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HEALTH AND SAFETY EXECUTIVE

The HSE Board

HSE Health & Safety Annual Report for 2004/05 And Monthly Health and Safety Report - August 2005

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Cleared by Justin McCracken on

Issue

1. The submission of the Annual report for health and safety in HSE for the 2004/05 year. The monthly report on health and safety issues in HSE including incident and sickness absence statistics is also included.

Timing

2. For discussion at this meeting

Recommendation

3. That the board
 - accepts the annual report or recommends minor amendments
 - notes the current health and safety incident statistics.

Background

4. The Annual report is produced each year after clearance by the board and the Corporate Health and safety Committee.

Argument

5. *i) Annual report*

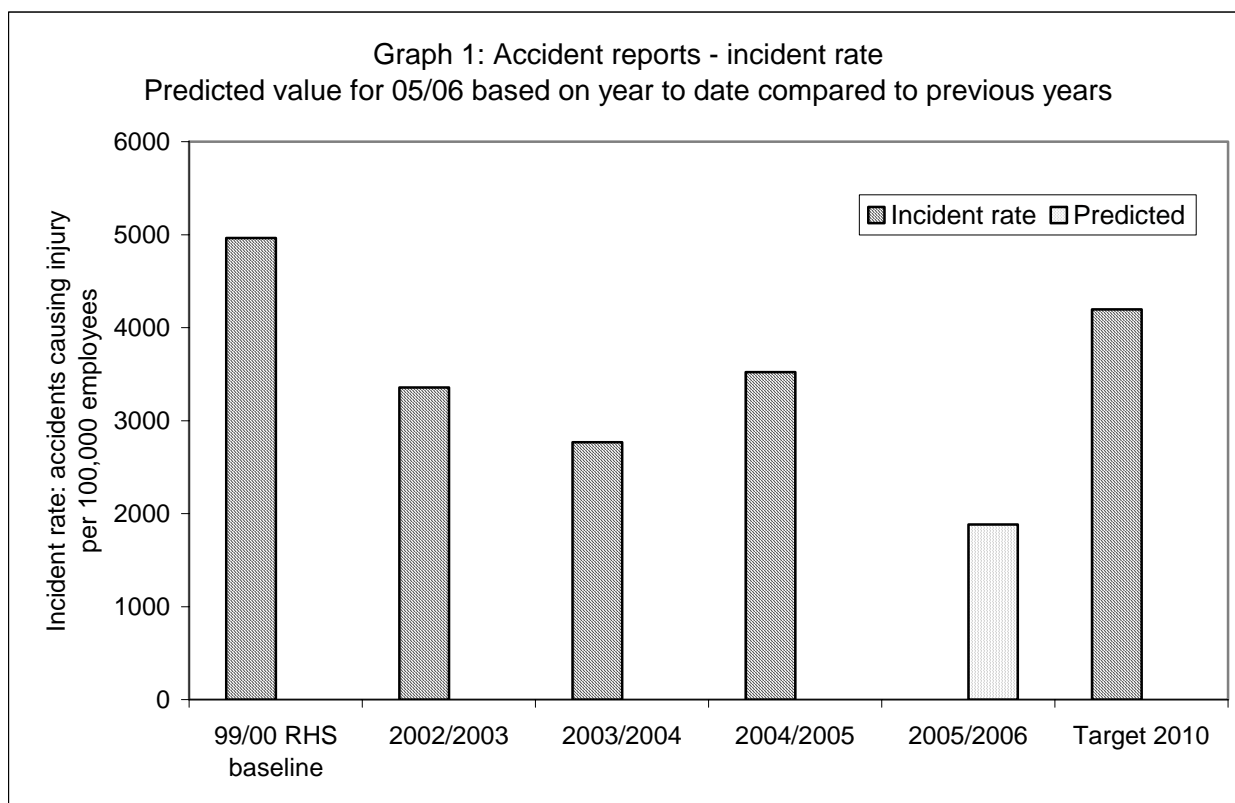
The draft 2004/05 Annual Report is attached to this paper as an Annex. It is proposed that the introduction by the Director General is added after the report receives approval.

ii) *Progress against targets at 22 July 2005:*

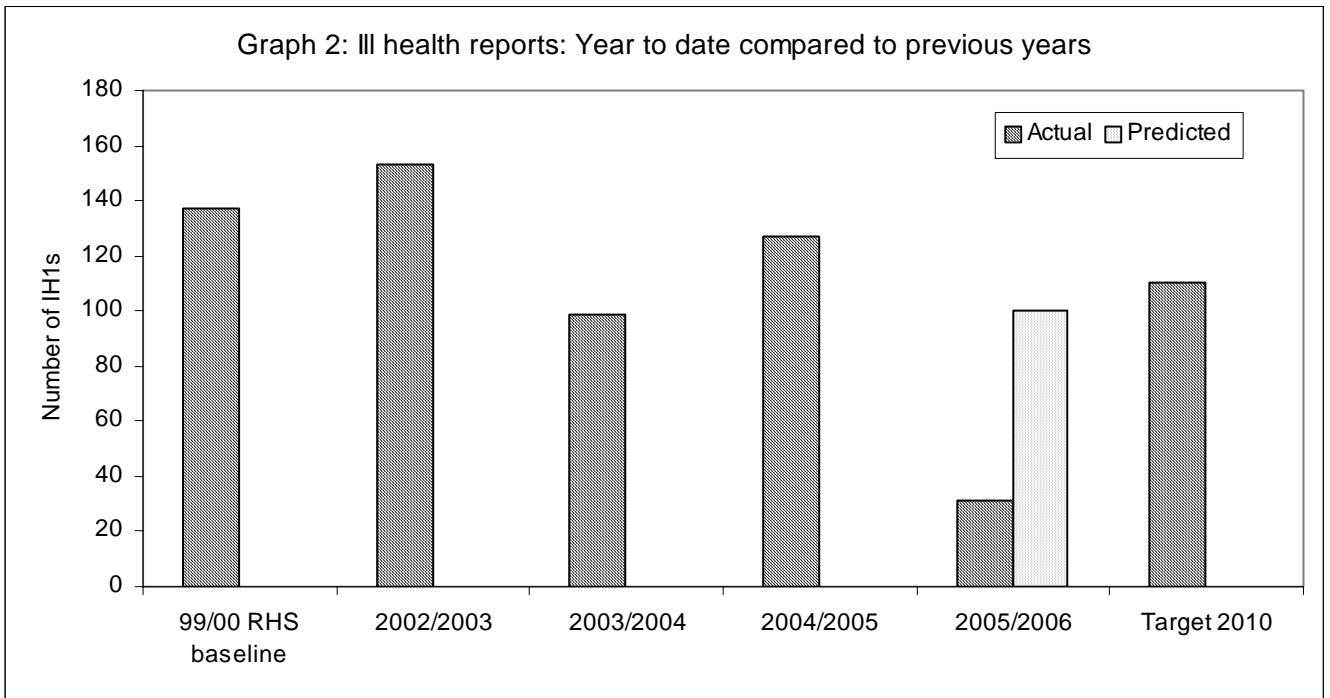
Category	Actual number reported	Number required to achieve target ^a	Target for 2005/06
RIDDOR reports	2	3	<10
DSE/IH1 reports	8	17	<57
Slips/trips causing injury	12	14	<47
Near misses	23		

