



Health and Safety Performance Report 2024/25

Governance & Audit Committee

26th November 2025

Lead Director: Andrew Shilliam, Director of Corporate
Services

Useful information

- Ward(s) affected: All
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- Report version number: 1.0

1. Summary

1.1 This report aims to:

- 1.1.1 Provide performance information on the level of conformance with the approved corporate health and safety management standards for the period 1st April 2024 – March 31st, 2025.
- 1.1.2 Provide information from both active and reactive health and safety performance measuring over the reporting period.
- 1.1.3 Provide information relating to occupational health.
- 1.1.4 Recommend and advise on areas of focus as part of continuous improvement in health and safety management.

2. Recommended actions/decision

2.1 City Mayor and Executive are recommended to:

- 2.1.1 Note and comment on the detailed Health & Safety performance update for 24/25.
- 2.1.2 Note and comment on the key priorities and areas of organisational focus for 2025/2026.

3. Scrutiny / stakeholder engagement

3.1 This report has been presented to the Council's Corporate Management Team.

4. Corporate Health & Safety Performance

Conformance with Health & Safety Management Standards

- 4.1 This report covers the third year where a revised method of conducting the corporate health and safety audit program was deployed. This allows for corporate H&S performance for the previous reporting years 22/23 & 23/24 to be compared to the reporting year 24/25 and progress tracked.
- 4.2 Throughout the reporting period the corporate health and safety team have continued to act as competent advisor to the organisation in relation to health and safety compliance and best practice.

- 4.3 The provision of this advisory service has been in accordance with the parameters of an agreed health and safety management system.
- 4.4 Oversight has been provided by CMT who have monitored health and safety performance during the period.
- 4.5 The health and safety team completed 97% of the audits requested by Directors.
- 4.6 A nil return was recorded for CYPJS who requested their audit to be postponed to the next reporting year due to the audit manager being absent from work and a further nil return was recorded for Revenues & Benefits who postponed their scheduled audit due to head of service absence.
- 4.7 The health and safety team completed a total of 96 audits in the reporting period comprising of 84 standard audits and 13 culture and behavioural safety audits.
- 4.8 41 or 49% were for services who had not previously been audited.
- 4.9 17 audits were follow up audits where services failed to achieve 85% or above in 23/24.
- 4.10 Overall, there was a decrease of 8% in services audited in 24/25. This decrease is explained by the reduction of follow up audits within the period falling from 22 to 16.
- 4.11 Of the 17 follow up audits, 53% achieved 85% or above and have graduated to a cyclical program.
- 4.12 5 7 services require a further follow up in 25/26 having failed to achieve 85% or above in the previous two audit programs.

Corporate Performance Measurement Criteria

- 4.13 Risk assessment and training are mandatory RCPIs because suitability and sufficiency of risk assessments and training programs are of primary importance for compliant health and safety management.
- 4.14 They are also a focus for HSE when determining if a material breach of the health and safety regulations has occurred.
- 4.15 All other RCPIs were selected by services based on their own risk profiles. For example, every service was assessed on risk assessment conformance due to its importance but not every service was assessed on the management of vibration as this would not be a significant risk for every service.
- 4.16 Selections are based on service activity and risk profile rather than areas the service is best at. Each sample (or service audited) score is recorded in a scoring matrix (dashboard). Oversight of selection is undertaken by the Principal Health and Safety Advisor.
- 4.17 Findings are expressed as a percentage allowing for easy communication of results with the audited service, providing a useful performance indicator for benchmarking and a baseline from which to monitor continuous improvement.

- 4.18 Corporate Performance is an averaged score across the RCPI by the services who selected it as a performance indicator.
- 4.19 An average score of 85% and above is RAG rated as Green and can be seen as providing substantial assurance. 60% to 85% is RAG rated as Amber or partial assurance. 60% and below is RAG rated as Red requiring significant improvement.

	Mandated RCPIs				Areas of Corporate Focus		
	Division Total Across All Selected RCPIs%	Risk Assessment	Health & Safety Training	Lone Working & Personal Safety	Workplace Violence	Stress at Work	Manual Handling
Adult Social Care	83%	73%	66%	87%	70%	64%	
Children's Social Care & Early Help	73%	56%	58%	73%	72%	65%	47%
Corporate Services	87%	74%	74%	71%	64%	68%	54%
Education & SEND	86%	78%	68%	77%	77%	81%	40%
Estates & Building Services	74%	75%	57%	72%	68%	57%	53%
Housing	84%	82%	67%	86%	85%	69%	72%
Neighbourhood Environmental Services	86%	68%	74%	74%	68%	63%	73%
Planning; Development Transportation	93%	85%	88%	100%	89%	81%	81%
Tourism, Culture Inward Investment	88%	77%	78%		66%	47%	66%

Corporate Performance against Safety Management Standards 2024/2025

- 4.20 The council has achieved a total Health and Safety Performance Rating of **83%** in the 2024/2025 Audit Program.
- 4.21 This is an upward improvement of 2% compared to 2023/2024 and 5% overall since the audit program started in 2022/2023.

