



**Higher and Further Education Advisory Committee (HIFEAC)
Schools Education Advisory Committee (SEAC)
Joint Open Meeting 1 April 2003
Loughborough University**

Report of Proceedings

The Schools Education Advisory Committee (SEAC) and the Higher and Further Education Advisory Committee (HIFEAC) held their second Open Meeting on 1 April 2003 at Loughborough University.

Key organisations within the education sector were invited and the level of interest was high. The number of delegates attending on the day was 93, which was almost a 25% increase from last year. All areas of education were represented including higher and further education, local education authorities, independent schools and education associations. A list of invitees and delegates is available on request from the Secretariat.

The aim of the meeting was to engage stakeholders in delivering the Revitalising Health and Safety programme. This was done through workshops that focused on the priority topics of:

- Stress
- Slips, trips and falls
- Musculo-skeletal disorders
- Occupational health Provision

John Cullen, Chair of the Advisory Committees chaired the proceedings and welcomed everyone to the meeting, including Owen Tudor, HSC Commissioner who

gave the keynote address. John spoke of the opportunity the meeting presented to engage stakeholders in delivering the Revitalising Health and Safety and his desire for maximum participation from the delegates.

John also indicated to delegates that HSE was embarking on a review of the Education Industry Advisory Committees and posed the question of whether their current structure provides the best delivery mechanisms possible. Delegates were invited to express their views on how best HSE can engage with the world of education.

Owen Tudor then spoke about the health and safety challenges that faced education. He gave a strong message about the need to make the *Revitalising* strategies happen and how this could best be done. His three key points were the need for leadership from senior management, involvement of the workforce and working in partnership with others. Owen took the opportunity to unveil the finalised content of a Safety Representatives Charter, which had been developed by the employer and employee representatives on the two Advisory Committees. Signing up to the Charter would, he said, demonstrate recognition of the contribution that partnerships between employers and safety representatives can make towards improving health and safety standards at work. The Charter is available on HSE's website at <http://www.hse.gov.uk/workers/index.htm>

Delegates then moved into workshops to discuss the priority topics. The intention being for each workshop to identify its aim and objectives and work towards the development of an action plan that delegates could take forward outside of the meeting and provide feedback on to HSE.

Each workshop was led by the HSE priority programme manager for the topic who gave an overview of HSE's work to date. Delegates then provided a practical perspective, which was followed by lively discussion and debate. Notes from each workshop are attached.

Annex 1 – Stress

Annex 2 - Slips, Trips and Falls from height

Annex 3 – Musculoskeletal disorders

Annex 4 – Occupational health provision

Following the workshops, delegates heard feedback from the workshops. They agreed to provide HSE with feedback on the actions agreed in their workshop. A dedicated email account has been set up for this. rhs@hse.gov.uk

HSE confirmed that it would use the feedback to help it develop examples of good practice which it would make available on the HSE website. This was seen as an ongoing process that over time would provide a good source of guidance that could be shared throughout the education world. It would also contribute to the work being done for HSE's priority programmes.

Delegates were reminded that they were the key to making *Revitalising* work. John Cullen hoped that the meeting had provided the impetus for moving education forward in improving health and safety standards for its most important asset – its people. He left delegates with a final message: if education employers wished to deliver a first class education service they would need their people around to do it. Good health and safety management clearly made good business sense.

The event was evaluated using a short questionnaire. The overall view was that this had been a useful and worthwhile event. The extent of its usefulness will become more evident over the coming months as delegates provide feedback on how their organisations are taking forward the Revitalising agenda.

A report on the analysis of the evaluation exercise is attached at Annex 5.

Secretariat

Schools Education Advisory Committee

Higher and Further Education Advisory Committee

May 2003

REVITALISING HEALTH AND SAFETY IN EDUCATION

Higher and Further Education Advisory Committee (HIFEAC)

Schools Education Advisory Committee (SEAC)

Joint Open Meeting

1 April 2003, Loughborough University

WORKSHOP 1: STRESS

Chair: **Stephen Green**, Association of Colleges (AoC)

Speakers: **Chris Rowe**, HSE Health Directorate (responsible for policy development related to work-related stress)

Steve Lee, HSE Human Factors Unit (providing technical input to the development of management standards on work-related stress)

The workshop was in three parts. There was a case study, presentations from Chris Rowe and Steve Lee and, thirdly, discussion and feedback.

