

Health and safety in HSE

Annual report 2012/13

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Introduction

In HSE we 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.

In 2012, 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 against those objectives and are seeing a continued improvement in performance. I would like to thank all of the teams mentioned in this report and those staff that undertake 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.

A positive health and safety culture needs to be at the core of every successful organisation, HSE is no exception to that.

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

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 2012/13 to 2014/15.
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 2012/13 corporate plan:
 - Display Screen Equipment (DSE) related ill health,
 - Work related road risk
 - Lone working and site visits, 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 quarterly progress reports are provided to the HSA. 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 Unit (HSAU), who provide support on all aspects of health and safety at work for staff based in HSE offices throughout GB.
9. The HSAU are supported by 8 SSC's 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 either by Human Resources Directorate (HRD), or via Civil Service Learning (CSL). 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:

- Safe Driver Training
- DSE (Display Screen Equipment) for Assessors (CSL)
- Fire Warden
- First Aid at Work (CSL)
- AED (Automated External Defibrillators) (CSL)
- First Aid at Work Requalification (CSL)
- First Aid at Work Annual Update (CSL)
- NEBOSH Certificate (CSL)

All staff, E-learning:

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

ⁱ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

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 Unit also attend.
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 2012/13:
 - Liaising with the Radiation Protection Advisor and signing off the annual performance report;
 - Contributing to the Fees for Intervention (FFI) work stream, including the proposal for a lone worker protection system via mobile phones, with direct involvement from key members of the committee;
 - Increasing our oversight of lone working following the introduction of FFI;
 - Completing the revisions to the internal guidance for visiting staff and raising awareness via the SSC network;
 - Consulting across the organisation on the proposed revisions to the internal guidance on, managing stress, smoking and first Aid, and
 - Involving a number of our Nominated Asbestos Personnel (NAPs) in a project to evaluate the effectiveness of our safety management arrangements.

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 2012/13:

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, and
- Ensuring reported cases of DSE related ill health are followed through to completion, with appropriate action taken.

Lone working and site visits:

- Alerting the HSA unit of any ACC1's for incidents relating to violence and aggression;

- Reminding visiting staff of the procedure for reporting incidents of violence and aggression, and
- Carrying out a number of sample checks of calendar and staff directory entries to assess the accuracy of contact information for visiting staff.

Work related road risk:

- Reminding staff about the procedure for arranging safe driver training;
- Ensuring safe driver training is up to date, and
- Monitoring incidents to identify any trends.

Work related stress:

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

Annex 1 – Performance

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 be analysed to identify any potential trends or patterns. This analysis helps us to identify what we can do to mitigate risks to the health and safety of our staff.
18. During 2012/13, HSE staff reported 209 incidentsⁱⁱ. It is important to note that of these 209 incidents only two were not minor in nature. The first incident, an initial minor cut, resulted in an over 7-day absence when the individual developed blood poisoning. The other, which fell into the major injury category, occurred during commuting activities and was reported internally in the spirit of our positive reporting culture.
19. Of the 209 incidents, only **three** were RIDDOR reportable. The first, as mention above was an over 7-day absence and the remaining two were DSE related ill health.
20. In 2012/13, 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.
21. 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.
22. Leading indicators are used to assess the future performance of our safety management systems and we have continued to introduce new measures to gauge the effectiveness of our health and safety policies for the priority areas:
 - DSE related ill health;
 - Work related road risk;
 - Lone working and site visits, and
 - Work related stress.

ⁱⁱ The term incident includes reports of accidents, ill health, near misses, dangerous occurrences, dangerous exposure, property damage and verbal/physical abuse. These categories are broken down by number in Table 4.

23. The following incident, ill health and sickness absence data is broken down into two main categories, incidents and ill health over a 3-year reporting period and then a more detailed look at the data gathered during 2012/13. Within each category the data is 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 2012/13

- 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

Table 1 – Shows the total number of accidents, incidents and ill health reports over a 3-year period

ALL REPORTS	Work Year	2012/13	2011/12	2010/11
	RIDDOR reportable accidents ⁱⁱⁱ	1	3	4
	• All other minor accidents ^{iv}	74	79	68
	RIDDOR reportable incidents ^v	0	0	0
	• All other incidents	101	123	115
	RIDDOR reportable ill health	2	1	5
	• All other ill health	31	53	55
	Sub total RIDDOR Reports	3	4	9
	Sub total NON RIDDOR Reports	206	255	238
	Total incident reports	209	259	247

24. Overall, we have seen a slight decrease in the total number of reports since 2011/12. The number of minor injuries has remained static, however we have seen the number of 'all other incidents' and ill health fall quite significantly.
25. We attribute the fall in reports of 'all other incidents' to rectifying building issues in our Bootle HQ during 2011/12.
26. The reduction in ill health can be attributed to the continued improvements we have made to our processes for managing reported DSE related ill health and work related stress through to a satisfactory conclusion.

ⁱⁱⁱ The term 'accident' in table 1 is used to describe an event which resulted in injury.

