

Health and Safety Executive Board Paper		HSE/07/27	
Meeting Date:	7 March 2007	FOI Status:	Fully open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	Post meeting		

HEALTH AND SAFETY EXECUTIVE

The HSE Board

Health & Safety in HSE - Corporate Plan for health and safety 2007/08

A Paper by Tim Beaumont

Advisor(s): HR Service Centre; HSEs Trade Unions; Corporate Health & Safety Committee

Cleared by Justin McCracken on 26 February 2007

Issue

1. Approval of the 2007/08 Corporate Plan for health & safety in HSE.

Timing

2. For discussion at this meeting and for rapid communication post-meeting.

Recommendation

3. The Board is invited to:
 - a. Approve the plan with any necessary minor amendments,
 - b. Agree they will adopt specific objectives relating to our health and safety priorities (see Annex 2) into their performance plan for the next work year in line with the principles detailed in Board paper B/07/29 – Performance Improvement Options.

Background

4. Each year the Board approves the Corporate Plan for health and safety. This document sets the health & safety agenda for the year ahead. It sets out the main themes and activities that need to be completed. When the 2005/06 plan was submitted the Board requested that it should form part of a longer term framework for health and safety and this was prepared. This is the second year that the plan has been produced with the three-year framework in mind. The framework can be found at <http://intranet/yourhealthsafety/plans/framework.pdf>.

Argument

5. The plan is included at Annex 1. Its format is not finalised. Prior to publication CDS will be consulted to ensure that it is in the standard HSE format.
6. There are several points to note about the plan:
 - a. One major feature is the roll out of the new occupational health contract. The intention is that by the year-end, the new contract is well embedded in HSE's operations and staff are seeing an improved service.
 - b. The stress action plans are included in the corporate plan. The actions arising from these plans need to be progressed throughout the year by directorates.
 - c. The plan includes the lagging indicators agreed last year for accidents and ill health. This year some leading indicators have been incorporated. These are to ensure compliance with lone working and road risk training policies. These indicators were agreed by the CHSC in November 2006. They relate to discrete work areas where there is a parameter that can be measured. These new indicators form part of our work to develop a suite of measures that will help HSE understand better, how our health and safety performance is improving.
 - d. The attention of the Board is drawn to Part A.1.1 where there is a specific action on Board members to incorporate health and safety actions into their performance plans for the year ahead. Some specimen actions to consider are included at Annex 2 and, also in Annex 1 of Board paper B/07/29 – Performance Improvement Options. Board adopting such actions and identifying similar actions for their SCS will send a strong signal to the organisation about the weight that Board members give to health and safety performance in HSE.
 - e. Behavioural safety gains greater prominence in this plan. This topic has been discussed at CHSC. HSL are also working on a pilot in this area. The intention is that HSE implements a suitable and carefully thought out strategy in this important area. Advice from Policy Group indicates that a poorly managed behavioural safety initiative can alienate staff more than engage them.
7. The plan should be a document that impacts the whole organisation not just the internal health and safety specialists (e.g. TU safety reps, CHSC members). For this to happen each Directorate needs to consider how it will mesh the actions of the Corporate Plan into their own operating plans. The most sensible way to do this would be to discuss the corporate plan in the Directorate management meeting following the publishing of the plan. The Health & Safety Advisor can provide guidance on how to take the discussion

forward. The actions arising from this discussion will act as the steer for the communication of the plan down the management chain.

8. Site health & safety committees will also need to prepare an interpretation of the plan for their areas. It is proposed that local committees complete their local plans and communicate them to staff shortly after the plan is prepared.

Consultation

9. This plan has been seen and commented on by members of the Corporate Health & Safety Committee including trade union safety reps, who offered many useful amendments.

Presentation

10. Once the plan has been approved, it will be published internally with attendant publicity. A single page summary of the plan will be issued to all staff as a tray drop. It is usual for the plan to be published on HSEs website. To date it has not generated any further external comment although HSEs internal health & safety performance has recently been a source of interest in certain sections of the media.

