

## Review Implementation Group Amalgamated Recommendations

Update from last meeting of 13th April 2017

Source / Number	Recommendation	Priority	Requirement	Owner	Status	Timeframe
	<b>(1) Provide the best possible care for young people</b>					
	<b>(a) Develop Policy/Standards</b>					
1B-S.34	Observation hatch an SOP should be developed in restricting the operation of these hatches	Medium	Approval	Director	On-going	2017 - Q2
	<b>(b) Plan / Implement</b>					
1B-S.21	Fences should be standard ***** height in all areas to standardise security along this security line	High	Finance	Department	Ongoing	2017 - Q4
1B-S.22	Fit new ***** fence with gates from gate **to boundary fence, this will secure the old Oberstown school and restrict movement to the rear of units ** to ** (priority 1)	High	Finance	Department	On-going	2017 - Q4
1B-S.23	Fit new ***** fence with gates between corner of existing fence at tennis court and boundary fence. This will allow for secure access to unit ** for committals and create zone at rear of units ** - ** limiting access to other areas of campus. (priority 2)	Medium	Finance	Department	Due	2017 - Q3
1B-S.24	Fit new ***** fence line between Units 6 and 9, this will zone off access to units 6,7 and 8 and restrict access to main boundary fence. (priority 3)	Medium	Finance	Department	Due	2017 - Q3
1B-S.25	Fit new ***** fence between existing internal fence and boundary fence to create zone surrounding Cuan Beag, due to low level roof and previous breaches, it is necessary to create a secure zone surrounding the building that will prevent access to other zones and units. (Priority 3)	Medium	Finance	Department	Due	2017 - Q3
1B-S.26	Create vehicular and pedestrian airlock at gate **. *****	Low	Approval	Director	On-going	2017 - Q3
1B-S.27	Area at gate ** and ** should be realigned to allow for car park access from gate ** and remove fence section and construct footpath to allow staff pedestrian access to gate **.	Low	Approval/Decision	Director	Due	2017 - Q3
1B-S.28	Smoking area at gate should be relocated as this reduces staff resources on campus and shows young person's the exit route.	Low	Finance	Director	On-going	2017 - Q3
1B-S.29	Gate** should be a sliding gate with statutory safety features and become main pedestrian entrance to campus	Low	Approval	Director	On-going	2017 - Q3
1B-S.30	Gate ** to be relocated to courtyard side of wall and height increased to match wall height.	Low		Director	Closed	2017 - Q2
1B-S.31	Fit electrical conduit on carpark/courtyard side of wall	Low	Approval	Director	Open	2017 - Q3
1B-S.32	Zoned and two sided signage	Low	Approval	Director	Open	2017 - Q3
1B-S.33	We recommend that the bedroom doors be replaced with a more robust type door and lock. The doors should open 'in' with a removable slip for an 'open out' facility. We would suggest the use of a steel door and lock that can be monitored for lock and unlock status.	High	Approval	Department	Open	2017 - Q2
1B-S.35	The existing windows are glazed in 22mm Resin Bonded glass, this may need to be increased in thickness to 34mm	Low	Finance	Director	Open	2017 - Q3
1B-S.36	Landings should be zoned off with steel doors to contain any disturbance in a particular section of the building with a security door at the end of each landing	High	Approval	Department	On-going	2017 - Q2
1B-HF.11	Lead the implementation of a Behaviour Based Safety Programme across the Campus, in conjunction with JTC.	High	Approval	Director	On-going	2017 - Q3
	<b>( c ) Review / Evaluate</b>					
1C-HF.3	Review the current CPI/MAPA methods staff are trained in to seek improvements to the methods currently employed	High	Approval	Board	On-going	2017 - Q2
1C-HF.4	Review current emergency response plans which should incorporate the use of specialist PPE in emergency situations including: - The type of PPE required - Personnel permitted to use it - Incidents where it is permitted to be used and who approves such use. - Training requirements- Risk assessment of situations	High	Approval	Director	On-going	2017 - Q2
1C-HF.12	Conduct a review of illicit drug use on Campus and provide recommendations to the Senior Management Team on how to address this issue	High	Approval	Director	Open	2017 - Q2
1C-HF.13	Conduct a review of the admissions process to identify opportunities to strengthen the risk assessment process, individual care planning for young people and ensuring a safe system of work for all staff.	High	Approval	Director	On-going	2017 - Q2

