Public Document Pack

Gedling Borough Council

Civic Centre,
Arnot Hill Park,
Arnold,
Nottinghamshire,
NG5 6LU

Agenda

Joint Consultative and Safety Committee

Date: **Tuesday 25 August 2026**

Time: **5.30 pm**

Place: **Council Chamber**

For any further information please contact:

Democratic Services

committees@gedling.gov.uk

0115 901 3844

Having trouble reading this? Please call 0115 901 3844 if you need it in large print, audio or another format.

Joint Consultative and Safety Committee

Membership

Chair Councillor Jim Creamer

Vice-Chair Councillor Catherine Pope

Councillor Jane Allen
Councillor Andrew Dunkin
Councillor Roxanne Ellis
Councillor Ron McCrossen
Councillor Alex Scroggie

WEBCASTING NOTICE

Please note that this meeting will be live streamed on the Council's YouTube channel and via the website (www.gedling.gov.uk). At the start of the meeting the Chair will confirm if all or part of the meeting is being broadcast.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

For more information about how your personal data is collected and used please view our privacy notice https://www.gedling.gov.uk/elections-privacy/

Responsibility of committee:

Providing a forum for discussion and consultation between the Council and Trade Union representatives on matters affecting the Council's employees. Such matters to include but not limited to:

1) Employee terms and conditions; and
2) Employee health and well-being; and
3) Health and Safety of employees.

AGENDA

Page

This page is intentionally left blank

MINUTES
JOINT CONSULTATIVE AND SAFETY COMMITTEE

Tuesday 14 April 2026

Councillor Jim Creamer (Chair)

Present:	Councillor Andrew Dunkin Councillor Rachael Ellis Councillor Darren Maltby	Councillor Alex Scroggie Councillor Sam Smith
Unison:	Susan Buchanan Andy Fretwell	Alison Hunt

Absent: Councillor Boyd Elliott, Councillor Paul Hughes, Councillor Ron McCrossen and Councillor Jane Allen

Officers in Attendance: B Hopewell, L Juby, J Lovett, C Payne, A Snodin and A Solley

28 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS.

Apologies for absence were received from Councillors Allen, Elliott, Hughes and McCrossen. Councillors Dunkin, Maltby and Sam Smith attended as substitute.

29 TO APPROVE, AS A CORRECT RECORD, THE MINUTES OF THE MEETINGS HELD ON 26 AUGUST 2025 AND 17 FEBRUARY 2026

RESOLVED:

That the minutes of the above meetings, having been circulated, be approved as a correct record.

30 DECLARATION OF INTERESTS.

None.

31 EXCLUSION OF THE PRESS AND PUBLIC.

That, the Members being satisfied that the public interest in maintaining the exemption outweighs the public interest in disclosing the information that under Section 100(A)(4) of the Local Government Act 1972, the public and press be excluded from the meeting during the consideration of the ensuing report on the grounds that the report involves the likely disclosure of exempt information as defined in Paragraphs 1, 2 and 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

32 REVENUES & WELFARE SERVICES ESTABLISHMENT CHANGE

REPORT

RESOLVED to:

1) Approve the proposals to change the structure of the Revenues & Welfare Services team as detailed in this report;
2) Close the formal consultation process; and
3) Note the comments made by Members regarding the efficiency savings described in paragraph 4.5 to the report, highlighting that the efficiencies described would not be achieved if the proposals in the report were agreed and to pass those comments on for consideration by Senior Leadership and the Chief Executive

33 REPORT TO JCSC - RICHARD HERROD CONSULTATION

The Assistant Director for Leisure and Wellbeing introduced a report, which had been circulated in advance of the meeting, seeking to close formal consultation on proposals to permanently remove roles at Richard Herrod Centre following its closure.

RESOLVED to:

1) Receive comments from employees and trade union representatives;
2) Close the formal consultation process; and
3) Make any appropriate recommendations for consideration by the Chief Executive who will authorise the implementation of any changes.

34 ANY OTHER ITEM WHICH THE CHAIR CONSIDERS URGENT.

None.

