

Meeting:	Employees Consultative Forum
Date:	3 July 2007
Subject:	Health and Safety Annual Report 06/07
Key Decision: (<i>Executive-side only</i>)	No
Responsible Officer:	Myfanwy Barrett
Portfolio Holder:	David Ashton
Status:	Part I
Encs:	

SECTION 1 – SUMMARY AND RECOMMENDATIONS

This report provides information regarding health and safety performance of Harrow Council, details of work done and a summary of overall accident and incident data. This report also provides information to enable the Council to understand its performance, help improve health and safety management and inform effective management decision-making.

RECOMMENDATIONS:

To note the Health and Safety Annual Report for 2006-2007.

REASON: To provide the opportunity for scrutiny and comment by the Employees Consultative Forum.

SECTION 2 - REPORT

Executive Summary

The main points during 06/07 are listed below:

- Development of specific health and safety policy
- Development of health and safety codes of practice to meet identified needs
- Completion and ongoing implementation of Group Health and Safety Plans
- Harrow Rules “risky business” and induction training programmes.
- Set up and development of the Health at Work Group
- Our systems being recommended to other Councils by the Learning Skills Council
- Re-launch of the Education Health and Safety Forum.
- Visits by the HSE and Fire Brigade
- Positive feedback from the HSE on progress and in particular the Group Plan document.
- Launch of the Corporate health and safety Scorecard

Following the initial inspection in February 2005 the HSE revisited on the 13th of April 2006 and a follow up meeting took place on the 26th of June 2006. Their feedback was positive, pointing the organisation towards the effective implementation and monitoring of the revised Health and Safety Management System. The HSE have carried out two inspections at Harrow during the reporting period. Firstly in order to investigate an asbestos related complaint and secondly in conjunction with recycling and further information is detailed in this report. There were also a number of inspections of Council premises carried out by the Fire Brigade and this is detailed in the main body of the report

SECTION 2 - INDEX

1. Health and Safety Partnership Board
2. Wellbeing and the Health at Work Group
3. Education health and safety forum
4. Occupational Health
5. Post Inspection Action Plan
6. HSE Inspections
7. Fire safety management
8. Control of Asbestos
9. Ionising Radiation in Schools
10. Control of Contractors
11. Potentially Violent Persons register
12. Reactive Data

Appendix – Health and Safety Management at Harrow - Supporting Information.

1. Health and Safety Partnership Board

1.1 The lead group is the Health and Safety Partnership Board (HSPB), which reports to CMT, Cabinet and the ECF. The HSPB includes membership from all the directorates, members, trades unions and HR. Upon request the Overview and Scrutiny Committee are also provided with full information on health and safety management within the Council. Achievements of the Partnership Board during 06/07 have included;

- Launch of policy, code of practice and guidance document
- Development of a corporate health and safety scorecard
- Facilitation of the hazard notice process
- Development and publication of the personal safety statement

1.2 Health and Safety Scorecard

One of the key recommendations of the HSE visit in 2005 and subsequent meeting is a robust system to measure performance and take action as appropriate. The Health and Safety Partnership Board recommended the development of a Corporate Scorecard to measure performance so that progress can be tracked.

The health and safety monitoring system used by the Council comprises of three control levels:

Level 1 - The key elements of the health and safety management system: The management arrangements (including plans and objectives) necessary to organise, plan, control and monitor the design and implementation of Risk Control Systems.

Level 2 - Risk control systems: The basis for ensuring that adequate workplace precautions are provided and maintained

Level 3 - Effective workplace precautions provided and maintained to prevent harm to people at the point of risk.

1.3 The Corporate Scorecard has measures identified at all level though mainly at level 1 and considers some key elements of the management system. The most important measure is the number of **“implemented group plans in place”**. The main reason that this measure is geared to implementation is that no matter how well management arrangements and risk control systems are designed, they can never deliver the desired outcome if they are not implemented or complied with.

The main focus of level 2 measures will be risk assessment as this is the legislative cornerstone for controlling risk.

1.4 Feedback for the HSPB with respect to performance at level 3 will largely be via inspections by managers at an operational level and also from audit information via the Health and Safety Service. Initial indications show that the Group Plan process is embedding well and that there is work to be done with respect to the risk assessment process and attendance on training.

2. Wellbeing

2.1 The main emerging national strategic driver from Central Government and the HSE is the relationship between health, work and wellbeing for the working population. Along with business considerations, demographics will increasingly require us to minimise work related

absence from work through an effective strategy of occupational health management both in the workplace and during staff absence. The HM Government paper "Health, Work and Well-Being – Caring For Our Future", encourages partnership working with central government agencies and local organisations to improve occupational health and safety at work.

