Item: 21

Policy and Resources Committee: 25 November 2025.

Evaluation of Service Health and Safety Performance.

Report by Director of Infrastructure and Organisational Development.

1. Overview

1.1. In line with the Health, Safety and Welfare Policy, each Service is required to produce an annual report evaluating its health and safety performance.

1.2. The Evaluation of Service Health and Safety Performance report, attached as Appendix 1, covers the period from 1 April 2024 to 31 March 2025. It is based on accident and incident data submitted to the Safety and Resilience service during this timeframe.

1.3. A total of 262 accidents/incidents were reported during the year, compared to 93 in the previous reporting period.

1.4. The increase in reported accidents and incidents this year reflects substantial enhancements to the reporting practices, which make direct comparisons with previous years more complex. Notably, this is the first year that all types of workplace incidents, including those previously underreported or recorded through separate channels in the Education service, have been consistently captured within a unified dataset. This improvement has been supported by greater engagement across teams in the Education service, which is now fully involved in the reporting process. As a result, the Council is gaining a clearer and more complete understanding of workplace safety.

1.5. In addition, updated guidance has clarified that a separate report must be submitted for each individual involved in a single incident, rather than grouping multiple individuals under one entry. This procedural change has led to a more accurate and detailed record of events but also contributes to the overall rise in numbers.

1.6. Taken together, these developments reflect a positive shift towards more transparent and comprehensive reporting, rather than a deterioration in workplace safety.

1.7. The number of reportable incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), defined as incidents resulting in over seven days' lost time or specified injuries, remained consistent at five, the same as the previous year.

1.8. This year's report includes updated formats and more in-depth analysis and discussion, providing a clearer picture of trends and areas for improvement.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the Evaluation of Service Health and Safety Performance for 2025/25, attached as Appendix 1 to this report.

3. Legislative position

3.1. Under Section 2(1) of the Health and Safety at Work etc. Act 1974, the Council has a statutory duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of all its employees while at work.

3.2. In accordance with Section 2(2) of the same Act, the Council is required to produce a written statement outlining its general policy on health and safety, along with the organisational structure and arrangements in place to implement and maintain that policy effectively.

3.3. Additionally, under Regulation 5 of the Management of Health and Safety at Work Regulations 1999, the Council must establish and maintain arrangements that are proportionate to the nature and scale of its operations. These arrangements must support the effective planning, organisation, control, monitoring, and review of all preventative and protective health and safety measures.

3.4. The preparation of this performance evaluation report is a key component of the Council's commitment to fulfilling its legal obligations and delivering on the objectives set out in its Health and Safety Policy. It provides a structured means of reviewing progress, identifying areas for improvement, and ensuring continuous development in health and safety management.

3.5. This process also supports corporate governance and accountability, enabling senior leaders and elected members to make informed decisions based on evidence. It ensures that health and safety performance is not only monitored but actively managed as part of the Council's broader risk management and workforce wellbeing strategies.

3.6. By embedding health and safety evaluation into its annual reporting cycle, the Council demonstrates its commitment to creating a safe and supportive working environment, aligned with both statutory requirements and organisational values.

For Further Information please contact:
Kenny MacPherson, Head of Property and Asset Management, extension 3007, Email kenny.macpherson@orkney.gov.uk

Implications of Report

1. **Financial:** None.
2. **Legal:** See section 3 above.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** The report relates to adverse events concerning Staff.
5. **Equalities:** An Equality Impact Assessment is not required for performance reporting.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for performance reporting.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
   ☐Growing our economy.
   ☐Strengthening our Communities.
   ☐Developing our Infrastructure.
   ☐Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:.** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
   ☐Cost of Living.
   ☐Sustainable Development.
   ☐Local Equality.
   ☐Improving Population Health.
9. **Environmental and Climate Risk:** Not applicable.
10. **Risk:** None.
11. **Procurement:** Not applicable.
12. **Health and Safety:** As detailed in the report.
13. **Property and Assets:** None.
14. **Information Technology:** None.
15. **Cost of Living:** Not applicable.

List of Background Papers
None.

Appendix
Appendix 1: Evaluation of Service Health and Safety Performance 2024/25.

Appendix 1

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Evaluation of Service Health and Safety Performance 2024/25

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Contents

Section 1 Purpose of the Report

1.1 In alignment with the Orkney Islands Council's Health, Safety and Welfare Policy, there is a requirement to produce an annual report that evaluates Council-wide health and safety performance over the reporting period. This process ensures accountability and supports continuous improvement in maintaining a safe working environment across all areas of the Council.

1.2 This report is based on the previous Orkney Islands Council (OIC) organisational structure, as the transition to the new structure occurred near the end of the reporting period. To ensure consistency and accuracy, all data and analysis have been aligned with the former configuration.

1.3 The next reporting cycle will reflect the updated organisational structure and any associated changes in reporting lines or service areas.

1.4 In addition to performance evaluation, this report outlines key developments, updates, and changes that have occurred during the reporting period in relation to the management of health and safety. These updates reflect the Council's ongoing commitment to upholding the principles and objectives set out in its Health and Safety Policy, and to fostering a proactive safety culture throughout the OIC.

Legislative Background

1.5 Under Section 2(1) of the *Health and Safety at Work etc. Act 1974*, Orkney Islands Council has a legal obligation to ensure, so far as is reasonably practicable, the health, safety, and welfare of all its employees while they are at work. This duty forms the foundation of the Council's approach to creating and maintaining a safe working environment.

1.6 In accordance with Section 2(2) of the same Act, the Council is also required to prepare and maintain a written statement of its general policy on health and safety at work. This statement must include the organisational structure and arrangements in place to implement and monitor that policy effectively. It serves as a key document in demonstrating the Council's commitment to health and safety compliance and continuous improvement.

1.7 Furthermore, Regulation 5 of the *Management of Health and Safety at Work Regulations 1999* places a duty on the Council to establish and implement appropriate arrangements for the effective planning, organisation, control, monitoring, and review of preventative and protective measures. These arrangements must be proportionate to the nature of the Council's activities and the scale of its operations.

1.8 The evaluation of health and safety performance, as presented in this report, is a core requirement of the Council's statutory duties and internal Health and Safety Policy. It

provides a structured means of assessing compliance, identifying areas for improvement, and reinforcing the Council's commitment to safeguarding the wellbeing of its workforce.

1.9 The Council also recognises its responsibilities under other relevant legislation, such as the *Workplace (Health, Safety and Welfare) Regulations 1992*, the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013*, and the *Health and Safety (Consultation with Employees) Regulations 1996*. These regulations collectively reinforce the Council's duty to maintain safe working conditions, report incidents appropriately, and engage with employees on matters affecting their health and safety.