^a = This is a projection of the number of incidents that should have occurred at this point in the year. If the actual number reported exceeds this figure then targets are likely to be overshot.

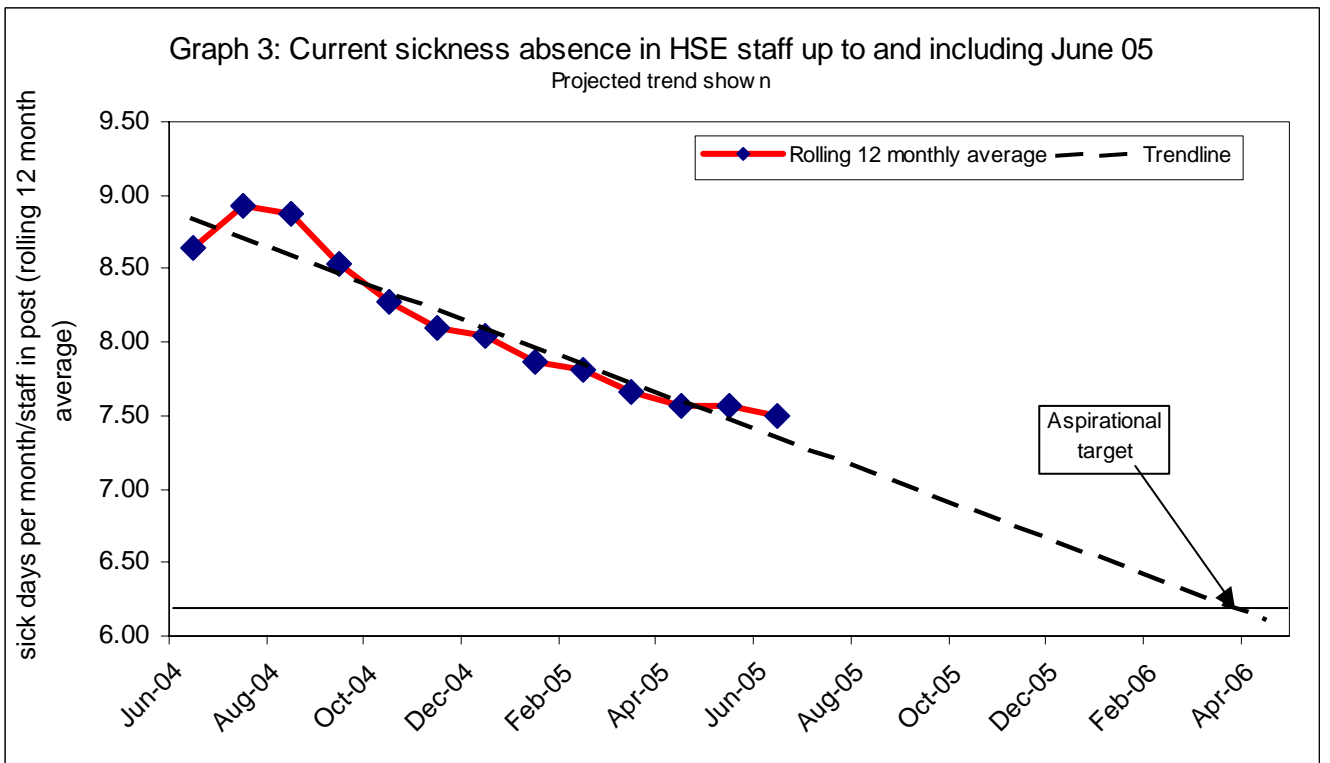
There have been 31 incidents/ill health reports for the period 20 June –22 July.



Based on the incidents that have occurred in the last month, the predicted incident rate has risen from 1544 to 1882 since the last report. This is due to a rise in reports after a low number being received by HSU at the start of the year. The figure is still below the 2010 target but the increase needs to be monitored.



As with the incident rate graph the recent incidents have increased the number of ill health reports predicted to have occurred by the end of year. The predicted number is still below the 2010 target.



The sickness absence rolling indicator has now been falling for 12 consecutive months. In recent months this reduction has not been so pronounced; there is a possibility that the fall may be plateauing out. This also means that the date

when we are projected to hit our aspirational target of 6.2 has been put back to April 06.

Consultation

6. The annual report has been developed with input from trade union safety reps and the rest of the Corporate Health and Safety Committee. Normally this would have taken place at the July meeting of this committee. Unfortunately due to circumstances beyond our control this meeting had to be cancelled and consultation took place via e-mail.

Site Safety Coordinators around the country contributed valuable information about regional activities. HSE's occupational health provider, Atos Origin, advised on sections of the report via the lead OHA, Marcella Bailey. BSD gave advice on contractor supervision & estate management issues. Learning & Development provided data on safety training.

Consultation is not normally required for the section on progress against targets.

