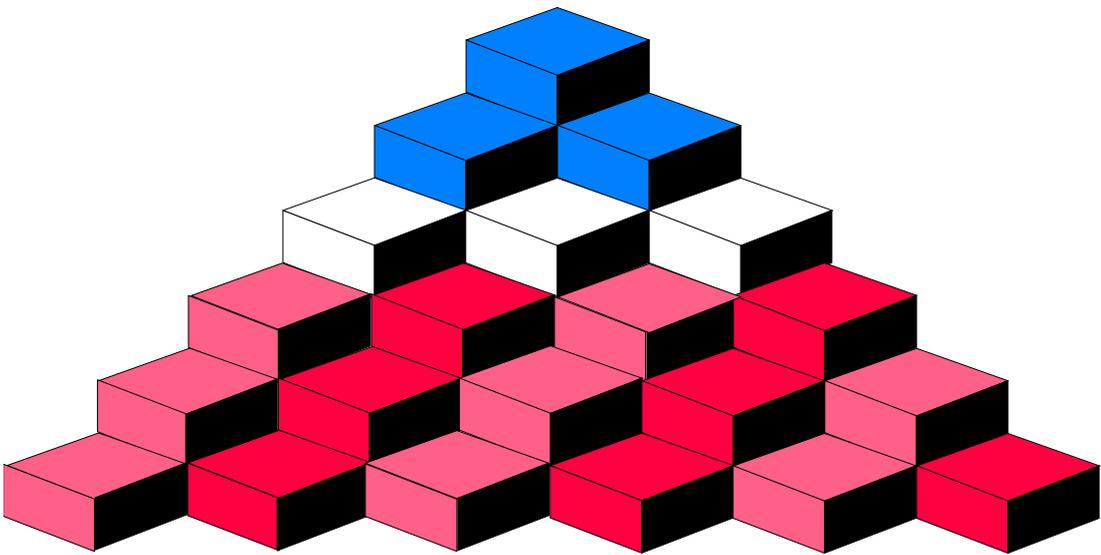


Health and Safety in HSE



ANNUAL REPORT
2008/2009

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INTRODUCTION

I am pleased to present the latest annual report on HSE's own health and safety performance. In 2005/06, HSE produced a three-year framework, with challenging targets, aimed at reducing the number of incidents. This report covers the final year of that framework, setting out our priorities and giving an overview of what we have achieved.

2008/09 saw us achieve the targets we had set ourselves. We have seen a fall in the overall number of incidents, although for the past two years incidents which lead to injury have plateaued. We are confident with the introduction of the new 3-year framework that we will continue to build on the impetus we have created and continue to see a sustained improvement.

The report also demonstrates the progress made during the year to further improve HSE's health and safety performance. Highlights include, promoting near miss reporting and effective investigation; conducting an internal audit of internal health and safety incident investigations; agreeing a new fire safety policy; and initial work to review HSE's Display Screen Equipment (DSE) assessment procedure.

It is also encouraging that our performance, as judged by the number of reported incidents, is significantly better than the average for comparable organisations.

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

Judith Hackitt CBE
Chair of the Health & Safety Executive

Executive summary

Health and safety in HSE

1. HSE has put in place effective management arrangements that maximise the well-being of our staff and minimise the losses resulting from ill health and injury. In line with the advice we give to other organisations, HSE's Senior Management Team (SMT) leads on improving health and safety and monitors progress regularly.
2. In 2005, working in conjunction with safety representatives from HSEs trade unions, HSE set challenging long-term targets for incident reduction as part of a three year framework.
3. This framework is used annually as the basis for the corporate health and safety plan. The plan sets out the performance measures for the year and the priority activities which support it.

Targets

4. The total number of incidents, including near miss reports has continued to fall. In 2005/06, 597¹ incidents were reported by HSE staff in comparison to 255 in 2008/09, a 54% reduction.
5. Set against leading and lagging indicators to reflect our key risks we have delivered successfully against all of the performance measures in the corporate plan.

