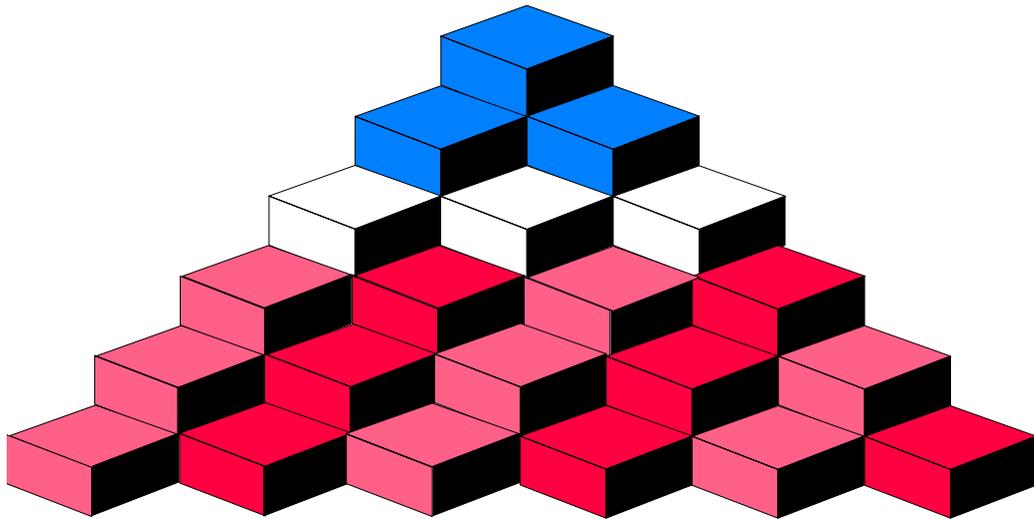


ANNEX 1

HEALTH AND SAFETY IN HSE



DRAFT ANNUAL REPORT

2002/2003

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HSE comprises 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.

- Corporate Science and Analytical Services (CoSAS) – from Jan 03
- Directorate of Railway Policy (DRP)
- Field Operations (FOD)
- Health (HD)
- Hazardous Installations (HID)
- Health and Safety Laboratory (HSL)
- Nuclear Safety (NSD)
- Operational Policy (OPD) – includes OU and LAU
- Railways (RI)
- Resource and Planning (RPD)
- Strategy and Analytical Support (SASD)
- Strategy and Intelligence (SID) – from Jan 03*
- Solicitors Office
- Safety Policy (SPD)
- Technology (TD) – until Jan 03

* For the purpose of this report SID is counted as part of SASD and TD/COSAS have been combined.

Introduction by the Director General

The HSE Board believe that it is important for HSE to champion high standards of health and safety for its own staff, and so act as an exemplar for the many organisations that we regulate. I am very pleased to see the evidence of commitment and hard work that has gone into improving our health and safety performance during the past 12 months.

One of the major tasks in this year was to translate HSE's stress strategy into action plans, based on Directorates/divisions (D/ds) own risk assessments. It was challenging work and I have been impressed by the progress made and by the way D/ds shared experiences and lessons. Not only will this lead to positive action to control stress in HSE but also lessons learned are feeding into HSE's policy development.

At every formal Board meeting, we monitor progress on health and safety in HSE, and discuss some of the individual incidents that make up the statistics. It is significant that the main causes are the same as those that face most employers ie Musculoskeletal disorders (often associated with DSE use), slips and trips and stress. The Board recently agreed to set additional short term targets to reduce DSE related ill health reports by 10%, slips and trips by 10% and to reduce the number of RIDDOR reports to single figures. It will need the support and commitment of every one working in HSE if this is to be achieved. We should remember that this is not just about meeting targets but preventing accidents and ill health to individual members of staff.

Finally I would like to extend my thanks to everyone who has been involved in achieving the progress that has been made over the year, including all those who do the essential work of DSE and other risk assessments.

TIMOTHY WALKER
DIRECTOR GENERAL

Review of health and safety for HSE in 2002/03

Summary

A great deal of hard work was carried out across HSE to improve our health and safety performance. The Board gave a strong lead and many members of staff were involved in activities such as stress risk assessments, International Repetitive Strain Injury (RSI) day and European week for Safety and Health. Many staff members were also involved in the more routine activities of Display Screen Equipment (DSE) assessments, office inspections, accident & ill health reporting and investigation. We should continue to build on this activity to achieve our Revitalising Health and Safety (RHS) targets and demonstrate our commitment to being an exemplar.

