

**Health and Safety Executive Senior Management Team Paper SMT/08/050**

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**HEALTH AND SAFETY EXECUTIVE**

Senior Management Team

**Annual report of health and safety performance in HSE for 2007/08**

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Advisor: HSE's Corporate Health &amp; Safety Committee

Cleared by Giles Denham on 29 August 2008

**Issue**

1. Agreement of HSE's annual report on its own health and safety management and performance in 2007/08.

**Recommendation**

2. That the SMT approves the attached draft report and confirms who should sign the introduction (para 8).

**Background**

3. HSE produces an annual report on health and safety performance.
4. The report is intended to give a view of progress in HSE's own health & safety. This report is based on the corporate health and safety plan for 2007/08 and reflects the ambitions of the 3-year framework for health and safety. Both these documents were approved by the then Board. The report is published on the HSE website in line with HSE's guidance on corporate reporting of health and safety performance.

**Argument**

5. A copy of a draft report is at Annex 1. This is structured to reflect the published HSE guidance on public reporting of health & safety performance.
6. Looking at the targets, performance this year has been very similar to 2006/07. HSE continues to see a reduction in the number of reported injuries and ill health. However, the number of reported cases of DSE related ill health is up by one, year on year. We are still on course to see significant reductions in key health & safety incident numbers by 2009/10. The SMT will also note that the rate of RIDDOR injuries in HSE is substantially below the rate in HSE's SIC category. As has already been discussed in paper SMT/08/16 there has not been a reduction in sickness absence.
7. The report highlights other milestones in the year based on performance against the Corporate plan for Health & Safety, including returns from regional site safety coordinators.
8. One outstanding issue is to confirm who should introduce the report. In the past, it has been the Chief Executive but after the HSC/HSE merger, there is a case for the Chair to do this, and to clear the report on behalf of the Board. This might fit better with HSE's general stance on directors' duties, although HSE's Board is perhaps not typical in being wholly non-Executive.

**Consultation**

9. The CHSC has provided comments on the report ahead of submission to SMT.

**Presentation**

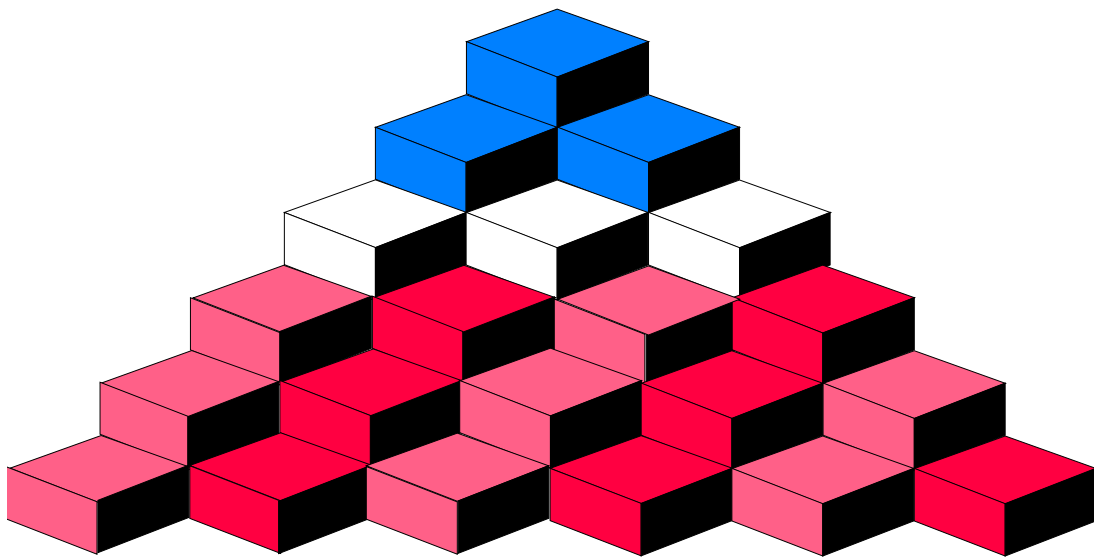
10. The report is intended for both internal and external audiences. How HSE manages its own health and safety is of increasing interest to other organisations.