1. Case Study

The case study was based on a large university with 7 faculties and 35 schools of study. There are over 15,000 full-time students and over 5,000 staff. The group was given a copy of the risk assessment documentation.

The university's Health and Safety Manager confirmed that the assessment had been undertaken in line with the advice contained in HSG 218. Notable features of the assessment included action taken in response to bureaucracy/paperwork; namely to send a memorandum to staff which clearly explained the reasons why the work is organised the way it is and the challenges of changing administrative arrangements. Other shining examples of management action included consideration of issuing personal alarms in response to threats from students and two reported incidents of violence, and the commissioning of a consultancy with a view to helping the organisation change employee' perceptions because staff believe that managers don't manage resources as well as they could and that on a day to day basis they are invisible.

The unanimous view was that this risk assessment was not "suitable or sufficient". In particular:

- There was no stress policy, or procedures or structures within the organisation referred to in the risk assessment.
- The assessment was too general and superficial. It was very broad, too organisation-wide and did not deal with specific issues – what are the main problems? What can we put resources into to reduce stress most effectively?

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- There was no attempt to identify root causes of problems.
- The only approach to getting information was by an annual staff questionnaire. Apart from the message that this sent out to staff, this meant that there was a significant lack of evidence.
- The assessment was not dated, there were no timescales, action plans or targets.
- Action taken was reactive, not proactive. The responses would relate to employees, not to management action.
- There was no attempt to engage employees in a meaningful way. There was no attempt to give employees ownership of the process.
- Management training did not feature at all.
- There was no occupational health involved.

2. Presentations

Chris and Steve gave presentations on the HSE's Stress Priority Programme, Stress Management and the new Management Standards on work-related stress.

Action: **HSE to look into the circulation of Chris and Steve's PowerPoint presentations.**

The Management Standards have been developed as a yardstick against which employers can gauge their success in tackling key stressors at work. They are currently at 2nd draft stage and are about to be piloted. They focus on the six stressors:

Demands
Control
Support
Organisational Changes
Relationships
Role

The HSE has identified support as a particularly important protection against stress. To achieve the Standard for support, the organisation has to ensure that employees know how to call on support, are encouraged to call on support as quickly as possible and that employees in management roles know how to best give that support. There is a quick audit tool for the support Standard. This used the red, amber, green traffic light system to determine how well the organisation is achieving the Standard. The first pass tool is a brief questionnaire about support, followed by a second pass tool to identify which elements of lack of support identified from the first pass tool caused

problems. It could be, for example, lack of information or inconsistent information. The next step is setting up a focus group or action plan and then sharing those action plans with staff. Review dates are set.

The workshop was introduced to the HSE Management Standards Piloteers' Pack which had been prepared for the pilot of the Management Standards. The Standards are to be piloted by seventeen organisations between April and September 2003. They will then be presented to the HSC. They will have the status of Guidance and Good Practice. Chris and Steve are waiting for confirmation from HSC as to whether organisations apart from the seventeen pilot organisations can access the Piloteers' Pack.

Action: Workshop members who wish to consider piloting the Management Standards in their own organisation should contact Chris.

3. Discussion

The following notes draw together discussion and feedback from the entire workshop session.

Where we are at the moment is that definitions of stress are generally understood. Stress is recognised as a serious problem. Practitioners are looking for practical steps that they can take. They are looking for examples of sector specific primary interventions. We are at the beginning of a long process of identifying what all the possible primary interventions are. The HSE is looking for commitment from employers to engage in the process of thinking about primary interventions, not tertiary interventions, and to develop stress prevention strategies. For it's part, HSE wants to show what works, advertise success and share good practice.

- Obstacles and barriers

A number of comments were made about practical problems in Stress Management. There were two issues in particular:

- In education there are considerable stress factors outside the organisation. In particular there are Government initiatives being imposed on educational establishments who do not have the time or resources to deliver.
- Whilst there are many very helpful initiatives in different schools where small groups working together produce good results, LEAs at senior management level do not have stress on the agenda. Directors are invariably target focussed and are not normally persuaded of the business case for stress prevention.

- Objectives

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The important steps towards developing primary intervention strategies are:

- Gaining senior management commitment, especially at LEA level.
- Management training:

Stress management training for staff can suggest that it is all their fault and that the employer is just waiting for them to break down. Training for managers empowers them to recognise the signs of stress, know what to do about it and how to use procedures to help.

