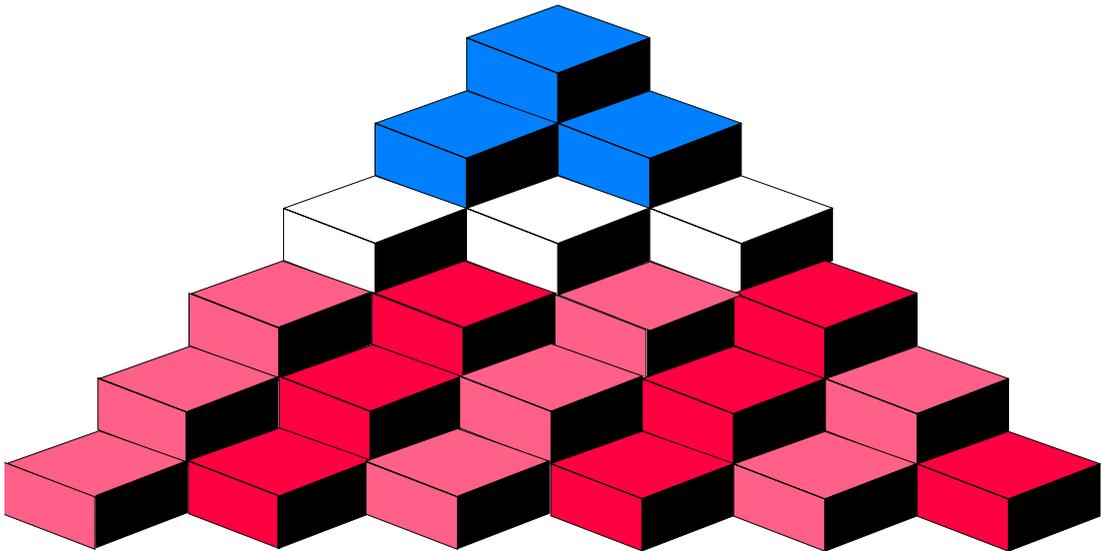


HEALTH AND SAFETY IN HSE



ANNUAL REPORT 2003/2004

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HSE comprises a number of Directorates and Divisions and an agency of HSE - the Health and Safety Laboratory. Where this report refers to "Directorate", it should be taken as meaning all of these bodies.

- Corporate Science and Analytical Services (CoSAS)
- Field Operations (FOD)
- Hazardous Installations (HID)
- Health and Safety Laboratory (HSL)
- Nuclear Safety (NSD)
- Operational Policy (OPD)
- Policy Group (PG)
- Railways (RI)
- Resource and Planning (RPD)
- Solicitors (Sol)
- Strategy and Intelligence (SID)

Introduction by the Director General

The health and safety of HSE staff and our contractors is a key business priority and I am very pleased with the improvements we have made during the past year.

The Board Champion for Health and Safety, Justin McCracken, leads a discussion on our health and safety performance at every formal Board meeting. We monitor our progress on health and safety against our targets, examining the causes of incidents and identifying ways in which we can address issues across HSE. Most of the accidents and ill health are similar to those most employers face, ie Musculoskeletal disorders (often associated with DSE use), slips and trips and stress. In 03/04 we set targets to reduce accidents due to slips and trips and to reduce ill health due to DSE. The reduction in the figures illustrate that our targets were more than achieved. I would like to thank everyone who has been involved in achieving this progress, particularly staff who do the essential work of DSE and other risk assessments.

I want HSE to continue to improve its health and safety performance, and remain vigilant to retain progress in terms of the number of health and safety incidents. The people best placed to make workplaces safe from harm are the staff and managers who work in them. The Board and I have set further targets for this work year. To help us achieve our targets, I want you to think about your own personal contribution to see if there are any changes that you need to make. We can all help to reduce incidents by improving our own behaviour, in keeping our work area tidy, clearing up spillages immediately, taking regular breaks from the PC, thinking before acting, reporting all incidents, and similar simple action. Board members have been thinking about their own behaviour and intend to lead by example - we have each carried out a housekeeping inspection, with particular emphasis on slips and trips. We will follow these up to ensure faults are rectified.

The Board agreed to the introduction of on site Occupational Health provision to enable managers and staff to gain speedy access to expert advice, especially regarding managing stress and MSD. It is a big step forward to improving the health and safety of you all - the service is there to help you, please use it.

