

HEALTH, SAFETY AND WELLBEING ANNUAL REPORT
2025-2025

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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.

This annual report covers the period 1 April 2024 to 31 March 2025. The statistics published in the previous annual report, published for the period 2023/2024, have been used to benchmark 2024/2025 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:

- Training and assurance activity with Corporate Management Team (CMT) in line with accountabilities and responsibilities detailed in HSW Policy.
- Progress made against HSW Corporate Action Plan although delayed due to team refocus onto Facilities Management. Corporate Action Plan updates presented to CMT quarterly.
- Steering Group review of Terms of Reference, membership and focus of key activities. Cllr Sue Dann invited to attend April 25 meeting.
- 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 14 service level audits carried out by HSW Team.
- HSW Coordinators – Now in place in the majority of areas, still further work required to ensure they are in place across all areas. Monitored through Steering Group and at Directorate Management level.
- There are 36 Wellbeing Champions nominated across PCC, supported by the Health and Wellbeing Advisor. This is a reduction of 11 from last year.

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 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.

H&S Performance Standards:

All new or updated HSPS now have a [Share Point page](#) (with links, FAQ's, Summary details, glossary etc.)

- Two HSPS have been reviewed and updated: HSPS17 Construction, Design and Management (CDM) & HSPS08 First Aid
- Two new HSPS have been written and published (Drones, UAV's & UAS's & Working Abroad)
- Review is underway updating two HSPS (Control of Contractors & Control of Noise at Work)
- 11 new HSPS require development, of which five are currently underway (Project Management, Safe Procurement, Protect Duty, Confined Spaces, Driving for Work & Infection Control)
- Reviews are pending for eight existing HSPS
- The total number of HSPS that are either active, under review, pending review or requiring development is 33.

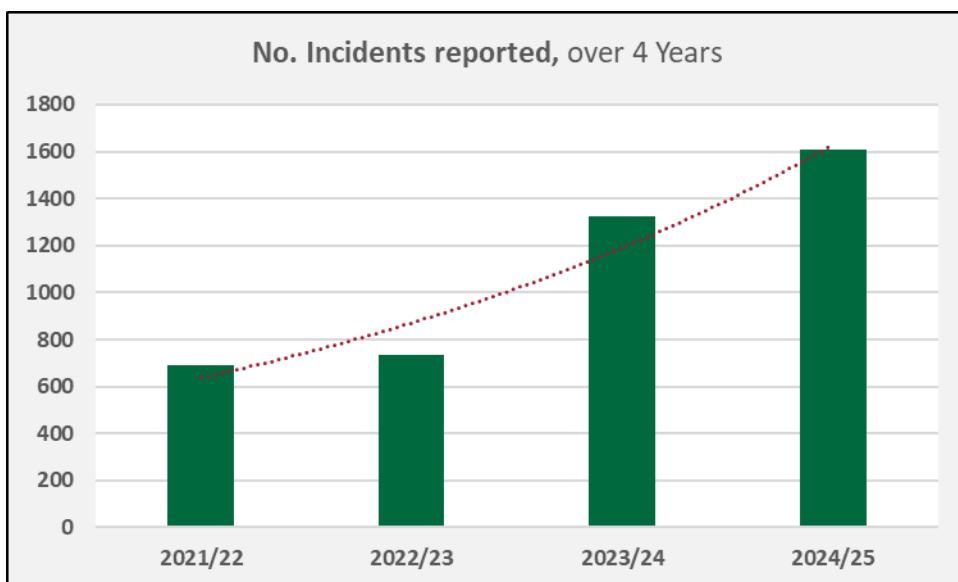
5.0 INCIDENTS

- The total number of incidents reported in 2024/25 has increased by 282 from 2023/24 (a 21% increase). There are several factors influencing this increase; the Assure system facilitating both reporting and management of incidents, the increased drive and monitoring of incident reporting through Senior Leadership forums, impact of Health, Safety & Wellbeing Coordinators, and increased familiarity with the Assure Go+ Portal.

- The Council has reported 15 RIDDORS in this reporting period. (Excludes maintained schools and partner organisations) this is a 31.8% drop from 2023/24.
- Reporting of incidents on time - The KPI for 2024/25 is 84.5% reported within 2 days. This is a 7.7% drop from last year, this may in part be due to the change in reporting requirements from April 2024, which lowered the threshold from four days to two days.
- The 2024/25 mean figure for near miss reports is 20.3%, up 1.0% from 2023/24, and compliant with the 20% target. Considering the total number of incidents increased by 282 in this reporting period, this is a promising trend, however the compliance is only due to effective near miss reporting from ODPH & Place Directorates, all other Directorates were non-compliant in annual percentages of near misses reported. Increasing near miss reporting is already an action for the HSW Steering Committee and should be actively promoted at service DMT / SMT level.
- Lost time incidents (LTI) resulted in an average of 10.8 days absence, up 6.55 days from 2023/24. however, data is incomplete with 16.7% of LTI's having no return-to-work dates (compared to 27.3% from last year). This requires automated sickness absence information from the HROD system which can hopefully be provided once the new iTrent HR system is fully 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 15 “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 one 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 2024/25 has increased by 21% from the previous year, which is an ongoing 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, as well as the role of Health, Safety & Wellbeing Coordinators in supporting incident reporting.



2024/25 total incidents reported:

Directorate:	Total	% within 2 days
Adults, Health & Communities	256	80.5%
Children's Services	492	88.4%
C&CS	222	90.5%
Executive Office	4	50.0%
ODPH	38	78.9%
Place	596	81.4%
PCC	1608	84.5%

5.2 Incident KPI Data

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

1. Incidents must be reported (i.e. logged onto SHE Assure either via the Assure Go+ portal or directly entered) within 2 days of the date of the incident.
2. Incidents must be closed (i.e. have reached "Approved" status on Assure, with all actions closed) within a given timeframe from the date of incident, based on their level of severity. The timeframes are:
 - a. Insignificant/ Minor severity = 14 days
 - b. Moderate severity = 28 days
 - c. Major severity = 42 days
3. 20% of the total of incidents in any given area must be Near Miss reports - this is to encourage such reporting, as by addressing Near Misses actual accidents can be prevented.

KPI 1 – Incidents Reported on Time

Only one Directorate (Customer & Corporate Services) is above 90% compliance, (as compared to all directorates in 2023/24). This drop is believed to be linked to the change in reporting requirements from 4 days to 2 days from April 2024, however data trends are being monitored to ensure this does not represent a decrease in timely incident reporting. The Directorate with the largest proportion of incidents is Place, with 37.1 % of incidents, the majority from Street Services, which is representative of the risk profile, with a high proportion of physical hazards. The next highest is Children's Services at 30.6%, this figure almost entirely consists of incidents reports from Transport & Allowances (Schools Transport), again relating to the risk profile of pupil passengers with SEND requirements.

