



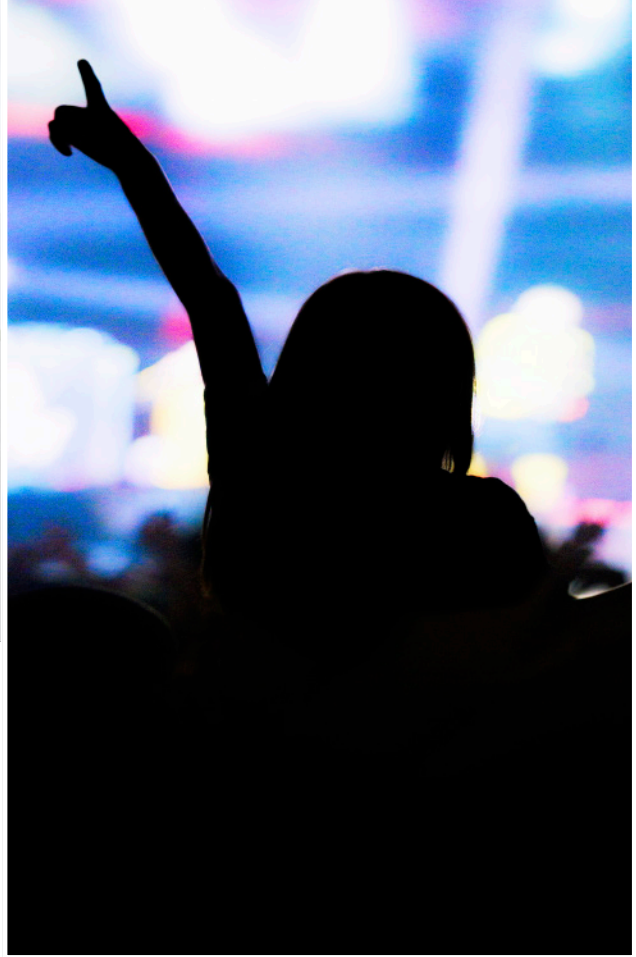
**PLYMOUTH**  
CITY COUNCIL



# **HEALTH SAFETY AND WELLBEING**

## **ANNUAL REPORT 2017-2018**





# PLYMOUTH CITY COUNCIL

WHAT WE DO...







## KEY FACTS

- At the end of 2017-18 there were 2,629 people in our workforce serving a city of 262,900 citizens
- We have 20 maintained schools with a workforce of 1,144 serving 5,085 pupils
- 2,079 of our core workforce are resident in Plymouth, representative of all 20 wards
- 856 workers are in customer facing or front line roles such as librarians, children's social workers, school transport staff, customer services staff, waste collectors and staff at recycling centres, gardeners and parks maintenance staff
- Some of our staff are exposed to health hazards during their working day including biological hazards, contact with or use of latex, skin and respiratory irritants and sensitisers, noise, vibration, use of machinery. Each activity is risk-assessed and control measures are put in place to reduce exposure to as low as reasonably practicable to prevent any ill-effects
- The estimated prevalence of the four main health conditions (Coronary Heart Disease, Cancer, Chronic Obstructive Airways Disease and Stroke) in the workforce population is equal to that in The City and the South West Region, and 1 per cent higher than in England
- Based on Plymouth ward behaviours 1,604 workers may eat five or more portions of fruit and veg a day; 1,945 may participate in two or more sessions of 30 minutes of moderate physical activity per day; 729 workers may have a drink containing alcohol 4 or more times a week and 105 workers may smoke



# INTRODUCTION

In 2017-18 the focus has been on four key priorities to ensure that the basic building blocks are in place for a positive health, safety and wellbeing culture. In 2018-19 I expect Managers to provide pro-active leadership in health and safety integrated with their business leadership, role modelling the behaviours that embed a pro-active health, safety and wellbeing culture and best practice.

I maintain close scrutiny of the health, safety and wellbeing agenda as a priority. During the year I have been able to see the impact of the improvements noted in this annual report, and feel a stronger pulse of health and safety run through the organisation; however the year has not been without its challenges. The HSE served the Council with an improvement notice in December 2018, with regards to our management of the control of exposure to vibration. We have taken our response to this very seriously and are putting in place the necessary controls to ensure our employees exposure is as low as reasonably practicable.

## **TRACEY LEE**

Chief Executive



I assumed the role of Executive Lead for health, safety and wellbeing (HSW) in February 2018 when the planning for the steering group away day in April was underway. The event was attended by over 50 staff representing five Directorates and provided an opportunity for sharing the challenges and achievements of the year; and to identify the improvement objectives for 2018-19. As part of the Council's new business planning framework each Directorate now has HSW improvements integrated with business priorities and a clear understanding of the corporate HSW priorities; I look forward to seeing how these progress in the coming year.

## **ANDREW HARDINGHAM**

Strategic Director Transformation and Change



The corporate Health, Safety and Wellbeing Assurance Team was restructured early in 2017, redistributing the resource available to create a new Wellbeing Specialist role and Health, Safety and Wellbeing Apprentice post. With a clear focus on raising the consciousness of health, safety and wellbeing at all levels of the organisation, we have worked with various teams under the banner of 'coaching for safety'; bespoke programmes created to meet the needs of specific groups of staff. We have also overhauled our information for staff to make it more user friendly and accessible. Positive progress has been made in 2017-18; this report demonstrates what has been achieved, and the agreed priorities for 2018-19.

