

**REPORT FOR: Employees Consultative Forum.**

---

**Date of Meeting:** 4<sup>th</sup> July 2012

**Subject:** **INFORMATION REPORT**  
Annual Health and Safety Report  
2011/12

**Responsible Officer:** Tom Whiting, Assistant Chief Executive

**Exempt:** No

**Enclosures:** Appendix 1 – Analysis Report for  
Accidents 2011 – 12

Appendix 2 - Health & Safety  
Objectives & Targets April 2012 –  
March 2013 (The improvement plan)

## **Section 1 – Summary**

This report summarises the Council's health and safety performance for the year 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012, providing an update of activities and giving information on outcome measures – training, audits and accidents.

**FOR INFORMATION**

## **Section 2 – Report**

### **Executive Summary**

2.1 The previous annual report at the end of 2010/11 reported on the asbestos improvement notices served by the Health and Safety Executive, the peer review conducted by the Health and Safety Manager from Coventry City Council and the two year improvement plan developed to enable Harrow Council to produce a robust health and safety management system. 2011/12 has therefore been another demanding year for the Health & Safety Service across the organisation with the Service implementing the requirements of year one of the improvement plan. The key work streams during the period from 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012 have been:

- Further development and implementation of year one of the two year improvement plan based on the HSE model HS(G) 65 with the required step changes in performance. The plan also includes building a new in-house team to deliver the Corporate Health and Safety Advisory Service, the recruitment process for the new in-house team is currently underway.
- Undertaking a comprehensive work programme which was led by the Corporate Director Community & Environment to improve health and safety management including developing asbestos and premises risk management. The programme has managed the re-surveying of schools for asbestos and developed a programme for re-surveying Corporate properties for asbestos.
- The development of a system for auditing and monitoring management arrangements for Health and Safety following instruction from the Health and Safety Executive.
- Continuing development of health and safety policies and codes of practice to meet identified needs including the safety policy, legionella policy, and first aid code of practice.
- Continued provision of advice and support across the directorates.
- Continued provision of the health and safety training programme.
- Support and development of the Health at Work Group, employee assistance programme and the shared provision of the Occupational Health Service with Brent Council.
- Review of health and safety governance, including arrangements for consultation and communication.

### **Background**

2.2 In line with statutory requirements and in order to allow the Council to monitor and measure health and safety performance and prioritise areas of health and safety risk, a safety review is performed bi-annually. The mid year report was released in November 2011 and this is the full year review.

2.3 Effective health and safety management enables the Council to meet its legal, moral and economic obligation, thus benefiting all stakeholders.

### **External Assurance**

2.4 As a large employer undertaking a wide range of activities the Council is subject to a large number of statutory regulations and will be scrutinised by a number of enforcement agencies.

- 2.5 There have been no Improvement Notices or Prohibition Notices served on the Council by the Health and Safety Executive (HSE) during the year.
- 2.6 The HSE did visit the Civic Buildings during this period to inspect the alterations that were taking place on the second floor of Civic 1. The HSE were happy with the alteration works and the management of the removal of asbestos from this area.

### **Improvement Plan**

- 2.7 Following on from the Health and Safety Executive's (HSE) scrutiny in 2010, the opportunity to review the health and safety service and health and safety performance was taken. The improvement plan that was developed is now one year into its implementation (See appendix 2). This improvement plan considers the health and safety management model endorsed by the HSE, HS(G) 65 which requires integration of safety management into the organisational system and management practice.
- 2.8 A two year programme was devised to achieve the requirements of the improvement plan and to submit the improvements to the appropriate group/committee for approval (see appendix 2). Harrow Council is building an in house safety team and is still exploring opportunities to share posts with other Councils and continues to develop its arrangements for the management of health and safety within the organisation in line with the improvement plan.
- 2.9 The programme is broadly on target with key areas such as the overarching policy, consultation, communication and co-operation arrangements, auditing and reactive monitoring having been addressed. Progress is also being made in the development of policies and codes of practice, pro-active monitoring and management review. Naturally these systems and arrangements will further develop as the organisation evolves.

### **Health and Safety Policy and Guidance**

- 2.10 A key part of the improvement plan and the function of the Corporate Health and Safety Advisory Service is the provision of policies and guidance to provide managers and employees with the necessary support to meet their health and safety obligations. A large number of policies and codes of practice were reviewed and consulted upon with key stakeholders including Council managers, Unison and GMB prior to being approved at the Corporate Health & Safety Group. In the consultation and approval process joint working with the stakeholders has been a key part of achieving workable documentation that meets legislative requirements and reflects the activities of the organisation. These documents have been posted on the Harrow Hub. The following documents have been reviewed and uploaded during the period from 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012.

- HSCOP 39 - Clinical Waste
- HSCOP 38 - Health & Safety Consultation and Communication
- Version 3 - Health & Safety Policy
- HSCOP 12 - First-Aid
- HSCOP 40 - Health Surveillance and Health Assessment
- HSCOP 03 - Legionella Policy
- HSCOP 09 - Legionella Risk Assessment and Control
- HSCOP 21 - Noise at Work

- 2.11 During the year work also commenced on the following documents which are about to be or are currently being consulted upon with stakeholders prior to being approved and uploaded onto the Hub.

- HSP 03 - New and Expectant Mothers
- HSCOP 09 - Manual Handling
- HSCOP 12 - COSHH
- HSCOP - Gas Safety
- HSCOP - Driving for Work
- HSCOP - Work Equipment

2.12 The review of key documents is planned to continue throughout 2012/13.

### **Health and Safety Groups**

2.13 The arrangements for effective consultation, communication and co-operation, with respect to health and safety, between management, employees and Trade Unions continues to be through Health and Safety Groups. Following concern that Health and Safety group meetings were not taking place or were being poorly attended, all these group meetings have been rejuvenated and are now taking place in a planned and structured fashion.

2.14 The Corporate Health and Safety Group (CHSG) continues to meet every quarter. During the year this group has discussed cross council health and safety matters, approved new corporate policies and codes of practice and monitored overall developments in health and safety. Each directorate and sub group feeds into this group and priority matters from directorate groups are escalated to this group..

2.15 Each Directorate now has a Health and Safety Group which meets every quarter. These Groups deal with Directorate health and safety and provide employees, health and safety representatives and managers with an opportunity to discuss and resolve health and safety related issues.

### **Health and Safety Visits Inspections and Audits**

2.16 The service has continued to respond to the needs of the organisation, providing support to management and staff, including conducting multiple site visits and providing site-specific training courses and workshops.

2.17 The service has conducted a procurement process to purchase a self audit tool. This is enabling every manager of every service to review their health and safety management arrangements, identify shortcomings and take the necessary corrective action. It will also enable the organisation to have an overview and identify areas where additional support is required.

2.18 The Corporate Health and Safety Service have started to carry out a number of quality audits of the self audits carried out by managers and will continue to support managers in completing their audits.

### **Educational Outside the Classroom**

2.19 Educational visits and journeys for school children are assessed by the Service. The assessments for approximately 140 school visits for over 500 pupils have been reviewed during this period.

### **Occupational Health**

2.20 The Occupational Health Service has continued to meet the organisation's requirements for dealing with and promoting health at work issues. The service is provided by Santia Ltd. The

core functions of the Occupational Health team continue to be work-health assessment screening, sickness absence management and health promotion.

- 2.21 From July 2010 the service has been provided as part of a framework agreement which includes Brent Council & the London Borough of Kensington & Chelsea and is a joint service with Brent Council, based on the Middlesex Floor in the Civic complex in Harrow.
- 2.22 A number of concerns over the quality of the service have been raised during the year by managers and this feedback has been discussed with the provider. The contract is due for renewal at the end of 2012 and this qualitative feedback will be addressed further through the new contract specification.

### **Promotion of Health, Safety and Well Being**

- 2.23 A number of health promotions have taken place during 2011/12 including a healthy heart day, men's health week, a health fair, alcohol awareness week and National Stress Awareness Day.

### **Employee Assistance Programme**

- 2.24 The Employee Assistance Programme continues to be provided by First Assist. The service includes independent telephone advice and where indicated face-to-face counselling support for a range of problems. The provision of this service will also be reviewed in light of the Occupational Health service provision to the Council.

### **Contractor Management**

- 2.25 The organisation uses two partners, Kier and Apollo, to undertake maintenance on instruction from the Council. The health and safety competence of contractors is a contractual agreement which is monitored by the contractors. As part of the improvement plan, assurance checks will take place in the forthcoming year to ensure that the necessary competency arrangements are satisfactory.

### **Accidents at Work**

- 2.26 The general trend is a reduction in accidents reported from 2010/11 to 2011/12 and an analysis is contained in appendix 1.

### **Health and Safety Training Data**

- 2.27 The service has followed a training programme during this period and delivered training to approximately 523 employees through the yearly programme. In addition to this, bespoke health and safety training, such as accident reporting systems and training on the use of the Council's new health and Safety Audit Tool. The training data is also reported back to both the Directorate Health & Safety Groups and the Corporate Health and Safety Groups for analysis and action. This was identified as an area for improvement and is part of the two year improvement plan.
- 2.28 Despite this, take up has not improved during this year, so with the help of Human Resources, all Council employee new starters are identified and the Corporate Health and Safety Service will be writing to the relevant managers to determine that safety training needs have been identified. The team will also explore the potential for e-learning and any necessary budget changes, discuss this programme with HR & L&D and submit a proposal, including mandatory training and specialist provision of training to CHSG.

- 2.29 The two highest attended courses were the induction and fire safety awareness' courses. This is to be expected as the induction course is a mandatory course for all new starters and the high number of attendees on the fire safety awareness course is in response to gaps in training highlighted by the completion of the self audit tool.
- 2.30 The table below is a report of delivery of training rather than of training need. The Corporate Health & Safety Service has identified in the two year improvement plan that improvements are needed in the delivery of health and safety training. The introduction of the health and safety audit tool is assisting managers in identifying training needs as they complete their audits. The Corporate Health and Safety Advisory Service is determining how best to provide this training moving forward, including exploring the potential for e-learning.

**Table 1: The Main Health and Safety Training Courses Attendances 1/4/2011 - 31/3/2012 (2010/11)**

Directorates Courses /	Combined Group	Children's Services	Adults and Housing	Environment and Community	Place Shaping	Total
Health and Safety Induction for staff	<b>9 (9)</b>	<b>12 (25)</b>	<b>21 (11)</b>	<b>9 (113)</b>	<b>10 (0)</b>	<b>61</b>
Health and Safety Induction for managers	<b>2 (12)</b>	(6)	<b>3 (10)</b>	0 (2)	0 (0)	<b>5</b>
Health and Safety Risk Assessment	0 (6)	0 (14)	<b>28 (4)</b>	0 (5)	0 (0)	<b>28</b>
Health and Safety for Premises managers	0 (0)	<b>8 (91)</b>	<b>3 (4)</b>	<b>19 (7)</b>	0 (1)	<b>30</b>
Fire Marshals	<b>4 (11)</b>	<b>1 (14)</b>	<b>33 (23)</b>	0 (1)	0 (0)	<b>38</b>
Lone working	0 (3)	0 (0)	<b>6 (14)</b>	<b>4 (3)</b>	0 (0)	<b>10</b>
Personal safety	0 (0)	<b>2 (0)</b>	0 (0)	0 (0)	0 (0)	<b>2</b>
DSE users	<b>4 (1)</b>	<b>1 (1)</b>	<b>1 (5)</b>	0 (0)	0 (0)	<b>6</b>
DSE assessors	<b>9 (10)</b>	<b>5 (7)</b>	<b>5 (5)</b>	0 (2)	0 (0)	<b>19</b>
Stress awareness / risk assessment	0 (0)	0 (0)	<b>16 (0)</b>	0 (0)	0 (0)	<b>16</b>
COSHH awareness	0 (0)	<b>5 (8)</b>	<b>21 (14)</b>	<b>1 (5)</b>	(0)	<b>27</b>
Manual Handling	0 (2)	<b>23 (17)</b>	<b>13 (7)</b>	<b>5 (0)</b>	0 (0)	<b>41</b>
Fire safety awareness	0 (0)	<b>240 (0)</b>	<b>0 (0)</b>	0 (0)	0 (0)	<b>240</b>
Total	<b>28 (58)</b>	<b>297 (211)</b>	<b>150 (113)</b>	<b>38 (146)</b>	<b>10 (1)</b>	<b>523 (529)</b>

**Note:** The above data does not include bespoke training arranged by individual Services, e.g. Manual Handling training at the Depot.

## Legislation Update

- 2.31 There have been amendments to the Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR) that came into effect subject to Parliamentary approval from 6<sup>th</sup> April 2012. The 3 day reporting criteria under the Regulations has now changed to 7 days incapacity not including the day of the accident. The 10 days timescale in which to report what will become a 7 day injury has also changed to 15 days.
- 2.32 There have been some changes to the Control of Asbestos Regulations, The changes are quite limited, and this means that some types of non-licensed work with asbestos now have additional requirements, i.e. notification of work, medical surveillance and record keeping.
- 2.33 There is a proposal to revoke the Construction (Head Protection) Regulations 1989 ('the CHP Regulations'), this arises from recommendations contained in Professor Löfstedt's report *Reclaiming Health and Safety For All*. He notes that these Regulations largely replicate the Personal Protective Equipment at Work Regulations 1992 ('the PPE Regulations') and that the latter could be relied on to regulate the use of head protection on construction sites.
- 2.34 The Lofstedt Review was commissioned by Employment Minister Chris Grayling, the independent review in March 2011 and appointed Professor Ragnar Löfstedt - Director of the King's Centre for Risk Management at King's College, London - to chair it.  
Professor Löfstedt has made recommendations aimed at reducing the burden of unnecessary regulation on businesses while maintaining Britain's health and safety performance, which is among the best internationally. The Government has accepted his recommendations.
- 2.35 We must now aim for a system of health and safety which enables the Council to make sensible and proportionate decisions about managing genuine workplace risks.

## Stakeholder Feedback

- 2.36 The Health and Safety Executive (HSE) has visited the Civic Buildings during this period to inspect the alterations that were taking place on the second floor of Civic 1. The HSE were happy with the alteration works and the management of the removal of asbestos from this area.
- 2.37 Trade Unions continue to play an active and supporting part in helping to develop health and safety management and improve health and Safety culture. This has included active participation in both Corporate and Directorate Health and Safety Groups and significant contributions in the consultation of new and amended policies.

