



**Oversight and Governance**

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**AUDIT AND GOVERNANCE COMMITTEE**

Monday 21 September 2020

3.00 pm

MS Teams meeting

**Members:**

Councillor Parker-Delaz-Ajete, Chair

Councillor Carson, Vice Chair

Councillors Jordan, P Smith, Stevens

Co-opted Representative: Mr Shipperley.

Members are invited to attend the above meeting to consider the items of business overleaf.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - [Get Involved](#)

**Tracey Lee**

Chief Executive

## **Audit and Governance Committee**

### **Agenda**

**1. Apologies**

To receive apologies for non-attendance submitted by Committee Members.

**2. Declarations of Interest**

Members will be asked to make any declarations of interest in respect of items on this Agenda.

**3. Minutes**

To confirm the minutes of the meeting held on 27 July 2020.

**4. Chair's Urgent Business**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

**5. Progress report**

**(To Follow)**

**6. High level summary of Value for money**

**(To Follow)**

**7. Internal Audit Progress Report 2020/21**

**(Pages 1 - 14)**

**8. Treasury Management update report for Covid and the Financial Markets**

**(Pages 15 - 20)**

**9. Annual Governance Statement**

**(To Follow)**

**10. Operational Risk Monitoring update**

**(To Follow)**

**11. Purchasing Card Policy further revisions**

**(To Follow)**

**12. The Local Government and Social Care Ombudsman Annual Review 2019/20**

**(Pages 21 - 66)**

**13. Health and Safety Annual Report**

**(Pages 67 - 100)**

**14. Work Programme**

**(Pages 101 - 102)**

# Audit and Governance Committee



Date of meeting:	21 September 2020
Title of Report:	<b>Internal Audit Progress Report 2020/21</b>
Lead Member:	Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director:	Andrew Hardingham (Service Director for Finance)
Author:	Brenda Davis, Audit Manager
Contact Email:	Brenda.davis@devonaudit.gov.uk
Your Reference:	AUD/BD
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report provides Members of the Audit and Governance Committee with a position statement on the audit work carried out since April 2020.

Due to impact of Covid-19 it has been necessary for Devon Audit Partnership review our approach to delivery of audit work in these rapidly changing and difficult times. We recognise that tying up key staff who are already under immense pressure responding to the new challenges brought by the pandemic would not be welcomed and our approach has been to identify areas within the 2020/21 audit plan where we have remote access to information and are likely to need minimal officer input. This approach has allowed us to start 2020/21 work with minimal client disruption.

We also continue to liaise closely with management to identify changes in processes and procedures and new areas of expenditure. This risk-based approach has resulted in some items in the audit plan being replaced with new, higher risk areas to ensure that audit resources remain focussed on the most important areas.

## Recommendations and Reasons

The Audit and Governance Committee:

- Note the findings within the report.

## Alternative options considered and rejected

None, as failure to maintain an adequate and effective system of internal audit would contravene the Accounts and Audit Regulations 2015.

## Relevance to the Corporate Plan and/or the Plymouth Plan

The Internal Audit service assists the Council in delivering robust standards of public accountability and probity in the use of public funds and has a role in promoting high standards of service planning, performance monitoring and review throughout the organisation, together with ensuring compliance with the Council's statutory obligations.





**Sign off:**

Fin	pl.20. 21.66	Leg	LS/35275 /JP/2808 20	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Andrew Hardingham (Service Director for Finance)											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 18/08/2020											
Cabinet Member approval: Cllr Lowry – approved by email. Date approved: 10/09/2020											

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Internal Audit

# Internal Audit Progress Report 2020-21

## Plymouth City Council Audit & Governance Committee

September 2020

Official

Robert Hutchins  
Head of Audit Partnership



Auditing for achievement

## Introduction

This report provides a summary of performance in the year up to 17 August 2020 against the internal audit plan for the 2020/21 financial year, highlighting the key areas of work undertaken and summarising our main findings and audit opinions. The key objectives of the Devon Audit Partnership (DAP) are to provide assurance to the Audit and Governance Committee, Section 151 Officer (Service Director for Finance) and senior management on the adequacy and security of the systems and controls operating within the Council and to provide advice and assurance to managers and staff.

Covid-19 has presented considerable operational challenges to the Council which has inevitably introduced some different risks. It is therefore essential that we work with management and “flex” the plan as appropriate to ensure that the work we deliver has the correct focus to enable us to support the Council through these difficult times and provide an annual assurance opinion at the end of 2020/21.

The level of risk associated with each of the areas in Appendix A has been determined either from the Local Authority’s Strategic / Operational Risk Register (LARR), or the Audit Needs Assessment (ANA). Where the audit was undertaken at the request of client, it has not been risk assessed. Assurance and recommendations should be considered in light of these risk levels and the impact this has on achievement of corporate / service goals.

## Review of Audit Coverage

There are challenges in completing the 2020/21 audit plan in our traditional manner and we have developed different practices to enable us to deliver our assurance. This includes confirmation of key controls, remote testing wherever possible of these controls (so as not to disturb / disrupt operational staff) and using data analytics generated from system data. This approach was discussed and agreed with the S151 officer and the DAP Management Board prior to bringing a report to the July meeting of the Audit and Governance Committee.

Overall, good progress has been made in the year to date with work in the period up to 17 August 2020 including completion of any work carried forward from 2019/20. All final audit reports include an action plan which identifies responsible officers, and target dates to any address control issues or recommendations for efficiencies identified during each review. Implementation of action plans are reviewed during subsequent audits or as part of a specific follow-up process.

A summary of Internal Audit’s opinion on the individual reviews that have been carried out or concluded for the period from 1 April 2020 is included in Appendix A.

## Assurance Opinion and Extract Executive Summaries – up to 17 August 20

### Risk Assessment Key

ANA - Audit Needs Assessment risk level

Client Request - no risk assessment information available

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
<b>Customer and Corporate / Finance</b>		
<b>Core Assurance – Key Financial System</b>		
<p>The key financial reviews will be commenced in the second half of 20/21</p> <ul style="list-style-type: none"> <li>• Civica Financials:               <ul style="list-style-type: none"> <li>❖ Creditors ANA - High</li> <li>❖ Main Accounting ANA - High</li> <li>❖ Debtors ANA – Medium</li> <li>❖ Cash / Bank Receipting System ANA - High</li> </ul> </li> <li>• Payroll ANA - High</li> <li>• Academy Revs &amp; Bens:               <ul style="list-style-type: none"> <li>❖ Housing Benefits ANA - High</li> <li>❖ Council Tax ANA - Medium</li> <li>❖ Business Rates (NNDR) ANA – Low</li> </ul> </li> <li>• Treasury Management ANA – Medium</li> <li>• Material Systems – System Admin ANA - High</li> </ul>		
<b>Core Assurance - Other</b>		
CoreHR System Implementation ANA – High Client Request	Status: On-going	<p>Internal Audit have monitored Delt’s CoreHR project during the last two quarters of 2019/20 during which period it was observed that whilst there were known issues with the solution, project management and governance were of a good standard. Where required, work around solutions have been created and are currently being tested and evolved as part of the ‘Parallel Runs’ used to compare pay cycle outputs from the outgoing iTrent solution with those produced by CoreHR.</p> <p>We have commenced work to review the Parallel Run testing undertaken by Delt and will provide assurance during this phase and report any major concerns as, and if, they arise. Penetration Testing has been completed by a certified and accredited testing company with no ‘critical’ or ‘high’ risk issues identified.</p>
Health & Safety Follow-Up (Street Services) Client Request	Improvements Required Status: Draft	All improvement works requested in our December 2019 internal audit report, have been addressed. We have undertaken some follow-up work that concentrated on key areas such as the use of the HAV VECS calculator and the establishment of electronic personnel files which contain health surveillance information on Hand Arm Vibration. Changes in staff and the Covid-19 pandemic lockdown have impacted progress in developing the effectiveness of the

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
		administrative procedures. There is a time limited action plan in place to respond to the recommendations, overseen by the Service Director in Street Services. The HSW Annual Report for 2019-20 provides further detail.
Health & Safety Follow-Up (Bereavement Service & Mt Edgecumbe Country Park) Client Request	Status: In Progress	All improvement works requested in our December 2019 internal audit report, have been addressed. Plans are in place to undertake follow up audits within the Bereavement Service and Mount Edgecumbe Country Park to review any further progress made.
Housing Benefit Overpayments – Potential Impact on Recovery Following Migration to Universal Credits	Value Added Status: Draft	<p>At the end of May 2020, the Council had circa 1500 cases where overpayments were being recovered direct from ongoing Housing Benefits (HB). Most of these cases relate to working age customers, and therefore likely that the majority will in due course migrate to Universal Credits (UC). As subsidy payments have been received from the DWP in respect of these overpayments, following migration to UC the historic debt will remain with the Council.</p> <p>Potential mitigations to be discussed with Revenues &amp; Benefits include:</p> <ul style="list-style-type: none"> <li>• Undertaking a more detailed profiling exercise to identify the extent of financial risk;</li> <li>• Consider pre-empting the migration process by attempting to make alternative arrangements with appropriate debtors;</li> <li>• Consider whether an attachment to benefit request (where relevant cases migrate to UC) should be the initial action undertaken within the recovery process or whether other recovery methods should be attempted first.</li> </ul>
Purchasing Cards	Status: In Progress	<p>Areas being considered within this review include:</p> <ul style="list-style-type: none"> <li>• Compliance with Contract Standing Orders, policies and procedures;</li> <li>• Card usage and retention of supporting evidence;</li> <li>• Appropriateness of purchases;</li> <li>• Approval process and monitoring.</li> </ul>
Information Asset Management Client Request	Added Value Status: Draft	<p>The review identified key themes that potentially informs the Council’s Digital Programme. With ongoing financial constraints and ever reducing resources it is clear that the Council should further develop and evolve its existing key business solutions wherever possible and rationalising small or legacy solutions where they provide poor value.</p> <p>The Council is utilising the Microsoft Office 365 platform and significant opportunities exist to</p>

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
		harness the solutions it provides to improve information management, the 'way we work' and, obtain better value from the data assets held. The use of a corporate wide reporting tool would add value to existing solutions and enhance intelligence to support operational and strategic decision making.
Real Time Ad-Hoc Support Provided in Relation to Covid-19.	Status: Complete	Applications for cash grants for businesses in receipt of small business rates relief or for retail, hospitality and leisure businesses with a rateable value of £51,000 or less were run through the government 'Spotlight tool' which performs automated due diligence checks. Any rejections were referred to DAP to perform further manual checks, including contacting the ratepayer, to determine if the application should be rejected or if there has been an error and it should be paid.
Business Rates Grant Post Event Review	Status: In Progress	<p>The Secretary of State for the Department for Business Energy and Industrial Strategy has indicated that the Department will stand behind any erroneous grant payments made provided Local Authorities take reasonable and practicable measures to:</p> <ul style="list-style-type: none"> <li>• Avoid making payments to those not entitled in the first place, and then</li> <li>• Undertaken reasonable and practicable steps to recover any over-payments.</li> </ul> <p>Internal Audit are commencing a post event review of grant payments made. Should any erroneous or fraudulent payments be identified, the Council will look to recover the money with the DAP Counter Fraud Team investigating / taking enforcement action where appropriate.</p>
Schools Financial Value Standards (SFVS)	Status: Ongoing	With the Covid-19 Pandemic, education settings have been subject to numerous operational changes required by Central Government and the DfE as supported by the Local Authority. With regard to the SFVS, the DfE has advised local authorities that the CFO SFVS Assurance Statement is not required to be submitted this year. However, the DfE has advised that schools should continue to submit their SFVS returns if they form part of the internal audit process of a local authority. 18 of the 24 schools have submitted their returns to date and those outstanding will be followed up.

The following reviews have not yet commenced:

<ul style="list-style-type: none"> <li>• Cyber Security ANA – High</li> <li>• Governance Arrangements - Statutory Officers ANA – Medium,</li> <li>• Finance Service ANA – Medium,</li> </ul>	<ul style="list-style-type: none"> <li>• Collection Fund ANA - Medium</li> <li>• Procurement ANA - Medium</li> <li>• Recruitment ANA - High</li> </ul>
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Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
<ul style="list-style-type: none"> <li>Declarations of Interest ANA – Medium</li> <li>Libraries Self-Service Machines ANA - Low</li> </ul>		<ul style="list-style-type: none"> <li>Acting Up Duties ANA – Medium</li> <li>Client Financial Services F/Up ANA – High</li> </ul>
<b>Executive Office</b>		
<b>Core Assurance - Other</b>		
<p>The following reviews have not yet commenced:</p> <ul style="list-style-type: none"> <li>Electoral Services ANA High</li> <li>Minute Books ANA Low, Client Request</li> <li>Gifts &amp; Hospitality F/Up ANA Medium</li> </ul>		
<b>People</b>		
<b>Core Assurance – Key Financial System</b>		
<p>The following review has not yet commenced:</p> <ul style="list-style-type: none"> <li>CareFirst - Children Independent Placements F/Up ANA – Medium</li> </ul>		
<p><b>Domiciliary Care</b>          Due to the impact of Covid-19 on the social care sector, it has been agreed that substantive testing of Domiciliary Care returns will be deferred until the next financial year and the time used to undertake post event work in respect of the Infection Control Fund.</p>		
<b>Core Assurance - Other</b>		
Infection Control Fund for Adult Social Care Client Request	Status: In Progress	Adult social care providers who were recipients of Infection Control funding were required to complete and submit a return to Plymouth City Council detailing how their allocation of the grant had been spent. Our work is nearing completion on this post event review of expenditure.
Children's Short Break Contracts ANA – Medium, Client Request	Status: Draft	The review commenced during a period of lockdown for Covid-19 and some parts of the audit were amended to place as little impact on affected staff as possible and to avoid contacting providers. New processes have been introduced recently including new Assessment for Spend



Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
		forms and electronic panel authorisation, so the review focussed on these areas along with some light touch work in relation to additional steps being taken in Short Breaks as a result to Covid-19. It is our intention to complete outstanding tests at a future date, at which time an overall audit opinion will be issued.
FullyCATERed Ltd (Accounting Arrangements) Client Request	Status: Final	FullyCATERed Ltd is the wholly owned subsidiary of CATERed Limited a co-operative trading company jointly owned by 67 local schools and Plymouth City Council. In accordance with advice provided by the Council's external auditors there has been no requirement to externally audit the company accounts. However, DAP were asked to undertake a small amount of transactional testing together with a review of the corresponding control framework to provide assurance that the year-end position has been properly stated.  We can confirm that the internal control framework is satisfactory and that the draft accounts fairly represent the transactions of FullyCATERed Ltd for the 2019/20 financial year.
Finance & Assurance Review Group (FARG) ANA – High Client Request	Status: Ongoing	The purpose of FARG is to provide oversight, scrutiny and assurance of the integrated fund and internal audit continue to have a seat on FARG providing real time
Real Time Ad-Hoc Support Provided in Relation to Covid-19.	Status: Complete	We worked with Co-Operative Commissioning to develop procedures for staff working across the community assisting people with shopping or accessing cash to ensure that officers had a clear, proportionate but robust process to follow.

The following reviews have not yet commenced:

- Special Educational Needs & Disability (SEND) Contracts ANA – Medium, Client Request
- Alliance Contract ANA – Medium, Client Request
- Children's Additional Spend ANA – Low, Client Request
- Anti-Social Behaviour Tools ANA – Medium, Client Request
- Community Connections - New Business Solutions

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
<p>On Course South West</p> <p>We will not be undertaking the audit of subcontracting arrangements, management and control for On Course South West because as a partnership between Plymouth City Council and others, the Education and Skills Funding Agency (ESFA) has advised that they consider “there would be a vested interest” and as such Devon Audit Partnership “do not meet the external requirement”.</p>		
<p><b>Office of the Director of Public Health</b></p>		
<p>It has not yet been determined how ODPH want to use their “pot of days”.</p>		
<p><b>Place</b></p>		
<p>Capital Programme Governance ANA – High Client Request</p>	<p>Substantial Assurance Status: Draft</p>	<p>The capital strategy which forms the basis of the capital programme, is regularly reviewed to ensure it continues to support the aims and objectives of the Plymouth Plan, Joint Local Plan, Treasury Management Strategy, Corporate Asset Management Strategy and Medium-Term Financial Strategy. For projects to be considered for inclusion within the capital programme a fully worked up business case is required, demonstrating how investment best meets Council objectives.</p> <p>Financial planning is effective and takes into consideration the long-term impact of borrowing including future periods outside the current medium-term financial plan period. The capital programme has recently been reviewed in light of the Economic Recovery Programme, 'Resurgam', to mitigate the effects of the economic lockdown brought about by the Covid 19 pandemic and deliver projects that will facilitate recovery.</p> <p>Comparisons undertaken by DAP with other local authorities found the arrangements in place at PCC to be streamlined without compromising on the robustness of business case information, the scrutiny and challenge undertaken and decision-making process.</p>
<p>Empty Homes Scheme ANA – Medium Client Request</p>	<p>Status: In Progress</p>	<p>The purpose of this review is to evaluate and report on the adequacy and effectiveness of the arrangements in place to return Empty Homes back into use. Our work will consider:</p> <ul style="list-style-type: none"> <li>• Compliance with legislation, policy, procedures and best practice;</li> <li>• Roles and responsibilities, including organisational structure and reporting lines;</li> <li>• Adequacy and effectiveness of procedures, including case management, review and</li> </ul>

Risk Area / Audit Entity	Assurance Opinion	Residual Risk / Audit Comment
		decision making; <ul style="list-style-type: none"> <li>Effectiveness of communications and relationships with internal departments and external stakeholders.</li> </ul>
New Business Solutions - Tech Forge (Cloud) ANA – Medium Client Request	Status: In Progress	A review of the migration project plan is underway, and contact is being made with relevant stakeholders to identify and agree appropriate areas of the migration process that would benefit most from additional audit assurance.
Real Time Ad-Hoc Support Provided in Relation to Covid-19.	Status: Complete	Social distancing, coupled with many shops declining cash, has presented a real problem for Plymouth Credit Union (PCU) and some of its members. DAP worked with officers setting up a cashless card system and in drawing up an Operational Agreement and Service User Agreement.
Grant Certification Statutory	Regulatory Requirement	Grants certified without amendment: <ul style="list-style-type: none"> <li>LGF (GD33) Oceansgate</li> <li>LGF (GD18) Northern Corridor</li> <li>LGF (GD19) Eastern Corridor</li> <li>LGF (GD20) Charles Cross and Exeter Street</li> <li>Innovate UK - Clean Streets EV Infrastructure Toolkit (31831)</li> </ul>

The following reviews have not yet commenced:

- Trade Waste ANA – High, Client Request
- Control of Fuel, Fuel Cards & Fuel Containers ANA – Medium, Client Request
- Street Services - Stores & Stock Control ANA – Medium, Client Request
- Garage Follow-Up ANA – Medium, Client Request
- Street Lighting ANA - Medium
- Commercial Properties - Rent Roll ANA – High, Client Request
- New Business Solutions - Tech Forge (Cloud) ANA – Medium, Client Request

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# Audit and Governance Committee



Date of meeting:	21 September 2020
Title of Report:	<b>Treasury Management Update Report for Covid and the Financial Markets</b>
Lead Member:	Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director:	Andrew Hardingham (Service Director for Finance)
Author:	Chris Flower (Finance Business Partner for Capital and Treasury Management)
Contact Email:	Chris.flower@plymouth.gov.uk
Your Reference:	Finance/CF
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report sets out a brief update on the effects caused by Covid19 on the Council's Treasury Management and the Financial Markets.

## Recommendations and Reasons

1. The Audit Committee notes the Treasury Management Update Report for Covid and the Financial Markets
2. The Audit Committee endorses the approach the council is taking to reduce its exposure to future interest rate increases

## Alternative options considered and rejected

It is a statutory requirement under the Local Government Act 2003 and supporting regulations to set any changes to the treasury management strategy. The Council has adopted the CIPFA Code of Practice for Treasury Management.

## Relevance to the Corporate Plan and/or the Plymouth Plan

Effective financial management is fundamental to the delivery of corporate improvement priorities. Treasury Management activity has a significant impact on the Council's activity both in revenue budget terms and capital investment and is a key factor in facilitating the delivery against a number of corporate priorities.

## Implications for the Medium Term Financial Plan and Resource Implications:

Treasury Management affects the Council's budget in terms of borrowing costs and investment returns. The Treasury Management Strategy sets the authorised limits and operational boundaries within which investment and borrowing decisions are taken and risks managed. Effective treasury management will provide support towards the achievement of its business and service objectives. It is therefore committed to the principles of achieving value for money in treasury management, and to employing suitable performance measurement techniques, within the context of effective risk management.

**Carbon Footprint (Environmental) Implications:**

There is no direct implications arising from this update

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

A robust Treasury Management Strategy is key to ensuring a successful delivery of our Medium Term Financial Strategy and ensuring the Council can achieve its objectives to be a Pioneering, Growing Caring and Confident City.

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
		1	2	3	4	5	6	7
A								

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable)						
	If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

**Sign off:**

Fin	pl.20. 21.80	Leg	It/353 09/08 0920	Mon Off	It/353 09/08 0920	HR		Asset s		Strat Proc	
Originating Senior Leadership Team member: Andrew Hardingham (Service Director for Finance)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 08/09/2020											
Cabinet Member approval: Cllr Mark Lowry approved by email											
Date approved: 11/09/2020											

## Treasury Management Update Report the affects from Covid 19

September 2020

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- I. Economic background:** The UK's exit from the European Union took a back seat during the first quarter of 2020/21 as the global economic impact from coronavirus took centre stage. Part of the measures taken to stop the spread of the pandemic included the government implementing a nationwide lockdown in late March which effectively shut down almost the entire UK economy. These measures continued throughout most of the quarter with only some easing of restrictions at the end of May and into June.

Bank Rate was maintained at 0.1% despite some speculation that the Bank of England's Monetary Policy Committee (MPC) might cut further and some MPC members also suggesting that negative rates are part of the Bank's policy tools. In June the Bank increased the asset purchase scheme by £100 billion, taking the recent round of Quantitative Easing (QE) to £300bn and total QE to £745 billion.

At the same time, the government also implemented a range of fiscal stimulus measures totalling over £300 billion which had been announced in March and designed to dampen the effect of the pandemic on the labour market.

GDP growth contracted by 2.2% in Q1 (Jan-Mar) 2020 pushing the annual growth rate down to -1.6%. The lockdown only came into force on 23rd March, and the markets are braced for a dire set of growth data for Q2. In April UK GDP fell 20.4% month-on-month. On the back of the 5.8% month-on-month fall in March, this means economic output fell by 25% compared to its pre-coronavirus peak in February 2020.

The headline rate of UK Consumer Price Inflation UK Consumer Price Inflation fell to 1.2% y/y in May, further below the Bank of England's 2% target.

In the three months to June, labour market data remained largely unchanged on the previous quarter. This is likely due to the government's furlough scheme as more than a quarter of the UK workforce was estimated to be supported by it. The International Labour Organisation (ILO) unemployment rate remained unchanged at 3.9% while the employment rate fell to 76.4%. However, employers will have to contribute towards furlough payments from August and the scheme is due to stop at the end of October; unemployment is expected to rise as a result.

The US economy contracted at an annualised rate of 5.0% in Q1 2020. The Federal Reserve maintained the Fed Funds rate at between 0% and 0.25% while the US government announced a \$2 trillion fiscal stimulus package. Relations between the US and China, which had briefly improved when Phase I of the trade agreement was signed in January, deteriorated over the quarter.

With little room to move on interest rates, the European Central Bank maintained interest rates at 0% and the rate on the deposit facility (which banks may use to make overnight deposits with the Eurosystem) at -0.5% and announced a further huge, open-ended commitment to buy €600bn of bonds under its Pandemic Emergency Purchase Programme (PEPP) which can be reinvested out to 2022. This lifted the ECB's total bond buying support package to €1.35trillion.

- 2. Financial markets:** After selling off sharply in March, equity markets started recovering in April and while still down on their pre-crisis levels, the Dow Jones and FTSE 100 and 250 have made up around half of the losses. Measures implemented by central banks and governments continue to maintain some degree of general investor confidence, however volatility remains.

Ultra-low interest rates and the flight to quality continued to keep gilts yields low over the period with the yield on some short-dated government bonds turning negative. The 5-year UK benchmark gilt yield dropped from 0.18% at the beginning of April 2020 to -0.06% on 30th June. The 10-year benchmark gilt yield fell from 0.31% to 0.14% over the same period, and the 20-year from 0.69% to 0.52%. 1-month, 3-month and 12-month bid rates averaged 0.04%, 0.28% and 0.44% respectively over the quarter.