The meeting finished at 6.37 pm

Signed by Chair:
Date:

Report to Joint Consultative and Safety Committee

Subject: Gedling Borough Council Building Control

Date: 25th August 2026

Author: Assistant Director – Development

Wards Affected: All

Purpose: To provide an update to Joint Consultative and Safety Committee in update on the recent Building Control Audit and recommendations and Building Control service provision within the Borough.

Key Decision: No

Recommendation(s)
THAT Joint Consultative and Safety Committee:

1) **Note the contents of this report**

1. Background

1.1 Following the Grenfell Tower fire in 2017, an independent review of building regulations and fire safety, led by Dame Judith Hackitt, was commissioned. Her final report, published May 2018, made 50 recommendations to raise safety standards in the industry. The government accepted these in full. This led to the Building Safety Bill being published, which became the Building Safety Act.

1.2 The Building Safety Act came into force on 6th April 2024 and has placed considerable burdens on Local Authority Building Control Services described by the Chief Executive, Lorna Simpson of Local Authority Building Control (LABC) as ".. the most significant piece of legislation affecting the built environment in decades – all councils need to know its effects. The new safety regime means more duties for local authorities, registration of the building control profession with validation of

competency at its heart." The Bill introduced a new Building Safety Regulator (the Health and Safety Executive - HSE) and places an obligation on local authorities to support the regulator by providing skilled, experienced and competent staff. Local authorities will have to make sure staff involved in assisting the regulator have verified skills and knowledge.

1.3 The Building Safety Regulator (BSR) oversees the English and Welsh Building Control system and be the registrar for the entire profession. Local authorities are required to 'take the advice of a Registered Building Inspector' before issuing certification or to carry out plan assessments and site inspections. All local authority building control surveyors now need regular formal assessment of competence as part of the process.

1.4 The Building Safety Regulator (BSR) undertakes inspections to ensure that Building Control Bodies (BCBs) i.e., Local Authorities (LA's) and Registered Building Control Approver's ('RBCAs') are complying with the Building Act 1984 and associated legislation. BCBs must comply with the published Operational Standards Rules (OSRs), which set out the minimum performance standards expected. All BCBs will be subject to ongoing monitoring and at least one inspection over a five-year period.

1.5 In November 2024 Gedling Borough Council were advised that the BSR would be undertaking an inspection to verify that the Council is complying with the OSRs, as well as identifying opportunities for improvement within the Building Control service. Where non-compliances are identified then BSR as the regulatory authority have a series of escalating sanctions and enforcement measures to maintain standards and deal with poor performance.

1.6 One of the functions of the Joint Consultative and Safety Committee (JCSC) is to be "consulted on and make recommendations to the Executive in respect of any health and safety functions of the Council to the extent that those functions are discharged in the authority's capacity as an employer." As an external inspection of the Building Control service has taken place, it is important that both the findings and adopted mitigations are reported to this Committee for information

2. Proposal

BSR Audit Recommendations

2.1 The BSR undertook the inspection to assess the Council's compliance with its legal duties under the Building Act 1984 and ascertain the efficiency and effectiveness of systems, controls and procedures in exercising building control functions in relation to BSR's Operational Standards Rules (OSRs).

2.2 During the inspection the BSR identified contraventions of relevant requirements as follows;

1. While there was a corporate risk register in place, risks related to management of the building control functions were not included or identified within the register. Risks were recognised through regular team meetings and daily discussions, however, there were no records established to capture key risks, decisions, and mitigation actions.
2. A risk-based strategy or plan, outlining the approach to regulatory activities, had not been developed. During the inspection interview, it was confirmed that you do not have a written risk-based strategy or plan for how you handle regulatory activities.
3. There was a lack of formal evaluation of the building control functions and activities to ensure compliance, effectiveness, and continuous improvement. While the team monitored processing times to ensure targets were met, and applications were periodically reviewed, no formal KPIs or management information data were in place to track performance trends or service effectiveness. Additionally, no internal audits were conducted specifically for building control to assess compliance, efficiency, or effectiveness. The Council were in a process of implementing a Quality Management System to improve quality management and operational processes, however, due to the absence of a formal review, there was no clear assessment of progress or compliance with expected standards.
4. While some procedural guidance was in place, specific documents for certain functions were not available when requested. Where internal guidance was lacking, LABC documents were used. However, the internal procedural guidance documents that provided lacked version control and update dates, making it unclear if they were current.

