

Health and Safety Report – Q1/2026-27

Health & Safety Performance

The Charity is responsible for ensuring the properties they occupy are compliant with current legislation. The key activities required to be compliant is to have an in-date certificate/record of inspection for the six categories (Big-6) shown in table 1. For information on damp and mould, please refer to the Head of Property, Repairs Report.

1. Property Regulatory Compliance

The Charity's property compliance for the 'Big-6', is shown in table 1. The number of open remedial actions (including overdue) for each area is included in the final two columns.

Compliance Area	Total Properties Required *	Total on file	% Compliance		Nos of OPEN actions	Of which are OVERDUE
1. Asbestos Surveys	38	38	100%	←	0	0
Asbestos Reinspection	27	26	96%	↓		
2. Electrical Testing /EICR	43	43	100%	←	34	4
PAT testing	42	42	100%	←		
3. Fire Safety/FRA's	43	43	100%	←	293	40*
4. Gas Safety Inspection/LGSR	35	35	100%	↑	2	0
Carbon Monoxide Detectors	35	35	100%	↑		
5. Passenger Lifts/Hoists-LOLERS	12	11	92%	↓	35	3
6. Water Quality/WRAs	43	43	100%	←	42	10
Table 1					406	57 (14%)
					*10 overdue fire remedials are part of fire project & are on hold	

1.1 Compliance Comments – Q1/2026-27

At the time of preparing this report:

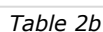
- **Asbestos:** Shernhall ACM inspection was due on 23/6, booked for 11/6. Contractor stated no access; but did not notify SPG until chased. This has now been rebooked for 8/7.
- **Gas:** Eleven properties have been conducted late due to contractor failing to attend on the pre-arranged date.
- **LOLER:** Missing x1 for one lift at The Eades. Hoists at Langdown 3 & Rodney 2 still out of service awaiting repair. St Margarets LOLER was conducted late, due to repairs.

2. Remedial Actions

All remedial actions identified within the various surveys and inspections are uploaded to and monitored from The Charity's database, Job Logic. Actions are assigned to the appropriate team/contractor with an internally set target date to be completed by, except for fire door and/or compartmentation works for the six high-rise properties, when these are placed 'on hold' for the forthcoming project.

Q1 2026-27	Total OPEN Actions			Of which were overdue		
	April	May	June	April	May	June
East	67	96	78	1*	28*	11*
South	116	121	121	5*	22*	27*
West	129	148	207	6*	14*	19*
TOTALS	312	365	406	12	64	57
<i>Table 2a</i>				*9 on hold	*10 on hold	*10 on hold
				4% / 1%	18% / 15%	14% / 12%

Table 2b provides a graphical comparison of overdue actions and their priority rating throughout 2026.



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2.4 Closed Remedial Actions

The monitoring of remedial actions includes if they were completed within the recommended timescale and if evidence has been provided.

The quality of evidence is now routinely inspected to ensure the evidence is appropriate to the associated action. Where evidence is found to be missing or insufficient the property manager will be required to provide appropriate evidence or the action will be re-opened. There were ten remedial actions re-opened due to no evidence being provided.

Table 2c, provides a summary of the closed remedial actions as the close of Q1/2026-27, showing that 81% were closed by their due date.

Row Labels	East	South	West	Totals	
Closed IN TIME/with evidence	743	662	588	1993	81%
Closed LATE/with evidence	164	101	199	464	19%
Grand Total	907	763	787	2457	

Table 2c

3 Fire Safety

The Charity must ensure that a current fire risk assessments is in place for each of their properties and ensure a programme is in place to rectify the resulting remedial actions. Fire safety information must also be provided to all new residents at the point of tenancy and annually thereafter, including the purpose of fire doors and emergency evacuation procedures, the location of fire alarms, exits and assembly points. This may be achieved by sharing the H&S information document, regular evacuation drills, fire signage displayed throughout the property and resident meetings.

3.1 Fire Risk Assessments (FRA's)

All properties have a current FRA. The programme for 2026-27 has been agreed with the FRA consultant to ensure the FRA's remain current.

