ability and ability to process complex problems improve in most cases serious decline in memory or intelligence is not apparent until the age of 85 yrs. The onset and impact varies considerably between individuals, influenced by lifestyle factors. Regular physical activity is positively associated and a sedentary behaviour is negatively associated with cognitive function over a lifespan.

Reduced reaction time may only be a problem in high risk environments however any evidence related to professional drivers is that slower reaction speed is compensated for by experience. Driving accident rates do go up with increasingly age in the general population, but this does not seem to be reflected among professionals, perhaps because they continue to drive on a regular basis, while driving declines in general population particularly after retirement. (NHS 2013)

Some employers concerned that older workers are less productive, however no consistent evidence that older workers are less productive than younger workers. Most reviews conclude that job performance is generally same across age groups. When abilities match job requirements and when experience is considered, there is little difference between performance of older and younger workers. Performance need not decline with age because most jobs do not require employees to work at full capacity, except those that are persistently arduous. As well as there being little evidence that performance of core skills declines with age, there appears to be evidence that other aspects of performance such as good timekeeping, helping co-workers, better anger management and people skills increase with age. Some studies have shown that older workers perform better in terms of accuracy and output consistency.

4.4.5 **Shift work**

Ageing is associated with changes in circadian rhythm. There is evidence to suggest that older workers performance is adversely affected by night shifts while younger workers are adversely affected by early morning shifts. Time needed for recovery increases with age especially relevant in context of extended 12 hour shifts.

5. EQUALITIES IMPLICATIONS

- 5.1 The Equality Act 2010 protects against unfair treatment on the basis of certain characteristics including age. The report has no Equality implications and upholds the principles set down in this legislation.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no direct financial implications for the Council arising from this report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no direct personnel implications arising from this report, but the issues raised in the report will be considered in future organisational planning in relation to the ageing workforce.

8. CONSULTATIONS

- 8.1 All comments from consultees have been included in the report.

9. RECOMMENDATIONS

9.1 For H&S Committee Members to note the contents of the report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 Provide relevant information on the subject of the ageing workforce for discussion and consideration.

11. STATUTORY INSTRUMENTS

11.1 The Health and Safety at Work etc. Act 1974, the Equality Act 2010.

Author: Kathryn Evans, Occupational Health & Wellbeing Manager

Consultees: Donna Jones, Service Manager, Health, Safety & Welfare

Appendix 1 Presentation – Occupational Health

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OCCUPATIONAL HEALTH

APPENDIX 1

Introduction

OCUPATIONAL HEALTH

Kathryn Evans SCPHN, RGN, RM, Dip Mid.

Occupational Health & Wellbeing Nurse Manager

Ageing Workforce



Ageing Workforce

- Its anticipated that by 2020 1in 3 workers will be over 50 years of age.
- Currently more than 1 million people aged over 65 in employment.
- Way we think about work & retirement very different from our parents and grandparents.
- Many people see financial necessity of working for longer with state pension age rising.
- Life expectancy rising combined with declining fertility rate since 1965 means by middle of this century 48 million fewer 15-64 yr. old compared to 58 million more people aged 65 and over in EU. (BMA 2016)

Ageing Workforce

- Health benefits of good work contribute to self – esteem wellbeing and cognitive benefits. (DWP 2016)
- Evidence that any marked decrease in cognitive performance doesn't show until after 70 years of age. Before that ant deterioration not likely to affect performance as other attributes i.e. experience, education, motivation, better judgement and job knowledge are likely to compensate. (UNISON 2013)
- Nothing magically changes at 50 yrs.' of age but 3 key aspects are common.
 - ✓ Enjoyable work- helps contribute to personal identity.
 - ✓ Interesting/challenging roles that stretch skills and experience.
 - ✓ Autonomy is important- control, over own tasks, order and methods. Older workers appreciate being able to influence wider organisation by making suggestions.

