ANNEX b006a

BENCHMARKING HEALTH AND SAFETY
IN
THE HEALTH AND SAFETY EXECUTIVE AND THE HIGHWAYS AGENCY

October 2002

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HIGHWAYS AGENCY

HSE Health & Safety Executive

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HIGHWAYS AGENCY

HSE
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CONTENTS

1		**EXECUTIVE SUMMARY**	**4**
		Comparison with Ministerial Checklist	**4**
		Recommendations	**8**
2		**INTRODUCTION**	**9**
	2.1	*Background*	**9**
	2.2	*The Organisations*	**9**
	2.3	*Objectives*	**10**
	2.4	*Project Team*	**10**
	2.5	*Deciding What to Benchmark*	**10**
	2.6	*Methodology*	**11**
3		**FINDINGS**	**12**
	3.1	*Awareness*	**12**
	3.2	*Organisation of Health and Safety*	**13**
	3.3	*Training*	**15**
	3.4	*Reporting*	**15**
	3.5	*Communication and Consultation*	**16**
	3.6	*Health*	**16**
	3.7	*Procurement/Purchasing*	**17**
	3.8	*Office Safety*	**17**
	3.9	*Travel/Lone Workers*	**18**
	3.10	*Diversity*	**18**
	3.11	*Comparison with Ministerial Checklist*	**19**
4		**RECOMMENDATIONS**	**23**
5		**ACKNOWLEDGEMENTS**	**24**
6		**APPENDICES**	
	1	*Ministerial Checklist*	**25**
	2	*Benchmarking*	**28**
	3	*Improvement Ideas*	**29**

HIGHWAYS AGENCY

HSE Health & Safety Executive

1. EXECUTIVE SUMMARY

This executive summary consists of a table detailing the performance of the two organisations in relation to the Ministerial Checklist and the recommendations from the exercise. The Ministerial Checklist has been colour coded as follows: Green - meets requirement; Amber – meets most of the requirements, but some minor change needed; Red – does not meet requirement or major change needed.

Comparison with Ministerial Checklist

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Policy - Can the organisation demonstrate its general intention, approach and objectives for the management of health and safety within the organisation, including the criteria and principles on which actions for health and safety are based?	A clear written policy, sets the organisation's strategy and arrangements for health and safety, developed in consultation with the Trade Union representing staff, signed by head of organisation **(Q1)**	• Has a clear written policy, which has been developed in consultation with the Trade Unions.	• Has a clear written policy, which has been developed in consultation with the Trade Unions.
	Performance standards are established to judge management performance. **(Q5**)	• Performance is measured against the annual Corporate and Health and Safety Improvement Plans.	• Performance standards other than accident and incident figures are not visible.
	Responsibility for health and safety at senior level, with a named individual at Board or equivalent level acting as Director. **(Q2**)	• A named Board Director is responsible for health and safety.	• Named Board Director is Health and Safety Champion. From an operational perspective this Board member's main focus is on safety and a different Board Director is responsible for health and welfare issues.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Organisation- Are the responsibilities and relationships which promote a positive safety culture clearly defined, and are there active procedures to secure the implementation and continued development of health and safety policy?	Health and safety responsibilities clearly defined, written down and appraisal system in place to hold staff accountable without excessive emphasis on allocation of blame. **(Q2)**	• Health and safety responsibilities are clearly defined. Managers have an objective on staff management, which covers their health and safety responsibilities.	• Health and safety responsibilities are clearly understood by managers, although there is no specific objective which covers it.
	Senior managers chair Joint management / Union safety committees. Decision makers with the authority to allocate resources attend when actions for improvement are to be discussed. **(Q3)**	• The Deputy Director General chairs the joint Trade Union/Management safety committee meetings, and other senior decision makers also attend.	• Joint Trade Union/Management safety committee meetings take place, although they are not chaired by a Board member.
	Health and safety standing item at board/ high-level forum as well as regular staff meetings. **(Q5 & 6)**	• Health and safety is a standing item at Board and high-level meetings, and the majority of staff meetings.	• Health and safety is a standing item at Board and high-level meetings, and some staff meetings.
	Access to competent advice for management and staff on safety and occupational health.	• Competent advice is available through several different avenues e.g. Health and Safety Adviser, Divisional Health and Safety coordinators and BMI.	• Competent advice is available through several different avenues e.g. Health and Safety Officer, Site & Office Safety Advisers, outside consultants and BMI.
	Training strategy and plan in place to ensure that all staff are competent to fulfil their roles effectively and safely. **(Q7)** All personnel including senior levels provided with health and safety training appropriate to the level of responsibility and role.	• Although there is no evidence of a formal training strategy for health and safety, training is provided and no staff identified unfulfilled health and safety training needs.	• Although there is no evidence of a formal training strategy for health and safety, training is provided and no staff identified unfulfilled health and safety training needs.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Planning and implementation- Does the organisation have a clearly defined system for implementing its health and safety policy?	Arrangements in place to ensure that all risk assessments and training required by legislation are systematically completed and recorded centrally and locally to ensure information is readily accessible. Assessments take account of employees' individual capabilities **(Q8 & 10)**.	• Risk assessments are carried out and recorded locally. Individual training records are used to record the training required by legislation.	• Risk assessments are carried out and recorded locally. Individual training records are used to record the site safety training required by HA policy. It is proposed that this will be recorded centrally in the future.
	Assessments address the health and safety of non employees e.g. members of the public or contractors affected by the organisation's services or activities **(Q4).**	• Assessments address the needs of public and contractors working in HSE offices.	• Assessments address the needs of public and contractors in HA offices.
	Competency and ability of all contractors to deliver equivalent standards for health and safety is assessed and controlled. **(Q12)**	• The health and safety capability of contractors has not until recently been considered and is not yet part of the tendering/decision process. There is not yet any formal health and safety assessment of contractors.	• The health and safety capability of contractors is part of the tendering process and the ongoing assessment of contractors has recently commenced.
	Safety plan agreed between senior management and Trade Union representatives which sets objectives, responsibilities, and time scales to ensure effective measures are implemented to control the risks identified as part of assessment. **(Q1)**	• The Health and Safety Plan is formulated by the Corporate Health and Safety Committee, which includes Trade Union representation.	• Although some health and safety targets exist, they are seemingly not comprehensive. No single document exists as a recognisable Health and Safety Plan, although various targets are included in several other plans within the HA.
	Resources needed to achieve health and safety objective identified and agreed at senior level.	• Resources for health and safety are agreed at a senior level based on organisational priorities.	• Resources for health and safety are agreed at a senior level based on organisational priorities.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Monitoring and review - Does the method which the organisation uses to measure its performance on health and safety against its own policy and performance standards ensure compliance with legislative requirements?	Adequate procedures in place for reporting and investigating all accidents, injuries, ill health and near misses whether or not reportable under RIDDOR. **(Q9)**	• Procedures are in place for reporting and investigating accidents and injuries; ill health caused by work is not reported on in the same way. Accident and incident records are held locally and centrally.	• Procedures are in place for reporting and investigating accidents and injuries; ill health caused by work is not reported on in the same way. Accident and incident records are held locally and centrally.
	Systems in place for regular inspection (including joint inspection with Trade Union safety representatives) of workplace, and audits of health and safety management systems. **(Q5)**	• Regular inspections, including many with the Trade Unions take place. Some audits of the health and safety management systems are carried out.	• Regular inspections, including many with the Trade Unions take place. Some audits of the health and safety management systems are carried out.
	Procedures in place to ensure that risk assessments are regularly reviewed and identified actions are implemented within set time scales. **(Q5 &11)**	• Risk assessments are the responsibility of individual Directorates and managers. No central review or records kept.	• Risk assessments for staff working both in the office and on sites are reviewed periodically.
	Regular performance returns (in a form agreed with staff's Trade Union representatives) to senior board meetings.	• Regular data is provided to the Board and senior managers & they review progress against the health and safety plan on a half yearly basis.	• Regular data is provided to the Board and senior managers.
	Outcome of monitoring e.g. assessments, investigations and inspections are reviewed and findings reported to senior management for action where necessary to ensure plans and objectives are achievable. **(Q11)**	• Major findings reported to management through regular reports. It is not clear whether this includes plans and objectives for all monitoring results.	• Major findings reported to management through regular reports. It is not clear whether this includes plans and objectives for all monitoring results.
	Performance of all contractors to deliver their services to equivalent standards of health and safety is monitored and management procedures in place to rectify short falls. **(Q12)**	• Performance of contractors is not yet managed.	• Monitoring contractors' accidents and incidents is carried out and the monitoring of contactors' work practices and procedures in respect of health and safety is regularly carried out.

