

Report to: Audit Committee

Date: 01/12/2025

Subject: Corporate Health and Safety Update
April 2024 – March 2025

Report of: The Corporate Health and Safety Board

Report author: Ian Church, Assistant Director, Corporate Property and Health & Safety

Responsible Director: Bram Kainth, Strategic Director of Place

SUMMARY

This report highlights the Council's Health & Safety Management arrangements, activities and performance for the financial year 2024/25

RECOMMENDATIONS

1. To note the Corporate Health and Safety performance of the Council during the period of April 2024 to April 2025.
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Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Our proactive approach to health and safety performance is aimed at eliminating and reducing workplace accidents.
Creating a compassionate council	Good health and safety culture embraces the moral, economic and legal aspects of safety at work.
Doing things with residents, not to them	Successful Health and safety management includes how our core aspects of business activities interact with interested parties.
Taking pride in H&F	Preventing unlimited fines for breaches in H&S statutory duties or financial settlements of civil claims brought against the council limits reputational damage via bad publicity.
Rising to the challenge of the climate and ecological emergency	We use less hazardous workplace substances which plays a major part in reducing our environmental footprint

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KEY POINTS OF NOTE

1. No enforcement action was taken against the Council by the Health and Safety Executive (HSE) during 2024/25. Seven cases were reported to the HSE during this period. However, following two serious reportable incidents (a trapped finger, and a contractor working at height / scaffolding issue), two letters of enquiry for further information on our H&S management arrangements were received by the Corporate Health and Safety team (though no further action taken by the HSE following our response).
2. Council staff utilise hybrid working arrangements depending on business needs. Our revised H&S Policy and Fire Strategy ensures that resources and support are provided for established (and constantly monitored) safety arrangements. The Civic Campus is scheduled for opening in 2026 with the re-occupation plan driving cross-Council collaboration and consultation to ensure a smooth transition to the new campus.
3. Across the Council's residential portfolio monthly monitoring of the 'big six' takes place: asbestos, fire, electricity, gas, lifts and water; highlighting any deviations from the target of 100%. In 2024/25 performance of 100% was reported to the Social Housing Regulator. The housing team is responding to Awaab's Law with its in-house damp and mould team, with a robust system in place to comply with legislative timeframes. The team is also continually adapting to the changes post Grenfell and increased oversight from the Social Housing Regulator and Building Safety Regulator.
4. At the end of Q3 2025/26 (after the reporting period), 97.7% of the Council's properties met the Decent Homes standard, with attention generally being required in areas such as windows, kitchens and bathroom replacement, as well as homes having issues as per the Housing Health and Safety Rating System. Performance of 97.7% is well above most London boroughs, which typically range between 87–94%, placing the Council as a top performer amongst its' peers.
5. Housing continues to deliver on the administration's commitment to enhance safety for its residents. The Council is investing circa £1.4 million per week in its current housing stock which includes improvements to health and safety.
6. Since October 2024 London Fire Brigade (LFB) has changed its approach to automatic fire alarms (AFAs) in commercial properties where there is no sign of fire or smoke, LFB will not automatically attend AFAs in most commercial buildings between 7:00 am and 8:30 pm, unless a 999 call confirms a fire, or the property is exempt from the policy. All corporate Premises Managers have been notified of this change.

7. Employee wellbeing is spearheaded by the People and Talent Team and supported by the Corporate Health and Safety team. The effectiveness of these collaborative initiatives is measured through employee attendance statistics and survey results. Generally, there is strong employee engagement
8. In 2024/25 seven RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) were reported to the HSE versus eight incidents in the previous year, representing an improvement of 12.5%. There are no definite trends and deeper underlying concerns amongst the reports made.
9. Reported Violence and aggression (V&A) in library buildings continues to be an issue with V&A increasing to 76 from 55 in 2023/24. Conflict Management training has been delivered to staff, with further training planned. This has highlighted the procedures for managing incidents on the ground and stressed the importance of incident reporting. As a result, there has been an increase in reported incidents, which in turn has allowed for more intervention activity. In addition, it has improved the collection of data for trend analysis identity incident types, triggers, and potential root causes and this is driving mitigating actions.
10. Regular cross-service Library Safety Management meetings take place and include staff representatives. Actions have been implemented to improve CCTV monitoring and radios have been provided for site staff so that support can be mobilised as soon as an issue is identified. Further work is still needed to complete connectivity to the control room and this is being expedited. On-site manned security is in place at Shepherds Bush Library which has relieved library staff of the need to monitor and manage incidents. Actions are planned to revise the physical layout of library buildings in order to improve sight lines and enable better visibility of customer behaviour by front desk staff. In addition, officers are reviewing the library byelaws governing access to the library service and revising the procedure for banning individuals. Measures are being taken to improve communication between the staff at the different sites, in order to raise awareness of individuals who have caused concern. All sites are visited by the LET team as part of their regular schedule.
11. Library services are required by law to be provided to all individuals living or working in the area who wish to use them. The risks of running an open access service are common to all library services and kept under review. The measures taken by the Council have contributed to a reduction in incident escalation. However, it is not possible to eradicate the risk entirely owing to the nature of the service and therefore mitigation and management will continue to be a high priority.
12. A request was made via London Councils in November 2024 to understand the experiences others were having and the measures being taken. Six responses were received with several Councils having security in place for their higher profile libraries with CCTV across all sites, the issues the Council is facing are regrettably commonplace.
13. 2024/25 Display Screen Equipment (DSE) performance continues to trend at similar levels to 2023/24 with no material variation.

ACCIDENTS, INJURIES AND NEAR-MISS INCIDENTS

14. Appendix A details accidents, injuries and near-miss for the period April to March 2024/25. Seven RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) were reported to the HSE. For the year 2023-2024 there were a total of eight incidents reported to the HSE. There was no follow up response from HSE regarding RIDDOR reports submitted. The table below provides an overview of incidents reported to HSE.

Date Reported	Category	Type	Department
30/04/2024 to 18/02/2025	MOP taken directly to hospital for stitches for laceration to lower limb after fall onto tree stump in playground.	Slip, trip or fall same level	Place, Public Realm
	More than 7-day absence (staff)	Slip, trip, fall same level	Place, Public Realm
	More than 7-day absence (staff)	Physical assault	Place, Public Realm
	Fracture lower limb (pupil)	Slip, trip or fall same level	Schools
	Fracture of nose (staff)	Struck against object	Schools
	More than 7-day absence (staff)	Struck by object	Schools
	Other known injuries (pupil)	Fingers caught in door	Schools

15. All incidents that are reportable to the HSE are investigated by the Corporate Health & Safety team, seeking to make recommendations to prevent recurrence and requiring services to review risk assessments. Only RIDDOR incidents are reported to the HSE.

16. There was a total of 355 (291 non-school + 64 school) incidents reported to AssessNet, the Council's Health and Safety software system, for this period. This included:

- 291 total incidents were reported by Council departments (non-school), with 64 total incidents reported by schools
- 85 total injury incidents were reported by Council departments (non-school), of these 64 total injury incidents were reported by schools (47%), 12 of which were caused by violence and aggression (from a total of 18).
- 180 total near miss incidents were reported by Council departments (non-school), 138 of which were classified as violence and aggression, however 0 near misses were reported by schools.

- 25 incidents of property damage were reported, all from non-school departments.

17. Near misses are also investigated to drive immediate improvements and lessons learnt where no personal injury or property damage has been sustained. Near misses are a valuable source of information in the prevention of health and safety incidents in our workplace.
18. A total of 2671 days is confirmed as lost to the council due to safety related incidents at work during the period. This includes 2100 for non-school staff and 571 for school staff on current figures produced by the system. School staff 'lost days' has shown a particular improvement being a reduction of 10.4% year-on-year. Other trends are being identified with the Wellbeing Centre to provide additional insight.
19. Most incidents relating to violence and aggression were reported by front facing staff. This is noticeable in library buildings where verbal threats to staff remain an ongoing issue. Conflict Management training has been delivered to staff, and this is planned to continue in early 2026. A monthly Library Safety Board meets to discuss ongoing actions and includes members of library services from all levels.
20. With the collection of valuable data for trend analysis. This data facilitated the identification of incident types, triggers, and potential root causes. Following initial analysis, the findings were presented to local teams for verification before being escalated to senior management and the Director of Public Realm. The outcome was a strong endorsement of the initiative, resulting in financial and operational support. This collaboration extended across Public Realm and Property Services, culminating in the implementation of a targeted training programme in summer 2024. A second phase is scheduled for early 2026.
21. The Corporate Health and Safety team regularly engages with library managers, reviewing all reported incidents, supporting investigations, and attending both the Library Safety Board and monthly FM progress meetings. Additional support is provided during periods when managers are off duty, ensuring that staff and assistant managers have consistent access to health and safety guidance. Similarly, annual service audits are conducted, and mentoring, one-to-one support, and tailored guidance are available to all staff.
22. These actions align with the national guidance outlined in Libraries Connected: Creating Safer Libraries, and work continues through the Library Safety Board to identify further actions to be taken. This board includes representation from all staffing levels, from Library Assistants to the Director of Public Realm.
23. Civic Enforcement Officers are subject to violence and aggression. This risk is accentuated as they are lone workers. Conflict management training continues to be delivered to Civil Enforcement Officers. Following incidents of acts of violence and aggression, the team's supervisors now regularly accompany Civil Enforcement Officers to provide additional support.
24. All officers work to the corporate lone working procedure and have access to solo protection devices. Training, including through the Susy Lamplugh Trust, is available throughout the year. The corporate Employee Protection Register is used for monitoring and reporting individuals and / or specific properties where there is an identified risk.
25. Incidents of violence against staff are reported to the police. Service managers are required to follow-up with the police and to progress prosecutions against perpetrators

where evidence can be substantiated. The addition of body cameras to our higher risk employment groups and locations continues to assist in the evidence gathering process, as well as acting as a deterrent and will continue to do so to protect staff. Consideration is currently being given to the use of body cameras by the Civic Campus security team when mobilised.

