

<b>Health and Safety Executive Board Paper</b>		<b>HSE/04/026</b>	
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## **HEALTH AND SAFETY EXECUTIVE**

The HSE Board

### **Health and safety in HSE - proposals for improvement**

#### **A Paper by Steve Coppell**

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**Cleared by Justin McCracken on 21 May 2004**

#### **Issue**

1. Taking forward proposals for achieving effective health and safety management across HSE.

#### **Timing**

2. While there are no external pressures that impose a particular deadline, it would be prudent to progress these proposals as soon as possible.

#### **Recommendation**

3. That the Board
  - o agrees that exemplary performance in health & safety management should be defined as having in place policies and procedures which are fit for purpose coupled with effective management arrangements to secure compliance so as to reduce the risks to our staff as far as is reasonably practicable. This will include ensuring that HSE's arrangements are fully in line, not only with the law, but also it's own guidance to similar organisations. These arrangements will be aimed at increasing the well being of staff and reducing the losses to HSE through ill health and injury.
  - o agrees that the main HSE health and safety policy, although more than adequate as a statement of intent, should be reviewed and revised to better and more precisely set out the particular responsibilities and accountabilities of individual managers and employees, with the clear aim of securing compliance with our own policies and procedures, and enabling delivery of exemplary performance in health and safety management.

- agrees that an HSE wide review of all current health and safety policies and procedures should be carried out, with the aim of developing common policies and procedures that are fit for propose, and which allow Divisions to depart from these policies and procedures and develop local variations only where there is good reason to do so.
- agrees that managers at all levels, and especially senior managers – from the Board down to Divisional management teams – should do more to demonstrate committed, visible, leadership on health and safety.
- agrees that the Board should take the lead by ensuring all its members have appropriate health & safety management training, that they personally give a high profile to their health & safety management and that they show a personal lead in communication on health & safety issues.
- agrees that all line managers should be required to demonstrate competence in managing health and safety, to include attending appropriate training in managing health and safety.
- agrees that the developing communications strategy should include improving internal communications on health and safety.
- agrees that the role of the HSE H&S unit should be reviewed as part of the wider Personnel review, and with a view to developing its coordinating role.
- agrees that an audit of HSE's management arrangements, based on HS(G) 65 principles, and to include the arrangements for securing compliance, is carried out by a suitably competent audit team, to possibly include LA colleagues, during 2005/6.
- agrees that these recommendations should be followed up by the Board health and safety champion, supported by the Board and the CHSC.

## **Background**

4. Following an internal audit of health & safety in HSE which concluded that there was a lack of agreement and clarity regarding what we mean by being an exemplar in management of health & safety, that our systems were overly complex and also that compliance with our own systems was patchy, a review of HSE's arrangements for the internal management of health and safety was undertaken.

Terms of reference were as follows, with the aim of defining a fit for purpose management system with robust compliance arrangements backed up by appropriate independent assurance.

1. To propose a working definition for exemplary performance in health & safety management.
2. To produce proposals for the overall approach needed within HSE to achieve this exemplary performance and, if appropriate, proposals for any associated change in the management support arrangements (including compliance assurance arrangements).

The review concentrated on what were generally seen as the key risk areas affecting most staff, and with the potential to put HSE most at risk. These were as follows: -

1. The risks associated with driving.

2. Lone working/risk to visiting staff.
3. DSE risks.
4. Stress.
5. Slips, trips and falls.
6. Management of contractors

Although not included in the review, it is now accepted that manual handling should be regarded as a key risk area too.

The review involved examining how other employers, in both the public and private sectors, managed health and safety in the key risk areas, and then benchmarking our own policies, systems and procedures against those of these other employers. Particular note was taken of how other public sector organisations manage health and safety.

The review, although not claiming to represent an exhaustive examination of current good practice either within or without HSE, confirmed the original audit findings, namely that our systems are overly complex, and also that compliance with these systems was patchy.

In addition to the recommendations made above for improving our health and safety management systems, the report also made recommendations for improving performance in the key risk areas. These are described in the Annex to this paper.

### **Argument**

4. Because it is the principal regulator of health and safety in the UK, HSE will remain uniquely vulnerable unless and until it achieves exemplary standards of health and safety management. The damage to our reputation would be considerable should an LA subject us to formal enforcement action following an intervention in their capacity as our regulator, or in connection with a high profile civil claim for compensation. And there is of course the business case for health and safety that we promulgate to others; by not paying sufficient attention to the health, safety and well being of our staff we waste valuable resource.

### **Consultation**

5. The report has been presented to, and discussed at the Corporate Health and Safety Committee, where there was agreement with the proposals as made above. BSD and PD have been consulted.

### **Presentation**

6. There are no specific risks in taking this forward in HSE, where we should be open about our approach. It would be unwise to take this outside HSE.