I am sure with your help and assistance we can continue to improve the health and safety of our HSE offices and workplaces to make sure we all go home safe and sound.

**TIMOTHY WALKER
DIRECTOR GENERAL**

Review of health and safety in HSE - 2003/04

Summary

What have we achieved in 03/04?

- The Board set targets to reduce by 10% the number of cases of ill health due to DSE and the number of injuries from slips and trips. These targets were met, and in the case of DSE, we substantially exceeded our target as cases were reduced by 40%.

<u>Category</u>	<u>2002/03 figures</u>	<u>Target</u>	<u>2003/04</u>
DSE	88	< 79	50
Slips / trips	45	< 40	34

- Good progress was made with the Board's target to reduce the number of RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) to single figures by 2004/05. This year there were 11 RIDDOR reports including one for non-HSE personnel.
- The HSE Board discussed health and safety at every formal meeting. This included the monthly accident and ill health statistics, reports on significant H&S issues and formal mid-year and end-of-year reports on performance. The Board members identified that slips and trips were a cause of a number of RIDDORs in HSE, and agreed to take the lead in slips/trips inspections.
- A change in our occupational health provision contractor has resulted in improved arrangements for our staff. This includes provision of an on-site occupational health advisory (OHA) service.
- Arrangements to reduce duplication in Health and Safety (H&S) management across HSE were agreed by the Corporate Health and Safety Committee (CHSC) and Board. H&S co-ordinators were appointed on a site basis, and H&S committees were realigned to reflect the changes.
- During the year, the first meeting of the Operations Group H&S committee took place to take forward H&S issues affecting staff when visiting duty holders.
- A wide range of supplements and guidance were issued on the intranet.
- The CHSC chaired by the DDG as Board Champion for H&S, progressed a wide range of H&S issues during the year.
- Safety representatives and Trade Union Health and Safety Committee members continued to play an important role in improving H&S performance.

Progress against our Corporate priorities

Musculoskeletal disorders

Continued effort into prevention of MSD has seen a significant reduction (40%) in the number of reported cases of ill health due to DSE. The number of manual handling accidents has also fallen, although this included 3 RIDDOR reports.

Management of stress

The Stress Management Standards were incorporated into the 2004 Staff Survey. Policy Group successfully piloted the Standards in partnership with 21 other organisations. A paper will go to the Board in July 04.

Slips, trips and falls

Campaigns to reduce the number of incidents continued during the year. The target to reduce injuries by 10% due to slips and trips has been met.

Work-related road risk

Promotion of safe driving was a theme throughout the year. There was a slight reduction in the number of road traffic accidents. Few resulted in serious injury to staff, although most of them had potential to result in major injury.

Accidents, ill health and near miss reporting

There were 331 reports received during the year (compared with 405 in 2002/03), which comprised 140 accidents causing injury, 101 involving ill health and 90 near misses. 24 of the reports were for non-HSE staff. 11 of the reports were RIDDOR reportable incidents; one of which was reported by an employer of non-HSE staff.

Contractors

Workshops were held aimed at improving the health and safety performance of HSE's contractors.

Auditing, monitoring and reviewing performance

The Health and Safety Adviser (HSA) produced papers for Board consideration on tackling specific issues such as work-related road risk, manual handling and slips and trips.

As a result of an internal audit, the Board Champion set up a study of health and safety management in HSE. The recommendations will be taken forward during 04/05.

HSE has Crown immunity and therefore cannot be prosecuted, but we have not been the subject of any Crown censures. However, following a serious accident at the Health and Safety Laboratory, a Crown improvement notice was served by the Enforcing Authority, which in this case was the Field Operations Directorate of HSE. Changes in procedures and training have now been implemented.

Performance against the Health and Safety Corporate plan

The Corporate plan mirrored, where appropriate the Health and Safety Commission's priority programme and was agreed by the Board. Directorates prepared H&S plans based on the corporate priorities and other priorities identified in their risk assessments or audits.

Musculoskeletal disorders

To continue to tackle the cause of work-related upper limb disorder (WRULD) and ensure compliance with Display Screen Equipment (DSE) Regulations.