3.2 Fire Safety Notices

3.2.1 Notices of Deficiencies (NoD):

There are currently six open NoD's and a informal notice from the Hillingdon Council against The Charity's properties. Whilst five of the six NoDs are considered overdue, a revised due date has been requested for Ventura, because the due date was prior to the date the NOD was sent.

Since the Q4/2025-26 report, the previously appointed Interim Fire Safety Project Manager left the organisation in May, but a new person has started in July which will support progression of the actions. Fortnightly meeting remain in place to monitor the progress of the actions within each of the NoDs.

A summary of each is provided in Table 1 below, reflecting the number of recommendations completed and outstanding. South Ealing recommendations are noted as being completed and the majority of recommendations have been completed for Roxeth Gate. The Fire and Rescue Services (LFB) will be notified once all completed and evidence has been reviewed to be satisfactory.

The Uxbridge recommendations have been assigned to a contractor and are anticipated to be completed in July. The fire doors and the reception hatch at Ventura are being progressed to ensure the escape route is protected. The delays in progressing the works at Clockworks, Walthamstow Main Hostel (WMH) and South Ealing have been addressed in the Director's Report.

Nos.	NOD against	Dated	Due date	Articles Breached	Nos of Actions Required	Percentage Completed
1	Clockworks	26/02/2025	21/05/2025	8, 9, 11, 17	8	13%
2	WMH	01/09/2025	24/11/2025	14	3	0%
3	South Ealing	26/01/2026	20/04/2026	8, 9, 11, 14, 17,	10	100%
4	Roxeth Gate	21/10/2025	21/04/2026	8, 9, 11, 17	12	92%
5	Uxbridge	14/01/2026	01/07/2026	8, 9, 11, 14, 17	11	0%
6	Ventura House/LBH.	10/04/2026	2027/2028	Housing Act 2024	29	17%
7	Ventura House/NOD	27/05/2026	26/05/2026	9, 11, 14, 17	7	14%

Table 3a

3.3 High-rise Properties:

3.3.1 Fire Safety Project Works: The director of Property & Places continues work to progress these works.

3.3.2 Fire Door Inspections: Fire legislation requires that all communal fire doors within the high-rise properties must be inspected and recorded, every quarter and the flat entrance doors annually. Property Managers are required to monitor these are being conducted.

- Table 3b provides an overview of the HRB fire door inspection completed, with evidence, based on the number of known fire doors, for each high-rise property.
- There were seven doors that were not included in the Walthamstow main hostel inspections for Q1. When these were identified, the property manager ensured these were inspected in the first week of July.
- There was an issue with the door IDs for the ground floor and fourth floor at Surbiton, which is why there is less than 100% noted.
- A meeting with the newly appointed south region property manager has been arranged for July, to resolve the issues.

2026-27			Communal Doors
Region	Property	Height	Q1
East	Walthamstow	18m+	92%
South	Parsons Green	11m+	100%
South	Surbiton	11m+	45%
South	Wimbledon	18m+	100%
West	South Ealing	11m+	100%
West	Ventura House	18m+	100%

Table 3b

3.4 Non-High-Rise Properties

The fire door inspections are also conducted at the non-high-rise properties. Table 3c provides an overview of those achieved, with evidence, as at the end of Q1/2026-27. It is understood that the fire doors for most, if not all, the remaining properties have been conducted, but evidence is yet to be submitted.

Non-High-Rise Properties	Communal Fire Doors / Quarterly	Flat Entrance Doors / Annually
	Q1	
East	59%	0%
South	72%	31%
West	No Evidence	0%

Table 3c

3.5 Fire Servicing

The fire servicing compliance for Q1/2026-27 is indicated in table 3d, with commentary provided below.

