

| Health and Safety Executive Senior Management Team Paper SMT/11/45 |                          |             |             |
|--|--------------------------|-------------|-------------|
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HEALTH AND SAFETY EXECUTIVE  
Senior Management Team  
**MONTHLY HEALTH AND SAFETY STATISTICS**  
Advisor: Tracey Oliva (HSAU) / HRSC PIR Team  
Cleared by Gordon MacDonald on 3 May 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 2010, the SMT cleared the 'Corporate plan for internal health and safety for 2010/11', under Section 4 'Measuring and Monitoring' the HSA is to provide 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

The tables below show the final number of reported incidents during 2010/11.

**Table 1 – Incidents in HSE (data source eHS, extracted 13 April 2011)**

| Category   | Target for 2010/11 | Incidents reported since 1 April 2010 |
|--|--------------------|---------------------------------------|
| All incidents causing injury (inc)   | <70                | 72                                    |
| <ul style="list-style-type: none"> <li>• Slips or trips causing injury</li> </ul>                      | <20                | 13                                    |
| <ul style="list-style-type: none"> <li>• Work related road traffic incidents causing injury</li> </ul> | <15                | 5                                     |
| All work related ill health (inc)  | <50                | 60                                    |
| <ul style="list-style-type: none"> <li>• DSE ill health</li> </ul>                                     | <10                | 29                                    |
| <ul style="list-style-type: none"> <li>• WRS ill health</li> </ul>                                     | <30                | 22                                    |

**Table 2 – Comparison in incident rates for report year 2010/11 (data source eHS, extracted 13 April 2011)**

| Category   | Target Incident Rate for 2010/11 (per 1,000 staff) | Annualised incident rate (per 1,000 staff) |
|--|--|--|
| All incidents causing injury (inc)   | 15   | 18.78                                      |
| <ul style="list-style-type: none"> <li>• Slips or trips causing injury</li> </ul>                      | 5  | 3.39                                       |
| <ul style="list-style-type: none"> <li>• Work related road traffic incidents causing injury</li> </ul> | 4  | 1.30                                       |
| All work related ill health (inc)  | 12   | 15.65                                      |
| <ul style="list-style-type: none"> <li>• DSE ill health</li> </ul>                                     | 3  | 7.56                                       |
| <ul style="list-style-type: none"> <li>• WRS ill health</li> </ul>                                     | 8  | 5.74                                       |

## **RIDDOR incidents:**

1. 16 March 2010 – WSW, the manual handling incident reported to the ICC on 5 July 2010, involved the IP moving a number of crates from reception to the first floor in the Cardiff office. The incident was not reported immediately to the ICC as the IP was able to continue with his normal activities. However, over the following weeks the pain continued to increase and the IP was eventually signed off by his Doctor with two prolapsed discs. Investigation identified the relevant factors and locally staff have been reminded of the office manual handling procedures. (Log 1696)
2. 7 May 2010 – ESE, report of a disease. Since 2009 the AP has suffered with numbness in their right little finger from the knuckle upwards. The symptoms are significantly worse during the week. The disease was formally diagnosed as local nerve compression caused by work equipment on 16 August 2010. The AP has completed DSE training and self-assessment. HSE has supplied alternative equipment; the AP is currently undergoing a second referral to Capita. (Log 1749)
3. 25 May 2010 – Midlands Region, the incident occurred in the Nottingham office and involved a member of staff slipping over which resulted in muscle damage to the shoulder and possible collarbone fracture. The IP was absent for 45 days. Investigation revealed no obvious site or environmental factors, however as a precautionary measure the hand towel dispenser was relocated closer to the sinks to reduce potential water contamination on the floor. (Log 1752)
4. 14 June 2010 – WSW report of a disease. AP formally diagnosed by their GP with bilateral forearm tendonitis on the 7 July 2010. This is a previous condition which has been exacerbated by several weeks of intense DSE work manipulating complex spreadsheets and COIN entry. DSE assessment is up to date, OH referral carried out in June, alternative equipment and chair provided. Work load has been reassessed and inputting reduced accordingly. (Log 1837)
5. 23 November 2010 – ESE, report of a disease. AP formally diagnosed with cramp of the hand or forearm due to repetitive movements. AP was involved with a high profile investigation team which required an increased amount of data entry. DSE work has been reduced through the provision of administrative support. AP has been referred to Capita. Investigation is on-going. (Log 1932)
6. 15 December 2010 – ESE, report of a disease. AP suffers from pain in the hand, wrist and forearm and stiffness in the wrist and fingers exacerbated by intense DSE work. The condition was formally diagnosed by a GP on the 2 December 2010. DSE assessment is up to date; an alternative mouse has been provided in the past. AP will be referred to Capita. Investigation is on-going. (Log 1945)
7. 26 October 2010 – London. IP slipped and fell on wet floor when entering the lobby area of Rose Court resulting in bruising to the ribs and elbow and an absence of over 3-days. The investigation showed that it had been raining outside; an absorbent mat was present in the doorway and the surface of the floor, due to its naturally shiny surface did not appear to be obviously wet. The issue has been reported to the landlord and agreement has been reached for the area to be dry mopped during and after rainfall.

