
notes

Health and Safety Group Meeting
held on Thursday 26th November 2015
at the Elan Valley Hotel, Nr Rhayader, Powys

Present

Allan Brinkley	Jonathan Jones	Nick Dearden
Andrew Davies	Jonathon Breeze	Phillipa Knowles
Darrin Davies	Kevin Bateman	Sean Gough
Dewi Maelor Evans	Leon Lloyd	Shea Jones
Ian Hall	Lowri Ann James	Vaughan Williams
John Jones	Lyndon Evans	
John Newton	Mike Roberts	

Apologies

Allan Brinkley
Dawn Murphy
Paul Lovering
Peter Seaborne

CHC carried out a survey before this meeting asking members a range of questions such as what topics are most important to members, feedback on the health and safety group itself such as frequency of meetings etc. This will be available on CHC's website along with the notes of the meeting etc.

How can we approach the HSE when things go wrong? **Action:** It was agreed that we need to get the HSE along to meetings more-keeping high profile practice on the agenda. The group needs to decide what we want to achieve in working with the HSE and getting them to meetings. Shea to contact Liam.Osborne@hse.gsi.gov.uk

It was agreed there would be 3 meetings a year of the health and safety group and an optional 4th if needed (not during the winter time though due to weather, etc). This could be altered depending on demand, taking into account that CHC plan to organise another safety summit conference (due to receiving very good feedback on the conference-CHC encouraged members to start thinking about speakers including high profile speakers for next years conference)

Ian Hall, Melin, agreed to be vice chair of the group.

Action: Shea to liaise with Andrew and explore combining the fire safety and health and safety groups into a one day event. John Newton offered advice as to how this is structured in England. The Central H&S in Housing Forum in England is probably the main Forum holding joint Fire and H&S meetings. They did this due to falling attendance and comments from members that where they had joint responsibility for Fire and H&S they found it difficult justifying be away from the office on 2 occasions so they had to prioritise which was more important. A typical meeting day would be the West Midland Social Housing Fire Strategy Group meeting in the morning starting at around 9:30 and running till around midday. Normally they have a short presentation on either a fire or H&S topic before lunch. The H&S meeting normally starts at around 13:00 and they try to finish by 15:00.

Action: CHC members to send through any thoughts on combining the fire safety and health and safety groups. CHC is considering the idea of the health and safety group meeting alternately in the north and south, although some members noted that they are happy to keep meetings in Llandrindod Wells.

Action: A North Wales health and safety group exists, but this isn't run by CHC. CHC to get information from Lowri from Cartrefi Cymunedol Gwynedd

Lowri from CCGwynedd noted that following the safety summit, they invited Debbie Green to their offices to speak about legionella risks and found it very useful. Allan from Cardiff Community HA also noted another legionella speaker-please contact Lowri or Allan directly for more information (CHC has contact details if you need them).

Work related issues concerning vibrations was noted as an issue (plastering was noted?)

Inspection notices were discussed. HAVS (Hand Arm Vibration Syndrome) were discussed

People are keen to find out how we monitor occupational illness-asbestos? Etc.

1. CDM Regulations, Andrew Davies, RCT Homes

Andrew outlined what changes have been brought in at RCT Homes since the recent reform of the CDM Regs with regards to the principal designer. Please see the presentation for details on the RCT Homes Workflow, etc.

CDM (C) Construction Design Management (CDM) Co Ordinator)) has been removed from the CDM Regulations 2015

RCT homes have sent their approach to the HSE who have come back with comments. RCT homes have 25 sheltered schemes, etc.

