

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The health, safety and wellbeing vision agreed in 2016 has now been superseded by our People Strategy.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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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.

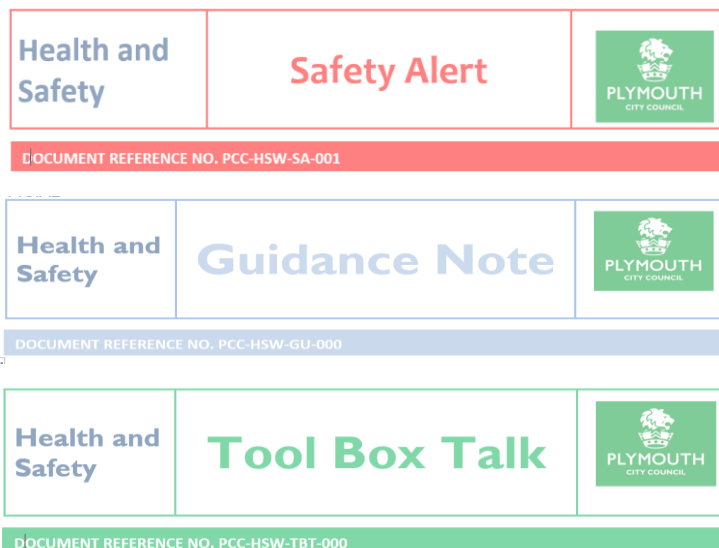
Three round table sessions were then facilitated by HSW Assurance Professionals focussing on:

- **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-IOH 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.

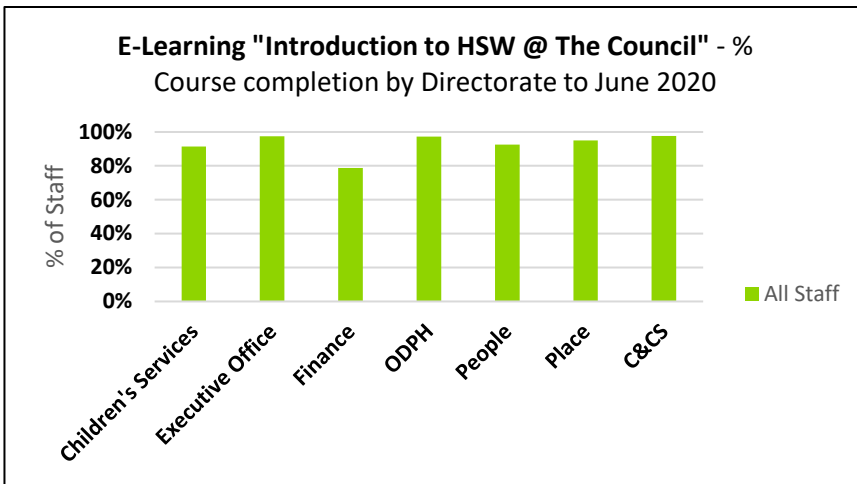
International Workplace has been commissioned to provide IOSH Managing Safely and IOSH for Senior Executives and Directors via e-learning, to allow flexibility in completing the course. At year end compliance stood at 77% an increase of 29%, and at the time of writing the report is 79%. This course should 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%

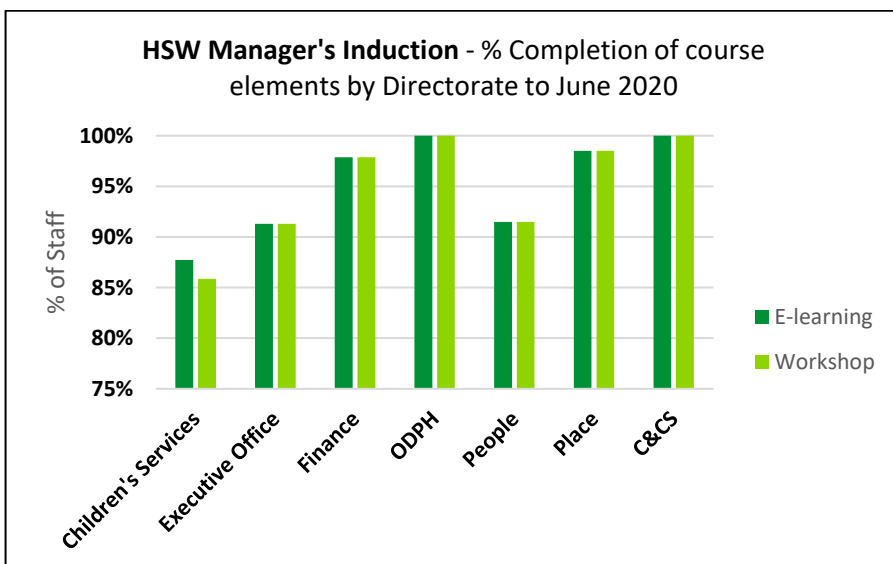
HSW MANDATORY TRAINING - CURRENT AS TO END OF JUNE 2020



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.