## **CLARE COTTER**

Head of Health, Safety and Wellbeing Assurance



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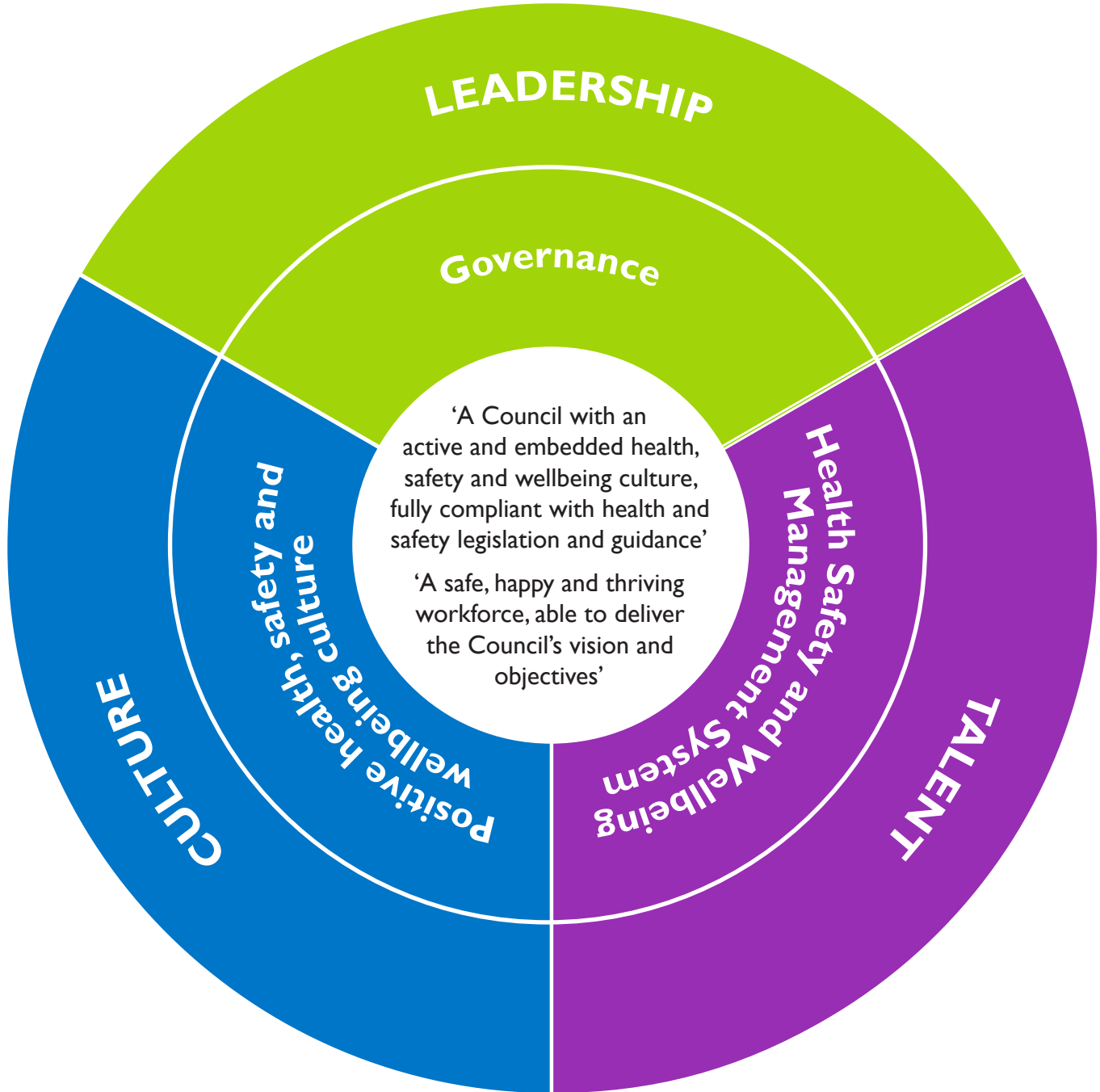
Appendix - Corporate HSW Improvement Plan 2018-19

# EXECUTIVE SUMMARY

This report is a statement of Plymouth City Council's occupational health and safety performance to the end of the financial year 2017-18, and our improvement plan for 2018-19. This includes a summary and recommendations from the health needs assessment of our working population commissioned by the Health, safety and wellbeing (HSW) Steering Group from the Office of the Director of Public Health to support our targeted health promotion activity.

The health, safety and wellbeing vision agreed in 2016 has driven the improvements we achieved last year, and is aligned to the priorities of the new Conservative Administration: 'A growing city, a caring Council'. Whilst this did not take effect until May 2018, it is referenced here as the context for the 2018-19 improvement plan.

## HEALTH, SAFETY AND WELLBEING VISION





# OUR PLAN

## A CITY TO BE PROUD OF



### CITY VISION

## Britain's Ocean City

One of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone.

**OUR MISSION** Making Plymouth a fairer city, where everyone does their bit.

### OUR VALUES

#### WE ARE DEMOCRATIC

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

#### WE ARE RESPONSIBLE

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

#### WE ARE FAIR

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

#### WE ARE CO-OPERATIVE

We will work together with partners to serve the best interests of our city and its communities.

### OUR PRIORITIES

#### A GROWING CITY

- A clean and tidy city
- An efficient transport network
- A broad range of homes
- Economic growth that benefits as many people as possible
- Quality jobs and valuable skills
- A vibrant cultural offer
- A green, sustainable city that cares about the environment.

#### A CARING COUNCIL

- Improved schools where pupils achieve better outcomes
- Keep children, young people and adults protected
- Focus on prevention and early intervention
- People feel safe in Plymouth
- Reduced health inequalities
- A welcoming city.

### HOW WE WILL DELIVER

Listening to our customers and communities.

Providing quality public services.

Motivated, skilled and engaged staff.

Spending money wisely.

A strong voice for Plymouth regionally and nationally.

## Governance and accountability

Accountability for our statutory duties for health, safety and wellbeing sits with the Chief Executive Officer of the Council. Arrangements describing how this accountability is discharged are outlined in our corporate policy, and describe a systems leadership approach, with roles and responsibilities for health, safety and wellbeing dispersed throughout the organisation.

The Executive Director and Chair of the HSW Steering Group is the Strategic Director for Transformation and Change, the Portfolio Holder for HSW is Deputy Leader Peter Smith. The HSW Assurance Team is part of the HROD Department and was restructured in 2017. This resulted in the creation of a new Wellbeing Specialist post and Apprentice, complimenting the Team of HSW Assurance Specialists and Assistants. The team come from a broad range of backgrounds with a wealth of varied knowledge, skills and expertise to enable them to advise the Council in a progressive journey of practice and cultural HSW improvements.

New highlight reports are now being received by the HSW Steering Group on a quarterly basis, produced by each Directorate. These are being utilised to provide the golden thread of HSW risk management and escalation between the front line and HSW Steering Group. They are also utilised as a basis for Trade Union engagement through Joint Consultative Committee arrangements.

A digital system has been procured at the tail end of 2017, which will transform the way in which health and safety is managed in the future. At the time of writing this report preparations are in place to support implementation across the organisation and schools.

## Training

There has been a clear focus in 2017-18 on mandatory and essential training, resulting in changes to our approach. Monitoring systems have been put in place to assure compliance with mandatory training; coaching for safety programmes have been delivered in various forms and to various audiences, providing a more interactive and experiential learning opportunities. Team Plymouth had a creative session on building and sustaining resilience. More formal training has been reviewed and the Institute of Occupational Health and Safety (IOSH) Managing Safety Programme has been reduced from 4 days to 3 to enable more Senior Managers to attend.

## Risk

Three activities have been delivered in 2017-18 to supplement and strengthen our current approach to risk management.

All service areas have completed a self-assessment exercise against HSG65, the Health and Safety Executive's best practice standards for compliance with HSW legislation and regulations. Action plans are owned by Heads of Service, which describe activities that need to be achieved to tighten controls.

