

HEALTH AND SAFETY IN HSE

1.74 HSE aims to set and maintain exemplary standards of health and safety for its staff. A large number of HSE staff are exposed to significant hazards eg visiting offshore installations, construction sites, asbestos removal contracts, working on the rail system, laboratory work etc. There are also a number of contractors and temporary staff working on HSE premises.

1.75 At the start of the year, HSE set targets for the reduction in accident and ill health as part of its response to RHS. The figures were based on 1999 performance (the best available at the time). Since then it has been established that HSE has a significant problem of under-reporting of accidents and ill health. The HSE Corporate Health and Safety Committee (CHSC) and HSE Board is considering this and will review it at the July CHSC meeting, taking account of the data for 2001/02. HSE's health and safety management system includes:

- health and safety policy (revised during 2001). HSE has overall responsibility for health and safety but requires the head of each Directorate and equivalent to ensure effective safety management arrangements within the Directorates;
- health and safety responsibilities defined and incorporated in the work plans for managers and others with specific responsibilities;
- priorities for action set through a corporate health and safety plan. Directorates add to their own priorities arising out of their risk assessments;
- HSE Board discusses health and safety at every formal Board meeting and receives reports twice a year on HSE's performance;
- monitoring by audits carried out by HSE's Health and Safety Adviser (HSA), Staff Attitude Survey (SAS), and local inspections and audits;
- accidents and work-related ill health, near misses, dangerous incidents and verbal abuse/threatening behaviour are reported and investigated.

1.76 HSE recognises the valuable role that the TUs play in promoting high standards of health and safety. CHSC is the principal consultation forum between HSE and the HSE TUs. Justin McCracken, Deputy Director General of Operations, is the Board Champion for health and safety and chairs the CHSC. The committee meets three times a year. There are a number of local safety committees, and operational Directorates have committees looking at specific industry-related risks that visiting staff encounter. Safety representatives are encouraged to be involved in workplace inspections and accident/ill health investigations.

Progress on the Health and Safety Plan for 2001/02

1.77 The HSE Health and Safety Plan for 2001/02, agreed between the HSE Board and trade unions, sets a number of priorities:

- **DSE:** improved arrangements for DSE assessments. This includes tighter performance measures, improved training for assessors, clear procedures and information available on the Intranet to address the concerns of assessors about equipment available. Considerable reduction in outstanding assessments despite significant office moves.

- **Stress:** targeted on workload. Significant action taken over the past year by Directorates to reduce stress by managing workloads and reducing working hours particularly due to excessive travel. A HSE/TU working group set up to look at the implementation in HSE of the *Tackling work-related stress* guidance. The report produced by this working group, was submitted to, and agreed by the CHSC and HSE Board in June 2002. The report identified three priority areas for action in 2002/03:
 - Directorates to carry out risk assessments for stress;
 - to review the data on managing attendance to establish a baseline for work-related stress in HSE, and to set targets for reduction;
 - the health and safety aspects of HSE IT systems to be examined, as IT is an issue that is thought to be a significant source of stress.
- **Travel:** action taken to reduce the amount of travel, increased use of video/telephone conference facilities, restricting travel to essential business.
- **Risk assessment:** reviewed for staff working away from HSE's premises. Manual handling assessments were reviewed.
- **Back care awareness** programme and training provided.
- **Training** reviewed for staff having specific health and safety responsibilities.

1.78 In 2002/03 the priorities are:

- musculoskeletal disorders;
- stress;
- slips trips and falls;
- the health and safety of non-HSE employees where HSE have responsibility; and
- monitoring against the High Level Forum Ministerial Checklist, identifying priority areas for action. HSE will benchmark itself against the Highways Agency during 2002.

Table 34 Health and safety performance: Accident/ill health/incident reports

	April-March 2002	April-March 2001	April-March 2000
Fatal injuries	0	0	0
Major injuries	2	1	2
Over 3 day injuries	9	15	5
Minor injuries	114	102	196
Dangerous occurrences	2	0	0
Near misses	60	46	62
Verbal abuse	8	13	18
Possible asbestos exposure	4	5	0
Ill health cases	129	114	137
TOTAL	328	296	420

1.79 There were 15 RIDDOR reports during 2001/02, three of which were reported by employers of non-HSE staff. This compares with 15 last year (including two non-HSE staff). The incident rate for RIDDOR incidents is 273 per 100 000 employees. HSE estimates the total cost of the accidents/ill health to be

approximately £105 000, but believe this underestimates the cost of ill health particularly due to stress. Further work is being carried out to improve the data. There were two claims settled during the year relating to work-related accidents. No formal enforcement actions have been taken against HSE during 2001/02.