1.10 In fulfilling these duties, the Council is committed to fostering a positive health and safety culture, where risks are effectively managed, and employees are encouraged to participate in the continuous improvement of health and safety practices. This includes regular training, clear communication of responsibilities, and the promotion of safe behaviours at all levels of the organisation.

1.11 The annual evaluation of health and safety performance not only supports legal compliance but also serves as a strategic tool for identifying trends, learning from incidents, and informing future planning. It enables the Council to benchmark progress, allocate resources effectively, and demonstrate accountability to stakeholders, including employees, elected members, and the wider community.

Section 2 Executive Summary

2.1 This report presents a comprehensive evaluation of Orkney Islands Council's (OIC) health and safety performance for the 2024/25 reporting period. It reflects the Council's commitment to maintaining a safe working environment and fulfilling its statutory obligations under the Health and Safety at Work etc. Act 1974 and associated regulations.

2.2 Key findings include:

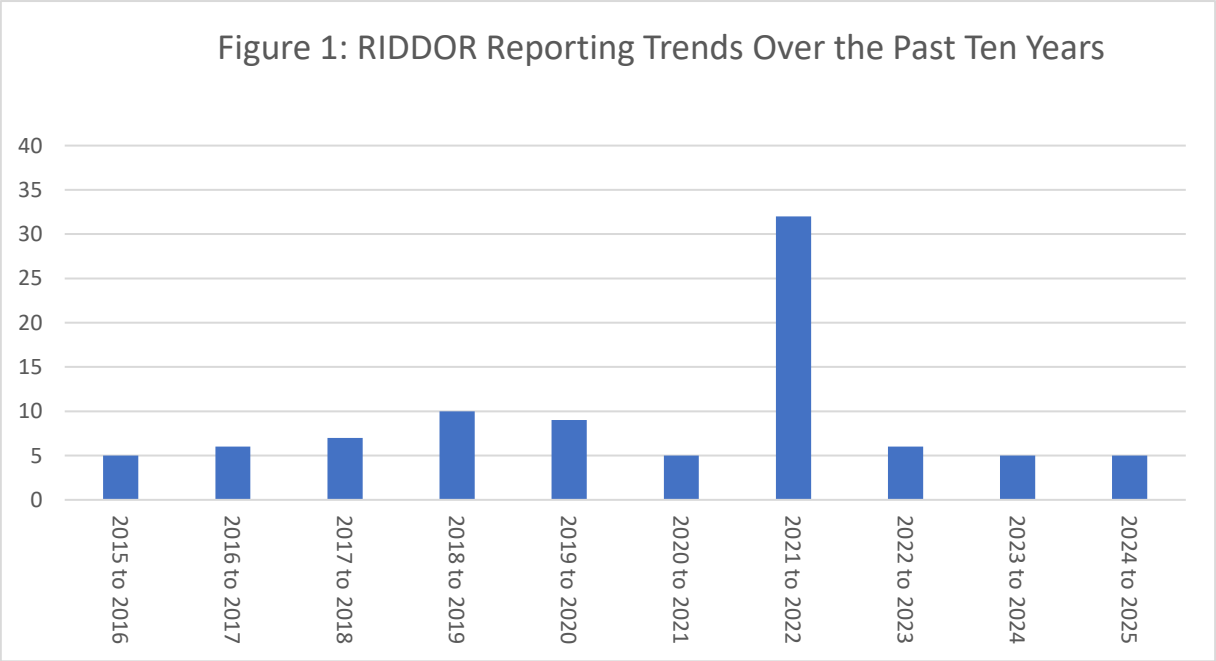
- **RIDDOR Incidents**: The number of RIDDOR-reportable incidents remained stable at five, consistent with the previous year. Most incidents involved fractures due to slips, trips, and falls.
- **Overall Incident Trends**: The overall increase in reported incidents is primarily due to improved reporting practices, particularly within education and care settings. When newly captured data is excluded, the underlying incident rate remains broadly consistent.
- **Service-Level Performance**: Three directorates (Orkney Health and Care (OHAC), E&SR (Enterprise and Sustainable Regeneration), Education, Leisure and Housing (ELH)) showed increased incident reporting, one matched the five-year average (Strategy, Performance and Business Solutions (SPBS)), and one showed a decrease (Neighbourhood Services and Infrastructure (NSI)). These variations reflect both improved reporting practices and targeted interventions.
- **Behavioural Analysis**: Acts Of Violence data was analysed using a dual-framework approach, revealing that cognitively influenced behaviours and physical violence are the most prevalent. This insight supports the need for trauma-informed practices and targeted behavioural support.
- **Reporting of Acts of Violence to Staff**: During this reporting period, the recording of acts of violence against staff was mainly limited to very specific circumstances. Elevated numbers of incidents were recognised at the time, and the issue was appropriately addressed through targeted intervention. Since February 2025, reported incidents have steadily declined and continue to decrease into the 2025/26 reporting period.
- **Health and Safety Management System**: The Council continues to implement a robust system encompassing policy, guidance, inspections, training, and strategic meetings to ensure compliance and continuous improvement.

2.3 The report concludes with strategic recommendations to enhance safety culture, leadership engagement, mental health support, and the use of data-driven tools.

Section 3 Reporting Period Data Summary

3.1 Crucially, the most important data for OIC regarding accident/incidents is the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports which have remained stable. There have been 5 RIDDORs, which is aligned with the previous reporting period (April 2023 to March 2024).