## Plans for 2012 / 2013

- 2.38 The actions for 2012/13 include the following:
- § The full Introduction and completion by all directorates of their safety audit using the self audit tool.
  - § Delivery of year 2 of the two year improvement plan, including development of overarching health and safety policy, supporting policies and codes of practice, a health and safety training needs analysis and training programme, improved auditing arrangements, improved consultation and communication, a review of the risk assessment programme and developing and implementing adequate monitoring arrangements.



- § Continued monitoring and review of the Occupational Health Service and the Employee Assistance Programme, including determining if the provision of the current framework agreement should continue or be put out to tender through the procurement process.
- § Further development of the Health and Safety and Occupational Health intranet portal.
- § Continued support to services throughout Harrow Council through advice and training.
- § Continue to implement best practice with the issuing across the Council of on-line tools to record and report incidents, risk assessments and the assessment of display screen equipment.
- § Continue to improve the collection of incident data and provide appropriate statistics and reports for Health and Safety Groups and forums.
- § Continue to provide and to assess health and safety training against the requirements of the organisation.
- § Further work with directorates to ensure comprehensive improvement in the management of asbestos.

### **Overall Performance during the Year**

- 2.39 2011/12 has been a productive year in the development of the management of health and safety across the organisation. The Corporate Health and Safety Team are broadly on target with the two year improvement plan, having completed the groundwork for incremental improvements in future years. Completion of the two year improvement plan is expected in 2012/13 as key work is completed in assessing the organisation's health and safety risks, auditing the management arrangements and pro-actively monitoring health and safety performance.
- 2.40 During the year, the Corporate Health and Safety Service have had to deal with and respond to several key issues:
- 2.41 One of the council's catering facilities, which prepares meals on wheels, was closed following an inspection by a Gas Safe Engineer. This was responded to quickly to assist with the continuation of the provision of the meals on wheels service. A full investigation was carried out into the incident, which was caused because the gas appliance had not been serviced, which is an annual requirement.
- 2.42 The findings from this incident lead to a wider investigation into the servicing and inspection of all gas catering equipment across the Council.
- 2.43 One of the key lessons learnt from this was that the arrangements for cyclical inspections, servicing and maintenance of a variety of assets are complex and responsibility is disbursed across a number of services. Recommendations, which include a more centralised approach and corporate ownership, are currently being considered.
- 2.44 Following safety concerns that were raised by the Unions regarding dust at a waste disposal facility used by the Council, this facility was visited jointly by officers and Union officials. The Corporate Health and Safety Service also conducted an additional visit and as a result of this visit, a report was prepared with improvements that were required on the site around transport safety and dust monitoring. Whilst these improvements were implemented, the Council used alternative tipping arrangements over the coming months.

- 2.45 An incident of heating failure closed the Tithe Barn in late winter whilst repairs to the system were undertaken along with other maintenance issues which were discovered by the health and safety team. The circumstances which caused this were found to be similar to the above property ownership issues.
- 2.46 During the year there have been several asbestos investigations which have resulted in the preparation of reports with action plans and identified action owners with timescales for the completion of those actions.
- 2.47 The Council's new Safety Audit Tool was piloted in the Community and Environment Directorate and is now being rolled out across all Directorates in the Council with support from the Corporate Health and Safety team. The Tool is assisting managers in managing their health and safety responsibilities, identifying actions that they need to take, with clear timescales to improve health and safety in their service and identify staff safety training needs.
- 2.48 The Self Audit Tool will be further developed over the coming year and will cover risk assessment, accident reporting and the development of directorate specific safety audits. It will also facilitate improved KPI's for reporting in future years annual and half yearly reports.
- 2.49 A review of safe working practices at the councils Civic Amenity site was also supported by the team, resulting in a number of health and safety improvements.
- 2.50 The uptake of staff health and safety training has been low over the year (see 2.32 above). The Corporate Health and Safety Service has set a KPI for the 2012/13 to improve the uptake of safety training by 20% and the Service is also looking to bring back in house the majority of the training provision, which is at present carried out by external training contractors.
- 2.51 Work has also continued with schools to develop safety management, including the roll out of the Safety Audit Tool, visits to schools to give advice and to carry out inspections, This has been well received and uptake of the Corporate Health and Safety Service, Service Level Agreement from schools has increased by 30% from 2011/12 to 2012/13.
- 2.52 Overall, during the year there have been a number of incidents where a reactive response was required and lessons for improvement identified and followed up. Whilst these are always a concern, it is not realistic to avoid such incidents in a large and complex organisation.
- 2.53 Importantly, during 2011/12 there have been a number of significant areas of progress building the foundations for improved health and safety management across the council and these will continue in the current year. Stakeholder feedback has improved significantly during the year and the council is in a much stronger position at the start of 2012/13 than it was the previous year.
- 2.54 However, there is much more to do and this will be delivered through the implementation of year two of the two year improvement plan in 2012/13.
- 2.55 Overall there has been a decrease in accidents reported and an analysis of these is contained in appendix 1.

### **Section 3 – Further Information**

- 3.1 None

### **Section 4 – Financial Implications**

4.1 Health and safety management is integral to directorate budgets, and the functions of the Corporate Health and Safety team are carried out within the budget available.

## **Section 5 - Equalities implications**

5.1 An Equality Impact Assessment was carried out and no adverse impacts were determined.

## **Section 6 – Corporate Priorities**

6.1 The delivery of health and safety management is integral to, and supports the achievement of all Corporate Priorities.

Name: Steve Tingle.....

On behalf of the  
Chief Financial Officer

Date: 19/06/12.

## **Section 7 - Contact Details and Background Papers**

**Contact:** Simon Rice, Corporate Health and Safety Manager, 0208 424 1362

**Background Papers:** None

## **ANALYSIS REPORT FOR ACCIDENTS 2011-12**

### **1. BACKGROUND**

- 1.1 The statistics have been formulated from the Accident Forms that have been returned to the Corporate Health and Safety Service and relates to the full year 2011-12 with reference to the previous year. All statistical data provided is specific to any accident to Council employees.
- 1.2 These statistics have been formulated using the Council's Accident database. This database has been further modified and is now allowing greater analysis of data, together with the production of more detailed charts and graphs.
- 1.3 As well as being shown in the Directorate figures, the accident data for Children's Services and Adults Services has been further split.
- 1.4 Any accidents that are reported to the Corporate Health and Safety Service later than the cut off date for that quarter will be revealed in the next report.
- 1.5 When the Accident Database Reporting Form was introduced in January 2011, this led to a substantial increase in the number of accidents reported, as Directorates became more aware of what should be reported to the Corporate Health and Safety Service and the Health and Safety Executive. This type of increase is a common trend following the introduction of a new accident reporting system. Accidents are now generally on the decrease as new Policy and Code of Practice documents are introduced and a heightened awareness of health and safety management is instilled across the Council.

### **2. KEY OBSERVATIONS**

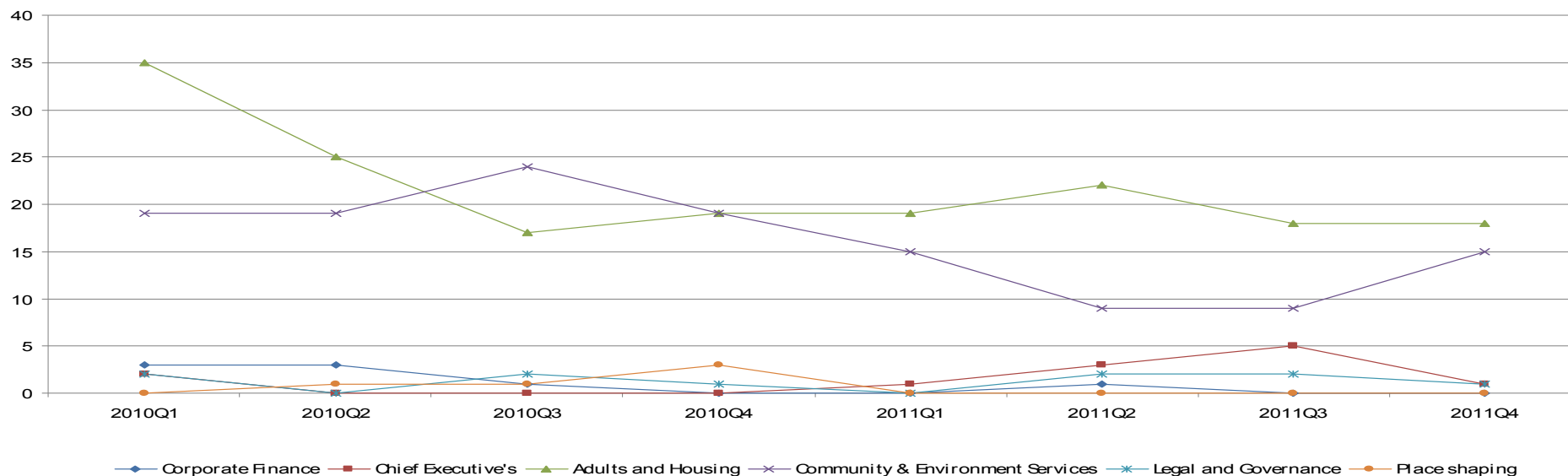
- 2.1 The breakdown of data below will assist in identifying trends, highlighting possible breaches of safe working practices and any additional training requirements.
- 2.2 All accident figures relating to academies have been removed to give a like with like comparison.
- 2.3 The overall accident trend from 2010/11 to 2011/12 excluding schools shows a steady decrease in accidents across the Council of 39%, with accidents that were reportable to the HSE remaining the same (25) in both years. The types of accidents occurring and the occupations are similar for both years, there are no new trends. Since the accident database is relatively new, the two years of statistics gives limited scope to analyse trends but this will improve as the database expands.

- 2.4 The directorate with the highest number of accidents is Children's Services, Schools. There has been a reduction in the number of accidents in schools; in 2011/12 (210) which is 26% lower than 2010/11 (286). Again, since the accident database is relatively new, the two years of statistics gives limited scope to analyse trends but this will improve as the database expands and we will have greater trend analysis at the end of 2012/13. In 2011/12 Teachers had the highest number of accidents by occupation (84), In 2010/11 Teaching assistants had the most accidents by occupation (113) .
- 2.5 Schools reportable accidents for 2010/11 (25) show an overall decrease of 72% to 2011/12 (7). These accidents mainly involved slips, trips and falls (9) and physical assault (9) in 2010/11, compared to the accidents in 2011/12 (7) where there were (2) slips, trips and falls and (1) physical assault.
- 2.6 The top 3 accidents by occupation across the Council account for approximately 60% of all accidents / incidents reported. These relate to Teachers, Teaching Assistants and Social Care Workers. This is to be expected in view of the nature of the work and is broadly consistent with previous years.
- 2.7 The top 3 accidents by type across the Council reported to the Corporate Health and Safety Service also account for approximately 60%, of all accidents reported. These relate to physical assault, slipped, tripped and fell on the same level and handling, lifting and carrying. An ongoing training programme is in place to mitigate these risks.
- 2.8 The Council has seen a steady decline in the number of accidents reported in 2011/12.
- 2.9 The introduction of new Policy, Code of Practice and Guidance documents have helped to raise awareness of safety and the issues that managers need to consider. With the new changes to RIDDOR coming into effect, the Corporate Health and Safety Service will once again focus attention on improving the reporting of accidents / incidents.

## Total Employee Reportable and Non-Reportable Accidents by Directorate Q1 – 2010 to Q4 – 2011 Excluding Children Services

Quarter	Corporate Finance	Chief Executive's	Adults and Housing	Community & Environment Services	Legal and Governance	Place shaping	Grand Total
2010Q1	3	2	35	19	2	0	61
2010Q2	3	0	25	19	0	1	48
2010Q3	1	0	17	24	2	1	45
2010Q4	0	0	19	19	1	3	42
2011Q1	0	1	19	15	0	0	35
2011Q2	1	3	22	9	2	0	37
2011Q3	0	5	18	9	2	0	34
2011Q4	0	1	18	15	1	0	35
Grand Total	8	12	173	129	10	5	337

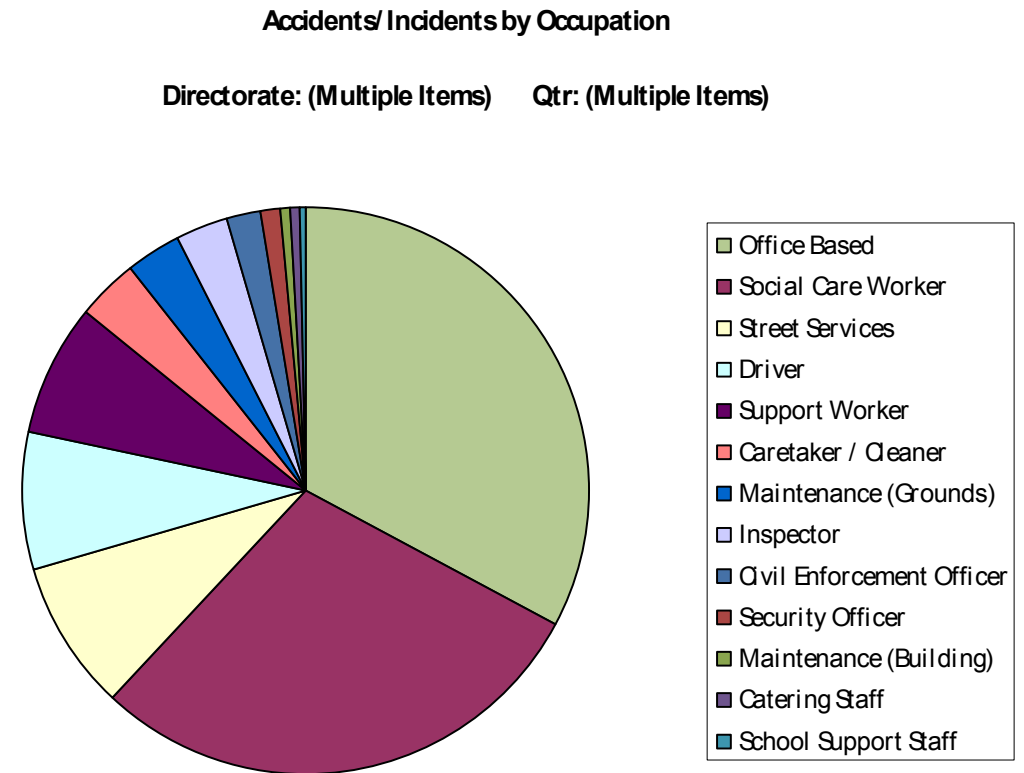
**Number of Accidents/ Incidents by Quarter**



Excluding Children's services, the overall employee figure for Quarter 1 to 4 – 2011 (196), which is 39% lower than Quarter 1 to 4 - 2010 (141). Reportable accidents for Quarter 1 to 4 – 2011 (25), which is the same as Quarter 1 to 4 - 2010 (25).