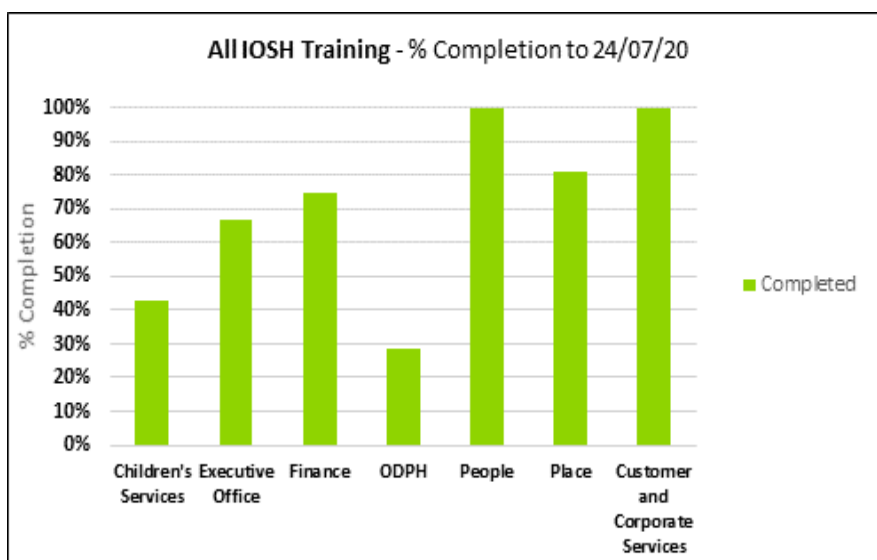
For new managers, to avoid duplication, the online content of the "Staff introduction to health, safety and wellbeing @ the Council" has been incorporated into the new manager's mandatory training.



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.

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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.

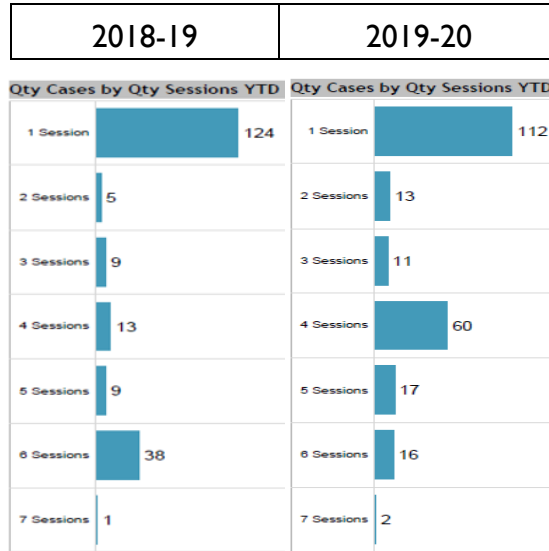
Employee Assistance Programme

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:

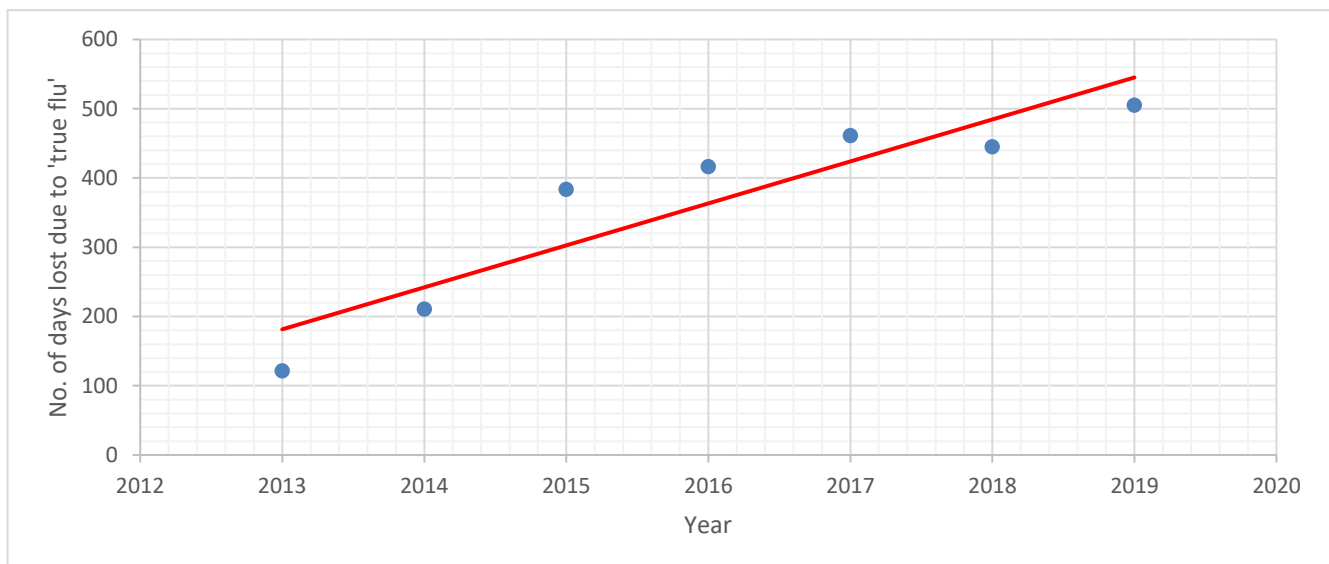


This is consistent with our sickness data, and national data concerning the top reasons for sickness absence in the UK.

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
Total	297

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.