Presentation

7. The annual report, once approved, will be publicised internally and externally. The principle mechanisms for this will be the intra/internet. There is a strong possibility that HSE's own health and safety performance will be of interest to external dutyholders. Given the mixed messages contained in the report, advice from Communications Directorate would be appreciated on how the release can be managed.

Costs and Benefits

8. n/a

Financial/Resource Implications for HSE

9. n/a

Environmental Implications

10. n/a

Other Implications

11. n/a

Action

12. Once the board has considered the annual report and offered their comments it will be finally discussed at an August meeting of the Corporate Health and Safety Committee. HSU will arrange for the report to be published subject to Board agreement.

Any comments or recommendations the board makes concerning progress against targets will be enacted by the appropriate part of HSE.

Annex: DRAFT ANNUAL REPORT 2004/2005

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LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2005/06

ANNEX 1 - ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

NOTE: HSE comprises of Directorates, Divisions and an agency of HSE – the Health and Safety Laboratory. Where this report refers to 'Directorate' it means one of the following bodies:

- Communications (CD)
- Field Operations (FOD)
- Health & Safety Laboratory (HSL)
- Nuclear Safety (NSD)
- Railways (RI)
- Corporate Science & Analytical Services (CoSAS)
- Hazardous Installations (HID)
- Legal Advisers Office (LAO)
- Policy Group (PG)
- Resource & Planning (RPD)

Introduction by the Director General

SUMMARY OF REPORT

This latest annual report on health and safety performance within HSE reveals a mixed picture. On the one hand there is disappointment that our self-determined incident-related targets have not been met; on the other there is evidence of improvements in health and safety management. The report combines statistical information on incidents with explanatory information on management.

HSE's commitment to health and safety

HSE is committed to provide employees with good and safe conditions of work. The Board aims for HSE to be an exemplar for health and safety and has appointed Justin McCracken, DDG as Board champion for Health and Safety. At every formal Board meeting, members discuss health and safety. These discussions cover progress against targets, reports on significant issues and agreement the Corporate plan.

The performance against targets

The Board set challenging targets for 04/05 for RIDDOR accidents, DSE related ill health and slips and trips causing injury, aiming to build on the progress made in 03/04. However, despite the positive action taken during the year, our targets were not met. When it became apparent that the targets would be missed, an emergency meeting of the Corporate Health and Safety Committee was held. This meeting developed a new plan to address areas of concern focusing on communication of good practise around the organisation.

Data on accidents, ill health and near misses are displayed with some commentary on trends and causes observed. All the incident data is placed in a historical context for HSE. Information on sickness absence in HSE is also included.

Positive action taken during the year

There were a number of significant developments this year, including:

- A thorough review of health and safety management in HSE was carried out and its findings implemented;
- Co-ordination of site health and safety activities was delegated to local offices;
- A DSE computer based assessment package was launched for all staff to use;
- A communication campaign on health and safety in HSE was launched;
- Occupational Health Advisors (OHAs) took up an on-site presence; and
- The Health and Safety Laboratory successfully completed a move of 350 staff and equipment to a new purpose built headquarters in Buxton.

Next steps

A number of initiatives were started in 04/05 that should see results in 05/06. For example HSE started a project assessing stress in the organisation using our own 'Management Standards' approach. This project and the ensuing action plan will be taken forward into the next year.

Aside from the strategic elements set out above there is also information on the day to day management of health and safety – auditing, accident investigation, working with contractors and a section on what's been going on around the country. Overall the report captures the diversity of activity relating to health and safety that takes place in the organisation.

LOOKING BACK - REVIEW OF HEALTH AND SAFETY IN 2004/05

The Board of the HSE is committed to exemplary standards of Health and safety in HSE. This report is based on a Corporate Plan that is prepared annually. Where appropriate, the plan mirrors the Health and Safety Commission's priority programme. The Board of the HSE approved the plan and the targets it contained. Staff were consulted on the plan via their trade union safety representatives who sit on the Corporate Health and Safety Committee (CHSC).

1. Performance against the Health and Safety Corporate Plan

i) Targets

In the Corporate plan for 2004/05, challenging targets were set for HSE staff against certain categories of incident based on the outcomes for 2003/04. These targets are set out below.

Category	2003/04	Target	2004/05
DSE IH1 reports	50	<45	63
RIDDOR reports	10	<10	20
Slips, trips causing injury	34	<30	46

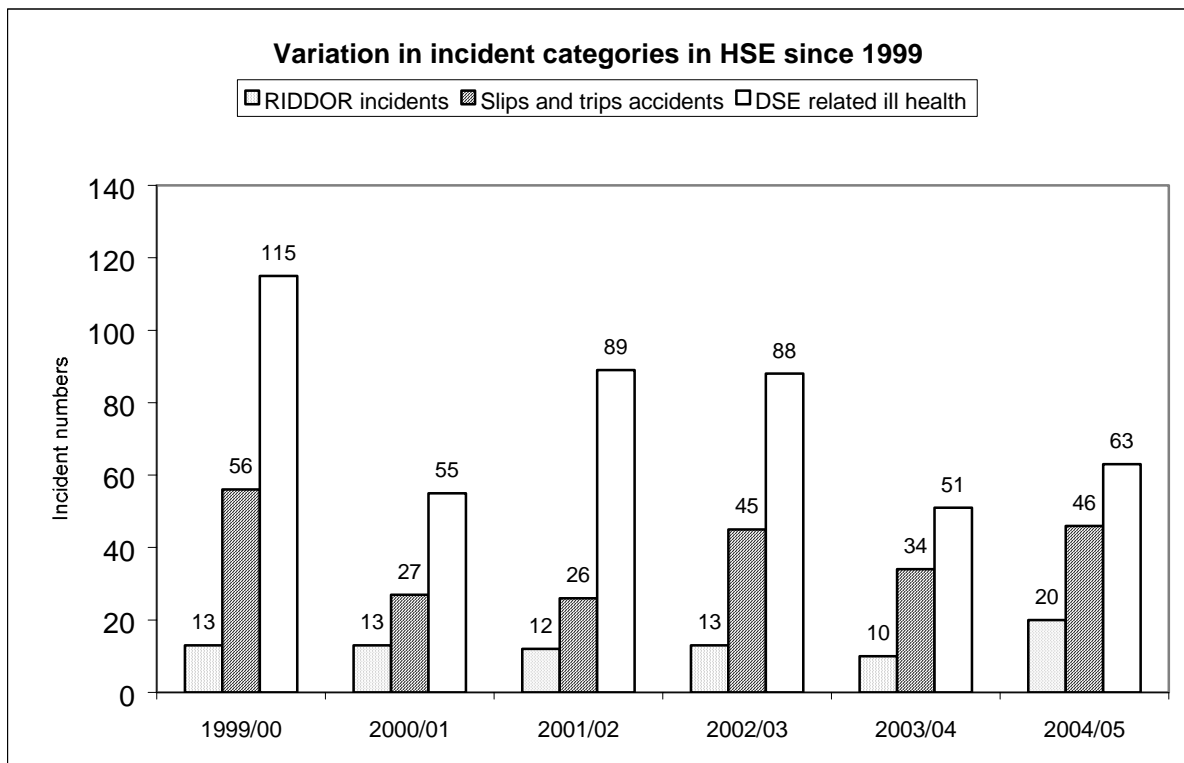
The table above shows that, to our disappointment, we have not met these targets. The baseline year (2003/04) was a year of good health and safety performance in HSE. We have, unfortunately, not sustained this improvement for a second year running.