## Total Employee Reportable and Non – Reportable Accidents by Occupation Q1 – 2010 to Q4 – 2011 – Excluding Children Services

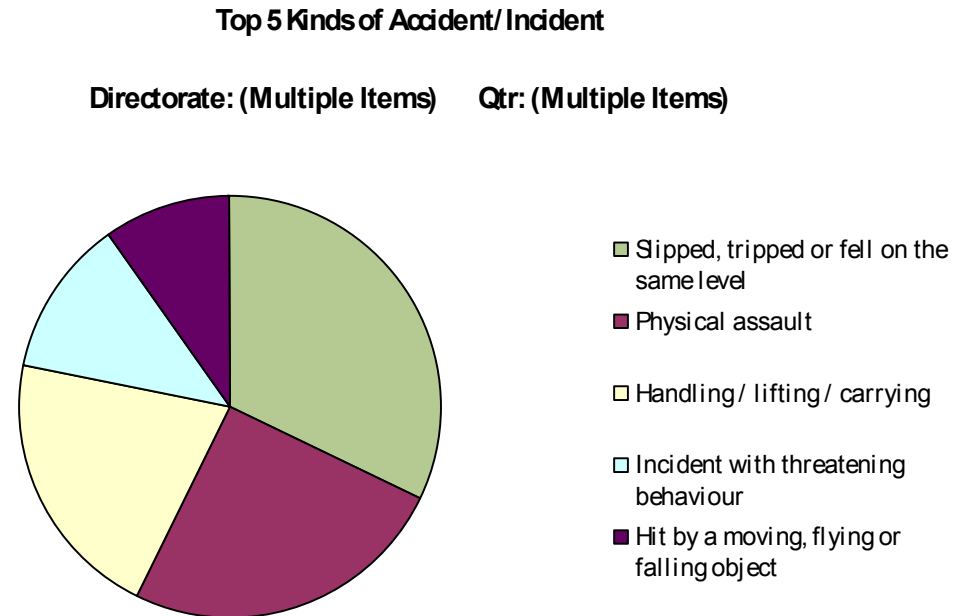
Occupation	No.	%
Office Based	110	32.64%
Social Care Worker	99	29.38%
Street Services	29	8.61%
Driver	26	7.72%
Support Worker	25	7.42%
Caretaker / Cleaner	12	3.56%
Maintenance (Grounds)	11	3.26%
Inspector	10	2.97%
Civil Enforcement Officer	7	2.08%
Security Officer	3	0.89%
Maintenance (Building)	2	0.59%
Catering Staff	2	0.59%
School Support Staff	1	0.30%
Grand Total	337	100.00%



In Q1 to Q4 – 2010 the statistics showed that Social Care Workers had the highest number of accidents (69). In Q1 to Q4 – 2011 office based staff had the highest number of accidents (51).

## Total Employee Reportable and Non – Reportable Accidents by Type Q1 – 2010 to Q4 – 2011 – Excluding Children Services

	Data ▼	
Kind of accident/incident ▼	No.	%
Slipped, tripped or fell on the same level	66	32.35%
Physical assault	51	25.00%
Handling / lifting / carrying	42	20.59%
Incident with threatening behaviour	25	12.25%
Hit by a moving, flying or falling object	20	9.80%
Grand Total	204	100.00%



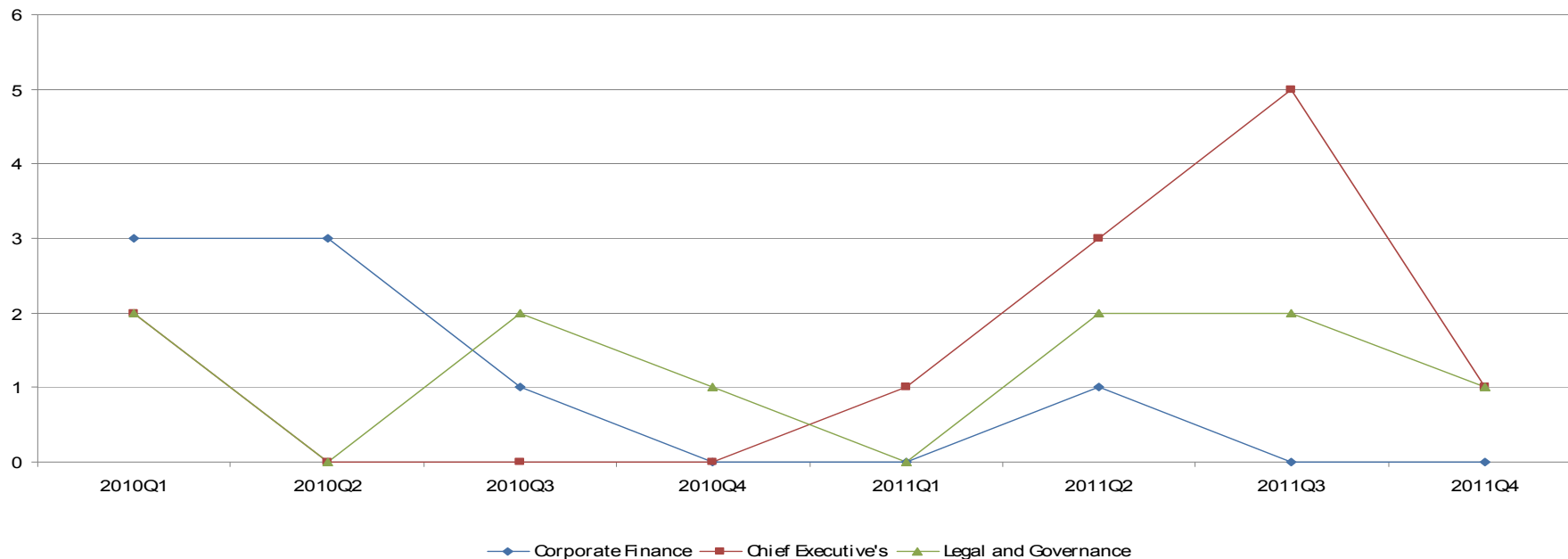
In Q1 to Q4 – 2011 the statistics showed that the most common accidents were slips, trips and falls on the same level (34). In Quarter 1 to 4 – 2010, slips, trips and falls were also implicated in 32 accidents.



## The Combined Safety Group Q1 – 2010 to Q4 - 2011

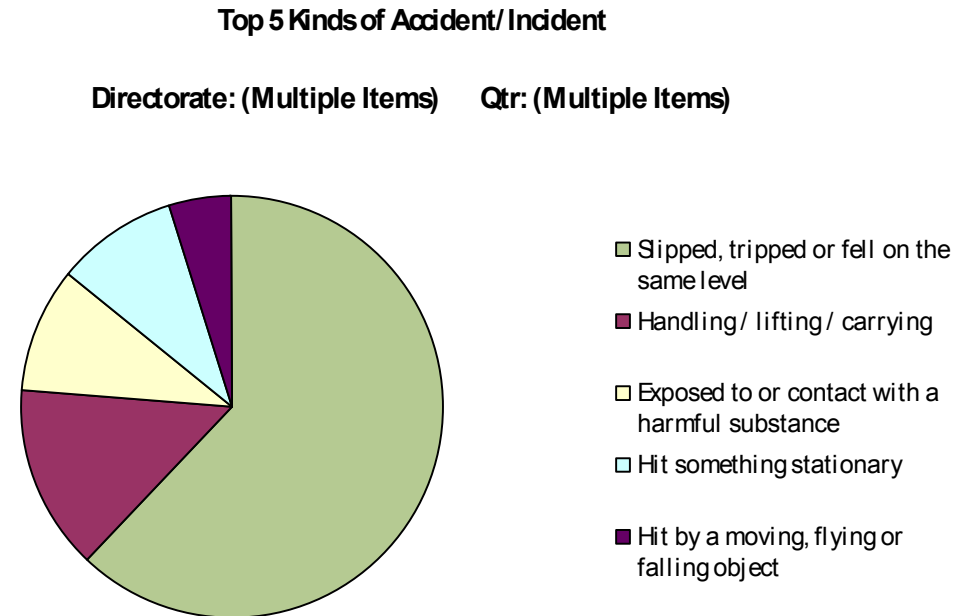
Quarter	Corporate Finance	Chief Executive's	Legal and Governance	Grand Total
2010Q1	3	2	2	7
2010Q2	3	0	0	3
2010Q3	1	0	2	3
2010Q4	0	0	1	1
2011Q1	0	1	0	1
2011Q2	1	3	2	6
2011Q3	0	5	2	7
2011Q4	0	1	1	2
<b>Grand Total</b>	<b>8</b>	<b>12</b>	<b>10</b>	<b>30</b>

Number of Accidents/ Incidents by Quarter



## The Combined Safety Group Accidents by Type Q1 – 2010 to Q4 - 2011

	Data ▼	
Kind of accident/incident ▼	No.	%
Slipped, tripped or fell on the same level	13	61.90%
Handling / lifting / carrying	3	14.29%
Exposed to or contact with a harmful substance	2	9.52%
Hit something stationary	2	9.52%
Hit by a moving, flying or falling object	1	4.76%
Grand Total	21	100.00%



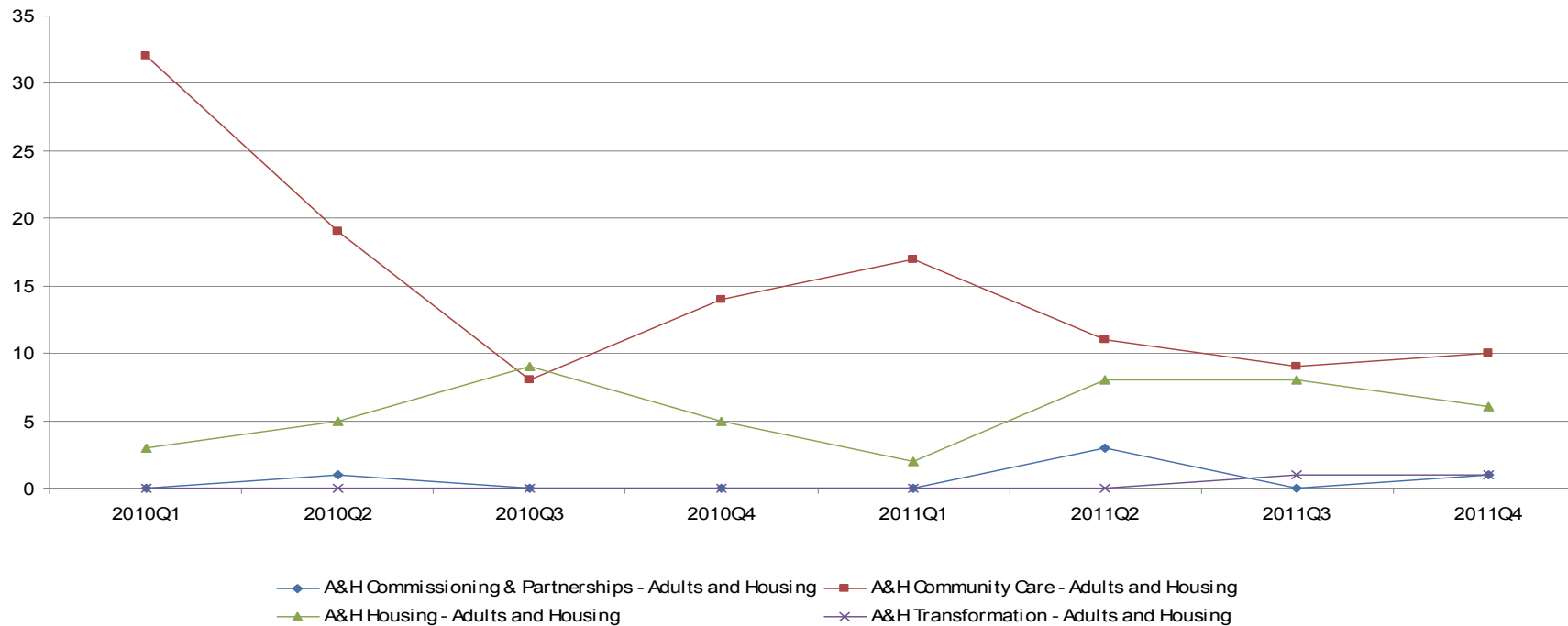
The overall employee figure for Quarter 1 to 4 – 2011 (16), is 10% higher than Quarter 1 to 4 - 2010 (14)

In Q1 to Q4 – 2011 and Quarter 1 to 4 – 2010, the statistics showed that the most common accidents were office based.