Q1/2026-27	April	May	June
Fire risk assessments	100%	100%	100%
Fire Alarms & EML	95%	95%	95%
Fire Ext/blankets	100%	100%	100%
Dry Risers	100%	100%	100%
Lightning Protection	100%	100%	86%
Fire Drills (staffed properties)	68%	64%	75%

Table 3d

3.5.1 Fire Servicing Issues:

April:

- **Fire Alarms/EML:**
No information received for The Eades St Stephens overdue/NHG not responded.
- **Fire Drills:**
No record received from x 3: Bath Rd; Butlers Close; The Eades
Fire Drills Overdue for x 6: Edward, Hawker; Langdown; Northolt; Rodney, Uxbridge

May:

- **Fire Alarm/EML:**
The Eades alarm document is undated; the EML is date 16/5/25 and is overdue.
St Stephens overdue/NHG not responding
- **Fire Drills:** *Excluding Butlers/The Eades, which have now confirmed a Stay-put policy*
Ealing Common, Edwards, Hawker, Langdown, Northolt, Rodney, Stephens, South Ealing, Ventura, Wimbledon

June:

- **Fire Alarm/EML:**
The Eades fire alarm/EML overdue - document not received
St Stephens overdue/NHG not responded.
- **Fire Drills:**
OVERDUE: Hawker; Wimbledon; Langdown; Rodney; South Ealing, St Agnes, Ventura

NB: After a meeting with senior management and regional housing managers, it was agreed that unannounced fire drills would be conducted at as many of our staffed properties as possible. From the shared record, only one has been recorded, which was for Greenford.

4 Events Report Q1/2026-27

There were 125 accident/CCIA events reported across 20 projects via Inform in Q1/2026-27. 54% of these were as a result of fire alarm activations; these are mainly triggered by residents cooking, smoking or shower steam. H&S warnings are issued when residents are discovered to be smoking.

4.1 Events Categories

Table 4a provides an overview of the events reported in Q1.

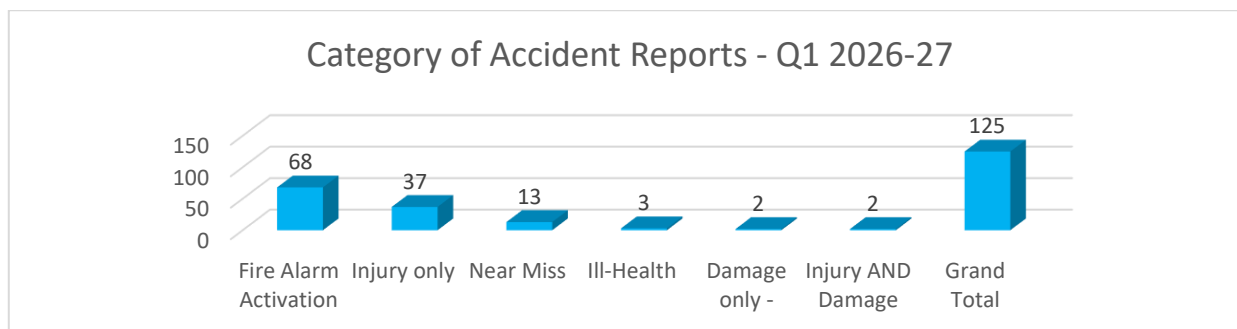


Table 4a

Table 4b provides a graphical representation for events reported in 2026 by category.