26. Additional security provisions for councillor surgeries and other public facing meetings involving senior leadership are also being considered for wider roll-out. This would necessitate detailed risk assessments and the possibility of segregation and / or the scanning of individuals prior to entry.
27. Overall, total V&A incidents in 2024/25 have been stable compared to the previous year (166 incidents versus 168 incidents in 2023/24, however there has been a decrease in the number of incidents in some service areas such as Corporate Services, Housing and Schools, though this is counter-balanced by an increase in library buildings which rose from 55 to 76 reported incidents.
28. It should be noted that this assessment is based on what has been reported – the total number of instances that could or should have been reported in any given year will be higher and increased reporting in some teams could also be impacted by staff training during the year.

Actions taken to reduce V&A incidents

- a) All incidents are reported on the Council's AssessNET Health and Safety software system to gather better safety data and provide total visibility on the performance of risk management initiatives at a strategic level. Training is provided to staff on how to record this information.
- b) 'Respect our Public Services' posters continue to be displayed in all our council buildings including Clockworks, 145 King Street, Macbeth Centre and training venues and all libraries, to be clear with our visitors we don't tolerate violence and aggression to our staff. Posters have also been made available to schools.
- c) The Corporate Health and Safety team deliver a programme of conflict management training to front line teams. Teams receiving this in the calendar year 2024 have included Adult Social Care Reablement and Trading Standards.
- d) In addition, the Community Safety team have been delivering training to the Law Enforcement Team, Civil Enforcement Officer and Library teams. In September 2024, all library sites were closed for a morning to enable all staff to attend a session together. Other workshops were also undertaken with many other teams across the Council throughout the year.
- e) The council maintains an Employee Protection Register which is updated weekly and available on the intranet to detail individuals who have sanctions against them such as being banned from council buildings, only to be seen in person in pairs, and communication only via electronic means.
- f) Further to incidents of V&A occurring the H&S team advises managers to inform staff of the support available. Available support is also actively promoted and reviewed during audit. Support services include HRBPs, the EAP, The Wellness Centre and the council's Wellbeing Champions who are trained in mental health first aid. HR also meets with the EAP service on a regular basis. Matters such as the take-up and nature of support that

provided to staff on an on-going basis are addressed. The EAP service also provides support to staff and their families.

29. The following table shows a comparison between the safety incident reporting figures for this period and for the three previous financial years. Overall, this demonstrates notable improvement year-on-year when compared with 2023/24.

2024/2025		2023/2024		2022/2023		2021/2022	
Accidents resulting in injury (Including schools)	149	Accidents resulting in injury (Including schools)	166	Accidents resulting in injury (Including schools)	138	Accidents resulting in injury	51
Violence and Aggression (Injury and Near Miss including schools)	168	Violence and Aggression (Injury and Near Miss including schools)	166	Violence and Aggression (Injury and Near Miss including schools)	103	Violence and intimidation	81
Near miss (Including schools)	180	Near miss (Including schools)	218	Near miss (Including schools)	131	Near miss (other)	68
Dangerous occurrence	0	Dangerous occurrence	0	Dangerous occurrence	3	Dangerous occurrence	0

30. Regular meetings are being held to ensure the Civic Campus is prepared for safe and secure occupation. The Corporate Health & Safety team has completed the building's Fire Safety Strategy, which was previously shared and discussed at the Health and Safety Board and is now under review. In addition, all required risk assessments are being prepared, alongside other critical actions such as updating Personal Emergency Evacuation Plans (PEEPs) and related compliance measures.

31. Regular meetings are being held to ensure the Civic Campus is prepared for safe and secure occupation. The Corporate Health & Safety team has completed the building's Fire Safety Strategy, which was previously shared and discussed at the Health and Safety Board and is now under formal review. In addition, all required risk assessments are being prepared, including those related to general workplace hazards, fire safety, and accessibility. Critical compliance actions are also underway, such as updating Personal Emergency Evacuation Plans (PEEPs), planning that fire wardens and first aiders are appointed and trained, and verifying that statutory signage and emergency equipment are in place and functional. Coordination with corporate property services is ongoing to ensure that operational readiness aligns with both legal obligations and best practice. The Civic Campus will be subject to a final pre-occupancy safety audit to confirm full compliance and readiness for occupation.

32. Martyn's Law received Royal Assent in April 2025, introducing a 24-month implementation window. This period allows for the publication of statutory guidance by the Home Office and the establishment of a regulatory function within the Security Industry Authority (SIA). It also provides venues and duty holders sufficient time to understand and implement their responsibilities under the new legislation. The Act places a legal duty on those responsible for qualifying premises and events to assess the risk of terrorist attacks and take proportionate steps to improve protective security and organisational preparedness. Larger venues will be subject to enhanced requirements, including publicly visible security plans and staff training. This legislation will have wide-reaching implications across many Council functions, including property management, events, public spaces, and emergency planning. The Civic Campus property will be brought into operation in full compliance with Martyn's Law, ensuring robustness, preparedness, and alignment with statutory guidance. The Council will process as per the Home Office's guidance and ProtectUK resources, to ensure a consistent and cost-effective approach to implementation.
33. The Resident's and Buildings Safety Board provides internal review and discussion of safety compliance of our council housing.
- a) The board monitors the performance of the big six: asbestos, fire, electric, gas, lifts and water each month and highlights any deviation from target of 100%. In 24/25 we reported performance of 100% to the Social Housing Regulator, as part of the annual submission of Tenancy Satisfaction Measures. Monthly performance data is published on our website and on lift lobby screens in residential tower blocks.
 - b) The service is continuously audited, providing independent validation and transparency. In 24/25 the auditors found that asbestos and electrical audit were suitably designed, consistently applied and effective in their application. In addition, the audit of water safety management gave substantial assurance. Gas, fire and lifts are being audited in 25/26.
 - c) In 2024/25, the safety teams successfully retained its ISO9001 and Bluesky (fire door safety) and NICEIC (electric) accreditation evidencing complaint quality management systems
 - d) The board reports on the performance of its submission to the Building Safety Regulator of the requested (26 out of 49 to date) safety case submission for our higher risk buildings (7 storeys and above). We continue to work closely with the Regulator with a focus on intrusive structural information.
 - e) The board provides monthly housing sector updates including a recent national report on deaths of children under the age of 11 from balconies. We have undertaken a raising awareness campaign across with residents across our stock. Other sector updates include the growing risk of fires from lithium-ion batteries on e-bikes / e-scooters that have resulted in four fatalities since 2023 in London. Again, we have and continue to raise awareness of this hazard with our residents and working with the LFB.
 - f) The most recent sector update set out how Housing is responding to Awaab's Law with its inhouse damp and mould team and robust system to comply with the legislative timeframes.
 - g) The sector is continually adapting to the changes post Grenfell and increased oversight from the Social Housing Regulator and Building Safety

Regulator. The Board provides a forum to share knowledge and benefit from stakeholder input.

- h) Housing continues to deliver on the administration's commitment to enhance safety for its residents. H&F is investing circa £1.4 million per week in its current housing stock which includes health and safety measures.
- i) We have: (i) Upgraded over 6,000 front entrance fire doors sets to date and are programming another 2,800. (ii) Rolled out a programme of installing sprinklers in our higher risk buildings with 5 tower blocks completed (600 homes) and a further five blocks in progress (380 homes) with more to come. (iii) We have introduced evacuation alert systems to 9 blocks with another 5 planned. The alert system allows the London Fire Brigade to change the evacuation strategy from stay put to a phased evacuation in an emergency. (iv) We have installed five new wet risers (firefighting systems) in five tower blocks and renewed it in three other tower blocks. (v) In 2024/2025 we installed 1,300 new fuse boxes and upgraded over 6,000 fire detectors
- j) We continue to routinely work with the resident's safety group (FRAG) and other key stakeholders including the London Fire Brigade. We also highlighted our free services to provide Personal Emergency Evacuation Plans to those who need them and to complete an electrical safety check of their tumble dryers, and fridges
- k) Housing Stock Condition Surveys are vital in ensuring that the Council understands its stock and can accurately report on its Decent Home Standard and performance. Previously LBHF engaged with Ridge Consulting as our primary contractor for conducting surveys in Phase 1, on a two-year rolling programme of surveys from 2023 to 2025 producing 59% (6,800) of our tenanted stock condition surveys within that period. In addition to this LBHF have completed 88% (4,206) surveys of our leaseholder properties and 83% (1,682) of our communal areas in the same period.
- l) In July 2025 LBHF commissioned MLCS3 and directly employed 2 No. stock condition surveyors to further increase the number of properties with up-to-date stock condition surveys. The works Programme is focused on 13% (1,558) homes to be surveyed by the end of 2025 including the completion of all sheltered homes taking the stock condition position of our tenanted stock to circa 70%.
- m) The remaining 30% of the dwellings (3,581) are to be completed by June 2026. This will ensure that LBHF will have completed a stock condition survey for each property in a 4-year cycle.
- n) Decent homes - As at the end of Q3 2025/26 we reported that 2.3% of properties do not meet the DHS standard, this is an increase of 1.3% at the end of Q2. The larger elements of non-decency in Q2 are non-compliant windows, kitchen, and bathroom replacement as well as homes having HHSRS risks identified as part of our stock condition surveys.
- o) 66 properties crossed over into more than 1 category, these are being closely monitored through to their conclusion, and they are complex as involve various elements and trades.

