

<b>Meeting Date:</b>	May 2006	<b>FOI Status:</b>	Fully open
<b>Type of Paper:</b>	Above the line	<b>Paper File Ref:</b>	
<b>Exemptions:</b>	Post-meeting		

## HEALTH AND SAFETY EXECUTIVE

### The HSE Board

#### Improving Health and Safety Performance Measurement in HSE

##### A Paper by Tim Beaumont & Alison Mckenzie-Folan

**Advisors: Gavin Thompson & Graham Stevens, CoSAS; Human Resources Division-Service Centre; FOD NWHQ Legal & Enforcement team**

**Cleared by Justin McCracken on 25 April 2006**

### Issue

1. Progress with health and safety reporting in HSE, including proposed improvements to reporting criteria and performance measures.

### Timing

2. Routine - For the meeting on 3 May 2006.

### Recommendation

3. The Board is asked to:
  - Note the provisional assessment of HSE's performance against the health and safety targets for 2005/06 set out in Annex 1
  - Agree proposals for measuring health and safety performance for 2006/07 to 2008/09 (see Annex 2)
  - Agree that the criteria for selecting RIDDOR reportable incidents set out in Paragraphs 15 to 17 should be used to compile internal accident statistics. Annex 3 provides practical examples of how this will look on implementation.
  - Note the new range of sickness absence management information we propose to supply to the HSE Board on a monthly basis (see Annex 4).

### Background

4. In recent months, the HSE Board have asked for the following actions:
  - Review and where appropriate amend the targets in HSE's 06/07 Corporate Health and Safety Plan following the completion of work by CoSAS
  - Develop some leading (as opposed to reactive or lagging) indicators for measuring health and safety performance in HSE;
  - Clarify which RIDDOR reportable incidents count towards internal health & safety targets
  - Develop a monthly report on sickness absence for Board consideration.

5. This paper reports on all of the above actions. In particular the Board requested that the Health and Safety Advisor consulted with COSAS about the development of meaningful performance targets. The approach set out for performance measurement in this paper has been developed through this consultation. It is similar to the approach used to assess performance against the national Revitalising Health and Safety (RHS) targets.

## Argument

### Health & safety performance targets - Annex 2 provides a summary table of the new performance targets.

6. A key purpose of measuring HSE's performance in health and safety is to allow us to answer the simple question: 'Are we getting better?' In previous years, the measures that have been used to assess progress have not given the Board sufficient confidence that this question is being answered accurately.
7. Previous measures have been based on the requirements of Revitalising Health & Safety. This used 1999/00 as a base year. It appears that historically this was a year of poor health & safety performance with a high level of DSE related ill health, slips & trips and RIDDORs. This has meant that the targets set by using the RHS requirements have not proven to be sufficiently challenging for the organisation. A robust, statistically reliable method of measuring health and safety performance is needed and is set out in the text at Annex 2.
8. The measurement method relies on selecting a suitable starting year and then looking at the trend in reported incidents after that year. The approach taken is to look for a trend line that meets the criteria for statistical significance and shows a reduction in the number of incidents. **Is the Board content with this approach to measuring health and safety performance?**
9. For reasons set out in paragraphs b) & c) in Annex 2 the proposed start year for this performance measurement is 2002/03 and the proposed end point is 2008/09. **Is the Board content to use 2008/09 as the end-point or would the Board prefer 2009/10, which coincides with the end of the RHS time scale?**
10. Four categories of incidents are to be measured – slips/trips causing injury (HSE staff only); all accidents leading to injury (all staff including contractors); cases of DSE related ill health (all staff including contractors); and all cases of work related ill health (all staff including contractors). The targets for each of these categories are set out in the table in Annex 2. There will no longer be a separate target for RIDDOR reportable incidents for the reasons set out in paragraph f) of Annex 2.
11. Our assessment is that these targets are stretching but achievable, given the work streams that are currently in place. These categories reflect our key hazard areas, have supporting historical data and are the subject of current interventions within the organisation. In the case of slips and trips our work on near miss reporting applies; for DSE the work with the OHA and DSE self-assessment. In addition all the parameters are part of the continuing communications campaign on health and safety. The targets all present the same challenge – to see a significant reduction. However the actual figures involved vary to the extent to which numerical reductions are required. For DSE ill health the challenge is to sustain the recent good performance. For slips and trips the challenge is to see a considerable reduction in numbers over the next few years.
12. All the measures continue to be reactive or lagging indicators. As proactive or leading indicators are equally important in assessing performance, work continued throughout 2005/06 to establish some useful leading indicators. One challenge that became quickly apparent was the difficulty in finding a leading indicator without creating extra internal bureaucracy or administrative burden.

13. The Corporate plan, agreed in March, does have some leading indicators within it. These are:

- 98% of health and safety issues reported to Facilities Management (FM) helpdesk to be made safe within 4 hours – part of an existing contractual agreement with FM providers
- Ensure that safe driver training is provided according to policy
- Achieve 80% attendance by eligible staff on the on-going programme of health screening for over 50s.

06/07 will be the first year that these indicators are monitored. Until there is certainty that the monitoring and reporting regimes for these indicators is in place and working effectively it is not advisable to use these as part of our reported targets. Once we have established confidence in these measures as reliable indicators of performance then these can be added to the lagging indicators to produce the desired suite of performance measures. Other work is also ongoing with BEU to see if there is scope for developing a health and safety performance measure relating to IT provision for health and safety reasons.

