



Item No. 16

Meeting Date Wednesday 13th April 2022

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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**Health and Safety Annual Report
January 2021 – December 2021**

Purpose of Report:

To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the main Health & Safety challenges faced in 2021 as well as performance and notable key issues, and the implications for the HSCP.

Background/Engagement:

This is the second Annual Report for Health & Safety provided to the IJB Finance, Audit and Scrutiny Committee.

Two Management Systems continue to be used in the governing of Health & Safety as part of the partnership: Glasgow City Council's and NHS GG&C's. Both employers have a duty of care for the health and safety of all HSCP employees, service users and others who may be affected by their operations, acts, and omissions.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

HSCP Senior Management Team ☐

Council Corporate Management Team ☐

Health Board Corporate Management Team ☐

Council Committee ☐

Update requested by IJB ☐

Other ☐ (please note below)

Not Applicable ☒

Recommendations:

The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) Note the findings made within this report and the data attached;

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	<ul style="list-style-type: none">b) Note the main challenges faced throughout the year, and current service and future developments; andc) Note the potential implications and resources which may be required from investigations and enforcement notices.
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Relevance to Integration Joint Board Strategic Plan:

Health & Safety management and improvement is key to the operation of the IJB/HSCP in meeting its relevant statutory requirements. Effective Safety Management is designed to prevent employees from harm whilst at work, service users whilst engaging with services, and others whilst in our care, so far as is reasonably practicable.

GCC and NHS GGC have a duty to ensure that employees have the correct information, instruction, and training to enable them to carry out their work safely.

Accident and incident reduction, and subsequently minimising injury, lost time and attributable absence is crucial, as is the prevention both civil and criminal prosecution.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	This report is relevant in supporting GCHSCP in achieving all nine health and wellbeing outcomes, however outcomes 7, 8 and 9 are directly related.
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Personnel:	All employees throughout GCHSCP have responsibilities for Health & Safety. All managers have a responsibility for contributing to the management and ongoing improvement of this.
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Carers:	N/A
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Provider Organisations:	N/A
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Equalities:	N/A
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Fairer Scotland Compliance:	N/A
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Financial:	The report contains potential financial implications for the Health and Social Care Partnership. Criminal and Civil proceedings which may be attributed to accidents and incidents at work may have financial costs associated.
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Legal:	Failure to adhere to Health & Safety law and comply with the requirements of GCC and NHS GG&C Health & Safety Management systems have the potential to have criminal and civil legal implications to the organisations.
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Economic Impact:	N/A
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Sustainability:	N/A
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Sustainable Procurement and Article 19:	N/A
Risk Implications:	<p>The effective management of Health & Safety is pertinent in managing the risks associated with the operations and services operated by the HSCP. This includes ensuring that all those acting on behalf of the HSCP continue to have the relevant information, instruction, and training to enable them to carry out their job safely, and ensuring all reasonably foreseeable hazards are assessed, with suitable and sufficient control measures in place.</p> <p>Failure to effectively manage health and safety may result in accidents, injury, ill-health, workplace fatalities, and both civil and criminal prosecutions.</p> <p>There are moral, legal, and financial obligations to manage health and safety, whilst continuing to maintain the reputation of GCHSCP.</p>
Implications for Glasgow City Council:	Glasgow City Council have the legal responsibility to manage the health and safety of their employees as well as those who may be affected by their operations. Failure to manage this effectively may result in accident and incidents, potential legal and financial implications, in addition to having an impact on the reputation of Glasgow City Council.
Implications for NHS Greater Glasgow & Clyde:	NHS GG&C have the same legal responsibility for the management of health and safety. Failure to manage this effectively may result in accidents and incidents, legal and financial implications, in addition to reputational impact.

1. Purpose and Structure of the report

- 1.1. The purpose of this report is to provide the IJB Finance, Audit and Scrutiny Committee with an overview of the main Health & Safety challenges faced in 2021 and data on performance.
- 1.2. As highlighted in previous reports, two Health and Safety Management systems work alongside each other to manage the legal duties of both organisations, under the Health and Safety at Work Act 1974 and all other relevant legislation.
- 1.3. This report will provide overview from both the Glasgow City Council and NHS Health and Safety teams, as well as relevant health and safety data.

