REPORT FOR DECISION

Bury COUNCIL

DECISION OF:	Cabinet
DATE:	18 January 2017
SUBJECT:	Health and Safety: Annual Report 2016
REPORT FROM:	Deputy Leader and Portfolio Holder for Finance and Human Resources
CONTACT OFFICER:	Mike Owen, Chief Executive
TYPE OF DECISION:	NON KEY DECISION
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	Significant projects carried out during 2016 include: • Health and Safety Policy updated • Guidance on new and alternative service delivery arrangements (outsourcing, ALMO's, LaTCO's, etc.) • Previous action point develop into a risk matrix and assessment tool accounting for wider business risks (in conjunction with Strategic Procurement & Project Planning) • Anti-Social Behaviour Policy updated and personal safety guidance for Elected Members produced • Guidance on "The Control of Electromagnetic Fields at Work Regulations 2016" • Departmental audit of Children, Young People and Culture • School managers briefed on Health and Safety Procurement and Construction (Design and Management) Regulations - briefings rolled out to relevant officers across the Council and Six Town Housing • Driving for work arrangements reviewed The Health and Safety Executive (HSE) introduced a new national strategy "Helping Great Britain work well" in

2016. The key themes of the strategy are:

- Acting together - Promoting broader ownership of health and safety in Great Britain
- Tackling ill health - Highlighting and tackling the costs of work-related ill health
- Managing risk well - Simplifying risk management and helping business to grow
- Supporting small employers - Giving SMEs simple advice so that they know what they have to do
- Keeping pace with change - Anticipating and tackling new health and safety challenges
- Sharing our success - Promoting the benefits of Great Britain's world-class health and safety system

The Council's agreed priorities include:

- Health – improving the focus on identifying and managing work related ill health to bring it into line with safety management
- Recognition and ownership of roles and responsibilities at all levels
- Risk acceptance – achieving an appropriate balance between risk aversion and risk acceptance

Future internal projects will include the following themes and/or actions:

- Health and safety leadership strategy
- Training review
- Development of work related health management arrangements in coordinating with the Workforce Wellbeing Strategy and action plan. (To include review of stress management arrangements, specifications for extract ventilation systems in schools woodworking facilities)
- Health and safety culture
- Proportionate health and safety risk management
- Electronic management system – reporting, triage, recording, investigation, health, safety
- Driving for work – implementation of agreed arrangements
- Support to departments in reviewing first aid needs and provisions
- Support the development of any corporate facilities management arrangements
- Development of self-auditing arrangements for departments and thematic auditing arrangements
- Agile working
- Aging workforce
- Support organisational and service reviews as appropriate

Key indicators and trends:

	• There has been a decrease in the average number of days absence per full time equivalent employee • The Council's rate of reportable major injuries has shown an increase in 2015/16 when compared to 2014/15 • Musculoskeletal and stress/mental health related absences account for the highest number of days lost to the Council • Nationally, musculoskeletal and stress/mental health account for the highest number of lost days relating to work related factors • Highest numbers of internal reports relate to behavioural, abuse and intimidation incidents; followed by slips, trips and falls
OPTIONS & RECOMMENDED OPTION	Cabinet is asked to: 1. Endorse the future work themes detailed in paragraph 3.3 2. Note the: • Contents of this report; • Corporate Health and Safety Work Plan update, which is attached as Appendix 2; • Departmental developments and plans that are attached as Appendix 4.

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Effective Health & Safety is key to service delivery, mitigating financial and operational risks to the Council.
Health and Safety Implications	Set out any impact in terms of Health, Safety and Welfare. The actions identified through the report and associated actions are designed to improve health, safety and welfare management arrangements and standards.
Statement by Executive Director of Resources (including Health and Safety Implications)	Effective Health & Safety is key to safeguarding the welfare of staff, service users and residents. The work streams identified in this report support the development of a robust framework.
Equality/Diversity implications:	Yes (see paragraph 7.1 below)
Considered by Monitoring Officer:	Yes

	A robust approach to Health & Safety is essential if the Council is to discharge its statutory duties. The actions outlined in the report will support this process.
Wards Affected:	
Scrutiny Interest:	

TRACKING/PROCESS   **DIRECTOR:** Mike Owen

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
Scrutiny Committee	Cabinet/Committee	Council	

1.0 BACKGROUND

1.1 Annual Health and Safety Reports provide a formal mechanism for:

- Monitoring and assessment of organisational performance;
- Recognising significant concerns and issues that impact on health and safety management and performance;
- On-going review of organisational arrangements, including health and safety policy;
- Adoption of organisational and departmental work plans and targets.

1.2 The Health and Safety Annual Report represents a core element of the Council's health and safety management system.

1.3 The system is designed to implement standards that are set out in the Management of Health and Safety at Work Regulations and Health and Safety Executive (HSE) guidance on organisational health and safety management. This national guidance can be accessed through the following link:

http://www.hse.gov.uk/managing/index.htm

2.0 ISSUES

National developments

Helping Great Britain work well

2.1 The HSE introduced a new national strategy for health and safety in 2016. The key themes of the strategy are:

- **Acting together -** Promoting broader ownership of health and safety in Great Britain

- **Tackling ill health -** Highlighting and tackling the costs of work-related ill health

- **Managing risk well -** Simplifying risk management and helping business to grow

- **Supporting small employers -** Giving SMEs simple advice so that they know what they have to do

- **Keeping pace with change -** Anticipating and tackling new health and safety challenges

- **Sharing our success -** Promoting the benefits of Great Britain's world-class health and safety system

2.2 More detail on the strategy can be found through the following link:

http://www.hse.gov.uk/strategy/strategy-document.htm

2.3 HSE is currently looking at sector specific themes in addition to the above themes. The themes under consideration at the time of writing (to be confirmed) for Local Government are:

- Violence and aggression
- Stress
- Agile Working
- Incorporating health and safety in procurement

Increase in penalties for health and safety offences

2.4 The available penalties and sentencing guidelines for health, safety and food safety offences were increased in March 2015. These changes are now impacting on the levels of fine that have been imposed with several fines in excess of £1 Million now being seen for separate health and safety offences. For example, one company was found guilty of 3 offences and was fined £3 Million plus costs: another company was fined £1.8 Million for failings in their Legionella management arrangements despite not having been shown to have caused any cases of Legionella.

