

## HEALTH AND SAFETY EXECUTIVE CORPORATE HEALTH AND SAFETY PLAN 2005 - 2006

### Introduction

This plan has been agreed by the HSE Board and the Corporate Health and Safety Committee (CHSC). HSE, through our Values, is committed to provide employees with good and safe conditions of work, and expects others to do likewise.

This plan sets out the corporate priorities for health and safety, taking into account priorities agreed by the HSE Board.

We have identified four priority areas. These areas reflect the current key hazards in HSE and the proposals put to the Board in Board Paper HSE/04/026 for improvements in HSE's health and safety. The content of this plan are set out in the subsequent pages:

<b>Priority</b>
<b>PRIORITY A: IMPROVING HEALTH &amp; SAFETY MANAGEMENT IN HSE:</b> The development of fit for purpose systems and a strong compliance culture across the organisation.
<b>PRIORITY B: TARGETING THE MAIN CAUSES OF HARM IN HSE:</b> Improving HSE's performance with regards to DSE related problems, manual handling related injuries, slip & trip accidents and work-related stress.
<b>PRIORITY C: TARGETING HIGH CONSEQUENCE RISKS:</b> Ensuring that work-related road risks and lone working risks are properly managed.
<b>PRIORITY D: IMPROVING OUR ABILITY TO MONITOR HEALTH AND SAFETY PERFORMANCE.</b> Identifying leading indicators to complement existing Board targets and take steps to ensure that targets are met.

## **Roles and Responsibilities**

The responsibility for the effective implementation of this plan is set out in the HSE's Health and Safety Policy Statement. Ultimately responsibility for ensuring effective management of health and safety in HSE rests with **the Executive**. The Board provides the practical lead on health & safety through its monthly discussions which include approval of the Corporate Plan and targets and monitoring of progress towards these.

**Board Directors** will make local arrangements to ensure that the plan is implemented in their directorate.

The **Corporate Health and Safety Committee** in addition to setting the agenda for certain parts of the plan will monitor progress against the plan and take action when required. Through its Chair it will also recommend appropriate actions to the HSE Board.

The **Operational Health and Safety Committee** (OGHSC) will set any relevant operational priorities and develop and implement plans to mitigate specific hazards identified through risk assessments, inspections and audits. **Operational Services Unit** (OSU) has taken over the role for operational health and safety planning from the individual Directorates.

**Trade Union Safety Reps** sit on the CHSC, OGHSC and local Health & Safety Committees. They seek to ensure that employees' views are represented at these committees and the delivery of the health and safety plan takes place. They continue with their other statutory duties as Union safety reps.

The progress of the local implementation of the plan should be monitored at **Site Health and Safety Committees**. **Site Safety Coordinators** (SSCs) will report to the **Health and Safety Unit** (HSU) on progress against the plan. They too have other responsibilities listed within the plan.

**Line managers** have been allocated a number of responsibilities throughout the plan. Additionally they will ensure that their staff are aware of the content of the plan and what steps are being taken locally to ensure it is implemented.

During the year continuing emphasis should be placed on appropriate use of the on site **Occupational Health Adviser** (OHA) service to:

- v reduce the incidents of sick leave due to stress and musculoskeletal problems;
- v provide support and advice to line managers and staff on issues such as managing sickness absence, recovery to health at work and Disability Discrimination Act cases; and
- v promote awareness of HSE's policy on occupational health issues.

The **Health and Safety Unit** and **Health and Safety Advisor (HSA)** will take responsibility for coordinating national delivery of the plan. This will involve measuring progress against the agreed targets and reporting to the CHSC and Board.

### **Summary of Targets for 05/06 (Priority D of the Plan)**

Headline target

- *To reduce the number of RIDDOR reports to single figures.*

Priority A: Improving Health & Safety Management

- *Board members to attend appropriate Occ Health & Safety management course by 12/05.*
- *Review of role of HSU/HSA to take place by 12/05.*
- *Health and safety to be included in key competencies for managers by end of year.*
- *Review of current health and safety instructions to be completed by 07/05.*
- *Revision of priority health and safety supplements to be completed by 03/06.*
- *New 'Your health and safety' Intranet site online by 12/05.*
- *End duplication of instructions across Directorates by 03/06.*