Ageing Workforce

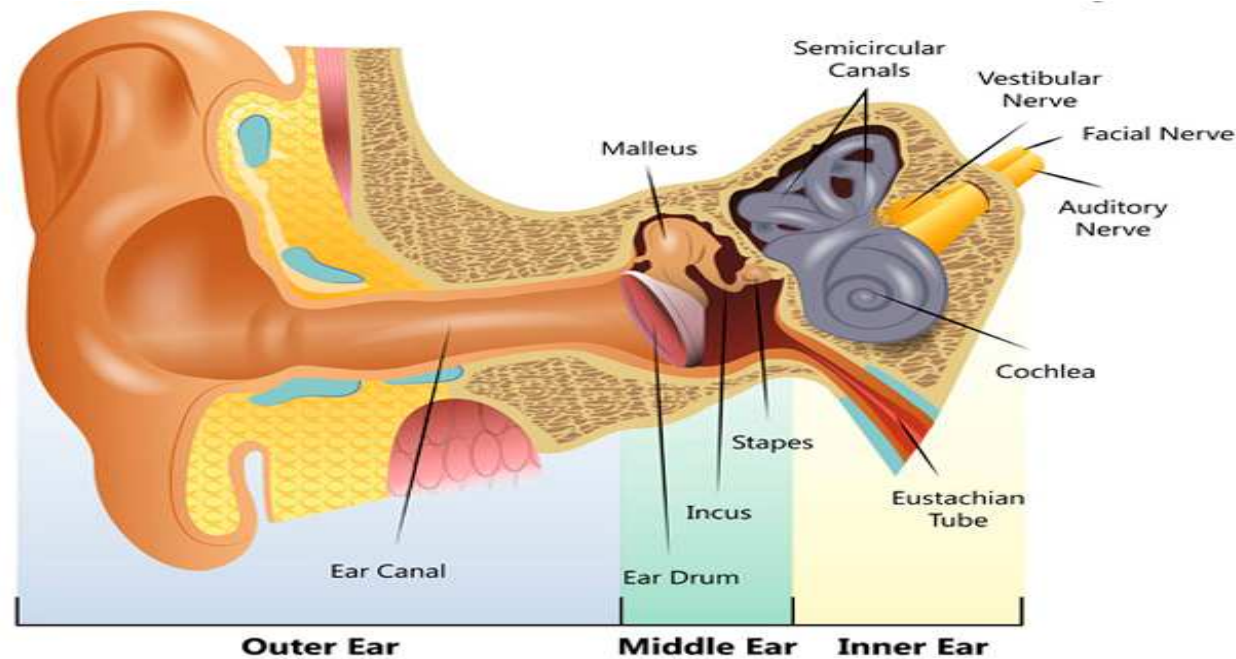
- Research by Centre for Ageing Better showed that for many older workers one of the main benefits of working in later life is opportunity to make and maintain social connections.
- Health is the main prominent factor affecting older workers decisions about continuing work. Poor health can be one of the biggest reasons older workers leave work.
- Helping older people manage and accommodate long term conditions, chronic health problems and disabilities is essential to make work viable and satisfying. A good Occupational Health provision and workplace adaptations can support older workers by making it easier to balance health conditions and work.
- It's understood our health deteriorates as we age, by taking a proactive approach we can reduce health deterioration drastically.
- As we grow older, associated health issues are reported to be combination of genetics (25%) and lifestyle & environment (75%). This then implies if we manage lifestyles appropriately there is in theory no reason that most of us can't be productive and energetic in our 70s and 80s as we were when we were younger.

Ageing Workforce

- Many successful employers report the following benefits of employing older workers in a multi-generational workforce include:
 - ✓ Broader range of skills and experience.
 - ✓ Opportunities for mentoring new recruits.
 - ✓ Transfer of skills across workforce.
 - ✓ Reduced staff turnover.
 - ✓ Improved staff morale.
- People over 50 are more increasingly likely to have caring responsibilities for family members and others. Having a workplace that supports flexibility is essential for working carers. Employers should operate flexible working times and allocate shifts that meet individual needs.

Ageing Workforce

Biological effects of ageing- hearing- structural and sensorineural degeneration occurs throughout auditory system causing age related hearing loss. Varying degrees of hearing loss experienced by older adults often with tinnitus, worsened by occupational exposure to noise.