2. Responsibilities

- 2.1. The GCHSCP Chief Officer has overall responsibility for ensuring the health and safety organisational arrangements developed by GCC & NHS GG&C are implemented throughout GCHSCP.

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- 2.2. Management and other senior employees have delegated responsibility to implement and manage these arrangements within their service area or premises.
- 2.3. There continues to be two health and safety management systems in operation within the HSCP. These are required to satisfy the requirements of health and safety law, for two separate legal entities.
- 2.4. It is recognised that GCC and NHS GG&C are accountable for their respective services as part of the Partnership, but it must be ensured that Health & Safety Management Systems work in cooperation with each other to achieve operational consistency, where possible.
- 2.5. GCHSCP holds quarterly Health & Safety Committee meetings, which have been reinstated in 2021, following a hiatus during 2020. These are joint meetings and include professional safety advisors from both NHS and GCC, as well as Senior Management and Staff-Side & Trade Union Representatives.

3. The role of GCC H&S Team Jan - Dec 2021

- 3.1. The GCC SWS H&S team continued to assist services in the ongoing COVID-19 pandemic. The team maintained a strategic role in assisting services to interpret the relevant sector guidance, as well as the implementation of this.
- 3.2. The H&S Manager continued to work with Senior Management and Human Resources, providing support and guidance for the safe reoccupation and reinstatement of GCC buildings utilised within GCHSCP. Guidance was provided directly to services, as well as via the Accommodation, Social Distancing and Recovery Group.
- 3.3. The team have continued to guide, monitor, and support the services in their COVID-19 risk assessment program.
- 3.4. Reinstating programs of Audits, Training and Fire Safety Risk Assessments carried out by the SWS H&S team proved challenging through another year of COVID-19 related restrictions. The team worked within these limitations to reduce the compliance gap that grew throughout 2020.

4. The role of NHS H&S Team

- 4.1. The Health and Safety Team's primary purpose is to ensure our workforce has a safe working environment. The team provide appropriate, professional, and competent Health, Safety and Welfare advice, guidance, and support to the NHSGGC Board, its Directors/Chief Officers and employees, and representatives of Staff Associations and Trade Unions.
- 4.2. The Team continued to provide support and advice to the local management teams and staff within Acute Services, Health and Social Care Partnerships and Corporate Directorates (e.g., Estates and Facilities).

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- 4.3. The COVID-19 pandemic continues to have an impact across the whole of NHS GGC and the H&S Service continues to support the face fit programme across GGC, as well as supporting the Social Distancing Operational Group which was established last year to manage and facilitate the risk assessment process across NHS GGC.
- 4.4. The primary objective was to ensure the required physical controls were implemented based on workplace risk assessments. A Communications Group was established to focus on staff communications and engagement. Both groups have now merged with the main remit being to support the improvement plan which includes a focused risk assessment programme.

5. Key Challenges for GCC SWS H&S

- 5.1. It was anticipated that 2021 would allow a more 'business as usual' approach to Fire Safety Risk Assessment and Audit completion within Social Work Services. Many of these were not carried out in 2020 due to restrictions and the clear 'Stay at Home' message, as well as COVID-19 becoming the priority issue for all services.

Although desktop audits were carried out in the final quarter 2020, there was recognition in 2021 of their limitations and the importance of on-site visiting. The team navigated significant challenges in reinstating these; particularly the isolation of Young Person's causing full lockdown of Children's Houses and a ban on visiting. Employee and staff isolation, as well as availability of management to carry these out alongside the H&S team due to their own staffing issues, were also key factors.

- 5.2. The training schedule was reinstated in Q3 & Q4 of 2021, following ad-hoc training being carried out throughout Q1 & Q2. Similarly, capacity remained at 30-40% of pre-pandemic allowance and this, coupled with poor attendance due to isolation and staffing commitments, meant that some courses were cancelled or run with very few attendees. Training continued to be a challenge throughout 2021.

Where possible, training continued to be delivered remotely and further pilots were delivered to ascertain if online delivery is feasible as a longer-term solution for various health and safety courses.

The National Infection Prevention Control Manual was released for implementation across all Older People Care Homes in Scotland. The SWS H&S Manager worked closely as part of a tight working group alongside Service Management and FM, in the creation of a gap analysis and subsequent action plan to roll the requirements of this out across the Older People's Residential Service.

