

Report to Resources Committee

23 February 2016



Title: Health and Safety Update

Report of: Support Services Manager

Purpose of Report

1. To provide the committee with a report on the company's health and safety activities for the period 1 April to 31 December 2015.

Background

2. Following a review of Support Services, Health and Safety is managed by the Support Services Manager, supported by the Health and Safety officer, Fire Safety Advisor and a Service Level Agreement with Gateshead Council. The Health and Safety activities are designed to reduce and mitigate accidents in the workplace and to ensure the safety of residents and members of the public who access our services and premise
3. In addition to this, the team act in an advisory role to ensure company wide compliance with a number of statutory and regulatory requirements including: -
 - Occupational Health and Safety
 - Health and Safety Training
 - Occupational Hygiene
 - Environmental Management
4. They also have a supporting role in ensuring the company's ongoing compliance with statutory regulatory requirements as follows:
 - Water Management - risk assessments and water testing.
 - Electrical Safety - cyclical electrical testing, fixed wire testing, portable appliance testing and emergency lighting testing.
 - Fire Safety - risk assessment, maintenance, repair and testing of fire alarms and fire appliances.
 - Passengers Lifts Operations - lift repairs, maintenance, refurbishment and upgrades to DDA standard.
5. The team are also responsible for the coordination and monitoring of health and safety on construction sites including:

- CDM Coordination (Construction, Design, Management) and Control of Contractors (Revised CDM regulations 6 April15)
- Refurbishment and New Build Works.

Partners Activity Update

6. We have monitored our partner's activities and reviewed all asbestos related incidents and working practices. Repairs works are visited weekly to ensure compliance with policy and procedures and good working practices. We continue to work closely with Mears Safety Advisors for compliance and safe systems of working.
7. During the period monthly joint Health and Safety site inspections visits have taken place with Mears. The works visited have included void property refurbishments, gas boiler installations, bathroom adaptations and general repairs.
8. Inspections include a check of operatives understanding of asbestos information, that Personal Protective Equipment (PPE)
9. Further site inspections are scheduled to take place with Mears in February following an observation of a Mears subcontractor working unsafely on a roof.
10. Spot checks are carried out weekly on capital works to ensure compliance with policy and procedures and good working practices.

Accident Reporting

Accidents / Incidents near misses TGHC Employees

11. The accident, incidents, near miss procedure and reporting forms have been revised following consultation with key stakeholders, the new version of documents has been launched in October 2015.
12. There were 10 non reportable Accidents and 7 Near Misses were reported. There were no reportable accidents under RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Accidents / Incidents near misses to 3rd Party / Subcontractors

13. There was no non-reportable Accidents/ Near Misses. There were no reportable accidents under RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Violent Incidents and Warning Alerts

14. In the reporting period there have been 55 warning alerts (some referrals have multiple reasons) as follows:
 - 43 Serious verbal threat, physical assault, violent offender, harassment, physical, sexual racial or otherwise discriminatory
 - 1 Dangerous animal
 - 4 Needles
 - 9 Weapons
 - 2 Threat of self-harm

15. Two of the incidents resulted in an anti-social behaviour (ASB) case being opened and three other cases involved an existing open case.
16. Where we are aware someone has a weapon or has been known to use weapons; this information is flagged via a warning alert so officers are informed of any potential risks and can therefore risk assess appropriately.
17. All accidents and reported violent incidents have been investigated and follow up action taken to include a review of safe systems of work.

Asbestos Management

18. The Asbestos Management Plan has been reviewed and a draft circulated for discussion and comment at the Corporate Health and Safety Group in February 2016.

Fire Safety Management

19. Proactive monitoring of our Fire Safety strategy continues to take place through joint working and regular meetings with the Tyne and Wear Fire and Rescue Service (TWFRS).
20. All fire risk assessments are completed for the multi storey accommodation. The Fire Safety group are evaluating the comprehensive action plans and an overall action plan produced on the findings and recommendations.
21. The fire risk assessments for sheltered accommodation and communal lounges will be completed by the end of March 2016.
22. The temporary appointment of a Fire Safety Advisor to review fire risk assessments will end in March 2016. TGHC has a service level agreement with Gateshead Council of the provision of health and safety support, advice and guidance to include fire safety and risk assessments.
23. In November Gateshead Council and TGHC health and safety teams attended a five day training course for Fire Risk Assessments – Regulatory Reform (Fire Safety) Order delivered by Colin Todd Associates. This will enable the Advisors to carry out or audit suitable and sufficient fire risk assessment under the above legislation.