Divisional Averages

- 4.22 Are as follows:

- Adult Social Care has improved its audit score from 59% in 22/23 to 83% in 24/25
- Children's Social Care has increased from 66% in 22/23 to 73% in 24/25
- Education & SEND grew from 74% in 22/23 to 86% in 24/25
- Housing from 78% to 84%
- NES 78% to 86% (n.b. Sports are now included in this division which they were not in 22/23)
- PDT from 82% to 93%
- TCII from 77% to 88%

- EBS have gone from 93% in 22/23 to 74% (n.b. due to the numbers of buildings in the portfolio EBS scores in 24/25 are mostly new audits presenting benchmark scores)
- 4.23 There have been marked improvements in overall H&S performance across Social Care and Education. The biggest improvement in divisional performance is within Adult Social Care whose overall performance has increased by 24% since the start of the audit program.
- 4.24 Performance in the management of manual handling risk remains an area for improvement across the divisions. A poor performance average can be explained in part by the number of services who are returning a benchmark score for this RCPI.
- 4.25 Best practice would be for audit findings and learning to be applied to all teams within a service allowing for cross service improvement at pace rather than in individual teams year on year.

Corporate Performance against RCPIs

- 4.26 Corporately there has been marginal improvement in the key areas of risk assessment and training since the program began of 5% and 8% respectively. In parallel and as outlined in 3.2.1. this is positively reflected by the downward trend of reported accidents and injuries in the same period.
- 4.27 There has been a 5% improvement in risk assessment performance since the program began notably in implementing control measures that are recorded in the assessment. Despite a 5% improvement in this area this remains the biggest area for improvement within the RCPI along with ensuring those tasked with writing the risk assessments are competent to undertake the task. This has remained flat at 58% and requires improvement.
- 4.28 Corporately there has been an improvement in each criterion relating to Health and Safety Training. There has been a 33% increase in managers attending Managing Health & Safety Training since 22/23. The biggest area for continued improvement is being able to evidence a risk-based training matrix and that health and safety inductions have taken place.
- 4.29 Performance against the work-related violence management standard has increased from 79% to 84%. This is driven by an 11% increase in specific risk assessments and 19% written procedures for staff working in front line services. The biggest area of opportunity is for tailored, role specific training for staff where risk assessment shows there is a risk of violence.
- 4.30 Performance against stress management standards has increased by 8% from 66% to 76%. Overall progress has been driven via individual stress support plans and staff awareness of support available to them via wellbeing initiatives. There has been a 12% increase in line managers attending a stress for managers training course, but this remains the lowest scoring indicator at 59%. Service level risk assessments have risen from 49% to 60% which is encouraging, but this continues to be an area requiring improvement.

- 4.31 Performance against the manual handling SMS increased a fraction from 80% to 81%. Training for those carrying out manual handling risk assessments remaining the biggest area for improvement scoring at 60%. Task specific risk assessments are another area for improvement with scores remaining stagnant at 76%.
- 4.32 Lone worker and personal safety performance dropped by 3% to 83% overall. Improvements were noted in manager and staff feedback mechanisms such as 1-1s and staff meetings where lone working and personal safety was discussed rising from 84% to 88% and risk assessments considering individual factors such as age, gender and experience rising by 8%. Key areas were for improvement remain task specific risk assessments over generic and the provision of written lone worker procedures, training and information to staff who lone work which has fallen by 8%.
- 4.33 There was a fall in evidencing homeworking risk assessments down from 53% in 23/24 back to 38% in 24/25. This remains an area for improvement across the council for services who allow staff to work from home. There is a template assessment available, but this is not consistently completed.
- 4.34 DSE performance has fallen by 16%. Similarly to home working assessments the most notable improvements being staff completing a DSE assessment and DSE training. DSE training scored 56%.
- 4.35 Performance against the workplace safety management standard remains high at 90% with the only notable areas for improvement being documented snow and ice risk and glass and glazing assessments where required.
- 4.36 Water Hygiene performance was measured at 77% a drop of 3% since 22/23. Areas noted for improvement within the assessed workplaces was evidence that high-risk remedial actions on water hygiene management surveys were progressed. This area showed an increase of 8% increase from 52% to 60% but remains the most significant area for improvement against the SMS. There was a drop in training for legionella management for appropriate staff and evidence that outlet flushing schemes were in place.
- 4.37 Occupational Road Risk for grey fleet rose 3% with an area for improvement being driving for work evidenced in risk assessment and procedures. There has been a 5% increase in the score for checking driver licences and business insurance, but this has dropped from 88% in 23/24 to 76% in 24/24.
- 4.38 For LCC Fleet vehicles a similar trend was noted in that checking of driver licences scored 80% down from 95% in the previous audit. Evidence that driver checks of fleet vehicles are taking place remains stagnant at 75% and evidence of driving risk assessments scored 73%. Each of the outlined areas are areas for improvement.
- 4.39 Fire Safety Management (soft FM) performance has risen overall by 8% with the key areas of improvement centred around site specific risk assessments rising from 81% to 92% and control measures being actioned rising from 67% to 77%. Evacuation drills have increased from 61% to 83% and training including Fire Marshall and evac chair have risen from 52% to 71% and 91% respectively. Despite the notable improvements training remains the single biggest area for improvement within the RCPI.

4.40 Management of Asbestos where assessed scored consistently high at 93%. The main recommendation for improvement was being able to evidence on-site periodic monitoring of ASMs which has dropped from 95% to 81%.

4.41 Where assessed work at height performance decreased from 91% to 81% with ladder training dropping from 89% to 80% and being able to evidence inspection records for access equipment in use falling from 88% to 79%. The largest factor affecting the overall percentage score for the RCPI was scaffold training falling from 90% to 64%.

