

**ANNUAL HEALTH AND SAFETY AND ENVIRONMENTAL COMPLIANCE REPORT**  
**2024/25 - Report by Chief Executive**

**Summary**

An important element of the governance structure relating to the charity's health and safety and environmental compliance performance is the annual Health and Safety and Environmental Compliance Report. This report is for financial year 2024/25 and has been considered by the Health and Safety and Environmental Compliance Committee.

It is recommended that Directors note that during financial year 2024/25:

- i. there were no notifications for improvement, nor enforcement actions;
- ii. there were no environmental incidents requiring SEPA notification;
- iii. the low number and low severity of accidents or incidents over the reporting period, reflecting continuing good practice across the charity;
- iv. there had been nine incidents (not resulting in injury) in the year, relating to chemical dispensing units and use of cleaning chemicals, the Health and Safety and Environmental Compliance Committee is overseeing improvement actions relating to this;
- v. at the Health and Safety and Environmental Compliance Committee continues to meet quarterly with officers and the Charity's external Health and Safety advisers to review Health and Safety performance; and
- vi. the external safety audit was completed by QLM during June 2024 with an action plan created for risk reduction.

**1. Strategy Contribution**

1.1 High Life Highland's (HLH) purpose is Making Life Better, The HLH Strategy for 2025 – 2030 contains five strategic objectives which support the delivery of this purpose, and this report supports the following highlighted objectives:

1. Delivery of affordable, accessible and inclusive services across the region.
2. Maximise and grow income to reinvest across services.
3. Ensure a consistent high value of delivery across HLH services.
4. Commit to the net zero and sustainability agenda.
5. **Efficient and effective service delivery through our people and processes.**

**2. Background**

2.1 The HLH Health and Safety Policy Statement requires annual and exception reporting to the HLH Board on health and safety performance.

2.2 The Health and Safety and Environmental Compliance Committee, at its meeting held on 12 May 2025 considered this report in draft form and "**APPROVED**" the report for submission to the HLH Board at its June 2025 meeting. Approval was subject to amendment into a streamlined reporting format focused on significant

incidents, corrective actions and associated risks Full detail would continue at Committee level.”

- 2.3 During its discussion the Committee “considered how best to report back to the HLH Board and whether the current annual report provided adequate assurance that incidents, particularly chemical-related ones, had been appropriately addressed. In this regard it was suggested that the report include more specific references to actions taken. These included staff training, equipment reviews and engagement with suppliers, to better reflect the scrutiny applied by the Committee.”

### **3. Health and Safety and Environmental Compliance Performance**

- 3.1 Taking account of the decisions above by the Committee, the following information is provided for the HLH Board based on the detailed quarterly performance information which it has considered throughout 2024/25.
- 3.2 There was one accident reported under RIDDOR in the reporting period and this is summarised in **Appendix A**. This is subject to an insurance claim. The member of staff returned to work on full duties within one month of the accident.
- 3.3 Incidents which could have resulted in a fire are monitored and there were three in 2024/25 as follows:
- Plastic melting on sauna stones (Plastic liners within sauna buckets removed from all HLH sites);
  - Kitchen glove on a cooker (3<sup>rd</sup> party catering team and management given support and advice to prevent reoccurrence);
  - Electrical fault (Electrical Installation Condition Report certificate was in date, electrical panel tripped, no fire but did create some smoke, The Highland Council (THC) contractor attended site to resolve issue).
- 3.4 All of these matters were addressed with learning shared amongst the team at the staff health and safety meeting. All of the incidents were reviewed by the Committee.
- 3.5 There were no enforcing officer notifications for improvement, nor enforcement actions during the reporting period. There were no environmental incidents which required to be reported to SEPA during the reporting period.
- 3.6 Leisure staff carry out cleaning in leisure sites (other services are part of the THC cleaning Service Level Agreement). There were nine incidents (all with no injuries) relating to dispensing cleaning products or the use of chemicals. The majority related to new chemical dispensers used for dosing concentrated products into a bucket or bottle for dilution prior to use. The dispensers had been recommended, provided and installed by the chemical supplier. The following action has been taken to reduce the likelihood of future incidents:
- i. staff in the leisure team were informed of the trend;
  - ii. staff were encouraged to consider this topic as one of ensuring that we were keeping our people safe in an attempt to positively communicate with them, including staff being encouraged to support each other to be safe;
  - iii. staff were reminded about procedures for handling undiluted cleaning products (including use of PPE);

