

HSE's Corporate Plan for Internal Health & Safety for 2014/15

1. Plan

HSE is committed to providing its employees with safe conditions of work, and to have effective management arrangements in place that ensure the wellbeing of staff, to minimise the adverse affects 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 identifies specific health and safety improvement activities that supplement the on-going and routine health and safety management, which HSE will carry out in 2014/15. It updates the plan previously agreed between management and trade unions.

2. Do

Risk profile

The three-year framework for health & safety for 2012 to 2015 was agreed by the Senior Management Team (SMT) and Corporate Health and Safety Committee (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 one](#) 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

Organise

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

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.

Staff engagement and collaboration on health and safety is achieved nationally through the CHSC, and regionally through committee meetings which are attended by the Site Safety Coordinators (SSC). The SSC network provides the link to local staff and activity.

The responsibility for implementing health and safety arrangements is delegated to line managers. All staff have an individual responsibility to follow these arrangements and to contribute to delivery.

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.

3. Check

Our performance measures (PM) include both leading and lagging indicators.

Lagging Indicators

The HSA will monitor in-year data against previous report years to identify trends.

- PM 1: Number of incidents, including dangerous occurrences, near misses, possible dangerous exposure, property damage and verbal abuse

- PM 2: Number of accidents resulting in injury including, major and minor injuries and over 7-day absences
- PM 3: Number of ill health cases, including work related stress, display screen equipment related ill health, and reported underlying ill health conditions.
- PM 4: Number of days sickness absence per staff member for the year

Leading Indicators

The HSA will monitor data against previous report years to identify trends:

- PM 5: Staff are up to date with their DSE training and assessment
- PM 6: Staff submit internal incident reports for all recorded¹ instances of verbal, aggressive or physical abuse.
- PM 7: Staff complete directory entries inline with the mandatory requirements identified in the Visiting Staff supplement.
- PM 8: Staff complete calendar entries inline with the mandatory requirements identified in the Visiting Staff supplement.

The HSA will monitor performance against target:

- 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 visiting staff undertake their safe driver training within three months of appointment
- PM 11: 100% of staff who submit an ill health report for work related stress are allocated to a line / case manager to explore the root causes within 2 weeks of being reported

Lagging indicators will be monitored on a monthly basis and details will be provided to the SMT in a below the line paper, copied to the CHSC Chair and TU Vice-Chair.

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

Line / Case managers are responsible for investigating all internal incident reports and for providing the Divisional SSC with a copy of any investigation report and updates on the

¹ Recorded as a V&A Marker in COIN

progress of work related stress and display screen equipment related ill health cases until a satisfactory conclusion has been reached.

Divisional health and safety committees are responsible for reviewing all internal incident reports within their Division, and making appropriate recommendations for change or additional precautions to the CHSC, via the committee secretary.

[Annex 1](#) to the plan is a monitoring tool used by the CHSC to review performance and as a feed into HSE's annual health and safety report. The SSCs provide the HSA with a report each quarter detailing the health & safety activities undertaken in their Division.

4. Act

The HSA will use the leading indicators to measure compliance with DSE, lone working, work related road risk and stress policies. Action will be taken, as appropriate, to review and update policy documents.

If new issues emerge during the year that 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 2014/15

Action	What	Who to deliver	How to monitor
Leadership, Management and Ownership – Providing strong leadership			
1.	Senior and Line Managers (LM) to demonstrate they take the health, safety and well being of their staff seriously in line with management guidance. The guidance provided to managers at all levels will be reviewed to ensure it reflects an appropriate level of commitment to the welfare of staff.	Senior and Line Managers with assistance of HSA unit.	Feedback from Site Safety Coordinators (SSC) quarterly health and safety reports. Continued analysis of WRS cases throughout the year to monitor compliance with guidance on wellbeing.
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 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' (YHS) 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.	HSA to provide the CHSC with an update at the Autumn CHSC
Leadership, Management and Ownership – Actively managing health and safety			
4.	<p>Health and safety meetings to be held:</p> <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 divisions to the centre. <p>Divisionally with the relevant SSC to implement the annual CHSC health and safety plans and to discuss local issues, and</p> <ul style="list-style-type: none"> ▪ 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	<p>Minutes of Corporate, SSC and Divisional meetings to be sent to the HSA and CHSC TU Secretary for review.</p> <p>All minutes are to be published on the YHS pages of the intranet.</p>
Leadership, Management and Ownership – Owning health and safety			
5.	All staff to be reminded of their responsibility to familiarise themselves with the health and safety policies and guidance available on the Your Health and Safety pages of the intranet.	Divisional health and safety committees	Feedback from Site Safety Coordinators (SSC) quarterly health and safety reports.
6.	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 collate the number of accidents, ill health and near miss reports submitted to the centre and provide the statistics to the SMT, CHSC and SSC network on a monthly basis.
Measuring and Monitoring – Indicators of a positive health and safety culture			
7.	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 circulate collated reports to CHSC and FOD HQ on a quarterly basis.
Measuring and Monitoring – Reports of accidents, incidents and near misses			
8.	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 data with the SSC network. Copied to FOD HQ for information.

Action	What	Who to deliver	How to monitor
9.	Analysing trends to develop the risk profile to identify key risks across the organisation.	HSA to lead	HSA to provide a report at the Summer CHSC for the previous report year.
Risk priorities – DSE			
10.	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 & FOD HQ for information. CHSC to discuss when it is meaningful and proportionate to do so.
11.	Monitoring system to continue of all ill health reports submitted for DSE related ill health to ensure that all cases are followed through to a satisfactory conclusion.	HSA to lead	HSA to monitor through SSC network.
Risk priorities – Lone working and site visits			
12.	Work to continue with the monitoring of verbal abuse incidents and COIN V&A markers to identify any significant increase in the number of reports following the introduction of Fees for Intervention in October 2012.	HSA to lead	Data to be circulated on a quarterly basis to the CHSC, SSC network and FOD HQ. HSAU to chase submission of reports through SSC network and FOD HQ.
13.	Evaluation of the Code 5 Lone Worker Protection System (LWPS) to be undertaken, with recommendations to the CHSC Chair.	HSA to lead with support from FOD HQ and BEU.	Interim report to be provided to the Autumn CHSC.
Risk priorities – Work related road risk			
14.	The contract with the Institute of Advanced Motorists (IAM) to provide driver training ends on 28 th March 2014. CEB has approved a six-month extension. Current driver training policy to be reviewed, prior to submission of a case requesting CEB approval to procure future training through CS Learning.	HSA to lead	Update to be provided to the Summer CHSC
Risk priorities – Work related stress			
15.	Monitoring system to continue to ensure that all cases of WRS are followed through to an effective conclusion.	HSA to lead	HSA to monitor through SSC network.
16.	Evaluation of the pilot exercise to trial the HSL's Resilience Model Course in HID and CCID to be undertaken with recommendations to the CHSC Chair.	HID to lead	Update to be provided to the Autumn CHSC
17.	WRS cases from 2013/14 are to be reviewed with findings presented to and discussed with SMT & Board. These findings will then be taken forward with the aim of reducing future cases of WRS in the HSE as much as possible.	HSA to lead	HSA unit to monitor all WRS cases, existing and new, throughout the year.