RECOMMENDATIONS

Both Organisations

1. Improve occupational health advice; the reputation of BMI is poor and is seen as mainly reactive.
2. HSE and HA to work together to consider methods of identifying ill health caused by work (at present it is difficult to identify the cause of ill health in many cases), and to then plan to reduce absence due to work related health problems.
3. Review monitoring and audit of health and safety systems to ensure they are systematic and embedded in processes and procedures (e.g. central recording and monitoring of some information and systems).
4. Ensure that health and safety is a standing item on all regular staff meeting agendas.
5. Improve the systems to ensure that risk assessments and health and safety training are consistent and carried out in a timely manner that can be evidenced centrally.
6. Develop formal strategy for health and safety training.
7. HSE and HA to work together to produce practical procedures on "lone working" (staff working late in the office or undertaking visits and travel alone) and communicate this to staff. The Suzy Lamplugh Trust can offer advice.
8. Review the policy and procedures on working from and at home. Define the policy on the frequency of workstation assessments for these staff.
9. Review the procedures relating to incidents in landlord owned parts of buildings; who conducts the investigation? What responsibility does the employer have, both legally and morally, to a staff member who might have been injured?
10. Review the process for obtaining special equipment for health and safety reasons to ensure that it is as timely as possible.
11. Review the improvement ideas listed in Appendix 3 and take appropriate action.

Health and Safety Executive

1. Purchasing/Procurement does not at present use health and safety in their decisions for awarding contracts. A strategy is presently in development and this will need to address the relevant parts of the Ministerial Checklist. Suggest that they learn from the work that has already been done by the HA.
2. Review all internal procedures for Health and Safety Management System and identify the necessary measures to enable performance to be monitored.
3. Provision of additional video conferencing facilities to reduce travel and therefore reduce stress and improve health of staff.

Highways Agency

1. Review the organisational structure for health and safety management to give clearer focus and maximise benefits from sharing skills and knowledge.
2. Consideration should be given to a Board member chairing the national Health and Safety Committee. This would send a signal to staff that health and safety is important and should make it quicker and easier to make and implement decisions.
3. Define all internal procedures for Health and Safety Management System and identify the necessary measures to enable performance to be monitored.
4. Introduce a formal objective for managers that includes their health and safety responsibility (could be health and safety specific or part of "caring for staff").
5. Increase the awareness and knowledge of health and safety through formal training and other methods.
6. Continue to work towards a more collaborative, partnership-based relationship with the Trade Unions.
7. Review health and safety reporting in order to ensure consistency of reporting periods.
8. There should be a policy on managing the issues of staff travelling on Agency business and offering driver training where necessary.

2. INTRODUCTION

This project was the result of an approach by David Eves, Deputy Director General of Health & Safety Executive (HSE) to Tim Matthews, Chief Executive of the Highways Agency (HA) to undertake a benchmarking exercise of internal health and safety management with the HA. The aim of the project was to share good practice and identify how performance could be improved within a framework offered by the 'Ministerial Checklist' put forward under the *ReVital*ising Agenda.

2.1 Background

2.1.1 The HA's Chief Executive endorsed participation in the project and representatives from HSE and HA met to discuss how to take the project forward. As the HA had an existing process for undertaking benchmarking exercises, it was agreed that this methodology would be followed for this project, and that the HA would take the lead in managing the project.

2.1.2 In this report all references to HSE and HA cover those interviewed for this project, rather than the whole of HSE or HA.

2.2 The Organisations

Health and Safety Executive (HSE)
The HSE has around 4,200 staff based in offices around the country, with a substantial presence at the Head Office in Bootle. The HSE are responsible for ensuring that the risks to people's health and safety from work activities are properly controlled. They inspect workplaces; investigate accidents and cases of ill health; enforce good standards; provide information, publish guidance and advice and carry out research. Many staff travel in the course of their duties and are exposed to hazardous situations such as inspecting docks, chemical plants and mines.

Health and Safety Laboratory (HSL)
The HSL operates as an Agency of the HSE and employs around 350 people based primarily on two sites. It carries out two main areas of activity; operational support through incident investigation and studies of workplace situations; and longer term work on analysis and resolution of occupational health and safety problems. Independent of commercial interests, HSL provides a service to other government departments, other governments and the private sector as well as HSE.

Highways Agency (HA)
The HA has around 2,000 staff based in 11 offices around England. The HA is responsible for the maintenance, operation and improvement of England's motorway and trunk road network. The organisation is involved with the high-risk construction and civil engineering industries, based around a live network of major roads. The Agency delivers the majority of its services through third parties and although the majority of staff are office based, a substantial number are still involved in visiting sites.

2.3 Objectives

2.3.1 The overall project objective was to undertake a benchmarking exercise within the framework provided by the *ReVitali*sing agenda, to identify potential areas of improvement for HSE and HA. In meeting this, the project sought to identify areas of common interest on health and safety and compare what each organisation did to meet its obligations in those areas. This would then be used to provide the organisations' respective Boards with an indication of their relative strengths and areas for improvement in meeting the *ReVitali*sing agenda.

2.3.2 The expected outcomes were:

- Each organisation would learn from the other, ways in which it could improve the delivery of health & safety and plan ways to implement those improvements;
- Each organisation would gain a better understanding of its own (and other) processes for dealing with health & safety which could be built on subsequently to develop suitable performance measures and targets;
- Each organisation would be able to report, if required, to DfT (formerly DETR) and the High Level Forum the extent to which they met the Ministerial Checklist requirements and what steps they had in place to meet any shortcomings; and
- A successful benchmarking partnership would be established which could aid future health and safety improvements.

2.4 Project Team

2.4.1 The project team was made up as follows:

John Ives	Health & Safety Adviser	HSE
Mike Greenhalgh	Health & Safety Officer	HA
Paul Goward	Office Health & Safety	HA
Gary Elflett	Business Improvement Consultant	HA
Samantha Hargreaves	Business Improvement Consultant	HA
Liz Barlow	Consultant	Oakland Consulting

2.5 Deciding What to Benchmark

2.5.1 Decisions about what to benchmark were governed by the existing Ministerial Checklist approved by the *ReVitali*sing High Level Forum requirements and a degree of pragmatism.

2.5.2 The Ministerial Checklist (see Appendix 1), covering Policy, Organisation, Planning and Implementation, and Monitoring and Review, was used as the starting point to identify the areas to cover.

2.5.3 The scope of the project did not provide for a focus on quantitative data nor did it cover the detail of accident and incident statistics. Instead, the emphasis was on qualitative information in order to find out how staff perceived the internal health and safety system and to identify good practice, which could be shared to improve both organisations.