- p) A breakdown of the number of properties and reasons for decency failures is detailed below, a dedicated team is working with specialist contractors to address the issues below, however it must be noted that all HHSRS Cat 1 Sever findings in each home are addressed immediately in the property.

Non-Decent Homes properties Q2 2025/26

Category	Number (Q2 – 2025/26)
Live Disrepair Cases (works due or outstanding) with HHSRS severe risk.	12
Non-Decent home (SCS)	107
Insufficient Comfort and EPC E or below	68
HHSRS Cat 1 (Severe) repair	66

HEALTH AND SAFETY BOARD - SUMMARY OF THE FINANCIAL YEAR 2024 / 2025

34. The function of the H&S Board is:

- a) To promote the recommendations from the previous year's annual report, driving consultation on policy review and change at strategic level through directorate senior management teams (DMTs) and trades unions (TU Forum).
- b) Examine and advise on matters reactive in nature that arise during the year, either through internal sources or external sources. For example, scrutiny of emerging trends in incidents (internal sources) to identify process or procedural changes via risk assessment review. This is done with a view to preventing recurrence, eliminating future risk, or reducing risk to the lowest level, as far as is reasonably practicable.

35. During year 2024/25 the board has advised on and moved forward the following items:

Premises controller policy and guidance document. Revised policies for premises controllers with accompanying guidance were approved by the board. One was designed for schools and the other for all other council buildings. The revision provided a more accessible style to help premises controllers and to give better understanding of the client role that the Council undertakes within the Construction Design and Management regulations (CDM). The corporate safety team continue to provide training to premises controllers through 1-1 training and class training sessions; however, focus is required at a number of premises to identify senior staff members to undertake this role.

Preventing violence and aggression towards staff. Work-related violence is described by the HSE as “Any incident in which a person is abused, threatened, or assaulted in circumstances relating to their work.”

Aggression and violence often take place between members of the public and customer facing employees, but it can also be experienced between colleagues. It poses a particular risk to those workers who are alone or work in remote locations or unsocial hours. A new training module is under review by Corporate Safety and HR to add to mandatory training.

H&S Strategy. As an employer, we are required by law to protect our employees, and others, from harm. Under the Management of Health and Safety at Work Regulations 1999, the minimum we must do is:

- identify what could cause injury or illness in the council (hazards)

- decide how likely it is that someone could be harmed and how seriously (the risk)
- take action to eliminate the hazard, or if this is not possible, control the risk.

Corporate Health and Safety officers and FM Compliance continue to review risk assessments from locations and individual teams to ensure they are completed correctly, reviewed, and actions completed. Corporate Safety officers will continue to visit individual teams to ensure this process is adhered to and offer advice and training to improve performance when required. FM compliance records can be found in Appendix B, these are updated monthly.

Operational risk register. An amendment to the operational risk register meant that red and amber outstanding actions were forwarded from the Board to departmental management teams and that the register will be available to councillors of the Audit Committee upon request.

Safety in Schools. The activity of the Health and Safety Team in conjunction with school head teacher, school business manager (SBM) and school premises/ facilities manager (SPM) is to support and contribute to the effective identification, mitigation of the broad range of work-related safety risks presented to staff and service users (pupils). Corporate Health and Safety will continue to support the school senior leadership teams (SLT) with the management of their health and safety arrangements. It is important that H&S risks in school settings are understood with H&S audit reports reflecting this.

Reported instances of violence and aggression in schools often involve pupils whose behaviour reflects dysregulation linked to their special educational needs. In many cases, such behaviour serves as a form of communication. These incidents are jointly managed by the local authority and school partners to ensure that pupils receive appropriate support and are placed in the most suitable educational setting.

Health and safety audit and visit programme. Corporate Health and Safety work closely with FM Compliance to ensure workplace inspections are carried out when due in a timely manner. (Appendix B). There is renewed focus following up on recommendations of work identified as being required during FM Compliance inspections to ensure that this work is executed in a timely manner. Additional management time is being given, and KPIs developed, to monitor this in particular.

Corporate Health and Safety undertake annual audits of key services and school operations. The audit process is aligned with ISO 45001 standards, identifying good practice and opportunities for continued improvement. Audits assess statutory building compliance and health and safety service requirements. They are evidence-based and focus on preventions of incidents; including reviews of risk assessments, training records, incident reporting procedures, contractor management, stress management strategies, and response to events/incidents; staff support mechanisms, fire safety strategies, first aid provision, etc.

Audit scopes are tailored to the specific operational risks of each service and may be expanded or reduced accordingly. In services where care is provided, audits delve deeper into the management of individual service user needs where these pose significant risks to staff or residents. The planned development of the audit programme aims to enhance data interrogation

capabilities, enabling more targeted identification of areas for improvement and supporting continuous service enhancement.

Operational performance overview. The operational risk register covers reactive and proactive monitoring. The register is distributed to the H&S Board at regular planned meetings from where it is taken by representatives to directorate management teams (DMTs) for update.

Performance Priorities for 2024/25

- **Training.** Throughout 2024/25 the Corporate Health & Safety team continued to offer and deliver monthly training on the accident and incident recording system, AssessNET, as well as Fire Marshal training and Conflict Management training that has already been delivered to Libraries and Civil Enforcement teams. This training is open to other front-line services as required.
- **Assessment for Home Working.** Training sessions and briefings continue to be delivered to managers and those that manage others through one-to-one training sessions, health and safety audits and service meetings. Completion of DSE Workplace training is generally in line with 2023/24 at 45%. The team has been meeting and working closely with Awaken, the DSE online training provider, to discuss ways to achieve greater compliance, with plans being formulated.

DSE Assessment. Corporate Health and Safety continue to carry out 30 – 60 minute one-to-one virtual DSE assessments with staff where specialist DSE and / or reasonable adjustments are required. Specialist ergonomic advice is provided as part of this process. Referrals are generated and sent to Corporate Health and Safety for assessment from the Wellness Centre, managers that require additional support and staff DSE self-assessment referrals.

DSE Training. DSE awareness training has been delivered to managers and staff. The training presentation covers the importance of effective display screen equipment management and the review and closure of self-assessments for staff within their teams.

Mandatory Online Health and Safety Training. Staff continue to complete additional mandatory online health and safety training modules as below:

- Health and safety induction
- Fire safety awareness
- Manual handling induction
- Workplace well-being

New starters are required to complete training when they commence work. Staff complete periodic refresher training thereafter. Managers are required to check that staff complete the training as required.

Wellbeing. The health and wellbeing survey is a tool devised and approved by the Health and Safety Executive (HSE) where there is a need to understand the factors that may be contributing and / or causing work-related stress. The line manager and the HR function will request that staff complete a Health and Wellbeing survey. In 2023/2024, 21 individual staff members from different service areas completed the survey, however in 2024/25, a department

comprising of 40 staff completed the survey, This survey was requested due to proposed changes to work processes, procedures and activities.

Safety and Wellbeing Policy. The statement was signed by the Chief Executive and the Leader of the Council in November 2025. The policy statement of intent is posted on notice boards in Council Buildings in the Borough.

Driver safety management. The Council has now implemented a fleet system called Mentor by eDriving with go-live in August 2025. Take up has been modest so far as implementation is not compulsory (being mobile telephone based rather than hardware installed within a vehicle), however there is confidence in the benefits of the system as absorption increases.

Induction training compliance. We aim to achieve 96% compliance by the end of this financial year. This includes display screen equipment (DSE) training and self-assessment compliance at induction, or at the two-yearly refresher training and assessment period as outlined in policy. Corporate Health and Safety will continue to monitor the upward trend.

EQUALITY, DIVERSITY AND INCLUSIVITY IMPLICATIONS

36. There are no equality, diversity and inclusivity implications in this report. Corporate Health and Safety continue to provide detailed advice and guidance on personal emergency evacuation plans. (PEEPs). These plans are tailored to the specific needs of the individual, thereby addressing, Equality, Diversity and Inclusivity implications. It is designed to consider any mobility, sensory, or cognitive impairments that could affect their ability to respond to standard evacuation procedures. The plan outlines the necessary support measures, designated roles, and evacuation routes, and is created in consultation with the individual and relevant personnel to ensure its effectiveness and compliance with health and safety regulations.

Financial Impact

37. A budget is allocated for training of safety responders (Nominated First Aiders, Fire Evacuation Officers, Evacuation Chair Operators) as identified in policy, which is coordinated by Corporate Health and Safety. Health and safety induction training is funded for all employees and coordinated through the 'Be-online Awaken' software program. Specific health and safety training is identified through risk assessment, verified through audit and funded by the respective department.
38. In Hammersmith and Fulham Council health and safety at work is equal to all other business. Strategic directors and assistant directors / chief officers are required under policy to budget for health and safety requirements at work. Similarly, under policy the council must ensure the decisions take account of health and safety and that resources are allocated for this purpose.

Completed by: John Howorth, Senior Accountant 17th November 2025

Legal Implications

39. Section 2 of the Health and Safety at Work Act 1974 ("the 1974 Act") places a legal duty on the Council as employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees. This duty extends to the provision

of equipment and systems of work that are safe and without risks to health, and the provision of such information, instruction, training and supervision as is necessary to ensure the health and safety at work of employees.