14. To support the Board in monitoring progress against these performance measures, the HR Service Centre can provide monthly updates on the actual figures, and/or the quarterly balanced scorecard. **Do the Board want both the monthly updates and the quarterly balanced scorecard report?**

#### **RIDDOR selection criteria**

15. We want to ensure that we capture and respond to incidents that have a direct relevance to how we manage health and safety across all of HSE's business and to comply with our legal obligations on incident reporting. In the past the focus was on the narrow range of incidents that only occurred to HSE staff. We now include RIDDOR incidents that occur to contractors. This paper sets out a framework that should offer sufficient flexibility to ensure that all relevant incidents are recorded and responded to internally.

16. The CHSC decided that RIDDOR reportable incidents could be divided into two categories: 'core' and 'relevant to HSE health & safety system'. The proposal is that we should monitor both sets of incidents, distinguishing between the two. Core incidents are those that HSE is legally obliged to report. 'Incidents that are relevant to our health and safety management system' include:

- Person/s affected working as an employee/s, contractor/s of HSE or a third party/ies on premises used by HSE

AND/OR

- HSE could have prevented the incident occurring OR is able to help prevent a recurrence

17. The table in Annex 3 gives an indication of how this proposal would be applied using a number of hypothetical incidents. The CHSC also agreed that in the event of uncertainties about reportability the health and safety advisor would be the final arbiter of what is and is not counted. **Is the Board content with the proposal to broaden the criteria used to count RIDDOR reportable incidents in our statistics?**

#### **Sickness absence management information**

18. Annex 4 presents a new range of sickness absence management information. We propose that this information is not static every month and where new trends or areas for discussion are emerging, these are also presented to the Board. This information plus

further statistics on trigger points are provided to HR Business Partners on a monthly basis with an overview narrative for consideration at Directorate management meetings. Please note the graph showing the comparison between long and short-term absences can currently only be presented for March 2006 but we intend to grow this data into a 12 month rolling average. By the autumn, this range of information will be standard in the new HR system and accessible to managers via their desktop. **Are the Board content with the new range of sickness absence management information? Do the Board want this information supplemented with a short commentary on the overall HSE trend and emerging trends across Directorates?**

## Consultation

19. CoSAS have provided detailed advice and guidance in the preparation of this paper. This has ensured that the performance measures developed are statistically sound and replicate how HSE analyses national data to measure performance against Revitalising targets.
20. FODHQ Legal and enforcement team advised on the nature of RIDDOR and how best to interpret it from a legal point of view.

## Presentation

21. Moving away from using a RIDDOR based target could be challenged by external stakeholders as it could be perceived that we are undermining the credibility of our own legislation. There is no imperative to use RIDDOR data for measuring internal performance, only to ensure that monitoring of health and safety performance *'provides opportunities for an organisation to check performance, learn from mistakes and improve the health & safety management system'*<sup>1</sup>. The performance measures proposed should achieve this.
22. There may also be the perception that just because we did not perform very well against our previous targets that we've decided to change them. This again is not a fair reflection of what we have done. We have simply made progress in our continuing aim to have reliable performance measures in place for internal health and safety. The comments in paragraph 7 about the fact that RHS targets were not challenging for the organisation apply.
23. A potential impact of looking at overall incidents and ill health is that it could have a slight deterrent effect on reporting – experience from other industry sectors show that line managers can be reluctant to report an incident if they feel it will have a detrimental effect on how their performance is measured. There is no evidence to suggest that this mindset is part of HSE culture. Nevertheless it would protect against this attitude creeping in if only national health and safety performance is considered. HR Service Centre will continue to supply incident statistics for Directorates until e-HR is fully operational later and Directorates can continue their own internal monitoring of incidents. Performance measurement would be at the national level only.

## Action

24. After Board agreement, the new performance measures can form part of the Corporate Plan, which can then be published with a summary information sheet going to all staff. The RIDDOR selection criteria can also be publicised on the 'Your health & safety' intranet site and applied to all RIDDORs for the 2006/07 calendar year. The sickness absence presentation format that the Board agrees will be used in each monthly health and safety report from now on.

---

<sup>1</sup> 'Successful health & safety management' HSG 65

## Contact

25. Tim Beaumont, tim.beaumont@hse.gsi.gov.uk, VPN 523 3688,

Alison McKenzie-Folan, alison.mckenzie-folan@hse.gsi.gov.uk, VPN 523 3477

## Future health & safety Board papers

- |             |   |  |
|-------------|---|--|
| June 06     | - | Internal Governance review<br>Stress (stress working group report)<br>DSE        |
| August 06   | - | Health & Safety Annual Report<br>Musculo-skeletal disorders<br>Violence to staff |
| October 06  | - | Slips & trips  |
| December 06 | - | Lone working   |
| February 07 | - | Work related road risk   |

## Annex 1 – Update on health & safety performance – Provisional figures for 2005/06

### Performance against Board Targets for 2005/06

#### i) Targets for 2005/06 for all incidents (including those to non-HSE staff)

Category	Target for 05/06	Actual out turn 05/06
DSE IH1 reports	<57	32
RIDDOR reports	<10	13
Slips/trips causing injury	<47	46

#### ii) Comparison against previous year performance (non-HSE staff excluded)

Category	Actual out turn		
	05/06	04/05	03/04
DSE IH1 reports	32	63	50
RIDDOR reports	10	20	10
Slips/trips causing injury	38	46	34

