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HSE is comprised of a number of directorates and divisions and an agency of HSE - the Health and Safety Laboratory. Where this report refers to "directorate", it should be taken as meaning all of these bodies.

- Electrical Equipment Certification Services (EECS)
- Field Operations (FOD)
- Health (HD)
- Hazardous Installations (HID)
- Health and Safety Laboratories (HSL)
- Local Authority Unit (LAU)
- Nuclear Safety (NSD)
- Operations Unit (OU)
- Resource and Planning (RPD)
- Strategy and Analytical Support (SASD)
- Solicitors Office
- Safety Policy (SPD)
- Technology (TD)

For the purpose of this report Directorate of Railway Policy (DRP) is counted as part of SPD.

## **Introduction by the Director General**

The last year has been one of hard work and good progress in dealing with the health and safety of our employees and contractors. I want to thank everyone who has contributed to the progress made. Although the accident and ill health statistics give only limited indications of progress, there is a changed attitude to the subject, with the Board, senior managers and trade unions actively engaged in progressing the issues.

Compared with the risks we are seeking to control as a regulatory authority, many internal ones can appear minor. However the simple accidents (slips, trips, manual handling) can be serious and do account for a significant number of the total, within HSE, as elsewhere, and require the attention and efforts of everyone to reduce incidents. To achieve this, incidents including near misses, must be reported and investigated adequately and I have asked Board members individually to check and intervene personally to ensure this happens in their Directorates. In addition I have asked that they take a lead both in supporting HSE's own health and safety representatives and DSE assessors and in taking action themselves if they see something amiss.

Over the next year the work to improve performance will continue and includes: -

- A strategy for addressing work-related stress in HSE agreed by the Board in June. I believe this is a major step forward in dealing with this difficult issue and the lessons we learn internally will be of value in our wider activities on stress.
- Improvements to occupational health arrangements to improve the quality of advice and make it more accessible to managers and staff.
- Better analysis of our sickness absence to try and identify work-related causes of ill health.
- Raising the awareness of everyone in the organisation of the importance of their contribution to reducing risks to the health and safety of people working for HSE.

We all have a responsibility to ensure the health and safety of ourselves and other staff; with our individual efforts and the initiatives above I look forward to further improvement in the health and safety of our staff next year.

**Timothy Walker**

**Director General**

# Summary of Health and Safety issues for HSE in 2001/02

## Organisation and Revitalising Health and Safety (RHS)

- The Health and Safety Policy Statement was revised reflecting changes in senior management and incorporating the emerging work on Revitalising Health and Safety (RHS) and Securing Health Together. Health and Safety is on the agenda of every formal Board meeting.
- The Corporate Health and Safety Committee's (CHSC) profile has been raised with the Deputy Director General (DDG) taking on the Chair, more senior management involvement and better communication. Trade Union (TU) and management worked together in partnership with the CHSC.
- Targets were set for a reduction in accidents and ill health in line with national Revitalising targets.
- A policy on dealing with alcohol and drug related issues was produced during the year, and is available on the intranet.
- There is now a dedicated Health and Safety site on the home page of the intranet and hyper linked to interact with HSE's own published guidance.

## Monitoring performance - Progress with the Corporate Plan

### Musculoskeletal disorders

- Progress was made in tackling the issue of work-related upper limb disorder (WRULD), although the issue continues to give cause for concern. Directorates improved their performance in carrying out timely workstation assessments. A cross-divisional supplement on Display Screen Equipment (DSE) procedures was produced.

### Management of stress

- Management of stress continued to be a priority. The Staff Attitude Survey (SAS) indicated further improvement in this area. A working group from the CHSC produced a stress strategy for HSE to be implemented in 2002/03.

### To control and monitor risks from travel on business

- Travel continues to be a concern. There were 30 reports of incidents from staff travelling on official duty.

### Accidents and ill health reporting

- There was a total of 328 incident / ill health reports received during the year (compared with 296 in 2000/01), which included 125 accidents causing injury and 129 involving ill health. There were 15 RIDDOR reportable incidents, 3 of which were reported by employers of non-HSE staff.

- The accident and ill health report forms were shortened and instructions simplified during the year, but the Staff Attitude Survey (SAS) showed that there is still significant under reporting of accidents and ill health.
- A joint seminar with TUs and management was held during European Week to promote reporting of incidents, particularly of near misses. The Director General (DG) has called for a target of 100% reporting.

### **Auditing and reviewing performance**

- A Benchmarking exercise on health and safety commenced with Highways Agency (HA) in order to share good practice and improve performance.
- The Health and safety adviser carried out three audits during the year, and continued to challenge inadequate standards in relation to accident/ill health investigation.
- The local Environmental Health Officer inspected Northampton office. HSL was inspected by HSE. No formal enforcement actions have been taken against HSE during 2001/02.

## Revitalising Health and Safety within HSE

The agreed targets are:-

- to reduce the days lost due to accidents and work-related ill health by 30%
- to reduce the number of cases of work-related ill health by 20%
- to reduce the incidence rate of all accidents causing injury by 10%

The reductions to be achieved by 2010 with half achieved by 2004. The targets are based on the number of ACC1 (accident) and IH1 (ill health) reports received in 1999/2000. In practice this means (assuming the number of staff stay the same) that we will reduce:

- the number of days lost due to accidents and ill health from 914 to 640
- cases of ill health from 137 to 110
- number of accidents causing injury from 203 to 180

The RHS targets were agreed at the CHSC in April 2001 chaired by the Director General. Publicity has been given to the targets via the intranet, Express and Management Briefing.