This is part of the Working Well Together Group (WWT) to highlight the Principal Designer's role (PD) in accordance with CDM 2015

Day to day (External) maintenance

- Client – RCT Homes
- Principal Designer - Housing Maintenance Unit
- Designer – HMU
- Principal Contractor – HMU
- Contractor – External provision

RCT demonstrate that they have the knowledge, etc. RCT carried out health and safety assessments for contractors that won RCT tendered work on sell 2 Wales

They have framework testing for checks and balances. Carry out asbestos surveys, etc. RCT Homes Ltd for internal works fulfils all of the roles under CDM 2015. Asset Management controls the programme works, empty property works (Voids) and Planned Maintenance Programme (kitchens, bathrooms and rewires) and issues to the internal contractor HMU. The contact centre takes repair calls for day to day works and issues these to HMU, if the HMU does not have the capacity to deliver the works, the overspill is passed to their external contractors. General programmes are issued directly from Asset Management to their external contractors e.g. Sheltered Complex refurbishment, roofing renewal and painting works. Specialist works are put out to tender e.g Photovoltaic solar panel installation, external wall insulation.

PLAN / IDENTIFY for pre construction

- Tenant contacts the Call Centre to raise a repair Call Centre Advisor has a repairs guide and asks questions to determine what exactly is the issue (light pendant damaged).
- A works ticket is raised by the Call Centre Advisor to repair the damaged light pendant and a date is agreed with the tenant and the works ticket is planned, non availability in HMU Electricians diary.
- Works ticket raised through HMU system with external contractor

- The systems provides information regarding vulnerability report flag, 2 person visit flag Asbestos Survey flag, this forms part of the Pre Construction Information (PCI)

MANAGE / ELIMINATE risk

- All External Contractors have gone through a framework selection process External operatives are issued with risk assessments and method statements e.g. lone working, working at height, asbestos awareness training.
- The HMU is appointed as the Principal Designer, Designer and Principal Contractor and the Contractor is the external electrician who has the Skills (S), Knowledge (K) and Experience (E)
- Following their assessment of the PCI for the works, materials are ordered or utilise stock from their vans and carry out the works, the external contractor is notified that they will undertake the role of PD for the duration of the works, and would consult with HMU if there were any changes to the requested works.

MONITOR / CONTROL

- The operative carries out the work, utilising S,K,E.
- Operative closes down the work, adding any notes for future reference.
- A percentage of works are re inspected, and a tenant satisfaction survey undertaken

Kitchen, Programme

- Client – RCT Homes
- Principal Designer – RCT Homes Contract Manager with support from Building Surveyor
- Designer – Kitchen supplier
- Principal Contractor – Framework contractor
- Contractor – Sub-contractor

In house CDM process (Contract Manager (CM) and Building Surveyor (BS) allocated to programme). Sub contractor comes via the framework contractor - framework contractor needs confirmation from RCT if they bring new sub contractors in to do work.

Pre Construction Information phase

RCT carry out a preparation phase before the Pre Construction Information phase and produce a detailed pre construction pack and client brief.

Pre Construction Information phase – CM and BS collation of information e.g. utilities survey, asbestos surveys, property survey, tenant vulnerability reports forming part of a detailed report highlighting Clients brief, all information required by the PC to conduct the works. Pre Construction Information needs to contain information on everything that's going into the property.

Design – Kitchen Designer/Supplier (KDS) visits tenant, to measure new kitchen, creates design, CM and BS revisit tenant and agree design, CM, BS and KDS meet to discuss any issues. Programme put together and finalised and sent as part of the tender document. PD may not be required beyond the PCI phase and this duty will be passed to the PC depending on your risk assessment of the works

Procurement phase – detailed tender outlining the works sent to framework contractors, PC awarded contract

Construction Phase – PC produces CPP, review undertaken to determine S,K and E and discuss any design issues. Pre start meeting to highlight expectations for project management including design, H&S risks, H&S File. Fortnightly progress meetings, monthly accident and incident reporting, RCT Homes building surveyor on site daily, Contract Manager visits, H&S Compliance Officer liaison with PD, PC on site.