2.5 Details of the range of remedies that the courts can use in relation to health and safety offences can be found in Appendix 1.

Council developments and priorities

2.6 The following local priorities were agreed at the time of the Annual Report 2015. They relate to health and safety culture and are in line with the national priorities set out in paragraph 2.1:

- Health – improving the focus on identifying and managing work related ill health to bring it into line with safety management
- Recognition and ownership of roles and responsibilities at all levels
- Risk acceptance – achieving an appropriate balance between risk aversion and risk acceptance

2.7 Much work has been carried out and significant improvements have been made in recent years with regard to health and safety culture. However, the aim is to ensure long term and ongoing improvement. The future

work projects discussed in Section 8 will have a focus on progress in this area.

3.0   PROGRESS

Health, Safety and Resilience Services

3.1   The corporate health and safety work plan covering the period January 2013 to December 2016 is attached as appendix 2. The work plan has now ended and the table has been updated to summarise progress. There are a few points where further development is ongoing or otherwise needed and notes have been added to explain how these will be taken forward.

3.2   Significant projects carried out during 2016 include:

- Health and Safety Policy updated
- Guidance on new and alternative service delivery arrangements (outsourcing, ALMO's, LaTCO's, etc.)
- Previous action point develop into a risk matrix and assessment tool accounting for wider business risks (in conjunction with Strategic Procurement & Project Planning)
- Anti-Social Behaviour Policy updated and personal safety guidance for Elected Members produced
- Guidance on "The Control of Electromagnetic Fields at Work Regulations 2016"
- Departmental audit of Children, Young People and Culture
- School managers briefed on Health and Safety Procurement and Construction (Design and Management) Regulations - briefings rolled out to relevant officers across the Council and Six Town Housing
- Driving for work arrangements reviewed

3.3   The workplan that is attached as appendix 2 was put in place following a prosecution for an electrical cable strike. The action plan was largely centred around the development of management arrangements and tools. Whilst the actions have now been completed, managers need to keep health and safety high on their agendas. For example, performance monitoring, which is covered in section 4, shows a mix in terms of the trends that are evident. Ongoing and permanent improvements are dependent on the application of the management arrangements and tools that have now been made available. Future priorities (paragraph 2.6) and work themes (paragraph 8.1) reflect the need for a cultural change involving active ownership of health and safety by managers.

Issues raised in previous annual reports

Schools – access to Council documents

3.4   A concern was first raised in the 2014 annual report over electronic access to key health and safety documents for schools. Arrangements are now under development that will allow anyone with a Bury Council payroll reference to access the intranet; consideration is also being given to ways in which any partners that may need to access the intranet can do so.

Facilities Management and Buildings

3.5   Concerns have also been raised in previous reports with regard to the fragmented nature of facilities management, which limits the ability of the Council to effectively meet its statutory obligations. The consolidation of facilities management functions is identified on the corporate agenda as an area that will undergo review. In addition to this, key aspects of health and safety within facilities management have been included within internal audit plans for 2016. These are:

- Legionella Management
- Health & Safety within Buildings

Health and Safety Policy

3.6   The Corporate Health and Safety Policy was updated in 2016 to take account of health and safety management needs within alternative service delivery arrangements. The departmental health and safety policy templates were updated to reflect this change.

3.7   A copy of the current corporate policy can be accessed through the following link:

http://intranet/CHSPolicy

3.8   The Elected Member with responsibility for the Health and Safety portfolio has changed and is now the "Deputy Leader and Portfolio Holder for Finance and Human Resources". Section 3, paragraph 3, of the policy will be changed to reflect this and arrangements will be made for it to be resigned and re-dated by the Chief Executive and Council Leader to demonstrate that it remains current.

4.0   PERFORMANCE MONITORING

4.1   Appendix 3 contains data on absences and accidents. It also includes a link to national data provided through the HSE. The data comprises:

ABSENCES

- Table 1: Average days lost per full time equivalent employee – All Departments (Corporate)
- Table 2: Top specified reasons for absence by days lost
- Table 3: Corporate Absences – rates by absence reason
- Table 4: Reasons for Absences 2015/16: Number of incidents ranked highest to lowest

ACCIDENTS AND INCIDENTS

- Table 5: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Table 6: Internal Reporting Incident Trends

NATIONAL STATISTICS FOR 2015/16

Absence data

4.2   Since 2013/14, there has been a downward trend in the average number of days of absence per full time equivalent employee. The average number of days lost during the inclusive period April 2015 to March 2016 was 9.38, however this rises to 11.10 if school's based employees are excluded.

4.3   The top specified reasons for absence by days lost in the inclusive period April 2015 to March 2016 are:

- Musculoskeletal conditions
- Stress and mental health conditions
- Stomach, liver, kidney and digestion

4.4   However, musculo-skeletal conditions accounted for the 3rd highest number of instances of absence, whilst mental health accounted for the 7th highest number of absences during the period. Stomach, liver kidney and digestion followed by infections were the top two reasons for absence by incident.   The differences in ranking between days lost and incidents demonstrates the longer term nature of absences that are caused by these conditions compared to more common reasons for absence, with the effect being more pronounced relative to mental health.

4.5   There is a known potential for work place factors to cause or exacerbate mental health and musculoskeletal conditions, whilst there is a link between higher levels of stress and musculoskeletal injuries and increased numbers of accidents.

Accidents and incidents

4.6   The reporting rate for major injuries and absences of 7 days or more, as reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was 30.8 per 10000 employees in 2015/16, which is slightly up from the 2014/15 rate of 24.2. No reportable diseases and no fatalities occurred.

4.7   The following trends within the Council's internal accident and incident reports are of note:

- The proportion of reports relating to incidents of "assault, behavioural incidents, abuse" has increased to 27% in 2015/16 from 21% in 2014/15
- The proportion relating to "slips, trips and falls" has remained at 25%, the same as for 2014/15

4.8   The following arrangements and developments are relevant to internal accident and incident reporting trends:

- A new Anti-Social Behaviour Policy and guidance was introduced during 2016
- Guidance on "personal safety" for Elected Members has been introduced during 2016
- Guidance on managing slips and trips can be found on the health and safety intranet site

Insurance

4.9   Local authorities have been reporting increases in employee and public liability claims since 2011/12 onwards. It isn't possible to provide precise detail because claims can be initiated for a period of several years following an incident; however there is evidence of an upward trend within Bury.

