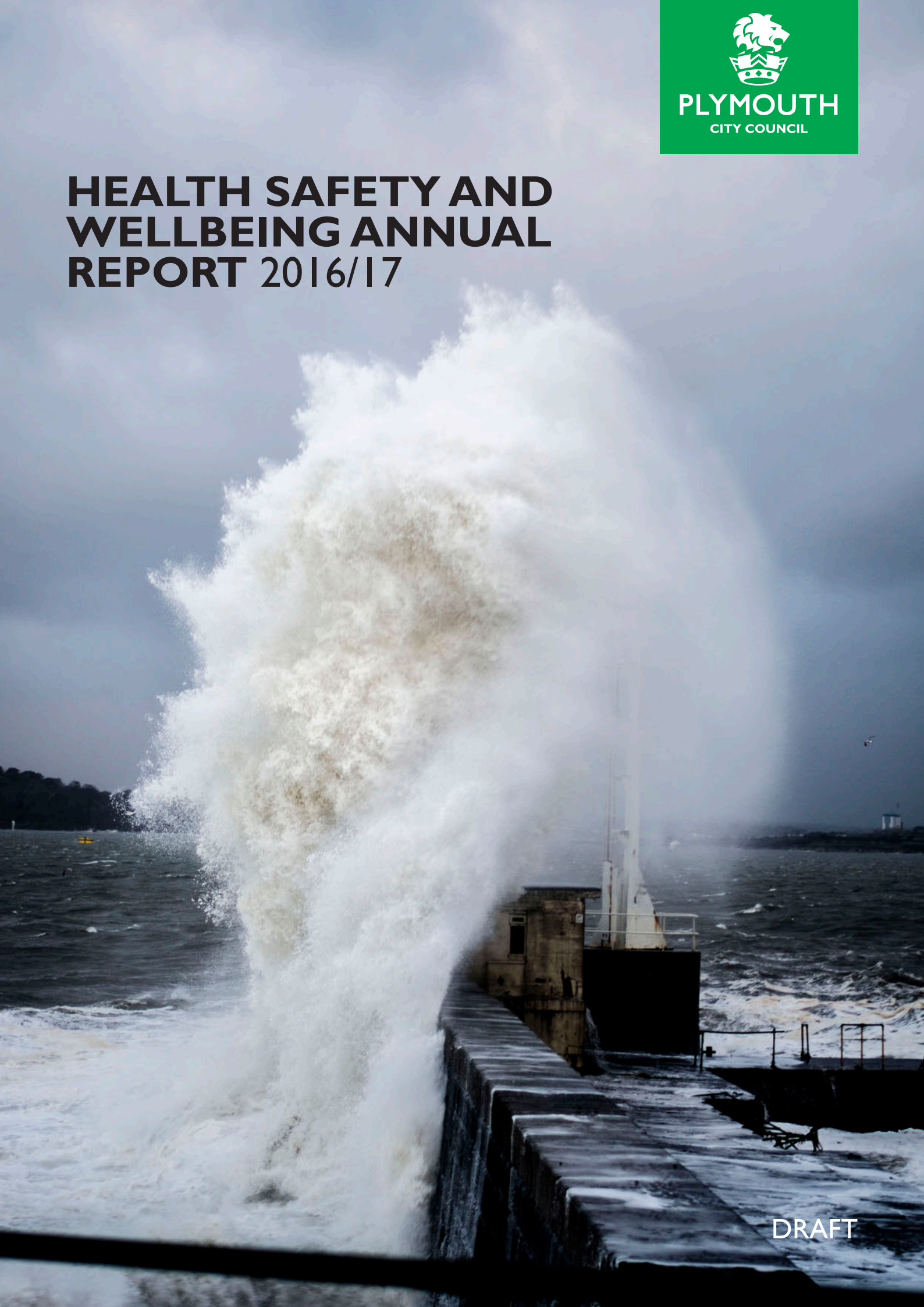




**PLYMOUTH**  
CITY COUNCIL

# **HEALTH SAFETY AND WELLBEING ANNUAL REPORT 2016/17**



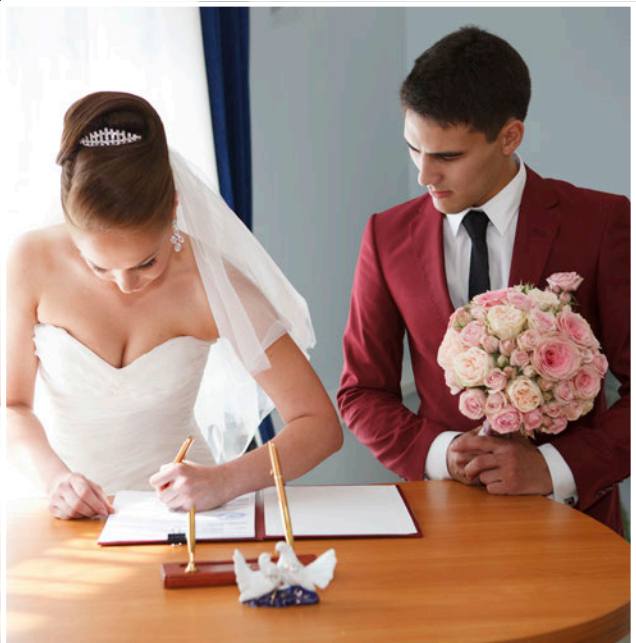
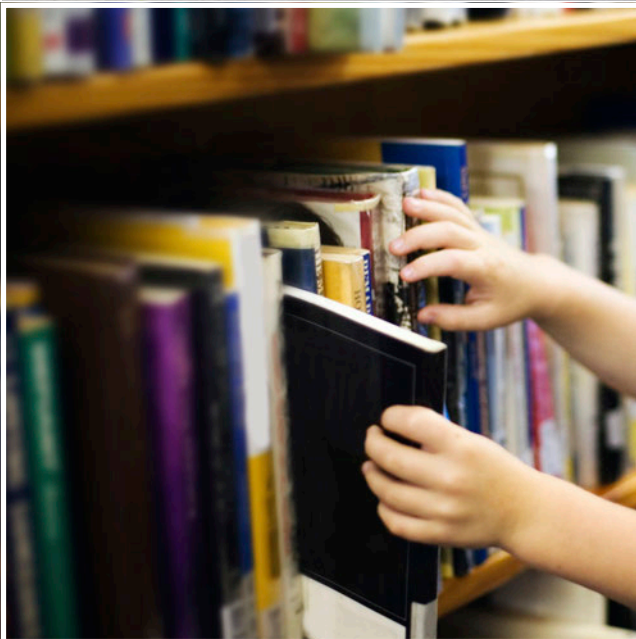
DRAFT





# PLYMOUTH CITY COUNCIL

WHAT WE DO...







## KEY FACTS

- At the end of 2016-17 there were 2,558 people in our workforce, serving a city of 262,700 citizens
- In addition to the above, the Council has 24 maintained schools with a workforce of 1,512 serving 6,023 pupils
- We provide or commission over 300 services for the citizens of Plymouth
- We work in a variety of settings, including office bases, industrial depots, recycling facilities, public car parks, crematoria, shop front premises, call centre, community setting day care facilities, libraries, parks and historic buildings. Our newest work setting is the 32 acre livestock farm, Poole Farm
- Just under two thirds of staff are female and just over one third are male
- The types of hazards people are exposed to vary according to their working environment, the tasks they are carrying out and how equipped they are to perform them
- The most common hazard for office based workers is the use of display screen equipment (DSE)
- The most common hazard for our frontline workforce is lone working.
- Across all roles stress and muscular skeletal disorders are the most common reason for sickness absence.



# INTRODUCTION

Our workforce is our greatest asset and in 2016-17 we launched our People Strategy, a plan for developing our talent, leadership and culture in order to meet the challenges ahead. Coupled with this we have a statutory duty to keep our workforce safe and to support their health, wellbeing and resilience in a demanding work environment. This requires not only robust health, safety and wellbeing management system which assures the Council of compliance and risk management, but a positive health, safety and wellbeing culture, where people feel valued and cared for.

There is a golden thread from my door to the shop floor and I want people to feel able to raise concerns about aspects of their work that undermine their sense of safety and wellbeing, knowing that these will be addressed in an appropriate way to reduce the risk to themselves and others.

## **TRACEY LEE**

Chief Executive



The People Strategy is a medium term plan to develop the talent, leadership and culture we need to be a higher performing council and to deliver better outcomes for the citizens of Plymouth across all our services. With a smaller directly employed workforce it becomes even more critical to support our people to be happy, healthy and thriving at work in line with the Council's vision and values. In my role as Joint Strategic Director for Transformation and Change I hold responsibility as the Executive Lead for Health, Safety and Wellbeing (HSW).

The Corporate HSW Team is now part of the Human Resources and Organisational Development department and good progress is being made in line with a redefined purpose and clear priorities as outlined in a refreshed business plan. With a new vision and team structure taking us into 2017-18 there is an opportunity to further raise awareness about the importance of the Health, Safety and Wellbeing agenda and to embed good practice firmly across the organisation.

## **DAWN AUNGER**

Interim Strategic Director Transformation and Change (Transformation)



The challenge of shifting the general mindset about HSW from one which evokes thoughts about rules, regulations and restrictions, to one which is about keeping oneself and our colleagues safe, happy and thriving at work is one we should all engage in; continually finding new ways to work together to support self and others. The last year has seen the delivery of new governance arrangements, and opportunities to hold conversations with Senior Leaders in a different way.

This needs to filter through the organisation in the coming year so that everyone understands why HSW is important, how we approach the agenda in the spirit of continuous improvement and learning and what we will do individually and collectively to reduce risks and build resilience.

## **CLARE COTTER**

Interim Head of Health, Safety and Wellbeing Projects



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# EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health and safety performance to the end of the financial year 2016-17, and our improvement plans for 2017-18. The report is written in the context of a new People Strategy for the Council which sets out our commitment to developing the best leadership, talent and culture to deliver our vision for the city of Plymouth.

In 2016-17 we developed a new vision for health, safety and wellbeing:

**'A Council with an active and embedded health, safety and wellbeing culture, fully compliant with health and safety legislation and guidance'.**

**'A safe, happy and thriving workforce, able to deliver the Council's vision and objectives'.**

This is delivered through a systems leadership approach, with roles and responsibilities for HSW dispersed throughout the organisation. To support this our HSW policy has been refreshed and updated to make it more accessible.

The Executive Officer for HSW is the Joint Strategic Director for Transformation and Change, and the Corporate HSW Assurance Team are part of the HROD service area.

New governance arrangements have been put in place in 2016 which has increased the visibility and ownership of the HSW agenda at senior level. Whilst the report will show that good progress has been made, there

is still room for improvement. The procurement of a digital solution for the recording, storage, monitoring and retrieval of HSW management information in 2017 will improve visibility at all levels and support a more proactive HSW culture.