CIS 80 –you need to demonstrate that your risk assessment and method statement cover this set of questions on the website-please see this link below:

https://www.google.com/url?q=http://www.hse.gov.uk/pubns/cis80.pdf&sa=U&ved=0ahUKEwjg2ZPPiqTKAhWGjSwKHT1PBT0QFggEMAA&client=internal-uds-cse&usq=AFQjCNEUXUsfh9W5RgPg0IN3U6iBI_8h9w

The CITB Wizard was mentioned as a useful tool to identify risks but it doesn't tell you how to manage risk. The HSE busy builder one might be more appropriate and is useful for sub contractors?

<http://www.citb.co.uk/Health-Safety-and-other-topics/Health-Safety/construction-design-and-management-regulations/>

Construction Phase plan comes down to what's most appropriate for your risk assessment and method statement. It needs to be proportionate in relation to the task and risk. Is it a high risk? E.g. fitting a light compared to asbestos risks, scaffolding, etc. A task based risk assessment needs to achieve the Construction Phase plan

Post Construction phase – PC produces the H&S File detailing all certification, audit and review of whole programme, lesson learnt, inform all procurement, contract managers and PC to implement changes as required

The Principal Designer needs to be appointed at the earliest possible opportunity.

RCT Homes Client procedure:

- Controls the design
- Assess S,K and E
- Appoint at earliest opportunity
- Preparation
- Pre Construction Information
- PD role

CM & BS experienced in delivering kitchen programmes, - kitchen design courses, SSSTS, H&S Training, CDM training. SKE – relevant and proportionate to the work stream.

Contract Team Manager Appoints PD in writing, detailing clients expectation (Client brief)

Client and PD to assist each other in collating as much detail as possible for Pre Construction Information at procurement stage – PC tenders for actual works to be completed, limiting unforeseen H&S issues e.g. Asbestos removal, querying design issues thus reducing variations throughout the works and reducing costs.

PD may not be required beyond the PCI phase and this duty may be passed to the PC depending on your risk assessment of the works. This must be recorded in written format and S, K and E must be reviewed.

Principal Designer

Summary

- Plan – Identify, eliminate and control the risks
- Manage

- Monitor
- Coordinate

Assist the client to:

- Plan – Asbestos, kitchen, property, tenant vulnerability surveys, design considerations identifying H&S risks e.g. asbestos removal, electrical, working at height, manual handling.
- Ensure the design eliminates hazards e.g sharp edges rounded, pre constructed units to reduce cutting.
- Controlling the risks ensuring the PC and C is aware of the remaining residual risks and has produced suitable and sufficient RAMS / PTW to conduct their work SFARP without risk to H&S
- Manage – Client and PD scheduling weekly meetings of duty holders via to ensure design, H&S issues are dealt with, programme to be reviewed and communicated to all parties.
- Monitor – CM site visits (weekly) BS visits (daily), accident and incident reports, progress reports, post inspections 100%, contract close down review to provide lessons learnt, post contract meetings with all duty holders.
- PD - during the programme to provide change management information on design, H&S issues to the PC throughout the construction phase (where this responsibility has not been handed over to the PC)

An organisation can take on the role of all duties under CDM or individual duties when appointed by the Client.

Construction phase plan to be completed by competent people and their risk assessment and method statement should cover all activities.

Get internal / external contractors to get CHAS -Contractors Health and Safety Scheme or other accredited bodies e.g. Constructionline.

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjMtgHcjaTKAhUDPxoKHVFNBXMQFgg0MAA&url=http%3A%2F%2Fwww.chas.co.uk%2F&usq=AFQjCNHq1m4xqDIS0l6hfokS3PRPLeJxEw&bvm=bv.111396085,d.ZWU>

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj615npjATKAhXG2hoKHfXfAUAQFggpMAA&url=http%3A%2F%2Fwww.constructionline.co.uk%2F&usq=AFQjCNF7odi-3wldQdJS9ceqPPgmVBXig>

It was noted that you shouldn't put all your faith in CHAS -needs to be combined with other checks and balances.

