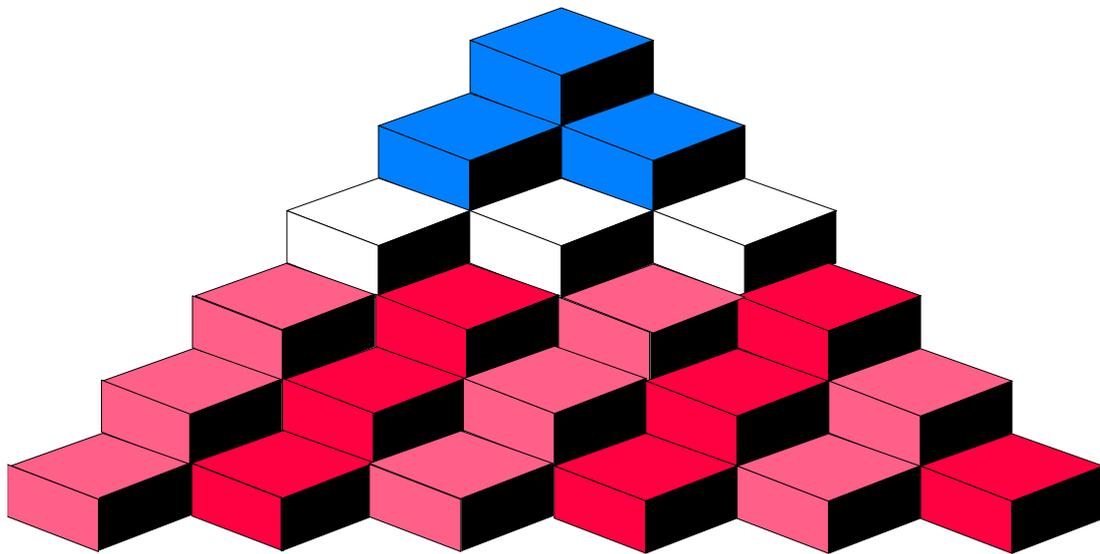


# Health and Safety in HSE



ANNUAL REPORT  
2010/11

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## **Introduction**

I am pleased to present the latest annual report on HSEs own health and safety performance. In 2009, HSE produced a three-year framework setting out key themes for development to achieve a positive health and safety culture.

This report covers the second year of that framework, providing an overview of our annual plan, identifying our priorities and demonstrating the progress we have made to further improve HSEs health and safety performance.

Key activities for the year include streamlining our health and safety management structure, appointing a new TU vice chair and reviewing and revising our internal health and safety policies.

A handwritten signature in black ink, reading "J. Hackitt". The signature is written in a cursive style with a long horizontal stroke extending to the right.

**Judith Hackitt CBE**  
**Chair of the Health & Safety Executive**

## **Policy**

1. HSE is committed to providing its employees with safe conditions of work. We have effective management arrangements in place to ensure the well being of staff and others who may be affected by our activities to minimise the adverse impacts to individuals and the business from ill health and injury.

## **Organisation**

2. In line with advice to other organisations, HSE's Senior Management Team (SMT) leads on improving health and safety and monitors progress regularly.
  - The Corporate Health and Safety Committee (CHSC) advise the SMT on the overall direction of health and safety planning.
  - Consultation with Trade Union safety representatives takes place at the CHSC.
  - Competent advice is provided by a professional Health and Safety Advisor (HSA).
  - Regional activity is supported across the business by Site Safety Coordinators (SSC) who oversee local committee arrangements.
  - Day-to-day health and safety activity lies with line management, and
  - Human Resources Directorate (HRD) organise health and safety training and manage the occupational health contract.

## **Planning and Implementation**

3. Prior to the inception of annual health and safety plans the CHSC developed a Framework for Health and Safety Management 2009-12, which identified risk based health and safety objectives. Based on the number of incidents known to have occurred in HSE and on an assessment of the potential for harm to staff, priority areas, above day to day health and safety management activities, were identified as:
  - Display Screen Equipment (DSE) related ill health,
  - Driving for work & lone working, and
  - Work related stress.
4. The framework is turned into action through the annual corporate plan for health and safety which is disseminated to regional committees through the SSC network.
5. Monitoring delivery of the corporate plan is undertaken via the CHSC. Regional plans are monitored at a local level and progress reports are provided to the HSA on a quarterly basis. SMT receives a monthly report on performance against health and safety indicators plus a narrative account of health and safety incidents.

## **Advice and Support**

6. The primary health and safety advice resource is provided by the Corporate Health and Safety Advisors Team. The Team advises and provides support on all aspects of health and safety at work for staff based in HSE offices throughout the UK.
7. Although the Team strives to meet all the demands placed on it there is no substitute for day to day advice and support from within a region. To meet this demand we have 13 SSCs located across the business who provide the first point of contact for any health and safety issues which arise. This important role provides extra support and advice at a regional level and assists managers in discharging their health and safety responsibilities.