2.2 As a result of this driver Harrow Council set up a Health at Work Group. This group looks at strategic issues regarding the promotion of wellbeing and leading on the management of health related issues at work. A large proportion of work related absence is due to ill health rather than accidents and so this will be an increasing area of priority for the organisation. This means a coordinated approach to health, safety and welfare to include health promotion along with accident and illness prevention and rehabilitation. The group has representatives for each of the Directorates along with Human Resources, Occupational Health and Trades Unions. This group has identified key work areas that are being developed that are;

2.3 *The Health at Work Group*

From the above paper the Health at Work Group has been formed and since the initial meeting in 2006 the work of the group has been focused in 5 key areas as follows;

1. Strategy
2. HR Policy
3. Reduced stress levels amongst Harrow staff
4. Less incidents of Musculo-Skeletal Disorders (MSDs)
5. Effective use of the Occupational Health Service

2.4 Specific issues have been driven by the group including smoking legislation compliance, Work on an overall strategy will develop over the next reporting period and emphasis will be placed on devising a wellbeing strategy for the organisation.

3. Education Health and Safety Forum

3.1 The Education health and safety Forum was re-launched in November 2006 at Rooks Health High School. It is open to representatives from all council schools. The aim of the Forum is to bring together representatives and *champions* for health and safety in our school, each term, to share ideas, learn and develop exciting ways to promote school health and safety. This should enable participants to better support their school in maintaining good health and safety standards for all.

3.2 At the first meeting working terms of reference were agreed. These were

- ✓ that the forum should inform and be informative
- ✓ be an open and sharing network
- ✓ champion health and safety in schools and other education centres
- ✓ engage in training for self and others
- ✓ monitor safety and make recommendations for changes
- ✓ meet termly with the option for small groups to meet when needed to progress a particular issue.

3.3 The Forum was the focus of activities for safety week whose theme was the safety of young people, a drop in session was held at the teacher's centre where staff working with young people could access information including websites with resources for teaching and learning. The Health and Safety Executive pack was distributed to all schools and health and safety officers distributed information and spoke to parents and students visiting their stall at Rooks High School Community Health and safety event.

3.4 Early on, members of the Forum recognised the importance of communications and training for themselves. They have been the impetus for development of the safety community on the London Grid for Learning (LGfL) inviting the administrator to one of the early meetings to show them how the system worked. As a result staff in schools that had not previously access LGfL now do so. Health and Safety policies are posted there as well as minutes of Forum meetings. Forum members value highly opportunities to gain knowledge from and put their questions to invited speaker's. Topics covered included health and safety update; managing contractors, community safety. The forum held a successful workshop for members, which highlighted the value of cross-school working groups drawn from all levels reflecting the school community for problem solving. More are planned.

3.5 The Fire authorities visited schools during the reporting period and this was covered at the forum including a reminder of some of the key findings and how to ensure these fire safety issues are effectively managed such as;

- fire risk assessment
- staff training
- fire safety records including records of staff training, fire drills etc

3.6 Building works was another topic covered during presentations to this group and items addressed included – works need to be planned; risk assessments need to be in place and arrangements made to inform all who need to know – effectively anyone who could be at risk from what is being done and making sure there are site permits for workers coming on site to do work;

4. Occupational Health Service

4.1. The independent, confidential Occupational Health Service is available to all Harrow Council employees. The Health and Safety Service will manage the service from 1.04.07 and there has been increasingly close cooperation between the two services during the reporting period. Services that are offered include Advice and guidance when returning to work following illness, injury and surgery, immunisation programmes for occupational risks, e.g. tetanus, hepatitis B. In addition support is offered for people with special needs, e.g. ongoing health problems or disability.

4.2. Health promotion services include blood pressure and weight monitoring, general and specific advice on health issues, counselling for health and personal worries, stress, bereavement, addictions (alcohol, drugs, etc.). More work, including a health fair, is planned in this area.

4.3. The service also provides a pre-employment health assessment to ensure individual fitness for work and advice on health at work, e.g. use of office equipment, seating, lifting and handling, work environment, etc. to comply with current Health & Safety legislation.

4.4. Case management for those staff returning to work includes follow up after work related illness and injury to minimise negative impacts from ill health.

5. Post HSE Inspection Action Plan.

5.1. As an initial response to the HSE inspection a post inspection action plan was developed to address the initial concerns raised. The action plan was structured in accordance with the HSE document "HSG 65 Successful Health and Safety Management" and sets out the objectives and

work done to meet the findings of the HSE inspection. Progress has been made to meet the objectives set out in this document. Further work to implement the plan is primarily driven by the Executive Directorate Health and Safety Groups. These groups report on their progress to the Health and Safety Partnership Board.

5.2 The Post Inspection Action Plan was updated in October 2006 and is due for further update during June 2007.

6. HSE inspections

The HSE have carried out two formal inspections during the reporting period.