6. Key Challenges for NHS GG&C H&S

- 6.1. The key challenges faced directly related to the COVID-19 response. The significant increase in the volume of staff who required a high level of Respiratory Protective Equipment (RPE), namely, FFP3, coupled with changing supplies of FFP3 masks through National Procurement, resulted in a re-direction of H&S resources and an enduring programme to refit staff.

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- 6.2. The Social Distancing Operational Group which was established during 2020 to ensure compliance with COVID-19 Government guidance and has continued to have regular multi-disciplinary meeting during 2021. A Continuous Improvement Plan was agreed for roll-out with ownerships for actions clearly identified. The agreed risk reduction measures ensure that suitable and sufficient control measures are in place to protect staff, patients, visitors, and others. In addition to ensure Services are supported, the associated COVID-19 guidance document for managers and staff continued to be reviewed and updated by the service during the last 12 months.

Having facilitated a risk assessment process across NHS GGC, the Social Distancing Risk Assessment Audit programme was established and commenced early January and closed end March 21. A second programme commenced in December 2021 and remains open.

- 6.3. The Social Distancing Communications group generated and delivered various communications. These included the Communications Toolkit which was developed with the aim to scope daily messages around the following 5 topics:

- Stay Safe
- Stay Healthy
- Support Each Other
- Report and Record
- Key Messages and Updates

It was acknowledged that there was a wealth of information already available and to avoid creating additional repetitive messaging, a plan was developed focused on addressing the above areas and reaffirm the information already available, in a planned and programmed manner. This was achieved by using the NHS GGC Core brief which is circulated widely across the organisation in an email format via the daily Director of Communications.

Various staff engagement activities had been arranged including the below examples:

- Management led nominations of staff who have displayed role model behaviours.
- Social Distancing Champion led promotion which saw an increase in the number of Social Distancing Champions.
- Development of a line Manager brief and a support document had been created for Social Distancing Champions. Arm bands designed following feedback and agreement by relevant groups.
- A Social Distancing staff competition was run which aimed to get our staff children and grandchildren involved. All entries received a certificate and prize for taking part with randomly selected three winners. A poster containing all the entries was produced and subsequently displayed in staff areas across NHS GGC.

- 6.4. NHS GGC undertook a review of the extant status of Health and Safety related Policies during early 2021. The purpose of the review was to identify the status of these policies regarding their validity period and ascertain a programme to bring any “out of date” reviews to within a valid date. The overarching aim of

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the review was to implement a sustainable management programme both now and for the future as part of the recovery plan.

The Health and Safety Policy was updated in April. Following this the following policies were updated: Control of Substances Hazardous to Health (COSHH), Provision and Use of Personal Protective Equipment (PPE), Lone Working. The Safety Action Notice and Display Screen Equipment Policy are reviewed and due to be taken to the Health and Safety Forum in early 2022.

7. Accident and Incidents GCC (Jan – December 2021)

- 7.1. The accident and incident data for GCC is shown in Appendix 1 Figure A. This data reflects where the injured person is a GCC employee, NHS employee working in a GCC building, agency worker or contractor.
- 7.2. The data available indicates that slips, trips, and falls continues to be the main cause of incidents within GCC. This is closely followed by incidents where employees were injured whilst moving and handling people and falls whilst ascending and descending.

Similar to reporting in 2020, these are predominantly reported in Home Care Services, of which 69% of slips, trips, and falls, 78% of injuries whilst moving and handling people and 84% of falls whilst ascending/descending are attributable.