As soon as it became clear that our targets would be exceeded, the Board Champion for health and safety called an emergency Corporate Health and Safety Committee (CHSC) meeting. This meeting identified the need for a dynamic new plan that focused on areas where improvements were possible. This plan included a new communications strategy and was intended to raise awareness about in-house health and safety and publicise workable solutions to the commonest causes of injury.

Subsequent meetings of the CHSC and the HSE Board reviewed detailed analysis of the accident figures. These revealed some trends that required action. More information about these trends and what the HSE decided to do can be found in Section 2 of this report.

It was also recognised that the accident-based targets gave an insufficient picture of what was happening in HSE. All major references on health and safety management (HSG 65, BS8800) agree that accident data on its own has significant drawbacks when used to assess overall health and safety performance. We are committed to developing some relevant leading indicators to be included in future Corporate plans.

The following graph shows the 2004/05 figures in historical context.



ii) Progress against priority areas:

a) Musculo-skeletal disorders (MSD)

Manual handling

The HSE is committed to the reduction of manual handling incidents through avoidance of the activity, assessment of the risk, the use of appropriate aids and training. We continued to improve our internal procedures to enable better support for staff.

Analysis of the reports of manual handling incidents identified a proportion of injuries were linked to pre-existing conditions. The organisation needs to meet the challenge of ensuring that work risks do not aggravate other injuries. Work is underway to improve support for staff in HSE with non work-related MSD problems.

The majority of manual handling accidents involved the lifting or moving of items such as carrying heavy bags/portable laptops and personal protective equipment (PPE); moving furniture or boxes, unpacking files/stores; unloading/lifting goods and equipment out of cars/vans.

Investigation found that in many cases action could have been taken to prevent injury. An effective assessment of the manual handling activity could have identified the corrective action before injury occurred.

Manual handling was a key topic at the emergency CHSC meeting, and much action followed to try to improve our understanding of root causation and to reduce incidents. This included:

- raising awareness of the issue through an in-house communication campaign;
- assistance from occupational health advisors in early intervention with individual cases;
- running seminars/workshops with OHA involvement
- safety reps surveyed staff to raise awareness of issues including advising on manual handling aids and facilities;
- and asking each site safety committee to address a key manual handling risk in their region through assessment.

Display screen equipment (DSE)

An analysis of DSE ill health reports was undertaken, which indicated that there was not usually one single cause, but rather a combination of factors including a large proportion of individuals who had pre-existing conditions - e.g. whiplash due to road traffic accidents, arthritis, sports injuries. Other factors included:

- poor work practices - e.g. excessive use of mouse, prolonged sitting and poor posture, inadequate typing skills and too much portable PC use;
- poor work management - short deadlines, excessive workload and pressure to get tasks done.

The work on DSE planned for 2005/06 contains actions targeted at addressing the main causes of DSE related ill health. Improvements and issues during the year included:

- An electronic DSE assessment package rolled out across HSE during the year by Personnel and site safety co-ordinators. The system is operated via a secure internet link and provides information, training and assessment for DSE users. Each user must discuss their assessment with an assessor, and line managers ensure that all appropriate actions are taken. This may include further assessment by an OHA.

There were some initial problems with the package mainly due to over use of the server, but most issues were rectified later in the year. The system will continue to be improved and developed during 05/06.

Site co-ordinators reported problems with regards DSE assessors, as a number did not want to continue in the role and for those willing to undertake assessor duties, there were delays in receiving training. Most site co-ordinators report that the majority of assessments are up to date, despite moves such as in HSL and Rose Court. However there are still a significant number of outstanding assessments in Bootle, Wales & West and Yorkshire & North East.

- The on-site OHA provision improved the advice available to staff. There have been 175 specialist DSE assessments (including follow up visits) carried out by the OHAs. For more complex cases, OHAs have been able to call in specialist occupational therapists.

The quick access to the OHA prompted staff to report so they could receive specialist advice. Site co-ordinators advised that the OHA service and the

push on reporting incidents raised awareness and staff reported problems that they had had for some time, but not previously reported.

However, a number of line managers relied on the OHAs to solve problems with DSE, rather than effecting working style changes such as ensuring regular breaks and managing typing workload etc. OHAs have also run local training workshops for DSE assessors and users to promote good practice.

- New procedures were introduced for ordering specialised chairs. A new contract has resulted in fewer problems.
- The ordering of equipment has improved. A new REFIT (HSE's IT services partner) site on the intranet has helped identify suitable specialist equipment (e.g. 'whale' mouse, foot rests) and there have been improved turnaround times for the delivery of requests.

b) Slips, trips and falls

Nearly half of the slip/trip injuries occurred off HSE premises e.g. in factories, hotels, while travelling etc. There were 10 incidents on stairs due to individuals losing footing, tripping while carrying items, wet stairs and stair edges being worn. All the reports were investigated and included information on issues such as footwear, weather conditions, behavioural factors etc. and action has been taken by site co-ordinators to try to prevent similar incidents.

