

HSE's Corporate Plan for Internal Health & Safety for 2015/16

Introduction

This plan contains the actions to be taken across the organisation above the routine management of health and safety to address the four specific hazards identified in the '*Framework for health and safety management in HSE for 2015/16 to 2017/18*' as the main causes of harm to staff.

Based on the number of reported incidents and the potential for harm these four hazards have been identified as:

- Display Screen Equipment (DSE) related ill health;
- Lone working and site visits;
- Work related road risk, and
- Work related stress.

Implementation

Annex 1 contains the actions which need to be taken across the organisation to reduce the risks, and who is responsible for delivery.

For those actions which the Site Safety Coordinators (SSC) and Divisional / Site health and safety committees are responsible for delivering, implementation should be led by the respective health and safety committees, who should fully support communication of the plan within their division / site. Consideration should also be given to how the actions are to be delivered, and how evidence will be provided to the SSCs to enable them to assure the Corporate Health and Safety Committee (CHSC) that action is being taken in the quarterly health and safety reports.

These quarterly reports will also form the basis of HSE's annual health and safety report.

Line managers are responsible for ensuring that all internal accident, incident and ill health reports are investigated and for providing the SSC with a copy of any report produced and remedial action taken. For ill health cases regular updates should be provided to the SSC until a satisfactory conclusion has been reached and the case is closed.

Divisional / Site health and safety committees are responsible for reviewing the internal incidents reported and the recommendations from investigations. Lessons learnt should be taken forward within the division / site and escalated, as appropriate to the CHSC, via the committee secretary.

The [roles and responsibilities](#) for managing health and safety within HSE, and [Terms of Reference](#) for health and safety committees can be found on the Your Health and Safety (YHS) pages of the intranet.

Monitoring

In addition to the actions outlined in Annex 1 to this plan, the CHSC has developed a number of performance measures which the Health and Safety Advisor (HSA) is responsible for monitoring and discussing with the CHSC and Senior Management Team (SMT) when appropriate.

The performance measures include both lagging and leading indicators. The lagging indicators present a picture of our reported incidents which allows us to gather data to identify trends to inform the overall direction of health and safety management within HSE; the leading indicators are used to assess elements of our safety management system to enable us to identify any implementation issues.

Lagging Indicators

The HSA will collate in-year data on a monthly basis. This will be compared with previous report years to provide trend information to members of the CHSC and the SMT in the monthly health and safety statistics paper.

- PM 1 Accidents: number of incidents which result in injury including, major, minor and over 7-day absences.
- PM 2 Incidents: number of incidents which did not result in an injury, including dangerous occurrences, near miss reports, possible dangerous exposure, property damage and verbal abuse.
- PM 3 Ill health: number of reports submitted for ill health, including work related stress, display screen equipment, and underlying ill health conditions.

HRD will provide on a monthly basis for inclusion in the paper the:

- PM 4 average number of working days lost due to sickness absence per staff member per year, by directorate and at an HSE level.

Leading Indicators

For the priority health and safety topics the HSA will monitor elements of the policies to identify any implementation issues, these will be discussed by the CHSC who will assess and take the appropriate corrective action.

- PM 5 Staff are up to date with their DSE training and assessment.
- PM 6 Mitigating action is taken by line managers and DSE assessors to reduce the risks identified in self-assessments within 4 weeks of the self-assessment date.
- PM 7 Staff submit internal incident reports for all recorded instances of verbal, aggressive or physical abuse encountered during site inspection or associated activities.
- PM 8 Staff complete directory entries in line with the mandatory requirements identified in the Visiting Staff supplement.

- PM 9 Staff complete calendar entries in line with the mandatory requirements identified in the Visiting Staff supplement.
- PM 10 All new staff who are expected to drive on official business undertake the safe driver training to assess their capabilities as a driver within three months of appointment.
- PM 11 All ill health reports submitted for work related stress are managed in line with the stages outlined in the revised Stress Policy: 'Work Related Stress Assessment' section.

Annex 1 to HSE's Corporate Plan for Internal Health & Safety for 2015/16

Action	What	Who to deliver	How to monitor
1.	<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 CHSC to the Divisions and Sites. • Divisionally with the relevant SSC to implement the annual CHSC health and safety plan and to discuss local issues, and • As an agenda item within team meetings. 	HSA and Divisional / Site health and safety committees to lead	<p>Minutes of the CHSC, SSC and Divisional/Site health and safety committees to be published on the Your Health and Safety (YHS) pages of the intranet.</p> <p>SSCs to provide a summary of the health and safety discussions from their respective Divisional Management Meetings.</p>
2.	<p>Health and safety to be discussed at SMT meetings when it is meaningful and proportionate to do so, e.g. if we are off track with performance measures or unable to complete actions.</p> <p>Note Performance Measures 1 to 4.</p>	HSA to lead	Paper to be provided to SMT on a monthly basis and circulated to the CHSC and SSC network.
3.	CHSC to commission HSL's Safety Climate Tool to measure HSEs current safety culture to identify where we need to target our effort in 2016/17, and to provide a benchmark to enable future performance to be measured against.	HSA to lead	Safety Climate Tool to be launched, results to be analysed by HSL and discussed by the CHSC.
4.	Conducting office inspections with TU colleagues, paying particular attention to good housekeeping with the removal of any slip / trip hazards, and being proactive in taking actions forward through the Divisional / Site health and safety committee, and CHSC when appropriate.	Divisional / Site health and safety committees to lead	Copies of office inspections, findings and action to be taken to be sent to the HSA for review. HSA to raise any significant issues to the CHSC.
5.	Divisional / Site health and safety committees to actively encourage staff within their respective areas to report all work related accidents, incidents (including near misses) and ill health which occurs to them on or off HSE premises.	Divisional / Site health and safety committee to lead	<p>An outline of the action taken to encourage reporting to be provided in the quarter reports to the HSA.</p> <p>The HSA will collate the number of accident, incident and ill health reports and provide the information to the SMT, CHSC and SSC network on a monthly basis.</p>

