

Health and Safety Executive Board Paper		HSE/06/013	
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HEALTH AND SAFETY EXECUTIVE

The HSE Board

Monthly Health & Safety Report - March 2006

A Paper by Tim Beaumont

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COSAS, PARIS team**

Cleared by Justin McCracken on 22 February 2006

Issue

1. Health and safety issues in HSE, particularly the approval of the Corporate Plan for health and safety 2006-07.

Timing

2. Routine for discussion at meeting of 1 March 2006.

Recommendation

3. The Board is asked to:
 - Approve the Corporate Plan for health and safety for 2006/07 (see Annex 1) subject to any comments they may have.
 - Approve provisional targets for 06/07 and commission work to establish statistically significant targets that reflect genuine improvements in health and safety in HSE.
 - Note health and safety performance in the last month (see Annex 2), including the exceeding of the RIDDOR target for 2005/06
 - Agree the proposed timetable for Board presentations on significant risk areas.

Background

4. This paper contains the proposed Corporate Plan for 2006/07 (Annex 1). The plan sets out what we want to achieve and how we want to achieve it in the arena of health and safety for the next 12 months.
5. This plan has been drawn up by HSE's Health and Safety Advisor in consultation with HSE's trade union safety reps and the members of the Corporate Health & Safety Committee (CHSC).
6. It reflects the plan produced for 2005/06. This year it has been based on the 3 year framework for health and safety that Board endorsed last year.
7. The six key risk areas – stress, DSE, musculo-skeletal disorders, slips & trips, lone working and work related road risk – remain central to our health and safety planning.

Argument

a) Corporate Plan 2006/07 (see Annex 1)

8. This plan is intended to get to the root causes of issues in a way that would enable improvement to take place. The plan has been prepared to be readily translated to all parts of HSE. The intention is that every part of HSE will be able to see how they can contribute to the development of health and safety management on the whole organization.
9. Targets: You will note that the paper proposes to continue to look at RIDDORs, DSE and slips & trips. The other two targets we are likely to meet (slips and trips only just, DSE comfortably).
10. The RIDDOR target is a statistic that is readily comparable with the rest of UK industries. However comparing HSE's RIDDOR rate with the rest of the relevant SIC code¹ and all industries (see table below) raises some important questions.

Year	Non-fatal RIDDOR rate (per 100,000 employees)		
	HSE	SIC 75.1	All industries
2003/04	233	1747	635
2004/05	376	1543	587

11. According to the data our RIDDOR performance is very good – below the all industries figure and well below the figure for our SIC code. Statistics Branch advise that reason for the high numbers for SIC 75.1 is possibly due to poor categorization of data at the ICC. It is worth noting that the three-year average generated by the Labour Force Survey (not a strict measure of reported incidents but a useful, recognised indicator) gives a rate of 710 for SIC 75.1.

¹ SIC for HSE is 75.1 – Administration of the state and the economic and social policy of the community

12. The RIDDOR data seems to suggest that HSE is performing well against national trends. This external benchmarking is one aspect of target setting. Our health and safety policy is to set and maintain exemplary standards of health and safety performance. We want to have targets that reflect this aim. One way to be certain that we are achieving exemplary performance is to ensure that the reductions in incident data reflect a genuine downward trend in accidents and ill health. Therefore, the targets are best arrived at after statistical analysis of historical data. The proposal is that in 2006/07 our targets for RIDDOR incidents remains single figures (i.e. 9) and for slips & trips injuries and DSE ill health HSE aims to see a 20% reduction compared to 04/05. This paper also proposes that these targets are provisional subject to advice obtained from Statistics Unit about what reductions reflect a genuine improvement in health and safety performance.
14. Also included are some suggested leading indicators. The targets relate to data that is already collected and is reasonably resistant to the sorts of manipulations that can occur when one particular statistic becomes a target.
15. Presentation: The first page will be a summary of the plan, which will be issued as a hard copy tray drop to all staff. The plan will be published on both the intranet and the internet. No external publicity will be necessary, although internal publicity using e-express and the news centre will be planned in cooperation with Internal Communications.

b) Monthly statistical report (see Annex 2)