The position at 31<sup>st</sup> March 02: -

	Target	1999/00	2000/01	2001/02 (% Reduction)
Days lost due to accident or Ill health	640	914	597	864 (6%)
Ill health cases	110	137	114	129 (6%)
Number of accidents	180	203	118	125 (39%)

- A Health and Safety forum was held in July for Health and Safety co-ordinators with the aim of informing directorates of the implications of RHS for HSE.
- The Ministerial checklist was agreed by the RHS High Level Forum and sent to Heads of directorates by David Eves in August asking them to review performance against the checklist. Directorates provided information on their proposals. Personnel completed the RHS questionnaire circulated by the High Level Forum.

- There has been a review of ill health in the public sector, and personnel completed a compliance and audit questionnaire on the subject, which included managing attendance arrangements, bench marking and occupational health provision.
- Information for the HSC/E report on HSE's health and safety performance was produced in accordance with the Health and Safety Commission's guidance on annual reports.
- A benchmarking exercise commenced with HA. The CHSC agreed that there should be a benchmarking exercise against another DTLR agency to expose HSE's health and safety management system to external examination and demonstrate openness about our standards both to our own staff and to external stakeholders. It was agreed with HA that we should carry out a comparative benchmark exercise. HA face some problems similar to HSE, such as staff working on hazardous sites. Findings will be reported to the HSE and HA Boards in October.

### **Corporate Health and Safety Committee**

- 3 meetings held chaired by the DG and DDG, with emphasis on management and TU working closely to improve health and safety within HSE. There is also greater involvement of senior managers in the work of the CHSC.
- The Key feature was and continues to be – Revitalising Health and Safety for HSE staff.
- Changes were introduced to make the meetings less bureaucratic. Action notes replaced formal minutes, key points from the meetings appeared in Management Briefing and on the intranet and 3 articles were produced for Express.
- A stress working group was set up to tackle the issue of managing stress within HSE and produced a strategy for implementation in 2002/03.
- The Corporate plan for 2002/3 was prepared in partnership with TU earlier than usual and with wider consultation. The plan was linked to the RHS checklist, streamlined and has more measurable targets. The plan was agreed at the CHSC and January Board and is on the intranet.

## Performance against the Health and Safety Corporate plan

**Musculoskeletal disorders** - to tackle the cause of work-related upper limb disorder (WRULD) and to ensure compliance with Display Screen Equipment (DSE) Regulations.

A review of our accidents and ill health reports show areas which need tackling, and our ill health reports for DSE incidents show that this subject remains a priority.

There were 89 reports of ill health where DSE was highlighted as a possible cause or contributing factor. These included:

- upper limb pain;
- neck / back pain;
- headaches;
- posture / chair;
- pre-existing conditions.

There were 3 RIDDOR reports related to DSE compared with 2 last year and 8 in 1999/2000.

There were 145 referrals to BMI (HSE's Occupational Health provider) for staff reporting health problems which couldn't be resolved internally, compared with 155 last year and 158 in 1999/2000. A number of the staff referred have pre-existing problems and needed more than one assessment to resolve the issues.

Voice Recognition Software (VRS) continued to present some difficulties, and users raised a number of concerns with the Business Efficiency Unit (BEU), particularly the fact that the equipment performs slowly, so users frequently resort to using keyboard and mouse. Poor performance from the equipment was caused by background noise heard by the microphone, resulting in over processing. This problem becomes more prevalent in open plan accommodation and recommendations included:

- moving VRS users into quieter areas of the room, away from doors, tea points, printers, copiers, fax machines etc;
- improved screening;
- faster more powerful processors.

The software of HSE's bespoke IT systems is not designed for use with VRS. This problem is being assessed in a REFIT/BEU project in 2002/03.

### Number of DSE assessors and outstanding assessments at 31/3/02

Directorate	Number of trained assessors (performance standard is ratio of 1:15)	Number of assessments outstanding	Comments	Individuals referred to BMI due to health problems
HID	43 1:13	30	Due to large scale moves – outstanding assessments will be actioned early 02/03.	21
FOD	1:15	14		65
TD	5 1:26	9	BMI carried out 42 routine assessments.	3
HD	18 1:13 (Bootle) 1:24 (Rose Court)	60	Due to relocation in Rose Court – assessments due to take place early part of 02/3.	11
HSL	Sufficient to meet HSL's needs	nil		3
Solicitors		25 due to office moves	All admin staff to be trained as assessors.	nil
NSD	10	10	Called in BMI to assist with backlog of routine assessments.	9
LAU		nil		1
SASD	1:17 (London) 1:6 (Bootle)	3	Outstanding due to leave commitments and work pressures. Report difficulties in recruiting assessors, and shortage of training courses. BMI called in to assist with routine assessments.	2
RPD	1:15	18	Ratio varies across divisions.	29
SPD	1:15	nil		nil
Operations Unit	1:15	nil		nil

There has been an improvement in directorates' performance with regards DSE, and the 2002 SAS showed that 82% of respondents felt their part of HSE controls work-related upper limb disorder adequately or better. This result has increased since 2001 (+ 2 percentage points) and steadily since 1999.

A HSE wide Health and Safety supplement on DSE was produced by HID and Personnel, which sets out standards and procedures to ensure consistency and clear guidance across HSE. The supplement is available on the intranet, along with a common assessment form, based on FOD's proforma. A number of staff felt the DSE assessor training did not fulfill their needs. The Health and Safety Adviser (HSA) quality reviewed the training and improvements were incorporated from April 02.

