HEALTH, SAFETY AND WELLBEING ANNUAL REPORT
2023-2024

CONTENTS

1.0 EXECUTIVE SUMMARY

The Annual Health, Safety and Wellbeing (HSW) Report is a statement of Plymouth City Council's (PCC) performance against its HSW Policy, and performance objectives detailed in HSW Performance Standards and the HSW Corporate Action Plan (Appendix A).

This annual report covers the period 1 April 2023 to 31 March 2024. The statistics published in the previous annual report, published for the period 2022/2023, have been used to benchmark 2023/2024 data.

Plymouth City Council demonstrates a strong commitment to Health, Safety and Wellbeing evidenced throughout this annual report. Most notably, the following activities have strengthened the HSW management system during this financial year:

- Appointment of Head of Health, Safety and Wellbeing, move of Health and Wellbeing Advisor post into the HSW Team, HSW Culture Assistant vacancy filled.
- Review and update of the HSW Policy, significantly drawing out wellbeing as an important independent discipline and including Council and Audit and Governance Committee in the governance arrangements.
- HSW Corporate Action Plan in place following the external review carried out in 2023.
- Steering Group review of Terms of Reference, membership and focus of key activities.
- Integrated management of Corporate HSW and Building Statutory HSW Compliance with Facilities Management – weekly Technical Specialists meeting attended by HSW and FM. Further enhanced by the Head of HSW taking the interim Service Lead for FM in March 2024.
- Assure development – Incident, Risk and Audit modules now in full use across PCC.
- Audit programme – Key activity to assess compliance with HSW Policy and HSPS KPI's. This years programme included 10 service level audits carried out by HSW Team and a further 13 Street Services audits carried out by Street Services HSW Advisor.
- HSW Coordinators – Now in pace in the majority of areas, still further work required to ensure they are in place across all areas. Monitored through Steering Group.
- There are now 47 Wellbeing Champions nominated across PCC, supported by the Health and Wellbeing Advisor

2.0 GOVERNANCE AND ACCOUNTABILITY

Accountability for HSW sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in the HSW Policy.

The Executive Lead for HSW and Chair of the HSW Steering Group is the Director for Human resources and Organisational Development. The Council's Portfolio Holder for HSW is Councillor Sue Dann

The health and safety management system HSG65 (Managing for Health and Safety) is the system which PCC has implemented to achieve good HSW performance and compliance.

HSW information and guidance is held and accessible centrally on HSW Share Point Site here.

3.0 HSW STEERING GROUP

The Health, Safety and Wellbeing Steering Group (HSWSG) is the Council's senior health, safety and wellbeing (HSW) assurance and decision-making body. The Group discusses and agrees policy, strategy and monitors HSW performance and risk across the Council. The HSWSG is chaired by the CMT Executive Lead for Health, Safety and Wellbeing, who leads on the development and

implementation of corporate plans to improve HSW performance and practice. Group members comprise of Service Directors and Heads of Service, appointed by their Strategic Directors.

The HSW Steering Group terms of reference, membership, purpose and objectives were reviewed and refreshed in December 2023 and published in March 2024. This is an essential HSW oversight group and attendance (or appropriate representation) is mandated through the ToR.

4.0 HSW POLICY, PERFORMANCE STANDARDS (HSPS) AND GUIDANCE

A new HSW Policy was published May 2024.

HSP Performance Standards:

- All new or updated HSPS now have a Share Point page (with links, FAQ's, Summary details, glossary etc.)
- 5 HSPS have been reviewed and updated
- 1 new policy has been completed and is awaiting review & publication (Infection Control)
- 2 New HSPS have been written and published (Personal Protective Equipment (PPE) & Respiratory Protective Equipment (RPE) and Working on or near Roads)
- Review is underway on 3 HSPS (First Aid, Control of Contractors and Construction Design and Management (CDM))
- 11 new HSPS require development, of which 2 are currently underway (Project Management and Protect Duty)
- Reviews are pending for 10 existing HSPS
- The total number of HSPS that are either active, under review, pending review or requiring development is 31.
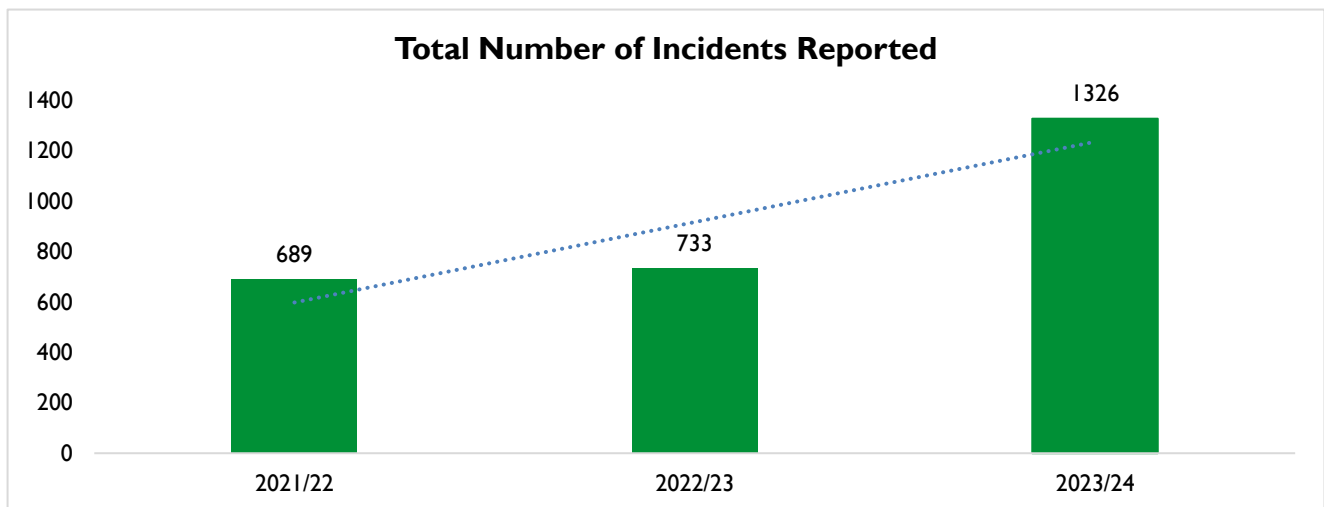
5.0 INCIDENTS

- The total number of incidents reported in 2023/24 has increased by 593 from 2022/23 (a 45% increase). There are two factors influencing this increase; the Assure system facilitating both reporting and management of incidents and also the increased drive and monitoring of incident reporting through Senior Leadership forums.
- The Council has reported 22 RIDDORS in this reporting period. (Excludes maintained schools and partner organisations)
- Reporting of incidents on time - The KPI for 2023/24 is 100% reported within 4 days. The mean figure over the year 2023/24 is 91% which is an increase of 4% from 2022/23. (Note – this KPI changed from 4 days to 2 days in April 2024 in line with HSW Management System expectations).
- The 2023/24 mean figure for near miss reports is 19.3%, below the 20% target, compared to 22.8% for 2022/23. Considering the total number of incidents increased by 593 in this reporting period, this is a significant decrease. Increasing near miss reporting is already an action for the Steering Committee and will be an ongoing action in the HSW Corporate Action Plan.
- Lost time incidents (LTI) resulted in an average of 4.25 days absence, however, data is incomplete with 27.3% of LTI's having no return to work dates. This requires automated sickness absence information from the HROD system which can hopefully be provided once the new e-HR system is implemented.
- Serious incidents and near-misses continue to be escalated in real time to ensure remedial actions are put in place in a timely fashion. There have been 16 "High Risk" alerts issued in 2023/24 by the Health, Safety and Wellbeing Team to the Head of Health, Safety and

Wellbeing, Director of HROD, HSW Steering Group, HR Business Partners, TU Reps and all relevant managers. This is a decrease of 7 from the previous reporting period. For each incident a Health, Safety and Wellbeing Advisor works alongside the Service in support of producing a suitable and sufficient incident investigation to inform future practice.

- An analysis of the root causes and learning from these incidents is shared through the HSW Steering Group.

5.1   Overall Incident Data

The total number of incidents reported in 2023/24 has increased by 45% from the previous year, which is a significant improvement in incident capture across the Council. This is most likely attributed to the development and roll-out of the Assure HSW e-management system and the drive from senior leaders to report all incidents.

