

<b>Health and Safety Executive Board Paper</b>		<b>HSE/07/91</b>	
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<b>Exemptions:</b>	Post Meeting		

## **HEALTH AND SAFETY EXECUTIVE**

### **The HSE Board**

#### **Health & safety - Annual report for 2006/07**

#### **A Paper by Tim Beaumont**

**Advisor(s): HR PIR team, Site Safety Coordinators, Corporate Health & Safety Committee**

**Cleared by Justin McCracken on 28 August 2007**

#### **Issue**

1. The annual report on health & safety in HSE for 2006/07.

#### **Timing**

2. For discussion at this meeting.

#### **Recommendation**

3. That the Board approves the report for publication.

#### **Background**

4. The report is intended to give the Board a view of what progress has been made in internal health & safety over the past 12 months. This report is based on the corporate health and safety plan for 2006/07 and reflects the ambitions of the 3 year framework for health and safety. Both of these were approved by the Board. The report is published for external consumption on the HSE website in line with HSE's guidance on corporate reporting of health and safety performance.

#### **Argument**

5. See Annex 1 for a copy of a draft of the plan for approval.
6. Performance this year against incident targets has been very good. We are still on course to see significant reductions in key health & safety incident numbers by 2009/10. Unfortunately there has not been similar progress regarding sickness absence. Work has taken place this year to improve overall health and safety management.

#### **Consultation**

7. This paper went to the Corporate Health & Safety Committee for comment.

#### **Presentation**

8. The report is intended for a wide audience, internal and external to HSE. How HSE manages its own health and safety is of increasing interest to other organisations.

9. There is potential for external adverse comments to be made about HSE's internal health & safety performance. To counter this the annual report is benchmarked against other similar organisations.

**Costs and Benefits**

10. n/a

**Financial/Resource Implications for HSE**

11. n/a

**Environmental Implications**

12. n/a

**Other Implications**

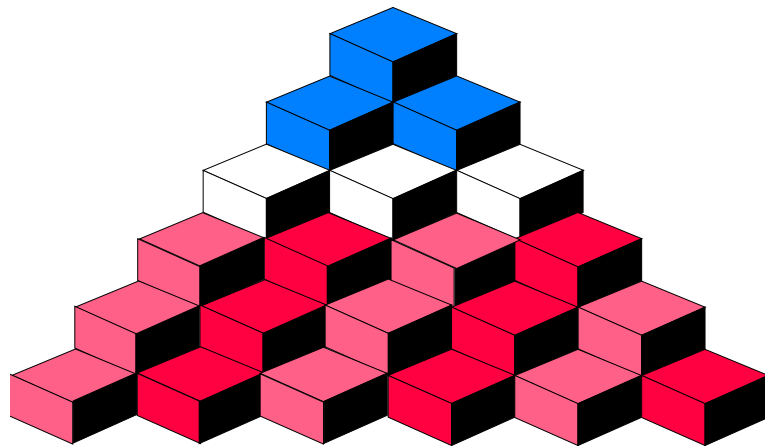
13. n/a

**Action**

14. Once the Board has approved this paper arrangements will be made to publish it on the intranet and internet. Staff will be informed of the report being published via established internal communication methods.

# DRAFT

## HEALTH AND SAFETY IN HSE



## ANNUAL REPORT **2006/2007**

# Contents

## INTRODUCTION BY THE CHIEF EXECUTIVE

## SUMMARY OF REPORT

## LOOKING BACK - REVIEW OF HEALTH AND SAFETY IN 2006/07

### 1. Performance against the Health and Safety Corporate Plan:

#### i) Targets

#### ii) Progress against priority areas

##### a) Improving Health & Safety Management in HSE

##### b) Targeting the main causes of harm in HSE

##### c) Targeting high consequence risks

##### d) Improving our ability to monitor health and safety performance

### 2. Development of health and safety management in HSE

#### a) Auditing

#### b) New policy and guidance

#### c) Training

#### d) Communications

#### e) Sickness absence

### 3. Occupational Health

### 4. Estates

## LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2007/08

## ANNEX 1 - ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

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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)
- Resource & Planning (RPD)
- Corporate Science & Analytical Services (CoSAS)
- Hazardous Installations (HID)
- Legal Advisers Office (LAO)
- Policy Group (PG)

## Introduction by the Chief Executive

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## **SUMMARY OF REPORT**

The 2006/07 annual report on health and safety performance within HSE reveals an improved picture from previous years. Several significant initiatives have been carried out to address key health and safety issues in the organisation. There have been significant reductions in the number of health and safety incidents. This report combines statistical information on incidents with explanatory information on management.