Priority B: Targeting the main causes of harm in HSE

- *To reduce DSE related ill health reports by 10% on 2004/05 figures.*
- *Ensure that REFIT/Aqumen deliver improvements identified by DSE assessments within time limits dictated by service level agreements.*
- *To reduce the risk to health where weights greater than 25Kg are being lifted.*
- *Site committees to identify and action one area where manual handling can either be eliminated or the risk of harm reduced.*
- *All findings of slip/trip risk assessments to have been implemented by 12/05.*
- *To reduce slips and trips by 10% on 2004/2005 figures.*
- *Keep to the deadlines set as part of the roll out of the stress management targets in HSE.*
- *Develop an appropriate performance measure for stress related ill health based on absence data.*
- *For each Directorate/division (D/d) to update their stress action plan in the light of the findings of the HSE's stress survey tool.*

Priority C: Targeting high consequences risks

- *Assess compliance with HSE's guidance on fleet management by 05/05.*
- *Review the efficacy of Defensive Driving Training by 09/05.*
- *Publicise good practise with regards to driving throughout the work year.*

### **Quality targets**

- **Line Managers must discuss all incidents which are RIDDOR reportable with the HSA so that reporting arrangements and scope of investigation can be agreed.**
- **Heads of Directorates (HODs) should be informed of all RIDDORs in their D/d within 24 hours.**
- **HODs should inform Board Champion for H&S of all RIDDORs within 48 hours of event.**
- **Line Managers are to seek advice from OHA at least 2 weeks before the return to work date in cases of long-term MSD-related sick leave.**

**PRIORITY A: IMPROVING HEALTH & SAFETY MANAGEMENT IN HSE.** The development of fit for purpose systems and a strong compliance culture across the organisation.

Objective	Action point	Means of delivery	Target
<b>A1: Strengthen central leadership and management of health and safety in HSE.</b>	<b>1.1</b> Board and other key stakeholders to receive effective training in occupational health and safety management.	Personnel requiring training to be identified by Board/CHSC.  Nature of training to be identified (internal v external) by HSA/PD Learning & Development.	<i>Training courses attended by 12/05.</i>
	<b>1.2</b> Role of HSU/HSA to be reviewed.	HR Transformations Programme to produce a renewed vision for work of HSU/HSA.	<i>In place by 12/05.</i>
	<b>1.3</b> Increased awareness of line managers & senior staff about the role they play in raising H&S standards.	HSA/Communication Directorate to publicise and clarify line managers' responsibilities.  Managers key competencies to include health and safety actions.  Board members to set an example when visiting HSE sites by raising corporate and local health and safety issues and progress against plans.	<i>Competencies to be amended during 2005/06.</i>
	<b>1.4</b> Increase the prominence of health and safety when carrying out individuals' annual reviews.	Priority health and safety areas (WRRR, DSE, MSD etc) to be raised during review meetings and outcomes noted.	

Objective	Action point	Means of delivery	Target
<b>A2: Provide HSE staff with a single set of clear and accessible health and safety instructions (policies, guidance and supplements).</b>	<b>2.1</b> HSU, OSU & Communications Directorate to identify all current health and safety information in all D/ds & identify duplication.	List of current information to be produced and submitted to CHSC.	<i>List to CHSC for discussion at July 05.</i>
	<b>2.2</b> Draw up timetable for revisions starting with greatest risk areas first. <u>N.B.: Not all supplements can be revised within the work year. Priority will be given to areas where need for revision is greatest.</u>	Timetable to be drawn up in agreement between HSA/OSU/CHSC.	<i>To CHSC by July 05.</i>
	<b>2.3</b> Review of safety supplements. Supplements for review are to be divided into: a) Operational - OGHSC & OSU to coordinate. <ul style="list-style-type: none"> <li>• Lone working</li> </ul> b) Cross-HSE - CHSC & HSA/U to coordinate <ul style="list-style-type: none"> <li>• Work-related road risk</li> <li>• DSE</li> <li>• Stress</li> <li>• Slips &amp; trips</li> <li>• Management of contractors</li> </ul>	Revise supplement.  Revise supplement. Revise supplement. Revise supplement. Revise supplement.	<i>Revision/review of supplements completed by end of year.</i>

<b>Objective</b>	<b>Action point</b>	<b>Means of delivery</b>	<b>Target</b>
<b>A3: Promote effective communication of health and safety in HSE through the redesign of the 'Your health and safety' intranet site.</b>	<b>3.1</b> HSA/Communication Directorate (CDS)/OSU to prepare a reorganisation of the intranet site based on accessibility.	HSA to oversee and arrange implementation in association with Communications Delivery Services - Online Services (CDS1).	<i>New Intranet site operational by 06/05.</i>
	<b>3.2</b> HSA/Communication Directorate to consolidate all web-based guidance and eliminate duplication across D/ds.	cf B1.1 Duplicated procedures to be removed from circulation by OSU.	<i>Duplication eliminated by 03/06.</i>
<b>A4: Promote effective communication of health and safety in HSE through the implementation of a proactive communications plan.</b>	<b>4.1</b> HSU/Communications Directorate to continue with Communications plan agreed in year 04/05 (see separate plan document).	Report to CHSC.	<i>Communications plan sets publishing deadlines.</i>

**PRIORITY B: TARGETING THE MAIN CAUSES OF HARM IN HSE:** Improving HSE's performance with regards to DSE related problems, manual handling related injuries, slip & trip accidents and stress.