Total Number of Incidents Reported

Year	Total
2021/22	689
2022/23	733
2023/24	1326

Directorate / Service	Actual Number of Incidents Reported 1/4/23 – 31/3/24	% of Total
Adults, Health & Communities	209	15.8%
Childrens Services	391	29.5%
Customer and Corporate Services	222	16.7%
Chief Executive Office	0	0%
Office of the Director for Public Health	29	2.2%
Place	475	35.8%
Total	**1326**	

5.2   Incident KPI Data

PCC currently has three KPI's related to incident management:

KPI	Measure
Incidents reported on time (Recorded on Assure – through portal or directly)	KPI – 100% Within 4 days of the incident date

Incidents closed on time	KPI – 100%
(Approved on Assure, with all actions completed within a given timeframe from the date of incident, based on their level of severity.)	Severity Timescales: Insignificant/ Minor severity = 14 days Moderate severity = 28 days Major severity = 42 days
Percentage of near miss reports	20% of the total number of incidents reported.
(Near miss reporting can prevent actual accidents)	(Aspiration is 50%)

KPI 1 – Incidents Reported on Time

All directorates are above 90% compliance, with the exception of Place, however, it should be noted that Place reported 35.8% of the total number of incidents across PCC and the risk profile within Place includes the majority of physical hazards.

Every team leader in Street Services has undertaken Assure refresher training (or booked to attend). Drop in sessions have been highlighted as a requirement at Place JCC. The Box now has a monthly H&S Committee meeting and all HSW Advisors now have 1:1's with Service Directors and/or HSW Coordinators. All HSW Advisors are now working to a portfolio delivery model. Assure licenced users and approvers have been reviewed and updated.
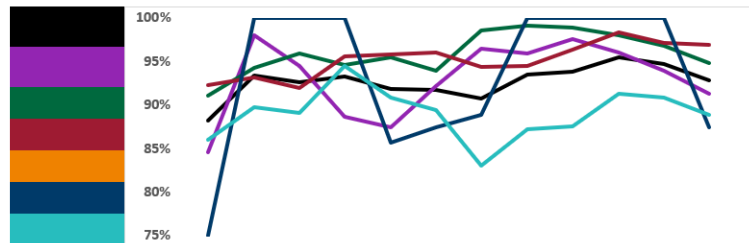
H&S Incident KPI Data - FY 2023/24
Headline Incident KPI Compliance:

KP1 - incident reporting on time:
Compliance - 100%

PCC	**92.2%**
Adults, Health & Communities	92.8%
Children's Services	95.9%
C&CS	95.0%
Executive Office	No incidents
ODPH	93.1%
Place	87.6%

12 month trend

KPI 1: incidents reported on time - headline graphics
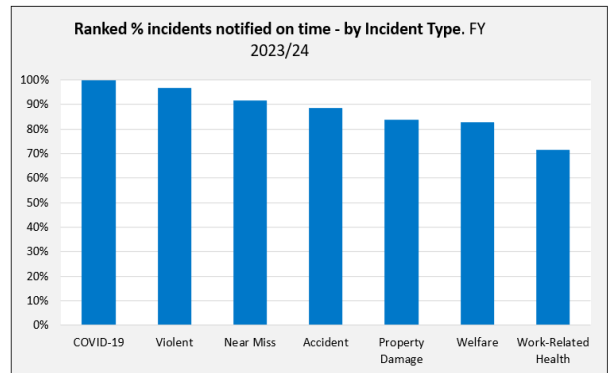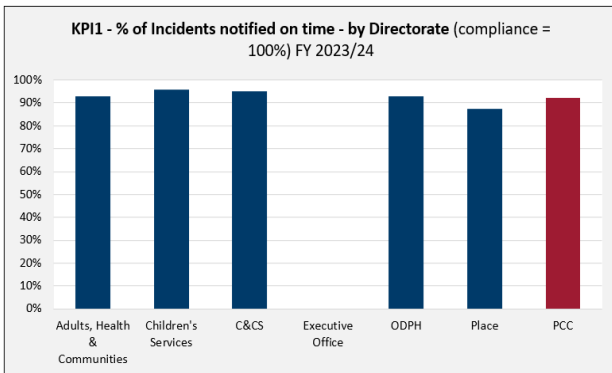
Incidents Notified on Time – Ranked by Severity

Work to improve the timescales for major and moderate incidents being notified is required and this will be addressed at the HSW Steering Group.

Ranked incidents notified on time - by Incident Severity. FY 2023/24
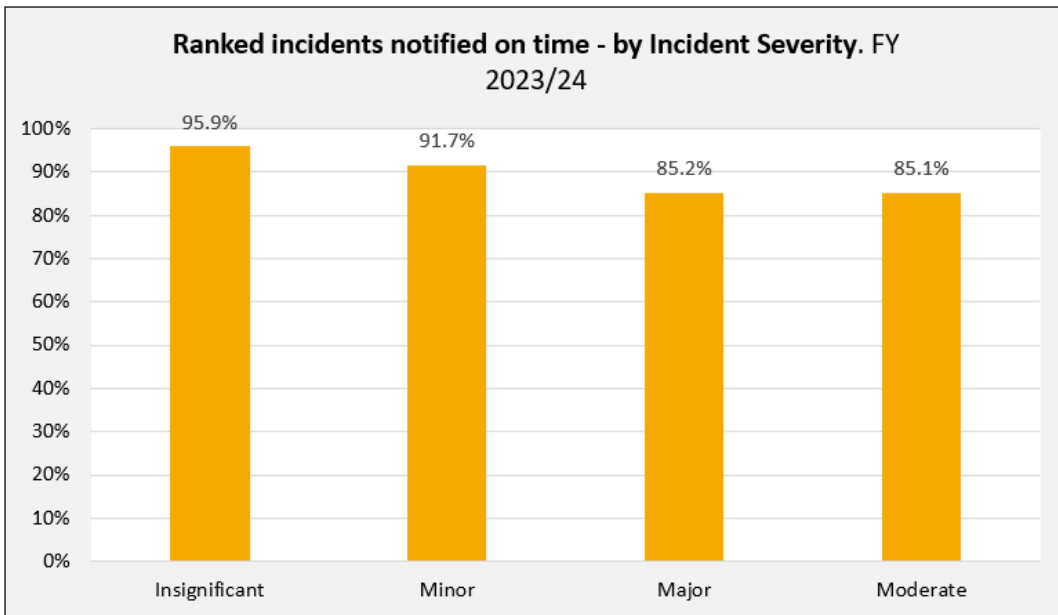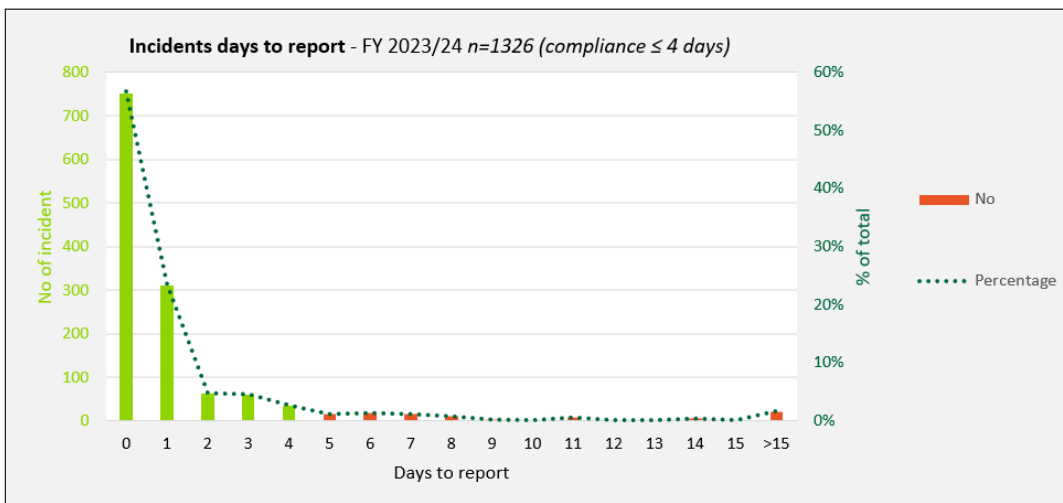
Incidents reported - No of days

Incidents days to report - FY 2023/24 *n=1326 (compliance ≤ 4 days)*

KPI 2 – Incidents Closed on Time

Incident closure compliance (average compliance = 36.2%) is a long way below the 100% KPI requirement. This could be due to time constraints, knowledge of the processes on the Assure system or simply a lack of 'Default Assigned Users' in some areas (these are licenced users with responsibility for investigation and completion of actions). Compliance must be monitored at SLT / DMT meetings and action taken to improve compliance. The HSW Team provide training and support for all licenced users of the system. To improve compliance further, the HSW Team are now linking licence issue with training completion (new licence holders are signposted to the relevant course (e.g. Introduction to Risk Assessment or Incident Investigation), with licences suspended if training is not

completed. This will also improve competency of managers undertaking risk assessments and incident investigation.

There is also a responsibility for "Default Approver" licenced users to review and approve incidents within the KPI timescale - "approved" status is the KPI measure – but this is believed to be a less significant compliance factor.