40. 'Except in such cases as may be prescribed, it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of [the] general policy with respect to the health and safety at work of [the] employees and the organisation and arrangements for the time being in force for carrying out that policy and to bring the statement and any revision of it to the notice of all of [the] employees. (Health and Safety at Work etc. Act 1974. section 2(3)).
41. Failure to comply with its obligations under the 1974 Act or being able to demonstrate compliance, can result in prosecutions and substantial fines which may not be covered by insurance. It would also result in reputational damage.
42. The policy statement, signed by the leader and the head of paid service, is displayed in all LBHF workplaces. The statement is valid until October 2026 unless a change in head of paid service and / or leadership occurs first, in which case the statement must be renewed sooner. The organisation and arrangements for health and safety at work in LBHF are found on the intranet.

Mrinalini Rajaratnam – Head of Law – Place – 18 November 2025

Risk Management Implications

43. This update does not present any risk management implications.

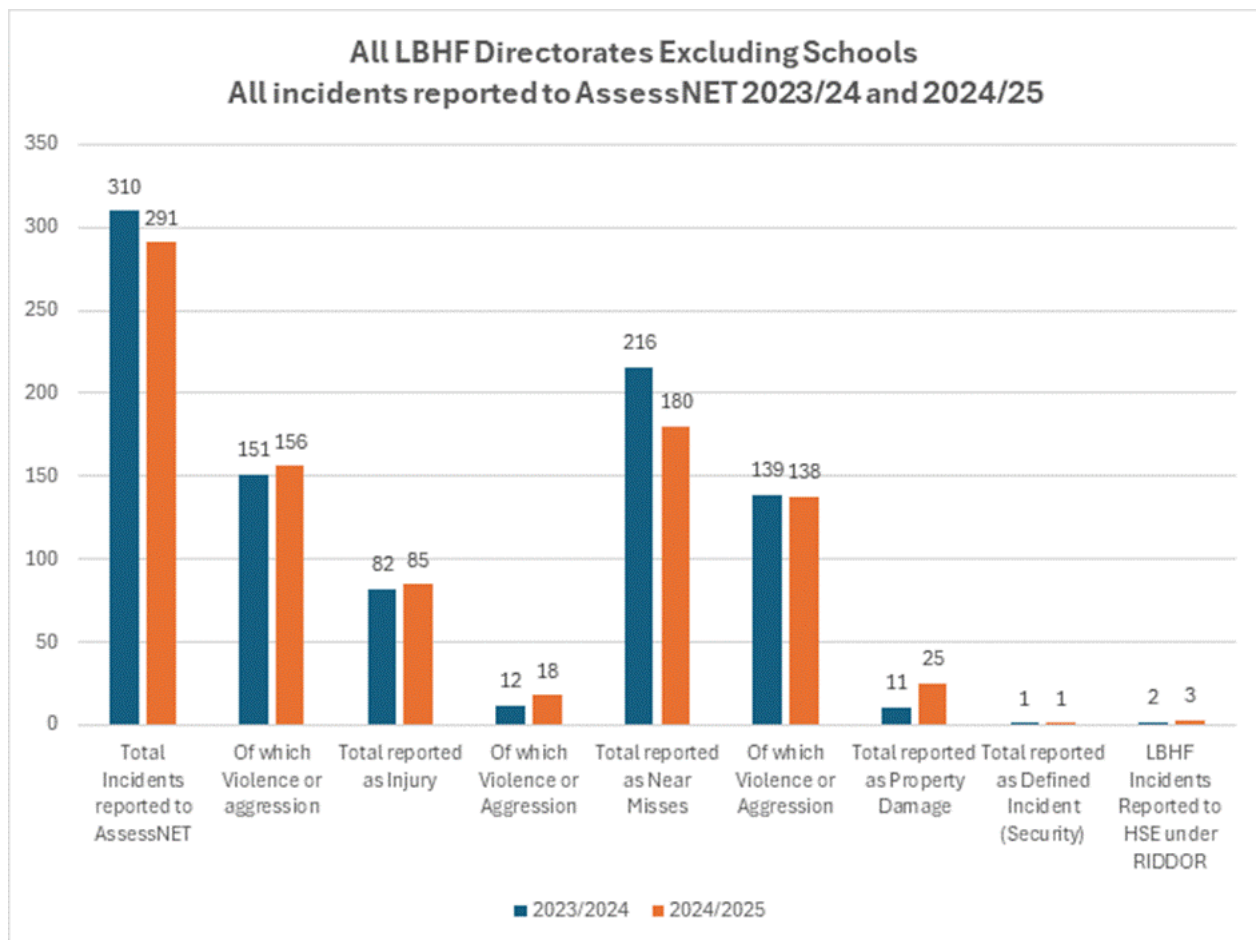
Jules Binney, Risk and Assurance Manager, 18th November 2025

LIST OF APPENDICES

- Appendix A** Safety incident reporting 2024/25 (April 2024 - March 2025) by incident type. Comparison is shown against 2023/24
- Appendix B** Property & FM Statutory Compliance Report for 01 April 2024
- Appendix C** Health and Safety on-line DSE training and self-assessment training status report – March 2025.

ACCIDENT AND INCIDENT FIGURES REPORTED TO THE ASSESSNET SYSTEM 2023/24 AND 2024/25

Overview All Directorates (Excluding Schools) Graph 1



2023/24 The Defined Incident was fire alarm set off by contractors doing work in library

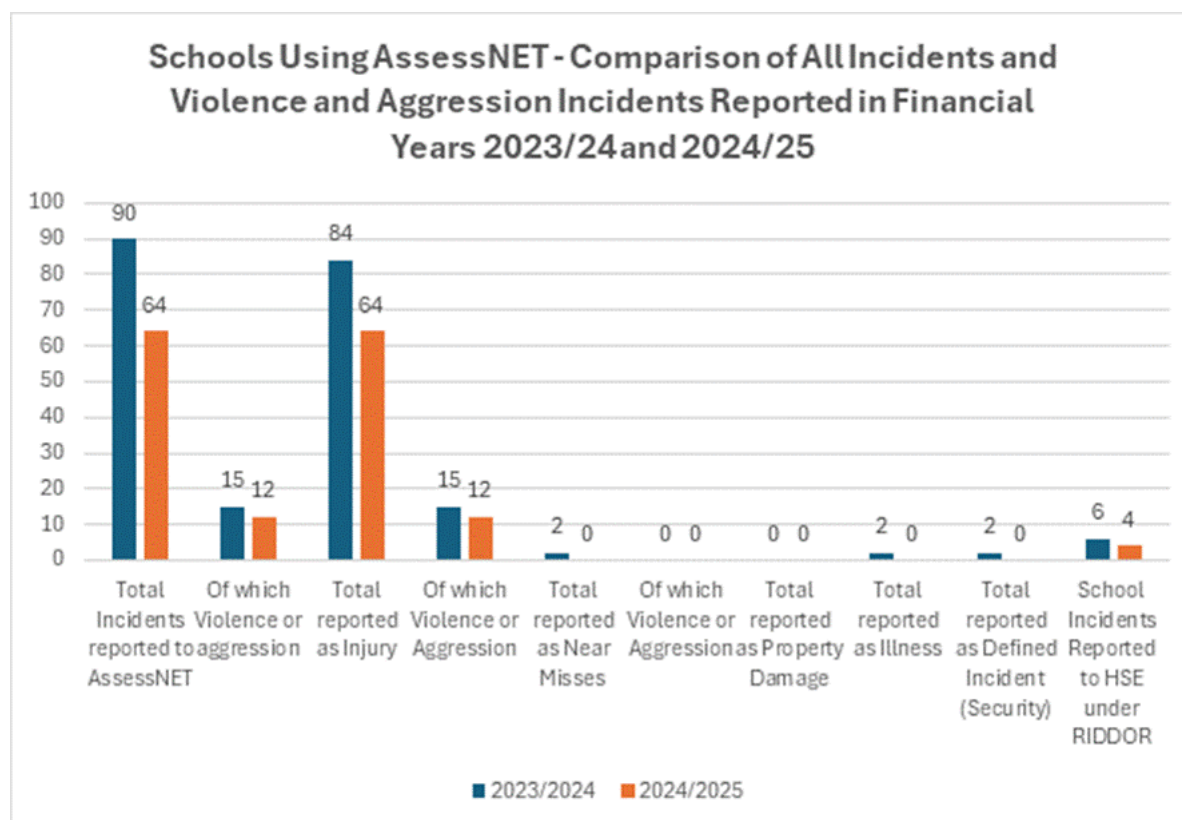
2024/25 The Defined Incident was theft from a customer by another customer in library

2024/25 RIDDOR* figures - one incident was reported late from a previous year

* RIDDOR stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. It's a set of health and safety regulations in the United Kingdom that legally requires employers, the self-employed, and those in control of workplaces to report certain serious work-related incidents, including accidents, occupational diseases, and dangerous occurrences to the Health and Safety Executive (HSE) [HSE: Information about health and safety at work](#)

LBHF SCHOOLS REPORTING ON ASSESSNET

Overview Schools Graph 2



The Defined incidents in 2023/24 were:

1. Suspicious person reported trying to spy on or photograph school/children
2. Unknown woman tried to talk to 6 year old child in playground

Reported instances of violence and aggression in schools often involve pupils whose behaviour reflects dysregulation linked to their special educational needs. In many cases, such behaviour serves as a form of communication. These incidents are jointly managed by the local authority and school partners to ensure that pupils receive appropriate support and are placed in the most suitable educational setting.