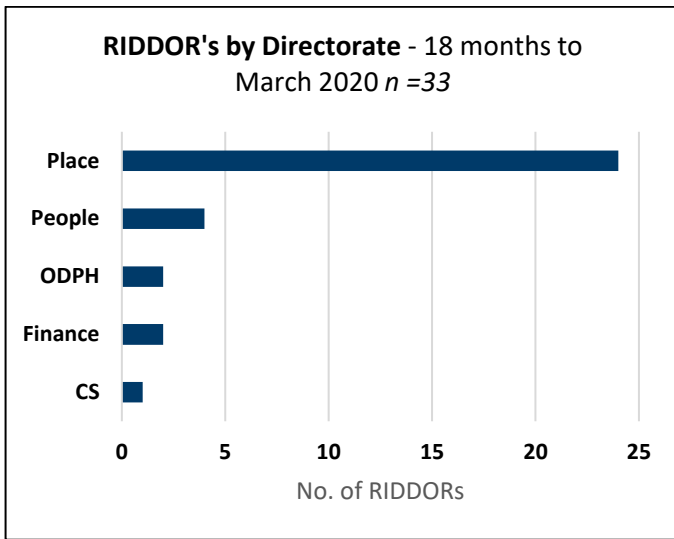
The data is not benchmarked with other organisations due to the variation in the way that incident and accident information is captured which may present a misleading picture.

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.

Key to Chart Data (incident Codes)	
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

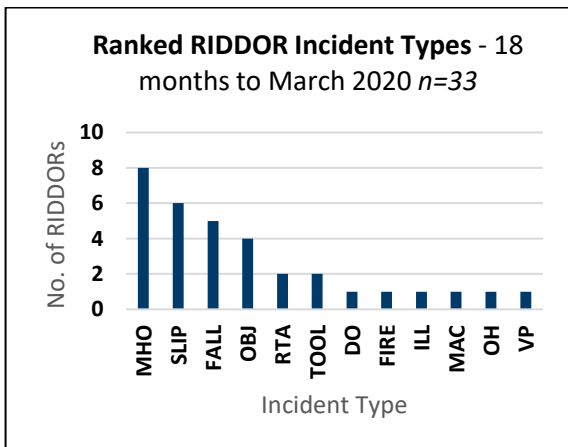
CURRENT RIDDOR DATA - ROLLING 18 MONTHS, TO MARCH 2020



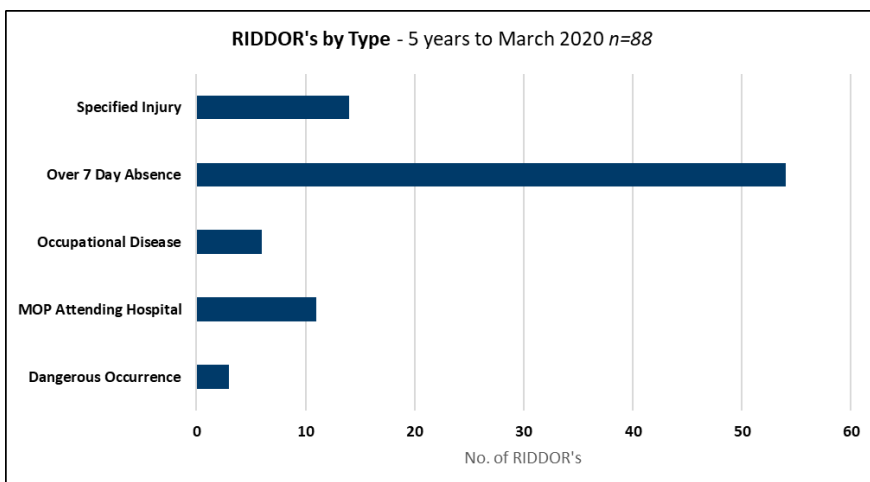
Place Directorate Report the highest number of RIDDORS, as the service with the critical mass of manual front line workers. A new health, Safety and Wellbeing Advisor has been appointed and is actively reviewing incident reporting and risk management to reduce this number.

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.



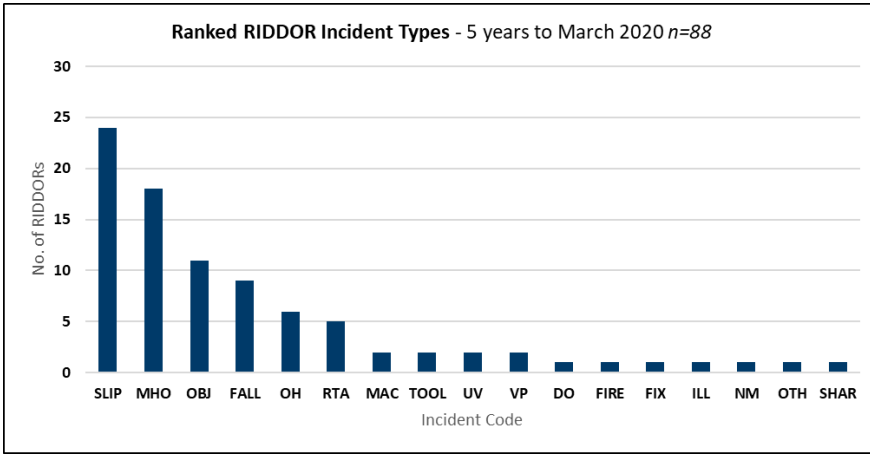
HISTORIC RIDDOR DATA - LAST 5 YEARS, TO MARCH 2020