In FOD LSE division, a pilot was carried out into the use of telephone headsets for staff dealing with frequent telephone calls. The headsets enabled users to deal with a telephone without having to cradle the telephone in the crook of the neck. During the period of evaluation, improvements were evident.

There have been continued problems and delays in provision and delivery of non-standard chairs. There is a new contract in place from June 02, which should improve this situation.

IH1s where DSE is implicated, are often poorly investigated and simply request referral to BMI without addressing what action can be taken to alleviate symptoms. BMI report that initial minor improvements/changes to the workstation or equipment could significantly improve or rectify the situation without recourse to BMI. For example:

- change keyboard;
- alter position of screen or keyboard;
- adjust chair to individual's needs;
- trial of different mouse e.g. larger/smaller;
- change workstation layout e.g. good housekeeping, positioning of files, phones etc. to prevent excess stretching;
- undertake DSE user training ;
- reminder re eye tests;
- need to eliminate glare;
- take regular breaks from typing / mouse use;
- improve posture;
- consideration of hands free phone where appropriate.

## **Musculoskeletal disorders: to review risk assessments for manual handling**

Directorates report good progress in this area but there is evidence of uncertainty about manual handling assessments. A number of directorates' returns and accident reports indicate that this is interpreted as training staff in lifting techniques or training is not necessary because it was assumed that heavy items were not lifted. The Regulations require HSE to:

- avoid the need for manual handling so far as is reasonably practical;
- assess the risk of injury from any handling that cannot be avoided;
- reduce the risk of injury from manual handling so far as is reasonably practicable.

A manual handling risk assessment course has been developed to achieve a better understanding of the practical requirements of the Regulations and will be available in 02/03.

Manual handling risks identified included:

- staff moving large water bottles;
- lifting heavy files and stationery;
- staff carrying portable computers and heavy bags;
- using high shelves;
- office moves.

Some of the issues were resolved by:

- in Rose Court, the drinking water facilities have been adapted to eliminate the use of large bottles;
- using a trolley to move files etc. around the office;
- access to a wheeled case trolley for use outside of the office;
- use of a kick step to gain access to higher shelves.

There were 5 manual handling accidents reported under RIDDOR:

- injury to eye whilst lifting pointed object;
- carrying box of paper up stairs - trapped muscle in back;
- lifting box of equipment from floor - suffered back pain;
- groin strain from moving furniture;
- burn to chest when carrying hot water.

Other non-RIDDOR manual handling incidents involved:

- moving pedestrian truck under its own power, operator lost control and truck overturned;
- transporting large gas cylinder on purpose built one handled trolley when knuckle snapped causing trolley to fall;
- putting piece of laboratory equipment onto trolley when handle broke – bruising to finger;
- handling files/box files causing strain to back / wrist;
- loading sack of waste paper into van – pain in lower back. Individual had not had manual handling training.
- using mobile racking units / erecting display boards – cuts to fingers.

**Musculoskeletal disorders: to increase staff awareness of back injury risk and promote avoidance strategies through training, good practice and other events.**

Most directorates reported ‘back care’ video shown to staff.

Initiatives during European Week included:

- reflexologist and osteopath presentations/demonstrations;
- advice from BMI occupational health advisers to staff who had taken sick leave due to back problems;
- BMI held backcare sessions which included advice and practical exercises to strengthen the back;
- risk assessments / manual handling training.

**Management of stress: To evaluate work-related stressors and develop management standards.**

There has been much activity by HSE during the year to address the issue of work-related stress. A number of directorates sought to reduce excessive working hours and work load. HSL and HID used IT systems to monitor the hours staff worked to ensure that staff weren’t working excessive hours.

HD and SPD held workshops to address specific directorate issues relating to stress. SASD formed a stress working group with Focus groups discussing the stress factors within each band. FOD Management Board agreed a booklet for staff on recognising signs of stress and how to avoid and deal with some of the common sources of undue pressure. A confidential Peer Supporter network, established in Wales and West division throughout 2001/2002 will be used as a pilot for the rest of FOD.

Publicity incorporating stress awareness day was available on the intranet and covered managing work-related stress and creating a supportive environment. This included reminders for managers to ask themselves whether they for example:

- build team spirit; ensuring no one is isolated?
- encourage supportive behaviour between colleagues?
- set clear, achievable targets with realistic deadlines?
- treat people as individuals recognising their diversity?
- give praise for good performance?
- stay in contact with staff on long term sick leave and support them on their return to work?
- encourage staff to share their concerns about work-related stress at an early stage?

**The CHSC** set up a working group to make recommendations about addressing work-related stress in HSE. The Board considered these in June 2002 and agreed priorities for action:

- to implement the risk assessment process described in “Tackling Work-Related Stress: A Managers Guide” (HSG 218) and to act upon the findings with the aim of reaching a key stage during European Safety and Health Week;
- To carry out a review of HSE’s current procedures for managing attendance, in order to improve the management of sickness absence and its causes.
- To consider carefully the proposals for improving health and safety associated with the use of IT being worked up by REFIT/BEU, so that stressful effects may be minimised.

**What do staff feel about the management of stress over the year?** The results from the SAS show that:-

- 59% of respondents felt that their part of HSE controls work-related stress adequately or very well, an increase of 1 percentage point since last year and gradual improvement since 1999.
- 61% of respondents felt the amount of stress they have experienced in work in the last 12 months has been “about right”. This score has increased by 4 percentage points since 2001, and has been improving steadily since 1999.
- The proportion of respondents who have taken sick leave as a result of work-related pressure fell in 2002. The percentage of staff who have taken sick leave in 2002 was 8%, which is 8 percentage points lower than 2001 score and still lower than the 2000 score of 19%.
- 40% of respondents do not work any hours above their conditioned hours without pay or flexi-credit; this score shows a slight decrease (-1 percentage point) on 2001.

