

HSE's Corporate Plan for Internal Health & Safety for 2011/12

1. Policy

HSE is committed to providing its employees with safe conditions of work and to have effective management arrangements that ensure the well being of staff and to minimise the adverse impacts to individuals and the business from ill health and injury. HSE will manage risks sensibly and proportionately and will create an environment in which managers and staff work together collaboratively.

This plan sets out the principal health and safety improvement activities HSE will carry out in 2011/12. It updates the plan previously agreed between management and trade unions.

2. Organisation

Control

The '[Your health & safety](#)' intranet site provides information on health and safety in HSE, including responsibilities for health and safety management.

Individual line managers and staff members need to be aware of the health and safety policies that are particularly relevant to them and their staff, significant health and safety initiatives planned for the year ahead and what our performance indicators are.

The responsibility for implementing and monitoring health and safety arrangements is delegated to line managers. All staff have an individual responsibility to follow these arrangements and to contribute to delivery. This plan identifies specific activities that supplement the on-going and routine health and safety activities in HSE.

The Corporate Health and Safety Committee (CHSC) will formally monitor progress at its three in-year meetings and alert SMT if there are any serious performance problems.

[Annex 1](#) to the plan is a monitoring tool used by the CHSC to review performance and as a feed into reports to HSE's Senior Management Team (SMT).

Cooperation

Staff engagement and collaboration on health and safety is achieved nationally through CHSC, and regionally through committee meetings which are attended by the Site Safety Coordinators (SSC). Specific tasks are also delegated to the Stress Working Group (SWG) to deliver. All of these groups will report on the health & safety activity they have undertaken throughout the year to the Health and Safety Advisor (HSA).

Communication

Health and safety policies and plans are promoted and published on the Intranet. The Site Safety Coordinator (SSC) network provides the link to local staff and activity.

Competence

The HSA is the competent person in HSE but all line managers are required to manage health and safety as part of their normal job. HSE promotes continued development of staff and application of knowledge throughout the organisation.

3. Planning and implementation

The three-year framework for health & safety for 2009 to 2012 was agreed by the SMT and CHSC. It sets out key themes, aligned with the current HSE Strategy 'Be part of the solution', which focus our attention on encouraging strong leadership through active management and collective ownership, and to create healthier, safer workplaces by targeting risk priorities and implementing effective measuring and monitoring systems.

These are our key themes and objectives for the year; [annex 1](#) contains the action we will be taking.

Strong leadership, active management and collective ownership

- *We will demonstrate effective leadership and our commitment to the health and safety of our staff.*
- *We will raise the profile of competent health and safety management and ownership.*
- *We will actively promote a healthy environment and culture across the whole of our organisation.*



Action 1 - 6

Risk priorities, developing monitoring and improving performance

- *We will develop systems to monitor and improve our performance*
- **DSE** - *We will continue to manage the DSE risk to our staff and monitor training and assessment levels.*
- **Road Related Risk/Lone Working (RR/LW)** - *We will manage the risk to our visiting staff including considering any health and safety implications arising from cost recovery.*
- **Stress** - *We will progress work on this topic at both a regional and corporate level through the Stress Working Group.*



Action 7 - 13

4. Measuring Performance

Our performance measures (PM) include both leading and lagging indicators, which the HSA will monitor and report on to the SMT and CHSC.

Lagging indicators will be monitored on a monthly basis and details will be provided to the Chair of the CHSC and SMT in a below the line paper.

Leading indicators will be monitored and discussed in line with the timings of the CHSC who will assess progress with the corporate objectives and take corrective action as required.