Compliance with the DSE supplement has assisted with the significant reduction in the number of reported cases of ill health due to DSE. The Board set a target to reduce ill health reports due to DSE by 10% and this was substantially exceeded. We reduced the number by over 40%, from 88 reports to 51. It was encouraging that this year there were no DSE reports reportable under RIDDOR.

101 staff attended DSE assessment/refresher courses, and assessors continue to play an important role in promoting good practice re DSE use. The Board are very grateful to DSE assessors and this message was relayed to all assessors via H&S co-ordinators. The number of outstanding assessments decreased by 10% compared to last year, and were mainly due to problems with arranging a suitable time for assessment.

An electronic DSE training package was trialled in Personnel, and feedback was positive. However there are some problems with web links via GSI, which BEU are trying to resolve. The package has been revised and updated to reflect HSE's own guidance, and will be rolled out across HSE sites during 04/05. The aim is to streamline the assessment process, improve user training and improve our record keeping. This coupled with easier access to OHA provision should assist us to meet our target to further reduce reports of ill health due to DSE by 10% at the end of 04/05.

To increase staff awareness of back injury risk and promote avoidance strategies through training and other events.

A new supplement on manual handling was made available on the intranet. Directorates reported much activity on raising awareness, risk assessments and training. During the year, 63 staff attended the manual handling training course and 10 staff attended the manual handling assessor training.

Although manual handling accidents reduced from 19 (2 non HSE staff) in 2002/03 to 12 this year, including 5 for non HSE staff, there are still lessons to be learnt. A number of cases involved staff who were trying to assist others in lifting even though they were aware it was not in their remit. It was disappointing that there were 3 RIDDOR reports due to manual handling.

MSD is still a priority in the 2004/05 Corporate H&S plan and there will be more involvement from the OHAs with regard to preventative actions and advice.

Management of stress: To reduce the sickness absence in HSE due to work-related stress.

Action plans

Directorates carried out risk assessments for work related stress (against the 7 factors identified in "Tackling Stress Together") following the Board's decision in June 2002 to tackle this issue. All Directorates produced Action Plans, which they are currently progressing. Activities during 03/04 included:

- working groups set up to progress action plans;
- protocols for effective open plan working;
- improved recreational areas;
- long hours culture addressed;
- Directorates clarified work priorities more effectively;
- risk assessments applied to office moves based on feedback from previous moves.

Stress Management Standards

HSE's Policy Group successfully piloted the Stress Management Standards in partnership with 21 other organisations. Actions included:

- "first" and "second pass" survey questionnaires based on the six key stress indicators;
- each division completed a second pass questionnaire based on its three least good results from the first pass;
- surveys followed up by a consultation phase to validate the survey outcomes and identify actions/interventions;
- timed team action plans being drawn up - designed to lead to measurable and sustainable improvement. These are currently being implemented/reviewed and monitored;

There were lessons learned from the pilot as to what worked well and what didn't. The pilot outcomes will influence further development of the Standards and how stress activity is taken forward across HSE in future.

The Stress Management Standards were included in the staff survey, and the outcome was considered by the Stress Working Group. A paper will be presented to the Board in July on the way forward.

Ill health reports (IH1s)

Although there were fewer reports of work-related stress this year, 38 compared to 44 last year, this resulted in at least 2500 days lost (this compares with 1968 in 02/03) with some absences continuing into 2004/05. Personnel continued to

follow up all cases of absence due to work-related stress to ensure an IH1 was completed, and to advise on how to tackle the issue.

Common issues identified were similar to last year and included:

- workload / deadlines / demands;
- organisational changes;
- relationship with management/colleagues;
- conflict / behaviour issues;
- lack of support / resource;

Referrals and counselling

- There were 51 individuals referred to the Atos occupational health physician due to health problems associated with stress and depression, compared with 27 last year. The majority of these individuals had been on long term sickness absence. In the latter part of the year, the OHAs began seeing staff suffering with stress and depression at a much earlier stage in order to assist their recovery back into work. This approach will be emphasised during 04/05.
- Counselling and Support Services (CSS) dealt with 27 cases of work-related stress (the same as last year).
- During the latter part of the year, the site OHAs in conjunction with Personnel were involved in the successful return to work of a number of staff who had reported stress and were anxious about their return. The OHA provision will be bedded in across HSE sites during 2004/05 and the emphasis will be on early and regular contact with individuals to ensure they do not feel isolated. Information about the site OHAs can be found on the intranet H&S site.