### III health referrals

During the year 37 staff were referred to BMI due to health problems associated with stress. Of the 37 staff, 30 were on long-term sickness absence. In 16 cases the individuals felt the main cause was due to work-related stress. However a number of the cases were complex and other factors were involved

#### Referrals by band

Band	Total
2 and above	1
3	9
4	4
5	6
6	17

#### Referrals by directorate

Directorate	Total
FOD	17
HD	2
HID	3
HSL	5
NSD	3
RPD	6
SASD	1

Counselling and Support Services (CSS) have provided HSE's employment advisory service since 1 July 2001. They have since seen 9 staff who have reported work-related stress.

### **Ill health reporting (IH1s)**

There were eleven IH1 reports received by Personnel for work-related stress, compared with 4 last year. The main causes included:

- pressure of work/short deadlines;
- change in inspection procedures, not enough time on site;
- staffing problems;
- IT issues, particularly VRS.

Line management must complete an IH1 form for all cases of work-related stress whether this results in absence or not. During 02/03 personnel will continue to follow up all cases of absence due to work-related stress to ensure an IH1 is completed.

### **To control and monitor risks from travel on business**

- Most directorates report that they have cut down meetings by at least 10%. This is mainly due to increased use of video and telephone conferences. However directorates report over subscription to facilities, particularly at Bootle and Rose Court. Scotland has submitted a business case for video conference facilities in Edinburgh.
- BEU is to consider HSE policy on use of video conferencing and produce video/audio conferencing strategy as a Board paper.
- Guidance on deep vein thrombosis (DVT) was made available on the intranet.
- Information was sent out in a global E:mail message after an inspector was involved in an attempted car jacking incident.
- The SAS shows that 73% of respondents agreed their part of HSE controls work-related traveling adequately or better, this shows a 1 percentage point increase on 2001.

**Safe driver training: The Corporate plan requires staff who drive on official business to attend a safe driver course or use computer based refresher training every 3 years. New staff to receive safe driver training within 6 months.**

- FOD - ongoing priority. Deadline reached for most of new starters, and rolling programme of refresher training.
- HID - 59 staff attended safe driver training/refresher training. CD-rom on safe driver refresher regularly used.

- NSD - 36 attended safe driving course and refresher courses.
- HSL's high mileage drivers will receive one to one advanced driver training. Other HSL drivers will receive training via an interactive CD ROM package.

### **Incidents while travelling**

Directorates continue to report a number of accidents and incidents occurring on the road. Many are often not properly investigated by line managers. It is important that full information is provided so that the causes of such accidents can be identified and used to develop policy and guidance. Research indicates that the most important factors in road accidents are inappropriate speed, driver fatigue and driver competence. All reports should deal with these issues as well as the purpose of the journey.

Of the 30 travel related incidents reported in 2001/02, 24 were identified as road traffic accidents. Only one resulted in more than one or two days sick leave but many have the potential for serious or fatal injury. Examples are:

- car escaping from previous incident sped round a corner and hit HSE employee's car;
- electrical failure on hire car while driving in middle lane of motor way – incident was followed up by BSD with hire company;
- a lorry pulled out of inside lane and hit side of car;
- exiting slip road, lorry with overhanging load crashed into car and dragged it some distance;
- collision with another car – diesel spillage on road may have been a factor. Member of staff off work 10 days;
- car hit by truck in middle lane of motorway;
- car hit by another car when stationary at traffic lights - 4 vehicles damaged;
- collision with oncoming car;
- slid into traffic queue on motorway slip road. Road wet and unable to stop.

The information held by Personnel on road traffic accidents was compared with the data collected by BSD on accidents and incidents occurring to HSE staff when driving hire, crown or lease vehicles. BSD report 78 incidents involving hire cars although the majority are minor damage to paintwork. Nineteen of these appear to be road accidents. There were 6 accidents in crown vehicles and all appear to be road accidents. There were 22 in lease cars although all but one appears to have occurred during private use.

Few of these incidents and accidents have been reported through the ACC1 accident reporting system and therefore there is no record of any investigation by line managers.

Both Personnel and BSD continue to closely monitor the outcome of the Work-Related Road Risk Task group to identify emerging issues that may affect driving on HSE business.

Further work on this subject will continue in 02/03.

**To review and prioritise risk assessments. Directorates review risk assessments for staff visiting or working in high hazard sites.**

There was limited evidence from most directorates re reviewing off-site risks.

- HSL's off-site methodology has been reviewed and a revised off-site risk assessment approach adopted.
- A number of directorates reviewed Personal Protective Equipment arrangements.
- HID commenced risk assessment for staff visiting offshore installations. This will continue into 2002/03.

**To ensure that staff are competent to carry out their health and safety responsibilities, including those staff appointed to advise on health and safety.**

205 staff attended health and safety training:

Coping with work pressures	14
DSE assessor	95
First-aid	47
Accident/ill health reporting	8
Risk assessment	10
Health and safety for managers	7
Manual handling	24

- The HSA reviewed a number of training courses, and improvements will be in place for 2002/3.

