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HEALTH AND SAFETY EXECUTIVE

The HSE Board

January 2006 - Health & Safety Report

A Paper by Tim Beaumont

Advisor(s): Corporate Health & Safety Committee; Health & Safety Unit

Cleared by Marcia Davies for Justin McCracken on 21 December 2005

Issue

1. Aside from the usual update on health and safety performance, this report will focus on the three-year strategic framework for health and safety previously requested by the board. An analysis of sickness absence causation is included in the light of the slight rise in the rolling 12-month indicator previously observed.

Timing

2. For agreement at this meeting

Recommendation

3. That the Board
 - Notes the update on health and safety statistics
 - Agrees the three year framework on health and safety in HSE
 - Notes the investigation of the causes behind the slight rise in the rolling 12 month sickness absence indicator and that no clear explanation is offered by the statistics behind the indicator.

Background

4. Both discussion issues find their origins in requests from the Board. The three-year strategic framework was raised in February 2005 and the analysis of sickness absence was promised in December 2005.

Argument

5. i) Performance against targets

Annex 1 contains details of performance against targets in the period to 16 December 2005. The encouraging news continues. HSE is still on target to achieve the targets set for RIDDOR reports, DSE related ill health & slips and trips causing injury.

ii) Three year framework for health and safety

When the 2005-2006 Corporate Plan for health and safety was presented to the Board in February 2005 a request was made to produce a three-year 'roadmap' for improving health and safety in HSE. This has now been done. Annex 2 'Framework for health and safety management – 2006 to 2009' sets out the broad approach HSE will take to improve health and safety. This has been accepted by the Trade Unions and by the Corporate Health & Safety Committee. It is now submitted to the Board for your final approval.

The framework attempts to pick up recurrent themes that run through all health and safety activity in HSE. These are:

- Culture: Developing a positive, cooperative and forward thinking health and safety culture in the organisation.
- Coherence: Making sure our internal policies, procedures and guidance are understandable and easily accessible.
- Compliance: Making sure we adhere to our own published standards and meet the targets we set ourselves.

This framework is intended to help Board members improve health and safety in their own Directorates. It distils strategic management of health and safety down to three essential questions:

- Is the health and safety culture in my part of the organisation improving?
- Are the staff I am responsible for getting the health and safety information & direction they need when they need it?
- Is my part of the organisation complying with internal guidance?

Whilst the emphasis in health and safety may change year on year, the recurrent themes and questions will not.

Having set the broad themes the plan then identifies ten specific areas for action, supported by 22 measurable goals that ground the themes in reality. The aim is not just good intention but real achievement and improvement over a sustained period.

This plan is submitted to the Board for final clearance before publishing.

iii) Sickness absence changes

In November's meeting I was asked to look at some of the reasons why the sickness absence indicator climbed slightly in the autumn. Below are some of the conclusions of my research.

First, this is a slight upward trend that has now leveled off. This small increase is unlikely to be truly significant.

PARIS team has done some work to try to identify any causes for the slight rise. Fluctuations in staff numbers could be one reason. Whole time equivalent (WTE) days lost in a month is on a very slight upward trend (this time last year it was 2915, it fell as low as 2388 in June but has risen since to 2708). Until May this year staff in post at month end has been falling (Dec 04 - 3952, May 05 - 3921, now it's back up to 4039). With falling staff numbers and rising monthly sickness absence the effect on the rolling indicator would be a slight rise, which is what has been seen. In the last few months, the staff in post figure has risen at a faster rate than the rise in WTE days lost. This has caused the 12-month rolling average to flatten out again. So in summary changes in the ratio between WTE days lost and staff in post can explain the changes in the graph.

When the PARIS team looked at categories of absence or causes of absence then again no significant trends could be seen that would have caused the increase in the indicator during the autumn. Until such a trend can be identified the probable conclusion that needs to be drawn is that the rise in the indicator was due to background fluctuations.

Even if there is no discernable trend in type or cause of absence, the discussion prompts a timely reminder of the importance of the procedures in place in HSE to manage sickness absence (e.g. early occupational health interventions, regular contact with absent staff, return to work interviews).

Consultation

6. The strategic framework was agreed with TUs at November's Corporate Health and Safety Committee meeting. PARIS team have provided assistance in analysis of the absence data.

Presentation

7. If the Board approves the three-year strategic framework, this will become a key document on the 'Your health and safety' intranet site. It will need to be communicated generally to staff (via Express) as it will provide the foundation for each year's health & safety plan.

Action

8. Aside from noting progress against targets, the Board is asked to:
 - Agree & support the strategic framework and its communication to staff.

- Agree that no further work on analysis of sickness absence data is necessary in the short term.