#### iii) End of year figures for 2005/06

	Apr - Mar 2006	Apr - Mar 2005	Apr - Mar 2004
<b>RIDDOR:</b>			
Fatal injuries	0	0	0
Major injuries	3(1) <sup>2</sup>	1	3
Dangerous occurrences	0	0	0
Over 3 day injuries	9(2)	20(5)	8(1)
Ill health	0	4	0
other	1 <sup>3</sup>	0	0
	13 <sup>3</sup> (3)	25(5)	11(1)
Other non RIDDOR over 3 day injuries	5	1	1
Ill health all other	105	123	101(2)
Minor injuries	127(19)	153(20)	128(17)
Near misses <sup>†</sup>	274(6)	130(4)	90(4)
<b>Total</b>	524(28)	432(29)	331(24)

Further explanation of these figures will be provided in the health and safety annual report. The Board should note:

<sup>2</sup> Bracketed figures refer to non-employees, i.e. contractors.

<sup>3</sup> Includes one injury to employee not at work who was taken to hospital after an injury sustained on premises operated by HSE FM contractor. See Para 45 – 46 of Guide to RIDDOR, L73

- Despite missing the RIDDOR target we have met our slips and trips and DSE related ill health targets, the latter by a considerable margin.
- Overall number of reports has risen substantially, mainly due to a doubling of near miss reports. This is in response to a campaign to report near misses and is an encouraging trend.
- Overall the figures resemble those for 2003/04.

## Annex 2 – Summary of new performance targets for health & safety

### Overall target:

**To record significant downward trends in the numbers of key categories of incidents since 2002/03 by 2008/09**

The following table sets out the estimated values required to ensure that a significant downward trend is observed.

Incident category	Year							
	2002/03	2003/04	2004/05	2005/06	2006/07 (est <sup>4</sup> )	2007/08 (est)	2008/09 (est)	2009/10 <sup>5</sup> (est)
Slips and trips causing injury <sup>6</sup>	45	34	46	38	35	32	29	27
All incidents causing injury <sup>7</sup>	162	140	175	145	137	129	121	114
DSE related ill health cases (IH1s)	92	51	63	32	<40 <sup>8</sup>	<40	<40	<40
All work related ill health	158	101	127	105	101	98	94	91

- a) The best advice in this area is that we adopt a similar approach to that used to measure the UK's performance against the Revitalising targets.
- b) We recommend 02/03 as the start year for measurement. There are three reasons for this. Firstly it coincides with the start of an important health and safety initiative, namely the Board's agreed strategy on stress. Secondly, this strategy raised the profile on health issues and led to a substantial increase in the reporting of ill health, and in particular stress related ill health (44 incidents in 02/03 compared to 11 the previous year). It is only from 2002/03 have we a consistent body of data unaffected by any significant changes in reporting behaviour. Finally it is also a year of typical health and safety performance – neither very good nor very poor.
- c) We recommend 2008/9 as the end point year. The three years between 2005/06 and 2008/09 is the shortest time period that can be used to see a significant reduction that is not going to be due to background fluctuations.
- d) The values in the above table are not absolute pass/fail targets: in essence, if the actual out-turn is below these figures we are on course to see the desired significant reduction. If the out-turn is above the values it may not mean failure as long as the long-term trend continues to be downward. In effect they are the minimum

<sup>4</sup> est = estimated. See text for explanation

<sup>5</sup> 2009/10 figures given for information as this is the RHS end-point. The paper proposes to have 2008/09 as the main reference year.

<sup>6</sup> Slips and trips causing injury DO NOT include incidents to contractors. All other targets do. The reason is that data of contractor slips and trip injuries only started to be collected in 2004/05.

<sup>7</sup> Include incidents that happen to contractors and RIDDOR incidents relevant to health and safety management (see paragraphs 15 - 17)

<sup>8</sup> Because of the decline already seen since 2002/03 the number of DSE cases need only remain below 40 per year for there to be a significant reduction