All need to have gas safety register checks- please see the Construction Skills Certification Scheme <http://www.cscs.uk.com/>

Gas Safe
<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&sqi=2&ved=0ahUKEwjUxrGxjqTKAhVD8RQKHVWsDEUQFggkMAA&url=http%3A%2F%2Fwww.gassaferegister.co.uk%2F&usq=AFQjCNFod9Ysq9Nr83vjUsJp3BD5IXoayA>

When does responsibility pass from the RSL to the principal contractor? The duty to plan, manage and coordinate is the Client's responsibility always, the Principal Contractor must carry out their undertaking when requested in writing by the Client, in accordance with CDM 2015.

Taking a tree down is not classed as construction-it doesn't come under CDM but still needs to be done safely.

Welfare provision-HSE have said to RCT Homes that a 10 minutes drive for an operative from welfare provision would be adequate-reasonable and practicable. What does Welfare provision include? Schedule 2 of CDM 2015

<http://www.hse.gov.uk/construction/safetytopics/welfare.htm>

RCT carried out training before and after the CDMC came into effect in October. Clearly put forward your expectations across to operatives, building surveyors, etc.

RCT apply correction Action notices before improvement notice to contractor.

How are RCT discharging the principal designer writing letter? (please see the principle designer appointment letter example that is on CHCs website along with the presentations)

The principal designer manages health and safety risks? See Regulation 11 para 7

Construction managers have in house training at RCT- e.g CIOB, IOSH, as they manage design, technical elements and health and safety, etc. This demonstrates Skills, Knowledge and Experience

2. Health Surveillance – Round the table discussion

With an increase in the number of reported deaths in asbestos, and dust, noise and vibration high on the HSE Agenda, what are people doing to meet or go above standards. We discussed what HAs have been doing in response to enforcement actions.

It was noted that RSLs might be worried about appealing enforcement notices- understanding the process etc. (critical of back to work interviews etc)-notices can impact procurement processes e.g. trying to sell the services of the DLO. **Action:** CHC to look into this to offer support (does primary authority exist for health and safety?)

RCT Homes are carrying out a new tender process to meet the legislation. Please ask Andrew for more details. Checklist when purchasing health surveillance provision:

<http://www.hse.gov.uk/health-surveillance/setup/checklist.htm>

Andrew mentioned a beneficial coats saving exercise- e.g. when buying products, consider vibrations, dust reductions, decibels, etc. Review e.g. 1 contractor a month to check their performance.

This may take some coordination, buying power as a group of RSLs / Has to reduce the cost of tools / services

3. Leon Lloyd, Hugh James

Leon provided an update on recent CDM cases – looking at prosecutions from April 2015 and provided an overview of recent caselaw and legislation changes.

Please look at Leon's presentation slides for information. Slight mistake on the slide-it should say 2015 and not 2016 in the introduction slide.

Ensuring that the principal designer prepares a health and safety file for the project-this includes welfare rules, etc.

Leon emphasised that the health and safety file must contain information likely to be needed for health and safety purposes throughout the project.

What's maintenance work and what's construction work? Look at the maintenance work slide.

September/October this year (2015) the HSE found a lot of sites not being compliant with CDM. Its usually basic things and basic failures that cause issues and can lead to big fines. Need a common sense approach. You need a proportionate approach to managing risks.

Should Sunscreen be provided to outdoor workers? Yes supposedly it should be provided and the HSE encourage this although organisations aren't obliged to provide it, but they should provide it or advise it?

Action: Hugh James has offered to put on an event for liability property teams/finance managers looking at the defence ability on claims, etc. This could be in the form of a mock trial. CHC to liaise with Hugh James.

4. Group Discussion – Dealing with nuisances & pests

Discussion on how different organisations deal with fleas and insects in our properties.

It was noted that salt doesn't always work. Spray or pest control bombs could be the best option. The health side effects of spray were noted though-e.g. be careful of spray levels in the air that can be carried into a car, be careful of staff taking fleas with them, etc. Some RSLs make sure all furniture is removed during treatment of the property and appropriately treated.