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

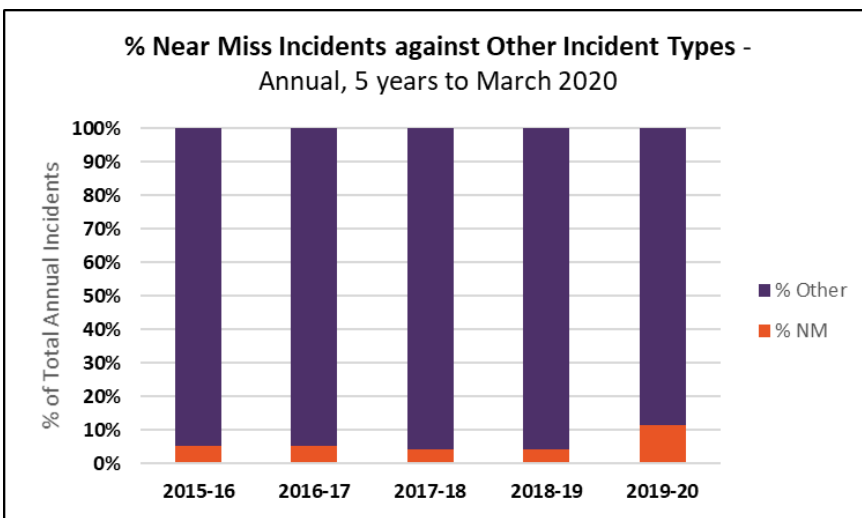
The occupational diseases reported all relate to Hand Arm Vibration Syndrome

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

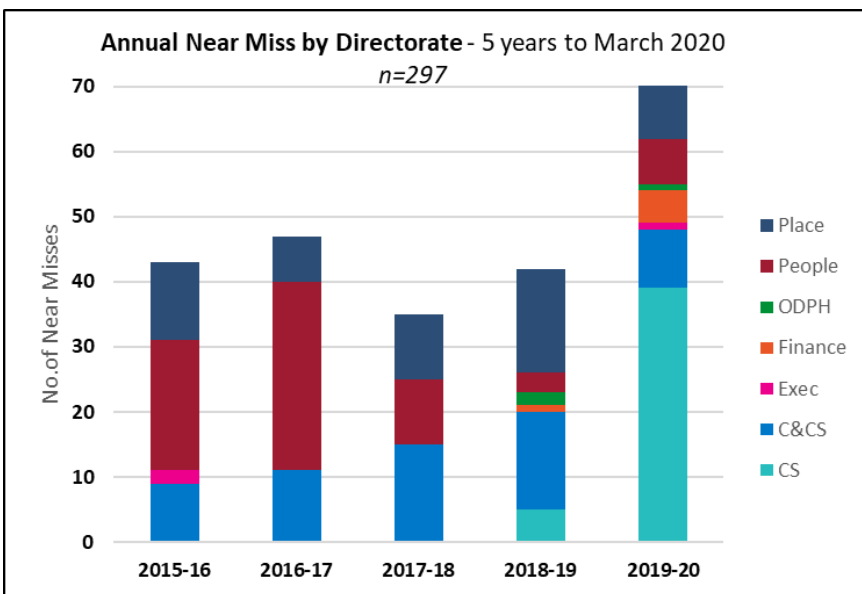


This chart shows a ranked view of RIDDORS by Incident Type: SLIPs make up the largest number, followed by Manual Handling (MHO) incidents: this provides focus on the types of activities across PCC that are most likely to lead to reportable incidents.