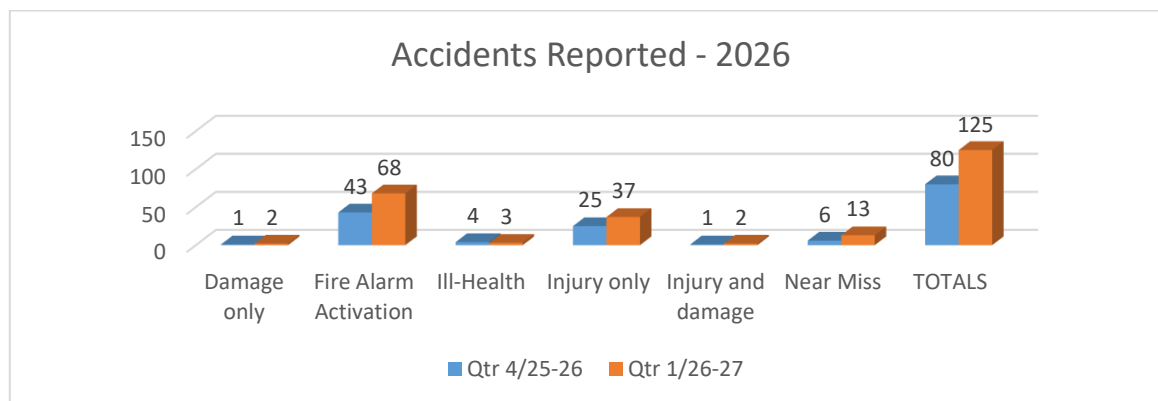


Table 4b

4.2 RIDDOR

There were no RIDDOR incidents in Q1.

4.3 Monitoring of Accident Event Reporting

Events should be reported as soon as possible after occurrence, ideally within 0-2 days. Table 4c below, shows reporting timelines for Q1/2026-27. The monitoring of this is taken from the date the event occurred, to the date it was recorded on the database.

By the end of Q1 94% within 15-days. Reports later than 15-days risk non-compliance if a RIDDOR report was required. Approximately 4% were reported over one month.

REPORTING COMPLIANCE	0-2 days	3-10 days	11-15 days	16-31 days	Over 1-month	ERRORs	Total
2026-27							
Q1	101	12	4	3	5	0	125
Total	101	12	4	3	5	0	125
Percentage of all reports for 2026-27	81%	10%	3%	2%	4%	Table 4c	
	94%			6%			

Table 4c

4.4 Monitoring of Event Closure/Management Review

All events should be closed within one calendar month and include a management response. The timescale for closing events reported is monitored from the date the event was reported to the date it was closed, or due to be closed, on the database. At the end of Q1/2026-27 approximately:

- One third of reports have been closed within one calendar month
- One third of reports are overdue for closing

- One third of reports are due for closing in July

Table 4d below, provides an overview of accident events closed (or due for closure) for Q1/2026-27. Heads of Service should review the embedded workbook to ensure events within their area of responsibility are reviewed and closed. Details of reports overdue, under investigation or due in July are available in the embedded object, below.

CLOSING COMPLIANCE 2026-27	CLOSED			OPEN			QUERIES/ ERRORS	TOTALS
	Within 1-month	Over 1- month	Without date	Due Next Month	Under Investigation	OVERDUE		
Q1	40	3	5	38	1	38	0	125
Total	40	3	5	38	1	38	0	125
Percentage of all reports	32%	2%	4%	31%		30%	Table 4d	
	61%							

5 Health and Safety Management

Health and Safety information is available via [The Charity's intranet pages](#). This information includes the H&S Management System, comprising of the overarching H&S policy and associated H&S standards for The Charity's properties and various work activities. Templates, risk assessments and property compliance, (including compliance certification) is uploaded to the individual property folders are also available.

The H&S Management System is subject to regular review to ensure the information remains up to date and compliant with current legislation. The following H&S Standards have been reviewed in Q1 and have been submitted for comment prior to approval.

- Water Quality Standard
- Working at Height

NB: Fire Safety review was delayed due to the change in the Fire Project Manager, but will be completed in July.

A two-year programme for the review of the H&S Management System has been prepared to ensure all Standards are reviewed in a timely manner. A review of the following Standards are planned throughout Q2/2026-27.