During the year, much effort has gone into publicising what staff can do to address slips and trips. Site co-ordinators have reported some delays in actioning potential slip hazards by Facilities Management (FM) e.g. entrances to buildings, lighting and some cleaning issues.

Site co-ordinators reviewed all their slip/trip accidents to see what further action could be taken. Pressure on landlords and FM partners resulted in changes to flooring. We also used HSL's slip assessment tool within a number of areas of HSE and this will be taken forward across all sites in 05/06.

Site co-ordinators, BSD and HSU have been working together to improve how FM partners address slips and trips hazards. This will continue into 05/06.

c) Stress

Directorates carried out risk assessments for work-related stress (against the 7 factors identified in "Tackling Stress Together") following the Board's decision in June 2002 to tackle this issue. All Directorates produced Action Plans, which they are currently progressing. Activities during 04/05 included:

Stress Management Standards

Questions on the Stress Management Standards were included in the staff survey, and the outcome was considered by the Stress Working Group. A paper was presented to the Board in July on the way forward. This led to the setting up of a project on the assessment of HSE's performance against the stress management standards published in November 2004. HSE decided to 'take it's own medicine'.

This project started in January 2005 and will continue into 2005/06 work year. The intention is to build on the existing risk assessments using the methodology that the HSE recommends. Staff safety reps have endorsed our approach and demonstrated their buy-in by committing to promote staff engagement in the imminent survey.

Ill health reports (IH1s)

There were 38 reports of work-related stress this year, the same as last year and compared to 44 in 2002/03.

Personnel followed up all cases of absence due to work-related stress to ensure an IH1 was completed, and to advise on how to tackle the issue. A number of line managers had let absences due to stress drag on without discussing the case with the individual involved or seeking advice from the OHA, the safety rep or Personnel.

Common issues identified were similar to previous years and included:

- workload / deadlines / demands;
- organisational changes;
- relationship with management/colleagues;
- conflict / behaviour issues;
- lack of support / resource.

Referrals and counselling

There were 23 individuals referred to Atos occupational health physicians due to health problems associated with stress and depression, compared with 51 last year. The majority of these individuals had been on long-term sickness absence. One of the reasons for the reduction is that the OHA service have been seeing staff suffering with stress or depression at a much earlier stage in order to assist their recovery back into work. Counselling and Support Services (CSS) dealt with 20 cases of work-related stress (27 last year).

The OHA provision was bedded in across HSE sites during 2004/05 and the emphasis has been on early and regular contact with individuals to ensure they do not feel isolated.

d) Working with contractors

There are a wide variety of contractors who are either based in HSE offices permanently (e.g. REFIT, Reed temporary staff) or provide essential services to HSE from off-site locations (e.g. Mowlem/Aqumen, Caxtons, Arnold Clark car hire).

For contractors permanently based on HSE sites, work continued throughout the year to ensure that effective health and safety management covered their activities. For example Reed staff have access to the OHA for appropriate occupational health issues. Any incidents were investigated fully as if they had occurred to an HSE member of staff. For contractors providing services we continued to ensure that health and safety standards were improved or maintained. Examples include:

- Hire car users reported that unroadworthy vehicles had been delivered. Motor Transport made strong representations to our contractor that this was unacceptable and to improve performance.
- REFIT have helped with the provision of aids for the carrying of laptops. Rucksacks or pilot trolleys are now available for staff. There is also a commitment to introduce lighter laptops should they become available.
- Work has continued with FM cleaning contractors regarding mopping of floors. Cleaners are now instructed to avoid leaving areas where the risk of slipping on wet floors is unacceptably high.

In 2004/05 HSE moved into its first PFI building (the new Health and Safety Laboratory in Buxton). This introduced a new type of contractor relationship. Good progress has been made with further work to be done. The lessons being learnt will be incorporated into the arrangements for the new Bootle headquarters (Redgrave Court), which is also a PFI building.

e) HSE's policy on drugs and alcohol

A programme was drawn up and piloted at the end of 03/04 to promote management awareness of HSE's policy on drugs and alcohol. This was consolidated during the early part of this year, and focused on the effect of the use of drugs and alcohol and how this can impact on performance at work. Presentations were carried out across HSE by the OHAs, who also provided advice and guidance to line managers on actions that can be taken and on the support services available. Feedback has been positive and the presentations will continue during 05/06.

2. Development of health and safety management in HSE

a) Auditing

Following a study by Internal Audit, the Board Champion set up a study of health and safety management in HSE. The recommendations were agreed by the Board and the principles taken forward during 04/05. The main findings were that HSE needed to improve leadership for health and safety in HSE and that the policies and guidance that existed needed to be consolidated and clarified. The findings were fully integrated into the Corporate Plan for 2005/06 (see section 'Looking Forward').

b) Incident investigation

Every year a wide variety of health and safety incidents in HSE are investigated. 2004/05 has been no different. The bulk of the incidents fall into manual handling, DSE-related ill health, slips, trips & falls, work-related stress. Other significant categories include:

- Transport related incidents (41 road incidents this year compared to 25 in 03/04). The majority of incidents were near misses reported by inspectors out on visits. Of these, 26 incidents resulted in damage to the vehicle and 5 actual injuries. HSE offers post-incident training and counselling for staff involved in road accidents. The CHSC recognises that transport-related risks are some of the most significant that staff face. One of the key themes in the 2005/06

Corporate plan is to review and, where necessary, improve our policies and procedure on work-related road risk.

- Verbal abuse against visiting staff (8 incidents reported, compared to 9 in 03/04). Our internal staff survey also asks about levels of unacceptable behaviour experienced by staff. The results in this survey indicate that there is considerable under reporting of verbal abuse. In 2004/05 the HSE Board and the CHSC identified verbal abuse and related lone worker risks as being a significant risk that staff faced. 2005/06 will see new work to reduce the risks to visiting staff.