At end of the year the rate of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in HSE was 423.6 per 100,000 employees. This compares favourably with a rate of 1925.8 per 100,000 for the SIC category that HSE belongs to (75.11 – general overall public service activities).

There is also information on the day-to-day management of health and safety – auditing, accident investigation 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.

### *HSE's commitment to health and safety*

The Board aims for HSE to be an exemplar for health and safety and has appointed Justin McCracken, Deputy Chief Executive as Board champion for Health and Safety. At every formal Board meeting, members consider health and safety. Discussions cover progress against targets, reports on significant issues and agreement of the Corporate Plan.

### *The performance against targets*

At the start of the year HSE set new statistically reliable performance measures for several diagnostic incident categories. The aim is to see significant reductions in certain categories of incident by 2009/10. HSE is firmly on course to achieve this. Encouragingly, the actual numbers of incidents is again down on previous years.

### *Action taken during the year*

- A national internal publicity campaign to compliment the external 'Better Backs 2006' campaign.
- The re-run of the stress survey tool as part of the periodic staff survey.
- Introduction of new guidance on reducing the risk of violence to staff.
- The completion of the re-tender exercise for a new occupational health provider.
- New 'back room' processes for incident reporting.
- The continued internal communication campaign on health and safety issues.

Agreement has been reached to monitor several leading and lagging indicators to assess whether the activities listed above help improve health and safety management in HSE.

### *Next steps*

Work will continue in the future to improve management processes and the guidance provided to staff. These developments are reflected in the Corporate plan for 2007/08 (see p15). A number of health & safety topics gained greater prominence in 2006/07. Sickness absence and wellbeing are being drawn together to produce a new workstream looking at health, work & well being. The Board also launched a review of HSE's estate called 'How and Where We Work'. This is likely to have a significant impact on staff which will be reflected in appropriate changes to our health and safety management systems.

## LOOKING BACK - REVIEW OF HEALTH AND SAFETY IN 2006/07

This report is based on a Corporate Plan [insert reference] that is prepared annually. Where appropriate, the plan mirrors the Health and Safety Commission's priority programme. The HSE Board approved the plan and its targets. Representatives of HSEs trade unions were consulted during the development of the plan.

### 1. Performance against the Health and Safety Corporate Plan

#### i) Targets for reducing incident numbers

In 2005/06 the Board agreed performance measures that, like the targets set under the Revitalising Health & Safety agenda, looked to achieve sustained reduction in the number of incidents leading to injuries or ill health. After taking advice from HSE's Statistics Branch, four categories were selected on the basis of the reliability of historical data and the relationship with key hazard areas. These are detailed in the table below. The overall aim is to see significant reductions in these areas by 2009/10 when compared to the bench mark year – 2002/03. The annual targets have been set to give us an idea of whether we are on course to meet these long term targets.

(N.B.: HSE monitors all internally reported incidents, not just those required to be reported under RIDDOR.)

The 2006/07 targets, historical performance and actual 2006/07 out turn are shown in the table below:

Incident category	Year					
	2002/03	2003/04	2004/05	2005/06	2006/07 target	2006/07 out turn
All incidents causing injury	162	140	175	145	141	107
Slips & trips causing injury <sup>1</sup>	45	34	46	38	36	31
All work related ill health	158	101	127	105	103	93
DSE related ill health reports	92	51	63	32	<41	39

HSE met all of the targets set for 2006/07. This is encouraging, however it is worth noting that reductions over subsequent years will become progressively harder to achieve.