We have put in place monthly management information reports to support the monitoring of mandatory training compliance at local level, and also introduced 'heat pad' methodology. This is a simple way of engaging front line staff in conversations about: 'the safety concerns we have today' and ensuring where local resolution cannot be found, these concerns are escalated to the right level for the concerns to be addressed.





## Wellbeing

The Council has held the national Wellbeing Charter award since 2015 and last year our progress was reassessed. We are proud to have maintained our 'excellence' status in health, safety and wellbeing and to have reached 'achievement' status in leadership, absence management and alcohol and substance misuse.

We have 21 active volunteer Wellbeing Champions across the organisation who have all received training for their roles. They support colleagues in their Directorates in a variety of issues and co-ordinate health promotion activity.

In March 2018 Full Council signed the Local Authority pledge for Mental Health and as part of this 'Mindful Employer' is included. This is to drive parity between the way we view and take account of mental ill health, in the same way as physical ill health.

The primary causes of sickness absence continue to be stress, muscular skeletal disorders and cold / flu. In 2017 we moved to a more targeted approach for our flu campaign and an analysis of its impact is offered in the main body of the report.

## Incident and accident reporting and learning

The statistical information will show that there has been an increase in the overall rate of incidents reported per thousand workforce population since 2016-17. This could be due to two main reasons including: the decreasing number of people employed by the Council, the increase in incidents being reported as a result of awareness raising activity.

The three highest causes of incidents include unintentional violence, slips trips and falls and verbal aggression. Together these account for just over half of incidents reported. We have changed the way in which we record incidents of unintentional violence and excluded these from our accident and incident rates per thousand population. This is to ensure that they don't mask other important themes and trends due to their outlying position.

There have been seventeen RIDDORS reported to the HSE, two of which resulted in an inspection by the HSE of our arrangements for the Control of vibration. We are currently subject to an improvement notice issued as a consequence of the Inspectors visit, which is due to expire on 30th September 2018.

## Audit

The 2017-18 audit programme focused on two aspects. This included completion of the schools audits and associated monitoring activity, and a self-assessment programme across all other service areas as noted above.



# DELIVERY IN 2017-18

The health, safety and wellbeing (HSW) improvement plan for 2017-18 was purposefully ambitious; designed to align the way we work with the responsibilities outlined in our revised HSW policy and to address 4 high level priorities:

- 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
- Risk: suitable and sufficient risk registers are completed for all service areas
- Wellbeing reaccreditation at 'achievement' level for the national wellbeing charter
- Auditing of the HSW Management System across all service areas

Overall, seventy five per cent of the actions were successfully delivered (n=79). This includes actions that were completed, or have now been embedded as business as usual or suspended due to the need to re-prioritise. The remaining twenty five per cent have been carried forward to 2018-19; fifty per cent of these are a continuation of planned work. At the time of presenting this report these actions are complete.

## Governance and training

The corporate Health, Safety and Wellbeing Team were restructured early in 2017, redistributing the resource available to create a new Wellbeing Specialist role and Health, Safety and Wellbeing Apprentice post. There were no financial targets required in recognition of the need to maintain a comprehensive HSW Assurance function across all areas of operation in the Council. All posts were successfully recruited to, retaining the organisation and subject matter knowledge, skills and expertise of long standing members in the team, and recruiting three people from external organisations, bringing new perspectives from other local authorities, NHS and the private sector.

Whilst there is no national standard for HSW apprentices currently, our new recruit is undertaking an NVQ3 in Business and Administration, with a clear HSW focus. This is with the view of providing in-house learning opportunities aligned to the HSW agenda with the expectation of a smooth transfer to an HSW apprentice programme when this is available.

A new 'Coaching for Safety' programme was launched

in 2017. The first event was attended by some fifty delegates from across the organisation who had the opportunity to creatively explore various situations through the lens of health, safety and wellbeing. Several bespoke coaching for safety activities have been offered in different parts of the organisation to support service areas according to their needs. The programmes are facilitated by the Health, Safety and Wellbeing Assurance Team working alongside colleagues in service areas to strengthen our safety culture.

A session on wellbeing and resilience was facilitated for Team Plymouth, our network of third tier managers to support their understanding of how to maintain their own resilience and that of their teams. A guided mindfulness opportunity based on the thought: "when I am at my best" provided space for managers to reconnect with their strengths, followed by a practical session on how to build and maintain resilience within teams.

In September 2017 we began publishing monthly data for service areas to review their own performance regarding compliance with mandatory health, safety and wellbeing mandatory training. In the first instance this relates to the introduction to health, safety and wellbeing e-learning package. In 2018-19 this will be developed to cover all other levels of training. Managers can review individual compliance for their direct reports via itrent, our HR management system. We have seen an increasing trend in compliance which at year end stands at 78 per cent.

The IOSH Managing Safely course has been reduced from four days to three in response to feedback about the time needed out of delivery to complete this. 41 Senior Leaders completed the course in 2017-18. Our success rate is one hundred per cent. In 2018-19 we will be exploring ways to offer choice in the way managers are able to achieve this course, in particular through accredited e-learning.

The Council has procured a digital HSW management system from SHE Assure which will be installed in 2018-19. The system will provide real time visibility of HSW risk corporately and in service areas to enable pro-active risk management and to drive continuous improvement priorities.

The Health, safety and wellbeing web pages on staff room have been overhauled to make information, advice and support more easily accessible. New information has been included; for example 'Good

HSW questions to ask at management meetings' and 'frequently asked questions about mandatory training'.

The first safety climate survey has been run, and at the time of writing this report is in the process of being analysed. 253 individuals completed the survey, which is a poor response rate overall; however, the critical mass of respondents came from our front line staff / customer facing workers (175). The majority of whom completed a hard copy return, due to not having IT access.

The HSW Steering Group held its annual away day on 16<sup>th</sup> April 2018 which was attended by staff from across the organisation and Trade Union representatives. All delegates went away with a clear understanding of priorities for improvement in 2018-19 and key deliverables to be incorporated into Directorate business plans (Appendix A).

## **Risk**

There have been four risk summits held in year to address areas of high risk. These are Chaired by the Executive Lead for HSW, and attended by the relevant Director and Heads of Service to ensure any blocks to reducing the risk to as low as reasonably practicable are addressed. Two summits have been closed and two remain open in 2018-19 until all actions have been completed.

With the introduction of a corporate Key Performance Indicator (KPI) monitoring the 10 day reporting standard for the reporting of incident / accidents and near misses, we are now achieving 85.2% compliance. In part this has been achieved by a change to our arrangements with schools in respect of the reporting of unintentional violence. In 2018-19 this standard will be reduced to 8 days, with a view to reducing further with the introduction of the digital reporting system.