16. Early 2006 has not been good for RIDDOR reports. We have now, as the Board was warned in February, exceeded our targets for RIDDOR accidents. The HR Service Centre was informed of three RIDDOR reportable injuries during March:
 - A cleaner broke a wrist tripping over a cable in Redgrave Court. The cable was plugged in by a lift entry. One of the cleaning staff took the vacuum cleaner across the lift door, extending the cable. The injured person was exiting the lift when she tripped over the cable. In response the plugs by the lift doors have been taken out of action. Other outcomes are still awaited from the facilities management.
 - A member of staff from COSAS was scalded by hot soup in the Redgrave Court café. The investigation report is awaited from the facilities management. [N.B. – This brings the total to 3 in Redgrave Court since the handover.]
 - A member of HSL was briefly unconscious after apparently inhaling fumes from a firework test rig. The rig has subsequently been altered to improve venting.
17. Presentation: A proposal will be brought to next month's Board meeting about a new format for reporting of health and safety statistics. Any change in format should ensure that the Board receives the relevant health and safety information, good or bad, in a timely manner. Any thoughts the Board has on this subject would be appreciated

Action

18. Board can approve the plan with or without suggested alterations. The plan then returns to the CHSC in March and its adoption is announced to all HSE in early April. The tray drop of the summary will be planned for April.

Future health & safety Board papers

20. April 06 Internal Governance Review Report
21. Last month the Board requested that time was devoted in the report towards discussing the main risks to health and safety staff. It is proposed that each of the six key hazard areas are discussed in one of the Board papers during the year. A timetable is given below:

April 06	-	Stress (stress working group report)
June 06	-	DSE
August 06	-	Musculo-skeletal disorders
October 06	-	Slips & trips
December 06	-	Lone working
February 07	-	Work related road risk

**CORPORATE HEALTH AND SAFETY PLAN 2006 - 2007
of the Health & Safety Executive**

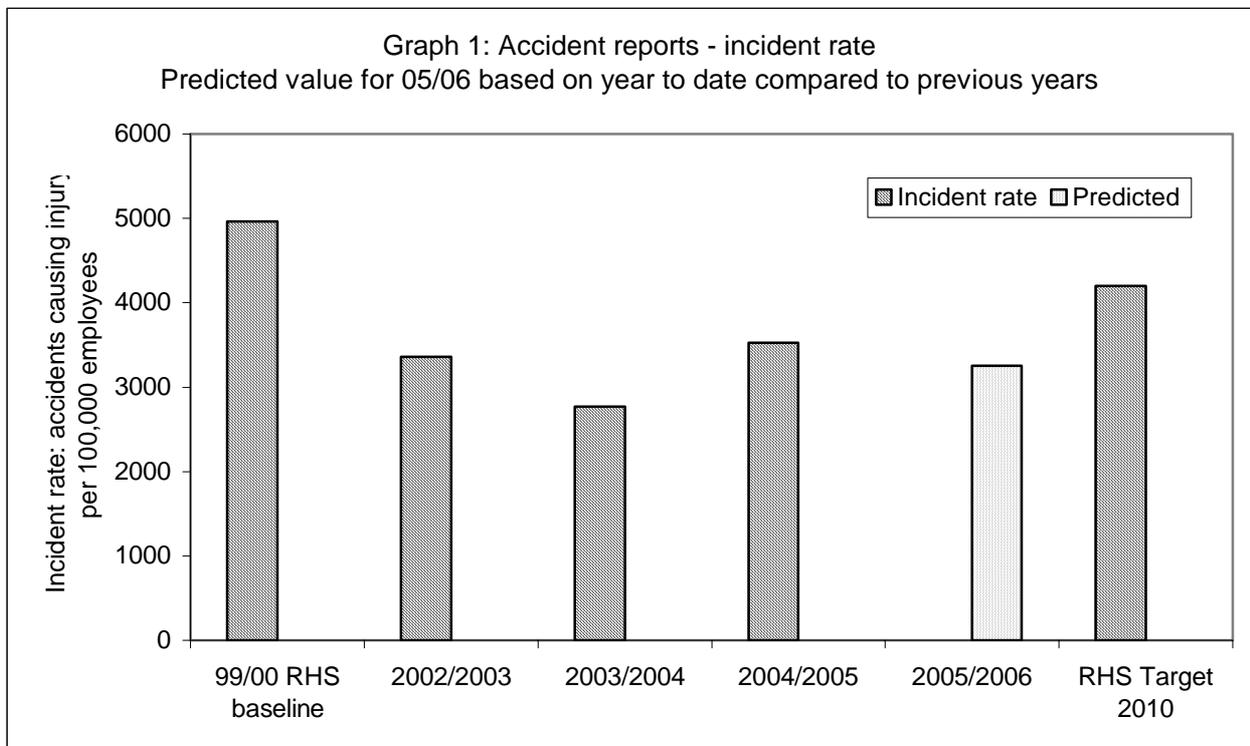
The Corporate Health and Safety Plan now goes to the Corporate Health and Safety Committee for approval.