- Electrical Safety
- Gas Safety
- Accident Reporting & Investigating

5.1 Health and Safety Information

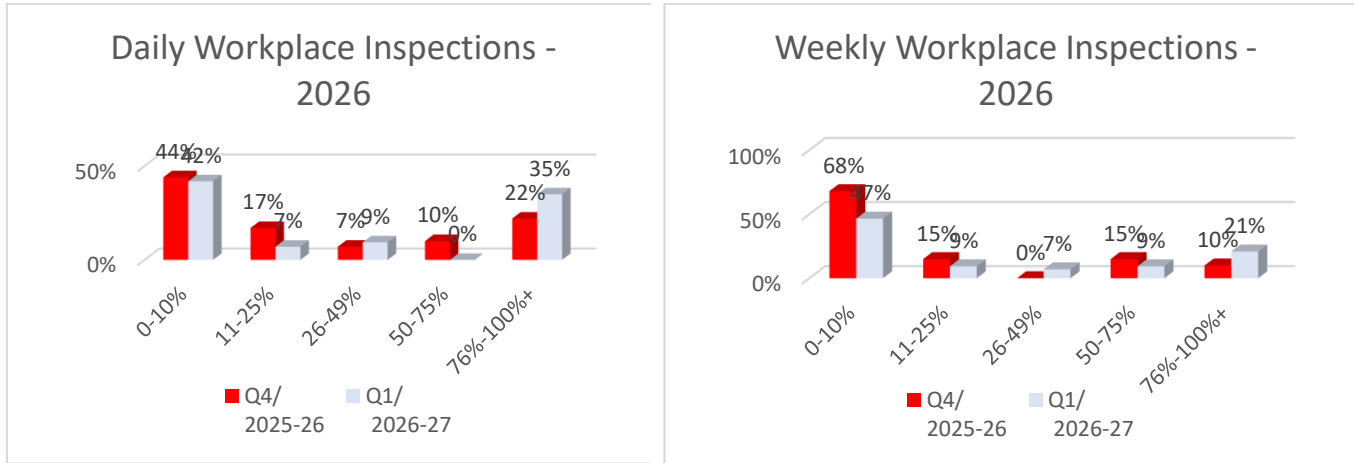
The H&S Management System is available to all staff within the H&S pages on the intranet. In addition to the e-learning modules for managers available via the Learning Hub a range of 'Information Sessions' are provided to the Heads of Service and their reporting managers, outlining their specific responsibilities within the H&S Management System/H&S Standards.

6. Staff Safety

6.1 Workplace Inspections (WPI)

Inspections of our workplaces are required to ensure the safety of staff, residents and visitors. The on-site staff are responsible for conducting the daily and weekly WPIs are conducted, with the Property Managers responsible for ensuring the remaining WPIs are conducted.

The graphs below provides a summary of the daily and weekly WPIs conducted throughout 2026 – with the comparison from Q4/2025-26 to Q1/2026-27, showing an increase in the number of properties that have achieved over 75% being conducted. There are still many properties that are not achieving 50% of the inspections and some none at all. It is important to ensure these are conducted, as these are requested when an accident claim is received as evidence that we are actively monitoring the safety of the buildings.



6.2 DSE Assessments

We are required to ensure that staff that use display screens equipment such as laptops, computers etc, for their work, complete an assessment of their workstation, otherwise referred to as DSE assessment. Managers are required to review their teams DSE assessments to ensure any issues that have been identified are resolved. These assessments are now recorded centrally, enabling improved monitoring.

Of The Charity's 435 staff:

- i. 381(88%) staff have submitted their DSE information, Of which:
- ii. 301 stated they were DSE users
- iii. 81 stated they were not DSE users

Of the 381 submitted:

- i. 91% have been reviewed by the line manager
- ii. 9% have timed out, because the review had not been completed within one month of its submission, some of which are being queried due to anomalies within the report.

6.3 Drivers

All staff are required to confirm if they drive for work purposes, or not, to enable managers to conduct the necessary documentation checks for those that drive for work purposes. The information is now recorded centrally, enabling improved monitoring.

Of The Charity's 435 staff:

- i. 380 (87%) staff have submitted their driving information, of which:
- ii. 288 stated they did not drive for work purposes (including those that commute to/from work.
- iii. 56 stated they were occasional drivers for work purposes
- iv. 34 stated they were frequent drivers for work purposes

Of the 380 submitted:

- i. 319 (84%) have been reviewed by the line manager

- ii. Nine have been submitted in the last month and are awaiting the line manager to complete their review
- iii. 52 have timed out, because the review had not been completed within one month of its submission, some of which are being queried due to anomalies within the report.
- iv. Details of those awaiting the managers review and/or timed out are available in the embedded object below.

