

REQUIREMENT	DESCRIPTION OF REQUIREMENT	DETAIL OF GAP ANALYSED	ACTION REQUIRED	Progress	Outcome	BY WHEN
OH&S Policy	Policy is proportionate, includes commitment to: <ul style="list-style-type: none"> <li>prevention of injury and ill health</li> <li>Comply with applicable legal requirements and with CoPs to which it subscribes</li> <li>Provides for setting &amp; reviewing objectives</li> <li>Is documented and maintained</li> <li>And periodically reviewed</li> </ul>	Policy not signed and available to staff – general lack of awareness of requirements	Amend & approve policy to indicate commitment to continual improvement in OH&S management and performance	Policy to Exec (18th Oct) and Hub (1st Nov)	Policy statement in place and reviewed annually	1 <sup>st</sup> November 2016
		There is a supporting policy for communicating to staff which is not implemented	Approve and implement Communication of Safety Statement and Policy & Associated Safe Working Procedures	Communication policy agreed. Await sign off of Policy above and circulate	Communication policy in place	1 <sup>st</sup> November 2016
		There is no policy for communicating to interested parties (e.g., contractors)	Supply policy to contractors when appointed	Policy now supplied to contractors when appointed	Policy now supplied to contractors when appointed	1 <sup>st</sup> December 2016
		Supporting Codes of Practice have not been formally agreed and made available to staff. Staff largely unaware of existence.	Draft, approve and implement Management of Contractors Policy	Phil Conday (IH&SS) has drafted and will circulate to H&S CoP	Codes of Practice agreed and circulated via intranet	1st November 2016
Planning <ul style="list-style-type: none"> <li>Hazard identification, risk assessment and determining controls</li> <li>Legal and other requirements</li> <li>Objectives and programmes (s)</li> </ul>	The procedure for hazard ID and RA shall be proactive and take into account: <ul style="list-style-type: none"> <li>Routine and non-routine activities</li> <li>Activities of contractors and visitors</li> <li>Human behaviour / error</li> <li>External factors including environmental                             <ul style="list-style-type: none"> <li>Plant</li> </ul> </li> <li>Change / modifications</li> <li>Legal obligations</li> <li>Practicable, consistent and measureable objectives</li> </ul>	A comprehensive RA Code of Practice has been prepared but managers largely unaware.	Code of Practice needs to be re-implemented and recirculated	Reviewed Code of Practice to be circulated to CoP for onward circulation	Code of practice reviewed and circulated	Immediately
		Code of Practice / Policy for Managing contractors is not complete	Draft of Policy to be completed and agreed	Reviewed Policy to be circulated to CoP for onward circulation	Policy completed	1 <sup>st</sup> Nov 2016
		Review across all services of compliance with risk management (RA, policies, procedures) has outlined some inadequate assessment of risks in individual service areas. Lack of response to self assessments to address	Comprehensive review of Risk Assessment within individual services by managers, aided by IHSS where required.	H&S CoP members and Group Managers need to ensure instruction is given to all service and workplace managers to review RA and policies in line with Self-assessment findings	Service and workplace managers have implemented a review of RA and policies in line with self-assessment findings and gap analysis. IHSS time to aid review and implementation.	1st Feb 2017
		Safe working procedures for Lone Working across service areas are not reflective of current working practices, putting staff at risk.	Workplace managers to review and implement lone working procedure for service area, based on the Code of Practice for Lone Working	Customer First lone working procedure in draft form; Salcombe Harbour procedure in place; various other methods in place but need to be checked against Code of Practice	Lone working procedure in place and key staff trained and recorded	1 <sup>st</sup> October 2016
			Implement lone working procedures	Personal contacts of staff to be collated for Lone working purposes and held in a secure location but accessible to key personnel	this has been reviewed and will be replaced as a requirement by the Council writing to staff to inform them that the escalation procedure (for non return to work ) must be given to next of kin or buddies	1st October 2016