8. 8 March 2011, WSW. IP was struck on the wrist and foot by a falling scaffolding pole during a site inspection, resulting in soft tissue damage to the wrist with considerable swelling and pain and significant bruising to the left foot and toes and an absence of over 3-days. A thorough investigation is currently being carried out.
9. 20 April 2010, ESE. Late internal report of a disease. AP was formally diagnosed by their GP with 'cramp repetitive' on the 20<sup>th</sup> April 2010, it is suspected that the condition was exacerbated by repetitive data inputting and typing. We are currently awaiting further information on the action which has been taken to mitigate the risk.

Management and staff in ESE are reviewing whether there are any common features of the DSE incidents reported from the Basingstoke office and will report up to CHSC if there are any issues of national significance.

### **RIDDOR status change**

The following incidents did not occur in connection with a work activity. The status of these reports has been changed to non-reportable on the Incident Contact Centre (ICC) database and they are no longer included in HSEs RIDDOR reportable incident figures.

- 19 May 2010 – YNE, the injured person was walking to the railway station from the Sheffield Office on official business when they suffered a tear to their achillies tendon. The IP was absent from work for a period of five days. There were no contributing external factors and the injury is suspected to have occurred due to 'wear and tear'.
- 27 July 2010 – CRD, the incident which occurred on the slope of the multi-storey car park at the York office involved a member of staff who was riding their bicycle down the slope, braking suddenly and being thrown over the handle bars. The IP suffered severe bruising to the inside of their right leg, resulting in an absence of over three days. No contributory site or environmental factors were associated with this incident.
- 2 February 2011 – Scotland, during a specialist support visit an inspector suffered crushing injuries to their hand following a firm handshake with the managing director of the company. Following investigation it was agreed that the status of the RIDDOR report should be changed to non-reportable as there was insufficient evidence to pursue on the grounds of physical assault.

### **Sickness absence report**

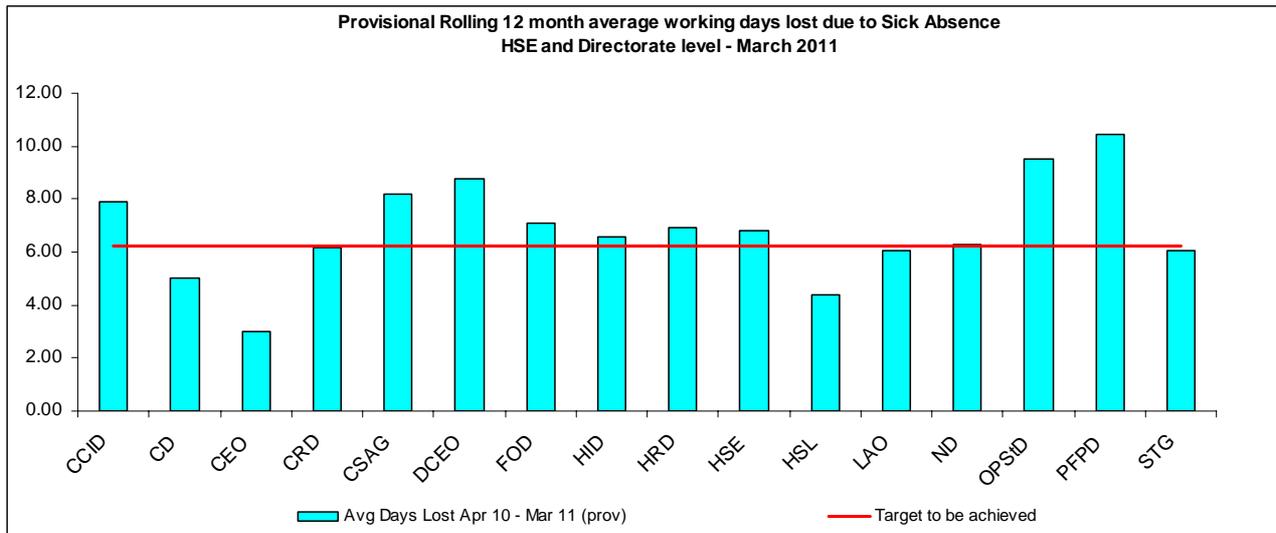
The graph show the average number of days lost through sickness absence at HSE and Directorate level.

The HSE figure is currently **6.80<sup>i</sup>** days per staff member per year, above the annual target of 6.2 days sickness absence per staff member.

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<sup>i</sup> Since the start of the work year the Cabinet Office guidelines have been used to calculate the sickness absence figure, this takes into account actual full and part time hours resulting in a slightly higher, but more accurate average figure per employee than previously reported.

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



**Data source – e-HR, extracted 13 April 2011**