- Engaging employees
 - Engaging governors
- Good Practice

Some really good examples of good practice came out of discussion and feedback:

- Methods of gaining senior management commitment and making the business case for stress management were discussed. One method is to discuss stress in the context of sickness absence. This reinforces the business case.
- Focussing on the positives eg “well-being” instead of stress, with the objective of making people feel well at work. Happy, healthy, here.
- Training for headteachers, but also mentors to help heads gain ownership of initiatives. A case in point is staff audits. These may just be an extra burden to a hard-pressed head. Or they can be an invaluable tool if heads are empowered to use them and know how to use them effectively.
- The use of amplification systems in schools:

The teacher does not have to shout at the pupils to be heard, can talk to the class without straining to face them and can engage pupils in a softer voice. There are identifiable improvements in pupil behaviour and a reduction in stress/exhaustion levels. This can be combined with voice training which enhances the qualities of the teacher’s voice and reduces the risk of voice strain or voice damage.

Action: Workshop members were invited to submit their own examples of good practice.

- Violence and Personal Safety

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This is a real stress issue. The case study (see above) was hopeless. Some workshop members mentioned how their LEAs encourage teachers to report violent incidents by making staff aware that there are people who can help them if they do so.

Action: **The HSE is looking to create a virtual network for sharing good practice. The DfES offered to make its teachernet website available.**

A number of questions emerged from the discussion and feedback. In particular is there a link between stress and a particular job function? Is science teaching more stressful because of the inherent health and safety risks?

There was a discussion about the new arrangements for flexible working. Work-life balance can be a major stressor.

AND FINALLY, A KEY MESSAGE FROM THE HSE:

HSE WISHES TO ARM THE UNARMED MENTORS – to capture and share good practice for those who want to help and can help.

ANNEX 2

REVITALISING HEALTH AND SAFETY IN EDUCATION

Higher and Further Education Advisory Committee (HIFEAC)
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WORKSHOP 2: SLIPS, TRIPS AND FALLS FROM HEIGHT

Steve Sumner (Employers' Organisation for Local Government) opened the workshop by reminding participants that it dealt with two of the five priority issues for HSC/E at present. He also drew attention to the workshop objectives as set out in the course programme.

Andy Lucas (HSE) reported on the HSE's ongoing work on the slips, trips and falls priority programme. He reminded participants that the Government and HSC had set targets for a 10% reduction in accidents of this kind by 2010 and a 5% reduction by 2004. The problems which HSE felt lay at the heart of this issue were that the risks were not taken seriously; there was poor understanding of the issues; there was a sense of inevitability about such accident of this kind; and there was poor management control.

The HSE priority programme was undertaking research on standards for use by employers on this area; undertaking topic based workplace inspections; reviewing and developing guidance (including a new HSE slips website); seeking to influence stakeholders, in particular architects and facilities management; and promoting partnership working.

The HSE research programme being undertaken by HSL was seeking to develop agreed single standards for slipperiness and standards for floor surfaces, as well as investigating the causes of slips and trips and the availability and use of safety footwear.

With regard to slipperiness, the HSL was seeking to develop new scientific test methods. The HSL favoured the use of the "pendulum testing" method which sought to replicate heel contact with floor surfaces, ahead of alternative sled testing and ramp testing methods. The HSL was also developing a new portable measuring device for use by inspectors in assessing surface roughness.

The HSL was also developing an "expert system" for slipping and tripping evaluation work which would combine measurements of surface roughness with other factors such as likely contaminant types, likely users and environmental factors in order to inform the overall risk assessment and produce a mathematical classification which could be used to determine appropriate control measures.

Andy then invited questions which included the following:

- Did HSE agree that the role of information and training for employees was as important as physical control measures? Andy agreed that this was the case and stated that it was important to avoid the misconception that physical control measures such as replacing flooring were most important since control measures involving changes to working practices might be equally effective.

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Steve Sumner referred participants to the newly published HSE Information Sheet for the education sector and stated that the HSE wanted participants not only to implement the guidance given but also to help evaluate the guidance by providing feedback. HSE wished to learn whether participants felt that the guidance was useful for its purpose; whether it had been aimed at and had reached the correct audience; and whether it had been effective in reducing slips and trips. Participants would be asked to feed back information, using the evaluation sheet provided, after 6 months and 12 months.

Comments included the following:

- There was general assent to participating in the evaluation exercise by providing feedback in this way;
- It was possible that, even if the actual level of accidents fell, accident statistics might actually increase if the implementation of the guidance prompted greater reporting; and
- The increasing propensity to embark upon litigation might also misleadingly indicate an increase in accidents.