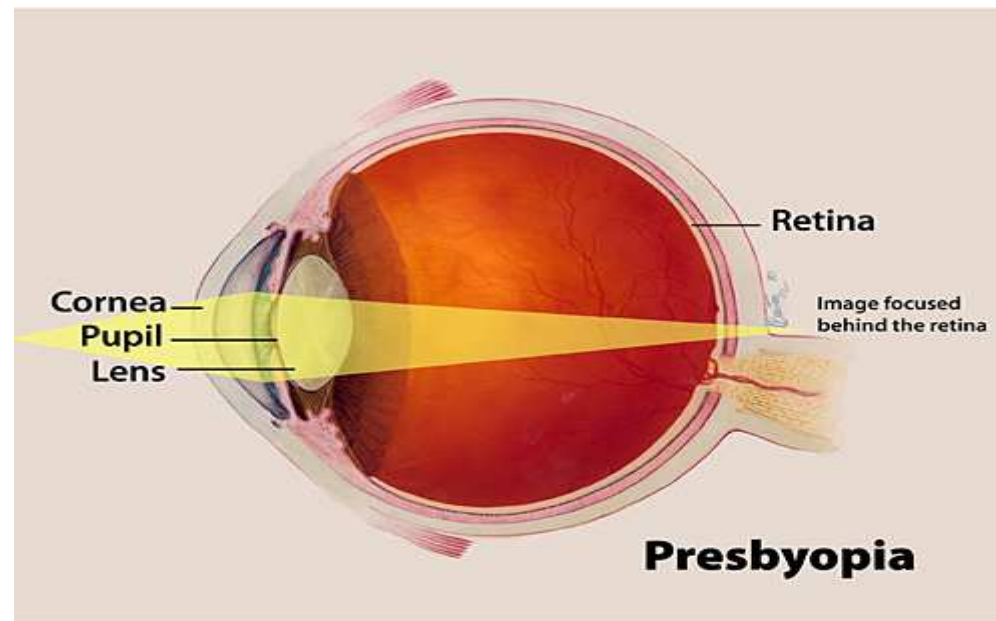


Ageing Workforce

- Dizziness is common in adults with 25% of 65-69 yr. olds reporting this.
- Benign Paroxysmal Positional Vertigo (BPPV) is the most common cause of dizziness at all ages and peaks about 60 years of age. (Small crystals of calcium carbonate break loose from their correct position in the balance organ and collect elsewhere, head movements cause false signals to brain)
- Menieres disease is the 2nd most commonest in older people. It affects middle age but remains common in older people. (build up of endolymph fluid causing increased pressure in inner ear- vomiting, dizziness, dulled hearing. Exact cause not known but links with poor circulation, viral infections, allergies, migraines, immune system disorders, genetic factors.
- Labyrinthitis – inflammation of labyrinth in inner ear.
- Hearing tests advised 3 yearly for those in noisy workplace. Tests performed more frequently if any impairment.

Ageing workforce

- Age related visual changes include presbyopia (inability to focus up close due to refraction (bending)error of light caused by hardening of the lens as we age.



- Myopia- short-sightedness, hyperopia- long sightedness.

Ageing workforce

- Age related visual changes also include impaired contrast sensitivity, dark adaptation, colour discrimination and peripheral vision.
- Cataracts, glaucoma, macular degeneration, retinal detachment and vitreous separation are all more prevalent with increasing age.
- Impaired vision may affect close detailed work, display screen use and safety critical tasks- in most cases overcome by corrective eye wear or adaptive technology.
- In Occupational health 3 yrly eye tests done using Snellens eye charts or keystone machine. Routine opticians test recommended 2 yearly especially over the age of 40 yrs. Vision test carried out more frequently if any underlying eye condition.

Ageing Workforce

- Respiratory system reaches maximal function between ages 20-27 yrs of age, thereafter lung function decreases progressively.
- FEV1 (Forced expired volume) and FVC (Forced vital capacity) decrease with age.
- In the absence of disease, the respiratory system remains capable of maintaining adequate gas exchange during entire lifespan.
- Spirometry (Lung function test) carried out in OH on all employees whose role involves dust, chemicals, respiratory sensitisers, recommended 3 yearly. Its also done as a baseline at pre-placement. If any underlying lung conditions i.e asthma test is performed more frequently.

Ageing Workforce

- Muscle strength and aerobic capacity decline progressively with age.
- Muscle strength peaks around 3rd decade and is maintained until 45-50 yrs. of age.
- It declines at an average rate of 12-15 % each decade .
- Those who use physical strength in their jobs retain better strength than those who do not, while an active lifestyle helps to preserve some aerobic capacity.
- Little evidence that these declines in muscle strength and aerobic capacity adversely affect performance.
- Reduced physical capacity is only problematic in jobs with high physical workload. In these cases older workers may benefit from longer recovery periods. Rotation of tasks.
- In most cases people should be capable of continuing to work in their roles despite an increased retirement age.