The HSW team provides the function of 'competent person' for the Council and work with colleagues across the council to ensure compliance with the Health and Safety at Work Act etc 1974 and Management of Health and Safety at Work Regulations 1999. In 2016 they were finalists for the Best Team Star Award for their caring and professional approach and support to colleagues.

There are additional competent persons in Facilities Management who are responsible for the Corporate Estate in relation to additional health and safety statutory duties, and subject matter experts at operational level e.g. first aiders and fire wardens.

The statistical information will show that there has been a slight reduction in the overall rate of incidents reported per thousand workforce population between 2013 and 2016. This would be consistent with the transfer of key functions of the Council to external provision e.g. school catering, Academies, Adult Social Care. However in 2016-17 there was a slight increase from 169 to 186 per thousand employees, which is an important feature of a positive learning culture. The Council considers the reporting of incidents an important aspect of our learning culture and our improvement plan for 2017-18 includes promoting the reporting of incidents and specifically near misses; these



are incidents where no injuries have occurred. In 2016-17 just under 40 per cent of incidents recorded had not resulted in an injury. The number of incidents of violence and aggression towards staff shows a reduction by just under half from 39.5 to 20 per thousand employees. This is due to the transfer of adult social care staff in Livewell South West and positive changes in systems, process and facility design at 1st Stop.

The number of RIDDOR reportable incidents in 2016-17 compared with 2013-14 has halved from 5.6 to 2.8 per thousand employees. No formal action was instigated by the HSE in relation to any RIDDOR reportable incidents in 2016-17.

The highest cause of incidents recorded is unintentional violence, which occur in special schools, our respite facility and on school transport. Risk assessments are in place and regularly reviewed to reduce the occurrence and impact to as far as is reasonably practicable, but due to the nature of these incidents it is not expected that this will change. The next highest cause is slips, trips and falls, which will be the focus of a critical analysis in 2017-18 to promote learning and drive improvement.

We were externally accredited with the Wellbeing Charter in 2015 and is due for reassessment in 2017. 24 volunteer Wellbeing Champions have come forward this year and will be receiving training to support colleagues and to promote wellbeing in the workplace. A training programme will be delivered by the Office of the Director of Public Health to support people undertaking these voluntary roles.

There is an Employee Assistance Programme in place 24/7 for people to contact for a range of advice and support. Uptake of this service is 8%, which is consistent with other Local Authorities. In May 2017 the Council held the first wellbeing week, and as part of a planned programme of activities the EAP was promoted.

The primary causes of sickness absence are due to stress, muscular skeletal disorders and infections (cold, flu, gastric) and a new post of Wellbeing Specialist has been created to support individuals who might benefit from support to increase their work attendance and productivity.

Strategic engagement with Trade Union representatives takes place formally through the Joint Consultative Committee Structure and Lead Rep meetings, and operationally through health and safety representatives working in the organisation through the Council's facility agreement. We have good relationships with the TUs, which helps risks to be reported quickly, and more will be done in 2017-18 to promote a more pro-active and consistent involvement with health and safety representatives in the risk assessment and incident investigation process.

The audit programme in 2016-17 focused on the Council's maintained schools and this was reported in June 2017. Where improvements have been required schools have been notified in order that remedial actions could be taken in a timely way. This is part of an overall plan to improve the HSW offer to schools in 2017-18.





# DELIVERY IN 2016-2017

In May 2016 our Corporate Management Team received a review report on the Council's HSW Management System from an external HSW Consultant. The overall picture showed significant gaps in the Council's assurance and a remedial action plan was put in place to address these.

The following report provides an account of our significant achievements.

## GOVERNANCE

- The HSW steering group was initiated in November 2016 comprising representatives from each directorate and chaired by the Executive Director for HSW. This provides a stronger link between the aims of the HSW steering group and senior leaders..
- A quality assurance framework for HSW has been introduced and work began to provide a workforce narrative for HSW based on Health Needs Assessment methodology. This will provide a clearer and more accessible understanding of the HSW needs of our staff.

## RISK

- A cohesive HSW risk register has been captured from all operational and strategic risk registers. This is now scrutinised by the HSW steering group on a quarterly basis to apply an additional level of challenge to risk mitigation. A HSW Assurance Specialist has been appointed to support each risk owner.
- As part of the new risk escalation procedure, risk summit methodology has been introduced to help reduce long standing risks in Facilities Management. Risk summits are the equivalent of a safeguarding strategy meeting, convened by exception with key decision makers present to commit resources in a timely way to resolve a risk.

## POLICY

- The Corporate Policy for HSW has been revised and presented to CMT on 30 May; this new escalation procedure. The new policy has been designed to be more user friendly with links to further information if the reader requires more depth.
- Roles and responsibilities for health and safety in the corporate function and Facilities Management

have been made clearer; and role profiles updated accordingly. This has strengthened compliance with the Health and Safety at Work Regulations 1997.

## MEASUREMENT AND PERFORMANCE

- It has been agreed that the balanced scorecard for 2017-18 will include a new performance standard for HSW: Percentage of incidents reported within 10 days. Performance against this is currently poor (46 per cent) and this will provide higher visibility and drive change. This is important to ensure that we are compliant with the HSE requirement to report RIDDOR reportable incidents within 10 days
- The HSW Improvement plan for 2017-18 is measurable and has actions for everyone in the organisation; this will be monitored on a quarterly basis at the HSW Steering Group meeting
- An 'intelligence fest' has been initiated between HR, OD, HSW and the performance team to scrutinise management information on a monthly basis. This will allow for the triangulation of data across the directorate to help identify themes and trends which drive improvement actions and better informed reports
- Scoping for a new electronic occupational health and safety management system has been completed and the ICT Board have now commissioned an options appraisal to take this forward. Implementation of an electronic system will make it easier for all staff to report accidents and incidents, and for the HSW Team to store, manage and retrieve management information.
- The license for a Safety Climate Survey has been purchased for the next five years. This will enable us to objectively measure how our people control safety and inform our improvement plans

## WELLBEING

- 24 volunteer Wellbeing Champions have come forward with funding secured from ODPH for training in April 2017. Wellbeing Champions will support colleagues in the workplace to strengthen their resilience and maintain good mental health.



## TRAINING

- A training matrix has been produced that identifies the essential HSW training required for staff, with recommendations for the types of training required for specific roles and levels within the Council. Once agreed, this will enable the Council to monitor the uptake of training in each team to ensure that the appropriate training is completed in a timely way.

## AUDIT

- A self-assessment of all schools has been completed with a further audit of four schools undertaken by the HSW Team in conjunction with an external provider. The results of these have been fed back to the schools with recommendations for action needed to improve HSW. These actions are monitored by the HSW Team to ensure delivery.
- An audit of the remaining PCC maintained schools is in progress at the time of writing this report, this will ensure a comprehensive risk profile is available which will include HSW Management Systems, Facilities Management and where applicable the schools kitchens (the latter is being undertaken under contract with CaterEd).

## IMPROVEMENT

- Work has been completed across four service areas where staffs are regularly using vibrating tools/plant machinery to ensure compliance with the Council's performance standard. This has led to the procurement of a new digital monitoring system which is currently in due process. A validation exercise has also taken place to ensure relevant staff are accessing the required health surveillance and to review systems to ensure an automated process for recalling staff at the appropriate intervals.



# ACCIDENT AND INCIDENT REPORTING AND LEARNING

All data presented in this report has been extracted from an access database managed by the corporate HSW Assurance Team. Data is presented as a ratio of incidents per thousand workforce population (headcount) to standardise the rate across the last four years when the organisation has seen a large reduction in workforce numbers. The headcount includes people working in the Council's maintained schools, which in 2016-17 includes 1,512 people serving 6,023 pupils.

Experience of the HSW Corporate Team suggests that benchmarking incident data is problematic due to the inconsistency of approach across organisations to coding and recording information. In particular not all Councils record incidents of unintentional violence; these are incidents where there was no intent to cause harm e.g where the aggressor has special educational needs and their understanding of the effects of their actions is impaired. It may also include random movements or emotional outbursts.

It is recognised that the data represents the number of incidents that are reported, which may not be the actual number of incidents that occur. Continuous improvement is always promoted as a way to promote a positive 'no blame' culture and ensure we have a learning culture within the Council. Therefore a high number of incident reports is good.

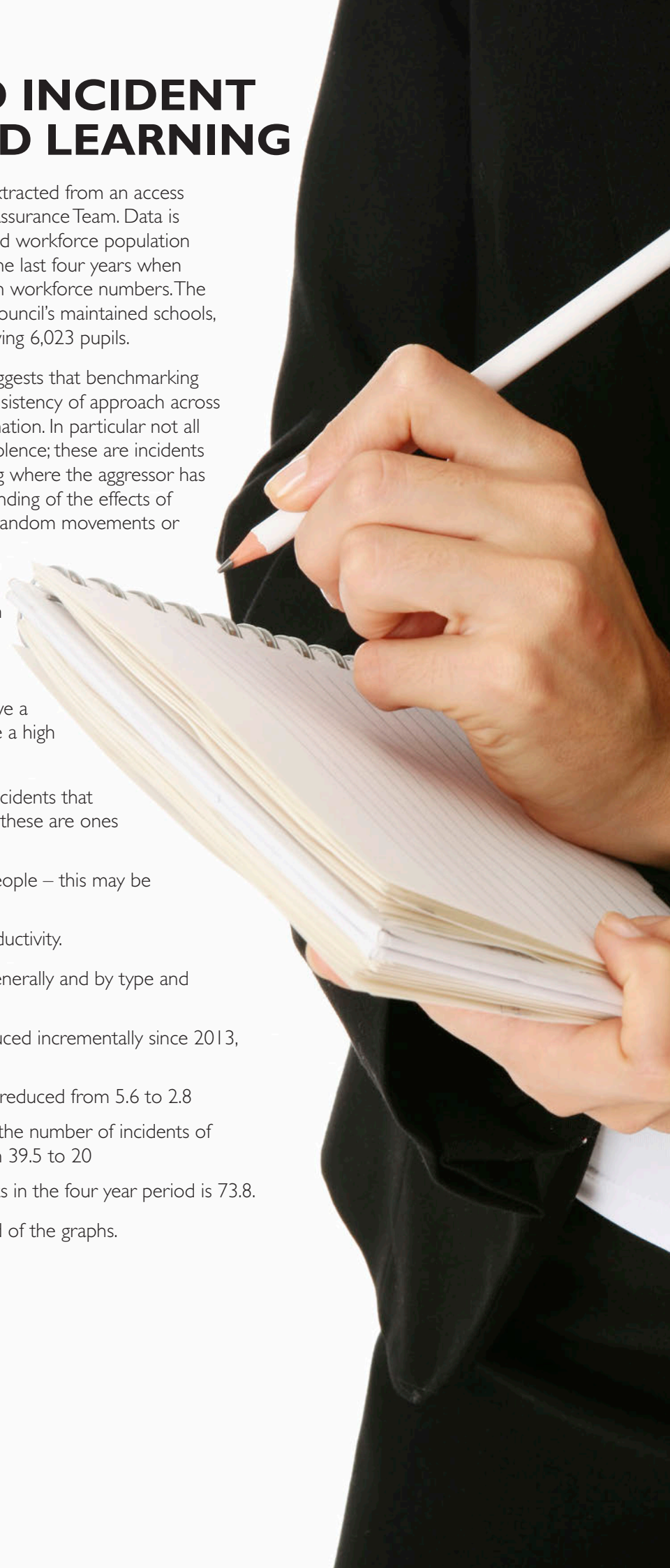
However, there are specific types of actual incidents that the Council would wish to see reduced, and these are ones that:

- Result in harm to one or more of our people – this may be physical or emotional
- Result in sickness absence or loss of productivity.