Examples of the type of incidents reported are listed below (includes near misses, ill health and accidents):

- The injured person was one of four members of staff moving a 'hovair' lifting frame. This consists of two "A" frames that are attached to a lifting beam and the four legs have rubber cushions. Compressed air is applied and the frame floats like a hovercraft. Whilst they were in the process of moving the frame, one of the legs went over a channel in the floor and that leg started to lose its lift. The injured person was situated at that leg and gave it a pull to get it over the channel. When he stood up, his back felt uncomfortable and he was subsequently off sick.
- In St Peter's House, Bootle, an opening section of a window on 4th floor was blown out by strong winds. The metal frame of the opening window remained attached to the rest of the window frame (hanging down) but most of the pane of glass fell to the ground. Two cars were damaged. There have been previous incidents of this type. All the immediate actions have been taken, but further investigation by a specialist suggests that the underlying problem may call for additional measures to be taken under the maintenance regime for the windows.
- Elevated numbers of *Legionella* bacteria were found in water samples at an HSE building. The sampling was part of the routine testing of the water system in the building (weekly water temperatures and monthly microbiological sampling). The increase was unlikely to cause harm. The Estates Management Unit responded to the incident quickly and ensured that the system was made safe. Staff were kept informed about developments. This is a case where a timely near miss report has prevented increased risk.
- One report of a loose paving slab on the office pathway was reported to the FM resulting in the whole path being repaired.
- A lift stopping 5cm below floor level highlighted the need for more regular maintenance and staff being instructed not to use lift until permanent repairs made.
- An incident where a particular design of cardboard storage boxes without hand holes had been used to transport items during an office move. The boxes were heavily filled and proved difficult for staff and porters to handle. Notice sent to Site Health and Safety Coordinators with name of more suitable box and instructions to be relayed re over filling.

- 2 incidents where colleagues almost collided when entering a particular door resulted in considering an increase in the glass panels to create more visibility.
- A freestanding heater was used during a cold spell, which created scorch marks on the carpet. It was discovered that the heater was only for wall mounting but no instructions available. The heater was withdrawn from use and all other heaters in the office were checked to ensure they were being used correctly.
- A staff member was searching for a document in a rotary filing system and the mechanical shelves of the unit began to move almost trapping the arm of the person. Failure of the 'magic eye' device was the cause. The incident uncovered the lack of a proper maintenance contract for the system.
- An incidence of a moving wall screen falling from its runners resulted in all similar screens being inspected and maintained to prevent further occurrence.
- A long-standing WRULD case could have been exacerbated due to a range of IT difficulties and lack of support from IT services for Voice Recognition Software (VRS). Consideration now being made in creating a support system for VRS users.
- The report of a security door failure, which enabled potentially unsuitable visitors to enter staff premises, brought about several measures to prevent unauthorised visitors until the system was repaired.
- Reports of wet floors/trips hazards enabled site co-ordinators to take up cleaning issues with FM.

The change to the management of health and safety has placed more onus on site safety coordinators in the challenging of investigations. They are usually involved in investigations (some sensitive stress related cases excepted). They are now, in effect, a further level of internal quality control. This improvement has meant that fewer investigations are referred back for further action. The main reasons for referral back are to check that action points arising from the investigation have taken place or to ensure that the OHA is involved in any ill health related incidents.

Trade union safety representatives continued to make a valuable contribution to investigations throughout the year. The reporting forms for incidents were improved during the year to reflect changes in the standard accident. The role of safety reps in accident investigations was reinforced in the new guidance associated with the updated forms.

It is encouraging that the number of near miss reports continues an upward trend (130 reported compared to 90 last year). TU Safety reps highlighted a number of deficiencies and concerns which were then reported as near misses. This has enabled remedial action and improvements to be made to H&S systems.

c) New policy and guidance

The revised Health and Safety Policy was made available to all staff on the intranet. The new policy, which was approved after consultation with TU safety reps, reflected changes in the organisation of health and safety in HSE.

A wide range of central and cross directorate policy and guidance were produced or updated via the CHSC or the Operational Group H&S Committee. These included issues such as blood-borne viruses & needle stick/sharp injuries, return to health at work (rehabilitation), B5 visiting staff, RPE equipment, noise, preventing attacks by dogs and a generic risk assessment form.

d) Health and Safety Training

During the last year it has become obvious that H&S courses need to be revised. This is partly due to the availability of DSE self-assessment, and the realisation that the courses were no longer correctly "placed". Consequently, small improvements to course content are on-going, but the whole scope and content of H&S courses are being reconsidered as the current contract with Plymouth College of Further Education is due to finish on 31st March 2006.

175 people attended centrally provided H&S courses in 2004/05. This is a significant reduction compared with 376 staff in 2003/04, and 252 staff in 02/03.

Some training, particularly at HSL, was delivered in house such as manual handling, Management of Health and Safety, Workplace Hazards, Introduction to health and safety and First Aid.

The uptake of staff undertaking NEBOSH training across HSE has increased.

e) Communications

The CHSC approved a strategy for the effective communication of the health and safety message in the HSE. The main principles were:

- More proactive communication.
- Clear information about what help is available.
- Targeting the right information to the right audience.
- Use several channels of communication to reinforce the message.

The key components of the strategy included:

- Revamping of the intranet site.
- Raising the profile of TU H&S reps and site co-ordinators.
- Inclusion of key messages in all supplements.
- A planned month-by-month topic focus via cascade briefings, e-express, site safety committees and, where appropriate, a poster campaign across HSE.

The campaign started in February 2005 and will continue throughout the 2005/06 work year. So far the topics have been slips, trips & falls, musculo-skeletal disorders and display screen equipment risks. Work has also started on revamping the intranet site and re-editing the safety supplements so that they conform to a more user-friendly template.

3. Occupational Health

During the year, we have worked closely with Atos (HSE's occupational health provider) to improve provision, develop the Occupational Health Advisory service and iron out problems in relation to health surveillance. A number of areas for improvement have been identified and these are being taken forward by the Atos contract manager.