## Adults & Housing Q1 – 2010 to Q4 – 2011

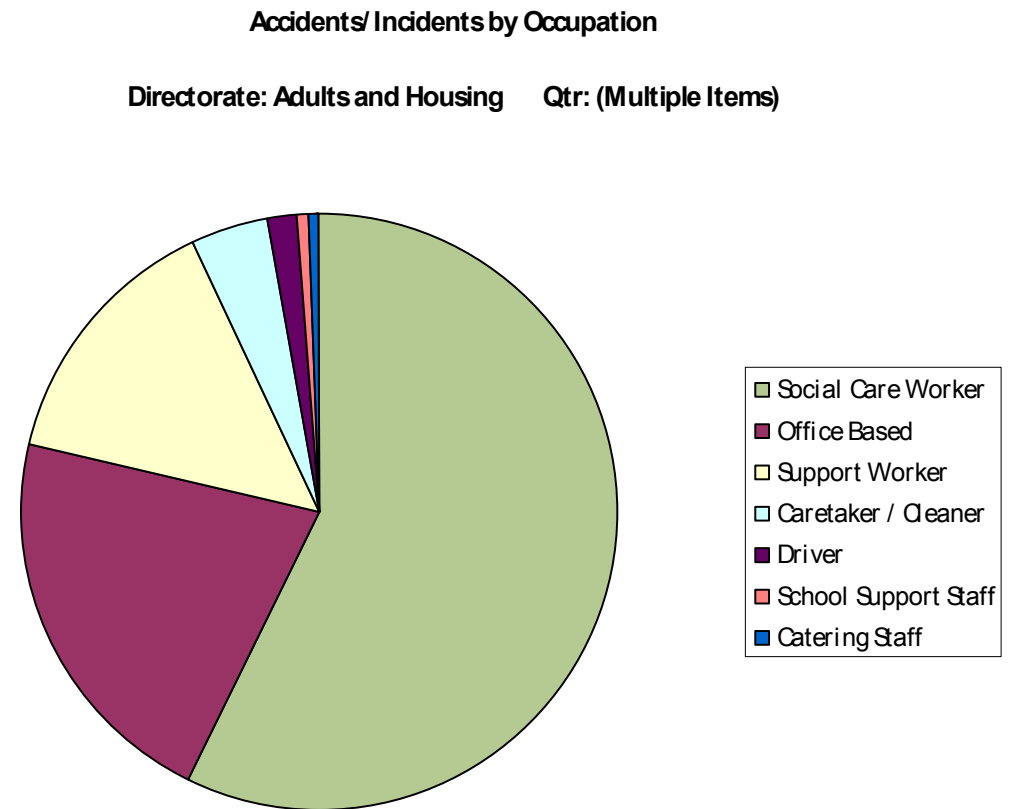
Adults & Housing					
Quarter	A&H Commissioning & Partnerships	A&H Community Care	A&H Housing	A&H Transformation	Grand Total
2010Q1	0	32	3	0	35
2010Q2	1	19	5	0	25
2010Q3	0	8	9	0	17
2010Q4	0	14	5	0	19
2011Q1	0	17	2	0	19
2011Q2	3	11	8	0	22
2011Q3	0	9	8	1	18
2011Q4	1	10	6	1	18
<b>Grand Total</b>	<b>5</b>	<b>120</b>	<b>45</b>	<b>2</b>	<b>173</b>

Number of Accidents/ Incidents by Quarter



## Adults and Housing Accidents by Occupation Q1 – 2010 to Q4 – 2011

Occupation	No.	%
Social Care Worker	99	57.23%
Office Based	37	21.39%
Support Worker	25	14.45%
Caretaker / Cleaner	7	4.05%
Driver	3	1.73%
School Support Staff	1	0.58%
Catering Staff	1	0.58%
Grand Total	173	100.00%

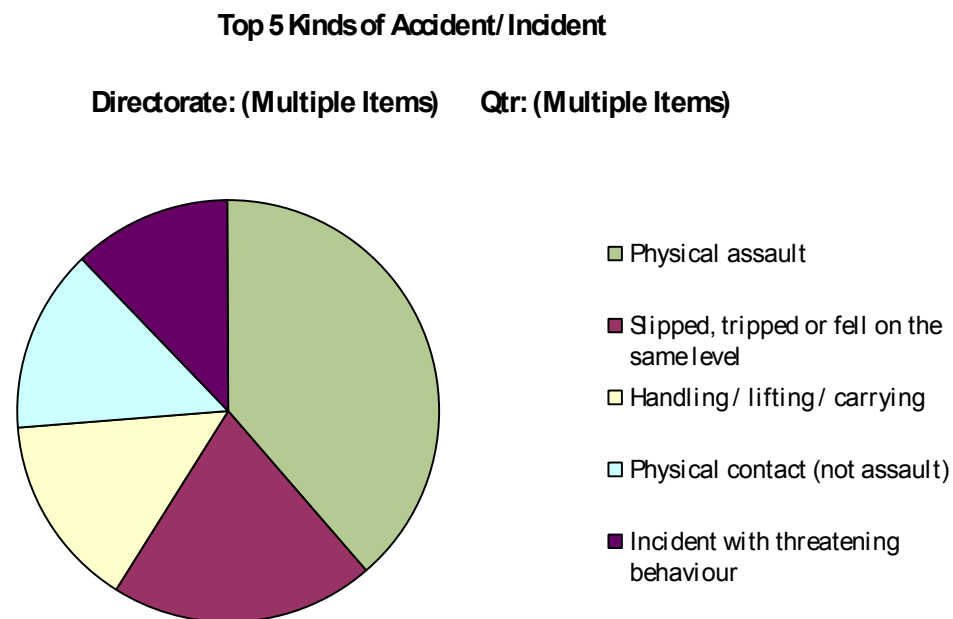


The overall employee figure for Quarter 1 to 4 – 2011 (77) is 24% lower than Quarter 1 to 4 - 2010 (96).

In both years, Social Care Workers had the highest number of accidents. Quarter 1 to Quarter 4 - 2011 (30), compared to Quarter 1 to 4 - 2010 (69).

## Adults and Housing Top 5 Accidents by Type Q1 – 2010 to Q4 – 2011

	Data	
Kind of accident/incident	No.	%
Physical assault	44	38.60%
Slipped, tripped or fell on the same level	23	20.18%
Handling / lifting / carrying	17	14.91%
Physical contact (not assault)	16	14.04%
Incident with threatening behaviour	14	12.28%
Grand Total	114	100.00%



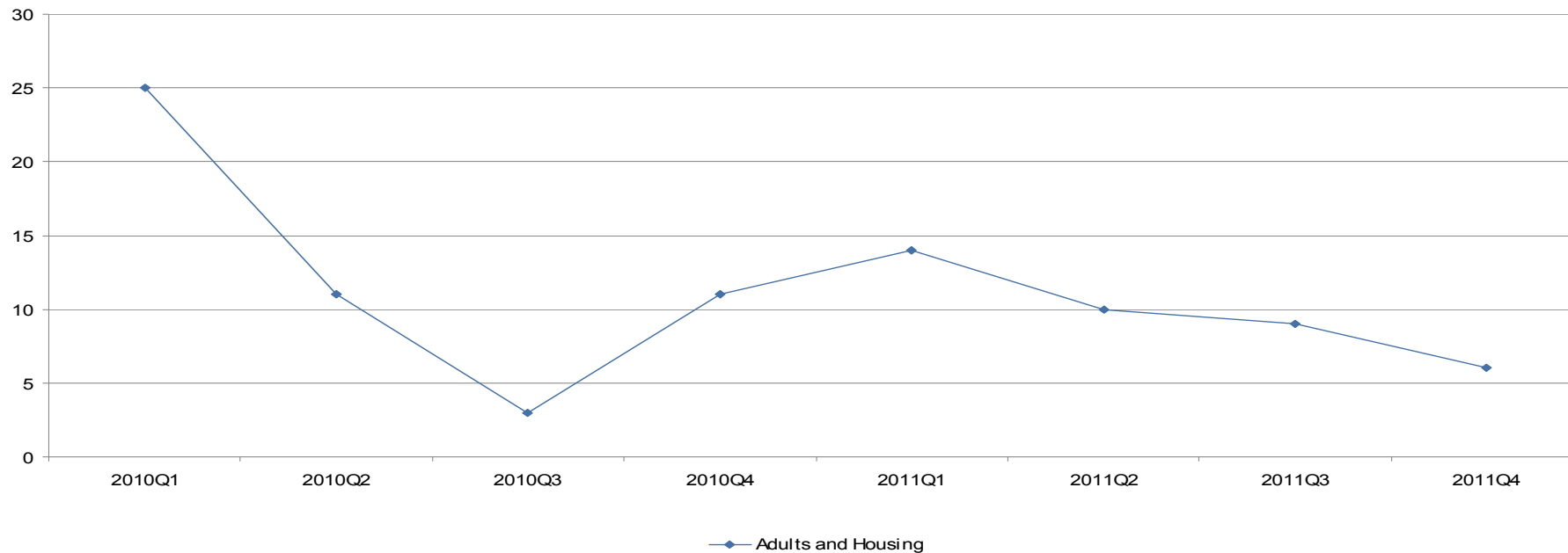
The Adults Learning Disability Day Service has been included in all the figures above. These figures are also shown separately overleaf.

The statistics showed that in both years physical assault was the most common accident by type. In Q1 to Q4 – 2011 (29) and Quarter 1 to 4 – 2010 (15), which is a decrease of 28%.

## Adults - Learning Disability Day Service (LDDS) Q1 – 2010 to Q4 – 2011

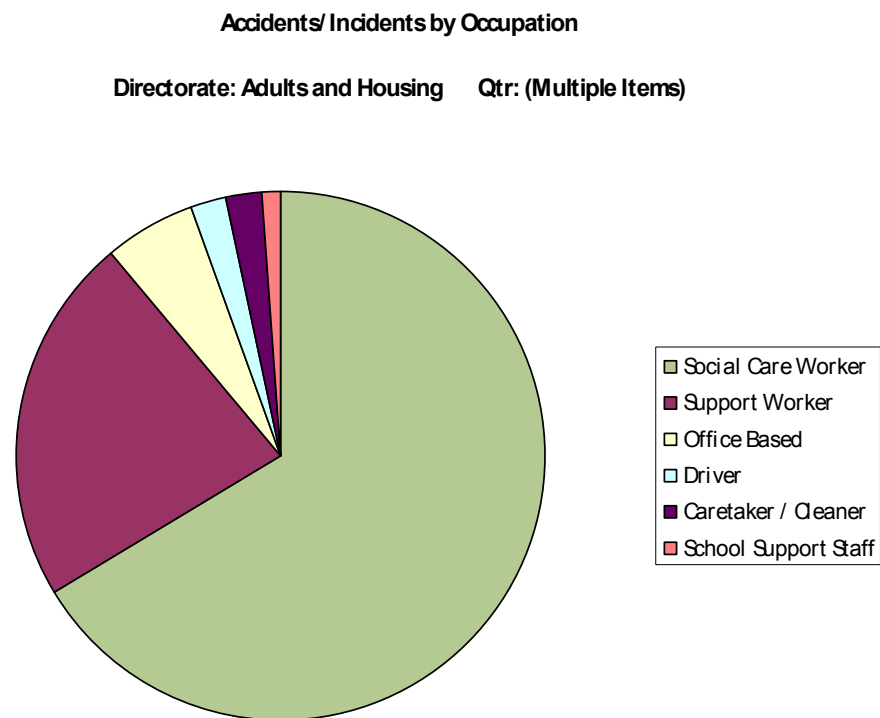
LDDS	
Quarter	Grand Total
2010Q1	25
2010Q2	11
2010Q3	3
2010Q4	11
2011Q1	14
2011Q2	10
2011Q3	9
2011Q4	6
<b>Grand Total</b>	<b>89</b>

Number of Accidents/ Incidents by Quarter



## Adults – LDDS Accidents by Occupation Q1 – 2010 to Q4 - 2011

Occupation	No.	%
Social Care Worker	59	66.29%
Support Worker	20	22.47%
Office Based	5	5.62%
Driver	2	2.25%
Caretaker / Cleaner	2	2.25%
School Support Staff	1	1.12%
Grand Total	89	100.00%

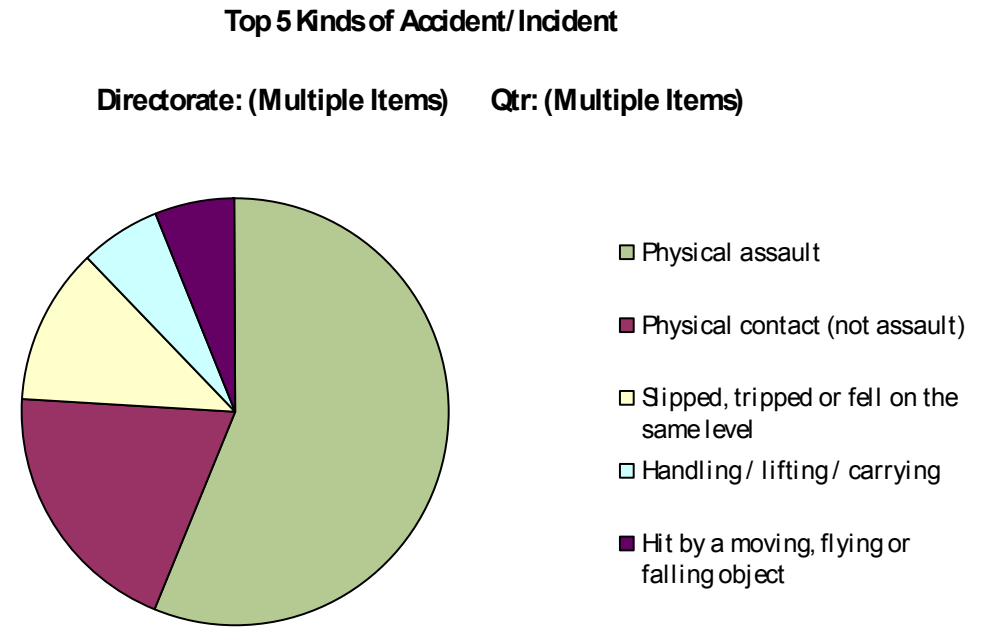


The overall employee figure for Quarter 1 to 4 – 2011 (39) is 28% lower than Quarter 1 to 4 - 2010 (50).

In both years, Social Care Workers had the highest number of accidents by occupation, which shows a decrease for Quarter 1 to 4 – 2011 (18), compared to Quarter 1 to 4 - 2010 (41).