The reporting and management of HSW risks and opportunities is provided biannually to the Corporate Management Team by the Head of Assurance, Directorates feed into this process via operational risk registers. A separate HSW risk register extracted from this is also reviewed by the HSW Steering Group quarterly to ensure the timely management of risk and strategic oversight.

Three significant activities have also been implemented to supplement and strengthen our current approach to risk management:

## **Self-assessment process:**

All service areas (n=68) were asked to conduct an HSW self-assessment based on the Health and Safety Executives (HSE) best practice model – HSG65, as one of a number of measures to help shape a positive culture and continuous improvement in HSW.

The self-assessment was designed to support Heads of Service review the effectiveness of their HSW management arrangements and identify any gaps in their current Operational Risk and Opportunity Registers.

On completion Heads of Service have a comprehensive view of positive HSW practice within their service area, and a HSW action plan which supports any improvements needed. At a strategic level, the self-assessments have been analysed, and key findings have informed the HSW Audit Programme for 2018-19. These and recommendations were shared at the April 2018 HSW Steering Group away day.

## **Mandatory training compliance monitoring:**

Learning and development functionality within our core HR system has been utilised to enable all Managers to review compliance against HSW mandatory training. The HSW Assurance Team publish percentage compliance rates on a monthly basis to prompt review of performance at individual level by Managers.

## **Introduction of heat pad methodology**

A new methodology has been introduced to support the identification and escalation of risk within Directorates, as a simple way of all staff saying: 'these are the health and safety concerns we have today'. The principle is to resolve all concerns at the most local level, and to escalate to the next level where help is required to resolve the concern.



## Wellbeing

As part of the restructure of the HSW function provision was made to appoint a Wellbeing

Specialist. As a result significant progress has been made in developing opportunities for staff to think about and engage in activities related to their wellbeing.

The first Wellbeing Week was held in May to coincide with Mental Health Week. In partnership with Unite staff could attend free mindfulness sessions, and have a health check with free gym membership for a month.

We provided over 900 pieces of evidence to Livewell South West as part of their review of our Wellbeing Charter achievement. The following table presents our achievement.

	2015	2017	Change
Leadership	Commitment	Achievement	↑
Absence management	Commitment	Achievement	↑
Health and safety	Excellence	Excellence	↔
Alcohol and substance abuse	Commitment	Achievement	↑
Smoking	Achievement	Achievement	↔
Mental health	Commitment	Commitment	↔
Healthy eating	Commitment	Commitment	↔
Physical activity	Achievement	Achievement	↔

In March 2018 Full Council signed the Local Authority Pledge to Mental Health, and as part of this the pledge to 'Time to Change' for our employees. It is acknowledged that achieving parity between physical and mental health in the application of HR policies is challenging, and that we have further to go to ensure fairness and consistency of application across the organisation. It is acknowledged that whilst fairness and equality are underpinning values of HR practice, Lead Trade Unions representatives consider current policies to be inconsistently applied by managers and in some circumstances unfairly applied; work is in place to achieve a mutually agreed understanding and way forward.

Our performance standard for manual handling has been reviewed and updated, providing a more reader



**THE WORKPLACE  
WELLBEING CHARTER**  
NATIONAL AWARD for ENGLAND

friendly format. Trade Unions and staff were engaged in the process and the standard is published on staff room.

Some work identified in the 2017-18 improvement plan for wellbeing has been carried forward into 2018-19. This has been due to the need to respond to emerging risks and issues which take precedence over development work.

The Wellbeing Specialist has worked with our HR Employment Relations Team to identify people who are in complex situations and need additional support to bring about a resolution. This has been at individual and team level.

## Health Needs Assessment

**Thrive**  
PLYMOUTH

In 2018, a health needs assessment of the current PCC workforce was undertaken. The aim of this piece of work was to determine the health and wellbeing needs of the workforce in relation to the Thrive Plymouth lifestyle behaviours, so that the authority can understand how best to support its workforce and target health promotion interventions appropriately. Looking at existing data sources, a profile was produced of the workforce looking at standard demographics, the range of occupational groups, known risks to health and wellbeing and sickness absence. The profile also included prevalence estimates of chronic conditions and lifestyle behaviours amongst the workforce.

Whilst sickness absence within PCC is below the national average for similar local authorities, the level of absence is still significant with 17,135 lost working days in the previous year – equivalent to 76 full time equivalent employees. Thus there is clearly great potential to improve the health and wellbeing of the workforce. The data estimates showed that around 35 per cent of the workforce do not eat 5 portions of fruit or veg a day (a measure of a healthy diet) and about 25 per cent of the workforce do not participate in 2 or more sessions of 30 minutes moderate physical activity a week (a measure of adequate activity). Providing a supportive environment at work to support improving these figures would contribute to significant improvement in the health of the workforce. Whilst rates of smoking and harmful alcohol consumption were much lower, supporting changes in these behaviours would also provide demonstrable health benefits for individual employees.

The recommendations from the needs assessment were;

- Continue to work towards the Workplace Wellbeing Charter excellence award
- Continue to enable workplace wellbeing champions to deliver a programme of support across the 4 key lifestyle behaviours and mental wellbeing to the workforce
- Provide the workforce with signposting to Public Health England's "one You" campaign and to the workplace wellbeing champions
- Update and develop PCC policies around smoking, drinking, healthy eating and physical activity
- If further data is required consider the use of the Warwick and Edinburgh Mental Wellbeing Tool of Public Health England's health needs assessment survey
- Ensure all initiatives are monitored and evaluated



## Accident and incident reporting and learning

All data presented in this report has been extracted from an access data base managed by the corporate HSW Assurance Team. Data is presented as a ratio of incidents per thousand workforce population (headcount) to standardise the rate and allow comparisons between years.

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

The reader should be aware that the data presented represents the number of incidents reported, which may not be the actual number of incidents which occur. Overall the reader will see that there has been a stepped increase in the number of incidents reported in 2017-18, and caution should be exercised in concluding that more incidents and accidents are actually occurring. A positive reporting and learning culture is being embedded to ensure we learn from the root causes of incidents and accidents and are able to share any lessons learnt across service areas where learning is transferable.

### Graph I – Employee incident rate



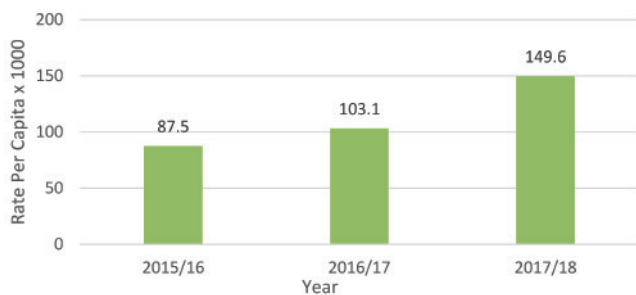
Please note that these figures do not correspond with the data provided in 2016-17 annual report. This is because we have changed the way in which we are recording unintentional violence incidents in our special schools and we have recalculated previous years to provide consistency.