Since April 04 the occupational health advisers (OHAs) have been providing advice and support across HSE, particularly in managing sickness absence. The 10 OHAs have also assisted staff returning to work following ill health and targeted specific causes of absence and ill health such as stress related illness, musculoskeletal disorders, work-related injuries and diseases. There have been just over 700 contacts by the OHAs with line managers, staff and Personnel in relation to occupational health issues, either by phone or face to face.

The OHAs have also been involved in DSE and workplace ergonomic issues, health promotion activities, cessation of smoking sessions, back awareness sessions and workshops, cancer awareness sessions and input into local health and safety groups.

Directorates arranged health surveillance for their staff based on risk assessments.

4. Activities across the regions

a) TU Safety Rep Activities

In the HSE TU safety reps are the mechanism by which staff are consulted about health and safety matters. In 2004/05 the safety reps played a crucial part in developing and promulgating health and safety policy and procedures. This was mainly achieved through work on health and safety committees throughout the organisation, although other activities, e.g. producing an article for HSE's in house magazine, also took place.

Safety reps also had an important role to play in monitoring health and safety performance. This was achieved through reporting near misses, carrying out workplace inspections and participating in safety related consultation exercises, e.g. ahead of office moves.

The HSE wants to improve staff involvement in its health and safety management systems. A working group from the CHSC has been set up to increase participation by staff in health and safety. It will be recommending action in the coming work year.

b) Region by region report

This is the first full year of change in management arrangements, with site co-ordinators being appointed on a geographical basis (rather than directorate H&S co-ordinators). The site co-ordinators have worked closely with TU H&S reps and H&S committees to progress issues, and have submitted an annual health and safety report on behalf of their region.

Some of the highlights include:

Aberdeen

- Improvements to OHA provision have proved useful with 10 referrals carried out, advice given to managers by phone and a seminar given on HSE's drugs and alcohol policy.
- The DSE electronic assessment system was successfully introduced.
- Inspections identified the need to improve general housekeeping or safety culture - this was tackled during the year but further effort needed.
- Fire drill completed and all wardens carried out their duties well.

Edinburgh, Glasgow & Inverness offices

- There were 4 different OHAs allocated to the site during the year causing some upheaval, but the service has now bedded in well with the OHA progressing a number of occupational health issues, including drug/alcohol awareness sessions.
- The slips/trips campaigns have raised awareness with staff taking more responsibility for spillages etc.
- Regular safety inspections have resulted in better housekeeping.

Yorkshire & North East (Leeds, Newcastle-u-Tyne, & Sheffield offices)

- Slow take up of electronic DSE assessment and some issues around assessors not getting line management support.
- OHA has been involved in a wide range of issues including MSD, sickness absence cases, particularly in relation to stress.
- Slips and trips included in office inspections - housekeeping identified as an issue to be addressed.

North West (Carlisle, Manchester & Preston offices)

- A 'slips, trips and falls' campaign took place during the year. Various posters were developed and displayed to highlight potential hazard areas and a laminated handout was issued to all staff, concentrating on preventing slips and trips within the office environment.
- In addition to the regular office safety inspection, the Site Coordinator, regularly walks around the office to identify any potential hazards and to encourage good housekeeping. This approach was agreed at the local site H&S committee meeting.
- Line managers attended a session, run by Personnel Division, about managing attendance and rehabilitation for staff returning from long term sick leave.
- Positive feedback from OHA sessions on drugs and alcohol awareness.

Health & Safety Laboratory, Buxton/ Sheffield

- A main feature was addressing the health and safety issues directly related to the planned vacation of the Sheffield site and the occupation of the new Buxton facility - the move took place as planned without any accidents being reported. New emergency procedures and other safety procedures were issued and implemented. All risk assessments revised and authorised as necessary. Site safety arrangements established, documented and issued.
- Lone workers arrangements agreed and implemented.
- All DSE assessments undertaken and agreed adjustments implemented.
- An audit of Legionella was carried out at Sheffield.
- Pressure systems audit of 'competent person' was carried out and improved.
- Good working relationship and methods of operation established with OHA.

Bootle Headquarters

- The site piloted the drugs and alcohol sessions, and the feedback that was received enabled improvements to be made for events around the country. 4 sessions were run and 71 line managers attended.
- The key action area was to implement the slip, trip reduction plan. The co-ordinator, along with the TU H&S rep carried out regular spot checks to ensure that the cleaners were following the correct procedures for cleaning floors.
- OHA on site twice a week carrying out wide range of activities particularly on MSDs, including manual handling workshop.
- Much effort into preparing for the move to Redgrave Court.

Midlands (Birmingham, Newcastle-u-Lyme, Northampton, Nottingham, Stoneleigh & Worcester offices)

- Main theme has been reduction of slip/trip incidents. Most actions have related to housekeeping issues and significant improvements have been made, particularly in cellular offices and store rooms.
- A pilot was carried out to encourage staff to report near miss incidents via E: Mail, Site Log or by telephone. A note about the pilot, background information and a publicity poster were sent to all staff. 25 reports were received in a short period compared to 3 in the preceding 6 months. The staff have taken a greater interest in the subject since the pilot and prefer this simple method of reporting as they are often put off by the formality and time spent completing the ACC1.
- Electronic DSE assessment working well.

Wales & West (Bristol, Cardiff, Carmarthen, Wrexham & Poole offices)

- Tackled MSD issues - in particular reviewed equipment such as rucksacks and chairs and made changes to local practices and procedures.
- Outstanding assessments mainly due to problems with electronic DSE package. Further work to address the issue.

- Tackled slip hazards - arranged for changes in flooring and pressed landlord to ensure car park was gritted during icy weather.
- Flexible working pilots presented challenges particularly in relation to manual handling and DSE issues.

East and South East (Ashford, Basingstoke, Chelmsford, East Grinstead, Luton & two offices in Norwich)

- As the region has 7 offices, a network of trained local H&S officers was set up to promote good communications, identify issues and roll out electronic DSE package
- All offices had 2 full inspections.
- A H&S newsletter was set up to promote H&S issues particularly regarding trips and slip hazards. Awareness sessions on slips/trips hazards were also carried out.
- All MSD incidents followed up by OHA - no common causes but many resulted from old injuries.