Graphs 1-4 show the number of incidents generally and by type and illustrate that:

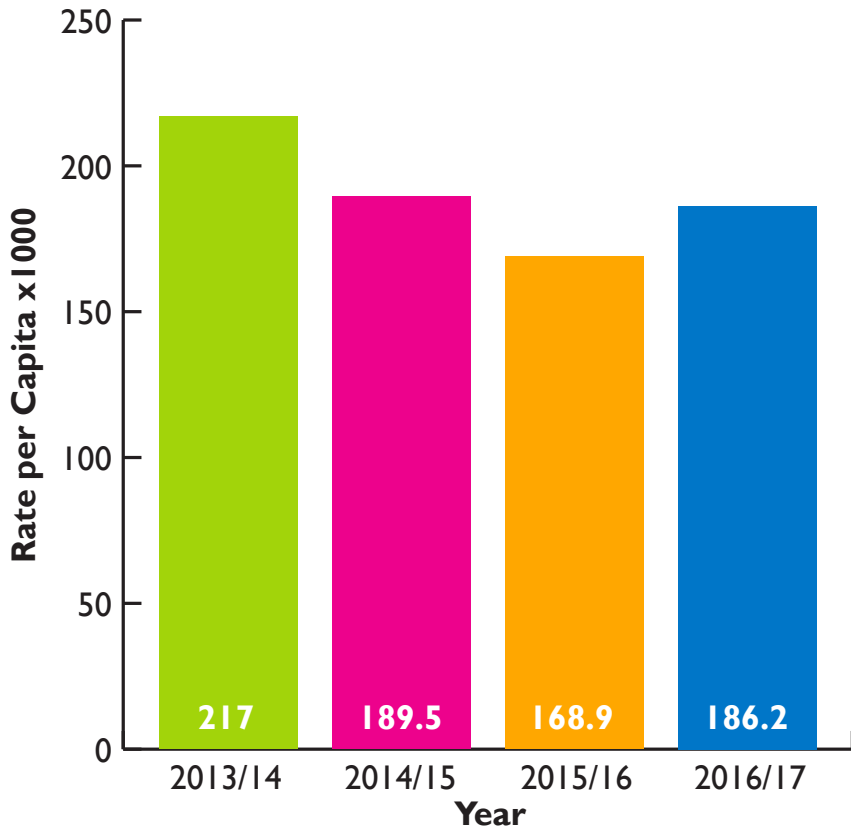
- The overall number of incidents has reduced incrementally since 2013, with a slight increase in 2016-17
- The RIDDOR reportable incidents have reduced from 5.6 to 2.8
- There has been a significant decrease in the number of incidents of violence and aggression against staff from 39.5 to 20
- The average number of near miss reports in the four year period is 73.8.

Actions for 2017-18 are identified at the end of the graphs.



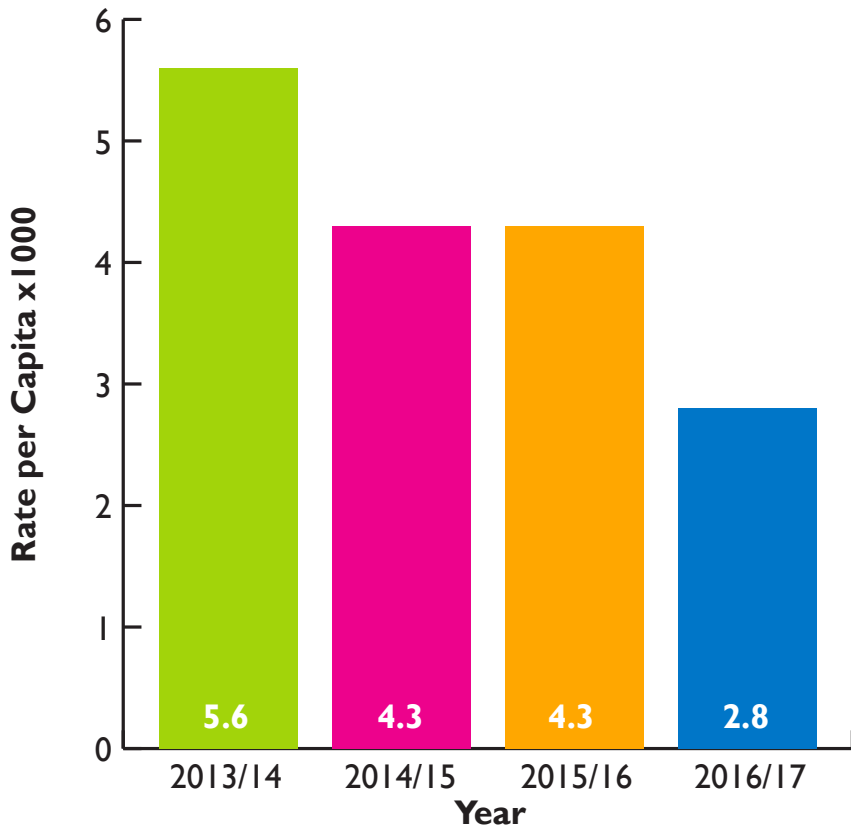


**Graph 1 - Employee Incident Rate**



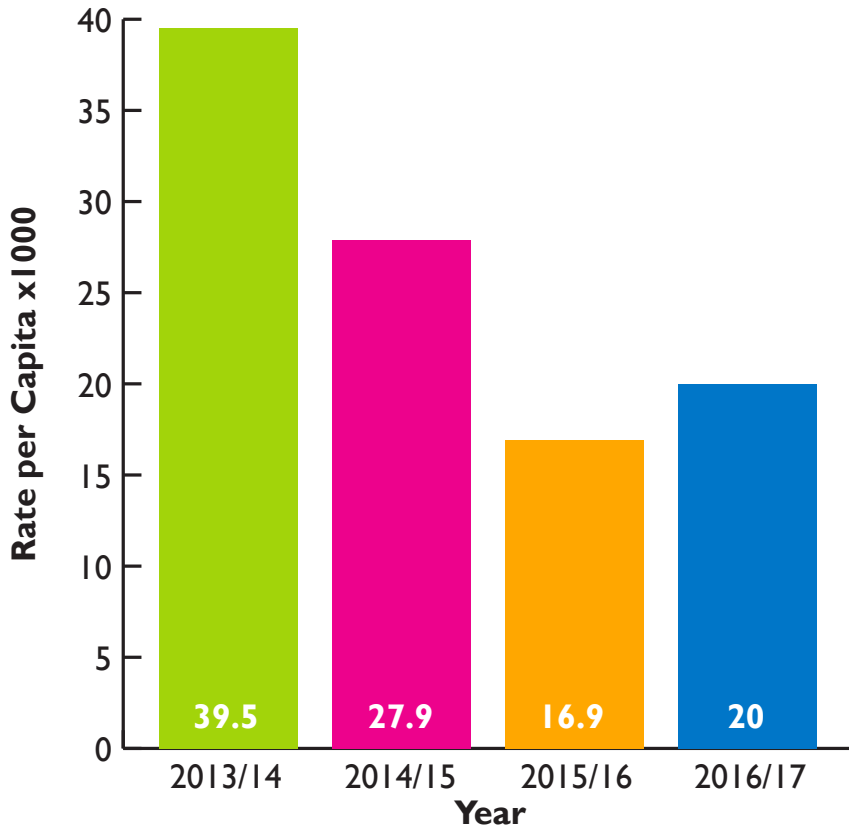
An increasing reporting trend since 2015-16 is good

**Graph 2 - RIDDOR Trend**



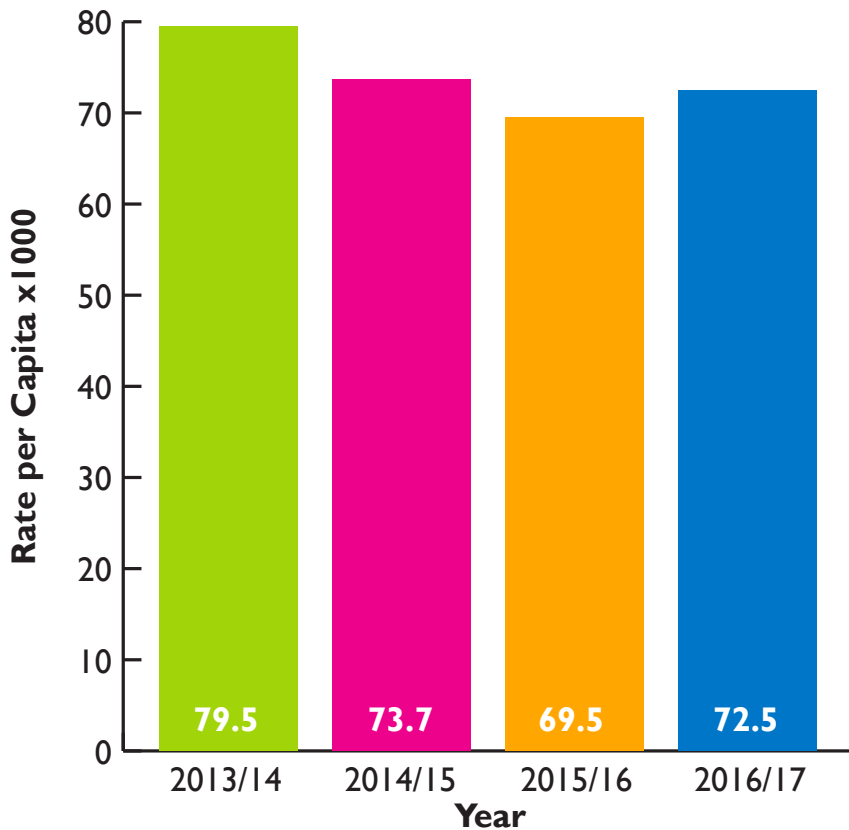
A reduction by half of incidents causing concern is good

**Graph 3 - Employee Incident Rate - violence and aggression**



**A reduction by half of violence and aggression incidents against our people is good. This may be due to the transfer of adult social care staff into Livewell South West and improvements to systems, processes and facilities at 1st Stop**