## **Health and Safety Training**

8. Health and safety training is organised by the Human Resources Directorate (HRD). The following courses are provided by an external provider on a need basis:
  - AED (Automated External Defibrillators)
  - Defensive Driver Training
  - DSE (Display Screen Equipment) for Assessors
  - DSE Refresher
  - Fire Warden
  - First Aid at Work
  - First Aid at Work Requalification
  - First Aid at Work Annual Update
  - Manual Handling Assessor and Awareness
  - NEBOSH Certificate
  - Preventing and Managing Individual Stressors
  - Risk Assessment
9. E-learning course modules are available in the following subjects:
  - DSE Training
  - DSE Self Assessment
  - Environmental Essentials

## **Corporate Health and Safety Committee**

10. The Corporate Health and Safety Committee is the principal consultation forum on health and safety within the organisation. The committee meets three times per year and is chaired by the Director of Hazardous Installations. Membership consists of an equal number of management and trade union representatives and is attended by the HSA Team.
11. Any changes to policies and plans or health and safety decisions are discussed, circulated to a wider audience for consultation (if applicable) and agreed by the committee prior to implementation.
12. The following provides an illustration of the principal issues dealt with by the committee during 2010/11:
  - Streamlining the structure of our health and safety committees.
  - Revising our health and safety policy statement and arrangements.
  - Providing revised internal guidance for DSE administration and assessment.
  - Commencing a review of our internal safety policies for staff who are involved in lone working, driving on official business, visiting external premises and industry specific guidance and our internal health policies on asbestos and stress.
  - Reviewing our policy on portable appliance testing and supporting regions in applying a risk based approach.
  - Taking forward the analysis of the 2009 people survey by incorporating this into the remit of the Stress Working Group (SWG).
  - Improving the monthly performance information provided to SMT with the inclusion of RIDDOR report summaries and subsequent action taken.
  - Appointing a new Vice Chair.
  - Sustaining our communication links with regional offices through continued engagement with the SSC network.

- Providing performance management information to Directorates.
- Centralising records for defensive driver training.
- Revising the refresher period for safe driver training from three to five years for all staff who drive over 5,000 business miles per annum.

### **Regional Committees**

13. Each HSE region, and Bootle HQ, has a health and safety committee. These committees deal with local health and safety issues and provide staff with an opportunity to discuss and resolve problems. From time to time issues will arise which have the potential to affect the organisation nationally; these are passed through the SSC network to the CHSC for discussion.
14. The following provides an illustration of the collective work of the committees during 2010/11:
  - Reflecting the corporate priorities for health and safety improvements in regional plans and monitoring progress against target through regular health and safety committees and feedback in divisional quarterly reports.
  - Conducting health and safety office inspections and communicating the key findings and good practice messages to staff through e-bulletins, reports and divisional memos.
  - Investigating all reported incidents and identified hazards; ensuring there are systems in place to monitor actions through to completion and providing progress updates at regional committees.
  - Appointing regional focal points to monitor and provide reports to committees on the levels of defensive driver training, reported incidents, potential asbestos exposure, DSE training/risk assessment and stress.
  - Identifying and organising training for staff that required defensive driver training; DSE training and self assessment; and ensuring that first aiders, fire wardens and DSE assessors / administrators attended courses to enable them to fulfil their roles.
  - Discussing the regional results of the people survey, developing action plans, updating stress risk assessments and circulating bulletins outlining the issues and progress.
  - Extending the remit of the regional stress working group to incorporate health, work and wellbeing.
  - Conducting spot checks on contact information contained in our staff directory and checking the compliance of visiting staff in recording details in their calendar of planned inspections/visits/meetings, etc.
  - Forging good relations with other government departments through the establishment of a joint health and safety committee in a shared office environment.
  - Helping to prepare staff moving to 'desk sharing' through the provision of laminated DSE checklists.
  - Encouraging regular DSE administrator KiTs, developing bring forward systems and, including line managers in 'closure' of cases.

## **Enforcement Agencies**

15. Our Basingstoke office received a visit from the local Environmental Health Officer (EHO) following a number of RIDDOR reports submitted for DSE related ill health. No enforcement action is planned; however a small internal investigation team has been formed to investigate the issues raised.

## Annex 1 – Performance

### Incident and ill health statistics

16. Incidents resulting in injury and cases of work related ill-health have remained fairly static in comparison with previous report years. We have seen an increase in the number of near miss reports which we regard as a welcome sign of increased awareness amongst staff leading to a richer source of information about safety performance.

17. A total of 243 incidents were reported in 2010/11, including nine RIDDOR reports.

18. 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

Chart 1 – Shows the total number of incidents, including near misses reported over a five year period.