PI	Corporate Performance 22/23	No of Audits	Corporate Performance 23/24	No of Audits	Corporate Performance 24/25	No of Audits	Hazard Category	% Difference
Risk Assessment	69%	85	77%	105	74%	83	Organisational	5%
Training	72%	85	79%	105	80%	83	Organisational	8%
Manual Handling	80%	34	81%	43	81%	33	Health	1%
DSE	81%	51	86%	62	65%	49	Health	-16%
Stress at Work	68%	55	77%	65	76%	53	Psychosocial	8%
Lone Working	86%	59	82%	79	83%	56	Psychosocial	-3%
Workplace Violence	79%	36	86%	47	84%	42	Psychosocial	5%
Home Working	67%	48	74%	53	68%	38	Psychosocial	1%
PPE/RPE	83%	27	81%	31	78%	16	Safety/ Health	5%
Asbestos	93%	12	91%	15	93%	24	Health	-
Contractor Management	95%	24	97%	32	97%	19	Organisational	2%
Electricity	90%	11	91%	9	89%	18	Safety	-1%
Fire Safety (Hard FM)	89%	34	93%	32	89%	24	Safety	-
Fire Safety (Soft FM)	80%	28	77%	38	86%	40	Safety	6%
First Aid	86%	31	90%	43	85%	36	Health	-1%
Gas Safety	97%	5	85%	4	72%	10	Safety	25%
COSHH	86%	27	88%	34	82%	38	Health	-4%
Health Surveillance	94%	6	98%	6	97%	5	Health	3%
Lifts/Lifting Equipment	87%	14	83%	13	82%	13	Safety	-5%
Noise	76%	5	77%	8	67%	5	Health	-9%
ORR (own vehicles)	78%	20	84%	27	81%	15	Safety	3%
ORR (fleet drivers)	95%	18	90%	15	88%	10	Safety	-7%
Transport Management (Depots)	89%	6	75%	5	Not Audited	0	Safety	-14%
Stores	64%	6	89%	5	76%	4	Safety	12%
Vibration	66%	7	80%	7	76%	5	Health	10%
Water Hygiene	80%	22	84%	36	77%	39	Health	-3%
Work at Height	91%	14	88%	13	81%	21	Safety	-10%
PUWER	83%	11	88%	10	88%	8	Safety	-
Workplace	92%	18	95%	22	90%	28	Safety	-2%

- 4.42 A clear action plan for improvement is provided at the end of a corporate audit to each lead manager. It is the head of service who is responsible under the management system to ensure these action plans are implemented. Once the actions are implemented and resolved, there should be a measurable improvement for that service in performance over the next reporting period.
- 4.43 Of the services that had a repeat audit there was progress evidenced in 100% of cases. This indicates that services who take accountability for the actions demonstrate improvement in their management of health and safety risks.
- 4.44 RCPI performance against the standards has increased in most areas, however reductions in some areas have translated to an overall corporate improvement of 2% in the reporting period. Provision of information, instruction and training is the biggest area of improvement currently holding back the overall corporate performance average along with consistent application of routine employee health and safety compliance checks such as DSE assessments, driver licence checks, home worker assessments.

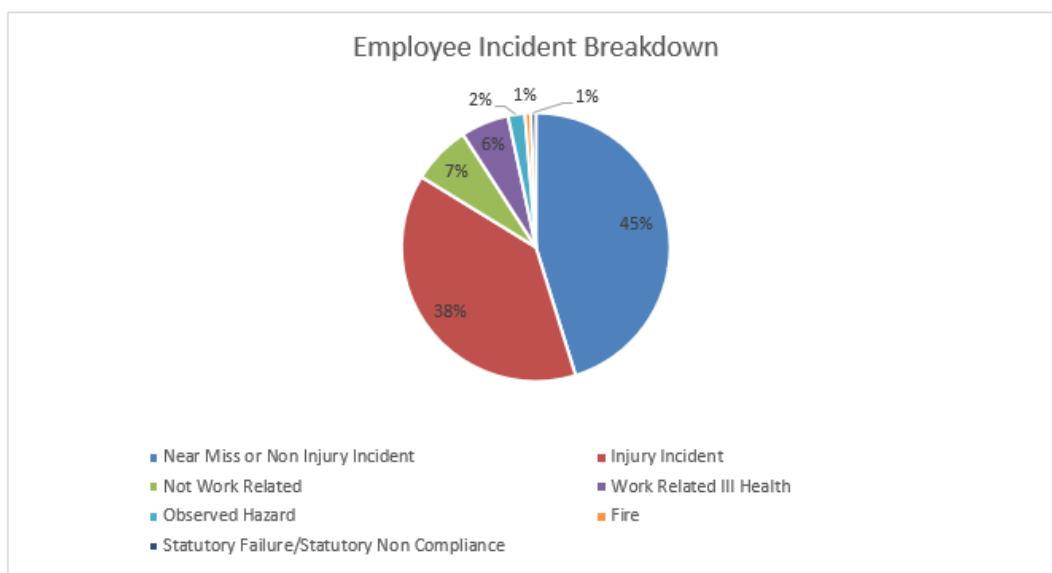
Active Monitoring Summary of Recommendations