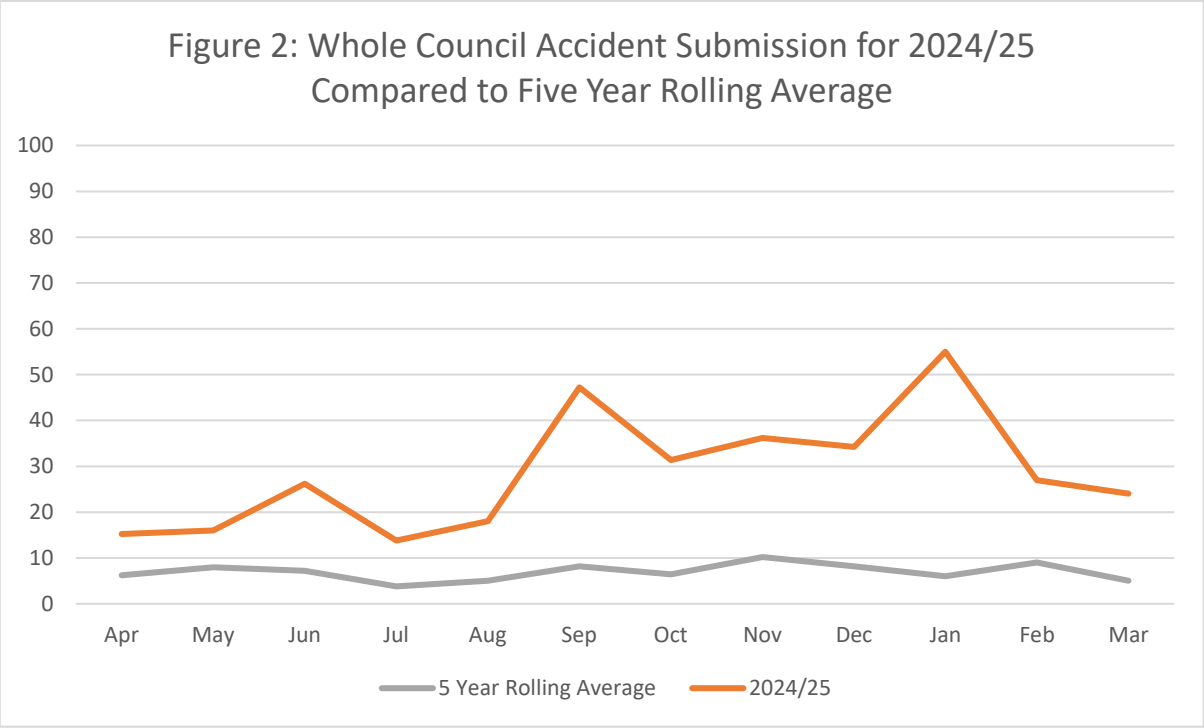
3.2 Most of the reported incidents under RIDDOR this reporting period are primarily due to fractures. Under RIDDOR, all fractures (except those to fingers, thumbs, and toes) are reportable when diagnosed or confirmed by a doctor. The root causes of these incidents were slips, trips, and falls. These types of accidents can occur in various work environments and while many safety measures can be implemented to reduce the risk of such incidents, they are not always easily preventable due to factors like human error, unforeseen hazards, and the dynamic nature of certain work environments complicated by weather conditions. In all RIDDOR cases, Safety and Resilience will conduct an investigation and create a findings report for the relevant service area, identifying areas for improvement or action.



3.3 It is important to note that the incidence of serious injuries and dangerous occurrences has not significantly increased. This stability suggests that efforts in safety reporting and performance are effective. While OIC is identifying more health and safety reports, as detailed in the following summary of the data, it indicates that even though OIC staff are becoming more vigilant in identifying potential issues, overall safety remains controlled.

3.4 Figure 2 presents all OIC data for the current reporting period in comparison to the five-year rolling average. The overall trend data for the entire Council is statistically similar to the rolling five-year average, indicating that the months with higher or lower numbers of

reported accidents remain consistent. This consistency suggests that the safety measures and reporting practices are stable over time. However, there are some notable increases in the pattern, which will be further detailed in the following data summary. These increases may highlight specific areas or periods where additional attention or intervention is required to maintain safety standards.



3.5 Figure 3 provides a breakdown of the current reporting period for all services and each directorate area individually. This data is compared to the five-year rolling average for each directorate, which considers a full year. By examining the period, OIC can gain valuable insights into the service projections for the entire year. This comparison helps develop the understanding of how each directorate is performing relative to historical trends and identify any significant deviations. Such analysis is crucial for making informed decisions and implementing necessary adjustments to maintain or improve service quality and safety standards. Currently:

- One service matches the five-year rolling average (SPBS)
- One service is showing a decrease compared to the five-year rolling average (NS&I)
- Three services have increased compared to the five-year rolling average. (OHAC, E&SR and ELH)

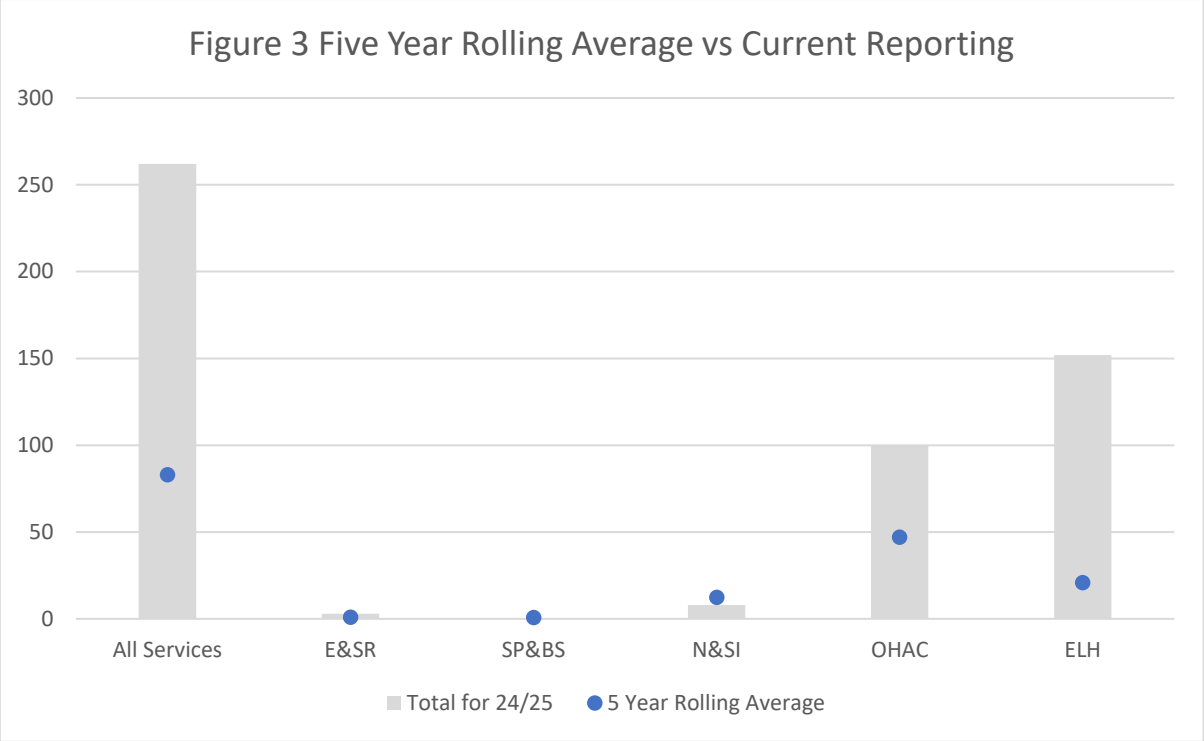


Figure 3 Five Year Rolling Average vs Current Reporting
300
250
200
150
100
50
0
All Services
E&SR
SP&BS
N&SI
OHAC
ELH
Total for 24/25
5 Year Rolling Average

Section 4 Service-Level Evaluation and Overview

4.1 To support a well-rounded understanding of health and safety performance at service level across the Council, the data presented in this section will be subject to structured assessment and informed discussion. This approach allows for the identification of key trends, emerging issues, and areas of good practice. By combining data analysis with contextual insights, the Council can evaluate the effectiveness of its current health and safety arrangements, inform future planning, and ensure continuous improvement. This process also reinforces transparency, accountability, and alignment with the Council's strategic objectives and statutory responsibilities.