Over the quarter (April–June), the yield on 2-year US treasuries fell from 0.24% to 0.20% while that on yield on 10-year treasuries fell from 0.63% to 0.61%. German bund yields remain negative.

- 3. Credit review:** After rising sharply in late March, credit default swap spreads slowly eased over the quarter but remained above their pre-crisis levels. Fitch downgraded the UK sovereign rating to AA- in March which was followed by a number of actions on UK and also non-UK banks from early April onwards. As the extent of the losses that banks and building societies will suffer due to the impact from the coronavirus epidemic remains the banks investment duration advice was restricted to a maximum of 35 days.

The Covid-19 pandemic has changed the economic outlook for this year and beyond. In response to the spread of the virus and sharp increase in those infected, the government enforced lockdowns. Central banks and governments around the world cut interest rates and introduced massive stimulus packages in an attempt to reduce some of the negative economic impact to domestic and global growth.

The Bank of England, which had held rates steady at 0.75% through most of 2019/20, moved in March to cut rates to 0.25% and then to the record low of 0.1%.

Financial markets sold off sharply as the impact from the coronavirus worsened. After starting positively in 2020, the FTSE 100 fell over 30% at its worst point with stock markets in other countries seeing similar huge falls. In March sterling touch its lowest level against the dollar since 1985. The measures implemented by central banks and governments helped restore some confidence and financial markets have rebounded in recent weeks but remain extremely volatile.

#### **4. Hedging against Interest Rate Risk**

With interest rates falling to their lowest on record there is a real risk that at some point in the future interest rates will rise. The Council has £465m short term borrowing from other local authorities at short term rates (usually 3-6 months) therefore if rates increase the Council will have to pay higher interest charges. The Council has been looking at innovative solutions to mitigate this risk through an interest Rate Swap.

The Interest Rate Swap is a contract with a bank to fix the borrowing rates against SONIA (Sterling Over Night Index Average) (formerly LIBOR). If rates move about the agreed rate then the bank pays the Council. If rates move down below the agreed rate the Council pays the bank.



In April 2020 the Council agreed its first Interest Rate Swap of £75m which gives a fixed cost of borrowing of 0.56% for the next 20 years.

Other authorities are now taking out Interest rate swaps to hedge their own interest rate risk.

Since April the interest rates have fallen further and the Council has decided to take out a further £35m Interest Rate Swap to fixed borrowing rates for a period of 15 years.

## **5. Summary**

Although the Council's returns from its investment have fallen it has been more than compensated by the savings made on its borrowing costs. The Council will continue to explore further innovative solutions to reduce the Council's exposure to future interest rate rises.

### **Recommendations and Reasons**

1. The Audit Committee notes the Treasury Management Update Report for Covid and the Financial Markets
2. The Audit Committee endorses the approach the council is taking to reduce its exposure to future interest rate increases

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# Audit and Governance Committee



Date of meeting:	21 September 2020
Title of Report:	<b>Analysis of Local Government and Social Care Ombudsman Annual Review Letter 2019/20</b>
Lead Member:	Councillor Sally Haydon (Cabinet Member for Customer Focus and Community Safety)
Lead Strategic Director:	Andy Ralphs (Strategic Director of Customer and Corporate Services)
Author:	Helen Cocks (Customer Liaison Manager)
Contact Email:	helen.cocks@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

To share analysis of the data reported in the Local Government and Social Care Ombudsman Annual Review Letter 2019/20 and to share recommendations, as a result of lessons learned that will improve the customer experience, for approval.

## Recommendations and Reasons

Recommendations are detailed in Section 2.4 of the report but in summary are;

1. Continue to improve performance against Service Standards
2. Provide guidance and training for staff undertaking investigations within the Statutory Complaints Process
3. Continue to improve the reporting capability for the Statutory Complaints Process
4. Improve processing of remedial action as notified by the LGSCO.

The recommendations have been put together to ensure that PCC continues to learn from customer feedback and focus on improving service delivery, reducing failure demand and improving internal complaints handling.

## Alternative options considered and rejected

None

## Relevance to the Corporate Plan and/or the Plymouth Plan

Listening to our customers and communities – use of customer feedback for service  
Providing quality public services – customer complaints resolved at first and second stage, statutory complaints completed within timescales, customer experience

**Implications for the Medium Term Financial Plan and Resource Implications:**

None

**Carbon Footprint (Environmental) Implications:**

None

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

Failure to learn lessons from complaints risks future service failure.

**Appendices**

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		<i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Analysis of LGSCO Annual Review Letter							
B	LGSCO Annual Review Letter 2019/20							
C	LGSCO Comparator Group 2019/20							
D	LGSCO Annual Review of Local Government Complaints 2019/20							
E	Corporate and Statutory Complaints 2019/20							

**Background papers:**

Title of any background paper(s)	Exemption Paragraph Number (if applicable)						
	<i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7
<a href="https://www.lgo.org.uk/information-centre/councils-performance">https://www.lgo.org.uk/information-centre/councils-performance</a>							

**Sign off:**

Fin	akh.2 0.21.7 2	Leg	MS/I 1.09.2 0	Mon Off		HR		Asset s		Strat Proc	
Originating Senior Leadership Team member: Faye Hambleton, Service Director for Customer Services and Service Centre											

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 13/08/2020

Cabinet Member approval: Approved by email

Date approved: 07/09/2020

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## **APPENDIX A – Analysis of Local Government and Social Care Ombudsman Annual Review Letter 2019/20**

### **I. INTRODUCTION**

#### **I.1 Background Information**

The Local Government and Social Care Ombudsman (LGSCO) publishes annual complaint statistics in the format of an Annual Review Letter (Appendix B). This report provides an analysis of the statistics for Plymouth City Council for 2019/20 as published by the LGSCO. This report captures the lessons learned from complaints upheld and uses benchmarking data, published by the LGSCO, to allow comparisons to be made in respect of Plymouth's performance against that of other Local Government organisations. The report also makes recommendations as a result of lessons learned in order to improve the customer experience.

Care is required in interpreting the data in this report as the volume of complaints against an authority do not prove that it is a 'poor' or 'good' performing council. The LGSCO suggests that high volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. They also suggest that low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well.

#### **Complaints handling process and organisational learning**

Currently, the LGSCO sends complaints via the Link Officer, the Customer Liaison Manager, within the Customer Services Department. Complaints are monitored centrally to ensure that the LGSCO receives the required responses in the timescales set with each case. Once a complaint is received it is allocated to the relevant service area, where an investigation takes place and a response is formulated as well as remedial action considered. Once the LGSCO has concluded its involvement, responsibility for remedial action is held locally within the service and is monitored by the LGSCO via the Link Officer.

#### **I.2 Key Messages**

The key messages from the analysis of the 2019/20 LGSCO Annual Review data are as follows:

- A small increase in the volume of complaints received; 109 complaints received in 19/20 compared to 103 complaints in 18/19.
- A small increase in the number of complaints that required a detailed investigation by the LGSCO; 23 complaints in 19/20 compared to 20 complaints in 18/19.
- There has been a significant decrease in the Council's upheld rate; 23 complaints required a detailed investigation and 12 were upheld, giving an upheld rate of 52%. This compares with an upheld rate in 18/19 of 90%, when 18 complaints were upheld following 20 detailed investigations.
- Benchmarking (Section 3) shows that Plymouth City Council now has a lower upheld rate (52%) than both the comparator group of other unitary authorities (56%) and Local Government organisations covered by the LGSCO's jurisdiction nationally (61%).
- Eight of the complaints upheld had recommended remedial action from the LGSCO. PCC has achieved 100% compliance with the recommendations.
- 25% of the complaints upheld were found to have already provided a satisfactory remedy before the complaint reached the Ombudsman. This is a significant improvement from 18/19, where the reported figure was 0%, and is higher than the national average of 13% as reported in the LGSCO Review of Local Government Complaints 2019/20 (Appendix C).

### **1.3 Progress since 2018/19**

The 2018/19 review included recommendations, set by the Customer Liaison Manager, focused on improving service delivery, reducing failure demand and improving internal complaints handling. A lot of work has been done to make improvements and the data reported in the 2019/20 review by the LGSCO shows that significant progress has been made.

#### **Monitor performance against Service Standards**

A customer experience performance measure has been included in quarterly Corporate Plan performance monitoring. The measure provides a summary of performance against ten key service standards from across the Council, including processing a housing benefit claim, planning application or picking up a missed bin. The latest monitoring report published shows a positive trend in performance.

#### **Provide guidance and training for staff undertaking investigations**

The Customer Liaison Manager created a Council wide network of Feedback Coordinators who meet on a quarterly basis to share system and process updates, as well as case studies of best practice. The meeting is also used to share trends and insights from data, make recommendations and set the focus of action for the next quarter, as well as celebrate successes.

The Customer Liaison Manager held refresher workshops with teams across both Adults and Childrens Social Care to share processes, roles and responsibilities and statistics.

#### **Review, approve and communicate the Acceptable Behaviour Policy**

A review of the draft policy has been undertaken and a period of testing is underway.

#### **Improve the management of statutory complaints**

Significant improvements have been made to the reporting and monitoring of statutory complaints which will enable the identification of areas to target for improvement. Action taken includes;

- Quarterly meetings set up for Head of Adult Social Care and Retained Functions, Livewell Southwest and Statutory Complaints Team to review customer feedback data and lessons learned
- Livewell Southwest complaints data and lessons learned reported to People DMT quarterly
- ASC complaints upheld rate added to balanced scorecard in line with all other services performance metrics
- Open cases reported weekly during COVID-19 response
- Single point of contact in place in each service for queries and chasing open complaints during COVID-19 response.



**2. COMPLAINT STATISTICS 2019/20 OVERALL PLYMOUTH RESULTS**

**2.1 Complaints received**

It is important to note that not all complaints are decided in the same year that they are received. The number of complaints and enquiries received by the LGSCO for Plymouth in 2019/20 was 109. Table 1, below, shows the total number of complaints received by the LGSCO, about Plymouth, in the last five years.

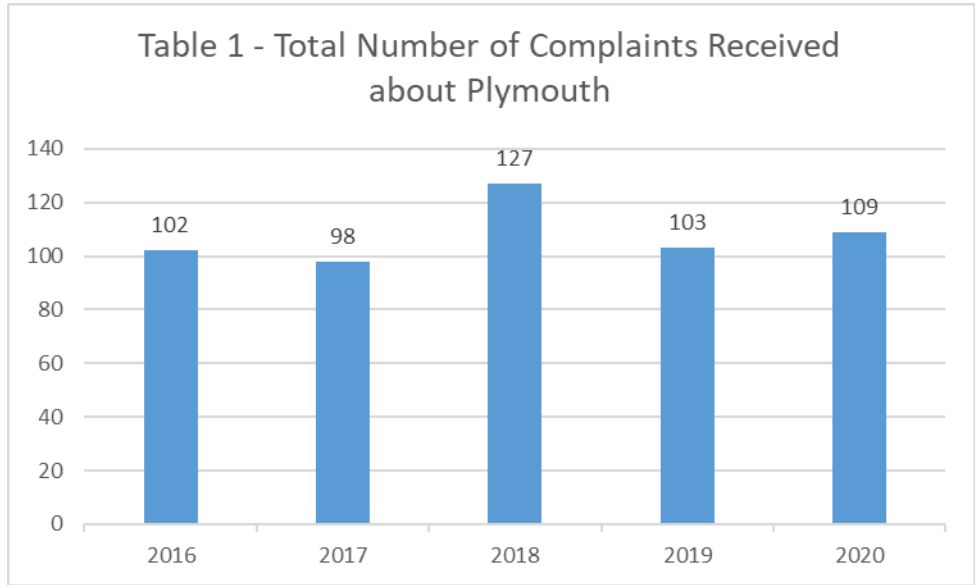
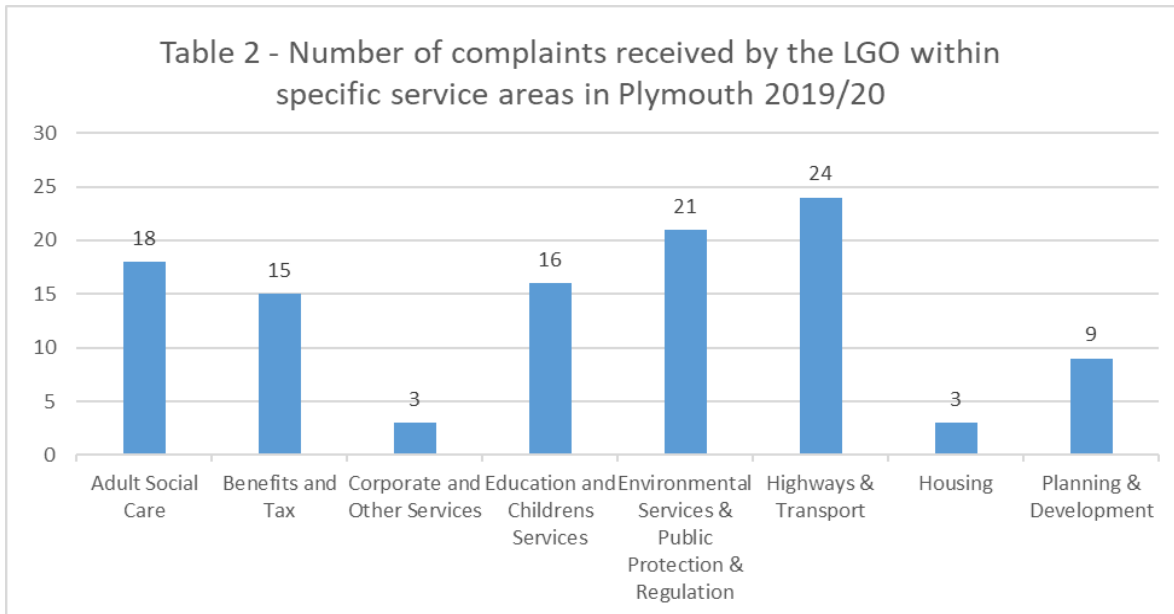
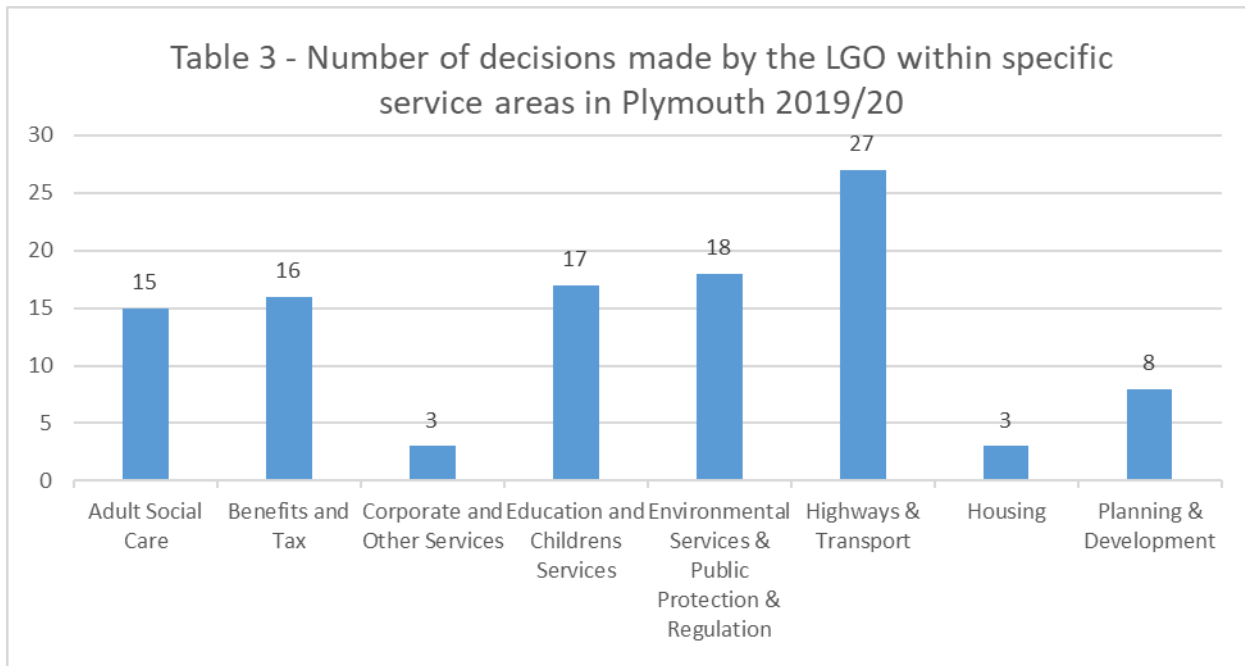


Table 2, below, shows the distribution of complaints received within each of the service areas in 2019/20, totalling 109.



It is important to note that the majority of the figures contained in the remainder of this report reflect the total number of decisions made by the LGSCO during 19/20, which totalled 107, rather than the total number of complaints received, which totalled 109.

Table 3, below, shows the distribution of the complaint decisions made in 2019/20, totalling 107, by department/category.



## 2.2 Complaint Decisions

A total of 107 decisions were made by the LGSCO for Plymouth in 2019/20; this is the same number of decisions made in the previous year.

In 2019/20, the LGSCO conducted a detailed investigation into 23 complaints and of those 12 were upheld, so the Councils upheld rate is reported as 52%. The upheld rate is calculated by dividing the total number of complaints upheld by the total number of detailed investigations undertaken and is provided as a percentage.

In comparison to 2018/19 data, where the Council's upheld rate was reported at 90%, the upheld rate has decreased significantly whilst the volume of complaints and decisions has hardly changed. This clearly shows that progress has been made in complaints handling processes and that recommendations, implemented as a result of last years review, are working to resolve complaints.

The LGSCO has provided an average upheld rate for 'similar authorities' (see Appendix B, page 4). Plymouth is included in a comparator group where the average upheld rate is 56%; meaning PCC is performing slightly better than its comparators. The comparator group set by the LGSCO is listed in Appendix C.

In 18/19, Plymouth had the second highest upheld rate in comparison with other unitary authorities. In 19/20, 38 other authorities from the comparator group had higher upheld rates. In addition, the LGSCO has published an Review of Local Government Complaints 19/20 (Appendix D). This report shows the national upheld rate for complaints was 61%, so Plymouth is performing much better than other Local Government organisations. More detailed benchmarking has been undertaken in Section 3 of this report.

Table 4, below, shows the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld in both 2018/19 and 2019/20.

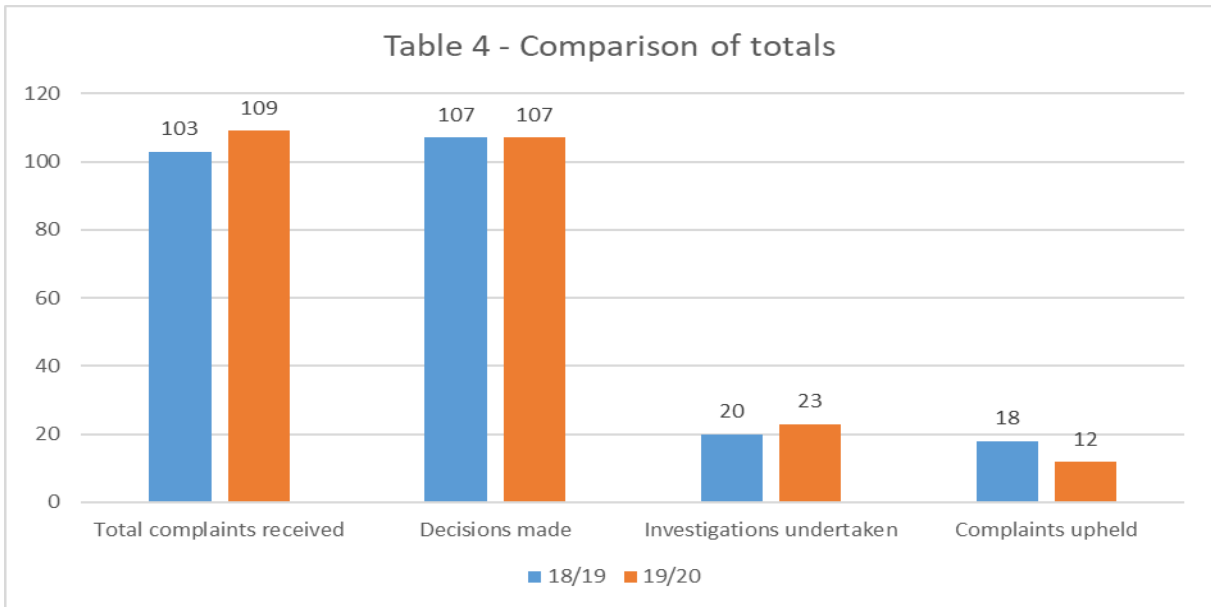
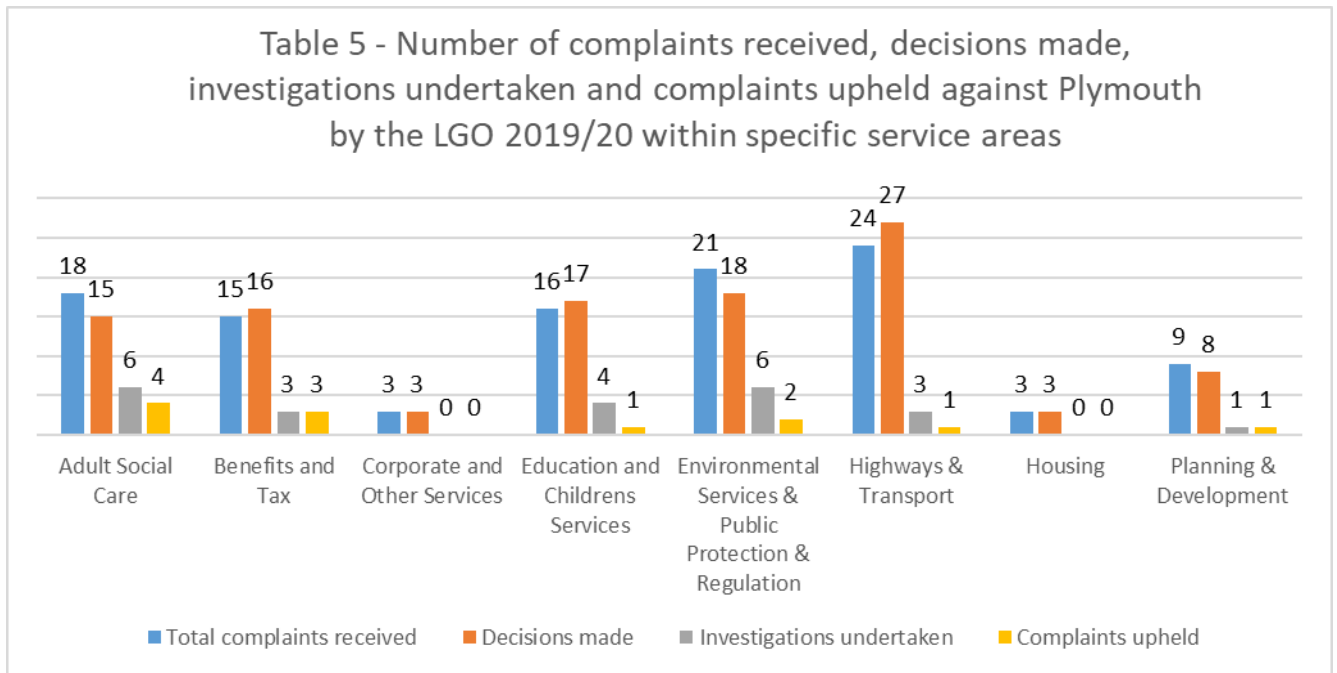


Table 5, below, shows the breakdown of the total numbers of complaints received, decisions made, detailed investigations undertaken and complaints upheld by service area for 19/20.



Departmental performance has been benchmarked with upheld rate data across Local Government, as provided in the LGSCO Review of Local Government Complaints 19/20 (Appendix D), in Section 3 Table 10.

### 2.3 Lessons Learned from Complaints Upheld

Table 5, above, shows 12 complaints were upheld and the service areas where upheld outcomes were found. Table 6, below, provides summary detail of each of these complaints.

Eight of the complaints upheld included a proposal for remedial action within the decision made by the LGSCO. Table 6, below, shows what remedial action was proposed and the action taken by the service area as a result. The Council achieved 100% compliance with these recommendations

and is performing better than its comparator group where the average compliance was reported as 99% (Appendix B, page 4).

