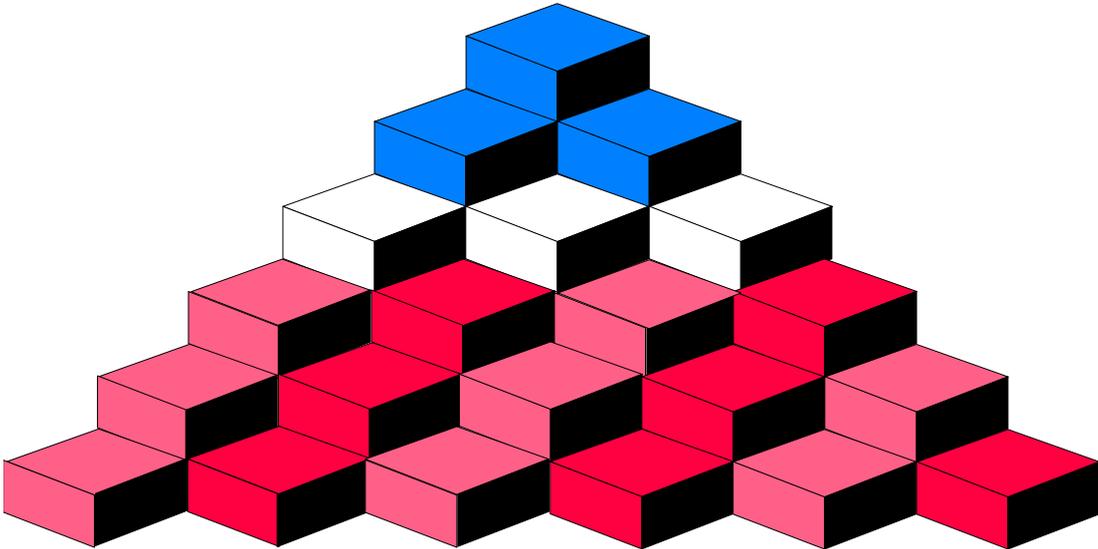


Health and Safety in HSE



ANNUAL REPORT 2011/12

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Introduction

In HSE we recognise that it is through our staff that we deliver our business goals. We operate policies and systems to ensure 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.

In 2009, we produced a three-year framework setting out key themes for development to continue to build on our positive health and safety culture.

Over the last 12 months we have continued to deliver our objectives and I would like to thank all the teams outlined in this report and those staff that undertake the essential roles as first aiders, firewardens, DSE administrators and assessors among others for playing a vital part in the management of health and safety across the organisation.

This report demonstrates the progress we have made to further improve HSE's health and safety performance.

A handwritten signature in black ink, appearing to read 'J. Hackitt', with a long horizontal flourish 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 and has effective management arrangements in place to ensure the well being of staff and others who may be affected by our activities. Our aim is to minimise the adverse impacts to individuals and the business from ill health and injury.

Organisation

2. The HSE Senior Management Team (SMT) leads on improving health and safety and monitors progress regularly. This is achieved through:
 - Advice from the Corporate Health and Safety Committee (CHSC) on the overall direction of health and safety performance within HSE;
 - Consultation with Trade Union safety representatives at CHSC;
 - Competent advice from the Health and Safety Advisor (HSA);
 - The actions of the Site Safety Coordinators (SSC) who support regional activity and oversight of the local health and safety committees;
 - Line Managers fulfilling their roles and responsibilities for health and safety, and
 - The Human Resources Directorate (HRD) who organise health and safety training and manage the occupational health contract.

Planning and Implementation

3. The annual health and safety plan is based on a Framework for Health and Safety Management agreed by the CHSC. This confirmed our risk-based health and safety objectives for 2009/10 to 2011/12.
4. The framework is implemented via the annual Corporate plan for health and safety, which is disseminated to regional committees through the SSC network.
5. Based on the number of incidents known to have occurred in HSE and on an assessment of the potential for harm to staff, the following priority areas were identified for action in the 2011/12 corporate plan:
 - Display Screen Equipment (DSE) related ill health,
 - Road related risk / lone working, and
 - Work related stress.