- First-aid training is funded centrally to ensure adequate numbers of first-aiders.
- Risk assessment is an area which has been identified as causing some confusion for managers and staff. There is a need for more staff to attend training on risk assessment, and this will be encouraged in 2002/03.

## Health surveillance, care, screening and promotion

### Summary of staff undertaking statutory health surveillance and other health care provision in 2001/02.

Asbestos	44
Breathing apparatus	4
COSHH	6
Diving	5
Driving	21
DSE related	145
Environmental	1
Ionising Radiations	120
Microbiological hazards/immunisations	80
Mines	3
Noise at work	6
Offshore safety	136
Railways	35
Sensitisers	5
Working at heights	4
Working with lasers	1
VDU eye tests	443

## Occupational Health

The arrangements for occupational health in HSE were reviewed during the year and discussed at the April 02 CHSC. The present arrangements were considered to be inadequate and remote. It is intended to develop a new approach to occupational health in HSE by making greater use of occupational nursing advisers with the aim of reducing work-related ill health and sickness absence, and promoting active rehabilitation of staff back into work. Improving access for managers and staff to occupational nursing advisers will be key to achieving the aims. A trial of on site nursing advisers will commence in the latter half of 2002/03.

### **Foot and Mouth (FMD) questionnaire**

BMI, MAFF and HSE worked together to produce a questionnaire for completion by staff who were involved in activities such as visiting affected farms, disposal sites, sampling smoke plumes or subject to disinfection as a result of possible exposure.

The completed questionnaires (17) were reviewed by a BMI Occupational Health Physician who concluded that:

- the number of questionnaires was too small to derive meaningful epidemiological information;
- there was no indication of injury or illness whilst working on FMD activities which may have been work-related;
- staff had very limited involvement with FMD activities.

### **Health promotion activities**

BMI Health Services provided 17 Health Screening events. The programme was voluntary, and included:

- completion of a medical / lifestyle questionnaire;
- height, weight and body mass index, and waist and hip measurement / ratio;
- measurement of blood pressure, cholesterol and haemoglobin;
- urine analysis;
- a consultation with a qualified and experienced health screening nurse about current health and advice on lifestyle issues.

A number of staff were subsequently referred to their GP for further advice or treatment.

Overall, BMI concluded that most participants in the health screening programmes compared favourably to other similar populations. However, staff who would gain most out of attending e.g. the very overweight, the unfit, those with problems with substance abuse tend not to attend such screening programmes.

Other activities during the year included:

- 10 cancer awareness sessions held separately for men and women across HSE;
- cervical cancer screening undertaken for women in Rose Court;
- cessation of smoking sessions in Rose court.

### **European Week for safety and health**

- The theme for European Weeks 2001 was "prevention of accidents". One week coincided with Backcare week.
- A joint seminar was held with TU on accident, incident and ill health reporting, with particular emphasis on reporting near misses and aiming for 100% reporting.
- A number of events were organised across HSE, including health screening, cancer awareness, advice, information and demonstrations on a wide range of subjects such as DSE, back awareness and manual handling. An occupational health adviser gave advice and support to a number of staff who had been off sick due to back problems. They were given information on light exercises, ways to manage and control pain and the occupational health adviser was able to address individuals' concerns on health issues.

### **Monitoring performance**

#### **Audit**

Three Audits were completed by the HSA in the year. As required by the Health and Safety Policy, the Audit reports were submitted to the Director of Personnel and relevant Heads of directorates, and discussed at the CHSC. The audits were:-

- The arrangements in directorates to protect visiting staff against asbestos dust on sites. The Audit identified inconsistencies in the present arrangements and made recommendations for improvement.
- Content of directorates' auxiliary policy statements, which fed into the review of the HSE Health and Safety Policy.
- Health surveillance of staff required by statute or good practice – recommendations made to give directorates ownership of the process.

The HSA challenged inadequate standards in relation to accident/ill health investigation. Over 10% of reports were returned to the investigating line manager

via the directorate health and safety co-ordinators due to lack of information, unclear recommendations or failure to get to the cause of accidents and cases of ill health.

Visits by the HSA to local Health and Safety Committees to encourage better communication between Central and local Committees.

## Accidents/incidents and ill health

The reporting system has been simplified, and Health and Safety co-ordinators have encouraged staff to report all incidents, but it is disappointing that the SAS shows under reporting of accidents and ill health by as much as 30%. The DG has called for 100% reporting. Further work will continue next year to promote full reporting, eg by improving electronic reporting. The first stage was tested and is now available, but needs to be modified and improved further.

Although there has been an increase in the number of near miss reports during 2001/02, we need to continue to promote and encourage the reporting of **all** near misses, no matter how insignificant they may appear to be at the time. Near miss reporting is vital to both monitor and improve performance. A video titled “**How are we doing?**” was sent to all directorate Health and Safety co-ordinators. The video is aimed at all staff and clearly outlines why near misses should be reported.

Investigation of incidents is still not up to standard. Too many accidents and cases of ill health are written off as unavoidable and no action taken. Near miss reports are often treated casually and the potential for harm not recognised, nor the lessons to be learnt shared. The CHSC agreed that when an incident is identified as reportable under RIDDOR, the investigating officer should discuss it with HSE’s HSA and discuss the scope of the investigation.

A total of 328 reports were received during the year, which included 125 accidents causing injury and 129 involving ill health.