Enforcement

4.10   No enforcement under health and safety legislation has taken place against the Council during 2016.

5.0   RISKS

5.1   Failure to achieve appropriate health and safety management standards would leave the Council exposed to significant risks and actual costs. For example:

- There are significant financial risks (see next section)
- Legal - risk of enforcement action, prosecution and civil actions
- Business continuity - loss of service, temporary service provisions
- Health and safety of employees, service users and others
- Damage to reputation

6.0   FINANCIAL IMPLICATIONS

Cost of health and safety failings

6.1   Good health and safety management should minimise costs. Potential areas of cost include:

- Lost earnings
- Extra expenditure when absent
- Human costs (pain, grief and suffering)
- Sick pay
- Compensation
- Insurance costs (note that HSE calculate that uninsured costs for employers outweigh insured costs be a ratio of 3:1)
- Company administration
- Recruitment
- Damage from injuries (equipment, goods and materials)
- Damage from non-injury accidents
- Insurance industry administration costs
- Department of Work and Pensions administration costs
- Loss of output
- Medical treatment (short and long term)
- HSE and internal investigation costs

6.2   The HSE provides the following summaries of the costs to Britain of workplace injuries and new cases of work-related ill health in 2014/15 by:

- 34% Injury
- 66% Ill health
- £3.3 billion of cost borne by Government
- £2.8 billion of cost borne by Employers
- £8.0 billion of cost borne by Individuals

Total costs showed a downward trend between 2004/05 and 2009/10; since then the annual cost has been broadly level. This fall was driven by falls in injury costs.

Detailed information on how the HSE calculates the costs of health and safety failings can be found on the HSE website through the following link:

http://www.hse.gov.uk/pubns/priced/hsg101.pdf

7.0 EQUALITY AND DIVERSITY (SUMMARY/RECOMMENDATIONS FROM EIA)

7.1 Adoption of good health and safety management arrangements has a positive impact on equality and diversity because appropriate emphasis is placed on the needs of vulnerable groups and individuals.

8.0 FUTURE ACTIONS

Health, Safety and Resilience Services: Future Projects

8.1 The levels of health and safety resource within the Health, Safety and Resilience team has significantly reduced since the workplan in Appendix 2 was introduced in 2013. Several of the projects within the plan were progressed through a collaborate approach with other relevant services within the Council. This approach will be built on in order to continue to progress health and safety within the Council. Future projects will include the following themes and/or actions:

- Health and safety leadership strategy
- Training review
- Development of work related health management arrangements in coordinating with the Workforce Wellbeing Strategy and action plan. (To include review of stress management arrangements, specifications for extract ventilation systems in schools woodworking facilities)
- Health and safety culture
- Proportionate health and safety risk management
- Electronic management system – reporting, triage, recording, investigation, health, safety
- Driving for work – implementation of agreed arrangements
- Support departments in reviewing first aid needs and provisions
- Support the development of any corporate facilities management arrangements
- Development of self-auditing arrangements for departments and thematic auditing arrangements
- Agile working
- Aging workforce
- Support organisational and service reviews as appropriate
- Health and safety implications and management needs of One Commissioning Organisation (OCO)/Locality Care Organisation (LCO)/Neighbourhood Working

Departments

8.2 Summaries of departmental progress and future work streams are attached as Appendix 4.

OCCUPATIONAL HEALTH AND SAFETY

NATIONAL AGENDA AND STRATEGIES

Helping Great Britain work well

This is a new national strategy introduced by the HSE in 2016; it is covered in the main body of the report.

Penalties for health and safety offences

The available penalties for health, safety and food safety offences were increased in March 2015 and the sentencing guidelines were amended to promote higher levels of punishment. A further change to the sentencing guidelines for corporate manslaughter offences will come into force in February 2016. Key provisions include:

- Magistrate's courts are now able to impose unlimited fines (there was previously a £20 000 maximum) or imprisonment for a term not exceeding 6 months, or both (unchanged)
- Penalties in the Crown Court are unchanged where the maximum penalty is an unlimited fine or imprisonment not exceeding two years or both.
- Large firms convicted of corporate manslaughter will face fines of up to £20 million 1st February 2016
- Magistrates and Crown Courts can impose Compensation Orders and must give reasons if they decide not to do so. A limit of £5000 for Magistrates Courts was removed in 2013 but courts must consider the defendant's ability to pay when setting levels of compensation
- An individual convicted of a health and safety offence can receive a Community Order requiring them to deliver unpaid community services for a set number of days
- An individual convicted of a health and safety offence can receive a Disqualification Order
- A defendant can be ordered to take remedial action
- Publicity Orders requiring an organisation to publish information about the offence and sentence can be imposed in cases of corporate manslaughter
- A victim surcharge with proceeds to be spent on services for victims and witnesses (usually 10% of a fine with a minimum of £20 and a maximum of £120)
- A Criminal Courts Charge will be imposed on all offenders, it varies depending upon whether they plead guilty or are found to be guilty (e.g. the charge is £180 for a guilty plea in a Magistrates Court and £900 in the Crown Court). The government has announced an intension to phase this charge out during 2016

Penalties can be imposed on corporate bodies and/or on individuals who act on their behalf.