6. These priority areas are in addition to routine day to day health and safety management activities.
7. The CHSC monitors delivery of the actions in the corporate plan. Regional plans are monitored at a local level and progress reports are provided to the HSA on a quarterly basis. The SMT receives a monthly report on performance against targets in the annual plan plus a narrative outlining any RIDDORⁱ reportable incidents.

Advice and Support

8. The primary health and safety advice is provided by the Health and Safety Advisor's 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.
9. The HSA Team is supported by 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

10. Health and safety training is organised by the Human Resources Directorate (HRD). Training is provided as follows to:

Regulatory staff:

- Post graduate 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:

- AED (Automated External Defibrillators)
- Defensive Driver Training
- DSE (Display Screen Equipment) for Assessors

ⁱ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

- 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

All staff, E-learning:

- DSE Training (mandatory)
- DSE Self Assessment (mandatory)
- Environmental Essentials

Corporate Health and Safety Committee

11. The Corporate Health and Safety Committee is the principal consultation forum on health and safety within HSE. The committee meets three times per year and is chaired by the Director of the Hazardous Installations Directorate. Membership consists of an equal number of management and trade union representatives. The HSA Team also attends.

12. Any changes to policies, 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.

13. The following types of issues were dealt with by the committee during 2011/12:

- Providing advice during the Occupational Health Retender exercise;
- Liaising with the Radiation Protection Advisor and signing off the annual performance report;
- Setting up a working group to review and make recommendations to the SMT on the findings of the People Survey results;
- Contributing to the Fees for Intervention work stream with direct involvement from key members of the committee;
- Completing the revisions to the internal guidance for visiting staff and raising awareness via the SSC network, and

- Consulting across the organisation on the proposed revisions to the internal guidance on working with asbestos and managing stress.

Regional Committees

14. 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 health and safety concerns. From time to time such concerns arise which have the potential to affect the organisation nationally; these are passed through the SSC network to the CHSC for discussion.

15. The following examples illustrate the collective work of the committees to meet our priorities during 2011/12:

DSE related ill health:

- Monitoring the number of DSE assessors and administrators to ensure demands can be met through the identification of any gaps and arranging subsequent training.
- Monitoring completion rates and ensuring staff complete their electronic self assessments where appropriate.
- Ensuring reported cases of DSE related ill health are followed through to completion, with appropriate action taken including the provision of support to affected staff.

Road risk / Lone working:

- Providing feedback to the CHSC on the proposed changes to the Visiting Staff supplement.
- Alerting staff to the publication of the revised supplement through the regional health and safety committees.
- Carrying out a number of samples of calendar and 'Who's who' entries to assess the accuracy of information for visiting staff.

Stress:

- Holding, when applicable, regional working groups
- Developing action plans and carrying out risk assessments to take into account different ways of working.
- Organising training.
- Consulting with staff and providing regular updates through regional newsletters.

Incident, ill health and sickness absence data

16. HSE is a low risk organisation with a positive health and safety culture. In order to maintain this culture and to build a full picture of the potential incidents that could occur to staff on or off HSE premises we encourage staff and contractors to report all incidents regardless of the severity of the resulting injury.
17. This positive reporting culture allows for a larger number of incidents, however minor and including near misses, to analyse and so identify any potential trends or patterns which can be used to take the appropriate action to mitigate any risk to staff.
18. The following incident, ill health and sickness absence data is broken down into categories and presented as follows:

(a) Incident and ill health data over a 3-year reporting period

- Total number of reports
- RIDDOR reports
- Non-RIDDOR reports

(b) Incident, ill health and sickness absence data for 2011/12

- Breakdown of reports by severity
- Performance against targets set in the corporate plan, and
- Sickness absence

Incident and ill health data over a 3-year reporting period

▪ **Total number of reports**

19. We have seen a continued increase in the total number of reports since 2009/10. However, the increase has been in the number of 'near miss' reports rather than accidents which resulted in injury which we see as evidence of our positive reporting culture.