KPI 2 - incident closure on time:
Compliance = 100%

PCC	**36.2%**
Adults, Health & Communities	**19.1%**
Children's Services	**44.5%**
C&CS	**55.0%**
Executive Office	**No incidents**
ODPH	**55.2%**
Place	**26.9%**

12 month trend
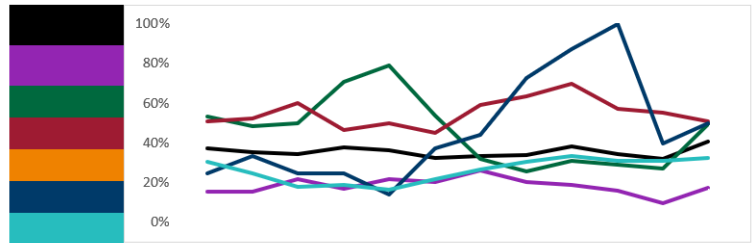
KPI 2: incidents approved on time - headline graphics

KPI2 - % of incidents approved on time - by Directorate. (compliance = 100%). FY 2023/24

Ranked % incidents approved on time - by Incident Type. FY 2023/24

Ranked % incidents approved on time - by Incident Severity. FY 2023/24

Adults, Health & Communities - % Incident Closure on time *n=209*

Children's Services - % Incident Closure on time *n=391*

C&CS - % Incident Closure on time *n=222*
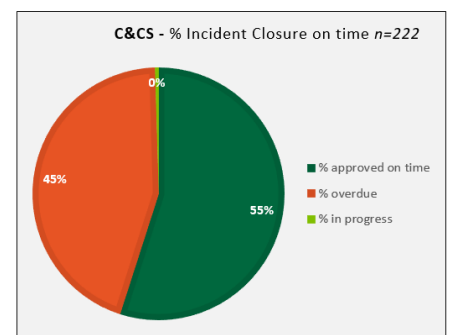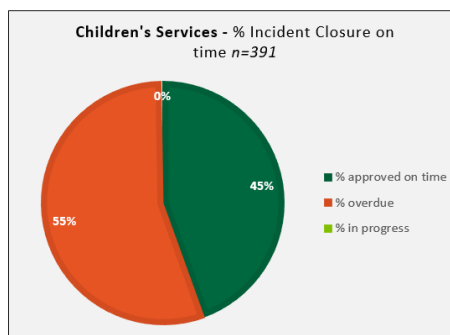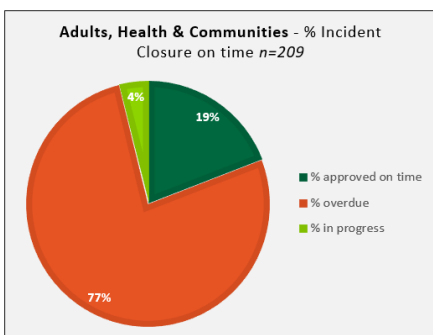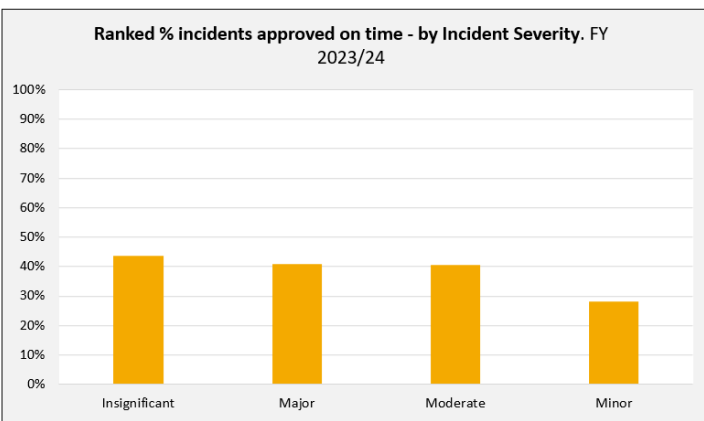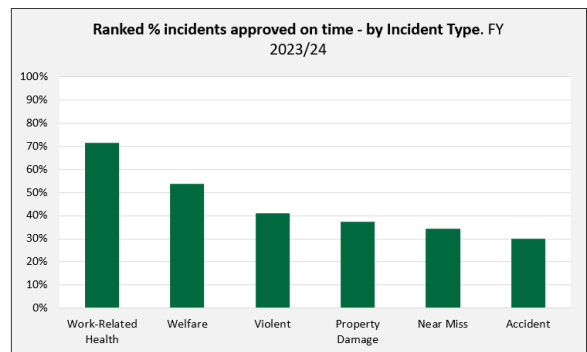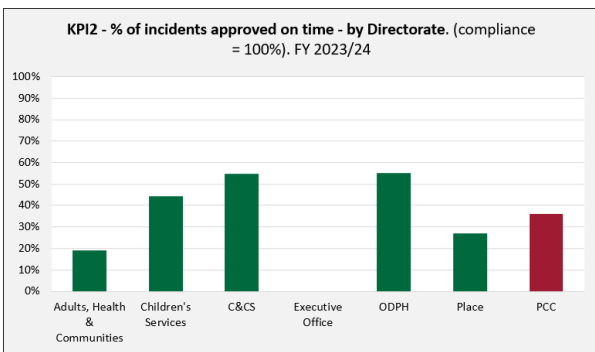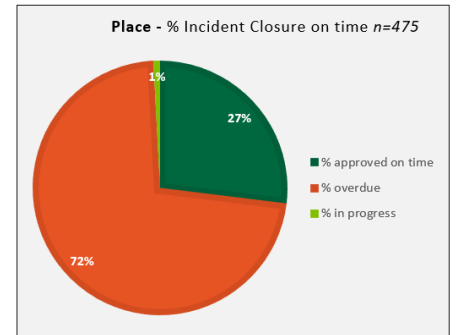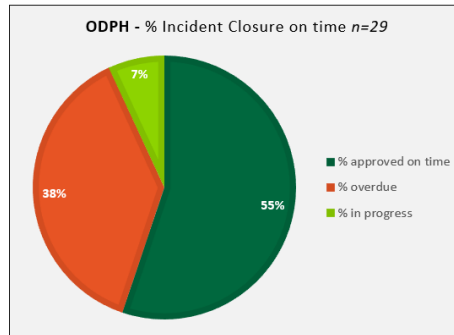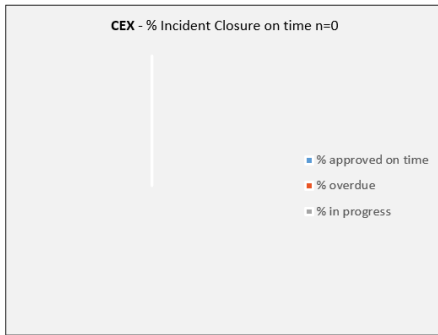
KPI 3 – Percentage of Near Miss Reports

The HSE, 2021[1] states that near misses are less severe than accidents. However, near misses should not be ignored or treated lightly, as they can provide valuable insight into how well you are managing health and safety in your workplace. A pattern of near misses provides an early warning that something needs attention. It makes good business sense to be proactive and take action early when problems are likely to be less serious. Near misses may seem trivial but they are a valuable source of information. Taking time to review the underlying causes is likely to reduce risk, improve health and safety, and save you time and money.

PCC KPI for percentage of near misses is 20%, PCC average is slightly below the average, however, the Place Directorate is compliant with 25.5%.