Ageing Workforce

- Age related cognitive decline deterioration is not generally marked before the age of 70, and possibly older, with only 5 % of people over 65 showing any sign of cognitive impairment.
- Language ability and the ability to process complex problems improve, in most cases serious decline in memory or intelligence is not apparent until the age of 85. (BMA 2016)
- Onset and impact varies considerably between individuals , influenced by lifestyle factors- regular physical activity positively associated, sedentary behaviour negatively associated with cognitive function over a lifespan.
- Reduced reaction time may only be a problem in high risk environments ; however any evidence related to professional drivers is that slower reaction speed is compensated for by experience.
- Driving accident rates go up with increasing age in general population but this is not reflected among professionals, perhaps as they drive on regular basis while driving declines particularly after retirement. (NHS 2013)

Ageing workforce

- Some employer concerned that older workers are less productive- no consistent evidence to support this.
- When abilities match job requirements and when experience is considered, there is little difference between performance of older and younger workers.
- Evidence that good timekeeping, helping co-workers, better anger management and people skills increase with age.
- Some studies have also shown that older workers perform better in terms of accuracy and output consistency. (HSE 2011)
- Shift work- ageing associated with changes in circadian rhythm. Evidence suggests that older workers performance is adversely affected by night shifts whilst younger workers performance is adversely affected by morning shifts.
- Time needed for recovery increases with age especially relevant in context of extended 12 hour shifts.

Ageing workforce



"I was wrong...you can teach
an old dog new tricks."

Caerphilly County Borough Council
Occupational Health
Tredomen House
Tredomen Park
Ystrad Mynach
Hengoed, CF82 7WF

Tel: 01443 863278

Fax: 01443 863183

**Opening Hours: 8.30am – 5.00pm Mon-Thurs
8.30am – 4.30pm Friday**

A greener place Man gwyrdach



Thank you.

Any questions?

A greener place Man gwyrddach





CORPORATE HEALTH AND SAFETY COMMITTEE - 1ST MARCH 2017

SUBJECT: ACCIDENT STATISTICS REPORT FOR OCTOBER – DECEMBER 2016

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES

1. PURPOSE OF REPORT

1.1 The purpose of this report is to inform Members, Management and Trade Union Safety Representatives of the numbers and types of work related accidents/incidents that occurred during the period of October to December 2016.

2. SUMMARY

2.1 The following report provides accident statistics for October to December 2016. Accident statistics are produced for each quarter and presented to the members of the Health and Safety Committee for information.

3. LINKS TO STRATEGY

3.1 The recording and reporting of accidents is in line with the Council's H&S Policy.

3.2 The Local Authority under legislation is responsible for the reporting of injuries, diseases and dangerous occurrences to the Health and Safety Executive (HSE) as well as implementing preventative and protective measures to prevent foreseeable workplace accidents occurring.

4. THE REPORT

4.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 require accidents which arise as a result of, or in connection with, work to be categorised as follows and reported to the HSE:

- Fatal accidents
- 'Specified injury' - including a fracture other than to fingers, thumbs and toes; amputation of an arm, hand, finger, thumb, leg, foot or toe; permanent loss or reduction of sight; crush injuries leading to internal organ damage; serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs); scalpings (separation of skin from the head) which require hospital treatment; unconsciousness caused by head injury or asphyxia; and any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Accidents which cause an employee to be away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).
- Work-related accidents involving members of the public or people who are not at work (including pupils) if the injured person is taken from the scene of the accident to hospital for treatment to that injury.

- 4.2 The term 'non reportable' accident or incident refers to any accident or incident that is not included in point 4.1 and therefore is not reportable to the Health and Safety Executive. Most of these accidents result in minor injuries. Accidents in this classification are reported to the Health and Safety Division only if they affect:
- Employees while they are at work.
 - Pupils, clients and members of the public who are injured as a result of a work activity while they are on Council premises or using the facilities.
 - Any persons who are injured as a result of any work activity carried out by or on behalf of the Authority.
- 4.3 Appendix 1 provides details on all of the accidents for the Authority that have been reported to the Health and Safety Division between October and December 2016. These are categorised by accident type and by type of incident, e.g. non-reportable, over seven days' lost time or restricted duties, and 'specified' (formerly referred to as a 'major') injury.
- 4.4 Appendix 2 details the Reportable Accidents Per Directorate between October and December 2016 and details of those accidents that occurred to members of the public that were reported.
- 4.5 There were seven accidents that were RIDDOR-reportable within the Communities Directorate, four within Social Services, one within Corporate Services and one with Chief Executive's. Each had a separate causal factor as shown in Appendix 2. Each separate incident was reportable as they caused the employees concerned to be away from work or unable to perform their normal work duties for more than seven consecutive days, except for one involving a sheltered housing service user who caught her foot on a manhole cover causing her to fall that necessitated her being taken directly from the scene directly to hospital for medical treatment.
- 4.6 For the purposes of reporting, staff who are working for the Authority via an agency are treated as employees.
- 4.7 It should be noted that when making comparisons with last years' report there has been a change in the management structure within the Authority, with certain service areas now falling under different Directorates.