Organisation

- v Following the revision of HSE's Health and Safety (H&S) policy in 2001/2, directorates reviewed their management arrangements for implementing the policy.
- v Three Corporate Health and Safety Committee (CHSC) meetings took place during the year, chaired by the DDG as Board Champion for H&S.

- v The tender board set up to take forward the provision for HSE's new occupational health (OH) provider agreed to join the DWP contract for occupational health services with SchlumbergerSema from 1 May 2003.
- v The H&S site on the intranet was revamped to include a front-page news item and a clearer policy category. Cross HSE supplements for 'Asbestos' and 'Work-related Road Risk' were launched and new guidance included 'New and expectant mothers at work'. Work to update the site continues into 2003/2004.

Monitoring performance

Progress against the Corporate Plan is summarised below:

Musculoskeletal disorders

- v Improved arrangements for DSE assessments and tighter performance measures were implemented in all directorates with improved training for assessors and clearer procedures. International RSI day was used to raise awareness of key ergonomic issues and saw the launch of a forum on Lotus notes to enable DSE assessors to discuss concerns and share good practice.
- v The Board agreed a stress strategy in June 2002 with directorates completing their first round of risk assessments this year. Management of stress continued to be a priority with its raised profile leading to a greater number of work-related stress reports during the year (44 compared to 11 last year). The evidence showed that this increase was largely due to greater awareness of reporting as other indicators did not demonstrate a similar rise.

Slips, trips and falls

- v A 'just do it' approach to removing potential hazards was encouraged via campaigns and promotions, with information and posters on hazards made available on the intranet H&S site.

H&S of non-HSE employees where HSE have responsibility

- v Risk assessments were regularly undertaken where members of the public had access in HSE controlled premises e.g. reception/public areas, Libraries and Information Centres.

Accidents, ill health and near miss reporting

- v There were 405 accident (ACC1) and ill health (IH1) reports received during the year (compared with 328 in 2001/02), which comprised 162 accidents causing injury, 158 involving ill health and 85 near misses.
- v There were 15 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents, 2 of which were reported by employers of non-HSE staff.

- v The increase in the number of accidents and ill health reports in 2002/03 was in part due to the raised profile of staff health and safety and the willingness of staff to report work-related accidents and ill health, particularly stress.

Auditing, monitoring and reviewing performance

- v During the year the Benchmarking exercise with Highways Agency was completed.
- v Two audits on accident reporting and risk assessment were carried out by HSE's Health and Safety Adviser (HSA) and considered by the CHSC.
- v Internal Audit commenced an audit of HSE's management of H&S.
- v There were no civil claims settled this year relating to work-related accidents.

HSE Board

- v The HSE Board discussed health and safety at every formal Board meeting and received the monthly accident and ill health statistics as well as reports on significant H&S issues.
- v The Board also discussed formal mid-year and end-of-year reports on HSE's performance which included progress against the Corporate H&S plan.

Performance against the Health and Safety Corporate plan

The Corporate plan mirrored where appropriate the Health and Safety Commission's priority programme e.g. musculoskeletal disorders, stress, and slips & trips.

Directorates prepared H&S plans based on the corporate priorities and any other priorities identified in their risk assessments or audits.

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

Improved arrangements for DSE assessments and tighter performance measures were implemented in all directorates with improved training for assessors, clearer procedures, information and a discussion forum available on Lotus Notes. This forum was designed to address the concerns of assessors and to share good practice.

A range of DSE equipment was made available for selection via the 'Services provided by REFIT' listing on the intranet. This listing continues to be updated monthly and is not exhaustive.

An electronic DSE training package was tested during the year but ran into technical problems with HSE's internet links. Tests will continue into 2003/04.

International RSI day was used to raise awareness across HSE of key ergonomic issues and was covered on the intranet and by an article in 'Express'. HSE's revised guidance on the DSE Regulations was also launched on the day. Staff across HSE organised a variety of events and activities aimed at increasing awareness of upper limb disorders, and how to avoid them. This initiative was fully supported by the HSE Board, with Board members taking an active part in events. Overall feedback from events was positive.