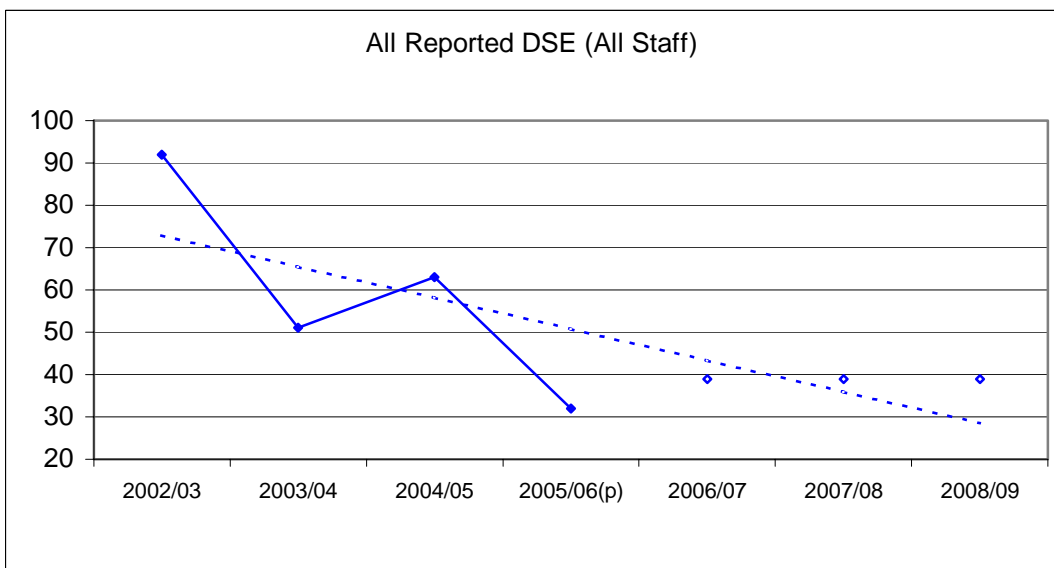
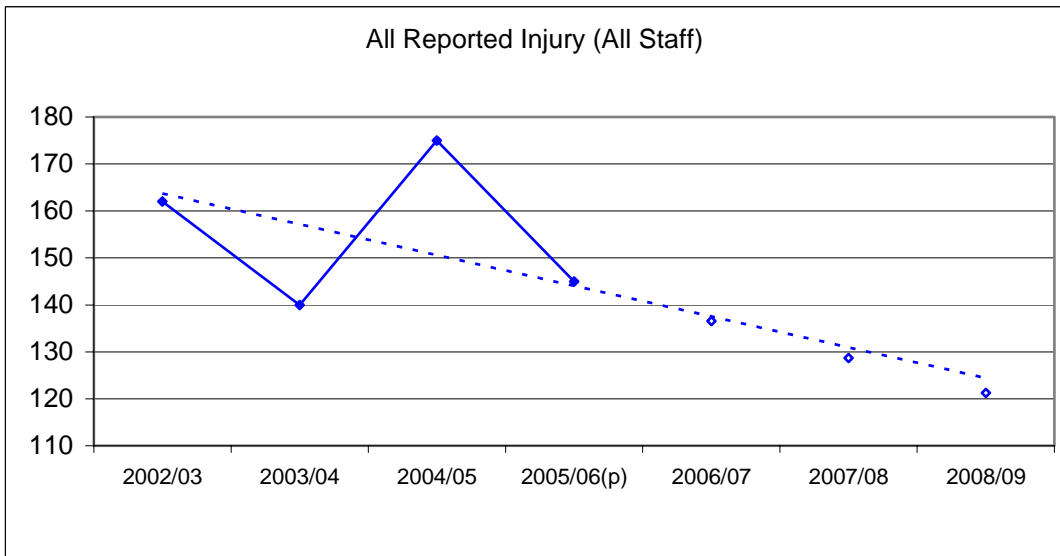
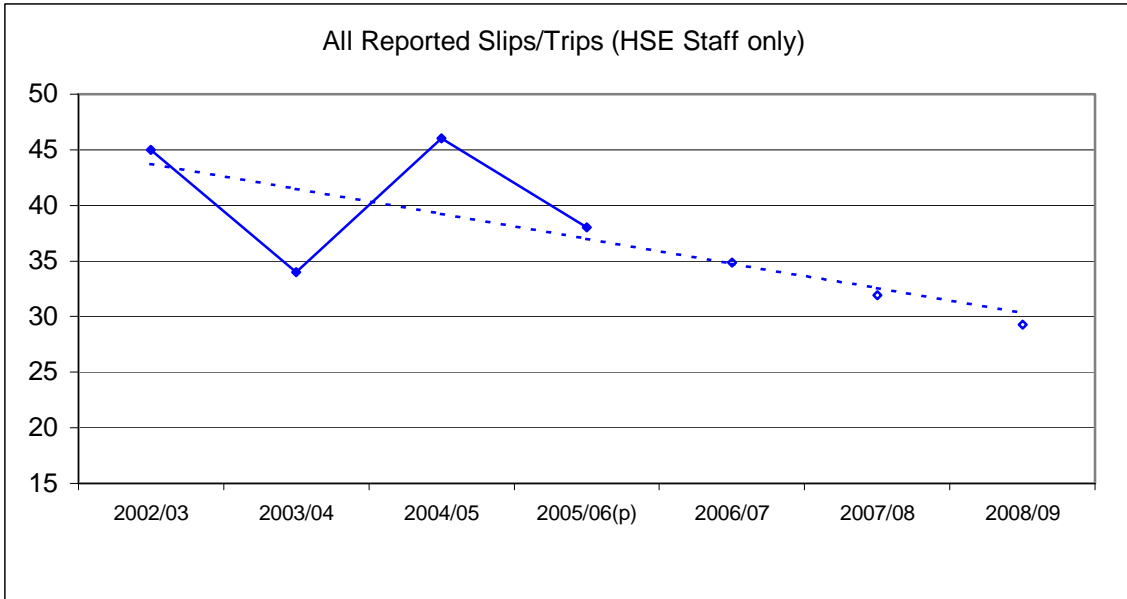
reductions that are required to see a statistically significant improvement in performance.