A significant amount of work has been achieved this year to raise awareness of the importance of reporting with a positive result. There was an increase in the incident rate per 1000 employees from 103 in 2016-17 year to a 150 (figures rounded) in 2017-18; which is likely to be due to previous under reporting. However;

the number of staff has decreased incrementally across the three years so it is not possible to draw a definitive conclusion.

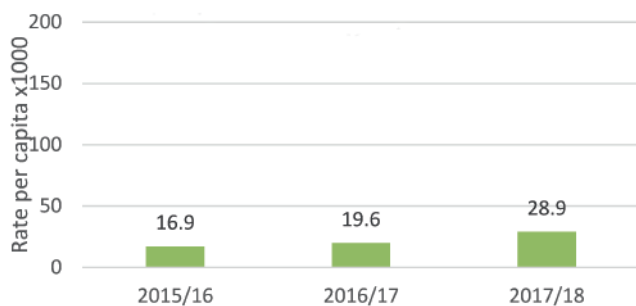
### Graph 2 – Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) trend

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive.



The total number of RIDDOR reportable incidents for the year was 17, this was 4 more than the previous year and was made up of 2 reportable diseases, 10 over seven day absences, 1 member of the public taken to hospital and 4 specified injuries.

### Graph 3 – Employee incident rates violence and aggression



There has been a particular drive to encourage staff to report incidents of violence and aggression in customer facing service areas, therefore the increase in incident rate may be attributed to an increase in reporting rather than an increase in violence and aggression towards staff.

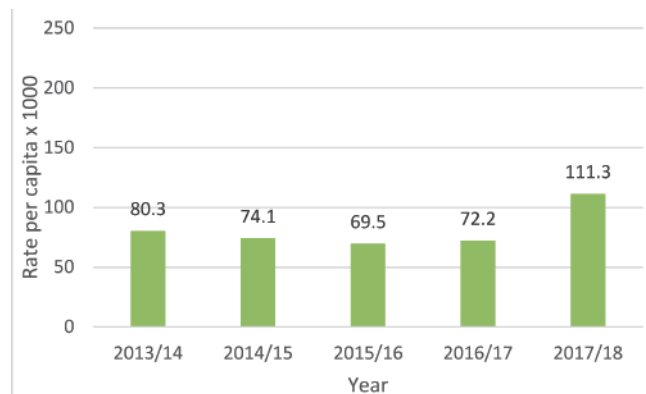
Work is on-going to support and improve the way in which we learn lessons from the incidents that occur so we can share these across the organisation and

reduce the likelihood of there being repeat failures. We recognise that good investigations that identify the root causes are essential for identifying improvement opportunities.

A new HSW incident and accident training course has been implemented in 2017, to support understanding of the investigations process.

### Graph 4 – no injury incidents

The significant increase in no injury incidents shown below is positive; however, the incident may be related to injury to premises or the witness of unacceptable behaviour.



### Graph 5 – overdue incident reports



Performance against the 10 day standard for incident and accident reporting has generally improved compared to 2016-17, and since November 2017 performance has been maintained above 80 per cent. In 2018-19 this has been reduced to 8 days, and will be reduced further with the implementation of the digital management system.



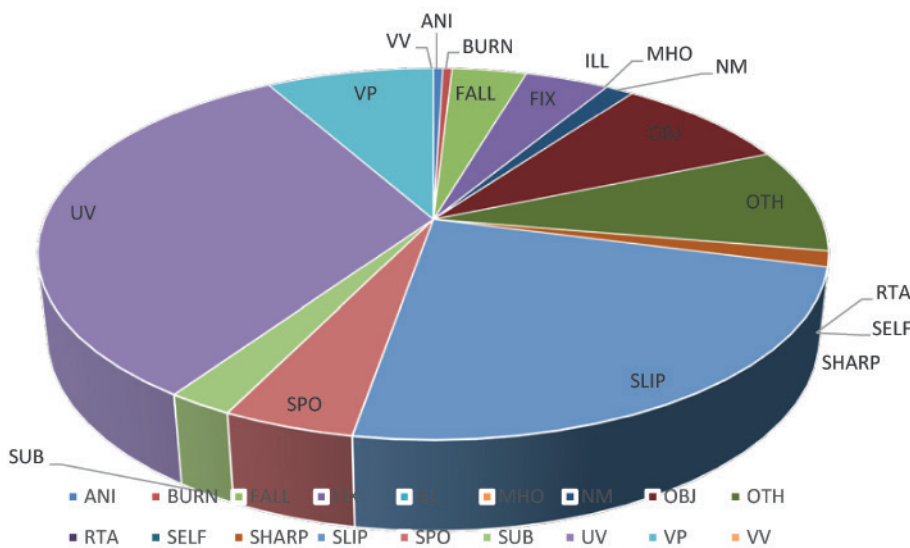
The following graphs report the types of incidents reported and demonstrate that the top 3 incident types for the year remain the same as in 2016-17:

- Unintentional violence accounted for 34 per cent of the total incidents reported, this equated to 346 reports with all of these occurring within our adult care facilities and associated with the transport provision for these centers.
- Slips, trips and falls accounts for 13.4 per cent of the total incidents reported, this equated to 137 reports. Slips, trips and falls are in the top 5 of all except one Directorates' annual figures.

Verbal aggression toward PCC staff accounts for 9 per cent or 93 incidents, the majority of these occurred within customer service facing departments.

### Graph 6 – Incidents by type in Plymouth City Council Maintained Schools

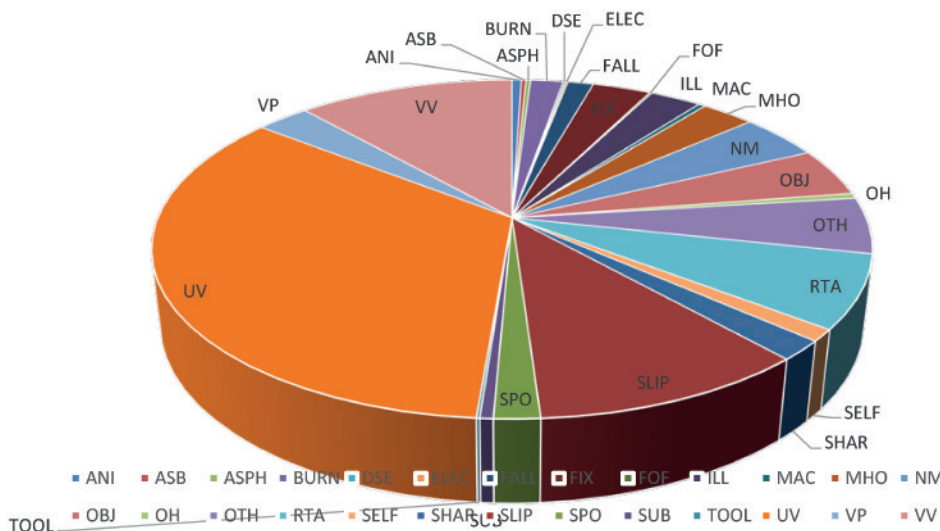
Plymouth City Council was the employer of 1,144 staff in 20 maintained schools in 2017-18