6.1 Asbestos Complaint

In A complaint was made by UNISON and GMB to the HSE with respect to the alleged unsafe removal of asbestos during the Access Harrow refit. J Crooke's an HSE Inspector from the London Division undertook an investigation. He visited on the 17th of November and subsequently made a number of observations and recommendations in a letter ref 1271736 which are summarised below:

- All method statements with respect to asbestos removals must provide necessary details such as temporary storage arrangements.
- Union Safety representatives are re-issued with all requested documentation including policies, risk assessments, survey reports and other relevant documents.

6.2 The revised Asbestos Policy takes account of the recommendations and stipulates the following;

"Method Statements/risk assessments:

These documents must be completed by the contractor carrying out the work, they should be issued to the Council as client and agreed with the Contract Supervisor/Administrator well before work starts to allow them to be assessed. For projects covered under the Construction Design and Management Regulations (CDM), these will form part of the Health and Safety Plan and must be updated as necessary (see HSG 30-00).

Waste should be double bagged in heavy duty polythene bags, the inner bag red and the outer bag clear. Storage of removal asbestos should be in locked container and be adequately control to prevent unauthorised access. The location, type and duration of the storage should be stated clearly in the Plan of Work."

6.3 HSE Inspection of Green Box recycling

As part of a London-wide campaign, the HSE visited Harrow in December 2006 to inspect the kerbside recycling. The Inspector was informed of the work that had already been started in Harrow to change the green box kerbside collection to a blue wheelie bin, which would significantly reduce the manual handling risks to employees and residents.

Recommendations made by the Inspector included improvements in safety when vehicles are reversing on the street. Again this issue had already been identified prior to the inspection and work was already underway to improve the training of staff with respect to assisting in reversing

vehicles.

7. Fire Safety Management

The Regulatory Reform (Fire Safety) Order 2005 came into force on the 1st of October 2006. The order repealed most of the existing fire legislation and placed a range of duties on organisations including making sure the following is in place:

7.1 Safety Assistance

This requirement under the order is to ensure competent and responsible persons are appointed to undertake various fire safety duties. The Health and Safety Service has been actively recruiting for a Fire safety Adviser to fulfil the overall "Competent Person" role. Due to difficulty in securing an appointment consideration is being given to temporary consultancy support. Responsible persons are being referenced in the Group Plans and fire risk assessments have been carried out at Council premises. A comprehensive training programme for Fire Wardens and those undertaking fire risk assessments has been successfully developed and implemented.

7.2 Fire Brigade visits.

The London Fire Brigade are the enforcing authority for the regulatory reform Order and have been carrying out inspections of council premises before and since the implementation of the legislation.

One notice was served on the Teachers Centre and was fully complied with and advisory letters have been followed up and dealt with promptly. The London Fire Brigade has given positive feedback during recent visits to the Civic Centre.

8. Control of Asbestos Regulations 2006 (CAWR)

8.1 These regulations replace previous law with respect to the control of asbestos at work and revoke and replace the Control of Asbestos at Work Regulations 2002 and other legislation. They implement within Great Britain the European Council Directive 2003/18/EC.

8.2 The main change introduced by CAWR 2006 is the replacement of Action Levels with a new, three-part concept for exemption from certain regulations for lower risk work. The regulations dealing with licensing, ~~notification of work with~~ asbestos, arrangements to deal with accidents, incidents, and emergencies, asbestos areas and health records and medical surveillance will not apply where:

- The exposure of employees to asbestos fibres is sporadic and of low intensity
- It is clear from the risk assessment that the Control Limit for asbestos will not be exceeded in the air of the working area and
- The work involves certain specified activities, including removal of materials in which the asbestos fibres are firmly linked in a matrix, which includes asbestos cement and asbestos-containing textured decorative coatings (ACTDCs) such as Artex.

8.3 The criteria for requiring a licence for asbestos work has changed to all work that exposes workers to asbestos fibres, unless the exposure fulfils one of the criteria above. Thus, the requirement for a licence will depend on whether a worker's exposure is liable to be sporadic

and of low intensity. The exemption for employers using their own employees on their own premises is also to be removed. In addition a single control limit for asbestos exposure has been introduced along with changes to the fibre counting system.

9. Ionising Radiations and Radioactive Substances in Schools.

9.1 A number of High Schools and Colleges hold small quantities of low activity ionising radiations sources for teaching purposes. Provided appropriate control measures are followed the risk to health from these sources is minimal.

9.2 Under the Ionising Radiations Regulations 1999, any employer using ionising radiations is deemed a 'radiation employer'. The employer has the responsibility to ensure the safe management of radioactive substances. The type of work carried out with radioactive substances in school science departments means that a suitable Radiation Protection Advisor (RPA) must be consulted and appointed in writing by the employer. The LEA has an externally appointed RPA through CLEAPSS school science service.