The Council paid £1700 in financial redress in 19/20 as a result of the remedial action for upheld complaints, in comparison with £1850 paid in 18/19.

The annual review letter (Appendix B) reports that in the case of three (which accounts for 25%) of the upheld complaints, the LGSCO investigation found that the service had already provided a satisfactory remedy before the complaint reached the Ombudsman. Table 6, below, shows the detail of these cases. The Council is performing significantly better than the previous year in this respect, when the reported figure was 0%, and clearly shows that the processes and learning implemented as a result of last years review are working to resolve complaints. The Council is performing better than the comparator group, where an average of 11% of cases had provided a satisfactory remedy, and better than Local Government organisations nationally, where performance is reported as 13% (Appendix D).

The LGSCO noted in the annual review letter (Appendix B) that in two cases, remedies, whilst completed, were not completed within the agreed timescales. The LGSCO has invited the Council to consider how it might make improvements to reduce delays in the remedy process and to ensure it tells us promptly when it completes a remedy. See the detail of these cases in Table 6, below, and the recommendations for improvement in Section 2.3.

Table 6 - summary details for upheld complaints 19/20

Service	Upheld complaint summary		Remedial action proposed by LGSCO	Changes and Learning undertaken by the Team/Department/Service
<b>Adult Social Care</b>	1	Complaint about the care provided and the consideration of extra care housing. The LGSCO investigation found fault with the Council's handling of care provision, that there were delays in its consideration of suitability for extra care housing, the handling of a respite placement and a delay in complaint handling.	Financial redress: Avoidable distress/time and trouble £750	Livewell Southwest confirmed the implementation of new processes that mean discharges into the service are seen within 48hours.  Statutory Complaints Team now meet quarterly with the service area to review complaint data and share weekly open case data in attempt to ensure timely responses.  This complaint was highlighted by the LGSCO as not completing remedial action on time; the financial redress payment was paid four days late. Steps have been taken to enable the Statutory Complaints Team to monitor remedial action and timescales for completion in the future.
	2	Complaint about the Council's handling of safeguarding issues. The LGSCO investigation found fault in that there was evidence of poor and mis-communication and that the Council's records of the assessment of care and support needs was brief and not in line with best practice (clear and detailed).	Apology	A leaflet has been produced to detail the safeguarding process.
	3	Complaint about section 117 aftercare. The LGSCO investigation found miscommunication and delays regarding the provision of care.	Apology,Financial redress : Loss of service £750 (paid by Livewell Southwest)	Livewell Southwest confirmed the process for approving respite requests has been amended.  This complaint was highlighted by the LGSCO as not completing remedial action on time; Livewell Southwest confirmed this was as a result of the impact of COVID-19 on the service. The monitoring of remedial action and

				timescales for completion in the future will be monitored at regular meetings between the Statutory Complaints Team, ASC and Livewell.
	4	Complaint about mis-communication of care charges. The LGSCO investigation found that neither the Council nor Livewell Southwest made clear to the complainant, the cost implications of care passing from the Intermediate Care Team to ASC.	No further action – the LGSCO found the Council had already remedied the complaint in identifying a suitable placement in accordance with statutory guidance.	Livewell Southwest have introduced a letter for service users leaving the Intermediate Care process that includes clarity of the financial assessment calculation.
<b>Planning &amp; Development</b>	5	Complaint about a planning application and the lack of notification for residents with mobility issues. The LGSCO investigation found fault in the Council’s neighbour notification policy and a failure to adequately consider the impact of a planning application.	The LGSCO found there was no injustice but recommended procedure or policy change/review (re: neighbour notification policy).	The Publicity code for planning applications was changed and the website wording was updated to reflect this.
<b>Highways and Transport</b>	6	Complaint about response to a report of overgrown vegetation. The LGSCO investigation found the Council’s contact with the land owner was delayed but that as a result it completed the works direct.	No further action – the LGSCO found the Council had already remedied the complaint.	
<b>Benefits and Tax</b>	7	Complaint about enforcement agent. The LGSCO investigation found the Council was at fault not to undertake an internal review of complaints about an enforcement agent.	Apology,New appeal/review or reconsidered decision,Procedure or policy change/review,Reassessment	Amendment to the complaints handling process for complaints relating to Enforcement Agent. Complaint category also added to Firmstep.
	8	Complaint about enforcement agent. The LGSCO investigation found the Council was at fault not to undertake an internal review of complaints about an enforcement agent.	Apology,New appeal/review or reconsidered decision,Procedure or policy change/review,Reassessment	Amendment to the complaints handling process for complaints relating to Enforcement Agent. Complaint category also added to Firmstep.

	9	Complaint about failure to apply Council Tax discount. The LGSCO investigation found that the Council failed to apply on two accounts.	No further action – the LGSCO found we had already remedied the complaint; the account was adjusted.	
<b>Education &amp; Children's Services</b>	10	Complaint about Special Guardianship payment. The LGSCO investigation found that the Council was not at fault in how it dealt with payments but that it did not follow the statutory complaint process fully in respect of timescales and application for Stage 2.	None. The LGSCO found there was no injustice.	Statutory Complaints process has been reviewed.
<b>Environmental Services &amp; Public Protection &amp; Regulation</b>	11	Complaint about the regular missed collection of a bin registered for an assisted collection. The LGSCO found fault in that the bin was missed on at least one occasion and that complaints were only followed up verbally.	Apology, Financial redress: Avoidable distress/time and trouble, Other Remedy £100	A 10 week monitoring programme was put in place with the crew.
	12	Complaint about the non-return of a bin registered for an assisted collection after collection. The LGSCO found fault in that the bin was not returned to the agreed location on several occasions meaning that the complainant could not access it.	Apology, Financial redress: Avoidable distress/time and trouble £100	Assisted collections process and in cab alerts to crew were updated.

## 2.4 Recommendations

Table 6, above, shows that a number of complaints that were upheld were due to the LGSCO finding fault in communication. As a result the majority of lessons learned from these complaints included the development of communications or amendments to policy and process. Updates and improvements have been made in all cases and this has been recognised by the LGSCO as PCC achieved 100% compliance with the LGSCO's recommendations.

The analysis undertaken within this report only relates to the complaints that reach the Local Government and Social Care Ombudsman. It is important to incorporate the intelligence available from complaints management processes, operated within the Council, into the recommendations for action so as to reduce the volume of complaints being escalated to, or being upheld by, the LGSCO. Headline data from Council complaints processes are included in Appendix E and, in summary, show;

- a significant decrease in complaint volumes in comparison with 18/19
- a decrease in upheld rate in comparison with 18/19
- the highest upheld rates are in;
  - Place (Street Services)
  - Children's Services (Children's Social Care - Statutory Complaints)
  - Adult Social Care (Statutory Complaints).

The following recommendations have been put together to ensure that PCC continues to learn from customer feedback and focus on improving service delivery, reducing failure demand and improving internal complaints handling:

### 1. Continue to improve performance against service standards

Detailed quarterly reporting is provided to the Street Services Management Team to enable monitoring of performance. Significant improvements have been made in some areas and has resulted in reductions of complaint volumes and upheld rates. An audit has taken place and an outcome of this is to review all service standards within the department to enable further improvements.

Further developments are required to enable the quarterly reporting, in both Adults and Childrens Social Care, to compare complaint outcomes with service standard performance. Reporting should include more detail on remedial action and lessons learned to ensure improvements to services delivery in future.

### 2. Provide guidance and training for staff undertaking investigations within the Statutory Complaints Process

Further training will be developed to build on the refresher workshops held with teams across both Adults and Childrens Social Care as detailed in section 1.3. Quarterly reporting is now provided to both services as well as Livewell Southwest. In Childrens Social Care commitment has been made to improve the quality of complaint responses and further training will enable this.

### 3. Continue to improve the reporting capability for the Statutory Complaints Process

The re-tendering of the Statutory Complaints system has led to the approval to migrate complaints logging to Firmstep. This will include a digital form for capturing complaints, automated allocation of complaints and automated reporting and will bring the Statutory Complaints handling processes and reporting in line with corporate complaints.



**4. Improve processing of remedial action as notified by the LGSCO**

The Customer Liaison Team now monitor the remedial action for all complaints upheld by the LGSCO and reporting will be added to quarterly reports.

**3. BENCHMARKING**

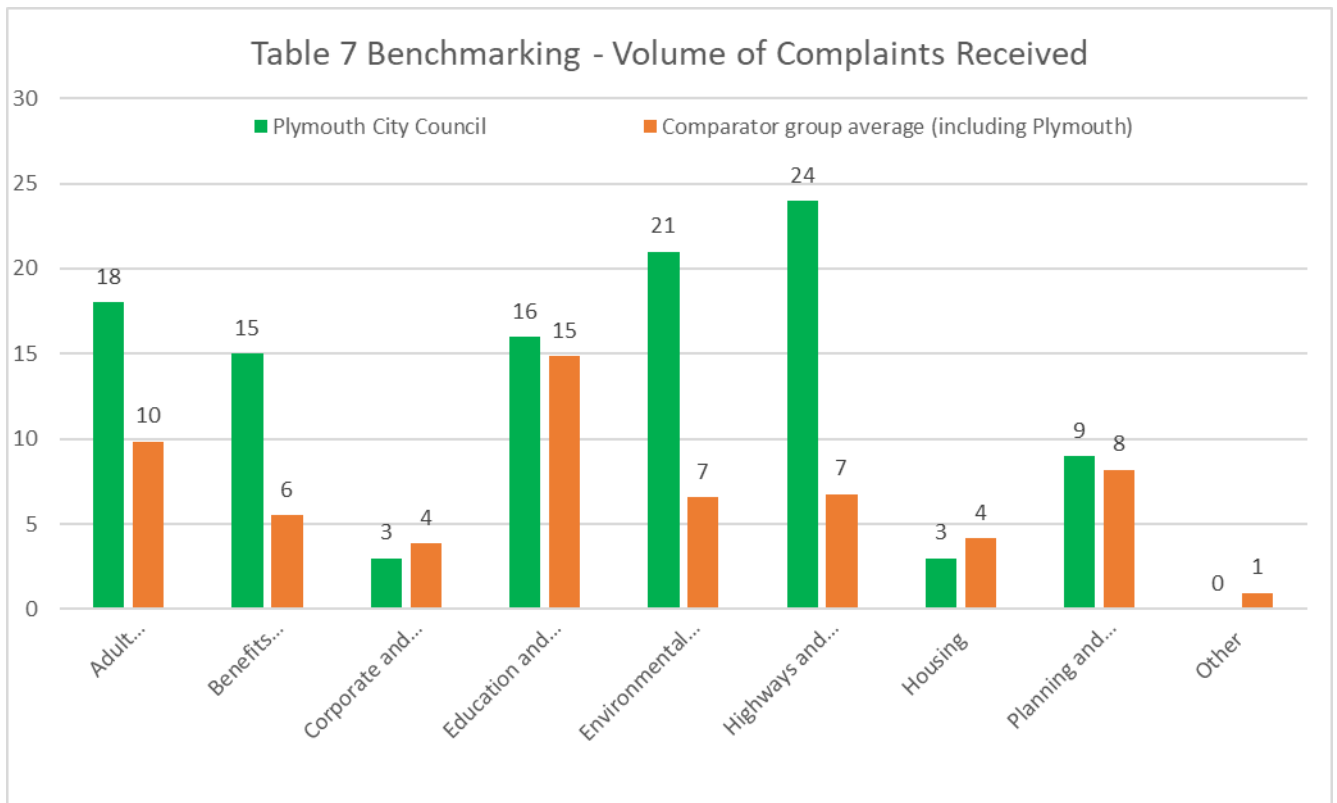
During the analysis of last years annual letter, PCC’s Link Officer (the Customer Liaison Manager) wrote to the LGSCO to request the publication of upheld information, for all other organisations covered by their jurisdiction, to further enhance the capability to benchmark. This request has resulted in information being provided as a published data set with this years annual and the benchmarking outcomes are reported below.

The annual review letter notes that Plymouth is included in a comparator group of other unitary authorities, the list of these authorities in listed in Appendix C.

**3.1 Complaints Received**

109 complaints were received by the LGSCO regarding Plymouth City Council in 2019/20. On average the LGSCO received 62 complaints for the comparator group of unitary authorities.

Table 7, below, shows how Plymouth City Council’s total complaints received, by service area, compares to the average received in the comparator group.



This shows that the LGSCO receives significantly more complaints about the following service areas for Plymouth City Council than the comparator group average;

- Adult Social Care
- Benefits and Tax
- Environmental Services, Public Protection and Regulation
- Highways and Transport.

The LGSCO has published the total volume of complaints received in 2019/20 by department across Local Government. Table 8, below, shows the rank order from highest to lowest of complaints received for Plymouth compared to those received across Local Government.

<b>Plymouth</b>	<b>Local Government</b>
Highways & Transport	Education and Childrens Services
Environmental Services & Public Protection & Regulation	Adult Social Care
Adult Social Care	Highways & Transport
Education and Childrens Services	Environmental Services & Public Protection & Regulation
Benefits and Tax	Planning & Development
Planning & Development	Housing
Housing	Benefits and Tax
Corporate and Other Services	Corporate and Other Services
Other	Other

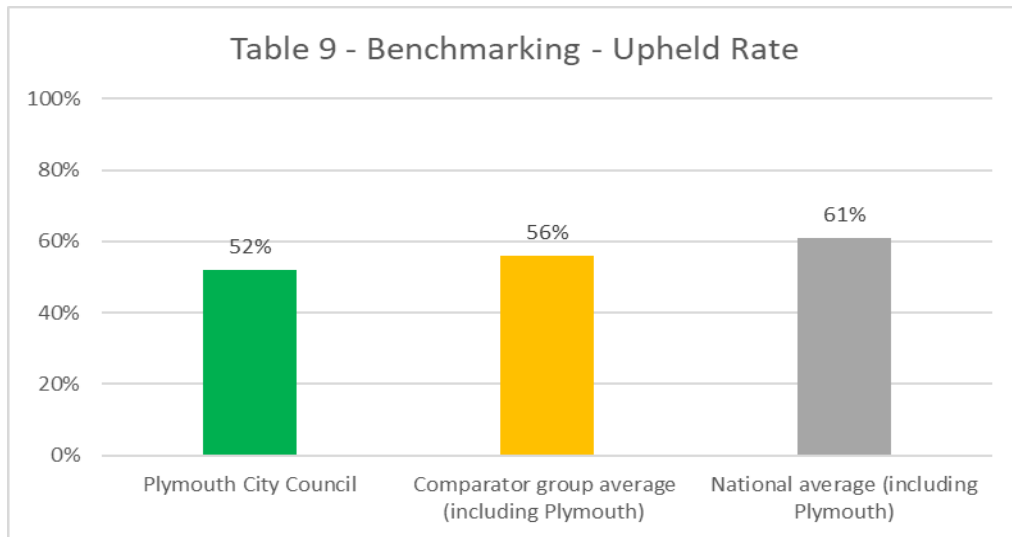
Although the volume of complaints received about Plymouth may be higher than the average volume received about other unitary authorities, 47 (which accounts for 44%) of the complaints closed in 2019/20 about Plymouth, were closed after the LGSCO's initial enquiries and did not require an investigation. 19 of these related to Highways and Transport. The complaints were closed mainly due to the LGSCO finding the complaints were not warranted. 11 complaints were closed because another process of appeal supersedes the LGSCO's power to act eg a tribunal or court proceedings. Consideration has been given to whether the volume of escalations could be reduced, but, in order to comply with the LGSCO's recommendations for signposting their services, the LGSCO's contact details are provided in any Stage 2 complaint responses.

Despite the volumes of complaints received, only 23 complaints about Plymouth required a detailed investigation by the LGSCO in 19/20 which is an investigation rate of 21% (23 detailed investigations of the 107 decisions made). The average investigation rate of our comparator group is 25% meaning that, on average, the LGSCO undertakes less investigations in respect of complaints about Plymouth compared to the comparator group of unitary authorities.

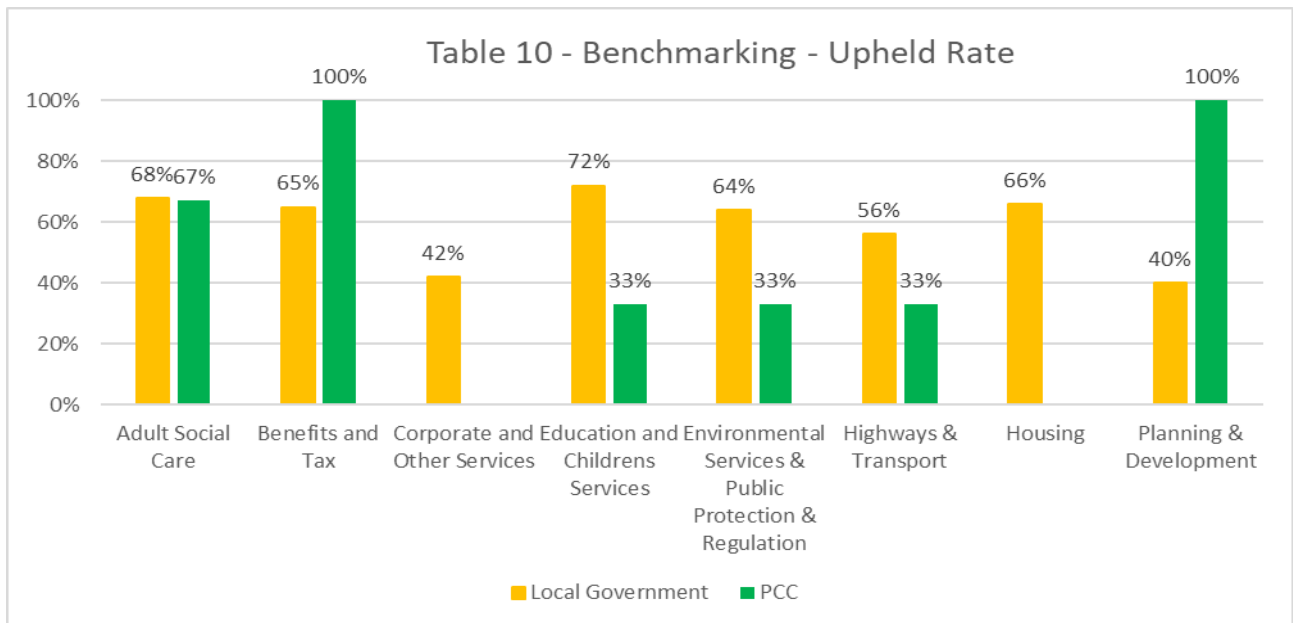
Attention is focused on the outcomes of the complaints that are investigated in detail by the LGSCO. Section 3 provides benchmarking data on complaints upheld.

### **3.2 Complaints Upheld**

Section 2.2 of this report shows that Plymouth is performing well in respect of the upheld rate in comparison with performance in the previous year, the comparator group and other Local Government organisations. This is shown in table 9, below.



The LGSCO Review of Local Government Complaints 2019/20 (Appendix D) shows a detailed breakdown of upheld rates by service. Table 10, below, compares the upheld rate for Plymouth to the upheld rate for Local Government organisations.



This shows that the Plymouth performs better than Local Government organisations for all areas except;

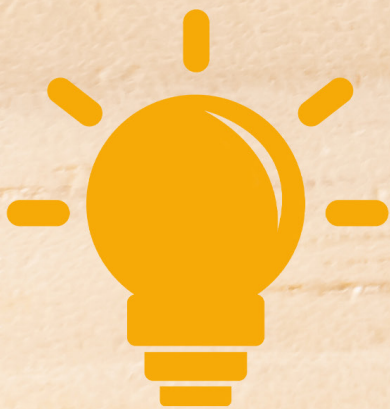
- Benefits and Tax – the Council had three complaints upheld from three detailed investigations in 2019/20 (one of which had already been resolved by the Council before it reached the LGSCO)
- Planning and Development - one complaint upheld from one detailed investigation.

The detail of these complaints is listed in Table 6 above.

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# ***Review of Local Government Complaints 2019-2020***



July 2020

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I am pleased to present our Review of Local Government Complaints for 2019-20.

Alongside this report, we publish our complaints data at local authority level, and upload annual data on our [interactive map - your council's performance](#).

Launched last year, our performance map supports our focus on complaint outcomes and the learning opportunities our investigations offer. The user-friendly tool is helping to increase public scrutiny and accountability of councils by setting out where they have got things wrong and what commitments they have made to improve, as well as how they fare against similar authorities. I encourage you to take a look at how your council is performing.

Our complaint statistics for 2019-20 tell us:

- We are finding fault more often: we upheld 61% of complaints we investigated in detail, up from 58% last year
- We uphold the highest proportion of complaints about Education and children's services (72%)

- Councils are putting things right more often. In 13% of upheld cases, councils had already offered a suitable remedy, up from 11% last year
- We recommended 1,629 service improvements, up 12% on the previous year
- Compliance with our recommendations remains high at 99.4%

We published 63 public interest reports during the year. These reports allow us to share the lessons from the cases we investigate, as well as holding authorities to account. Over a third of these reports were about Education and children's services, with several demonstrating continued failings across the sector to properly provide Education, Health and Care (EHC) plans. In response to the significant number of investigations we have carried out and the concerning uphold rate – sitting at an unprecedented 91% for the year, we published a [third focus report on the issue](#). I urge all councils with responsibilities for EHC plans to learn from the experiences of the families and children highlighted in the report and to take steps to avoid the problems that appear to beset the system.

The complexity of the cases we investigate has certainly increased over recent years, often exposing procedural and policy errors, no doubt a result of the challenging environment local government operates in. For us, it clearly shows that fixing complaints one by one is short-sighted and ultimately serves as a lost opportunity to spot wider lessons and do better.

Single complaints offer great potential to prevent problems reoccurring and improve services for others. This is why our recommendations focus both on remedying individual injustice and achieving wider service improvements. We made 12% more service improvement recommendations this year. We have highlighted cases in this report where councils have demonstrated their commitment to learning and improving from complaints and I commend their approach.



**Single complaints offer great potential to prevent problems reoccurring and improve services for others. This is why our recommendations focus both on remedying individual injustice and achieving wider service improvements.**



I welcome the constructive way most authorities work with us to remedy injustices and take steps to improve. When we uphold complaints, we closely monitor when our recommendations are implemented. We take action on the rare occasions they are not. There were no formal incidents of non-compliance to our recommendations during the year – a positive indication of the value the sector places on complaints and our investigations. However, we have issued a handful of further reports this year about councils who have missed opportunities to learn from our investigations. While overall compliance with recommendations remains high, we will continue to shine a spotlight on the small minority who fail to deliver.

The end of 2019-20 saw an abrupt pause to our casework in response to the exceptional operational challenges local authorities and care providers faced because of the Covid-19 pandemic. We did not take this decision lightly, but it was the right thing to do to allow authorities and care providers space to deliver crucial frontline services.

Some four months in, and without a clear end point to the pandemic, I am aware that services must adapt and continue to be delivered within this new reality, including our own. We have resumed our casework and are taking new complaints again. To support bodies in our jurisdiction we have issued [guidance on good administrative practice and handling complaints during the Covid-19 crisis](#).

Looking ahead, while we will continue to acknowledge the practical and logistical challenges faced by authorities in dealing with the crisis, we will resume our usual principles and thresholds to our decision-making. We will continue to support high quality public administration and the full delivery of all statutory duties. We remain committed to exposing failings to rigorous public scrutiny.

I hope this report, and the accompanying suite of data and information, will help authorities to maximise the valuable potential of complaints and drive improvements in local services.

**Michael King**  
**Local Government and Social Care Ombudsman**  
**July 2020**



# Putting things right

## 2,039

cases with recommendations to put things right



## 17,019

complaints and enquiries received



## 1,629

recommendations to improve services for others\*

## 13%

upheld cases where we agreed with authority's remedy



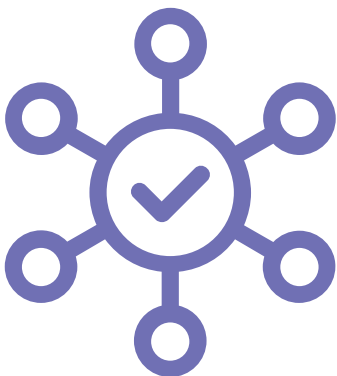
## 3,746

recommendations to remedy personal injustice\*



\* In many cases, we will recommend more than one type of remedy. For example, we may recommend an authority makes an apology, pays a sum of money, and reviews a policy or procedure.