Legionella Control

24. 560 of 560 (100%) water hygiene inspection/ treatments have been completed by Construction Services.

Fire Alarm Systems and Sprinkler System

25. 77 of 79 (97%) quarterly inspections have been carried out to multi storey blocks and sheltered housing communal areas
26. 1314 of 1346 (98%) of weekly fire alarm tests have been carried out to multi storey blocks and sheltered housing communal areas. 43 fire alarms tests were cancelled between April and October and this has been escalated by the Cyclical Maintenance Manager.

Out of Hours

27. 77 calls were received out of hours. 63 calls were managed over the telephone with advice and support. 14 calls required attendance on site by a member of the Out of Hours team.
28. Regular meetings are held with the Out of Hours (OOH) team to review incidents, share learning points and to ensure compliance with policy and procedures and safe systems of work.

Emergency Lighting

29. 533 of 542 (98%) monthly inspections have been carried out to emergency lighting systems. 2 inspections were cancelled at Wrekenton Housing Office and West Park) as the buildings have closed. 7 inspections are planned and have been escalated by the Cyclical Maintenance Manager.
30. 61 of 62 (98%) quarterly emergency light invertors (battery checks) have been carried out. 1 outstanding inspection has been completed and supporting paperwork is yet to be provided.

Non domestic gas boilers

31. 34 of 34 (100%) non domestic gas service checks were carried out in sheltered scheme buildings, communal lounges and multi storey blocks with non-domestic gas boilers.

Cyclical Repair and Maintenance Update

32. Bi-monthly meetings with Gateshead Council Local Environmental Services and the Gateshead Housing Company are continuing along with the monitoring of the delivery of the cyclical maintenance programme.

Lift Maintenance

33. There have been 129 instances of lift breakdown in the 62 lifts in operation. Of the 129 breakdown instances there have been 16 reports of entrapment. Service response for entrapment is between 20-30 minutes.

Update on the Company Construction Related Activities

34. The following construction related projects are ongoing with notifications to the HSE.
 - Maintaining decency works covering various estates across the Borough (7 projects)
 - Planned painting works across various sites
 - Windows, roofing and boiler improvements at St James Village
 - Window renewal programme borough wide
 - Upgrade of butterfly properties ongoing
 - Accessibility improvement works on Multi Storey and sheltered properties across various sites
 - Door entry upgrade (Tunstall)
 - DDA compliance works at Eslington Court and Redheugh Court

- New Build development across a number of sites through Keelman Homes, to provide 29 affordable homes
- External Wall Insulation (EWI) works ongoing in Leam Lane and Felling

We are delivering borough wide improvement works to the Care Call lifeline system on behalf of Gateshead Council.

Safety Briefings and Alerts Issued by Health and Safety Team

35. Advisory email 28/05/15 – Recent Prosecution: Social Housing firm exposed tenant to carbon monoxide
 Advisory email 24/09/15 – CDM Advice, transitional arrangements ending 5/10/15
 Advisory email 02/10/15 – Principal Designer Role, 7 Key Actions
 There have been no safety briefings or alerts issued in quarter 3.

Internal Audit of Health and Safety

36. The audit identified two medium recommendations and one area of best practice. We have commented on the draft audit and identified a timescale for completion.
37. The two medium recommendations include progress with the H&S action plan and first aid and display screen equipment (DSE) was identified as an area of best practice.

Corporate Health and Safety Action Plan (Appendix)

38. The final 8 outstanding actions from the 2014 audit will be completed by March 2016. The outstanding actions are as follow.

- Safety tours carried out by senior managers
- Review of the skills training matrix
- Asbestos -site specific plans
- Review of procedures for assessing contractor competence
- Development of corporate policy / procedure for Lifting operations and lifting equipment (LOLER)
- Annual review of fire risk assessments for all workplaces
- Amend risk assessment template to include reference to the suitability of PPE for individual users
- Review of HSE management standards to support corporate risk assessment for stress at work

39. A new audit schedule is being developed by health and safety for implementation in April 2016 which will form part of a new health and safety action plan. The plan will place emphasis on the implementation and compliance of the reviewed policies and procedures and management information systems.