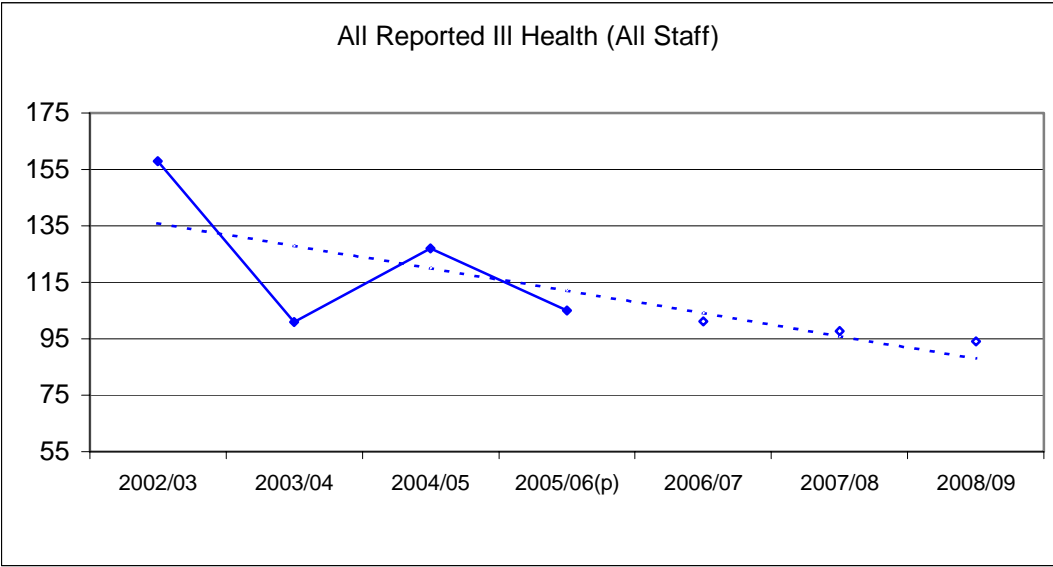
- e) This means that values need to be used slightly differently. They should be monitored to give early warning of any problems in health and safety but the judgment about year on year performance comes at the year-end. At this point the yearly data can be analysed to assess health and safety performance. It would be at this yearly performance assessment that confidence intervals for the data would be referred to.
- f) RIDDOR reportable incidents are not separated out in the table and it is not proposed to set an individual target for RIDDOR reportable incidents. Unfortunately, the HSE RIDDOR data set is not a suitable performance measure. This is because it cannot be used to generate meaningful statistical significance due to the low numbers involved (generally less than 25) and the high amount of fluctuation year on year (varying between 11 and 25, i.e. greater than 100% of the smallest value). HSE will continue to monitor the number of internal RIDDOR reportable incidents but for statistical reasons these incidents will not be used to measure and assess health and safety performance.
- g) The computation required to generate the targets for each of the four target areas (ill health, DSE, injury & slips/trips) is as follows:
  - A regression model was produced in MS Excel that contained the actual data for 2002/03 – 2005/06, and three unknown values for 2006/07 – 2008/09.
  - In order to produce a significant downward trend over the full 7 year period the solver function of Excel was used to find a suitable values for the unknown years (2006/07 – 2008/09), subject to the following constraints:
    - The gradient of the trendline was negative and significant at the 95% confidence level
    - The year-on-year percentage reduction between 2005/06 – 2008/09 was constant
  - The values which satisfied this set of conditions were then set as the milestone values for each of the targets

The principles are illustrated in the graphs on the following 2 pages.

For all the graphs the following key applies –

◆ = actual out turn	◇ = target value	----- = statistically significant regression line
---------------------	------------------	---





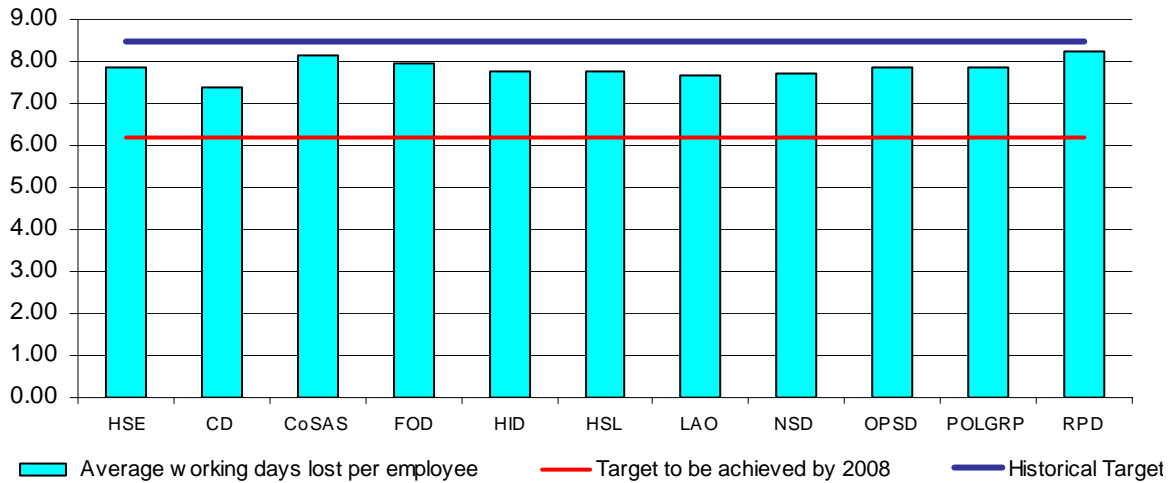
**Annex 3 – Examples of the use of the proposed policy on the allocation of RIDDOR reportable incidents.**