The number of incidents causing injury was substantially down on last year (by 26%). The number of slips and trips and cases of work related ill health were also down (by 14%). The numbers of DSE related ill health reports were up on the figures from last year but still in line to see a significant reduction by 2009/10.

The figures in the above table give rise to cautious optimism about health & safety performance in 2006/07.

<sup>1</sup> Includes incidents that only happened to HSE staff. Other categories include non-HSE staff.

## **ii) Progress against priority areas:**

### **a) Improving health & safety management in HSE**

The HSE Board recognised the important role it plays in giving leadership in improving health and safety.

The three-year strategy for health and safety continued. This document sets out HSE's overarching strategy for improving health and safety in the organisation. It has three components:

- Culture** - *Work to achieve a positive and vigorous health and safety culture in HSE*
- Coherence** - *Ensure that our process and procedures are simple, clear and effective*
- Compliance** - *Make sure that when it comes to the health and safety of our own staff, we do what we should do*

This strategy is being used to guide the corporate plans from 2006/07 to 2008/09. This approach will ensure continuity from one reporting year to another and help guide work streams that cannot be completed within a twelve month period.

Some of the activities that took place through the year to improve management include:

- Comprehensive briefings on the main causes of harm in HSE were provided to the Board in special health and safety Board papers. These briefings gave rise to further targeted action, e.g the report on slips and trips prompted a request for better guidance to be provided for Board members when carrying out safety tours.
- The launch of the trade union virtual safety rep community at a summit of regional safety reps. The virtual community is intended to improve communications and safety rep support.
- Improved networking across government on topics related to stress and sickness absence.
- Work started on considering the subject of behavioral safety in HSE. This will be taken forward subject to TU support after full consideration and consultation.
- Papers were presented to the committee on improving the relationship between the various health and safety stakeholders in HSE. The purpose of this was to encourage the 'mainstreaming' of health and safety so that it became part of the fabric of the organization rather than the preserve of specialist committees and individuals. This work will be continuing next year.
- Senior members of management teams continued health & safety tours across the estate.

### **b) Targeting the main causes of harm in HSE**

#### *Display screen equipment (DSE)*

There were 39 cases of DSE related ill health compared to 31 cases in 05/06.

During the year HSE's DSE policy underwent a number of separate reviews. Overall the reviews found that the policy was fit for purpose and tackled the risk in a sensible way. The reviews found that compliance with the policy did not give any cause for concern. The use of an electronic self-assessment package was endorsed, although it has been

improved to cover portable PCs. Plans are in place to launch the latest version of the self assessment training package, Version 7. This version is compatible with voice recognition software.

During the year concerns were raised about the new corporate software systems including in particular the main corporate information system, COIN. After the introduction of COIN it became clear that there were some problems with the system that related to health and safety. Work has been undertaken to correct the problems with the system. This included a model office project which identified best practice and the best way to train staff. An independent 'lessons learnt' review was conducted which made a number of recommendations. HSE management is committed to ensuring that future IT projects benefit from these.

Other activity included a DSE safety campaign in HSL. Training was given to new and existing DSE assessors and all staff were required to complete the Cardinus on line self-assessment and training.

### *Manual handling*

There were 11 manual handling injuries, including 2 RIDDOR reportable incidents during the work year. An investigation of the causes of manual handling incidents for the Board highlighted planned deliveries and furniture moves, usually of comparatively light items as being responsible for most injuries rather than one-off lifts of heavy items. The findings of this analysis will be used in future communications on the subject.

HSE promoted awareness of the importance of back care through the "Better Backs for HSE Staff" campaign, held throughout offices. The safety representative network supported this initiative and encouraged staff to attend local events. The campaign focussed on the holistic approach needed to manage back pain and the benefits to sufferers of back pain of staying active to prevent deterioration.