KPI 3: % near misses reported - headline graphics
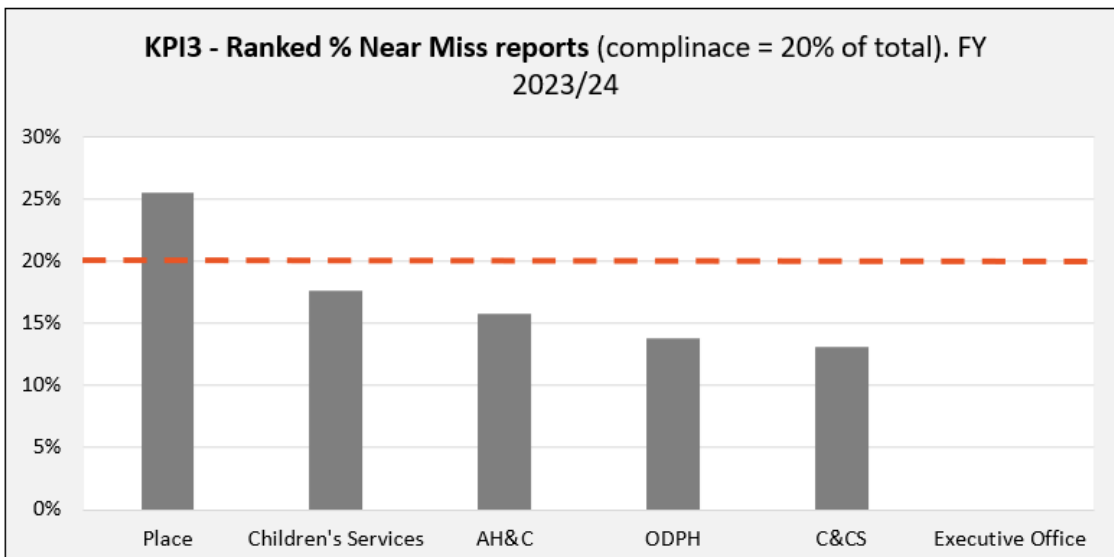
Dotted line indicates KPI

KPI 3 - % of near miss reports:
Compliance = 20%

PCC	**19.3%**
Adults, Health & Communities	**15.8%**
Children's Services	**17.6%**
C&CS	**13.1%**
Executive Office	**NA**
ODPH	**13.8%**
Place	**25.5%**

12 month trend
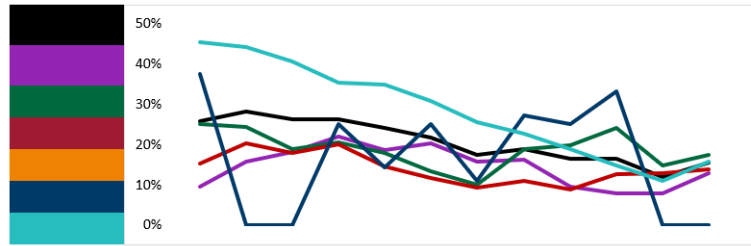
High Risk Incidents

Health and safety offences (Anon, n.d.)[2] are concerned with failures to manage risks to health and safety and do not require proof that the offence caused any actual harm. **The offence is in creating a risk of harm.**

In response to this, as part of the incident triage function undertaken by the HSW Team, each incident is assessed to determine whether it is "High Risk" or not.

The definition of "High Risk" will be a subjective one, but broadly speaking would be any Adverse Event where, through an absence of mitigating risk controls, there is deemed to be either/or a high likelihood of injury/ harm or ill-health to any persons or where the consequences of any injury/ harm or ill-health would be severe. Adverse Events that have either/or a high likelihood or severe consequence in terms of environmental/ equipment or property damage would also qualify.

Specific definitions are available in HSPS10 Incident Management, in the table on Accident Investigation Levels in Section 7. Broadly, we would consider any Adverse Event that fell within levels 3 or 4 to be "High Risk", although there may be exceptions to this. A High-Risk Adverse Event encompasses more than just a "Serious incident" as defined in HSPS10. Near Misses will also be evaluated by the seriousness of harm that could have resulted. The Health and Safety Sentencing Guidelines 2016

HSW Advisors may review and alter the risk level of an Adverse Event (Incident, Near Miss or Hazard Observation) at any stage.

High Risk Incidents:
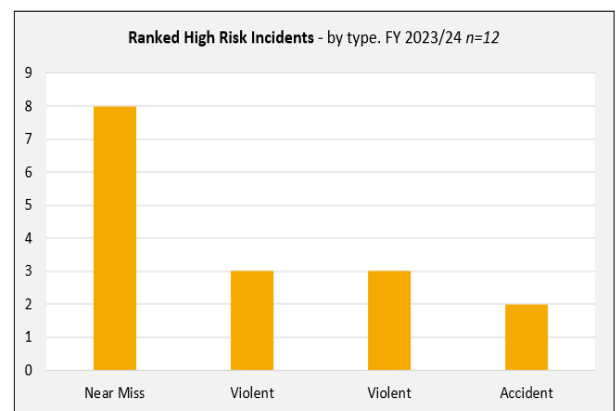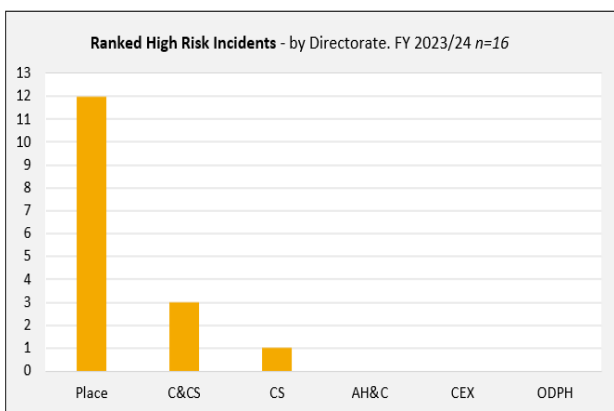
Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR)

The RIDDOR Regulations (Health and Safety Executive, 2013)[3] set out the different types of incidents that must be notified to the HSE, which the HSE may decide to investigate further.

In the 12 months to 31 March 2024 there were 22 such incidents, which is equal to the previous 12 months reported (to March 2023). Maintained schools and partner organisations are excluded from this data.

The two top reasons for RIDDOR reports are consistent with national trends: Slips, Trips and Falls and Manual Handling, there is an upward trend for reports following violence and aggression (2023/24 =2, 2022/23 = 0). We are encouraging the reporting of violence and aggression and are developing the support available for managers and individuals through our Wellbeing offer.

RIDDORS (Excluding Schools/ Partner Orgs)
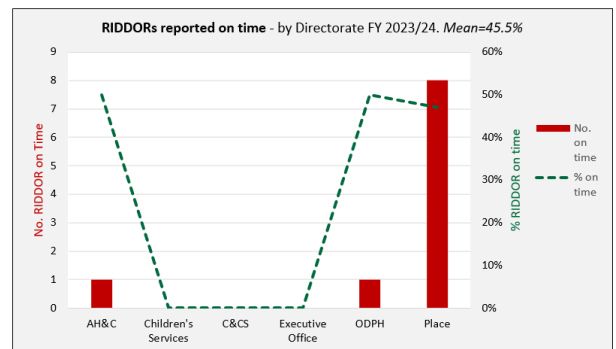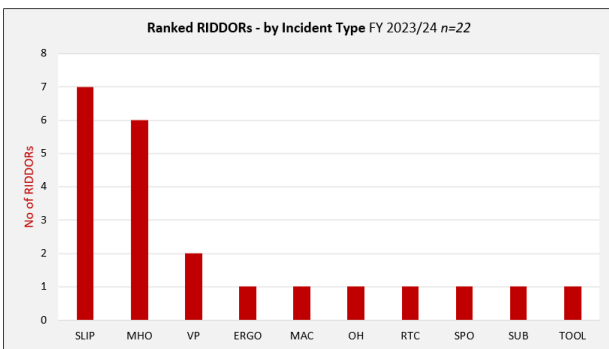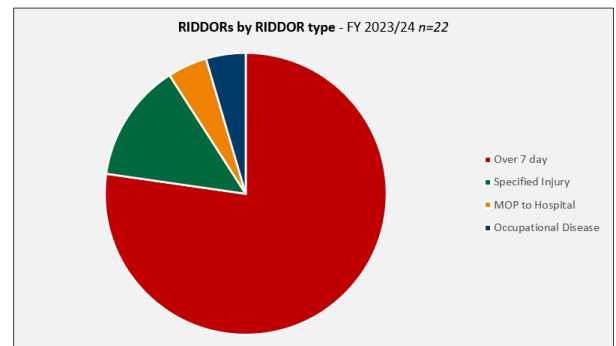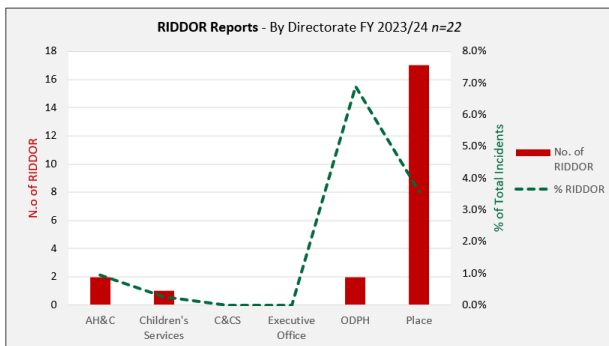
Key to Chart Data (incident Codes)	
Injured by an animal or insects	ANI
Drowned, asphyxiated, or choked	ASPH
Injury from hot or cold contact (e.g. scald)	BURN
Dangerous Occurrence (RIDDOR definition)	DO
Display Screen Equipment	DSE
Contact with Electricity or Electrical discharge	ELEC
Exposed to fire	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

Lost Time Incidents

Lost time incidents are an important measure of health and safety performance and indeed, the HSE publish statistics annually which includes the Number of Working Days Lost due to work-related ill health and non-fatal workplace injury. The latest statistics from the HSE (Health and safety at work, 2023) for 2022/23, estimates that 35.2 million working days were lost during that period.[4]

Unfortunately, PCC data is incomplete (27.3% of LTI's have no return-to-work dates entered in the Assure system). This requires information from the HROD system, which we are hoping can be automated from the new HROD system once it is implemented.