DIRECTORATES

FINANCE AND CORPORATE SERVICES (EXCLUDING HOUSING)

Year	Total Incidents	Total V&A Incidents	**% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	30	21	70%	3	10%	8	3	38%	21	19	90%	1	0	0	0	0
2024/25	16	12	75%	0	0%	2	0	0%	12	12	100%	2	0	0	0	0
	Decrease	Decrease	Increase	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	Increase	Increase	No change	No change	No change	No change

Table 1

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY FINANCE AND CORPORATE SERVICES TEAMS (EXCLUDING HOUSING) red text denotes year on year increase

Corporate Services	Violence & Aggression	Human Factors	Slip, trip or fall	Not specified or Other	Vandalism / Malicious Damage	Machinery	Confined spaces	Contact with sharp object	Fall from height	Totals
2023/24	17	2	2	1	1	1	1	1	0	26
2024/25	11	0	0	0	2	0	0	1	1	15

Table 2

Finance	*Violence & Aggression
2023/24	4
2024/25	1

Table 3

*The Finance teams only reported Violence or aggression incidents during the periods.

HOUSING TEAMS ALL INCIDENTS

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	37	16	43%	0	0%	13	2	15%	24	14	58%	0	0	0	0	0
2024/25	43	13	30%	1	2%	18	1	6%	20	12	60%	5	0	0	0	0
	Increase	Decrease	Decrease	Increase	Increase	Increase	Decrease	Decrease	Decrease	Decrease	Increase	Increase	No change	No change	No change	No change

Table 4

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY HOUSING TEAMS red text denotes year on year increase

Housing	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Struck by object	Fire Safety/Accidental fire	Not specified or Other	Vandalism / Malicious Damage	Contact with sharp object	Hazardous substance/Exposure to Hazardous substance	Repetitive actions	Fainting fit	Fall from height	Fall of object from height/Impact	Electricity	Gas	Vehicles	Totals
2023/24	16	0	5	1	0	1	2	2	0	1	4	0	1	1	1	1	1	0	37
2024/25	13	2	11	2	2	0	1	2	2	2	2	1	0	1	1	0	0	1	43

Table 5

PLACE ALL INCIDENTS

Year	Total Incidents	Total V&A Incidents	% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	*Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	192	103	54%	30	16%	38	5	13%	144	98	68%	9	0	0	1	2
2024/25	201	128	64%	24	12%	43	15	7%	142	113	80%	15	0	0	1	2
	Increase	Increase	Increase	Decrease	Decrease	Increase	Increase	Decrease	Decrease	Increase	Increase	Increase	No change	No change	No change	No change

Table 6

2023/24 *Defined Incident was Fire alarm set off by contractors doing works in a library

** Riddors were slip, trip fall incidents, from Parks (MOP required 15 stitches in A&E) and Parking Services (Member of staff had more than 7 days absence.)

2024/25 *Defined Incident was theft from a customer by another customer in a library

** RIDDOR were both from Libraries: one slip, trip, fall (staff injury to hand and knee) and one assault on staff by customers.

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY INDIVIDUAL PLACE DIVISIONS red text denotes year on year increase

Place, Climate Change and Transport	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Vandalism / Malicious Damage	Accidental Damage / Loss	Collapse of structure	Hazardous substance	Repetitive actions	Work Equipment	Total
2023/24	35	1	1	2	1	1	0	0	1	1	1	0	1	45
2024/25	27	0	3	1	0	0	1	1	0	0	0	1	0	34

Table 7

Place, Economic Development and Regeneration	Slip, trip or fall	Fall from height	Totals
2023/24	1	0	1
2024/25	0	1	1

Table 8

Place, Planning and Property	Violence & Aggression	Slip, trip or fall	Collision	Vandalism / Malicious Damage	Machinery	Lifting Equipment	Fainting fit	Fall of object from height	Total
2023/24	2	0	1	0	1	1	0	0	5
2024/25	8	2	1	1	1	0	1	1	15

Table 9

Appendix A

Place, Public Realm	Violence & Aggression	Human Factors	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Theft / Attempted Theft	Access Egress	Fire Safety	Not specified or Other	Vandalism / Malicious Damage	Accidental Damage / Loss	Environment al	Exposure to temperature extremes	Machinery
2023/24	66	16	14	3	3	3	4	4	3	3	3	1	1	2	2	1
2024/25	93	11	7	1	2	2	2	8	0	3	6	3	0	0	1	0

Table 10

Place, Public Realm (Continued)	Biological	Confined spaces	Contact with sharp object	Hazardous substance	Lifting Equipment	Repetitive actions	Trapped by object	Fall from height	Work Equipment	Self-inflicted	Total
2023/24	1	1	2	0	0	1	1	0	6	0	141
2024/25	0	0	1	2	1	1	0	2	4	1	151

Table 10 (Continued)

PEOPLE

Appendix A

People (CYPS and Social Care, Excluding Schools)

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	51	11	22%	5	10%	23	2	9%	27	9	33%	1	0	0	0	1
2024/25	31	3	10%	2	6%	22	2	9%	6	1	17%	3	0	0	0	0
	Decrease	Decrease	Decrease	Decrease	Decrease	Decrease	No change	No Change	Decrease	Decrease	Decrease	Increase	No change	No change	No change	Decrease

Table 11

2023/24 **RIDDOR incident - Education and SEND Staff member injured moving rubbish - more than 7 days absence

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY CYPS AND SOCIAL CARE - red text denotes year on year increase

CYPS (Excluding Schools)		Violence & Aggression		Human Factors		Slip, trip or fall	Collision	Manual handling	Struck by object	Access Egress	Not specified or Other	Vandalism / Malicious Damage	Contact with sharp object	Hazardous substance/Exposure to hazardous substance	Fainting fit	Fall from height	Self-inflicted	Electricity	Totals
2023/24	9	0	20		2	1	2	1	1	0	2	0	0	1	1	0			40
2024/25	1	1	8		3	0	1	0	0	2	1	1	1	2	0	0	1		21

Table 12

Social Care	Violence & Aggression	Human Factors	Slip, trip or fall	Manual handling	Struck by object	Not specified or Other	Accidental Damage / Loss	Machinery/C contact with machinery	Confined spaces	Fall from height	Water / Burst Pipes	Totals
2023/24	2	1	4	0	1	0	1	0	1	1	0	11
2024/25	2	0	2	1	0	2	0	1	0	1	1	10

Table 13

SCHOOLS

Year	Total Incidents	Total V&A Incidents	*% of total incidents classified as V&A	Incidents involving actual assault	% Total incidents involving actual assault	Total Injury	Total V&A Injury	% of total Injuries classified V&A	Total Near Miss	Total V&A Near Miss	% of total Near Miss classified V&A	Property Damage	Dan Occ	Illness	*Defined Incident	**RIDDOR reported to HSE by LBHF
2023/24	90	15	17%	15	17%	84	15	18%	2	0	0%	0	0	2	2	4
2024/25	64	12	19%	11	17%	64	12	19%	0	0	0%	0	0	0	0	4
	Decrease	Decrease	Increase	Decrease	No Change	Decrease	Decrease	Increase	Decrease	No change	No change	No change	No change	No change	No change	No change

Table 14

ALL CAUSES/CLASSIFICATIONS OF ALL INCIDENTS (INJURY, NEAR MISS, PROPERTY DAMAGE) REPORTED BY SCHOOLS **red text denotes year on year increase**

Schools	Violence & Aggression	Slip, trip or fall	Collision	Manual handling	Security	Struck by object	Not specified or Other	Contact with sharp object	Trapped by object	Fainting fit	Fall from height	Fall of object from height	Self-inflicted	Illness	Total
2023/24	15	29	5	4	2	9	13	2	0	1	4	1	3	2	90
2024/25	12	21	8	0	0	8	2	2	4	0	7	0	0	0	64

Table 15

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Appendix B

Statutory Compliance Report for 1st Oct 2025

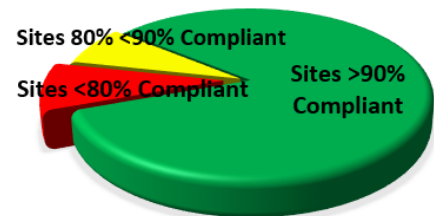
This report shows the overall compliance of its 67 operational buildings that Hard FM Technical Services manages and provides engineering support. It is a snapshot, on the 1st of every month showing state of compliance which can vary on a daily basis dependant when each are due. There are 7 core statutory disciplines.

Compliance is only confirmed when all comments or required actions raised during an audit are complete, however minor. This means that when a property is assessed, even if a certificate is issued, it is not deemed as Compliant until all matters raised are closed out, no matter the severity. This drives absolute transparency and better performance.

