**Corporate health and safety plan 2006 - 2007
of the Health & Safety Executive**

Introduction

This plan has been agreed by the HSE Board and the Corporate Health and Safety Committee (CHSC). HSE 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 agreed by the HSE Board. The priority hazard areas are –

o Four high frequency issues - stress, DSE related ill health, slips & trips; and musculo-skeletal disorders

o Two low frequency/high consequence issues - lone working & work related road risk.

These topics were the subject of considerable activity in 2005/06 and will again in the forthcoming year.

This is the first plan that has been prepared after the adoption of a three-year strategic framework for health and safety – 2006 to 2009 by the Board in January 2006 (see here). The three-year framework was prepared in consultation with trade unions and the Corporate Health and Safety Committee (CHSC). It sets out the broad approach HSE will take to improve health and safety.

The framework attempts to pick up recurrent themes that run through all health and safety activity in HSE. These are:

A. Culture: Developing a positive, cooperative and forward thinking health and safety culture in the organisation.

B. Coherence: Making sure our internal policies, procedures and guidance are understandable and easily accessible.

C. Compliance: Making sure we adhere to our own published standards and meet the targets we set ourselves

It distils strategic management of health and safety down to three essential questions:

• Is the health and safety culture improving in HSE?

• Are you getting the health and safety information & direction you need when you need it?

• Are we complying with our internal health and safety policies and procedures?

Having set the broad themes the plan then identifies ten specific areas for action, supported by goals that ground the themes in reality. These goals have specific 2006/07 targets, which form the description of what health and safety activity will take place during the work year.

Some relevant 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 including in Health & Safety Laboratory (HSL).

Line managers have primary responsibility for making sure that arrangements are in place to ensure the health, safety and well being of their staff. 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.

The **Health and Safety Advisor** (HSA) supported by members of the Service Centre of **Human Resources Division** and 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.

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.

This committee is supported in its work by a network of other consultation bodies these include the **Operational Health and Safety Committee** (OGHSC) – which looks at national operational issues – and **Site Health and Safety Committees** – which looks mainly at local issues.

Trade Union Safety Reps facilitate the process of HSE's statutory health and safety consultation, monitor performance and promote improvement through fulfilling their various statutory functions. They also sit on the CHSC, OGHSC and local Health & Safety Committees representing employees' views.

Aside from the specific roles set out above, **everyone** in HSE shares the responsibility for complying with health and safety policies and procedures and contributing to improvements in health and safety performance.

In 2005/06 a **stress-working group** was set up after the yearlong stress risk assessment. This working group looks at the national issues related to stress in particular the development of the national action plan and targets.

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

  v Proactively target 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 absence, recovery to health at work and Disability Discrimination Act cases; and

v   promote awareness of HSE's policy on occupational health issues.

During 2006/07 a new human resources IT system – 'e-HR' – is to be rolled out across HSE. This will have significant impact on health and safety management as the software will have the capability to integrate accident reporting, sickness absence reporting, risk assessment, risk analysis and occupational health management. This work is part of the HRST (Human Resources Service Transformation) project that is due to be completed in mid 2006/07.

Finally, during 2006/07 HSE begins a new contract with a new health and safety training provider – Ostas. One of the key pieces of work for next year will be the early monitoring and development of the new contract. The contract will cover all the courses that our previous contractor provided as well as a new NEBOSH course.

Summary of Targets for 06/07

The overall target is to *record significant downward trends in the numbers of key categories of incidents since 2002/03 by 2009/10.* We will be on track to achieve this if the incidents that occur in 2006/07 are as set out below:

Incident category	Out turn 2005/06	Performance Measure 2006/07
Slips and trips causing injury	38	36
All incidents causing injury	145	141
DSE related ill health cases (IH1s)	32	<41
All work related ill health	105	103

A fuller description of how these measures were arrived at is found at the end of the plan in Annex 1.