In the Bootle headquarters Better Backs was marked by four separate sessions facilitated by the on-site Occupational Health Advisor (OHA) to increase back awareness. A bespoke manual handling refresher course was arranged for all staff working in central despatch. Feedback from staff who attended the seminars was positive. The seminars were informative and practical. In the Midlands region the campaign included a presentation from the OHA. Display boards were provided in each office in a Q&A format. The information on the "backs board" continues to be a source of information and help

### *Slips & trips*

There were 33 slip or trip incidents reported this year that resulted in injury, including 2 to non-HSE staff on HSE premises. Two of the incidents were RIDDOR reportable (down from 6 in the previous year), one a fall down stairs and the other a trip over an obstacle in the office. Four incidents occurred away from HSE premises e.g. during inspection, at training courses or travelling on official business.

Work continued through out the year to coordinate internal publicity with external campaigns on slips and trips. An analysis of slips and trips incidents carried out for the Board highlighted the temporary obstructions on offices floors as being an issue. Extra advice is being obtained from HSEs Policy Group about how office safety inspections can be used to help reduce the number of incidents through hazard spotting.

### *Work-related stress*

Stress (non-work & work related) remains the single biggest cause of sickness absence for HSE staff. Addressing stress related ill health falls there is therefore important in tackling overall sickness absence levels.

Following the 2005 Stress Management Survey, the Stress Working Group was reconvened on the recommendation of HSE's Board. The terms of reference were reviewed to emphasize that the purpose of the group is to monitor HSE's progress towards becoming an exemplar of the stress management standards. Feedback from each stress working group meeting will be included as an update to the Corporate Health & Safety Committee (CHSC).

The stress survey was re-run in HSE in November 2006. The questions from HSE's stress indicator tool were incorporated into the overall staff survey for the first time. The aim was to see if there had been considerable change in the responses to the survey. NOP helped administrate, collate and interpret the survey. The findings were presented to the Board.

Overall a response rate of 67% was achieved making the survey a fair reflection of the opinions of staff. The survey found the situation to be similar to results from the earlier survey in April 2005. Staff felt that change in the organisation meant that the demands being made on them altered leading to uncertainty about role. There was also evidence that reported unacceptable behaviour in the organisation had increased slightly.

HSE's stress working group met to consider the findings of the survey and overall progress in the organisation. The Board will receive a report on this early in 2007/08, which will outline the next steps HSE needs to take.

### *Stress - Ill health reports (IH1s)*

There were 36 reports of work-related stress this year, as compared to 43 in 2005/06. Around the country offices have taken some innovative approaches to deal with stress cases. For example in Scotland individual stress risk assessments have been completed as part of the investigation using HSE's stress management standards. In Redgrave Court stress management workshops were held in an area where the stress indicator tool and reported cases had highlighted problems. Such creative interventions will be needed to tackle the complex problem of stress in the future.

### *Stress - Referrals and counselling*

There were 22 individuals referred to HSE's occupational health physicians due to health problems associated with stress and depression, the same as last year. HSE also has a staff counselling service provided by Counselling and Support Services (CSS) and from October 2006 Right Core Care. This service runs along side the occupational health service providing counselling assistance. Staff can self-refer to this service. The new service is based on a telephone line that can be accessed by staff. Over the year there were 342 employee contacts made with the staff counselling service over the year, 201 to CSS and 141 to Right Core Care.

During the year it came to light that HSE needed to review its approach to dealing with distress arising from traumatic investigations. This work is being moved on jointly by Human Resources and Operational Policy.

### **c) Targeting high consequence risks**

#### *Work related road risk*

There were 15 reported road traffic related incidents this year compared to 28 in 05/06. Three resulted in minor injury to HSE staff. Eleven took place whilst staff were away from the office. Overall HSE staff drove 8,866,239 miles during the year compared to 10,253,404 the year before. This produces a miles per incident rate of 591,082.

90 delegates attended a one-day safe driver-training course provided for HSE by the Institute of Advanced Motoring. A further 149 staff members went on a refresher course. It is HSE policy for staff who drive more than 5000 miles per year to attend refresher training every three years.

#### *Lone working risks*

There are two categories of risk covered by lone working – incapacitation whilst alone and violence to staff. In terms of reports, there were a total of 28 reported instances of verbal or physical aggression to staff (27 in 2006/07) and none of incapacitation whilst alone.