9.3 The responsibility for managing radioactive sources within schools is delegated to the Radiation Protection Supervisor (RPS), this is normally a member of the schools science teaching staff.

9.4 One of the councils' health and safety advisors is designated the LEA Radiation Protection Officer (RPO) and acts as the main contact for the LEA, particularly around liaison with the RPA. A key duty of the RPO involves proactive auditing and monitoring the use, storage and management of radioactive sources.

9.5 There are eight schools within the LEA that have radioactive sources. The table below shows the audits carried out in 2006/2007.

Radiation Audits in Harrow Schools 2006/07

School	Radioactive Sources?	Date audited
Bentley Wood High	Yes	14/12/2006
Canons High	Yes	07/07/2006
Harrow High	Yes	09/10/2006
Hatch End High	Yes	25/04/2006
Nower Hill High	Yes	16/03/2006
Park High	Yes	14/09/2006
Rooks Heath High	No	N/a
Salvatorian College	Yes	19/1/2006
Sacred Heart Language College	No	N/a
Whitmore High	Yes	16/10/2006

9.6 In addition to the audit program an investigation was undertaken into the possibility of a missing source. The investigation concluded there was not a missing source and was due to an administrative error. All schools are required to written approval from the DfES for work with ionising radiations and the RPO has supported schools with applications for up-to-date approval.

10. Control of Contractors

10.1 A new Control of Contractors Policy was published in 2006 together with a number of supporting codes of practice. The policy clearly identifies the responsibilities of Premises

Managers and Clients (those engaging contractors to do work) with respect to managing contractors who work for the Council. The codes of practice provide practical advice and guidance on the actions required to meet these responsibilities.

10.2 Free seminar sessions to communicate the requirements of the new policy and procedures were run for Premises Managers and Clients.

11. Potentially Violent Persons Register

11.1 This Policy and the accompanying procedure has been developed through 2006 to a draft stage. This is now undergoing consultation with the organisation on its implementation. This will take place during 2007 / 08.

11.2 The register is centrally managed and electronically stores details of members of the public who are known to pose a serious risk (due to previous violent or aggressive behaviour) to Council staff who have to deal with them. The register allows this risk information to be shared throughout the organisation rather than in a silo approach, as is currently the case.

11.3 The supporting procedure has been developed to ensure fair processing and storage of data in accordance with the requirements of the Data Protection Act.

12. Reactive health and safety Information

Other than slips, trips and falls the reactive statistics show a downward trend though this may in part be accounted for by outsourcing services and general under reporting of events. One large change to the overall figures is with respect to non-employee accidents and is as a result of the way data is being recorded. Employee accident data is now being captured using the SAP software system as part of the BTP management system.

Accident and Incident Statistics 1st April 2006 - 31st March 2007

While the analysis and reporting of accident data is useful it should be noted that this is only one means to measure performance in managing health and safety issues and that in addition this data:

- Measures failure.
- Cannot indicate the likelihood of serious events.
- Is reactive rather than preventative.
- Does not show the up to date situation.

It can be seen for the table below that the overall rate of reported accidents and incidents remains reasonably constant.

12.1 Total Accidents

Table 1: Employees Accidents/Incidents by Directorate

<i>Executive Directorate</i>	<i>Incidents/ accidents 1st April 2004 – 31st March 2005</i>	<i>Incidents/ accidents 1st April 2005 – 31st March 2006</i>	<i>Incidents/ accidents 1st April 2006 – 31st March 2007</i>
Business Development	8	9	12

Chief Executives	4	2	3
People First	276	226	226
Urban Living	174	192	177
Total	462	429	418

12.2 RIDDOR Accident Reports

Table 2 shows RIDDOR reportable accidents/incidents involving employees, by Directorate extracted from the data in Table 1 above. RIDDOR reportable accidents/incidents, those the Council is required to report to the Health and Safety Executive (HSE), have decreased overall from 2004-05. The main reason for the decrease is a continued clarification of the reporting process. This has ensured that only those events arising out of or in connection with our work are reported to the HSE. The main underlying cause for these reports is musculo-skeletal disorders (MSD,s).

Table 2: Employees RIDDOR reportable accidents/incidents

<i>Executive Directorate</i>	<i>RIDDOR Reports 1st April 2004 – 31st March 2005</i>	<i>RIDDOR Reports 1st April 2005 – 31st March 2006</i>	<i>RIDDOR Reports 1st April 2006 - 31st March 2007</i>
Business Development	1	3	0
Chief Executives	0	1	0
People First	24	22	10
Urban Living	28	11	19
Total	53	37	29

12.3 Accident Incident Rate (AIR)

The Accident Incident Rate is a formula used to calculate the number of accidents events for an average population of workforce. The calculation is made using one of the HSE recognised formula and gives a representation of the number of accidents by directorate linked to numbers employed. In the table (3) below Harrow compares favourably with both the public sector and national data. These figures do not account for casual staff and it should be recognised that the HSE recognises there is significant under reporting in most industry sectors except public sector administration.