**Graph 4 - Employee Incident Rate - no injury incidents**

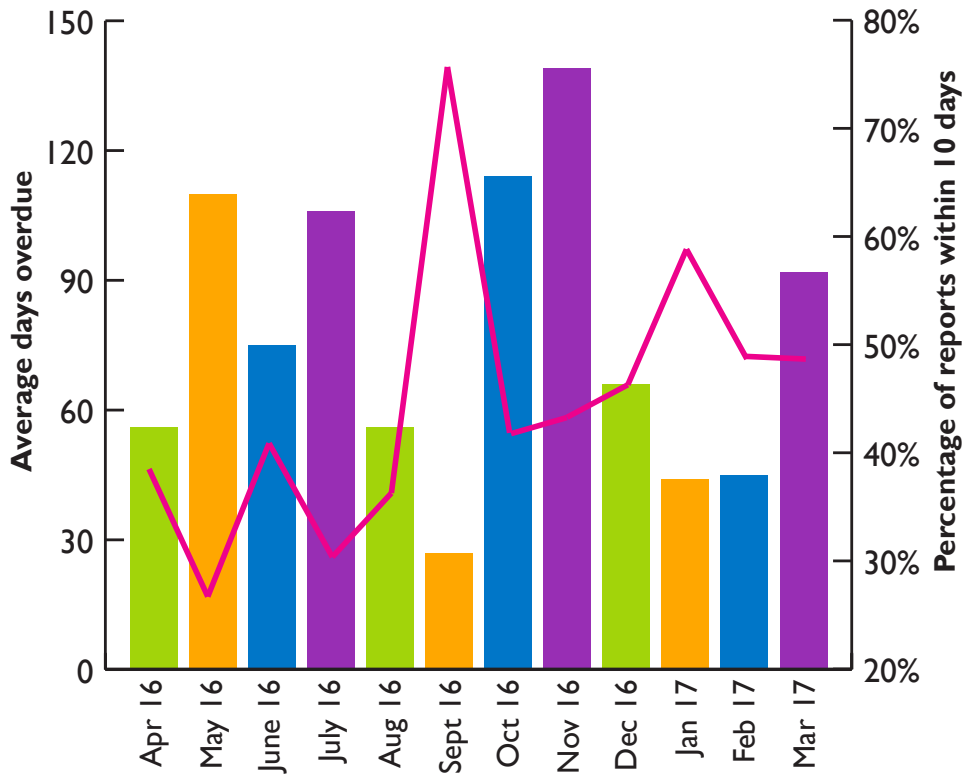


**The number of incidents reported that have not resulted in injury represents 40% of the total incidents reported. This is a positive picture, with room for improvement.**



### Graph 5 - Overdue Incident Reports

The graph below shows the number of incidents that have been reported within our standard of 10 days in 2016-17. This standard is set to make sure we are compliant with the HSE standard of reporting RIDDOR incidents within 15 days.



**Performance against our reporting standard is poor.**

**Table I** shows that overdue reporting has been an historical issue which needs to be addressed. When incidents occur remedial action is taken to ensure any immediate harm or injury is attended to and any imminent risk to others is taken. The time lag therefore represents a lag in reporting not action. Various campaigns have been run to improve performance with minimal impact.

Year	Percentage of incidents reported within 10 days	Average days overdue	Improvement target
2014-15	40.84	27	
2015-16	43.57	29	
2016-17	43.83	38.8	80%

This may be due to the perception that investigations need to be completed before the incident is reported; also due to the manual system that is in place which requires manual transfer of information between three parties before it is recorded by the HSW team. The implementation of a digital system will provide a leaner process.

In the light of the above the following actions have been included in the corporate HSW improvement plan for 2017-18

- An improvement target has been set for the number of incidents reported within 10 days, with linear improvements required on a month by month basis to reach the year-end target of 80 per cent
- Action to promote near miss reporting to improve the Councils reporting and learning culture.

**Good practice example:** An employee noted that on rainy days the threshold at Ballard House was slippery. After the fourth time of slipping they took a photo and reported it as a near miss. Within a month of this being reported the threshold was replaced with a non-slip material at the main entrance. In addition the thresholds to the fire exits were also replaced



The following graphs and tables report the types of incidents reported, and show that the five most common types of incidents are:

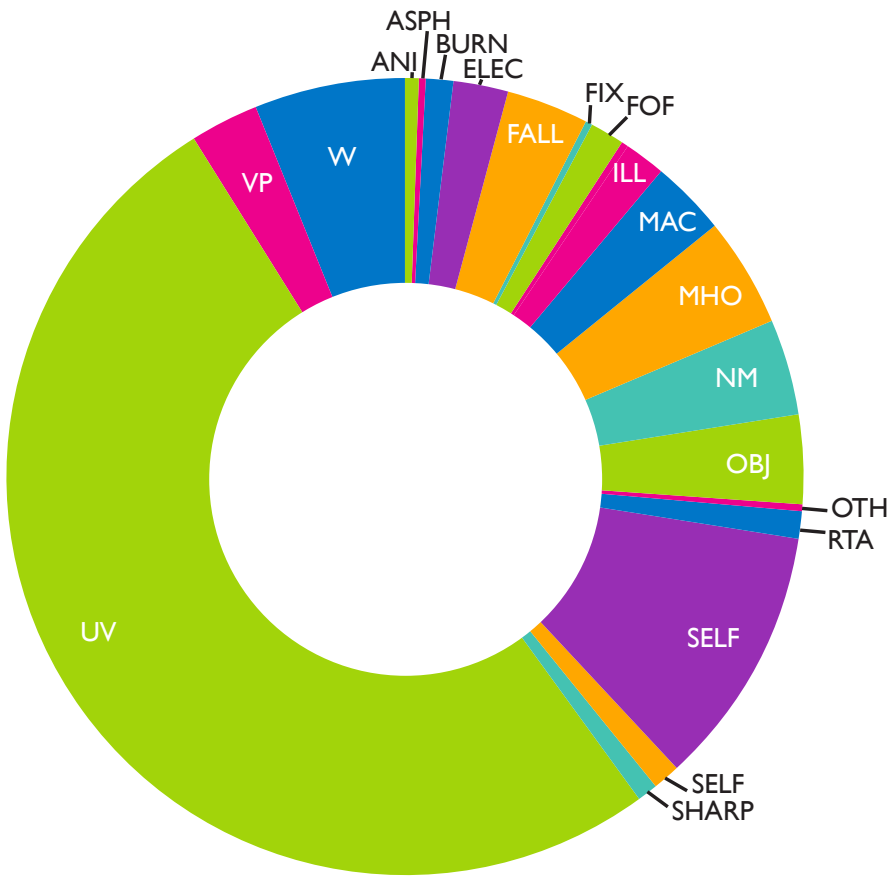
1. Unintentional violence
2. Slips
3. Verbal assault or threat
4. Hit by moving or falling object
5. Other\*\*

These are priority areas for departments to focus on in 2017-18.

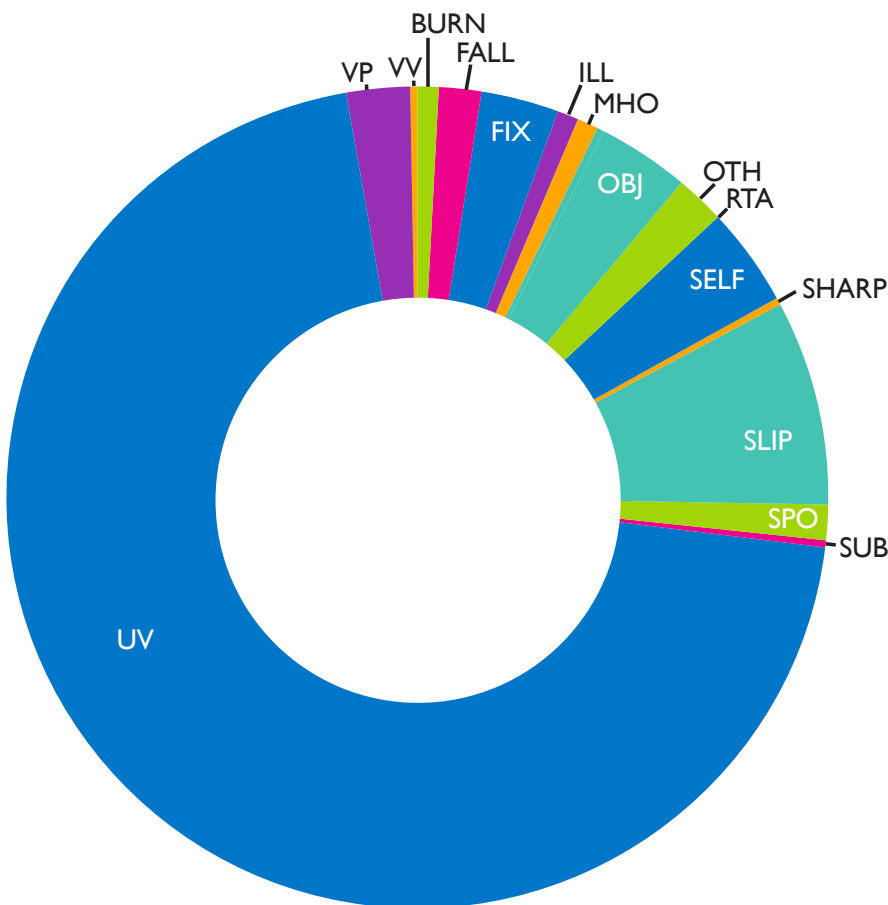
\*\*Incidents are coded as other if it cannot be classified by any other code. For example, pupils falling off play equipment is classed as fall, but if they were hurt when running into each other it would be other.