Drop-in support sessions for Assure have been highlighted to all Directorates. The Box now has a monthly H&S Committee meeting and HSW Advisors now offer regular 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 2024/25

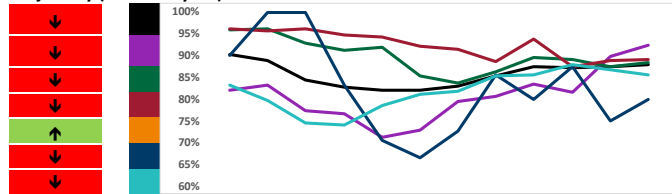
Headline Incident KPI Compliance:

KPI 1 - incident reporting on time:**12 month trend**

Compliance - 100%

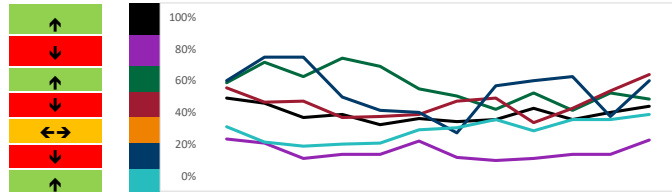
	%	No. of Incidents
PCC	84.5%	1608
Adults, Health & Communities	80.5%	256
Children's Services	88.4%	492
C&CS	90.5%	222
Executive Office	50.0%	4
ODPH	78.9%	38
Place	81.4%	596

Trajectory (from last year)

**KPI 2 - incident closure on time:****12 month trend**

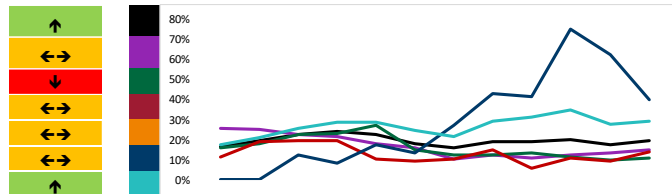
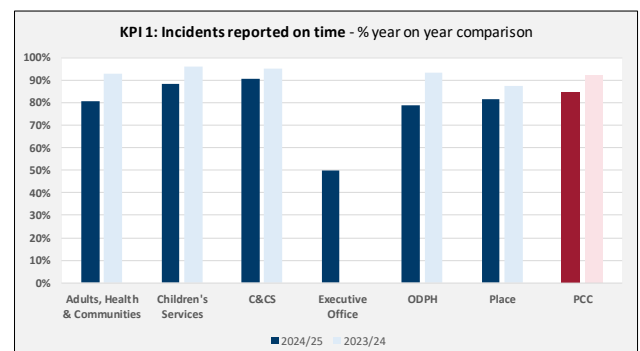
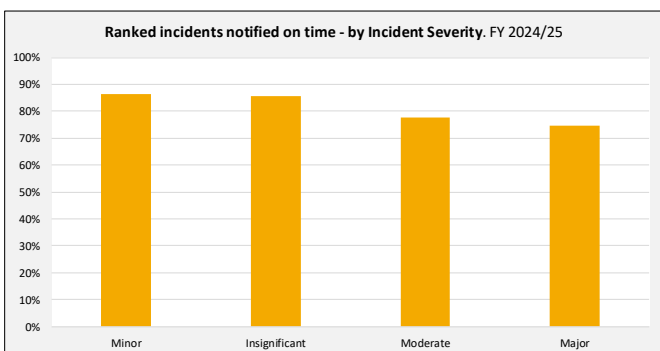
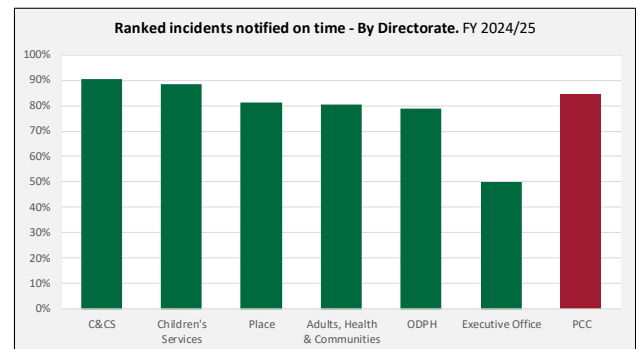
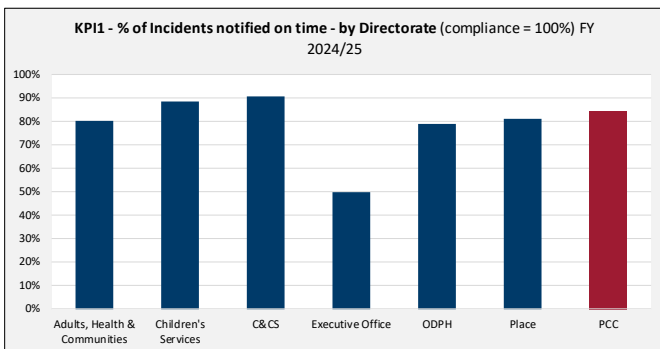
Compliance = 100%

PCC	38.4%	1608
Adults, Health & Communities	14.5%	256
Children's Services	54.7%	492
C&CS	49.1%	222
Executive Office	0.0%	4
ODPH	42.1%	38
Place	31.2%	596