2.5.4 Whilst much of the information gathered during the meetings was naturally of a subjective nature, it did give an indication of how the health and safety systems within the two organisations functioned and were deployed.

2.6 Methodology

2.6.1 The project provided an opportunity for explorative benchmarking to be undertaken within an environment in which both organisations were working in partnership to identify areas for improvement. Neither organisation was able to identify clearly, in process performance terms, how well it undertook its respective health and safety mandate. The benchmarking therefore focused on what was done, how it was recorded etc. using the Ministerial Checklist as a framework. It was recognised that subsequent work may be required to develop the performance measures that support the approach.

2.6.2 There are four principal types of benchmarking; internal, explorative, comparative and best practice (see Appendix 2). It was agreed to use the Highways Agency's explorative benchmarking approach for the project, as:

- this method provides a substantial amount of information in a relatively short time; and
- performance information was not available for best practice benchmarking.

2.6.3 However, the project was unusual in that there were only two partners (normally several different organisations would be involved), although both covered a diverse range of work and a wide geographical spread.

2.6.4 The project team identified several different areas to address, which it thought would give a cross section of information about the existing position in respect of health and safety in the two organisations. After discussions with the Trade Unions, some additional areas were added.

2.6.5 Draft questions for use with the above groups were designed and agreed by the project team, and then piloted at three meetings with HSE staff. The questions were refined and it was agreed that, wherever possible, the data would be gathered at face-to-face meetings.

2.6.6 Twenty-seven people were interviewed covering a cross-section of grades and job roles, and a meeting was held with three Trade Union representatives. It was recognised that given the number of people in both organisations, the numbers actually interviewed were not a statistically significant sample.

2.6.7 The information gathering meetings were undertaken by HA Business Improvement Team members and/or a consultant working with the project and on occasions included HSE or HA health and safety staff as observers. Written evidence or documentation to support the information given during the meetings was not requested, although some reference documents were gathered to assist in the formulation of this report.

2.6.8 Appointments were made in advance by telephone giving details of the project and its purpose, but not the questions that were to be asked. Similar but different sets of questions were used, depending on the role of the person being interviewed. These were categorised as follows:

- Board Champion/Senior Manager
- Procurement/Purchasing
- Health and Safety Advisers and Officers
- Managers
- Staff members
- People who are out of the office for a proportion of their job

2.6.9 Where feasible, both men and women in each group were interviewed and diversity issues were taken into consideration. Brief notes from the meetings were compiled and sent to the participants for checking and agreement. This ensured that confidentiality was maintained so that people felt able to be open and honest. It also ensured that the information recorded was confirmed by those involved. Each information-gathering meeting lasted around an hour.

3. FINDINGS

There were two interesting phenomena at work during the information gathering meetings. Due to the nature of the work in the HSE, which is health and safety, it was difficult to differentiate between what people knew because of the work that they did, and what they knew (or should know) as a member of staff.

In the HA most people's first thought when thinking about health and safety was safety of the road network and construction sites. It was quite difficult at times to encourage the more senior participants and those whose work involved visiting sites or were closely involved with the road network, to discuss health and safety of staff in offices. This was because, in comparison to construction sites and the road network, offices were perceived as being relatively safe.

3.1 Awareness

Responsibilities

3.1.1 The level of awareness about health and safety in the two organisations was good; all staff were aware of their own personal responsibilities and line managers were clear about their roles. Staff knew that they had a duty to themselves and others and that they should report health and safety issues and concerns, as well as any incidents or accidents – no matter how small or where the blame lay. Most managers were aware that they were responsible for the health and safety of their staff and all took this role seriously. They knew that new staff should be briefed on the day that they started with the organisation.

Health and Safety Champion

3.1.2 Many staff in the HSE knew that the Board Champion was Justin McCracken. In the HA staff were less clear. A few were able to correctly name Ginny Clarke; others thought that it was the HRS Director, Steve Williams, and some had no idea. This may be due to the differences in the structure of health and safety provision in the two organisations (see Organisation of Health and Safety at 3.2 below).

Access to Information and Central Health and Safety Support

3.1.3 Most people in both organisations knew where to go to if they had any queries or problems. In the first instance, this was their line manager or the facilities person in the building. Many would use their own networks within their particular team or department (e.g. If there was a site safety officer based in their building or colleagues who had a greater health and safety knowledge or responsibility.)

3.1.4 Inspectors in the HSE were the most likely to refer to written information, as they were used to consulting health and safety supplements as part of their work.

3.1.5 Awareness of the existence of central support for health and safety was patchy; about half the people in HSE mentioned it, and in the HA only a few were aware of the Health and Safety Officer or the PFM Office Health and Safety staff.

Health

3.1.6 Managers in both organisations were aware of their safety responsibilities. However, in the HA there was less clarity about their role in the health of staff; some felt that once they had notified sickness absence, HRS would advise if there was anything else that they needed to do. In HSE there is a formal "return to work" discussion with staff who had been absent from work due to illness, which was clearly embedded in the organisation. These discussions also take place in parts of HA, although it was less clear how far they were deployed within the organisation.

Diversity

3.1.7 Most staff in both organisations had undertaken diversity training, although few recalled any mention of health and safety as part of the course. All staff understood that there were people who would have particular needs as far as health and safety was concerned.

3.2 Organisation of Health and Safety

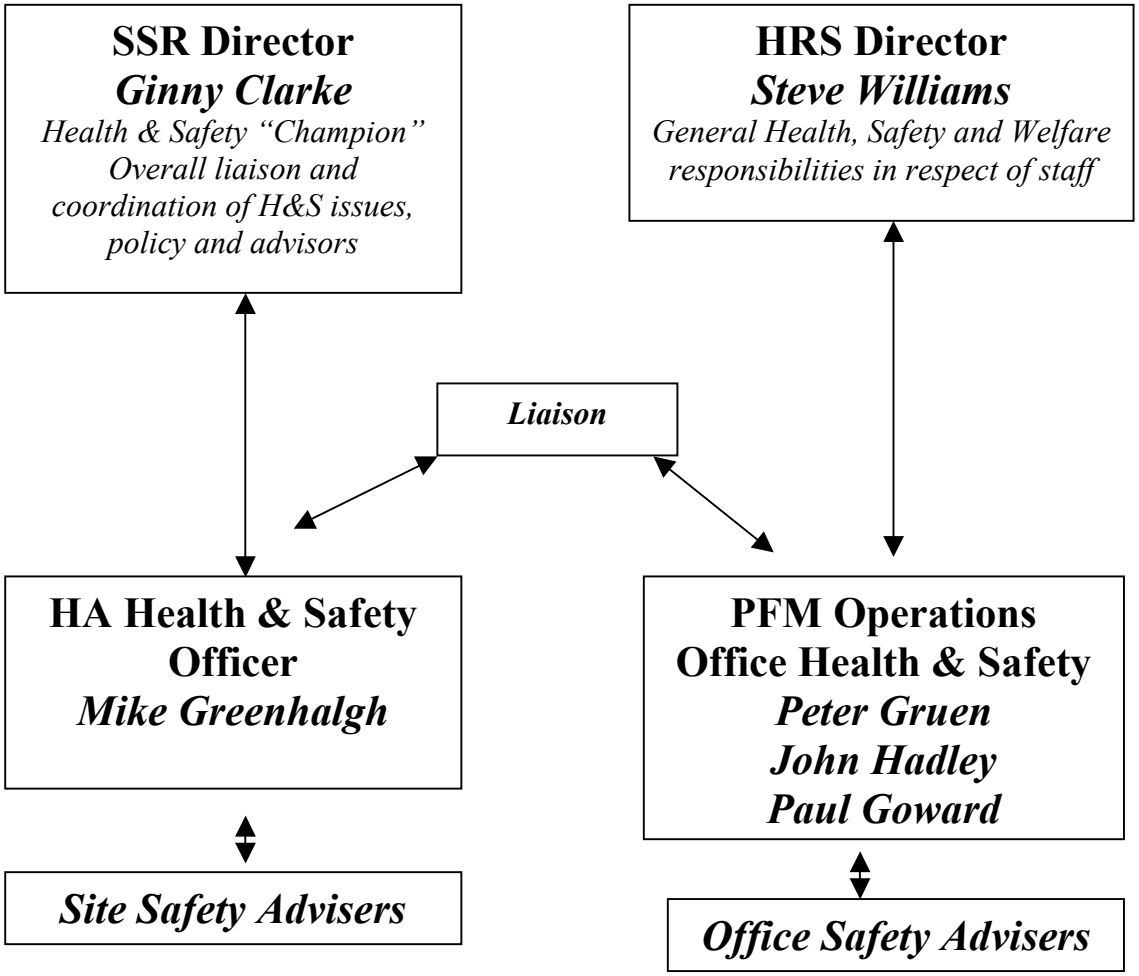
3.2.1 As the diagram below shows, high-level responsibility for health and safety is structured differently in the two organisations, with the HA having a more complex organisational structure than the HSE.