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Source / Number	Recommendation	Priority	Requirement	Owner	Status	Timeframe
	<b>(2) Develop a motivated, cohesive and skilled workforce</b>					
	<b>(a) Develop policy / standards</b>					
2A-H.1	The review of the Campus health and safety policy and the writing of the safety Statement provides an opportunity to re – engage with all staff so that there is true ownership and commitment to preventing injuries to staff.	High	Policy	Director	Ongoing	2017 - Q2
2A-H.2	It should reflect the fact that systematic hazard identification and risk assessment have been undertaken and will continue to be undertaken so that the control measures required are implemented.	High	Policy	Director	Ongoing	2017 - Q2
2A-H.3	It should specify those responsible for implementing the policy at all levels in the organization	High	Policy	Director	Ongoing	2017 - Q2
2A-H.4	It should also define the safety and health responsibilities, by role.	High	Policy	Director	Ongoing	2017 - Q2
2A-H.5	There should be a clear separation between the policy, the procedure to follow and the safe system of work required.	High	Policy	Director	Ongoing	2017 - Q2
2A-H.6	It should state the requirements for mandatory and refresher training.	High	Policy	Director	Ongoing	2017 - Q2
2A-H.7	It should state how performance will be measured, tracked and communicated	High	Policy	Director	Ongoing	2017 - Q2
2B-HF.7	Develop a 3 year SMART strategy indicating how Oberstown plans to address the various elements of its health and safety management system. Leading and lagging indicators to be included.	High	Policy	Director	Ongoing	2017 - Q2
2C-H.17	Create an audit tool that meets the needs of the Campus. In view of the unique interdependence between meeting the needs of the young people and the staff an audit tool that assesses performance holistically, could be considered	Medium	Approval	Director	Due	2018 - Q2
2C-HF.25	Prepare a procedure for "Observational Based Safety Tours" for Line Managers.	Medium	Approval	Director	Due	2018 - Q2
	<b>(b) Implementation Plan / Audit</b>					
2B-HF.2	Implement a programme across the campus which will demonstrate evidence of commitment and leadership from Senior Management in relation to health and safety.	High	Approval	Director	Ongoing	2017 - Q3
2B-HF.5	Brief Line Managers/ Supervisors on their roles, accountabilities, responsibilities and authorities for occupational health and safety and integrate into job descriptions and staff appraisal systems.	High	Approval	Director	Ongoing	2017 - Q3
2B-H.9	On completion of the review on the policy and safety statement a specific plan should be developed and endorsed by the Safety Committee, approved by the Director and brought to the attention of the Board.	High	Approval	Director	Ongoing	2017 - Q3
2B-H.9	This plan should have specific actions to promote a positive safety and health culture. It should address the overall risk management approach it is planned to implement across the Campus so as to ensure alignment of implementation and measurement of performance.	High	Approval	Director	Ongoing	2017 - Q3
2B-H.10	Each Unit manager should have included within their operational plan their obligation and commitments towards maintaining a safe workplace. Incorporate health and safety planning as part of documented annual Unit Operation	High	Approval	Director	Ongoing	2017 - Q3
2B-HF.10	Set and measure health and safety objectives and KPIs for the Campus and individual Units.	High	Approval	Director	Ongoing	2017 - Q3
2B-H.12	Based on the health and safety plan a set of both leading and lagging indicators should be established. Such indicators should cover the five main areas of the management system and especially areas that are prioritized within the plan.	High	Approval	Director	Ongoing	2017 - Q3
2B-H.19	Consider implementing best practice reporting by including Campus performance on health and safety within the Campus Annual Report	High	Approval	Director	Due	2017 - Q3
2C-H.18	Make the audit tool available to all staff with appropriate training.	Medium	Approval	Director	Due	2018 - Q2
2C-HF.22	Design and implement a formal audit programme (campus and Unit audits) which incorporates audits tools and training for staff to benchmark health and safety performance	Medium	Approval	Director	Due	2018 - Q2
2C-HF.24	Include occupational health and safety performance as a standing item at management team meetings	Medium	Approval	Director	Due	2018 - Q2
	<b>(c) Review / Evaluate</b>					
2C-HF.1	Review current OHSMS policies including the Campus Safety Statement and Unit Procedures, in consultation with staff, to ensure they are fit for purpose and in accordance with legislative requirements. All staff to be briefed on revised policies	High	Approval	Director	Due	2018 - Q2
2C-H.16	Institute a planned audit program across the Campus.	Medium	Approval	Director	Due	2018 - Q2
2C-HF.17	Set and track training KPIs.	Medium	Approval	Director	Due	2019 - Q2
2C-HF.16	Review current induction procedures to ensure they are in compliance with legislative requirements and adequate for preparing staff for their roles.	High	Approval	Director	Due	2017 - Q2
2C-HF.14	Review recruitment procedures to evaluate introduction of formal medicals and the current use of the probationary 6 month period and performance assessment.	High	Approval	Director	Due	2017 - Q2