**KPI 3 - % of near miss reports:****12 month trend**

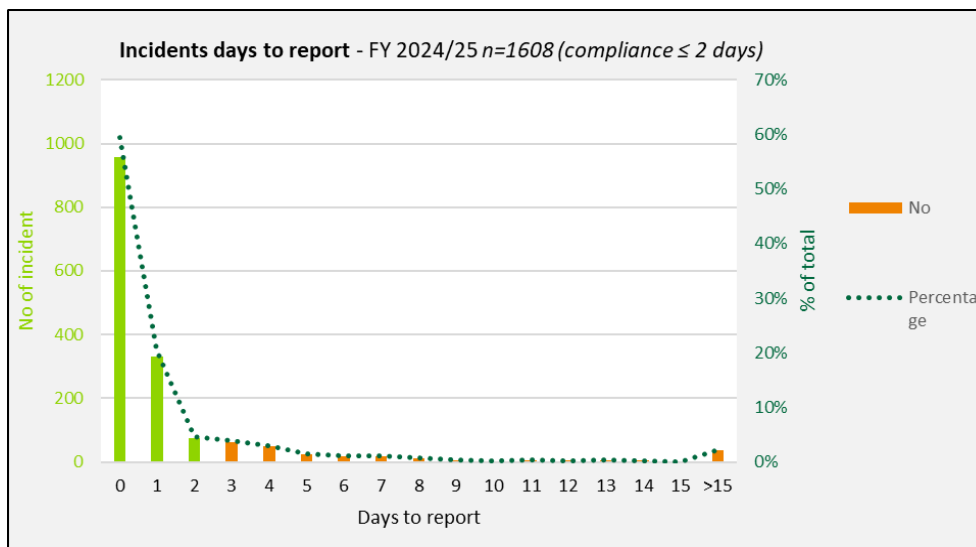
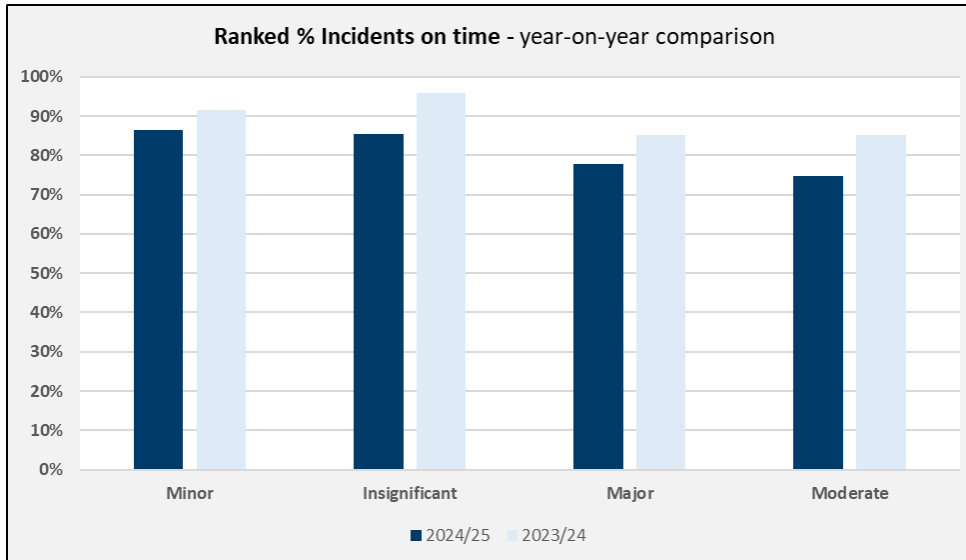
Compliance = 20%

PCC	20.3%	1608
Adults, Health & Communities	16.4%	256
Children's Services	15.9%	492
C&CS	13.1%	222
Executive Office	0.0%	4
ODPH	31.6%	38
Place	27.7%	596

**KPI 1: incidents reported on time - headline graphics**

Incidents Reported on Time – Ranked by Severity

The drop from last year in time to report incidents is likely linked to the requirement change from four days to two days, however, work to improve the timescales, particularly for major and moderate incidents being notified is ongoing and this will be addressed at the HSW Steering Group. 59% of incidents are reported on the same day as they occur.



KPI 2 – Incidents Closed on Time

Incident closure compliance averages 38.4% (up 2.2% from 2023/24) but is a long way below the 100% KPI requirement. This is believed to be due to a combination of time constraints, lack of knowledge of the processes on the Assure system, especially to “approve” incidents. Compliance should be monitored at DMT / SMT meetings and action taken to improve compliance.

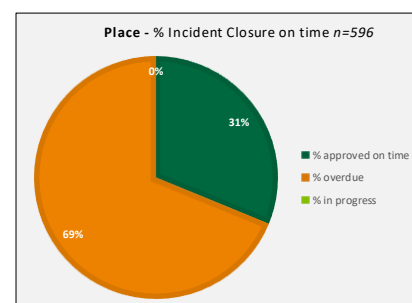
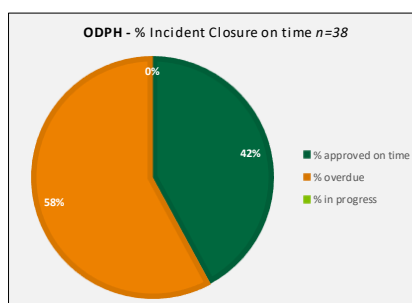
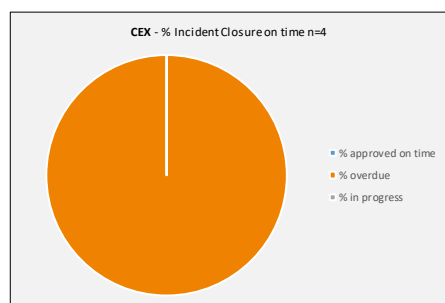
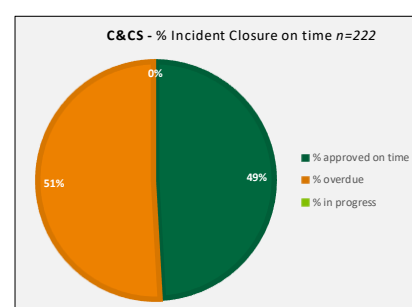
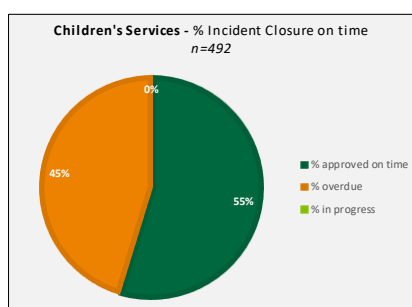
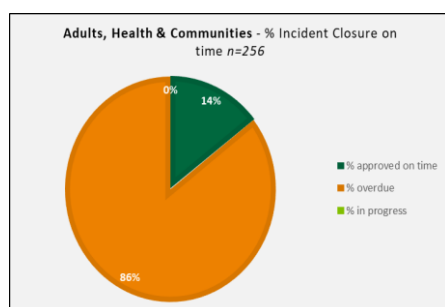
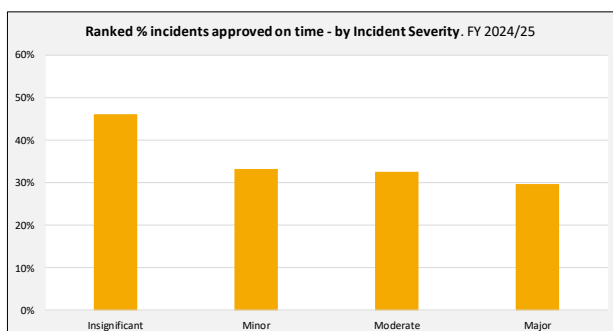
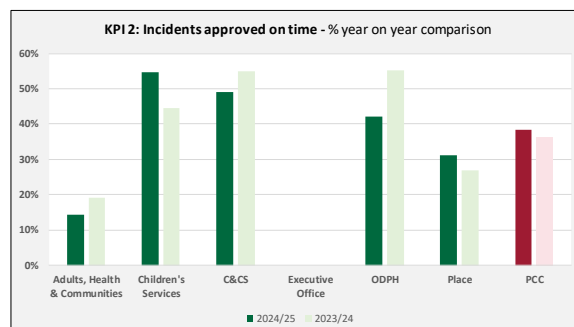
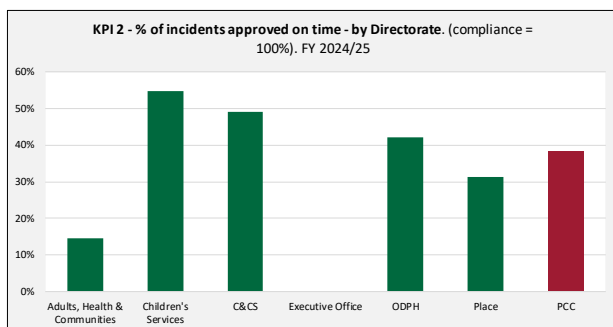
The HSW Team provide ongoing training and support for all licenced users of the system, including a live weekly “drop-in” support session by Teams meeting. To improve compliance further, the HSW Team are now linking licence issue with training completion (new licence holders are signposted to the relevant 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.