- 7.3. A total of 45 incidents were reported to the HSE under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), with the injured person being an employee. This is 2 greater than in 2020. The breakdown of why these incidents were reportable is highlighted in Appendix 1 Figure B, also showing comparison with the previous year. A breakdown of the incident type outlined in Appendix 1 Figure C, again showing comparison with the previous year.
- 7.4. A total of 6 incidents were retrospectively reported to the HSE in 2021 as there was reasonable evidence, following investigation, to assess that COVID-19 may have been contracted whilst in the workplace for 6 employees. Whilst reports were submitted in 2021, they referred to events between October and November 2020.
- 7.5. Two RIDDOR reportable incidents were reported to the HSE where a service user was the injured person. These were both reported as a 'Member of the public taken directly to hospital'.
- 7.6. 1356 Incidences of Violence were recorded where the employee was deemed to be the affected person; an increase in 94 from the previous year. Appendix 1 Figure D shows a breakdown of these incident type and areas, as well as the comparison with 2020. Figure E outlines the percentage of incidents which each service area is accountable for reporting.
- 7.7. 31 fire events and 94 false alarms were recorded on the HandS system in 2021. The locations of these are outlined within Figure F. The main cause of unwanted fire alarm activations was cooking, and efforts must be made to reduce this.

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8. Accident and Incidents for NHS GG&C (Jan-December 2021)

- 8.1. The total number of recorded employee incidents for NHS GG&C within GCC HSCP was 2367. Please refer to Appendix 2, Figure A - this highlights the accident and incident data for where the injured person is an employee.
- 8.2. Appendix 2, Figure A, this highlights 1822 of the incidents recorded relate to violence, making this the most common type of incident reported. Stress, Other, Infection Control (COVID-19 related), and Needlestick/Sharps were the top four otherwise reported.
- 8.3. Appendix 2, Figure B, this highlights incidents by division & category chart with the three sectors being comparable in numbers.
- 8.4. Appendix 2, Figure C, A total of 30 incidents were reported to the HSE as RIDDOR reportable incidents. Violence & Aggression towards staff remains the top category. All RIDDOR reportable incidents have been investigated by H&S Partnerships and reports shared with Line Managers for recommendations to be implemented by Sector and action plans discussed at the main/local sectors Health & Safety Committees.
- 8.5. Appendix 2, Figure D, outlines the approval status of these incidents.

9. Notable Incidents & Enforcing Authority Involvement GCC

- 9.1. There have been no notable incidents which have involved any investigations by the HSE in 2021.

10. Notable incidents & Enforcing Authority Involvement NHS GG&C

- 10.1. The Health and Safety Executive (HSE) undertook COVID-19 Spot-checks across a number of hospitals, between December 2020 and January 2021. The output of the inspections identified seven recommendations for health boards to consider and, if necessary, to implement. The Social Distancing Operations Group has considered recommendations and prepared a response to each that identifies the activity undertaken/continuing to be carried out in respect of each across NHS GGC.
- 10.2. The HSE continues to express an interest in certain in-patient suicide incidents. NHS GGC has re-established Board wide Suicide Risk & Design Standards Group. This group had been involved in the development of NHS GGC Suicide Reduction and the Management of Ligature Risks Policy, including the review of the current Environmental Checklist and process within Mental Health Wards.

11. Audits and Fire Safety Risk Assessments GCC

- 11.1. The SWS Health and Safety Team had anticipated a return to a routine program of Audit and Fire Safety Risk Assessments for 2021, but this was impacted by another year in the pandemic.

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- 11.2. The team completed a total of 11 audits and 17 Fire Safety Risk Assessments. These were carried out in Residential premises which are deemed highest risk premises. The audits carried out by the team included a new Covid question set to monitor compliance.
- 11.3. The HandS incident reporting system was expanded in 2021 to include the Fire Safety Risk Assessment App. This App allows for both Part A: Operational and Part B: Structural and Technical Fire Safety Risk Assessments to be recorded electronically. The aim of the system is to ensure that responsibilities for further action are appropriately assigned, as well as ensuring proper audit and traceability on the progress of these.

The SWS Health and Safety team began the process of recording Fire Safety Risk Assessments on the App in 2021. The App will require all those with responsibilities as part of the Fire Safety Risk Assessment Process to understand how to access and utilise it – whether their role is the completion of the Fire Safety Risk Assessment, or in monitoring the actions assigned to them.

- 11.4. Of the audits completed, the average score at date of audit was 94% compliance. It should be noted that this cannot be classed as a true reflection due to the small sample carried out, and it is likely that this will be better reflected in 2022.