**Graph 6 - 2016-17 Incidents by type**



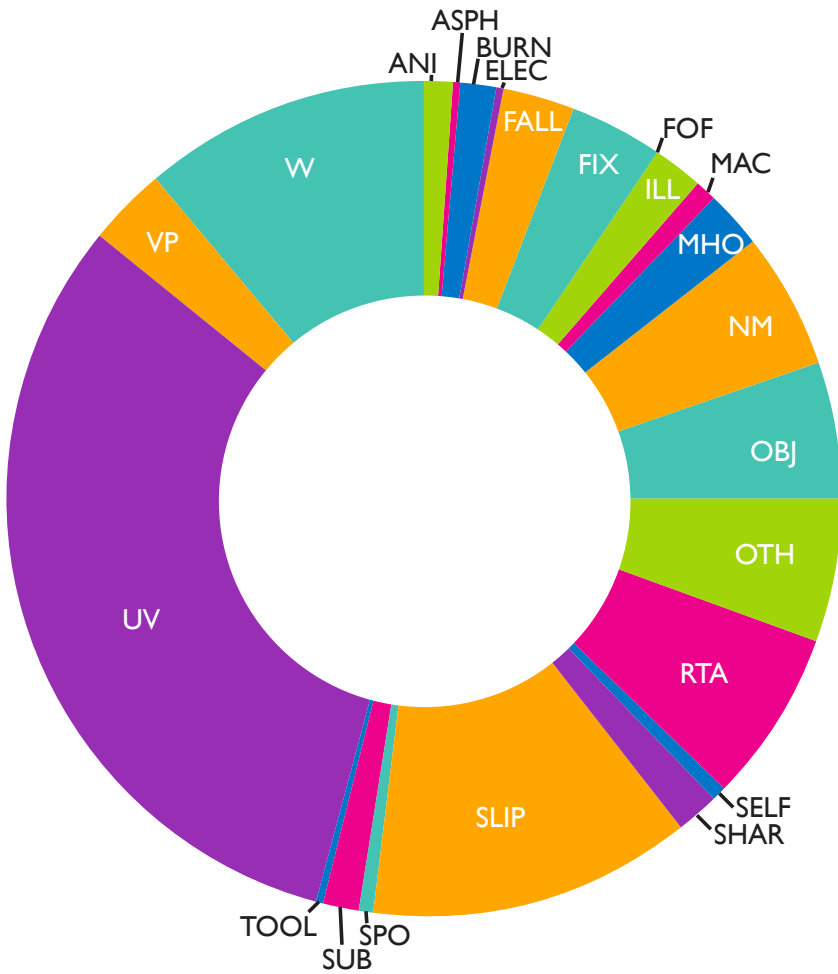
**Graph 7 - 2016-17 Incidents by type - Schools**



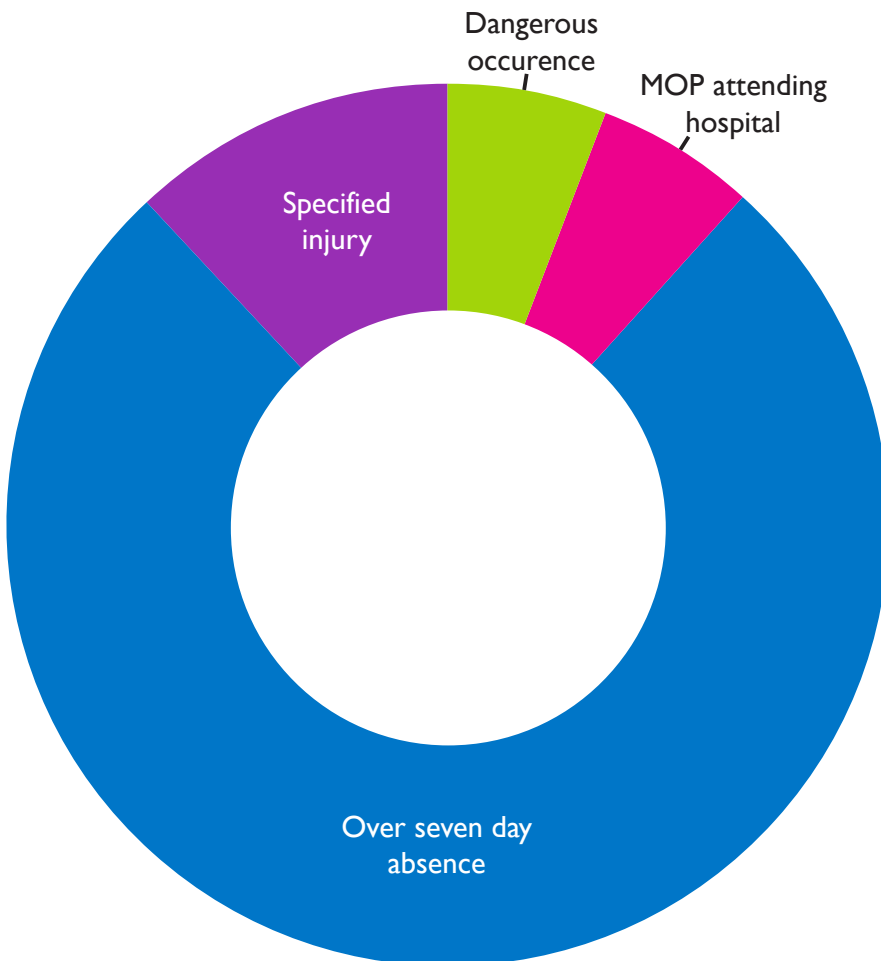
**Key:**

ANI	Injured by animal
ASB	Exposure to asbestos
ASPH	Drowned or asphyxiated
BURN	Burn/ Scald
ELEC	Contact with electricity
FALL	Fall from a height
FIX	Hit something fixed or stationary
FOF	Client/ member of public on floor with no reason
ILL	Illness, not work-related
MAC	Contact with moving machinery
MHO	Injured handling, lifting or carrying
NM	Near Miss
OBJ	Hit by moving or falling object
OTH	Other (including play incidents)
RTA	Road Traffic Accident
SELF	Self-harm (work related only)
SHAR	Cut by sharp object
SLIP	Slip, trip or fall on same level
SPO	Injured during sports activity
SUB	Exposed to harmful substance
TOOL	Injured using hand tools
UV	Unintentional violence
VP	Physically assaulted
VV	Verbally assaulted or threatened

**Graph 8 - 2016-17 Incidents by type - not Schools**



**Graph 9 - 2016-17 RIDDORs by type**



**Key:**

ANI	Injured by animal
ASB	Exposure to asbestos
ASPH	Drowned or asphyxiated
BURN	Burn/ Scald
ELEC	Contact with electricity
FALL	Fall from a height
FIX	Hit something fixed or stationary
FOF	Client/ member of public on floor with no reason
ILL	Illness, not work-related
MAC	Contact with moving machinery
MHO	Injured handling, lifting or carrying
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SPO	Injured during sports activity
SUB	Exposed to harmful substance
TOOL	Injured using hand tools
UV	Unintentional violence
VP	Physically assaulted
VV	Verbally assaulted or threatened

The five least occurring incidents reported are:

1. Exposure to asbestos - 0
2. Client or member of the public on the floor with no reason - 1
3. Contact with electricity - 2
4. Injured using hand tools - 3
5. Contact with moving machinery - 5

When these types of incidents occur they can have a serious impact on the individual concerned and may be RIDDOR reportable, subject to intervention by the HSE and financial penalties.

**In 2016-17 there were no interventions by the HSE and no financial penalties incurred. This is good.**





# HEALTH AND SAFETY FINES

On 8 May the BBC reported a sharp increase in the Health and Safety fines awarded to organisations for failures to comply with the Health and Safety at Work etc Act 1974 and the Management of Health and safety at Work Regulations 1999:

Research by law firm BLM shows that following the introduction of stricter health and safety regulations, the amount of fines paid out by UK firms has skyrocketed. There were 292 fines issued last year worth a total of £61m, which was a 148 per cent increase since 2015. The average cost of a fine rose from £69,500 to £211,000. New legislation on health and safety, food hygiene and corporate manslaughter offences were brought in during February 2016. Most of the fines handed out last year were to the construction industry, followed by manufacturing, leisure, logistics and transport, industrials and the public sector. 18 fines topped £1m.

Amendments to the legislation which took effect on 1 April 2016 mean that the HSE focuses on 'foreseeability' in addition to impact and this makes it critical for the Council to have a positive and HSW culture. In 2016-17 concerns have been expressed by health and safety representatives, and the Corporate HSW Team that whilst we have an effective response to identified risks and incidents as they arise, more could be done to promote a more positive and more proactive HSW culture. In 2017-18 the new vision and improved governance arrangements put us in a better position to promote this, and different aspects of the plan will support a greater emphasis on a proactive approach and culture.

Employees who have suffered injury or ill health which has been attributed to breach of the duty of care owed by the Council are able to claim for damages against the Council up to three years from the date of the event to make a claim (three years from the date of diagnosis in the case of disease). In 2015-16 there were 13 claims made of which eight have now been settled. three claims were successful at a cost to the Council of £26,717.76, four were repudiated and one was settled with full cost recovery from a third party. one additional claim has been made during 2016-17 totalling six claims currently in due process.

**In 2016-17 there are six claims in due process. In 2015-16 out of eight claims half were repudiated and one settled with full cost recovery from a third party. This is good.**

# CELEBRATING GOOD PRACTICE - PEOPLE MAKING A DIFFERENCE

Between August and January Council records have been relocated to make them safely accessible to staff including:

400 boxes of records from Plymouth and West Devon Records Office to newly cleared space in Windsor Upper Basement. The boxes were stored at an unsafe height in their original location, on top of roller racks, and were starting to collapse presenting a high risk of them falling on someone.

1,200 boxes of records from Fort Austin to Burrington Way. Fort Austin was an unsafe site for staff to visit as it is a working depot with forklifts and trucks driving around. The conditions of buildings there are quite poor with mould, damp and trip hazards. Staff had to be escorted on site every time they wanted to look at paper records.

120 boxes of records from Weston Mill and Efford Cemeteries moved to our new archiving facility at Burrington Way. This created space to remove trip hazards at Weston Mill, and allowed staff from Efford to be co-located at Weston Mill moving them away from dust and other particles which were affecting people's allergies.

Thanks to Graham Snow – Corporate Record Manager and everyone involved in this work: Louisa Blight, Ann Morgan, Debbie Watson and team at the Plymouth and West Devon Records Office; Karen Jennings and Phil Gallagher at the Bereavement Service; Staff from several departments who helped with the Fort Austin move; and not least, Lee Dyer, Julie Dyer and the Concierge teams at both Ballard and Windsor House

Following an incident where a young child sustained a head injury after having been hit by a park gate, the safety features of the offending and similar gates were assessed against RoSPA guidance and made safer. Also, an inspection form was developed for staff to undertake monthly inspections and reinforce the existing inspections regime carried out by contractors and Zurich. Thanks to: Colin Johnson and his team in Street services, parks and grounds.

The code of practice for refuse collections has been reviewed and enforced (i.e. one-side-of-road collection only) following an incident where a refuse collector was hit by an on-coming car whilst crossing a two way street. Thanks to Gerry Redmond







# AUDIT

The Council's HSW audit program this year has focused on schools, and has been a two staged process which is still ongoing

There are 100 schools in Plymouth, of which 76 have attained Academy status. The Council is therefore accountable for the health, safety and wellbeing of people working in the remaining 24 maintained schools, and members of the public (including pupils) who are impacted by the schools' business. Schools have a delegated budget under LMS which enables them to buy in support to meet their HSW accountability; they also receive a core offer of support from the Council's HSW team as described in the services for schools contract.

## Stage one: self-assessment

A self-assessment audit questionnaire was sent to all maintained schools covering all aspects of a compliant HSW Management System. This enabled the schools to assess themselves against a framework of legal compliance requirements and identify areas where improvements were needed.

**Stage two: Visit the schools then received a health and safety audit visit, of which 20 have now been completed. Each school receives an audit report which includes:**

- An indication of compliance with legislative requirements (full compliance, partial compliance or non-compliance)
- The identification of areas where best practice was or was not being followed
- Recommendations for improvements
- An action plan with associated timescales.

The Council's corporate HSW Team continues to work with each school to monitor and assure the completion of the actions.