- 4.45 The corporate audit findings provide a position statement from which to improve safety and health performance.
- 4.46 Completion of identified audit actions across all services and divisions will ensure performance improvement in the next reporting period. This will require heads of service taking responsibility for driving health and safety performance in alignment with their responsibilities under the health and safety management system. Cross service improvements should be made across teams without waiting for individual audit recommendations to drive improvement at pace and ensure consistent application of high standards.
- 4.47 It is recommended that Risk Assessment and Health and Safety Training Attendance remain two areas of focus in the coming 12 months. Key areas for improvement being;
- Health and Safety for Manager's Training
 - Risk Assessment Training.
 - Manual Handling Risk Assessment Training
 - Stress and Resilience for Managers Training
- 4.48 The above training courses are available for booking on ESS.
- 4.49 Identified weaknesses in core areas of compliance such as routine periodic monitoring of workplaces and work equipment should be addressed.
- 4.50 Managers should initiate annual reviews of DSE & Homeworking Assessments and Driver checks and keep records of these checks.
- 4.51 Lone working and personal safety should be an area of corporate focus for the coming 12 months. Ensuring all lone workers are provided with information, instruction and training in the risks associated with lone working and how these can be controlled should be a key area of focus along with an assessment of training

needs tailored to risk assessments and ensuring all workers are aware of wrap around support available to them such as 1-1s with managers, peer to peer support, and health and wellbeing resources.

Reactive Performance Measurement – Accidents and Injuries

- 4.52 A total of 1318 incidents were reported on the Alcumus S02 reporting system relating to council operations and activities in the reporting period. This is down from 1368 in 23/24 and 1435 in 22/23. This represents decrease of 9%.



Breakdown of H&S Incident Reports 24/25 reported by employees

- 4.53 Breakdown of incidents involving employees in the period is as below;
- 266 injuries reported by employees >12% on the previous year.
 - 312 Near miss or non-injury incidents > 12% on the previous year.
 - 40 reports of work-related ill health > 40% on the previous year.
- 4.54 Reported incidents of manual handling injury increased by 5%. Due to the relatively low numbers this equates to 3 more injuries in the reporting period compared to the previous period. Manual Handling Injuries are 13% lower overall compared to 22/23.
- 4.55 Incidents recorded under 'violent incident' are down by 13% compared to 23/24 and 19% compared to 22/23.
- 4.56 However reports of physical violence are up from 15 in 23/24 to 21 in 24/25
- 4.57 Reports of 'verbal abuse injury' remain the broadly the same at 35 in 24/25 compared to 34 in 23/24. This is down 33% overall since 22/23.
- 4.58 The downward trend under the category 'violent incident' is predominately in anti social behaviour down 23% on the previous year and 33% since 22/23.
- 4.59 Incidents categorised as challenging behaviour have risen 11% in the same period.

4.60 There were 40 reports of work related ill health of which 21 were for work related stress comprising 53% of work related ill health reports in 24/25.

Breakdown by Violent Incident Type	2022/23	2023/24	2024/25
Anti-Social Behaviour	106	93	72
Challenging Behaviour	66	72	74
Dangerous animals	-	4	-
Emotional abuse	3	2	2
No Violent Incident Type	34	30	28
Not a violent incident	3	4	1
Offensive Weapon Used	2	6	1
Other (please specify in incident details)	8	7	8
Physical Abuse	13	10	11
Physical Violence	13	15	21
Pulled Hair	2	1	-
Racial/sexual harassment	2	6	-
Sexually inappropriate	2	1	1
Threats of harm to individual/s	21	28	19
Unhygienic/Insanitary	1	-	-
Verbal abuse	56	34	35
Violent incident involving an animal	4	1	-

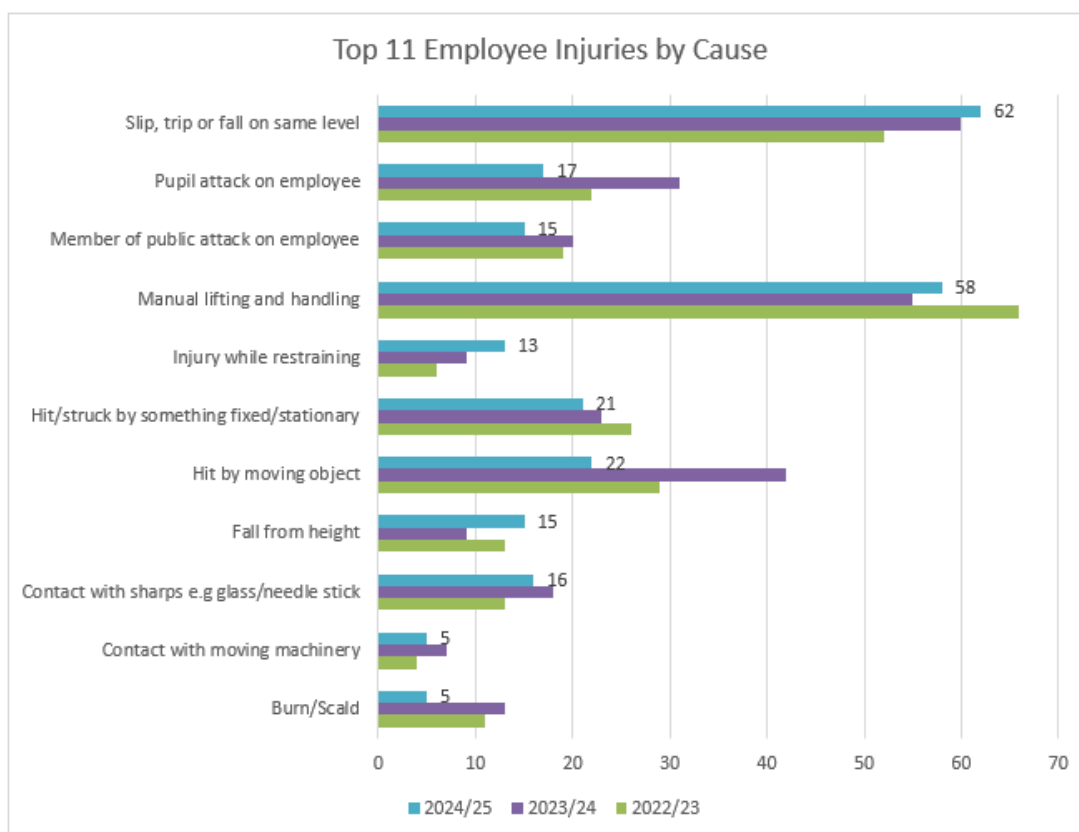
4.61 53% of reports for work related stress were from Social Care and Education with equal numbers of reports from Children's Social Care and SEND & Education.