12. Audits NHS GG&C

- 12.1. The NHSGGC Health & Safety Action plan requires 25% of H&S Management Manual Audits manuals are audited annually. The audits have been paused as a result of COVID-19. As part of the recovery plan a review of the current H&S auditing programme was undertaken prior to re-establishing the audits. The findings and recommendation are that the current audit model for Health and Safety Management Systems is improved upon.
- 12.2. A Social Distancing self-assessment audit programme was undertaken in the first quarter of 2021. Managers/Health and Safety Management Manual holders were requested to participate and complete the audit. A total of 1414 audits had been completed by services from across NHS GGC. The findings have been shared with the Directors and Chief Officers with key areas having been identified for consideration and further discussion at local health & safety committees.

Health & Safety subsequently conducted 75 Social Distancing spot checks across the wider organisation. A “Lessons learned” brief was developed and issued board wide.

13. Training GCC

- 13.1. The H&S training calendar was reinstated in October 2021. Some training was carried out prior to this using Microsoft Teams.
- 13.2. A total of 24 H&S training courses were carried out across the year, with priority for those staff who were new, or those within residential units who required refresher training in Fire.

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- 13.3. There were significant challenges linked to attendance and the team engaged and continue to engage with key stakeholders to drive through improvements in attendance.
- 13.4. It is anticipated that in 2022, a focus will be on reducing the health and safety training gap which has been worsened by the pandemic.

14. Training NHS GG&C

- 14.1. For the HSE training requirement for the HSCP compliance level is detailed below:

	January 2021	January 2022
Sharps	75.6%	69%
Moving & Handling	84.6%	72.34%
Falls	73.43%	83%

It is noted that there has been a significant reduction in compliance for Sharps & Moving & Handling, with a significant increase for Falls. However, the expectation by NHS GG&C Board is that all staff (who are in scope) must complete this training. The requirement was to achieve 100% compliance by December 2021. Individual meetings were held by the Director for Human Resources and Organisational development with each Health and Social Care Partnership Chief Officer during 2021 to identify ways to improve compliance and to mitigate obstacles. The Corporate Management Team also requested improvement plans for each HSCP where compliance was below 80%. Training compliance should be addressed as a priority for all staff.

- 14.2. Statutory & Mandatory Compliance as at January 2022

Equality & Diversity	Fire Safety	Health & Safety	Infec. Control	Info Governance
83.8%	76.2%	85.8%	82.7%	91.4%
Manual Handling	Public Protection	Security & Threat	Violence & Aggression	
83.6%	81.8%	82.0%	85.5%	

15. Recommendations

- 15.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
- Note the findings made within this report and the data attached;
 - Note the main challenges faced throughout the year, and current service and future developments; and
 - Note the potential implications and resources which may be required from investigations and enforcement notices.

Appendix 1 - Accidents and Incidents (GCC)

Figure A: Accidents by category and service area, where the affected person is an employee
A total of 347 accidents were recorded where the affected person is an employee

Glasgow City
HSCP
Health and Social Care Partnership

	Slip/Trip	Collision w/object, fixture, or person	Fall whilst ascend / descend	Injured whilst carrying loads	Injured whilst M&H people	Hit by moving, flying, falling obj.	Contact with sharp object	Needle-stick	Equipment failure/defect	Nip/pinch	Finger Jam	Animals	Burn/Scald	Contact w/ machinery	Crush	Unsafe loading	Sport activity	Unexplained injury	Near Miss	Medical condition	Fall from height	RIDDOR
Childrens Residential	6	3	0	0	1	2	2	0	0	0	0	0	0	0	1	0	0	0	2	1	0	3
Home Care	86	5	36	8	45	6	4	2	0	0	1	15	5	1	0	0	0	4	1	1	0	30
Elderly Residential	12	7	2	0	9	1	2	0	0	1	1	0	1	0	2	1	0	3	0	3	0	0
Homelessness, CJ & Asylum	3	2	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Equipu	6	3	0	8	0	4	1	0	0	1	0	0	1	1	0	0	0	2	0	0	1	4
TaSS	2	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Alarm Response centre	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
OP Day Care	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
South Area Services	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0
North West Services	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
North East Area Services	4	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1
Centre /HQ	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	125	21	43	18	57	15	10	2	2	2	4	15	7	2	3	2	0	10	3	5	1	45