Work-related Absences - By Directorate FY 2023/24 n=55

No. of Absences by Incident Type. FY 2023/24 n=55

Ranked Absences - by Incident Code. FY 2023/24 n=55
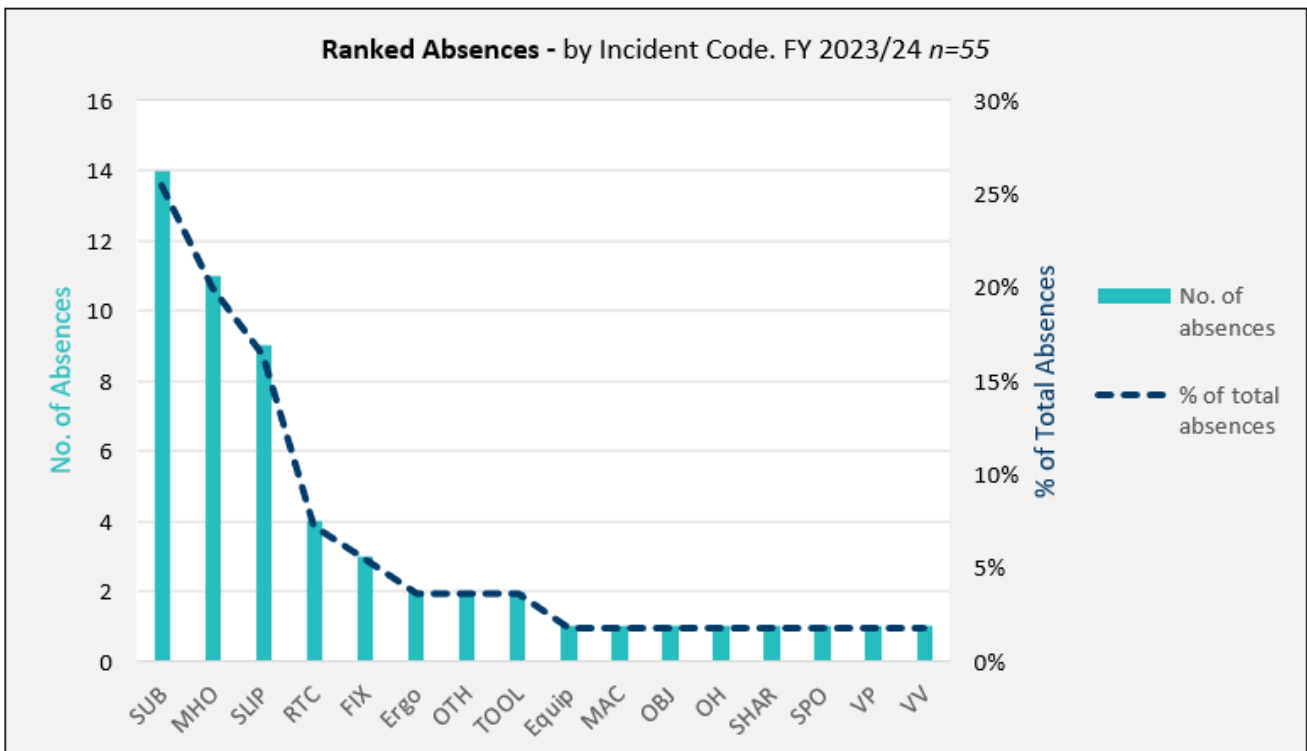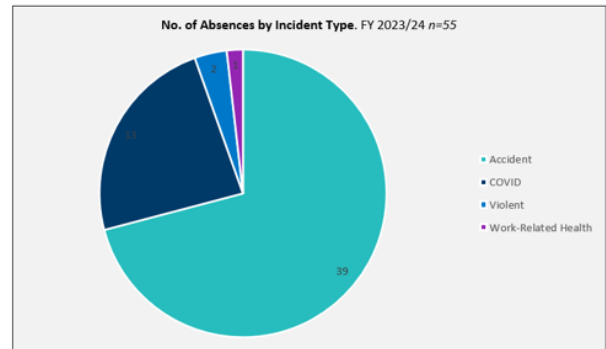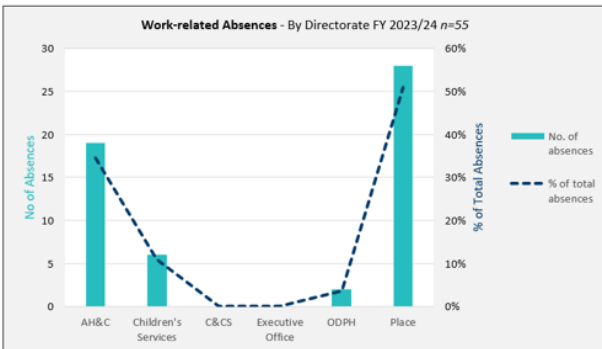
Key to Codes:

SUB	Exposed to or in contact with harmful substances
MHO	Injured whilst lifting and carrying
SLIP	Slip, trip or fall on same level
RTC	(Road traffic collision) Hit by moving vehicle, in a vehicle involved in a collision or other transport incident

FIX	Hit something fixed or stationary
ERGO	Ergonomic event
OTH	Other kind of incident
TOOL	Injured whilst using hand tools
EQUIP	Work equipment issue or failure
MAC	Contact with moving machinery or material being machined
OBJ	Hit by moving, flying or falling object
OH	Work related ill health – Occupational disease
SHAR	Needlestick or sharps injury
SPO	Injured during sports activity
VP	Physically assaulted by a person
VV	Verbally assaulted or threatened

6.0 TRAINING

Managing, recording and reporting on mandatory and essential (role specific) HSW training is currently not consistent, not centrally available and relies on local managers creating and monitoring training needs matrices in their HSW Managers Toolkits. The Assure system is currently unable to record training data due to delays with implementation of the People Module (awaiting GDPR approval). Once this is implemented, all training data will be accessible through the system and managers can undertake training needs analysis and monitor compliance automatically. This is a key priority for 2024/25.

IOSH Managing Safely will be delivered face to face in house from September 2024. IOSH was previously delivered via e-learning due to the time impacts of training, but the feedback and outcomes of e-learning have been disappointing for attendees. Face-to-face delivery this allows direct 'tailoring' of delivery by the trainer for more effective outcomes and a more positive experience for the attendees. HSW Update for all Executive Directors (CMT) is planned for 10 September 2024, face to face.

Training	2022-23	2023-24	Trajectory
HSW Induction (e-learning)	63.6%	64.9%	⬆
Managers Introduction to HSW Management	74%	65.7%	⬇
IOSH Managing Safely	Not available	Not available	↔
IOSH for Senior Executives and Directors	Not available	Not available	↔

HSW training is delivered through a blended learning approach and includes:

Training	Number of Staff That Have Completed Training
HSW Induction (e-learning)	263
Managers Introduction to HSW at the council (e-learning + remote learning session)	21
IOSH Managing Safely	*Data not available*

IOSH for Senior Executives and Directors	*Data not available*
Wellbeing and Resilience Risk Assessment	*70*
Conflict Resolution Note: Current re-tendering of training delivery contract, so therefore a number of staff are on a waiting list.	*211*
Display Screen Equipment	*38*
Manual Handling (Safe Lifting Techniques)	*34*
Working at Height/Ladder Safety	*14*
Introduction to Risk Assessment	*106*
Incident Management	*24*

7.0 FIRE SAFETY

Fire Safety compliance is managed through the Hard Facilities Management Service and is highlighted on the HSW Risk Register as requiring review, additional controls, centralised assessment information, fire surveys and additional competent advice to bring compliance up to the appropriate standard.

As a result, data is not readily available through current fire safety management systems as detailed below:

- Number of alarm activations – *Unable to give an accurate number as not all alarms are monitored remotely.*
- Number of actual fires – Four
- Details of actual fires:
    - O.A.C Rooms (Social Care, family supervision centre) – arson in April 2024. The whole of the ground floor was fire and smoke damaged.
    - Ballard House – UPS fault in the server room on floor 3 in June 2024. Smoke damage.
    - Midland House – arson in April 2023.
    - The Box – arson in public external area. CCTV in place and signage improved. No further incidents.
- Fire Risk Assessments – No accurate data held centrally as assessments are held at individual site level only. A project is currently underway to move all assessments to a centrally held digital system, so accurate data will be available for subsequent reports.