RIDDOR reportable incidents

6. Six [RIDDOR](#) reportable incidents involving HSE staff were reported in 2008/09.

Sickness Absence

7. Sickness absence has fallen steadily through the year from 8.7 working days lost per employee, per year in April 2008 to 6.4 in March 2009. This meets our target of 8 days for the 2008/09 year and prepares us to meet the challenge of 6.2 by the end of 2009/10.

Activities

8. Highlights for the year's activities included:
 - running an internal, national publicity campaign aimed at promoting near miss reporting and effective investigation; with a spin off benefit of promoting escalation of health and safety issues,
 - commencing implementation of agreed management actions arising from an internal audit of internal health and safety incident investigations,
 - agreeing a new fire safety policy which has been implemented by regional health and safety committees, and

¹ Benchmark figure

- initial work to review HSE's Display Screen Equipment (DSE) assessment procedure from start to finish – in response to a review of proposals from the joint management / Trade Union Task and Finish Group.

PRINCIPLES

Broad context of the health and safety policy

9. HSE's general health and safety policy in 2008/09 stated:

We aim to set and maintain exemplary standards of health and safety performance to ensure your health and safety at work as well as that of others who may work at or visit our premises. We define exemplary performance as having in place effective management arrangements that ensure the well being of our staff, and minimise the losses (financial and to our reputation) to our business from ill health and injury. It requires that we search out, adopt and update best practice relevant to and proportionate to the risks we and our staff face, and that we follow our own guidance for relevant activities.

Significant risks faced by employees

10. HSE identified six continuing health & safety priorities based on the numbers of incidents in HSE and the potential for harm to staff:

- DSE (display screen equipment) related ill health,
- Lone working,
- Musculoskeletal disorders,
- Slips & trips,
- Work related road risk, and
- Work related stress.

Targets

11. We have, as far as possible set specific, measurable, attainable, relevant, time bound (SMART) targets for HSE's health and safety performance that include leading and lagging indicators.

12. HSE's Senior Management Team (SMT) reviews the performance against target on a monthly basis.

13. Annual targets:

- To have fewer than 134 accidents leading to injury
- To have fewer than 33 slip and trip related injuries
- To have fewer than 100 cases of work related ill health
- To have fewer than 41 cases of DSE related ill health
- Sickness absence – 8 days per staff member for the year
- Driver training – 100% of drivers which do more than 5,000 public miles a year are up to date with their safe driver training
- DSE assessments – 90% of staff to be up to date with their assessments

Arrangements for consulting employees

14. Trade Union safety reps are the agreed means of consultation on health and safety matters for all staff, whether members of a Union or not. The two focal points of consultation with staff are the two national committees. The Corporate Health & Safety Committee (CHSC) covers issues affecting all staff; and the Operations Group Health & Safety Committee (OGHSC) covers issues that affect visiting staff. CHSC also advises HSEs SMT on the overall direction of health and safety planning.

Progress towards achieving health and safety goals

15. HSEs policy is turned into action through our internal health and safety management arrangements. The main responsibility for day-to-day health and safety activity lies with the line management chain. Human Resources Division (HRD) carries out some central health and safety functions – running the occupational health contract, for example.
16. Competent advice on health and safety is provided to HSE by a professional health & safety advisor. Health and safety is supported across the business by regional site safety coordinators, with each region, including Head Quarters (HQ) and Health and Safety Laboratories (HSL), organising local health and safety activity, and committees.
17. Representatives from HSE's trade unions contributed to the goals for health and safety, which, are set out in the [Corporate Plan for 2008/09](#). The content of the plan relates closely to the 'Three year framework for health & safety 2006 - 2009', but is presented this year with activities grouped into themes.
18. In the following progress report, updates are provided in blue italics.