In addition to the above the Board has the objective of *reducing sickness absence to 6.2 days sick per staff member per year by end of 2007/08.*

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.**

- **Root-cause analysis through joint management/safety rep investigation of all serious accidents, RTAs and aggressive incidents in accordance with HSG 245 *'Investigating accidents & incidents'.***

- **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.**

A - Culture

Work to achieve a positive and vigorous health and safety culture in HSE			
Action Area	Goal	2006/07 means of delivery	2006/07 target
1. Leading by example - the various Management Boards will set the tone for the rest of HSE	All senior managers to have a specific health and safety component in their performance plan.	Plan to be agreed from possible list submitted to Board and published in organisation	All Board members to agree and internally publicise a relevant health and safety performance measure
	Introduction of 'behavioural safety' measure to have full Board support.	Board receives background briefing followed by presentation by HSE's Human Factors BS expert.	
	All directorates to have clear health and safety plans with improvement targets, proportionate to their size, for each work	Directorate plans to be produced after Corporate Plan	Directorate Plans to be available by end of 1st quarter and published on intranet
	Health and safety training to be a component of the essential management training	HRD – Learning & resources to examine health and safety (& safety rep work) as part of the specification for work on management competencies.	To be included into learning & development workplan for 06/07
2. Engaging with all who work in HSE through consultation	Support the role of safety reps by devising suitable measures to recognise and resource the valuable work they do.	o Use the workforce involvement strategic programme to determine action o Resolve the issue of resourcing of safety reps.	Ensure 100% geographical/Directoral TU safety rep coverage of staff.
	Use existing consultation mechanisms (audit, staff surveys, line management, safety rep network) to assess the perceptions of staff about in-house health, safety, and well-being.	Health and safety questions to be included in the 2006/07 staff survey.	
	Use other behavioural assessment tools to find which behaviours need to change and how to do it	Work with HSL to see which assessment tools could be used for all of HSE	Agree best assessment tools to use and plan rollout for 07/08.
3. Thorough review - we will use tools such as auditing to seek to continually improve our performance.	Establish timetable for further audits along with details on who will complete them & how over the next three years.	Audit on: • PPE • Risk assessment	Audit reports to be completed by end of year
	Continue to benchmark against other departments to assist in progress with health and safety	Develop relationships with equivalent government departments – DEFRA, Home Office, HMRC, Other parts of DWP cluster.	

B - Coherence

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

Action Area	Goal	2006/07 Means of delivery	2006/07 target
1. Using proper risk assessment to ensure that our policies are proportionate and grounded in reality.	Ensure the effective use of risk assessment throughout the time period in line with the existing statutory framework for risk assessment.	Ensure that risk assessment policy & procedures are accurate and usable through review and revision of existing guidance in line with Management Regulations ACOP	Review to be completed after risk assessment audit, by end of year
		HRD to link with site safety committees through existing channels of communication in promotion of risk assessment in key hazard areas – slips and trips, musculo-skeletal disorders, lone working and work related road risk.	Regional/site health and safety management to report back to HSA the findings of risk assessments at the end of the year.
		HRD to establish and maintain a single, accessible to all file of national HSE risk assessments.	HSA to set up and maintain database of national risk assessments by end of 2nd quarter. e-HR risk analysis process to be included in this work when the facility is available
	Include revised risk assessments in any review of policy or guidance.	On going action relevant to all internal health and safety policy development. Risk assessment to be added to database once prepared	
	Develop the concept of dynamic risk assessment for relevant staff.	Work with construction division where this concept is familiar to establish best practise	
2. Using the in-house competence to help us draft any new guidance.	Findings of any new research into workplace safety, health & wellbeing to be communicated to HSA (Health & Safety Advisor) for consideration.	Establish working links between HSA, HSL & policy group so that up to date information can be communicated.	
	Clarify how and when we review our policies and procedures.	HSA to devise programme for policy & procedure revision for OGHSC/CHSC approval.	3 year programme to be discussed at May meeting of OGHSC and agreed by November meeting based on intranet redesign work. Programme must include review related to DSE in the first year.