8.0 WELLBEING

Employee Assistance Programme

The contract for the Employee Assistance Programme, PAM Assist, was extended to March 2025. Currently we are awaiting the services of procurement to explore options and identify next steps. **122** individuals contacted the EAP in this reporting period, **213** calls.

Top main call reasons

Top reasons for counselling

It is important to note this includes all who have access to the EAP service. E.g. schools/nurseries and Cater Ed. Though, this is a small percentage with the majority being PCC. The chart below details the total number of counselling/CBT sessions in this period, and the percentage of those were PCC staff interactions.

Total no. of individual sessions
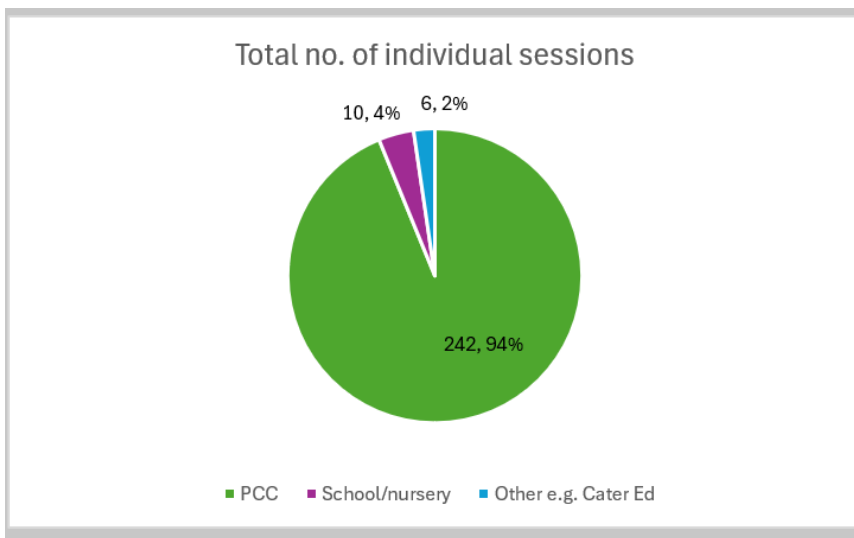
Occupational Health

The contract for Occupational Health, Medigold Health, was extended to March 2025. Currently we are awaiting the services of procurement to explore options and identify next steps.

A total of **353** referrals were opened in this financial year.

This is an increase from last year of approximately **12%** - see graph below for details:

No. of referrals opened
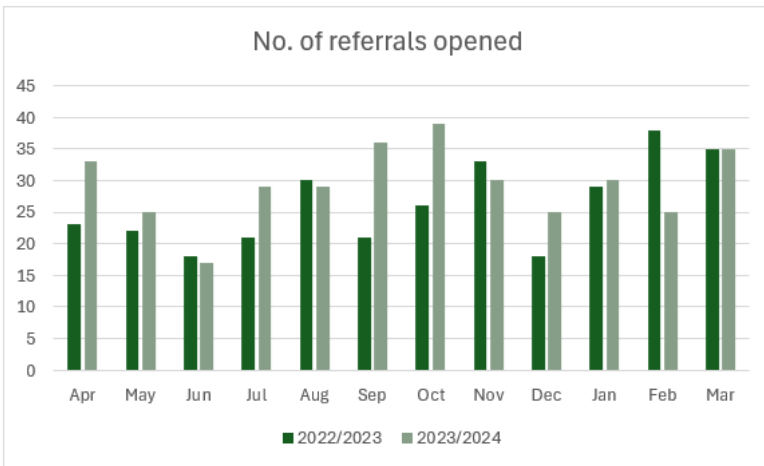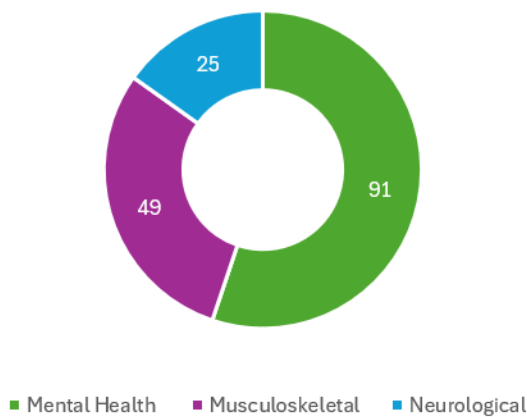
Top 3 conditions

The highest number of musculoskeletal conditions in the Place Directorate and the highest number relating to mental health conditions in the People Directorate.

Two RIDDOR Reports have been made in this period to the HSE, related to violence and aggression (leading to work-related stress):

- Aug 2023 – Violence and Aggression in Childrens, Young People and Families.
- December 2023 – Violence and Aggression in Highways, Compliance and Operations, Parking Team

General Health and Wellbeing

- A wellbeing action plan has been developed for 2024/2025. A review of Health and Wellbeing across PCC will be undertaken in the forthcoming year which will form the basis for the action plan 2025/2026. This will include a review of Health Surveillance across all services.

- #OurStaff campaign (targeted at violence and aggression) is prepared for launch, it is anticipated that this will happen in September 2024.

- Stress and Resilience management continues to be a significant risk, managers are strongly advised to attend the Stress and Resilience training for managers so that they are competent to undertake Stress Risk Assessments with their teams and any individuals that require them.

- The First Aid Health and Safety Performance Standard (HSPS) has been reviewed to ensure Mental Health First Aiders are considered in First Aid needs assessments. This requirement should be in place and forms uploaded to assure by end of August 2024.

- Developments / review and update of HSPS are communicated via staffroom, and through HSW Advisors attending SLT, DMT and JCC meetings.

- A further HSPS is being developed which will include the arrangements and framework for the management of Health and Wellbeing across all services.

- A Personal Safety Subgroup of the Steering Group is currently undertaking a project, reviewing the risks to, and safety of, our workforce to ensure that all preventive measures are aligned. Specifically lone working controls (including equipment) and critical safety information systems.

- Seven internal staff networks are now in place to support our diverse workforce:
  - Men's network
  - Disability network
  - LGBTQ+ network
  - Race, Ethnicity and Cultural Heritage network
  - Women's network
  - Faith and Belief network
  - Carer's network

9.0 AUDIT PROGRAMME

The audit programme was launched in September 2022 utilising the SHE Assure eSystem. The key purpose of the programme is to provide assurance of compliance with the Council's HSW Management System, based and prioritised on:

- Higher risk service areas – based on risk profiles
- Self-Assessments – evidenced to HSW Steering Group through HSW Managers Toolkits

Key – Score Descriptors

Score	Description
Red Above 80%	Major deficiencies found over a broad range of areas indicating significant lack of control and leaving the standards open to failure. Senior management need to direct that these deficiencies are rectified as soon as practically possible
Amber 60-80%	Amber 1 - 70-80% The HSW System is considered to be placed at risk due to significant inadequacies of control in a number of critical areas, or over a wide range of control procedures. Senior managers are required to action prioritised areas of the HSW Action Plan Amber 2 - 60-69% Control systems found to be largely compliant. A small number of important lapses found or some "fine tuning" across the board required
Green Below 60%	There is a sound system of control in place to meet overall system objectives. This is to be maintained and reviewed as necessary to reflect changes in the HSW policy/HSPSs

Details of audits carried out in this reporting period are as follows:

Q1

- **Programme paused for consolidation & development**

Q2

- **Place – Economic Development - The Box**
    - Lead Auditor – Rod Urwin
    - Date of audit – 12 July 2023
    - Percentage score – 25.46%
    - Total Number of actions set – 0
    - Outstanding actions – N/A
- **Children's Services – Children, Young People and Families – Children's Social Work and Initial Response Team**
    - Cancelled due to Ofsted inspection
- **Cann Bridge School**
    - Cancelled due to passing of staff member

Q3

- **Children Services – Education Participation and Skills – Virtual Schools and Inclusion**
    - Lead Auditor – Rod Urwin
    - Date of audit – 17 October 2023
    - Percentage score – N/A
    - Total Number of actions set – N/A
    - Outstanding actions – N/A
    - Incomplete following HSW staff member leaving PCC employment before completing Audit report.
- **Children Services – Education Participation and Skills – Skills and Post 16**
    - Lead Auditor – Scott Gallagher
    - Date of audit – 17 October 2023
    - Percentage score - 44.83%
    - Total Number of actions set – 37
    - Outstanding actions – 11 (2 x Low, 8 x Medium, 1 x High)
- **Millford Special School**
    - Lead Auditor – Scott Gallagher
    - Date of audit – 27 November 2023
    - Percentage score – 31.06%
    - Total Number of actions set – 8
    - Outstanding actions – N/A
- **Adult Health and Communities – Strategic Co-operative Commissioning**
    - Lead Auditor Scott Gallagher
    - Date of audit -9 January 2024
    - Percentage score - 54.76%
    - Total Number of actions set – 24
    - Outstanding actions – 6 (6 x Medium)

Q4

- **Brook Green Centre for Learning**
    - Lead Auditor - Scott Gallagher
    - Date of audit – 30 January 2024
    - Percentage score – 27.86%
    - Total Number of actions set – 0

- Outstanding actions - No actions set as there was no licence user within Brook Green Centre for Learning to allocate actions to. Sara Jordan (Head Teacher) developed own action plan from audit.
- **Place - Street Services – Environmental Planning – Natural Infrastructure Projects / Partnerships - Poole Farm**
    - Lead Auditor – Scott Gallagher
    - Date of audit – 12 February 2024
    - Percentage score – 37.92%
    - Total Number of actions set – 22
    - Outstanding actions – 17 (7 x Low, 6 x Medium, 3 x High)
- **Place - Street Services – Environmental Planning – Green Estates Team**
    - Lead Auditor – Scott Gallagher
    - 12 February 2024
    - Percentage score – 43.96%
    - Total Number of actions set – 23
    - Outstanding actions – 16 (5 x Low, 8 x Medium, 3 x High)
- **Children's Services – Children, Young People and Families – Children's Social Work**
    - Lead Auditor – Scott Gallagher
    - Date of audit – 16 April 2024 (extended past 31 March 2024 to ensure the correct time frame to upload and review required documents prior to site visit)
    - Percentage score – 57.69%
    - Total Number of actions set – 33
    - Outstanding actions – 33 (4 x Low, 18 x Medium, 11 x High)

HSW team undertook an informal audit of Downham House to assist with HSW operational requirements prior to re-opening.

- **Children Services – Education Participation and Skills – SEND - Downham House**
    - Lead Auditor – Shuan Badmin
    - Date of audit – 27 November 2023
    - Percentage score – 64.32%
    - Total Number of actions set – 81
    - Outstanding actions – 29 (1 x Low, 17 x Medium, 11 x High)

Audit Action Detailed Breakdown
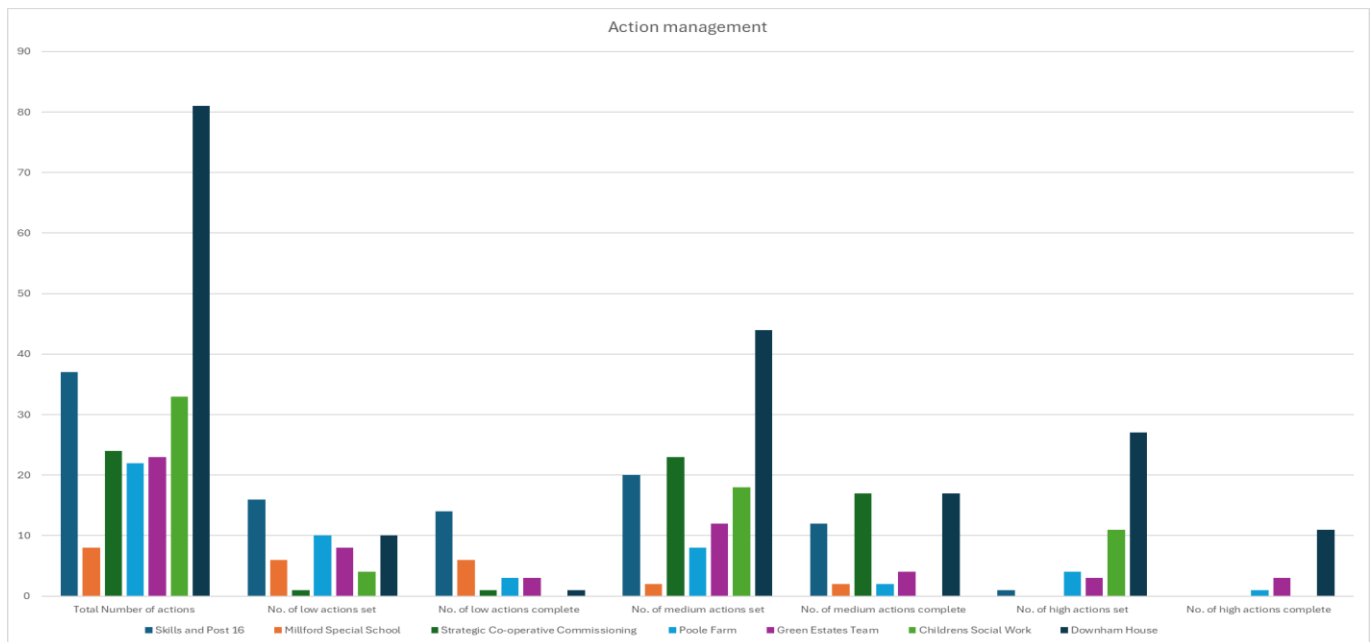
Street Services Audits

These audits were undertaken by the HSW Advisor for Street Services in this reporting period. All audits have action plans which service areas are working through ahead of re-audit in the forthcoming year.

Service / Team Audited	Audit Outcome
Grounds Maintenance Service	Partially Compliant
Domestic Waste Service	Compliant
Fleet Services	Compliant
HWRC	Partially Compliant
LTP	Partially Compliant
Natural Infrastructure	Compliant
National Marine Park	Partially Compliant
Street Cleansing	Partially Compliant
Commercial Waste Service	Partially Compliant
Arborist Service	Partially Compliant
Waste Transfer Service	Partially Compliant
Poole Farm	Compliant
Environmental Planning	Partially Compliant

10.0 ENFORCEMENT ACTIVITY

Control of exposure to vibration

Following the prosecution of PCC by the HSE, relating to the improvement notice served in 2017 for Hand Arm Vibration, an action plan was implemented through Devon Audit Partnership (DAP) which has now been completed.

Current control measures are as follows (under constant review):
- Update to the LOLER HSPS 13 to include a section on equipment expiry / replacement with specific regard to HAVS.
- The investment of Reactec HAVwear.
- Equipment review is ongoing and continuous testing of the market of products such as electric machinery is being undertaken.
- Testing of all external HAVs equipment has been completed in Streets Services, Fleet Services and Bereavement Services and testing will be undertaken regularly through a 20% yearly testing programme with internal monitoring.
- Health surveillance is undertaken on all machinery users across all services.
- Specific task risk assessment and safe working operating procedures are in place and communicated to all relevant staff.

Chelson Meadow Enforcement Notice

Prohibition Notice was issued 17th February 2023 for structural stability of concrete push walls. These walls were removed immediately within 24 hours, and the facility closed. The walls have now been replaced.

Prince Rock Chemical Store Visit

A scheduled visit to Prince Rock to undertake a review of pesticide storage and usage. This visit was part of an ongoing HSE campaign. The site inspection was satisfactory, with no actions.

11.0 EMPLOYERS LIABILITY (EL) 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. Corporate HSW Team work closely with claims team to ensure timely incident investigation information is provided to enable decisions on claims to be made.

	2019/20	2020/21	2021/22	2022/23	2023/24
Total claims in year	23	11	13	10	11
Outcomes	4 settled (2 substantiated, 2 repudiated)	5 settled (1 substantiated, 4 repudiated)	None settled (1 substantiated, 5 under investigation, 6 repudiated	None settled (6 substantiated, 1 under investigation and 3 repudiated)	8 settled (8 substantiated, 1 under investigation, 2 repudiated)

The total number of Employers' Liability claims received over the period is 11. Of the 11 claims received; 6 claims are for Accidents at Work claims and 5 are Disease claims related to work activities. Of those 5 Disease claims; 2 are for Hand Arm Vibration, 1 is for Repetitive Strain Injury, 1 is under the Protection from Harassment Act and 1 is for Noise.

12.0 TRADE UNION ENDORSEMENT

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

- GMB   Lead Rep and Health and Safety Representative   Patricia Small
- UNISON   Lead Rep and Health and Safety Representative   Kevin Treweeks
- UNITE   Lead Rep   Sharon Battershill

What has gone well?

GMB - More incidents are being reported, generally. This is still patchy in some areas though.

What we would like to have seen more progress on

GMB - There are some areas of the council where management have not completed their mandatory health and safety training. This is essential in order for managers to understand how they must keep their staff safe.

This is the end of the 2023-24 HSW Annual Report.

The next section (Appendix A) relates to the HSW Action Plan 2023-25:

The action plan contains actions that must be addressed corporately and at local level, with clear HSW leadership from DMT's and SLT's with strategic leadership, drive, challenge and ongoing monitoring through the HSW Steering group.

References

[1]HSE (2021). Near-miss Book: Recording and reporting near misses at work. [online] www.hse.gov.uk. Available at: https://www.hse.gov.uk/pubns/near-miss-book.htm.