**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 7 – Incidents by type in all other departments



## Health and Safety Executive Improvement notice

On the 7 December 2017 our Street Services department was the subject of an HSE Inspection in relation to our compliance with the control of vibration regulations 2005. This was as the result of two RIDDORs reported; one due to a diagnosis of white finger and one a possible diagnosis of carpal tunnel syndrome.

The Inspector found us in breach of the regulations and issued a compliance notice; the compliance date is the 30 September 2018.

A risk summit was convened internally to monitor the remedial actions required to comply with the improvement notice and evidence has been provided to the HSE demonstrating our improvements. The Inspector is now reviewing how we are monitoring and adjusting our controls over the grass cutting season to ensure that risk assessments are dynamic and exposure to vibration is as low as reasonably practicable.

The Council is committed to our vision for health, safety and wellbeing and would not wish to see any employees come to harm due to their work activities. It is the expectation of the Chief Executive that all

responsibilities for health, safety and wellbeing are discharged appropriately in accordance with the corporate policy, and that all risks are reduced to as low as reasonably practicable.

## Claims

The following table relates to claims from employees who have suffered injury or ill-health which has been attributed to breach of the duty of care owed by the Council. Note that claimants have 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) so these figures may change significantly.

EL Claims Analysis	2015/16	2016/17	2017/18
Total Claims	13 (8 settled, 5 outstanding)	6 (all outstanding, none settled)	13 (4 settled, all 4 repudiated, 9 outstanding)

In 2017 seven of the claims relate to accidents and six to a diagnosed disease; the funding available relates only to insured costs. The HSE estimates that for every £1 of insured costs there is a cost of £10 of uninsured costs. There are currently 20 claims in due process.





## Celebrating good practice – people making a difference

In 2017-18 The Council had 21 active Wellbeing Champions across the organisation. These are volunteer roles, supporting staff within their Directorates pro-actively campaigning for health and wellbeing and being a point of contact for individuals at a specific moment in time.

All Champions receive comprehensive training for their roles including:

- Introduction to the role of the wellbeing champion
- Wellbeing Champion training – Livewell Southwest
- Alcohol IBA
- Mental Health First Aid
- Quarterly network meetings

Our Highways Department has identified two people to co-ordinate key messages about health and safety and they have initiated monthly newsletter for all staff.



### Helen Cocks – Wellbeing Champion

I became involved in the wellbeing champion programme as I was already a health and safety lead and risk champion in my department and because my boss at the time nominated me for being a supportive colleague.

The training was really interesting; we covered things like how to recognise signs and symptoms and how to make appropriate interventions, we also covered alcohol, healthy eating, mental health conditions and lots more. We were provided with tools, resources and contact details of local charities and organisations – all to support people improve their health and wellbeing.

The most invaluable tool has been the 'five ways to wellbeing'; five ways that everyone can improve their wellbeing by creating opportunities to Connect, Learn, be Active, Notice and Give (CLANG) – whenever I share this with colleagues I get feedback about how simple it can be to build such things into daily life.

Since becoming a wellbeing champion several years ago, not a month has gone by without me having a wellbeing conversation with a colleague. I would say that most of the interventions relate in some way to reducing stress and improving mental health and I'm really pleased that as an organisation we have such great support mechanisms in place like the PAM Assist employee assistance programme, the Workplace Wellbeing Charter and the Time to Change employer pledge.

Colleagues have told me that having a trusted colleague to go to, even just for a listening ear, has helped avoid things that are on their minds becoming serious issues both at work and at home.



## Audit

Audit activity during 2017-18 focused on the Health and Safety Executives best practice model HSG65. This comprised two strands:

### HSW Self-Assessment Programme - all service areas (n=68)

The Health, Safety and Wellbeing Steering Group, with support from Trade Union Lead Representatives, agreed that all service areas would conduct an initial self-assessment in 2017-18 based on the Health and Safety Executives (HSE) best practice model - HSG65 as one of a number of measures to help shape a positive culture and continuous improvement in HSW.

The self-assessment was designed to support Heads of Service assess the effectiveness of their HSW management arrangements and identify any gaps in their current operational risk and opportunity registers.

Heads of Service now have a comprehensive view of positive HSW practice within their service area, and a HSW action plan which supports any improvements needed. At a strategic level, the self-assessments were analysed, and key findings have informed the audit programme for 2018-19. It has also helped identify higher risk areas for targeted support from the HSW Assurance Team

### Controlled Schools audits

Following on from the self-assessment process undertaken in 2016-17, all 24 of PCC controlled schools were formally audited by July 2017.

Audits were carried out by the Plymouth City Council Health, Safety & Wellbeing (HSW) Assurance Team supported by Cornwall County Council and Terrain Safety Health & Safety.

Taking account of the overall scores, auditor feedback and quality assurance review, it is considered that the control framework for health and safety in the PCC portfolio of controlled schools, as currently laid down and operated at the time of the review, provides adequate assurance that risks material to the achievement of Plymouth City Council's objectives in respect of H&S arrangements are being managed.

Each of the 20 audits carried out in 2017, was undertaken by a HSW Professional using a consistent

methodology and scoring system. 4 audits had previously been completed in 2016 using a different methodology and scoring system, but that information was extrapolated to reflect the newer methodology and scoring.

### Scope and objectives of the audit program

The scope was to provide detailed H&S review based on HSE managing for Health and Safety - HSG 65 (<http://www.hse.gov.uk/pubns/books/hsg65.htm>)

The following areas were considered and reviewed as per HSG 65 best practise:

- Management
- Leadership
- Legal Compliance
- Employee engagement/understanding
- Competence
- Risk assessment

The audit was separated into three definitive sections:

- Governance
- Premises Safety
- Fire Safety

### Post Audit Actions/Support

Each school has been provided with a detailed audit report, with information on compliance, recommendations and a prioritised action plan. The HSW Team have provided advice and support with completion of the action plan.