Financial/Resource Implications for HSE

11. Health and safety activity is incorporated into normal management activity time. There is no separate budget. The only exception is for occupational health where the new contract has been devised to use resources in this area more efficiently. There are no new initiatives in the current plan that require extra resources in terms of time and money at this time

Action

12. The Board is asked to approve the plan and agree to include health and safety performance objectives into their performance plans for the year ahead. If there are to be any amendments they are to be passed to Tim Beaumont. The intention is to have the plan available for staff by the start of the new work year.

HSE's Internal Health & Safety Corporate Plan 2007/08

This document sets out the main health and safety priorities and activities for the coming year. It is produced annually by HSE's Human Resources Division and approved by the HSE Board,

The plan should be seen in context of the three-year framework for health & safety 2006 to 2009. This framework was agreed by the HSE Board and Corporate Health & Safety Committee and sets out three key themes that HSE aims to develop in the period up to 2009. These themes are:

- A positive health & safety **culture**,
- **Coherent** policies and procedures and
- **Compliance** with appropriate health and safety standards.

The text for each action area in the plan is brought forward from the three-year framework.

HSE has six continuing health & safety priorities which reflect numbers of incidents in HSE and potential for harm to staff. These are:

A. High frequency hazards –

- i) Work-related stress;
- ii) DSE-related ill health;
- iii) Musculo-skeletal disorders; and
- iv) Slips & trips

B. Low frequency, high consequence hazards –

- v) Lone working; and
- vi) Work related road risk

There are specific performance measures for each of these priorities which are set out in the plan. For more detail on work related to the priorities see sections B3.1.1 and Cii)1.1.1 to 8.

This year one of the most significant developments will be the change in HSE's occupational health provider. It is hoped that this change will streamline and strengthen the way occupational health is delivered.

The plan does not cover all health & safety activity in HSE. Other work, coordinated by the Health & Safety Advisor and the Human Resources Service Centre, continues. This includes arranging occupational health and providing support for the national consultative committees for health and safety.

A - Culture

<i>Work to achieve a positive and vigorous health and safety culture in HSE</i>			
Action Area	Goal	2007/08 means of delivery	2007/08 target
1. Leading by example - the various Management Boards will set the tone for the rest of HSE	1. All Board & SCS managers to publicise their specific health and safety components of their performance plan.	1. Component to be inserted into performance agreement for Board & SCS managers.	1. Health & safety components to be in place by May 2007 and agreed according to established process for Board member performance agreements
	2. All directorates to develop & deliver health and safety proposals in line with the corporate plan. Proposals to be proportionate to their size, and relevant to their work.	1. Directorate management teams to respond to the published Corporate Plan and to cascade their health & safety proposals within their management structures.	1. Each Directorate to demonstrate how the corporate plan has been implemented at the year end by completing return for Annual Report.
	3. Health and safety training to be integrated into the essential management-training programme.	1. Health & Safety Advisor to work with HR Learning & Development to produce a framework for health and safety management training in line with the overall management training syllabus..	1. Delivery of formal management training scheme to be completed by April 2008 according to timetable agreed between Health & Safety Advisor & HR Learning & Development.
2. Engaging with all who work in HSE through consultation	1. Support the role of safety reps by producing, in collaboration with safety reps, effective policies and procedures for worker involvement in internal health & safety	1. Devise & roll out new policies on staff consultation across the organisation	1. Ensure roll out by September 2007. Work being progressed jointly by HR & TU side CHSC
	2. Introduction of 'behavioural safety' approach to have Board leading the way.	1. Work on the introduction of behavioural safety approach to continue in HSE throughout the year with full involvement of staff and trade unions, building on work underway in HSL.	1. Have an agreed programme to address behavioural safety in place by the end of the year. Work to progressed through the CHSC.
3. Thorough review - we will use tools such as auditing to seek to continually improve our performance.	1. Use existing mechanisms (audit, staff surveys, line management, safety rep network) to assess our performance in managing in-house health, safety, and well-being.	1. Health & safety audit for 2007/08 – incident investigation 2. Analyse and implement the health and safety related findings from the staff survey	1. Audit to be completed according to a suitable timetable within the work year. Actions to be communicated to Board and CHSC then down the management chain. 2. Full response to staff survey to be agreed at Board level and communicated across the organisation.