### Incident notifications (excluding non-HSE staff) by directorate

	2001/02	2000/01
EECS	3	2
FOD	146	158
HD	12	2
HID	28	21
HSC	0	1
HSL	43	34
LAU	0	1
NSD	11	14
Operations Unit	0	2
RPD	32	20
SASD	3	3
Solicitors Office	1	2
SPD	2	5
TD	12	13

## **Ill health**

There was a total of 32,422 working days lost in HSE through sickness absence, an average of 8.06 working days lost per staff year, a reduction from 8.5 days last year. The figure for 2001/02 includes a minimum of 864 days lost through accidents and ill health caused or exacerbated by work, but this is likely to be an underestimate due to under reporting. The main causes of absence were:

- depressive disorder/stress/anxiety;
- viral infections (influenza/respiratory infections);
- musculoskeletal disorders.

## **Government targets on sickness absence**

In May 2001, new arrangements were introduced to manage sickness absence more effectively. The arrangements are designed to support line managers in removing, where possible, barriers that prevent staff from attending work. This includes addressing health issues and personal circumstances. The guidance emphasizes that managers should be supportive and sensitive when dealing with absence issues. However, they need to ascertain when repeated periods of absence cannot be justified.

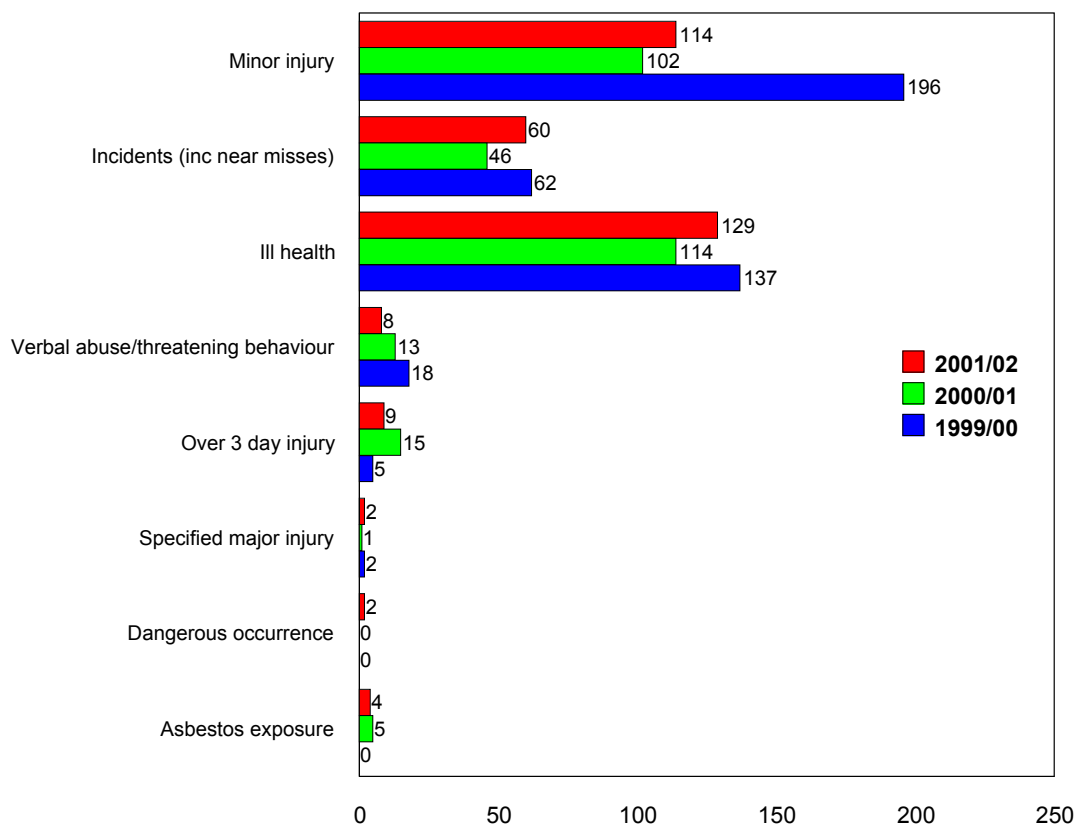
## **Work-related ill health**

There were 129 ill health reports compared to 114 last year and 137 in 1999/2000. 89 were due to problems relating to DSE and 11 staff reported work-related stress. Other reports of ill health included:

- back problems e.g. poor posture when sitting or driving;
- migraine;
- DVT - possibly caused by long haul flight on official duty;
- neck/shoulder pain due to use of telephone;
- allergic reactions;
- environmental problems.

Counselling and Support Services (CSS) have seen 9 staff with reported work-related stress and 8 members of staff suffering work-related ill health since 1 July 01.

**Table 1: Incident notifications (by type)**



### Cost of accidents / ill health

HSE estimates the cost of the accidents/ill health to be approx £105,000, but believes this underestimates the cost of ill health particularly due to stress. Further work is being carried out to improve the data.

Two claims for work-related accidents were settled during the period.

## **RIDDOR reports**

There were 15 RIDDOR reports during the year, 3 of which were reported by employers of non-HSE staff. The reports included:

### **3 ill health reports**

- all upper limb disorders associated with DSE use.

### **2 major injuries**

- fracture to arm as a result of a fall from computer chair;
- injury to eye from pointed object.

### **2 dangerous occurrences**

- electric shock whilst unplugging heater;
- failure of pressure system.

### **8 over 3 day injuries**

#### **(HSE staff)**

- carrying box of paper up stairs - trapped muscle in back;
- lifting box of equipment from floor - suffered back pain;
- slipped - striking face on wall sustaining mild concussion/broken tooth;
- tripped -fell down stairs – injuries/bruising to several areas;
- two people simultaneously trying to open door - hot water scald to one of the individuals.