	Ensure that the HSE expert on any given subject is included in the development of the in-house guidance.	Identify relevant HSE experts when commissioning new polices and procedures.	
3. Ensuring that we clearly communicate to staff what they should do to ensure health and safety	Maintain a programme of in house communication for health, safety, and well being.	Communications plan already in place based on one topic being covered per three month interval	

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
Ensuring that we implement rapidly any new legislation that HSE produces for the rest of the UK	Establish a link between Policy Group and HRD to secure internal communication of new initiatives.	HSA and Policy Group to work together to coordinate internal changes with external changes in policy	
	Use the annual plans for health and safety and policy to ensure there is coordination between internal and external activities.	Internal communications to help identify leaders of external campaign projects. For example with the Backs! 2006 campaign.	
	The management of sickness absence will be developed in the next three years so that individual staff members and the organisation feel the benefits of improved health.	HRD have at the start of 2006/07 introduced new policies and procedures to assist line managers in the effective management of sickness absence. The impact of these new procedures on sickness absnece will be monitored by the Board on a monthly basis. The aim is to see a reduction of days absent per staff member per year to 6.2.	
	Our occupational health provider will advise on the development of relevant policies and guidance.	Improve occupational health policy and guidance available to staff	Prepare and approve guidance on occupational health by end of 3rd quarter

Responding quickly to the findings of any safety rep report, audit, assessment or outside intervention that highlights concerns in our health and safety management	Devise a method reporting the results of safety reps concerns and audits so that the key findings are communicated to the right people.	o Ensure that safety rep representations/reports receive management response. o Establish communication framework, which ensures management respond to SRs, formerly acknowledging initiatives, which it adopts or providing an explanation for initiatives it rejects.	Framework to be submitted to July 06 CHSC for approval
		Ensure that TOR for all audits define a clear reporting structure so that the findings don't get lost	
	Ensure that the relevant findings of audits are communicated to HSE Board	Ongoing requirement – ensure that audit reports are programmed into Board agendas	

ii) Work to achieve the targets we set ourselves				
Action Area	**Goal**	**2006/07 Means of delivery & 2006/07 target**		
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. In particular the key risk areas affecting HSE staff will be addressed	In 05/06 we will devise a range of leading and lagging performance indicators in the main risk areas HSE staff encounter. The targets will be measured by reporting back to the HR-Service Centre and then to the Corporate Health and Safety Committee. Final reporting of performance will be in the Health and safety report for 2006/07. The HSA will take the lead in monitoring compliance.	Hazard	Lagging indicator	Leading indicator
		Slips & trips	(See targets at start of plan)	
		MSD	(Part of ill health target)	No target set but HR L& D to monitor uptake of new manual handling training provided by HSE's new health and safety training provider.
		Stress	To be set at Directorate level according to stress action plans. National objectives to be set by Stress Working Group during work year	
		DSE	(See targets at start of plan)	BEU/REFIT to monitor & report on time taken to deliver DSE assessment related equipment that has been agreed with a line manager and devise a suitable performance target
		Lone working	See Violence to staff	Randomly sample D/Ds to assess measures in place to implement policy.
		Road risk	(See targets at start of plan))	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)
		Estate related risks		98% of health and safety issues reported to FM helpdesk to be made safe within 4 hours (a competent person is on site to start resolution of the issue) measured using Aquserve database (equivalent targets to be established for Redgrave Court & HSL Buxton)
		Well being		Achieve 80% attendance by eligible staff on the on going programme of health screening for over 50s. Other aspects of the well being agenda will be reported on in the annual HSE health & safety report

		Violence & aggression.	The number of reported acts of verbal abuse, aggression and violence will be monitored but no target for reduction set.	HSA to produce new risk assessment and guidance on violence by end of July 2006.
	Meet the requirements set centrally for all government departments relating to health and safety and specifically sickness absence	Establish what the central government targets for health and safety are through dialogue with other government departments & GSE and ensure that HSE has a suitable comparator.		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).
Monitoring performance against the targets in a timely way	Improve the quality of data used to monitor and report on health and safety performance	Use e-HR roll out to improve delivery of statistics to Directorates by ensuring that SAP reports meet specifications		Part of HRST programme in summer 2006
	Use new personnel IT systems to produce more meaningful information about sickness absence and causation.	Use e-HR to ensure that real time sickness absence recording is possible for HSE		Part of HRST by mid 2006
	Improve reporting of near misses and incidents of verbal abuse.	o Promote reporting of all incidents of verbal abuse. o Periodic reminders to staff to report near misses. o Use staff survey to estimate underreporting rates in HSE. o Consider introducing anonymous near miss reporting after HSL's pilot in this area has been completed		Aim to increase number of near miss reports by 10% by the end of year.