3.2.2 The HSE Health and Safety Champion is the Deputy Director of the organisation. Those interviewed from HSE were clear that responsibility for both health and safety lies with line managers and that advice and assistance in carrying out these responsibilities exists.

3.2.3 The Health and Safety Champion in the HA is the Safety, Standards and Research Board Director; however, operational responsibility for office health, safety and welfare is the responsibility of the Director of HRS. The result of this is that many people were not clear who the board member responsible for health and safety was, and that the management of health and safety within the HA appears more fragmented. This caused concern that some of the issues may not be visible to those responsible.

ORGANISATION OF HEALTH & SAFETY

Highways Agency



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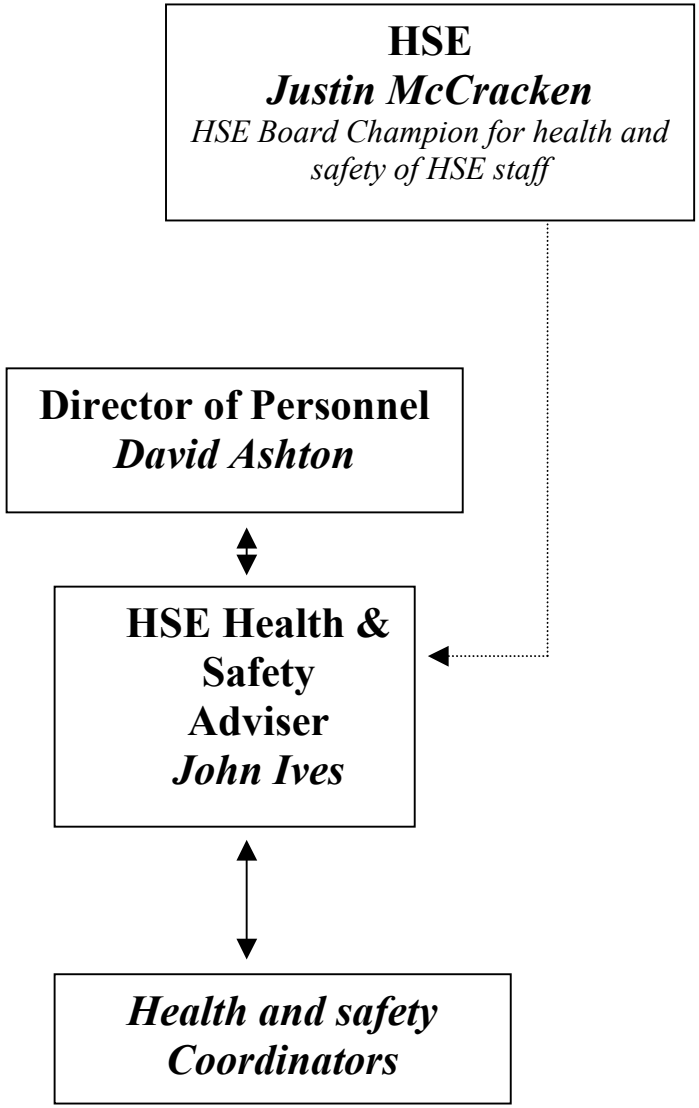


3.3 Training

3.3.1 All staff in both organisations had received briefings about health and safety and had access to information at their desktop. Most staff in both organisations (with the exception of a few who were entirely office based) had received some sort of health and safety training.

3.3.2 HSE inspectors had received a substantial amount of training for their roles and had regular updates and refreshers. All staff in HSE who drove as part of their job had been offered safe driver training (and if some time ago, a refresher), and most had undertaken the training.

3.3.3 All staff in HA who had to travel to sites had received training and were very aware of the dangers of construction sites. All knew about being briefed on any specific hazards for each site. Driver training was mentioned as being available by a few people, although its availability and follow up did not appear as structured as in the HSE.

3.3.4 Staff within both organisations with specific responsibilities for health and safety had all received the necessary specialist training (Risk Assessment, DSE, Site Safety Adviser etc.) and some had taken specific qualifications.

3.3.5 Staff with specific hazards associated with their role in both organisations had also received training e.g. confined spaces, working at heights, working with chemicals etc.

3.3.6 No one, in either organisation, said that they had un-fulfilled health and safety training needs and no one had ever had a request for health and safety training refused.

3.4 Reporting

3.4.1 Both organisations produce regular reports on health and safety matters including accident and incident statistics. Reports are also provided for the health and safety meetings, which are attended by the Trade Union(s).

<u>Health and Safety Executive</u>

3.4.2 Monthly, half yearly and annual reports to the Board. Each directorate produces regular reports and reviews against the Health and Safety plan.

<u>Highways Agency</u>

3.4.3 Monthly, and annual reports to the Board that include incidents on the network as well as internal issues. Each building completes a monthly, quarterly, half yearly and annual return on health and safety.

3.5 Communication and Consultation

3.5.1 In both organisations, formal Trade Union consultation occurs through the Whitley structure and all the unions are represented on the Health and Safety Committees. The HSE has a good working relationship with the union representatives and has adopted a positive partnership role over the last couple of years, which has enabled health and safety improvements to be made within the organisation. HA Trade Unions have in the past tended to rely on legislative guidance to agree with Management on the level of health and safety provision. However, both the Trade Unions and Management are keen to work towards a partnership approach to improving health and safety performance.

3.5.2 Most staff in both organisations would look up health and safety information using the Intranet/Acrobat (in HA, now the Portal) and were confident that it was up to date. A few still held paper copies of information because they preferred to work from paper. In some parts of HSL manuals were the primary source of information and they were maintained to ISO 9001 quality standards. In both HA and HSE specialist information was also held in manuals.

3.5.3 Health and safety was on the agenda at all the senior management level meetings in both organisations. At staff meetings, health and safety was on the agenda at many of the meetings in the HSE and several in the HA; all staff said that if it was not on the agenda and they had an issue, they would have no hesitation in bringing the matter up.

3.6 Health

3.6.1 Most line managers in HSE and some in HA met with staff on their return from sick leave and would try to find out if the illness was work related. They kept an eye on their staff for signs of stress or other problems.

3.6.2 HA have a tick box on the self-certification form, which asks if the illness was due to work reasons. However, it was recognised by both HSE and HA that in some instances, staff were reluctant to admit that health problems were work related.