Corporate Health and Safety Policies

40. 10 policies have been recently added to the intranet including the Health and Safety policy statement, Construction Design and Maintenance (CDM), training and incident reporting.
41. 6 new or revised documents have been circulated for comment including; workplace inspections, safety tours, health and safety audits, performance review

at service level, assessment engagement and management of contractors and contractors standards.

42. 3 new or revised forms have been circulated for comment including; risk assessments, training identified from risk assessments, PPE and lone worker protection.
43. The health and safety management information site continues to be updated to ensure it is de-cluttered and more user friendly.

Links to Values

44. This report links to the following company values of being:
 - Fair
 - Customer focused
 - Open and honest
 - Accountable
 - Inclusive, valuing diversity

Impact on Customers

45. The improvements identified and actions carried out will help us to provide healthy and safe environments for employees, residents, members of the public and partners.

Risk Management Implications

46. Not meeting the requirement of current and new Health and Safety legislation has been identified as an operational risk for the company.

Financial Implications

47. The Head of Corporate Services confirms that a budget is available to support the activities mentioned in this report through revenue or capital budgets.

Equality and Diversity Implications

48. Detailed Equality Impact Assessments are carried out on all Health and Safety policies and procedures to ensure that they do not adversely impact on any customers.

Value for Money Implications

49. Value for money principles are followed in all health and safety activity.

Health Implications

50. The company's approach to Health and Safety, embedded within everything that we do and the actions specifically mentioned within this report, ultimately will have a positive impact on people's health and overall wellbeing. By working to ensure that any services we provide meet the needs of the customers, partners and of employees and do not cause undue stress to either party.

Environmental Implications

51. The work detailed in this report will be carried out to ensure we meet the principles of ISO 1400. We will make choices that reflect our social responsibility to improve the environment in which we work and live.

Recommendation

52. The views of the committee are sought on whether it is satisfied with the update on health and safety activities and developments.



Health & Safety Audit Report
The Gateshead Housing Company

Managing Director:	Jon Mallen - Beadle	Date:	17 June 2014
Auditors:	Susan Smith, Stephen Foggin, Ken Wilson		

Date of previous audit.	N/A
Action points from previous audit	Comments
There was no evidence demonstrating that previous audits had been carried out.	

Summary

A successful audit was undertaken, during which discussions were held with a number of employees who were open, helpful and had a positive attitude towards health and safety. The auditors were made to feel welcome and would like to express their thanks to everyone who attended the interviews and particular thanks to Jennifer Aston who was the link officer for the audit. The service achieved an overall score of **73.9%**

There are some areas of improvement and these are addressed in the main body of the report.

General Findings

Following the recent departure of the Health and Safety Manager, it is advised that the duties and responsibilities set out in the Health and Safety Policy and Codes of Practice are reviewed and that a new structure is designed to ensure that there is not an excessive administration burden on individuals. Certain areas of control need to be passed back to managers to ensure compliance with legislation and TGHC standards.

As part of the audit it was found that many policies and procedures were out of date, inconsistent in structure and were not clear in determining roles and responsibilities (some were too vague for the size of the organisation whilst others provided a lot of irrelevant information).

There needs to be a better understanding of what needs to be monitored and how to assess performance to provide relevant information to the senior management team.

Good Practice

There were several areas where 100% was attained. These included Incident Recording and Reporting; Display Screen Equipment; Electricity at Work and Lifting Operations and Lifting Equipment

Interviews with managers and employees demonstrated a good health and safety culture and there was a positive attitude towards raising standards and continuous improvement.

Staff at the Wrekenton Housing Office, were not pre-warned of the visit and it was clear that health and safety is consistently managed.

Everyone interviewed were aware of their health and safety responsibilities.