In 2017-18 an audit programme will be run across the rest of the Council's business as outlined above.





# TRAINING

Training is an essential element of the Councils HSW Management System, and ensures people are equipped with the right knowledge, skills and understanding to maintain the health, safety and wellbeing of themselves and others whilst at work.

The Council has a range of training available; however uptake of this has been poor in 2016-17 resulting in courses having to be cancelled. Table 3 shows the number of courses planned compared to the number run, and the number of people attending.

**Table 3**

Number of courses planned	111
Number of Courses run	81
Number of Courses cancelled (main reason less than six people booked to attend)	30
Total number booked on courses	990
Total course attendance	516
Did not attend rate (per cent)	29%
Percentage attendance actual courses run	71%
Percentage evaluations received	39%
Percentage satisfaction score	91%

A review of training provision has taken place during 2016-17 and many courses that were previously face to face have been created as e-learning packages to make them more cost and time effective. A new

training matrix has been produced to ensure we have comprehensive cover for all staff including mandatory and essential training opportunities, at all levels.

In order to access e-learning employees need to have a learning zone account. In 2016-17 2294 employees had an e-learning account and of these 67 per cent had completed the HSW Induction. Where employees do not have access to the learning zone, it is the responsibility of the manager to ensure they receive a verbal induction in HSW. As part of the standard induction programme, concierge provide an induction to corporate buildings which includes HSW information eg. fire, first aid.

In 2017-18 action will be taken to improve compliance with mandatory training.

In early 2016 IOSH for Executives was run for Managers in Senior and Executive positions, and throughout the year IOSH for Managers is run for Heads of Service.

The number of evaluations received has decreased since the introduction of an electronic evaluation system; however HSW training has always been evaluated highly.

In 2017-18 action will be taken to:

- Introduce KPI's for HSW mandatory and essential training at all levels
- Put in place a mechanism by which mandatory training uptake is monitored



# WELLBEING AND RESILIENCE



## THE WORKPLACE WELLBEING CHARTER NATIONAL AWARD for ENGLAND

We became the first employer in the South West to achieve the Workplace Wellbeing Charter Award in September 2015, and continue to work to strengthen our support for wellbeing at work.

This year the Wellbeing Champion role has been re-energised and 24 more people have been come forward to volunteer.

A corporate flu vaccination programme was delivered between 23 November and 9 December. 400 flu jabs were administered to staff attending eight clinics in four different locations: Ballard House, Guildhall, Prince Rock Depot and Windsor House.

In 2017-18 we will be:

- delivering the Council's first Wellbeing Week
- working with Livewell to deliver targeted NHS Health Checks
- organising for Council's Workplace Wellbeing Charter re-accreditation
- appointing a Wellbeing Coordinator as part of the new HSW Assurance Team structure.

The future approach will be to develop the resilience of our staff through the promotion of healthy lifestyle behaviours and improving the support and resources available in support of mental health.



We commissions IMASS to provide independent occupational health advice to its staff and to support managers in making reasonable adjustments where required to reduce sickness absence. During 2016-17 an average of 30 referrals per month were made to the service with a total number of 367.

Sickness absence is reported monthly by HR and published internally on staff room. It is measured by short term absence (less than four weeks) and long term absence (more than four weeks) and available per directorate.

The following table illustrates the top two reasons for short and long term sickness absence against the top two reasons for referral to IMASS. It is expected that there would be a clear correlation between the number of staff needing sickness absence due to stress and muscular skeletal disorders and the referrals to IMASS, which is consistent with the national picture.

**Table 4**

Top two short term sickness reasons	Top two long term sickness reasons	Top five reasons for IMASS referral
Stress/ depression/ psychological	Stress/ depression/ psychological	Stress Mental wellbeing
Muscular skeletal	Muscular skeletal	Muscular skeletal

A smaller number of referrals have been made to IMASS due to respiratory, cardiac and gastro-intestinal conditions, and cancer.

IMASS has undertaken 468 pre-employment checks in support of the Council's recruitment process, and worked closely with four service areas to validate the number of employees using vibrating tools who have received health surveillance against the number of employees at risk. Health questionnaires have been distributed to all staff in this group and the results triaged by an Occupational Health Nurse to assess the level and regularity of health surveillance required.

Table 5 shows that IMASS consistently delivers a high level of service against the quality standards set by the Council:

**Table 5**

Quality Standard	Success rate
Initial contact is made with the employee within two days of the online referral being submitted	96%
Telephone appointments with an Occupational Health Nurse are offered within five days or less	95%
Face to face appointments with an Occupational Health Nurse are offered within 10 days or less	90%
Face to face or telephone appointments with an Occupational Health Physician are offered within 10 days or less	100%
Completed report sent to employee within five days or less	84%

Workplace assessments are delivered by the HSW Assurance Team which allows us to address and resolve workstation issues in-house where ever possible. However, for more complex cases, we use an ergonomist, Chris Pope, from Eastcliffe Services.

There were 50 referrals for work place assessment in 2016-17, representing a 37 per cent decrease when compared with the previous financial year. Of the referrals received, 22 were related to supporting individuals as a result of underlying health conditions. As a result of the referrals people are provided with advice, support and specialist equipment to support their health, safety and wellbeing.







We commission a comprehensive Employee Assistance Program from PAM Assist, which all employees, and our partners who have bought into the service, access through an 0800 number or the website. Every employee has been provided with a generic username and password for this purpose and during 2016-17 there were 2,057 hits on the website. The most frequent pages visited were for support and mental health. During 2016-17 PAM ASSIST were not required to record which department callers were in and therefore the figures reported here could be from our people or people in our partner organisations. This is being corrected for 2017-18.

The service commenced on 1 April 2016, and to date has been promoted mainly through staff news and as a standard offer to support staff during restructure consultations. This has resulted in an eight per cent uptake of the service, which is comparable to other Local Authority areas. In the latter part of 2017 discussions have been held with the Interim Head of Health, Safety and Wellbeing Projects about how to promote the service benefits more pro-actively, and plans are in place to do this in the first quarter of 2017.

The website offers a wealth of general health and wellbeing information, including money management, medicines and legal advice which people have access to 24/7 on a preventative basis. Requiring a manager to sign off access to counselling has been raised as a barrier to staff feeling the service is completely confidential and work will be undertaken to address this issue in 2017-18.

Whilst the NHS continues to work at improving access to psychological therapies, waiting lists are still an issue and this service gives staff access to timely support and a range of counselling techniques according to an individual's assessment of need, either over the telephone or face to face as appropriate. Stress continues to be the highest cause of sickness absence across the Council and PAM Assist offers a significant

service offer that if fully utilised could support a reduction in sickness absence in this area.

We have a critical mass of staff who are routine and manual workers, who do not have access to computers. Without access to web based tools during working hours, there will be specific activities in 2017-18 to promote PAM Assist to these workers, who could potentially access the service on mobile devices or home PCs out of working hours to realise the health and wellbeing benefits it offers.

The EAP service is also available to managers at any level who need support and advice in their management role. In supporting our managers to take a more proactive approach to reminding their staff of the availability of the EAP, we would be improving the possibility of people accessing help at an earlier stage which will further improve attendance and return to work rates.

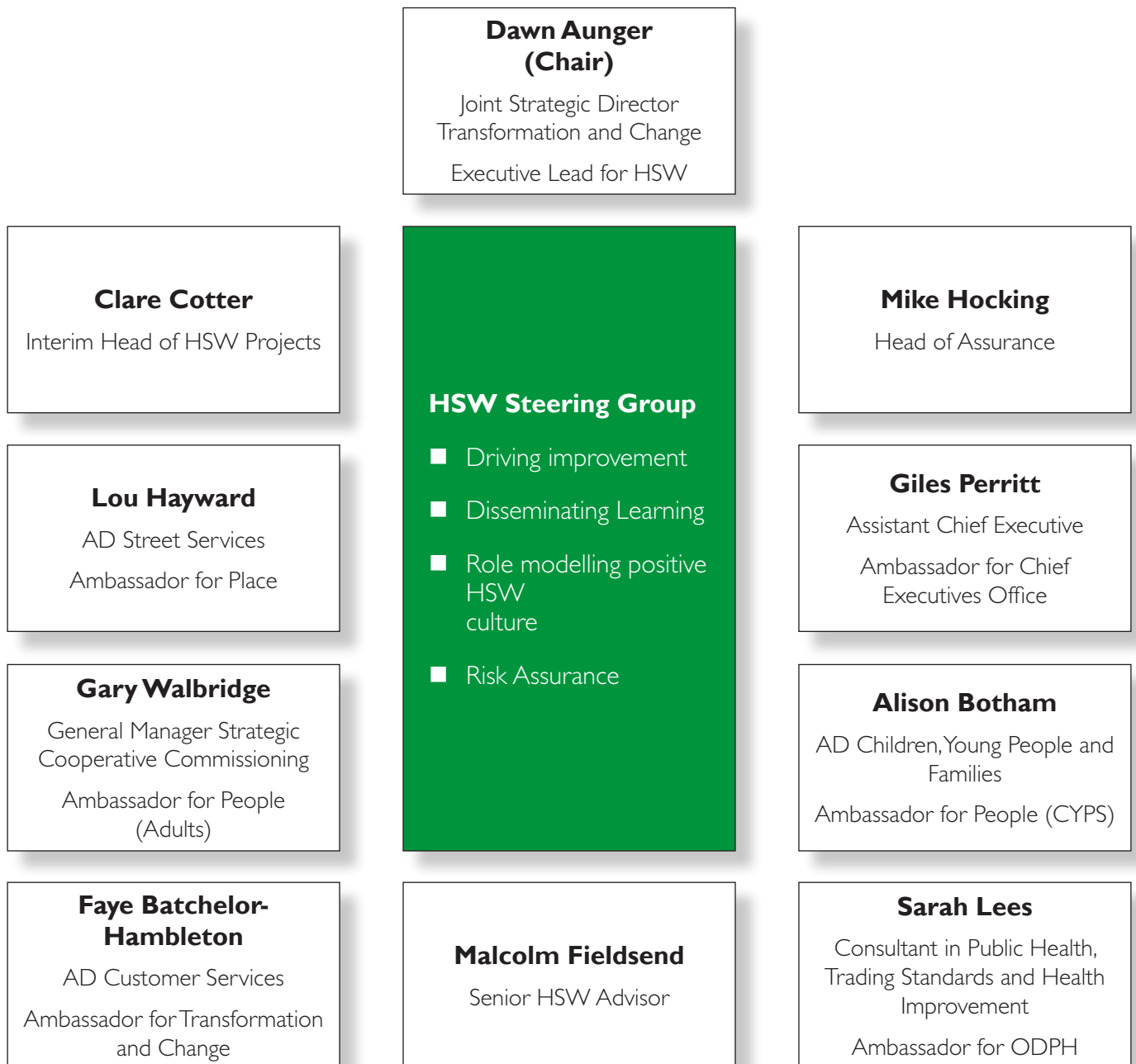
The total number of people accessing PAM Assist via the telephone support line is 202, of which 80% were female and 20% were male. 426 sessions of face to face counselling were provided. This is not an unexpected gender ratio as nationally women are more likely to access health advice and counselling than men. Overall the take up of EAP and IMASS services is moderately higher for women compared to the percentage of women in the organisation, and the overall take up of services by men is significantly lower than the overall percentage of men in the organisation as shown in Table 6.