Action	What	Who to deliver	How to monitor
6.	Line managers to investigate all reported accidents, incidents and ill health cases, and to share any investigation report produced and lessons learnt with their SSC.	Divisional / Site health and safety committee to lead	HSA to review reports and share any lessons learnt which have an impact on the rest of the organisation through the SSC network and CHSC to prevent recurrence.
7.	All accidents, incidents and ill health reports to be electronically recorded within 5 days of receipt and reviewed on a quarterly basis to ensure records are updated and closed out once the investigation and any remedial action has been taken.	SSC to lead	SSCs to monitor and review 'open' incidents each quarter and to follow-up incidents with the line manager / reporting person. HSA to verify with the SSC network on a quarterly basis the centrally held electronic incident data with the paper records.
8.	Directorates to be proactive in the implementation of the DSE policy and to ensure that all reported cases of ill health are dealt with in a timely manner, with mitigating action taken as appropriate to reduce any risks identified by staff through their self-assessments. Note Performance Measures 5 & 6.	Divisional / Site health and safety committees to lead	HSA to circulate on a quarterly basis to the CHSC and SSC management information on the number of staff who are required to undertake DSE Training and Self-assessment; and the number of completed self-assessments which require mitigating action to be taken to reduce the risks identified.
9.	All staff who have entered a Violence and Aggression (V&A) marker in COIN when they have been subjected to verbal, aggressive or physical abuse during a site inspection to submit a corresponding internal incident report. The report should detail the name of the premises, the type of intervention, whether the visit was planned / unplanned, what action contributed to the event, an outline of behaviours and what action was taken by HSE. Note Performance Measure 7.	Divisional / Site health and safety committee to lead	The HSA will compare the COIN V&A report with the number of internal incident reports and take the appropriate action. The information will be circulated to the CHSC and SSC network on a quarterly basis.
10.	Directorates to be proactive in the implementation of the Visiting Staff policy; especially in relation to the implementation of the mandatory control measures for lone working outlined in the Visiting Essentials section of the policy. Note Performance Measure 8 & 9	Divisional / Site health and safety committees to lead	HSA to collate data on a quarterly basis from the SSCs which details the number of calendar / staff directory entries checked within each Division / Site; the number of incorrect entries and what action has been taken to rectify.
11.	Directorates to ensure that they implement the requirements of the Travelling on Official Business policy especially in relation to assessing the driving capabilities of new staff who are expected to drive on official business as part of their day to day activities. Note Performance Measure 10	Divisional / Site health and safety committees to lead	HSA to monitor the new starters in HSE against the management information provided by the Institute of Advanced Motorists.

Action	What	Who to deliver	How to monitor
12.	Directorates to be proactive in their implementation of the work related stress policy; ensuring that risk assessments are reviewed on an annual basis; managers are aware of and use the tools available to measure levels of stress within their Directorates / Teams, and that all staff are aware of the changes to the Policy especially in relation to implementing the arrangements outlined in the 'Work Related Stress Assessment' section when managing reported cases of stress. Note Performance Measure 11	Divisional / Site health and safety committees to lead	SSC's to send a copy of their Stress Action Plans to the HSA for review. HSA to undertake a full review of all ill health reports in HSE for work related stress, to continue to build a picture of contributory factors and to establish if the arrangements detailed in the Stress Policy are being implemented.
13.	HRD to provide assurance that the mandatory requirement of the Performance Management Procedure for staff to include a leadership / people management objective based on the effective behaviours identified in the Engaging People cluster of the Civil Service Competency Framework is being implemented to ensure the wellbeing of staff and promote effective leadership.	HRD to lead	HRD to monitor and provide evidence on the application of this mandatory requirement across the organisation.
14.	HRD to develop an Attendance Management Strategy which focuses on providing managers with the tools to be proactive in relation to keeping staff with health conditions in work through positive support and interventions.	HRD to lead	HRD to monitor and provide: <ul style="list-style-type: none"> • Absence statistics; • OH portal usage (to be developed to support the strategy), and • Number of OH referrals, and category of referral i.e. workstation assessment, work related stress.
15.	All new line managers to participate in mandatory structured development programme which will include relevant training to build competence in managing stress related and other absence.	HRD to lead	HRD to provide data on number of new line managers in comparison with the number which are attending the programme.