Description	RIDDOR?	Included in internal RIDDOR counting?
1. HSE staff member falls over in a hotel whilst staying for business reasons and subsequently has more than three days off work. The person is not 'at work' at the time e.g. in a meeting or training course or training course rooms at the time	No – neither the HSE or the hotel need report this	No – Not RIDDOR reportable
2. HSE staff member falls over in a hotel and needs to be taken to hospital. The person is not 'at work' e.g. in a meeting or training course or course rooms at the time.	Yes – the hotel to report	No – Circumstances leading to the injury are beyond HSE's control & not 'at work' for HSE
3. HSE staff member falls over whilst in a hotel in a training room for an HSE training course. The person subsequently has more than three days off work in connection with the injury	Yes – HSE to report	Yes
4. Water contamination occurs in a PFI building of which HSE is the occupant. Responsibility for ensuring clean water is contractually the responsibility of a sub-contractor of the PFI partner	Yes – PFI partner to report.	Yes – HSE can influence via the contractual relationship
5. HSE staff member struck by vehicle on the way to an HSE office (not their own) and subsequently off for three days.	No – Not 'at work'	No – Not RIDDOR reportable
6. Sub-contractor injured whilst working in PFI building and off for more than three days. The contractor was called in at the request of the PFI partner to carry out some work initiated by the PFI partner in the PFI partner's offices	Yes – Sub-contractor's employer to report	No – Not working as an employee, contractor of HSE or in part of a building used by HSE
7. Member of staff of IT contractor develops DSE related carpal tunnel syndrome	No – Not listed Schedule 3 of L73 as a reportable activity	No – Not RIDDOR reportable
8. Member of staff of IT contractor develops DSE related tendon inflammation which is notified to the IT contractor by a doctor.	Yes – IT contractor to report	Yes – Contractor working for HSE
9. Member of the public struck by a vehicle whilst walking on a public footpath that crosses a car park used by HSE staff but owned by a private landlord. The member of public needs to go to hospital.	Yes – Landlord to report	Yes – HSE can help prevent a recurrence via relationship with landlord

Annex 4

Graph 1

**Average Working days lost due to Sick Absence  
HSE and Directorate level - as at March 2006**



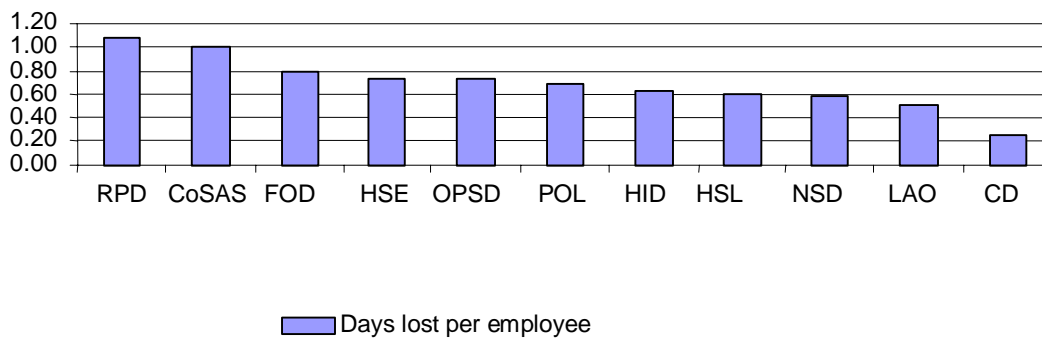
**Commentary:**

This graph illustrates a **historical** 12-month rolling total Average working days lost per employee, at Directorate level. Monthly information has not previously been captured at a Directorate level. In order to provide indicative Directorate performance: the HSE rolling twelve month data has been used to produce an eleven month figure for each of the directorates. This has then been added to the actual in month Directorate performance for March 2006. Each month this data will be recalibrated to include monthly actual performance.

**Source data: PARIS**

Graph 2

**Average working days lost in month - per employee -**



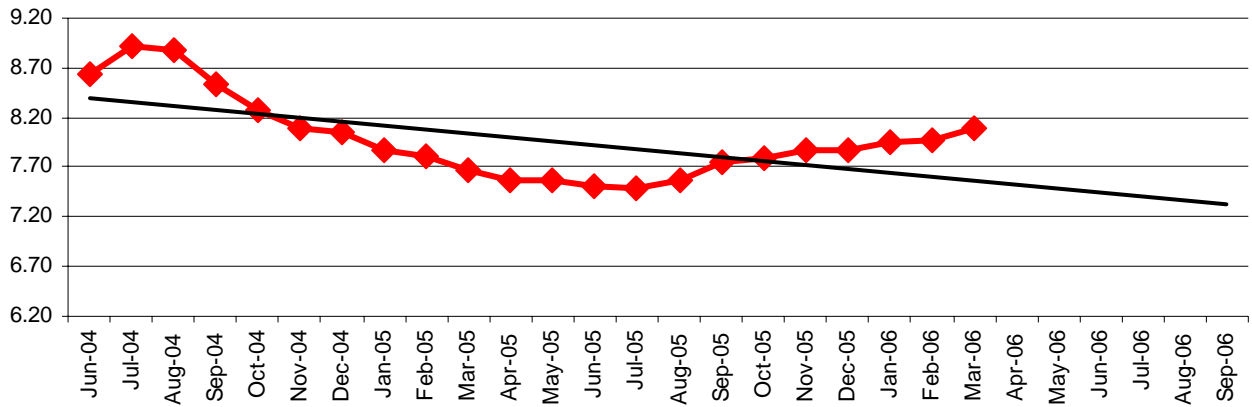
**Commentary:**

This graph illustrates March's actual in month performance for each Directorate and at HSE level. To achieve the target of 6.2 days lost per year, the monthly figure should be approximately 0.5 days per month. This will be developed into a 12 month picture