4.62 HSE report that in 2024 49% of work related ill health in England and Wales was due to stress, anxiety or depression.

4.63 Industries with higher than average rates of work-related stress, depression or anxiety are human health/social work, public administration/defence and education.

4.64 Incidences of work related stress in Public Administration make up 67% of all ill health and in Human Health & Social Work 53%.

4.65 Injuries to employees can be broken down into causation categories with the top causes of injury classified as below;



4.66 HSE statistics for 2023/2024 show that across industry the top 5 causes of injury to workers in England & Wales were as below

- 31% Slips, trips & falls
- 17% Handling, lifting or carrying
- 10% Struck by a moving object
- 24% Acts of Violence (in public administration/defence)
- 8% Falls from Height

4.67 These figures show the council to be significantly lower as a percentage for manual handling injuries, and slightly below national rates with slips, trips and falls.

4.68 The council's reporting breaks down acts of violence into those involving a person drawing on our support and a member of the public attack. If these were to be combined, they would constitute 36% of all reported injuries to employees.

4.69 HSE report in 2024 where acts of workplace violence have occurred 16% are in public administration or defence roles, 17% in education and 53% in health and social care.

4.70 Leicester City Council reports show 12% of injuries related to workplace violence.

Near Miss Incidents

4.71 There were 329 Near Miss reports in the period a decrease of 10% compared to the reporting period 23/24.

4.72 44% of near miss reports were recorded as not violent situations with recorded categories;

- Slips, trips, falls
- Manual handling
- Struck by moving object
- Exposure to hazardous substances

SO3 Investigations

4.73 Corporate health and safety have adopted the recommendations of HSG245 Investigating Accidents and Incidents when developing the council's internal investigation procedures.

4.74 HSG245 categorises investigations into low, medium and high level. A high-level investigation is conducted as part of risk management in conjunction with Insurance Services.

4.75 Low level SO2 investigations are conducted by the manager of the service where the accident occurred and are recorded and signed off as complete on the alcumus reporting system. Information is shared regularly with senior managers on the timeliness of completion of SO2 investigations.

4.76 Medium level investigations (SO3) are conducted by the corporate health and safety team in coordination with the manager and head of service. All SO3 investigations result in a written report and action plan and are concluded as far as possible prior to submitting a RIDDOR report to HSE. This allows for a more comprehensive, fact based RIDDOR report which already identifies root cause and can report on corrective actions implemented or underway.

4.77 The corporate health and safety team conducted 12 SO3 investigations in the reporting period and Housing undertook an additional 3.

4.78 13 SO3 action plans have been closed.

4.79 2 further outstanding SO3s are progressing in line with expectations.

4.80 SO3 investigations were carried out in the following departments.

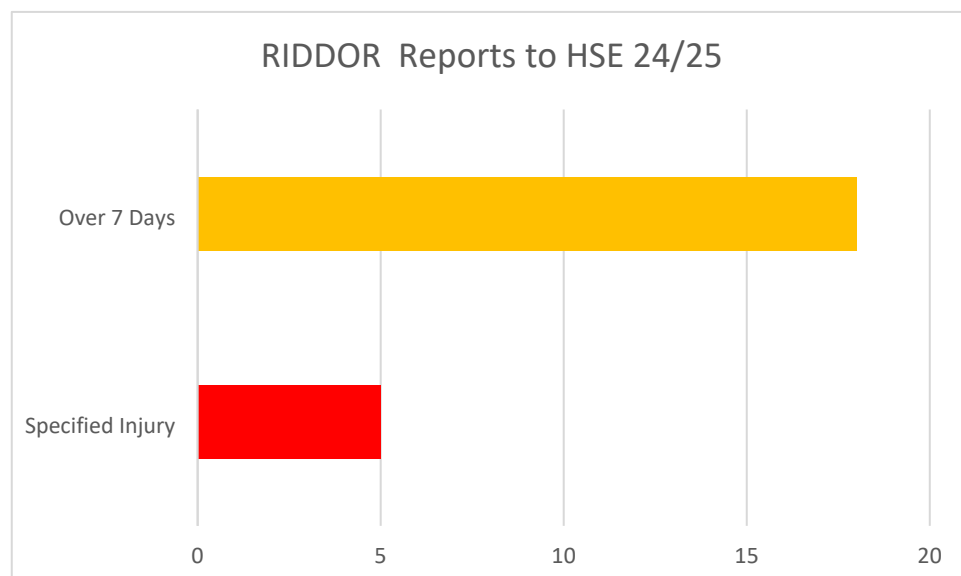
- 5 Housing
- 4 Planning, Development & Transportation
- 3 N&ES
- 1 Children's Social Care
- 2 EBS

Reportable Incidents under RIDDOR

4.81 A total of 23 incidents were reported to HSE under RIDDOR in the reporting period. This is down from 32 in the previous reporting period.