### **Costs and Benefits**

7. The main long-term benefit is that we will reduce the amount of resource wasted on staff absence through injury or ill health, and reduce the risk of wider public exposure of our failings in managing health and safety. It is difficult to quantify the cost of

implementing the required improvements. Much of this will be in the form of staff time – in reviewing policies and procedures, and in management time. The cost of delivering training for line managers in managing health and safety will depend on whether this is delivered in house using our own staff, or by external providers.

### **Financial/Resource Implications for HSE**

8. The main longer term financial and resource implication of improving our management of health and safety is that we will reduce the amount of resource wasted on staff absence through injury or ill health.

### **Environmental Implications**

8. None

### **Other Implications**

9. Not applicable

### **Action**

10. The Board is asked to agree the proposals at para 3.

## Annex

### Recommendations for improving performance in the identified key risk areas

#### 1. The risks associated with driving

**A review of HSE's existing policy is required.** The existing policy has fallen out of step with our own guidance (INDG382) and outside good performers. The aim should be to update this to reflect current good practice, and also to strengthen the management arrangements for implementing our policy. This will require the development of clear standards and performance indicators – to cover all the relevant issues from driving hours, driver training etc, to the selection of hire cars and cars provided under the lease car scheme (this is apparently already being done), to deciding what reasonable steps we should take to assure ourselves that staff private vehicles, when used on official business, are roadworthy, and that the vehicles, and the staff, are complying with legal requirements

#### 2. Lone working/risks to visiting staff

Our existing policies and procedures (again, there are Divisional variations, which seem sometimes to add little value, although they do of necessity deal with Divisional specific hazards and local issues) seem broadly sufficient, if followed by staff and enforced by managers, to ensure the safety of our staff in most situations. **They require improvement in developing appropriate response systems for those situations where staff do not report back – especially out of hours.**

**It is recommended that staff who will have contact with the public – especially visiting officers – receive appropriate training in recognising and dealing with aggression, to include periodic refresher training.** New Inspectors will receive this as part of basic training. Such training could usefully include refresher training on our policies and procedures.

The use of mobile phone or GPS tracking systems has been piloted in HSE, and elsewhere. In all cases universal use by staff has not followed. While we should wait for the evaluation of the current pilot of a GPS based system, it does not seem appropriate or proportionate for all staff to be covered by such a system.

#### 3. DSE risks

Generally HSE's systems compare favourably with others, although, again, there were a number of Divisional policies that probably did not add clarity or consistency to the overall policy. Some minor improvements were however required.

- Providing clearer guidelines on who to approach if users experience health problems associated with DSE use, and ensuring that new users are provided with informed DSE advice during their induction training. The issues arising out of moves to flexible working will need to be addressed as part of this, and work is already being done.

- Ensuring that assessors carry out more frequent reviews with users to ensure the early identification of emerging health problems, and that DSE issues are discussed periodically at team meetings.
- The proposals to introduce self-assessment/training software packages are supported to supplement our existing arrangements. Although before these could be used to replace our existing arrangements, appropriate safeguards would need to be put in place – to identify high risk users, and to provide appropriate QA arrangements.
- With the current moves to explore flexible working arrangements, and the likely increase in hot-desking and working at home, the use of software systems to prevent users logging on until they have completed a basic assessment of their current workstation would seem to add a measure of assurance.

#### 4. Stress

Here the proposal is straightforward. There is good practice in Divisions, including the use of peer supporters. But the report on the stress pilot in Policy Group is soon to go to CHSC and the relevant working group for their consideration, and it seems inappropriate to pre-empt that debate. First and foremost this is a management (and cultural) issue, and there are strong links to the “values and behaviours” agenda. There are also clear links to the wider “well-being” agenda. The better employers are ahead of HSE in providing awareness training, including refresher training, for staff and managers – although the majority are not.

#### 5. Slips, trips and falls

The issues here are as follows: -

- Ensuring that preventing slips and trips is taken into account at the design stage in any new build, major refurbishment, or office move. An issue for BSD - procedures are apparently already in place to achieve this.
- Housekeeping and work organisation. **A more frequent programme of workplace inspections is recommended**, with the frequency perhaps reducing as improvements in standards are achieved. Senior managers should be involved in some of these inspections, and in monitoring progress and outcomes, with accountabilities being more clearly and precisely defined.
- Behaviour and awareness. These are cultural issues; all too often office safety is seen as an admin issue, rather than an issue for all, especially managers. **It is suggested that guidelines on good practice are produced** – for example some organisations make it a rule that handrails are used when using stairs - with managers made responsible for introducing and policing these, and leading by example in their observance.

#### 6. Management of contractors

Safety Policy supplements in various Directorates customise to a very limited degree the overall aims of the central policy. The extent of customisation has not been considered in this report. The aims of HSE enshrine the principals and practices shown in the publications HSE have provided for duty holders at large. And to that extent HSE has policies that reflect the better end of industry, taking into account the relatively low risk

levels pertaining in HSE. It is clear however that there have been significant failings in putting the policies into practice. **It is recommended that we await the conclusions of the current review by BSD, with its emphasis on developing a proportionate policy.**