Future health & safety Board papers

March 2006 Corporate Plan for Health and Safety 2006/07

April 2006 Internal Governance Review Report

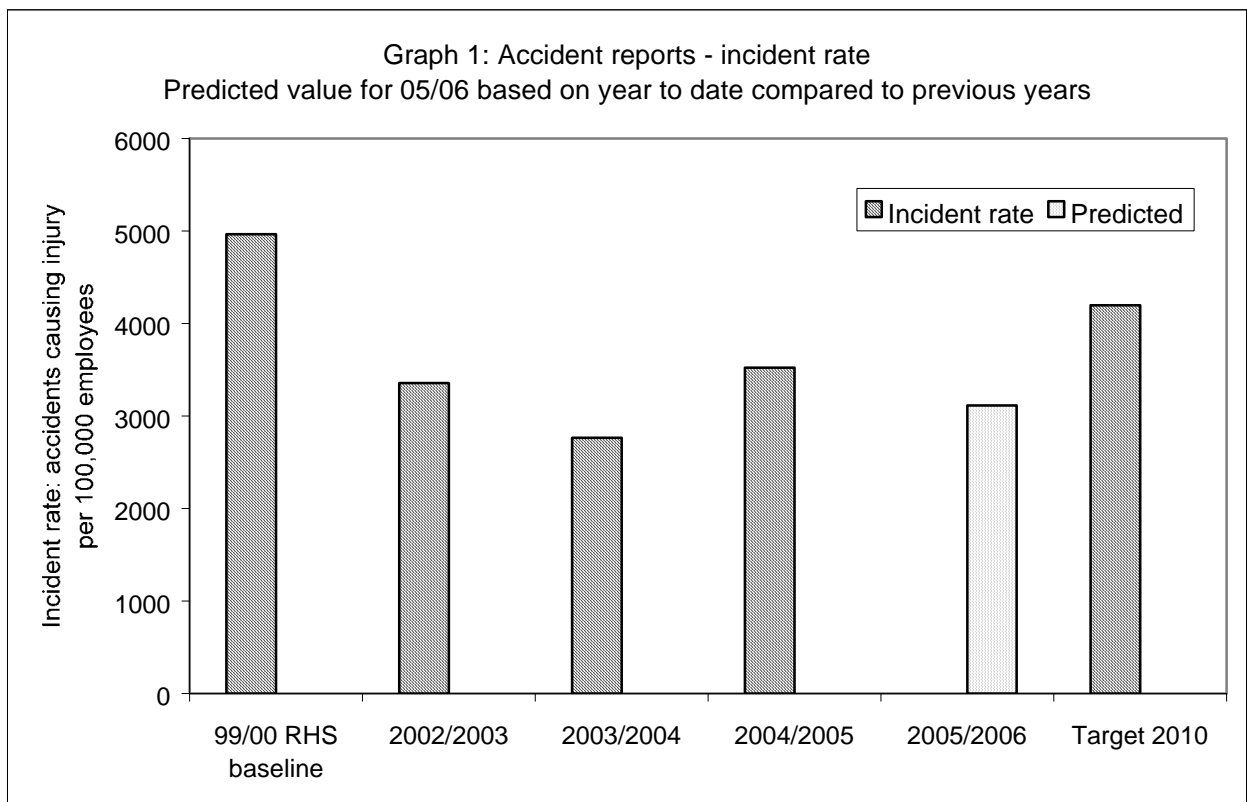
Annex 1 - Progress against targets at 16 December 2005

There have been 26 incidents/ill health reports for the period 25 November to 16 December 2005.

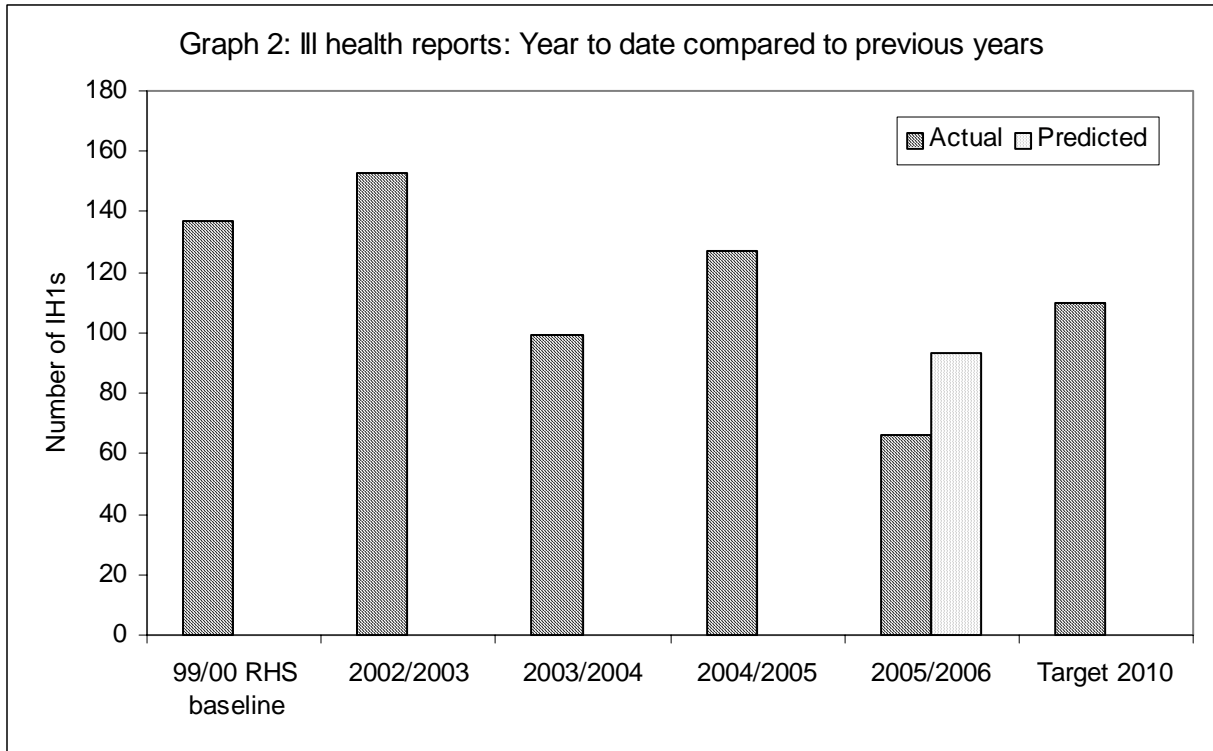
Category	Actual number reported since 1/4/05	Number required to fail target	Target for 2005/06
RIDDOR reports	6	7	<10
DSE/IH1 reports	21	40	<57
Slips/trips causing injury	30	33	<47
Near misses	141		