To reduce the number of accidents due to slips, trips and falls

Campaigns and promotions to reduce the number of accidents due to slips and trips continued during the year with particular impetus on near miss reporting and the immediate removal of potential hazards.

The Board agreed to take the lead in slips/trips inspections, and during European week of H&S, the Board Champion reminded staff what actions could be taken to reduce slips, trips and falls. The Board's target to reduce injuries by 10% due to slips and trips has been met - there were 34 accidents to HSE staff compared to 45 last year. However five of the accidents were RIDDOR reportable. This included 2 major injuries to staff due to slip / fall whilst out on site.

Directorates' actions to reduce slips/trips due to wet floors included:

- encouraging staff awareness of potential hazards;
- reminding staff to mop up spillages;
- risk assessments / inspections;
- cleaning contractors reminded of correct techniques for cleaning and drying floors.

However there were still a number of accidents due to slippery floors/stairs, including one that caused substantial injury and was reported under RIDDOR. Site co-ordinators will be reviewing all their slip/trip accidents to see what further action can be taken. We have also arranged to use HSL's slip assessment tool within HSE.

Slip, trip hazards

A survey on slip/trip hazards in common areas across HSE sites was carried out by the Facilities Management contractor. A number of significant issues were identified which included:

- the need for dedicated pedestrian walkways within certain parking areas;
- need to provide more vision panels in certain areas;
- a number of floors had uneven surfaces/ holes / cracks/ loose mats;
- inadequate nosings on staircases;
- spillages eg taps leaking onto floors;
- materials stored on stairs and in crates at sides of desks;
- projected wall fixtures.

BSD have incorporated remedial actions into a planned programme of work, which will be reviewed in September 04. An update on progress will be produced.

“Performance of all contractors to deliver their services to equivalent standards of health and safety is monitored and management is in place to rectify shortfalls”.

To address H&S of non-HSE employees where HSE have responsibility

Following revised guidance published in the Purchasing Manual dealing with the monitoring of the health and safety performance of contractors, two workshops were run jointly between BSD and HSU for contractors and contract managers. Contractors were advised of HSE's policy on H&S performance and how it would be assessed both at the tender stage and throughout the contract.

The workshop for contract managers was aimed at helping them understand their role in assessing and actively monitoring the performance of contractors both at the tender stage and throughout the contract.

An audit of the H&S policy of the contractor responsible for the supply of metal container furniture to HSE was undertaken during the year.

REFIT (Computacenter) carried out internal H&S audits during May and August 2003. The findings were shared with BEU1 and arrangements were made for the actions identified to be followed up.

To reduce the number of accidents while travelling by road

A supplement on Safe Driver Training was issued on the intranet, and the supplements on Work Related Road Risks and Travel on Official Business were updated during the year. 194 staff participated in safe driver training. Directorates

reported an increased use in telephone and video conferencing facilities as an alternative to travelling.

Awareness campaigns were carried out throughout the year, and included:

- information on driving at appropriate speed;
- leaflets and posters were issued and displayed highlighting key safety messages during safe driving week;
- messages were issued to remind staff that mobile phones (including hands free equipment) should not be used while driving;
- HID unit produced a risk assessment proforma to help staff decide whether they should travel or use alternative work methods;
- NSD promoted use of public transport as an alternative to travelling by car.

During the year there were 19 reported incidents compared with 22 in the previous year. However, the majority of accidents could have been more serious than actually occurred, and it was disappointing that only one person attended the 'Driver and post accident counselling' one day course.

Auditing, monitoring and reviewing performance

Asbestos

During the year a survey of asbestos in HSE buildings was carried out as required by the Control of Asbestos at Work Regulations 2002. The outcome will be on the intranet in August. The survey revealed that there was asbestos debris in the roof void of the Wrexham office, which had recently undergone alterations to make it an open plan office. Staff were concerned that they and the contractors were exposed to asbestos dust. An investigation was carried out both by HSE's Health and Safety Advisor and the Local Authority as enforcing authority.

The investigations showed that the risk of exposure to asbestos was very low, but the incident did highlight weakness in the control of work on HSE's premises. For work not classed as a major property event, there was a lack of clarity about roles and responsibilities, information about hazard materials in the building and coordination between the contractors. Procedures have changed to address these issues.