## Adults – LDDS Top 5 Accidents by Type Q1 – 2010 to Q4 –2011

	Data	
Kind of accident/incident	No.	%
Physical assault	37	56.06%
Physical contact (not assault)	13	19.70%
Slipped, tripped or fell on the same level	8	12.12%
Handling / lifting / carrying	4	6.06%
Hit by a moving, flying or falling object	4	6.06%
Grand Total	66	100.00%



Physical assault – an intentional act of violence against another person;

Physical contact (not assault) – unintentional use of force against another person;

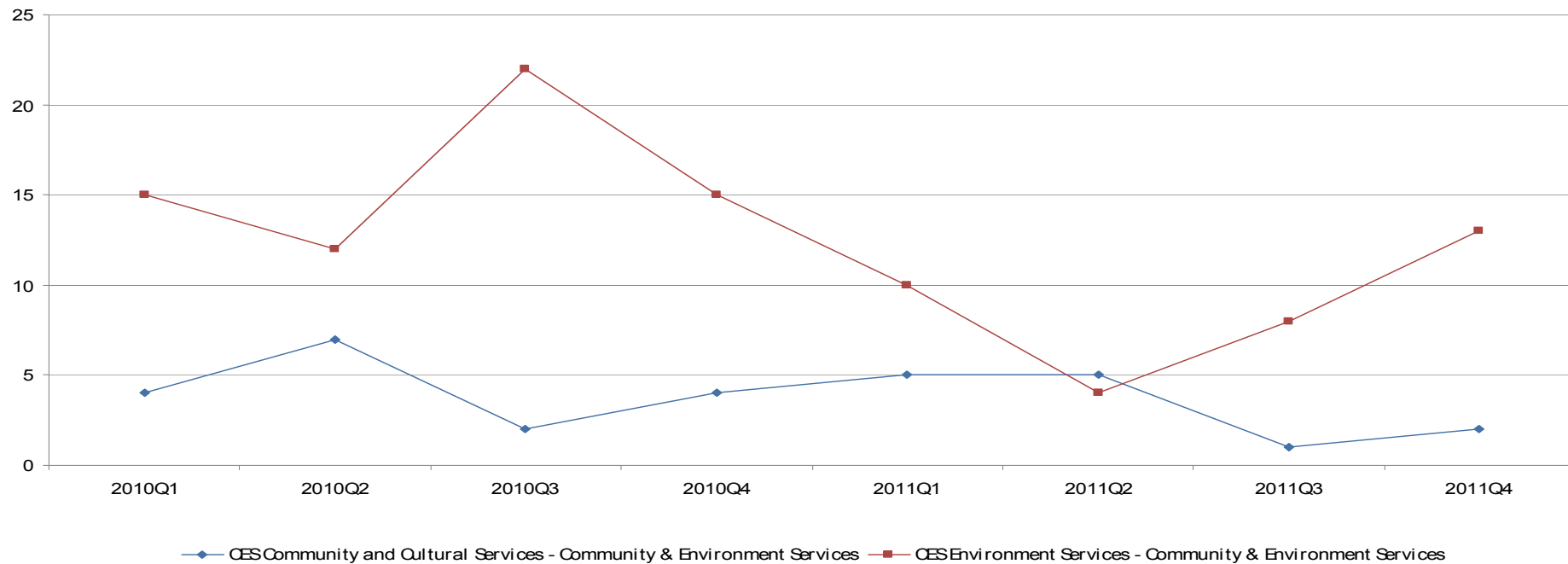
The statistics show that in both years physical assault was the most common accident by type. In Q1 to Q4 – 2011 (13) and Quarter 1 to 4 – 2010 (24), which is a decrease of 45%.



## Community & Environment Accidents from Q1 – 2010 to Q4 – 2011

Quarter	CES Community and Cultural Services	CES Environment Services Total	Grand Total
2010Q1	4	15	19
2010Q2	7	12	19
2010Q3	2	22	24
2010Q4	4	15	19
2011Q1	5	10	15
2011Q2	5	4	9
2011Q3	1	8	9
2011Q4	2	13	15
<b>Grand Total</b>	30	99	129

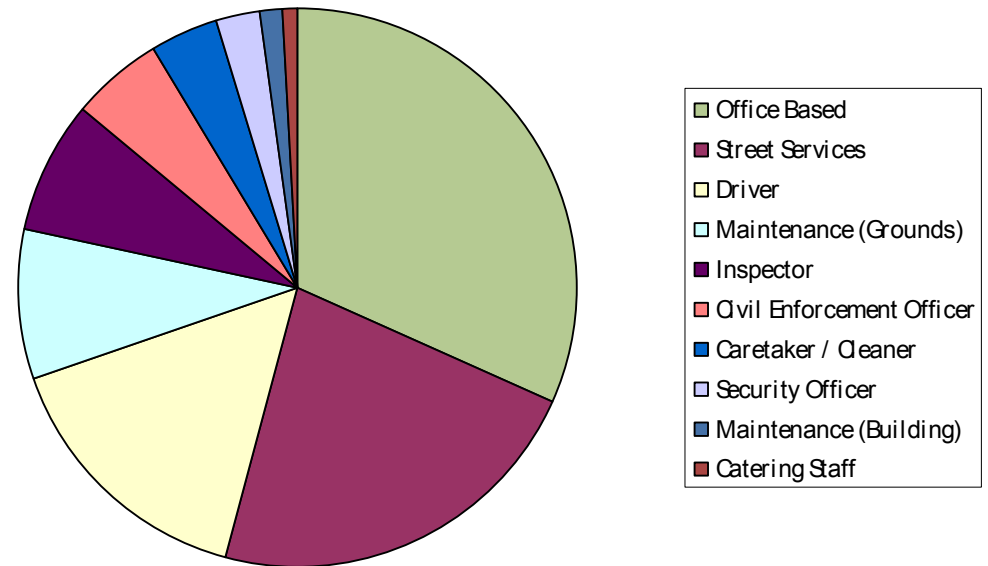
**Number of Accidents/ Incidents by Quarter**



## Community & Environment Accidents by Occupation Q1 - 2010 to Q4 – 2011

Occupation	Data	
	No.	%
Office Based	41	31.78%
Street Services	29	22.48%
Driver	20	15.50%
Maintenance (Grounds)	11	8.53%
Inspector	10	7.75%
Civil Enforcement Officer	7	5.43%
Caretaker / Cleaner	5	3.88%
Security Officer	3	2.33%
Maintenance (Building)	2	1.55%
Catering Staff	1	0.78%
Grand Total	129	100.00%

**Accidents/ Incidents by Occupation**  
**Directorate: Community & Environment Services Qtr: (Multiple Items)**



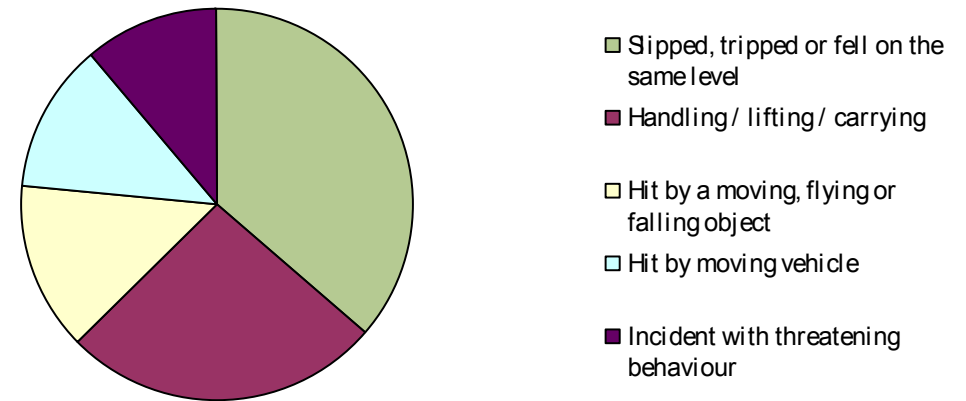
The overall employee figure for Quarter 1 to 4 – 2011 (48) is 39% lower than Quarter 1 to 4 - 2010 (81).

In both years, Office Based Workers had the highest number of accidents by occupation, which shows a decrease for Quarter 1 to 4 – 2011 (12), compared to Quarter 1 to 4 - 2010 (29).

## Community & Environment Top 5 Accidents by Type Q1 – 2010 to Q4 – 2011

	Data	
Kind of accident/incident	No.	%
Slipped, tripped or fell on the same level	29	36.25%
Handling / lifting / carrying	21	26.25%
Hit by a moving, flying or falling object	11	13.75%
Hit by moving vehicle	10	12.50%
Incident with threatening behaviour	9	11.25%
Grand Total	80	100.00%

**Top 5 Kinds of Accident/ Incident**  
**Directorate: Community & Environment Services**    **Qtr: (Multiple Items)**

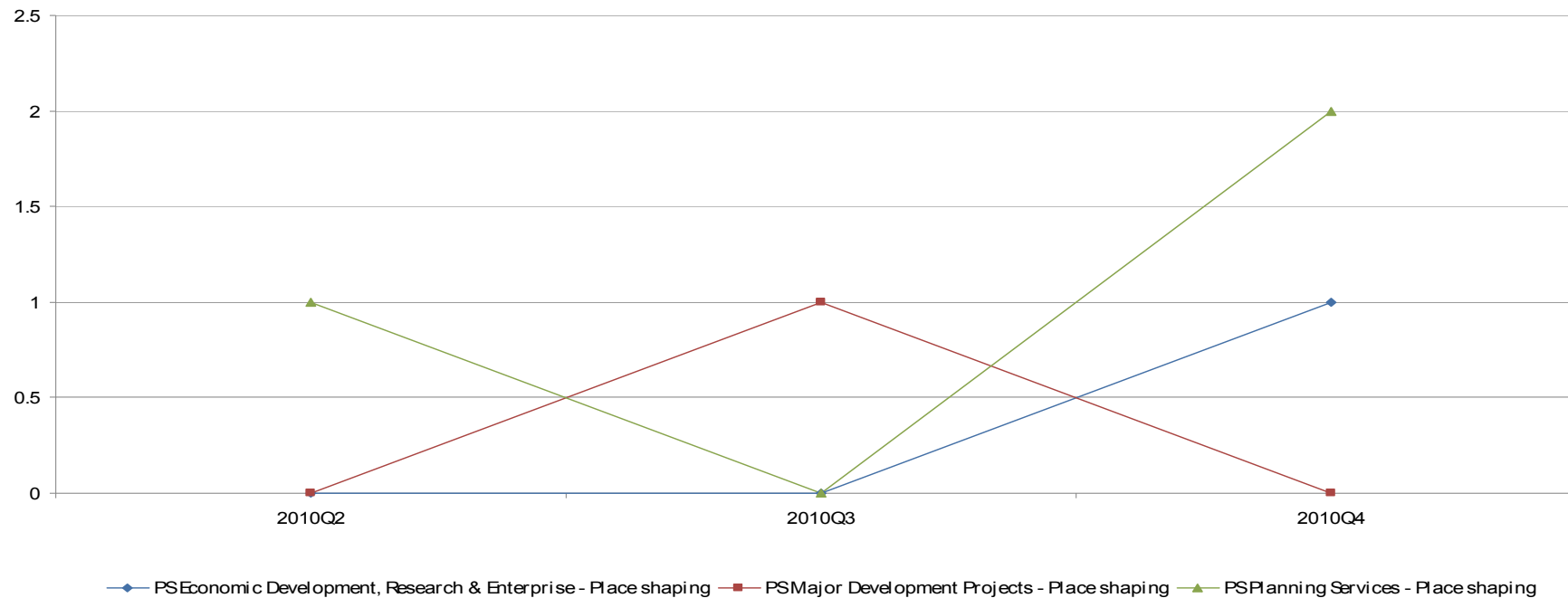


The statistics show that in both year's slips, trip and falls on the same level was the most common accident by type. In Q1 to Q4 – 2011 (12) and Quarter 1 to 4 – 2010 (17), which is a decrease of 2%.

## Place Shaping Accidents from Q1 – 2010 to Q4 – 2011

	PS Economic Development, Research & Enterprise	PS Major Development Projects Total	PS Planning Services Total	Grand Total
<b>Quarter</b>				
2010Q2	0	0	1	1
2010Q3	0	1	0	1
2010Q4	1	0	2	3
<b>Grand Total</b>	1	1	3	5

**Number of Accidents/ Incidents by Quarter**

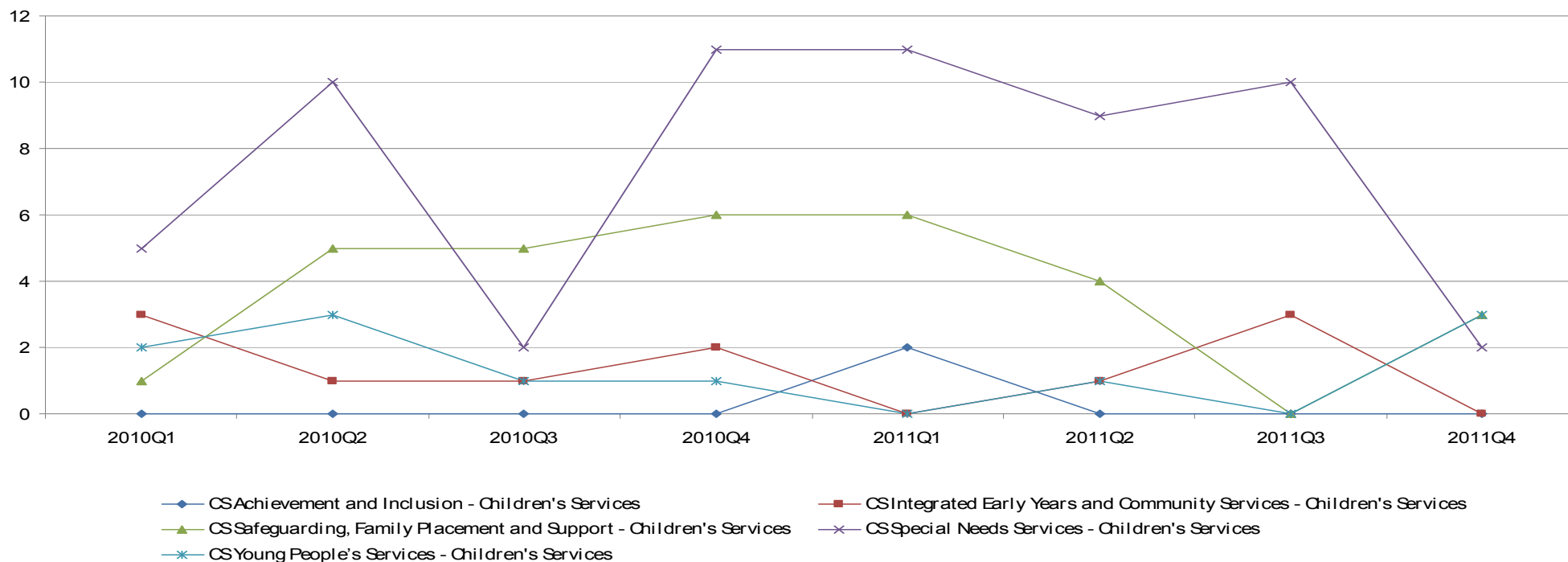


There were no accidents reported by Place Shaping in Q1 to Q4 - 2011 (0) compared to Q1 to Q4 – 2010 (5), which is a decrease of 100%.