B - Coherence

Ensure that our process and procedures are simple, clear and effective

Action Area	Goal	2007/08 Means of delivery	2007/08 target
1. Using proper risk assessment to ensure that our policies are proportionate and grounded in reality.	1. Ensure the effective use of risk assessment throughout the time period in line with the existing statutory framework for risk assessment.	1. Risk assessment to be applied proactively 'on the ground' in a proportionate way to underpin staff and line management decisions on business activity	1. Ensure that new risk assessment policy is correctly implemented in the business by communicating to site safety committees and requesting feedback at year end. 2. Ensure that relevant HSE staff are trained, use and understand the concept of dynamic risk assessment where appropriate.
	2. Include revised risk assessments in any review of policy or guidance.	1. Arrange for a risk assessment to be part of the development process of new guidance as set out in section B2.2.1 and any national risk assessments (e.g. avian flu) identified during the work year.	1. New risk assessments to be completed for areas set out in section B2.2.1 during commissioning process for new supplements.
2. Using the in-house competence to help us draft any new guidance.	1. Findings of any new research into workplace safety, health & wellbeing to be communicated to HSA (Health & Safety Advisor) for consideration.	1. Maintain working links between HSA, HSL & policy group so that up to date information can be communicated.	1. Complete work to improve HSE's internal health & safety management structures so that staff & line management participation in health and safety is increased. HSA to direct work forward along with CHSC.
	2. Review suitability of health & safety policies and procedures.	1. To produce new or revised guidance in the following areas: <ul style="list-style-type: none"> • Non-ionising radiation • Fire safety in HSE premises • Occupational health service, in line with new contract 	1. New policies and procedures to be in place by the end of the work year and publicised across the organisation. Work to be organised by HR in collaboration with appropriate in house expertise.
	3. Ensure that the HSE lead on any given subject is included in the development of the in-house guidance.	1. Identify relevant HSE experts when commissioning new polices and procedures, specifically the policies set out in B2.2.1.	See B2.2.1.1
3. Ensuring that we clearly communicate to staff what they should do to ensure health and safety	1. Maintain a programme of in house communication for health, safety, and well being.	1. Communications plan to include: <ul style="list-style-type: none"> • Information about the main health & safety priorities • Information about the latest developments in internal health & safety, e.g. the new occupational health contract. • Where appropriate, synchronising with an external campaign 	1. Fine detail of communications to be worked out between HSA & Internal Comms during first month of work year and implemented accordingly.

C - Compliance

i) Make sure that when it comes to the health and safety of our own staff, we do what we should do			
Action Area	Goal	2006/07 Means of delivery	2006/07 target
1. Ensuring that we implement rapidly any new legislation that HSE produces for the rest of the UK	1. Maintain a link between Policy Group and HRD to secure internal communication of new initiatives.	1. HSA and Policy Group to work together to coordinate internal changes with external changes in policy	<i>Dependent on the likely policy initiatives to take place in 2007/08</i>
	2. The management of sickness absence will be developed in the next three years, leading to benefits for the organisation and individual staff members.	1. HR to support Divisions and Directorates in work to target and correctly address sickness absence issues. 2. New occupational health contract to assist in work directed to deal with sickness absence.	1. To continue the work across HSE to see a reduction of days absent per staff member per year to 6.2. by 2008/09
	3. Ensure that our new occupational health provider brings improvements to how HSE deals with referrals and surveillance.	1. Introduction of a new occupational health contract with attendant publicity amongst staff.	1. Transition between OH providers to occur with no loss of continuity in health surveillance or on-going occupational health cases
2. Monitoring performance against the targets in a timely way	1. Sustain the quality of data used to monitor and report on health and safety performance	1. Provision to CHSC & Board of up to date information on incidents and sickness absence alongside regular reports on specific hazard areas. Also complete Balanced Scorecard returns.	1. Monthly report on incidents/absences to be provided for all Board meetings & copied to CHSC members for information. Other reports to be provided according to a suitable timetable agreed with the Board
	2. Ensure that the relevant findings of audits are communicated to HSE Board	1. One audit planned for work year on incident investigation (see A3.1.1). The audit to progress with the involvement of CHSC TU safety reps	1. Report to be cleared by CHSC then presented to Board in line with timetable for audit