An extract of the DSE and driving submissions are available in the embedded object, for committee members to review their area of responsibility.

NB: Alerts for DSE Assessments and driving information are based on current HR staff lists. The alerts are triggered if the database does not hold a current DSE Assessment and/or driving information. Weekly alerts will continue until the information is submitted.

Line managers are alerted upon submission, requesting that they complete the review within 5-working days or reassign if they are no longer the line manager. Weekly alerts will continue for one month, after which the submission will time out on the database.

Because the submission has timed out in the database, the alerts will be triggered to the staff member to resubmit their information.



6.4 Personal Safety Devices

Staff and managers are required to complete a form when personal safety devices are issued to confirm the device will be used/monitored whilst at work. Line managers receive weekly reports to enable monitoring of device usage.

Based on a five-day working week and four weeks per month, the expected usage for the devices to be powered 'on' over a three-month period would be approximately 60 times.

Table 5b below provides an overview of the approximate usage throughout Q1/2026-27, with the full details of teams and individual available within the embedded object.

Teams with assigned devices	Full usage	Appx 50%	Less than 50%	Zero	Totals
South Ealing/ CSA-Day			2	4	6
South Ealing/Housing				3	3
South Ealing-Maintenance Ops				5	5
Surbiton - CSA/Day		2	1	5	8
Walthamstow MH-CSA/Day		1	6	3	10
Walthamstow MH-Maintenance Ops	1		1	3	5
Wimbledon - CSA/Day			2	11	13
Wimbledon-Maintenance Ops	2		1	2	5
South Ealing/CSA				1	1
Hounslow/NEW				1	1
Spare device / WHERE is it located				1	1
Totals	3	3	13	39	58
	5.2%	5.2%	22.4%	67.2%	

Table 5b



6.5 Health and Safety Training

Line managers are also responsible to monitor their staff complete the necessary H&S pathways and provide any necessary support where required. In addition to any alerts sent by L&D, individual emails are sent to line manager of staff with overdue H&S e-learning modules each quarter.

The errors on the previous training reports of overdue modules have now been amended. As at the end of Q1 approximately a third of all of staff have overdue H&S training. Table 5c provides a breakdown by directorates and full details are within the embedded object.

Directorate	O/D Modules	Nos of Staff O/D
Finance and IT	7	5
Marketing	2	1
Operations	197	120
People and Culture	4	2
Property and Places	15	10
Grand Total	225	138
<i>Based on 435 staff</i>		32%

Table 5c



3.%20June%20UPDA
TED%2001.07.26.xlsx

7. Residents Safety

The Charity takes the safety of the residents seriously and aims to identify and reduce any significant risks that may impact on the health and/or safety of its residents.

7.1 Well-being/Room Checks

The summary of monthly well-being/room checks conducted are based on the number of flats within each property and the three expected welfare/room checks throughout each quarter.

Table 6 below, provides an overview of the well-being and room inspections that were conducted throughout Q1/2026-27 (excluding Hawker, Langdown, Rodney and The Eades).