5. Furthermore, there were no documented procedures for the following building control functions:
   Handling and cancelling Initial Notices.
   Building Notices Applications – Internal guidance on processing small job applications, including the process for reviewing Block Plans to determine if a Full Plans application is required.
   Statutory Consultations – Documented process for carrying out statutory consultations in line with OSRs.
   Contraventions – Documented process for how contraventions from site inspections are approached, recorded, or communicated to clients.
   Reversions – Procedures for handling project reversions, ensuring sufficient information is gathered, duty holders are engaged, high-risk cases are prioritised, and key staff understand their responsibilities.
   Regularisations – A risk-based documented procedure prioritising complex or higher risk building work.
   Completion Certificates – Procedures for issuing Completion Certificates in line with Regulations 17 & 17A of The Building Regulations 2010.
   Enforcement Policy – A risk-based enforcement policy outlining when action will be taken against duty holders, ensuring timely updates to records and clear procedures for handling reverted cases.
6. Photographs were accepted via email and then indexed into the Uniform system along with the full correspondence. However, these photographs were not geo-tagged.
7. While you were managing your workload, staffing shortages impacted the ability to meet the statutory timeline for processing plan approvals and initial notices.
   The majority of projects were domestic, with few commercial ones. The team did not manage high-risk buildings (HRBs) but relies on agreements with neighbouring councils (Erewash, Mansfield, and Ashfield) for HRB inspections if any support needed. Although inspection demands were being met, an increase in dangerous structure reports added further strain on the team, with high demand at the end of last year leading to significant pressure on available resources.

8. Key staff in the Technical Admin Support Team had left in March, and the interim building control manager is schedule to leave the Local Authority.
9. There was a lack of a contingency planning for staff challenges. At the time of the inspection, the team consisted of only two Registered Building Inspectors (one of whom was a contractor who joined in January 2025) and a Class 1 trainee whose contract was due to end in March. This limited capacity, combined with the lack of a formal contingency plan and structured succession strategy, was insufficient to effectively discharge the building control function and posed significant operational risks to service continuity, regulatory compliance, and workload management.
10. There was no written supervision policy for Class 1 RBIs, though oversight was provided through site inspections, documentation reviews, and secondary checks by the interim building control Manager.
11. There were no selection or monitoring processes for Specialist Consultants.
12. The Council engage structural engineering and statutory consultants through a local consultancy firm, however, there was no documented agreement in place with the structural engineering consultants or written policy or procedure for undertaking due diligence checks of the individuals engaged.
13. There was no training plan for staff. Staff attend external training, such as webinars from LABC, which cover regulatory changes and are conducted during working hours. Each staff member is required to maintain a CPD record, which is reviewed annually during Professional Development Reviews (PDRs). However, the Council did not have individual training plans for all staff.

<u>Actions undertaken by Gedling Borough Council</u>

2.3 In order to address the contraventions identified by the BSR, the Council undertook the following actions to ensure compliance with the OSRs. The actions detailed below correspond with the contravention numbers detailed in paragraph 2.2.

1. Risks related to building control are formally recorded and regularly reviewed. Key risks, decisions, and mitigation actions discussed in team meetings and recorded.

2. A risk-based plan that aligns with the principles of good regulation was developed. The strategy includes a clear approach to targeting inspections and interventions to ensure effective discharge of the Building Control's responsibilities.
3. You must implement regular performance reviews, including spot checks, peer reviews, and management reviews, to evaluate service delivery and identify areas for improvement.
   Implementation of the Local Authority Building Control (LABC) Quality Management System (QMS) that includes KPIs, a management information system and arrangements for internal assurance of your building control function.
4. A version control system has been implemented on all procedural guidance documents to ensure policies, procedures, and processes reflect current relevant guidance.
5. Written processes for all building control functions which set out regulatory activities and ensure all relevant regulatory changes are incorporated.
6. Process implemented to verify that photographs used as evidence are clearly time and date-stamped and, where possible, geo-tagged.
7. Assessment of resourcing needs.
8. Plan to manage resourcing needs that covers potential staff shortages, including unexpected absences or departures.
9. Succession plan developed to ensure that key positions are filled by suitably experienced individuals in the event of staff turnover
10. Supervision procedure for Class 1 RBIs, aligned with regulatory requirements. Includes clear processes for supervision, documentation, and tracking competency development, ensuring delays in staff competence are addressed with appropriate oversight.
11. Template service level agreements (SLAs) for consultancy service providers and any other outsourced structural engineering consultants.
12. Documented process for engaging and managing outsourced service providers and/or contractors.
13. Recorded training plans for staff within the team.