4.82 5 reports were for specified injuries, all relating to bone fractures.

- 4.83 18 incidents were reported relating to injuries at work that resulted in over 7-day absences.
- 4.84 The majority of over 7 days were because of muscular strains and sprains caused by slips, trips and falls (8 injuries). 2 were because of violent incidents and a further 2 because of road traffic collisions on cycles. 3 were directly relating to manual handling.
- 4.85 This marks a significant shift from 23/24 when manual handling injuries resulted in 20 over 7-day injuries.
- 4.86 There were no RIDDOR reports for Dangerous Occurrence or Occupational Disease within the reporting period.
- 4.87 No RIDDORs were submitted relating to injuries sustained by members of the public.
- 4.88 There has been 2 HSE interventions in the reporting period.
- 4.89 Both incidences have resulted in a notice of contravention being served. Both incidents relate to members of the public.
- 4.90 There has been no enforcement action brought by HSE in the reporting period.



Corrective and Preventative Action Notices

- 4.91 A corrective and preventative action notice (CAPA) is issued by the corporate health and safety team where an uncontrolled hazard is observed, a non-compliance is observed or if the health and safety advisor is of the reasonable belief that written over verbal advice is warranted in the circumstances.
- 4.92 The corporate health and safety team have aligned their processes to the HSE enforcement management model (EMM). This is the HSE's procedure for issuing improvement notices. A CAPA therefore can be regarded as an internal improvement notice.

- 4.93 CAPA notices are issued with a clear statement as to the breach, the requirements of the regulations relating to the breach and an advisory action plan for correction or improvement.
- 4.94 There have been 21 CAPA notices issued in total since the introduction of the procedure in November 2021. 4 CAPA notices were issued in the reporting period. Of the 4 issued in the reporting period 1 has been closed as all actions have been satisfactorily addressed. 3 remain outstanding.
- 4.95 Compared to reactive actions taken following an injury or reportable incident, these findings suggest services are less responsive to taking preventative, proactive measures. This is an area of opportunity for the council to improve by further embedding a proactive, preventative health and safety culture.

Reactive Monitoring Summary of Recommendations

- 4.96 It is recommended that CAPA notices and the associated preventative recommendations are noted and prioritised by heads of service. They are an internal version of a regulatory improvement notice and therefore an opportunity to prevent accident, loss and injury, remedy material breach of health and safety regulations as well as avoid an official regulatory notice.
- 4.97 Verbal abuse, threats and aggression although classed as near misses on the council's reporting system can result in psychological injury to individuals who receive them. It is recommended that services continue to monitor these incidents and review training and support arrangements for employees where this is a risk. Training should have an emphasis on interpersonal skills and techniques when dealing with conflict and difficult situations which could escalate into physical violence.
- 4.98 It is recommended that areas who recognise workplace violence as a key risk to employees manage that risk in accordance with the agreed safety management standard. Improvement actions pertaining to the management of workplace violence and verbal abuse should be a primary focus when prioritising audit actions. Services should review their risk assessments and training in line with types of incidents reported by front line workers. Provision should be informed by role-based and task specific risk assessments that consider psychosocial risk of exposure to threats and aggression, as well as conflict management techniques and building personal resilience.
- 4.99 Near miss reports provide valuable insights into hazards workers are exposed to during their work and present opportunities to review risk assessments, training and equipment provision. These are proactive and preventative measures services can take to reduce health and safety risk and are indicative of a mature health and safety culture. It is recommended near miss reporting should continue to be encouraged, investigated and trends acted upon as part of a culture of continuous improvement.

5 Occupational Health

- 5.1 There were 779 performance and attendance management referrals in the reporting year. There has been a decrease across all referral lines with volumes 2.5% lower than the previous year. This is mainly driven by a reduction in ill health retirement referrals (down 23%) and pre-placements (down 21%).
- 5.2 Average time to refer has reduced significantly, largely driven by improvements within the Council, to an average of 72.7 days overall in March 2025 from 111 in the previous year.
- 5.3 Mental health remains the biggest category of referrals at 36%. Musculoskeletal cases were the lowest category at 29% of all referrals.

Health Surveillance Monitoring

- 5.4 753 employees are registered for a health surveillance program which monitor health effects from potential exposure to dust, noise, vibration, and skin irritants or sensitisers.
- 5.5 Compliance stands at 87% due to 99 employees not attending clinic within their scheduled 12-month period. At the same period last year compliance was 83%.
- 5.6 50 employees screened on the program required further medical checks with most additional checks being for HAVs (hand arm vibration) at Tier 2 with 5 requiring Tier 3. 0 employees received a reportable diagnosis at Tier 4.
- 5.7 14 employees underwent respiratory testing with 1 employee being found unfit to work.
- 5.8 61 employees underwent audiometry testing with 2 being assessed as requiring adjustments. Changes in HSE guidance on the identification of noise induced hearing loss is driving an increase in onward referrals across all sectors and this figure is likely to rise in the coming 12 months.
- 5.9 Out of a total of 971 fitness outcomes, 918 required no adjustments, 50 required adjustments and 3 were found to be unfit for task.
- 5.10 27 general safety critical medicals were taken in the reporting period. General safety critical medicals are given to employees who undertake safety critical tasks e.g. working at height, FLT driving, HGV driving, working in confined spaces, working with gas or electricity.
- 5.11 384 or 90% of employees assessed met the required standards, 36 or 8% were fit with recommended adjustments and 1.7% totalling 7 employees were found to be unfit to continue safety critical tasks at the time of assessment
- 5.12 Optima record health surveillance compliance rates (employees having attended within the recommended timescale from their last assessment in line with risk assessment) as below:
- Highways 100%
 - Lighting 100%
 - Housing 86%

- Parks 100%
- Social Care & Education 50%

5.13 Non-compliance is mainly driven by services pushing back scheduled clinics to later in the calendar year resulting in some employees not being assessed within 12 months.