Additionally, monthly “Exception” reports, detailing where Assure incident management processes have not been correctly followed are issued directly to the relevant licensed users; these contain detail of the exceptions to the process and how to avoid them going forwards.

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: incidents approved on time - headline graphics

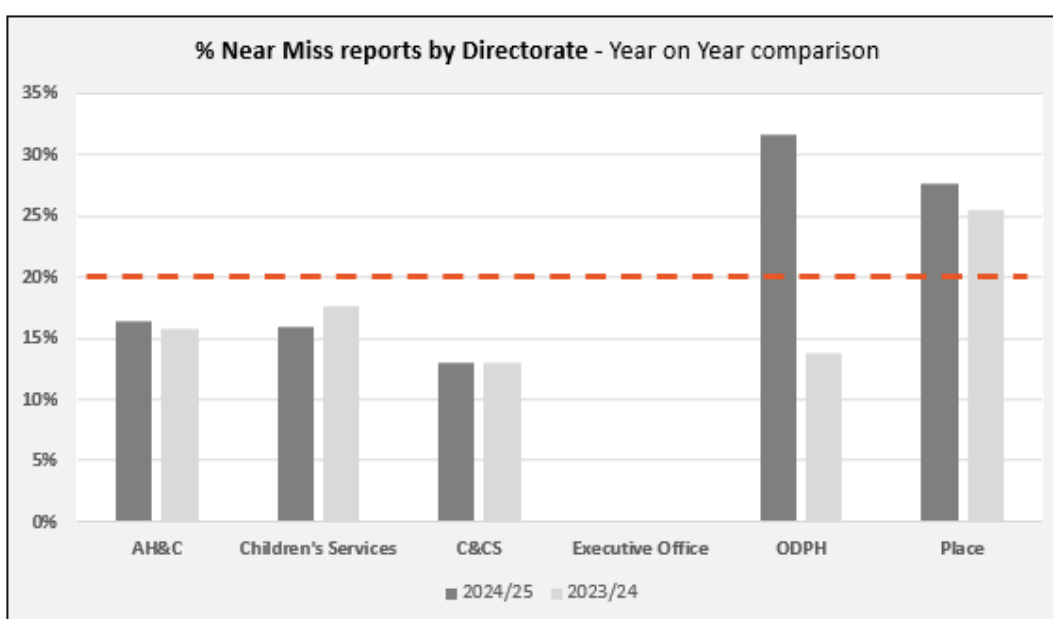
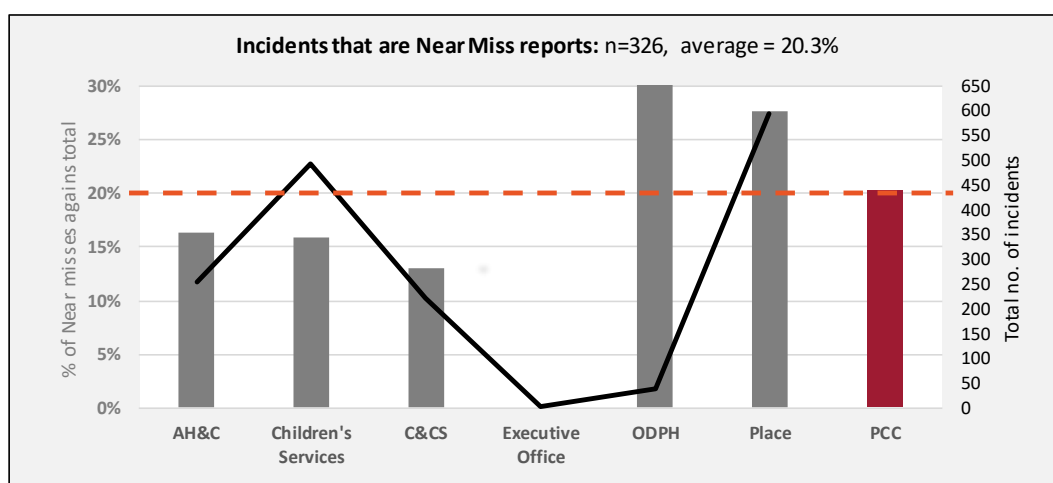


KPI 3 – Percentage of Near Miss Reports

The HSE, 2021¹ 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, and can prevent harm from accidents occurring.

The PCC KPI for percentage of near misses is 20% - this is to encourage near miss reporting. The 2024/25 mean figure for near miss reports is 20.3%, up 1.0% from 2023/24, and compliant with the 20% target. However, the compliance is only due to effective near miss reporting from ODPH & Place Directorates, all other Directorates were non-compliant in annual percentages of near misses reported.

KPI 3: % of reported incidents that are near misses. Compliance = 100%



5.3 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.**

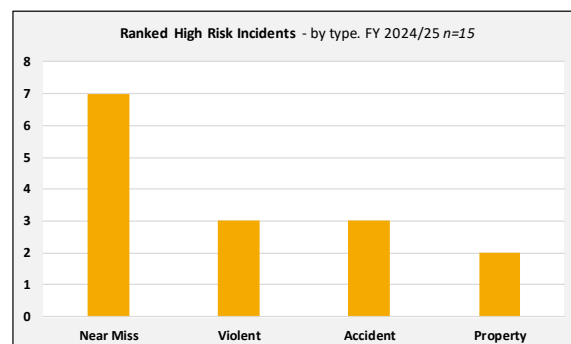
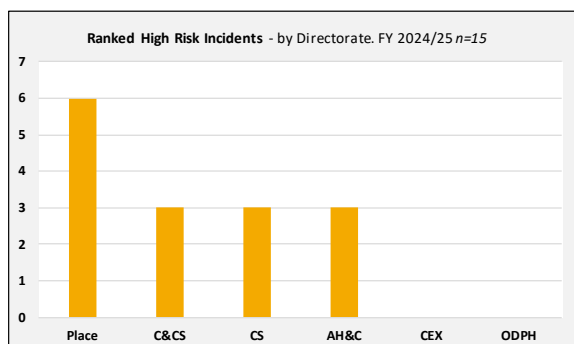
In response to this, as part of the incident triage function undertaken by the HSW Team, each incident is assessed to determine whether it is “High Risk” or not.