5. EQUALITIES IMPLICATIONS

- 5.1 There are no equalities implications.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications contained in the report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no personnel implications contained in the report.

8. CONSULTATIONS

- 8.1 All comments from consultees have been included in the report.

9. RECOMMENDATIONS

9.1 That members note the contents of the report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To keep members informed of the accident statistics on a quarterly basis.

11. STATUTORY POWER

11.1 Not applicable to the content of the report.

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jonesd7@caerphilly.gov.uk

Appendices:

Appendix 1 - All accidents by Type for the Authority between October and December 2016

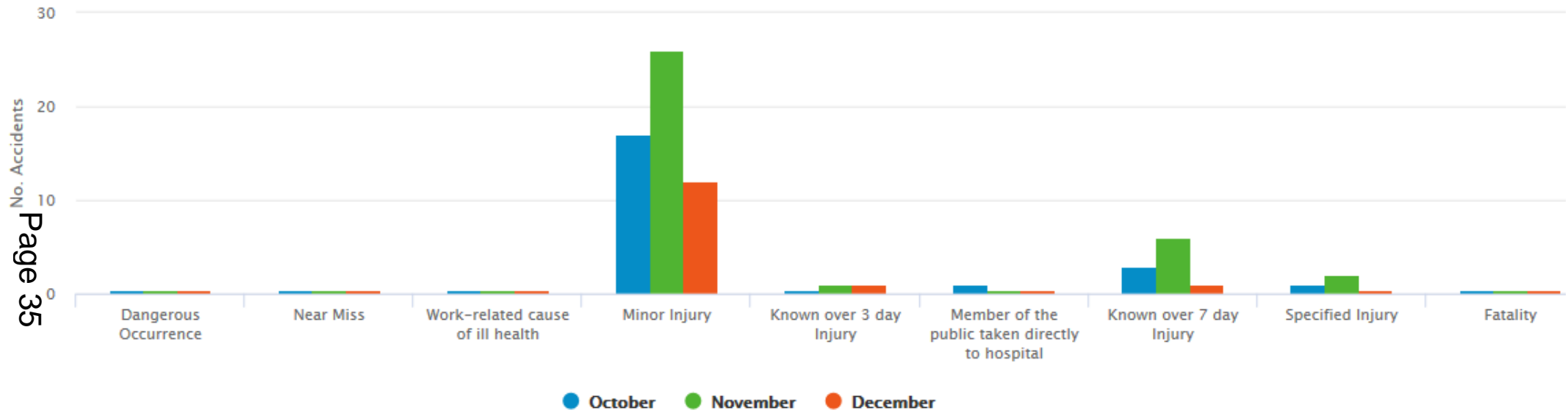
Appendix 2 - Reportable accidents by Type and Directorate between October and December 2016

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Appendix 1 - All accidents by Type for the Authority between October and December 2016

All Accidents by Type for the Authority

October to December - 2016
With comparison to previous year.

