

## 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. HSE is also committed to seeing significant reductions in staff sickness absence.

This year one of the most significant developments will be the change in HSEs 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

<b>Work to achieve a positive and vigorous health and safety culture in HSE</b>			
<b>Action Area</b>	<b>Goal</b>	<b>2007/08 means of delivery</b>	<b>2007/08 target</b>
1. Leading by example - the various Management Boards will set the tone for the rest of HSE	1. All Board & SCS managers to incorporate specific health and safety components into 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.	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. Analyse and implement the health and safety related findings from the staff survey.	2. Full response to staff survey to be agreed at Board level and communicated across the organisation.

## B - Coherence

<b>Ensure that our process and procedures are simple, clear and effective</b>			
<b>Action Area</b>	<b>Goal</b>	<b>2007/08 Means of delivery</b>	<b>2007/08 target</b>
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. 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.	2. Ensure that relevant HSE staff are trained, use and understand the concept of dynamic risk assessment where appropriate. 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"> <li>• Non-ionising radiation</li> <li>• Fire safety in HSE premises</li> <li>• Occupational health service, in line with new contract.</li> </ul>	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 policies 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"> <li>• Information about the main health &amp; safety priorities</li> <li>• Information about the latest developments in internal health &amp; safety, e.g. the new occupational health contract.</li> <li>• Where appropriate, synchronising with an external campaign.</li> </ul>	1. Fine detail of communications to be worked out between HSA & Internal Comms during first month of work year and implemented accordingly.

## C - Compliance

<b><i>i) Make sure that when it comes to the health and safety of our own staff, we do what we should do</i></b>			
<b>Action Area</b>	<b>Goal</b>	<b>2006/07 Means of delivery</b>	<b>2006/07 target</b>
1. Ensuring that we implement rapidly any new legislation, guidance, codes of practice & policies 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.
<b><i>ii) Work to achieve the targets we set ourselves</i></b>			
<b>Action Area</b>	<b>Goal</b>	<b>Hazard</b>	<b>Performance measure for 2007/08</b>
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	1. Reporting on corporate performance will be in the following ways:	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.

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

<p>In particular the key risk areas affecting HSE staff will be addressed</p>	<ul style="list-style-type: none"> <li>• Monthly stats report to Board containing incident and absence data put together by HR Service Centre</li> <li>• Contributions from across HSE to the annual report on health and safety 2007/08.</li> <li>• Work on stress to be sampled by the Stress Working Group of the CHSC.</li> </ul>	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 using the HSEs stress management standards.
		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.