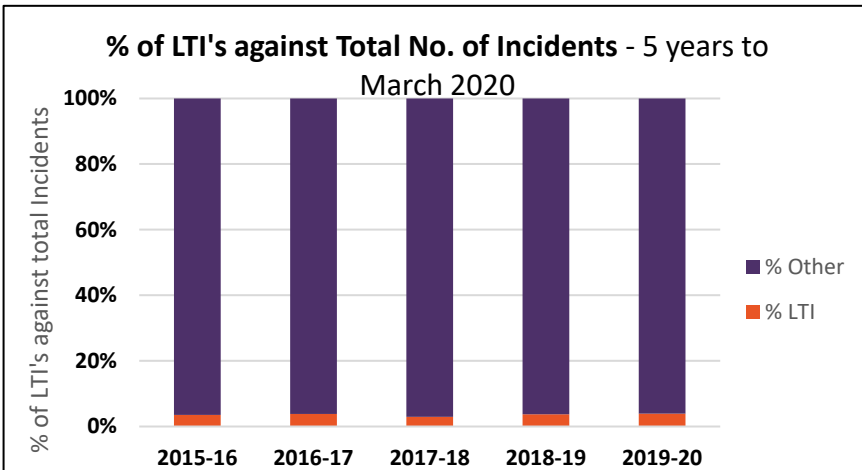
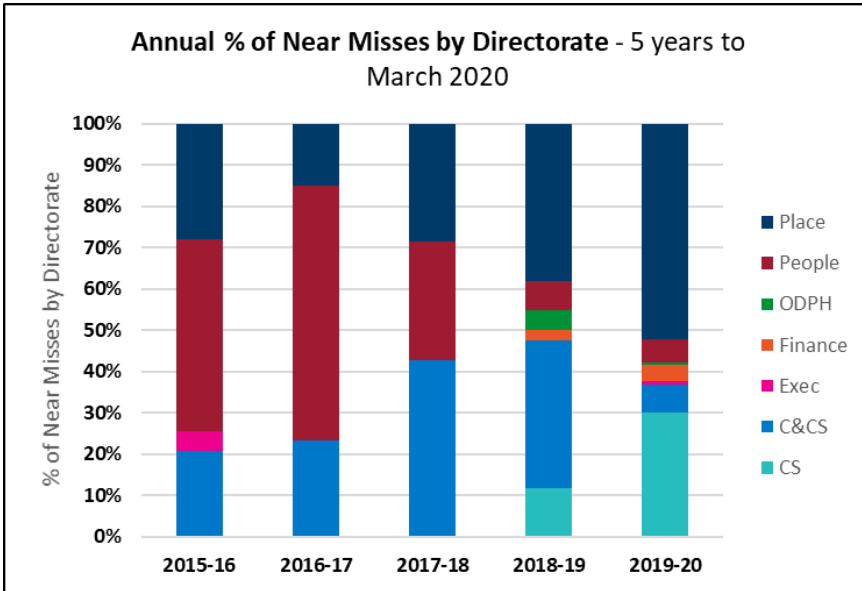
HISTORIC NEAR MISS & LTI DATA - LAST 5 YEARS, TO MARCH 2020



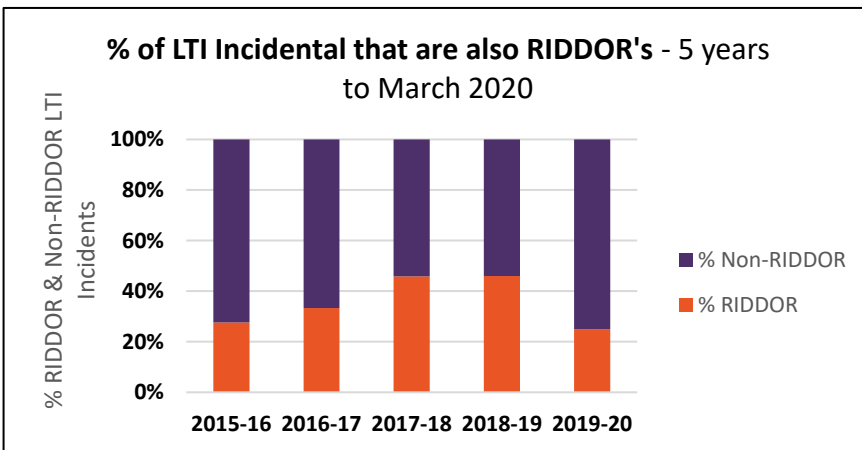
This chart shows PCC Near Miss reporting as an annual percentage against other incident types, over 5 years. A traditional healthy "incident Triangle" would require more Near Miss and hazard observations than incidents that cause harm (i.e. at least 50%), so the proportion of Near Misses reported against 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



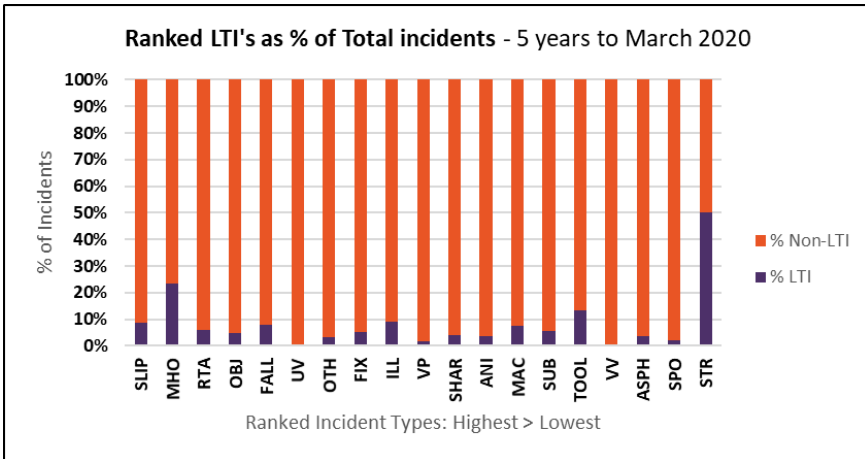
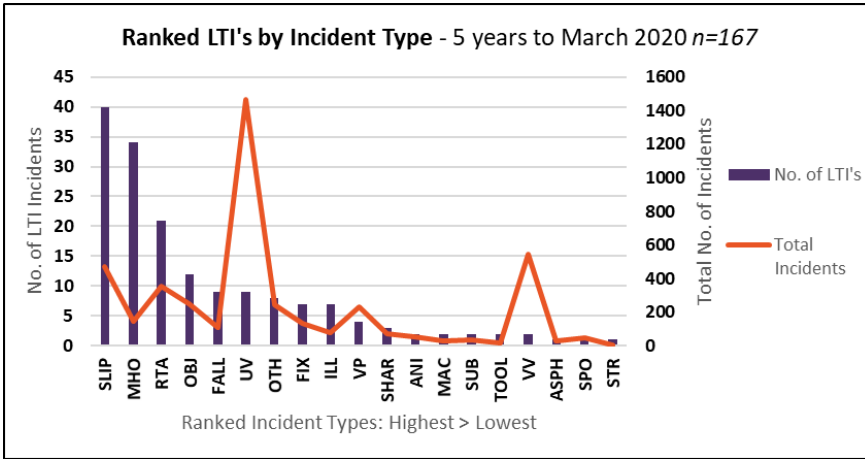
These charts allow a more detailed examination of the 5 year Near-Miss data. The first shows Directorate reporting per year (in terms of actual numbers) and the second shows that same data, but as a % of the total near misses reported. It can be seen that of the recent increase in Near Miss reporting, 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.