5. Leading H&S in the sector – Group Discussion with Feedback

How do we lead H&S in the organisation and encourage everyone to take on this responsibility instead of walking by and ignoring issues. What tips/strategies have you adopted in your organisation to ensure that H&S is everyone's responsibility?

RCT homes have structured their health safety and wellbeing policy as everyone's responsibility and it outlines everyone's responsibilities.

Cardiff Community HA is bringing in a health and safety consultant to educate-health and safety is everyone's responsibility. It sometimes takes someone external to get the message across.

Action: Andrew to share a housing quality Network presentation which highlights that organisations should be selling health and safety to colleagues and not telling people they need to do it-this needs to be clarified. The culture of behaviour is an issue-people don't think that it is their responsibility. People need to feel involved in the process and consulted with. Please see the presentation from Jennifer Lunt that is on CHCs website along with the presentations

CCGwynedd have a board champion to help change behaviour culture for health and safety –helps to get commitment from the top. They have a nominated Board member who's taken on the role of HSQE Champion. He takes an active interest in all things H&S and Environment, and meets with Lowri on a monthly basis to look at our key areas of work, in particular any risks identified since we last met. He also attends their H&S Committee and engages with our staff, including one union rep and 3 operatives. CCGwynedd have also attained the BS 18001 standard which is the H&S standard and they've also achieved the ISO 14001 (environmental) and ISO 9001 (Quality) – they are audited on all three standards

as an integrated system. As part of the standards, they have to demonstrate communication streams from top management and active engagement from the top. Having a Board Champion has helped achieve this. Please ask Lowri James from CCGwynedd for more information.

Consider risk assessments for individuals or job roles (you can't just pluck them off the shelf). John Newton mentioned Judith Hackitt's blog on the HSE website. <http://www.hse.gov.uk/news/judith-risk-assessment/taking-away-responsibility091115.htm> - this blog covers the 'safety culture of your organisation'-the point that health and safety is everyone's responsibility.

Please see the "corporate governance for process safety" document that is on CHCs website along with the presentations. It has a good checklist in it.

Good practice noted:

Ian from Melin mentioned they give toolbox talks. They provide gloves for asbestos risks, etc. Melin also have a sign in, sign out system for recognising asbestos, etc. Please ask Ian Hall at Melin for more details.

Cartrefi Cymunedol Gwynedd publish needle hotspots for staff and share with the allocations team, etc. CCG have a designated team to deal with situations where properties have a high volume of needles. They have a key system which ensures the allocations team can't get in the property if it has a high amount of needles, who have to wait for the dedicated team.

Allan from Cardiff Community noted that they have a safety cloud package monitoring health and safety compliance testing. It was notable that RSL'S use different systems.

To avoid an enforcement notice for example, you must consider whether you have done a method statement and risk assessment properly!

New legislation comes into force in 2016 outlining that there is no limit on health and safety fines. Please see the "Penalties and Sentencing: In-depth document" that is on CHCs website along with the presentations for more details.

New sentencing guidelines from the Sentencing Council, published in 2015, come into force in England and Wales from 1 February 2016 and apply to prosecutions taken under the Health and Safety at Work, etc Act 1974, regulations made under the Act, corporate manslaughter cases and cases involving food hygiene legislation. The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (Fines on Summary Conviction) Regulations 2015 came into effect on 12 March 2015 and removed the cap on fines for cases heard in the Magistrates' Court. Together with the new sentencing guidelines they mean offenders face a much tougher approach from courts for health and safety and related offences.

What's everyone doing around window restrictors in general needs properties? There are two types:

- A hook type to prevent the window from being opened
- Two hand operation restrictor to prevent the window from being opened

Ian Hall from Melin noted that in considering window restrictors in care homes, they have undertaken risk assessments e.g. people with mental health conditions-consider whether windows should be designed to be opened or not

ACTION: It was agreed that considering window restrictors in different accommodation types would be a topic for discussion for the next health and safety group meeting.