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

	Work Year	2011/12	2010/11	2009/10
ALL REPORTS	RIDDOR reportable accidents ⁱⁱ	3	4	6
	• All other accidents	79	68	76
	RIDDOR reportable incidents ⁱⁱⁱ	0	0	1
	• All other incidents	123	115	78
	RIDDOR reportable ill health	1	5	1
	• All other ill health	53	55	53
	Total	259	247	215

▪ **RIDDOR reports**

20. Four RIDDOR reports were submitted in 2011/12, a reduction of five in comparison with the previous two years. Three of the reports were ‘over three-day’ absences and the final one was a report of a disease which was DSE-related.

21. HSE’s incident rate for RIDDOR reportable accidents is 108.0 per 100,000 employees. The average rate for comparable organisations (SIC 84 ‘General public administration activities’) in 2010/11^{iv} was 549.2 per 100,000.

Table 2 – Shows the total number of RIDDOR reports over a three year period

	Work Year	2011/12	2010/11	2009/10
RIDDOR	Fatal	0	0	0
	Major injuries	0	0	0
	Dangerous occurrences	0	0	1
	Over 3 day	3	4	6
	Ill Health	1	5	1
	Other	0	0	1 ^v
	Total	4	9	9

ⁱⁱ The term ‘accident’ in table 1 is used to describe an event which resulted in injury.

ⁱⁱⁱ The term ‘incident’ in table 1 is used to describe an event which did not result in injury and includes reports of dangerous exposure, dangerous occurrences, near miss reports, property damage and verbal abuse.

^{iv} Injury rate data by SIC for 2011/12 will be available on the HSE website in November 2012.

^v Dangerous gas fitting

- **Non RIDDOR reports**

22. During 2011/12 the number of non-RIDDOR reports remained relatively static in comparison with previous years. However we have seen an increase in the number of minor injury and near miss reports submitted by contractors (shown in brackets) which we attribute to staff changes and an increased awareness of reporting procedures in our Bootle, HQ.

Table 3 – Shows the total number of non-RIDDOR reportable incidents over five years

	Work year	2011/12	2010/11	2009/10
Non RIDDOR	Over 3 day ^{vi}	3	5	1
	Ill health	53	55	53
	Minor injuries	61 (15)	60 (3)	72 (3)
	All other incidents ^{vii}	92 (31)	111 (4)	76 (1)
	Total	209 (46)	231 (7)	202 (4)

Incident, ill health and sickness absence data for 2011/12

- **Breakdown of reports by severity**

23. 259 reports were submitted during 2011/12 which break down into the following categories:

Over 3-day

6 reports of incidents resulting in absences of over 3-days were submitted, 3 of which were reportable under RIDDOR. The remaining 3 had no work related activity or did not occur on HSE business and subsequently fell outside of the reporting criteria of the regulations.

Ill health

54 reports of ill health were submitted, 25 of which were attributable to using DSE, including one RIDDOR report, 20 reports of work related stress and the remaining 9 ranged from non-work related underlying ill health conditions to the occasional nose bleed.

^{vi} Non-reportable under RIDDOR, e.g. road traffic accident or no work related activity.

^{vii} 'All other incidents' includes dangerous exposure, dangerous occurrence, near miss reports, property damage and verbal abuse.

Minor injury

76 minor injuries were reported from across the estate, ranging from slips and trips to bumping into objects, all of which resulted in very minor cut, scratch or bruise type injuries.

Verbal abuse

12 reports of verbal abuse were submitted, 10 of which occurred to inspectors carrying out routine inspection activities, one abusive telephone call and the remaining incident was an aggressive member of the public trying to gain access to one of our offices.

Near miss

94 near miss incidents were reported, with just under a third of reports completed by security staff based in Bootle, HQ. These ranged from spillages to near misses in the car parks to visiting staff being exposed to inadequately erected scaffolding during site inspections.