**Action**

11. Once the SMT has approved a version of the report, the introduction will be drafted and approved arrangements will be made to publish it on the intranet and internet. Staff will be alerted to this through e-express.

ANNEX 1

# HEALTH AND SAFETY IN HSE



## ANNUAL REPORT **2007/2008**

# Contents

**INTRODUCTION BY THE CHAIR/CHAIR/CHIEF EXECUTIVE OF HSE**

**SUMMARY OF REPORT**

**PRINCIPLES**

**PERFORMANCE**

**TARGETS FOR 2008/09**

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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 to 1 April 2008)
- Resource & Planning (RPD)
- Corporate Science & Analytical Services (CoSAS)
- Hazardous Installations (HID)
- Legal Advisers Office (LAO)
- Policy Group (PG)

## **Introduction**

[To be drafted]

## SUMMARY OF REPORT

[To be drafted once report contents agreed]

## **PRINCIPLES**

### **A) Broad context of health and safety policy & consultation with staff**

1. HSE's general health and safety policy states:

We aim to set and maintain exemplary standards of health and safety performance to ensure your health and safety at work as well as that of others who may work at or visit our premises. We define exemplary performance as having in place effective management arrangements that ensure the well being of our staff, and minimise the losses (financial and to our reputation) to our business from ill health and injury. It requires that we search out, adopt and update best practice relevant to and proportionate to the risks we and our staff face, and that we follow our own guidance for relevant activities.

2. This policy is turned into action through HSE's internal health and safety management arrangements. The main responsibility for day-to-day health and safety activity lies with the line management chain. Human Resources Division (HRD) carries out some central health and safety functions – running the occupational health contract, for example. Competent advice on health and safety is provided to HSE by a professional health & safety advisor. Site health and safety coordinators in each region, HQ and HSL organise local health and safety activity, including local health & safety committees.

3. Trade Union safety reps are the agreed means of consultation on health and safety matters for all staff, whether members of a Union or not. The two focal points of consultation with staff are the two national committees – the Corporate Health & Safety Committee (CHSC) covers issues affecting all staff; and the Operations Group Health & Safety Committee (OGHSC) covers issues that affect only visiting or other Operations Group staff. CHSC also advises HSE Senior Management Team (SMT) on the overall direction of health and safety planning. There also site safety committees – one for each region, with separate committees for large offices such as Redgrave Court.

### **B) Significant risks faced by employees**

4. HSE has identified six continuing health & safety priorities based on the numbers of incidents in HSE and the potential for harm to staff:

- work related stress,
- DSE (display screen equipment) related ill health,
- musculo-skeletal disorders,
- slips & trips injuries,
- lone working &
- work related road risk.

## PERFORMANCE

### A) Accident, ill health & near miss statistics

5. HSE's SMT reviews each month information on all incidents. Table 1 below provides information on the number of incidents during 2007/08, and comparisons with the previous three years.

**Table 1 - Summary of incident numbers in HSE**

Work year	Apr – Mar 2008	Apr – Mar 2007	Apr - Mar 2006	Apr - Mar 2005
RIDDOR: Fatal injuries	0	0	0	0
Major injuries	(1) <sup>1</sup>	(1)	2(1)	1
Dangerous occurrences	1	1	0	0
Over 3 day injuries:	3	8 <sup>2</sup> (1)	9 (2)	15 (5)
Ill Health & Other	4	1	1	4
<b>Total RIDDOR incidents</b>	<b>8 (1)</b>	<b>10 (2)</b>	<b>10 (3)</b>	<b>20 (5)</b>
Other over 3 day	2	0	5	1
Ill health all other	93	92	105	123
Minor injuries	61 (1)	82 (15)	109 (19)	133 (20)
Near misses, including verbal abuse and possible accidental asbestos exposure	117	258 (6)	268 (6)	126 (4)
<b>Total Incidents in year</b>	<b>281 (2)</b>	<b>442 (23)</b>	<b>597 (28)</b>	<b>403 (29)</b>

6. All three RIDDOR over 3 day injuries for HSE staff occurred when staff bent or twisted.

The four cases of ill health were all cases of work related upper limb disorders. The use of display screen equipment was a factor in the development of these disorders.