Work Plan (January 2013 to December 2016)

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
Section 1: Developing leadership, ownership and culture			
1. Occupational Health and Safety Policy	Seek agreement of draft Health and Safety Policy and further develop to include mainstreaming arrangements Review Corporate Policy in light of current developments	Visible on-going commitment to maintaining up to date management structures and arrangements Clear structures and arrangements	A reviewed policy was introduced in December 2014: • The departmental policy template has been updated to reflect the changes to the corporate policy. • An addition relating to Council liabilities in alternative service delivery models is currently under consideration (December 2015). A further updated policy was introduced in 2016 to cover alternative service delivery models The policy will be regularly reviewed through the annual reporting process
2. Higher management representation	Agree health and safety representation on SLT	Clear and visible commitment Assurance that health, safety and wellbeing are considered within high level decision making processes	The Chief Executive has taken on the health and safety lead role on Senior Leadership Team. This role has the responsibility for ensuring that health and safety receives appropriate consideration within Senior Management Team.
	Engage with the Elected Member	Clear and visible commitment	The Elected Member with responsibility for

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	portfolio holder for Health and Safety Gain commitment to include health, safety and wellbeing topics within the Leaders Blog	Assurance that health, safety and wellbeing are considered within high level decision making processes	overseeing the occupational health and safety portfolio is the Deputy Leader and Portfolio Holder for Finance and Human Resources. The Institution of Occupational Health, IOSH, has developed specific guidance for Elected Members. This was introduced to Elected Members through a training day held in 2012 (further dates can be arranged if needed for those who could not attend). Electronic copies of the document were subsequently circulated to all Elected Members at the time. A copy is attached below: ThinkAboutHealthAn dSafety-LAElectedMe
3. **Health and Safety Co-ordinators Group**	Review the remit, membership, support and reporting arrangements of the group	Clear roles and areas of responsibility – Co-ordination between the centre and departments	The role, remit and membership of the group was reviewed in January 2013. A further review of arrangements was carried out in January 2015 in light of the Corporate Restructures and developments. An updated document describing the role and arrangements for the group is attached:

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			Role of Health and Safety Coordinator G
Mainstreaming health, safety and wellbeing within day to day business			
4. Procurement and external service delivery	Integrate health, safety and wellbeing into existing and future procurement procedures Review liabilities within different service delivery models	Clear requirements, roles and responsibilities at all stages of procurement and service delivery. Ensuring that appropriate management arrangements are put in place for each service delivery model used by the Council.	A joint review has been carried out by the central health and safety team and strategic procurement teams. New and updated arrangements were presented to Strategic Leadership Team (SLT) in November 2014. Guidance consisting of simple flow charts providing links to more detailed guidance has been issued on the intranet. Briefing sessions were rolled out to the schools during 2016. An e-learning module is currently under development, this should be available early in 2017. It will be aimed at providing general guidance to all staff involved in the procurement of external goods and services. It is also intended to develop the corporate audit process during 2017 to gauge compliance with the H & S in procurement standards.
5. Competencies	Develop core health, safety and wellbeing competencies and ensure	Managers and employees who give full consideration to health, safety and	The "Bury Behaviours" were introduced in 2013 and have been reviewed during 2016, with

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	that health, safety and wellbeing development needs are integrated into the employee and team review processes.	wellbeing in the course of day to day decision making. Health, safety and wellbeing needs taken into account within local training plans. A culture that recognises the benefits to the business of good practice and ownership of health and safety.	further areas of behaviour relating to health and safety added. Health, safety and wellbeing competencies will be developed to sit alongside the behaviours and will be progressed in conjunction with Organisational Development as an integral part of action point 9 – health and safety training and development arrangements.
6. Impact assessments	Develop health and safety impact assessments into decision making processes	Health, safety and wellbeing are appropriately considered within relevant decision making processes. The organisation and managers giving full consideration to health and safety risks	Health and safety impact assessments are now included within reports to Senior Leadership Team and Cabinet.
7. Job demands	Build job demands into recruitment & selection and other relevant process e.g. OH referrals, stress risk assessment	Management arrangements that are designed to provide appropriate control with regard to job demands and needs	Job demands assessments form an integral part of several management processes. The occupational health and health and safety teams will review current implementation. This will include: • Recruitment procedures • Information provided to Occupational health • Use in job design • Use in risk assessment Guidance is available on the intranet but further progress is needed in terms of implementation. This will be taken forward through a team

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			involving representatives from across corporate HR/OD, which will be working on employee wellbeing in line with the Workforce Wellbeing Strategy and action plan.
8. **Risk management: Health and safety risks**	Ensure health, safety and wellbeing is incorporated and appropriately prioritised within the corporate risk register	The organisation and managers taking full consideration of health and safety risks	There will be ongoing consideration of health and safety within departmental risk registers as part of the prioritisation process for risk management.
9. **Health and safety training and development arrangements**	Continue to deliver manager training as agreed and build on this success – gather feedback and identify follow up sessions Carry out training needs analysis across the Council assess delivery options and procure as appropriate Training may include: • Mandatory e-learning training • Training for Members, Senior Managers and Managers • Mandatory induction training (including agency staff) – get health, safety and wellbeing information (e.g. video, DVDs,	Increased levels of competency across the organisation Increased understanding of health, safety and wellbeing requirements and needs (assisting in dispelling "myths" over disproportionate demands and in improving health and safety culture) Managers able to self-manage freeing health and safety practitioner time so that a better balance can be achieved between planned work (initiatives, projects, auditing and monitoring) and reactive demands within professional support services.	The first phase of training has been completed. This consisted of a three day training programme for managers with responsibilities in areas assessed as medium to high risk. Courses will continue to be provided from time to time to meet future needs. The second phase, consisting of a two day courses for managers with responsibility for lower risk areas has been rolled out. A final phase of training involving a 1 day course but with greatly increased pre-course reading has been rolled out across CYPC during 2015. A programme of health and safety development

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	leaflets, new starter packs, checklists) out to people – with clear senior management buy-in and support e.g. in The Chief Executive's or Deputy Chief Executive's name. • Targeting new starters and newly promoted staff with mandatory training • "Toolbox Talks" Other actions: • Continue to use and develop effective training evaluation and feedback • Review quality of training and outputs through data analysis and feedback • Actively promote training/workshops to target specific needs (look to commission if specialist)	Development of benchmark standards and training records that will assist in demonstrating competency (of individuals and across the organisation) Health, safety and wellbeing needs integrated into corporate training plans. On-going promotion and refresher training at local/team level through "Toolbox Talks" A culture which recognises the benefits to the business of good practice and ownership of health and safety.	sessions has been delivered to Strategic Leadership Team. Future training and development provisions will be considered in conjunction with the Organisational Development team and departmental health and safety representatives. It will include: • The future availability of manager training • Consideration of whether the 1 day model should replace the 2 day one • Whether a further day could be designed as an add-on to the 1 or 2 day manager's course for managers operating in higher risk areas, rather than running separate courses • Refresher training needs. • Health and safety training needs for Assistant Director level managers • Wider health and safety training and development provisions • Health and safety competencies (see action point 5) • Sample auditing of training relative to identified high risk services and activities • E-learning
10. Promotion of	Plan events/Road shows periodically	Increased levels of awareness through on-going promotion of health, safety and	A health and safety poster was been displayed across the Council to provide information and