General Health and Safety Management Arrangements (Covers H & S Policy, Reporting of Injuries, Diseases and Dangerous Occurrences, First Aid, Risk Assessment and Safety Training)

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
COP-HS-05	<p>Safety Policy and Management The Health and Safety Policy Statement does not include reference to:</p> <ul style="list-style-type: none"> • a regular audit programme and continuous improvement of health and safety performance. • a policy review date <p>The auditors could not be provided with a signed and dated copy of the H & S Policy.</p>	<p>Policy to be reviewed to incorporate issues and to reflect changes in management structure, signed and dated by the Managing Director</p>	C	<p>Completed Manager's Handbook Action Plan developed and monitored. Actions to be achieved by May 15. This may lead to further detailed action plans. Joint working meetings held 3 times per week SF/PH</p> <p>PH/SF to review the overarching statement and provide to JA for issue to JMB for signing. Deadline 01/05/15</p> <p>JA received for signing. Signed by JMB to arrange Chair of Board to sign 4 September 15. A review of the Safety Tours guidance is</p>

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
				underway to support the H&S policy.
COP-HS-08 & 15	Health and Safety is not a standing item on team / senior management meetings.	Ensure H & S is made a standing item on meetings or amend standards.	C	Completed Corporate H&S Group established with representatives across the company and partners to include GMB and Unison. Email to Operational Managers to add H&S to team meeting as permanent agenda item 27/08/15
COP-HS-08	Although there was evidence of varied forms of communication there was a level of misunderstanding of employees and others when using share point databases / intranet.	Develop a more streamlined system to ensure clarity.	C	Completed. Linked to HS-05 above. Communication methods to form part of every policy reviewed or developed. Communication included in Corporate -H&S Group meeting agenda as a standing item.
COP-HS-10	The system for the consultation with employees on H & S matters needs to be made more robust, particularly regarding the development of corporate COPs.	Consultation procedures to be reviewed to ensure line managers are given the opportunity for input when revising / developing policies / procedures.	C	Completed. Corporate HS group established, Terms of Reference agreed July 15.The Head of Investment and Development (Chair). Reported to Resources Committee 8 Sept 15.
H & S Information for Employees Regulations	H & S Law Posters were not displayed in all workplaces (including the Civic Centre)	Ensure H & S Law Posters are displayed in all workplaces	B	Completed
COP-HS-15	There were no overarching / service Health & Safety Action Plans aimed at meeting corporate objectives, actions from inspections, audits, risk assessments and training requirements.	Action Plan to be developed by each service area within the organisation to include performance information on targets and incorporate completion dates for action.	C	Completed. Overarching Corporate H&S Service plan developed by Support Services Managers to reflect the 5 year strategic plan and priorities identified in the H&S action plans, fire safety action plans and other service plans. (located on sharepoint delivery plan objectives 15/16)
COP-HS-61	Audit requirement: Safety Tours There was no evidence that senior managers carry out safety tours.	Carry out a sample of workplace tours at least annually and record findings.	C	Proposed – Heads of Service carry out compliance checks bi-annually on service specific H&S activities. Safety tours/checks to linked to <u>the development of a</u> draft compliance report e.g. office checks etc. (This

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
				<p>item for discussion with management team 27/4/15 rescheduled for 29/4/15). Further discussion 26/8/15 with NB. Clarity required on what this will look like as the key is to embed and empower managers to manage H&S. 14/09/15 SF to produce draft revised guidance and distribute for consultation by end October 15.</p> <p>Safety tour guidance updated. Link make to the following documents which have also been reviewed (Jan 2016):</p> <ul style="list-style-type: none"> • COP-HS-63 Health & Safety Audits • COP-HS-66 Workplace Inspections • COP-HS-67 Safety Tours • FO-HS-18 Workplace Inspections Form (low risk/ offices) • FO-HS-19 Safety Tours Form <p>Comments received from JA/PH 18/01/16. Forwarded for consultation to the Corporate H&S group to be held 01 February 2016.</p>
COP-HS-65	<p>Incident Recording and Reporting (RIDDOR) - all employees were aware of procedures</p> <p>As a general comment it was noted that there was some uncertainty about who has the responsibility for reporting incidents to the HSE.</p>	This should be clarified.		<p>Completed</p> <p>PH/SF: HSE notifiable incidents to be report by HS Advisor and clarified in the policy. Sharepoint and policy has been updated. IT adjustments finalised and work completed October 2015</p>
COP-HS-29	<p>First Aid</p> <p>No first aid risk assessments in place.</p>	<p>First aid requirements to be suitably identified and documented in a risk assessment. It is also recommended that a specific first aid risk assessment form is implemented to help achieve this.</p>	C	<p>Completed</p> <p>Template RA provided to PH for updating. PH to send to managers of employees who are listed to carry out first aid. Deadline for completion 08/05/15.</p> <p>Training arranged for Sept and November 2015.</p> <p>Compliance with completed First aid RA's on</p>