Figure B: RIDDOR Categories 2019-2021

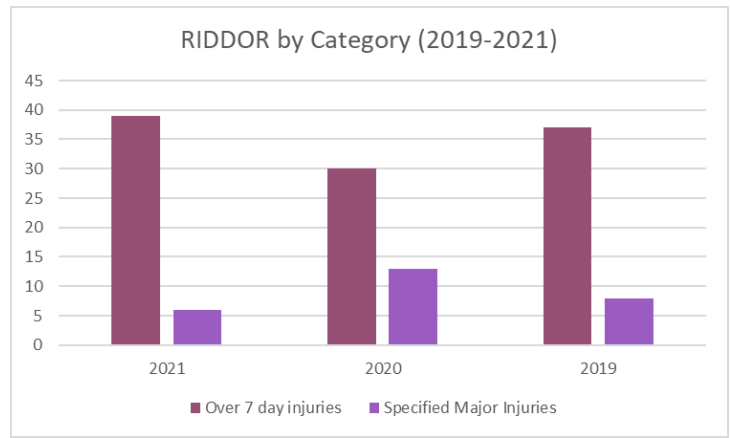


Figure C: RIDDOR by incident Type 2021 v 2020

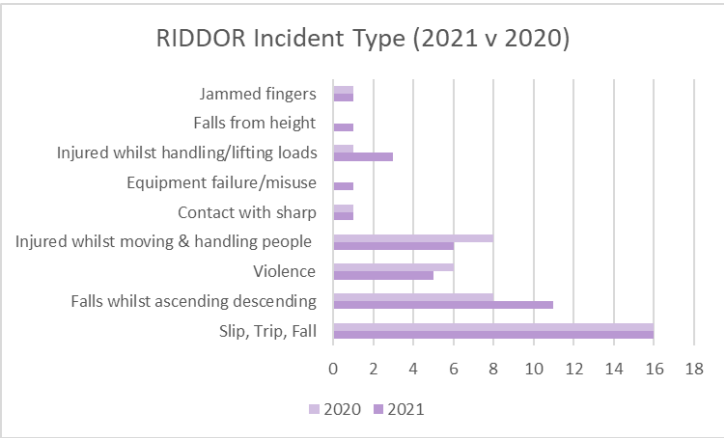


Figure D: Violence to staff Incidents

2021				2020			
	Violent incidents (by category)				Violent incidents (by category)		
	Verbal	Physical	Verbal & Physical		Verbal	Physical	Verbal & Physical
Children's Residential	130	109	479	Children's Residential	115	63	457
Home Care	77	34	90	Home Care	54	41	47
Elderly Res	31	92	224	Elderly Res	41	115	255
Homelessness, CJ & Asylum	27	0	4	Homelessness, CJ & Asylum	23	0	3
Equipu	0	0	1	Equipu	0	0	0
TaSS	2	1	0	TaSS	2	0	0
Alarm Response centre	2	0	2	Alarm Response centre	0	0	2
OP Day Care	4	2	0	OP Day Care	2	2	0
South Area Services	20	2	0	South Area Services	7	1	3
North West Services	8	1	0	North West Services	8	0	2
North East Area Services	10	1	2	North East Area Services	13	2	4
Centre/HQ	1	0	0				
	312	242	802		265	224	773

