

**CORRECTIVE ACTION REPORT (CAR)**

HASMAP one-day

HEALTH AND SAFETY AUDIT

Imperial College Union

26th September 2017

Audit Team:

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**EXPLANATION OF KEY AND HASMAP**

In HASMAP, three levels of assurance are sought: basic, substantial or high.

In this year’s HASMAP cycle **(2017)** a ***basic*** level of assurance is sought in two indicators: LEADERSHIP and PLANNING FOR EMERGENCIES.

* Where the ***basic*** level has been achieved, areas are highlighted in GREEN.
* Where there is partial compliance, areas are highlighted in ORANGE.
* Where there is non-compliance, areas are highlighted in YELLOW.
* Where an aspect was not sampled or there is insufficient evidence the indicator is left WHITE.

**The key findings are detailed in the accompanying audit report (i.e. numbers 1-6 are referenced in the following tables)**

**Definition of key phrases used in indicators:**

|  |  |
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| Key phrase | Definition (for this audit) |
| ICU | Imperial College Union |
| HSMS | Health and Safety Management System |
| Senior leader/Leader/Manager | President of the ICU, Members of ICU Strategic Management Group e.g. Managing Director, Head of Student Experience & Services and Head of Finance & Resource, Deputy Director |
| Head of function | Chairman of RCS Club |
| Resource | Safety-trained personnel (e.g. DSO, fire wardens, first aiders, manual handling assessor, etc.) and/or safety provision (e.g. Evac chair, fire extinguishers, first aid kits, etc.) |
| Function | RCS Motor Club |
| Institution | Imperial College London (ICL) |
| Specialist advice | ICL Safety Department website, Safety Department personnel (e.g. Biological and Radiation Teams), DSO, external specialists, etc. |
| HASMAP Section D10 | Hazard and Risk Register Indicator |

**LEADERSHIP: A1 - HEALTH AND SAFETY POLICY**

| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |  |
| --- | --- | --- | --- | --- |
| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |  |
| **1.1.1**A function code of practice (CoP) exists and is up to date. | Please see Summary Key Finding 1. | **ICU will consult with colleagues and ICU H&S committee in the development of a CoP and ensure that it is widely circulated and easily available once complete.**  | **March 2018** | **CoP circulated to H&S Committee for approval at March meeting**  |
| **1.1.2**The CoP is communicated to relevant persons including staff and students. | As above. | **The CoP will be introduced at the ICU H&S committee and distributed in an all staff email linked to appropriate ICU web page. It will also be provided and referenced in new staff inductions.**  | **March 2018** | **Re scheduled to April**  |
| **1.1.3**The CoP is signed by the Head of Function. | As above. | **The CoP will be approved and signed by ICU President and MD**  | **March 2018** | **Rescheduled to April**  |
| **1.1.4**The CoP contains a commitment to compliance with College’s Health and Safety (H&S) Policy. | As above. | **The CoP will contain an explicit and clear commitment to College H&S Policy**  | **March 2018** | **Included**  |
| **1.1.5**The CoP contains a commitment to the provision of a safe and healthy working environment. | As above. |  **The CoP will contain and explicit and clear commitment to a safe and healthy working environment**  | **March 2018** | **Included**  |
| **1.1.6**The CoP makes a commitment to the prevention of injury and ill health in the workplace. | As above. | **The CoP will contain and explicit and clear commitment to the prevention of injury and ill health in the workplace.** | **March 2018** | **Included**  |

**LEADERSHIP: A2 – MANAGEMENT COMMITMENT AND ENGAGEMENT**

| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |  |
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| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |  |
| **2.1.1**Managers are aware of their responsibilities and legal duties. | Evidenced via interviews; please see also Summary Key Finding 2. | **Volunteer agreements and student charter to be written by February.. Template constitution to be completed and in place for March when elections happen. Students need to submit their constitutions** **H&S responsibilities and duties for the President, MD and staff will be defined in future Job descriptions and PDRS. Duties and responsibilities will be further demonstrated in a clear organizational chart in the CoP. The responsibilities of the President and MD will be clearly defined in CoP and respective Job descriptions**  | **Student Charter by February2018****Template constitution in by March 2018****March 2018** | **Student charter is incorporated into new process for room bookings.****Self populated from Eactivities** |
| **2.1.2**Managers can demonstrate an understanding of the hazards present in the work area for which they are responsible. | Please see Summary Key Finding 6. | **A procedure will be introduced for managers and Club Chairs to conduct, and document regular proactive safety inspections of work areas recording observations and any necessary actions or recommendations.** **SALUS Training for all club and societies incorporated into event management training, trips and tours and minibus training.** **from June all CSPs will attend new training for academic year 17/18** | **January 2018 for updating training****June 2018** | **ongoing** |
| **2.1.3**If there are examples of health and safety issues arising, managers have supported the development of a solution in a timely manner. | Please see Summary Key Finding 3. | **Proactive inspections of clubs and societies will be introduced and conducted and recorded on a regular basis. Reactive responses to incidents will be documented and recorded and will include debriefs with affected persons to ensure knowledge and lessons learned is shared effectively.** **Increase number of spot checks that we start inspections of clubs. Plan to have at least one inspection a quarter.** **Activities team to investigate any incidents reported within clubs and societies and close investigation when satisfied lessons have been learned.****PAT testing procedure and plan for all equipment to be in place by July Student Activities to ensure all drivers of the Classic vehicles have correct driving licenses for driving.** | **November 2017 for quarterly inspections. April 2018 for weekly spot checks.****November 2018****July 2018****November 2017****December 2017** | **Process for inspections in place****Spot checks are in place****Ongoing****Ongoing** |
| **2.1.4**Managers attend a meeting or forum at which health and safety issues are discussed. | Evidenced via ICU Health and Safety Committee meetings. | **Health & Safety committee meetings take place each term. Attendees include students, staff and College representation from estates and Safety Department. Papers and minutes are circulated to the board of Trustees****H&S is on the agenda for Strategic Managers Group meeting and Managers 1-2-1 meetings**  | **November 2017** | **Ongoing** |
| **2.1.5**Managers provide adequate resources where additional controls are identified through risk assessment or following revisions to guidance and standards. | Please see Summary Key Finding 5 and 6. | **Risk assessment training to be included in the event training. Training manuals to be changed in January 2018. All CSP’s have opportunity of events training and how to complete a risk assessments.** **Department will continue to run risk assessment drop in sessions.****Risk assessments are compulsory on eActivities. Next stage in process is ensuring that the risk assessments are adequate and that the control measures are in place.**  | **January 2018, June 2018****November 2017****November 2017 for eActivities. June 2018 for adequate ra’s June 2019 for control measures** | **Ongoing****Completeand ongoing****Complete** |