2.4 Following completion of the above-mentioned actions, on 27th February 2026 the Building Safety Regulator confirmed that the Council had provided all the information required to demonstrate that Operational

Standards rules are being complied with and no further information was required and the matter was concluded.

3. Erewash and West Nottinghamshire Building Consultancy

3.1 Following a decision by Cabinet on 26th March 2026, the Council moved its Building Control services into the Erewash and West Nottinghamshire Building Consultancy on 1st June 2026.

3.2 The Erewash and West Nottinghamshire Building Consultancy is hosted by Erewash Borough Council and comprises Erewash Borough Council, Ashfield District Council, Broxtowe Borough Council, Mansfield District Council and now Gedling Borough Council. The Partnership provides statutory and non-statutory Local Authority Building Control Services, including out-of-hours emergency response, across the area of these districts and boroughs.

3.3 The Consultancy benefits from a team of highly skilled and accredited team of Building Inspectors who are equipped to ensure that buildings are safe for Gedling's residents, businesses and visitors. Moving into the partnership has enhanced the service provided to the residents of the borough and ensured resilience for future service delivery.

4. Conclusion / Summary

4.1 All the necessary actions identified by the Building Safety Regulator to ensure compliance with the Operational Standards Rules were implemented within the requisite time periods. The Building Safety Regulator subsequently confirmed that no further information was required to demonstrate compliance.

4.2 All building control functions for Gedling Borough are now being provided by Erewash and West Nottinghamshire Building Consultancy, increasing service resilience and enhancing the service provided to residents.

5. Financial Implications

5.1 None, the purpose of this report is to update the Committee in respect of the outcome of the BSR Audit and current Building Control service provision.

6. Legal Implications

6.1 None, the purpose of this report is to update the Committee in respect of the outcome of the BSR Audit and current Building Control service provision.

7. Local Government Reorganisation Implications

Whilst there are no direct Local Government Reorganisation implications arising from this report, the Erewash and West Nottinghamshire Building Consultancy now comprises 4 Nottinghamshire authorities along with Erewash Borough Council and may be reviewed following formation of the new unitary authorities.

8. Equalities Implications

8.1 There are no direct equalities implications arising from this report.

9. Carbon Reduction/Environmental Sustainability Implications

9.1 There are no carbon reduction/environmental sustainability implications arising from this report.

10. Background Papers

10.1 Building Safety Regulator https://www.gov.uk/government/organisations/building-safety-regulator

10.2 Operational standards rules monitoring arrangements https://www.gov.uk/government/publications/building-control-bodies-professional-codes-and-standards/operational-standards-rules-monitoring-arrangements

10.3 Erewash and West Nottinghamshire Building Consultancy https://www.erewash.gov.uk/building-control

Statutory Officer approval

Approved by:

Date:
On behalf of the Chief Financial Officer

Approved by:
Date:
On behalf of the Monitoring Officer

This page is intentionally left blank

Report to SLT / JCSC

Subject: Corporate Health and Safety Annual Report 2025/26

Date: 3rd June 2026

Author: Health, Safety Adviser

Wards Affected

Borough wide

Purpose

This report seeks to provide an update on the council health and safety compliance in line with legislation,

Key Decision

This is not a key decision.

Recommendations

THAT:

The Corporate Health and Safety Annual Report 2025/26 contents be considered and any recommendation (shown in bold) be agreed.

1 Background

1.1 Both criminal and civil law apply to workplace health and safety. As an employer, Gedling Borough Council has a duty to protect employees and others from harm arising from its activities. Failure to do so may result in enforcement action by the Health and Safety Executive under criminal law and civil claims for compensation from those affected.