ii) Work to achieve the targets we set ourselves

Action Area	Goal	Hazard	Performance measure for 2007/08
<p>1. Setting SMART (specific, measurable, attainable, relevant/resourced, time bound) targets for HSE's health and safety performance that include leading and lagging indicators and requirements set by the civil service.</p> <p>In particular the key risk areas affecting HSE staff will be addressed</p>	<p>1. Reporting on corporate performance will be in the following ways:</p> <ul style="list-style-type: none"> • Monthly stats report to Board containing incident and absence data put together by HR Service Centre • Contributions from across HSE to the annual report on health and safety 2007/08. • Work on stress to be sampled by the Stress Working Group of the CHSC. 	1. All incidents causing injury*	Target 1. Number of reported accidents leading to an injury to all staff & contractors/others present on HSE premises to be 137 or less
		2. Slips & trips causing injury for HSE staff*	Target 2. Number of reported injuries to HSE staff only to be less than 35
		3. All cases of work related ill health*	Target 3. Number of reported cases of work related ill health to staff to be less than 101
		4. DSE**	Target 4. Number of reported cases of DSE related ill health to be less than 41
		5. Stress	Target 5. All directorates to maintain an active stress action plan
		6. Road risk	Target 6. Ensure that safe driver training is provided according to policy (within 3 months of starting with refreshers every 3 years if completing >5000 public miles)
		7. Lone working	Target 7. Line management to monitor own D/Ds to ensure that lone working policy is being followed, augmented by sampling by HSA.
		8. Sickness absence	Target 8. Remain committed to the target of 6.2 days/staff year for sickness absence by 2008 (30% reduction on figure in 1998 when Working Well Together published).

* : Provisional performance measures. Statistics Branch to confirm actual figures after year end totals for 2006/07 received

Annex 2 – Specimen health & safety actions for Board & SCS members

There are four broad areas that can be looked at when developing health and safety performance agreement for SCS & Board.

1. Generic

HSE's health and safety policy is clear that responsibility for managing health and safety rests in the line management chain. In effect all line managers should be including words that reflect this – e.g. “To ensure that health and safety is effectively managed in [my part] of HSE by incorporating it into management decision making and planning where appropriate.”

2. Directorate specific

Work on particular H&S subject of particular relevance to that directorate. This could be a safety or health matter (e.g. PPE or health surveillance) and could encompass Directorate training policy. For Board and SCS the need is to ensure that the action takes a strategic overview of the issue – e.g. “Put in place arrangements to be assured that the D/D is complying with HSE's policies in relation to [insert relevant issue], and discuss the findings as part of their ongoing performance management arrangements”.

3. Wider organisational benefit

Attendance on committees or working groups – e.g. “Support the development of stress management policies in HSE by being part of the stress working group”

Assist with health and safety inspections or tours – e.g. “Lead on three health and safety tours of HSE premises and report on the findings to CHSC & Board”

4. Individual development

Some members of the Board or SCS may not have an HSE background and may wish to consider some developmental work – e.g. “Gain a greater understanding of risks to visiting staff through joint visiting” or “Attend a CHSC meeting as an observer.”