Eight of the cases took place off site. In 20 cases the abuse occurred over the telephone and one case was not related to official duties (the case was an example of street crime unrelated to the fact that the victim was an HSE employee). There has been a clear rise in the amount of abuse over the phone. Staff who deal with the public have been provided with extra training in how to deal with aggressive callers.

HSE revised and re-launched the policies and procedures for dealing with violence and aggression. This included an appraisal of the training provided to staff. Trade Unions surveyed their members on their experience of work related violence and aggression. HSL experts also provided input about the best format of training that staff should receive. The conclusion of the work was that for the risk profile that HSE staff faced the best training was effective communications, including defusing techniques. The revised policies and procedures have been launched in HSE with the support of trade unions and are now being followed.

Checking adherence with the new lone working policy, launched in 2005/06 is being monitored by divisions. For example in the North West Division random checks take place to make sure that staff leave clear information about where they are likely to be whilst out visiting. In that region staff have also committed to ringing in at a particular time for an update check. If the call is not received admin staff ring the visiting staff member's mobile to check if they are safe.

### **d) Improving our ability to monitor health and safety performance**

The Corporate Health & Safety Committee agreed to add two leading indicators to the incident measures already agreed. For the next work year compliance against two key policies (lone working & road risk) will be checked. The measures are the requirement to have safe driver training every three years if averaging over 5,000 miles and the stipulation in the lone working policy to leave details of movements whilst away from the office. Using a system of sampling compliance against these policies will be periodically checked and reported back to the Board. These additional indicators give HSE a set of simple measures to help assess the overall state of health and safety management.

## 2. Development of health and safety management in HSE

### a) Auditing

The governance review set in motion in 2005/06 reported back at the start of the year. This found broad compliance with policies in three areas – DSE, asbestos and first aid. Some procedural improvements were identified. In particular it was found that measures were needed to ensure that latent failures in the system were identified if they occurred. For example, a recommendation was made that asbestos decontamination procedures were tested to ensure they would work if needed. Work has been on-going to ensure that the recommendations from the audit are adopted.

There was further audit in the third quarter that looked at policy and provision relating to personal protective equipment (PPE). The audit found that there was substantial assurance that the processes in place to obtain PPE adequately manage the risks. The recommendations associated with the audit concerned tightening processes to improve management confidence that actions like face fit testing were taking place.

Both audits used questionnaires and returns from a wide range of staff and were supported by trade unions.

### b) New policy and guidance

As has been described elsewhere in this report new guidance was published on violence and occupational health. After TU consultation and in response to concerns they raised, the policy and guidance on PPE provision was strengthened. The national health & safety committees approved a timetable for the review of health & safety supplements which will run through over the coming years.

The bulk of health & safety information is published on the internal intranet 'Your health and safety' site. This remains a popular site for staff. In 2006/07 there were 13,454 individual visits to the site requesting 38,853 pages. The site is one of the top 20 most popular sites on the intranet.

### c) Health and Safety Training

OSTAS continued to run a series of well received health and safety training courses for HSE staff. In 2006/07 the courses delivered were as follows:

Course title	Number arranged
MSD assessors	1
MSD awareness	5
DSE assessors	5
DSE refresher	1
Managing health & safety	1
Managing my stress	2
Risk assessment	1
Accident investigation	1

There were 112 delegates on the courses. The feedback in the post course evaluations was consistently good across the range of courses provided.

In Yorkshire & North East Division a health and safety training need amongst Business Team Band 5's and Band 4 Admin managers was recognised. Seven admin staff were trained in Risk assessment, two have NEBOSH and one admin manager has trained with DWP. In HSL, all Board members and the Chairman of ICB (the company responsible for facilities management at Buxton) successfully passed IOSH Safety for Senior Executives course.

#### **d) Communications**

Communications on health and safety continued throughout the year. The main internal campaigns were related to Better Backs 2006 and the launch of the new occupational health service. Both campaigns consisted of a variety of messages targeted appropriately using the most effective communication methods. These included global emails, intranet news items, the in-house magazine and the HSE e-express weekly e-mail message to staff.