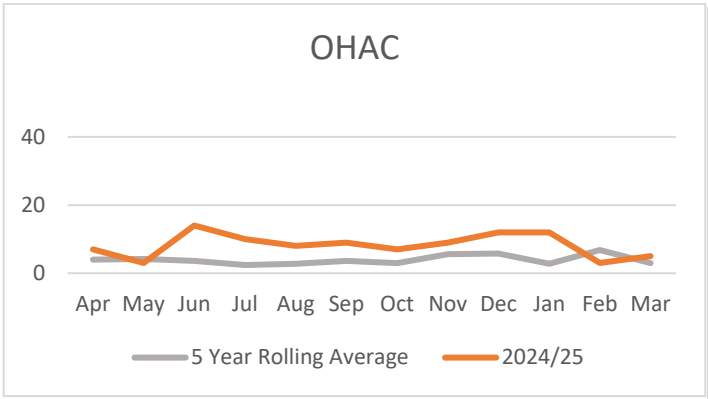
4.2 Figure 4 presents a monthly breakdown of incident data across each directorate, benchmarked against the rolling five-year average to provide context and highlight emerging trends.

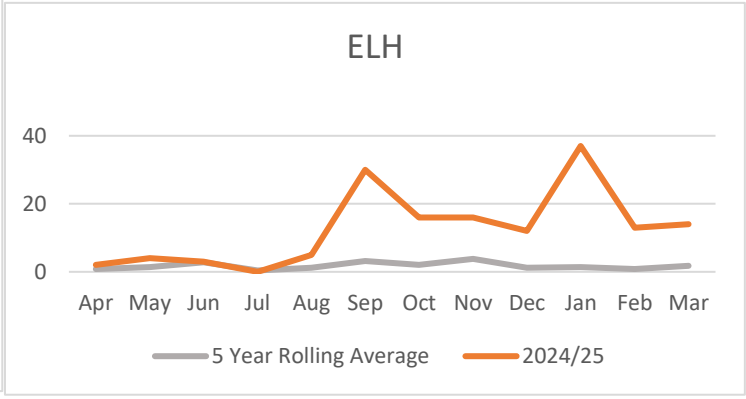
4.3 The Strategy, Performance and Business Solutions (SPBS) directorate demonstrates a stable trend, indicating consistent performance and effective management of health and safety risks over time.

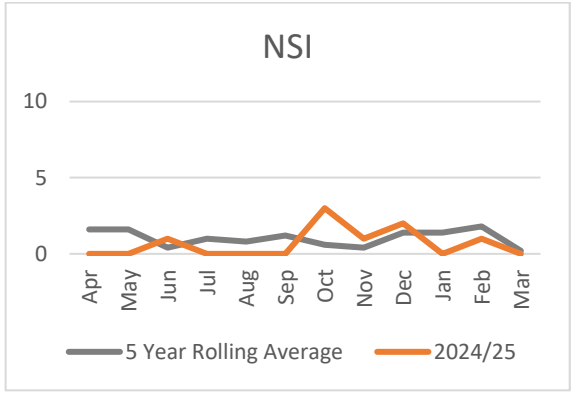
4.4 In contrast, the Neighbourhood Services and Infrastructure (NSI) directorate shows a downward trend, which may reflect a reduction in incidents or improvements in reporting practices, training, or operational controls.

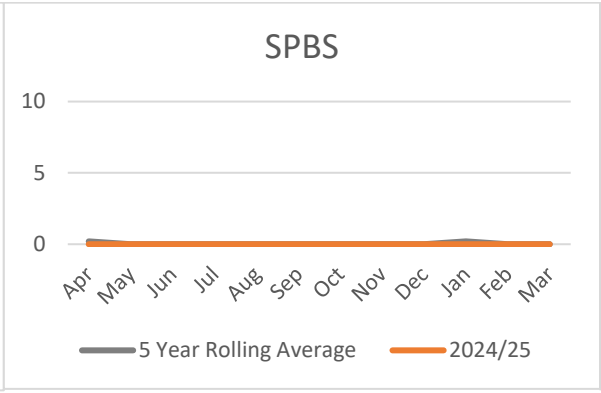
4.5 The Education, Leisure and Housing (ELH) and Orkney Health and Care (OHAC) directorates both exhibit more notable changes. ELH shows a marked shift in trend, warranting further analysis to determine underlying causes. OHAC, while previously experiencing fluctuations, now appears to be stabilising. These fluctuations have often corresponded with specific patient-related incidents. The recent stabilisation is likely influenced by targeted collaboration between the Safety and Resilience (S&R) team and OHAC during late 2023 and early 2024. This joint effort focused on raising awareness and improving the reporting, contributing to a more accurate and consistent data profile.

4.6 Meanwhile, the Enterprise and Sustainable Regeneration (E&SR) directorate shows a slight upward trend. While this may reflect minor fluctuations, it could also signal emerging issues that require closer monitoring and further investigation.









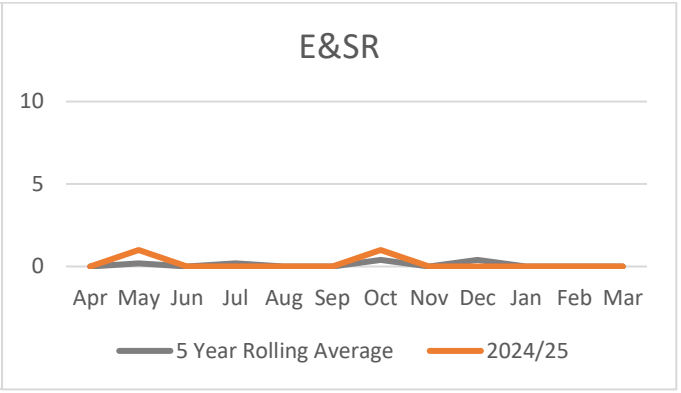


Figure 4: The figures above provide a monthly breakdown by directorate, benchmarked against their respective rolling five-year averages.

4.7 Understanding the nature and frequency of accidents is vital for effective safety management and prevention. OIC uses Health and Safety Executive (HSE) categorisations to systematically review and interpret accident data.

4.8 When compared to last year's report directly it shows that four accident categories have experienced a reduction in incidents, suggesting positive developments in those areas. One category has remained unchanged, indicating a stable trend. However, two categories have seen an increase in reported accidents, pointing to potential areas that may benefit from further investigation and targeted action.