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
health, safety and wellbeing	Link in with other events Develop a bank of creative publicity material Develop a timetable for campaigns (email, team talk, events etc.) and plan as appropriate	wellbeing arrangements, responsibilities, initiatives and developments. Improved clarity and user "buy in" A culture which recognises the benefits to the business of good practice and ownership of health and safety.	reminders on good health and safety practice (see below). The Health and Safety Tree The initial campaign has ended but future needs will be considered on an ongoing basis. The Council's "Engage" newsletter will be used from time to time where there is a need to promote any specific health and safety issues. There is an ongoing review of documents on the intranet and information will be communicated to managers/employees as and when completed. This will help on promoting health, safety and well being. More links to HSE web pages to raise awareness about the wealth of information on their pages.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
11. **Support**	Provide managers with professional health, safety and wellbeing advice as appropriate	Provision of advice, coaching, etc. to managers to assist in development of management processes and to deal with specific issues as they arise. "Hands on" support where specialist and/or independent input is required.	On-going
12. **Health and safety reporting, investigations and data**	Develop existing reporting, recording and investigation processes	Relevant performance information captured and recorded. Suitable investigations carried out in a timely manner in line with national core principles. Up to date data to enable management reporting and identification of hotspots	A report outlining future proposals was presented to SLT in December 2016 at which it was agreed to support the development of the existing Human Resources and Payroll system, iTrent to meet the health and safety management need.
13. **Future developments**	Work with Trent replacement team to ensure future system fits the needs for health, safety and wellbeing. All data relating to health and safety training is recorded on Trent and reports are developed for analysis/action Recording process to include a simple investigation system that can be supported by health and safety practitioners through coaching,	Core principles applied whilst minimising resource and time demands. Appropriate action taken relative to all reports Managers able to carry out the majority of investigations without additional support but with specialist support and coaching available when necessary. "Hands on" participation from Health and	See preceding note under 12.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	support, and direct involvement as appropriate.	Safety Practitioners where specialist and/or independent input is appropriate or required. Records and information available should future claims and challenges arise.	
14. **Use of data**	Present analysis to SLT on a quarterly basis and to H&S JCC on a six monthly basis using existing information available from TRENT. Identify actions to be taken to address issues or trends. Use data available now to develop a range of KPI's and monitor quarterly on PIMS Identify hotspots and take action as appropriate Benchmark data with other Local Authorities and share/consider actions that have proved successful	Performance monitored through a range of corporate and local health, safety and wellbeing Key Performance Indicators (KPIs) Agreed process for self/local assessment audits, checks and monitoring in place Monitor health, safety wellbeing arrangements. Hotspots and trends identified and priorities, developments and services tailored to reflect current and future risk priorities (informed through audits, data analysis, and training)	Date is presented to SLT twice a year and once a year to cabinet through the Annual Report. KPI's have been considered but have not been adopted because of difficulties in identifying indicators that are useful in practice.
15. **Audit reporting and feedback**	Audit feedback to be presented to departmental management teams and SLT once available. See "Audits" in "Key themes and	Improved senior level knowledge and ownership of the health and safety standards that are achieved within departments and across the Council.	The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership team. There is now an interim six monthly update aimed at providing performance data.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	priorities"		Audit feedback is provided within the interim update.
16. Communication	Ensure an effective communication strategy is in place so that up to date and relevant information can be delivered.	Increased levels of awareness through on-going promoting of health, safety and wellbeing arrangements, responsibilities, initiatives and developments.	A communications strategy has been developed which provides: • A "map" of the health and safety communication channels that exist within the Council • A strategic approach to health and safety communication with a view to ensuring that it is effective Copies are attached below: Communication Channels and Groups Communication Strategy Process.pdf
Clear structures, roles and responsibilities			
17. Guidance and standards	Specific suggestions relating to guidance and standards: • Incorporate flowcharts to simplify documents and clarify "what you need to do now" • Develop clear structures, including diagrams and flowcharts	Improved levels of understanding, awareness and buy-in. Develop clear, creative, attractive intranet pages and review/amend current content	The format and design of the health and safety intranet site has been reviewed. This includes an introduction by the Chief Executive and agreed formats for the policies and guidance that it contains. A new web based intranet system has been

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	• Develop roles and responsibilities • Review health, safety and wellbeing, first aid, and fire marshal duties/responsibilities in Job Descriptions – set organisational standards	A culture which recognises the benefits to the business of good practice and ownership of health and safety.	introduced and work is on-going on updating of existing standards and guidance. Where appropriate, links will be provided to HSE documentation, which continues to be updated in a more user-friendly format than has historically been the case.
Key themes and priorities			
18 **Ensure that key priorities are identified and managed**	Work with the relevant professional services to review processes to ensure robust management arrangements are in place and are being monitored for the following themes:	Agreed standards in place to deal with key national, corporate and service priorities A culture which recognises the benefits to the business of good practice and ownership of health and safety Arrangements and guidance that cover the key themes that are viewed by customers as easy to access and user friendly in enabling them to meet agreed corporate standards All buildings meeting minimum standards of maintenance and management and best value being achieved within the available resources	Existing arrangements have been reviewed on an on-going basis. Waste management working procedures and guidance for operatives have been refreshed. Guidance has been presented to operatives through briefing sessions. The Health and Safety Executive (HSE) undertook a waste management inspection in April 2013. However, a further national inspection programme has been announced by the HSE and Bury should anticipate a further visit sometime during 2016/17. See action point 22 for Construction.
A. **National themes**	Key national themes for local authorities: • Construction • Transport		A report detailing proposals for driving for work was presented to SLT early in December 2016, general arrangements were agreed with some additional going forward with regard to Driving