#### **e) Sickness absence**

Management of sickness absence in HSE has received increased attention during the work year and this will carry forward in future. A major change occurred when sick absence reporting switched to a new software based system. This allows HSE's Human Resources Division to monitor levels of absence in real time, and provide up-to-the-minute reports for Directorates. Around the country Divisions have started to use sickness absence reports, in particular reports of staff who have hit trigger points, to help guide management action, for example contacting the occupational health service.

### **3. Occupational Health (OH)**

The main activity during the year was the tendering process for a new occupational health provider. After a thorough tender process Capita Health Solutions were awarded the contract in December 2006.

The new service offers benefits to staff including a dedicated occupational health advice line for managers to deal with their initial queries, a web based portal containing supporting information on health and well being, improved performance indicators to speed up the service and raise the quality of the reports received, and more e-enablement to streamline the referral process. All referrals will continue to be processed via the HR Service Centre until the service has bedded in. This will allow staff to monitor the quality of the referrals being sent and the reports being received.

Throughout the year our existing OH provider, Atos Origin, continued to provide statutory health surveillance, ill health referrals and on site advice for staff. The programme of health screening for staff over 50years of age continued and proved popular. It is planned that the new contractor will take over the health screening programme. All parts of the organisation have now had opportunity to participate in the programme.

There were some other local occupational health initiatives based on improving staff well being. In the North West, "healthier work place" asthma and skin cancer awareness sessions took place. In the Midlands a women's' health campaign was run. Individual information packs were provided to all female members of staff and OHAs were available to answer any queries or concerns. In Bootle, a six-week smoking cessation programme led to some staff giving up smoking. A session on male health awareness was also arranged. This proved to be very popular and well received.

#### **4. Estates issues**

During the year steps were taken to improve the management of health and safety risks associated with HSE's estate. HSE now has one national facilities management (FM) partner for non-private finance initiative (PFI) buildings – Carillion. This consolidation means it is now possible to work with the FM contractor to secure improvements in sub-contractor management. Carillion vet all sub-contractors that are likely to attend HSE sites and require them to produce a risk assessment and method statement. Work is on-going to see how HSE can, as an intelligent client, support this process. Trade union safety reps have taken a leading role in helping to progress this subject.

HSE also developed the concept of building manuals. This was in response to concerns raised by trade unions that important safety documentation was not readily accessible for inspection in HSE buildings. The aim of the building manuals is to consolidate into one place all the essential health and safety information about a building – including safety certificates, inspection or maintenance information, and legal roles and responsibilities for the building. They should be a valuable resource to help HSE monitor and review safety across the estate. These manuals were being completed and put in place at the end of the work year.

Other localised initiatives have taken place across HSE to facilitate safety. In HSL, one of two PFI sites, a key aim was to improve cooperation and communication between HSL and Interserve Facilities Management, the on-site FM contractor. A workshop was held to discuss ways of improving working together and a number of recommendations have been implemented.

In Rose Court, HSEs London HQ, a major review of health and safety management took place. This resulted in a reorganised and strengthened health and safety committee. The review identified best practice elsewhere in HSE and is seen as a benchmark for future improvements in local health & safety committees.

## **LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2007/08**

HSE, in association with the Trades Unions, has identified the corporate priorities for health and safety. These priorities are incorporated into a three-year strategic framework, which has been developed in consultation with trade unions & the Corporate Health & Safety Committee. The framework picks up the recurrent themes that run through all health and safety activity in HSE.