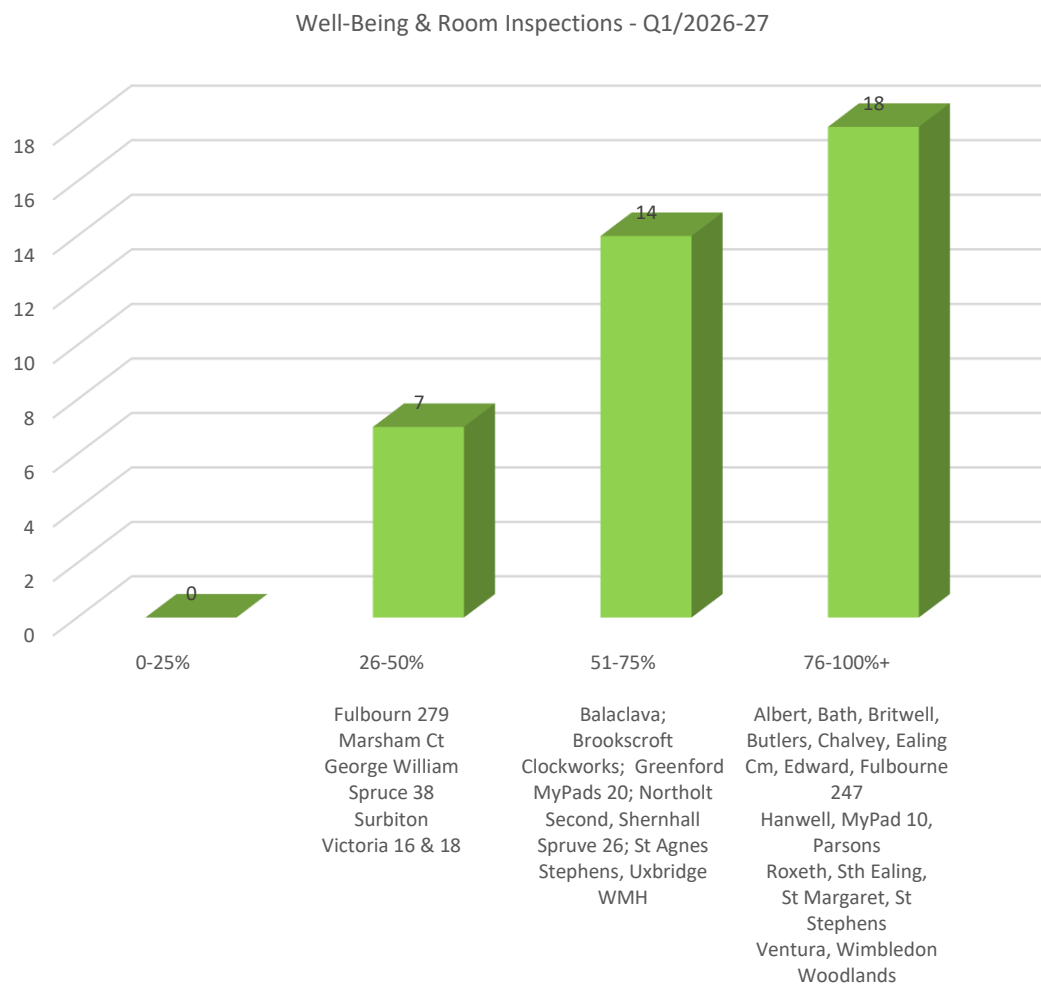


Table 6

Full information is available within the embedded object below, providing the breakdown by property and rooms, for committee members information and for the regional property managers to progress, where necessary with the various project managers.



Quarterly%20Montio
ring%20of%20Wellbe

7.1 Health and Safety Breaches

Eighty-six health and safety breach warnings across 13 projects, were issued throughout Q1/2026-27. Table 7 below provides a breakdown of the projects, the reasons why the warnings were issued and identifies the various warning levels. Further details are available in the embedded object below.



Q1.2026-27.xlsx

Nos	Warning/Breach
21	Smoking / Vaping / Candles / Incense
18	Failure To Evacuate Upon Alarm
13	Living Conditions
8	Smoke Detector
7	Visitors breach
5	Other, Please Provide Details
2	Grade 2 Warning
2	Grade 3 warning
1	1st warning for failing living standards
1	1st warning for failing to keep living standards tidy
1	ASB
1	Ebikes or Scooter Batteries
1	Leaving Rubbish Outside flat door and on floor outside bins
1	Rubbish in communal areas
1	Standing on Roof
1	Storing biked in communal area
1	Throwing rubbish from window
1	Warning 2
86	Grand Total

Table 7

Nos	Row Labels
18	Walthamstow Hostel
14	Roxeth Gate
11	South Ealing Hostel
11	Ventura House
8	Hanwell
8	Uxbridge
5	Greenford
3	Bath Road
3	Wimbledon Hostel
2	Surbiton Hostel
1	Ealing Common
1	St Margarets
1	St Stephens
86	Grand Total
Nos	Warning Level
40	1
14	2
23	3
2	Eviction Notice
7	Notice of Intention to Quit
86	Grand Total