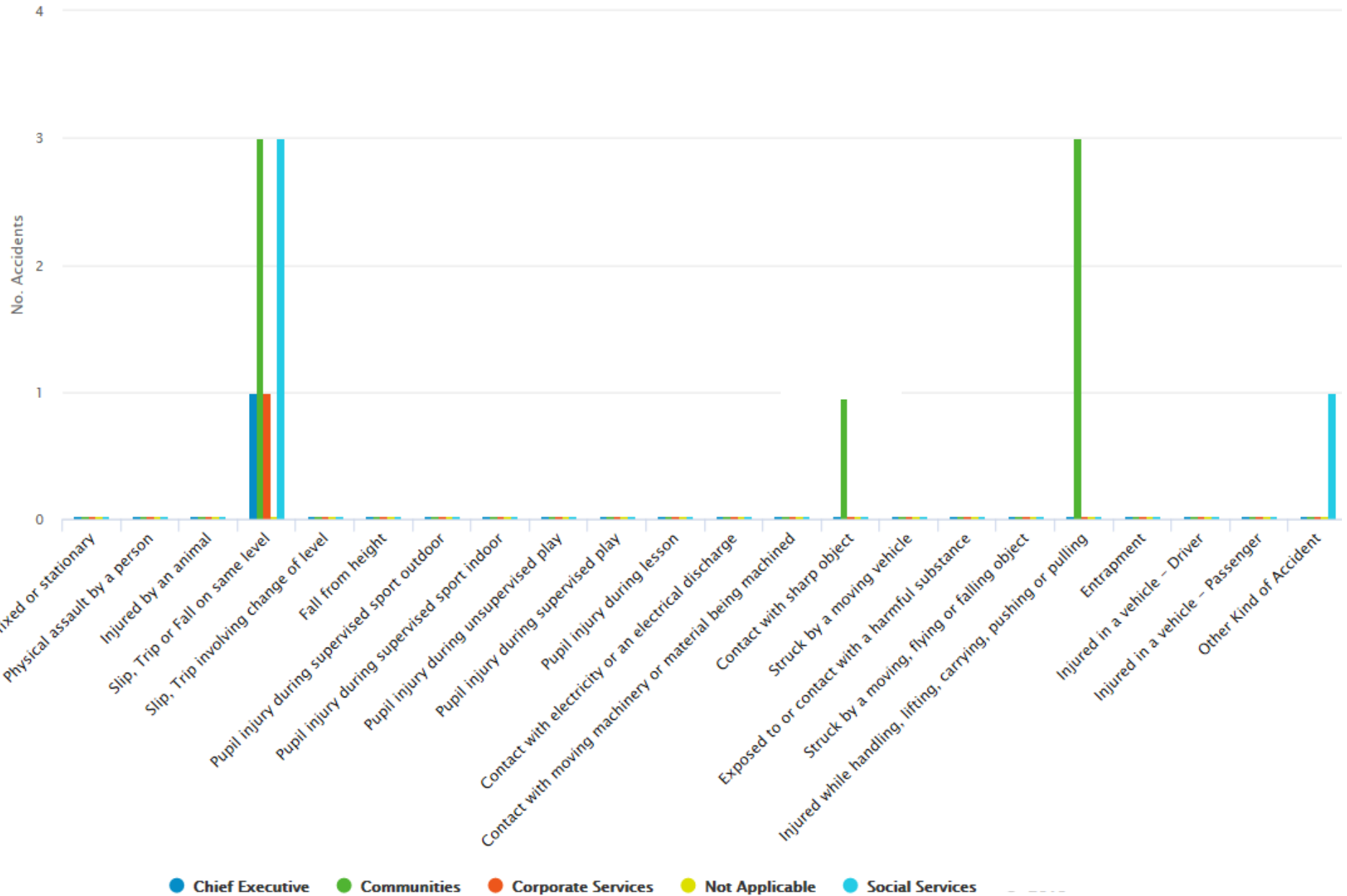


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Appendix 2 – Reportable accidents by Type and Directorate between October and December 2016

RIDDOR Reportable Accidents by Cause and Directorate

Between 01/10/2016 and 31/12/2016



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CORPORATE HEALTH AND SAFETY COMMITTEE - 1ST MARCH 2017

SUBJECT: RECENT HSE UPDATES

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform Members, Management and Trade Union Safety Representatives of recent updates in Health and Safety information, advice and guidance.

2. SUMMARY

- 2.1 The following report is provided as information for members of the Committee, to ensure they are kept informed of changes to health and safety legislation and approved codes of practice which will affect the Council, as well as advising of any relevant accidents, incidents and prosecutions.

3. LINKS TO STRATEGY

- 3.1 The report is provided as information to Members of the Health and Safety Committee in line with the Council's Health and Safety Policy.

4. THE REPORT

- 4.1 Thanet District Council in Kent has been fined £250,000 and ordered to pay £18,325 costs after one of its employees developed hand-arm vibration syndrome (HAVS).

When the Health and Safety Executive (HSE) investigated it was found that the worker had spent up to six hours a day operating electrically powered equipment, such as mowers and hedge cutters. He was not under any health surveillance and was unaware how to report his symptoms. He was diagnosed after he visited his GP.

Canterbury Crown Court was told that Thanet District Council started to implement appropriate health surveillance after the HSE had served it with an improvement notice. As a consequence, 15 more cases of HAVS were identified and reported.

The HSE said that Thanet District Council had not taken steps to eliminate or control its workers' exposure to HAVS. It had failed to train them on the risks of vibration exposure caused by power tools, and how to control it.

Thanet District Council pleaded guilty to breaching Regulations 6(2) and 7(1) of the Control of Vibration at Work Regulations for failing to reduce exposure to vibration to as low a level as is reasonably practicable and for failing to place employees under suitable health surveillance, respectively.

- 4.2 Powys County Council been fined £75,000 and ordered to pay costs of £16,000 after a four-year-old boy nearly drowned during a swimming lesson.

