

Health and Safety in HSE

Annual Report 2013/14

Contents

Foreword	3
Policy	4
Organisation	4
Senior Management Team.....	4
Corporate Health and Safety Committee	4
Local health and safety committees	5
Competent advice	5
Training	5
Planning and Implementation	6
Monitoring Performance	6
Total number of reports	6
RIDDOR reports.....	7
Non-RIDDOR reports.....	8
Breakdown of incident reports for 2013/14 by severity	8
Accidents (44)	8
Incidents (125)	9
Ill health (68)	9
Performance measures in 2013/14	10
Lagging indicators	10
Leading indicators	11
DSE related ill health: PM 8 & 9.....	11
Lone working and site visits: PM 10 & 11	11
Work related road risk: PM 12.....	12
Work related stress: PM13.....	12
Review – Actions for 2014/15.....	12

Foreword

In HSE we also recognise that as an organisation which regulates health and safety in other workplaces, we must lead by example.

It is our staff who deliver our business goals and we attach great importance to ensuring the continued health, safety, welfare and development of our workforce and to minimise the distress and disruption caused by any injuries or work related illnesses which may occur.

We are two years into a three year health and safety management framework and continue to address key themes for development to build on our positive health and safety culture. Over the last 12 months we achieved good results against many of our performance measures. Ill health due to work-related stress continued to emerge as a clear priority for us. We analysed cases during 2013/14 and are acting on the findings.

I would like to thank all the teams mentioned in this report and those staff that undertake essential roles as first aiders, fire wardens, DSE administrators and assessors amongst others for playing a vital part in the management of health and safety across the organisation.

A positive health and safety culture needs to be at the core of every successful organisation.

A handwritten signature in black ink, appearing to read 'J. Hackitt', with a long horizontal flourish underneath.

Judith Hackitt CBE

Chair of the Health and Safety Executive

Introduction

The Health and Safety Executive (HSE) is a low risk organisation with a positive health and safety culture. We have effective policies, procedures and a safety management system in place to ensure the continued health, safety, welfare and development of our staff.

In 2013, we published our corporate plan for internal health and safety for 2013/14; this report outlines our safety management system and the progress we have made.

Policy

Our aim is to set and maintain sensible and proportionate standards of health and safety management to ensure the wellbeing of our staff and others who may be affected by our activities, and to minimise the losses (financial and reputational) to our business from ill health and injury.

Organisation

Senior Management Team

The HSE Senior Management Team (SMT) leads on the overall direction of health and safety and continues to improve performance through monitoring progress with the annual plan on a monthly basis and advice from the Corporate Health and Safety Committee (CHSC).

Corporate Health and Safety Committee

The CHSC is the principal consultation forum. The committee meets three times per year and was chaired by the Director of the Hazardous Installations Directorate (HID). Membership consists of an equal number of management and Trade Union (TU) representatives, and the Health and Safety Advisor (HSA).

Any changes to policies, plans or decisions affecting staff health and safety are discussed by the committee, opened up for internal consultation, as appropriate and finally agreed by members prior to implementation.

Local health and safety committees

Local health and safety committees are in place for Aberdeen, Bootle HQ, HSL, and each of the three geographic divisions; Central, Southern and Scotland and the North East. Membership consists of an equal number of management and TU representatives, and the local Site Safety Coordinator (SSC).

These committees implement the annual corporate health and safety plan and provide staff with the opportunity to discuss and resolve health and safety concerns.

From time to time such concerns arise which have the potential to affect the organisation nationally; these are escalated through the SSC to the CHSC.

Competent advice

The HSA provides independent technical advice on all aspects of health and safety at work to staff and line managers. Support is provided by eight divisional SSC's who act as the first point of contact at a divisional level, assisting line managers to discharge their health and safety responsibilities.

Training

Health and safety training is provided as follows:

Regulatory staff

- Postgraduate diploma in occupational health and safety
- Early years training
- Continued professional development
- Other specialised training, i.e. asbestos awareness

All staff, on a needs basis

- NEBOSH certificate in health and safety management
- Safe driver training
- DSE assessor
- DSE administrator
- Fire warden
- First aid
- Automated External Defibrillators (AED)

All staff, mandatory

- DSE training and self-assessment

Planning and Implementation

In addition to routine health and safety management activities, the 'Framework for Internal Health and Safety Management in HSE 2012/13 to 2014/15' identifies, based on the number of incidents known to have occurred in HSE, and on an assessment of the potential for harm to staff, our risk based health and safety priorities as:

- Display Screen Equipment (DSE) related ill health;
- Lone working and site visits;
- Work related road risk, and
- Work Related Stress (WRS).