Table 3: AIR for all RIDDOR injuries (per 1000 workers)

<i>Executive Directorate</i>	<i>AIR 2004-2005</i>	<i>AIR 2005-2006</i>	<i>AIR 2006-2007</i>
Harrow Council	7.5	5.2	4.1
Public Administration	13.82	13.43	Available Nov 2007
National (all sectors).	5.90	5.6	Available Nov 2007

Source: HSE Statistics (Excludes Casual staff & Employees in voluntary aided Schools)

12.4 Reported Accident Causes

The table (4) below shows a breakdown of accidents by cause. The main causes of accidents and incidents within the Council shows a downward trend reported has varied over the past three years, though the trend is generally downward.

The majority of reports tend to fall within the categories in table 4. These areas therefore remain a focus of attention when considering future strategy and operational work across the Council. Reports of violence and aggression have continued to fall though they remain the most often reported type of accident.

A significant minority of incidents of violence and aggression involved scratching, biting, and hair pulling incidents in Social Care homes and Education Special Schools.

The same time the numbers of events relating to the categories of slip, trip and fall and struck by/against have fluctuated over the past three reports although there is currently no emerging underlying trend or cause. It is thought that the increase is largely due to awareness with respect to reporting events. Ongoing training in People First on violence and aggression and on the use of restraint is still ongoing helping staff to remain safe. In addition specific Codes of Practice have been issued with respect to personal safety at work.

While reported events involving violent or aggressive behaviour outnumber the other top causes of incidents, comparatively few trigger RIDDOR reporting activity.

Table 4: The top 5 recorded accidents by type/cause

Type/cause of accident/Incident	1 st April 2003 – 31 st March 2004	1 st April 2004 – 31 st March 2005	1 st April 2005 – 31 st March 2006	1 st April 2006 – 31 st March 2007
Violence and aggression	263	249	187	137
Slip Trips & falls	94	67	138	86
Struck by/against	87	66	114	74
Handling, lifting and moving	34	45	36	46
Road traffic accidents	26	20	15	12
Total	504	447	490	355

12.5 Non Employee RIDDOR events

Table 5 gives a breakdown of all incidents involving non-employees. The figures include RIDDOR events. It should be noted that only certain outcomes trigger RIDDOR reporting for non-employees such as hospital treatment as a result of an accident.

The Council continues to monitor accidents/incidents involving non-employees and to take appropriate actions where practicable to prevent recurrence. This is reflected in the distribution of such incidents: the majority occurs in schools and social care environments. However, in this reporting year, and following a fatal accident involving a contractor, non-employee accidents/incidents have been disaggregated (table 6) to show more clearly those related to contractors working on behalf of the Council.

As stated the change in these figures is due to a change in the way we capture that data. This is mainly related to no longer recording data where illness or injury occurs that is not arising out of or in connection with our work.

Table 5: Non-Employees Accidents/Incidents and RIDDOR reports including those for comparable period last reporting year

<i>Directorate</i>	Non-employee Reports (RIDDOR) 1st April 2004 – 31st March 2005	Non-employee Reports (RIDDOR) 1st April 2005 – 31st March 2006	Non-employee Reports (RIDDOR) 1st April 2006 – 31st March 2007
Business Development	0	0	1 (0)
Chief Executives	6(1)	0	0(0)
People First	898(278)	189 (116)	148(97)
Urban Living	12 (4)	32 (11)	5 (0)
Total	916(283)	221 (127)	154 (97)

12.6 Accidents Reported Involving Contractors

The effective management of contractors was highlighted in the HSE audit during January and February 2005. Table 6 above gives an indication of the accidents to contractors and shows the directorates where the predominant accidents occur. Further action was taken during this reporting period and it is gratifying that this appears to be having a positive impact on the statistics. The Council is committed to ensuring that hazards are dealt with at source and accidents are prevented. However, where they do occur, it requires that that reporting is complete and that effective action is taken to prevent recurrence

Table 6: Contractor Accidents/Incidents and RIDDOR reports

<i>Directorate</i>	Contractor Reports 1st April 2005 – 31st March 2006	Contractor (RIDDOR) Reports 1st April 2005 – 31st March 2006	Contractor (RIDDOR) Reports 1st April 2006 – 31st March 2007
Business Development	0	0	0
Chief Executives	0	0	0
People First	2	1	0
Urban Living	4	0	0
Total	6	1	0

12.7 Health and Safety Learning

There has been a reduction in staff attending health and safety training compared to last year's figures though an increase on 04/05. It is thought that one factor is the increased emphasis on health and safety training following the HSE inspection of February 2005. A suite of successful training courses has been developed and facilitated by Health and Safety Service. A revised induction package that includes a health and safety module has also been devised and delivered. Work has been undertaken to develop a training matrix so that a full picture is being established to determine the learning needs and requirements of the organisation based on risk and in conjunction with corporate objectives. In conjunction with Trade Unions and other partners including the Organisational Development Team, work is still ongoing to establish a comprehensive provision using suitably assessed and quality assured training providers.