[2]Anon, (n.d.). Organisations: Breach of duty of employer towards employees and non-employees/ Breach of duty of self-employed to others/ Breach of Health and Safety regulations – Sentencing. [online] Available at: https://www.sentencingcouncil.org.uk/offences/magistrates-court/item/organisations-breach-of-duty-of-employer-towards-employees-and-non-employees-breach-of-duty-of-self-employed-to-others-breach-of-health-and-safety-regulations/

[3]Health and Safety Executive (2013). Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - RIDDOR - HSE. [online] Hse.gov.uk. Available at: https://www.hse.gov.uk/riddor/

[4]Health and safety at work. (2023). Available at: https://www.hse.gov.uk/statistics/assets/docs/hssh2223.pdf

APPENDIX A: HSW ACTION PLAN 2023-25

	Project Stages	Tasks	Start	Target Finish	Responsible Officer(s)	Stakeholders	Update 14/11/23 Progress / Comments	Update 20/04/24 Progress / Comments	Update 18/06/24 Progress / Comments
1	HSW Policy Development	Comprehensive review of current Health, Safety and Wellbeing Policy and draft produced	Sep-23	Nov-23	HoHSW		Draft completed and sent to HSW Team and ACE for comment	Complete	Complete
		Present initial draft policy to senior management for approval (following amendments, deletions etc) for consultation.	Dec-23	Dec-23	HoHSW	CMT	Complete	Complete	
		Present draft policy to Team Plymouth, Steering Group and Trade Unions for consultation	Dec-23	Jan-24	HoHSW	Team Plymouth, HSW Steering Group and Unions	Complete	Complete	
		Amend Policy following consultation	Jan-24	Jan-24	HoHSW	CMT and	Complete	Complete	
		Publish document and present to Council HSW Portfolio Holder	Jan-24	Jan-24	HoHSW	Council HSW Portfolio Holder	Complete	Complete	
2	SHE Assure System Embedded	Contract for system to be agreed (Licences for all managers and insights service pack)	Nov-23	Nov-23	HoHSW	HSW, ACE, Delt, Finance	Email to Pete Honeywell regarding progress with contract	Complete	
		Incident module licenced users trained	Nov-23	Sep-24	HoHSW	Managers		Training continues to be offered to all licenced users	Training continues to be offered to all licenced users

			Risk module roll out and training	Nov-23	Dec-24	HoHSW	Risk Assessors		Training continues to be offered to all users online, face to face, instruction guides, drop-in sessions	Training continues to be offered to all users online, face to face, instruction guides, drop-in sessions
			Full roll out of all modules and training (COSHH, audit and people). Include use of the cost function.	Nov-23	Apr-24	HoHSW	All PCC		COSHH Module rolled out, training and support from HSW Team to assessors. Audit module fully rolled out. People module partially used - still awaiting module approval from GDPR Lead	COSHH Module rolled out, training and support from HSW Team to assessors. Audit module fully rolled out. People module partially used - still awaiting module approval from GDPR Lead
			Managers Toolkit on SHE Assure and other management checklists and tools)	Nov-23	Apr-24	HoHSW	Managers		Managers toolkit currently in excel format. Full migration of Managers Toolkit cannot be completed until GDPR approval of	Managers toolkit currently in excel format. Full migration of Managers Toolkit cannot be completed until GDPR approval of

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								people module	people module
3	**HSW Steering Group**	Terms of Ref, membership review	Nov-23	Nov-23			Draft produced - consultation with HSW Team	Complete	Complete
		HoHSW meet with all attendees to discuss purpose of Steering Group and Managers Toolkit	Nov-23	Dec-23				Complete	Complete
		First Steering Group Meeting	Jan-24	Jan-24	HoHSW	Steering Group Membership		Complete	Complete
		Planned quarterly meetings	Jan-24	Jan-24	HoHSW	Steering Group Membership		Complete	Complete
4	**HSW Risk Management integrated with Corporate Risk and Opportunities Strategy (escalation, tolerance etc)**	Discussion with Risk Manager	Oct-23	Oct-23	HoHSW	Risk Management, CMT	Met with Ross Jago, discussion of how further integration can be facilitated	Complete	
		Review of Corporate Risk and Opportunities Strategy to incorporate HSW risk management	Oct-23	Nov-23	Risk Manager and HoHSW	Risk Management, CMT	Reviewed, presented to CMT and approved. Published on staffroom now	Complete	
		Investigate the potential use of SHE Assure for Corporate Risk Register	Nov-23	Feb-24	HoHSW and Risk Manager	Risk Management and SHE	Microsoft solution in place now for corporate risk register	Complete	
5	**Integration of Wellbeing**	Include Wellbeing in HSW Policy	Nov-23	Nov-23	HoHSW			Complete	Complete

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		Recruit to Health and Wellbeing Advisor Post (in HSW Department)	Oct-23	Mar-24	HoHSW	Recruitment	Role profile amended and sent to grading. Returned with grade approved. Recruitment to advertise ASAP. Emailed again 15/11/23	Appointed and starts in post 17/4/24	Complete
		Development of Wellbeing Action Plan including Wellbeing at Work & #OurStaff	Mar-24	Jul-24	H&W Advisor	Wellbeing Champions, HSW Team, HROD, Unions, HSW Steering Group, H&W Committee			Wellbeing action plan under development - will be consulted through Steering Group
6	**Development of Standard Assurance Report for CMT and Audit and Governance Committee**	KPI development for all HSW Areas	Nov-23	Sep-24	HoHSW	OH, EAP, HROD	KPI's are being developed for all HSW areas	All HSPS's being reviewed and updated to include standard KPI's	All HSPS's being reviewed and updated to include standard KPI's
		Recruitment of HSW Assistant to focus on HSW data and compliance reporting	Nov-23	Apr-24	HoHSW		Role profile amended and sent to grading. Returned with grade approved. Recruitment to advertise ASAP. Emailed again 15/11/23	Appointed	KPI Compliance Dashboard under development

		SHE Assure system to be configured to automate KPI dashboard reporting	Nov-23	Apr-25	HoHSW	SHE Assure, CMT		KPI Compliance Dashboard under development - once people module has been approved by GDPR manager, information related to role-specific training, assessment can be drawn from Assure. Currently reliant on HROD input for training data - data held is not complete as only captures mandatory and some role-specific data
7	**Training matrix development through SHE Assure**	People module to be configured	Nov-23	Jan-24	HoHSW	GDPR, HROD	People module already purchased - meeting to be booked with SHE and GDPR to discuss info security	Awaiting GDPR Security approval for people module. First planned meeting was not attended by relevant stakeholders.	Awaiting GDPR Security approval for people module and HR system integration

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8	**HSW Strategy Development**	Development of draft strategy for consultation	Mar-24	Dec-24	HoHSW	HSW Team			
		Consultation of Strategy	Apr-24	Apr-24	HoHSW	HSW Team, CMT, HSW Steering Group, HSW Coordinators, Unions			
		Action Plan development	May-24	Apr-24	HoHSW	HSW Steering Group			
		Publish Strategy and present to Portfolio Holder	May-24	Apr-24	HoHSW	Portfolio Holder, ACE, CMT, All Staff			
		Monitor Action Plan through HSW Steering Group	May-24	Ongoing	HoHSW	HSW Steering Group			
9	**Fire Safety Policy review and associated arrangements**	Review of Fire Safety Policy	Jan-24	Sep-24	HoHSW	Facilities Management			Hard FM Operational Manager now in post and this will be a priority for review
		Review of associated arrangements (including current PIC arrangements): - Competent Fire Safety Advice - Fire Marshals - Fire Risk Assessment and review - Fire passive and active mitigation management - Fire evacuation drills - PEEPS arrangements - Decommissioning process for detector heads during refurb / construction - Training	Jan-24	Sep-24	Hard FM Service Manager	Facilities Management			Hard FM Operational Manager now in post and this will be a priority for review

10	**Emergency HSW Arrangements**	Review and test all emergency HSW arrangements across all sites e.g. Fire, Gas, Security, Explosive Devices and Explosive Atmospheres, Terrorism, Flooding, Work with Water, Confined Space, LOLER	Jan-24	Apr-25	HoHSW	All sites	 	 	Identification of emergency procedures requiring testing through review of HSPS's - ongoing
11	**Statutory Building Compliance Requirements**	Review of statutory building compliance requirements	Jun-24	Dec-24	Hard FM Service Manager	All sites			
		Review of competencies required for compliance activities	Jun-24	Dec-24	Hard FM Service Manager	All sites			
		Define process for compliance monitoring, audit, assurance and reporting	Jun-24	Dec-24	Hard FM Service Manager	All sites			