## Children's Services – Excluding CS Schools – 2010 to Q4 – 2011

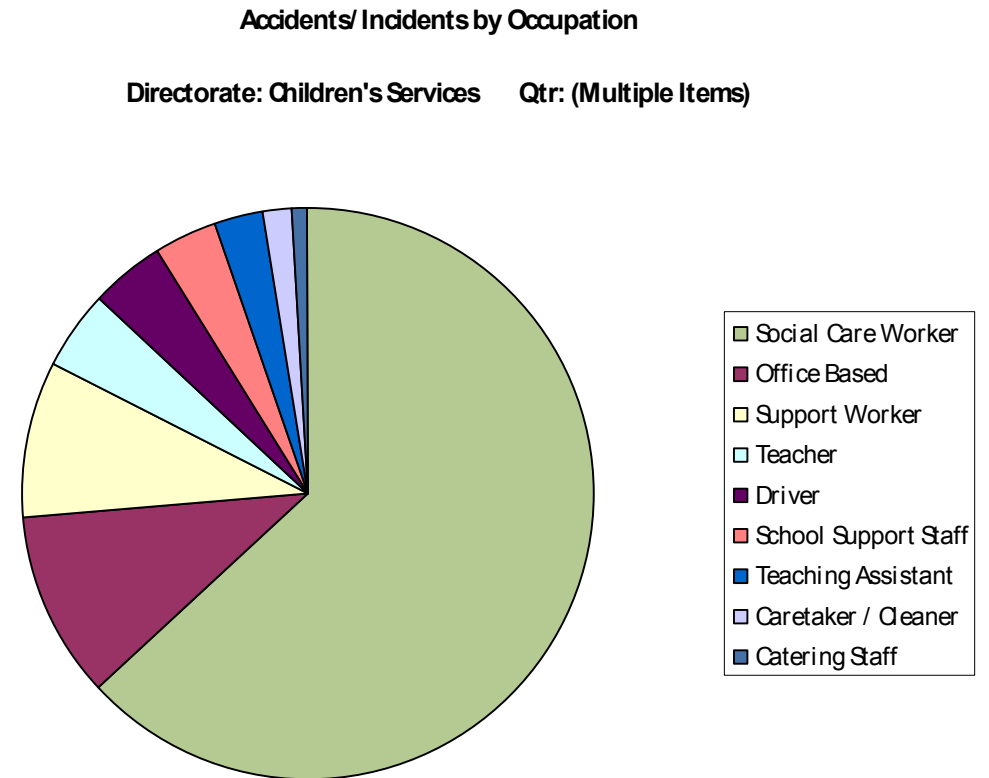
Quarter	CS Achievement and Inclusion	CS Integrated Early Years and Community Services	CS Safeguarding, Family Placement and Support	CS Special Needs Services	CS Young People's Services	Grand Total
2010Q1	0	3	1	5	2	11
2010Q2	0	1	5	10	3	19
2010Q3	0	1	5	2	1	9
2010Q4	0	2	6	11	1	20
2011Q1	2	0	6	11	0	19
2011Q2	0	1	4	9	1	15
2011Q3	0	3	0	10	0	13
2011Q4	0	0	3	2	3	8
<b>Grand Total</b>	<b>2</b>	<b>11</b>	<b>30</b>	<b>60</b>	<b>11</b>	<b>114</b>

Number of Accidents/ Incidents by Quarter



## Children's Services – Excluding CS Schools – Accidents by Occupation Q1 – 2010 to Q4 – 2011

Occupation	No.	%
Social Care Worker	72	63.16%
Office Based	12	10.53%
Support Worker	10	8.77%
Teacher	5	4.39%
Driver	5	4.39%
School Support Staff	4	3.51%
Teaching Assistant	3	2.63%
Caretaker / Cleaner	2	1.75%
Catering Staff	1	0.88%
Grand Total	114	100.00%

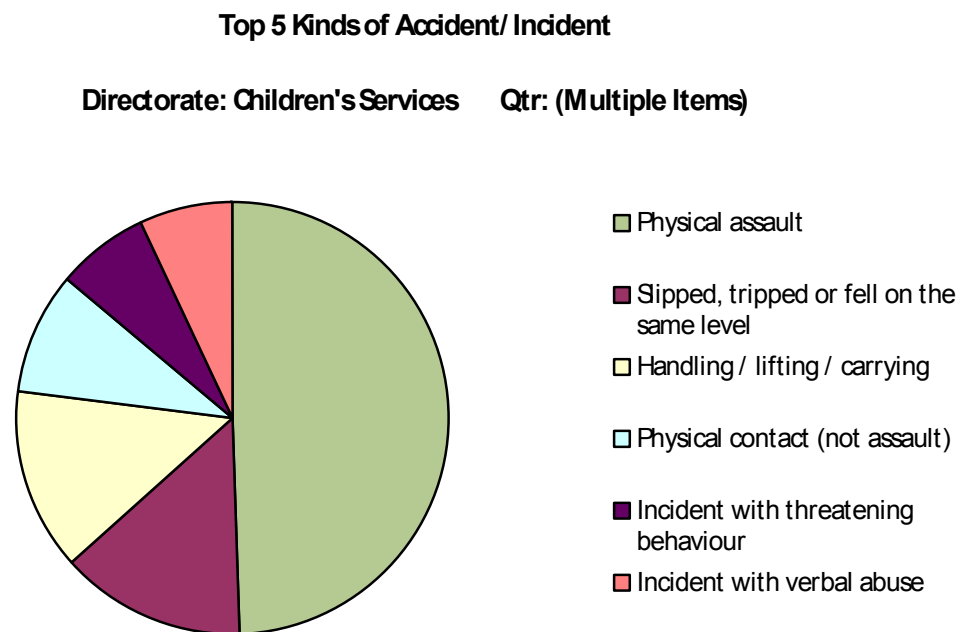


The overall employee accident figure for Children's Services (not including schools) in Quarter 1 to 4 – 2011 (55) is 7% lower than Quarter 1 to 4 - 2010 (59).

In both years, Social Care Workers had the highest number of accidents by occupation Quarter 1 to 4 – 2011 (36), which is the same as Quarter 1 to 4 - 2010 (36).

## Children's Services – Excluding CS Schools Accidents by Type Q1 – 2010 to Q4 – 2011

Kind of accident/incident	Data	
	No.	%
Physical assault	43	49.43%
Slipped, tripped or fell on the same level	12	13.79%
Handling / lifting / carrying	12	13.79%
Physical contact (not assault)	8	9.20%
Incident with threatening behaviour	6	6.90%
Incident with verbal abuse	6	6.90%
Grand Total	87	100.00%

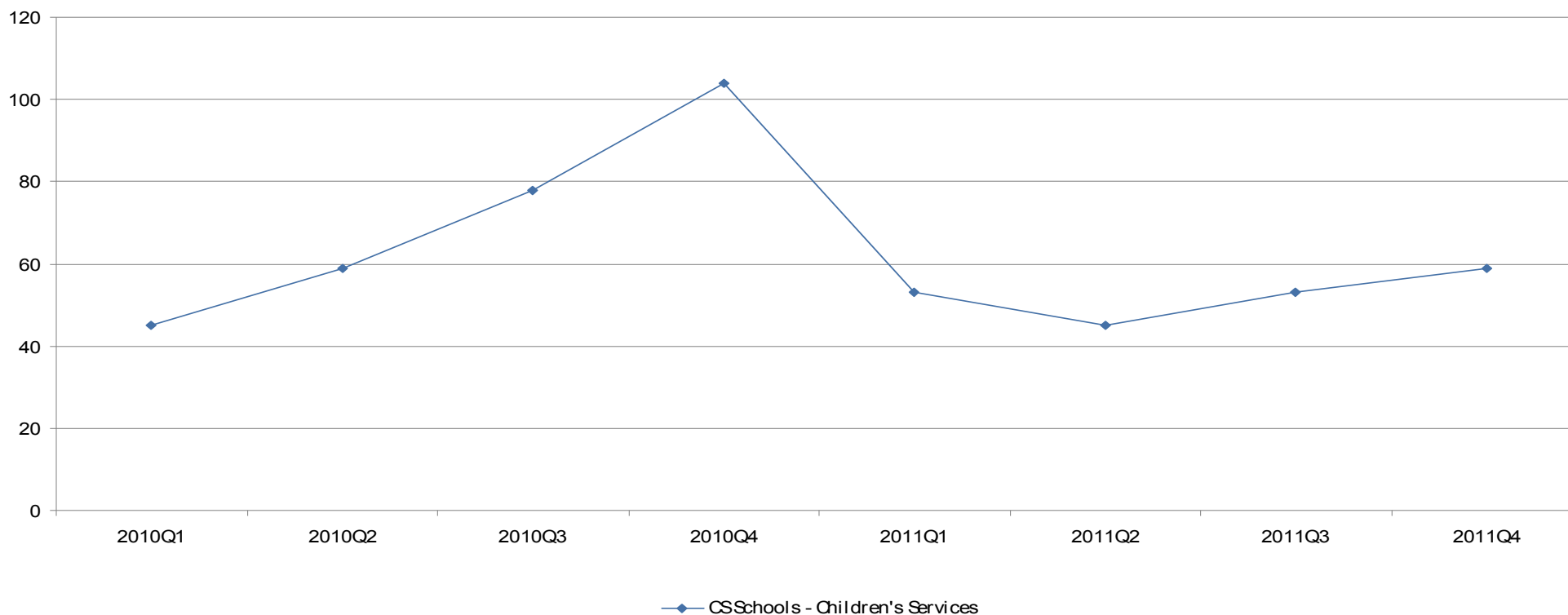


The statistics for Children's Services (not including schools), show that in both year's physical assault was the most common accident by type. In Q1 to Q4 – 2011 (23) and Quarter 1 to 4 – 2010 (20), which is an increase of 4%.

## Children's Services – CS Schools Q1 2010 – Q4 – 2011

CS Schools	
Quarter	Grand Total
2010Q1	45
2010Q2	59
2010Q3	78
2010Q4	104
2011Q1	53
2011Q2	45
2011Q3	53
2011Q4	59
<b>Grand Total</b>	<b>496</b>

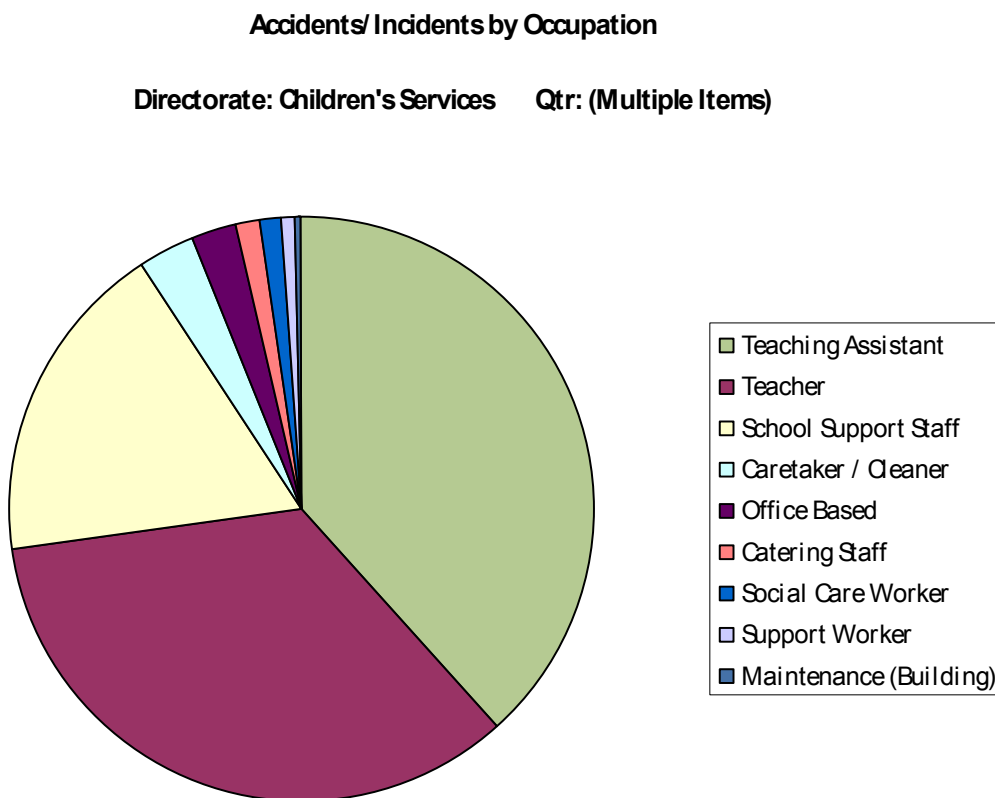
**Number of Accidents/ Incidents by Quarter**





## Children's Services - CS Schools Accident by Occupation Q1 2010 – Q4 – 2011

Occupation	No.	%
Teaching Assistant	190	38.31%
Teacher	171	34.48%
School Support Staff	90	18.15%
Caretaker / Cleaner	15	3.02%
Office Based	12	2.42%
Catering Staff	7	1.41%
Social Care Worker	5	1.01%
Support Worker	5	1.01%
Maintenance (Building)	1	0.20%
Grand Total	496	100.00%



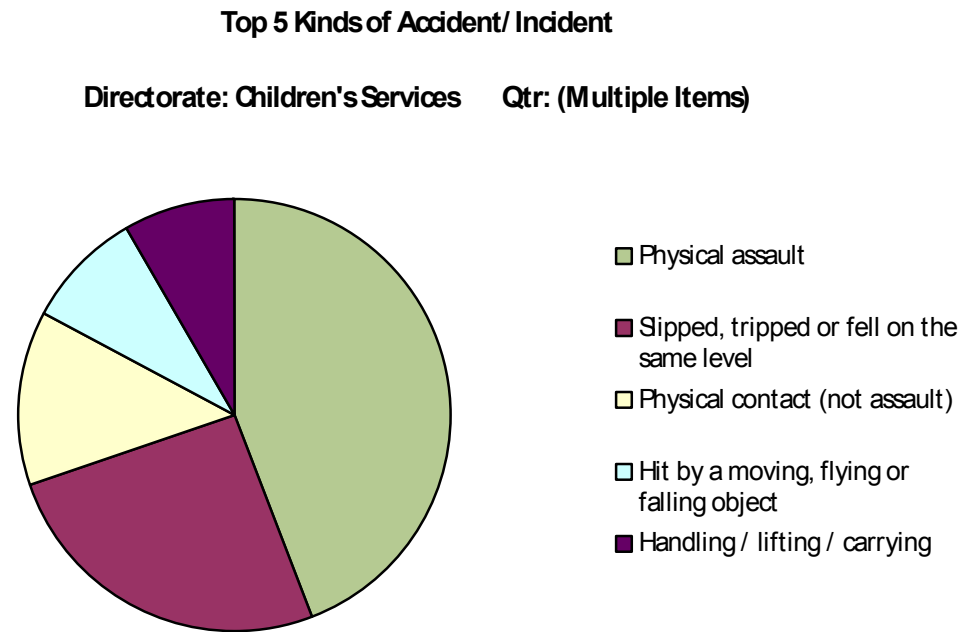
The overall employee accident figure for Children's Services, Schools in Quarter 1 to 4 – 2011 (210) is 26% lower than Quarter 1 to 4 - 2010 (286).