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. There is a written “High Risk” protocol for HSW Advisors to follow.

High Risk Incidents:



5.4 Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR)

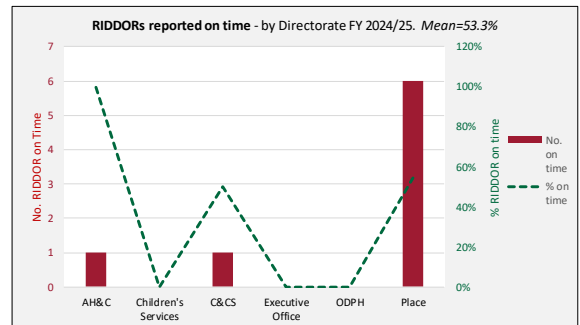
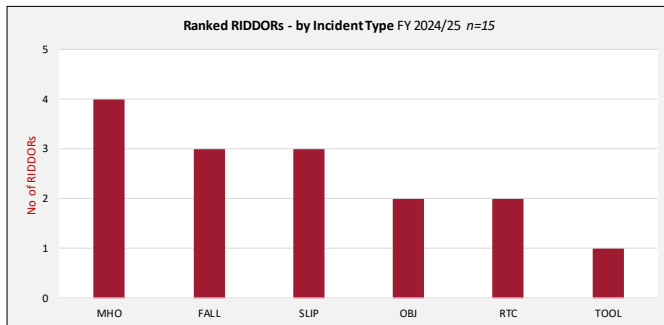
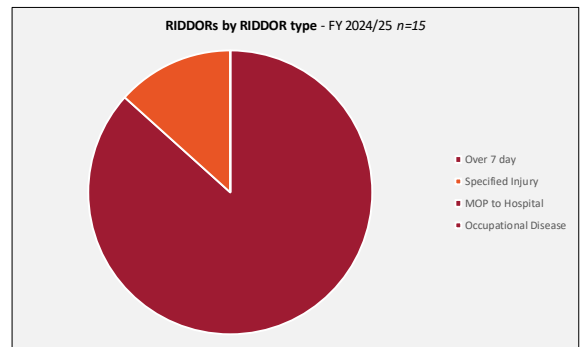
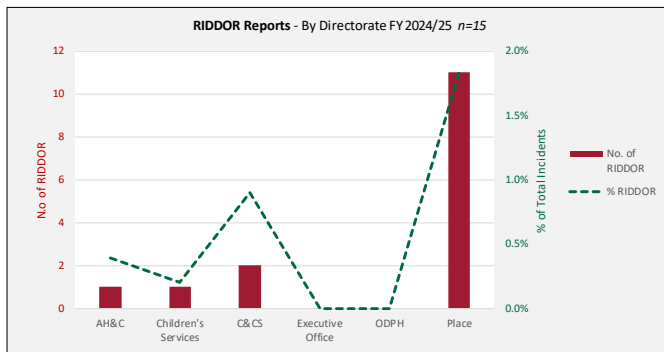
The RIDDOR Regulations (Health and Safety Executive, 2013)³ set out the different types of incidents that must be notified to the HSE, which the HSE may decide to investigate further.

In the 12 months to 31 March 2025 there were 15 such incidents (7 less than 2023/24). Maintained schools and partner organisations are excluded from this data.

Two of the top three reasons for RIDDOR reports are consistent with national trends: Slips, Trips and Falls and Manual Handling. The second highest RIDDOR reason was Falls from Height, which needs monitoring as these are known to have higher severity outcomes, but in real terms this is represented by 3 incidents.

There were no RIDDORs reported in the 2024/25 period due to violence and aggression, which is an improvement from 2023/24 where two were reported. This may reflect increased awareness of these hazards, leading to more effective risk management.

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

5.5 Lost Time Incidents

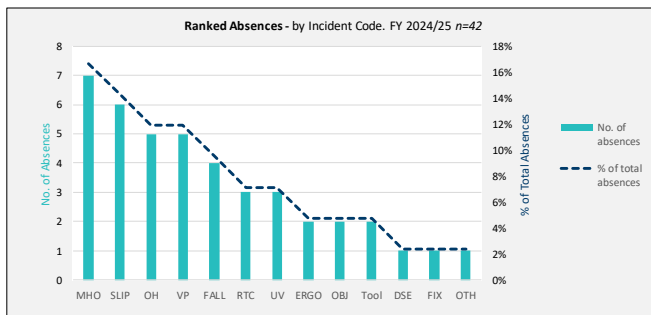
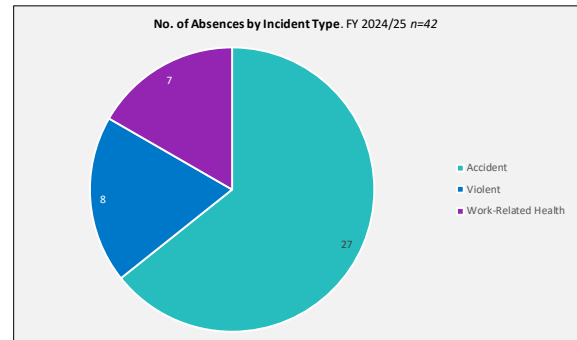
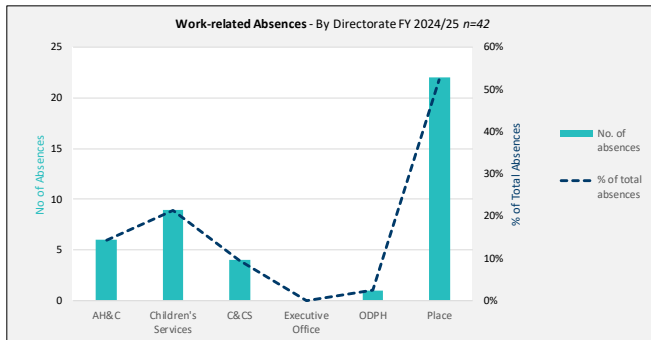
Lost time incidents are an important measure of health and safety performance and indeed, the HSE publish statistics annually which includes the number of Working Days Lost due to work-related ill health and non-fatal workplace injury. The latest statistics from the HSE ([Health and safety at work, 2024](#)) for 2023/24, estimates that 33.7 million working days were lost during that period.

Unfortunately, PCC data is incomplete (16.7% 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 iTrent once it is fully implemented.

The average absence is up 6.5 days from last year, and the overall total is down by 13, which would indicate longer average absences per lost time incident, but this is with the caveat on incomplete data given above.