Senior Executives Training

Two sessions were held during the year to provide a half-day health and safety training session for all Harrows Directors and Executive Directors. This was a bespoke training package for Harrow which included modules on: Individual and Corporate responsibilities; Getting the right balance in managing risk; How other organizations successfully manage health & safety; Looking towards the future and developing a modern health and safety culture for Harrow.

Feedback was positive indicating that it was felt to have been a valuable opportunity to discuss and debate health and safety management issues with colleagues.

Other specific training course developed and provided by the Health and Safety Service included Stress Awareness Workshops, Group Plan Surgeries, Legionella Workshop, CDM Overview, Control of Contractors, Premises managers/client side and Education H&S Forum Training. A number of other events were also ran at schools and FBS Directorate lunchtime sessions were delivered.

Table 7: Delegates attending centrally organised courses by Directorate (1st April 2006 to 31st March 2007)

Directorate/course	Business Development	Chief Executives	People First	Urban Living	TOTAL
Health and Safety Induction	3	11	71	2	87
COSHH	8	2	18	9	34
Construction Safety Basic Essentials	0	2	0	0	2
DSE Assessors	9	0	13	3	25
DSE Users	2	0	5	0	7
Fire Risk Assessment	1	0	2	5	8
Fire Warden Marshal	1	0	62	0	63
Health and Safety Certificate	0	0	0	0	0
Lone Working	1	0	0	3	4
Managing contractors	0	0	6	6	12
(IOSH) Managing Safety	0	0	7	1	8
Manual Handling	0	0	3	0	3
Office Safety	0	0	13	0	13
Personal Safety (V&A)	0	0	2	6	8
Risk Assessment	5	0	19	3	27
Risk Assessment: Head teacher's	0	0	0	0	0

Stress Risk Assessment	10	5	2	0	17
Workplace Inspections	0	0	5	0	5
SCAPE: <i>Personal Safety/ Physical Intervention/ Risk & Conflict Management/ Manual Handling</i>	1	0	303	15	319
First Aid	0	0	258	9	267
Totals	41	20	789	62	909

Legal Implications

I am content that the health and safety annual report 06/07 reflects that LBH is complying with its obligations under the Management of Health and Safety at Work Regulations 1999.

Financial Implications

No additional financial comments.

S.17 Crime and Disorder Considerations

Progress towards embedding the requirements of the Crime and Disorder Act is a specific focus of audit reviews.

SECTION 3 - STATUTORY OFFICER CLEARANCE

Chief Financial Officer	<input checked="" type="checkbox"/>	B Evans
Monitoring Officer	<input checked="" type="checkbox"/>	J Travers