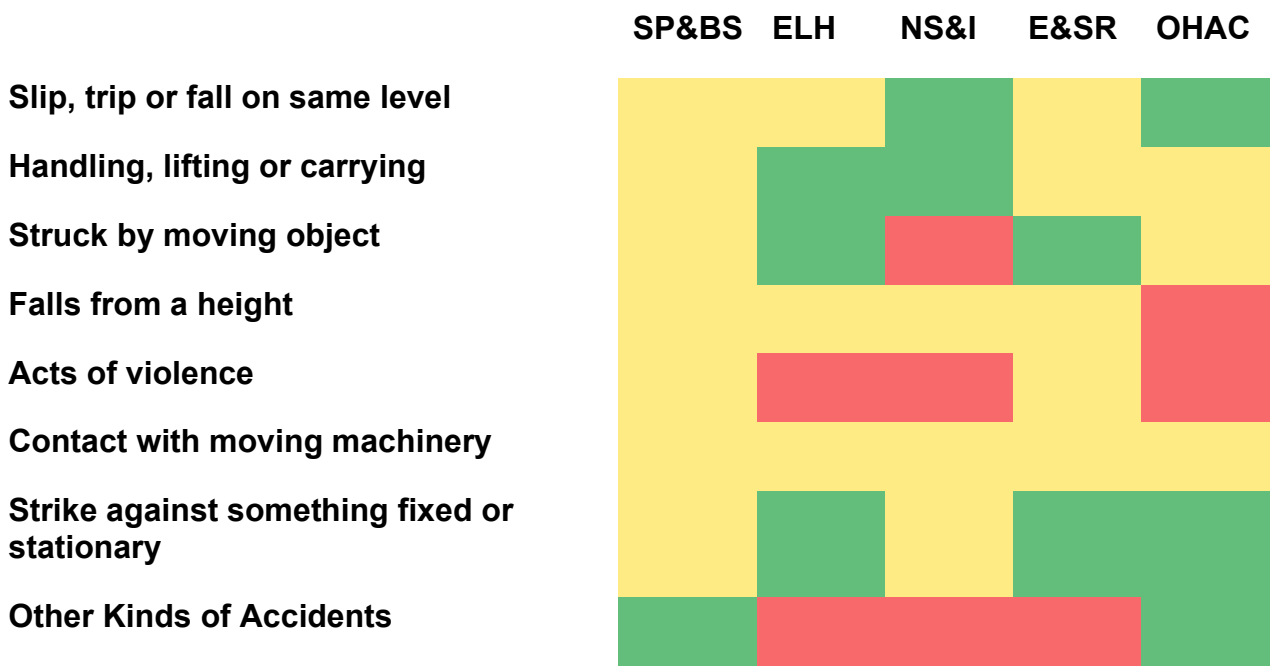
4.9 To better understand these shifts, a detailed analysis was carried out at the service level. This deeper review explored the specific factors driving the changes in accident trends. By examining the data more closely, OIC can develop focused strategies to address rising trends and reinforce improvements where reductions have occurred.

Overall Council Data Review

4.10 Figure 5 brings together data from all Directorates and aligns it with HSE categorisations, offering a visual overview of how accident trends have shifted between the full reporting periods of 2023/24 and 2024/25.

- Decrease in accident reports: Shown in green, indicating a reduction in reports.
- Stable accident reports: Shown in yellow, signifying consistent levels of reports.
- Increase in accident reports: Shown in red, highlighting a rise in reports.

Figure 5 below – Overview of the current status of accident reports by directorate, categorised according to HSE classifications.



Out of the 40 specific areas across the directorates that are being monitoring in accordance with HSE guidelines, 11 (27%) are showing a decrease in current reporting, 21 (53%) are currently stabilised, and 8 (20%) are showing an increase.

4.11 Overall, this is a favourable position for several reasons:

1. **Reduction in Accidents**: With 27% of areas showing a decrease in accident reports, it indicates that safety measures and interventions are effectively reducing the number of accidents. This positive outcome reflects improvements in safety practices and awareness, as also seen in OIC's current RIDDOR reporting level.

2. **Stabilisation**: Having 53% of areas with stabilised numbers suggests that the majority of areas are maintaining a consistent level of safety. Stability is crucial as it shows that previous improvements are being sustained over time, preventing any regression into higher accident rates.

3. **Targeted Focus**: The 20% of areas showing an increase in reports is partly due to a targeted focus on Acts of Violence, which has led to increased reporting in this specific area. In other areas with increased reports, the numbers were previously low, so even a small change of one or two incidents can significantly impact the statistics for that service. However, even small increases should be addressed. For example, several other kinds of accidents were related to equipment failure or improper use of equipment. To address this, Safety and Resilience issued safety notices to all Services and conducted further equipment examinations and support to staff to ensure safe equipment usage. Since those actions no similar type accidents have been reported.

Finally it is important to recognise that the inclusion of Acts of Violence (AOV) data has had a significant influence on the overall volume of reported incidents. If AOV-related incidents were excluded from the dataset, the total number of reported accidents and incidents would show a notable decrease compared to the previous year's figures.

This trend suggests that, aside from violence-related behaviours due in the main to a specific and restricted set of circumstances, there is a positive shift in the reporting of other types of incidents potentially reflecting the impact of preventative measures, improved safety practices, or changes in service delivery.

However, the rise in AOV reporting also highlights the growing awareness and prioritisation of behavioural incidents, particularly in settings such as education and care services. It reflects better reporting mechanisms, increased staff confidence in using adverse event systems, and at a specific time a genuine increase in the frequency and severity of violent behaviours occurred.

This distinction is crucial for interpreting year-on-year comparisons accurately. It ensures that strategic decisions, resource planning, and policy development are based on a clear understanding of what is driving changes in incident data, rather than assuming a uniform increase or decrease across all categories.

Section 5 Acts of Violence

5.1 It is important to highlight that this reporting period represents the first full cycle of capturing acts of violence in schools through the adverse event reporting process. As such, the data collected is not fully comparable with previous reporting periods, which did not include this level of detail or consistency in reporting. This progress has been driven by support from trade unions and multiple OIC Services, ensuring full reporting in this area and reinforcing the commitment to transparency and safety in educational settings.

5.2 To support meaningful interpretation, additional analysis was undertaken and is presented here. This work aimed to better understand the nature and context of the incidents, recognising that workplace violence is a complex and multifaceted issue.

5.3 During this reporting period, the recording of acts of violence against staff was primarily limited to specific, identifiable circumstances, that crossed both OHAC and Education settings often involving young persons with complex needs or situations requiring additional support. A noticeable increase in incidents was recognised in this cycle, prompting a coordinated and timely response through targeted interventions, enhanced support measures, and multi-agency collaboration at that time. These efforts were contributory in addressing the root causes and mitigating further escalation. Since February 2025, the number of reported incidents has shown a consistent downward trend, reflecting the effectiveness of these interventions. This positive trajectory has continued into the 2025/26 reporting period.