In Quarter 1 to 4 – 2011 (84) Teachers had the highest number of accidents by occupation, in Quarter 1 to 4 - 2010 (113) Teaching assistants had the most accidents by occupation.

The overall employee HSE Reportable accident figure for Children's Services, Schools in Quarter 1 to 4 – 2011 (7) is 72% lower than Quarter 1 to 4 - 2010 (25). Since the accident database is relatively new, the two years of statistics gives limited scope to analyse trends but this will improve as the database expands in the next year.

## Children's Services - CS Schools Accident by Type Q1 2010 – Q4 – 2011

Kind of accident/incident	Data	
	No.	%
Physical assault	193	44.06%
Slipped, tripped or fell on the same level	112	25.57%
Physical contact (not assault)	57	13.01%
Hit by a moving, flying or falling object	39	8.90%
Handling / lifting / carrying	37	8.45%
Grand Total	438	100.00%



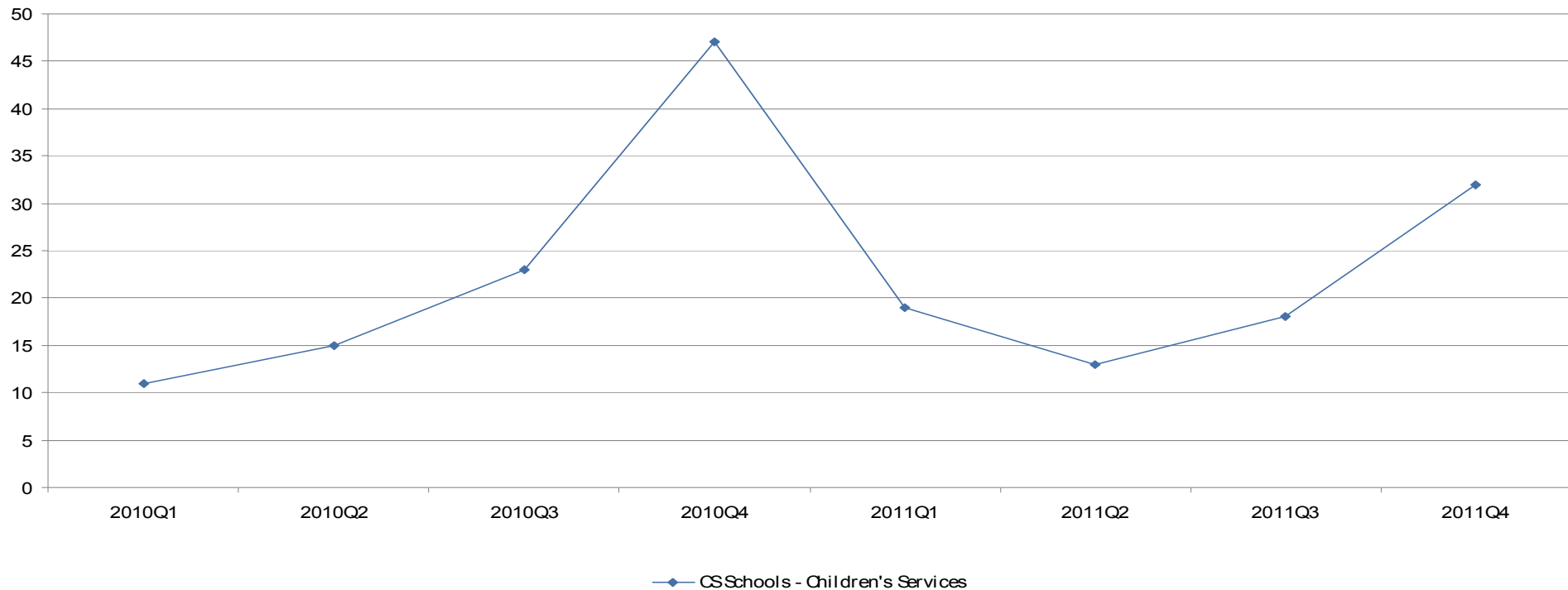
The statistics for Children's Services, Schools, show that in both years' physical assault was the most common accident by type. In Q1 to Q4 – 2011 (71) and Quarter 1 to 4 – 2010 (122), which is a decrease of 36%.

The accidents/incidents that have occurred in special schools (SS) are shown separately overleaf.

## Children's Services – Special Schools (SS) Q1 – 2010 to Q4 – 2011

Quarter	Grand Total
2010Q1	11
2010Q2	15
2010Q3	23
2010Q4	47
2011Q1	19
2011Q2	13
2011Q3	18
2011Q4	32
<b>Grand Total</b>	<b>178</b>

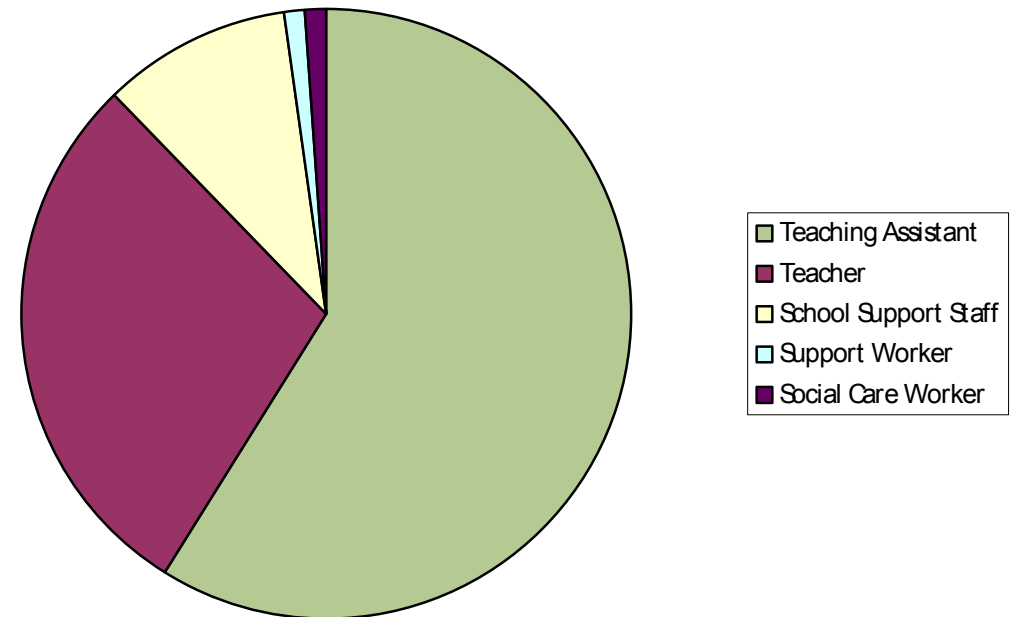
**Number of Accidents/ Incidents by Quarter**



## Children Services – Special Schools (SS) Accidents by Occupation Q1 – 2010 to Q4 – 2011

Occupation	Data	
	No.	%
Teaching Assistant	105	58.99%
Teacher	51	28.65%
School Support Staff	18	10.11%
Support Worker	2	1.12%
Social Care Worker	2	1.12%
Grand Total	178	100.00%

Accidents/ Incidents by Occupation  
 Directorate: (Multiple Items) Qtr: (Multiple Items)

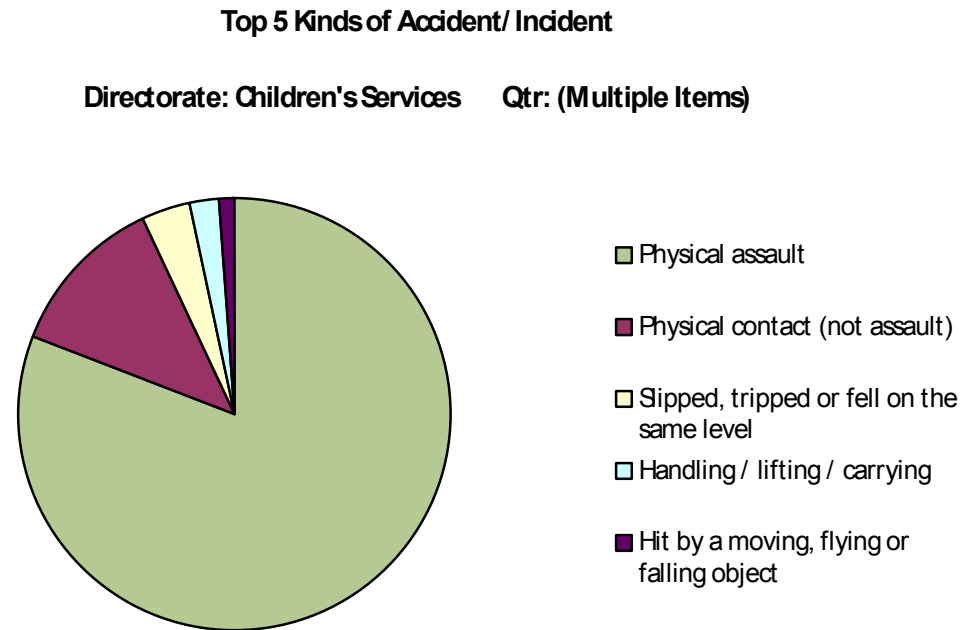


The overall employee accident figure for Children’s Services, Special Schools in Quarter 1 to 4 – 2011 (82) is 15% lower than Quarter 1 to 4 - 2010 (96).

In Quarter 1 to 4 – 2011 (46) Teaching Assistants had the highest number of accidents by occupation, in Quarter 1 to 4 - 2010 (59) Teaching assistants once again had the most accidents by occupation.

## Special Schools (SS) Accidents by Type Q1 – 2010 to Q4 – 2011

Kind of accident/incident	Data	
	No.	%
Physical assault	140	80.92%
Physical contact (not assault)	21	12.14%
Slipped, tripped or fell on the same level	6	3.47%
Handling / lifting / carrying	4	2.31%
Hit by a moving, flying or falling object	2	1.16%
Grand Total	173	100.00%

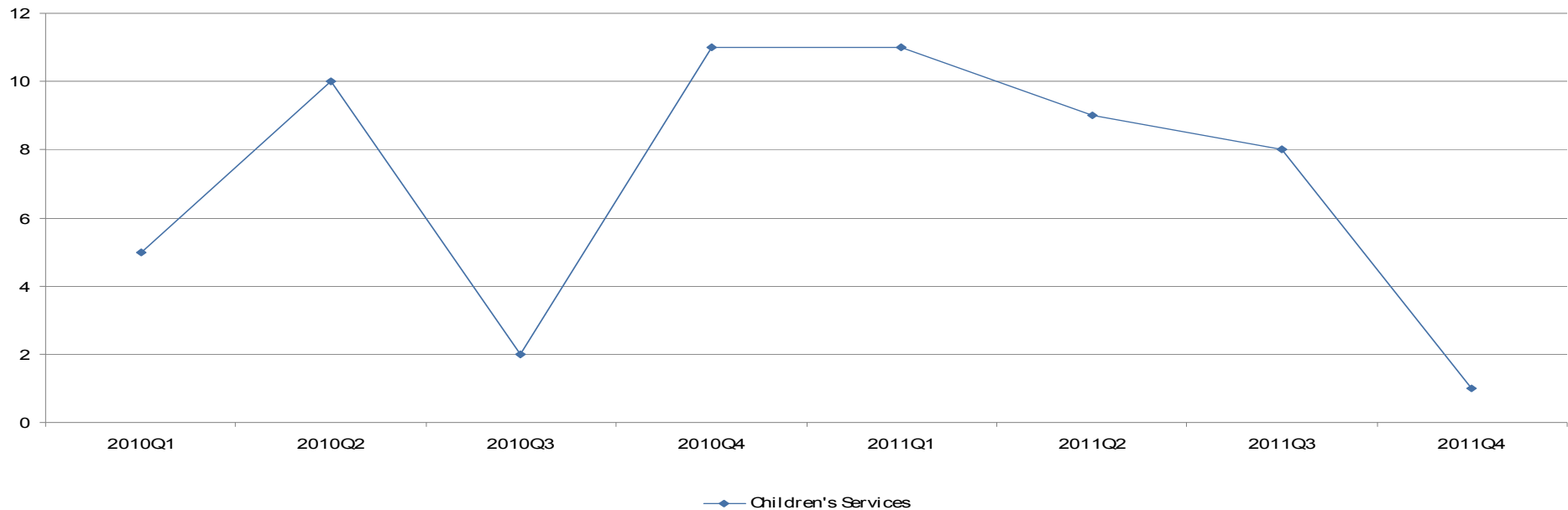


The statistics for Children's Services, Special Schools, show that in both years' physical assault was the most common accident by type. In Q1 to Q4 – 2011 (58) and Quarter 1 to 4 – 2010 (83), which is a decrease of 30%.