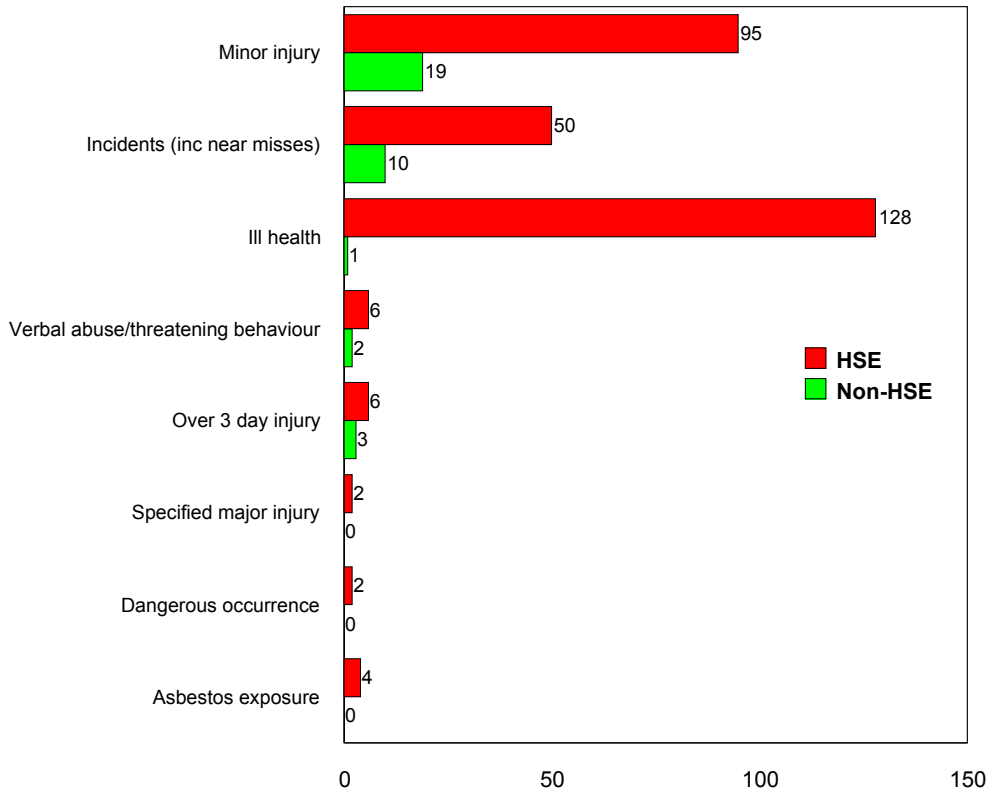
#### **(non-HSE personnel)**

- groin strain from moving furniture;
- tripped, when lift did not align with floor sustaining severe and extensive bruising;
- fracture / laceration to finger while using hammer.

**Table 2: RIDDOR notifications**

<b>Type</b>	<b>2001/02</b>	<b>2000/01</b>	<b>1999/00</b>
Ill health	3	2	8
Major injury	2	0	1
Dangerous occurrence	2	0	0
Over 3 day injury	8	11	4

**Table 3: Incident notifications (by type and employment status) 2001/02**



There were 27 incidents attributed to slips, trips or falls during the year including 4 reportable under RIDDOR. Reports on slips and trips often state the incident was “unavoidable”, when in many cases there were obvious hazards such as obstacles left on floors, bags jutting out in walkways or poor lighting. Sometimes spillages in kitchens, on stairs etc. are left for others to mop up. It is everyone’s responsibility to deal with such hazards immediately. We need a “just do it” attitude.

## **Events involving non-HSE personnel**

There were 35 reports involving non-HSE personnel during the year.

- **3 RIDDOR reports (previously mentioned).**
- **1 ill health report related to DSE.**

### **19 minor injuries which included:**

- contusions, small cuts and grazes (15);
- twisted ankle (1);
- hot water scald to hand (1);
- banged head /back (1);
- injury to foot from falling slab (1);