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
	• Contractors • Fire (see B, below) • Mental health problems • Musculoskeletal injuries • Waste management • Robust local risk assessment processes		Licence validity checks. New national themes have been developed and introduced through the new HSE Strategy "Helping Great Britain work well". HSE is also looking to develop sector specific priorities for Local Government, the release of which is currently awaited.
B. Organisational themes	Local themes: • Procurement and management of contracts and contract delivery • Construction Design and Management compliance including procurement of construction projects (applicable to internal and external procurers and providers) – see Construction under A. • Review and development of facilities management models and specifications • Ownership issues • Ensure clear fire safety guidance is developed, updated and circulated as appropriate • Retained and new liabilities associated with changing delivery models		"Ownership" issues have and are being progressed through the first section of this action plan "Developing leadership, ownership and culture" (Action areas 1 to 16) and section 2 "Clear structures, roles and responsibilities" (action area 17). Additional initiatives focussed around culture will be introduced around the themes of work related ill health, ownership and proportional risk management (risk acceptance and risk aversion). An initial specification for health and safety needs within facilities management has been drawn up and work is continuing to review facilities management delivery arrangements. Consideration is being given to a more strategic approach to facilities management across the

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			Council.
			A review of Asbestos management arrangements has taken place. This places an emphasis on local asbestos management plans at a site based level. The arrangements will be rolled out through facilities management arrangements once they are in place. The Council's Architectural Services currently offer a service which is in line with the new arrangements and is being rolled out across the Council.
			Procurement, contracts and contract delivery, together with retained and new liabilities have and are being progressed under action area 4.
			A report detailing proposals for management of risk within service redesign and alternative service delivery models was agreed by SLT early in December 2016. This will be implemented through a wider review arrangement covering elements such as management of change and due diligence.
			A new set of local priorities was agreed in 2016 and these will form a basis for future action plans. These focus around: • Health • Recognition and ownership of health and safety roles

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			• Proportionate risk management (balance between risk aversion and risk acceptance)
C. Service themes	Ensure that all services have suitable risk assessments, working methods, arrangements and systems.	Local risk assessment process is in place, which feed into working methods and arrangements. (To include health surveillance.)	On-going support to services as required. Departmental and local arrangements to be checked through monitoring and auditing processes.
19 Undertaking audits that support service improvements	Develop audit tool/standards Develop and carry out a programme of audits – set annual plan based on data/other factors.	Corporate and local auditing and monitoring arrangements aimed at identifying areas of good practice and areas where development is needed	Corporate arrangements for health and safety auditing have been adopted. These provide several layers of auditing and monitoring activity: • Routine "in service" monitoring and review arrangements – internal checks • Independent auditing of services • Independent auditing of departments • "Top tier" audits of SLT • Occasional thematic auditing of specific health and safety management systems and arrangements e.g. fire safety, stress, asbestos management Audit feedback is provided and programmes are agreed through the interim six monthly update report (see next action point). Departmental audits are programmed for each department during 2015/16. Future developments will include the

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			development of self-audit arrangements for use by departments and programming of thematic audits during 2016/17.
20 Annual reports	Prepare an Annual Health and Safety Report to summarise the years activities and monitoring activities	Current annual reporting arrangements supplemented through increased activity and feedback	The current annual reporting arrangement has been reviewed through a series of development sessions with Strategic Leadership Team. There is now an interim six monthly update aimed at providing performance data. The main report will be taken to Cabinet in January of each year.
21 Customer surveys	Customer surveys of health and safety support services	Health and safety service developments and value of health and safety support reflected through customer feedback	A customer satisfaction survey was carried out in April 2013 and the outcome was summarised and shared with managers and employees through an electronic newsletter. Feedback was largely positive but there were some comments that have been taken on board with a view to further improving the service.
22 Revision of Construction Legislation (C.D.M) 2015	Understand the revised requirements and implications. Amend and update existing documentation and procedures to reflect changes. Undertake briefing sessions of all employees who are involved in construction related work	Compliance with legal requirements	Briefing sessions provided by the Construction Industry Training Board (CITB) have been rolled out to all officers who are concerned with commissioning of any building related works. This was to ensure all employees involved in the procurement and management of construction-related work have a sound awareness of their Dutyholder roles and responsibilities.

Achieve the vision through:	Actions	Added value and outcomes	Progress and future actions
			Additional work has taken place during the course of 2016 with a focus on compliance with CDM on projects which are carried out using internal resources. Further guidance on this area has recently been issued to managers. There is some ongoing work in this area. Permanent procedures have been considered and these will be integrated into facilities management arrangements once they are agreed and developed.

STATISTICAL DATA

ABSENCES

Table 1: Average days lost per full time equivalent employee – All Departments (Corporate)

BV12 (by year unless stated)								
2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
10.90	11.56	11.04	10.20	9.38	9.27	9.82	9.67	9.38*

Notes:
- BV12 is a national measure that has been used for absence in the public sector; it is calculated by dividing the number of full time equivalent days lost by the average number of full time equivalent employees over a given year. It excludes casual, fixed term and temporary staff that have less than 1 year service and includes teachers and staff employed by schools
- "Year" refers to the inclusive period April to March
- There was a downward trend between 2008/09 and 2012/13. The figures for 2013/14 showed a slight increase, however figures since this show reductions
- *The figure rises to 11.10 if schools are excluded (3491 staff) this is believed to largely reflect the additional holiday periods during which significant reductions in reporting of illness absence occur

Table 2: Top specified reasons for absence by days lost

Corporate	Children, Young People and Culture	Communities and Wellbeing	Resources and Regulation
April 2015 to March 2016 inclusive			
1. Musculo-skeletal (combined) 22.4% 2. Stress, depression, mental health, fatigue syndromes 21.6% 3. Stomach, liver, kidney and digestion 9.1%	1. Musculo-skeletal (combined) 21.4% 2. Stress, depression, mental health, fatigue syndromes 21.2% 3. Stomach, liver, kidney and digestion 9.4%	1. Musculo-skeletal (combined) 25.0% 2. Disability related* 23.4% 3. Stress, depression, mental health, fatigue syndromes 21.9%	1. Musculo-skeletal (combined) 25.0% 2. Stress, depression, mental health, fatigue syndromes 24.1% 3. Stomach, liver, kidney and digestion 11.2%
Corporate 2014/15 April 2014 to March 2015 inclusive			
1. Musculo-skeletal (combined) 2. Stress, depression, mental health, fatigue syndromes 3. Other			