In the experience of PAM Assist, improving awareness of the information based services, ie. financial/money management and legal information and the EAP website, is likely to increase the ratio of men using the service as experience indicates that men are more likely to engage with the more practical aspects of the service in the first instance, often helping them to then engage with the counselling if this additional level of support is required.

**Table 6**

	Workforce	Gender percentage	Users of EAP	Gender percentage	IMASS referrals	Gender percentage
Female	1607	63%	95	80%	225	71%
Male	951	37%	24	20%	91	29%
Total	2558	100%	119	100%	316	100%

# STRENGTHENING LEADERSHIP AND GOVERNANCE



## KEY OUTPUTS OF HSW STEERING GROUP

- Membership secured from each directorate at AD/ HoS level with resilience in place to cover absence
- Terms of reference and governance arrangements agreed
- Tracey's February Talk announcing new arrangements and promoting HSW agenda
- Scrutiny of the Council's new HSW risk register resulting in some risks being rescored and additional actions taken to reduce the risks; HSW Advisors have been appointed to support each risk owner
- Endorsement of the Wellbeing Champion role allowing the recruitment of up to 30 Wellbeing Champions across the Council
- Agreement of a Corporate Business Plan based on each Directorates priorities for HSW improvement in 2017-18.



# CORPORATE HSW IMPROVEMENT PLAN 2017-18

## HIGH LEVEL PRIORITIES

1. Governance and training: to ensure all employees are clear about their individual role and responsibility for hsw and have completed the relevant training to support this (q2)
2. Risk: suitable and sufficient risk assessment registers are completed for all areas of service (q2)
3. Wellbeing reaccreditation at 'achievement' level for the national wellbeing charter (q3)
4. Hsw management system: an audit programme will have been delivered (q4)

## KEY MILESTONES

I GOVERNANCE		Owner	Target Date
I.1	Commencement of monthly reporting of KPI's through balanced scorecard and performance report	Assistant HSW Assurance Specialist	Completed
I.2	Monthly monitoring of performance and delivery of improvement actions	DMTs/ Heads of Service/ Team Managers	Completed
I.3	Present HSW Annual report to CMT	Head of HSW Assurance	Completed
I.4	Revised HSW Policy to CMT for approval	HSW Assurance Specialist	Completed
I.5	Business case for digital HSW management system progressed successfully through the approvals process	Programme Manager	Completed
I.6	Refresh staff room/school room including new governance arrangements	HSW Assurance Specialist	Completed
I.7	Present HSW Vision, approach and new team structure to JCC's; including new governance structure and KPI's	HSW Assurance Specialists	Completed
I.8	Options appraisal completed by DELT for digital HSW Management system	Programme Manager	In progress
I.9	Develop and agree (with Directorates and TU Reps) monthly MI for publication on staff room	Head of HSW Assurance	In progress
I.10	Produce options appraisal re external accreditation of HSW Management System	HSW Assurance Specialist	In progress
I.11	FM policies and management arrangements to be reviewed, and revised into an accessible format and published	Facilities Manager	In progress
I.12	Deliver awareness raising activities re new policy with DMT's/EDMT's	HSW Assurance Specialist	30/08/17
I.13	Cascade knowledge of new policy through all departments	Heads of Service/Team Managers	30/08/17
I.14	Produce monthly reports and publish on staff room	Assistant HSW Assurance Specialist	30/08/17
I.15	Map HSW skills of workforce and create understanding of how these skills are currently used to support the HSW agenda	Head of HSW Assurance	31/12/17
I.16	Create opportunities for networking and shared learning opportunities based on personal narratives and management information	Head of HSW Assurance	30/03/18
I.17	Quarterly monitoring of 2017-18 action plan by HSW Steering Group	Ambassadors	July/ Oct/Jan/ April

<b>I GOVERNANCE</b>		<b>Owner</b>	<b>Target Date</b>
1.18	Quarterly Update to CMT	Head of HSW Assurance	17/10/17 30/01/18 8/05/18
1.19	Procurement of system fit for purpose and value for money	DELT	31/03/18
1.20	Development of system infrastructure aligned to the Council's architecture	Transformation Project Manager	30/06/18
1.21	Agree implementation and communication plan	Transformation Project Manager	30/06/18
1.22	Deliver implementation and communication plans	Transformation project Manager	30/09/18
1.23	Monitor implementation and adjust system requirements as required	HSW Assurance Specialist	31/12/18

<b>2. TRAINING</b>		<b>Owner</b>	<b>Target Date</b>
2.1	Produce training matrix with recommendations specific to training elements, staff groups and method of delivery	HSW Assurance Specialist	Completed
2.2	Review current delivery methods across all training elements and undertake cost versus benefit analysis to ensure value for money and accessibility	HSW Assurance Specialist	In progress
2.3	Agree future provision/commissioning of training packages	Head of HSW Assurance	In progress
2.4	Develop/implement corporate monitoring system to provide assurance that people are completing mandatory training as required for their role	ICT Training Consultant	In progress
2.5	Plan and deliver corporate communications raising awareness of people's responsibilities re accessing training	HSW Assurance Specialist	In progress
2.6	Provide monthly monitoring information for published HSW reports	ICT Training Consultant	31/08/17
2.7	Monitor uptake of required training and discuss requirements at regular performance reviews	Heads of Service/Team Managers	Quarterly
2.8	Report performance and risks at quarterly HSW Steering Group meetings	Ambassadors	July/ Oct/Jan/ April

<b>3. RISK</b>		<b>Owner</b>	<b>Target Date</b>
3.1	Complete schools audit programme in liaison with Cornwall Council	HSW Assurance Specialist	Completed
3.2	Analyse results and present to HSW Steering Group/Operational Risk Managers Group/JCC's	HSW Assurance Specialist	30/09/17
3.3	Design and implement central system for Safety Alerts pending implementation of e-system	Assistant HSW Assurance Specialist	Completed
3.4	Raise awareness of duty to engage with TU representatives, particularly in the undertaking of risk assessments and incident investigations	Head of HSW Assurance	In progress
3.5	Create opportunity for Project and Programme Managers to embed a pro-active approach and ensure project activities are safe by design	HSW Assurance Specialist	Completed
3.6	Agree an improvement plan with Project and Programme Managers and monitor progress	HSW Assurance Specialist	In progress
3.7	Design new audit framework and present to HSW Steering Group for approval	HSW Assurance Specialist	Completed
3.8	Share audit reports and remedial action plans with individual schools	HSW Assurance Specialist	Completed
3.9	Design and deliver corporate communications plan to support audit programme	HSW Assurance Specialist	31/08/17



<b>3. RISK</b>		<b>Owner</b>	<b>Target Date</b>
3.10	Present audit findings to Operational Risk Managers Group/HSW Steering Group	HSW Assurance Specialist	06/09/17
3.11	Monitor delivery of remedial action plans	Assistant HSW Assurance Specialist	31/12/17
3.12	Deliver audit programme	HSW Assurance Specialist	Sept - March
3.13	Co-operate with audit programme	DMT/Heads of Service, Team Managers	Sept - March
3.14	Plan and deliver communications strategy for first use of Safety Climate Tool Q4, including publishing comprehensive details on staff room	HSW Assurance Specialist	31/12/17
3.15	Undertake SCT survey	HSW Assurance Specialist	31/03/18
3.16	Analyse results, and present report to SMT and T&C EDMT	HSW Assurance Specialist	31/05/18
3.17	Publish results on staff room	HSW Assurance Specialist	31/05/18
3.18	Monitor delivery of improvement plan, including celebrating success	HSW Assurance Specialist	Sept/ Dec/ March

<b>4. WELLBEING</b>		<b>Owner</b>	<b>Target Date</b>
4.1	Plan, communicate and deliver the Council's first Wellbeing Week 9 - 13 May	Wellbeing Specialist	Completed
4.2	Provide evaluation and impact with future recommendations	Wellbeing Specialist	In progress
4.3	Recruit to Wellbeing Specialist Post	Head of HSW Assurance	Completed
4.4	Produce in liaison with ODPH Health Needs Assessment of the Councils workforce to target health promotion activity	Head of HSW Assurance	In progress
4.5	Review and update HSPS 06 (Manual handling)	HSW Assurance Specialist	In progress
4.6	Create evidence bank for Wellbeing Charter Assessment and engage in assessment process	Wellbeing Specialist	30/09/17
4.7	MSD – Produce a critical analysis of current practice with recommendations for improvement/awareness raising/remedial action plans where people found to be at risk	HSW Assurance Specialist	30/09/17
4.8	Review and update HSPS 07 (DSE)	HSW Assurance Specialist	30/09/17
4.9	Review and update risk assessments in relation to HSPS 2006-07	Heads of Service/Team Managers	30/09/17
4.10	Critical analysis of slips, trips and falls incidents, root causes and learning; produce report with recommendations for improvement actions	Wellbeing Specialist	30/09/17
4.11	Promote importance of near miss reporting to embed a more proactive approach to learning and improvement	Assistant HSW Assurance Specialist	30/09/17
4.12	Stress – implement corporate cycle of wellbeing and resilience survey	Wellbeing Specialist	31/09/17
4.13	Review and update HSPS 15 in the light of the above	Wellbeing Specialist	31/09/17
4.14	Action planning and delivery of improvement actions (see 4.10)	Head of HSW/Team Managers	31/12/17
4.15	Work with Employee Relations Manager/Specialists to agree scope of case work and initiate 1:1 conversations and support for identified staff	Wellbeing Specialist	31/12/17
4.16	Develop/maintain effective working relationships between HSW, ODPH, Livewell, IMASS, PAM ASSIST, Wellbeing Champions	Wellbeing Specialist	30/03/18

<b>4. WELLBEING</b>		<b>Owner</b>	<b>Target Date</b>
4.17	Review of accidents/incidents investigations and management information in order to share learning and direct wider improvement actions required	Head of HSW/Team Managers	Quarterly
4.18	Monitor improvement programme and report progress at HSW Steering Group	Ambassadors	July/ Oct/Jan/ April
4.14	Quarterly reporting of progress at Directorate level to HSW Steering Group	Ambassadors	July/ Oct/Jan/ April