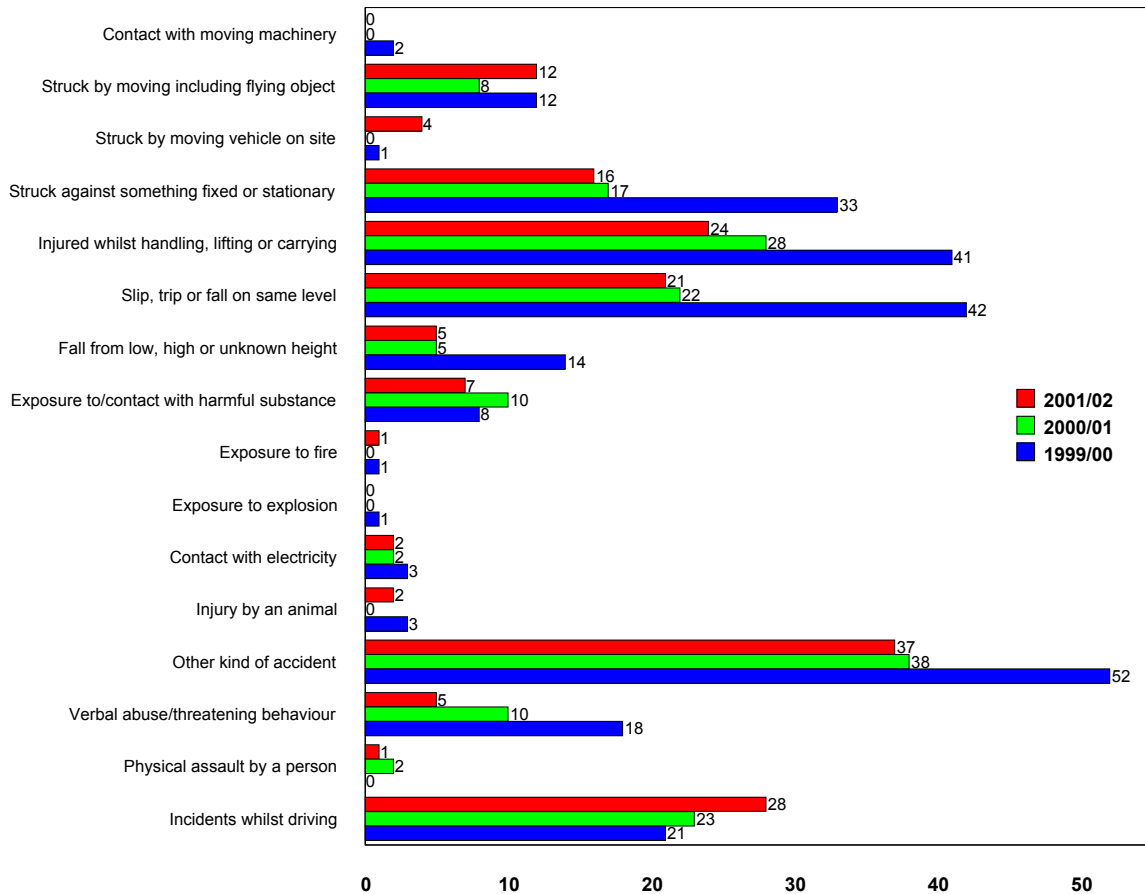
### **10 near misses involving:**

- cleaner using damaged extension lead;
- trip on area of raised block paving;
- lift failed to align level with floor (similar occurrence resulted in over 3 day injury);
- two incidents where individuals almost trapped between rolling filing cabinets;
- build up of heat from bitumen/asphalt drawn up into main roof construction;
- contractors working without proper protection (3);
- hot water tap came off – spray did not cause any injury but steam caused fire alarm to be activated.

### **2 verbal abuse/threatening behaviour:**

- both incidents occurred when the rear entrance of Daniel House was closed due to the presence of a mobile crane and other vehicles operating in the area. When advised there was no access to rear entrance 1) security guard was sworn at; 2) security guard was struck across the face with a glove. The perpetrators of this unacceptable behaviour could not be identified.

**Table 4: Kind of accident (including near misses) involving HSE staff**

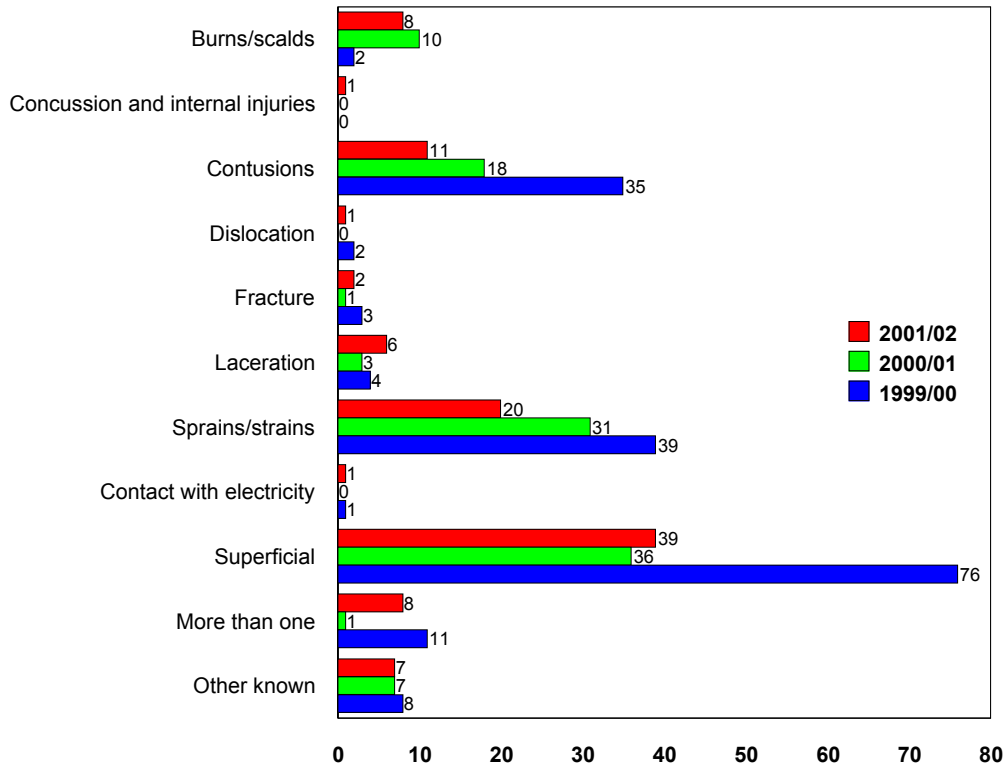


Incidents in 'other kind of accident' category include;

- 6 involving hot water;
- 4 involving doors, lifts;
- 6 involving sudden movements resulting in strains;
- 2 reports of insect bites in the office.

Most of the other reports were near misses.

**Table 5: Nature of injuries to HSE staff**



**Table 6: Incidents involving HSE staff (by site location)**