1.2 Reporting to top management on H&S performance is considered good practice by the Health and Safety Executive, the Institute of Directors and the Royal Society for the Prevention of Accidents (RoSPA). It's an integral part of ISO 45001 health and safety management system.

1.3 This annual report summarises the challenges and achievements of the Health, Safety and Emergency Planning Service during the financial year from 1st April 2025 to 31st March 2026 and presents some of the upcoming work streams for the service in 2026/27. This report will also be

presented to the Joint Consultative and Safety Committee and Cabinet.

2.0 Proposal

2.1 Summary of Health and Safety key performance areas

2.11 Quarterly reporting:

Items maintained in 2025/26 have included quarterly reports, to provide oversight of corporate Health and Safety, Emergency Planning and Business Continuity risks to the Corporate Risk Board, consisting of senior officers. This board replaces the dedicated Corporate Health and Safety meeting.

Board representatives are expected to cascade key messages to their respective teams, recognising that effective health and safety management should start with effective health and safety leadership and be driven from the top down.

2.12 Inspections

A programme of workplace inspections has continued during 2025/26, with a risk-based inspection schedule determining frequency of inspections.

Inspections cover Leisure Centres, Community Centres, Pavilions, Civic Campus and Jubilee Depot. Property Services, Leisure Services and Health and Safety worked collaboratively to ensure non-compliances are rectified.

Inspections at Jubilee Depot were paused for much of 2025/26 to allow for a refreshed approach. With the new management team now in place, this work has recommenced and will be progressed through the 2026/27 inspections programme to support timely completion of actions and sustained compliance.

2.13 Accident reporting:

Building on work done in previous years, Accident Reporting and Investigation training was carried out with managers, team leaders and supervisors but with limited success.

Benchmarking activities with other local authorities indicate Gedling are still under reporting.

Most accident reports continue to come from Leisure Services who generally have a good culture of reporting both accidents and near misses. Concerns were identified in one centre regarding near miss

lifeguard reporting, but this has since been addressed

Reporting across the wider authority remains inconsistent. Some Civic Centre based services are proactive in this whilst others delay in reporting - particularly where multiple reports are required.

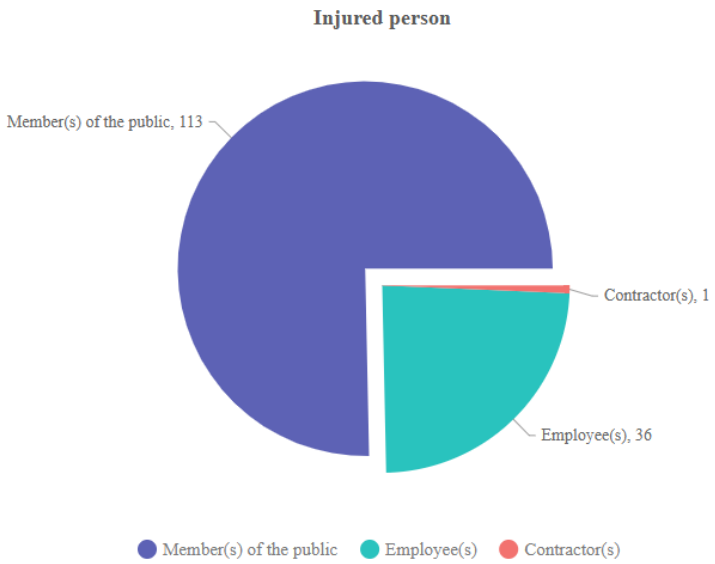
Reporting of accidents in the highest risk areas of Waste, Parks, Cleansing and Fleet remains low despite providing frontline operatives with direct access to the reporting system. When reports are made, quality remains poor with scant detail and no investigation carried out unless prompted by H&S. Additionally, near miss reporting is non existent representing a risk for the Council with missed opportunities for early intervention to prevent an accident.

This in turn has led to an increase in the corporate risk level around accident reporting towards the end of the year. A change in mindset and workplace culture is required, and it is noted that current management are working closely with HR to proactively facilitate this. Workplace culture is difficult to shift, and it may take years for this to show via improved accident reporting.