H&S audit

Following a study by Internal Audit, the Board Champion set up a study of health and safety management in HSE. The recommendations were agreed by the Board and will be taken forward during 04/05.

Accident and ill health reporting and investigation

The HSA challenged 40 IH1/ACC1 reports received by Personnel where further investigation was required or preventative actions were missing, for example RIDDOR procedures not correctly adhered to. The Board took a keen interest to ensure follow up actions were addressed. The main reasons for challenge included:

- no conclusions as to the cause of the injury;
- no clear responsibilities for remedial action;
- not establishing the underlying cause of the incident;
- inspections or investigations by enforcing authorities.

HSE has Crown immunity and therefore cannot be prosecuted, but we have not been the subject of any Crown censures. However, following a serious accident at the Health and Safety Laboratory, a Crown improvement notice was served by the Enforcing Authority, which in this case was the Field Operations Directorate of HSE. Changes in procedures and training have now been implemented.

FOD (supported by appropriate HID staff) carried out an audit of the risk management system of HSL.

The Southwick and Sefton Environmental Health Authorities inspected the Bootle and Rose Court Restaurants.

Health and Safety policy and guidance

The Health and Safety Policy was revised to reflect the changes in management arrangements. A wide range of central and cross directorate supplements were produced or updated via the CHSC or the Operational Group H&S Committee. These were:

Manual handling, Asbestos, Health, safety and welfare of staff involved in major investigations, Legionellosis, risk assessment at Practical Training courses, Hazardous substances, Violence to staff in HSE offices, Safe driver training, Work-related road risk, Lone workers and General H&S at site visits.

Ministerial Checklist

The Ministerial Checklist has been followed with health and safety arrangements adhered to, relevant information cascaded as appropriate and liaison undertaken with the new Site Co-ordinators for workplace inspections and audits of management systems.

Health and Safety Training

376 staff attended centrally provided health and safety training (compared with 252 staff in 2002/03), and feedback was positive. Training provision was improved with new or revamped courses in:

- accident reporting and investigation;
- coping with work pressure;
- DSE assessors / refresher;
- manual handling / manual handling assessor;
- dealing with conflict and aggression.

Occupational Health

Occupational health provision

The retender board set up to take forward the provision for HSE's new occupational health provider agreed to join the DWP contract for occupational health services with SchlumbergerSema (now trading as Atos) from 1 May 2003.

We have worked closely with Atos to improve occupational health provision, including developing greater use of Occupational Health Nursing advisers (OHAs), following a successful pilot at Bootle HQ. Each geographical area within HSE now has an OHA on site for a set number of days each month. The OHAs work with line managers to address work-related illness, sickness absence and return to health at work.

It is pleasing to report that the contract is going well, with much improved administrative arrangements, more accurate invoicing and generally good advice being given to our staff by the occupational health advisers. The Atos lead Doctor for HSE has been involved in a wide range of issues including improving our health surveillance provision, advising on our strategy for occupational health and advising staff in Wrexham, who had concerns over asbestos. We have developed strong links with DWP to ensure any concerns will be dealt with promptly and effectively.

Occupational health activities

- much input into developing our occupational health strategy via the CHSC and Board;
- 4 cancer awareness sessions were carried out in Scotland by an OHA from Atos;
- seminars to promote awareness of HSE's drug and alcohol policy have taken place at Bootle HQ and will be rolled out across HSE by the site OHAs during 2004/05;
- Directorates arranged health surveillance for their staff based on risk assessments;
- FOD was instrumental in setting up and implementing improved procedures for asbestos nominated personnel with the emphasis of medical surveillance based on "fitness for work";
- HID, has progressed a vaccination policy for their inspectors working in the Biological Agents Unit. Because of the unique nature of the Unit's role, which involves visits to facilities that are handling the most hazardous microorganisms, vaccination against a very wide range of agents (including anthrax, rabies and yellow fever) needs to be considered. Atos, with significant input from the Unit, has developed a policy that reflects this diversity of microorganisms, the nature of the potential exposure of HSE's inspectors, as well as good immunisation practice.