<b>5. Increased number of partners accepting HSW commercial offer</b>		<b>Owner</b>	<b>Target Date</b>
5.1	Agree reporting framework and ToR for 6 x Advisory meetings: CaterEd	HSW Assurance Specialist	Completed
5.2	Produce 2016/17 management information and quarterly reports thereafter CaterEd	Assistant HSW Assurance Specialist	Completed
5.3	Instigate internal discussions about service 4 care services (care homes and domiciliary care providers)and mechanism for progressing this agenda	Head of HSW Assurance	In progress
5.4	Engagement with care sector re proof of concept to secure 'in principle' buy in	Strategic Commissioning Manager	In progress
5.5	Plan and deliver activities to raise profile of the team with CaterEd, Maintained Schools and Academies buying back	HSW Assurance Specialist	30/09/17
5.6	Complete audit of CaterEd kitchens, analyse results and produce report for discussion with Manager	HSW Assurance Specialist	31/09/17
5.7	Plan negotiating strategy with maintained schools in preparation for charging in 2018/19	Head of HSW Assurance	31/12/17
5.8	Scope project for implementing service 4 care services and present to SMT/EDMT/DMT	Head of HSW Assurance	31/09/17
5.9	Subject to successful proof of concept: initiate project Board with representatives from all internal stakeholders	Head of Commercialisation	31/10/17
5.10	Develop project plan and deliver	Head of Commercialisation	31/03/18
5.11	Negotiate with maintained schools and produce new services for schools offer	Head of HSW Assurance	31/03/18

## KEY OUTCOMES AND MEASURES

Outcome	Measures
<p><b>All employees are clear about their role and responsibility for HSW</b></p>	<p>Revised, accessible HSW Policy published on staff room and available for maintained schools and partners</p> <p>HSW Ambassadors for each Directorate with 95 per cent attendance rates at every steering group meeting</p> <p>Quality assurance framework in place for each directorate with identified improvement actions for 2017-18 delivered</p> <p>Meeting PCC compliance (80 per cent) against 10 day reporting standard monitored through the balanced scorecard and integrated performance reports.</p> <p>Monthly HSW reports published on staff room identifying priorities for each directorate based on an analysis of themes and trends from management information, exception reports to JCC's</p> <p>All employees completed the HSW e-learning package either as new starter or refresher</p> <p>All Heads of Service or above have in date IOSH Managing Safely Certificate (three years expiry date)</p> <p>All Senior Executives have IOSH for Senior Executives in date (three years expiry date)</p> <p>All HSW policies and performance standards reviewed and updated A-Z list published on staff room</p> <p>Evidence of TU engagement between safety representatives and staff completing risk assessments and incident investigations</p> <p>Proactive risk assessments in place, monitored and reviewed appropriately for all programmes and projects</p> <p>Systematic monitoring arrangements in place for the control of contractors</p> <p>Ability to demonstrate statutory compliance: E-system in place and operationally effective (Transformation project)</p> <p>Staff at all levels confident and competent to utilise the system for inputting data, reviewing information and using to drive improvement actions</p> <p>Information retrieval for the purpose of monitoring and reducing risk, identifying themes and trends and driving improvement actions; also for supporting HSW interventions and claims</p>
<p><b>All employees are clear about their individual role and responsibility for HSW and have completed the relevant training to support this</b></p>	<p>Workforce HSW training matrix completed with gap analysis;</p> <p>Numerator and denominator in place for each aspect with improvement measure in place for mandatory and essential aspects across all Directorates</p> <p>Provision/commissioning of new blended learning program to meet needs</p> <p>All employees completed the HSW e-learning package either as new starter or refresher</p> <p>All Heads of Service or above have in date IOSH Managing Safely Certificate (three years expiry date)</p> <p>All Senior Executives have IOSH for Senior Executives in date (three years expiry date)</p>
<p><b>Suitable and sufficient risk assessment registers are completed for all areas of service</b></p> <p><b>A comprehensive HSW risk profile is in place</b></p>	<p>HSW risk register monitored by the HSW Steering Group on a quarterly basis; risks reduced as far as reasonably practicable in a timely way</p> <p>Audit of the Council's maintained schools completed and improvement plans delivered</p> <p>Audit program delivered on the basis of an analysis of risk and management data</p> <p>Safety Climate Tool utilized to demonstrate impact and drive improvement actions</p> <p>Centralised system in place for HSE HSW Alerts</p> <p>Map of HSW expertise and competence across the workforce, skills and knowledge supporting the HSW agenda</p> <p>HSW Assurance Advisors spending 50 per cent of time in the field</p>



**The Council has achieved wellbeing re-accreditation at 'achievement' level for the national Wellbeing Charter**

Positively evaluated wellbeing week (May) and evidence of impact

50 per cent increase in number of employees accessing EAP against 2016-17 baseline

'Achievement' attained in wellbeing charter accreditation

Wellbeing Star award agreed

Quarterly cycle of staff engagement in place, including:

- Corporate wellbeing and resilience survey completed by each team, analysed and actions owned by respective departments Q1 June
- Star Award nominations Q1-2
- Star Award Ceremony Q3
- Staff Survey Q3
- Safety Climate Tool Q4

Annual analysis of results, triangulated and combined picture presented to CMT

Health Need Analysis of workforce using Thrive Plymouth criteria and general population data

Reduction in sickness absence due to stress, MSD and RIDDOR

Thorough review of top two reasons for incident and accidents making recommendations for improvement to relevant teams and departments

Pro-active HSW culture

Implementation of new approach to reporting hazards and near misses

# OUR PEOPLE STRATEGY 2016 - 2020

Human Resources and Organisational Development

## WORKFORCE VISION

A motivated, engaged and skilled workforce focused on meeting the needs of the citizens of Plymouth

We will focus on three key themes to support the transformation of the Council

### TALENT

We will attract and retain talented people and develop their strengths

### LEADERSHIP

Our leaders will be confident, inspiring, and role model our values

### CULTURE

The way we will do things around here to be at our best

## How we will know we have been successful?

### When our people tell us

- I have **opportunities to learn and develop** my career
- Our **leaders live by our values** and are positive role models
- I am **inspired** to **give my best** every day
- I believe Plymouth City Council **cares about me** and is committed to **my health, safety and wellbeing**
- I work hard but still enjoy a healthy **work life balance**
- I feel that **what I do matters** and my contribution counts and is **rewarded fairly**
- I can access **simple, standard tools and processes** which help me to **achieve my objectives**

### When our Council transforms to

- Match the **talents, strengths and interests** of our staff to the work we need to do
- **Retain and motivate staff** with a total reward approach to **pay, reward and recognition**
- Be an employer staff are **proud to work for**, promoting our vision, purpose, values and goals
- Foster a **culture of collaboration, innovation and engagement** that **enables or empowers** staff to listen, understand and **work together** to respond to our citizens' needs
- Be an **outcome focussed, values led** culture
- Be a leader in the city for **celebrating and valuing** diversity

## Our people plan will be underpinned by our corporate values

### WE ARE DEMOCRATIC

Plymouth is a place where people can have a say about what is important to them and where they can change what happens in their area.

### WE ARE RESPONSIBLE

We take responsibility for our actions, care about their impact on others and expect others will do the same.

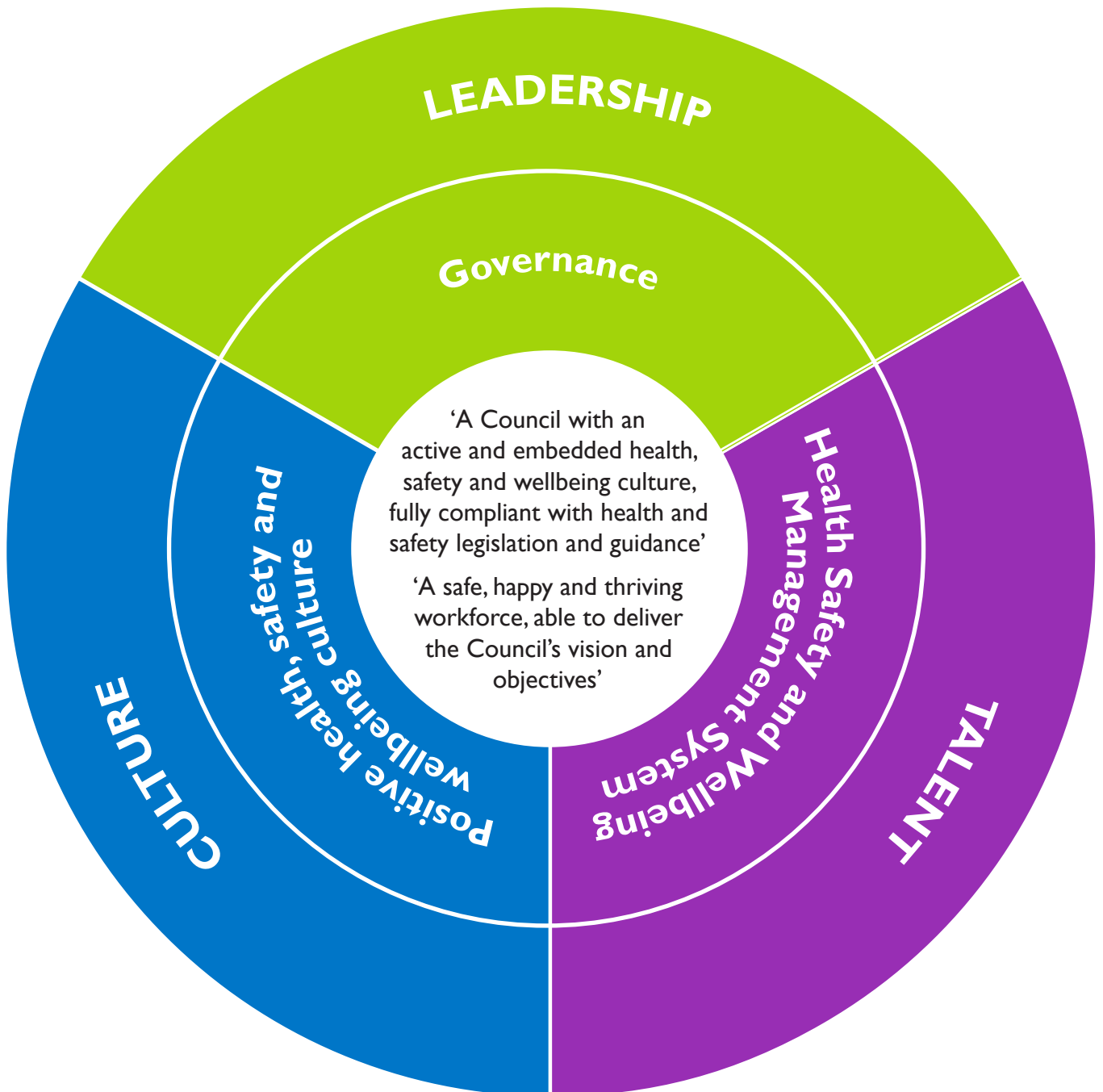
### WE ARE FAIR

We will be honest and open in how we act, treat everyone with respect, champion fairness and create opportunities.

### WE ARE PARTNERS

We will provide strong community leadership and work together to deliver our common ambition.

# HEALTH, SAFETY AND WELLBEING VISION





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