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	<b>(3) Define the high standards associated measures and evaluate</b>					
	<b>(b) Plan / Implement</b>					
3B-H.11	The post of coordinator or similar position is needed on each roster to assist in providing continuity, direction, guidance and support within the revised policies and procedures.	High	Approval	Director	Ongoing	2017 - Q2
3B-HF.19	Ensure weekly Unit meetings are conducted by Line Managers and documents maintained	High	Pratice	Director	Ongoing	2018 - Q2
3B-H.14	Currently the debriefing process and staff incident investigations are undertaken separately with separate recommendations emanating. In 2017 there should be an integration of such recommendation by means of using an integrated corrective action plan and the progress in closing out the recommendations, contained in such plans, published.	Medium	Pratice	Director	Ongoing	2017 - Q2
3B-HF.21	Investigate if the use of an automated health and safety management software system would be of assistance in achieving objectives.	Medium	Staff	Director	Ongoing	2017 - Q4
3B-HF.18	Implement a formal training matrix to track training compliance.	Medium	Approval	Director	Ongoing	2017 - Q2
	<b>( c ) Review /Evaluate</b>					
3C-HF.15	Review rostering procedures to ensure: - a Coordinator or similar position is present on each roster to assist in providing continuity, direction, guidance and support with revised policies and procedures.- There is an adequate skills mix for both day and night shifts. - Shift lengths and periods are in accordance with best practice.	High	Approval		Ongoing	2017 - Q2
3C-HF.6	<del>Review rostering procedures to ensure a Coordinator or similar position is present on each roster to assist in providing continuity, direction, guidance and support with revised policies and procedures.</del>			Director	Ongoing	2017 - Q2
3C-H.20	A system whereby Managers undertake a formal safety review on each unit per week should be considered.	High	Finance			
3C-HF.20	Review the document management procedures across the Campus to ensure the procedures are in accordance with best practice e.g. identification of documents, archiving of obsolete documents.	High	Approval	Director	Due	2017 - Q3
3C-H.13	Ensuring that the lessons learned from incident investigation are implemented across the Campus should be a priority for 2017.	Medium	Approval	Director	Due	2018 - Q1
3C-HF.23	Review current incident reporting and investigation procedures to include: - The creation of a positive no blame incident reporting culture. - Incident reporting operating model. - Conduction of incident investigations including tools used and tracking of corrective actions to close out. - Training required on incident investigation. - Trend analysis and reports. - External reporting requirements e.g. Health and Safety Authority, State Claims Agency. - The use of both internal incident reporting systems and NIMS.	High	Pratice	Director	Ongoing	2017 - Q4