6. Health & Safety Survey and Stats John Newton – Quality Control & Health & Safety Officer, The Community Housing Group

John talked about the benchmarking exercise that he undertakes for housing associations across the UK which maps health and safety data in a range of areas e.g. vehicle incidents, physical incidents, etc. The data is broken down between RSL's work on management, those who have DLO's, etc, so you can e.g. just compare your performance with organisations who have a DLO or those who don't have DLO's. Sometimes your stats might be higher because your organisation has a DLO. You are able to make comparisons with similar organisations – talk to them about why their performance is better/worse. John noted that the system is already set up if RSLs in Wales want to use it.

Why Benchmark?

- No Standard Industry Classification for Housing (included in Public Administration)
- Not all Providers are the same
- HA or Local Authority
- Size of stock

Different areas of economic activity

- Care Homes
- Student Accommodation
- In-house DLO

What do we Benchmark?

- Total number of incident reported
- Number of RIDDOR reportable incidents
- Number of lost time incidents

- Average days lost time per employee
- Average days H&S training per employee
- Enforcement notices
- Analysis of types of incidents
- Optional vehicle incidents

When & How?

The benchmarking exercise is based on a calendar year – 1st January – 31st December. The Data collection sheet is distributed during December. Completed data collection forms to be returned by 31st January. The Data is collated during February and the Results circulated in March.

Please see the relevant documents which will be sent out with the notes, including the data collection form for the annual benchmarking exercise covering the period 1st January 2015 – 31st December 2015. Please return the completed annual benchmarking form to John Newton John.Newton@communityhg.com by the end of January 2016, who will collate the data during February and circulate the results to participants during March. At the request of the Central Forum, John has added an additional question on the number of members of the H&S Team in your organisations. The form also includes an optional section on fleet vehicle incidents.

Please look at the slides for more information on graphs comparing performance etc, etc.

CORPORATE GOVERNANCE FOR PROCESS SAFETY-GUIDANCE FOR SENIOR LEADERS IN HIGH HAZARD INDUSTRIES

John has asked CHC to send out the above document which although related to process safety gives some useful information on managing health and safety. In particular there is a really good checklist on page 13 (highlighted) that all Boards and directors should ask themselves. It might be worth a discussion at a future meeting. Please see the “corporate governance for process safety” document that is on CHCs website along with the presentations

Process for Employees with temporary altered duties or hours- John has agreed for CHC to circulate a procedure which the Community Housing Group in England are currently trialling for getting employees back into work. It is a work in progress so any feedback you might have will prove to be useful. This process applies to the An employee who is returning to work following a period of sickness and/or an employee who is in work but has a medical reason for a short term change in duties and/or hours

If you want to discuss anything directly with John, then please email John.Newton@communityhg.com

Action: Send out info that Bori sent out as not all health and safety lists got the details e.g. Information from last year's collection, etc.

Action: CHC would like to see members make more use of its health and safety yammer page. CHC's collective external Yammer network has now been live since July and members can post issues on the site, share and discuss good and bad practice, etc. CHC currently runs several external networks on Yammer which cover various policy areas including health and safety. These external networks are a great way to continue discussions in between forum/network meetings and to share ideas and good practice. Information discussed in these external networks is only seen by members of the Yammer network and every network is administered by a member of CHC. All members will be invited to join. Once you are part of the external network, you can then choose which group/s within that network you want to listen to/contribute to.

Please let shea-jones@chcymru.org.uk know if you'd like me to re-send your yammer invite, if you need any assistance with your account, or if any other staff members from your organisation need an invitation. We can send you a "Yammer – a 'how to' guide" to assist you in signing up.

John encouraged everyone to join up to the LinkedIn Group called Health & Safety in Social Housing. It's a private Group and normally membership is by invitation – e-mail required.

John has set up a Cloud Storage facility on Box. Again access is by invitation only – e-mail required.

Action: Share these notes with other health and safety groups?

Action: Circulate Central health and safety minutes