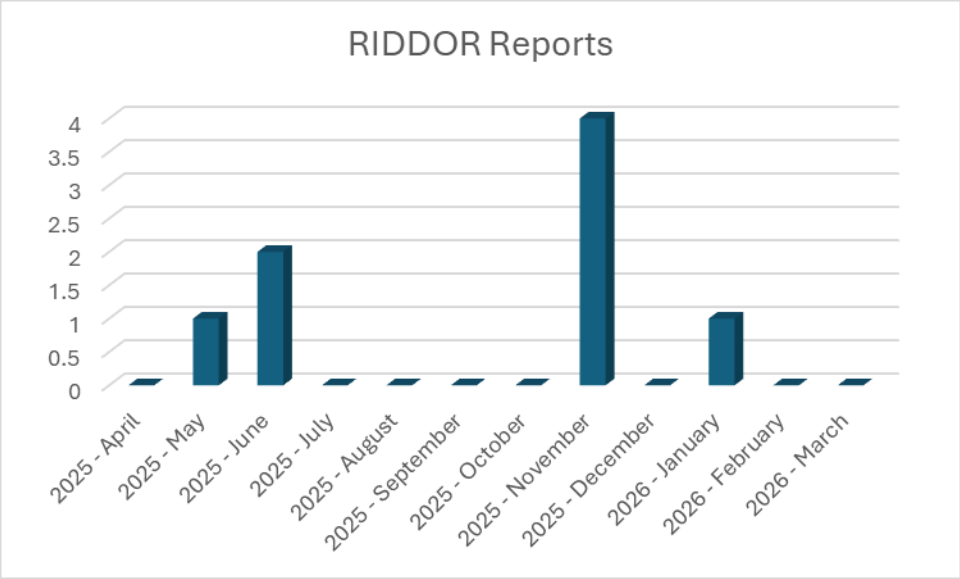
To support managers, the Health and Safety team has revised the Accident Reporting and Investigation Guidance and will deliver further training to reinforce responsibilities and improve investigation standards. Continued leadership engagement is necessary to help ensure immediate, underlying and root causes are identified so that effective controls can be implemented to prevent recurrence

2.14 Epidemiological analysis of accidents April 2025- March 2026

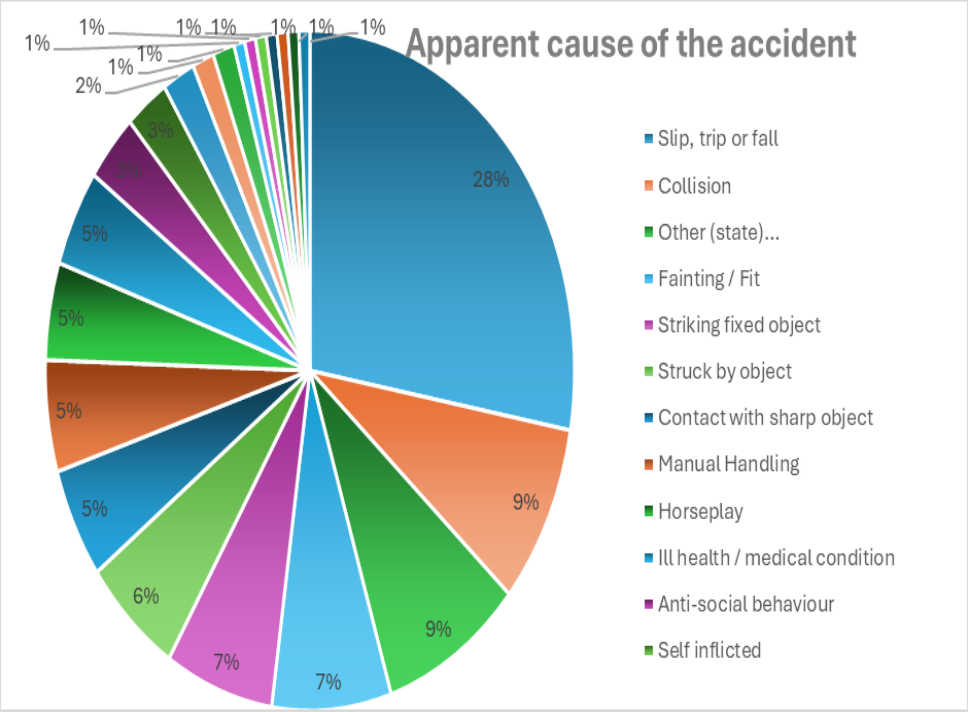
Analysis of reported incidents shows that the majority of injuries during the reporting period involved members of the public (113 incidents), with a smaller number affecting employees (36 incidents). This reflects the public-facing nature of many council services and highlights the importance of maintaining robust controls to manage risks to both employees and service users.