There were 88 reports of ill health for HSE staff (3 RIDDOR) and 4 (1 RIDDOR) for non-HSE staff where DSE was highlighted as a possible cause or contributing factor. This remains a concern as the numbers are consistent with last year's figures. The main factors included:-

- ▼ excessive mouse use;
- ▼ intense periods of report writing;
- ▼ data input and database use;
- ▼ seating;
- ▼ pre-existing conditions exacerbated by writing, typing, using PC/mouse or workstation.

There were 109 referrals to BMI (HSE's Occupational Health provider) for staff reporting health problems which couldn't be resolved internally, compared with 145 last year and 155 in 2000/2001. A number of the staff referred had pre-existing problems and needed more than one assessment to resolve the issues. A review of 77 cases concluded that 74% of the referrals could have been managed by further action in-house.

Table 1: Number of DSE assessments outstanding at 31/3/03

Directorate	Number of assessments outstanding	Comments
DRP	2	Both for new staff but scheduled.
FOD	29	Outstanding assessments (based on 1550 staff) = 1.8% due to directorate size, staff movement, changes and office moves.
HD	5	Outstanding assessments after an accommodation move in Rose Court. 77% of HD staff were assessed in the year.
HID	14	Staff availability was the main cause of delay but arrangements in hand to carry out the remainder of the assessments.
HSL	0	Controls set out in HSL's DSE General Procedure applied.
NSD	6	Outstanding assessments due to new recruits, sick leave and staff out on site. Resources significantly increased during the year with 14 staff trained as assessors.

OPD (OU & LAU)	OU - 4 LAU - 1	14 re-assessments had been required following OU major office reorganisation. The 4 remaining were due to absence. LAU's outstanding assessment to be undertaken by a co-located assessor.
RI		Adequate resource enabled 108 assessments to be made with 90% carried out within 4 weeks of need arising.
RPD	32	23 of the outstanding assessments were in DIAS but an office move imminent; 7 in PEFD were due to recent moves. PEFD had only 1 assessor in Bootle despite attempts to encourage volunteers. PEFD London and the remainder of RPD had adequate resource.
SASD	2	Arrangements in place to carry out assessments. Lack of volunteers continued to be a problem.
SOL	2	Two lawyers had recently moved workstations. Ten admin staff were DSE trained assessors.
SPD	0	DSE assessments were undertaken following the arrival of new PCs or when workstations / individuals re-sited.
TD / CoSAS	0 / 4	No outstanding DSE assessments when TD ceased to exist (Dec 02). CoSAS operational from Jan 03. Due to pending office moves, assessments waiting. Many staff transferred en masse from other directorates but did not move office location.

A total of 101 DSE workplace assessments were outstanding at 31/3/03 (2% of all staff) mainly due to location changes or inadequate numbers of trained assessors.

Directorates reported that new starters received appropriate DSE user training but concerns were raised that the 'Performance Management & Pay Project' made it difficult to earmark specific time in workplans for assessors.

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

Directorates should follow the leaflet on hazards on the intranet and should ensure that the need for manual handling is avoided.

Table 2: Directorate activity to increase awareness of back injury risk.

Directorate	Comments
DRP	No assessments carried out as not regarded as a high risk. Caxton staff used to move furniture and other heavy items.
FOD	Manual handling assessments carried out with the main risks relating to boxes of stationery; paper; publications; water bottles; stores deliveries; computer equipment; post/waste paper bags, and Workplace Contact Officer (WCO) exhibition equipment.
HD	Office inspections considered manual handling issues.
HID	Arrangements were made for all new staff to see back awareness videos. FOD manual handling assessments were used where appropriate in co-located offices. HID's own manual handling assessment programme will be

	completed early in 2003/4.
HSL	HSL's Manual Handling Safety Manual General Procedure was applied.
NSD	The Business Management System (BMS) document on manual handling was revised. Trolleys were made available for moving bulky materials.
OPD (OU & LAU)	OU's generic risk assessments were reviewed and considered fit for purpose. LAU paid particular attention to handling boxes/equipment required for conferences etc. Lifting was limited to small items only and the back awareness video was shown.
RI	A review was made of lifting heavy loads. Guidance on manual handling risks was issued to staff and the back awareness video was shown.
RPD	BSD had measures in place to reduce manual handling needs including ensuring that Total Facilities Management (TFM) staff were fully trained. Workplace inspections and assessments undertaken in other parts of RPD.
SASD	The back awareness video viewed and leaflets distributed.
Sol Office	A trolley and handrail provided as the result of a risk assessment.
SPD	Two visual assessments undertaken by a trained manual handling assessor. Manual handling of heavy loads was avoided by using appropriate specialists e.g. porters.
TD / CoSAS	No assessments carried out but planned for the next year (CoSAS having become operational in January 03).