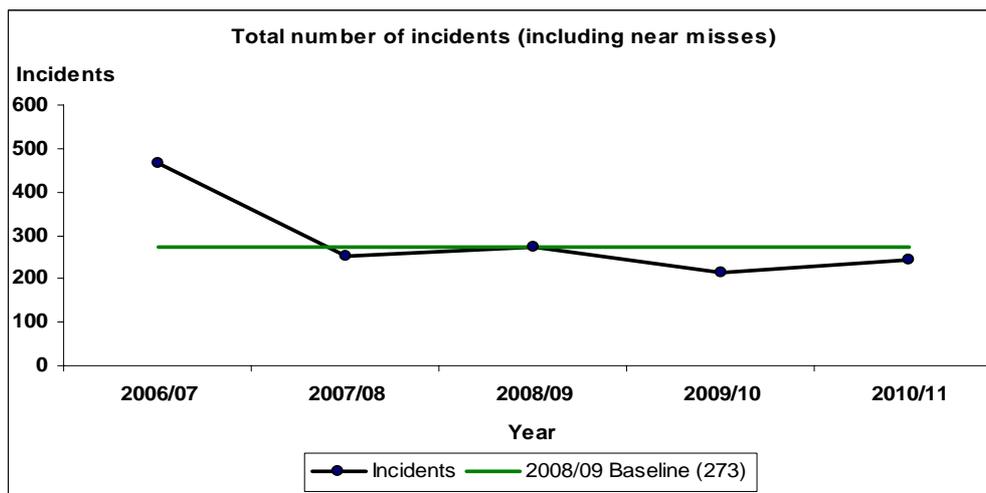
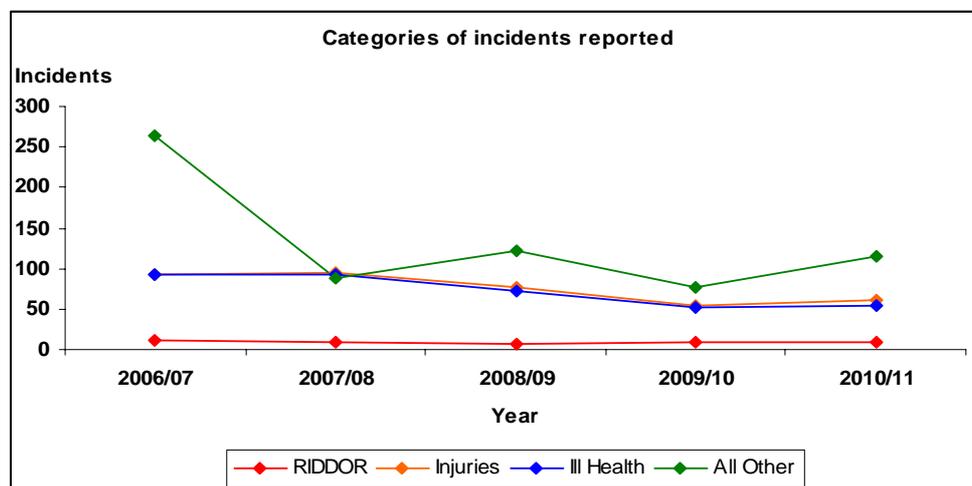


Chart 2 – Shows the total number of incidents by category over a five year reporting period.



## b) RIDDOR Reportable incidents

19. There were nine RIDDOR reportable incidents, no change on 2009/10. Of the nine reports, four were 'over three-day' and five were 'reports of disease' (DSE).
20. HSE's incident rate for RIDDOR reportable accidents is 234.1 per 100,000 employees. The average rate for comparable organisations (SIC 75 'Public administration and defence; compulsory social security') in 2009/10<sup>i</sup> was 781.2 per 100,000.

**Table 1 – Shows the total number of RIDDOR reportable incidents over a 5-year reporting period**

Work year		2010/11	2009/10	2008/09	2007/08	2006/07
RIDDOR	Fatal	0	0	0	0	0
	Major	0	0	(1) <sup>ii</sup>	(1)	(1)
	Dangerous occurrences	0	1	0	1	1
	Over 3 day	4	6	4	3	8 (1)
	Ill Health	5	1	1	4	1
	Other	0	1 <sup>iii</sup>	0	0	0
<b>Total</b>		<b>9</b>	<b>9</b>	<b>5 (1)</b>	<b>8 (1)</b>	<b>10 (2)</b>

## c) Non RIDDOR incidents

**Table 2 – Shows the total number of non-RIDDOR reportable incidents over a 5-year reporting period**

Work year		2010/11	2009/10	2008/09	2007/08	2006/07
Non RIDDOR	Over 3 day <sup>iv</sup>	5	1	3	2	0
	Ill health	55	53	72 (1)	93	92
	Minor	63 (3)	72 (3)	58 (12)	61 (1)	82 (15)
	All other	111 (4)	76 (1)	116 (5)	87	258 (6)
<b>Total</b>		<b>236 (7)</b>	<b>202 (4)</b>	<b>249 (18)</b>	<b>243 (1)</b>	<b>432 (21)</b>

<sup>i</sup> Injury rate data by SIC for 2010/11 will be available on the HSE website in November 2011.