Annex 2 - Progress against targets at 16 February 2006

There have been 41 incidents/ill health reports for the period 20 January 2006 to 16 February 2006.

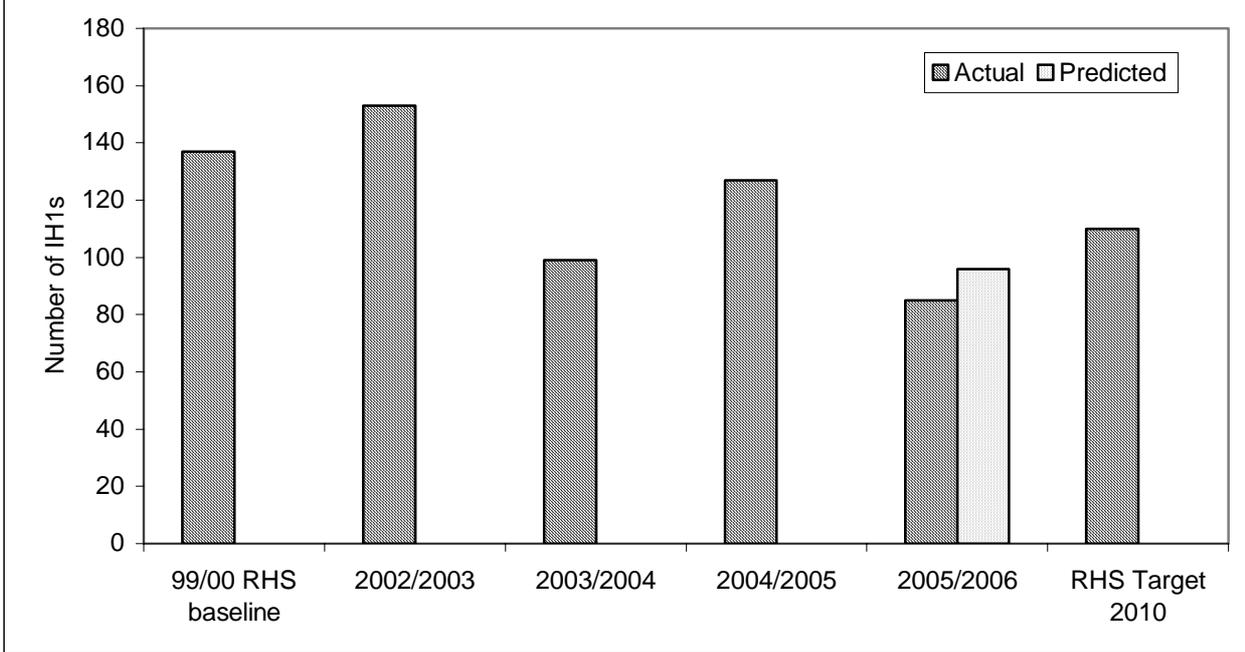
Category	Actual number reported 1/4/05 to 16/2/06	Target for 2005/06
RIDDOR reports	12	<10
DSE/IH1 reports	26	<57
Slips/trips causing injury	39	<47
Near misses	224	

The accident incident rate (see Graph 1) has risen from 3185 last month to 3257, which is still below the RHS target and the rate for 2004/05.



There have been 85 IH1s received in the year to date. This gives a prediction of 96 for the year as a whole, which remains below the 2010 target and the 2004/05 level (see Graph 2)

Graph 2: Ill health reports: Year to date compared to previous years



Graph 3 (below) shows that the rolling sickness absence indicator has shown a slight decrease for the first time in 5 months. The trend line indicates that HSE may still hit the 6.2 target by the end of 2006/07. The topic of sickness absence is being covered more fully in Paper B/06/018, which is also before the Board this month.

Graph 3: Current sickness absence in HSE staff up to and including December 2005