# Compliance with recommendations



While our recommendations to put things right are not binding, in most cases authorities work with us constructively to comply with our remedies.

- We were satisfied with authorities' compliance with our recommendations in 99.4% of cases. But, in 17% of cases this compliance was late.
- In 0.6% of cases we were not satisfied with authorities' compliance with our recommendations.

When an authority fails to implement our recommendations, we can consider a range of actions, including issuing a public interest report and opening a new investigation into the authority's failure to provide the agreed remedy.

Sometimes we see issues occurring time and again and across different authorities. Our [focus reports](#) are an opportunity to feed back the learning from the complaints we investigate. These themed reports, and our guidance notes for practitioners, highlight the complaints we regularly see and the approach we take in our investigations.

We will often highlight cases where proactive, responsive councils have used the learning from complaints to make significant improvements to services. We also include suggested questions for councillors to ask when scrutinising their authorities' performance.

These were the topics we commented on during the year:

## [Not going to plan? Education, Health and Care plans two years on](#)

Two years on from sharing our experience of the first one hundred investigations into complaints about Education, Health and Care (EHC) plans our evidence suggests a system in crisis, which is getting worse. We reveal we are upholding an unprecedented 9 out of every 10 investigations and raise concerns about authorities gatekeeping services by changing eligibility criteria and basing some decisions on financial cost rather than meeting assessed need. Serious issues we highlight include severe delays when issuing an EHC plan, failing to anticipate local needs, poor communication and preparation for meetings, and lack of oversight by senior staff.



## [Focus on Housing Benefit](#)

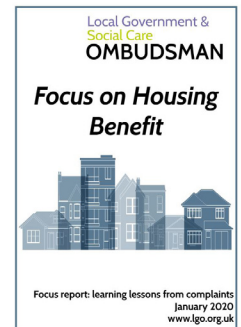
We highlight the human cost when housing benefit is not properly administered, including in extreme examples, families left at risk of losing their homes. Despite being replaced by Universal Credit, with some 3.6 million of the most vulnerable households still relying on housing benefit, our report reminds

councils to properly administer the service. We share good practice, including ensuring families are properly advised of their appeal rights, and that recovery action is not progressed before appeal deadlines have expired.

We published guidance for practitioners on:

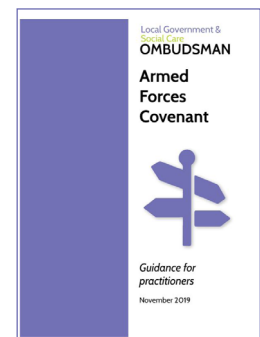
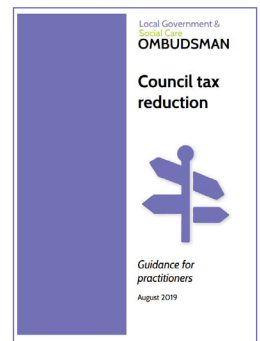
## [Council Tax Reduction](#)

We share insight from our investigations about complex council tax reduction complaints. These schemes replaced the centrally administered council tax benefit in 2013. With no national regulations to comply with, these locally administered schemes can be susceptible to inconsistent processes and giving unclear advice to the public. Our good practice points are aimed at ensuring councils deal with cases consistently and fairly.



## [Armed Forces Covenant](#)

This guidance helps councils to meet their obligations set out in the Armed Forces Covenant. The covenant pledges that servicemen and women, and their families, will not be disadvantaged by their roles compared to others, when applying for council services. Our document highlights learning points from our complaints, particularly around school admissions, school transport and housing.



# Decisions and Reports

We are one of the only Ombudsman schemes to publish every decision we make. We do this to share learning and improve the transparency of our work.

Our decisions are published at [www.lgo.org.uk/decisions](http://www.lgo.org.uk/decisions) and can be searched by theme, key word, category, decision outcome, date and organisation.

## Public interest reports

Cases that raise serious issues or highlight matters of public interest are given extra prominence and issued as public interest reports\*.

Our press releases highlight our public interest reports and can be found at [www.lgo.org.uk/information-centre/news](http://www.lgo.org.uk/information-centre/news)



### Education & children's services

**910** detailed investigations  
**72%** upheld

#### Published reports

<a href="#">Birmingham City Council - school transport</a>	<a href="#">Dorset CC - special educational needs</a>
<a href="#">LB Hackney - special educational needs</a>	<a href="#">LB Bexley - school transport</a>
<a href="#">LB Hackney - special educational needs</a>	<a href="#">Rochdale MBC - friends and family carers</a>
<a href="#">West Sussex CC - alternative provision</a>	<a href="#">East Riding of Yorkshire Council - adoption</a>
<a href="#">Lancashire CC - statutory complaints procedure</a>	<a href="#">Sandwell MBC - other children's services</a>
<a href="#">Dudley MBC - special educational needs</a>	<a href="#">Wolverhampton City Council - fostering</a>
<a href="#">Oxfordshire CC - alternative provision</a>	<a href="#">LB Richmond upon Thames - special educational needs</a>
<a href="#">Leicester City Council - other provision</a>	<a href="#">East Sussex CC - school transport</a>
<a href="#">Derbyshire CC - special educational needs</a>	<a href="#">Derby City Council - special educational needs</a>
<a href="#">Lancashire CC - friends and family carers</a>	<a href="#">Luton Borough Council - special educational needs</a>
<a href="#">Leeds City Council - alternative provision</a>	
<a href="#">Worcestershire CC - special educational needs</a>	



### Adult care services

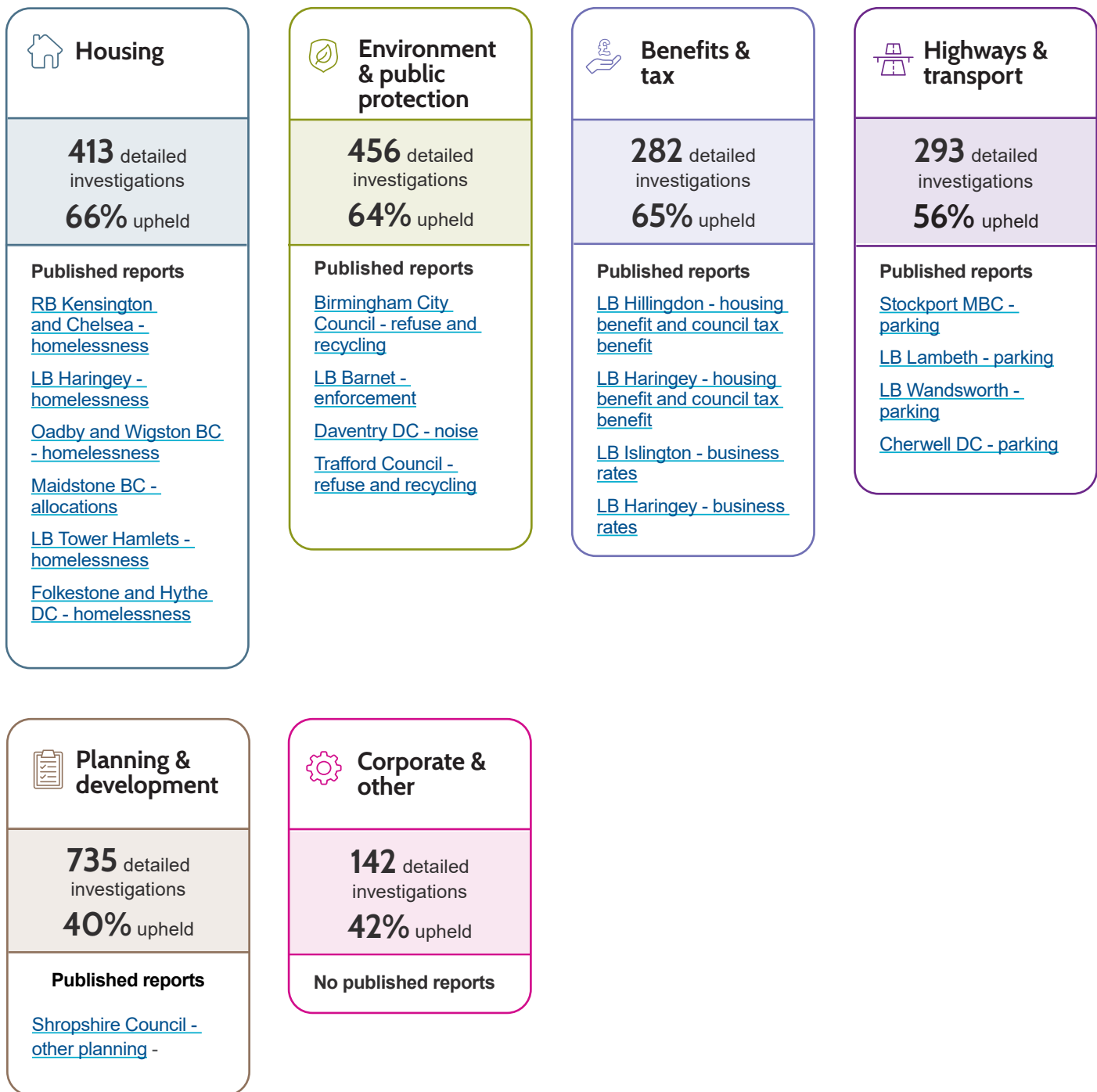
**986** detailed investigations  
**68%** upheld

#### Published reports

<a href="#">LB Barking and Dagenham - charging</a>	<a href="#">Somerset CC - assessment and care planning</a>
<a href="#">Staffordshire CC - assessment and care planning</a>	<a href="#">Sheffield City Council - transport</a>
<a href="#">Wirral MBC - domiciliary care</a>	<a href="#">Salford City Council - assessment and care planning</a>
<a href="#">Bolton MBC - assessment and care planning</a>	<a href="#">Derbyshire CC - safeguarding</a>
<a href="#">Suffolk CC - direct payments</a>	<a href="#">Nottinghamshire CC - direct parents</a>
<a href="#">Somerset CC - assessment and care planning</a>	<a href="#">Norfolk CC - assessment and care planning</a>
<a href="#">Staffordshire CC - assessment and care planning</a>	<a href="#">North Yorkshire CC - assessment and care planning</a>

\* Some public interest reports relate to multiple cases. Further reports published are detailed on page 8.

# Decisions and Reports





## Further reports

Issuing a further report is one of the ways we hold local authorities to account by highlighting their failings publicly. When an authority fails to satisfactorily implement a recommendation or fails to respond to a decision, we will issue a further report.

We published four further reports during the year:

- **West Sussex County Council** – Education and children’s services – [17 008 448](#): councillors considered the wrong version of our report at a meeting and declined to comply with the recommended remedy. Our further report was issued, and the council agreed to the actions we recommended.
- **Lincolnshire County Council** – Adult care services - [16 003 268](#): we had previously recommended the council ensure they were giving people the option to pay a care top up fee directly to the council. The council failed to do this, and our further report asked the council to, again, review its procedures and ensure it fully complied with statutory guidance.
- **Dudley MBC** – Adult care services – [16 00 2186](#): the council failed to comply with recommendations we made in 2017 to make changes to its top up fees. We issued a further report asking the council to ensure it was properly adhering to statutory guidance.
- **Medway Council** – Education and children’s services – [17 015 628](#): the council failed to review its home to school transport policy despite recommendations we made in an investigation in 2016. Our further report asked the council to consider its policy and make changes to ensure it complies with statutory guidance.



# The impact of a single complaint



## Housing benefit error leads to wider audit

Case reference: [18 015 518](#)

Our investigation found repeated failures to calculate a woman's housing benefit correctly led to her young family being pressured to leave their rented property. London Borough of Haringey Council then failed to progress the homelessness application, and when the woman wanted to appeal, it failed to refer her to the tribunal.

The council agreed to our recommendations to make payments for the distress caused and to recognise the accommodation the family had been placed in was unsuitable, as well as to reimburse storage costs.

The council also agreed to investigate how the calculation errors had occurred and to audit cases where a similar error could have been made. It agreed to correct any mistakes identified by the audit.

The council then exceeded what was asked by completing a second audit of cases to ensure similar mistakes had not affected other service users.



**65% of benefits and tax decisions upheld**



# The impact of a single complaint



**Commitment to improve EHC plan review process**  
Case reference: [18 012 490](#)

Our investigation found Luton Borough Council had failed to ensure children in its area with Education, Health and Care (EHC) plans had an annual review of their plan. By not having a robust annual review process, as required by the law, the council did not have an adequate system to monitor if the support set out in EHC plans was delivered.

The council had already accepted it was at fault in this case and agreed to our recommendations for wider service improvements. This included producing a detailed action plan to improve its EHC plan annual review process, which fed into the council's wider improvements for children with special educational needs.



**91% of Education,  
Health and Care plan  
complaints upheld**



# The impact of a single complaint



**Service resources reviewed to prevent further homelessness failures**  
Case reference: [19 000 068](#)

After finding London Borough of Tower Hamlets at fault for how it dealt with a pregnant homeless woman after she was evicted from the family home, we recommended the council make a payment to the woman and support her to find affordable and suitable accommodation.

The council had failed to do enough to prevent the woman becoming homeless under new homelessness prevention laws.

The council committed to learn from its errors by putting in place an action plan demonstrating it has properly considered the resources it puts into delivering the service, helping to ensure others are not affected in the same way in future.



**75% of homelessness complaints upheld**

# The impact of a single complaint



## Improvements to monitoring missed bin collections

Case reference: [19 003 291](#)

Our investigations found a range of issues with Trafford Council's waste and refuse collection service, including failing to return bins and missed garden and food waste collections. While the council had responded appropriately to the problems, it had failed to take steps to prevent the same issues reoccurring.

The council confirmed it was already in a formal process with its waste contractor to review performance and address service delivery issues and agreed to our recommendations to monitor collections and review its missed collection process.

Importantly, the council also agreed to ask its Overview and Scrutiny Committee to consider the recent changes to the waste collection service, engaging the local democratic process in oversight of the situation.



**87% of refuse and recycling complaints upheld**

# The impact of a single complaint



**Blue badge applications reviewed**  
Case reference: [18 017 471](#)

We found that Sheffield City Council's failure to offer a face-to-face mobility assessment to a blue badge applicant was contrary to its own policy and the guidance in place at the time.

The council accepted it was at fault early on in our investigation and arranged the appropriate assessment for the woman. It also agreed to our recommendations to apologise and make a payment for the time and trouble in pursuing the complaint.

To the council's credit, it recognised its approach to blue badge assessments may have caused injustice to other applicants. It identified those affected and agreed to offer them an assessment by a physiotherapist.

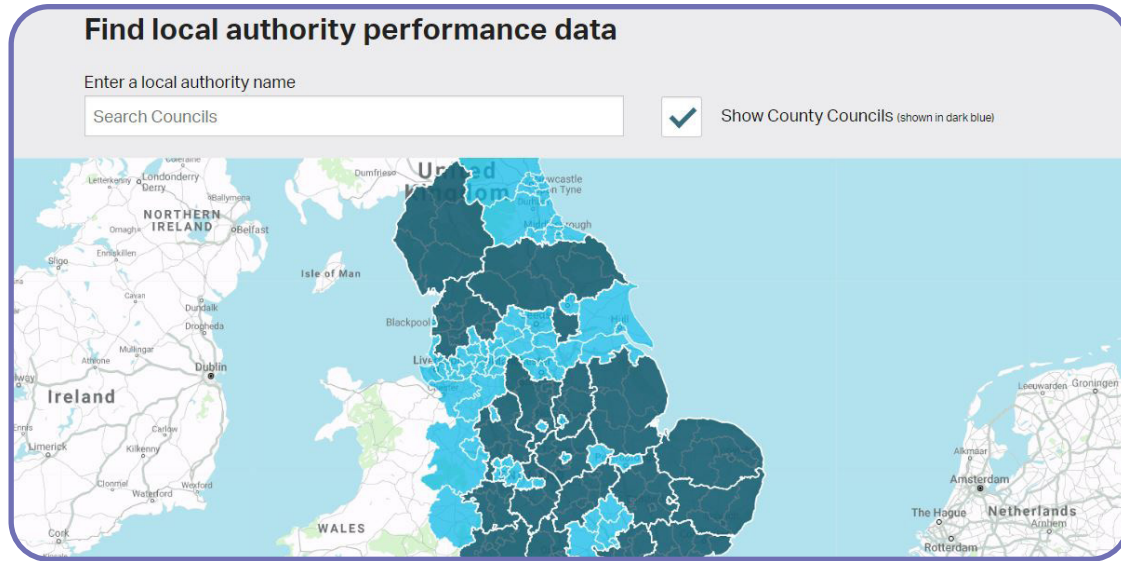
The council showed its commitment to learning from the complaint by agreeing to review the way it deals with applications for blue badges so that, in future, all applicants are offered an assessment by a physiotherapist in accordance with the legislation and statutory guidance.



**68% of adult social  
care complaints  
upheld**



# Raising the profile of complaints



## Assessing performance

Our council [performance map](#) places all our council complaint statistics in a single, interactive hub. It is a mine of searchable information that can be used by council officers to learn from complaints, by councillors to scrutinise decisions about their authorities, and by residents to hold their local authorities to account. It also allows comparisons to be made between similar councils.

## Performance map

Every council has a dedicated page where we show the following key statistics:

- **Complaints upheld** - We uphold complaints when we find fault in an authority's actions. This includes where the authority accepted fault before we investigated. By focusing on how often things go wrong, rather than simple volumes of complaints received provides a clearer indicator of performance.
- **Compliance with recommendations** - We recommend ways for authorities to put things right when faults have caused injustice. We try to put people back in the position they were in before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

- **Satisfactory remedies provided by the council** - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to resolving them. We recognise cases where a council has taken steps to put things right before the complaint came to us. In these instances, the authority upheld the complaint and we agreed with how it offered to put things right.

Each council page also includes our annual review letters, links to decisions we have made, public interest reports published, and every service improvement the council has agreed to make.

As part of this report, we also publish [data tables](#) providing complaints information at local authority level, which can be freely analysed and segmented.

“Complaints are a valuable tool for local authorities, providing an early warning of possible problems, free intelligence from people who use services, and a tool for supporting good governance, risk and audit functions.”

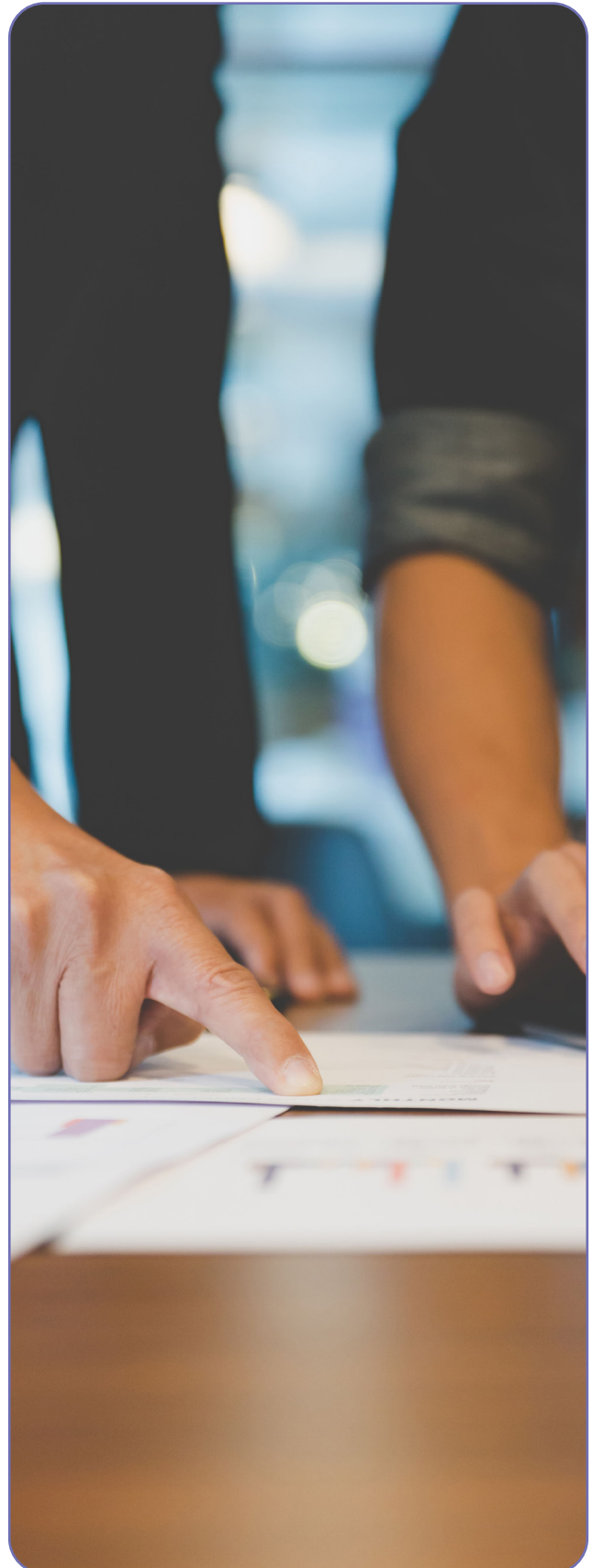
# How councillors can use our data to support scrutiny

As a councillor, you can use information about complaints to help identify issues affecting local people. Using the [statistics we publish](#), we suggest some key lines of enquiry for you to consider about your authority.

- **Uphold rates** show the proportion of investigations in which we find some fault and can indicate problems with services. How does your authority compare against the national averages or other similar authorities?
- **Offering a suitable remedy** for a complaint before it comes to us is a good sign your authority can accept fault and offer appropriate ways to put things right. How often does your authority do this, and how does it compare with others?
- **Compliance rates** show the proportion of cases in which we are satisfied our recommendations have been implemented (based on the evidence authorities give us). Compliance less than 100% is rare. Does your authority have a 100% compliance rate – if not, what is it doing to scrutinise complaints where it failed to comply?
- **Service improvement recommendations** show what your authority agrees to do following our investigations, to make things better for everyone. Do you track your authority's service improvements? How are they being implemented, and their impact monitored?

You can also ask questions to get assurance your authority's complaints processes are operating successfully.

- How quickly does your authority respond to complaints?
- How does it make sure all partners it commissions services from have effective complaint handling processes?
- Does your authority's complaints procedure clearly tell people of their right to come to the Ombudsman?



# Resolving complaints effectively

We think that councils are best placed to put things right when they go wrong, and we want to see councils resolving complaints before they reach the Ombudsman.

While we already offer [a range of resources](#) to support good complaint handling, we have trialled

a new bespoke approach, focusing on a council's specific issues and challenges.

Working in partnership with a small number of councils\*, we developed a tailored plan of support focused on identifying and implementing solutions to improve complaint handling.



## Case study: London Borough of Tower Hamlets

### Issues identified

The council was occasionally late when responding to our investigation enquiries and often asked for more time to provide the information we asked for. Responses to complaints about the council's housing services were particularly affected. When we did uphold complaints, the council complied with our recommendations and there was good evidence of it getting things right at the local level by offering suitable remedies before complaints reached us. We met with council officers and confirmed the commitment of its senior leadership to address the issues identified.

### Agreed actions

- Monthly progress calls to identify issues and discuss possible solutions
- Improved tracking of enquiries and responses by the council
- Better communication with our investigators when delays occur
- Deliver effective complaint handling training to the council's housing team
- Meet with the council's senior leadership team to highlight our role and the benefits of effective complaint handling locally.

### Outcomes so far

The council's average response times to our enquiries reduced from 35 to 20 working days

With our support and senior level buy-in at the council, Tower Hamlets was able to resolve the issues we identified quickly and effectively. The trial demonstrated the benefits of an open approach to improving complaint handling with the support of bespoke plan from us. In the future, we hope to identify more authorities willing to engage with us on improving their complaint handling.

*\*Using our casework data and information, we identified councils that could benefit from support to improve their responses to our investigations. Tower Hamlets was one of several councils we invited to take part in the pilot. Councils participated voluntarily.*

**Local Government and Social Care  
Ombudsman**

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Coventry

CV4 0EH

Phone: 0300 061 0614

Web: [www.lgo.org.uk](http://www.lgo.org.uk)

Twitter: [@LGOmbudsman](https://twitter.com/LGOmbudsman)

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### Appendix E – Corporate and Statutory Complaints 2019/20

The LGSCO only consider complaints that have already been through the authority's complaints process. The following tables have been included to show complaint statistics from the Council's corporate and statutory complaints processes in 2019/20.

Table 1, below, shows the number of corporate complaints closed in the Council's digital platform, Firmstep, during 2019/20 and includes the number and percentage of complaints upheld.