Current Overview of State of Corporate Compliance

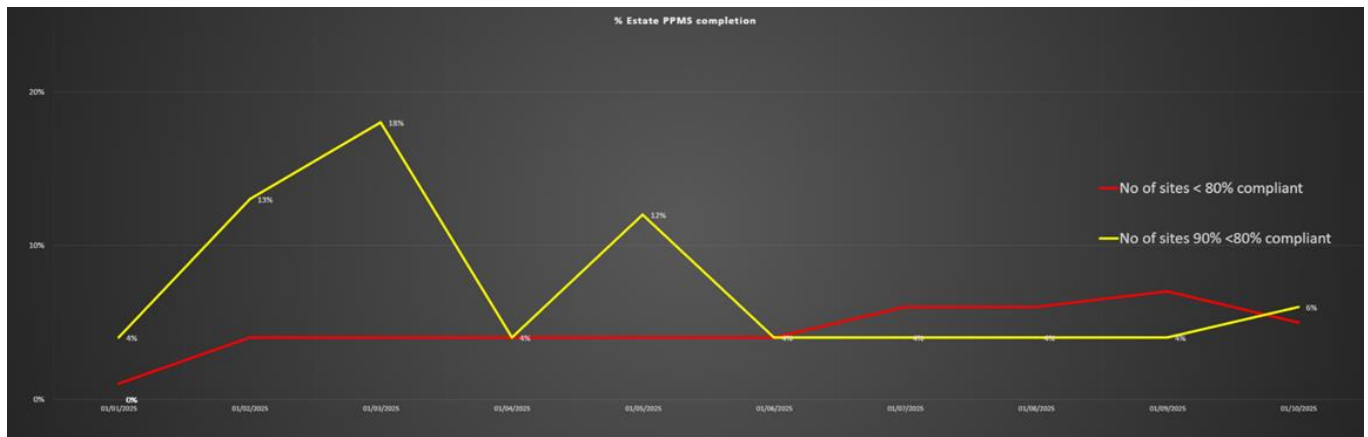
	Oct 2025		Sep 2025	
No. of Sites <80% Compliant	3	5%	6	9%
Sites 80% < 90% Compliant	4	6%	5	7%
No. of Sites <90% Compliant	59	89%	56	84%
Estate Compliant as a Whole	66	96.7%	67	96.2%

BREAKDOWN OF SITES STATE OF COMPLIANCE



Please note that not all the 39 workstreams are applicable to each site. Below represents all 68 sites showing number checks completed and number outstanding as well as amount of remedial works required to maintain their state compliance.





Fire Management Compliance

RAG Status

Overall, Fire Management increased from 96% to 97% compliant



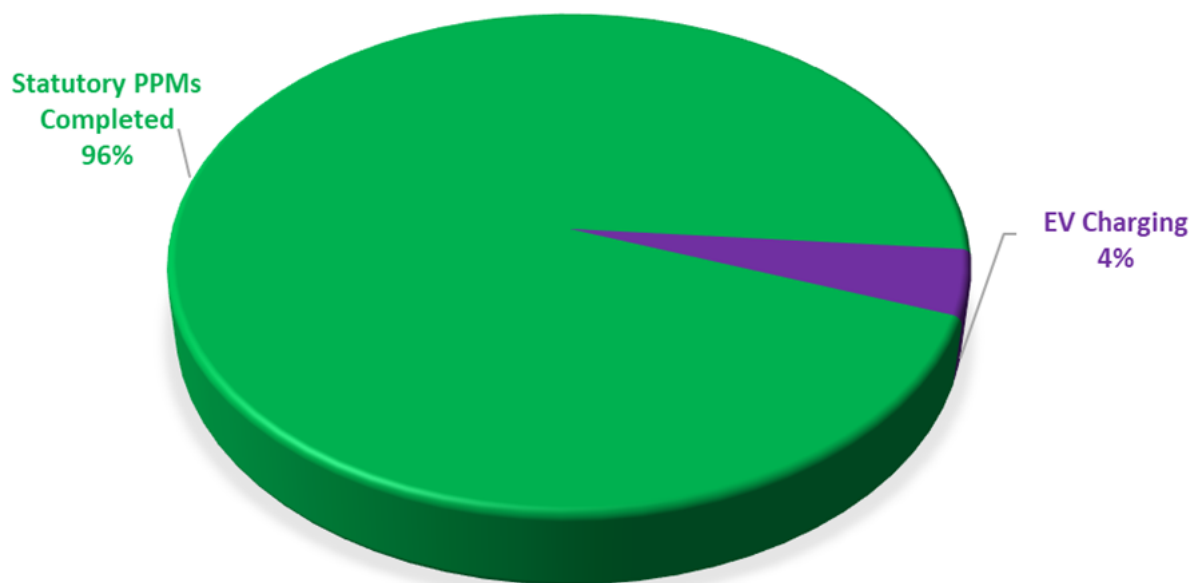
Action Plan:

1. 2 FRA's reports pending, site already visited. All other reports up to date.	90.2%
2. 2 Fire alarm visits needed to be rebooked as engineer had access issues. Fire Alarms maintenance checks completed for all other sites.	95%
3. All Annual emergency lighting checks complete.	100%
4. Fire extinguishers check all up to date.	100%
5. Fire Suppression 1 pending till 6 th October 2025 the rest complete.	66.7%
6. All Fire door checks completed	100%
7. All building containing Fire Shutters up to date	100%
8. All Fire Dampers checks complete.	100%
9. Maintenance on all Kitchen Ductwork complete.	100%

Electrical Management Compliance

Electrical Management Compliance decreased from 100% to 96% compliant

ELECTRICAL MANAGEMENT



Action Plan

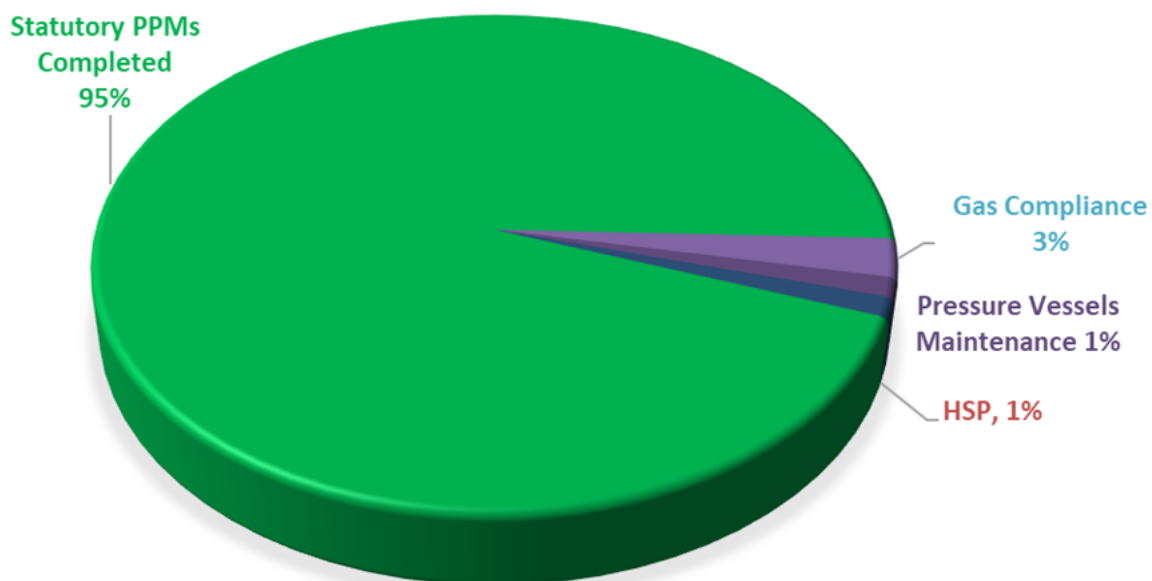
1. Backup generators completed.	100%
2. Ev Charging Points is a new PPM, sourcing suppliers	16.7%
3. Fixed Wire Testing completed.	100%
4. All PAT test complete bar 1 sit due on Friday.	100%
5. We are waiting for 1 lighting protections certificates to be verified	100%

Mechanical Management Compliance

RAG Status

Mechanical Management compliance decreased from 100% to 95% compliant

MECHANICAL MANAGEMENT



Action Plan

1. All LEVs completed.	100%
2. Commercial gas supply safety checks all complete	100%
3. Gas boiler checks completed – awaiting 1 sites certificate	93.3%
4. All pressure vessels checked, awaiting cert from 2 site	96.2%
5. All insurance pressure safety checks up to date	100%
6. 1 heat source pump service outstanding booked 6 th October and the rest has been completed.	75%
7. All mechanical automatic doors service up to date	100%
8. All electrical gates service up to date	100%

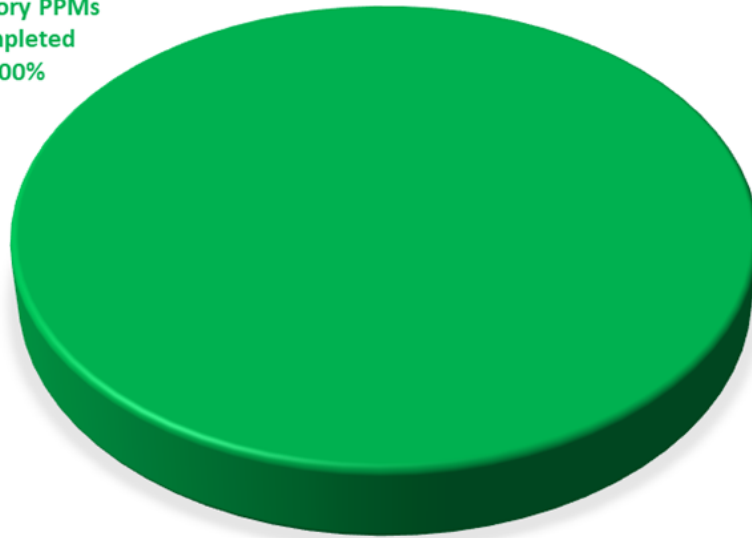
Lifting Operations and Lifting Equipment Compliance