The boy was taking part in a mix-age and ability play session at the end of his swimming lessons at Bro Ddyfi Leisure Centre when he got into difficulty. The lifeguard had left his station to put out lane ropes for the next lesson, instructors were engaged in other tasks (completing forms) or in conversation with each other or parents.

Swansea Crown Court heard how the boy's father discovered his son floating face down in the water when he came to pick him up from the lesson. He was pulled from the water and revived at the side of the pool, although deprived of oxygen, he later made a full recovery in hospital.

An investigation by the Health and Safety Executive found that Powys County Council had failed to properly risk assess the swimming lessons, and in particular that part of the lesson where mixed abilities and ages were allowed to take part in free play. They did not define the position or roles of the staff to supervise free play, failed to deal with the distraction caused by parents coming onto the pool side at the end of lessons and during free play, and failed to give adequate time or resource between sessions to reconfigure the pool lane ropes (each session began and finished on the half hour).

Powys County Council pleaded guilty to breaching the Health and Safety at Work etc Act 1974, section 3(1) and regulation 3 of the Management of Health and Safety at Work Regulations 1999.

- 4.3 There has been a six-fold increase in fines of £1m or more for accidents and near-misses at work since the new sentencing guidelines were introduced in England and Wales.

The 20 largest fines imposed on businesses for safety and health offences last year totalled £38.6m, compared with £13.5m in 2015 and £4.3m in 2014, according to figures obtained by Institution of Occupational Safety and Health (IOSH) and law firm Osborne Clarke following a Freedom of Information Act request.

Since 1 February 2016, when the Sentencing Council's Definitive Guideline for Health and Safety Offences, Corporate Manslaughter and Food Safety and Hygiene Offences came in to force, there have been 19 fines of £1m or more. In 2015 there were just three fines that exceeded £1m and in 2014 there were none.

Not all fines in the 2016 top 20 involved a fatality. The guidelines state that a large fine can also be handed down in the event of an injury, or if there was a substantial risk of injury or death.

For example, Alton Towers amusement park operator Merlin Entertainments was fined £5m – the highest financial penalty of 2016 and the UK's third largest safety fine – following a crash on its Smiler rollercoaster on 2 June 2015. No one died but 16 people were injured, five of them seriously. And film production company Foodles Production was ordered to pay £1.6m for safety breaches after Hollywood star Harrison Ford sustained a broken leg and dislocated ankle when he was crushed by a hydraulic door. The accident, which the Health and Safety Executive said could have resulted in more serious injury or even death, happened on 12 June 2014 while the actor was filming "*Star Wars: The Force Awakens*".

Most fines imposed by courts in 2016 related to safety and health offences which took place before the guidelines were introduced.

- 4.4 Local authorities (LAs) in England have paid out £10m in compensation to people who have contracted asbestos-related illnesses at school. An investigation by the BBC has found that in the past ten years 32 councils in England have settled claims from 220 retired teachers, school staff and ex-pupils.

According to figures released following a Freedom of Information (FOI) request, asbestos-containing materials (ACMs) are present in at least 12,600 council-run schools. This number does not include more than 5000 academy schools, so the total is likely to be higher.

The BBC also found inconsistencies in how councils monitor the presence of ACMs; of the 135 LAs that responded to the FOI request, 13 revealed they had no data on which of the local schools contained asbestos.

East Sussex County Council paid out almost £1.3m in asbestos claims between 2006 and 2016, followed by Kent (£842,958), Devon (£791,046), and Suffolk (£635,791). Bradford, Durham and Gloucestershire were also in the top ten.

The BBC said it is likely the compensation claims exceeded £10m because ten councils did not disclose information about how many asbestos cases they had settled.

Between 2011 and 2016, LAs reported 99 incidents of asbestos exposure in school premises.

- 4.5 The Health and Safety Executive (HSE) has announced that it is to consult on proposals to make its cost recovery scheme dispute process fully independent.

The scheme, Fee for Intervention (FFI) was introduced in October 2012 to shift the cost of regulating workplace health and safety from the public purse to businesses which break the law and ensures the cost burden of HSE intervention is picked up by those companies and not taxpayers.

If an inspector identifies serious health and safety failings in the workplace about which they need to write to the dutyholder, then that dutyholder has to pay the costs of the HSE visit. If the inspector simply issues verbal advice there is no charge. If there is disagreement on HSE's decision the dutyholder can dispute it.

Until now, disputes were considered by a panel which consisted of two members from HSE and one independent person. However, after reviewing the current process HSE will consult with relevant stakeholders with a view to making the process fully independent.