**Source data: PARIS – March 2006**

**Graph 3**

**HSE Forward Trend  
Average Working days lost per employee  
as at March 2006**



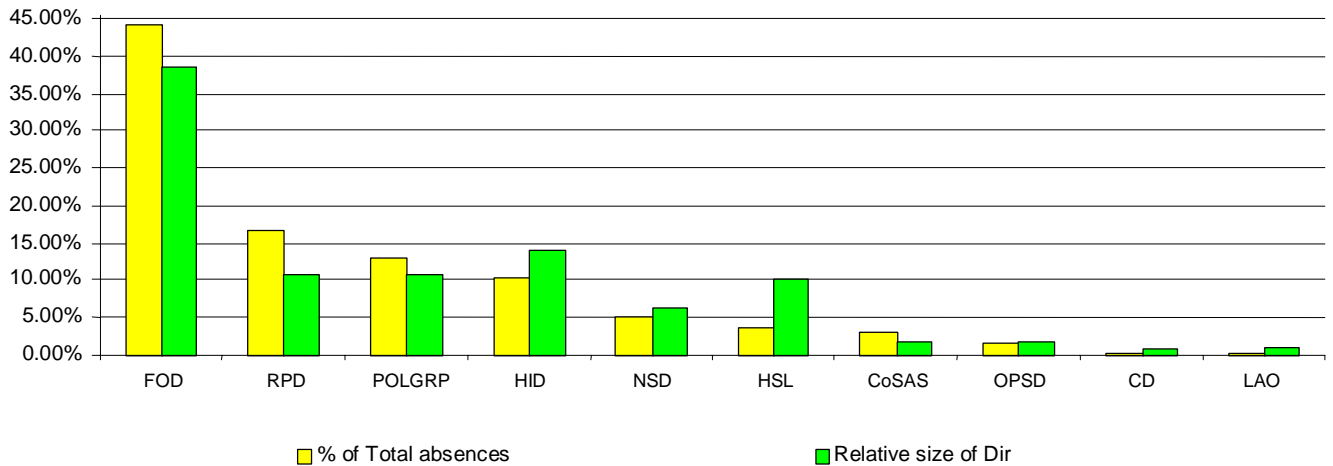
**Commentary:**

This graph indicates the HSE forward trend using the last 12 months data extracted from PARIS. The lowest scale of 6.2 indicates the HSE target of average working days lost per employee.

**Source data: PARIS – April 05 to March 06**

**Graph 4**

**Comparison of relative size of organisation in comparison to % ownership of days lost – March 2006**



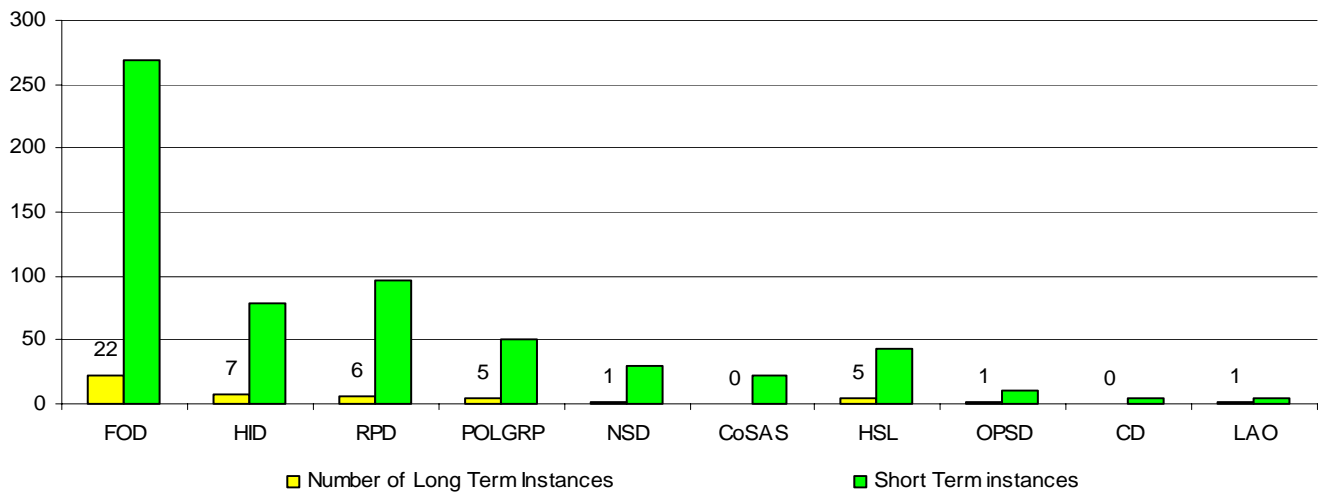
**Commentary:**

This graph illustrates the comparison between the relative size of the organisation against the percentage ownership of days lost for the month of March 2006 only. This will be developed into a 12-month picture. This is a monthly presentation and should not be directly compared to the 12 month rolling average in Graph 1.