A small number of RIDDOR-reportable incidents were recorded during 2025/26, with occurrences spread unevenly across the year and a peak in late autumn. Overall RIDDOR numbers remain low, indicating that serious incidents are infrequent.



Analysis of accident causes shows that slips, trips and falls remain the most common contributor to incidents, accounting for around a quarter of all reports. Manual handling, collisions and contact with fixed or moving objects also feature prominently. The spread of causes highlights a combination of workplace conditions, task-related risks and behavioural factors, reinforcing the need for continued focus on housekeeping, safe systems of work, training and effective supervision.



2.15 Risk control and mitigation

The Internal Audit of Health and Safety highlighted risk assessment compliance as an area for development across the organisation. Strengthening consistency in hazard identification and the application of controls will further enhance protection for employees and others affected by council activities.

In response, risk assessment training for managers was delivered in April 2025. The Health and Safety Adviser has since worked collaboratively with services to review, rewrite and strengthen the quality of risk assessments across 10 service areas. Work is continuing with incoming management to further improve arrangements for Parks, Cleansing and Transport.

As part of risk mitigation, Health and Safety continue to deliver a comprehensive Health Surveillance programme working closely with HR to address identified issues.

A focus area during the year has been HAVs management. A monitoring system is now in place (electronic and manual) to provide coverage across all relevant activities. Rotation of tasks, a low-vibration purchase policy, training and risk assessment contribute to this control system.

2.16 Drug and Alcohol Testing

As part of risk mitigation measures and improving standards to drive culture change, Environmental Services have conducted several drug and alcohol testing sessions. The testing has been conducted at random and with cause. This is in line with procedures set out in the Substance Misuse Policy for safety critical roles, as identified and detailed in the Employee Handbook. Further details are provided in the Appendix 1 to this report.

2.17 Training:

Health and Safety Awareness training forms part of the Council's mandatory training programme. Other mandatory Health and Safety training includes Fire Safety and Awareness which was delivered during the year. Further work will focus on reinforcing accountability so that roles and responsibilities are consistently understood and applied.

Health and Safety maintain a corporate training plan for topics such as manual handling, affecting 2 or more service areas and delivery has been inline with this plan.

Health and Safety facilitated the formal qualification of cemetery operatives under the City and Guilds Cemetery Operatives Training Scheme following making a successful business case for modern, hydraulic, metal shoring.

To build resilience within higher-risk teams, budget approval has been secured to fund the IOSH Managing Safely course. This training will support managers, supervisors and team leaders to strengthen their understanding of risk assessment, including hazard identification, selection of appropriate controls, workforce consultation, recording significant findings, and the importance of sign-off and review.

2.18 Employee Protection Register

Reporting of aggressive and/or abusive incidents has increased during 2025/26, reflecting stronger awareness and improved use of reporting routes. It is also an acknowledgement of society becoming increasingly more aggressive as noted in a recent NHS report NHS England » Frontline NHS staff facing rise in physical violence This will be an ongoing challenge faced by public facing employees.

The improved reporting however has enabled timely and proportionate action to manage unacceptable behaviour through the Unacceptable Behaviour Policy and the Employee Protection Register. Tools used include warning letters, single points of contact, limited methods of contact

and, in extreme cases, use of body-worn cameras.

2.19 Guidance Review

During the 2025/26 financial year, the Health and Safety Team undertook a review and rewrite of several key guidance documents to ensure they remain current, effective and aligned with legislative requirements and operational practice. These included Asbestos Management Guidance, Civic Centre Fire Safety Guidance, Accident Reporting and Investigation Guidance, Lone Worker Guidance. Additionally, supporting wider emergency planning needs, the Cold Weather Plan has been refreshed to incorporate learning and strengthen arrangements.