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
				agenda Corporate H&S meeting 11 September 1015. Workplace representatives to update. 14-09-15-19/9/15 Further recommendations issued by Internal audit. Housing representation (IB)-Burton establishing opportunities with GMBC for 'combined' building first aid assessments in shared premises (housing offices)
	No first aid notices on display. The existing notice with council first aiders is still on display within the Civic Centre and this causes confusion amongst staff.	Names of first aiders to be clearly identified, displayed and communicated.	C	Completed. Revised lists displayed on notice boards. Visual compliance check April 15.
COP-HS-42	Risk Assessments Some risk assessments are produced in different formats, and are overdue annual review.	Risk assessment formats to be reviewed.	C	Completed Action discussed with PH/SF 27/4/15 Revised template used in H&S management training 12,13 and 14 May 15 Periodic review to form part of compliance report. Deadline for completion 08/05/15 Generic RA provided to managers and requirement to update Corp H&S reps on compliance at a meeting September 15.
COP-HS-09	Safety Training One instance was noted whereby a member of agency staff had received an induction although this was not fully documented.	The same induction procedure should apply for employees, agency staff and any other groups e.g. work experience placements.	C	Completed Discussion with PH/SF about H&S one hour initial H&S induction on day one of employment. Full induction provided by managers as part of corporate induction plan arranged by HR/OD .
	It was noted that the training plan is not always linked to the outcomes of risk assessments. In some cases it was apparent that a blanket approach for determining training needs was implemented although this may be	Review the training matrix in accordance with requirements of risk assessments (ensuring the training identified is relevant to the risks)	C	To be developed in 2015/2016 now that mandatory H&S training, including RA has been completed. Training from RA's to be discussed and evidenced in the Corporate H&S group meeting 11 September 15.

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
	deemed excessive in some instances			SF 14/-09/-15 Revised document sent round for consultation. HR to look at updating corporate training matrix to reflect the changes identified. SF 11/01/16 – Update from services to be requested at next H&S meeting and feedback into training plan for 16/17 Action to be carried forward to a TGHC H&S Implementation Plan 2016/17
	In relation to the above mentioned point, it was noted that some managers opted out of training before completion.	Review the length and content of health and safety training for managers/ senior managers.	C	Completed. H&S mandatory training for managers completed in May 2015. Attendance at mandatory training discussed in the Corporate H&S meeting July 2105. Attendance to be monitored by OD. Evaluation from training, feedback from managers and comments in the training inbox to inform future delivery. Non-attendance is to be investigated and escalated to <u>the Management Team (JMB, NB and Heads of Service) also a senior manager if needed and</u> reported to the Corp H&S group.

Risk Control Performance Indicators

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
CGO-HS-40 CGO-HS-50 COP-HS-17	<p>Asbestos Whilst some survey reports were observed, there are no site specific asbestos management plans available for premises that TGHC manage.</p> <p>Site specific plans will be required for any buildings with a permanent staff presence e.g. high rise blocks, sheltered schemes and housing offices. For residential blocks the plan will only need to cover communal areas.</p>	<p>Site specific plans to be completed that include:</p> <ul style="list-style-type: none"> Monitoring records Signing-in arrangements for contractors, Names of nominated responsible persons, Emergency procedures Documentation following removal works e.g. consignment notes, notification forms, certificates of reoccupation etc. 	B	<p>Asbestos procedures are under review, surveys and re inspection updated surveys held on site. Audit of boxes complete, new asbestos information placed in red boxes as becomes available, signing sheet for contractors in with survey and staff aware that contractors doing work in these area's must read and complete (out-based housing offices share Gateshead Council owned buildings, no specific asbestos information required) (SF leading on review of documents – Jan 16)</p>
FO-HS-18	<p>Buildings, facilities & grounds This area was well managed with one exception noticed. Fire extinguishers in a server room were inaccessible due to poor housekeeping arrangements.</p>	<p>Manager agreed to sort issue out immediately.</p>		<p>Completed</p>
COP-HS-20	<p>Management of contractors TGHC are now adopting the council's protocol for contractor competency assessment. However, this only covers stage 1 assessments. It could not be confirmed that all contractors undergo a stage 2 assessment (review job specific risk assessment, method statement, competencies).</p>	<p>Review documented procedures for assessing contractor competence.</p>	B	<p>Contractors are required to submit relevant documentation e.g. insurance, risk assessments and method statements. To be included/recorded on appropriate share point by R/M section. PH to Speak with Val Houston for audit evidence of Contractor details uploaded to sharepoint (SF) 14/09/15 New document for assessment. Management and appointment of contractors to be produced by H&S team. SF – 11/01/16 new document out for consultation.</p>
COP-HS-49	<p>COSHH Although material safety datasheets</p>	<p>A full review to be carried out to clarify</p>	C	<p>Completed. Evidence on sharepoint</p>