- iv. training was provided by the supplier on the use of the dispensers; this training was reiterated to staff after incidents stated to occur;
- v. the leisure management team have carried out site visits at all leisure centres and have confirmed that cleaning chemical storage and handling procedures have been reviewed, improvements made and are considered to be safe. Including: safety data sheets (SDS); risk assessments; training; safe systems of work; dispensing; storage; safety signage and safe disposal of out of date and un-used chemicals;
- vi. the previous method of dispensing cleaning products was reinstated (pelican pumps) where this was needed;
- vii. new cleaning chemical disposal units are being considered for installation at some HLH sites, the new system dispenses the products in their diluted form ready for use. Inverness Leisure will be the first site to use the new system with a target date of installation by end July 2025; and
- viii. the HLH Estates Officer has started to conduct an audit and will aim to review all sites by the end of August 2025.

#### **4. Annual External Audit**

- 4.1 The Committee agreed that the annual external safety audit for 2024/25 focus on Inverness Leisure where a two-day audit took place.
- 4.2 Actions were identified to reduce risk and these are monitored by the Health and Safety and Environmental Compliance Committee.
- 4.3 In March 2025 the Health & Safety team reviewed each action on site with the Responsible Premises Officer (RPO) providing evidence of completion to ensure that compliance has been achieved. At the time of writing this report, 36 out of the 39 tasks were completed. The three remaining tasks will continue to be monitored until completed and this will be reported to the Committee.

Task	Action recommended by auditor	Target completion date
12 – A2.4	It appears that only limited structural survey on the building has been completed in the last 5 years - consider full structural survey for the site	March 2026
19 – 13A	Comprehensive safe systems of work seen for tasks -however these are not matched with corresponding risk assessments - this requires to be completed.	July 2025
33 – C10.1	Consider paving slabs repair around the perimeter of the athletics track, number seen above tolerance level.	November 2025

#### **5. Safety Representatives Charter**

- 5.1 In line with the Safety Representatives Charter agreed in June 2016, all trade unions have been offered the opportunity to complete safety audits in 2024/25. No audits were requested/completed by Trade Unions.

## **6. Implications**

- 6.1 Resource Implications – there are no additional resource implications arising from this report.
- 6.2 Legal Implications - there are no additional legal implications arising from this report.
- 6.3 Equality Implications – there are no additional equality implications arising from this report.
- 6.4 Risk Implications – there are no new risks which require to be added to the risk register arising from this report.

### **Recommendations**

It is recommended that Directors note that during financial year 2024/25:

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- v. the Health and Safety and Environmental Compliance Committee continues to meet quarterly with officers and the Charity's external Health and Safety advisers to review Health and Safety performance; and
- vi. the external safety audit was completed by QLM during June 2024 with an action plan created for risk reduction.