RAG Status

Lift and Lifting Equipment compliance increased from 96% to 100% compliant

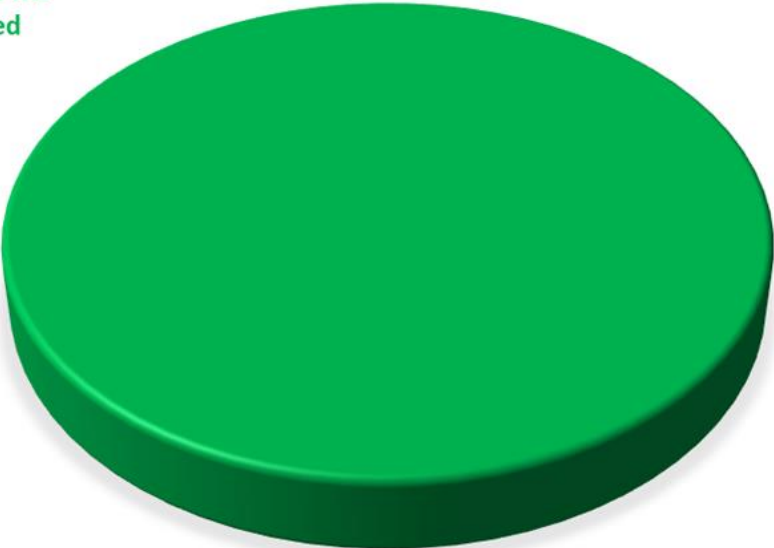
LIFTING OPERATIONS MANAGEMENT

Statutory PPMs
Completed
100%



Action Plan

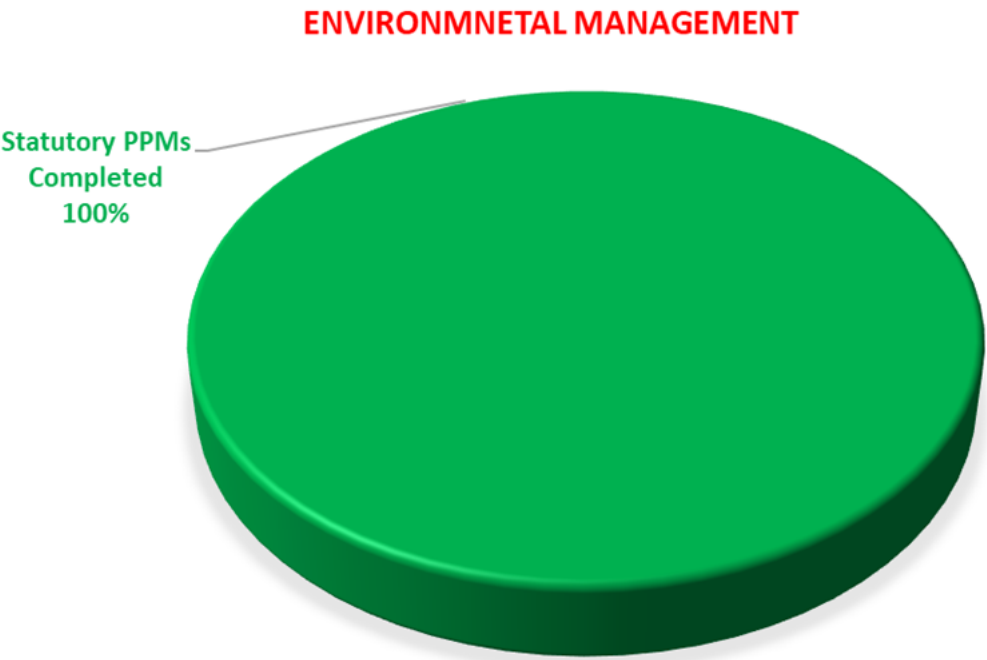
1. All Lift maintenance up to date	100%
2. Awaiting 1x sites to be inspected by H&F Insurance contractor	100%
3. All Hoists inspected	100%
4. All sites evacuation chairs were checked	100%
5. All gantry and staircases inspected	100%
6. All Fall arrest systems inspected and certified.	100%
7. All electrical gates service up to date	100%

Occupational Health Compliance		RAG Status
Occupational Health Compliance remained the same at 100% compliant		
<div><p>OCCUPATION HEALTH MANAGEMENT</p><p>Statutory PPMs Completed 100%</p></div>		
<u>Action Plan</u>		
1. All Asbestos management plans completed.		100%
2. All Legionella reinspection's complete.		100%
3. All COSHH completed		

Environmental Compliance

RAG Status

Environmental Management Compliance increased from 94% to 100% compliant

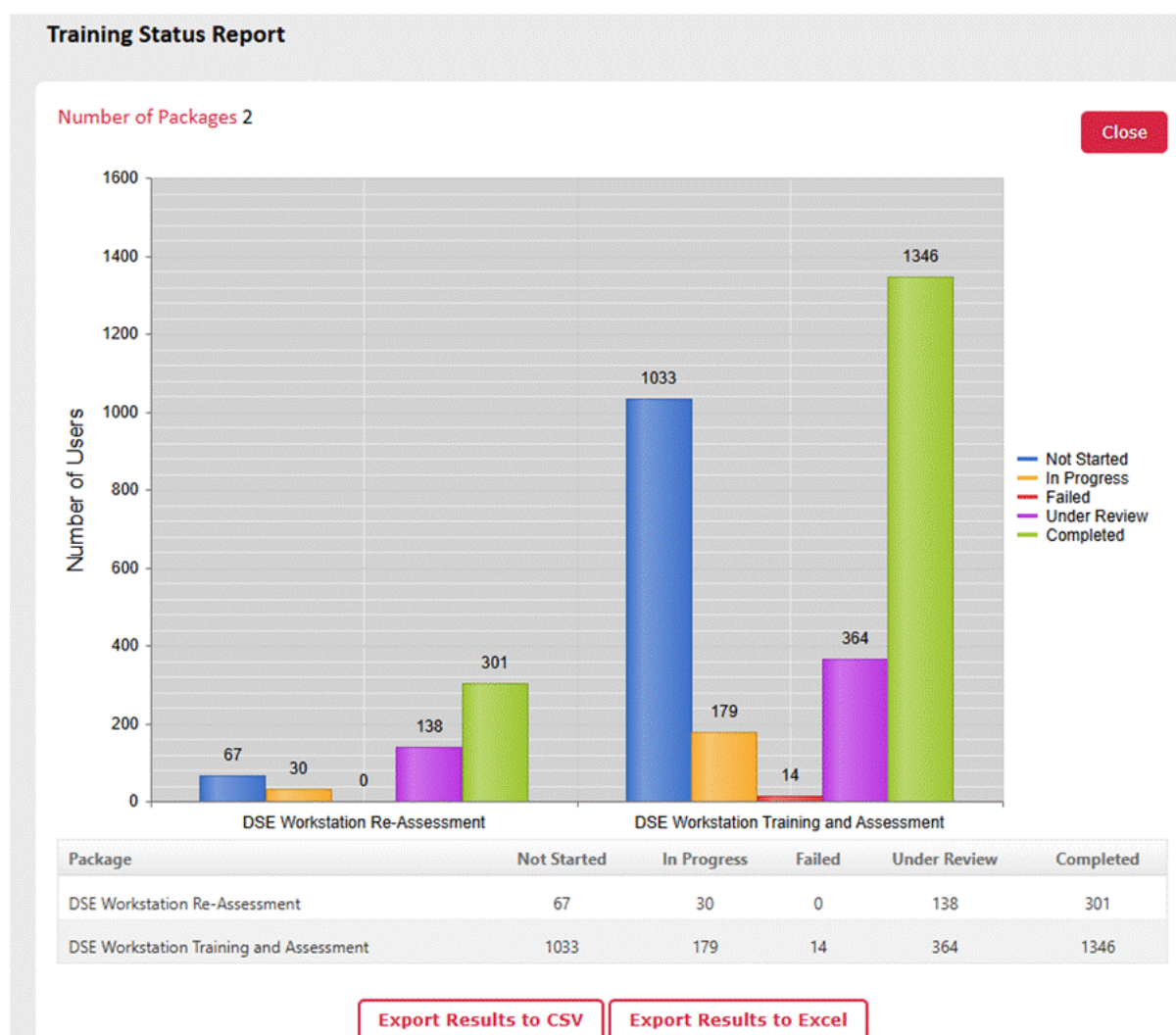


Action Plan

1. All TM44 energy efficiency certification for air conditioning completed	100%
2. All A/C units serviced.	100%
3. Mortuary Fridges had a full service	100%
4. All DEC's completed.	100%

Compliance Remedial		RAG Status																																	
Total 288 Remedial issued – 175 Remedials completed																																			
<div><table><thead><tr><th>Month</th><th>Count of Logged Date</th><th>Count of Closed Date</th></tr></thead><tbody><tr><td>Jan</td><td>50</td><td>44</td></tr><tr><td>Feb</td><td>25</td><td>21</td></tr><tr><td>Mar</td><td>24</td><td>20</td></tr><tr><td>Apr</td><td>33</td><td>14</td></tr><tr><td>May</td><td>31</td><td>21</td></tr><tr><td>Jun</td><td>40</td><td>18</td></tr><tr><td>Jul</td><td>17</td><td>11</td></tr><tr><td>Aug</td><td>24</td><td>18</td></tr><tr><td>Sep</td><td>25</td><td>6</td></tr><tr><td>Oct</td><td>19</td><td>2</td></tr></tbody></table></div>			Month	Count of Logged Date	Count of Closed Date	Jan	50	44	Feb	25	21	Mar	24	20	Apr	33	14	May	31	21	Jun	40	18	Jul	17	11	Aug	24	18	Sep	25	6	Oct	19	2
Month	Count of Logged Date	Count of Closed Date																																	
Jan	50	44																																	
Feb	25	21																																	
Mar	24	20																																	
Apr	33	14																																	
May	31	21																																	
Jun	40	18																																	
Jul	17	11																																	
Aug	24	18																																	
Sep	25	6																																	
Oct	19	2																																	
Action Plan																																			
1. New process put in place last quarter to provide more accurate figures going forward																																			
2. Historic remedial task still being logged to provide accurate figures																																			
3. Figures currently showing statutory and non-statutory compliance remedials																																			