Comment [SF1]: These have not been completed yet.

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
	are available there is no single list or inventory of hazardous substances. The Repairs section maintained a list although this only included cleaning products. Also, there were very few COSHH assessments.	all hazardous substances used across TGHC. Additional COSHH assessments to be produced where relevant.		
COP-HS-21	Display Screen Equipment – all procedures found to have been satisfactorily implemented.			No action required
COP-HS-23	Electricity at Work – all procedures found to have been satisfactorily implemented			No action required
	Lifting Operation and Lifting Equipment (LOLER) – well managed. However, there was no corporate document that detailed the management arrangements.	Corporate policy/ procedure to be implemented.	C	To be developed by PH/SF and included in the management framework. Deadline for completion 30 June 15 11/01/16 A policy statement for LOLER to be produced (SF) Target End of March 16.
COP-HS-26	Fire Safety and Emergency Procedures –	Refer to separate Fire Safety Audit Report for findings on arrangements in high rise, sheltered accommodation and communal lounges.		Fire Safety Advisor appointed Jan 15 to address fire safety. A separate action plan is developed on this activity
	Fire risk assessments had not been subject to an annual review in all premises	Instruct managers to review assessments annually for all workplaces.	C	Draft policy, RA template discussed 24/4/15. Request for draft from TG to share with the management team 24/4/15. Management meeting cancelled and rescheduled 29/04/15. TG Update on progress received 28/04/15 TG has completed a 'Code of Practice/Policy' shared with PH /SF for comment. 11/01/16 Fire documents to be re-formatted and added to intranet.
	The fire log books are partially kept up to date on premises	Systems to be put in place to ensure: <ul style="list-style-type: none"> • Fire alarms are tested weekly • Emergency lighting is tested 	B	Completed. CMc has reviewed the content and worked with TG Fire Safety Advisor on content.

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
		<p>monthly</p> <ul style="list-style-type: none"> • Fire extinguishers are inspected monthly • Fire doors are inspected monthly • Fixed fire protection systems are checked and maintained • All employees receive an annual fire safety refresher <p>If the above testing regimes are to be changed this should be as a result of risk assessment and documented.</p>		<p>LES have been reminded again that all repair work and routine maintenance works on fire equipment should be recorded in the onsite log books also that any records/paperwork older than 2 years should be removed</p> <p><u>In August 2015</u> TGHC has identified a role within cyclical maintenance to ensure compliance checks <u>with recommendations August 2015</u></p>
COP-HS-22 RA-HS-16	<p>Management of Occupational Road Risk There was no evidence that drivers of company vehicles are subject to periodic health and fitness tests (5 yearly)</p>	<p>Identify all drivers of company vehicles and refer to Occupational Health for Driver Medicals</p>	C	<p>Completed There is no requirement for drivers to have a health and fitness test as they do not carry passengers. (SF 2804150)</p>
	<p>There was no evidence that drivers of company vehicles were issued with a copy of the driver's handbook.</p>	<p>Ensure driver's handbooks are located in all company vehicles</p>	C	<p>Completed Drivers have been reissued with a handbook and a signature requested. Evidence retained by the Administration team</p>
	<p>The risks associated with driving at work are included in generic risk assessments but are not suitable and sufficient (ref Repair Service – Building Surveyors)</p>	<p>Review risk assessments</p>	C	<p>Completed SF/PH to review and advise managers on improvements. Date for completion 30 May 2015. PH/SF to review RA's for occupational work groups Sept 15. 14/09/15 - PH confirmed this is completed, assessments reviewed by Manager (PHogg).</p>
	<p>We were informed that daily visual checks of vehicles were carried out but this was not recorded.</p>	<p>Ensure visual checks of vehicles are recorded.</p>	C	<p>Completed Agreed as part of the re-issue of the driver's handbook. Visual inspections carried out by compliance officer. (PW)</p>
COP-HS-33	<p>Manual Handling Only partial evidence that a review of</p>	<p>Managers to undertake a review of all manual handling operations to</p>	B	<p>Completed Meeting has taken place with CHo/PH Sept</p>