Figure E: Violence to staff by area

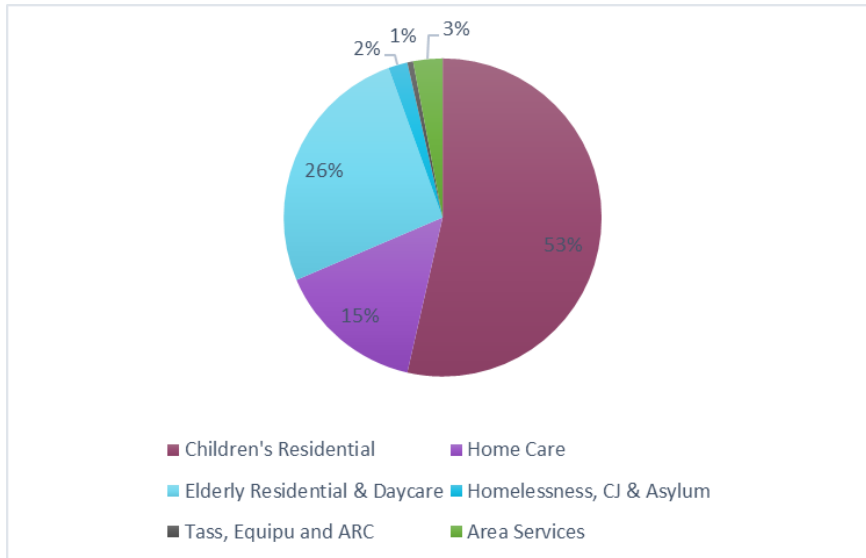
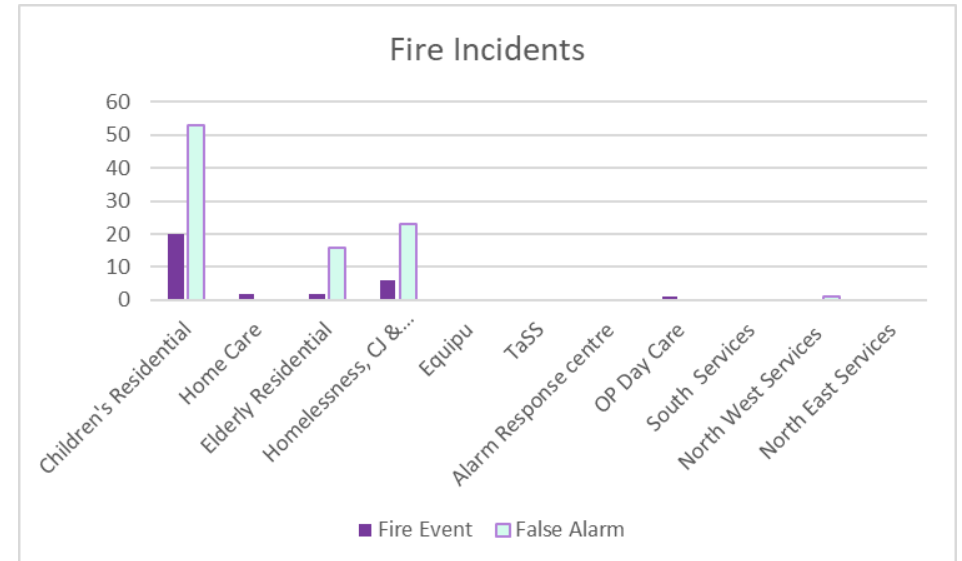


Figure F: Fire Incidents



Appendix 2 - Accidents and Incidents (NHS GG&C) 01 January 2021 until 31 December 2021

Figure A: Incidents by Division and Category

NHS Total number of employee incidents for Glasgow City HSCP = 2367

RIDDOR = 30

Incidents by Division and Category																				
	Challenging Behaviour	Contact with an Object	Exposure to a Hazard	Fire Incidents/ Fire Alarm Activations	Information Governance	IT Operations	Infection Control	Injured by Animal	Medical Devices/Equipment	Moving and Handling	Needlesticks/Sharps	NHS GG&C Vehicle Incidents	Security Incident	Self Harm	Slips, Trips and Falls	Stress	Suicide	Violence and Aggression	Other Incidents	Total
Addictions Partnership	0	3	3	1	0	0	2	0	1	1	1	0	1	0	2	2	0	69	6	92
Glasgow City HSCP - Corporate	0	0	4	0	1	2	0	0	0	3	1	0	5	0	2	7	0	39	15	79
Glasgow City HSCP - North East Sector	0	9	2	1	4	0	14	1	2	3	23	0	4	3	17	17	0	528	15	643
Glasgow City HSCP - North West Sector	1	11	7	3	9	2	31	0	3	6	26	1	12	1	18	51	0	554	18	754
Glasgow City HSCP - South Sector	0	11	3	0	11	4	32	1	3	5	18	5	10	2	18	15	1	632	28	799
Total	1	34	19	5	25	8	79	2	9	18	69	6	32	6	57	92	1	1822	82	2367

It is noted that 82 incidents have been categorised as other incidents – Staff education should be considered in light of the number of incidents categorised as other.

It is noted from the above that the top 5 incidents are: Violence & Aggression, Stress, Other, Infection Control (COVID-19 related) and Needlestick/Sharps.

The majority of incidents relate to Violence & Aggression.