See additional sheet

<p>Implementation and operation</p> <ul style="list-style-type: none"> <li>Resources, roles, responsibility, accountability and authority</li> <li>Competence, training and awareness</li> <li>Communication, participation and consultation</li> <li>Documentation</li> <li>Control of documents</li> <li>Operational control</li> <li>Emergency preparedness and response</li> </ul>	<ul style="list-style-type: none"> <li>Top management shall take specific responsibility for OH&amp;S irrespective of other responsibilities</li> <li>Training procedures which take into account differing levels of responsibility, ability, language skills and literacy; and risk</li> <li>Establish, implement and maintain procedures for: communicating hazards and the management system; involving staff, contractors, visitors and relevant external interested parties</li> <li>Documentation which is proportional to the level of complexity, hazards and risks concerned and is kept to the minimum required for effectiveness and efficiency</li> <li>Documents are relevant, approved, reviewed, current and available. They must also be legible, readily identifiable and their distribution controlled</li> <li>Operational controls are integrated into the OH&amp;S management system re: purchases, contractors and other visitors, procedures and stipulated criteria</li> <li>Capability to identify, respond through prevention or mitigation to emergency situations</li> </ul>	<p>Joint Health and Safety Statement and Policy sets out roles and responsibilities for implementation of Policy and Codes, but this is not clearly implemented due to a complex matrix management structure.</p> <p>A training matrix template needs to be populated to identify levels of training required across the organisation.</p> <p>Document storage system is not consistent across services. No central depository for essential policies, procedures and guidance documents.</p> <p>Code of Practice in place for Threats to the Council and emergency Planning, but requires reviewing.</p> <p>No mechanism for feedback from Service Group or Centre managers to update management system.</p> <p>Health &amp; safety Induction and training (on the job) is not sufficient, although now eLearning available for new starters.</p>	<p>Duty-holders need to integrate h&amp;s planning at the initial stages of work stream development to avoid costly oversight in the future, including identifying responsibilities and training provision.</p> <p>Implement e-learning approach and reflect observations</p> <p>adopt communication policy</p> <p>Need to adopt a suitable repository for information to be held and referenced</p> <p>Establish current training requirements and how identified, introduce a training matrix for identifying and centralising training needs.</p> <p>Files need to be reviewed and rationalised to ensure there is no ambiguity. Establish secure document storage for both individual service areas and a central bank.</p> <p>Co-ordinate with Emergency Planning / Community Safety Specialists to establish, approve, implement and maintain a procedure which conforms to Councils' objectives</p> <p>SLT establishes h&amp;s item is routinely (and permanently) featured on all operational meeting agenda</p> <p>Implementation of Corporate Induction to include H&amp;S (E-learning) Health &amp; Safety responsibilities for staff and managers need to be included in job descriptions.</p> <p>Procedures for new starter Safety Induction Training (on the job training)</p>	<p>Responsibilities now clearer following review of H&amp;S policy; need a more structured repository for Policies and Codes of practice</p> <p>E-learning products available on work pal or similar</p> <p>See previous actions with respect to Communication policy</p> <p>Croner option to be subject to business case 6.5k per annum</p> <p>Identify training needs arising from risk assessment and establish a training matrix</p> <p>Croner product (or similar) subject to business case</p> <p>Review of business continuity and relationship with H&amp;S</p> <p>Virtual CoP now in place with direct line into SLT</p>	<p>Policy statement in place and reviewed annually; s drive and intranet now the repository</p> <p>HR team; virtual CoP to own training matrix of corporate issues eg first aid training</p> <p>Interim storage now backed up by info provision from Barbour index and BSI - need to roll out across org as info source</p> <p>IH&amp;SS with Service Managers</p> <p>S drive and intranet in use</p> <p>emergency response plan updated, business continuity update expected in autumn 2017</p> <p>H&amp;S standing monthly item at SLT and ELT</p> <p>New corporate induction is now live</p> <p>HR Team to implement when new appointments made</p> <p>elearnign is now live - requires further roll out</p>	<p>now using combination of s drive and intranet</p> <p>Training matrix forwarded to Managers</p> <p>1st November 2016</p> <p>1st December 2016</p> <p>Jul-17</p> <p>intranet</p> <p>emergency response plan revised, business continuity in work plan for DEPS.</p> <p>1st November 2016</p> <p>1st December 2016</p> <p>1st October 2016</p>	<p>Due Autumn 2017</p>
<p>Checking</p> <ul style="list-style-type: none"> <li>Performance measurement and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>using both proactive and reactive measures which are qualitative and quantitative</li> <li>evaluate consistent with its commitment to compliance</li> </ul>	<p>No evidence of proactive checks or audits of safety management systems for all service areas. No agreed system or methodology for internal audit.</p>	<p>Establish, implement and maintain a procedure to monitor and measure OH&amp;S performance on a regular basis.</p>	<p>Need a system in place that allows for periodic audit of safety management systems and presents new and emerging risks</p> <p>Business case for Croner or similar system</p>	<p>Internal audit programmed for 12 months</p> <p>Business case did not prove a need for a separate system; using s drive, work pal and intranet</p>	<p>1st June 2017</p> <p>1st June 2017</p>	<p>Audit schdled for August 2017</p>