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
	manual handling operations have been undertaken to determine if the risk of injury is significant	determine level of risk, complete risk assessments where required and share findings with relevant employees		14. A review of RA's etc in progress PH confirmed RA's suitable and sufficient
	Only partial evidence that detailed risk assessments have been completed of those risks identified to present a significant risk The risk for the safe loading / unloading has not been fully assessed (ref Handymen risk assessment – no reference to lifting heavy wet mattresses or furniture).			PH reviewed RA's and find they are suitable and sufficient Sept 15
COP-HS-39	Personal Protective Equipment There is no evidence of a pre-use check being carried out as part of the risk assessment	Amend the risk assessment template to include reference to the suitability of PPE for the individual users.	C	Risk assessment to be updated to include a reference PH/ SF (date to be agreed) 14/09/15 PH has revised template, SF to also review.
RA-HS-19b	Although there is a database register for the issue and ordering of PPE it did not include all employees who are supplied with PPE for their work (eg handymen and caretaking staff)	Review database or get managers to use form RA-HS-19b	C	Completed PH/SF to update to reflect the action that has been taken. Form uploaded to sharepoint. 14/09/15 Services now required to complete. To be monitored through ongoing audits.
Emergency Protocols	Personal Safety and Security Although there are many emergency protocols in place, managers could not provide evidence to prove their awareness or provide clear written procedures for the security of the premises which should include opening and closing, out-of-hours incidents and keyholder responsibilities (eg clear guidelines for violent incidents such as robbery and post incident action).	Managers to ensure procedures are developed for outbased premises not operating on a 24 hour basis and employees informed of arrangements	C	Completed PH/SF to meet with managers and agree responsibilities and accountabilities. Date for completion to be agreed. 14/09/15 SF - PH confirmed this is carried out by Facility management in the Civic Centre. JA requested an update from IB for out-based offices (Jan 16)
COP-HS-72	Premises Management There is no evidence that the safety inspections, audit findings are reviewed at management/team	To be included on agendas under heading of health and safety	C	Completed. Evidence on sharepoint. Operational managers contacted 28/8/15 to include H&S as a standing agenda item.

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Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
	meetings and actions for improvements planned, prioritised and implemented			
COP-HS-23	Although there was some evidence that 5 yearly inspections are being carried out on fixed electrical wiring, the contents of the red boxes doesn't match with the signage on the box so unable to confirm this was done in all premises. This was also the case for annual gas records.	Ensure contents of red boxes match up to contents list and details of inspections are recorded.	C	Completed Red boxes have been reviewed by CMc. This work is also linked to the ongoing review of Fire safety. Compliance role has been identified.
COP-HS-45 RA-HS-07	Work at Height Although there is evidence that work at height is covered in risk assessments it is too generic in nature and does not cover: <ul style="list-style-type: none"> - Duration of work - Type of work - The environment (where ladders are being permitted to be used for what tasks) 	Review work at height risk assessments	C	Completed PH/SF to review with managers and advise. Date to be agreed 14/09/15, SF to contact Andy Lowes or Catherine Hopkins to check and review ed RAs. 11/01/16 – completed.
	Only partial evidence found that a system of regular inspection of access equipment is in place	-Ladder Register to be completed for all work places with this equipment -Ladder and Stepladder Inspection Checklist to be developed and completed monthly.	C	Completed. Ladder safety register developed. Compliance Officer monitors compliance and retains evidence.
COP-HS-30 COP-HS-36 COP-HS-41	Work Equipment There is no evidence that noise risk assessments have been carried out for equipment used by handymen. Verbal evidence suggested that there may be overprotection as both ear plugs and ear defenders were worn simultaneously in some instances.	Noise risk assessment to be undertaken and the adequacy of hearing protection to be assessed (also refer to PPE risk assessment comments)	B	Completed Work undertaken with the relevant sections managers. N-uploaded-oise RA's relevant documents on to sharepoint and compliance checked.
	There was no evidence of an inventory of hand held vibrating equipment or	Identify all hand held vibrating equipment used, determine ratings and	B	Completed Work undertaken with the relevant sections