The final reportable incident (dangerous occurrence) was a road traffic accident.

HSE's incident rate for RIDDOR reportable **accidents** is 80.9 per 100,000 employees. The average rate for comparable organisations (general overall public service activities) in 2006/07 was 1682.3 per 100,000, significantly higher than HSE's incident rate.

The SMT also reviews performance against targets<sup>3</sup>, which was similarly positive in 2007/08, as shown in Table 2 shows:

**Table 2 - Performance against incident targets in HSE in 2007/08**

Category	Actual number reported since 1/4/07	Target for 2007/08
All incidents causing injury	68	<137
All work related ill health	97	<101
DSE ill health	42	<41
Slips/trips causing injury	19	<35

7. HSE met three of the four incident targets and is still on course to meet the overall target of seeing significant reductions in these incident areas by the end of 2009/10.

8. The DSE related ill health target was just missed. However, when coupled with the RIDDOR reports related to DSE, it is clear the issue needs further attention in 2008/09. In

<sup>1</sup> The figures for non-HSE staff are shown in brackets.

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

<sup>3</sup> HSE sets a series of targets for specific types of incident. The goal is to see incidents numbers in these categories achieve a significant fall by 2009/10. The annual targets are interim milestones on the way to achieving the overall goal. All targets include incidents to non HSE staff, apart from slips & trips leading to injury.

February 2008 the CHSC agreed the setting up of a task and finish group to look in detail at HSE's DSE assessment process to identify improvements. This group met in March 2008 and devised a new start to finish process for DSE assessment. The introduction of this process along with a re-launch of HSE's online DSE assessment software will take place in 2008/09

## **B) Sickness absence**

9. A total of 32,235 working days were reported lost in HSE through sickness absence (compared to 34,077 last year), an average rate<sup>4</sup> of 8.7. This was a decrease from 8.9 days last year. This equates to a cost of £4,254,461 in direct salary costs alone. Comments on what action HSE took regarding sickness absence are in paragraph 16 .

## **C) Other leading indicators**

10. HSE set three other targets relating to health & safety policy implementation:

- Road risk – ensure that safe driver training is provided according to policy
- Lone working – line management to monitor Divisions to ensure that lone working policy on leaving up to date movements is being observed.
- Stress – maintain active stress action plans

11. Performance was measured by end of year reported from HSE's regions. This showed that some steps had been taken in most regions to manage the three risk areas. However accurate data monitoring performance against the policy requirements was not available. The CHSC identified this as a weakness and will produce a more robust means of assessing compliance in 2008/09

## **D) Progress towards achieving health and safety goals in 2007/08**

12. HSE goals for health and safety were set out in the Corporate Plan for 2007/08 (<http://www.hse.gov.uk/aboutus/strategiesandplans/corporateplan/plan0708.pdf>). Representatives of HSE's trade unions contributed to the development of the plan. The then HSE Board approved the plan for publication. The '*Three year framework for health & safety 2006 - 2009*' is the basis for the plan.

13. In the following progress report, the planned activities are in italics followed by a report on activity in 2007/08.

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

14. We plan to:

- *Have all members of the SCS include health and safety components in their performance agreements.*

The Deputy Chief Executive (Operations) took responsibility for this action and ensured that his colleagues on the Board maintained a commitment to health & safety in their parts of the organisation.

- *See evidence from directorates that the corporate plan has been included in their overall planning.*

The original intention was that Directorates would draw up their own health & safety plans. After discussion at CHSC and with the Directorates it was decided

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<sup>4</sup> Calculated as (Total days absent in 2007/08)/(Staff in post whole time equivalent 12 month average)

that the various Directorate management Boards would note the corporate plan and where appropriate ensure that staff were empowered to carry out the actions required in the plan.