Notes:
- *"Disability related" accounts for 23.4% of absence in Communities and Wellbeing but just 1% in Children, Young People and Culture and 2.5% in Resources and Regulation*
- *Absences in the non-specific category "other" have not been included in the top reasons but have been included when calculating percentages*
- *The number of employees during the period was 8761*

Table 3: Corporate Absences – rates by absence reason

Absence Reason	Instances	Rate per 100	Instances	Rate per 100	Change in rate between 2014/15 & 2015/16
	2014/15		2015/16		
Stomach, liver, kidney and digestion	2746	26	2523	29	+3
Infections	1807	17	1690	19	+2
Musculo-skeletal (combined)	1061	10	1073	12	+2
Chest and Respiratory	877	8	795	9	+1
Eye, ear, nose and mouth/dental	798	7	745	9	+2
Neurological	675	6	748	9	+3
Stress and mental health	618	6	630	7	+1
Genito-urinary/gynaecological	265	3	233	3	0
Disability related	168	2	129	1	-1
Heart, blood pressure and circulation	99	1	89	1	0

Notes:
- *The highest incident rates are for "stomach, liver, kidney and digestion" and "infections", this contrasts with the top reasons for absence by days lost shown in table 1, which were "musculo-skeletal (combined)" and "stress, depression, mental health, fatigue syndromes "*
- *Rates are calculated using an average number of 8761 employees during the period*
- *Each "year" refers to the inclusive period April to March*
- *Non-specific categories such as "other" and "not specified" and a category for "pregnancy related" have not been included, whilst rates have been rounded to the nearest whole number, so the sum of the rates will not equal 100*
- *The increases in year on year rates may in part be due to more specific categorization during recording (e.g. choice of a specific category over "other" or "not specified")*

Table 4: Reasons for Absences 2015/16: Number of incidents ranked highest to lowest

	CYPC	CYPC excluding school's staff	C&W	R&R	Total (includes school's staff)
Stomach, liver, kidney and digestion	2,201 (1st)	371 (1st)	238 (1st)	83 (2nd)	2,523 (24.01%)
Infections	1,374 (2nd)	319 (2nd)	223 (2nd)	93 (1st)	1,690 (16.08%)
Musculoskeletal	861 (3rd)	236 (3rd)	158 (3rd)	54 (3rd)	1,073 (10.21%)
Chest and respiratory	634 (5th)	104 (7th)	124 (4th)	37 (5th)	795 (7.57%)
Neurological	684 (4th)	118 (4th)	52 (8th)	12 (8th)	748 (7.12%)
Eye, ear, nose and mouth/dental	626 (6th)	107 (6th)	79 (7th)	40 (4th)	745 (7.09%)
Stress and mental health	482 (7th)	118 (4th)	112 (5th)	35 (6th)	630 (6%)
Genito-urinary/gynaecological	203 (8th)	44 (8th)	17 (9th)	13 (7th)	233 (2.22%)
Disability related	27 (10th)	23 (10th)	94 (6th)	8 (9th)	129 (1.23%)
Heart, blood pressure and circulation	74 (9th)	24 (9th)	10 (10th)	5 (10th)	89 (0.85%)

Notes:
- *Non-specific categories such as "other" and "not specified" and a category for "pregnancy related" have not been included, so percentages do not add up to 100*
- *The number of employees during the period was 8761*
- *The information covers the inclusive period April 2015 to March 2016*

ACCIDENTS AND INCIDENTS

Table 5: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Reportable Accident rates per year per 10 000 – Employees:						
	Rate for Bury Council by year/(National Rate – incidents reported under RIDDOR)					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Fatalities	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Absence of 3 days or more	56.3 (36.3)	51.4 (35.6)	52.7	56.6	50.2	54.8
Major injuries and absences of 7 days or more				42.8 (30.7)	24.2 (provisionally 29.3)	30.8
Reportable diseases				6.3	1	0

Notes:
- *HSE has not published rates under the Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR) for 2015/16, overall reported figures from 2 sources, RIDDOR and the Labour Force Survey, has been used instead. Details can be found in "National Statistics", the closing section of this Appendix*
- *There has been an increase in the rate of reporting of "major injuries and absences of 7 days or more" in 2015/16 but it remains below the rate that was reported in 2013/14*
- *Each "year" refers to the inclusive period April to March*

Table 6: Internal Reporting Incident Trends

Nature of incident	Proportion of the total reports				
	2011/12	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Incidents of assault, behavioural incidents, abuse, intimidation	25%	18%	17%	21%	27%
Slips, trips, and falls	29%	25%	26%	27%	25%
Collisions and entrapments	16%	11%	15%	15%	11%
Injuries sustained during lifting, carrying, moving, handling	6%	5%	5%	7%	7%
Cuts and contact with sharp objects	6%	5%	6%	5%	6%
Note minor categories are not included, so columns do not add up to 100%					

Notes:

- *The internal reporting system covers all incidents, irrespective of whether or not they meet the national reporting criteria*
- *The proportion of reports relating to incidents of "assault, behavioural incidents, abuse" has increased to 27% in 2015/16 whilst the proportion relating to "slips, trips and falls" has remained at 25%, the same as for 2014/15*
- *A new Anti-Social Behaviour Policy and guidance was introduced during 2016*
- *Guidance on "personal safety" for Elected Members has been introduced during 2016*
- *Guidance on managing slips and trips can be found on the health and safety intranet site*

National Statistics

Key figures for Great Britain (2015/16)

- 1.3 million working people suffering from a work-related illness
- 2,515 mesothelioma deaths due to past asbestos exposures (2014)
- 72,702 other injuries to employees reported under RIDDOR
- 621,000 injuries occurred at work according to the Labour Force Survey
- 30.4 million working days lost due to work-related illness and workplace injury
- £14.1 billion estimated cost of injuries and ill health from current working conditions (2014/15)
- In 2015/16 144 workers were killed as a result of a workplace accident (RIDDOR)
- Fall from a height (26%), being struck be a moving vehicle (19%) or being struck by a moving object (10%) were the main kind of fatal accident accounting for just over half of all fatalities

More detailed information on national statistics can be found via the following link:

http://www.hse.gov.uk/statistics/overall/2015 /16

Departmental Developments and Work Plans

Communities & Wellbeing Department: Health & Safety Update (Nov 2016)

1. H & S Work has continued throughout the department over the past 12 month. The two H & S boards (Social Care and Operations) meet on a regular basis. Updates have been provided to the Governance board at each meeting.