The Board should note that for all three targets we continue to be on course to achieving our targets for 2005/06

The accident incident rate (see Graph 1) has risen from 2968 last month to 3113, which is still below the RHS target and the rate for 2004/05.



There have been 66 IH1s received in the year to date. This gives a prediction of 93 for the year as a whole, which remains below the 2010 target and the 2004/05 level (see Graph 2)



There is no sickness absence rolling indicator data this month. The early deadline for papers means that it is not possible to prepare an update in time.

Annex 2 – Framework for health and safety management – 2006 to 2009

Culture

- *Work to achieve a positive and vigorous health and safety culture in HSE*

We will do this by:

1. Leading by example - the various Management Boards will set the tone for the rest of HSE
 - All senior managers to have a specific health and safety component in their performance plan.
 - All directorates to have clear health and safety targets for each work year.
 - Health and safety training to be a component of the essential management training.
2. Engaging with all who work in HSE through consultation
 - Develop the role of safety reps using the work currently underway in engaging the workforce.
 - Use cascade briefings and staff surveys to assess the perceptions of staff about in house health and safety.
 - Use other behavioural assessment tools to find which behaviours need to change and how to do it
3. Thorough review - we will use tools such as auditing to seek to continually improve our performance
 - Plan audits for 05/06 concerning DSE and first aid
 - Establish timetable for further audits over the next three years.
 - Continue to benchmark against other departments to assist in progress with health and safety

Coherence

- *Ensure that our process and procedures are simple, clear and effective*

We will do this by:

1. Using proper risk assessment to ensure that our policies are grounded in reality.

- Promote the use of risk assessment throughout the time period.
 - Include revised risk assessments in any review of policy or guidance.
 - Develop the concept of dynamic risk assessment for all staff.
2. Using the exceptional skills we have in HSE to help us draft any new guidance.
 - Findings of new research into workplace safety to be communicated to HSA for consideration.
 - Clarify how and when we review our guidance.
 - Ensure that the HSE expert on any given subject is included in the development of the in-house guidance.
 3. Ensuring that we clearly communicate to staff what they should do to ensure health and safety
 - Maintain a programme of in house communication for health and safety.
 - Improve reporting of near misses and incidents of verbal abuse through the rolling out of an effective near miss reporting scheme, similar to the one trialled in FOD Midlands.

Compliance

- *Make sure that when it comes to our own health and safety, we do what we should do*

We will do this by:

1. Ensuring that we implement rapidly any new policies that HSE produces for the rest of the UK
 - Establish a link between Policy Group and HSU to promote the communication of new initiatives.
 - Use the annual plans for health and safety and policy to ensure there is coordination between internal and external activities.
2. Responding quickly to the findings of any audit, assessment or outside intervention that highlights concerns in our health and safety management
 - Devise a method reporting the results of audits so that the key findings are communicated to the right people.
 - Nominate a board member to oversee the delivery of the findings of health and safety audits

- *Work to achieve the targets we set ourselves*

We will do this by:

1. Setting SMART targets for HSE's health and safety performance that include leading and lagging indicators and requirements set by the civil service.
 - In 05/06 we will devise a range of leading and lagging performance indicators in the main risk areas HSE staff encounter.
 - Meet the requirements set centrally for all government departments relating to health and safety and specifically sickness absence
2. Monitoring performance against the targets in a timely way
 - Continue with the monthly, quarterly and annual statistics reports to various parts of the organisation.
 - Use new personnel IT systems to produce more meaningful information about sickness absence and causation.