David Goodchild (HSE) reported on the HSE's work on the falls from height priority programme. He stated that one of the key sectors of concern was the primary schools sector, which had a disproportionately high level of accidents affecting 3 times as many teachers as premises staff.

The HSE was pursuing a three stage programme of work, involving information gathering; pilot exercises with selected employers (in Glasgow and Trafford in the education sector); and a subsequent programme to "replicate and promote success".

David noted also that the proposed Work at Height Regulations were due to be implemented from 2004 following the EU directive on this subject.

The HSE priority programme would be seeking to identify schools' needs for guidance on procedures, equipment etc. David invited participants to forward views on this area. Following this, the HSE would seek to put in place guidance which met the needs of schools.

A general discussion on the two presentations ensued, including the following questions and comments:

- What advice would be given by HSE regarding the possible cost of measures which employers might regard as disproportionate to the risks involved? David stated that cost would undoubtedly be a factor but this would need to be set alongside the possible costs of injuries in determining whether other measures might be acceptable.
- Would HSE advice recommend that near misses be reported to HSE as well as accidents? Steve Sumner reminded participants that the HSE estimated that the number of near misses which occurred at the workplace was significantly higher than the number of accidents and believed that such incidents should be taken into account in determining the need for action on safety issues.

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- Would HSE provide “worked examples” to indicate the true potential costs of injuries to employees, since this would undoubtedly be of help in convincing senior management of the need for action? Steve Sumner reminded participants that HSE had produced a “ready reckoner” which might be used for this purpose. Andy Lucas stated that HSE would be wary of any direct discussion of costs which might give the impression that cost was the only factor in determining the action to be taken.
- The issue of funding was raised at several further points during discussion as a major obstacle upon action, even whether problems were agreed to be a priority and appropriate action identified.
- Was enough being done at the design stage to put measures in place eg via appropriate flooring? Andy reminded participants that while there were clear duties upon employers, there was as yet no duty upon architects; or indeed any specific single standard for safety flooring, although HSE was working on this. Steve noted that HSE inspectors and EHOs were now giving proper consideration to slips/trips as well as hygiene in their evaluation of flooring surfaces.
- Several participants agreed that it was often fruitful to involve trade union safety representatives to assist communication with employees. Steve drew attention to the SEAC/HIFEAC Safety Representatives’ Charter, unveiled earlier in the day during Owen Tudor’s keynote speech, which employer bodies and trade unions would be promoting in the coming weeks.
- It was suggested that communication with employees was least effective in primary schools and that this might explain the difference in accident statistics. It was also noted that the H&FE and secondary schools sectors tended to have larger budgets and greater specialist knowledge on safety issues than was available to primary schools.
- LEA representatives were asked whether they felt they took sufficient action to secure compliance with their existing safety guidance, either through promotion of this guidance, training for managers and employees, or inspection/monitoring. Several LEA representatives described their own procedures, which included monitoring statistics in order to identify issues of concern, establishing regular routine inspections of premises/equipment and providing training to schools as well as merely circulating guidance.
- Attention should be paid to establishing the precise target audience for any HSE guidance material and to identifying this clearly on the cover page and making sure that the guidance in fact reached that audience.
- The role of inspectors in promoting and securing compliance was felt to be very significant, again particularly in ensuring that messages both reached and were appreciated by senior management. Andy Lucas concurred with these comments but noted the necessary limits upon the HSE’s resources. Steve Sumner noted that the HSE had written to all chief officers of LEAs about the Revitalising initiative and that the Employers’ Organisation was about to write to them specifically asking about progress made thus far towards the targets set down by the Government and HSC.

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REVITALISING HEALTH AND SAFETY IN EDUCATION

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WORKSHOP 3: MUSCULOSKELETAL DISORDERS (MSD)

Chair: Robert Parkes (HSE)

Malcom Darvill and **Sue Brandrick** of the HSE began the workshop by making a presentation on the strategy behind the HSE's priority programme on MSD, and the importance it gives to good case management.

MSD is one of the main causes of occupational ill-health, with 1.1 million cases per year, resulting in 12.3 million working days lost per year.

The key point was that there are six core elements of a successful management programme:

- Senior management commitment
- Employee involvement
- Identification of problem jobs
- Development of solutions (control measures)
- Training and education
- Appropriate medical management

There are three key messages relating to MSD and the strategy that the HSE is pursuing and promoting:

- MSD is a challenge in all workplaces – not just in a few high risk sectors.
- You can prevent MSD / minimise the effects – and it is cost effective to do so.
- But you can't prevent all MSD. So appropriate management – early reporting of symptoms, correct diagnosis, proper treatment and suitable rehabilitation – is essential.