## Children Services – Special Needs Transport (SNT) Accidents Q1 – 2010 to Q4 – 2011

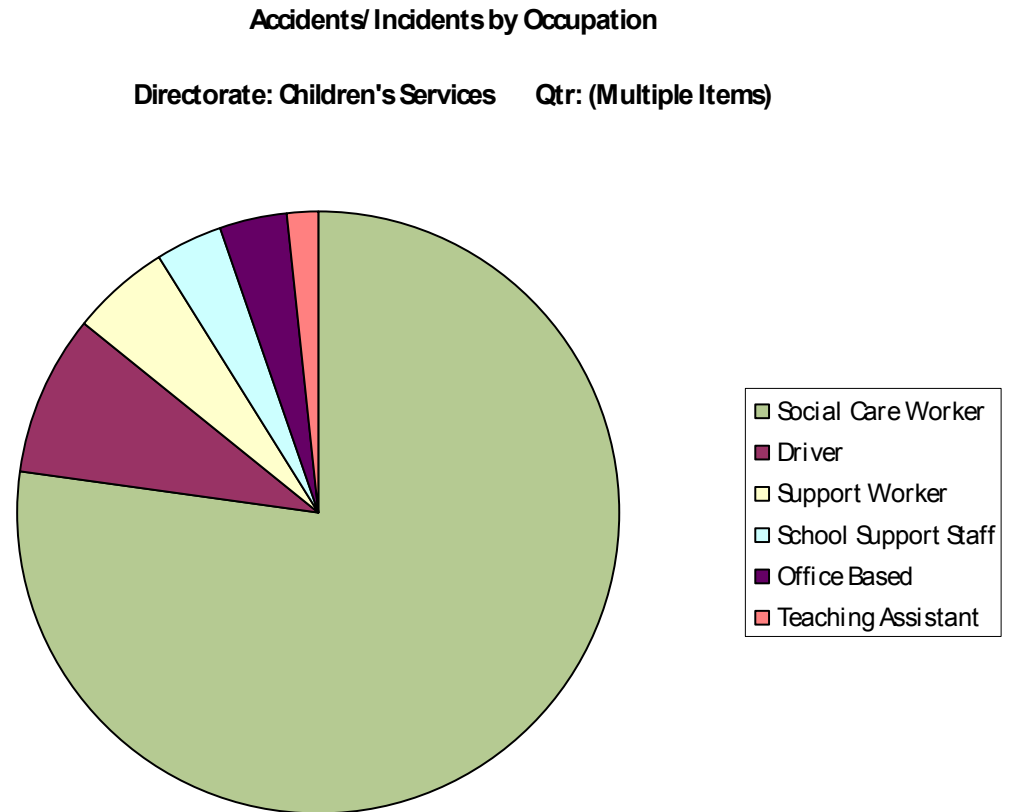
SNT	
Quarter	Grand Total
2010Q1	5
2010Q2	10
2010Q3	2
2010Q4	11
2011Q1	11
2011Q2	9
2011Q3	8
2011Q4	1
<b>Grand Total</b>	<b>57</b>

Number of Accidents/ Incidents by Quarter



## Special Needs Transport (SNT) Accidents by Occupation Q1 – 2010 to Q4 – 2011

Occupation	No.	%
Social Care Worker	44	77.19%
Driver	5	8.77%
Support Worker	3	5.26%
School Support Staff	2	3.51%
Office Based	2	3.51%
Teaching Assistant	1	1.75%
Grand Total	57	100.00%

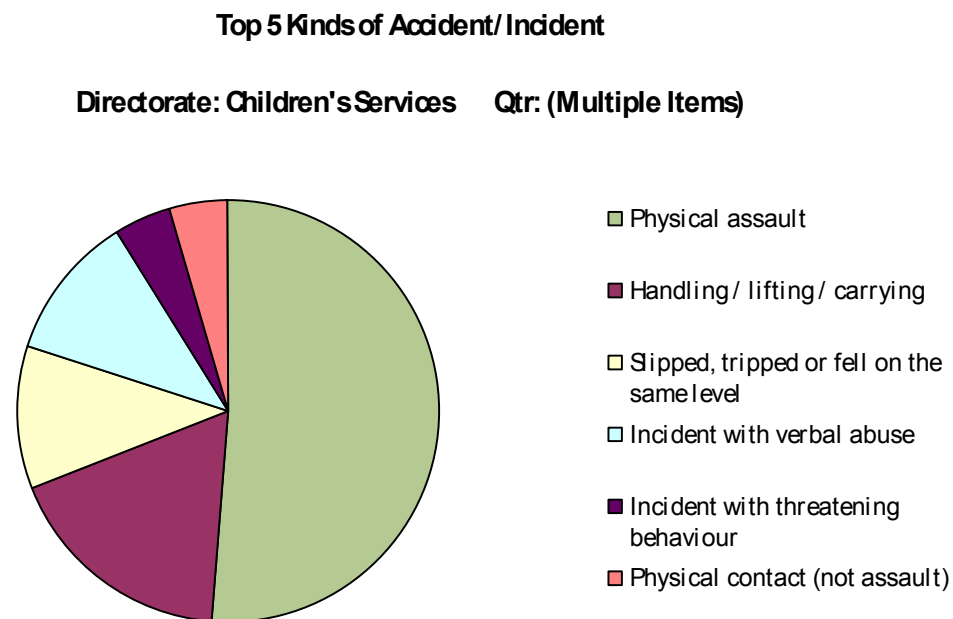


The overall employee accident figure for Children's Services, Special Needs Transport in Quarter 1 to 4 – 2011 (29) is 3% higher than Quarter 1 to 4 - 2010 (28).

In Quarter 1 to 4 – 2011 (25) Social Care Workers had the highest number of accidents by occupation, in Quarter 1 to 4 - 2010 (19) Social Care Workers once again had the most accidents by occupation.

## Special Needs Transport Top 5 Accidents by Type Q1 – 2010 to Q4 – 2011

	Data ▼	
Kind of accident/incident ▼	No.	%
Physical assault	23	51.11%
Handling / lifting / carrying	8	17.78%
Slipped, tripped or fell on the same level	5	11.11%
Incident with verbal abuse	5	11.11%
Incident with threatening behaviour	2	4.44%
Physical contact (not assault)	2	4.44%
Grand Total	45	100.00%



The statistics for Children's Services, Special Needs Transport, show that in both years' physical assault was the most common accident by type. In Q1 to Q4 – 2011 (14) and Quarter 1 to 4 – 2010 (10), which is an increase of 28%.



## Appendix 2

### HEALTH AND SAFETY OBJECTIVES AND TARGETS April 2012 – March 2013 Simon Rice

No.	Objective	Target	Programme	Owner	Start	Status	Finish Date
1	Health & Safety Policy:  A Policy needs to be prepared which will reflect the organisation's intention for the management of health and safety.	1.1 Statement of commitment.	1.1.1 Preparation of a statement of commitment towards legislative compliance and continuous improvement in the management of Health and Safety.	SR	June 2011	Complete	Sept 2011
			1.1.2 Statement to be agreed by CHSG, signed by the Chief Executive and issued on the intranet/internet.	CHSG/ML	Sept 2011	Complete	Sept 2011
		1.2 Outline of responsibilities, including all stakeholders.	1.2.1 Responsibilities for health and safety management & members to be drafted for consultation, including details of senior management who will 'champion' health and safety and the scope of responsibilities e.g. SLAs.	SR	June 2011	Complete	Sept 2011
			1.2.2 Responsibilities to be agreed by CHSG & relevant stakeholders and issued on the intranet as part of full policy.	CHSG	Sept 2011	Complete	September 2011
		1.3 Outline of arrangements, including all stakeholders.	1.3.1 Arrangements for health and safety management to be drafted for consultation. This will include risk assessment, training, consultation, emergency arrangements, safe workplaces, first aid, incident reporting etc.	SR	June 2011	Complete	September 2011
			1.3.2 Responsibilities to be agreed by CHSG & relevant stakeholders and issued on the intranet as part of full policy.	CHSG	Sept 2011	Complete	September 2011

2	Organisation. Control	2.1 Establish control over health and safety in the workplace.	2.1.1 Day to day responsibilities for health and safety management from the top to the bottom of the organization to be drafted for consultation. This will include attendance at health and safety meetings, inspection regimes, management of incidents, defining individual responsibilities, compliance checks etc.	SR	Sept 2011	Ongoing	Dec 2011
			2.1.2 Responsibilities, arrangements & compliance checks to be agreed within Directorates and fed back to CHSG & relevant stakeholders	CHSG/SR	Sept 2011	Ongoing	Mar 2012
2	Organisation. Competence	2.2 The establishment of a system that ensures that all employees are capable of doing their work in a proper and safe way.	2.2.1 All services to identify the training needs of their team, including the CPD needs of managers, against the currently available health and safety training and submit needs to the Health & Safety Service	All services	Aug 2011	Ongoing	Dec 2011
			2.2.2 The health and safety service to explore the potential for e-learning	SR	July	Ongoing	April 2011
			2.2.3 The Health and Safety Service to determine the training needs of the organisation and any necessary budget changes, discuss with HR & L&D and submit a programme, including mandatory training & specialist provision of training, to CHSG.	SR	Dec 2011		Mar 2012
			2.2.4 CHSG to assess and endorse the programme.	CHSG	Mar 2012		April 2012
			2.2.5 Programme to be delivered.	SR	Mar 2012		Dec 2012
			2.2.6 Senior Management to determine the arrangements for the provision of professional health and	CSB	April 2011	Complete	Oct 2011

			safety support to the organization.				
2	Organising Communication:	2.3 Establish communication routes for clarity of responsibilities & to ensure changes are communicated quickly throughout organisation	2.3.1 Communication routes for health and safety management to be drafted for consultation. This will include the provision of information and support e.g. monthly health & safety updates, performance & an opportunity to express views and concerns.	SR	June 2011	Complete	Sep 2011
			2.3.2 Communication routes to be agreed by CHSG & relevant stakeholders and issued on the intranet	CHSG	Sept 2011	Complete	Sept 2011
2	Organising Co-operation:	2.4 The formal participation and co-operation of everyone in the workplace in carrying out their Health & Safety responsibilities.	2.4.1 Participation and co-operation mechanisms for health and safety management to be drafted for consultation. This will include the arrangements for health and safety committees and escalation of risks.	SR	Sept 2011	Complete	Sept 2011
			2.4.2 Participation and co-operation mechanisms to be agreed by CHSG & relevant stakeholders, including trade unions, and issued on the intranet	CHSG	Sept 2011	Complete	Sept 2011
3	Planning: Risk Assessment	3.1 All risks with the potential to cause harm have been assessed.	3.1.1 Each service to identify and risk assess the significant risks that are present in its work area and through its work activities and prepare a register for review at Directorate level, together with an action plan to address these issues. Directorate group to undertake a risk mapping exercise to ensure all significant risks have been assessed.	Each Service			June 2012
			3.1.2 The health and safety service to purchase a database tool to upload & monitor risk assessments and provide	SR			June 2012

			training to enable individual services to upload their assessments.				
			3.1.3 Each service to ensure that where control measures are required they have been implemented or if not possible the risks have been escalated to Directorate level.	Each Service	Nov 2011		May 2012
			3.1.4 Where risks are unable to be managed within a directorate, the risks are escalated to Corporate Level	Each Directorate Group	May 2012		August 2012
3	Planning: Policies & Procedures	3.2 Policies & procedures to be developed for the management of all significant risks	3.2.1 All policies & procedures for health and safety management to be reviewed and presented for consultation. This will include any new policies/ procedures identified by the risk assessment process.	SR	April 2011	Ongoing	Sept 2012
			3.2.2 Policies & procedures to be agreed by CHSG & relevant stakeholders and issued on the intranet.	CHSG	April 2011	Ongoing	Sept 2012
4	Monitoring: Pro-active monitoring	4.1 Identify shortcomings in the management of Health & Safety through inspections, checking maintenance records, reviewing work activities etc.	4.1.1 Draft mechanisms for pro-actively monitoring health and safety performance to be presented to CHSG/Directorate Groups for consultation/approval.	SR	Sept 2011	Ongoing	June 2012
			4.1.2 Monitoring arrangements to be implemented.	Directorate	Sept 2011	Ongoing	June 2012
			4.1.3 Monitoring data to be reviewed both corporately and at directorate level.	CHSG/D HSG	Sept 2011	Ongoing	Sept 2012
4	Monitoring: Reactive	4.2 Assess health and	4.2.1 Ensure mechanisms for reporting data are implemented	SR	May 2011	Complete	Sept 2011

	monitoring	safety performance through reactive data such as incident data	throughout Council and the relevant data is analysed.				
			4.2.2 Ensure that the monitoring is reviewed both locally and at Directorate and Corporate level and appropriate remedial action is taken.	CHSG/D HSG	Sept 2011	Complete	Dec 2011
4	Monitoring: KPI's	4.3 Set KPI's e.g. lost time injury rate to benchmark and then set targets for improvement	4.3.1 Draft proposed KPI's for monitoring health & safety performance, including performance board data, to be generated through procured audit tool and presented to CHSG/Directorate Groups for consultation/approval.	SR	Oct 2011		Dec 2011
			4.3.2 Agree targets for improvement and monitor progress.	CHSG			Sept 2012
5	Auditing	5.1 The collation of information on the efficiency, effectiveness and reliability of the total health & Safety Management system and drawing up plans for corrective action	5.1.1 The procurement and introduction of an e-audit tool to assess compliance against legislation and internal policies and procedures.	SR	Jan 2011		July 2012
			5.1.2 Completion of the audit by all services.	SR	June 2011	Ongoing	June 2012
			5.1.3 Commence assessment of the validity of the auditing by the health and safety service (approx 10%)	SR	Sept 2011	Ongoing	April 2012
6	Review	6.1 Assessment of the adequacy of health and safety performance	6.1.1 The generation of annual and half yearly health & safety reports for submission to members and relevant stakeholders.	SR	May & Nov 2012	Ongoing	June & December 2012
			6.1.2 An annual corporate review of health & safety performance.	CSB	June 2012		June 2012

		and determining strategies for remedial action.					
--	--	---	--	--	--	--	--

Key

Green – in progress or on track

Amber – concern, budget, timescale or high risk problems

Grey - complete

Red – failed to achieve timeline or highly likely to fail to achieve timeline

No Fill – yet to be started.