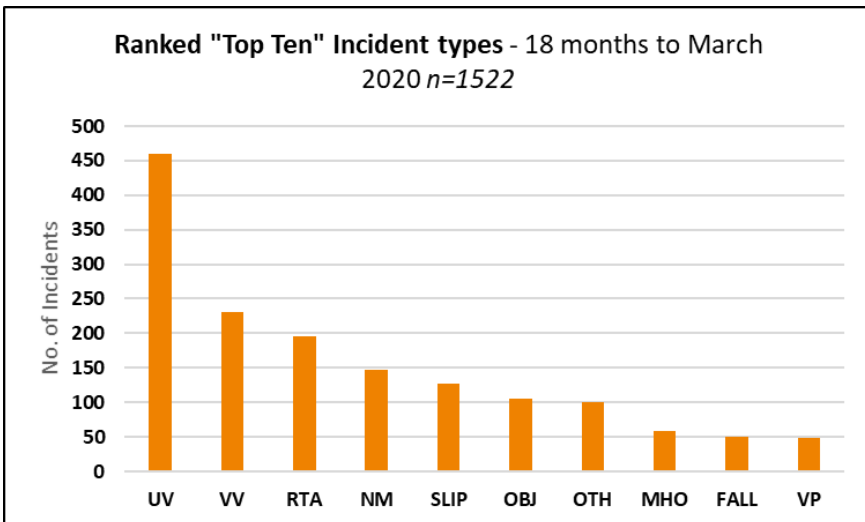


This chart looks at what % proportion of LTI's are also RIDDOR Reportable - this can be as high as 46% - so not only do LTI's have a personal impact to employees and a cost element to the organisation, a substantial % have a potential regulatory impact as well. Note - over 7 day absence is a RIDDOR Criteria,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



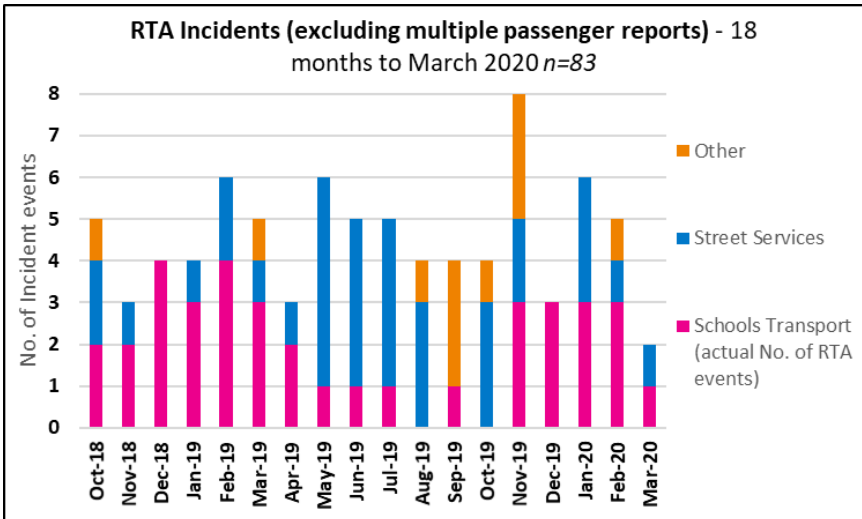
These 2 charts examine the type of incidents that have led to LTI's. The first shows the actual numbers (Ranked highest to lowest), against overall total numbers of that incident type, the second shows that same data, but as % of total incidents. We can see several points of note from this data: although 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

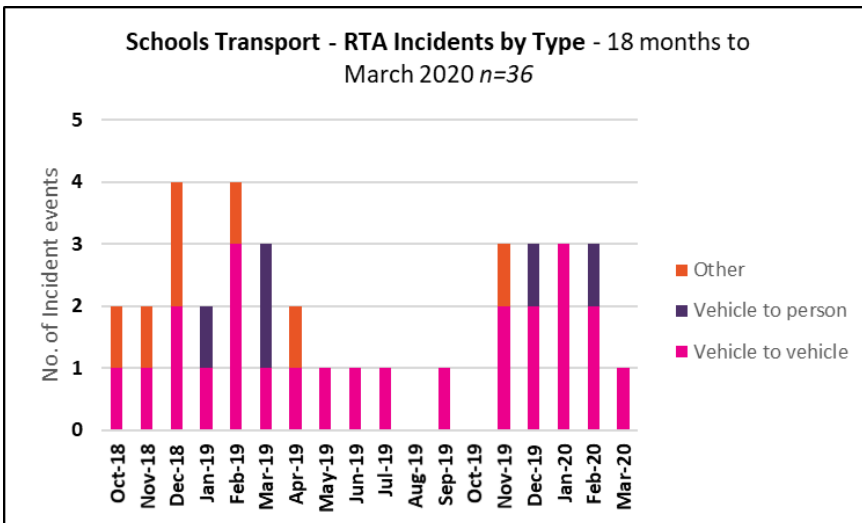


This chart shows the ranked "Top Ten" incident types. UV (unintentional Violence) incidents predominate - these come from Schools Transport & Adult Care centres, but exclude Schools/ Special Schools as that data is reported separately. Excepting UV incidents, VV (Verbal Violence) incidents are the next 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%.

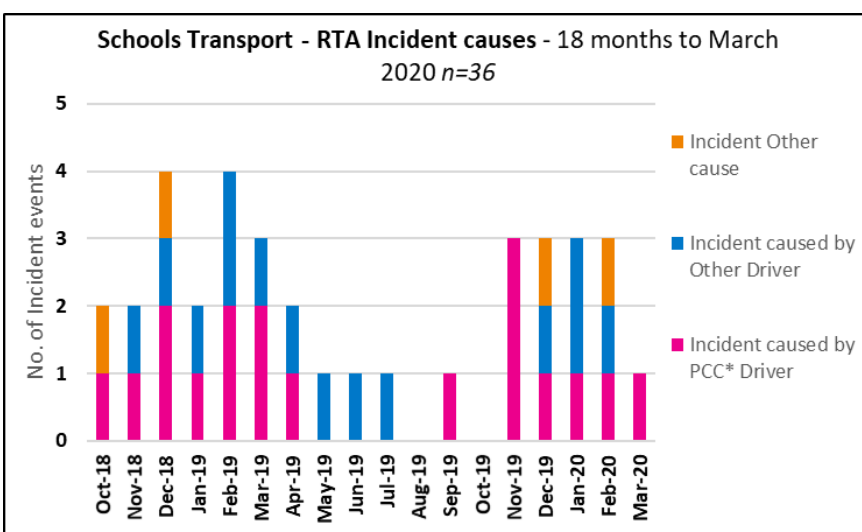
DETAILED REVIEW OF RTA INCIDENTS



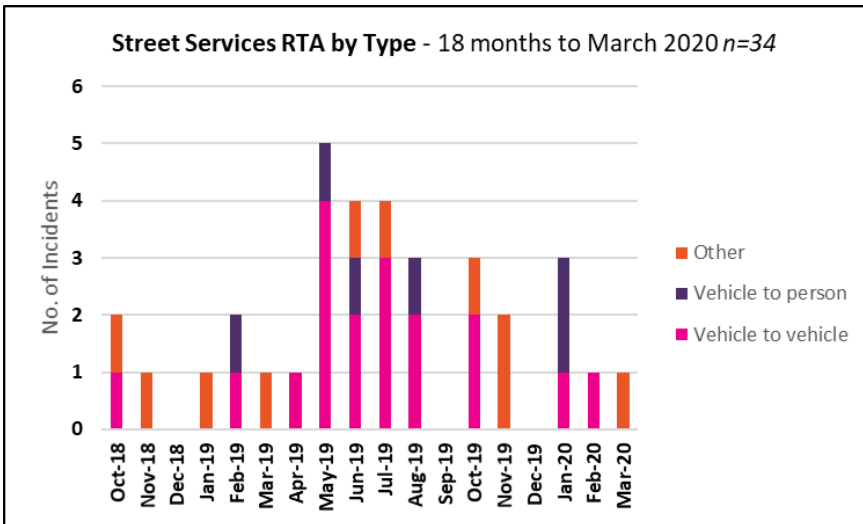
With the Schools Transport data adjusted to reflect actual RTA events (as opposed to number of passengers affected), a more valid picture of the ratio of RTA's between Schools Transport/ Street Services and other parts of PCC can be seen. The seasonal variation is less pronounced, and the balance of 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.

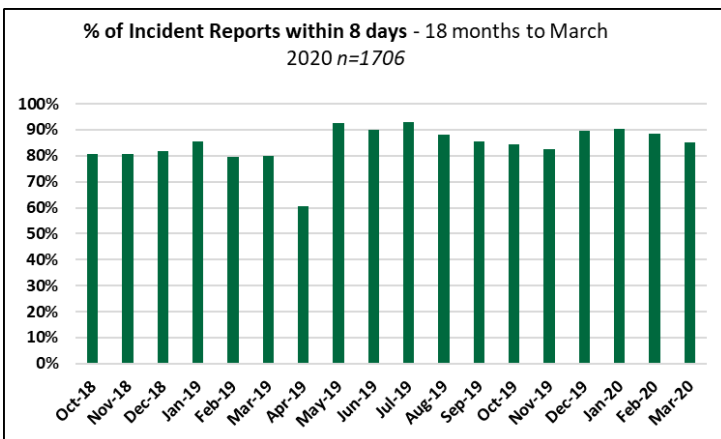


This chart examines the reasons that the above incident type occur. For the purposes of this data, 'PCC Drivers' include: the driver of any vehicle which is either owned or operated by PPC, or leased/ hired/ contracted for PCC Schools Transport use (e.g. taxis & minibuses). The data shows the expected 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