Annex 1: Performance measures for incidents

In 2006/07 HSE will adopt a new method for measuring performance. The HSE Board has approved this approach, which was developed in consultation with HSE's internal Statistics Branch.

The aim of the performance measures is to answer the simple question: 'Is health and safety performance improving significantly?' The way will we test this is to look for a statistically significant reduction in certain key incident categories over a pre-determined period. It signals a move away from the traditional year on year reduction in accident figures and towards a more statistically reliable method.

Another reason why a new approach has been adopted is that targets based on the RHS requirements are not sufficiently challenging for HSE. 1999/2000 was, historically, a year of poor health and safety performance in HSE. As such, the RHS targets using 99/00 as a baseline year would not be sufficiently challenging for HSE.

The overall target is "*record significant downward trends in the numbers of key categories of incidents since 2002/03 by 2009/10*". The performance measures to see if we are likely to meet this target are found in the table below for each year from 2006 to 2010. Below the table are some notes explaining how these figures were arrived at.

Incident category	Year							
	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10
Slips and trips causing injury[1]	45	34	46	38	*36*	*35*	*33*	*32*
All incidents causing injury[2]	162	140	175	145	*141*	*137*	*134*	*130*
DSE related ill health cases (IH1s)	92	51	63	32	*<41[3]*	*<41*	*<41*	*<41*
All work related ill health	158	101	127	105	*103*	*101*	*100*	*98*

a)   The best advice in this area is that we adopt a similar approach to that used to measure the UK's performance against the Revitalising Health & Safety (RHS) targets.

b)   2002/03 is the start year for measurement. There are three reasons for this. Firstly it coincides with the start of an important health and safety initiative, namely the Board's agreed strategy on stress. Secondly, this strategy raised the profile on health issues and

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[1] Slips and trips causing injury DO NOT include incidents to contractors. All other targets do. The reason is that data of contractor slips and trip injuries only started to be collected in 2004/05.

[2] Include incidents that happen to contractors and RIDDOR incidents relevant to health and safety management

[3] Because of the decline already seen since 2002/03 the number of DSE cases need only remain below 41 per year for there to be a significant reduction

led to a substantial increase in the reporting of ill health, and in particular stress related ill health (44 incidents in 02/03 compared to 11 the previous year). It is only from 2002/03 have we a consistent body of data unaffected by any significant changes in reporting behaviour. Finally it is also a year of typical health and safety performance – neither very good nor very poor.

c)   2009/10 is the end point year. This is the year that the Revitalising Health & Safety time period ends.

d)   The values in the above table are not absolute pass/fail targets: in essence, if the actual out-turn is below these figures we are on course to see the desired significant reduction. If the out-turn is above the values it may not mean failure as long as the long-term trend continues to be downward. In effect they are the minimum reductions that are required to see a statistically significant improvement in performance.

e)   This means that values will be used slightly differently. They should be monitored to give early warning of any problems in health and safety but the judgment about year on year performance comes at the year-end. At this point the yearly data can be analysed to assess health and safety performance. It would be at this yearly performance assessment that confidence intervals for the data would be referred to.

f)   RIDDOR reportable incidents are not separated out in the table and it is not proposed to set an individual target for RIDDOR reportable incidents. Unfortunately, the HSE RIDDOR data set is not a suitable performance measure. This is because it cannot be used to generate meaningful statistical significance due to the low numbers involved (generally less than 25) and the high amount of fluctuation year on year (varying between 11 and 25, i.e. greater than 100% of the smallest value). HSE will continue to monitor the number of internal RIDDOR reportable incidents but for statistical reasons these incidents will not be used to measure and assess health and safety performance.

g)   The computation required to generate the targets for each of the four target areas (ill health, DSE, injury & slips/trips) is as follows:

- A regression model was produced in MS Excel that contained the actual data for 2002/03 – 2005/06, and four unknown values for 2006/07 – 2009/10.

- In order to produce a significant downward trend over the full 8 year period the solver function of Excel was used to find a suitable values for the unknown years (2006/07 – 2009/10), subject to the following constraints:

    o The gradient of the trendline was negative and significant at the 95% confidence level

    o The year-on-year percentage reduction between 2005/06 – 2009/10 was constant

- The values which satisfied this set of conditions were then set as the milestone values for each of the targets