Awaken Display Screen Equipment (DSE) Online Training Status Report – March 2025



March 2025

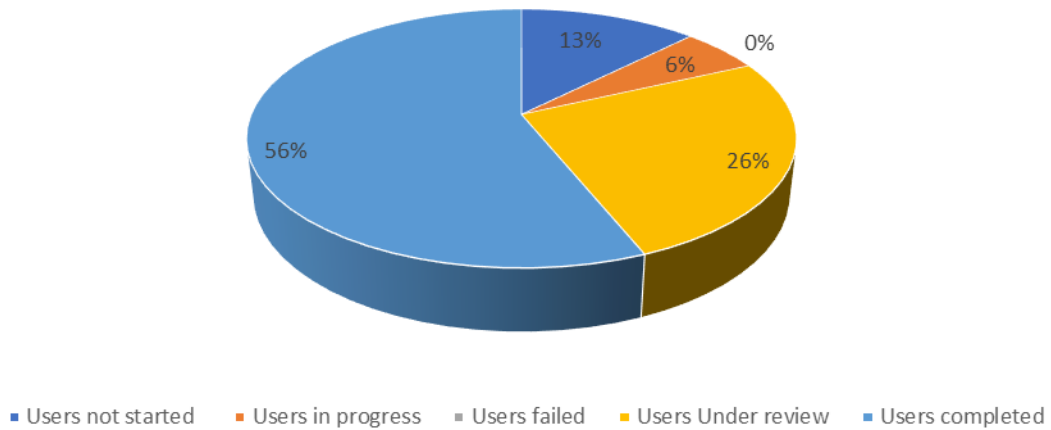
Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	533	66	32	0	138	297
DSE Workstation Training and Assessment	2927	1048	180	14	361	1324

Percentages

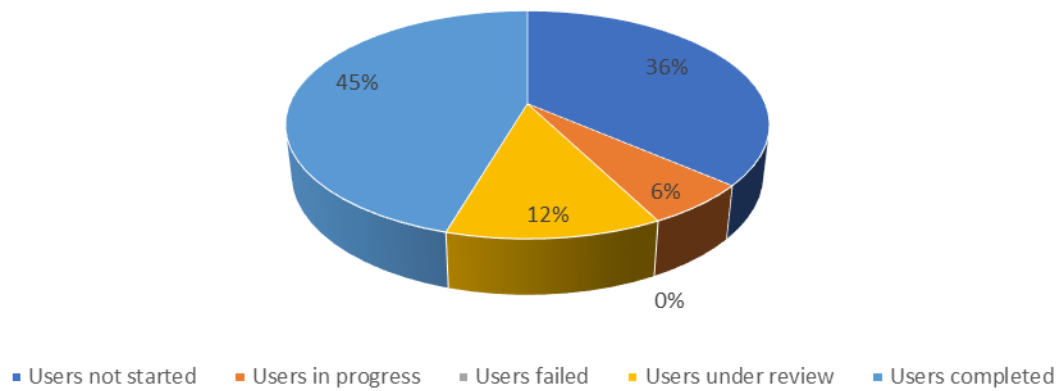
Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	26%	56%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

Appendix C

DSE Workstation Re-Assessment - March 2025



DSE workstation training & assessments completed -
March 2025



Appendix C

Number and percentages of DSE training and assessments completed from March 2024 to March 2025

March 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	393	61	25	0	100	207
DSE Workstation Training and Assessment	2840	1009	176	13	311	1331

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100%	16%	6%	0%	25%	53%
DSE Workstation Training and Assessment	100%	36%	6%	0%	11%	47%

April 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	403	59	28	0	103	213
DSE Workstation Training and Assessment	2855	1018	185	13	318	1321

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	403	15%	7%	0%	26%	53%
DSE Workstation Training and Assessment	2855	36%	6%	0%	11%	46%

May 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	406	60	27	0	103	216
DSE Workstation Training and Assessment	2844	1039	180	12	316	1297

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100%	15%	7%	0%	25%	53%
DSE Workstation Training and Assessment	100%	37%	6%	0%	11%	46%

Appendix C

June 2024

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	406	60	27	0	103	216
DSE Workstation Training and Assessment	2844	1039	180	12	316	1297

Percentages

Title	Users Assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	16%	6%	0%	25%	53%
DSE Workstation Training and Assessment	100%	37%	6%	0%	11%	46%

July 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	64	28	0	109	243
DSE Workstation Training and Assessment	2871	1101	183	13	328	1246

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	14%	6%	0%	25%	55%
DSE Workstation Training and Assessment	2871	38%	6%	0%	11%	43%

Aug 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	64	28	0	109	243
DSE Workstation Training and Assessment	2871	1101	183	13	328	1246

Percentages

Percentage Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	444	14%	6%	0%	25%	55%
DSE Workstation Training and Assessment	2871	38%	6%	0%	11%	43%

Appendix C

September 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	461	67	29	0	112	253
DSE Workstation Training and Assessment	2882	1092	187	12	337	1254

Percentages

Percentage Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100	15%	6%	0%	24%	55%
DSE Workstation Training and Assessment	100	38%	6%	0%	12%	44%

October 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	487	68	30	0	119	270
DSE Workstation Training and Assessment	2890	1079	184	12	338	1277

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100	14%	6%	0%	24%	55%
DSE Workstation Training and Assessment	100	37%	6%	0%	12%	44%

November 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	494	67	28	0	123	276
DSE Workstation Training and Assessment	2898	1094	185	14	347	1258

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	14%	6%	0%	25%	56%
DSE Workstation Training and Assessment	100%	38%	6%	0%	12%	43%

Appendix C

December 2024

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	505	62	32	0	124	287
DSE Workstation Training and Assessment	2902	1058	183	12	357	1292

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	25%	57%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

January 2025

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	518	67	32	0	130	289
DSE Workstation Training and Assessment	2909	1057	180	12	361	1299

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100	13%	6%	0%	25%	56%
DSE Workstation Training and Assessment	100	36%	6%	0%	12%	45%

February 2025

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	526	65	30	0	134	297
DSE Workstation Training and Assessment	2921	1039	180	13	363	1326

Percentages

Title	Users Assigned	Users Not Started	Users In Progress	Users Failed	Users Under Review	Users Completed
DSE Workstation Re-Assessment	100	12%	6%	0	25%	56%
DSE Workstation Training and Assessment	100	36%	6%	0%	12%	45%

Appendix C

March 2025

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	533	66	32	0	138	297
DSE Workstation Training and Assessment	2927	1048	180	14	361	1324

Percentages

Title	Users assigned	Users not started	Users in progress	Users failed	Users under review	Users completed
DSE Workstation Re-Assessment	100%	12%	6%	0%	26%	56%
DSE Workstation Training and Assessment	100%	36%	6%	0%	12%	45%

Agency and self-employed workers that are DSE users will be required to complete DSE training and self-assessment when contracted to the council for more than 10 working days. This should take place as soon as possible after the 10 working days period.

Mandatory training modules available in Awaken online health and safety training are:

1. **Display screen equipment (DSE) training and self-assessment** (for all DSE users)
2. **Health and safety induction** (for new starters and periodic refresher training)
3. **Fire safety awareness**
4. **Manual handling induction and,**
5. **Workplace well-being**

A violence and aggression training module will be added to the suite of health and safety training modules. It will be reviewed by senior management of People and Talent and corporate health and safety. All staff will be required to complete it once rolled out.

DSE workstation training and self-assessments

Staff are sent an automated reminder to undertake DSE training and assessment when they join the council and for refresher re-training and re-assessment every two years.

DSE workstation Re-Assessments

This period will be sooner if there is

- ❖ a major change to the user's software
- ❖ a major change to any of the equipment (screen, keyboard, input devices etc.)
- ❖ a substantial increase in the amount of time required to be spent using DSE
- ❖ a substantial change in other task requirements (for example, greater speed or accuracy)
- ❖ if the workstation is relocated (even if all equipment and furniture stay the same)

- ❖ if major features of the work equipment are significantly modified (for example, lighting)
- ❖ if the employee becomes an expectant mother, as part of her expectant mother risk assessment (and reviewed at each trimester of pregnancy, or more frequently if required)
- ❖ if a DSE assessment is required as reasonable adjustment or is part of a return-to-work risk assessment.

Cases under review

The appropriate remedial actions must be addressed as they are reported to managers via the Awaken training and assessment software module. Managers can seek further advice from the corporate health and safety team, or, where underlying health conditions are identified, through the wellness centre (occupational health).

Management and monitoring of staff training and self-assessment

Managers and those that manage others receive monthly Awaken DSE training status reports for their staff. Awaken will send out a summary email with every four weeks with important statistics about the managers area of responsibility, e.g., cases that have been referred to them where staff issues have been identified.

Resources

An Awaken DSE Managers Guidance document, [Awaken Managers guide](#) is available for managers to access when required. It can be accessed from the health and safety intranet page and the monthly Awaken DSE training status reports.