Table 1	Children's Services	Executive Office	People	Place	Finance	ODPH	Customer and Corporate Services
<b>No. of Complaints Closed</b>	15	46	89	4529	73	124	435
<b>No. Upheld</b>	6	8	15	2073	23	11	160
<b>Upheld rate (%)</b>	40%	17%	17%	46%	32%	9%	37%

Table 2, below, shows the number of complaints closed by the statutory complaints team during 2019/20 and includes the number of complaints upheld or partially upheld in the upheld rate.

Livewell Southwest data is left blank as reporting on complaints only started mid year.

Table 2	Children's Social Care		Adults Social Care (Statutory Complaints Process)		
	Statutory Complaints Process	Corporate Complaints Process	Adult Social Care	Statutory Providers	Livewell Southwest
<b>No. of Complaints closed</b>	54	58	18	19	-
<b>No. Upheld / Partially Upheld</b>	32	23	12	11	-
<b>Upheld rate (%)</b>	60%	40%	67%	58%	-

Table 3, below, compares complaint data from 2019/20 with the previous year (18/19).

Table 3	Corporate Complaints		Statutory Complaints	
	Total 2019/20	Total 2018/19	Total 2019/20	Total 2018/19
<b>No. of Complaints Closed</b>	5317*	6859	149	-
<b>No. Upheld**</b>	2296	3267	78	-
<b>Upheld rate (%)</b>	28%	31%	52%	62%

\*6 complaints were closed at triage stage as outside policy.

\*\* Partially upheld complaints are included in the statutory complaints totals.

This shows a significant reduction in the volume of corporate complaints received and upheld. The upheld rate has also improved.

Table 3 also shows an improvement in the upheld rate for statutory complaints. Reporting processes for Statutory Complaints have changed significantly within the year, mainly due to the complaints system requiring re-tendering, and as a result it is not possible for a direct comparison to be made in respect of complaint volumes.

## Appendix D - LGSCO Comparator Group 2019/20

Bath and North East Somerset Council	Milton Keynes Council
Bedford Borough Council	North East Lincolnshire Council
Blackburn with Darwen Council	North Lincolnshire Council
Blackpool Borough Council	North Somerset Council
Bournemouth Borough Council	Northumberland County Council
Bournemouth, Christchurch and Poole Council	Nottingham City Council
Bracknell Forest Council	Peterborough City Council
Brighton & Hove City Council	<b>Plymouth City Council</b>
Bristol City Council	Poole Borough Council
Central Bedfordshire Council	Portsmouth City Council
Cheshire East Council	Reading Borough Council
Cheshire West & Chester Council	Redcar & Cleveland Council
City of York Council	Royal Borough of Windsor and Maidenhead Council
Cornwall Council	Rutland County Council
Council of the Isles of Scilly	Shropshire Council
Darlington Borough Council	Slough Borough Council
Derby City Council	South Gloucestershire Council
Dorset Council	Southampton City Council
Durham County Council	Southend-on-Sea Borough Council
East Riding of Yorkshire Council	Stockton-on-Tees Borough Council
Halton Borough Council	Stoke-on-Trent City Council
Hartlepool Borough Council	Swindon Borough Council
Herefordshire Council	Telford & Wrekin Council
Isle of Wight Council	Thurrock Council
Kingston upon Hull City Council	Torbay Council
Leicester City Council	Warrington Council
Luton Borough Council	West Berkshire Council
Medway Council	Wiltshire Council
Middlesbrough Borough Council	Wokingham Borough Council

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22 July 2020

*By email*

Ms Lee  
Chief Executive  
Plymouth City Council

Dear Ms Lee

### **Annual Review letter 2020**

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2020. Given the exceptional pressures under which local authorities have been working over recent months, I thought carefully about whether it was still appropriate to send you this annual update. However, now, more than ever, I believe that it is essential that the public experience of local services is at the heart of our thinking. So, I hope that this feedback, which provides unique insight into the lived experience of your Council's services, will be useful as you continue to deal with the current situation and plan for the future.

### **Complaint statistics**

This year, we continue to place our focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have made several changes over recent years to improve the data we capture and report. We focus our statistics on these three key areas:

**Complaints upheld** - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated. A focus on how often things go wrong, rather than simple volumes of complaints provides a clearer indicator of performance.

**Compliance with recommendations** - We recommend ways for authorities to put things right when faults have caused injustice. Our recommendations try to put people back in the position they were before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

**Satisfactory remedies provided by the authority** - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to resolving complaints. We recognise cases where an authority has taken steps to put things

right before the complaint came to us. The authority upheld the complaint and we agreed with how it offered to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

This data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 29 July 2020, and our Review of Local Government Complaints. For further information on how to interpret our statistics, please visit our [website](#).

It is pleasing that we recorded our satisfaction with your Council's compliance in the cases where we recommended a remedy. However, it is disappointing that in two cases, remedies were not completed within the agreed timescales. While I acknowledge the pressures councils are under, such delays can add to the injustice already suffered by complainants. Additionally, the actions you agree to take, and your performance in implementing them, are reported publicly on our website, so are likely to generate increased public and media scrutiny in future. I invite the Council to consider how it might make improvements to reduce delays in the remedy process and to ensure it tells us promptly when it completes a remedy.

### **Resources to help you get it right**

There are a range of resources available that can support you to place the learning from complaints, about your authority and others, at the heart of your system of corporate governance. [Your council's performance](#) launched last year and puts our data and information about councils in one place. Again, the emphasis is on learning, not numbers. You can find the decisions we have made, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the tool with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

Earlier this year, we held our link officer seminars in London, Bristol, Leeds and Birmingham. Attended by 178 delegates from 143 local authorities, we focused on maximising the impact of complaints, making sure the right person is involved with complaints at the right time, and how to overcome common challenges.

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. During the year, we delivered 118 courses, training more than 1,400 people. This is 47 more courses than we

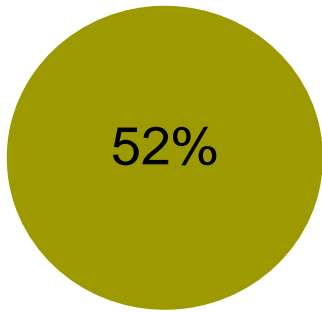
delivered last year and included more training to adult social care providers than ever before.  
To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a stylized flourish at the end.

Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England

**Complaints upheld**



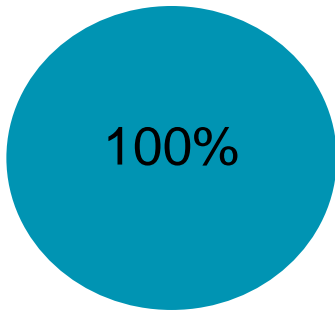
**52%** of complaints we investigated were upheld.

This compares to an average of **56%** in similar authorities.

**12**  
upheld decisions

Statistics are based on a total of 23 detailed investigations for the period between 1 April 2019 to 31 March 2020

**Compliance with Ombudsman recommendations**



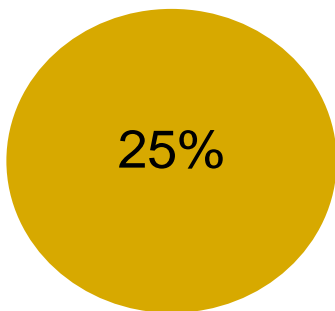
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **99%** in similar authorities.

Statistics are based on a total of 8 compliance outcomes for the period between 1 April 2019 to 31 March 2020

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

**Satisfactory remedies provided by the authority**



In **25%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **11%** in similar authorities.

**3**  
satisfactory remedy decisions

Statistics are based on a total of 23 detailed investigations for the period between 1 April 2019 to 31 March 2020



# Audit and Governance Committee



Date of meeting:	21 September 2020
Title of Report:	<b>Health, safety and wellbeing annual report 2019-20</b>
Lead Member:	Councillor Peter Smith (Deputy Leader)
Lead Strategic Director:	Andy Ralphs (Strategic Director of Customer and Corporate Services)
Author:	Clare Cotter Head of Health, Safety and Wellbeing Assurance
Contact Email:	clare.cotter@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

The health, safety and wellbeing annual report for 2019-20 is presented to the audit and governance committee as an important aspect of the health, safety and wellbeing governance arrangements for the Council. The report identifies the actions that have been taken in 2019-20 to improve our management arrangements for health, safety and wellbeing and what we are planning to do in 2020-21 in the spirit of continuous improvement. As part of this it includes insights into the incidents and accidents which have occurred compared to previous years.

## Recommendations and Reasons

The Audit and Governance committee is asked to note the contents of this report.

## Alternative options considered and rejected

N/A

## Relevance to the Corporate Plan and/or the Plymouth Plan

The health, safety and wellbeing of employees and anyone affected by our undertakings, underpins all aspects of the corporate plan and ensures we uphold our legal, moral and financial duty

## Implications for the Medium Term Financial Plan and Resource Implications:

N/A

## Carbon Footprint (Environmental) Implications:

N/A

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

N/A

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
		1	2	3	4	5	6	7
A	HSW Annual Report 2019/20							

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

**Sign off:**

Fin	PI 20.21. 77	Leg	It/353 27/11 0920	Mon Off		HR		Assets		Strat Proc	
Originating Senior Leadership Team member: Andy Ralphs (Strategic Director Customer and Corporate Services)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 03/09/2020											
Cabinet Member approval: Approved by Councillor Pete Smith (Deputy Leader)											
Date approved: 03/09/2020											

## HEALTH, SAFETY AND WELLBEING ANNUAL REPORT 2019-20

### EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health, safety and wellbeing (HSW) performance to the end of the financial year 2019-20, with any relevant updates included to the date of writing the report. It also includes our improvement plan for 2020-21. Our improvement plan for the coming year takes into account the current HSW pressures driven by the COVID-19 Pandemic, whilst ensuring that the general Management and improvement of HSW underpins everything that we do.

The health, safety and wellbeing vision agreed in 2016 has now been superseded by our People Strategy. It was agreed at CMT and SLT away days that the leadership for HSW has matured sufficiently in terms of its governance arrangements and senior leadership knowledge, skills and experience, that HSW should be embedded in every strategy, rather than having a stand-alone vision.

The People Strategy can be viewed [here](#)

### GOVERNANCE AND ACCOUNTABILITY

Accountability for our duty of care to our employees under the health and Safety at Work Act etc. 1974 and the Management of Health and Safety at Work Regulations 1999 sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our Corporate Policy and Facilities Management Policy, describing a systems leadership approach, with roles and responsibilities dispersed throughout the organisation. These two core policies have been reviewed and amalgamated in 2019-20, and are in the final stages of completion before Corporate approval is sought. All related performance standards have now been consolidated in one place for ease of accessibility and understanding by all employees.

The Executive Director and Chair of the Health, Safety and Wellbeing (HSW) Steering Group is the Service Director for HROD, who reports to the Executive Lead for HSW, The Strategic Director for Customer and Corporate Services. The Service Director for HROD holds HSW within their portfolio. The Council's Portfolio Holder for HSW continues to be Deputy Leader Peter Smith.

In addition to the Corporate HSW Assurance Professionals working in HROD, Street Services successfully appointed a HSW Competent Person to provide targeted support to one of the highest risk areas of The Council.

SHE Assure is a digital HSW Management System which will revolutionise the way in which we are able to record, track, and analyse incident information in real time; providing greater potential for learning to be shared across the organisation and timely remedial actions taken to prevent recurrence.

Positive progress has been made during 2019 in the configuration of SHE Assure, our digital incident reporting platform; also training licence holders on how to use the system. However, there has been a further delay in implementing the system in order to undertake due diligence in respect of GDPR. This has now been achieved and the system is now ready to be launched in 2020-21

The HSW Steering Group has paused accreditation of ISO45001 by 2021/22 due to COVID-19 pressures, along with the agreed audit programme against ISO45001 standards. However, the HSW Steering Group identified the two key areas of concern: Manual Handling and Lone Working, and a Self-Assessment process was delivered against the two health and safety performance standards.

In the first quarter of 2020/21, COVID-19 has presented an opportunity for unprecedented engagement between services and the corporate HSW Team, where new and refreshed knowledge

and approaches in risk assessment were able to be discussed ‘in-action’, which has been well received by Managers.

## ENFORCEMENT ACTIVITY

### HSE Enforcement:

- Improvement Notice 308620803 Breaches in Health and Safety at Work Act 1974 and Management of Control of Vibration Regulations 2005 systemic failures dating back to 2005 Start date 19 December 2017 End date 2 May 2019.
- Notification of contravention 4518231 in Health and Safety at Work Act 1975; Management of Health and Safety at Work Regulations 1999 Pertaining to Working at Height Regulations 2005 [grass cutting of steep banks] Start date 2 May 2019 Closed in full 14 June 2019
- Notification of contravention 1285245 breach in Working at Height Regulations 2005 [Contractor and Operative entering waste skips at Weston Mill on two separate occasions] verbal warning 4 May 2019 closed in full 12 July 2019
- Notification of contravention 4556064 breach in Control of Substances Hazardous to Health Regulations 2002 [asbestos containing materials at RTS] 26 June 2018 closed in full 22 June 2019

### DRFS Enforcement

- Notification of contravention of the Regulatory Reform (Fire Safety) Order 2005 [following fire at RTS, relating to maintenance and inspection of sprinkler system] 15 April 2019 closed in full 16 July 2019

## IMPROVEMENT PLAN DELIVERY

The HSW improvement plan for 2019-20 was informed by an external review undertaken in 2018 and are reflected throughout this report. The main recommendations arising from the review focused on the following themes:

- Hazard identification and risk management
- Applying the principle of prevention consistently
- Alignment of policies and procedures between HSW and Facilities Management
- Improving collaboration between Safety Representatives and Service Managers

The status of the two core recommendations relating to governance are as follows:

**Alignment of policies and procedures between HSW and FM:** These two core policies have been reviewed and amalgamated in 2019-20, and are in the final stages of completion before Corporate approval is sought. All related performance standards have now been consolidated in one place for ease of accessibility and understanding by all employees.

**Production and socialisation of a comprehensive CDM performance standard:** Complete

## AUDIT AND RISK

The 2019-20 audit programme continued to focus on the key findings from the self-assessment audit programme conducted in 2017-18, and to concentrate the corporate HSW team’s resources on the higher risk areas across the organisation.

Two further self-assessments were completed across all service areas in relation to manual handling and lone working. These served to raise awareness about the HSW performance standard requirements and to prompt the review of risk assessments where required.

Devon Audit Partnership was commissioned to undertake an audit of our arrangements for the Management of Exposure to Vibration. The report was received in January 2019 and contained 25 recommendations. All recommendations have been acted on and any requirements completed. The action plan is now closed.

A follow up audit was commissioned in June 2020, with further recommendations made; this has been the subject of a risk summit and actions are in progress to address the improvements required by the end of September 2020. It is important to note that the management of exposure to vibration has continued to sustain and improve on the levels of exposure actually received by our manual workforce. The majority of exposure is below 100 points, and where this is exceeded remains below the 300 point internal limit value that PCC agreed as part of our performance standard.

A comprehensive physical audit programme against ISO45001 was designed and approved by the HSW Steering Group, however at the point of launching the COVID-19 pandemic was declared.

The HSW Steering Group receives a quarterly risk report in relation to any operational or strategic risks and opportunities of a HSW nature. As a consequence, risk scores have been revised and deeper dives into some risks have been requested to improve understanding and risk oversight. These include:

- Asbestos Management
- Arrangements for Persons in Control of Buildings
- Tree Management across the City

### **Risk Summits**

Our risk summit process is invoked by any enforcement action taken by regulatory bodies, to ensure an appropriate and swift response is made. Each meeting is chaired by the Service Director HROD and attended as a priority by Senior Managers as budget holders, with the ability to command the appropriate resources in a timely way. As a result, all remedial actions were taken promptly and all enforcement actions were closed without further escalation by Regulators.

In addition a risk summit was held in relation to concerns about the fire alarm system at Windsor House, due to a couple of incident reports received indicating it was mal-functioning in some areas of the building. Risk controls were put in place to mitigate the risk until temporary repairs could be made, and continued until a permanent solution was secured.

At the time of writing the report, there is one active risk summit relating to the recommendations made by Devon Audit Partnership in an audit of the Management of Exposure to Vibration in Street Services. Please see further detail in the main body of the report.

### **TRAINING**

A focus on compliance with mandatory training has continued during 2019-20 demonstrating 93% compliance with our basic induction programme (June 2020); this is a 12% increase on 2018-19.

Additional sessions were specifically organised for Managers Induction, increasing compliance from 36% in 2018-19 to 94% (June 2020). This course provides a comprehensive view of the HSW Management arrangements within The Council and comprises e-learning and a taught session. It is valued by people who attend.

International Workplace is now embedded as the Provider of IOSH Managing Safely, and IOSH for Senior Managers and Executives via e-learning, to allow flexibility in completing the course. At year end 2018-19 compliance stood at 36%, which at the time of writing this report has increased to 76.3%

Data continues to be published on a monthly basis to support Service Areas to achieve full compliance and individuals who are not compliant are known, and actively managed through 1:1's and management conversations. CMT holds Senior Managers to account for sustained non-compliance.

## **WELLBEING**

The Wellbeing of employees is of paramount importance and 2019 saw the appointment of a new Wellbeing Specialist within HROD to support the wellbeing agenda.

The Council has recently been awarded the Bronze Wellbeing at Work Award from Livewell South West, which has replaced the previous Wellbeing Charter sponsored by Public Health England.

Work has continued across all directorates to deliver their wellbeing and resilience action plans, with progress being reported through JCC's and the HSW Steering Group.

A campaign to engage further Wellbeing Champions resulted in an increase of numbers to 52 across the organisation. Due to COVID-19 some training has been delayed, which at the time of writing this reported is being re-instated, and all new champions will have received their training by the end of September. Wellbeing Champions facilitate local initiatives throughout the year in line with national campaigns, and can be a first port of call for colleagues who are struggling. They are able to provide brief interventions to support and signpost individuals as appropriate to their needs. During COVID-19 lock down they have provided virtual 'open spaces' for people to be able to continue to access their support whilst working from home.

## **INCIDENT REPORTING AND LEARNING**

There has been a recent change in the way we provide performance information in respect of incidents, to enable a greater analysis of themes and trends. This annual report therefore updates and replaces data reported in the last three annual reports.

Information is now published monthly for each directorate on a rolling 18 month period; this report gives us an account of incidents:

- For the rolling 18 months to 31 March 2020
- A comparison of Accident and Incident Rates over the last 5 years

The Council has reported 33 RIDDORS in the last 18 months; nearly half of which have been lost time incidents. These are mainly in our Place directorate where the majority of front line, manual work takes place. A FTE HSW Advisor was appointed in September 2019 in Street Services to support their HSW Management and identify and deliver priority areas of improvement work.

There has been a positive increase in the number of near miss reports received from 4.23 per cent in 2018-19 to 11.65 per cent in 2019-20. However, all areas of The Council should continue to encourage near miss reporting, with an aim of 50 per cent. This would be a marker of a positive reporting and learning culture and support the decrease of lost time incidents and RIDDORS.

It is a positive marker that lost time incidents (LTI) are only 3-4 per cent of the total number of incidents reported; however these represent 46 per cent of RIDDORS, due to resulting in over seven day absences. The top five reasons are:

- Slips and trips
- Manual handling
- Road Traffic Accident
- Hit by a falling object
- Falls / Unintentional violence (UV)

In general UV and verbal violence (VV) stay ranked as the highest reasons for reporting; however less than ten UV have resulted in a LTI and less than five per cent due to VV. This said, UV and VV remain a high concern for Senior Leaders, Managers, Employees and TU health and safety representatives due

to their impact on the wellbeing and resilience of employees. As reported in previous Annual Reports UV typically occurs in services where customers do not have control over their behaviours; individual risk assessments are undertaken and reviewed regularly to support workers manage the predictable as far as possible. Protocols are in place to support employees managing VV, which typically occurs in our Customer Services and Community Connections Service, and are subject to regular review.

A detailed review of our RTA accidents is presented in the report. These are mainly reported by Street Services and School Transport who have the critical mass of drivers. 36 accidents have been reported in the last 18 months, of which 24 were vehicle to vehicle minor impacts five vehicle to pedestrian impacts and seven vehicle to other impacts (property). As shown above, some accidents have resulted in more than seven day absences.

The Council has a generous eight day reporting standard to enable us to comply with RIDDOR regulations as required. Over 80 per cent of incidents are reported within this timeframe, with the highest achievement of 93 per cent being achieved in July 2019. In 2020-21 this KPI will be reduced further in readiness for the launch of SHE Assure, and it is recommended that additional KPIs are introduced for investigation times and closure of incidents.

## **DELIVERY IN 2019-20**

### **GOVERNANCE AND ACCOUNTABILITY**

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Positive progress has been made during 2019 in the configuration of SHE Assure, our digital incident reporting platform; also training licence holders in the system. However, there has been a further delay in implementing the system in order to undertake due diligence in respect of GDPR. This has now been achieved and the system is now ready to be launched.

THE HSW Steering Group has met bi-monthly during 2019-20, which has supported the development of the group dynamics and understanding of their role in driving HSW improvements. The following provides an overview of the group's work:

#### **April 2019**

The annual HSW Steering Group Away-day was attended by c60 colleagues from across the Council. Reflections on 2018-19 improvements were shared, followed by the priorities for 2019-20. Delegates had the opportunity to discuss what had gone well over the year and what could have been better.

Three round table sessions were then facilitated by HSW Assurance Professionals focussing on:

- **Wellbeing and resilience:** the survey findings and departmental action plans
- **Muscular Skeletal:** from the perspectives of the psycho-social, the cultural, risk assessment, manual handling, display screen equipment, procurement and reflection on practice
- **What does good look like:** from the perspectives of the moral imperative, Governance and leadership, Training and Competence, Incident and accident reporting (including hazard spotting, Risk Assessment, TU Engagement and Monitoring and audit

The day was well evaluated and gave delegates an opportunity to reflect on their own practice and take back to their departments the learning.

### June 2019

- The terms of reference for the group were reviewed, amended and ratified
- New ALERT, GUIDANCE AND TOOLBOX TALK templates were agreed to strengthen key messages
- The communication and engagement plan for the year were approved
- A progress report on the audit and accreditation programme was received and it was agreed to pause accreditation in ISO45001 by 2021/22 due to COVID-19 pressures, along with the agreed audit programme against ISO45001 standards.
- Flu learning and planning report was received and the priorities for delivery in 2019 agreed



### August 2019

- Quarterly reports (QI) were provided by each directorate which includes: an account of performance against mandatory training compliance and 8 day standard for reporting incidents; progress against each delivery plan in the quarter; identification of any 'hot issues' needing HSW Steering Group support
- A review of the operational and strategic risk and opportunity registers relevant to HSW
- Receipt of a PIC System reform paper from Hard FM and agreement of the recommendations therein

### October 2019



- Directorate reports on progress against wellbeing and resilience survey findings and local action plans were discussed; best practice and concerns shared
- Audit: it was agreed that manual handling and lone working were priority areas to gain assurance that performance standards were being adhered to in the management of risk; a self-assessment approach was agreed as a starting point
- The need to introduce a PVP (Potentially Violent Persons) system as a matter of priority was agreed
- The deadline for compliance with mandatory training as set by CMT was noted as 31 October

### **December 2019**

- Quarterly reports (Q2) were provided by each directorate which includes: an account of performance against mandatory training compliance and 8 day standard for reporting incidents; progress against each delivery plan in the quarter; identification of any 'hot issues' needing HSW Steering Group support
- Audit: the schedule of HSW audits was agreed starting January 2020

### **February 2020**

- Quarterly reports (Q3) were provided by each directorate which includes: an account of performance against mandatory training compliance and 8 day standard for reporting incidents; progress against each delivery plan in the quarter; identification of any 'hot issues' needing HSW Steering Group support
- PVP discussion was held and next steps agreed
- Audit: The outcome of the self-assessment was shared (see section on audit for outcomes and recommendations)
- It was agreed that the manual handling risk would remain at 16 until the formal audits had taken place.
- Mandatory training compliance was discussed and approach agreed to ensure compliance

### **April 2020**

- Meeting cancelled due to the COVID-19 Pandemic and emergency planning arrangements involving most of the member's needing to take precedence including:
  - Gold and Silver Command
  - Safe Systems of Work Cell
  - PPE Cell

### **June 2020**

- Agreement about role of HSW Steering Group v Emergency planning arrangements, and priorities of group to keep BAU HSW management moving in the COVID-19 environment

At the time of writing the report, the forward plan includes:

- PVP system
- Implementation of SHE Assure
- Refreshed HSW Corporate Policy
- Wellbeing and Wellbeing Champions

- Working From Home Strategy
- Flu Programme 2020
- PIC reform
- Management of Asbestos
- Tree Management Plan

In the first quarter of 2020/21, COVID-19 has presented an opportunity for unprecedented engagement between services and the corporate HSW Team, where new and refreshed knowledge and approaches in risk assessment were able to be discussed 'in-action', which has been well received by Managers.

## **REGULATION**

### **Control of Exposure to Vibration**

The Improvement Notice served by the HSE in January 2018 in respect of the management of the control of exposure to vibration, was closed in full on 2 May 2019. It was served following an inspection by a Specialist HSE Inspectors visit to Street Services, as a result of two RIDDOR reports relating to employees being diagnosed with Hand Arm Vibration Syndrome and Carpel Tunnel respectively. Her inquiry related to our management of the control of vibration dating back to 2005 to the current day. At the time of writing this report, the HSE had written to The Council on 5 June 2020 inviting us to provide a written submission on matters we wish the HSE to take into account when making the final decision as to whether to prosecute. With guidance from appropriate Legal Counsel, our CEX responded to this request in full on 17 July 2020 and we await the outcome.

### **Cutting of grass banks**

At her visit on 24 April 2019 the HSE Inspector observed a breach of Regulation 5 of the Management of Health and Safety at Work Regulations in relation to grass cutting of banks and lack of suitable and sufficient risk assessment in relation to falls from height. Evidence that this risk had been addressed was presented to the HSE Inspector and the matter was closed.

### **Working at Height – Weston Mill**

In May 2019 an HSE Inspector visited Weston Mill as a customer on two occasions and put us on notice of contravention of the Working at Height Regulations 2005 due to observing workers within skips without edge protection. The Council investigated these two breaches and took remedial action to prevent this happening again. Evidence was presented to the HSE Inspector and the matter was closed.

### **Management of Asbestos – Plymouth High School for Girls**

In January 2020 a concern was raised with the HSE that contractors had been allowed on site and had not been shown the asbestos register or made aware of asbestos containing materials on site. They had accessed the boiler room (which was a restricted area) and removed a door without knowing whether there was any asbestos risk involved; this door has been left for 3 weeks in a stair well. Evidence was presented to the HSE Inspector to demonstrate that remedial actions were taken immediately by the school and the matter was closed.

### **COVID-19 - infection control arrangements for waste operative sharing cabs**

In May 2020 the local HSE Inspector asked for clarification about our safe systems of work for waste collectors. We were able to present evidence demonstrating a thorough risk assessment process and safe system of work were in place, resulting in our waste operatives wearing face masks whilst sharing cabs. The matter was closed.

## DEVON AND SOMERSET FIRE AND RESCUE SERVICE ENFORCEMENT ACTION

Following a fire at Chelson Meadow Recycling Centre in April 2019, DFRS issued a notice of contravention of the Regulatory Reform (Fire Safety) Order 2005 in regards to the alleged lack of continuous monitoring and review of the Fire Safety Risk assessment. Evidence was provided by our Facilities Management Team to demonstrate that this was in place, and the records stored in FM files rather than at Chelson Meadows and the matter was closed.

## TRAINING

As in previous years, the HSW Assurance Team has provided a core training programme for staff comprising a range of mandatory, essential and risk/ job-related training courses. All HSW training is also available to external partners.

Two courses are currently commissioned externally: First Aid and Conflict Resolution, and there are a number of associated e-learning packages available on learning zone with IOSH courses now available by eLearning.

Our courses have been reviewed and adjusted to take account of reducing demand for some courses. This led to an improvement in the level of scheduled courses actually taking place. As for previous years, the main reason for courses not taking place have been bookings below the base level of 6 people, often due to late cancellations. To support the organisation in compliance with manager's induction training, the HSW Team planned additional courses.

Training Compliance has been a corporate priority for 2019-20, with a commitment to achieve full compliance with mandatory training. To support this, the HSW Team has provided additional courses and has worked with our partner International Workplace to provide e-IO SH Training for senior leaders and senior managers. All Departments are required to have planned for the HSW training provided to their staff and to develop Training Needs Analysis to manage and document the training provided.

	2017-18	2018-19	2019-20
Number of courses planned	107	71	50
Number of courses run	90	63	85
Percentage of courses run	84%	89%	170%
Number of courses cancelled (main reason less than 6 people attending; last minute cancellations)	17	8	10
Percentage of courses cancelled	16%	11%	20%
Total number booked on courses	762	784	1124
Total course attendance	602	536	948
Did not attend rate	21%	32%	16%
Percentage attendance of courses run	79%	88%	84%
Percentage evaluations received	34%	42%	16%
Percentage satisfaction score	72%	74%	95%

## HSW Mandatory Training

A focus on compliance with mandatory training has continued during 2019-2020 and as of 31 March 93% compliance with our basic induction programme has been achieved; this is a 12% increase from last year. At the time of writing this report the compliance sits at 92.6%. This course should be completed in the first week of starting employment with the Council,

A new approach to Health, Safety and Wellbeing for Managers was adopted during the year to boost compliance which was unacceptably low at 37% at the beginning of the year. By year end we have seen an increase of 52% to 89% completing the course. This has risen by a further 11%, to 93% at the time of writing the report. This course should be completed within one month of a new manager starting with the Council.

This does not include people who do not have access to on-line learning and we are working towards reporting on people who receive taught induction training.

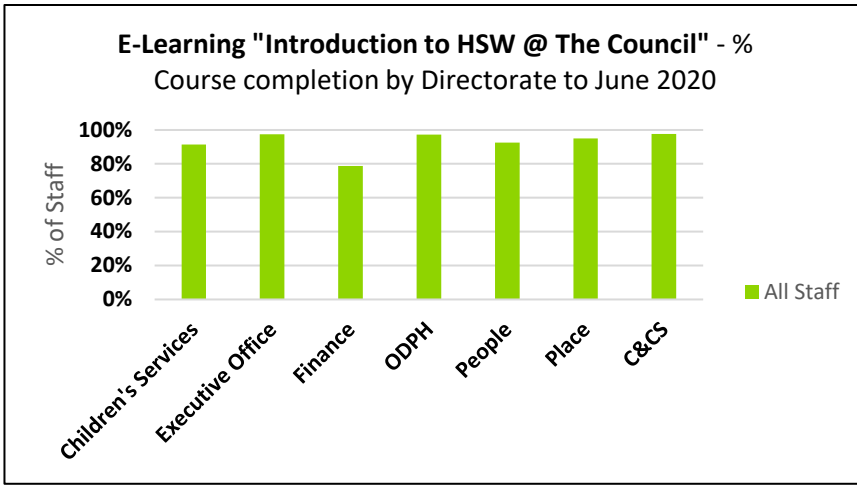
International Workplace has been commissioned to provide IOSH Managing Safely and IOSH for Senior Executives and Directors via e-learning, to allow flexibility in completing the course. At year end compliance stood at 77% an increase of 29%, and at the time of writing the report is 79%. This course should be completed within 3 months of a Senior Leader starting with the Council and is subject to re-certification every 3 years.

The Council recognises that achieving compliance with mandatory training is fundamental to achieving a pro-active approach to health, safety and wellbeing, and raising the general ability of employees at all levels to make informed decisions on the management and escalation of risk. Performance data is published on a monthly basis to support service areas to achieve compliance.

CMT gave a directive for all staff to have completed their mandatory training by the 31 October 2019. An extra 20 courses took place with increased capacity to accommodate the demand. Below is a table comparing compliance throughout the year:

Type	March 31 2019	31 Oct 2019	31 March 2020	30 June 2020
Induction	81%	89%	93%	92%
Managers Induction	37%	93%	89%	93%
IOSH Managing Safely	33.8%	67%	77%	78%

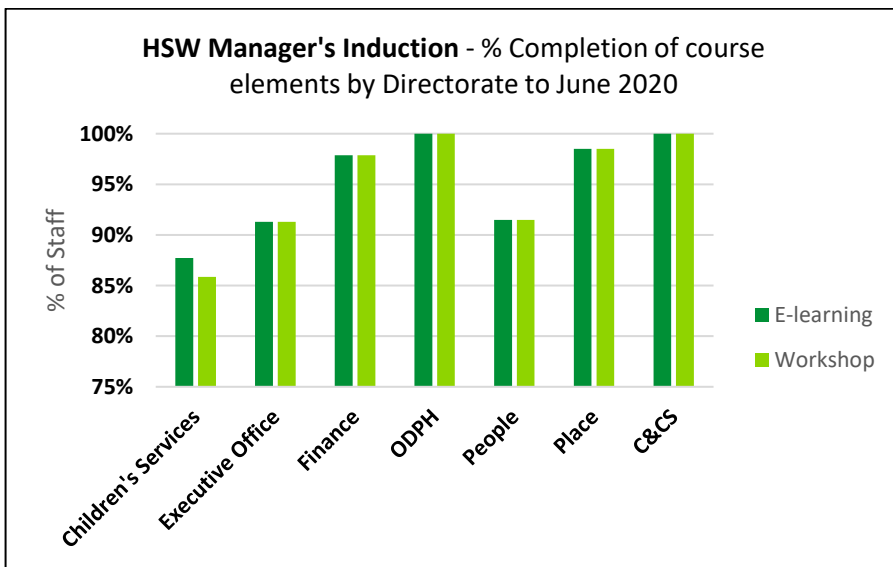
## HSW MANDATORY TRAINING - CURRENT AS TO END OF JUNE 2020



**All staff: 1961 out of 2109 Completed (93%)**  
**eLearning data is influenced by:**

- New Completers
- Removal of duplicate employees
- Removal of career breaks, maternity, adoption, unpaid leave, and +4 weeks sickness absence.

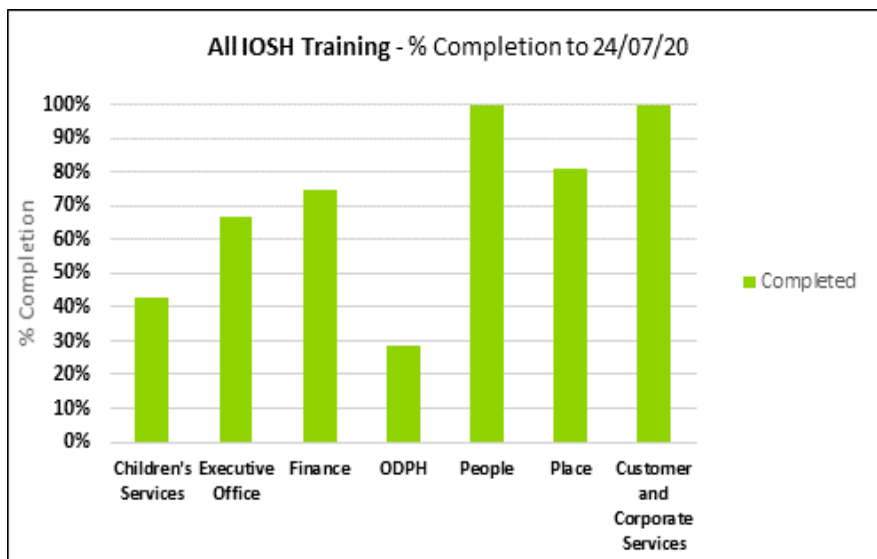
For new managers, to avoid duplication, the online content of the "Staff introduction to health, safety and wellbeing @ the Council" has been incorporated into the new manager's mandatory training.



**421 Managers in scope, of which:**

- 399 have completed eLearning (95%)
- 397 have completed workshop (94%)

managers continuously booked onto the next available course



**55 out of 75 in scope completed.**  
 Includes the number of Managers whose attendance is Mandatory only. Does NOT include managers who are not mandatory but in scope, or who have attended but are not in scope. Does not include currently vacant posts. Includes Senior Leaders who do IOSH Safety for Senior Execs instead of IOSH MS.

All Mandatory training requirements will be reviewed in 2020-21 to consolidate the number of courses required for each employee group.

## **AUDIT AND RISK**

The 2019-20 audit programme continued to focus on the key findings from the self-assessment audit programme conducted in 2017-18, and to concentrate the corporate HSW team's resources on the higher risk areas across the organisation.

Devon Audit Partnership was commissioned to undertake an audit of our arrangements for the Management of Exposure to Vibration. The report was received in January 2019 and contained 25 recommendations. All recommendations have been acted on and any requirements completed. The action plan is now closed.

A follow up audit was commissioned in June 2020, with further recommendations made; this has been the subject of a risk summit and actions are in progress to address the improvements required by the end of September 2020. It is important to note that the management of exposure to vibration has continued to sustain and improve on the levels of exposure actually received by our manual workforce. The majority of exposure is below 100 points, and where this is exceeded remains below the 300 point internal limit value that PCC agreed as part of our performance standard.

A comprehensive physical audit programme against ISO45001 standards was designed and approved by the HSW Steering Group, however at the point of launching the COVID-19 pandemic was declared and has therefore been deferred until further notice.

Instead, two further self-assessments were completed across all service areas in relation to manual handling and lone working. These served to raise awareness about the HSW performance standard requirements and to prompt the review of risk assessments where required. The key outcomes of these are shown below:

### Lone Working and Manual Handling Self-Assessment

The self-assessments were based on our corporate performance standards and were carried out across the organisation following assurance concerns raised by the HSW Steering Group.

The Key findings are:

- A greater awareness has now been raised to those hazards where they had previously not been fully considered or arrangements developed
- We found that most areas where higher risk lone working and manual handling activities take place have procedures in place, although a deeper dive is required to review whether they are suitable and sufficient

- As a result of the programme a number of areas are either reviewing their current arrangements or have/are producing draft risk assessment and training reviews

The next steps are now:

- HSW Action Plans associated with these hazards to be completed
- HSW Risk Assessment Register to be updated with TU engagement
- Training needs analysis and matrixes completed
- The Corporate HSW Audit Programme will include lone working and manual handling

The HSW Steering Group receives a quarterly risk report in relation to any operational or strategic risks and opportunities of a HSW nature. As a consequence, risk scores have been revised and deeper dives into some risks have been requested to improve understanding and risk oversight. These include:

- Asbestos Management
- Arrangements for Persons in Control of Buildings
- Tree Management across the City

## **COVID-19 PANDEMIC**

In March 2020 The Council activated emergency planning arrangements in response to the COVID-19 pandemic. Full coverage of our approach to COVID-19 and the management of a biological hazard will be presented in the 2020/21 annual report. However in summary:

- All Government Guidelines have been followed since lockdown was announced on 25 March
- Some 85 per cent of our workforce were able to work from home, whilst the remainder continued to support critical services to continue to operate across the City
- Services published Safe Systems of Work and delivered tool box talks based on corporate master documents and adapted for different operational services as appropriate
- Risk Assessment processes for individuals who are clinically extremely vulnerable and clinically vulnerable are in place
- A process for identifying cases of COVID-19 that required reporting as RIDDOR was put in place, along with an internal track and trace methodology
- Persons in control complete daily returns to confirm SSOW are being adhered to in our corporate buildings
- All corporate buildings have had a COVID-19 secure RA, and buildings have been adapted to ensure the government guidelines can be followed
- As we entered the 'reset' phase, all services resuming work activities where employees were required to work away from their home had to demonstrate their COVID-19 secure arrangements by submitting for review their risk assessment, safe system of work, toolbox talk and an Equality Impact Assessment. The majority of services were able to start as planned; however, in the event that further work was required, restart dates were delayed.
- People working from home undertook a specific COVID-19 casual working checklist and were provided with any DSE compliance equipment needed (including specialist equipment where required)
- We worked closely with all our Maintained Schools and a panel comprising of HSW Professionals, Education Leaders and TU representatives reviewed and approved COVID-19 risk assessments for all maintained schools
- Maintained schools also completed compliance assessments in respect of Facilities Management and COVID-19 secure arrangements

- TU health and safety representatives had daily engagement meetings with the Service Director of HROD and other members of the HROD Management Team as required, in support of HSW activities relating to COVID-19

### **Risk Summits**

Our risk summit process is invoked by any enforcement action taken by regulatory bodies, to ensure an appropriate and swift response is made. Each meeting is chaired by the Service Director HROD and attended as a priority by Senior Managers as budget holders, with the ability to command the appropriate resources in a timely way. As a result, all remedial actions were taken promptly and all enforcement actions were closed without further escalation by Regulators.

In addition a risk summit was held in relation to concerns about the fire alarm system at Windsor House, due to a couple of incident reports received indicating it was mal-functioning in some areas of the building. Risk controls were put in place to mitigate the risk until temporary repairs could be made, and continued until a permanent solution was secured.

At the time of writing the report, there is one active risk summit relating to the recommendations made by Devon Audit Partnership in an audit of the Management of Exposure to Vibration in Street Services. Please see further detail in the main body of the report.

## **WELLBEING**

### **Key Facts**

- After a successful recruitment drive our local volunteer wellbeing champions have increased from 28 to 60 volunteers.
- Wellbeing workshops and training have been extended and added to our program offered to employees. A comprehensive and successful 12 week tailor made program incorporating mental health awareness has been delivered to support one of our essential services.
- Our People strategy has been agreed, integrating wellbeing as part of it.
- We have been awarded the Bronze Wellbeing at Work Award by Livewell South West

### **Wellbeing action plans**

During the last year we utilised the information gathered from our previous survey to discuss and implement action plans for the key areas that needed addressing in the organization. The action plans created from the results of the findings of the survey have been executed and continue to be imbedded. Actions were centred around 3 key areas: working intensively, relationships (internal and with customers) and musculoskeletal.

### **Support and Guidance**

The Council has increased the ability to sign post employees to free wellbeing services offered in the City in relation to specific areas of wellbeing. This has been managed on our employee intranet to ensure our employees are able to access, and are aware of the range of wellbeing services available.

The offer of an Employee Assistance Program has continued with PAM Assist, and have supplemented this offer with Able Futures, a supportive mental health work coach service for all of our employees to access. Our knowledge and information on city wide supportive projects has increased including any crisis intervention or availability of support.



### **Skills development**

The training model for our stress risk assessment training has been rewritten and adapted in response to the needs of the organisation. The new wellbeing and risk assessment training ensures that we are able to equip managers and team leaders with the knowledge to be able to recognise, assess and address stress within their teams and also with individuals providing a supportive approach.

Mental Health awareness sessions have been delivered and built into team meetings to ensure that it remains a priority on the agenda.

A digital detox workshop has started to also be rolled out as an addition to our current training schedule.

### **Wellbeing Champions**

Our wellbeing champion initiative has had a 50% increase in volunteers across the organisation, willing to support and take the lead on wellbeing initiatives within their departments. Our wellbeing champions have continued to expand their knowledge base, and continue to identify and report common themes.

This year saw one of our wellbeing champs Jess Dann, win the Wellbeing Champ of the year award in Plymouth.

Our current wellbeing support mechanisms have had to be very adaptive and reactive due to the current COVID19 pandemic. All of our wellbeing signposting and support has moved to Microsoft Teams webinars. Due to the complexity and effect of having to adapt to this new way of life we are providing virtual support groups, wellbeing drop in sessions and continue to explore and adapt to ensure all of our staff are able to access the right support for them.

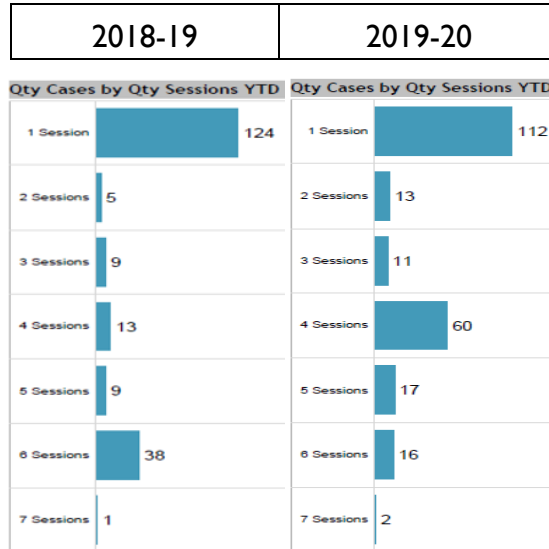
### **Employee Assistance Programme**

The Council's contract with PAM ASSIST for our Employee Assistance Programme was amended for 2019-20 from a pay-as-you go contract to an all-inclusive contract. The main driver for this was to enable employees to access counselling without having to seek approval from their manager and thus keeping the sessions confidential. This has not resulted in a rise in the number of people, or sessions accessed.

PAM Assist has been actively promoted throughout the year, with the Client Relations Manager providing information sessions during our wellbeing week, and a permanent screen saver appearing on laptops and PCs for the majority of the time.

During 2019-20 there has been a decreasing number of employees accessing the EAP website (778) down from 863 in 2018-19 and 1420 in 2017-18. The website provides a range of advice and guidance relating to various health and wellbeing topics, money management and legal matters. The most frequently viewed pages continue to be all aspects of mental health and on-line counselling support.

The level of access to telephone counselling increased from 62 people to 231 in 2019-20 whereas face to face counselling remained around the same level as the previous year 449 sessions. The table below demonstrates that the majority of people only require one session, and that there has been a significant increase in the number of people having up to 4 sessions. The number of people needing over 4 sessions has decreased. Only in extenuating circumstances is more than six sessions agreed.

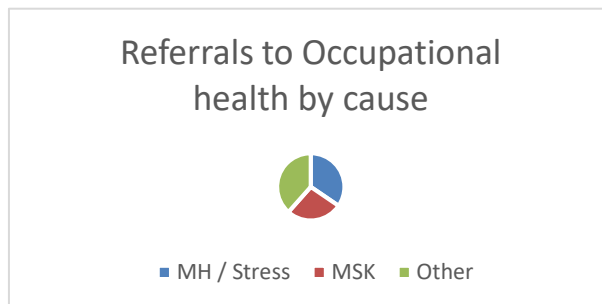


### Occupational Health

Medigold provided 447 pre-employment checks in support of the Council’s recruitment process and 281 Occupational Health appointments in 2019-20. This is broadly consistent with the last two years. The primary reasons for referral continue to be mental wellbeing and stress, musculoskeletal concerns and fitness to work. Managers categorise their referrals as follows:

Reason for referral	Total
A significant period of absence e.g. a hospital stay or long term absence of 4 weeks or more	91
Concerns that the employees work is being affected by a medical condition	36
Concerns that work may be exacerbating a medical condition	45
Employee appears to be suffering from negative levels of pressure / stress in either their personal or working life	70
High levels of short term absence for seemingly minor reasons	9
Other	448
Total	281

The following pie chart shows the two top concerns identified by the Occupational Health Service compared with all other concerns:

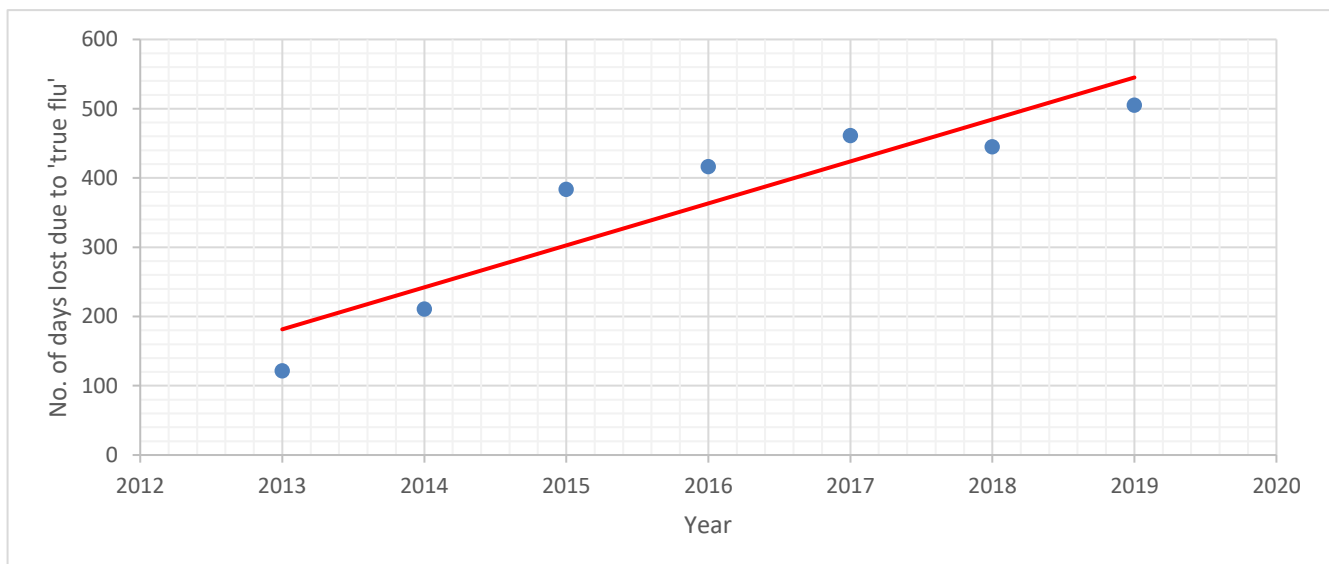


This is consistent with our sickness data, and national data concerning the top reasons for sickness absence in the UK.

### Flu programme 2019-20

The Health, Safety and Wellbeing Team has been facilitating the annual flu vaccination programme since 2012. Flu occurs most often in winter and usually peaks between December and March. Immunisation is the single best way of protecting people from flu and preventing its spread. The vaccination does not give complete guarantee that flu will not occur, however, those who are vaccinated will likely have milder symptoms and a shorter period of illness (NHS England 2019). This will have a subsequent positive impact on sickness absence - cold and flus are the number one reason for short-term sickness absence across Plymouth City Council and days lost due to 'true flu' has been steadily rising, (see graph below). 'True flu' has been defined as over seven day absence for colds and flu.

The graph shows us that despite having an annual flu programme, the number of people requiring sickness absence due to flu, remains on an upward trend.



In 2019-20 flu clinics were organised by appointment at Chelson Meadow, New George Street and Midland House.

We had 297 appointments available and these were filled plus a reserve list, eight people cancelled appointments which were filled from the reserve list. There was a total of 25 no-shows, however we were able to fill 20 of those spaces, leaving only five vaccinations unused.

As with previous years, we have focused on frontline workers in the following departments;

- Education, Participation and Skills
- Children, Young People and Families
- Street Services
- Customer Services and Service Centre
- Community Connections
- Bereavement Services

The offer was expanded to other departments who put forward a case to have the vaccinations and the surplus was offer to the rest of the organisation on a first come first serve basis.

In total it is estimated that 27% of our employees received a flu vaccination. This includes people in the following groups:

- Employees who would have met the governments criteria for receipt of a free vaccination via their GP or Pharmacy (based on our Health Needs Assessment)
- Employees who work in social care roles with direct contact with vulnerable residents who were eligible for a free vaccination from their GP practice or pharmacy (based on employee numbers in front line social care roles)
- Employees who attended our clinics (Management Information)

The total uptake of vaccines per directorate (PCC provision)



The

Directorate/ Department	Vaccine no.
Place	75
People	16
Finance	13
Customer and Corporate Services	86
Executive Office	9
ODPH	12
Children's Services	86
<b>Total</b>	<b>297</b>

Year	Clinic/ Vouchers	Total employees	Uptake	% of uptake
2015	Clinic	2717	441	16%
2016	Clinic	2591	400	15%
2017	Vouchers	2644	232	9%
2018	Mixture	2543	306	12%
2019	Clinic	2586	292	11%

**AT THE TIME OF WRITING THIS REPORT FLU PLANNING IS UNDERWAY FOR 2020. THIS PLANNING INCLUDES ENSURING THAT OUR EMPLOYEES RECEIVE THE VACCINE IN THE MOST COVID-19 SECURE WAY. ACCIDENT AND INCIDENT REPORTING AND LEARNING**

All data presented in this report has been extracted from an MS Access data-base managed by the corporate HSW Assurance Team. Data is presented as a ratio of incidents per thousand workforce population (headcount) to standardise the rate and allow comparisons between years. This data is for Employees & Agency workers only, and does not include PCC Maintained schools.

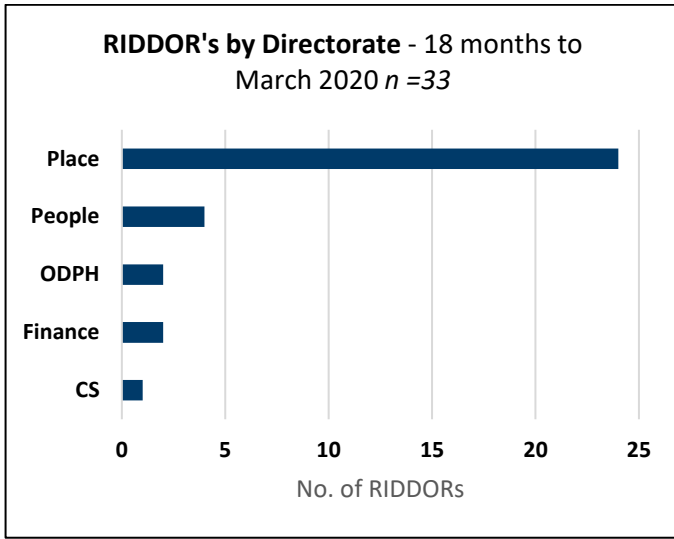
The data is not benchmarked with other organisations due to the variation in the way that incident and accident information is captured which may present a misleading picture.

For the first time data is being presented for the previous 18 months to 31 March 2020. This is to provide a better indication of themes and trends.

The reader should be aware that the data presented represents the number of incidents reported, which may not be the actual number of incidents which occur.

<b>Key to Chart Data (incident Codes)</b>	
Injured by an animal or insects	ANI
Drowned, asphyxiated, or choked	ASPH
Injury from hot or cold contact (e.g. scald)	BURN
Dangerous Occurrence (RIDDOR definition)	DO
Display Screen Equipment	DSE
Contact with Electricity or Electrical discharge	ELEC
Exposed to fire	FIRE
Hit something fixed or stationary	FIX
Injured while handling, lifting or carrying	MHO
Near Miss	NM
Other kind of accident or incident	OTH
Hit by moving vehicle or other transport incident	RTA
Self-harm	SELF
Needlestick or sharps injury (Cut by sharp object)	SHAR
Slipped, tripped or fell on same level	SLIP
Exposed to or in contact with a harmful substance	SUB
Unintentional Violence	UV
Violent Person	VP
Verbally Assaulted or Threatened	VV

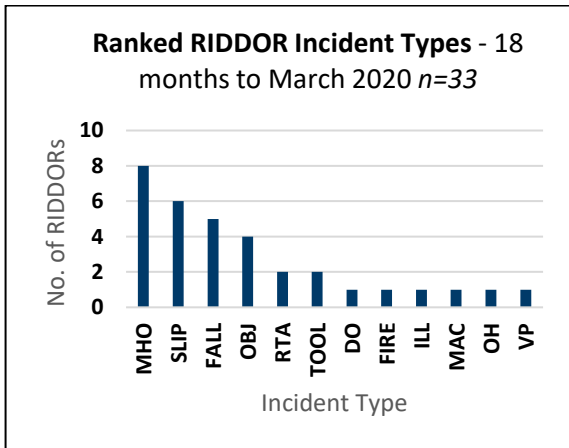
## CURRENT RIDDOR DATA - ROLLING 18 MONTHS, TO MARCH 2020



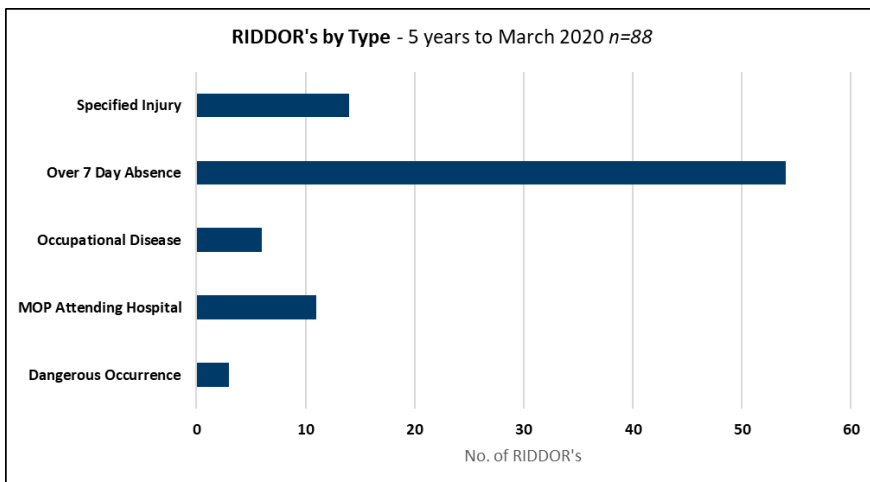
Place Directorate Report the highest number of RIDDORS, as the service with the critical mass of manual front line workers. A new health, Safety and Wellbeing Advisor has been appointed and is actively reviewing incident reporting and risk management to reduce this number.

There has been a slight reduction in the number of RIDDORS caused by slips in the last 18 months compared to the following slides of the last 5 years. There has also been a corresponding increase in the number of manual handling incidents reported compared with the last 5 years

A deeper dive into RIDDORs reported due to Road Traffic Accidents is offered later in the report.



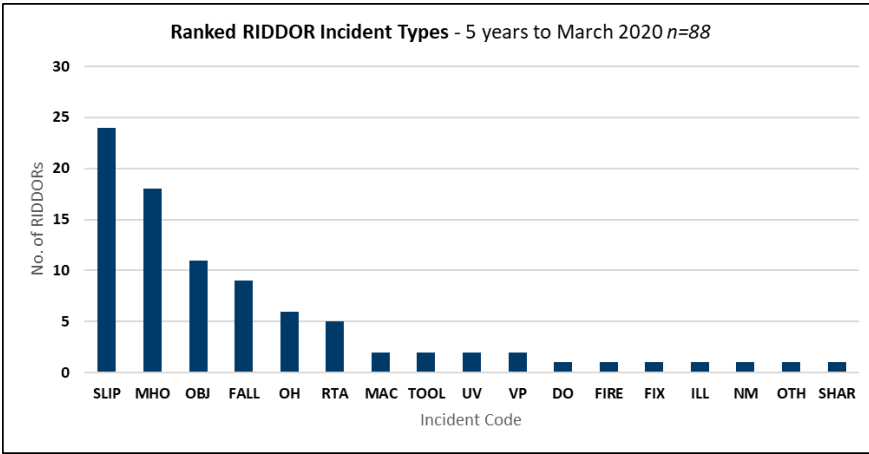
## HISTORIC RIDDOR DATA - LAST 5 YEARS, TO MARCH 2020



This chart shows a basic numerical breakdown of RIDDORS by Type - "Over 7 Day Absence" RIDDOR's predominate. A further breakdown of lost time incidents is provided below.

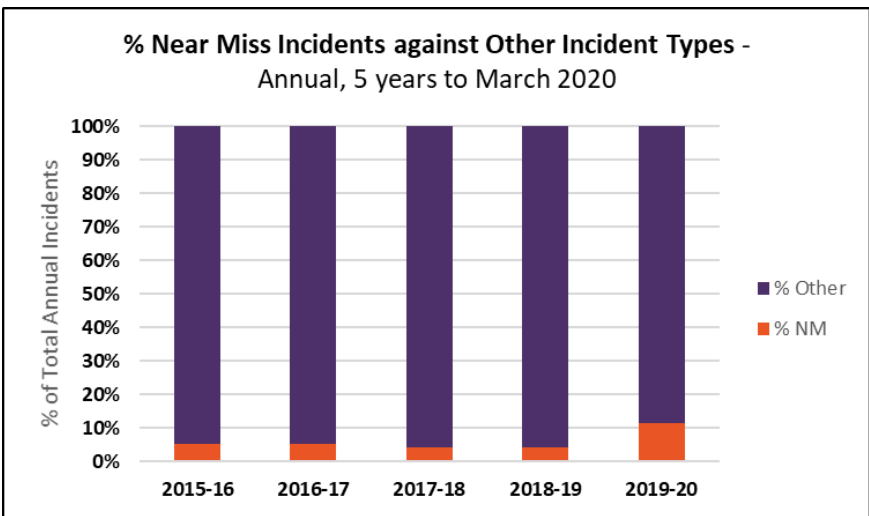
The occupational diseases reported all relate to Hand Arm Vibration Syndrome.

The dangerous occurrence was the fire at Chelson Meadow due to the impact on service delivery.

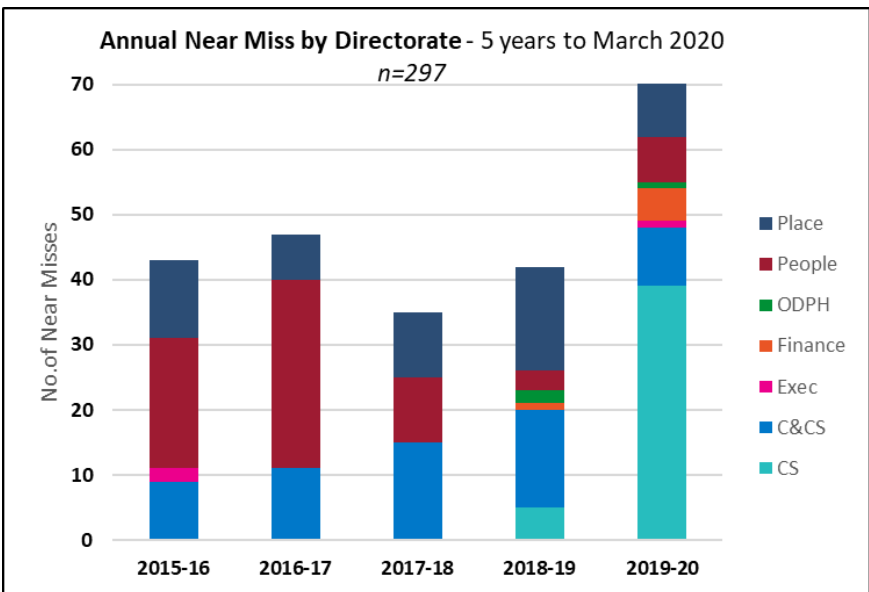


This chart shows a ranked view of RIDDORS by Incident Type: SLIPs make up the largest number, followed by Manual Handling (MHO) incidents: this provides focus on the types of activities across PCC that are most likely to lead to reportable incidents.

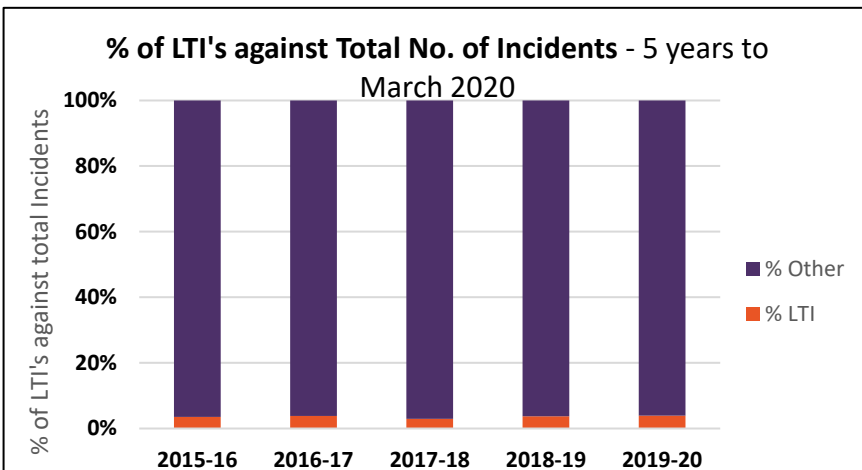
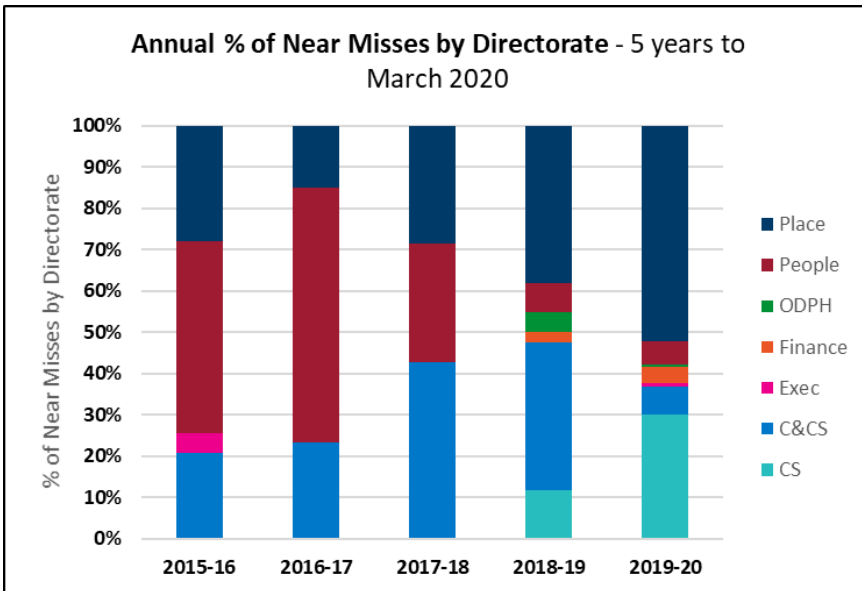
### HISTORIC NEAR MISS & LTI DATA - LAST 5 YEARS, TO MARCH 2020



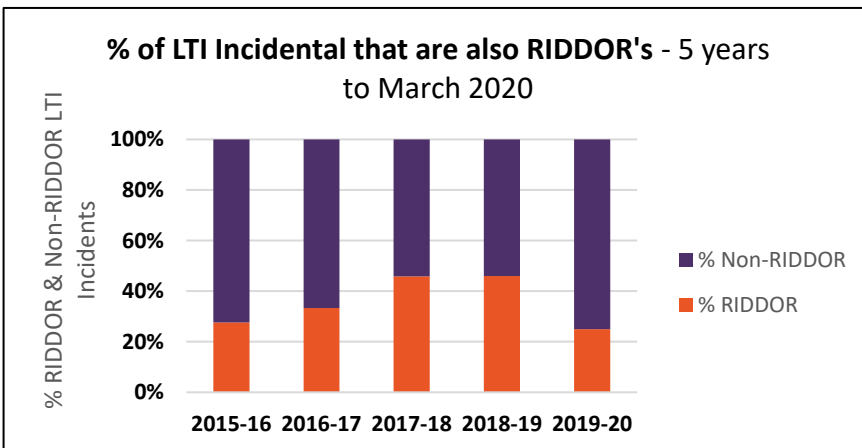
This chart shows PCC Near Miss reporting as an annual percentage against other incident types, over 5 years. A traditional healthy "incident Triangle" would require more Near Miss and hazard observations than incidents that cause harm (i.e. at least 50%), so the proportion of Near Misses reported against other incidents is low. The recent increase in 2019/20 is due to the efforts of Customer Services to promote Near Miss reporting, as shown in the next graph. The Council aspires to increase near miss reporting to 50% of the total over the next 3 years



These charts allow a more detailed examination of the 5 year Near-Miss data. The first shows Directorate reporting per year (in terms of actual numbers) and the second shows that same data, but as a % of the total near misses reported. It can be seen that of the recent increase in Near Miss reporting, this has largely been from CS Directorate. Also, Previously, People Directorate contributed the largest proportion and number of Near -Miss reports; however in the last few years this has substantially tailed off. PCC Structure changes may account for some of this change.

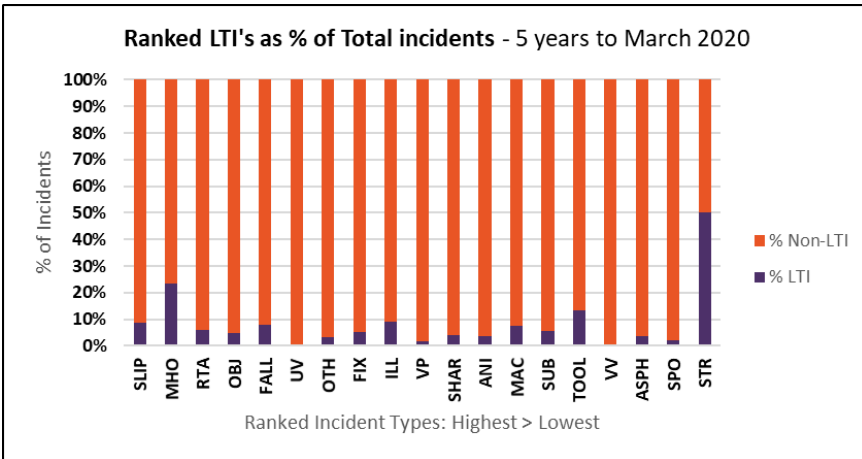
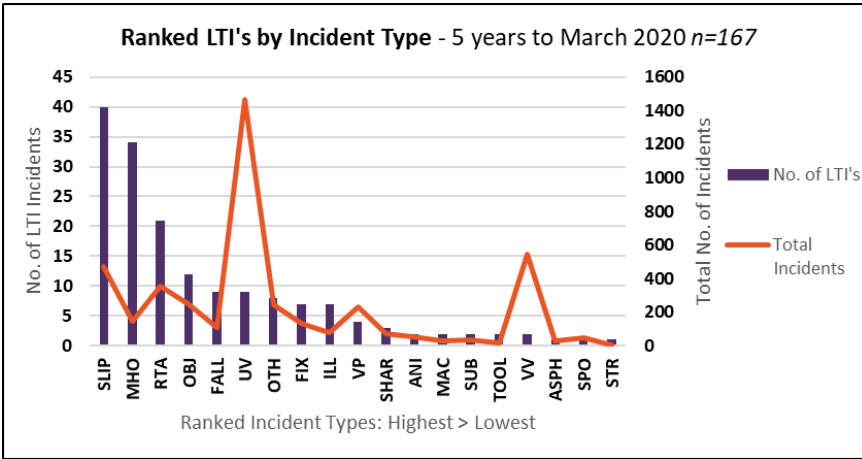


This chart shows the PCC Lost-Time Incident (LTI) reporting trend over 5 years as a % against total numbers of incidents reported. The LTI % remains very consistent at about 3 to 4% of the total no. of incidents.



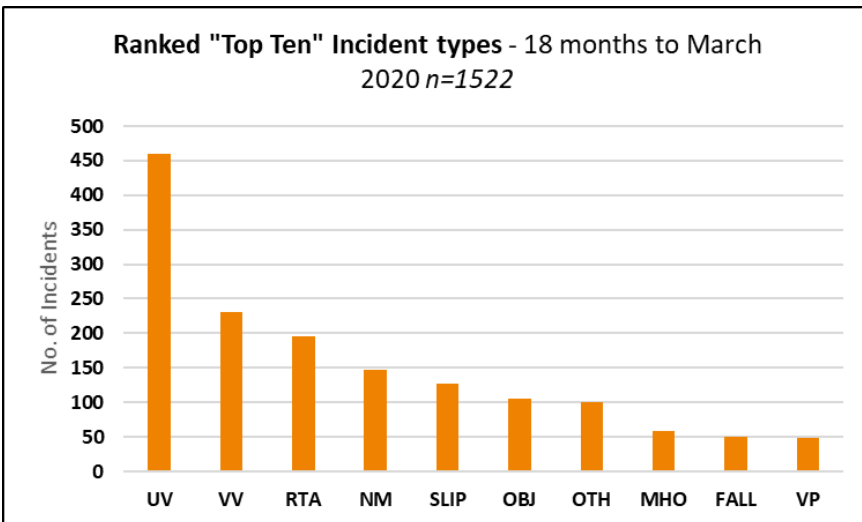
This chart looks at what % proportion of LTI's are also RIDDOR Reportable - this can be as high as 46% - so not only do LTI's have a personal impact to employees and a cost element to the organisation, a substantial % have a potential regulatory impact as well. Note - over 7 day absence is a RIDDOR Criteria, and our most commonly reported RIDDOR type.