The framework is implemented via the annual corporate plan for health and safety, which is disseminated to divisional committees through the SSC network.

Monitoring Performance

In addition to actively seeking evidence from the SSCs on a quarterly basis to demonstrate implementation of the actions listed in Annex 1 to the corporate plan, we encourage staff to report all incidents regardless of the severity of the resulting injury.

This positive reporting culture allows for a larger number of incidents, however minor and including near misses, to be analysed to identify any potential trends or patterns to identify what we can do to mitigate risks to the health and safety of our staff on or off HSE premises.

This information is reported to the SMT on a monthly basis and discussed by the CHSC at each of its three in year meetings.

Total number of reports

During 2013/14, HSE staff reported 237 incidents, of which **two** met the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

The number of minor injuries has fallen significantly, however we have seen an increase in the number of ill health reports and 'all other' incidents in comparison with previous years.

Table 1 shows the total number of accidents, incidents and ill health reports over a three-year period

Incident category / Report year	2013/14	2012/13	2011/12
RIDDOR reportable accidents	1	1	3
▪ All other minor accidents	43	74	79
RIDDOR reportable incidents	0	0	0
▪ All other incidents	125	101	123
RIDDOR reportable ill health	1	2	1
▪ All other ill health	67	31	53
Subtotal RIDDOR reports	2	3	4
Subtotal Non-RIDDOR reports	235	206	255
Total reports	237	209	259

RIDDOR reports

Two RIDDOR reports were submitted in 2013/14, a slight decrease in comparison with the previous year. The first was a major injury which occurred when a member of staff, travelling on official business, tripped and fell crossing a road resulting in a fractured wrist. The second was for DSE related ill health.

Table 2 shows the total number of RIDDOR reports over a three-year period

RIDDOR reporting category	2013/14	2012/13	2011/12
Fatal	0	0	0
Major injury	1	0	0
Dangerous occurrence	0	0	0
Over 3-day	-	-	3 ⁱ
Over 7-day	0	1	-
Ill health	1	2	1
Total RIDDOR reports	2	3	4

ⁱ The RIDDOR reporting requirements for absences changed from over 3-days to over 7-days in 2012/13

Non-RIDDOR reports

During 2013/14, overall the number of non-RIDDOR reports increased in comparison with previous report years however we have seen a decrease in the number of minor injuries.

The number of reports submitted for 'all other incidents' has risen. This category includes reports of near misses, verbal abuse, possible dangerous exposure and property damage.

We have seen an increase in the number of ill health reports submitted for DSE related ill health and work related stress in comparison to the previous report year.

Table 3 shows the total number of non-RIDDOR reportable incidents over a three-year period

Incident category	2013/14	2012/13	2011/12
Major injuries ⁱⁱ	0	1	3
Minor injuries	37 (6)	58 (15)	61 (15)
Ill health	67	30 (1)	53
All other incidents	118 (7)	89 (12)	92 (31)
Total	222 (13)ⁱⁱⁱ	178 (28)	209 (46)

Breakdown of incident reports for 2013/14 by severity

Of the 237 reports submitted during 2013/14, 172 of them occurred on HSE premises with the remaining 65 occurring during site inspection or commuting activities.

Accidents (44)

There was a significant reduction in the number of incidents resulting in injury during 2013/14 in comparison with previous report years. 44 incidents were reported, of which 43 were minor in nature and resulted in injuries such as bruising, grazes, temporary discomfort, scalds and cuts. Thirty four incidents occurred on HSE premises, with the remaining ten occurring during site inspection or commuting activities.

ⁱⁱ Not reportable under RIDDOR as there was no work related activity.

ⁱⁱⁱ Figures shown in brackets are incidents reported by contractors, for example, maintenance, porters, IT, security and cleaning staff.

Incidents (125)

We saw an increase in the number of non-injury incidents in comparison with previous years. The number of near miss reports, possible dangerous exposure and property damage remain relatively static; however we have seen an increase in the number of reports submitted by staff who have been subjected to verbal abuse or aggressive behaviour from duty holders during site inspection activities or telephone calls.

The rise in the number of verbal abuse reports can, in part be attributed to our active engagement with visiting staff to encourage this type of incident report in order to gauge a better understanding of the types of behaviours staff are exposed to.

Ill health (68)

During the first six months of 2013/14 we saw an increase in the number of ill health reports submitted for work related stress in comparison with the same period in previous report years. Although trends returned to 'normal' in the latter part of the year a review has been carried out and a report was presented to the HSE Board in May 2014. Our Annual Report for 2014/15 will examine the trends since 2013/14, and describe the actions taken to address this important subject.