## Training delivery

Each year the HSW Assurance Team provide a core training programme for staff comprising mandatory and essential training courses; IOSH Managing Safely is also available to external partners. Two courses are currently commissioned externally: First Aid and Conflict Resolution, and there are a number of associated e-learning packages available on learning zone.

There has been an improvement in uptake of training courses in 2017-18 compared to 2016-17, which has resulted in a reduction in cancelled courses and 'did not attend' rates. Whilst less people overall have booked to attend courses, there has been an improvement in attrition rates. Table 2 illustrates this.

**Table 2**

	2016-17	2017-18
Number of courses planned	111	107
Number of courses run	81	90
Number of courses cancelled (main reason less than 6 people attending; last minute cancellations)	30	17
Total number booked on courses	990	762
Total course attendance	516	602
Did not attend rate	29%	21%
Percentage attendance of courses run	71%	79%
Percentage evaluations received	39%	34%
Percentage satisfaction score	91%	72%

As previously reported, the self-assessment process has raised awareness of health, safety and wellbeing generally, and resulted in higher demand for courses, specifically manual handling and risk assessment training. In 2018-19 work is in progress to reassess the way that training is provided to ensure capacity is available in a suitable form to meet demand.

The Council has changed the way in which feedback is received from participants which has resulted in a 5 per cent decrease in evaluations received. However, there has been a 20 per cent decrease in satisfaction which will be informing our review of training.

## Wellbeing and resilience

Wellbeing at The Council describes our happiness, confidence, physical condition and general outlook on life. It is about feeling good and taking care of ourselves.

Wellbeing is important to The Council because evidence shows that people with high levels of wellbeing live longer; have lower rates of illness, recover quicker from illness and stay well for longer; have more positive health behaviours and generally have better physical and mental health. Wellbeing is a key facet of delivering our health, safety and wellbeing vision and the Corporate Plan.

### We have supported our vision by:

- Switching from a re-active to pro-active approach
- Striving towards a sense of belonging and involvement
- Supporting effective leadership and management across the organisation to embed and maintain health and wellbeing as part of everyday activities
- Helping staff develop and maintain a healthy lifestyle by creating opportunities in the workplace and promoting the benefits of physical activity and healthy eating
- Building personal resilience in individuals through practical strategies, training and support in managing stress
- Providing early intervention and support to staff with health problems or disabilities to remain at work or to return to work as soon as possible following a period of absence
- Developing and monitor the effectiveness of policies which support staff wellbeing
- Focusing on employee engagement.

### Examples of success include:

- The production by The Office of the Director of Public Health, of a Health Needs Assessment of our workforce. This is to ensure our wellbeing programme is consistent with the workforce health needs with evidence based interventions (see section 2 for the full report).
- The first wellbeing week held by The Council took place in April 2017, coinciding with National Mental Health Week. Staff had opportunities to attend mindfulness sessions arranged by UNITE,

and to have health checks provided by Nuffield Health. This also enabled participating staff to have a month's free gym membership. Wellbeing Champions from across the Council arranged various activities in their service areas.

- Appointment to the role of wellbeing specialist created to:
- Co-ordinate wellbeing activity across the Council
- Deliver wellbeing training to improve the resilience of individuals, teams, service areas and Directorates
- Provide support to individuals requiring bespoke solutions to improve attendance at work
- Be the first point of contact for Occupational Health (OH) and Employee Assistance.

**In order to:**

- Ensure we achieve continuous improvement in meeting the Wellbeing Charter Standards
- Improve the level of understanding about the factors effecting people's wellbeing at work at the support available within the council to improve resilience
- Improve attendance at work.

**Volunteer Wellbeing Champions who work together and within their departments to:**

- Help identify different health and wellbeing campaigns for staff
- Use health promotion materials to support positive interventions
- Be available to advise colleagues (and clients/ customers where appropriate) about health and wellbeing and be able to signpost to relevant information and support
- They are trained mental health first aiders and have also had training to improve their understanding of how lifestyle behaviours and environmental factors affect wellbeing.

New web pages for staff to discover 'what's on for wellbeing' at various locations across the Council. Examples include yoga session, a photography interest group and The Sound Council Choir.

**Flu programme**

In 2017-18 the Council changed the way in which our flu programme is delivered, from a clinic based approach to a voucher scheme. We also moved away from a universal offer to targeting specific staff groups. These included staff working at the front line with vulnerable groups, and teams with higher sickness levels due to colds and flu.

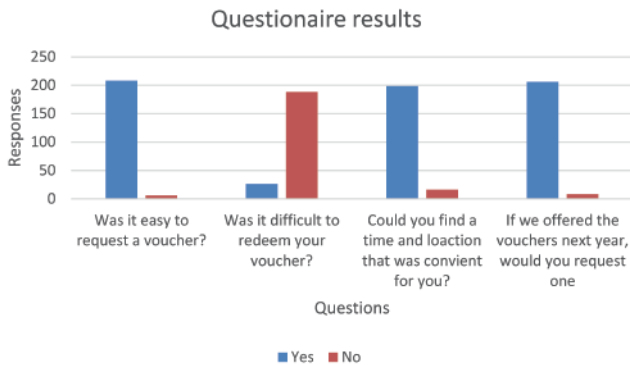
**Table 4 illustrates the target distribution of vouchers across service areas**

Department	2017-18 Projected	Achieved
Education, Participation and Skills	87	61
Children, Young People and Families	70	86
Cooperative Commissioning	30	38
Street Services	84	49
Finance	62	34
Customer Services	61	90
Council Wide	396	393

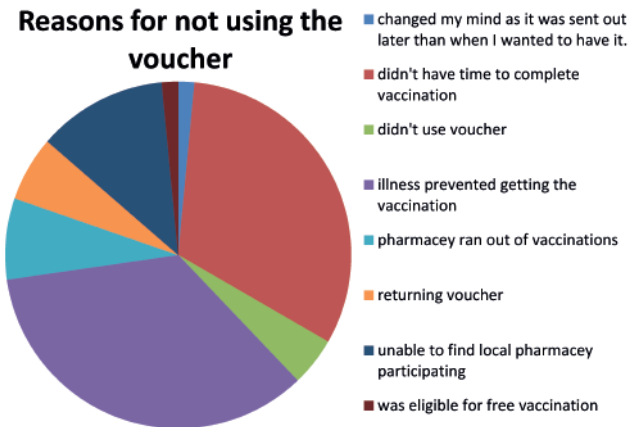
Following the distribution of vouchers 61 Per cent of people reported that they had redeemed their voucher; 17 percent of people said they did not redeem their voucher and 22 per cent did not inform us. Participants in the voucher scheme were invited to provide feedback about their experience, illustrated in the graph below.