Site safety committees were actively involved in carrying out the requirements of the Corporate Plan. The then HSE Board approved the plan and then passed it to the committees to be included in their local plans. At the year-end HRD asked the committees to provide evidence that the relevant parts of the plan had been followed.

- *Development of a training resource in general health and safety for line managers.*

This developed in partnership with HR Learning & Development. Two strands were pursued, the first was for line managers with no health and safety background; the second was to ensure that line managers gave adequate support to staff who were new to HSE.

At the year end managers had access to NEBOSH qualifications via HSE's occupational health training provider. Another general course on health and safety management was also available.

HSE developed a package for line managers to support induction at the end of the year and it is due to be trialled in 2008/09.

- *Produce new policies on staff consultation across the organisation*

The trade unions proposed new policies on consultation and escalation and the CHSC agreed to roll them out. These policies are being added to HSE's internal guidance.

One of the consequences of this work was recognition of the need for a wider piece of work looking at the health & safety management structure. The CHSC wanted to ensure that health and safety management arrangements were suitable for the organisation. Work has continued since then to assess and improve the current management arrangement. HRD mapped the internal health & safety arrangements and identified where these could be strengthened

- *Agree a behavioural safety work programme by the end of the year.*

An internal expert on the topic made a presentation to the CHSC about behavioural safety. This prompted discussion on whether a behavioural safety approach is appropriate for an organisation like HSE and if so, what behavioural safety approach would work best. At the moment, the topic remains part of the business to be dealt with by the CHSC. The aim is to devise an appropriate response in 2008/09.

- *Conduct an audit into our incident investigation procedures*

Internal sickness absence management was felt to be a higher priority for audit resources during 2007/08 and the audit on incident investigation was held over to the first quarter of 2008/09.

- *Implement the findings of the staff survey.*

All of HSE's directorates published updates on the survey actions in July 2007. The stress working group maintained a watching brief on what Directorates were doing on stress.

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

15. We plan to:

- *Ensure that risk assessment policy is properly applied on the ground in a proportionate way.*

Construction Division confirmed that HSE's policy on dynamic risk assessment was proportionate and appropriate. Originally, it was planned to carry out an audit on risk assessment but this time was diverted to looking at sickness absence.

- *Produce new guidance on non-ionising radiation and fire safety in premises.*

The fire safety policy guidance was prepared throughout the year with advice from trade unions, Estates Management Unit, HSE's facilities management contractor and internal topic experts. The final draft went to the CHSC for approval at the year-end.

Guidance on non-ionising radiation has yet to be produced as resources are targeted at areas of higher risk. This action will be carried over to 2008/09.

- *Continue to produce structured targeted communication about health and safety matters*

The main topics for communication during the year related to the launch of the occupational health contract and the managing attendance task force. Communication format depended on the audience. HRD issued briefing memos to Senior Civil Servants. Staff received more general information through HSE's in house publications.

HSE launched all new policies and guidance with appropriate levels of communications. However, work on guidance communication will continue in 2008/09. Greater emphasis on line management ownership of health & safety information needs to be encouraged.

- *Maintain links between internal health and safety activity and external policy production.*

Policy Group have had input into a number of initiatives including the development of fire safety guidelines, the drawing up of new DSE processes and stress. Other internal technical experts have supported the production of guidance on PPE provision and inspection of dangerous pathogens. It is now usual to consult internal experts over new policies.

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

16. 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.*

As set out in section B), the sickness absence rate in 2007/08 in HSE was 8.7 days per staff member.

Sickness absence became a key theme in health and safety management during the year. A paper to the Board recommended that HSE set up a Managing Attendance Support Team (MAST) to drive improvement in the organisation. This team draws together key stakeholders, including trade union

reps, to devise an ongoing programme of interventions to help reduce sickness absence.

One aspect of this programme is a series of support visits to different parts of the organisation designed principally to help managers improve their capability at managing attendance issues. The visits also look at issues like stress management, use of the occupational health service and discipline issues. The feedback received after these visits indicate that they are successful at helping managers.