Management and review

- We will make health and safety training a component of the new package of essential management training.
- We will ensure that the findings of new research into workplace safety are communicated to our Health and Safety Advisor (HSA) for consideration, and incorporated into our policies as appropriate.
- We will use audits to seek to continually improve our performance
- We will use new staff IT systems to produce more meaningful information about sickness absence and causation
- We will ensure that we make progress in the management of key health and safety issues, specifically associated with display screen equipment (DSE) and fire safety in the estate.

For just over a quarter of this work year the HSA post remained vacant, (September 2008 – January 2009). During this period the CHSC and OGHSC continued to run, however development work which was not critical to delivery of the plan has not been delivered. These have been reviewed and carried over to the 2009/10 work year. A list is available at [Annex 2](#).

Throughout this period HSE has continued to manage health and safety at a corporate and regional level, examples of achievements are:

- The appointment of new training providers Eliesha and DLS in December 2008, the HSA was able to provide some input in to the development of courses, which commenced in April 2009, to ensure that health and safety was 'marbled' through.*
- An audit into internal health and safety incident investigations was completed in November 2008. Limited action was taken however this has been carried over into the 2009/10 work year.*
- A review of the way in which sickness absence data is taken from e-HR resulted in modifications which now allow data to be sorted into 'top ten' reasons for absence.*
- Initial work to review HSE's Display Screen Equipment (DSE) assessment procedure from start to finish – in response to a review of proposals from the joint management / Trade Union Task and Finish Group.*

Consultation and communication

- We will engage all work in HSE through consultation. We will develop the role of safety representatives using the work currently underway in engaging the workforce.
- We will use the staff survey to assess the perceptions of staff about in-house health, safety and well-being.
- We will consider using other behavioural assessment tools to find which behaviours need to change and how to do it.
- We will maintain a programme of in house communication for health, safety and well-being.
- We will improve the reporting of near misses and incidents of verbal abuse.

Consultation and communication with the workforce remains key in managing health and safety.

- We have continued to consult through the Corporate Health and Safety Committee (CHSC), Operational Group Health and Safety Committee (OGHSC), Regional meetings and the Site Safety Coordinator (SSC) network.*
- HSE conducted an internal audit in November 2008 which reported on the efficiency of 'Internal health and safety investigations'. Key findings from this audit are being taken forward in 2009/10.*
- The SSCs identified improvements could be made to driving and DSE behaviours. They identified, developed and improved monitoring systems for levels of safe driver training throughout the organisation and contributed to the DSE project.*
- HSE ran an internal, national publicity campaign aimed at promoting near miss reporting and effective investigation; with a spin off benefit of promoting escalation of health and safety issues.*

Sickness Absence

- We will develop the management of sickness absence in the next three years so that the organisation and the individual staff members feel the benefits of improved health. (Corporately the Managing Attendance Support Team is leading this work).
- We will ensure that all directorates actively manage attendance.

HSE has placed great emphasis on managing attendance for staff. Key initiatives delivered this year include:

- *The introduction of an automated prompt service, which alerts managers to staff sickness absence levels, recorded on HSEs electronic human resource database, 'e-HR' and take appropriate action.*
- *The formulation of a Managing Attendance Support Team (MAST), with representatives from HSEs divisions / directorates and trade unions to demonstrate best practice in attendance management across HSE through visits to regional offices.*

This has brought together and disseminated best practice for attendance management across HSE. Visits to regional offices have been undertaken combining a targeted presentation about our sickness absence policy and its application with the opportunity to discuss individual cases with a human resources specialist.

Occupational health is a key part of this process providing advice and guidance to line managers. During the year several issues arose leading HR to seek feedback via a series of workshops with the Site Safety Coordinator network. As a result measures were put in place with the OH provider to improve and monitor the service.

Stress

- We will progress work on this topic at a corporate level through the Stress Working Group (SWG). Much activity has already been undertaken in HSE, and the emphasis now is on consolidation, fine-tuning and review of progress – while recognising and managing new challenges.

