

HSE's Corporate Plan for Internal Health & Safety for 2012/13

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 2012/13. 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.
- 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 the Senior Management Team (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 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). The SSCs 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 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 2012 to 2015 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 risk priorities for the year; [annex 1](#) contains the action we will be taking.

Key themes:

- Providing strong leadership
- Actively managing health and safety
- Promoting ownership of health and safety
- Monitoring indicators of a positive health and safety culture
- Monitoring reports of accidents, ill health and near misses

Risk priorities:

- DSE
- Lone working and site visits
- Work related road risk
- Work related stress

4. Measuring Performance

Our performance measures (PM) include both leading and lagging indicators, which the HSA will monitor. This performance information will be provided to the SMT and CHSC for review.

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

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|------|---|
| PM 1 | To have fewer than 10 work related incidents, leading to major injuries or over 7-day absences, including slip and trip and road traffic incidents. |
| PM 2 | To have fewer than 3 work related slip and trip incidents, leading to major or over 7-day injuries. |
| PM 3 | To have fewer than 3 work related road traffic incidents, leading to major or over 7-day 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 self assessment.
- PM 9 100% of high risk user action reports are actioned by a DSE administrator and assessor within 4 weeks of the self assessment date.
- PM 10 100% of violent or aggressive situations experienced by staff are reported on an ACC1.
- 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.
- PM 12 100% of visiting staff undertake their safe driver training within three months of appointment.
- PM 13 100% of IH1 reports for work related stress will be allocated to a named member of staff to explore the root causes within 2 weeks of being reported.

5. Audit and Review

The HSA will use the leading indicators to measure compliance with DSE, lone working and site visits, work related road risk and stress policies.

The previous internal audits of our safety management system will be reviewed and discussions will begin on if there is a requirement to conduct a new one.

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 2012/13

Action	What	Who to deliver	How to monitor
Leadership, Management and Ownership – Providing strong leadership			
1.	Senior Management Team (SMT) and Line Managers (LM) to provide a clear message within their divisions and directorates that the health and safety of their staff is important.	SMT and Line Managers	Feedback from Site Safety Coordinators (SSC) quarterly health and safety reports.
2.	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 health and safety progress reports	Paper to be provided to SMT and circulated to CHSC Chair / Vice Chair and SSCs
3.	Work to continue with the review of the information available on the 'Your health and safety' intranet site, with the aim of providing clear and concise policies which incorporate and identify roles and responsibilities for delivery of health and safety management across the organisation.	HSA section in conjunction with various parts of the organisation.	Review programme to be developed and progress monitored by the CHSC.
Leadership, Management and Ownership – Actively managing health and safety			
4.	Health and safety meetings to be held: <ul style="list-style-type: none"> ▪ Corporately to agree the direction of the organisation and identify key priorities for action. ▪ With the HSA and SSC network to provide a communication link from the regions to the centre. ▪ Regionally with the relevant SSC to implement the annual CHSC health and safety plans and to discuss local issues, and ▪ As an item on the agenda within teams, when appropriate, to ensure health and safety policies are understood, adhered to and any gaps are identified and addressed. 	CHSC, HSA, SSC, LM	Minutes of Corporate, SSC and Regional meetings to be sent to the HSA and CHSC TU Secretary for review.
5.	All line managers to include managing the health and safety of their staff as a core component of their role.	Directors to lead	Feedback from Site Safety Coordinators (SSC) quarterly health and safety reports.
6.	All line managers of visiting staff (including specialist and operational) where appropriate, 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 Summer CHSC.
Leadership, Management and Ownership – Owning health and safety			
7.	All staff to familiarise themselves with and follow the guidance outlined in the health and safety policies and to become involved in local or national initiatives.	Line Managers to lead	Feedback from Site Safety Coordinators (SSC) quarterly health and safety reports.
8.	All staff to report any work related accident, ill health or near miss which occurs to them on or off HSE premises.	Line Managers to lead	HSA to review the number of accidents, ill health and near miss reports submitted to the centre. Information to be provided to the SMT on a monthly basis.
9.	All staff to report through the appropriate channels any deterioration with the fabric of the building	Accommodation Managers to lead	HSA to review the incident data and monitor the number of accidents and near misses attributable to failures with the fabric of the building.
Measuring and Monitoring – Indicators of a positive health and safety culture			
10.	All line managers to report health and safety issues which may be of national importance to the CHSC via the SSC network.	Line Managers to lead	CHSC Secretary to monitor the number of issues received and discuss as appropriate with the HSA or CHSC.

Action	What	Who to deliver	How to monitor
11.	Site Safety Coordinators to provide the HSA on a quarterly basis a summary report of their health and safety activities including any improvements or initiatives.	SSCs to lead	HSA to circulated reports to the CHSC on a quarterly basis.
12.	HSA to review the previous internal audits of HSEs health and safety management system and discuss future recommendations with the CHSC Chair and TU Vice Chair.	HSA to lead	Update to be provided to the Summer CHSC
Measuring and Monitoring – Reports of accidents, incidents and near misses			
13.	All accidents, incidents and near miss reports to be electronically recorded	SSCs to lead	HSA to verify on a quarterly basis the centrally held incident reports with the SSC network.
14.	Analysing trends to develop the risk profile to identify key risks across the organisation.	HSA to lead	HSA to provide a report at the Autumn CHSC.
15.	Reviewing risk priorities in light of up to date information and changes to the way in which we conduct our business	HSA to lead	Issues to be discussed at the CHSC whenever it is meaningful and proportionate to do so.
Risk priorities – DSE			
16.	Monitoring the training and self assessment data in Cardinus on a quarterly basis to provide the SSC network with performance reports for action and the CHSC with information.	Cardinus master administrator to lead	Data to be provided on a quarterly basis to the SSC network for action and CHSC for information. CHSC to discuss when it is meaningful and proportionate to do so.
17.	Monitoring system to continue of all IH1s submitted for DSE related ill health to ensure that all cases are followed through to a satisfactory conclusion.	HSA to lead	HSA to report to CHSC when it is meaningful and proportionate to do so.
Risk priorities – Lone working			
18.	Incident data and COIN V&A markers to be monitored closely following the proposal to implement Fees for Intervention in April 2012.	HSA to lead	Data to be monitored on a fortnightly basis by the HSA. Data to be circulated on a quarterly basis to CHSC and SSCs. CHSC to discuss at the Summer CHSC..
19.	A review of the current lone worker device (Cybertrak) to be carried out and the market explored to identify and consider the suitability of other available solutions.	HSA to lead in conjunction with the Cost Recovery Team	Update to be provided to the Summer CHSC
Risk priorities – Work related road risk			
20.	Reviewing the provision of pan government training for staff that drive on official business. (Current contract with IAM expires on the 31 st March 2012).	L&D and procurement to lead with support from the HSA	Update to be provided to the Summer CHSC
Risk priorities – Stress			
21.	Monitoring system to be developed to ensure that all cases of WRS are followed through to an effective conclusion.	HSA to lead	HSA to report to Summer CHSC
22.	Stress supplement on the 'Your health and safety' pages of the intranet to be revised to clarify roles and responsibilities and to make advice on identifying and tackling stress readily available.	SWG to lead	Stress Working Group to report to Spring CHSC
23.	Following the review of the NatCen report which was conducted by the CHSC Task and Finish Group, recommendations which were presented to the SMT to be taken forward.	Diversity Team to lead.	Update to be provided to the Summer CHSC