HSE's Internal Audit looked at compliance against current sickness absence policy. The audit offered substantial assurance on compliance with the policy. The report offered a series of recommendations – improved guidance, more accessible reporting – that MAST is taking forward.

The SMT also agreed a new range of absence targets as the HSE's existing target appeared unrealistic. HSE is still committed towards an absence level of 6.2 days/staff member.

- *Introduce the new occupational health contract*

The new occupational health contract was successfully rolled out in April 2007. HSE was part of a three way agreement with DWP & the then DfES. After three months there was a problem outside HSE which led to an end of the three-way agreement. HSE quickly renegotiated an alternative arrangement with HMRC to ensure service continuity for staff. HRD continues to work with the OH provider to improve the service to HSE.

- *Continue to report to Board on health and safety incidents and sickness absence rates*

The Board received monthly reports on performance against targets and sickness absence. The quarterly balanced scorecards also provide health & safety monitoring data. There were two detailed analysis papers provided during the year on sickness absence. These reports will continue.

## **E) Enforcement action**

17. In March 2008, HSL Buxton was served with a Crown Improvement Notice. The Notice required the Containment Level 3 Laboratory local exhaust ventilation to have its statutory thorough examination as required by The Control of Substances Hazardous to Health Regulations 2005.

18. After the Notice, staff in HSL worked with PFI partner who own and maintain the building and fixtures to correct the breach identified. HSL met the requirements of the Notice by the compliance date and the Notice was cleared.

19. Yorkshire & North East offices were visited by Leeds City Council Environmental Health Officers after a RIDDOR report concerning a work related upper limb disorder. The visit resulted in a letter being sent to HSE identifying some improvements that needed to be made to prevent a recurrence including comments on HSE's self assessment process. The local health & safety committee acted on the recommendations of the letter and have put in place measures to prevent a similar situation happening again.

20. Tyne and Wear fire brigade visited the Newcastle office. They identified a communication failure between HSE's FM provider and local admin that led to the fire risk assessment not being available for inspection. The matter was investigated locally and resolved with the fire service.

## **F) Other notable events**

21. During the year the HSE Board and the Commission agreed to start a programme of office changes known as 'How and Where We Work' (HWWW). The most prominent aspect of this programme will be the creation of a single HQ on Merseyside with a consequent scaling down of HSE's London office, with the posts moving to Bootle. HR consultants have provided support for staff and have helped with career and life transition. In London, this has naturally become the dominant issue for staff. The London health & safety committee has also sought to help staff through this transition period.

22. Across the rest of the estate new building manuals were introduced with cooperation of HSE's FM partners and Estates Management Unit. These manuals are an on-site compendium of essential health & safety information – e.g. maintenance schedules, certification relating to statutory through examination, fire safety details. The aim is to improve accountability and monitoring of health and safety functions in the estate.

## **TARGETS FOR 2008/09**

HSE has produced a Corporate Plan<sup>5</sup> for health and safety for 2008/09. The plan is still based on the three-year framework. One of the actions for the next year will be to draw up a new framework for the 2009 - 2012.

In the new plan contains the following set of performance measures:

1. **To have fewer than 134 accidents leading to injury.**
2. **To have fewer than 33 slips and trip related injuries for HSE staff members.**
3. **To have fewer than 100 cases of work related ill health.**
4. **To have fewer than 41 cases of DSE related ill health.**
5. **To achieve an annual sickness absence rate of 8.0 days/staff member or less.**
6. **100% drivers who do more than 5,000 public miles a year are up to date with their safe driving training.**
7. **90% of staff to be up to date with their DSE assessment.**

The CHSC will take on the responsibility of monitoring progress against the measures. The Board (reconstituted as a Senior Management Team after the HSE/HSC merger on 1 April 2008) will continue to receive monthly and quarterly reports on performance.

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<sup>5</sup> <http://www.hse.gov.uk/aboutus/strategiesandplans/corporateplan/plan0809.pdf>