A pilot training course on manual handling to assess risks was run during the year, with positive feedback. This new 'Manual handling assessor' course became available during the year, complementing the existing 'Manual handling' course.

Management of stress: to continue to reduce and manage work-related stress.

There were at least 1,968 days lost due to work-related stress in the year with some absences continuing into 2003/2004.

The HSE Board, by agreeing a stress strategy in June 02, recognised that they should be an early adopter of the approach and required directorates to carry out risk assessments against the 7 factors identified in "Tackling Stress Together":

This proved to be a challenging experience. Directorates produced action plans based on their risk assessments and progress will continue to be monitored.

Common issues identified included:

- v change - too much, too fast;
- v culture - management styles;
- v demands - targets, reactive work, deadlines;
- v excessive fault finding by line management;

- v frustration with IT and number of e-mails;
- v remote management and lone working;
- v investigating fatalities and prosecution work;
- v open plan - needing to modify behaviour;
- v poor quality of help with career development;
- v excessive travel.

With the Staff Attitude Survey (SAS) now biennial, directorates used a variety of means instead, to canvass the views of their staff.

Directorates who used questionnaires had a low response (about 25%) but focus groups worked well. Learning points from the exercise were summarised as:

- v it took longer than expected but HSE's stress guidance was helpful;
- v in future staff should rank stress issues in order of highest stressors, rather than relying on the judgement of those collating questionnaire responses;
- v trying to identify who might be affected was considered unhelpful as everyone potentially subject to unacceptable pressure;
- v the need to feedback that some stress issues arose from the high level of HSE initiatives and short deadlines for consultation and briefing;
- v work-related stress so wide ranging – it was beneficial to concentrate on a reduced number of hazards and focus effort to make a difference;
- v the pilot of 'Busy Bee' (a recognisable/fun indicator displayed when staff do not want to be disturbed) had mixed feedback in open plan offices;
- v a 'long working hours' exercise did not reduce time worked or help staff prioritise but merely highlighted the excessive hours that some staff work.

Work-related stress – IH1's

The raised profile of stress led to a greater number of reports of work-related stress received during the year (44 compared with 11 the previous year).

Line management must complete an IH1 for all cases of work-related stress whether this results in absence or not. During 03/04 personnel will continue to follow up all cases of absence due to work-related stress to ensure an IH1 is completed.

Common issues identified from reports were:

- v change of post;
- v remote management and lone working;
- v investigation of fatal accidents and prosecution work;
- v oppressive monitoring of work activities;
- v workloads / outputs / unrealistic deadlines;
- v information overload and HSE change;
- v working environment and / or relationships;

- v IT problems;
- v uncertainty about new areas of work;
- v excessive travel.

Work-related stress - referrals and counselling

- v There were 27 staff referred to BMI due to health problems associated with stress. Of the 27 staff, 14 were on long-term sickness absence.
- v In 12 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.
- v Counselling and Support Services (CSS) have provided HSE's employment advisory service since July 2001. During the year they dealt with 27 cases of work-related stress compared with 9 over a nine-month period last year.

To reduce the number of accidents due to slips, trips and falls:

- v Campaigns and promotions to reduce the number of accidents due to slips and trips were held during the year to encourage a 'just do it' approach to getting potential hazards removed rather than leaving it to others.
- v Information and posters on slips and trips were made available on the intranet H&S site. Reporting of near miss accidents was actively promoted during European week.
- v The Director of CoSAS identified that the risks relating to hot and cold water provision in Magdalen and Daniel Houses needed to be re-assessed. It was considered that the risks, especially slips on stairs resulting from water spillage, could be reduced by practical measures. In the interim, staff were issued with trays and thermos pots to enable them to carry water to and from the tea points.
- v In FOD preventative action was taken through office inspections to identify any risk/hazards. Office open plan protocols encouraged staff to avoid leaving clutter around desks. Posters were displayed in tea rooms to reinforce key messages.

A summary of other actions included:

- v widespread awareness campaigns conducted via briefings, global messages with posters as attachments, and links to the H&S site;
- v staff advised to use the handrail on stairways and to carry liquids in stoppered containers;
- v checks made on trailing cables and the condition of office carpets and the floor around drink dispensers;

v awareness raised in Rose Court via a new H&S noticeboard.