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Dr John Sorrel, Occupational Health Physician, then outlined the role of Occupational Health practitioners in the management of MSD, and identified the essential elements of good case management.

These were identified as:

- Accurate and prompt diagnosis
- Liaison with GP / specialist concerning appropriate treatment
- Ergonomic risk assessment (matching physical symptoms and signs to the job and the workplace)
- Timely rehabilitation back into work – making appropriate adjustments and using a phased return
- Monitoring of the situation
- Documentation and record keeping
- Identifying trends

Workshop participants then examined three MSD case studies and sought to identify how these cases could be managed successfully.

A short quiz on MSD helped to illustrate and reinforce some of the key messages about the cause and management of MSD problems at work, before **Dr Roger Haslam** of Loughborough University Ergonomics Unit outlined the Unit's approach towards securing commitment on interventions to manage MSD.

The key points on ergonomics interventions were:

- One size doesn't fit all.
- Interventions undergo informal tailoring through experience.
- Interventions are often an art rather than science.
- It is important to determine where a company is located on the "state of change" model, before intervening appropriately.*

*The Ergonomics Unit is currently developing a questionnaire, which was completed by workshop participants, to use as a tool to assist in positioning a company/management on the "state of change" model.

Dr Haslam's summary was:

- Securing commitment is vital
- But not always easy
- A staged approach looks like the most promising method of achieving commitment.

A summary of the key points made by participants in the final session:

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- The payback on successful case management can be huge. One example given was of a company that estimated a saving of £12 for every £1 spent on managing MSD.
- Acceptance of MSD by employees can become part of a culture – low reporting of MSD can occur because it is accepted as ‘part of the job’. A low level of reported incidence isn’t necessarily indicative of no MSD problems existing.
- Changing these attitudes is therefore vital to persuading the workforce to accept intervention strategies that might involve changes to work practices.
- Examples of successful interventions, good practice, and solutions to problems etc are not always widely disseminated. A successful solution to a problem might be implemented within one LEA, for example, and the same problem could remain unresolved in another.
- The “don’t come back until you’re 100% fit” syndrome can obstruct attempts to arrange a phased return to work as part of an MSD management programme. The policy might be for a gradual return to full duties, but the prevailing practice is for local management (eg head teachers) to be against it. An example was where a returning employee may not be able to carry out restraint, and the Head will not sanction a return to work.
- The increased use of IT equipment, such as laptops, by teachers could lead to a significant increase in MSD. This use can be at home, or in a work environment that is poorly controlled with bad ergonomics. The HSE experts present recommended that teachers are trained to conduct their own risk assessments in order to optimise the setting up of workstations, in particular where laptops are in prolonged use. In such cases, connecting a separate keyboard or mouse, positioning of the screen correctly etc are very important.
- Occupational health involvement in MSD cases is often requested at too late a stage. Often, an earlier intervention would have been more effective, but management did not request it.
- Of the six core elements of a successful MSD strategy (identified by the HSE and referred to above) the most difficult to secure is often the commitment of senior management.
- Health and safety advisors can find that obtaining figures, in order to monitor sickness absence and identify trends, is often very difficult. Particularly in an LEA, where information has to be obtained from all the schools within the LEA. Yet even a 1% reduction in sickness absence has significant benefits in reducing the costs.

ANNEX 4

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WORKSHOP 4: OCCUPATIONAL HEALTH PROVISION

The workshop was chaired by **Dr Katherine Venables**, University of Oxford, who in her introduction outlined the objective of the workshop which was to obtain a commitment from representatives to informally pilot an occupational health needs analysis within the organisations they represent and to provide feedback to the HSE.

Colleen Bowen, HSE, spoke on the case for Occupational Health provision. During her presentation she presented the Business Case for OH support based on the HSE work in this area. She explained that OH has been placed on the agenda under the 'Revitalising H&S' initiative (summer 2000), Securing Health Together (summer 2000) and the OHAC report on improving access to OH support (published 2000). She further reported some of the successes already achieved. A 'model for OH' as created by the HSE was illustrated with the 'HSE Vision of a National OH Support Service'.

Amanda Dowson, Bradford College, gave a presentation on the provision of OH at her institution. Amanda highlighted the success of the provision and presented the result that by providing a full OH support package they had made savings in lost working by four times their investment.