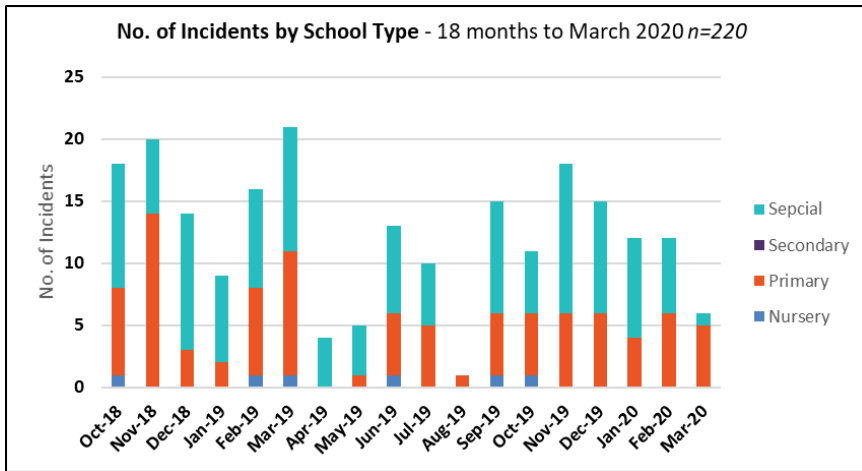


This chart shows the 8-Day KPI reporting data as a % over an 18 month period, across all Directorates. Reporting levels are generally above 80%, but 93% is the highest achieved - given that the current 8 day requirement is generous, there is room for improvement. When the SHE Assure on-line incident 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.

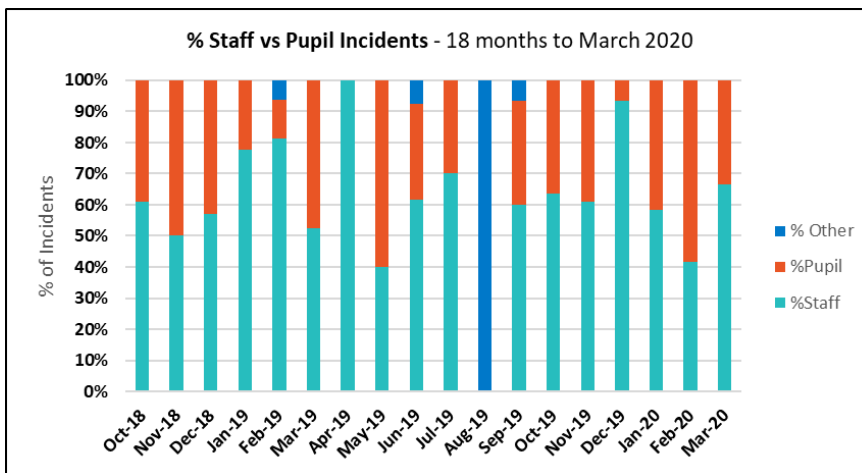
14 Departments have not submitted any incident forms in the past 18 months. Managers should ensure staff in these Departments are aware of the HSW incident reporting system, and the need to report Near Misses and hazards as well as accidents. In 2020/21, we would expect to see near misses or hazard observations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

CONTROLLED SCHOOLS - 18 MONTHS TO MARCH 2020

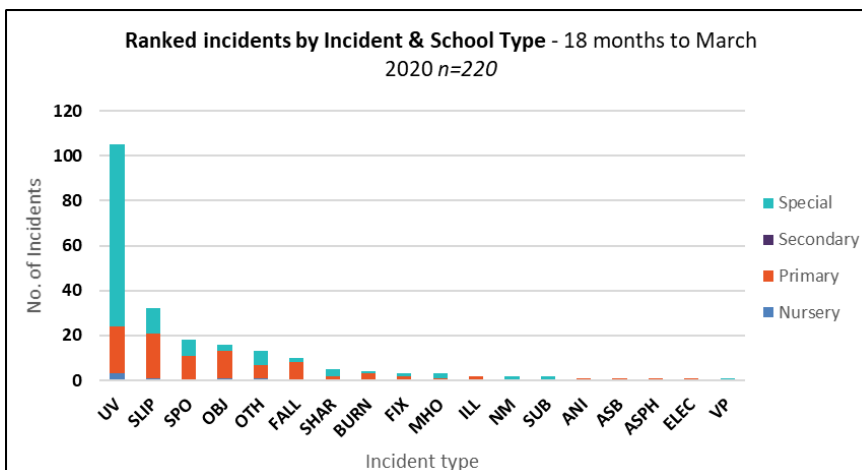
No. of Controlled schools as of March 2020 is 16. Schools that have transferred to Academy status in last 18 months are excluded from results



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			
Do					
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"> ▪ COVID-19 ▪ Lone working ▪ Manual Handling ▪ Wellbeing and Resilience ▪ DSE 	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	
CHECK					
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	
ACT					
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	