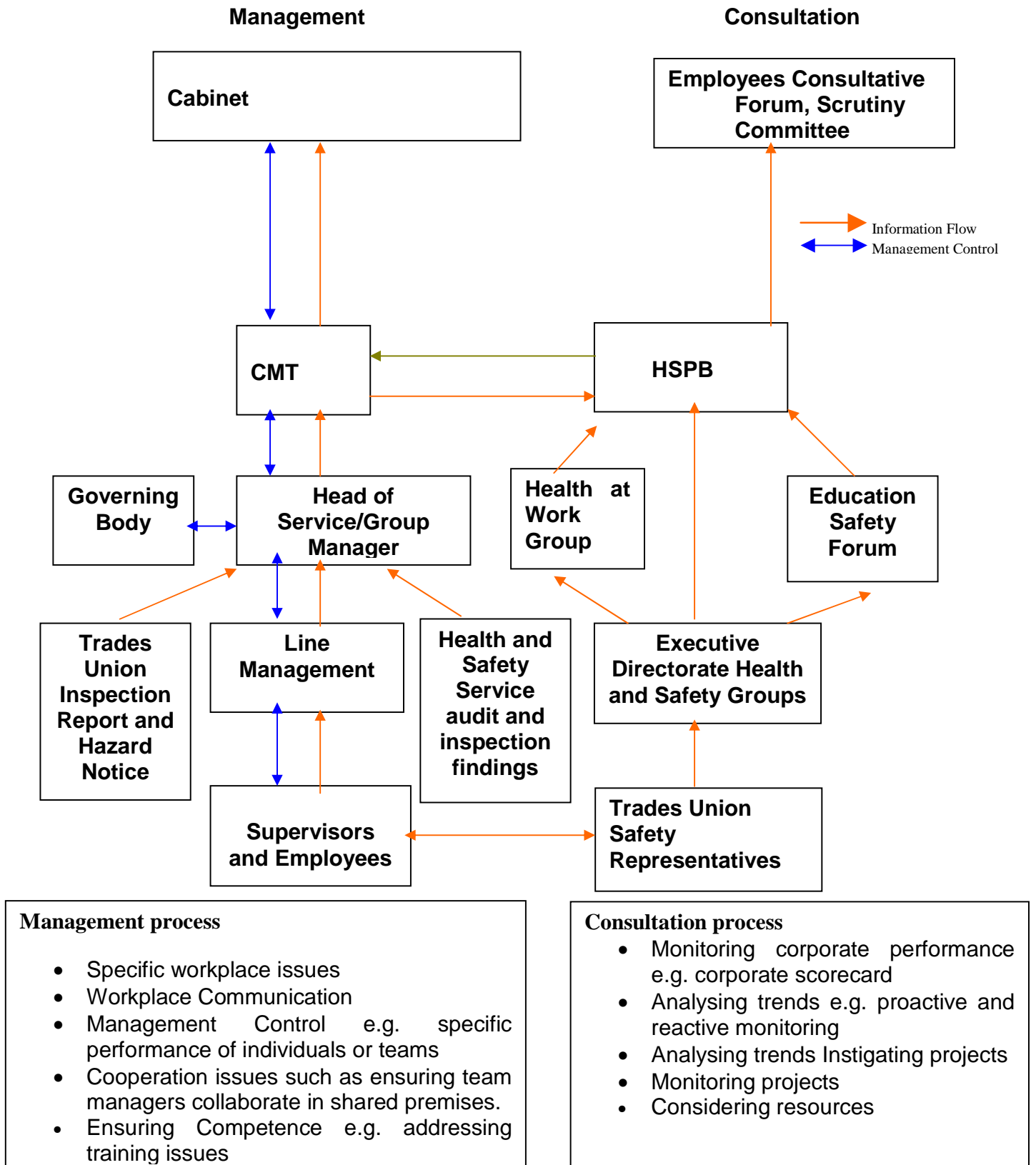
SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

Contact: Paul Williams, Service Manager, Health and Safety Service,
Tel: 020 8424 1362

Background Papers: None.

Appendix 1 - The Health and Safety Management System

The decision/consultation process for health and safety is as follows:



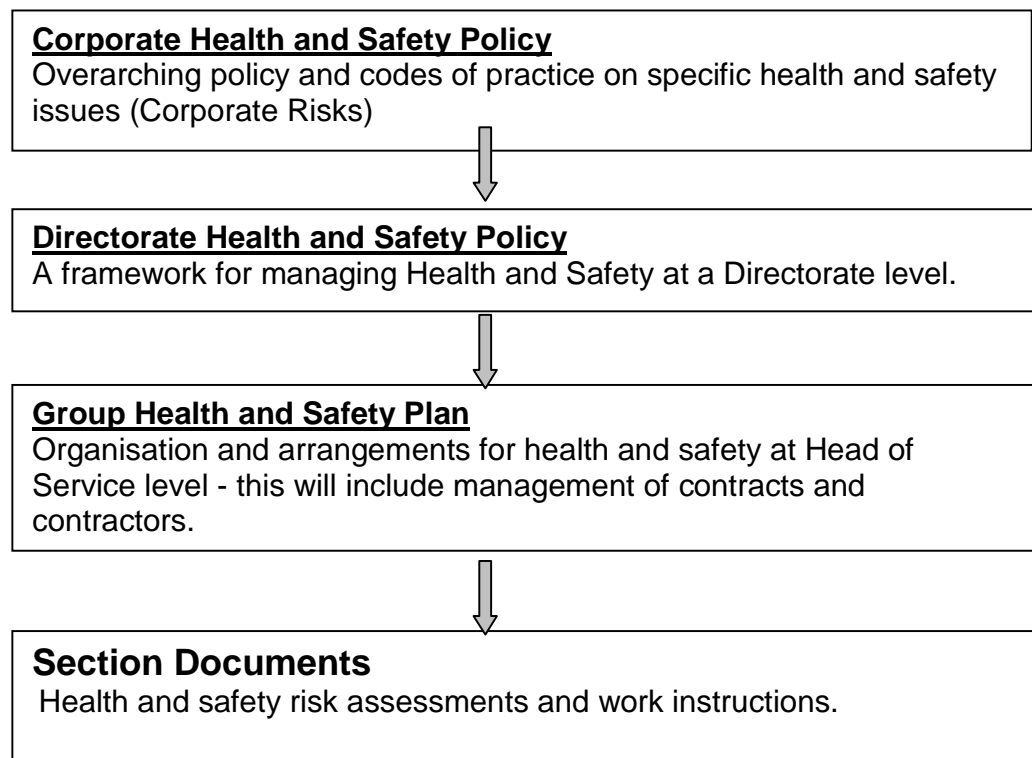
Effective operational health and safety can only be realised when the behaviour of our staff and all our other stakeholders is in line with the policy commitments. The steer for this work is provided by;