Dangerous exposure

8 reports of potential exposure to substances were submitted ranging from failures in duty holder's decontamination units exposing staff to carbon monoxide to an envelope containing a blood sample being inadvertently opened.

Property damage

All 7 events involved minor damage to vehicles.

Dangerous occurrence

2 reports were submitted, one the detection of a gas leak, the other a member of staff receiving an electric shock.

Table 4 – Shows the total number of reports submitted during 2011/12 by ‘type description’ and location

Type description	Incidents occurring on HSE premises	Incidents occurring on non-HSE Premises^{viii}	Total number of reported incidents
Near miss	74	20	94
Minor injury	60	16	76
Ill health	53	1	54
Verbal abuse	2	10	12
Dangerous exposure	4	4	8
Property damage	3	4	7
Over 3-day	4	2	6
Dangerous occurrence	2	0	2
Total	202	57	259

▪ **Performance against targets set in the corporate plan**

24. At the start of 2011/12 the CHSC set aspirational targets for the organisation to achieve. These were intended as a challenge to staff and management and a prompt towards continuous improvement, rather than an arbitrary indication of success or failure. This applies particularly to the lagging indicators of ill health and incident reports where performance may be influenced by a strengthening culture of internal reporting procedures, rather than a sign of a failure to manage risk effectively. The targets are broken down into the following indicators:

- Lagging, which present a picture of the organisations reported incidents, and
- Leading, which we used to assess the future performance of our safety management system.

^{viii} Non- HSE premises includes, site inspections, non-HSE premises i.e. training course venues and travelling

Lagging Indicators

25. There were 82 reported incidents resulting in injury against a target of 70. 76 of these were very minor resulting in cut, scratch or bruise type injuries with the remaining six being more serious, three of which resulted in RIDDOR reports being submitted for over 3-day absences.
26. There were 54 ill health incidents against a target of 50. We attribute some of this to the effectiveness of the Site Safety Coordinators in continuing to raise awareness of reporting procedures for both DSE and WRS ill health.
27. A total of 19,779 working days were reported lost in HSE through sickness absence, a decrease on the 24,443 days reported last year. This gave an average rate of 5.63 working days lost per member of staff achieving our target of 6.2 days.

Table 5 – Shows the lagging indicators performance against target for 2011/12

Lagging Indicators	No.	Performance measure	Actual
	PM1	To have fewer than 70 incidents leading to injury, including slips and trips and road traffic injuries	82
	PM2	To have fewer than 10 slips and trip related injuries	17
	PM3	To have fewer than 5 work related road traffic injuries	2
	PM4	To have fewer than 50 cases of work related ill health, including DSE and work related stress (WRS)	54
	PM5	To have fewer than 20 cases of DSE related ill health	25
	PM6	To have fewer than 20 cases of WRS ill health	20
	PM7	To have fewer than 6.2 days of sickness absence per staff member for the year	5.63

Leading Indicators

28. Last year we introduced leading indicators which we use as an early gauge of the effectiveness of our health and safety policies for the priority areas, DSE related ill health, road related risk / lone working, and work related stress.
29. This year we are pleased to report a steady increase in both the number of staff who have completed DSE training and self assessment (PM8) and the subsequent follow up action required across the organisation (PM9) demonstrating an increased awareness of the DSE policy and its implementation.
30. The new indicator PM10 identified a small number of staff who had not completed their safe driver training within three months of appointment; however on investigation the 15 staff concerned had transferred in from another government department where they had undertaken an equivalent driving course which resulted in their training being deferred until 2012/13.
31. We exceeded the target for carrying out random checks of calendar and Who's who entries (PM11) by 6%.

Table 6 – Shows the leading indicators performance against target for 2011/12

Leading Indicators	No.	Performance measure	Actual
	PM8	100% of staff are up to date with their DSE training and assessment	98%
	PM9	100% of high risk user action reports are actioned by an assessor within 4 weeks of the self assessment date	83%
	PM10	100% of new visiting staff undertake their safe driver training within three months of appointment	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	16%