To address H&S of non-HSE employees where HSE have responsibility:

Access to HSE premises

Directorates needed to undertake risk assessments where HSE controlled places with public access e.g. reception/public areas, Libraries and Information Centres.

In FOD risk assessments identified the need to revise procedures for dealing with alarms in the Police and Criminal Evidence (PACE) rooms.

New style passes were introduced in HID's Aberdeen office including basic H&S information. Further advice was provided on laminated cards in meeting rooms.

All visitors to BSD controlled premises were issued with a written H&S checklist with a HSE Visitor Pass. Further inspections were undertaken when HSE invited members of the public to HSE premises e.g. to ensure interview rooms free from hazards.

HSE organised events

Risk assessments were also required where HSE had arranged exhibitions, conferences, press conferences and other events where non-HSE employees or the public were invited or likely to attend.

These included assessments completed by OSD for four events using diving exhibition stands; 10 conference/event assessments in SPD; routine risk inspections carried out for PD organised recruitment fairs, and career stands/ presentations on non-HSE premises.

A common theme was improved seating arrangements to provide clearer exiting at venues.

FOD were concerned that, despite assessments at Safety Awareness Days, there were still significant risks, At one event there were no suitable crossing points across a busy public road resulting in a near miss road traffic accident. At several events the venue car parking and security staff delivered car park duties at minimal cost very effectively.

Cooling towers

The only cooling towers identified on HSE premises were at HSL and a legionella audit was carried out. The report identified actions for improvement which were addressed immediately.

Auditing, monitoring and reviewing performance

Audit

A Benchmarking exercise with Highways Agency completed this year demonstrated areas of improvement for both organisations resulting in HSE reviewing its purchasing policy and control of lone workers. The proposed action plan and a report on the findings were agreed by the CHSC and Board. Follow up on progress will continue during 2003/04. A copy of the report has been made available on the intranet H&S site.

The HSA completed 2 Audits on accident reporting and risk assessment in the year.

- v Accident / ill health reports: this demonstrated a need to confirm that remedial action identified by the investigation is completed. Revised procedures were introduced in 2003/04.
- v Risk assessment: this showed inconsistency in the use of risk assessment across HSE and revised procedures including generic risk assessment for HSE offices are being produced.

The HSA challenged 71 IH1/ACC1 reports received by Personnel where further investigation was required or details of actions taken to prevent recurrence.

Inspections or investigations by enforcing authorities

There were no prosecutions, convictions or enforcement notices against HSE during the year.

Ministerial Checklist

Directorates reported on the self audit against the Ministerial Checklist at mid and year end, identifying priority areas for action. This was a positive exercise leading to some significant actions.

Several directorates reviewed the requirements of the ministerial checklist, identified gaps and updated their procedures e.g. FOD published three new H&S supplements and NSD revised their H&S management arrangements.

Workplace Inspections

All workplaces needed to be routinely inspected at least once every 6 months jointly with TU safety reps (where appointed) with the results recorded and made available.

Most directorates either conducted inspections within the given timescales or had arrangements in place to undertake in the near future.

SASD'S workplace inspections in Rose Court identified problems with the air conditioning causing wide variations in temperature with low humidity giving rise to a number of health related problems. Actions were identified to resolve the issues.

A common theme in assessments was the need for storage requirements to be re-assessed due to printer cartridges, boxes etc left on the floor.

Contractors

The performance of all existing contractors must be monitored with procedures put in place to rectify any defects. General concerns were aired where contractors had sub-contracted. The Ministerial checklist requires that all contractors who carry out activities on behalf of HSE should be monitored for their H&S performance.

The construction of new facilities at Buxton for HSL provided a challenge on control of contractors when the site was still in use by HSE personnel. The construction site was fully ring fenced and control systems were put in place to manage both vehicles and pedestrians.

FOD provided regular feedback to HSE contract managers and held meetings with them to discuss contract performance.

BSD managed 10 contracts with arrangements in place to monitor and rectify defects in H&S.

Health and Safety Training

252 staff attended centrally provided health and safety training (compared with 205 staff in 2001/2002). Training provision was improved with 4 courses revamped during 2002/2003 ('Coping with work pressures', 'DSE assessors', 'Manual Handling' and 'Health and Safety for Managers').

Health surveillance, care, screening and promotion

During the year responsibility for arranging staff health surveillance was transferred to the operational directorates.

Five health screening events, cessation of smoking and cancer awareness sessions have taken place.