The responsibility for managing stress within HSE remains firmly with managers. To assist this process the SWG are continuing to identify trends across the organisation, ensure training gaps are filled and improved internal communications.

- *Work continued on the internal training manuals including making links to the 'line managers' competency tool' developed primarily for external stakeholders.*
- *Staff from the 'Health Unit' were also engaged to conduct a 'sampling' exercise to look at the process of stress management in Yorkshire and the North East (YNE) region. Findings from this have informed proposals for how*

HSE should tackle stress in the future which are being developed in the newly reconstituted stress working guide.

Other topics

- There will be new issues, which emerge during the year and require our attention. We will keep this plan under review and adjust it as necessary to make sure we are always using our limited resources to address the most appropriate mix of topics.
- We will also ensure that we implement rapidly within HSE any new policies that HSE produces for the rest of the UK.

Annex 1 - PERFORMANCE

Accident, ill health & near miss statistics

19. In 2005/06 challenging targets with leading and lagging indicators which reflected our key risks were set to reduce the number of incidents.

20. In 2008/09, we achieved these targets, which led to a review of the performance measures, and revised targets being set for the subsequent three year period.

21. The following incident data is broken down into categories:

- a) Total number of incidents including near miss reporting
- b) RIDDOR reportable incidents
- c) Non-RIDDOR reportable incidents
- d) Performance against targets set in the corporate plan, and
- e) Sickness absence

a) Total number of incidents including near miss reporting

Table 1 – Shows the total number of incidents, including near misses over a 3-year reporting period and percentage decrease against the 2005/06 benchmark of 597^{II} incidents

Report year	Total number of incidents	Percentage decrease
2006/07	442(23)	26%
2007/08	251(2)	58%
2008/09	255(18)	57%

b) RIDDOR Reportable incidents

22. There were six RIDDOR reportable incidents in 2008/09. One major, four over three days and one reportable disease.

23. HSE's incident rate for RIDDOR reportable accidents is 145.28 per 100,000 employees. The average rate for comparable organisations (SIC75 'Public administration and defence; compulsory social security') in 2008/09 was 873.3 per 100,000.

^{II} Total number of incidents including near misses which occurred to HSE staff only in 2005/06

Table 2 – Shows the total number of RIDDOR reportable incidents over a 3-year reporting period

Work year		2006/07	2007/08	2008/09
RIDDOR	Fatal	0	0	0
	Major	(1)	(1)	1
	Dangerous occurrences	1	1	0
	Over 3 day	8(1)	3	4
	Ill Health	1	4	1
	Other	0	0	0
RIDDOR incidents		10(2)	8(1)	6

Table 3 – Shows the severity of RIDDOR reportable incidents by region and nature of injury for 2008/09

Severity	Region	Nature of injury
• Major	Bootle	Fracture
• Over 3-day	HSL	Laceration
	ESE	Strain
	Scotland	Strain
	Bootle	Laceration
• Disease	ESE	Repetitive Strain

c) Non RIDDOR incidents

Table 4 – Shows the total number of non-RIDDOR reportable incidents over a 3-year reporting period

Work year		2006/07	2007/08	2008/09
Non RIDDOR	Over 3 day	0	2	3 ^{III}
	Ill health	92	93	72(1)
	Minor	82(15)	61(1)	58(12)
	Near misses, including verbal abuse and possible accidental exposure	258(6)	87	116(5)
Non-RIDDOR incidents		432(21)	243(1)	249(18)

^{III} There were three non-reportable over three day incidents. Two of these were road traffic accidents and the third was a reoccurring musculoskeletal condition.