**Graph 8**



**Graph 9 illustrates the reasons why vouchers were not redeemed.**



As a result of the free text feedback received the approach is being adjusted for 2018-19, including the following elements:

- Target of 75% uptake
- Choice in regards to preferred method of receipt: voucher / clinic
- Earlier communications in line with National Flu programme

The Full Council signed up to the Local Authority Pledge for positive mental health in the City and as part of this made a commitment to 'Time to Change'. This is an initiative to bring parity between physical and mental health in the application of HR processes, and to encourage people to talk about their mental health in order to reduce the stigma around this. Work has been in progress between HR Specialist Services, The Wellbeing Specialist and Trade Unions to review our capability and grievance procedures.

**IMASS**



We commission IMASS to provide independent occupational advice to Managers to support them in assessing fitness to work and making reasonable adjustments to support staff to be productive and successful at work.

During 2017-18 there were 324 referrals made which is consistent with 2016-17 taking account in the decreased numbers of staff.

The main reasons for referral remain as stress and mental wellbeing, and muscular skeletal disorders, which is consistent with our two main reasons for sickness absence.

IMASS has undertaken 519 pre-employment checks in support of The Council's recruitment process and continues to work with us to validate and deliver our health surveillance programmes. Work is in progress to develop a variation to our contract with IMASS to include a service level agreement for health surveillance with associated key performance indicators.

In 2017 our ergonomist withdrew his services and a new process has been instigated through IMASS with JJ Physio. All avenues of DSE assessment are explored in house before an external referral is made.

**Employee Assistance Programme**



The Council continues to contract with PAM Assist to provide a comprehensive employee assistance programme which all employees are able to access. During 2017-18 there were 1420 hits on the website which provides a range of supportive information relating to health and wellbeing, money management and access to legal advice. The most frequently viewed pages relate to all aspects of mental health and access to on-line counselling support.

The total number of people who received telephone counselling in 2017-18 was 229 people received face to face counselling with a total of 388 sessions being delivered overall (4.5 session's average).

PAM Assist also provide an emergency response service following staff being exposed to traumatic circumstances. This service was invoked after staff witnessed a violent physical assault outside one of our customer service centres.

# APPENDIX I: CORPORATE HSW IMPROVEMENT PLAN 2018/2019

HEALTH, SAFETY AND WELLBEING ASSURANCE			
Objective	Key actions	Measurement	Target Date
All employees are clear about their individual role and responsibility for health, safety and wellbeing (HSW)	Develop and implement guidance for role profiles in relation to HSW responsibilities and health surveillance	Published guidance; role profiles updated on a rolling programme as restructures / vacancies occur	30.09.18
	Roll out revised induction for non-PC users using train the trainer approach	Critical mass of trainers available	30.09.18
	Embed key questions within regular performance reviews and annual appraisal objectives in relation to HSW	Routine programme of induction and review available for non-PC users Monitoring information available for assurance purposes	
	Coaching for safety programmes delivered in higher risk areas	RPR and appraisal documentation updated Staff survey	31.09.18
		Feedback from staff	31.03.19
Compliance with mandatory and essential HSW training	Deliver scheduled HSW training programme, ensuring people attain mandatory compliance for taught aspects  Commission additional capacity to meet demand for HSW training (risk assessment; IOSH Managing Safely; IOSH e-learning, MH first aid and mindful employer)  Service areas monitoring compliance information and taking action where compliance is not achieved	Training programme available for people to book  IOSH pass rate  Additional activity available; IOSH e-learning available  Improvement trajectory evident for all levels of mandatory training	31.03.19
Strengthen and maintain a contemporary HSW risk profile across all functions	Deliver audit programme and support service areas to deliver actions arising from self-assessment  Implementation of HSW e-system  Migration of management information to digital system  Implementation of risk assessment module  Implementation of incident and accident reporting module  Implementation of the audit module	Completed action plans  Digital system operational at all levels of the organisation  User feedback indicates intuitive system, and efficient  Managers able to view information in real time e.g. incidents /RIDDDOR reports	31.03.19

<p>Deliver sustainable health improvements</p>	<p>Agree Service Level Agreement (SLA) for health surveillance and apply variation to MEDIGOLD contract</p> <p>Review and update list of known health hazards to ensure complete following organisational restructures</p> <p>Initiate a corporate approach to the wellbeing and resilience survey and action planning</p> <p>Wellbeing week</p> <p>Flu vaccination programme</p> <p>In-house work place assessments</p> <p>Produce new performance standard on health and wellbeing</p> <p>Co-ordinate seasonal programme of lifestyle factor: smoking and drinking</p> <p>Complete top 100 case review for mental health related absences</p> <p>Review and update capability process to ensure parity between physical and mental health</p>	<p>SLA agreed and monitored</p> <p>Contemporary hazard list with relevant HS programmes in place</p> <p>Corporate survey achieved June / July</p> <p>Evaluation</p> <p>percentage uptake</p> <p>percentage saving</p> <p>Standard published</p> <p>Evaluation</p> <p>Analysis and action plan informing changes to policy and practice</p> <p>New process agreed with TU reps</p>	<p>30.09.18</p>
<p>Collaborative actions in Directorate Business plans</p>	<p>Implementation of the HSW E-system</p> <p>Participate in training schedule for use of the new system</p> <p>Migrate current system into new digital system</p> <p>Implement digital Incident/accident management and reporting</p> <p>Continue with actions arising from the self-assessment process to ensure compliance with HSG65 and working towards ISO 18001 / 45001</p> <p>Embed core requirements for HSW into new / revised role profiles as per new guidance</p> <p>Monitor</p> <p>Mandatory training compliance</p> <p>Eight day reporting</p> <p>Service area HSW action plans</p> <p>Embed clear feedback loop between all levels of meetings in regards to HSW management and escalation of risks</p> <p>Develop action plans in response to the Safety climate tool (TBC)</p> <p>Wellbeing survey (June)</p> <p>Support wellbeing champions in their role</p> <p>Produce quarterly report for HSW Steering group, JCC and sub-committees as relevant</p> <p>Designate HSW co-ordination to appropriate persons within your service area</p>	<p>Evidence of engagement and participation in key deliverables across all service areas</p> <p>Confident staff utilising system to best effect</p> <p>Effective management systems in each service area supporting the management, escalation and resolutions to risk as far as reasonably practicable</p> <p>Employees clear about individual roles and responsibilities</p> <p>Clear improvement trajectory</p> <p>General awareness of HSW at all levels of the organisation raised, and risks addressed in a timely way</p> <p>Action plans delivered</p> <p>Feedback from champions</p> <p>Evidence of activity</p> <p>Meaningful reports tabled at relevant meetings</p> <p>HSW activity and reporting well-co-ordinated</p>	<p>31/03/19</p>



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