Occupational Health

The tender board set up to take forward the provision for HSE's new occupational health (OH) provider agreed to join the DWP contract for occupational health services with SchlumbergerSema from 1 May 2003.

HSE will be working closely with SchlumbergerSema to improve its occupational health service, including developing the greater use of Occupational Health Nursing advisers (OHA's), following a successful pilot at Bootle HQ. The OHA's will work with line managers to address work-related illness, sickness absence and rehabilitation as well as developing a health promotion programme.

European Week for Safety and Health

The theme for European Week 2002 was 'Stress at Work'. Most directorates completed their stress risk assessments during the Week.

Directorates raised awareness of the issue organising a wide range of activities including stress seminars and workshops; DSE workshops; health screening and cancer awareness sessions; presentations e.g. Counselling and Support Services, Benenden Healthcare and St John's Ambulance; sessions on Tai Chi, Reiki, yoga, relaxation, Indian head massage and reflexology. Feedback was positive.

Accident, ill health and near miss statistics

A total of 35,101 working days were lost in HSE through sickness absence, an average of 8.36 working days lost per staff year which is an increase from 8.06 days last year. The main causes again were:-

- v depressive disorder / stress / anxiety;
- v viral infections / influenza / respiratory;
- v musculoskeletal.

3,752 days were lost from work-related accidents/ill health. During this year particular emphasis was placed on the importance of reporting and investigation of accidents and ill health.

Although in the short term we may see a rise in reports, if HSE is to make progress in achieving our targets for accident and ill health reduction, it is essential that we have as accurate a picture as possible of the numbers and causes of accidents and ill health due to work.

A total of 405 IH1/ACC1 reports (accidents, work-related ill health, and near misses including verbal abuse/threatening behaviour) were received and investigated during the year. This included 162 accidents causing injury. Table 3 gives a full breakdown of the reports received.

Table 3: IH1/ACC1 Reports

	2002/03	2001/02	2000/01
Fatal injuries	0	0	0
Major injuries	1	2	1 (1)
Over 3 day injuries	13 (1)	9 (3)	15
Minor injuries	148 (17)	114 (19)	102 (11)
Dangerous occurrences	0	2	0
Near misses, Including verbal abuse and possible accidental asbestos exposure	85 (6)	72 (12)	64 (5)
Ill health cases	158 (5)	129 (1)	114 (1)
TOTAL	405	328	296

(The figures for non-HSE staff are included and shown in brackets)

Work-related ill health

There were 158 ill health reports compared to 129 last year and 114 in 2000/2001. 92 were due to problems relating to DSE and 44 staff reported work-related stress.

Other reports of ill health included:-

- ✓ a possible case of pneumonia involving an Inspector's attendance at a wet rebreather training course. The investigation could not determine if the course led to the infection but its recommendations did lead to improvements;
- ✓ two eczema cases – an individual's cold-like symptoms and eczema became worse in an open plan office whilst office dry air quality exacerbated another employee's existing skin condition;
- ✓ re-location of old files in a dusty environment led to a staff member reporting shortage of breath and chest problems.

Cost of accidents / ill health

HSE estimated the total cost of accidents/ill health in 2002/2003 to be approximately £290,000 but believed that this underestimated the cost of ill health, particularly due to stress. Further work is being carried out to improve the data.

RIDDOR reports

There were 15 RIDDOR reports during the year, 2 of which were reported by employers of non-HSE staff. This compared with 15 last year (3 non-HSE staff) and 15 in 2000/2001 (2 non-HSE staff). The RIDDOR incident rate was 303 per 100,000 employees. The reports included:-

3 ill health reports

- ✓ all DSE related.

1 major injury

- ✓ suspected hairline fracture to collarbone from carrying laptop/papers in shoulder bag en-route to training course.

9 over 3-day injuries involving

- slips, trips or falls (5);
- manual handling (2);
- struck by door (1);
- scratched retina (1).

Non-HSE personnel

- v 1 DSE related;
- v 1 over 3-day injury – trapped finger in van door.

Travel

Following a comprehensive consultation, the revised supplement on 'Travel on Official Business' was issued on the intranet. Its launch coincided with a new 'Work-Related Road Risk' (WRRR) supplement that originated from a task group set up by HSE and the Department of Transport.

An evaluation of the 22 WRRR incidents reported identified that the majority occurred late afternoon or early evening and many were on high speed roads approaching roundabouts, road works or similar.