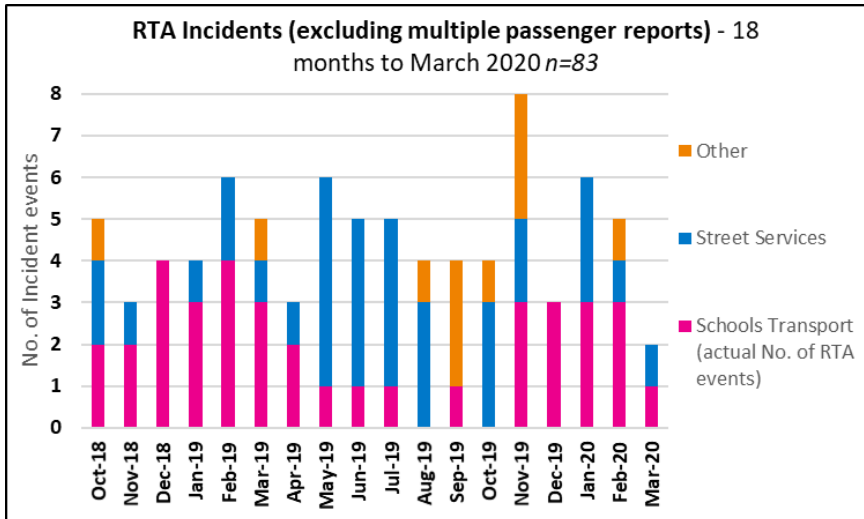
These 2 charts examine the type of incidents that have led to LTI's. The first shows the actual numbers (Ranked highest to lowest), against overall total numbers of that incident type, the second shows that same data, but as % of total incidents. We can see several points of note from this data: although SLIP (Slip/ Trip/ Fall on the same level) is the highest Incident type for LTI's, the % of SLIP incidents that lead to LTI's is low (8.5%). The second highest ranked LTI cause: MHO (Manual Handling Incidents), comprise 23% of total MHO Incidents. The total opposite, UV (Unintentional Violence) incidents, ranked the 6 highest LTI cause, are only 0.6% of total UV incidents.

### CURRENT INCIDENT - ROLLING 18 MONTHS, TO MARCH 2020

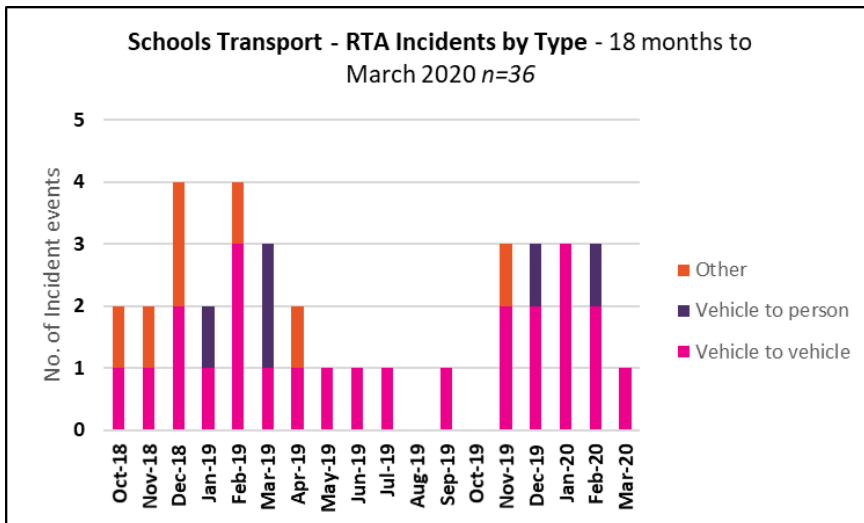


This chart shows the ranked "Top Ten" incident types. UV (unintentional Violence) incidents predominate - these come from Schools Transport & Adult Care centres, but exclude Schools/ Special Schools as that data is reported separately. Excepting UV incidents, VV (Verbal Violence) incidents are the next highest, this is from our public facing staff, including Call Centre Staff. The RTA figure would include Schools Transport RTA's, where every passenger in a vehicle involved in an RTA has to be counted as a separate incident, which inflates the figures by approx. 50%.

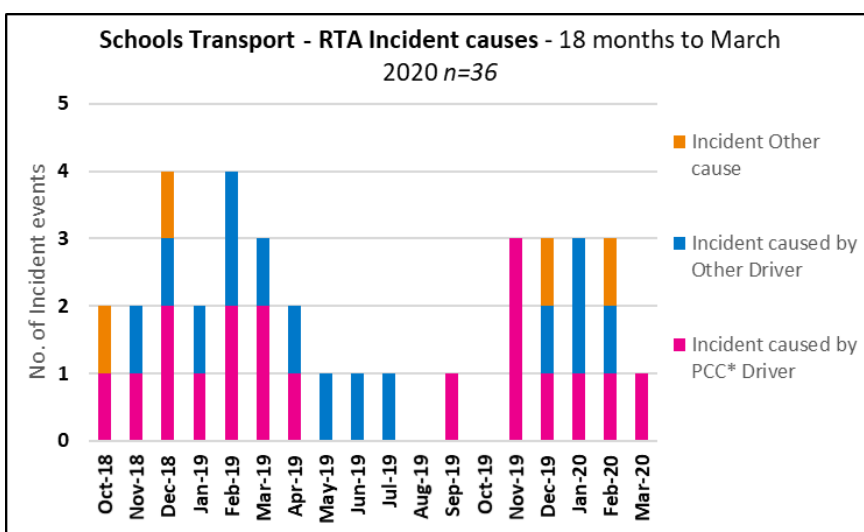
## DETAILED REVIEW OF RTA INCIDENTS



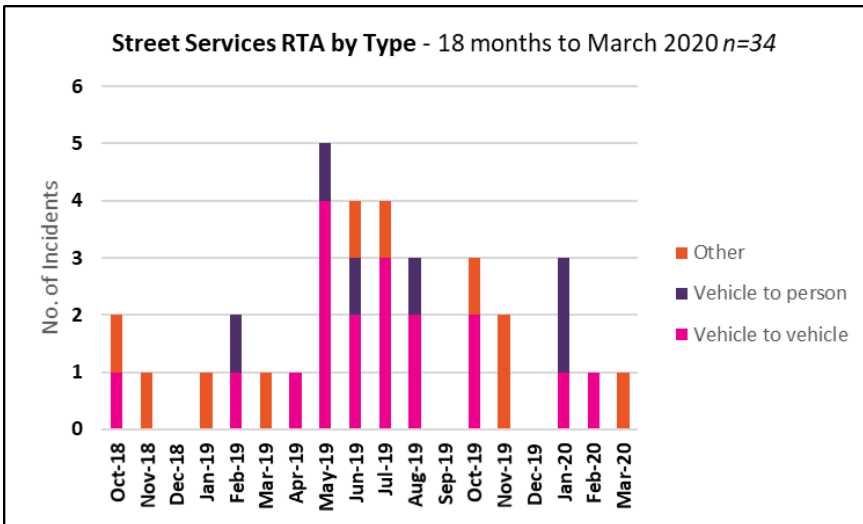
With the Schools Transport data adjusted to reflect actual RTA events (as opposed to number of passengers affected), a more valid picture of the ratio of RTA's between Schools Transport/ Street Services and other parts of PCC can be seen. The seasonal variation is less pronounced, and the balance of incidents between Schools Transport and Street Services is far more even (37 to 34 incidents respectively within the timeframe). Data on the ratio of incidents to journeys undertaken is not available however, so it is not possible to work out from this data the relative frequency of RTA's for each area.



This chart examines the type of RTA incident occurring within the Schools Transport setting. The data shows that the majority of incidents are "vehicle to vehicle" collisions - these are nearly all minor traffic collisions that do not result in injury. The far less frequent "vehicle to person" incidents mostly involve events where the pedestrian's actions lead to the incident, the majority of these are in public areas where PCC has no control over the actions of the pedestrians involved, many of whom are under 18 years of age. The "Other" category consists of incidents such as property damage caused by vehicle collisions. The data shows the expected seasonal variations linked to school holidays.

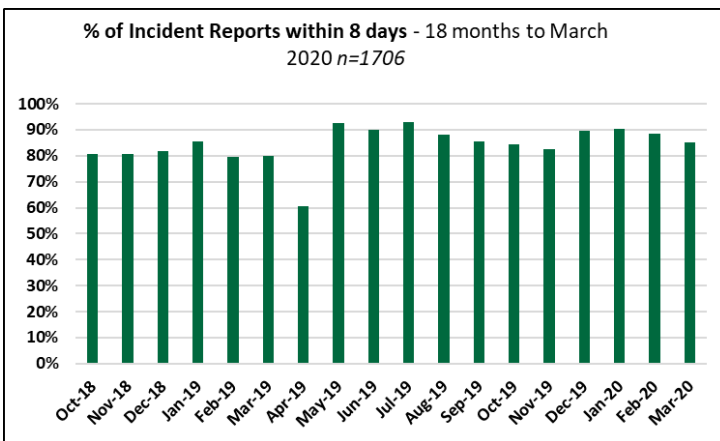


This chart examines the reasons that the above incident type occur. For the purposes of this data, 'PCC Drivers' include: the driver of any vehicle which is either owned or operated by PPC, or leased/ hired/ contracted for PCC Schools Transport use (e.g. taxis & minibuses). The data shows the expected seasonal variation, and also that highest cause is "PCC Vehicles", followed by "Other" and "Other Drivers" (24, 7 & 5 incidents respectively): this indicates that the majority of incident causes (50% of Schools Transport RTA's) are due to actions of driver of vehicles under PCC control, so this is an area that can be focused on to reduce the number of occurrences. The "Other" category is for incidents caused by, for example, action of pedestrians.



This chart examines the reasons that the above incident type occur. For the purposes of this data, 'PCC Drivers' include: the driver of any vehicle which is either owned or operated by PPC, or leased/ hired/ contracted for PCC use. The data shows the seasonal variation mentioned above, and also that highest cause is "Other Drivers (59%)", followed by "PCC Drivers" (23%) and "Other Drivers" (12%); this indicates that the majority of incident causes (18 out of 34 incidents) are due to actions of driver of vehicles not under PCC control: however this is still an area that can be focused on to reduce the number of occurrences - for example by increasing frequency of TBT's on and training on vehicular and personal road safety awareness for waste collection staff. The "Other" category is for incidents caused by, for example, action of pedestrians.

### 8 DAY REPORTING - 18 MONTHS TO MARCH 2020

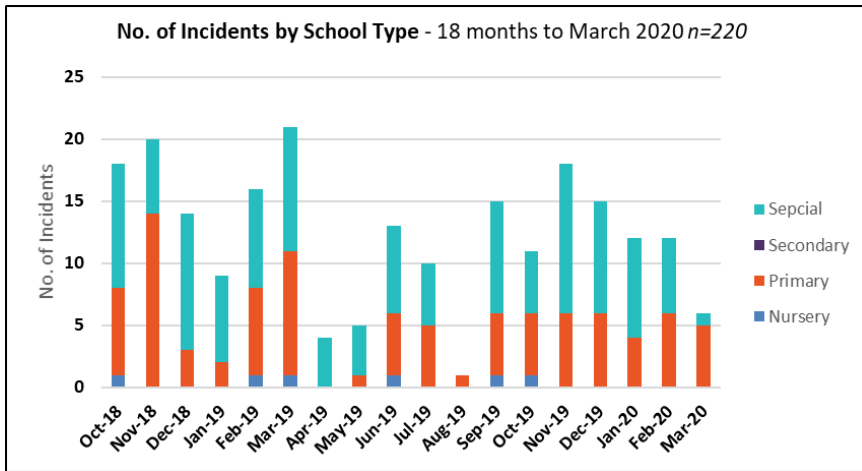


This chart shows the 8-Day KPI reporting data as a % over an 18 month period, across all Directorates. Reporting levels are generally above 80%, but 93% is the highest achieved - given that the current 8 day requirement is generous, there is room for improvement. When the SHE Assure on-line incident management system goes live later in 2020, it is anticipated the reporting deadline KPI will be reduced, and potentially an incident investigation/ closure KPI added, to encourage timely reporting, investigation and lesson learning from incidents.

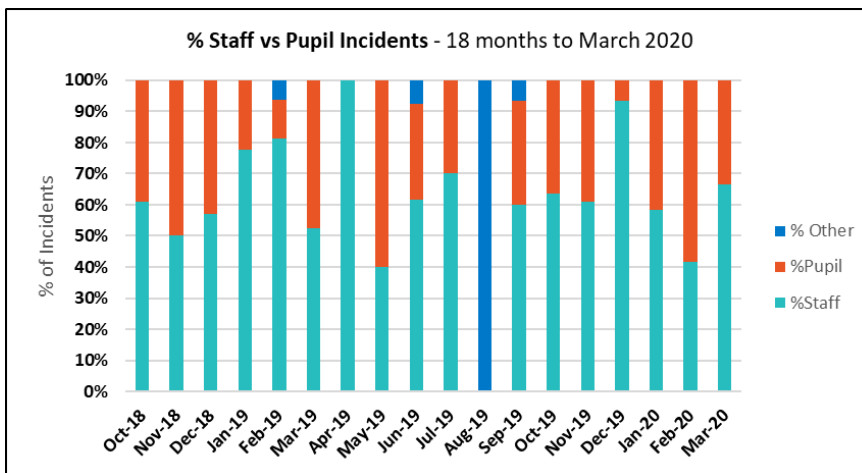
14 Departments have not submitted any incident forms in the past 18 months. Managers should ensure staff in these Departments are aware of the HSW incident reporting system, and the need to report Near Misses and hazards as well as accidents. In 2020/21, we would expect to see near misses or hazard observations reported from every department.

# CONTROLLED SCHOOLS - 18 MONTHS TO MARCH 2020

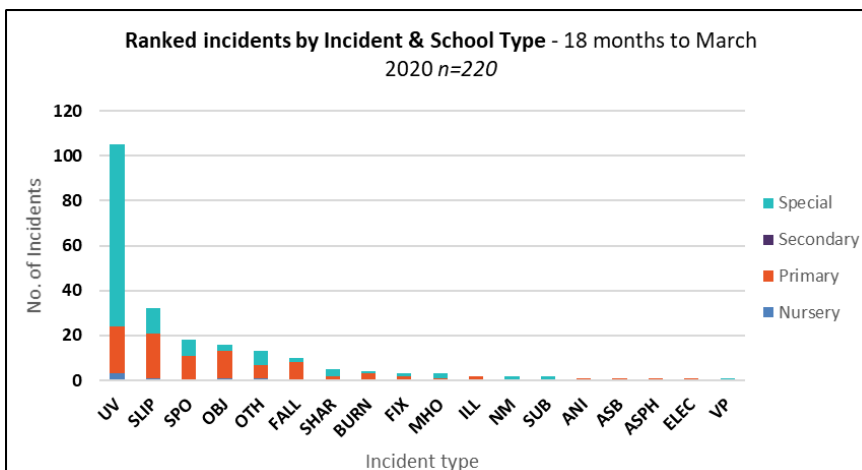
No. of Controlled schools as of March 2020 is 16. Schools that have transferred to Academy status in last 18 months are excluded from results



This chart examines the relationship between different categories of school. It shows the breakdown as a % of total incidents. Although there are approximately twice the number of Primary Schools to Specials Schools, the Special Schools report more incidents - this reflects the nature of the incidents reported, with a significant number of Unintentional Violence (UV) incidents from Special Schools. The expected seasonal variation of incidents (low over holiday periods) can be seen. One Secondary School and one Nursery Schools did not report in this time period.



This charts shows the breakdown in reported incidents between staff and pupils as a % of total incidents. From this we can see that there is a considerable fluctuation in the ratio, of up to 60% - this is within the seasonal fluctuation of overall totals. There is no clear discernible pattern to this fluctuation. Overall, more incidents occur to staff than to pupils, and this likely reflects the impact on the date of the high proportion of UV incidents from Special Schools.



This chart shows the ranked incident types by School Type. By far the highest number of incidents is "UV", and of that the greatest proportion are from Special Schools - this is to be expected. Other incident types are of a proportionally lower occurrence, and have a more equal distribution. SLIP incidents are a common occurrence and often occur in school dining halls due to spilt floor or liquids. Near Misses are poorly reported across all schools, and there is significant room for improvement.

## CLAIMS

The following table relates to claims from employees who have suffered injury or ill health which has been attributed to a breach in the duty of care owed by The Council. Due to the length of time involved in settling a claim, and the fact that in certain circumstances a claim made in the current year may relate to an accident occurring up to 3 years previously, or a disease claim commencing up to 40 years previously, cumulative totals have been omitted.

	2016/17	2017/18	2018/19	2019/20
Total claims in year	6	13	17	23
Outcomes	-	4 settled (all repudiated)	2 settled (all repudiated)	4 settled (2 substantiated, 2 repudiated)

In 2019-20 sixteen claims relate to accidents at work and seven to diseases related to work activities. In total 4 claims have been received relating to Hand Arm Vibration.

## TRADE UNION ENDORSEMENTS

Plymouth City Council has a Facilities Agreement with the following Trade Unions:

- |          |   |                    |
|----------|---|--------------------|
| ▪ GMB    | Lead Rep and Health and Safety Representative | Trish Small        |
| ▪ UNISON | Lead Rep and Health and Safety Representative | Kevin Treweeks     |
| ▪ UNITE  | Lead Rep                                      | Sharon Battershill |

### Collective endorsement:

As far as we are aware, this is an accurate reflection of what has been achieved in HSW Improvements in The Council in 2019-20. Below are a few points we would particularly like to note:

### What has gone well:

- The appointment of additional HSW professional to Street Services
- Increased compliance with mandatory training
- Joint working with TUs re COVID-19 Risk assessments for Maintained Schools
- Positive joint working with TU's in the remobilisation building audits, inclusion of TU Health and Safety Reps in site visits and TU scrutiny of the COVID-19 risk assessments for all PCC business areas.

### What we would like to have seen more progress on:

- Engagement with Local TU reps across all departments of The Council
- Initial response to COVID-19

**Suggested improvements for 2020-21**

- Continued focus on Mental Health and Wellbeing; improving uptake of EAP
- Review of risk assessments addressing verbal violence and sharing of approaches across relevant departments
- Introduction of a Potentially Violent Persons System / Customer Alert System

GMB Trish Small

UNITE Sharon Battershill

UNISON Kevin Treweeks

**This is the end of the 2019-20 HSW Annual Report. The next section (Appendix A) relates to the HSW Improvement Plan for 2020-21.**

## APPENDIX A: HSW IMPROVEMENT PLAN 20-21

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
PLAN					
1. All employees are clear about their individual role and responsibility for HSW	1.1 Develop a programme of communications to ensure people are aware of the performance standards relevant to their work activities and the risks inherent in not following them 1.2 HSW objectives are clearly identified in people's appraisals commensurate with individual roles and responsibilities 1.3 Review of HSW mandatory and essential training programmes	1.1 A rolling programme of updates is in place bespoke to service area needs 1.2 HSW reporting through the Steering Group and JCCs demonstrates continuous improvement as identified through local Improvement Plans 1.3 Mandatory training requirements are clear and consolidated where possible 1.4 Essential training is commissioned externally to focus HSW professional work on assurance	1.1 HSW Steering Group  1.2 All Managers  1.3 HROD 1.4 HROD	31/03/2021	
2. TU Engagement in HSW	2.1 Co-create a TU engagement Charter to strengthen the role of Safety Representatives in HSW Improvements	2.1 TU engagement charter in place; demonstrable golden thread of engagement and management of HSW risk through JCC engagement framework	2.1 HSW Steering Group / TU Lead Reps	31/03/2021	
3. Wellbeing	3.1 Every department to have an active Wellbeing Charter (People Strategy)	3.1 Wellbeing activities clearly demonstrated through HSW Steering Group and JCC reports	3.1 Heads of Departments 3.2 Clare Cotter	31/10/2020	

HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
	3.2 Comprehensive review of hazards to health	3.2 All posts subject to HS are flagged in Core HR			
<b>Do</b>					
4. Compliance with mandatory and essential HSW training	4.1 All Service Areas have appropriate numbers of staff trained and competent to undertake risk assessments including: <ul style="list-style-type: none"> <li>▪ COVID-19</li> <li>▪ Lone working</li> <li>▪ Manual Handling</li> <li>▪ Wellbeing and Resilience</li> <li>▪ DSE</li> </ul>	4.1 Training matrix identify people responsible for RA elements 4.2 HSW Toolkit demonstrates training has been achieved 4.3 Audit demonstrating risk assessments are suitable and sufficient and relevant to the hazards involved in work activities	4. Heads of Departments	31/03/2021	
5. Strengthen and maintain a contemporary HSW risk profile across all functions	5.1 Implementation of the Council's digital HSW Management System (SHE Assure) including modules for hazard spotting, incident reporting, and audit 5.2 Instigate HSW Steering Group for Maintained and Controlled Schools	5.1 HSW Management Information available in real time on people's desktops 5.2 TOR, membership and quarterly meetings in place and operations	5.1 Kim Brown 5.2 Clare Cotter	30/06/2021 30/09/2020	
<b>CHECK</b>					
6. Audit	6.1 Deliver a systemic audit programme to provide assurance of the effectiveness of the HSW Management System and performance standards	6.1 Quarterly assurance reports to HSW Steering Group and JCCs	6.1 Clare Cotter	Rolling	



HEALTH, SAFETY AND WELLBEING ASSURANCE CORPORATE PLAN 2019-20					
Objective	Key actions	Measurement	Owner (s)	Target Date	R A G
7. Incident reporting and learning	<p>7.1 KPI's initiated in relation to the time from incident to the outcome of the investigation</p> <p>7.2 Provide quarterly reports to HSW Steering Group on key themes and actions arising from incident data</p> <p>7.3 Implementation of an incident review panel for RIDDOR and level 3 and 4 investigations to ensure investigations complete in identifying immediate, underlying and root causes with actions suitable and sufficient to prevent recurrence</p>	<p>7.1 KPI's achieved</p> <p>7.2 Quarterly assurance reports to HSW Steering Group</p> <p>7.3 All investigations meeting criteria are closed by the panel within 90 days</p>	<p>7.1 Service Managers</p> <p>7.2 Directorates</p> <p>7.3 Clare Cotter</p>	31/03/2021	
<b>ACT</b>					
8. Deliver sustainable health, safety and wellbeing improvements	<p>8.1 All Departments / Service Areas to have an HSW action plan for 20-21 based on service priorities and leaning from 2019-20</p> <p>8.2 Undertake an annual review and produce an annual report capturing the impact of actions and priorities for the coming year</p> <p>8.3 Introduce an appropriate system to enable the assessment and mitigation of risk to themselves with the relevant customers (PVP / Customer Alert)</p>	<p>8.1 Contemporary action plan available</p> <p>8.1 Progressive delivery monitored via JCCs and HSW Steering Group</p> <p>8.2 Comprehensive annual report fed back to the workforce</p> <p>8.3 System in place and effective</p>	<p>8.1 Clare Cotter</p> <p>8.2 Service Directors</p> <p>8.2 Clare Cotter</p> <p>8.3 HSW Steering Group</p>	30/03/2020	

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# Audit and Governance Committee

Work Programme 2020 - 2021



**Please note that the work programme is a 'live' document and subject to change at short notice.**

For general enquiries relating to the Audit and Governance Committee, including this Committee's work programme, please contact Jamie Sheldon, Senior Governance Advisor on 01752 304001.

Date of meeting	Agenda item	Responsible Officer	Reason for consideration
<b>27 July 2020</b>	Treasury Management Practices 2020/21	Chris Flower	Approve
	Treasury Management Outturn Report 2019/20	Chris Flower	Recommend to Full Council
	Purchasing Card Policy	Philip Symons	
	Contract Standing Orders	Philip Symons	
	Internal Audit Charter and Strategy	Brenda Davis	
	Internal Audit Plan 20/21	Brenda Davis	
	2019/20 Internal Audit Annual Report & Head of Audit Opinion	Brenda Davis	
	DAP Response to Covid-19	Brenda Davis	
	2019/20 Counter Fraud Services Annual Report	Ken Johnson	
	Strategic Risk Register	Julie Hosking	
<b>21 September 2020</b>	Purchasing Card Policy further revisions	Philip Symons	Approve
	The Local Government and Social Care Ombudsman Annual Review 2019/20	Helen Cocks	
	Progress report	Geri Daly (Grant Thornton)	
	High level summary of Value for money	Geri Daly (Grant Thornton)	
	Annual Governance Statement	Julie Hosking	Approve
	Health and Safety Annual Report	Kim Brown	Approve

<b>Date of meeting</b>	<b>Agenda item</b>	<b>Responsible Officer</b>	<b>Reason for consideration</b>
	Devon Audit Partnership Progress Report	Brenda Davis	
	Operational Risk Monitoring update	Julie Hosking	
	Treasury Management update report for Covid and the Financial Markets'	Chris Flower	
<b>30 November 2020</b>	Treasury Management Strategy 2021/22	Chris Flower	Recommend to Full Council
	Treasury Management Mid-year Report	Chris Flower	Note
	Statement of Accounts	Carolyn Haynes	
	Member Development Annual Report	Andrew Loton	
<b>22 March 2021</b>	Treasury Management Practices 2021/22	Chris Flower	Approve