d) Performance against targets set in the corporate plan

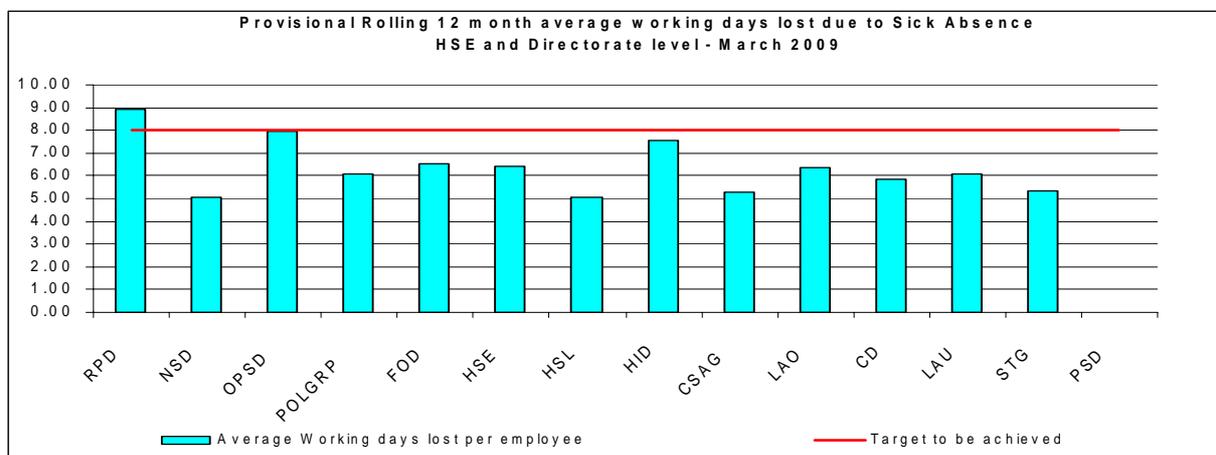
Table 5 – Shows the performance against target for 2008/09

Category	Target	Actual
All incidents causing injury	<134	78
All work related ill health	<100	74
DSE ill health	<41	28
Slips/trips causing injury	<33	23
Sickness absence (days per employee)	<8	6.4

e) Sickness absence

24,27,031 working days were reported lost in HSE through sickness absence (compared to 32,235 last year), an average rate of 6.4. This was a decrease from 8.7 days last year.

Chart 1 – Shows the provisional 12-month average working days lost due to sickness absence for 2008/09



Annex 2 - TARGETS FOR 2009/10

HSE has produced a new three year [‘Framework for health and safety management 2009 - 2012’](#) which the [‘Corporate Plan for health and safety 2009/10’](#) is based on.

The new corporate plan contains the following set of performance measures:

1. To have fewer than 70 accidents leading to injury
2. To have fewer than 20 slip and trip related injuries for HSE staff members
3. To have fewer than 80 cases of work related ill health
4. To have fewer than 35 cases of DSE related ill health
5. To achieve an annual sickness absence rate of 6.2 days/staff member or less
6. All drivers who do more than 5,000 public miles a year are up to date with their safe driver training
7. At least 90% of staff to be up to date with their DSE assessment

The CHSC will take on the responsibility of monitoring progress against the measures. The SMT Board will continue to receive monthly and quarterly reports on performance.

Actions carried forward from the 2008/09 corporate plan

Management and review

- We will make health and safety training a component of the new package of essential management training.
- We will ensure that the findings of new research into workplace safety are communicated to our Health and Safety Advisor (HSA) for consideration, and incorporated into our policies as appropriate.

Consultation and communication

- We will engage all work in HSE through consultation. We will develop the role of safety representatives using the work currently underway in engaging the workforce.
- We will use the staff survey to assess the perceptions of staff about in-house health, safety and well-being.

Other topics

- There will be new issues, which emerge during the year and require our attention. We will keep this plan under review and adjust it as necessary to make sure we are always using our limited resources to address the most appropriate mix of topics.
- We will also ensure that we implement rapidly within HSE any new policies that HSE produces for the rest of the UK.