Dr Iain McKirdy, University of Luton, gave two presentations. The first was a discussion on the OH support provided by his institution and reported that their success was comparable to that experienced at Bradford College. Iain's second presentation was the needs analysis as developed by the OH Working Group's work in re-writing the 1991 HSC booklet 'OH Provision in Higher and Further Education', the new version of which will be published in 2004.

A final presentation was made by **Dr Katherine Venables** and **Dr Steven Allender** based on the HEFCE funded research project that they are undertaking into OH provision within the HE sector and including their initial results. They also undertook a short survey of OH provision in the workshop attendees' organisations and presented the results.

An active question and answer session then followed with much debate being generated from the group.

Conclusions

- There needs to be clarification as there seems to be some conflict between Health and Safety priorities and employment law. An example given was asking a woman

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interviewee if she is pregnant before making an employment offer.

- Several workshop participants commented on the lack of professional OH support in their organisations. In order to achieve “Revitalising” objectives, there needs to be good liaison and joint working between OH professionals, H&S practitioners, and human resources departments.
- There was recognition that a dedicated HSE helpline on OH matters would be an aid to management in organisations without OH support.
- There is a need for examples of good practice, such as those presented by Bradford College and the University of Luton, to be circulated to all institutions emphasising the cost benefits.
- Delegates were asked to pilot the OH needs analysis in their workplaces and provide feedback to HSE

REVITALISING HEALTH AND SAFETY IN EDUCATION

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Schools Education Advisory Committee
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1 April 2003, Loughborough University**

EVALUATION REPORT

This second joint IAC open meeting was designed to help secure outcomes that would contribute to the delivery of 'Revitalising Health and Safety'. It focused on the priority programmes of:

- Stress
- Slips, trips and falls
- Musculo-skeletal disorders
- Occupational health provision

Representatives from across the education sector attended the event. The day was arranged into workshops that were led by HSE's priority programme managers. Delegates were allocated to one workshop with the intention of allowing adequate time to discuss the issues and achieve a broad consensus on the measures that they could realistically take back to their organisations and the constituencies they represented to move the 'Revitalising' agenda forward in education.

Of the 93 people attending 36 returned completed evaluation forms at the end of the event. The following is a breakdown of the responses received.

Event administration

Question	Yes	No	Comments
Were the pre event arrangements satisfactory?	29	7	<ul style="list-style-type: none"> • application lost • location plans unclear • no map of campus
Were the arrangements during the event satisfactory?	36	0	
Were special requirements met where applicable?	8	1	

ANNEX 5

Content of workshops

Question	Workshop	Yes	No	Comments
Were the health and safety challenges for the education sector set out in the workshop you attended?				
	stress	12	1	
	slips/trips	7	0	
	MSD	3	2	Presentation not specific to education
	OH provision	9	1	
	Workshop not identified	1	0	
Total		32	4	

Question	Workshop	Yes	No	Comments
Were the presentations clear?	Stress	12	1	
	Slips/trips	7	0	
	MSD	4	1	
	OH provision	9	1	
	Workshop not identified	1	0	
Total		33	3	

Question	Workshop	Yes	Possibly	No	Comments
Did the event help you to identify and commit to further action that will help achieve changes in your organisations health and safety performance?	Stress	10	3	0	
	Slips/trips	7	0	0	
	MSD	2	0	3	
	OH Provision	9	0	1	
	Workshop not identified	1	0	0	
Total		29	3	4	

Question	Yes	No	Undecided
Was the event worthwhile?	33	0	3

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Other topics that delegates would like to see included in future events are:

Violence and aggression
Motivating senior management and gaining commitment
Motivating employees and gaining commitment
School trips
Health and well-being
Safety in school workshops (BS4/64)
Manual handling
Asbestos
Health and safety in the curriculum
Cost benefit analysis
Lone working
Meeting different requirements of HSE and DfES
HSW and fair funding issues
Staff/student placement issues

Other comments

Positive	Negative	Improvements
Excellent day, look forward to more	Lacked structure	Better publicity beforehand
Very useful and well managed event	Introduction did not provide a focus	Need more discussion time
Very useful and informative – plenty to do	Poor lunch and refreshment organisation	Allow for attendance at more than 1 workshop
Hope funds become available for more to attend		More IOSH SG involvement
All workshops valuable		
A well organised event		
Handouts useful		
Update on stress management standards useful		
Thank you		