Lost-time Incidents: work-related absence

Average absence is 10.8 days (up 6.55 days from last year), but this is based on incomplete data (16.7% of LTI's have no RTW date)

**Key to Codes:**





Code:	Meaning:
MHO	Manual Handling Operations
SLIP	Slip/ Trip or Fall (same level)
OH	Occupational Health issue
VP	Violent Person
FALL	Fall From Height
RTC	Road Traffic Collision
UV	Unintentional violence (behavioural)
ERGO	Ergonomic issue
OBJ	Hit by moving or falling object
TOOL	Injured from use of hand tool
DSE	Display Screen Equipment
FIX	Struck a fixed object
OTH	Other

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 and the HROD systems to date have been unable to record and report detailed training records, however developments with both the Assure system and the HROD itrent system should support this going forward. This is a key priority for 2025/26.

IOSH Managing Safely was planned to be delivered face to face in house from September 2024, however, due to HSW team resource, this has been delayed until the Head of HSW is back in substantive role. 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) was delivered on 10 September 2024 and 19 November, face to face.

Training	2023-24	2024-25	Trajectory
HSW Induction (e-learning)	64.9%	67.5%	
Managers Introduction to HSW Management	65.7%	69.3%	
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	2023-24	2024-25	Trajectory
HSW Induction (eLearning)	249	244	
Managers Introduction to HSW at the Council (eLearning)	30	21	
Managers Introduction to HSW at the Council (Face to Face)	No data available	22	
IOSH Managing Safely	No data available		
IOSH for Senior Executives and Directors	No data available		
Wellbeing and Resilience Risk Assessment	70	12	
Conflict Resolution Personal Safety Note: Current re-tendering of training delivery contract, so therefore a number of staff are on a waiting list.	No data available	63	
Conflict Resolution eLearning	No data available	86	
Total Conflict Resolution Training	211	149	
Display Screen Equipment Risk Assessment	30	19	
Manual Handling (Safe Lifting Techniques)	34	35	
Manual Handling (eLearning)	33	75	
Manual Handling Risk Assessment	No data available	12	
Working at Height/Ladder Safety	14	141	
Introduction to Risk Assessment	62	64	
Incident Management	13	38	

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.

- Number of alarm activations – *Unable to give an accurate number as not all alarms are monitored remotely.*
- Number of actual fires – Four

Actual Fire Incidents

	Date & time	Site / occupancy	What happened	Root cause	Immediate response	Damage / business impact	Lessons & follow-on actions
1	23 Sep 2024 (17:35)	Staddiscombe Sports-ground changing rooms	Small paper fire in urinal; changing-room door forced.	Vandalism	Club volunteer extinguished with water; FM called police & compliance.	Minor smoke staining; door damage.	<ul style="list-style-type: none"> • Door rehung & locked same day. • Historic gas bottle & rubbish removed. • Site security audit complete (Nov 2024).
2	13 Dec 2024 (11:03)	Raglan Court – Flat 9 (supported housing)	Resident panicked; warden investigated; frying-pan oil fire on cooker.	Unattended cooking	Warden used foam extinguisher; pre-alarm then main alarm activated; FRS on scene 11 min; second appliance vented smoke.	Smoke damage to flat & stairwell; resident displaced to hotel.	<ul style="list-style-type: none"> • Evacuation drill re-taught (some residents had remained inside). • Cooker isolated; PAT review ordered for communal white goods.
3	04 Feb 2025 (19:24)	Mount Edgcumbe – Barrow Centre (holiday lets & staff accom.)	Fire detected in north-wing roof; rapid involvement of timber floors.	Under investigation (FRS report pending)	100 % evacuation (holiday guests & staff). FRS on site < 30 min; 4 pumps & aerial ladder.	Severe roof, floor & façade loss to north wing; west wing water ingress.	<ul style="list-style-type: none"> • HTS erected temporary stud wall & weatherproofing; dynamic RA ongoing. • Staff wellbeing sessions (PAM Wellness).
4	24 Mar	Alexandra Road Public	Fire started in cubicle waste bin.	Vandalism (confirmed)	Automatic detection alerted FRS;	Localised damage;	

2025 (22:02)	Conveniences (Crownhill)			extinguished quickly.	closed 48 hours.	
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Fire Risk Assessments (FRA)

95 % of occupied buildings now have current FRA's, remaining 5% being completed. All FRA actions are being actively assessed and prioritised.

Data collation: Facilities Management is extracting every fire safety remedial action into a master database, grouped under nine safety themes:

1. Passive fire protection & compartmentation
2. Electrical (incl. EICR)
3. Emergency escape routes
4. Fire-alarm systems
5. Fire doors
6. Fire extinguishers & other firefighting equipment
7. Emergency lighting
8. Staff training & fire-safety management
9. Fire-safety signage

Schedule of Works: once collation of actions is complete, a risk-based, costed schedule can be developed.

8.0 WELLBEING

Employee Assistance Programme

A contract for the Employee Assistance Programme (EAP) is in place with PAM until 31 March 2026. PAM Formerly known as PAM Assist or PAM Wellbeing, have been rebranded and are now PAM Wellness.

During this reporting period, the service supported 152 individuals, an increase of approximately 25% compared to the previous year. This rise may be attributed, in part, to increased awareness driven by promotional efforts through staffroom events, wellbeing champions, and team meetings.

A total of **292** calls were received, comprising **271** counselling calls and **21** legal advice calls. Additionally, **18** live chat interactions were recorded. Generation X (those born between 1965 and 1979) accounted for **54%** of all calls. Of the **310** total contacts made, **8.7%** were attributed to school-based staff or third-party organisations.

The top 3 reasons for calls

1. Mental Health
2. Anxiety
3. Bereavement

The chart below highlights this data, along with other cases, including those explicitly classified as Work-Related Stress (WRS).



Occupational Health

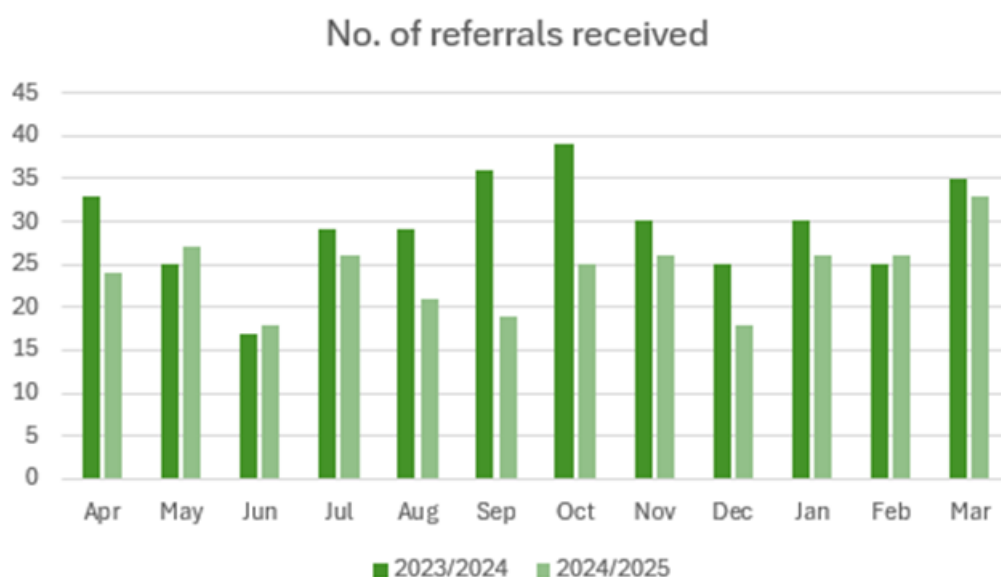
The contract for Occupational Health services with Medigold Health, expired on 31st March 2025. A new contract is under negotiation and is currently with Medigold's legal team for review. This has not impacted on services, and they continue to support.