A full guide to the Fee for Intervention scheme is available on HSE's website at <http://www.hse.gov.uk/fee-for-intervention>

- 4.6 The number of workers with work-related illnesses rose from 1.2 million to 1.3 million employees in the 12 months to 31 March 2016, according to the Health and Safety Executive (HSE). Around 80% of these illnesses were musculoskeletal disorders (MSDs) or stress, depression or anxiety.

The number of new cases of illness reported during the 12 months was 500,000, equal to the previous period. Some 30.4 million working days were lost to injury or ill health in 2015-16: 25.9 million days due to work-related illness and 4.5 million days due to workplace injury. This is up from 27.3 million in the previous 12 months is the highest since 2007-08.

These figures are drawn from the government's quarterly Labour Force Survey (LFS) and make up part of the HSE's Health and Safety Statistics: 2015/16 annual release on work-related injury, ill-health, enforcement and costs.

Over two-fifths (539,000) of the 1,311,000 workers with work-related illnesses had MSDs. The number of new cases of work-related MSDs in 2015-16 was 176,000. The incidence rate of 550 cases per 100,000 workers is not significantly different from the previous year and has been mainly static for the last five years.

A further 488,000 workers were suffering from work-related stress, depression or anxiety, a prevalence rate of 1,510 per 100,000. The number of new cases was 224,000, an incidence rate of 690 per 100,000 workers. The number and rate have been broadly flat for more than ten years.

The main factors cited by LFS respondents as causing work-related stress, depression or anxiety were workload pressures, including tight deadlines, too much responsibility and not enough support from managers. The HSE found stress was more widespread in public service industries, such as education, health and social care, and public administration and defence.

Stress, depression or anxiety, and MSDs accounted for the majority of days lost due to work-related ill health – 11.7 million and 8.8 million days respectively.

LFS data revealed that an estimated 621,000 self-reported non-fatal injuries occurred in 2015-16 (a rate of 2,030 per 100,000 workers, broadly level over the last five years). Of these accidents, 152,000 resulted in absences that exceeded seven days.

There were 72,702 employee non-fatal injuries reported by employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), down from 76,000 in the previous 12 months.

There were 144 fatal workplace injuries in 2015-16 reported to the HSE and local authorities compared with 142 in the previous year. Despite a long-term downward trend in the rate of total injury, the HSE said it is beginning to show signs of levelling off. Over a quarter (26%) of workplace deaths were accounted for by falls from height.

The economic cost of work-related injuries and illnesses in 2014-15, excluding long latency illness such as cancer, was £14.1bn. Work-related illness attributed to £9.3bn of this total (an equivalent of £17,600 per case). Workplace injuries made up the remaining £4.8bn (equivalent to £1.6m per fatal injury and £7,400 for every non-fatal injury). This figure has been broadly level since 2010-11.

- 4.7 The Health and Safety Executive (HSE) has launched a new 'Health and Work Strategy' intended to improve occupational health standards and reduce sickness absence in UK organisations.

The strategy has three main themes: work-related stress, musculoskeletal disorders (MSDs) and lung disease. Speaking at the Strategy launch event in central London, the HSE's Chair, Martin Temple said that stress and MSDs account for 80% of working time lost to sickness in the UK, while lung disease is responsible for around 90% of work-related deaths.

The new initiative marks a renewed focus on work related stress and musculoskeletal issues for the HSE, which largely withdrew in 2008 from involvement in health issues it said were as easily influenced by employees' home lives as by their working conditions.

The strategy will be underpinned by sector plans for 19 industrial areas, based on industry type and risk profile. The sectors include broad industries such as manufacturing, construction and waste and recycling but also more narrowly defined activities including bioengineering, explosives, fairgrounds and theme parks, onshore oil and gas wells and offshore energy.

The plans are still subject to consultation with industry online and at events to be held in early 2017. The drafts identify the top three strategic priorities for each sector for the next three to five years and the actions the HSE proposes to take to improve health in these areas in the sector.

The regulator's strategy is separate from the safety and health strategy 'Helping Great Britain Work Well', issued in February 2016, which the HSE said sets goals for all stakeholders, including business and industry bodies to help achieve.

5. EQUALITIES IMPLICATIONS

5.1 There are no equalities implications.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications.

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications.

8. CONSULTATIONS

8.1 All comments from consultees have been included in the report.

9. RECOMMENDATIONS

9.1 That the contents of the report be noted.

10. REASONS FOR THE RECOMMENDATIONS

10.1 For information only.

11. STATUTORY POWER

11.1 Not applicable to this report.

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