Objective	Action point	Means of delivery	Target
<b>B1: To reduce the incidence of DSE related ill health through compliance with HSE's safety supplement.</b>	<b>1.1</b> HSU & CHSC to arrange review of supplement in light of e-learning package.	(cf A2.3b)	<i>Deadline set by review described in A2.3.</i>
	<b>1.2</b> Site coordinators to: <ul style="list-style-type: none"> <li>• Follow guidance on using the DSE assessment tool and report to HSU any difficulties.</li> <li>• Review of all IH1 reports relating to DSE.</li> <li>• Liaise with site OHA re referrals/RIDDORS.</li> <li>• Ensure that TU safety reps involved in investigations in line with agreed policy.</li> </ul>	Site coordinators to report to local safety committees about issues relating to DSE assessment.  Year end report from safety coordinators to HSU.  6 monthly progress report from OHA to HSU.	<i>Reduce number of DSE ill health reports by 10% on 2004/05 figures.</i>  Report due 09/05 & 03/06.
	<b>1.3</b> Line managers to: <ul style="list-style-type: none"> <li>• Ensure that assessors receive refresher training every two years.</li> <li>• Ensure that outcomes from DSE assessment implemented.</li> </ul>	Site coordinators & line managers to monitor local DSE training needs involving HSU where necessary.  HSU/Learning & Development to monitor training take-up.	<i>Ensure that REFIT/Aqumen/BAPL deliver improvements identified by assessments within time limit dictated by SLAs.</i>

Objective	Action point	Means of delivery	Target
<b>B2: To reduce the number of incidents of musculoskeletal disorders (MSD).</b>	<b>2.1</b> Site coordinators/line managers to: <ul style="list-style-type: none"> <li>• So far as is reasonably practicable, avoid manual handling tasks where there is a risk of injury (cf Reg 4(1)(a) of MHO Regs 1992).</li> <li>• Assess manual handling tasks where there is a risk of injury and implement measures to reduce the risk of injury.</li> </ul>	Site safety coordinators to report to HSU about manual handling assessments and examples where manual handling tasks have been avoided.  HSU to monitor uptake of manual handling solutions via liaison with contractors (e.g. Aquemen).	<i>Where any assessment identifies a weight greater than 25 Kg is to be lifted action is taken to ensure that the risk to health is reduced - see <a href="#">HSE and MSD</a>.</i>
	<b>2.2</b> Site coordinators to review all MSD incidents to: <ul style="list-style-type: none"> <li>• Identify causes &amp; exacerbating factors.</li> <li>• Ensure remedial action taken.</li> <li>• Advise HSU of common issues.</li> </ul>	Site Safety Coordinators to report details to HSU as incidents occur.	<i>Site committees to identify and action one area where manual handling can be reduced.             HSU to collate risk assessments and issue any national guidance for issues that appear repeatedly.</i>
	<b>2.3</b> Line managers to receive advice from OHAs about effective organisation of return to work for staff with serious MSD/back problems.	Half yearly report from OHA.	Reports due 09/05 & 03/06 <i>In all cases of MSD related sick leave, line managers to seek advice from OHA at least 2 weeks before the return to work date.</i>

Objective	Action point	Means of delivery	Target
<b>B3: To reduce the number of accidents in relation to slips, trips and falls.</b>	<b>3.1</b> Site safety coordinators to progress with action points from slip & trip reduction plan.	Report from site safety coordinators to Local HSCs.	<i>All findings of site slip/trip risk assessment to have been implemented by 12/05.</i>
	<b>3.2</b> Site coordinators to: <ul style="list-style-type: none"> <li>• Inspect sites using the slip assessment tool (SAT) and report potential hazards.</li> <li>• Promote arrangements for dealing with spillages.</li> <li>• Review site accident reports to identify causes of slips, whether remedial action has been taken and to forward to HSU any issues with wider implications.</li> <li>• Discuss RIDDOR incidents with Union safety reps, OHAs &amp; HSA.</li> </ul>	Report to HSU half yearly to include details of inspections & promotion campaigns.  Feedback to CHSC via HSA and TU safety reps.	<i>10% reduction in slip/trip incidents compared to 04/05.</i>
	<b>3.3</b> BSD to: <ul style="list-style-type: none"> <li>• Liaise with the Slips and Trips Programme when planning office moves/new buildings/refurbishments.</li> <li>• Ensure that contract staff are properly trained in floor drying techniques.</li> </ul>	Report to HSU.	<i>Appropriate target for contractor performance linked to SLA to be identified by 06/05.</i>