- The Health and Safety Partnership Board
- The Health at Work Group
- The Employees Consultative Forum
- The Education Health and Safety Forum
- Executive Directorate Health and Safety Groups

These bodies, along with periodic consideration of health and safety issues at corporate and local meetings, ensure that there is a sound management structure in place. This means that there is a framework for a consistent steer for policy, implementation and effective involvement of staff in health and safety matters to deliver effective communication and set health and safety standards. This approach helps to develop a common understanding that is fostered by championing health and safety through positive leadership.

The organisational structure below was embedded during 05/06 to reposition health and safety within the Council and develop the organisation and arrangements for health and safety into a more visible and readily understood structure. The key tool of delivering the strategic aims of the policy at an operational level is the Group health and safety Plan. This document has been rolled out during 06/07 and Groups now have a completed plan

The organisational structure in place is outlined, as follows though will need to be amended to meet the needs of the new organisational structure:



Corporate Policy

The current policy will need to be revised to reflect the new structure of the Council and restate commitment from all levels of the organisation. The revised policy structure will conform to the structure laid out in the Health and Safety at Work etc Act 1974 with a distinct section for organisation and arrangements. The organisation section will show the structure for managing health and safety and include the Health and Safety Partnership Board, Directorate Health and Safety Groups and the Health at Work Group.

Directorate Policy

This policy is a second tier document that reinforces commitment to health and safety at an Executive Director level. The Directorate Health and Safety Policies do not duplicate existing statements, procedures, codes of practice, or local arrangements detailed in Group Health and Safety Plans. The Directorate policy provides a link between these tiers and states a commitment to managing health and safety within the directorate and meets the requirements of the HSE publication INGD 343 "Directors Duties". These documents will need revision in light of the recent restructure of Directorates at the Council.

Group Plans

The key document of the revised health and safety management system is a Group Health and Safety Plan. A template plan is adapted by the appropriate manager to detail how health and safety is managed and organised at a group level. It identifies named individuals with line management and specific health and safety responsibilities, and also the systems in place for securing health and safety at a local level. It can be tailored to meet the needs of a specific group taking into consideration the nature of work and associated risks. It also secures ownership and accountability.

The plans detail as a minimum:

- The Group's statement of intent on health and safety
Group organisational chart
- Names of individuals with line management responsibility for health and safety
- Names of individuals with specific responsibilities for health and safety, e.g. risk assessment, radiation supervisor, etc.
- Arrangements for risk assessment and associated assessments
- Arrangements for the management of contracts and contractors.
- Arrangements for health and safety training
- Arrangements for fire safety and first aid
- Arrangements for consultation and communicating health and safety, e.g. local briefing, notice boards, etc.

- Arrangements for accident/incident reporting, recording and investigation
- Arrangements for active evaluation, e.g. health and safety inspections
- Arrangement for the provision and use of plant and equipment
- Arrangements for the provision and use of personal and respiratory protective equipment.
- Safe methods of work e.g. a system for dealing with violent people.

Not all the above elements will apply universally and the plans have been adapted to suit the work of a particular group. The Health and Safety Service produced a template plan to support implementation and ensure consistency. This is a key area of work across the Council and core to meeting HSE requirements. At the last progress meeting with the HSE they approved of our approach using Group Plans and the idea behind this method. All Group Plans are completed and further work with respect to implementation is underway.

Section Documents

Detailed implementation of the Directorate Health and Safety Policy and Procedures, Group Health and Safety Plans and the development of safe systems of work are usually undertaken at a section level. At this level it will be ensured that work activities are assessed, planned and organised, so as to reduce risks to the lowest level reasonably practicable. Safe work instructions will be in place to demonstrate effective management of risks. In some circumstances it may be appropriate for sections to have their own plan, following the template for group plans as above.

Delivery of Health and Safety Support to the Organisation

The Health and Safety Service continues to integrate its support into the management structure of the directorates at various levels. Initiatives have been implemented that mean dedicated advisors support specific directorates to develop effective long-term relationships. The service is accessible and available to all managers within the organisation regardless of their location and advisors spend time at local sites such as the depot.