Designation: Chief Executive

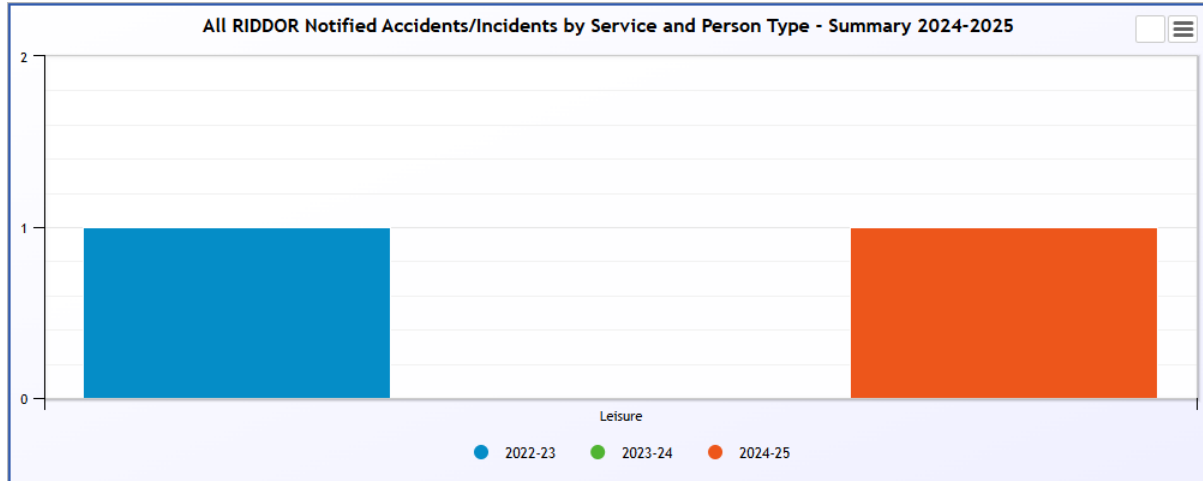
Date: 6 June 2025

Author: Craig Steedman, Head of Estates

## APPENDIX A

### All RIDDOR Notified Accidents/Incidents by Service and Person Type - Summary 2024-2025

Service Area	2022-23	2023-24	2024-25
Leisure	1	0	1
<b>Grand Total</b>	<b>1</b>	<b>0</b>	<b>1</b>



### RIDDOR Notified Accidents/Incidents - Q2 2024-2025

10928 Leisure Invergordon Leisure Centre - 31 July 2024 14:00

**Description**

During a staff training session, staff were performing scenario flume spinal procedure. The procedure had been carried out with several groups while others watched on. Another team came together to practice the flume spinal procedure, all of which had performed the procedure before and were regular staff member.

One of the staff members was strapped to the board as a pretend casualty when the member of staff who was at the head of the casualty slipped. The staff member on the left-hand side of the casualty let go of the spinal board with the staff member still on it.

All staff were asked after the incident if all were ok, no first aid to the staff member was performed at the time as they did not make the supervisor or manager aware of any issue, however first aid was provided to the employee that has slipped (reported on an incident form at the time), the staff member that was on the spinal board continued to carry out her full-time leisure assistant post. On Wednesday 7th August she passed her OTCA competency which included timed swims, separating multiple casualties, defensive blocks, CPR and choking.

On Saturday 10th August the staff member called in sick to work with a sore back. On Monday 12th August the staff member contacted the leisure manager to let her know that she had attended A&E due to her back getting progressively worse since the incident on 31/7/24 and that she had been scanned and it was determined that she had a slipped disc in her back and would need to be off work for the foreseeable. She would self-certify for that week and then had a doctor's appointment on Wednesday 21st August where she would get a fit note backdated.

The manager was on annual leave on Monday the 12th of August but on her return on Wednesday 14th alerted the head of Estates and triggered the incident and began to gather statements from the 3 x leisure assistants, trainer assessor and casualty involved.

Actions Taken	Full review of manual handling and SSOW for spinal board transportation from the flume.				
Recommendations	Description	R/Scope	Status	Date Due	Date Complete
	Review flume/ spa spinal procedures across HLH service	This HLH Service	Complete	2024-11-11	
	Trial carrying out CPR in the flume runout rather than removing casualty	This HLH Service	Complete	2024-09-07	2024-09-03
	Review alternative methods of removal if CPR in runout is not possible	This Facility	Complete	2024-09-07	2024-09-04
	Manual handling RA's and SSOW, update EAP	This Facility	Complete	2024-09-15	2024-09-03
	Manual handling training update	This Facility	Complete	2024-09-15	
	Review spa spinal procedure	This Facility	Complete	2024-09-15	2024-09-03