Audit Requirement	Audit Findings	Recommendation	Priority	Managing Director Response / Action Plan
	that information on ratings / personal exposure had been assessed (traffic light system not in use).	assess personal exposure.		managers_ Inventory of equipment and ratings etc uploaded relevant documents on to share-point site.
COP-HS-52	Work Related Stress Although it was clear that action is taken in the event that an employee is suffering from stress it was not evident that the HSE management standards have been used to conduct a corporate risk assessment.	Review the stress code of practice.	C	Action to be carried forward to TGHC H&S Implementation Plan 2016/17 for consideration in January 2017. We have considered the resource required to carry out a comprehensive survey using the HSE Management Standards and the benefit this may bring to the organisation and on our employees. We have a robust, fair and supportive approach to managing work related stress. Our culture, policies, procedures, management information, and individual support plans enable us to work to prevent and react to work related stress in a timely manner.
	Only partial evidence that line managers have been trained in recognising the symptoms of stress	Managers to attend stress awareness/management training course	C	Completed CIEH Managing stress training delivered. Resilience training delivered Further opportunity to attend 'Managing Stress Positively' provided by GMBC and TGHC.

Whilst the auditors looked at some of your activities to assess how you were complying with your legal responsibilities, they not examine the whole of your business. There may be additional areas to those identified which also require your attention. It is your responsibility to ensure the health & safety of your employees and other people, such as members of the public, who may be affected by the way you run your business.

The Managing Director (representative) must complete the last column as appropriate and return a copy to the H & S Section, Civic Centre.

Note for Managing Director:

- **Priority A** findings represent a serious risk of personal injury in addition to not complying with legislation. It is critical that they are actioned either immediately or within 24 hours. Corrective actions recommended will sometimes be interim solutions until longer term controls can be implemented. Full implementation would be expected within 3 months.

- **Priority B** findings represent a major risk to the organisation. Legislation is not being complied with, which presents a risk of enforcement action; and there may be a medium risk of injury to people. As with Priority A actions, corrective actions may only be interim controls. Full implementation would be expected within 6 months.
- **Priority C** findings represent a minor risk to the organisation in terms of enforcement action. Corrective actions often relate to the longer term solutions to priority A or B findings and should be actioned within 12 months. Priority C findings may also include those recommendations which can be rectified quickly with little cost in terms of time, money or resources.
- **Priority D** findings or observations relate to improvement actions which represent best practice. It is suggested that their implementation is explored. The improvement may have significant cost implications, which require various funding options to be explored if they are taken forward. That said HSE expectations are that best practice is implemented wherever possible.

Footnote: Further assistance and guidance is available by contacting Health and Safety, telephone number 0191 433 2272 / 2281 / 2270 / 2237 / 7245 / 2371

Summary of Results

		Achievable Score	Actual Score	Percentage
Section G1	Safety Policy and Management	36	19	52.8
Section G2	Incident Recording and Reporting	12	12	100.0
Section G3	First Aid	14	9	64.3
Section G4	Risk Assessment	18	17	94.4
Section G5	Safety Training	12	7	58.3
Section R1	Asbestos	16	2	12.5
Section R3	Buildings, Facilities and Grounds	34	33	97.1
Section R6	Control of Contractors	10	8	80.0
Section R7	COSHH	24	21	87.5
Section R8	Display Screen Equipment	12	12	100.0
Section R9	Electricity at Work	10	10	100.0
Section R11	LOLER	10	10	100.0
Section R12	Fire Safety and Emergency Procedures	36	23	63.9
Section R13	Occupational Road Risk	24	15	62.5
Section R14	Manual Handling	12	8	66.7
Section R17	Personal Protective Equipment	10	8	80.0
Section R18	Personal Safety and Security	18	13	72.2
Section R19	Premises Management	20	19	95.0
Section R22	Work at Height	18	11	61.1
Section R23	Work Equipment	18	12	66.7
Section R24	Work Related Stress	12	9	75.0
		376	278	73.9