

Health and Safety Executive Senior Management Team Paper SMT/11/94			
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HEALTH AND SAFETY EXECUTIVE

Senior Management Team

MONTHLY HEALTH AND SAFETY STATISTICS

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Cleared by Gordon MacDonald on 18th October 2011

Issue

1. To provide the SMT with HSE's monthly health and safety statistics.

Timing

2. For review at the meeting.

Recommendation

3. The SMT to note HSE's current position on performance against targets set.

Background

4. In June 2011, the SMT cleared the 'Corporate plan for internal health and safety for 2011/12', under Section 4 'Measuring and Monitoring' the HSA is to provide the SMT with monthly performance figures against target.

Discussion

5. Annex 1 provides details of incidents since the start of the work year and sickness absence performance.

Annex 1 – Update on health and safety incident numbers, RIDDOR reports and sickness absence

Table 1 – Incidents in HSE (data source eHS, extracted 17 October 2011)

Category	Target for 2011/12	Incidents reported since 1 April 2011
All incidents causing injury (inc)	<70	37
<ul style="list-style-type: none"> • Slips or trips causing injury 	<10	4
<ul style="list-style-type: none"> • Work related road traffic incidents causing injury 	<5	1
All work related ill health (inc)	<50	25
<ul style="list-style-type: none"> • DSE ill health 	<20	7
<ul style="list-style-type: none"> • WRS ill health 	<20	7

Table 2 – Comparison in incident rates for report year 2011/12 (data source eHS, extracted 17 October 2011)

Category	Target Incident Rate for 2011/12 (per 1,000 staff)	Annualised incident rate (per 1,000 staff)
All incidents causing injury (inc)	18	5.41
<ul style="list-style-type: none"> • Slips or trips causing injury 	3	0.58
<ul style="list-style-type: none"> • Work related road traffic incidents causing injury 	1	0.15
All work related ill health (inc)	13	3.65
<ul style="list-style-type: none"> • DSE ill health 	5	1.02
<ul style="list-style-type: none"> • WRS ill health 	5	1.02

RIDDOR incidents:

1. 11 May 2011 – Bootle.

The manual handling incident, which occurred during recent restack activity, involved the IP moving a box of rubbish to the designated collection area. As the IP placed the box on the ground and straightened up their head came into contact with the protruding hand rail resulting in mild concussion and an absence of over 3-days.

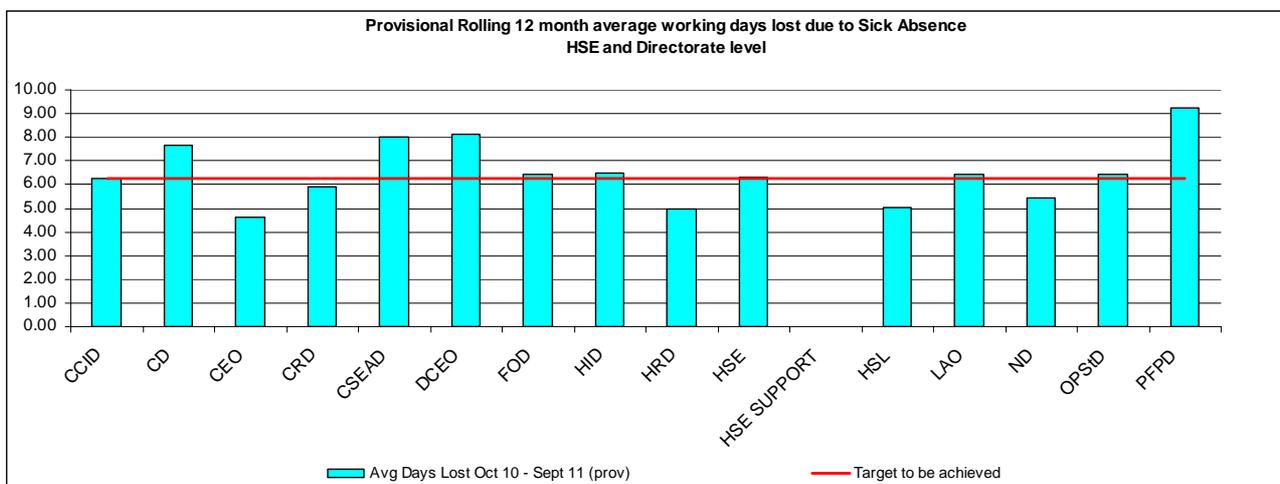
An investigation has been carried out which resulted in the Directorate and Estates Management Unit identifying a new disposal and collection area should they need to dispose of rubbish on this scale again.

Sickness absence report

The graph shows the average number of days lost through sickness absence at HSE and Directorate level.

The HSE figure is currently **6.32** days per staff member per year, above the annual target of 6.2 days sickness absence per staff member.

Graph 1 - Shows the provisional rolling 12-month average of working days lost due to sickness absence to September 2011



Data source – e-HR, extracted 13 October 2011

Managing Attendance

HRD takes a proactive approach to support HSE managers in dealing with attendance management through a range of initiatives

Casework Support

Managers can access advice and support from HR caseworkers when dealing with complex HR issues. Support will vary depending on complexity but an individual caseworker will normally be allocated to support the manager until a natural conclusion is

reached in the case. Advice will normally include the roles and responsibilities of the manager and individual, importance of keep in touch during absence, early intervention, including referral to OH, options for proceeding based on HSE HR policy and guidance, advice on return to work and legal advice where appropriate.

Management Information

E-hr MI is reviewed monthly to identify

- Members of staff approaching half pay due to sickness absence
- Members of staff approaching no pay due to sickness absence
- Members of staff absent for over 28 days
- Absence reasons

Managers are contacted with an offer of support and advice on how to proceed.

Use of Special leave with pay is reviewed every 6 months. Managers are contacted if levels appear high.

Occupational Health

Managers are advised of the importance of occupational health in relation to attendance management. All referrals are checked for consistency and where appropriate referred back to managers to include additional information to ensure receipt of a robust report. In complex cases managers are contacted to provide advice on how to complete a good referral and to assist in the application of the report.

HSE are currently in the process of moving to a new OH provider, Atos Healthcare. A Business User Group with representation from across the organisation has fed in to the development of the service specification.

Workshops / Surgeries

HRD offer a range of products which are “mixed and matched” to deliver bespoke sessions for the D/D or site. Sessions normally last from 2-2.5 hours up to full day events and are made up of a mix of PowerPoint (very short and targeted), a range of case studies, group discussion and one to one appointments to discuss specific cases.

A programme of activity is built from a range of available data including levels of contacts to HRD, absence reasons (MSD and stress / depression) and attendance levels.

Mediation

HSE offer workplace mediation as an alternative to formal dispute resolution.