Mental Health

5.14 264 referrals made to occupational health were for mental health conditions which equates to 36% of all referrals. This is broadly the same as in 23/24 where there were 261.

5.15 87% of mental health referrals to occupational health for stress/anxiety/depression with 62% as being assessed as having work related factors.

5.16 6 employees were categorised as having PTSD with work related factors.

5.17 56% of mental health referrals were for female employees with 36% having work related factors, 22% being primarily work related. The divisions with the highest number of females presenting with work-related mental health are Housing and Children's Social Care.

5.18 72% of females presenting with work related mental health were absent from work at the time of referral. The average time to refer was 75 days post absence.

5.19 44% of mental health referrals were for male employees.

5.20 25% of male mental health referrals were categorised as having work related factors. The divisions with the highest number of males presenting with work related mental health were Housing and Planning, Development & Transportation.

5.21 68% of males were referred for mental health conditions assessed as being work related were absent at the time of referral. The average time to refer was 53 days post absence.

5.22 To date 52% of employees have registered to use the Vivup portal which allows access to the online EAP, telephone support and counselling service.

5.23 397 employees used the 24/7 telephone service, and 157 employees entered counselling. This is a decrease from 202 in 23/24. 72 employees had face to face counselling and the remaining 130 had telephone or virtual.

5.24 22% of EAP use was for stress down from 36% in 22/23, anxiety remaining the same at 20% along with 9% specifically work-related stress (roughly 2 employees)

5.25 71% of employees accessing counselling were currently in work, 25% absent from work and 4% were suspended or on a phased return.

5.26 57% of employees engaging with the EAP were female and 31% male. The remaining preferring not to declare.

- 5.27 The age band entering counselling was predominantly 40-44 with all other bands roughly the same apart from the two ends of the range at 15-19 and 60+ which were significantly lower.
- 5.28 The highest category of workers using counselling define themselves as administration or office workers (13%) the second highest category being support services (12%) and the third being managers (11%)
- 5.29 Although employees are asked which division they are from when calling for support the vast majority 35% prefer not to declare. Of those who did declare 9% were from Children's, with Housing and Adult Social Care & Commissioning at 7% respectively.
- 5.30 48% of EAP users reported they have been referred by their manager, a further 12% stating InterFace, and 9% saying HR. 3% were signposted by a colleague.
- 5.31 The HR absence dashboard estimates 12859 days lost to Mental Health in the reporting period down from 15,005 in the year 23/24. This equates to 2,146 working days.
- 5.32 It is estimated the cost of mental health absence was £1,737,738 in the reporting period compared to £1,920,000 in 23/24.

Musculoskeletal Conditions

- 5.33 212 referrals to occupational health were for musculoskeletal conditions equating to 29% of all referrals. 23% were back related (down 4%), 19% knee issues and 8% hand & wrist conditions and 7% general arthritis.
- 5.34 57% of referrals were for employees already absent from work.
- 5.35 10% of referrals (21) were assessed as being primarily work-related conditions. Such referrals relate to injuries occurring whilst at work.
- 5.36 4 work-related musculoskeletal referrals were for female employees who were all over the age of 50. 3 were for back injuries and all 3 were absent from work at the time of referral. The average time to refer was 42 days.
- 5.37 For male employees there were 17 referrals for work injury. 12 employees were absent at the time of referral. The average time to refer was 31 days.
- 5.38 48% of males referred to Optima for a work injury were from Housing and 35% from Neighbourhoods and Environmental Services.
- 5.39 IPRS hold the contract for musculoskeletal rehabilitation services.
- 5.40 In the reporting period 705 referrals were made to IPRS for musculoskeletal rehabilitation services at a cost of £149,345.
- 5.41 64 or 9% of referrals were for work injuries at a cost of £11,850.

- 5.42 34% of work injuries referring to IPRS were from Housing up 5% from 23/24, 12% from Children's Social Care and 10% from Neighbourhoods & Environmental Services down from 29% in 23/24 with the remainder broadly split across the other divisions.
- 5.43 17% of work related injuries affected the cervical spine and 17% the lower back.
- 5.44 36% percent of referrals for work injury were for employees in their 50s with a further 21% being 60 and above.
- 5.45 There is an equal split between the sexes at 50% male, 50% female being referred for a work-related injury.
- 5.46 88% of employees referred to IPRS with a work injury were in work at the time of referral.

Occupational Health Summary of Recommendations

- 5.47 Services should use the stress management SMS and stress risk assessment template to assess the risk of stress within their service.
- 5.48 It is recommended services continue to promote proactive and preventative support services available to employees e.g. employee assistance program and signpost employees who are showing signs and symptoms of poor mental health to the support available as part of the more comprehensive wellbeing offer.
- 5.49 Services with non-networked staff should consider additional methods of promoting mental health and wellbeing support available to their workers. Data shows males in front line roles are the least likely to be accessing this support but absence for mental health in these areas is high.
- 5.50 The importance of good housekeeping and provision of risk assessment, and safe procedures around prevention of slips, trips and falls which can result in musculoskeletal injury should be reiterated across services. MSKs have a greater impact as we get older and take longer to recover from. Given the age demographics within the workforce positive promotion of good health. Providing employees with information, instruction, training, and support all present an opportunity to promote good practice, inform behavioural changes, support resilience preventing physical and psychological injury both at work and in everyday life.