5.4 At present, there is no nationally agreed best practice or standardised methodology for analysing violence in the workplace. Given this gap, a decision was made to align with approaches adopted by other local authorities. As a result, acts of violence have been assessed using a two-category framework, designed to provide clarity and consistency in how incidents are classified and understood.

5.5. Behaviour Classification Framework

5.5.1 The behavioural classification approach relies on two key assessments.

5.5.2 First, it categorises behaviours based on the underlying causes or influences behind harmful actions. This framework is especially valuable in environments such as education, care services, and behavioural support, where understanding the intent and context of behaviours is crucial for effective intervention and safeguarding.

Each category reflects a different context in which harm may occur:

Category	Description
Deliberate	Clear and purposeful actions that resulted in harm
Accidental	Harm occurred unintentionally, without purposeful action

Category	Description
Cognitively Influenced	Actions shaped by cognitive impairment, emotional distress, or unmet needs

5.5.3 The second assessment part outlines the various types of behaviours that require intervention or documentation. Each category includes a clear description to support consistent understanding and response:

Category	Description
Externalising Behaviour	Behaviour directed outwardly, such as aggression, defiance, disruption, or vandalism. This may indicate emotional distress, learning challenges, or social difficulties.
Inappropriate Communication / Abuse	Communication that is disrespectful, offensive, or harmful, including swearing, name-calling, bullying, or harassment.
Physical Injury or Violence	Actions that cause or risk causing physical harm to oneself or others, such as hitting, kicking, biting, or throwing objects.
Threatened with a Weapon	Any situation where an individual is threatened with an offensive weapon, meaning any object used or intended to cause harm.
Threatening Behaviour	Behaviour intended to intimidate, frighten, or pressure others, including verbal threats, gestures, or intimidating body language.
Unacceptable Behaviour	Actions that do not align with expected standards or rules, such as rule-breaking, or disrespectful conduct.

This structure supports clear documentation, risk assessment, and tailored intervention planning, ensuring that responses are appropriate to the nature and severity of the behaviour.

5.6 AOV Service Area Assessment Results

5.6.1 ELH Key Insights from Assessment Type 1

5.6.2 The analysis of behavioural patterns within the dataset reveals several notable trends across the three primary behavioural categories Cognitively Influenced, Deliberate, and Accidental:

1. **Prevalence of Cognitively Influenced Behaviours**
   Behaviours driven by cognitive or emotional factors constitute the majority of recorded incidents, particularly within the Moderate severity category. This suggests that a significant proportion of safety-related events may stem from psychological stressors, decision-making under pressure, or emotional responses. The dominance of this category highlights the importance of targeted interventions such as mental health support, stress management training, and cognitive resilience programmes.

2. **Distribution of Deliberate Behaviours Across Severity Levels**
   Incidents classified as those involving intentional actions, are more evenly spread across all severity levels. However, there is a marked concentration within the High severity category, indicating that when individuals act with intent, the consequences tend to be more serious. This pattern underscores the need for robust deterrents, clearer behavioural expectations, and potentially disciplinary frameworks to address high-impact intentional behaviours.

3. **Rarity of Accidental Incidents**
   Accidental behaviours appear infrequently in the dataset and are confined to the Moderate severity level. This limited representation may reflect either a genuinely low occurrence rate or potential underreporting due to misclassification or lack of visibility. It may also suggest that only incidents meeting a certain threshold of impact are being recorded. Further investigation into reporting practices and classification criteria could help clarify this trend and ensure that all relevant incidents are appropriately captured.

5.7 Key Insights from Assessment Type 2

5.7.1 The behavioural analysis from Assessment Type 2 highlights distinct patterns in the nature and severity of reported incidents. These insights provide valuable direction for targeted interventions and policy development:

1. **Dominance of Physical Injury or Violence**
   Acts involving physical harm or violence are the most frequently reported behaviours in this dataset. These incidents are predominantly concentrated within the *Moderate severity* category, but there is also a significant presence in the *High severity* range. This distribution suggests that physical aggression remains a concern, with a substantial proportion of cases having serious implications for safety and wellbeing. The findings reinforce the need for proactive measures such as conflict de-escalation training, enhanced supervision, and clear protocols for managing violent behaviour.

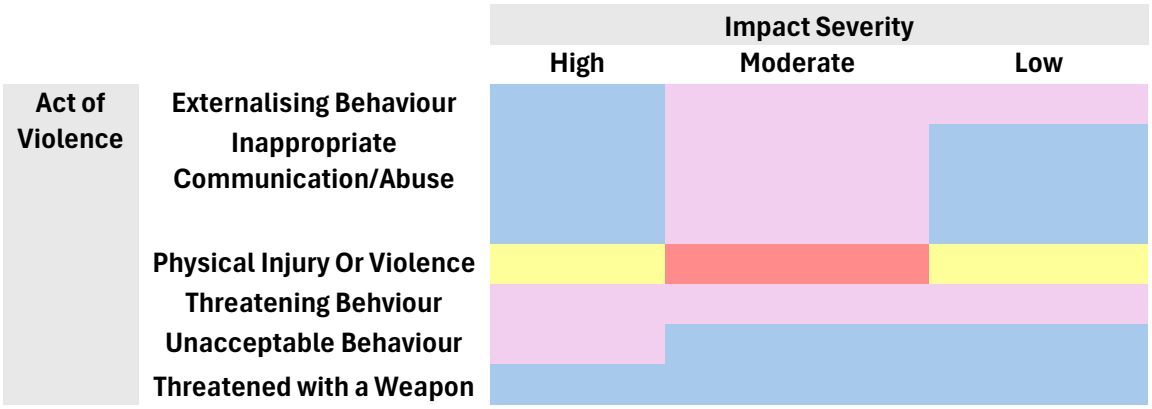
2. **Prevalence of Externalising Behaviours at Lower Severity Levels**
   Externalising behaviours such as disruptive actions or outward expressions of frustration are primarily observed in the *Low* and *Moderate severity* categories. While these incidents may not result in immediate harm, they can contribute to a destabilising environment and impact team cohesion and morale. Addressing these behaviours through early intervention strategies, behavioural support plans, and consistent reinforcement of expectations may help reduce their frequency and escalation.

3. **Severity of Threatening and Unacceptable Behaviours**
   Although less common overall, threatening and unacceptable behaviours tend to be more severe when they do occur. Their presence in higher severity categories indicates that these incidents, while infrequent, carry significant risk and require swift, decisive responses. This underscores the importance of having clear reporting mechanisms, strong safeguarding policies, and staff training focused on recognising and managing high-risk behaviours.

4. **Rarity of Inappropriate Communication and Abuse**
   Incidents involving inappropriate communication or verbal abuse are rare within the dataset and appear exclusively in the *Moderate severity* category. This limited representation may reflect either a genuinely low occurrence rate or potential underreporting due to ambiguity in classification. Further exploration into how such behaviours are identified and recorded could help ensure that all relevant incidents are captured and addressed appropriately.