<sup>ii</sup> Incidents to non-HSE personnel are shown in brackets.

<sup>iii</sup> Dangerous gas fitting.

<sup>iv</sup> Non-reportable under RIDDOR, e.g. RTA or no work related activity.

## d) Performance against targets set in the corporate plan

Table 3 – Shows the lagging indicators performance against target for 2010/11

Lagging Indicators	No.	Performance measure	Actual
	PM1	To have fewer than 70 incidents leading to injury, including slips and trips and road traffic injuries	72
	PM2	To have fewer than 20 slips and trip related injuries	13
	PM3	To have fewer than 15 work related road traffic injuries	5
	PM4	To have fewer than 50 cases of work related ill health, including DSE and work related stress (WRS)	60
	PM5	To have fewer than 10 cases of DSE related ill health	29
	PM6	To have fewer than 30 cases of WRS ill health	22
	PM7	To have fewer than 6.2 days of sickness absence per staff member for the year	6.80

Table 4 – Shows the leading indicators performance against target for 2010/11

Leading Indicators	No.	Performance measure	Actual
	PM8	100% of staff are up to date with their DSE assessment	96%
	PM9	100% of high risk user action reports are actioned by an assessor within 4 weeks of the self assessment date	79%
	PM10	100% of drivers who travel more than 5,000 miles per year, by car on official business are up to date with their defensive driver training	74%
	PM11	At least 10% of calendar and Who's who entries are randomly checked to ensure the contact information and location details are correct	18%

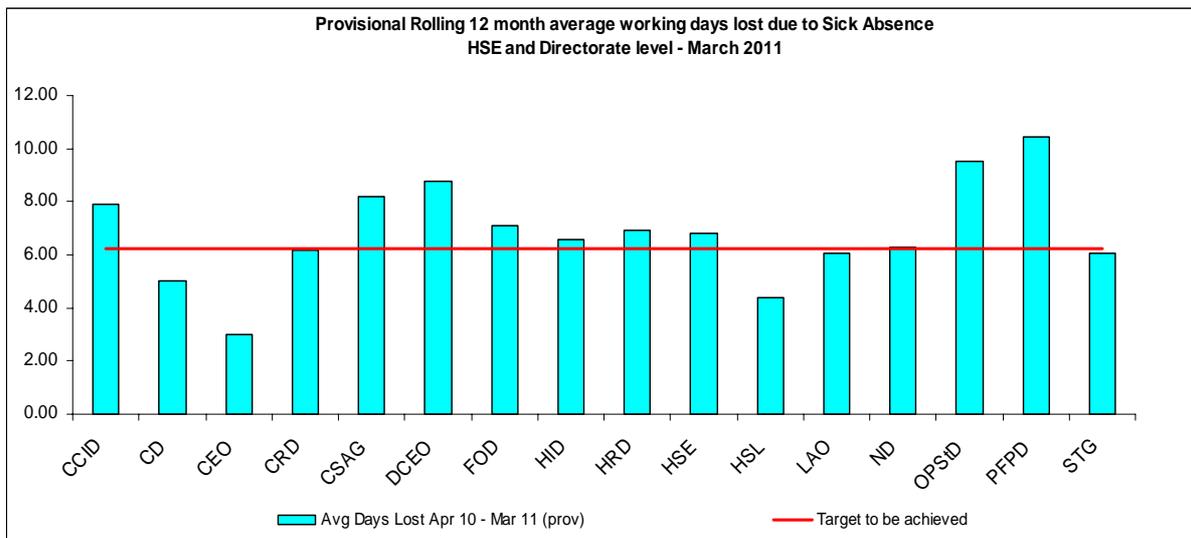
### Tolerance levels

- Red  $\leq 90\%$
- Amber 91 – 98%
- Green  $\geq 99\%$

**e) Sickness absence**

- 21. At the beginning of the report year (in order to provide a more precise measurement of our sickness absence rate) we aligned our calculations to follow Cabinet Office guidance. This change resulted in a slight increase to the number of working days lost per employee in comparison to report year 2009/10, rising from 5.70 days per employee to 6.80<sup>v</sup>.
- 22. A total of 24,443 working days were reported lost in HSE through sickness absence, a slight increase on the 24,266 days reported last year, giving an average rate of 6.80 working days lost per member of staff for 2010/11.

**Chart 3 – Shows the provisional 12-month average working days lost due to sickness absence for 2010/11**



<sup>v</sup> Provisional data