<ul style="list-style-type: none"> <li>• Evaluation of compliance</li> <li>• Incident investigation, nonconformity, corrective action and preventive action</li> <li>• Control of records</li> <li>• Internal audit</li> </ul>	<ul style="list-style-type: none"> <li>• investigate to find root causes, deal with actual and potential nonconformities and take corrective and preventive action subject to risk assessment</li> <li>• establish, implement and maintain a procedure for identification, storage, protection, retrieval, retention and disposal of records which shall remain legible, identifiable and traceable</li> <li>• objective and impartial audits to provide information on the efficacy of the management system</li> </ul>	<p>Evidence of incident investigation apparent evaluation of which results in corrective and preventive action. Still inadequate accident/incident reporting and awareness of requirements.</p> <p>Records need to be controlled and review implemented across the service areas.</p>	<p>Provide resources to undertake auditing.</p> <p>Agree a system of keeping records and reviewing outcomes. Recirculate Incident reporting procedure.</p>	<p>Need a repository for storage of incident reports and corrective action that is auditable and visible to appropriate levels of organisation</p> <p>working on W2 solution but unclear if will fit with HR records system (Teamspirit) or if practical to sit apart from other documentation</p> <p>Need a system in place that allows for periodic audit of safety management systems and presents new and emerging risks</p> <p>Consider as part of internal audit programme</p>	<p>Currently email based but will revise to be more transparent when w2 process in place</p> <p>awaiting resource to prioritise and complete; alternative system currently in place</p> <p>SLT to ensure appropriate system in place; audit in summer 2017 and monthly CoP meeting in place</p> <p>SLT to ensure appropriate resource in place; audit Summer 2017</p>	<p>1st June 2017</p> <p>1st June 2017</p> <p>1st June 2017</p> <p>1st June 2017</p>
<p>Management review</p>	<p>Input to review shall include: results of internal audits; feedback; performance data; status of incident investigations, corrective actions and preventive actions; and changing circumstances.</p> <p>Outputs shall include: any decisions and actions related to changes in performance; policy and objectives; and, resourcing and shall be communicated and subject to consultation.</p>	<p>There is no formal reporting mechanism to SLT in place, and does not appear on agenda items. No means of discussion at SLT level at present.</p> <p>No evidence that this exists. No methodology to achieve this.</p>	<p>Establish mechanism for reporting to management and to act on management decisions to achieve continual improvement.</p> <p>Virtual CoP Lead for Health &amp; Safety to provide a link between ELT and SLT.</p> <p>2 way feedback mechanism needed between SLT and ELT, and from ELT to managers and supervisors</p>	<p>virtual CoP now in place with direct access to SLT</p> <p>virtual cop and communication policy will resolve this</p> <p>virtual cop and communication policy will resolve this</p>	<p>SLT member is present on CoP meetings</p> <p>IL reports monthly to SLT</p> <p>Now a monthly item on SLT agenda and on ELT agenda</p>	<p>1st April 2017</p> <p>12 months</p>

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