3.6.3 Occupational health services are provided by BMI to both organisations. This service (other than the health screening provided by nurses occasionally) was not well thought of in either organisation and several people specifically said that they should be replaced.

3.6.4 Stress was seen as an issue in both organisations and HA conducted audits in 1998 and 2000, which resulted in guidance to managers and staff. More will be done following the development of a “people strategy” document later this year. HSE recently agreed a Strategy on Stress at the July 2002 Board meeting and risk assessments are now being carried out.

3.6.5 In HSE many of the inspectors have to undertake a substantial amount of travel as part of their work. Efforts had been made over the last year to reduce the amount that staff had to travel and, where possible, staff are encouraged to use public transport (e.g. for meetings in London). However, they do not have access to the same level of video conference facilities that are available in the HA, which cuts down travel.

3.7 Procurement/Purchasing

3.7.1 The HA makes huge purchases and lets many major contracts for road building, improvement and maintenance (around £21 billion will be invested over the next 10 years). The work that the suppliers undertake on these contracts is inherently hazardous and health and safety plays a part in the decision about who should be awarded a contract.

3.7.2 They had recently published their procurement strategy in the form of a booklet called "Delivering best value solutions and services" which covers all aspects of the HA approach, including health and safety. They have a pre-qualification process that includes a questionnaire, which aims to identify suppliers who are the most eligible and then the tendering process seeks to find the most suitable. Both these processes include the contractor's approach and record on health and safety. HA are moving towards a partnership relationship with suppliers and have made good progress, but recognise that they still have much to do to achieve excellence in procurement practice.

3.7.3 The money that HSE spends is not in the same order of magnitude as the HA and they are just starting to develop their procurement strategy, policies and procedures.

3.7.4 This also applies to the ongoing management of contractors; HA have commenced the monitoring of contractors' ability to deliver equivalent standards of health and safety, whilst this is not yet in place in HSE.

3.8 Office Safety

3.8.1 Staff in both the organisations considered that offices provided quite safe working environments compared with many other workplaces. HSE staff compared them with the many places that they inspect; hospitals, mines, docks, drilling platforms, factories, garages etc whilst HA staff compared offices with construction sites and the road network.

3.8.2 This can produce two opposing issues:

- Small problems in offices are "blown up" out of all proportion to their relative risk and seriousness in the wider scheme of things; and
- Office safety is not taken seriously, because compared with the major hazards and risks that people see, office safety risks perceived as trivial.

3.8.3 Staff interviewed appreciated these two issues, although several people raised the matter of trivial issues taking up a lot of time. One person spoke about comparing issues with "the normal risks of life", in order to try to get them in proportion.

3.8.4 Both organisations experience the usual slips/trips caused by split water, a drawer left open or steam from a kettle etc. Whilst staff were generally aware of, and in the majority of cases followed, the reporting procedures, there was little understanding of how responsibility for health and safety varied depending on where in the building an incident occurred. For instance, in one of the organisations, a member of staff had had an accident on the stairs, which were the landlord's responsibility. However, the person concerned was not aware that their employer was not responsible for all areas in which they moved whilst at work.

Working from Home

3.8.5 HSE has a limited number of formally agreed home workers (i.e. where HSE provides a workstation at home) and in these cases, DSE assessments are carried out. The policy on home working is under review and when this is complete the health and safety implications will be considered further. The HA has a draft policy document which supports the working at home (home working) pilot and those on this pilot are visited by a competent person who conducts a risk assessment on their workstation.

3.8.6 Both organisations have staff that start and/or finish their working day at home but still have a workstation in an office. Risk assessments are not undertaken on the home in these cases.

3.9 Travel/Lone Workers

3.9.1 This was one of the most mentioned issues during the interviews. Staff realised that the issue of where an employer's responsibility starts and finishes was complex. However, most staff thought that there should be a workable, effective, but not bureaucratic, procedure to ensure that when they had been out alone on business and were not returning to the office, that they had reached their destination safely.

3.9.2 Some teams and many staff have their own personal procedures for this and the introduction of mobile phones in both organisations has improved things greatly. Both HSE and HA staff frequently undertake visits alone, sometimes starting or finishing the journeys at home. If they live alone, it could be some time before it is realised that they are missing. The concern is that the procedures that exist are not robust enough and are not followed rigorously.

3.9.3 Another issue raised by HA staff was about people working late in an office alone on a floor or section. If they had an accident or became ill, would anyone be aware? There are procedures for this, but most staff were not aware of them. HSE staff did not raise this.

3.10 Diversity

3.10.1 Staff with disabilities and staff whose ethnic background was not the UK were interviewed. From a health and safety perspective only one of these people needed special arrangements should an emergency evacuation be required, which had been made without question as soon as the issue was raised. These arrangements are quite unusual, but are the choice of the person concerned and have been approved and tested by the emergency services.

3.10.2 Provision of special equipment to assist people who are disabled or who have special needs is common in both organisations. All those interviewed were confident that if someone needed a special piece of equipment for health and safety reasons, that it would be provided. There were a few suggestions (see Appendix 3) about the speeding up of the provision of larger items.

3.10.3 No concerns were raised in respect of religious or ethnic background in relation to health and safety.

3.11 Comparison with Ministerial Checklist

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Policy - Can the organisation demonstrate its general intention, approach and objectives for the management of health and safety within the organisation, including the criteria and principles on which actions for health and safety are based?	A clear written policy, sets the organisation's strategy and arrangements for health and safety, developed in consultation with the Trade Union representing staff, signed by head of organisation **(Q1)**	• Has a clear written policy, which has been developed in consultation with the Trade Unions.	• Has a clear written policy, which has been developed in consultation with the Trade Unions.
	Performance standards are established to judge management performance. **(Q5**)	• Performance is measured against the annual Corporate and Health and Safety Improvement Plans.	• Performance standards other than accident and incident figures are not visible.
	Responsibility for health and safety at senior level, with a named individual at Board or equivalent level acting as Director. **(Q2**)	• A named Board Director is responsible for health and safety.	• Named Board Director is Health and Safety Champion. From an operational perspective this Board member's main focus is on safety and a different Board Director is responsible for health and welfare issues.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Organisation- Are the responsibilities and relationships which promote a positive safety culture clearly defined, and are there active procedures to secure the implementation and continued development of health and safety policy?	Health and safety responsibilities clearly defined, written down and appraisal system in place to hold staff accountable without excessive emphasis on allocation of blame. **(Q2)**	• Health and safety responsibilities are clearly defined. Managers have an objective on staff management, which covers their health and safety responsibilities.	• Health and safety responsibilities are clearly understood by managers, although there is no specific objective which covers it.
	Senior managers chair Joint management / Union safety committees. Decision makers with the authority to allocate resources attend when actions for improvement are to be discussed. **(Q3)**	• The Deputy Director General chairs the joint Trade Union/Management safety committee meetings, and other senior decision makers also attend.	• Joint Trade Union/Management safety committee meetings take place, although they are not chaired by a Board member.
	Health and safety standing item at board/ high level forum as well as regular staff meetings. **(Q5 & 6)**	• Health and safety is a standing item at Board and high-level meetings, and the majority of staff meetings.	• Health and safety is a standing item at Board and high-level meetings, and some staff meetings.
	Access to competent advice for management and staff on safety and occupational health.	• Competent advice is available through several different avenues e.g. Health and Safety Adviser, Divisional Health and Safety coordinators and BMI.	• Competent advice is available through several different avenues e.g. Health and Safety Officer, Site & Office Safety Advisers, outside consultants and BMI.
	Training strategy and plan in place to ensure that all staff are competent to fulfil their roles effectively and safely. **(Q7)** All personnel including senior levels provided with health and safety training appropriate to the level of responsibility and role.	• Although there is no evidence of a formal training strategy for health and safety, training is provided and no staff identified unfulfilled health and safety training needs.	• Although there is no evidence of a formal training strategy for health and safety, training is provided and no staff identified unfulfilled health and safety training needs.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Planning and implementation- Does the organisation have a clearly defined system for implementing its health and safety policy?	Arrangements in place to ensure that all risk assessments and training required by legislation are systematically completed and recorded centrally and locally to ensure information is readily accessible. Assessments take account of employees' individual capabilities **(Q8 & 10).**	• Risk assessments are carried out and recorded locally. Individual training records are used to record the training required by legislation.	• Risk assessments are carried out and recorded locally. Individual training records are used to record the site safety training required by HA policy. It is proposed that this will be recorded centrally in the future.
	Assessments address the health and safety of non employees e.g. members of the public or contractors affected by the organisation's services or activities **(Q4).**	• Assessments address the needs of public and contractors working in HSE offices.	• Assessments address the needs of public and contractors in HA offices.
	Competency and ability of all contractors to deliver equivalent standards for health and safety is assessed and controlled. **(Q12)**	• The health and safety capability of contractors has not until recently been considered and is not yet part of the tendering/decision process. There is not yet any formal health and safety assessment of contractors.	• The health and safety capability of contractors is part of the tendering process and the ongoing assessment of contractors has recently commenced.
	Safety plan agreed between senior management and Trade Union representatives which sets objectives, responsibilities, and time scales to ensure effective measures are implemented to control the risks identified as part of assessment. **(Q1)**	• The Health and Safety Plan is formulated by the Corporate Health and Safety Committee, which includes Trade Union representation.	• Although some health and safety targets exist, they are seemingly not comprehensive. No single document exists as a recognisable Health and Safety Plan, although various targets are included in several other plans within the HA.
	Resources needed to achieve health and safety objective identified and agreed at senior level.	• Resources for health and safety are agreed at a senior level based on organisational priorities.	• Resources for health and safety are agreed at a senior level based on organisational priorities.