European Week for Safety and Health

The theme for European Week 2003 was “Dangerous substances”. Internally HSE:

- had displays in buildings, featuring relevant material plus other H&S issues;
- promoted awareness on the intranet, including information on dangerous substances in the home and tips for safe disposal;
- issued a message from the Board Champion in Express and on the H&S intranet site, which outlined what we as an organisation have achieved, our challenges and what we as individuals can do to improve health and safety;
- held a workshop for H&S co-ordinators where a number of issues were addressed including dangerous substances, the new H&S management arrangements, occupational health service and future challenges.

Accident, ill health and near miss statistics

Guidance on incident reporting was revised to reflect the new management arrangements and with more emphasis on why we need to report all incidents.

During the year, 331 IH1/ACC1 reports (accidents, work-related ill health, and near misses including verbal abuse/threatening behaviour) were received and investigated. These included 140 accidents causing injury.

At least 3161 days were lost from work-related accidents/ill health during the year.

	2003/04	2002/03	2001/02
RIDDOR:			
Fatal injuries	0	0	0
Major injuries	3	1	2
Dangerous occurrences	0	0	2
Over 3 day injuries	8 (1)	10 (1)	8 (3)
Ill health	0	4 (1)	3
Total RIDDOR	11 (1)	15 (2)	15 (3)
Other over 3 day injuries eg RTAs	1	3	1
Ill health	101 (2)	154 (4)	126 (1)
Minor injuries	128 (17)	148 (17)	114 (19)
Near misses*	90 (4)	85 (6)	72 (12)
Total	331 (24)	405 (29)	328 (35)

*near misses include verbal abuse and possible accidental asbestos exposure (The figures for non-HSE staff are included and shown in brackets)

RIDDOR reports

The Board set a target to reduce RIDDOR reports for HSE staff to fewer than 10 during 2004/05. However, although the number of RIDDOR reports decreased this year, there is concern over the number of major injuries. The RIDDOR incident rate for HSE staff is 233 per 100,000 employees (303 per 100,000 last year). The reports this year were:

3 major injuries

RI Inspector slipped and fell while walking along authorised route on main line and sustained fractured fibula; a steel beam was being lifted using a teleporter vehicle and during manoeuvre, a girder fell to the ground, causing a fracture to IP's foot; a fall on steps whilst inspecting on site, resulted in a fracture to left wrist, sprained right wrist and cuts and bruises.

8 over 3-day injuries involving

slips, trips or falls (3); manual handling (2); other (2)
Non-HSE personnel - manual handling (1)

Work-related ill health

The majority of ill health reports were due to problems relating to DSE (51) and stress (38). Other reports included environmental issues e.g. skin problems; eye infections; exacerbation of asthma.

Cost of accidents / ill health

We estimate the total cost of accidents/ill health in HSE (2003/2004) to be approximately £370,000. This includes the cost of three claims settled during the year relating to work-related accidents.

A total of 32269 working days were lost in HSE through sickness absence (compared to 35101 last year), an average of 7.97 working days lost per staff year. This was a slight decrease from 8.36 days last year. The estimated cost of sickness absence in HSE for 03/04 was approximately £3,300,000.

The main causes continued to be:

- stress / depressive disorder / anxiety;
- influenza / respiratory/ viral infections;
- musculoskeletal.

Staff Survey on health and safety within HSE

The results from the staff survey indicated an improvement in most areas, except that the rate of under reporting of accidents/ill health had increased from 30% to 40%. This is disappointing and the Board and CHSC have discussed the issue, and further work will take place in 2004/05 to identify which incidents are not being reported and how this can be addressed. It is encouraging however that the number of near miss reports continues an upward trend.

Health and safety in HSE for 2004/05

The Corporate H&S plan for 2004/05 was agreed by the Board and priorities include:

- continued commitment in the reduction of musculoskeletal disorders;
- reduction of slips and trips;
- management of stress and;
- monitoring performance of contractors.

The Board has set targets for 2004/05 to:

- reduce RIDDOR incidents to HSE staff to single figures;
- further reduce ill health reports due to DSE and accidents causing injury due to slips and trips by 10% on this year's figures.

<u>Category</u>	<u>2003/04 figures</u>	<u>Target for 2004/05</u>
RIDDOR reports	10	<10
DSE IH1 reports	50	< 45
Slips / trips causing injury	34	< 30

We will also continue to develop targets to tackle the issue of stress within HSE.