The organisational structure is currently outdated on the Medigold system, impacting the accuracy of reporting. While efforts are underway to address this, frequent changes, often not communicated to the HSW Service and continues to pose challenges. This may improve with itrent.

A total of **289** referrals were received in this financial year. (This includes 31 referrals by Schools and Cater Ed).

This represents an **18%** reduction compared to last year, which may in part reflect the impact of increased engagement with managers and the support provided through risk assessment processes, reducing the need for referral in some cases.

There were **45** appointments where employees did not attend (**DNA**). These have all been paid for by referring service.



Top 3 Conditions referred

1. Mental Health
2. Musculoskeletal

3. Heart, Cardiac & Circulatory problems and Neurological

The highest number of **mental health** cases were in Strategic Cooperative Commissioning and Children Young People and Families. However, those specifically identified as work-related stress appear to be consistent across the organisation, with most areas reporting at least one such case.

Musculoskeletal issues are mostly in Street Scene and Waste and Strategic Cooperative Commissioning and Community Connections.

General Health and Wellbeing

Stress and resilience management remain significant areas of concern. To support ongoing efforts in this area, a Wellbeing Survey is scheduled for launch this summer and will be conducted annually moving forward. The survey incorporates the HSE Management Standards framework, commonly used in team-level stress risk assessments. Following the survey, a report will be generated detailing key findings and recommendations, which will be shared with the Directorate Management Team (DMT) and reported to the Corporate Management Team (CMT). A review of The Stress and Resilience Performance Standard is underway. 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.

There are now **11** Mental Health First Aiders in place with a second cohort to be trained in October hopefully doubling this number.

We are progressing towards the piloting and procurement of digital devices for lone workers, marking a significant step in enhancing staff safety and communication. These devices will play a crucial role in enabling real-time support, improving visibility, and providing reassurance for employees working in isolation or higher-risk environments.

In parallel, we are also enhancing our existing systems to develop an organisation-wide safety alert mechanism. This system will enable the timely distribution of risk notifications, helping to safeguard employees who may be exposed to potential dangers when visiting sites, interacting with individuals, or entering unfamiliar premises.

A Neurodiversity Network has been created, and we are preparing to launch a toolkit to support managers in working effectively with neurodivergent employees. This will help foster inclusive practices, improve communication, and ensure individuals receive the support they need to thrive.

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.

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 Evotix 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%	<p>Amber 1 - 70-80%</p> <p>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</p> <p>Amber 2 - 60-69%</p> <p>Control systems found to be largely compliant. A small number of important lapses found or some “fine tuning” across the board required</p>
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**
- Schools -**

Controlled Schools – Longcause Community Special School

- Lead Auditor – Scott Gallagher
- Date of audit – 29 April 2024
- Percentage score – **26.15%**
- Total Number of actions set – 14
- Outstanding actions – 0

Schools - Controlled Schools – Cann Bridge

- Lead Auditor – Scott Gallagher
- Date of audit – 21 May 2024
- Percentage score – 36%
- Total Number of actions set – 20
- Outstanding actions – 9 (1x High, 8x Medium)

Adults, Health and Communities – Community Connections – Community Youth Service

- Lead Auditor – Scott Gallagher
- Date of audit – 21 June 2024
- Percentage score – 51.47%
- Total Number of actions set – 34
- Outstanding actions – 4 (2x High, 2x Medium)

Q2**Place – Plymouth Highways, excluding Fleet Services**

- Lead Auditor – Scott Gallagher
- Date of audit – 24 July 2024
- Percentage score – 40.05%
- Total Number of actions set – 42
- Outstanding actions – 29 (3x High, 25x Medium, 1x Low)

Place – Plymouth Highways - Fleet Services

- Lead Auditor – Scott Gallagher
- Date of audit – 6 Aug 2024
- Audit cancelled due to staff absence

Q3**Place – Street Services - Plymouth Highways - Fleet Services**

- Lead Auditor – Scott Gallagher
- Date of audit – 2 Oct 2024
- Percentage score – 31.35%
- Total Number of actions set – 15
- Outstanding actions – 0

Schools - Controlled Schools – Yealmpston Farm Primary School

- Lead Auditor – Scott Gallagher
- Date of audit – 12 November 2024
- Percentage score – 28.94%
- Total Number of actions set – 11
- Outstanding actions – 0

Place – Street Services – Waste Disposal and Contracts

- Lead Auditor – Scott Gallagher
- Date of audit – 5 December 2024
- Percentage score – 39.11%
- Total Number of actions set – 23
- Outstanding actions – 1 (1x High)

Place – Street Services – Commercial Waste

- Lead Auditor – Scott Gallagher
- Date of audit – 10 December 2024
- Percentage score – 51.67%
- Total Number of actions set – 33
- Outstanding actions – 2 (2x High)

Q4**Place – Economic Development – Events and Marketing**

- Lead Auditor – Scott Gallagher
- Date of audit – Week commencing 20 January 2025
- Audit cancelled due lack of engagement from Service, discussed with David Draffan and rescheduled to be complete 3 April 2025. Data will be provided as part of Annual Report for 2025/26

Children's Services – Children Young People and Families – Permanence Service

- Lead Auditor – Scott Gallagher
- Date of audit – 21 February 2025
- Percentage score – 51.79%
- Total Number of actions set – 31
- Outstanding actions – 31 (15x High, 8x Medium, 8x Low)

Children's Services – Children Young People and Families – Targeted Support

- Lead Auditor – Scott Gallagher
- Date of audit – 21 February 2025
- Percentage score – 68.52%
- Total Number of actions set – 50
- Outstanding actions – 50 (25x High, 15x Medium, 10x Low)

Children's Services – Children Young People and Families – QA and Safeguarding

- Lead Auditor – Scott Gallagher
- Date of audit – 21 February 2025
- Percentage score – 46.24%
- Total Number of actions set – 24
- Outstanding actions – 14 (10x High, 4x Medium)