ELEMENT	OBJECTIVE	HEALTH & SAFETY EXECUTIVE	HIGHWAYS AGENCY
Monitoring and review - Does the method which the organisation uses to measure its performance on health and safety against its own policy and performance standards ensure compliance with legislative requirements?	Adequate procedures in place for reporting and investigating all accidents, injuries, ill health and near misses whether or not reportable under RIDDOR. **(Q9)**	• Procedures are in place for reporting and investigating accidents and injuries; ill health caused by work is not reported on in the same way. Accident and incident records are held locally and centrally.	• Procedures are in place for reporting and investigating accidents and injuries; ill health caused by work is not reported on in the same way. Accident and incident records are held locally and centrally.
	Systems in place for regular inspection (including joint inspection with Trade Union safety representatives) of workplace, and audits of health and safety management systems. **(Q5)**	• Regular inspections, including many with the Trade Unions take place. Some audits of the health and safety management systems are carried out.	• Regular inspections, including many with the Trade Unions take place. Some audits of the health and safety management systems are carried out.
	Procedures in place to ensure that risk assessments are regularly reviewed and identified actions are implemented within set time scales. **(Q5 &11)**	• Risk assessments are the responsibility of individual Directorates and managers. No central review or records kept.	• Risk assessments for staff working both in the office and on sites are reviewed periodically.
	Regular performance returns (in a form agreed with staff's Trade Union representatives) to senior board meetings.	• Regular data is provided to the Board and senior managers & they review progress against the health and safety plan on a half yearly basis.	• Regular data is provided to the Board and senior managers.
	Outcome of monitoring e.g. assessments, investigations and inspections are reviewed and findings reported to senior management for action where necessary to ensure plans and objectives are achievable. **(Q11)**	• Major findings reported to management through regular reports. It is not clear whether this includes plans and objectives for all monitoring results.	• Major findings reported to management through regular reports. It is not clear whether this includes plans and objectives for all monitoring results.
	Performance of all contractors to deliver their services to equivalent standards of health and safety is monitored and management procedures in place to rectify short falls. **(Q12)**	• Performance of contractors is not yet managed.	• Monitoring contractors' accidents and incidents is carried out and the monitoring of contactors' work practices and procedures in respect of health and safety is regularly carried out.

4. RECOMMENDATIONS

Both Organisations

1. Improve occupational health advice; the reputation of BMI is poor and is seen as mainly reactive.
2. HSE and HA to work together to consider methods of identifying ill health caused by work (at present it is difficult to identify the cause of ill health in many cases), and to then plan to reduce absence due to work related health problems.
3. Review monitoring and audit of health and safety systems to ensure they are systematic and embedded in processes and procedures (e.g. central recording and monitoring of some information and systems).
4. Ensure that health and safety is a standing item on all regular staff meeting agendas.
5. Improve the systems to ensure that risk assessments and health and safety training are consistent and carried out in a timely manner that can be evidenced centrally.
6. Develop formal strategy for health and safety training.
7. HSE and HA to work together to produce practical procedures on “lone working” (staff working late in the office or undertaking visits and travel alone) and communicate this to staff. The Suzy Lamplugh Trust can offer advice.
8. Review the policy and procedures on working from and at home. Define the policy on the frequency of workstation assessments for these staff.
9. Review the procedures relating to incidents in landlord owned parts of buildings; who conducts the investigation? What responsibility does the employer have, both legally and morally, to a staff member who might have been injured?
10. Review the process for obtaining special equipment for health and safety reasons, to ensure that it is as timely as possible.
11. Review the improvement ideas listed in Appendix 3 and take appropriate action.

Health and Safety Executive

1. Purchasing/Procurement does not at present use health and safety in their decisions for awarding contracts. A strategy is presently in development and this will need to address the relevant parts of the Ministerial Checklist. Suggest that they learn from the work that has already been done by the HA.
2. Review all internal procedures for Health and Safety Management System and identify the necessary measures to enable performance to be monitored.
3. Provision of additional video conferencing facilities to reduce travel and therefore reduce stress and improve health of staff.

Highways Agency

1. Review the organisational structure for health and safety management to give clearer focus and maximise benefits from sharing skills and knowledge.
2. Consideration should be given to a Board member chairing the national Health and Safety Committee. This would send a signal to staff that health and safety is important and should make it quicker and easier to make and implement decisions.
3. Define all internal procedures for Health and Safety Management System and identify the necessary measures to enable performance to be monitored.
4. Introduce a formal objective for managers that includes their health and safety responsibility (could be health and safety specific or part of “caring for staff”).
5. Increase the awareness and knowledge of health and safety through formal training and other methods.
6. Continue to work towards a more collaborative, partnership-based relationship with the Trade Unions.
7. Review health and safety reporting in order to ensure consistency of reporting periods.
8. There should be a policy on managing the issues of staff travelling on Agency business and offering driver training where necessary.

5. ACKNOWLEDGEMENTS

5.1 The project team is very grateful to all those who gave up their time and provided information for this exercise. They have not been listed in this report, in order that their names do not enter the public domain through the electronic publication of this report by either of the organisations. However, each person who took part will receive a personal copy of this report.