Heat Map Intensity Scale
0
1 to 12
13 to 39
40 to 80

		Type		
		Accidental	Cognitively Influenced	Deliberate
Impact Severity	High			
	Moderate			
	Low			



5.8 ELH Overall Summary

5.9 Across both ELH AOV assessments, a clear pattern emerges: moderate severity incidents are the most frequently reported. This suggests a consistent level of disruption or harm that, while not always critical, still demands attention. These incidents likely represent behaviours that are persistent, impactful, and potentially escalating if not addressed highlighting the importance of early intervention and consistent monitoring.

5.10 The data also reveals a notable prevalence of cognitively influenced behaviours and physical acts of violence. This underscores the need for targeted behavioural support strategies, particularly in environments such as education where individuals may present with complex emotional or cognitive needs. The frequency of these behaviours suggests that many incidents are not simply disciplinary in nature but may be symptomatic of underlying conditions or unmet support needs.

5.11 Furthermore, the presence of high-severity incidents within deliberate and physically violent categories indicates a risk of significant harm to individuals or staff. This reinforces the importance of robust safeguarding protocols, staff training in de-escalation techniques, and trauma-informed approaches to behaviour management.

5.12 OHAC Key Insights from Assessment Type 1

5.13 The heat map illustrates the distribution of incidents across three categories Accidental, Cognitively Influenced, and Deliberate segmented by impact severity levels: High, Moderate, and Low. In care settings, cognitively influenced incidents appear to be the most prevalent, demonstrating a consistent presence across all severity levels. Accidental incidents are comparatively infrequent. This pattern suggests that care environments may benefit from targeted strategies to address cognitively influenced behaviours, with a focus on staff training, resident support, and proactive risk management.

5.14 Key Insights from Assessment Type 2

5.15 The heat maps provide a visual representation of the frequency and severity of various violent or disruptive behaviours, offering a clear overview of incident patterns across three impact categories: *Low*, *Moderate*, and *High*. The use of a consistent colour scale (0–80) and unified palette enhances comparability and helps to pinpoint areas of concern effectively. The following insights emerged from the analysis:

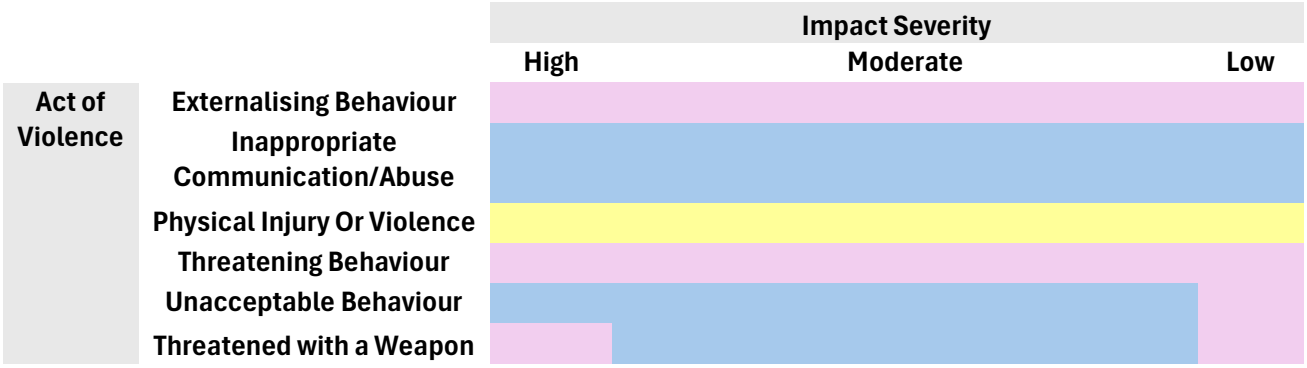
1. **High Prevalence of Physical Injury or Violence**
   Incidents involving physical injury or violence are the most frequently reported across all severity levels. This trend highlights the need for preventative strategies, including staff training in de-escalation techniques, enhanced monitoring, and clear protocols for managing physical aggression.

2. **Externalising and Threatening Behaviours Predominantly Low to Moderate Severity**
   Behaviours such as externalising actions (e.g. shouting, disruptive conduct) and threatening behaviour are more commonly associated with *Low* and *Moderate severity* impacts. While these incidents may not always result in physical harm, they contribute to a disruptive and potentially unsafe environment. Early intervention, behavioural support, and consistent reinforcement of expectations are key to mitigating these behaviours before escalation occurs.

3. **Seriousness of Weapon-Related Threats**
   Although incidents involving threats with a weapon are relatively rare, they are predominantly classified as *High severity*. This reflects the inherently serious nature of such threats and the potential for significant harm. These findings underscore the importance of robust safeguarding measures, clear reporting pathways, and immediate response protocols to ensure safety and compliance with legal and organisational standards.

Heat Map Intensity Scale
0
1 to 12
13 to 39
40 to 80

		Type		
		Accidental	Cognitively Influenced	Deliberate
Impact Severity	High			
	Moderate			
	Low			



5.16 OHAC Overall Summary

5.17 The heat map analysis from both Assessment Type 1 and Assessment Type 2 reveals consistent and patterns in the frequency and severity of violent and disruptive behaviours. Most notably, physical injury or violence emerges as the most prevalent behaviour type across all severity levels, with a particularly strong concentration in the High severity category. This indicates that physical aggression often leads to serious consequences, underscoring the need for preventative strategies. These should include comprehensive staff training in conflict resolution and de-escalation techniques, enhanced supervision, and clearly defined escalation protocols to manage such incidents effectively.

5.18 Externalising and threatening behaviours, while less severe, are still disruptive and commonly associated with Low to Moderate severity incidents. These behaviours such as shouting, refusal to comply, and verbal threats may not result in physical harm but can significantly undermine the working environment and contribute to emotional distress. The data suggests that early intervention, consistent behavioural expectations, and supportive mechanisms are essential to prevent these behaviours from escalating into more serious incidents.

5.19 Although rare, incidents involving threats with a weapon are inherently serious due to their potential to inflict both psychological and physical harm. These findings highlight the importance of having robust safeguarding procedures, rapid response protocols, and legal compliance frameworks in place to address weapon-related incidents swiftly and effectively, ensuring the safety of all individuals involved.

5.20 Inappropriate communication, abuse, and unacceptable behaviour appear less frequently in the dataset, with isolated instances in the Moderate and High severity categories. Their limited presence may suggest underreporting or a narrow definition within the reporting framework. Despite their lower frequency, these behaviours can have a targeted and damaging impact on individuals or teams. Addressing them requires clear communication policies, awareness training, and supportive reporting mechanisms to ensure they are identified and managed appropriately.