Figure B: Incidents by Division and Category chart

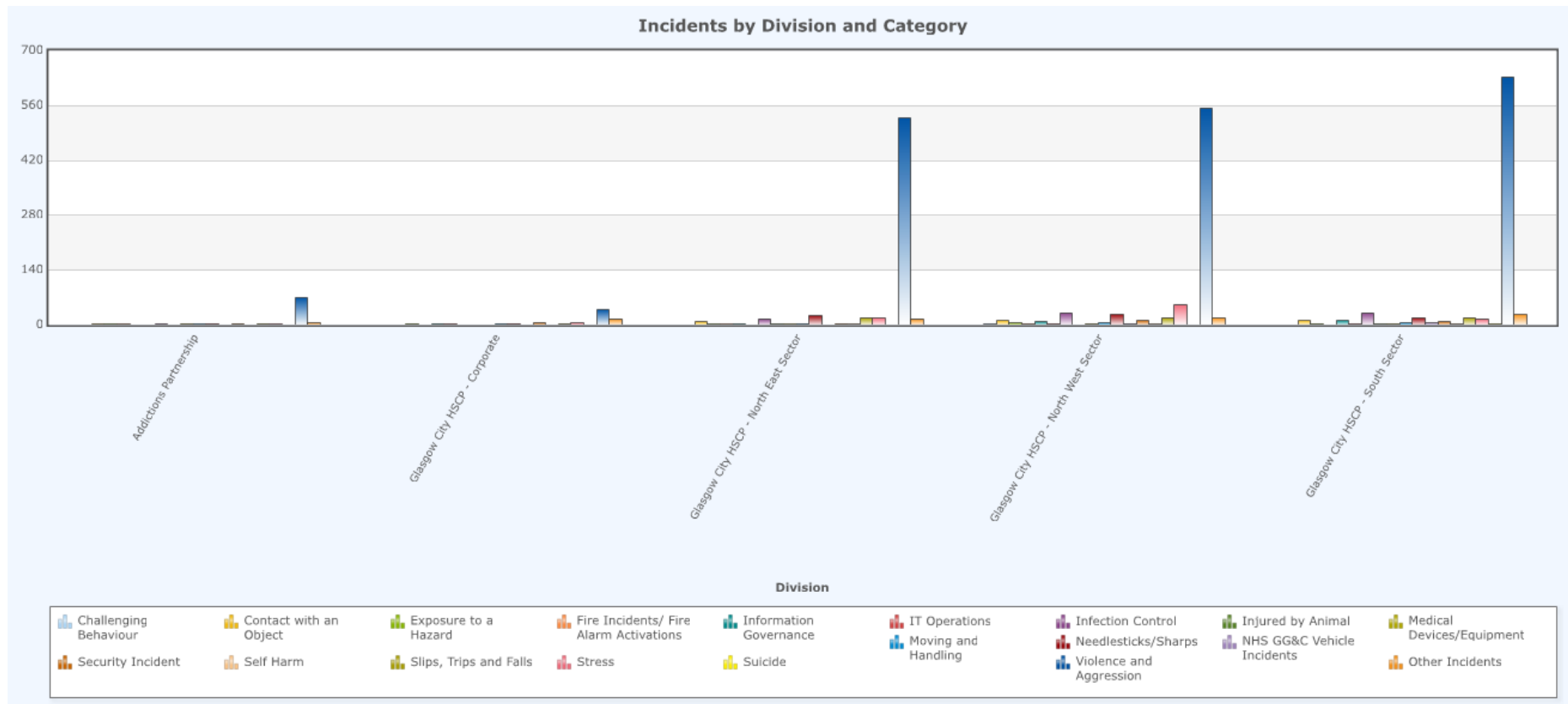


Figure C: RIDDOR by Division and Category

	Incidents by Division and Category				
	Infection Control	Moving and Handling	Slips, Trips and Falls	Violence and Aggression	Total
Addictions Partnership	0	0	1	1	2
Glasgow City HSCP - North East Sector	1	0	3	7	11
Glasgow City HSCP - North West Sector	1	1	4	3	9
Glasgow City HSCP - South Sector	1	0	3	4	8
Total	3	1	11	15	30

Figure D: Incidents by Approval Status