2.2 Brief Resume of Emergency Planning and Business Continuity work

2.21 Emergency Planning

During 2025–26, significant work was undertaken to strengthen the Council's ability to respond effectively to incidents. This was supported by the development of two key documents: the Major Incident Plan, which sets out Gedling Borough Council's arrangements and response when a major incident is declared, and the Emergency Handbook, which provides practical guidance to support delivery of the plan.

In addition, the Council's emergency response arrangements were strengthened with the implementation of on-call senior leadership rota, bringing Gedling line with neighbouring authorities. This ensures that emergency decisions can be made promptly and at an appropriate level.

A dedicated Microsoft Teams channel was introduced as a place to store response documentation and plans and to support communication and oversight during periods of response.

2.22 Business Continuity

During 2025–26, additional work was undertaken to strengthen Gedling Borough Council's business continuity arrangements to ensure the Council is able to maintain critical functions during and following disruptive events, such as natural disasters, cyber-attacks or supply chain failures. Effective business continuity planning provides assurance that the Council can continue to deliver essential services to residents during such periods of significant disruption.

Business continuity planning is a statutory requirement for Category 1 responders under the Civil Contingencies Act 2004.

As part of this work, a cyber incident exercise was carried out to test the

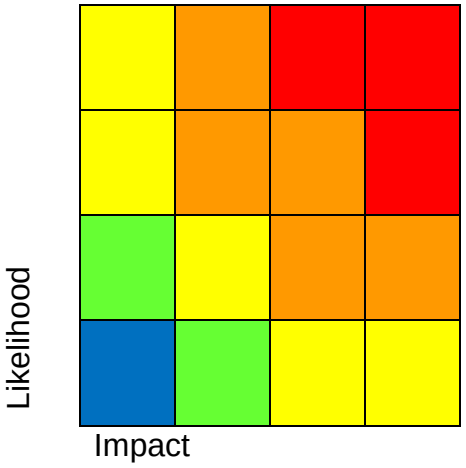
effectiveness of existing Business Continuity Plans. A structured debrief followed the exercise, identifying lessons learned and required follow-up actions. These actions are being progressed to further strengthen organisational resilience and preparedness.

2.3 Summary:

During 2025/26, the Health, Safety and Emergency Planning (HSEP) Team has focused its capacity on the highest-priority workstreams to ensure delivery and maintain strong oversight. This has included the Health, Safety and Emergency Planning Manager leading key emergency planning activity to strengthen the Council's ability to respond to and recover from emergencies, while the Health and Safety Adviser has maintained momentum on delivery of the health and safety work programme.

As a small team, we have continued to work closely and communicate effectively with services and stakeholders to keep key actions moving forward and support delivery of the departmental work plan.

Using the corporate risk matrix applied across Council and Service Area risk registers, the HSEP function is currently rated 6, representing an improvement on the previous year. This reflects ongoing work by the team and continued focus on ensuring health and safety and emergency planning are embedded in day-to-day activity as practical tools for reducing the likelihood and impact of workplace accidents and significant incidents.



3 Alternative Options

3.1 An alternative would be not to present an annual Health and Safety report; however, this would reduce routine visibility of H&S activity and progress for SLT. The report is also shared with JCSC and Cabinet to support continued awareness of health and safety work across the Council.

4 Financial Implications

4.1 There are no financial implications directly arising from this report. Individual recommendations may incur additional budget requirements, but these will be addressed when necessary approvals are required.

5 Local Government Reform Implications

5.1 Monitoring Health and Safety performance across the organisation in this way put the Council in a strong position, able to identify the Health and Safety risks in its business and objectively assess them. This ensures risks stay visible throughout the LGR process, can be highlighted within the new H&S team structures and ensures that the safety and health of employees is considered during the change process.

6 Appendices

6.1 Appendix 1 – Drug and alcohol testing statistics

7 Background Papers

7.1 None identified.

8 Reasons for Recommendations

8.1.1 To ensure SLT is updated in respect of Health and Safety activity across the Council.

Statutory Officer approval

Approved on behalf of the Chief Financial Officer
Date:

Approved on behalf of the Monitoring Officer
Date:

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank