

**HEALTH AND SAFETY EXECUTIVE
MID-YEAR REVIEW OF HEALTH AND SAFETY IN HSE
APRIL - SEPTEMBER 2002**

Summary

- Overall directorates and divisions (D/ds) report encouraging progress in meeting HSE Corporate aims on health and safety. Across HSE managers and TU H&S reps are working together to bring about significant improvements.
- Most D/ds have produced their management arrangements for implementing HSE's revised H&S policy. It perhaps needs to be emphasised that line managers are at the centre of HSE's H&S policy. They have the main responsibility for controlling the risks to their staff and ensuring that action is taken when problems are identified, not H&S advisors, coordinators nor DSE assessors.
- Much good work was undertaken during the half year on stress with D/ds tackling their risk assessments. The challenge is now to take effective action on the stressors identified. There is a greater willingness to report and investigate stress related ill health through the IH1 system, although there is still under reporting.
- DSE related ill health still gives rise to serious concern. It is disappointing that the number of reported cases is not decreasing. Of the 52 reports, 29 appear to directly relate to DSE use (the rest appear to be related to pre existing medical conditions). New cross HSE assessment arrangements, improved training for assessors, easier access to IT related equipment and improved arrangements for the supply of chairs were introduced during the year.
- There appears to be a lack of understanding about the policy on contractors. The ministerial checklist requires that **all** contractors who carry out activities on behalf of HSE should be monitored for their H&S performance. This is not restricted to TFM contractors. Clearly the amount of monitoring should be proportionate to the risk and some low risk activities do not require action. All contractors should be identified and the risks assessed with appropriate action taken. Where contractors H&S performance falls below that expected, the circumstances should be reported to the contract manager and on an ACC1 as a near miss.
- There is still some evidence that D/ds are not applying the Manual handling regulations by assessing the risk and trying to eliminate handling where possible. Too often the solution is to train staff in handling or use porters rather than elimination of the risk. A training course is now available for Manual handling assessors.
- The Corporate Health and Safety Committee (CHSC) agreed to run a pilot, which would give line managers easier access to occupational health advice. The pilot commenced in Bootle at the end of October, and if successful it is envisaged that the provision will be available across HSE.

Policy and organisational arrangements

D/ds' Health and Safety Management Arrangements

When HSE published the revised Health and Safety policy in October 01, D/ds were asked to revise their management arrangements for implementing the policy. The Corporate plan for 02/03 set a completion date for July 02 and a report at Midyear.

- some D/ds found this more difficult than anticipated;
- there were a wide variety of approaches;
- FOD's management arrangement is an example of good practice as it is concise with clear responsibilities;
- a single plan is to be produced covering all the Rose Court based policy D/ds.

Progress against Revitalising targets

The figures for 2002/03 are projected using data for period 1.4.02 - 30.9.02. The variation in the number of accidents and ill health reports is believed to be due to changes in reporting procedures and an increase in reporting eg stress.

Chart 1: Incident rate - all accidents that caused injury per 100,000 employees.

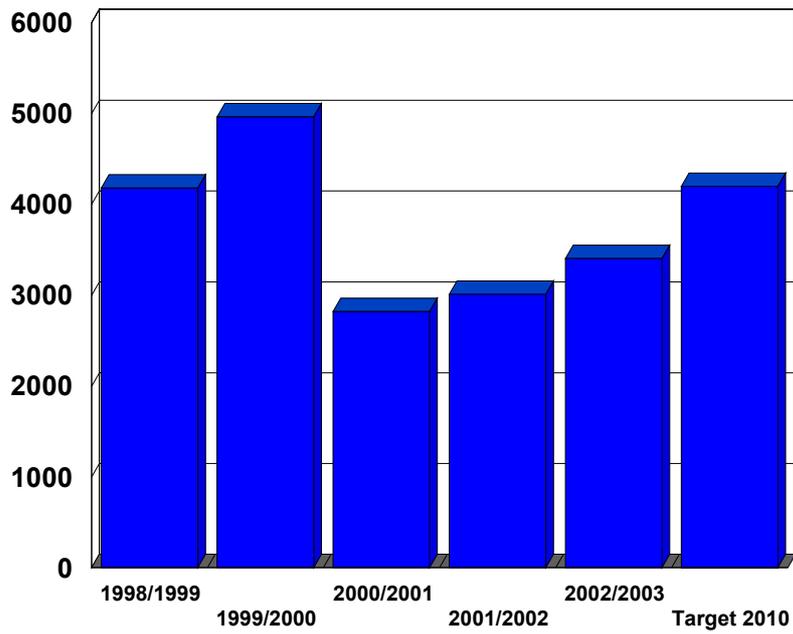
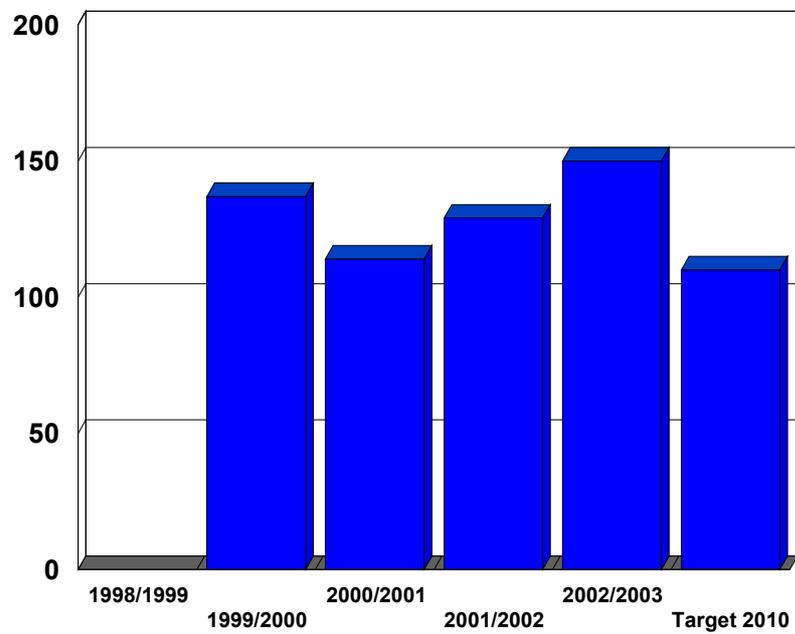


Chart 2: Ill health reports



Accidents and ill health statistics April - September 2002

Personnel received 167 (141 in the same period last year) notifications of events/cases of ill health for HSE staff during the period and 10 reports for non-HSE staff (22 in the same period last year).

	Apr-Sep 2002	Apr-Sep 2001
Fatal injuries	0	0
Major injuries	0	1
Over 3 day injuries	4	6
Minor injuries	69	58
Dangerous occurrences	0	0
Near misses	22	31
Verbal abuse	7	4
Possible asbestos exposure	0	2
Ill health cases	75	61

RIDDOR Reports

There were 6 incidents reported under RIDDOR (1 non HSE) compared to 8 in the same period last year (6 HSE staff and 2 non-HSE staff). There were 4 over 3 day injuries and 2 reports related to DSE.

The over 3 day injuries were:

- A member of staff slipped on the stairs in St Peters House suffering severe bruising and shock. Water had been spilt on the stairs from the 3rd floor to the 1st floor and not cleaned up. The source of the water was not identified but was probably due to someone carrying water from the water cooler to their office.
- A trip on a flagstone which had been treated with a non slip substance, but the investigating officer was of the opinion that this had worn off due to wear and tear and that the area appeared slippery. The injured person suffered severe pain and bruising.
- Caught eye with page of Express magazine and scratched retina.
- Trapped finger in door of van and lost finger nail. Lost consciousness and taken to hospital.

Minor injuries

The main causes included:

- slips, trips and falls
- handling, lifting or carrying
- struck against something fixed or stationary

Slips, trips and falls

- There were 22 slip/trip/fall incidents including 2 reportable under RIDDOR and described above. Other incidents involved:
- stumbles over obstacles/drawers left open;
- slips/trips during office moves due to crates etc left lying around;
- wet surfaces;

Manual handling

There were 8 manual handling incidents which involved:

- ruptured muscle in arm when carrying heavy files;
- strained neck/shoulder putting files into new mobile unit;
- back strain when lifting and carrying 40 boxes of leaflets at exhibition;
- moving rolling filing cabinets and hurt wrist;
- pulled muscle in chest whilst loading display boards into car;
- strain to neck from carrying inspection kit;
- manoeuvring piece of equipment, lost grip dropping metal edge of item onto foot;
- moving boxes of books during office move - strain to back.

Struck against

There were 14 incidents of individuals hitting against objects particularly doors and shelving.

Ill health

- There were 75 cases of ill health reported, compared with 61 in the same period last year.
- 52 of the notifications were related (or partly related) to DSE issues.
- 14 due to work-related stress.
- Other cases included food poisoning, environmental issues and back problems, some exacerbated by driving.

Near miss incidents

There were 22 near misses reported. Events included:

- people going through doors from opposite sides and nearly colliding;
- items falling from ceiling;
- opening window and bottom hinge broke;
- door came away from its mounting falling to floor;
- incidents whilst travelling;
- toxic dust could have escaped into lab if individual had not noticed fan had stopped;
- incidents involving mobile racking systems;
- flammable material being stored in emergency exit route;
- loose metal carpet strip causing trip.

A note on the importance of near miss reporting was circulated to H&S co-ordinators and is available on the intranet. Videos were also made available to D/ds on near miss reporting.

Civil claims

There are currently 4 outstanding claims against HSE for work related accidents.

Reports on Progress against priorities

Priority A: Musculoskeletal disorders

A1: To continue to tackle the cause of work-related upper limb disorder (WRULD) and ensure compliance with Display Screen Equipment (DSE) Regulations.

Directorate	Number of assessments outstanding	Heads of D/ds comments on resource and role of assessors	Assessments referred to BMI	Comments
FOD	214 (mainly Midlands)	Most divisions have 1:15 ratio. All assessors have appropriate time to fulfil their role.	29	A number of large scale moves.
HD	17	1:15 in RC 1:12 in Bootle	1	Significant no of moves. Outstanding assessments checked to ensure no priority action needed.
HID	98	49 assessors. HID MB confirmed importance of assessors and staff must co-operate with assessors.	10	HID will be developing a specification for HSE DSE database during latter part of year.
HSL			-	Procedures set out in Safety mgt procedures
NSD	75	1:17 ratio with 4 awaiting training. New instructions in draft emphasizing role of assessor.	7	Assessments on hold due to accom moves, which have been delayed.
Ops Unit	2		1	
RI	2	90 assessments undertaken due to large scale moves.	2	
RPD	44	BSD,IA,PD & DIAS have adequate assessors. Shortage in PEFD Bootle.	14	Outstanding assessments due to moves to open plan.
SASD	3	1:15 ratio. Shortage of volunteers continues to be a problem.	2	Majority of assessments carried out by BMI due to large-scale moves.
Solicitors	3	11 assessors	1	
SPD	4 (RC)		-	
TD	2	3 assessors considered adequate.	-	

The HSA reviewed training for DSE assessors and made recommendations, which were implemented at the beginning of the financial year. Feedback from assessors is positive.

The number of referrals to BMI remains steady with 67 at the mid year stage (69 in the same period last year). However both BMI and HSU felt a number of these could have been progressed by internal assessors, eg repeat assessments from BMI just because of an office move, change of mouse required, untidy work area etc.

DSE workshops

A number of workshops for assessors have been run across HSE. Key issues include:

- DSE supplement/form on intranet, but still assessors/line managers not using it.
- D/ds still asking for volunteers, rather than the role being incorporated into PWP. More assessors needed at higher grades.
- Line managers not always aware of their responsibilities.
- Wrist rests should not be used when typing, and assessors should not recommend their use.

BSD, ISS and BEU to produce performance standards on the issue of equipment related to DSE use by September 2002.

- REFIT provide a catalogue of DSE equipment which is updated monthly. The catalogue is not exhaustive, but contains the more frequently requested items which can be provided by REFIT within 5 days. DSE hardware and software outside the standard DSE catalogue takes much longer.
- The central contract for the supply of office seating was awarded to Pledge - effective from beginning of June. The contract provides a wide range of chairs with a delivery of any contract chair within 14 days (10 days for urgent demands).

A2: To increase staff awareness of back injury risk and promote avoidance strategies through training and other events.

Directorate	Comments
FOD	Initiatives in place which include: risk assessments covering tasks, roles and office moves; back awareness training/video; awareness sessions with emphasis to avoid lifting.
HD	Some confusion over risk assessments and few trained assessors. Will be reviewed, along with need to ensure sufficient assessors.
HID	Arrangements in place for avoidance of manual handling.
HSL	Appropriate control of manual handling activities ongoing, with emphasis on prevention of back injuries.
NSD	List of manual handling assessors is available. Trolleys available to assist in moving bulky materials.
OU	Lifting limited to smaller items only. Back Awareness video shown.
RI	Manual handling assessment developed and will be applied in 2 nd half of year.
RPD	Actions to reduce/avoid need for manual handling. Manual handling risk assessments carried out when considering the transport of equipment to recruitment fairs etc.
SASD	Back Awareness video viewed. Staff fully aware of manual handling procedures and leaflets distributed on good practice when lifting.
Solicitors	Risk assessment on suitability of steps to gain access identified need for stable pair of steps. Two staff have attended manual handling training.
SPD	Manual handling is avoided by using centrally provided porters.

A pilot training course on manual handling to assess risks was run during the period, with positive feedback. Further courses will be run and included in the training prospectus.

PRIORITY B: Management of stress

The Board agreed HSE's stress strategy in June, and asked that D/ds, where possible, have their risk assessments completed by Euroweek.

Progress on D/ds' stress risk assessment

Directorate	Risk assessment (RA)	Approach	Comments
FOD	End of November.	Focus groups and questionnaire in W&SW.	A lot of work has been going on in all FOD divisions. Stress Working Group set up in London.
HD	Risk assessment forms due back 25 November.	Task group formed - stress action plan produced.	Briefing pack prepared with form to record risk assessment.
HID	Completion target of 14 October.	Developed checklist of generic stressors in HID.	Concerns over tight deadline. Worked with FOD to avoid wasted effort and improve quality and consistency.
HSL	General Procedure to be issued by 1 October.	Generic RA in conjunction with a General Procedure.	Procedure makes it clear that the main focus of stress control should be on "primary intervention". Section risk assessments to add additional controls where appropriate.

NSD	October.	Staff survey to inform risk assessment.	Need dialogue with other D/ds.
Operations Unit	Results of risk assessments to be cascaded to staff during October.	Working group and questionnaire.	Risk assessment indicates priority areas as stress not taken seriously, travelling, communication, need for line management support during change period.
RI	Questionnaire to be sent out to staff in Euro week.	Joint venture with DRP - small group of volunteers to identify stressors.	Training day to be arranged for original volunteers to act as facilitators in the small groups.
RPD	All will be completed by mid October.	Mainly focus groups.	Divisional level action plans will be produced.
SASD	Early November.	Working group. The stress report produced in June 02 will form basis of SASD's risk assessments.	Each Working group member will be analysing the stress report for a particular band using hazard groups eg. culture, demands, control, support, training, individual factors. The group will also be obtaining data on days/time off due to stress, turnover of staff and how it affects staff.
Solicitors	Completed end of September.	Working group with TU reps.	Concerns over the environment, work pressures, prosecution pilot, Bs 5&6 feeling undervalued. Action plan produced.
SPD	Meeting 1 October to discuss timescales and methodology.	Seminar held to discuss way forward with Dr Gyngell. Brainstorming sessions held.	Staff found the brainstorming sessions helped relieve stress and were a good way of sharing common problems and finding solutions.
TD	Agreed on 18/9/02 to produce risk assessment by end of December.	Focus group.	Have identified areas eg: uncertainty re change programme; unrealistic deadlines, travel, overwork.

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

As part of the awareness campaign, in line with FOD and SPD initiatives, D/ds were sent information and posters to cascade to staff on the causes of slips, trips and falls, and how they can be avoided. A significant number of incidents occur due to spillage of water on floors and stairs and when this occurs urgent action should be taken to clear up the spillage. HSU asked BSD contract manager to ensure cleaning staff are properly trained in the cleaning and drying of surfaces.

Priority D: To address H&S of non HSE employees where HSE have responsibility.

1.1 Risk assessment (RA) of circumstances when HSE is in control of places where members of the public have access to HSE premises e.g. reception/public areas, Libraries and Information Centres.		
1.2 Risk assessment where HSE has arranged exhibitions/conferences/press conferences and other events where non-HSE employees/the public are invited or likely to attend.		
Directorate	1.1 Number and Circumstances	1.2 Number / Comments
FOD	Office risk assessments take account of visitors and reviewed regularly. Instructions updated following regular safety inspections, in terms of visitors, cleaners and contractors. Alterations made to reception and PACE rooms to reduce risk.	Most divisions routinely carry out RA for all events organised; employ porters to collect, erect display, dismantle and return exhibition material; lead inspector prepares the RA.
HID	Work being carried out to improve reception area in Aberdeen. A risk assessment will then be carried out.	N/A
NSD	Risk assessment of NSD Library/Information Centre to be completed.	None organised in period.
RPD	BSD/TU annual assessment of buildings which includes areas with public access. PD do routine inspections when members of the public are invited to HSE premises for interview etc.	At PD recruitment fairs etc. on non HSE premises, risk assessments are routinely carried out to check for safety of display stands, trailing cables etc.
SPD	N/A	Nine conferences/events. Risk assessments were undertaken.
TD	1 – public access area for inspection of registers (TD6)	1 – venue for technical conference arranged by TD5 (public invited).
All other D/ds nil return or N/A		

1.3. D/ds to identify locations of cooling towers at HSE premises, and self assess against the legionella FOD audit form.	
Directorate	Comments
FOD	Midlands - will arrange to check through Caxton FM, although was in specification when location was considered. E&SE - locations identified, self-assessment to be carried out.
HSL	HSL currently actioning this as a matter of urgency.

Monitoring and review

1. To self-audit against Ministerial checklist.	A number of directorates have successfully used the checklist to monitor their performance and have identified areas for priority action. Other directorates urgently need to ensure that they make use of the checklist.
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2. All workplaces to be inspected at least every 6 months, jointly with TU safety reps where they are appointed. Results to be recorded and made available to senior managers and staff.

Directorate	Numbers
FOD	All offices inspected at least every 6 months apart from Birmingham, Stoneleigh, Worcester and HQ.
HD	90 office inspections undertaken.
HID	15
HSL	6 monthly inspections of operational and admin sections. TU involvement.
NSD	Offices and common areas of St Peter's House are inspected quarterly.
RPD	All BSD offices inspected at least 5 monthly, 2 buildings inspected/risk assessed in conjunction with TU rep. Other parts of RPD have all undertaken workplace assessments.
SASD	Floors 8 and 9 in Rose Court inspected.
SPD	Workplace inspections in Rose Court completed following move to Open Plan.
TD	4

3. Performance of all existing contractors to be monitored and procedures in place to rectify defects.

Directorate	Numbers
FOD	YNE - only contractor monitored is AQUMEN, regular contact. Mids - responsibility of FM Provider Caxton whose performance discussed at monthly and quarterly meetings. Performance of other contractors discussed with BSD. WSW - Caxton FM are contracted FM providers and are monitored at monthly and quarterly meetings.
RPD	2 FM contracts monitored by BSD through monthly reports and quarterly meetings. BSD also ensure FM contractors manage sub-contractors working on HSE premises. BSD have procedures in place with 2 contractors to review and monitor H&S policies and procedures and are inputting to HSE's Agency Services contract – where H&S policy is being expanded to include policy and procedures for agency staff working in HSE. REFIT operate strict H&S standards in our work areas and have their own policy.

Health surveillance and other health care

- The Occupational Health Contract is to be retendered with a view to having a new contract in place by July 03.
- 281 (329 for first half of 2001/02) staff have received health surveillance and other health care. A decrease due to challenge role particularly in relation to asbestos and ionising.
- 2 health-screening events were held across HSE with 85 staff attending. 3 further events are planned for the second half of the year.
- A number of cancer awareness sessions were held, and there has been demand for a further six during the remainder of the financial year.