### ***A: Culture – Developing a positive, cooperative and forward thinking health and safety culture in the organisation***

We plan to:

- *Have all members of the SCS include health and safety components in their performance agreements.*
- *See evidence from directorates that the corporate plan has been included in their overall planning.*
- *Development a training resource in general health and safety for line managers.*
- *Produce new policies on staff consultation across the organisation*
- *Agree a behavioural safety work programme by the end of the year.*
- *Conduct an audit into our incident investigation procedures*
- *Implement the findings of the staff survey.*

### ***B: Coherence - Ensure that our process and procedures are simple, clear and effective***

We plan to:

- *Ensure that risk assessment policy is properly applied on the ground in a proportionate way.*
- *Produce new guidance on non-ionising radiation and fire safety in premises.*
- *Continue to produce structured targeted communication about health and safety matters*
- *Maintain links between internal health and safety activity and external policy production.*

### ***C: Compliance - Make sure that when it comes to the health and safety of our own staff, we do what we should do***

We plan to:

- *To develop the management of sickness absence in HSE working towards a reduction in absence rate to 6.2 days per staff member.*
- *Introduce the new occupational health contract*
- *Continue to report to Board on health and safety incidents and sickness absence rates.*

Overall HSE has set the following targets for incident numbers in 2007/08:

Slips and trips causing injury	35
All incidents causing injury	137
DSE related ill health cases (IH1s)	<41
All work related ill health	101

In addition to the above the HSE has the following further targets for the forthcoming year

- Ensure that the lone working policy requirements are met
- Ensure that the road risk training policy is followed

## ANNEX 1 ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

The Board review the targets and information on all incidents monthly. During the year, the reporting system for incidents switched over to an electronic database, part of the overall HR system. This allows incident information to be tied to specific staff member records

The table below provides information on the number of incidents during the year, compared with the previous 4 years.

(N.B.: The figures for non-HSE staff are included and shown in brackets.)

	Apr – Mar 2007	Apr - Mar 2006	Apr - Mar 2005	Apr - Mar 2004	Apr – Mar 2003
<b>RIDDOR:</b>					
TOTAL RIDDOR incidents	12(2)	13(3)	25(5)	11(1)	15(2)
Of which: Fatal injuries	0	0	0	0	0
Major injuries	1(1)	3(1)	1	3	1
Dangerous occurrences	1	0	0	0	0
Over 3 day injuries:	9 <sup>2</sup> (1)	9(2)	20(5)	8(1)	10(1)
Ill Health & Other	1	*1	4	0	4(1)
Other over 3 day	0	5	1	1	3
Ill health all other	92	105	123	101(2)	154(4)
Minor injuries	97 (15)	128(19)	153(20)	128(17)	148(17)
Near misses, including verbal abuse and possible accidental asbestos exposure	264 (6)	274(6)	130(4)	90(4)	85(6)
<b>Total</b>	<b>475(23)</b>	<b>524(28)</b>	<b>432(29)</b>	<b>331(24)</b>	<b>405(29)</b>

### Notes:

Of the seven RIDDOR over 3 day incidents for HSE staff that occurred during the year, two were as a result of slips/trips/falls, and two related to manual handling. Of the remaining three reports, one was the result of a cut to the hand, one a fall from a piece of exercise equipment and one caused by dropping a roll of laminate on a foot. Finally one RIDDOR report received during the year related to an incident in a previous work year. The three-day absence which was a direct result of the incident occurred in the 2006/07

<sup>2</sup> One incident reported relates to event in a previous work year

work year. The case of ill health was reported as a suspected allergic reaction. The dangerous occurrence related to fire in a battery testing rig at HSL. The incident rate for RIDDOR is 423.6 per 100,000 employees (all incident categories). The average rate for the SIC category that HSE belongs to (75.11 – general overall public service activities) in 2005/06 was 1925.8 per 100,000, significantly higher than HSE's incident rate.

For non-HSE staff, the major injury related to one slip/trip. The three day injury related to a contractor dropping a box of tiles on their hand.

A total of 34,077 working days were reported lost in HSE through sickness absence (compared to 31,296 last year), an average of 8.94 working days lost per staff year. This was an increase from 7.82 days last year. This equates to a cost of £3,957,845 in direct salary costs alone.

The number of near misses reported continued to be a high rate. Unfortunately HSE did not increase the numbers reported by 10% as stated in the Corporate Plan for 2005/06. Near misses were still useful for developing improvements in health and safety management. For example in the Wales & South West region near misses were often the source of practical small scale improvements.