2. In terms of the H & S Social Care board, meetings take place monthly and are attended by representatives from the various sections and by senior staff at Persona and union officials.

3. Policies reviewed during the year include:

   - Manual Handling
   - Medications
   - Infection Control (in conjunction with lead public health staff)
   - Use of Bed rails
   - Client focused physical intervention

4. The pilot on electronic medications management system which was highlighted in last years report showed promise within the unit it was trialed in at Spurr House. However problems arose when the system was extended into other units within the building due to WIFI/ broadband signal issues. The trial will be re-instated once the broadband / wi-fi have been upgraded.

5. The Operations H & S team has spent the past 12 months monitoring and examining all areas of the service.

   Operational audits on specific services are being developed using the Health & Safety System Audit Workbook produced by RoSPA (Royal Society for the Prevention of Accidents). This will commence with Highways Operations followed by Street Lighting.

   It is planned to carry out similar audits on the Waste Management Service and the remaining sections in Operational Services.

   HAV monitoring is to be extended into other areas of Operational Services i.e. Grounds Maintenance.

   Improvements in noise awareness will continue throughout the service.

   Face fit testing on Highways, Vehicle Workshop, Street Cleansing and Waste Management will be completed as soon as training on the subject is obtained from outside providers.

   Training in all the subjects listed above will continue as training needs demand.

   Thorough incident investigations involving the above subjects will be carried out and action plans written to ensure legal compliance as a minimum.

Resources and Regulation December 2016

The Departmental Policy has been reviewed accordingly and published on the Intranet in August 2016.

The Departmental Group continue to meet quarterly to:

- ✓ Share information / best practice / lessons learnt;

- ✓ Review accident / incident statistics;

- ✓ Discuss any issues / issues that may impact upon the Department;

- ✓ Foster a culture of high regard and ownership of health and safety matters across the Department at all levels.

Following a recent audit 30 managers across the Department are to attend a 2 day Health and Safety course; courses are to be offered in January and February 2017.

A review of the arrangements for Building User Groups is ongoing. Building User Groups will be tasked with sharing best practice and co-ordinating any issues that may impact on the numerous services that share accommodation, cutting across Departmental boundaries.

The Department continues to work closely with the Department for Communities and Wellbeing to address site specific health and safety issues in respect of the Bradley Fold Depot, which is a jointly occupied workplace.

The standardisation of the Trade Union Consultation Framework included Health and Safety issues, updates, lessons learnt to also be discussed, as a standard item at quarterly Departmental Joint Consultative Committees; therefore reinforcing the Department's commitment to Health and Safety priorities at the highest level, alongside trade union colleagues.

Finally, service specific audits are continuing, in line with the Departmental scheduled plan of audits. Recommendations will be addressed via action plans, under the responsibility of the relevant Head of Service.

Department for Children, Young People and Culture - H&S Plan 2016 -2017:

DEPARTMENT - Key Achievements

- Quarterly Dept H&S Committee meetings – development of action plan
- Quarterly H&S Divisional Group meetings (Learning; Social Care; Strategy, Commissioning, HR & Finance):
- Ongoing Review and update of CYPC H&S Policy, including specific arrangements
- Ongoing Active Monitoring Arrangements, including Safety Tours of CYPC premises & progress of Action Plans.
- Managers & other identified staff (including Divisional Group members) attended CYPC specific H&S training course
- 3KP Action Plan updated (following Safety Tour).

Planned action:

- Departmental strategy to manage H&S following results of the Dept Audit, budget cuts and this Action Plan.
- Implementation of Departmental Health & Safety Policy
- Develop & implement H&S performance standards
- Ensure effective control of significant foreseeable risk – review risk management arrangements
- Review of Dept Competency Framework & development of Training Matrix
- Dept to have input into ongoing Premises Management (FM) Arrangements/Council Corporate landlord role
- Monitor and develop systems for informing staff of key H&S messages
- Roll-out Electronic Accident Reporting system
- Review & implement initial H&S Reporting Arrangements
- Review fire risk management arrangements
- Key campaigns to be agreed via H&S Committee
- Ongoing development of CYPC H&S intranet page

SCHOOLS - Key Achievements: 2015-16

- Ongoing delivery and review of Schools Health Safety Support SLA

- Contractor Assessment – new Corporate strategy and CDM update

- Termly Bulletins

- Support provided to schools to implement and monitor their H&S Management system

- Training specific to schools (as per Competency Framework):
    - IOSH Managing Safely in Schools – for Primary headteachers/Business managers via DTC
    - Managing Safety In Schools – 1 day course (via Bury College) for Secondary Headteachers and 2 day course for Business Managers
    - New Headteacher Induction training with H&S Advisor

- Additional support below offered for first time through the new chargeable Service Level Agreement
    - Core Competency Training for staff
    - Fire Risk Assessment support for Heads/Business/Site Managers
    - Fire Marshal with fire extinguisher training
    - Design & Technology audit by external specialist
    - Manual Handling & Working at Height training
    - Risk Assessment support
    - Gap Anaylsis
    - H&S on-site inspection
    - Schools H&S Policy review

- Attendance at quarterly School H&S Committee meetings

- School H&S Intranet populated with school specific information

- Electronic accident/incident electronic system (SMART) - ongoing development and monitoring

- Review of SMART system with reduced alerts

- Educational Visits service and EVOLVE system provided via Rochdale MBC

- Review & updated Generic Risk Assessments specifically for schools (using HSE template)

Planned action: 2017–18

- Re-shape SLA and consider support from external specialists as appropriate

- Send schools electronic H&S Self-assessment questionnaire – review responses and establish if any 'high risk' focus needed

- Schools H&S Policy Template review (reference to Council documents)

- Review and development of H&S Planner for Schools – Issue 3.0

- Review other high risk curriculum areas, including PE/sport, Science

- Look into trends analysis of incidents reported on SMART

- Monitoring of risk management arrangements

- Asbestos Management Plans - new Corporate strategy to be rolled out and monitored

- Legionella review

- Access to Intranet information – review with ICT to improve schools accessibility
- Looking into offering services externally to academies/others

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List of Background Papers:-

All background papers are referenced within the report.

Contact Details:-

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