**Source data: PARIS - March 2006**

**Graph 5**

**Instances of Long Term vs Short Term Absence  
March 2006**



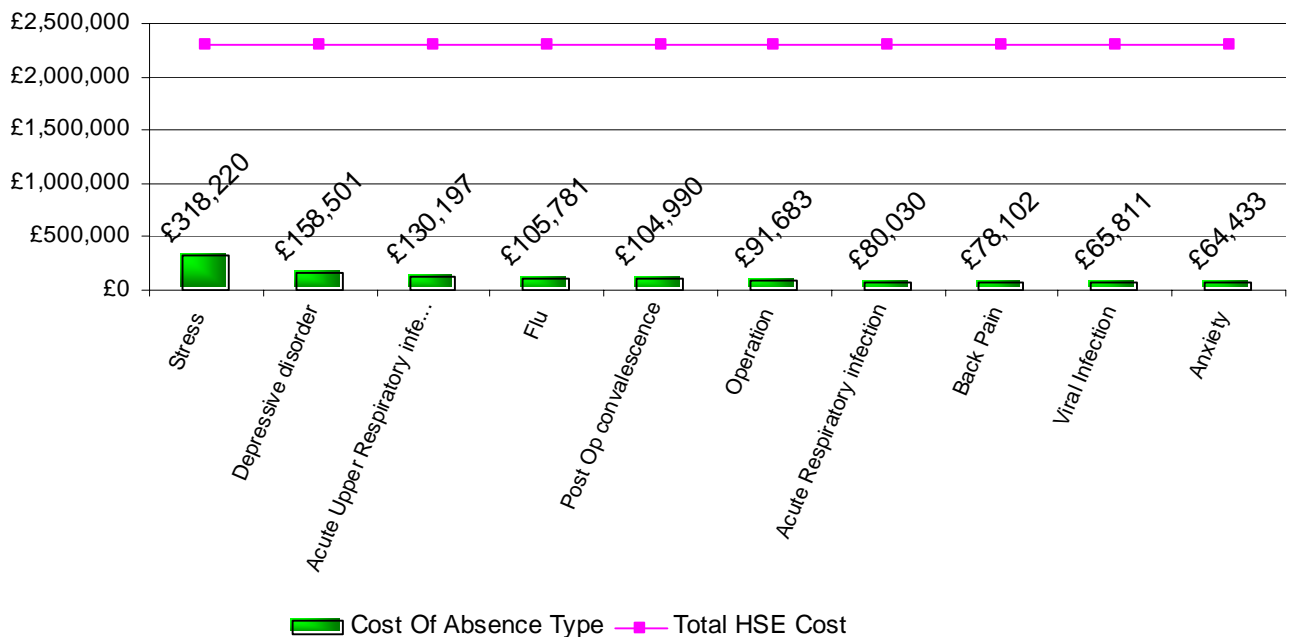
**Commentary:**

The definition of Long Term Absence is 20 days or more. This graph also captures all reported open-ended absences in the category they would fall into as at the end of the Month. Prompt reporting of sick absence is an issue and has been raised with Business Partners. The Board will be kept updated of developments

Source data: PARIS – March 2006

**Graph 6**

**Actual Salary Cost of top 10 sick absence by reason  
HSE - 2005**



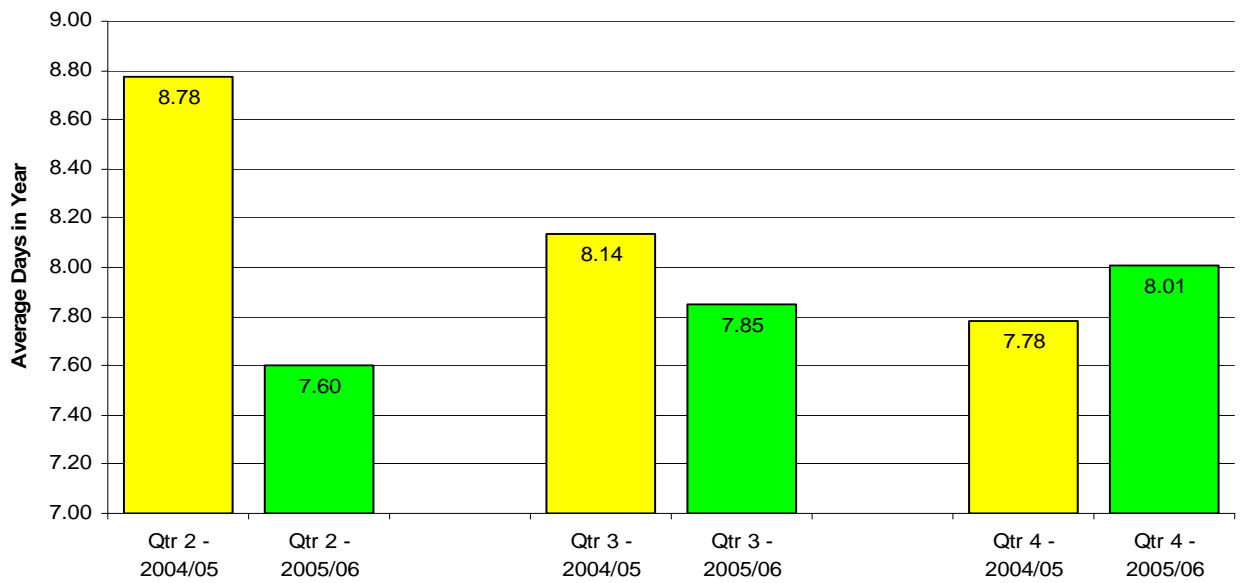
**Commentary:**

The calculation of cost for the organisation is direct salary costs only. They do not include allowances or the cost

of covering the absence.  
Source data: PARIS

## Graph 7

**Quarterly Comparison of Sick Absence Performance  
2004/05 vs 2005/06**



**Commentary:**

This graph displays a quarterly comparison of sick absence performance. The data has been extracted from the rolling twelve-month data to ensure that absences are captured in the quarter in which they occurred rather than the quarter in which the officer returned.

Source data: PARIS twelve month rolling total 04/ 05 and 05/06