6 Key Priorities and Areas of Organisational Focus for 2025/2026

- 6.1 It is recommended that Risk Assessment, Managing Health and Safety and Stress for Managers training attendance continues to be areas of focus in the coming 12 months following audit results in order to attain 85% substantial assurance in these areas which present higher risk to organisational performance and resilience.
- 6.2 A suitable and sufficient risk assessment for work activities that present significant risk must be completed, documented and communicated to workers. Where risk assessments identify a control measure these must be implemented. There needs to be a corporate focus to achieve substantial assurance in this area to protect

- workers, members of the public from risks to safety and health and the organisation from financial and reputational risk associated with health and safety breaches.
- 6.3 It is recommended the importance of resolving and actioning CAPA notices is reiterated and heads of services where CAPAs have been issued accept the importance of these actions and are accountable for swift resolution as part of robust risk management. CAPAs are issued where material breach has been identified and noncompliance puts the organisation at risk of regulatory intervention and breach of duty of care to employees and others.
- 6.4 Further focus on the management of stress at work should remain a corporate priority. Aligning action plans to the delivery of the health and safety management standards and culture. Improvements can be measured via engagement surveys, staff retention rates and a reduction in work related stress referrals and absence.
- 6.5 Services who assess workplace violence as a potential risk should examine their support offer and training to ensure employees exposed to this risk are best equipped to deal with the challenges of their role. The focus should be on how to avoid conflict, diffusion techniques as well as personal safety. It is recommended that further focus is placed on mechanisms to enhance individual and team resilience for those working in front line public facing roles where verbal abuse, challenging behaviours, anti-social behaviours are known risk factors.
- 6.6 It is recommended for continued corporate focus on reducing musculoskeletal injury with clear KPIs the organisation can work to. It is recommended that positive, preventative action is taken to reduce injury, and absence related costs caused by poor manual handling, lifting and carrying practices. This can be achieved through education, awareness campaigns, taking personal responsibility for musculoskeletal health as well through improved management of risk by greater adherence to agreed safety management standards.
- 6.7 Managers should ensure that routine health and safety checks required of their teams are undertaken e.g. DSE assessments, home working assessments and driver licence checks. This can be facilitated simply by implementing a compliance calendar and recorded via QC.
- 6.8 Those who manage buildings should ensure they have received BRO training, and that routine health and safety compliance checks are carried out with clear recorded evidence of these checks retained. Similarly records for routine equipment checks need retaining on site.
- 6.9 Heads of service remain accountable for progressing identified actions for improvement from both reactive and active performance measurement indicators. Directors and CMT should continue to monitor progress in performance against the health and safety management standards.
- 6.10 Services should support health and wellbeing initiatives and encourage staff to take advantage of support available to them.

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

As an update report on performance there are no direct financial implications associated with the recommendations in this report. However, improved performance will result in gains in productivity, reduce the cost of absence through ill-health, as well as reducing the cost of insurance premiums and claims.

Signed: Stuart McAvoy – Head of Finance

Dated: 8th September 2025

5.2 Legal implications

Commercial Legal Comments

This report is an update on the Authority's Health and Safety performance over the last 12 months. As an employer the Authority has statutory responsibilities to carry out our undertaking (all activities) so far as is practicable in a safe and healthy working environment for our employees, contractors and partners. In addition, as an Authority we have a duty under the Health and Safety at Work Act 1974 to make adequate provision for health and safety.

Any incidents that have occurred or may occur in the future must also be notified, where relevant, to the Council's insurance provider via the internal Insurance Team to ensure timely notification and discharge of [any] obligations that the Council may have.

Signed: Mannah Begum, Principal Lawyer, Commercial Legal

Dated: 08 September 2025

5.3 Equalities implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report provides performance information on the level of conformance with the approved corporate health and safety management standards and information relating to occupational health.

Effectively managing health and safety is a core responsibility for the Council as both a major employer and a public service provider. A strong framework for monitoring and improving safety standards benefits everyone, including those with protected characteristics.

Having the right arrangements in place to check, review and make improvements when it comes to our Health & Safety standards and practices is likely to be of benefit to people

that have one or more Protected Characteristic as well as those who have none. For example, this report makes significant reference to matters of mental health, occupational health arrangements, injuries however serious resulting from workplace or otherwise accidents or incidents.

It is welcome that the Council takes its role seriously when it comes to putting in place a guiding framework to ensure so far as reasonably possible that officers and services are aware of their responsibilities when it comes to Health and Safety, and that performance in that regard is assessed and regularly monitored. We note the overall positive direction of travel.

Specific consideration could be given in future to the relationship between our approach to Health and Safety management practices and whether people with one or more Protected Characteristic are adequately supported by the current approach. Where possible, further disaggregating data on incidents and well-being to identify any specific impacts on different protected groups. This could, perhaps, be done through an initial Equality Impact Assessment of the current arrangements.

Signed: Equalities Officer, Surinder Singh Ext 37 4148

Dated: 9 September 2025

5.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Signed: Phil Ball, Sustainability Officer, Ext: 372246

Dated: 8 September 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

6. Background information and other papers:

7. Summary of appendices:

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

N/A

9. Is this a “key decision”? If so, why?

N/A