

Health and Safety Executive Senior Management Team Paper SMT/13/22			
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HEALTH AND SAFETY EXECUTIVE
Senior Management Team
MONTHLY HEALTH AND SAFETY STATISTICS
Advisor: Diane Thomas (HSAU) / HRSC PIR Team / HRD
Cleared by Gordon MacDonald on 18th February 2013

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.

Background

4. In March 2012, the SMT cleared the 'Corporate plan for internal health and safety for 2012/13'. Under Section 4 'Measuring Performance' the HSA is to provide the SMT with monthly performance figures against target.

Discussion

5. Annex 1 provides the incident figures and sickness absence data.

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

Table 1 – Incidents in HSE during 2012/13 (data source FileMaker Pro, extracted 13th February 2013)

Category	Target	Reported incidents
Number of work related incidents leading to major injuries or over 7-day absences (inclusive)	<10	0
<ul style="list-style-type: none"> Work related slip or trip incidents leading to major injuries or over 7-day absences 	<3	0
<ul style="list-style-type: none"> Work related road traffic incidents leading to major injuries or over 7-day absences 	<3	0
Number of work related ill health (inclusive)	<50	20
<ul style="list-style-type: none"> DSE related ill health 	<20	7
<ul style="list-style-type: none"> WRS ill health 	<20	13

Table 2 – Comparison in incident rates (data source FileMaker Pro, extracted 13th February 2013)

Category	Target Incident Rate (per 1,000 staff)	Annualised incident rate (per 1,000 staff)
Number of work related incidents leading to major injuries or over 7-day absences (inclusive)	3	0
<ul style="list-style-type: none"> Work related slip or trip incidents leading to major injuries or over 7-day absences 	1	0
<ul style="list-style-type: none"> Work related road traffic incidents leading to major injuries or over 7-day absences 	1	0
Number of work related ill health (inclusive)	15	4.91
<ul style="list-style-type: none"> DSE related ill health 	5	1.72
<ul style="list-style-type: none"> WRS ill health 	5	3.19

RIDDOR incidents

1 new RIDDOR report has been submitted since the January 2013 paper.

AP changed duties from Admin to Visiting Officer and moved from desktop to laptop use. AP developed pains/tingling in wrists and hands. Hospital diagnosed Carpel Tunnel Syndrome, possibly due to DSE. Occupational Health assessment referral has been submitted. As an interim measure LM has advised that AP uses a separate keyboard, rather than the laptop keyboard, when working away from the office. AP has continued to work and has not had any time off.

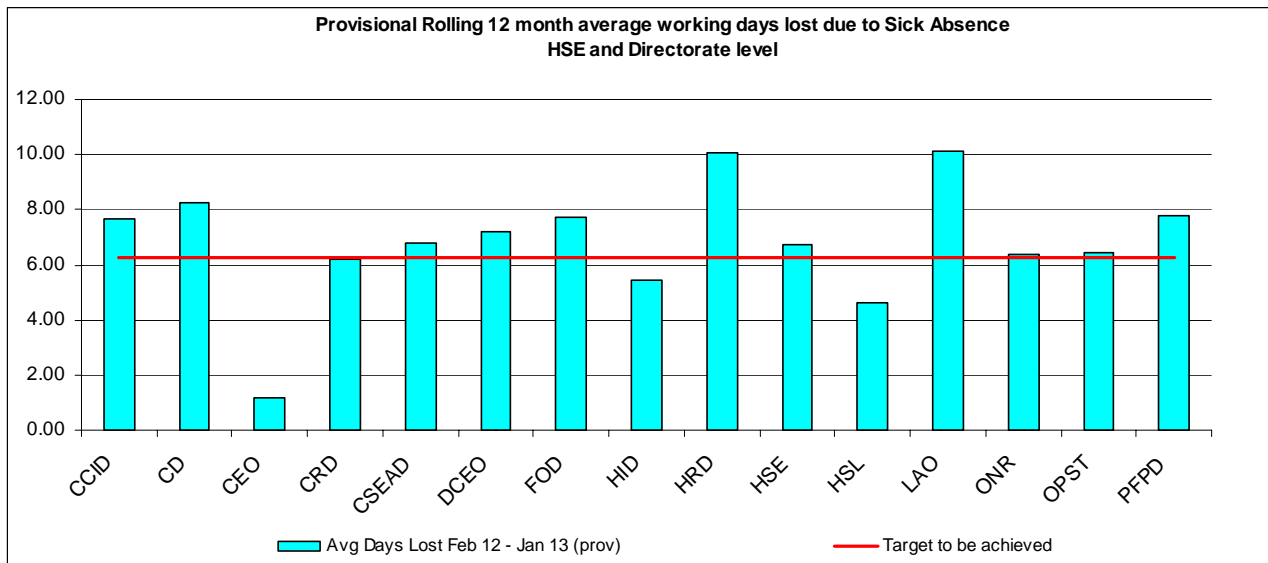


Sickness absence report

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

The HSE figure is currently **6.72** days per staff member per year, slightly above the annual target of 6.24 days sickness absence per staff member.

Graph 1 - Shows the provisional rolling 12-month average of working days lost due to sickness absence to January 2013



Data source – e-HR, extracted 6th February 2013

Managing Attendance

HR supports HSE managers in dealing with attendance management through a range of initiatives.

HR Intranet Site

The intranet site contains advice and guidance on how to manage attendance and relevant action to take when members of staff go off sick.

Casework Support

Managers can access advice and support from HR caseworkers when dealing with complex HR issues. Support will vary depending on complexity. 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.

Occupational Health

Atos Healthcare is HSEs occupational health provider. 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.

HR are investigating proactive interventions available from Atos; including the use of case conferences with occupational health physicians, to support HSE managers in dealing with attendance management through a range of initiatives.

Mediation

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