Policy - Can the organisation demonstrate its general intention, approach and objectives for the management of health and safety within the organisation, including the criteria and principles on which actions for health and safety are based?	Health and safety is an integral part of the organisation's business. There is an effective health and safety policy and management arrangements to deliver the policy which ensures at least conformity with legal requirements	A clear written policy, sets the organisation's strategy and arrangements for health and safety, developed in consultation with the Trade Union. representing staff, signed by head of organisation **(Q1)** Performance standards are established to judge management performance. **(Q5**) Responsibility for health and safety at senior level, with a named individual at Board or equivalent level acting as Director. **(Q2**)
Organisation- Are the responsibilities and relationships which promote a positive safety culture clearly defined, and are there active procedures to secure the implementation and continued development of health and safety policy?	Clear understanding by all individuals of their health and safety responsibilities and their accountability for them. Senior and other managers demonstrate commitment to high standards of health and safety Effective communication, staff involvement and participation. The promotion of competence enabling all staff to make a responsible and informed contribution to the overall plan	Health and safety responsibilities clearly defined, written down and appraisal system in place to hold staff accountable without excessive emphasis on allocation of blame. **(Q2)** Senior managers chair Joint management / Union safety committees. Decision makers with the authority to allocate resources attend when actions for improvement are to be discussed. **(Q3)** Health and safety standing item at board/ high level forum as well as regular staff meetings. **(Q5 & 6)** Access to competent advice for management and staff on safety and occupational health. Training strategy and plan in place to ensure that all staff are competent to fulfil their roles effectively and safely. **(Q7)** All personnel including senior levels provided with health and safety training appropriate to the level of responsibility and role

Planning and implementation- Does the organisation have a clearly defined system for implementing its health and safety policy?	Effective objectives and plans in place which reflect the health and safety priorities of the business and its health and safety policy. Defined systematic approach to managing health and safety by assessment and control of risks .	Arrangements in place to ensure that all risk assessments and training required by legislation are systematically completed and recorded centrally and locally to ensure information is readily accessible. Assessments take account employees individual capabilities **(Q8 & 10)** Assessments address the health and safety of non employees e.g. members of the public or contractors affected by the organisation's services or activities **(Q4).** Competency and ability of all contractors [2] to deliver equivalent standards for health and safety is assessed and controlled. **(Q12)** Safety plan agreed between senior management and TU. representatives which sets objectives, responsibilities, and time scales to ensure effective measures are implemented to control the risks identified as part of assessment. **(Q1)** Resources needed to achieve health and safety objective identified and agreed at senior level.

Monitoring and review - Does the method which the organisation uses to measure its performance on health and safety against its own policy and performance standards ensure compliance with legislative requirements?.	Performance is monitored against plans and objectives, to indicate where improvement is required. Senior management are regularly informed on health and safety performance Active measures are taken to ensure that identified controls and systems are implemented and successful. Lessons are learnt from relevant experiences and fed into health and safety plans.	Adequate procedures in place for reporting and investigating all accidents, injuries, ill health and near misses whether or not reportable under RIDDOR. **(Q9)** Systems in place for regular inspection (including joint inspection with TU. safety representatives) of workplace, and audits of health and safety management systems. **(Q5)** Procedures in place to ensure that risk assessments are regularly reviewed and identified actions are implemented within set time scales. **(Q5 &11)** Regular performance returns (in a form agreed with staff's TU. representatives) to senior board meetings. Outcome of monitoring e.g. assessments, investigations and inspections are reviewed and findings reported to senior management for action where necessary to ensure plans and objectives are achievable. **(Q11)** Performance of all contractors[2] to deliver their services to equivalent standards of health and safety is monitored and management procedures in place to rectify short falls. **(Q12)**

NOTE

1) Protocol at paper led Board meetings may need to be altered to introduce a standing item or format of papers submitted may need to be amended to incorporate health and safety issues

2) Contractors not only include those providing services on site as part of facilities management and building maintenance, but also those delivering services on behalf of the organisation and those involved in long term procurement agreements. The level of assessment and monitoring of their competency and performance is a judgement to be made taking into consideration the location, the nature of the service/contract and the risks involved to the contractors, employees and members of the public.

What is Benchmarking?

The Benchmarking process is the approach which provides structure, method and objectivity to the overall practice of reviewing how others work and learning from comparisons with ourselves.

A commonly recognised definition is *"Benchmarking is the process of identifying, learning, and adapting outstanding practices and processes from any organisation, anywhere in the world, to help an organisation improve its performance"*American Productivity and Quality Center (APQC)

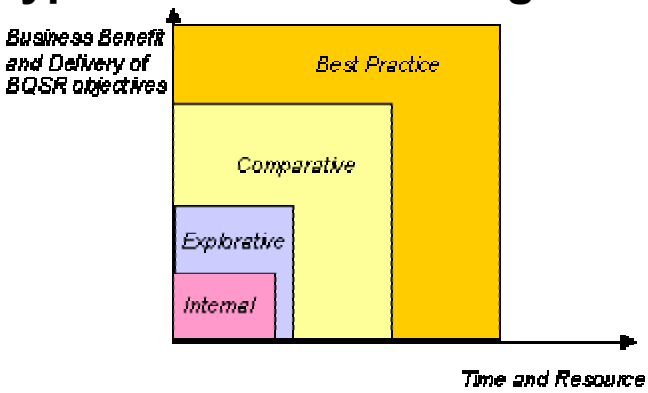
The approach to benchmarking is based on the following definition:

Benchmarking is the process of identifying, understanding and adapting outstanding practices and processes from organisations anywhere in the world in order to help your own organisation improve its performance.

A more 'user friendly' definition is as follows:

Benchmarking is the practice of being humble enough to admit that someone else is (maybe?) better at something, and wise enough to try and learn how to match and even surpass them.

Types of Benchmarking



Explorative Benchmarking

Explorative benchmarking is used to compare the performance of an organisation with other competitive and non-competitive organisations. This can be done both at organisational and functional level. Typically, the search for benchmarking partners is achieved via personal networking, and/or brainstorming the names of, and approaching 'familiar' companies.

Explorative benchmarking has the advantage that data is easier to collect because the benchmarking partner typically is part of a personal network recommended by someone within the organisation. It is also less time consuming.

The main drawback is that the level of performance of the 'familiar' companies determines the level of the excellence of the results.

The approach used, being simple, is not as systematic as the some other types of benchmarking and therefore the level of benefit and learning obtained is somewhat restricted.

IMPROVEMENT IDEAS

During the meetings staff were asked if they had any ideas for the improvement of health and safety and this is an unedited list of those ideas. It may be that some of these improvement ideas have been put into practise, but that the individual who made the suggestion was not aware. Some of the ideas were not directly related to health and safety matters, and have therefore not been included but they have been passed on to the relevant person in the organisation concerned.

Health and Safety Executive

- Improved control of contracts from a health and safety perspective.
- Better feedback from the regional/divisional/local health and safety committees to the Corporate Health and Safety Committee.
- Continue to build on the greater degree of "working together" that the union and the organisation have achieved recently, as this has been very beneficial.
- Further changes to the organisation of the health and safety committees along operational group lines.
- Repeat an event for health and safety 'people' from throughout the organisation (one was held two years ago) to share ideas and good practice.
- Increased co-operation between the unions; HSE invited HA rep to attend the Corporate Health and Safety Committee meeting.
- Suggested that the HSE & HA unions share any good practice on stress.
- Trained and effective contract managers to manage the contacts with health and safety requirements built into the contracts; providing a partnership with HSE and contractors.
- Contract Manager to be involved in drawing up the specification for the work and in the tendering & selection processes.
- Ensuring that the specialist nature of the work that HSL do is treated as such by HSE and that their different priorities continue to be recognised and allowed for.
- Care not to "trivialise" health and safety risk so that risk assessment gets a bad name (assess scale of risk and hazard).
- Improved management expertise in dealing with people with physical or psychosocial problems.
- Constantly work at a de-minimus approach to minor accidents – make sure that duty holders do not go "over the top".
- Discourage excess working hours and travel; consider investing the capital to reduce the long terms costs and risks (e.g. video conferencing and web cams).
- Improve occupational health advice – BMI are reactive and assistance and advice are needed on a variety of topics e.g. what happens when a staff member cannot continue with their previous role or cannot cope with it full time due to psychosocial or physical limitations. This advice needs to be independent.
- There are some real constraints on health and safety, which need to be carefully thought through, around the nature of the inspecting role, which includes a lot of travel. Therefore, health and safety considerations have to part of wider policy reviews.
- Good quality protective equipment for all sizes and shapes including males and females.
- Have a system to ensure that all managers are discharging their health and safety responsibilities to a specific level; feels that this is the case for office based staff, but does not know whether this is the case for field based staff.