**LEADERSHIP: A3 – RISK PROFILE**

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| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |
| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |
| **3.1.1**The Head of the function can describe the significant hazards present within their function. | Evidenced via interviews. |  |  |
| **3.1.2**The hazards recognized by the Head of the function are consistent with those dealt with in section D10 (hazard and risk register). | ICU does not have a H&S risk register – see key finding 5 | **Yearly review of high risk activity and complete risk register.** **Template of risk register and risk assessment to be given to CSP’s.**  | **June 2018****May 2018** |

**LEADERSHIP: A4 – OBJECTIVE SETTING**

| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |  |
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| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |  |
| **4.1.1**Health and safety objectives are set. ***The topic for this item in 2017, is the College Driving policy and COP, introduced in April 2016.****Expected evidence; the COP has been circulated to staff and discussed at H&S committee; actions recorded, prioritised.*  | We were told by senior management that no one in ICU drives for business purposes; However, there was no evidence of College Driving CoP being discussed at H&S committee or meetings so, unsure how staff and students are informed. | **College Driving CoP to be tabled and discussed at next H&S Committee meeting in 2018**  | **February 2018** | **Ongoing. Research undertaken and comparison to College Policy done. Writing Union Policy to be completed.** |
| **4.1.2**Managers with health and safety objectives know and understand them.*All staff and line managers who drive or direct others to drive to other campuses and workplaces, or use their vehicle for business purposes, understand the insurance and risk assessment requirements.* *Routine email reminders.* | As above. | **Email Reminder to all staff to review College Driving Policy and inform line manager if they are planning to use their vehicle for business purposes**  | **December 2017** | **To be scheduled in coordination with 4.1.1** |

**PLANNING FOR EMERGENCIES: B5 – CRITICAL INCIDENT MANAGEMENT**

| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |  |
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| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |  |
| **5.1.1**The findings of risk assessments have led to the identification of potential critical incidents. | Please see Summary Key Finding 5 and 6. | **process Designed where review the risk assessments of the clubs and societies. Test process to ensure policy and process works.**  | **August 2018** |  |
| **5.1.2**Critical incidents have been recognized and are known. | As above. | **All CSPs to be trained in SALUS and how to report**  | **January 2018/ June 2018** | **Ongoing** |
| **5.1.3**Staff are aware of the action to take if an emergency occurs. | As above. | **Put on more first aid sessions, and stress test societies ra’s.** | **March 2018 for process****June 2019 for stress testing** | **Ongoing** |

**PLANNING FOR EMERGENCIES: B6 – PROCEDURES FOR IMMEDIATE RESPONSE**

| **INDICATOR** | **AUDIT FINDING** | **HOW WILL DEPARTMENT ADDRESS THIS?** | **BY WHEN?** |  |
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| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |  |
| **6.1.1**There are procedures to deal with critical incidents in the area. | Please see Summary Key Finding 5 and 6. |  **Review the emergency procedure for CSP’s. Work with College to ensure safety procedures are fit for purpose** | **December 2018** |  |
| **6.1.2**There is equipment available to deal with any identified emergencies. | As above. | **Reviewing emergency procedures for CSP’s, ensure that the equipment is available for the procedures. To include emergency equipment in budgeting round** | **March 2019** |  |
| **6.1.3**Staff have been trained to respond to emergencies. | As above. | **Work with College to ensure safety procedures are fit for purpose** | **December 2018** |  |
| **6.1.4**Staff are aware of how to gain access to specialist advice. | As above; please see also Summary Key Finding 4. | **A H&S management and resource package/ library (such as Barbour EHS) will be implemented at ICU and made available to staff.**  | **February 2018** | **Package purchased and five licenses to be allocated and trialed**  |

**PLANNING FOR EMERGENCIES: B7 – PROCEDURES FOR RECOVERY**

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| **BASIC LEVEL OF ASSURANCE** – all basic indicators must be green before the next level can be attained |
| **7.1.1**There are procedures for recommencement of work following an emergency. | Not discussed during audit. But need to be addressed if not already done. | **Business continuity procedure to be approved and circulated by SMG**  | **May 2018**  |
| **7.1.2 -** Arrangements in place to notify staff of procedures for recovery. | As above. | **Staff and College to consulted in development of Business Continuity Plan and informed and briefed on agreed plan**  | **June 2018** |
| **7.1.3 -** There is a method of recording the nature of the emergency and the outcomes. | As above. | **A template document and method for maintaining a contemporaneous log and action plan will be included within the Business Continuity Plan**  |  |