5.21 NSI

5.22 The NSI dataset includes only two reported incidents involving Acts of Violence (AOVs), which limits the ability to conduct a comprehensive assessment using the two-step behavioural framework applied elsewhere in the report. However, it is important to note that both incidents are classified as high severity, offering meaningful insights into the nature of behavioural risks and the robustness of current reporting practices within the service.

1. **Deliberate Threatening Behaviour**
   One incident involves threatening behaviour that was identified as *deliberate*. This suggests a purposeful act intended to intimidate or cause distress, with a significant impact on the individual or environment involved. The classification as high severity reflects the seriousness of the behaviour and its potential to escalate. Such incidents typically warrant immediate intervention, activation of safeguarding protocols, and consideration of disciplinary measures. This case highlights the importance of recognising and responding to intentional aggression swiftly and consistently.

2. **Accidental Physical Injury or Violence**
   The second incident relates to physical injury or violence, which was classified as *accidental*. Despite the absence of intent, the consequences were severe enough to be recorded as high impact. This underscores the need to consider context when evaluating incidents accidental behaviours can still result in serious harm. The incident may point to underlying environmental risks, or procedural gaps that require attention. Addressing these factors is essential to prevent recurrence and ensure a safe working environment.

5.23 NSI AOV Interpretation and Implications

5.24 Although the dataset is limited in size, it presents two contrasting behavioural profiles: one *intentional and aggressive*, the other *unintentional but harmful*. This contrast reinforces the need for differentiated responses:

- **Deliberate behaviours** call for behavioural management strategies and accountability mechanisms.

- **Accidental incidents** may require environmental adjustments, procedural reviews, and enhanced supervision to mitigate risk.

5.25 The fact that both reported incidents are classified as high severity may suggest that the current reporting process is capturing only the most critical events. Alternatively, it may reflect the nature of the setting in which these incidents occurred potentially high-risk or high-impact environments.

5.26 To support improved reporting and understanding, Safety & Resilience Service continues to collaborate with all services to deliver training and guidance on the criteria for reporting acts of violence at work. This ongoing engagement aims to ensure that all relevant incidents are appropriately identified, classified, and addressed.

Section 6 Health and Safety Management System Overview

6.1 The OIC Health and Safety Management System is structured to ensure a proactive, consistent, and compliant approach to safeguarding the welfare of all personnel. The system encompasses the following key components:

- **Policy**: A comprehensive Health, Safety and Welfare Policy outlines OIC's commitment to maintaining a safe working environment, detailing responsibilities, objectives, and the framework for continuous improvement.
- **Guidance**: Clear and accessible guidance documents support the implementation of health and safety procedures, ensuring staff understand best practices and legal requirements.
- **Inspections/Audits**: Regular inspections and audits are conducted to monitor compliance, identify risks, and drive corrective actions. These activities are documented and reviewed to inform strategic improvements.
- **Meetings**: Health and safety meetings are held routinely to facilitate communication, share updates, review incidents, and engage services in safety initiatives.
- **Training:** Targeted training programs are delivered through ilearn and face to face sessions to equip staff with the necessary knowledge and skills to work safely and respond effectively to emergencies. Training is tracked and refreshed periodically to maintain competency.

Section 7 Recommendations

7.1 To support a holistic and resilient approach to health and safety across the Council, the following recommendations are proposed:

- Foster a Culture of Vigilance
  Promote active engagement from all employees in identifying and reporting hazards, near misses, and unsafe behaviours. Reinforce the message that safety is everyone's responsibility through ongoing communication and leadership modelling.

- Commit to Continuous Review and Improvement
  Regular review cycles for health and safety policies, procedures, and performance metrics. Benchmark against industry standards and integrate feedback from staff and audits to drive ongoing improvement and innovation.

- Leadership Engagement and Visibility
  Encourage senior leaders and managers to visibly champion health and safety by participating in inspections, attending safety briefings, and recognising good practice. Leadership commitment helps embed safety as a core organisational value.

- Integration with Resilience and Emergency Planning
  Align health and safety initiatives with broader resilience strategies, including emergency preparedness, business continuity, and climate adaptation. This ensures a joined-up approach to risk management across the Council.

- Mental Health and Wellbeing
  Support Human Resources and Organisational Development in the promotion of mental health awareness, provide access to support services, and train managers to identify and respond to stress-related risks in the workplace.

- Use of Data and Technology
  Leverage digital tools and analytics to monitor trends, predict risks, and streamline reporting. Consider implementing dashboards or mobile apps to improve visibility and responsiveness across services.

Section 8 Conclusion

8.1 The 2024/25 Health and Safety Report reflects a year of both consolidation and evolution in Orkney Islands Council's approach to workplace safety. The data presented demonstrates that, despite an increase in overall incident reporting, the Council continues to maintain a stable and proactive safety culture. This increase is largely attributed to enhanced reporting mechanisms particularly around Acts of Violence (AOV) rather than a deterioration in safety standards.

8.2 The inclusion of AOV data has significantly enhanced the Council's understanding of behavioural risks, especially in education and care settings. The detailed analysis of these incidents, using a dual-framework classification system, has provided valuable insights into the nature, severity, and underlying causes of disruptive behaviours. This has enabled services to tailor interventions more effectively, ensuring that responses are proportionate, informed, and aligned with safeguarding principles.

8.3 At the service level, performance trends vary, with some directorates showing increases in incident reporting and others demonstrating stability or improvement. These variations highlight the importance of context-sensitive analysis and the need for ongoing collaboration between Safety & Resilience and individual service areas. The targeted support provided to OHAC and ELH, for example, has already begun to yield improvements in data accuracy and incident management.

8.4 The Council's Health and Safety Management System continues to serve as a robust foundation for compliance and continuous improvement. Through structured policies, regular audits, staff training, and strategic oversight, OIC has maintained a consistent focus on risk reduction and workforce wellbeing. The integration of health and safety with broader resilience planning such as emergency preparedness further strengthens the Council's capacity to respond to emerging challenges.

8.5 Looking ahead, the Council is well-positioned to build on these achievements. Key priorities should include:

- **Sustaining improvements in behavioural incident reporting**, with a focus on early intervention and trauma-informed practices.
- **Enhancing leadership visibility and engagement**, ensuring that health and safety remains a strategic priority across all levels of the organisation.
- **Leveraging data and technology** to improve trend analysis, predictive risk modelling, and real-time reporting.
- **Promoting mental health and wellbeing**, recognising the link between psychological safety and overall performance.
- **Recognising and reinforcing positive safety behaviours**, to foster a culture of shared responsibility and continuous learning.

8.6 In conclusion, the 2024/25 reporting period marks a significant step forward in the Council's journey toward a safer, more resilient working environment. By continuing to invest in people, systems, and culture, OIC can ensure that health and safety remains not only a statutory obligation but a cornerstone of organisational excellence.