<b>Objective</b>	<b>Action point</b>	<b>Means of delivery</b>	<b>Target</b>
<b>B4: To reduce sickness absence due to work-related stress through the implementation of the stress management standards.</b>	<b>4.1</b> Continue to manage the rollout of the stress management standards in HSE. Project commenced in last work year.	HSU & HSA plans and implements the rollout of the stress management standards starting in 01/05 and continuing until 09/05.	<i>The roll out of the standards involves a number of internal deadlines set in 01/05. The target will be to keep to these deadlines.</i>
	<b>4.2</b> Ensure that Heads of D/ds and Line managers are aware of best practice with regards to the management of stress cases.	HSA and HSU to advise, particularly on any local issues identified by the roll out of the stress management standards.	<i>D/ds to update their action plans regarding stress in response to outcomes from stress survey tool.</i>
	<b>4.3</b> Establish an effective way to evaluate the impact of HSE's programme to reduce stress related ill health.	HSU & PARIS SAT to work on identifying a suitable performance measure based on absence data.  Use of the 2006 staff survey.	<i>Appropriate performance measure to be identified by 06/05.</i>
	<b>4.4</b> Heads of D/ds to ensure that all cases of stress where work is a contributory factor are fully investigated.	Personnel to monitor sick notes against IH1s. OHA expertise to be used when investigating stress cases.	
<b>B5: To ensure that move to Redgrave Court proceeds according to good health and safety practice.</b>	<b>5.1</b> The planning and execution of Redgrave Court move to observe best health and safety practice.	Management of move to Redgrave Court to incorporate lessons learnt from HSL move.	<i>Refer to targets for objectives B1 to B4 for specific risk issues (e.g. slips &amp; trips, DSE).</i>
		Effective health and safety arrangements for cooperation between HSE, REFIT & BAPL to be in place for Redgrave Court.	<i>Health and safety management protocol to be finalised for Redgrave Court.</i>

**PRIORITY C: TARGETING HIGH CONSEQUENCES RISKS:** Ensuring that work related road risks and lone working risks are properly managed.

<b>Objective</b>	<b>Action point</b>	<b>Means of delivery</b>	<b>Target</b>
<b>C1: To reduce the risk to lone workers through the implementation of HSE's revised policy on lone working (cf A2.3a &amp; A3.2).</b>	<b>1.1</b> Monitor the uptake & efficacy of the Cybertrak lone working system.	Reports from site coordinators to CHSC.	<i>Report delivered by 01/06.</i>
	<b>1.2</b> Line managers to act after cases of verbal aggression to ensure that <ul style="list-style-type: none"> <li>• the staff member is properly supported;</li> <li>• any training needs are identified;</li> <li>• that a record is made of any abusive/aggressive dutyholder.</li> </ul>	HSA to monitor IH1s submitted.	
<b>C2: To reduce the risk of accidents to visiting staff by implementing HSE's policy on work-related road risk (cf A2.3a &amp; A3.2).</b>	<b>2.1</b> Assess compliance with HSE's stated guidance on fleet management.	HSA/Motor Transport to investigate current compliance and produce recommendations for improvement.	<i>Review to be completed by 06/05.</i>
	<b>2.2</b> Responsibility for investigation of WRRR incidents to be clarified between OGHSC & CHSC.	HSA to give clear advice to line managers/site coordinators on procedures for investigations and role of union safety reps.	<i>Ongoing.</i>
	<b>2.3</b> Review of efficacy of defensive driver training.	HSA, Learning & development & BSD to identify if training currently offered is fit for purpose, including uptake of post-incident training.	<i>Review completed by 09/05.</i>
	<b>2.4</b> Promote behaviours to reduce work-related road risk, including looking at alternatives to driving.	HSA to coordinate a programme that identifies good practice and role out throughout organisation.	<i>Good practice identified by 06/05. Publicising in organisation to take place up to 03/06.</i>