Lagging Indicators

- PM 1: To have fewer than 70 incidents leading to injury, including slips and trips and road traffic injuries
- PM 2: To have fewer than 10 slip and trip related injuries
- PM 3: To have fewer than 5 work related road traffic injuries
- PM 4: To have fewer than 50 cases of work related ill health, including DSE and work related stress (WRS)
- PM 5: To have fewer than 20 cases of DSE related ill health
- PM 6: To have fewer than 20 cases of WRS
- PM 7: To have fewer than 6.2 days of sickness absence per staff member for the year

Leading Indicators

- PM 8: 100% of staff are up to date with their DSE training and assessment
- PM 9: 100% of high risk user action reports are actioned by an assessor within 4 weeks of the self assessment date
- PM 10: 100% of new visiting staff undertake their safe driver training within three months of appointment
- PM 11: At least 10% of calendar and Who's who entries are randomly checked to ensure the contact information and location details are correct

Tolerance Levels

- Red ≤90%
- Amber 91 – 98%
- Green ≥99%

5. Audit and Review

The HSA will use the leading indicators to design a phased programme of work with Internal Audit leading to a wider review of HSE's health and safety procedures.

If new issues emerge during the year which require attention the CHSC will review priorities and advise SMT as necessary to make sure we are always using resources to address the most appropriate mix of topics.

We will also ensure close links with policy colleagues in HSE to ensure that our own arrangements are considered alongside the development of new policies intended for the broader health and safety system.

Annex 1 - HSE's Corporate Plan for Internal Health & Safety for 2011/12

Action	What	Who to deliver	How to monitor
Leadership, Management and Ownership			
1.	SMT to be provided with a progress report on health and safety on a monthly basis. Health and safety to be discussed at SMT meetings whenever it is meaningful and proportionate to do so, e.g. if we are off track on performance measures or unable to complete actions.	HSA to provide monthly progress reports	Paper to be circulated to CHSC Chair / Vice Chair
2.	Review the course content from any new training supplier to ensure that the fundamentals of H&S management are provided.	HSA to review course content in conjunction with L&D	Summary report to be provided to the Autumn CHSC
3.	Managers of visiting staff, including specialist and operational where appropriate are to include an objective in their performance agreements concerning the management of the health, safety and welfare of their staff.	Directors to lead	HSA to sample check performance agreements with Directorate Heads and to provide a summary report to the Autumn CHSC
4.	Conduct a review of our existing wellbeing guidance with a view to collating the information in a new 'Wellbeing' webpage.	HR to lead	Report to be provided to the Autumn CHSC
5.	Divisions to hold regular health and safety committee meetings which are aligned with the key objectives of the corporate plan.	Site safety coordinators to lead	Minutes to be sent to the HSA and CHSC TU Secretary to review
6.	Divisions to provide on a quarterly basis a summary report of their health and safety activities.	Site safety coordinators to lead	Reports to be submitted to the HSA and CHSC TU Secretary on a quarterly basis
Risk priorities – DSE			
7.	Reviewing on a quarterly basis administration action taken in Cardinus system to identify any areas of inactivity. HSA section will collate and circulate this information to SSCs, who in turn will investigate to establish the underlying causes and seek support from local management to provide additional DSE assessors and administrators, refresher training or time to perform the role.	Site safety coordinators to lead	HSA to monitor information in quarterly returns
8.	Proactively managing the training and self assessment data in Cardinus to provide management information to CHSC, Directorates and SSCs to take forward for action within their regions.	Cardinus master administrator to lead	Data to be provided in a below the line paper at each CHSC
9.	Developing in conjunction with HR a monitoring system to ensure that all cases of reported DSE ill health are followed through to a satisfactory conclusion.	HSA to lead	HSA to report to Summer CHSC
Risk priorities – Lone working and work related road risk			
10.	Lone working and work related road risk policies and procedures to be revised to provide clarification of roles and responsibilities. The review will also address concerns staff have voiced during recent SMT briefings on the potential for increased violence and aggression when cost recovery is implemented in April 2012.	HSA in consultation with the CHSC task and finish group	HSA to report to the Autumn CHSC
11.	Delivering the retender project and communicating with staff changes to the refresher period.	L&D and procurement to lead with support from the HSA	HSA to report to the Autumn CHSC
Risk priorities – Stress			
12.	Update stress information on HSE website to clarify roles and responsibilities and make advice on identifying and tackling stress readily available.	SWG to lead	Stress Working Group to report to Autumn CHSC
13.	Analysis and subsequent recommendations from the 2009 People Survey to be taken forward by the SWG.	SWG to lead	Stress Working Group to report to the Autumn CHSC