

HEALTH AND SAFETY EXECUTIVE CORPORATE HEALTH AND SAFETY PLAN 2004 - 2005

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.

This year, we've taken an approach to the plan which covers generic issues across HSE. Issues relating to specific operational Directorates/divisions (D/ds) and HSL will be managed through plans developed locally.

The content of this plan are set out in the subsequent pages in Priority Action Plans:

Priority	Lead responsibility
Priority A: Musculoskeletal disorders - DSE and Back Injury.	Site co-ordinators
Priority B: To reduce the number of accidents in relation to slips, trips and falls.	Site co-ordinators
Priority C: Management of stress - to reduce the sickness absence in HSE due to work-related stress	Directorates
Priority D: To monitor performance of all contractors ensuring that they deliver services to equivalent standards of health and safety and that management is in place to rectify shortfalls	BSD/HSU
Priority E: To promote management awareness of HSE's policy on drugs and alcohol.	HSU

Site co-ordinators will report to the Health and Safety Unit (HSU) on progress against the plan, seeking input from D/ds where appropriate.

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

- reduce the incidents of sick leave due to stress and musculoskeletal problems;
- 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;
- promote awareness of HSE's policy on dealing with drug and alcohol related issues.

Operational directorates and HSL should consider their visiting and scientific staff, as well as their own priorities and develop and implement their own plans to mitigate specific hazards identified through risk assessments, inspections and audits.

Targets for 04/05

To reduce DSE related ill health reports by 10% on 2003/04 figures.

To reduce slips and trips by 10% on 2003/2004 figures.

To reduce the number of RIDDOR reports to single figures.

HODs should be informed of all RIDDORs in their D/d within 24 hours.

HODs should inform Board Champion for H&S within 48 hours of event.

CORPORATE HEALTH AND SAFETY PLAN 2004/2005

Priority A: Musculoskeletal disorders - DSE and Back Injury

To continue to tackle the cause of work-related upper limb disorder (WRULD) and ensure compliance with Display Screen Equipment (DSE) Regulations. Target - to reduce DSE ill health reports by 10%.

Lead responsibility: site co-ordinators

KEY OBJECTIVE	PERFORMANCE MEASURE	MONITORING PERFORMANCE
A1. To reduce the incidence of DSE-related ill health and ensure compliance with the DSE Regulations by implementing HSE's Safety Supplement.	1.1 Site co-ordinators to: <ul style="list-style-type: none"> • report on implementation of the HSE DSE supplement; • review all IH1 reports relating to DSE; • liaise with the site OHA re RIDDOR / complex cases. 	Site co-ordinators to report at year-end listing outstanding assessments. HSU to monitor IH1 reports. 3 monthly report on progress of OHA to HSU.
	1.2 HSU, in conjunction with site co-ordinators and D/ds, to develop electronic DSE assessment package for rollout across HSE.	Rollout to commence early 2004. To be completed by year-end.
	1.3 Line managers to ensure that assessors receive refresher training/update every two years.	Report at year-end. HSU to monitor take-up of training.

<p>A2. To reduce the number of incidents of Musculoskeletal Disorders (MSD).</p>	<p>2.1 Site co-ordinators to review all MSD incidents to:</p> <ul style="list-style-type: none"> • identify causes/exacerbation; • ensure remedial action taken; • advise HSU of common issues. 	<p>Quarterly report from OHA.</p>
	<p>2.2 Line managers to seek advice from site OHA about recovery of health for staff with back problems / MSD, either whilst off work or on their return.</p>	<p>Quarterly report from OHA.</p>

Priority B: To reduce the number of accidents in relation to slips, trips and falls.

Lead responsibility: site co-ordinators

KEY OBJECTIVE	PERFORMANCE MEASURE	MONITORING PERFORMANCE
<p>1. To reduce the number of accidents in relation to slips, trips and falls by 10%.</p>	<p>1.1 Site co-ordinator to produce a slip, trip reduction plan. This should include arrangements for addressing action when floors become wet eg through inclement weather.</p>	<p>Site co-ordinators to report on progress with plan.</p>
	<p>1.2 Site co-ordinators to:</p> <ul style="list-style-type: none"> • inspect sites and report potential hazards; • promote arrangements for dealing with spillages; • review site accident reports over the last two years to: <ul style="list-style-type: none"> - identify causes of slips; - ensure remedial action taken; - advise HSU of common issues. • discuss RIDDOR incidents with OHAs and the Health and Safety Adviser. 	<p>Report at year-end.</p> <p>Monitor numbers of ACC1s.</p>

Priority C: Management of stress – to reduce the sickness absence in HSE due to work-related stress.
Lead responsibility: Directorates/divisions

KEY OBJECTIVE	PERFORMANCE MEASURE	MONITORING PERFORMANCE
1. D/ds to continue to reduce and manage work-related stress.	1.1 D/ds to continue to implement the action plans drawn up following their risk assessments.	Report on action at year-end.
	1.2 Stress Working Group of CHSC to consider results of Stress Management Standards from Staff Attitude Survey and advise on the way forward.	Stress Working Group to consider outcome and set timetable for reporting on actions.
	1.3 D/ds to follow advice of Stress Working Group where outcome of Stress Management standards fall below accepted level.	Report to HSU on the actions taken.
	1.4 D/ds to fully investigate all cases of stress to ascertain whether work is a contributory factor. All work-related cases to be reported on IH1 form.	HSU to monitor sick notes against IH1s.

	<p>1.5 Line Managers to be alert to the signs of work-related stress, and to support staff both at work and while off sick, taking advice from OHAs, the Counselling and Support Services and others as appropriate.</p>	<p>3 month report from OHA.</p>
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Monitoring and Review – Ministerial Checklist

Priority D: To monitor performance of all contractors ensuring that they deliver services to equivalent standards of health and safety and that management is in place to rectify shortfalls.

Lead responsibility: BSD/HSU

KEY OBJECTIVE	PERFORMANCE MEASURE	MONITORING PERFORMANCE
<p>1. To improve the H&S contract management of contractors.</p>	<p>1.1 All incidents of near misses, accidents and ill health to be reported and investigated.</p>	<p>HSU to monitor.</p>
	<p>1.2 Contract managers of major contractors to report on H&S performance of contractors at mid and year-end.</p>	<p>Specified Contract Manager will be asked by HSU for a detailed report at year-end on H&S monitoring and performance.</p>

Health promotion

Priority E: To promote management awareness of HSE's policy on drugs and alcohol.

Lead responsibility: HSU

KEY OBJECTIVE	PERFORMANCE MEASURE	MONITORING PERFORMANCE
1. To promote line management awareness of HSE's policy on dealing with drugs and alcohol.	1.1 HSU and lead OHA to agree programme by May 04.	HSU to monitor via OHA reports.
	1.2 Site co-ordinators to arrange awareness sessions by year-end.	HSU to monitor via OHA reports.