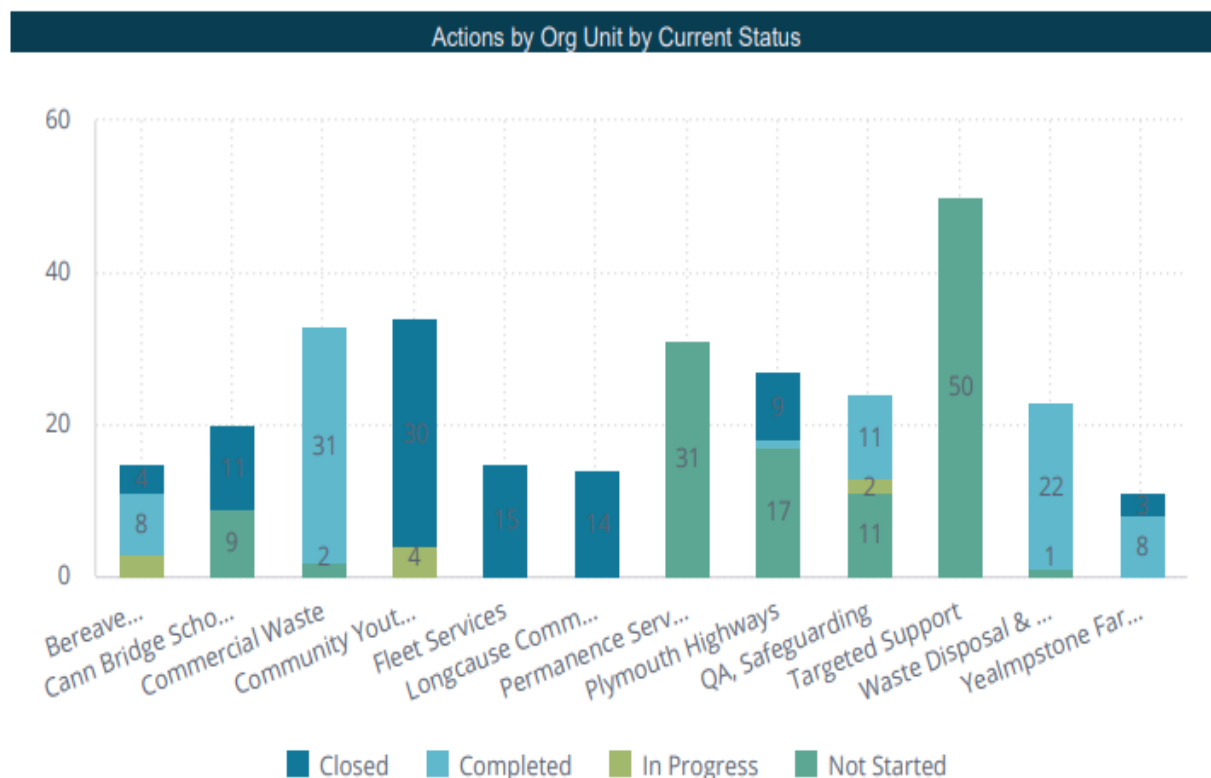
HSW team undertook an informal audit of Bereavement Services following concerns raised by Head of Service regarding content of audit report complete by previous lead auditor.

ODPH – Bereavement Services

- Lead Auditor – Shaun Badmin
- Date of audit – 8 April 2024
- Percentage score – 36%
- Total Number of actions set – 15
- Outstanding actions – 3 (3x Medium)

Overview of Audit Actions by Service

All audit actions should be monitored at service level and escalated to SMT / DMT by exception.



10.0 STREET SERVICES HSW PROGRESS UPDATE

Over the past year, Street Services has made significant progress in strengthening its health and safety performance, with a clear emphasis on proactive management, staff wellbeing, and cultural improvement. Notably, no enforcement action has been taken since the previous report, reflecting improved compliance and a positive shift in operational behaviours and standards.

A key area of success has been the implementation of a fully compliant Hand Arm Vibration (HAV) management process. The integration of state-of-the-art monitoring technology has enabled accurate exposure tracking and robust controls, resulting in zero reported cases of HAVS and no RIDDOR reportable incidents. This demonstrates our commitment to ensuring a safe working environment through innovation and best practice.

The service continues to embed the corporate health and safety management system across all areas. This has led to better risk management, consistent application of procedures, and a culture of accountability. Internal audits have been completed as planned, with resulting actions addressed promptly. This has contributed to positive outcomes across the wider corporate audit programme and helped maintain high levels of compliance.

Street Services is also focused on improving staff health and wellbeing through targeted initiatives. One such project aims to reduce manual handling risks in waste operations, helping to prevent musculoskeletal injuries and improve the long-term health of employees. In Traffic Management, the service is now fully compliant, with safe systems of work in place. This not only ensures the safety of our teams working on highways a previously unaddressed risk but also supports wider council initiatives, such as the regeneration of the city centre.

A notable cultural shift has taken place, supported by a dedicated service campaign and enhanced training programmes. With the introduction of a dedicated training officer, compliance with mandatory training has improved significantly, further strengthening the competence and safety

awareness of staff at all levels. These combined efforts reflect a mature and proactive approach to health and safety, ensuring that Street Services continues to operate safely and effectively.

11.0 ENFORCEMENT ACTIVITY

There has been no enforcement activity this year.

12.0 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.

	2020/21	2021/22	2022/23	2023/24	2024/25
Total claims in year	11	13	10	11	4
Outcomes	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)	4 outstanding (liability accepted)

The total number of Employers' Liability claims received over the period is 4:

- 2 claims for accidents at work
- 2 are disease claims related to work activities

13.0 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 Response:

- When there have been major concerns, the HSW team have been right on 'the case' proactive in supporting/encouraging managers to properly investigate concerns.

- GMB has interacted with 3 members of the HSW Team about different issues this year and all have been excellent to deal with. Described as a credit to the team and the organisation.
- The Health and Wellbeing Advisor has been carrying out excellent work with the Wellbeing Champions, and this is beginning to have some impact in the organisation. Particularly helpful now that some have trained to be Mental Health Champions.

What we would like to have seen more progress on?

GMB Response:

- Some managers in the organisation are still not managing staff wellbeing as well as required.
- Managers deal well with Health and Safety issues, but less well with the wellbeing of staff, less of an understanding of how their approach can sometimes have a negative effect on their staff, leaving staff feeling stressed and demoralised. This is a harder 'nut to crack'. However, the wellbeing survey planned to be sent out to staff shortly, should help identify these areas, but change will only be embedded where managers are accountable, supported and trained to manage wellbeing appropriately.
- The issue of HSW training is raised consistently at JCC. Managers mandatory HSW training should be nearer 90+% completion rate, as these managers are responsible for staff in their areas, this needs constant management.

This is the end of the 2024 - 25 HSW Annual Report.

References

¹HSE (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>.

²Anon, (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/>

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