Table 4 shows the total number of reports submitted during 2013/14 by event type and location

Event type		On HSE premises	Off HSE premises	Total
Accident	Minor injury	34	9	43
	Specified major injury or condition		1	1
Incident	Near Miss	55	5	60
	Possible dangerous exposure	4	3	7
	Property damage	2	10	12
	Verbal abuse	10	36	46
Ill health	Display screen equipment	16		16
	Work related stress	45		45
	Other	6	1	7
Total		172	65	237

Performance measures in 2013/14

In 2013/14, the CHSC set aspirational targets for the organisation to achieve in a number of performance measures. These, separated into leading and lagging indicators are intended as a challenge to our staff and management and a prompt to encourage continuous improvement.

Lagging indicators

The lagging indicators present a picture of our reported incidents. Performance in this category can be influenced by a strengthening culture of internal reporting procedures rather than an arbitrary indication of success or failure to manage risk effectively.

With the exception of PM 4 and 6, we have met all of the lagging indicator performance measures.

Table 5 shows the performance against target for the lagging indicators

Performance measure		Actual
PM 1	To have fewer than 5 incidents leading to major injuries or over 7-day absences, including slips and trips and road traffic injuries	1
PM 2	<ul style="list-style-type: none">▪ To have fewer than 3 slip and trip related major injuries or over 7-day injuries	1
PM 3	<ul style="list-style-type: none">▪ To have fewer than 3 work related road traffic major or over 7-day injuries	0
PM 4	To have fewer than 50 cases of work related ill health, including DSE and WRS	68
PM 5	<ul style="list-style-type: none">▪ To have fewer than 20 cases of DSE related ill health	16
PM 6	<ul style="list-style-type: none">▪ To have fewer than 20 cases of WRS	45
PM 7	To have fewer than 6.2 days of sickness absence per staff member for the year	6.29

Leading indicators

Leading indicators are used to assess elements of our safety management system which, in line with previous years we have continued to use to monitor the effective implementation of our priority health and safety policies.

Table 6 shows the performance against target for the leading indicators

	Performance measure	Actual
PM 8	100% of staff are up to date with their DSE training and self-assessment	93%
PM 9	100% of high risk user action reports are actioned by a DSE administrator and assessor within 4-weeks of the self-assessment date	84%
PM 10	100% of violent or aggressive situations experienced by staff are reported on an internal report form	88%
PM 11	At least 10% of calendar and staff directory entries are randomly checked to ensure the contact information and location details are correct	51%
PM 12	100% of visiting staff undertake their safe driver training within three months of appointment	88%
PM 13	100% of staff who submit an ill health report for WRS will be allocated to a named member of staff to explore the root causes within 2-weeks of being reported	100%

DSE related ill health: PM 8 & 9

In 2013/14 we saw a slight dip in performance in comparison with previous report years. However we have taken action to support existing staff and to provide training to new DSE administrators and assessors to secure improvements in the implementation of our DSE safety management system.

Lone working and site visits: PM 10 & 11

We are currently piloting a Lone Worker Protection System with approximately 300 of our visiting staff.

Joint working with colleagues across the organisation has resulted in improvements in the implementation of our 'Lone Working' and 'Visiting Staff' policies in comparison to previous

years. This has been achieved through the actions taken by colleagues in Field Operations Directorate (FOD) and the SSCs to actively encourage staff to report unacceptable behaviour from duty holders to allow us to take the appropriate action and to protect their colleagues in the future.

Knowing where our staff are and having up to date information about their contact details is important in case they encounter any problems whilst out on lone visits. Random checks were carried out on calendar and staff directory entries for 51% of our staff, and we are pleased to report that only 8% of these checks highlighted entries during quarter four which required follow up action.

Work related road risk: PM 12

We have continued to work with colleagues across the organisation to improve awareness of training requirements for staff who drive on official business and are pleased to report an increase in the number of staff meeting our KPI's^{iv} in comparison to last year.

Work related stress: PM13

We have seen an improvement in the management of ill health reports for work related stress cases in comparison with the previous report year.

Review – Actions for 2014/15

In 2014/15 we plan to:

1. Bring our annual health and safety plan in line with the revisions published during 2013 to HSG 65 'Successful health and safety management'.
2. Improve the way in which we present incident data to the SMT by removing the performance targets and presenting all reported incidents against historical data to determine trends.
3. Review all ill health reports for work related stress submitted during 2013/14 against the Management Standards.
4. Review elements of our internal health and safety guidance.
5. Evaluate the Lone Worker Protection System pilot.

^{iv} Key Performance Indicators