- X's experience is that emergency instructions (fire alarm etc) are not routinely explained when they visit other HSE sites.
- Recently became locked in stairwell at another HSE office - suggests that may need more rigorous awareness of health and safety and its impact on those unfamiliar to the particular office.
- Some concern that the existing health and safety system is very burdensome as the HSE and its agencies have to be seen as exemplars – manuals could perhaps be rationalised and brought together.
- Need a practical system that works and is not onerous to ensure safety when working away from the office – believes Environment Agency have system.
- More training on health and safety issues for line managers.
- Increased health and safety awareness for office based staff.
- Make staff more aware about where to find health and safety advice.
- Health and safety should be included in new recruit section in staff handbook on Intranet.
- The Health and Safety Team should undertake more audits and be involved in some investigations, perhaps specific types.
- Firmer grip on risk assessments in terms of a clearer policy.
    - In what circumstances should a risk assessment be undertaken?
    - When should it subsequently be reviewed?
    - How to ensure that it has been completed?
- Improve the occupational health services.
- Improve the investigation of incidents in some parts of the organisation.

Highways Agency

- Feels that the health and safety system in the HA is too bureaucratic, especially for the level of risk in offices, and that the system should be simplified.
- Thinks that health and safety could be improved if there was more comprehensive business planning (e.g. Assessment of work required in roles to prevent stress).
- Has had to wait for a replacement chair (the back has broken, which is a health and safety risk) and thinks that if the system was less bureaucratic, then the replacement may have been received sooner. However, they understood that the rules governing the purchase of equipment are there for the protection of staff and the public purse.
- The space needs of individual roles should be taken into account when allocating space in the new London offices; it could be a health and safety risk if staff have too little local filing space for their needs. (They will either pile files up near their desks, which could be a health and safety risk, or may try to carry too many heavy files from the central storage facility).
- Engage with 2nd and 3rd level suppliers in the future.
- Have an approved list of sub-suppliers in the long term.
- Once the true measures are in place and are consistent, there will be a need for the resources to gather the intelligence on performance – they will be able to get "closer to fewer" (relates to suppliers).
- Long term occupational health strategy needed.
- More clearly defined roles regarding health and safety, especially in respect of things like the purchase of PPE (personal protective equipment), as the people involved in the purchase do not always fully understand the requirements.
- The Board should consult more regarding health and safety in order to ensure that their decisions are practical in terms of the day to day business of the HA.

- Try to “smooth” the peaks and troughs of workload in order to minimise stress.
- The system for identification of new starters could be improved, in order to ensure that their health and safety training is delivered as quickly as possible (at present it is down to line mangers, should be more systematic via the recruitment process).
- Agrees that the office environment is relatively safe, and that good health and safety is generally a matter of common sense, but there are hazards and therefore people need to be regularly reminded about the dangers. Is also concerned that some staff do not clear up their own spills or even call to report them.
- Ensure that all staff are aware of the procedures for staff working late in the office (notify reception/security), as X only recently found out about the process from chance conversation with a colleague. Feels that this policy should be enforced.
- Following on from the above, X is not aware of any policy covering staff who work late into the evening and then have to travel home alone; perhaps there should be something to assist these staff.
- Refresher training should not cover the topics that were trained before, it should include changes and new information that has arisen since people were last trained. (If refreshers are seen as boring and covering old ground, then people will not attend).
- Staff should be armed with a framework, for example the strategic direction and then be given help to think about the issues, so that they can make decisions. Then, when faced with a situation that they haven’t come across before, they would be able to deal with it. Staff need to be empowered.
- Has concerns that contractors rely on the Traffic Signs Manual Chapter 8 and that they should be asked for more specific risk assessments.
- Risk assessments should be shared around the country, in order to trigger thoughts in others.
- More rigorous lone worker procedures especially if people have been out to a site.
- TRMM volume three needs re-writing (although it may disappear under new working arrangements) – the terminology is incorrect and out of date, some of the content is not relevant today, due to changes in working procedures.
- More awareness for staff on who the health and safety personnel are, and that they can be contacted directly.
- Formal risk assessments on sites and compounds should been done more frequently, although the MA contracts might make them unnecessary.
- Perhaps risk assessments on specific roles, rather than the individual risks that they come across (e.g. driving, visiting sites and compounds, inspecting vehicles individually might produce a different risk level than when they are all rolled into one role).
- Improved support for the people in the organisation; HA aims to provide a range of support for line managers and staff to access on health and safety matters in the future.
- Believes that the culture of the organisation needs to change coupled with improved leadership and from this many improvements would flow, including the improvement of occupational health within the organisation. The values are presently being reviewed and updated.
- New round of “top up” awareness training which could include the interpretation of the legislation especially CDM regulations and code of practice.
- Make sure that “walkabout” inspections are “seen” by staff in order to send the signal that health and safety is important.
- Advice for managers (and staff) on stress and other work related illnesses.

- Job record form should be revised and made easier. Is tick box form, which refers to some 20 site safety notices, but up to individual to choose. Should be more straightforward.
- Considers there should be more training on health issues i.e. well being with training on how to spot potential problems and guidance for managers on stress management. People management policies/mechanisms in place, but should be more awareness and monitoring, and an emphasis on preventative measures.
- Use of own motor vehicle - rules are old and need revisiting. Reliant on vehicles being in roadworthy condition.
- Advanced driver training voluntary – should be encouraged.
- More corporate direction about smoking policy rather than leaving to individual offices.
- Health and safety should be encouraged as regular slot in team meetings – should be policing environment issues proactively. Team Talk could include something on health and safety. Don't hear about accidents elsewhere or near misses – raise awareness so others can learn from mistakes.
- Should consider home working pilot as part of this benchmarking project – raises number of issues about being in a safe environment.
- More resources into staff time for health and safety across the board.
- Beneficial to have both health and safety strands i.e. office and out of office under one umbrella – more cohesive and economies of scale from joining together. One team with line management chain. A dedicated all encompassing health and safety team.
- More of a handle on identifying and rolling out refresher health and safety training.
- Would like to instigate system for regularly reviewing risk assessments.
- Seek an effective health and safety system that is externally audited.
- Official side to give Trade Union side information in good time.
- If HA want to become a "Beacon" or centre of excellence, they will need to be audited correctly.
- Standards should be set for health and safety staff in terms of grade, experience and qualifications e.g. NEBOSH or MIOSH
- The two health and safety functions in the organisation could be combined to give clearer focus.
- The organisation needs to update the occupational stress policy and implement an action plan to reduce stress in the organisation.
- Resourcing (both staffing and budgets) for health and safety work needs to be improved.
- Procedures to check that staff have returned home if they have been out on business either accompanied, alone or working late need to be improved and communicated.
- There is a need to win the "hearts and minds" of staff regarding health and safety as it is for their own benefit.