Rose Court

- Much effort went into getting the new OHA system bedded in, with RC having access to an OHA each week. A number of problems were resolved including a change in OHA personnel.
- Worked closely with EMU to reduce slip/trip hazards particularly with regard to wet floors.
- Drugs/alcohol session well attended with positive feedback.
- The restacking exercise was carried out according to plan and all DSE assessments completed.
- There have been persistent problems with the fire alarm system, which has needed temporary measures until the problem can be resolved.

c) European Week of Safety and Health

The theme for Euro Week in October 04 was 'Building in Safety'. The CHSC requested that all site committees concentrate on promoting good housekeeping in buildings particularly to prevent slips and trips. Activities across HSE included:

- slip, trip awareness campaigns were run across HSE;
- showing of near miss videos and display of slip/trip publicity materials was organised resulting in an increase in near miss reporting;
- some sites had poster and spot the hazard competitions.
- briefing sessions on manual handling techniques;
- workshop led by the Lead OHA on how to reduce the risk of injury, particularly for post room workers;
- laminated sheets instructing staff to ensure that postal packages did not exceed limit distributed via a tray drop;

- instructor based safe driving session and seminar were arranged for all staff in anticipation of a forthcoming relocation.

The Board passed on their thanks to site safety co-ordinators for their efforts during the Week and the vital contribution they make to improving HSE's H&S through the year.

LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2005/06

The Corporate H&S plan for 2005/06 was agreed by the Board and priorities include:

<p>PRIORITY A: IMPROVING HEALTH & SAFETY MANAGEMENT IN HSE:</p> <p>The development of fit for purpose systems and a strong compliance culture across the organisation</p>
<p>PRIORITY B: TARGETING THE MAIN CAUSES OF HARM IN HSE:</p> <p>Improving HSE's performance with regards to DSE related problems, manual handling related injuries, slip & trip accidents and work-related stress.</p>
<p>PRIORITY C: TARGETING HIGH CONSEQUENCE RISKS:</p> <p>Ensuring that work related road risks and lone working risks are properly managed.</p>
<p>PRIORITY D: IMPROVING OUR ABILITY TO MONITOR HEALTH AND SAFETY PERFORMANCE.</p> <p>Identifying leading indicators to complement existing board targets and take steps to ensure that targets are met.</p>

The Board has set targets for 2005/06 to:

- reduce RIDDOR incidents to single figures;
- reduce ill health reports due to DSE and accidents causing injury due to slips and trips by 10% on this year's figures.

The figures will include non HSE staff

Category	2004/05		Target for 2005/06
	HSE staff	Non HSE	
RIDDOR reports	20	5	<10
DSE IH1 reports	63	-	<57
Slips / trips causing injury	46	6	<47

Other significant health and safety events for 2005/06 include:

- the move of a third of HSE's workforce to a new headquarters building;
- using our own stress management assessment tool to improve our existing stress risk assessments;
- our occupational health provider will continue to support our work in improving staff health and reducing sickness absence figures; and
- provide strategic training for board members on leadership in health and safety.

ANNEX 1 ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

The Board review the targets and information on all incidents monthly. During the year, work has been completed to amend the forms and procedures and TU safety reps have been instrumental in improving the reporting system.

The table below provides information on the number of incidents during the year, compared with the previous 2 years.

	April - March 2005	April - March 2004	April - March 2003
RIDDOR:			
Fatal injuries	0	0	0
Major injuries	1	3	1
Dangerous occurrences	0	0	0
Over 3 day injuries:	20 (5)	8 (1)	10 (1)
Ill health	4	0	4 (1)
	25 (5)	11 (1)	15 (2)
Other over 3 day injuries eg RTAs	1	1	3
Ill health	123	101 (2)	154 (4)
Minor injuries	153 (20)	128 (17)	148 (17)
Near misses, including verbal abuse and possible accidental asbestos exposure	130 (4)	90 (4)	85 (6)
Total	432 (29)	331 (24)	405 (29)

Note: The figures for non-HSE staff are included and shown in brackets.

RIDDOR reports

The 15 RIDDOR over 3 day reports for HSE staff were as a result of slips/trips (6) and manual handling (9) and relate to the main risk issues identified in the 2005/06 Corporate plan for health and safety in HSE. Action plans have been put in place to address these issues over the next 12 months.

The major injury involved a cyclist being thrown from his bike after the front wheel went into a pothole. Most of the accidents occurred on HSE premises. The incident rate for RIDDOR is 376 per 100,000 employees.

The 4 ill health RIDDORs were all DSE related and involved heavy/prolonged PC/mouse use.

For non-HSE staff, the RIDDORs involved man handling (1), slip (1), faulty lifts (2), hit by falling pallets (1). All occurred on HSE premises.

Work-related ill health

The 123 ill health reports included 63 relating to DSE, 38 due to stress and 6 relating to back problems. Other reports included 6 relating to possible environmental issues such as eye lid irritation due to poor air quality, rash and itching due to allergic reactions, sinus and chest infection attributed to the environment and 2 cases of asthma triggered by dust discharged from heating vents and worsening of asthma symptoms since entering new building.

- “other” factors included joint inflammation/aches and pains caused or exacerbated by excessive driving /sitting;
- allergic reaction to solvent following visit to paint company;
- neck/shoulder/back problems made worse by prolonged microscope work;
- tennis elbow aggravated by opening heavy fire doors;
- asthma related symptoms following investigation at airfilter plant;
- exposure to methyl ethyl ketone vapours during inspection resulting in light-headedness and headaches.

Cost of accidents / ill health

We estimate the total cost of accidents/ill health to be approximately £424,000. This includes 2 claims settled during the year relating to personal injury.

A total of 34237 working days were reported lost in HSE through sickness absence (compared to 32269 last year), an average of 8.82 working days lost per staff year. This was a slight rise from 7.97days last year. We believe that the increase in early 2004/05 is a result of an initiative on long term absence which cleared a number of cases - and the way our current recording works means that they appeared in the figures at that stage(because our system reports the total number of days lost for each absence when the employee returns to work).

The main causes of sickness absence continued to be:

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