^{iv} The term 'minor accident' refers to incidents which resulted in minor cut, scratch or bruise type injuries.

^v 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.

- RIDDOR reports

Table 2 – Shows the total number of RIDDOR reports over a 3-year period

RIDDOR	Work Year	2012/13	2011/12	2010/11
	Fatal	0	0	0
	Major injuries	0	0	0
	Dangerous occurrences	0	0	0
	Over 3 day	-	3	4
	Over 7 day ^{vi}	1	-	-
	Ill Health	2	1	5
	Other	0	0	0
	Total	3	4	9

27. Three RIDDOR reports were submitted in 2012/13, a slight decrease in comparison with the previous year. One report was initially a minor injury which due to rare complications resulted in an over 7-day absence and the remaining two cases were of DSE-related ill health.

28. HSE's incident rate for RIDDOR reportable accidents is 84.3 per 100,000 employees which is much lower than the published average rate of 554.1 per 100,000 employees for comparable organisations^{vii}.

- Non RIDDOR reports

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

Non RIDDOR	Work year	2012/13	2011/12	2010/11
	Major injury ^{viii}	1	3	5
	Ill health	30 (1) ^{ix}	53	55
	Minor injuries	58 (15)	61 (15)	60 (3)
	All other incidents	89 (12)	92 (31)	111 (4)
Total	178 (28)	209 (46)	231 (7)	

29. During 2012/13, the number of non-RIDDOR reports fell in comparison with previous years.

^{vi} The RIDDOR reporting requirement for absences changed from over 3-days to over 7-days in 2012/13

^{vii} In comparison with SIC 84 'General public administration activities' in 2011/12p. Data for 2012/13 will be available on the [HSE website](#) in November 2013

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

^{ix} Figures shown in brackets are incidents reported by contractors, for example maintenance, porters, IT, security, catering and cleaning staff.

30. The most notable decrease has been in the number ill health reports submitted, which we attribute to improvements in our processes.
31. The number of minor injuries and all other incidents reported by HSE staff has remained fairly static in comparison with the previous year, however the number of all other incidents reported by contractors (shown in brackets) has fallen quite significantly which we attribute to resolving building issues in our Bootle HQ during 2011/12.

Incident, ill health and sickness absence data for 2012/13

▪ Breakdown of reports by severity

Table 4 – Shows the total number of reports submitted during 2012/13 by event type and location

Type description	Incidents occurring on HSE premises	Incidents occurring on non-HSE Premises ^x	Total number of reported incidents
Minor injury ^{xi}	56	17	73
Near miss	45	14	59
Ill health	33	0	33
Verbal abuse	1	26	27
Dangerous exposure	0	7	7
Property damage	5	2	7
Major injury	0	1	1
Over 7-day	1	0	1
Dangerous occurrence	0	1	1
Total	141	68	209

32. Of the 209 reports submitted during 2012/13, 141 of them occurred on HSE premises with the remaining 68 occurring on non-HSE premises during site inspection or commuting activities.

Minor injury

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

Near miss

^x Non-HSE premises includes, for example, site inspections, commuting.

^{xi} Minor injury – incidents resulting in minor cut, bruise or scratch type injuries.

59 near miss incidents were reported. Incidents ranged from spillages to near misses in the car parks, to faulty fixtures and fittings in buildings across the estate.

Ill health

33 reports of ill health were submitted 9, of which were cases of DSE related ill health, 19 reports of work related stress and the remaining 5 were non-work related underlying ill health conditions.

Verbal abuse

Of the 27 reports of verbal abuse, 26 of these occurred during routine inspection activities with the remaining incident being an abusive telephone call.

Dangerous exposure

7 reports of potential exposure to substances during site inspections were submitted.

Property damage

4 incidents were reported ranging from damage to vehicles parked in public car parks, to damage to the car park gate sensor.

Major Injury

1 major injury was reported, however due to the circumstances of the incident it did not meet the reporting criteria under RIDDOR as there was no work related activity.

Over 7-day

1 report of an incident resulting in an absence of over 7-days was submitted, which was reportable under RIDDOR.

Dangerous occurrence

1 report was submitted which related to a fire in a hotel.

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

Lagging Indicators

Table 5 – Shows the lagging indicators performance against target for 2012/13

Lagging Indicators	No.	Performance measure	Actual
	PM1	To have fewer than 10 work related incidents, leading to major injuries, or over 7-day absences, including slip and trip and road traffic incidents.	2
	PM2	To have fewer than 3 work related slip and trip incidents, leading to major or over 7-day injuries	1

	PM3	To have fewer than 3 work related road traffic incidents, injuries, leading to major or over 7-day injuries	0
	PM4	To have fewer than 50 cases of work related ill health, including DSE and work related stress (WRS)	33
	PM5	To have fewer than 20 cases of DSE related ill health	9
	PM6	To have fewer than 20 cases of WRS ill health	19
	PM7	To have fewer than 6.2 days of sickness absence per staff member for the year	6.8

33. This year saw the focus of our performance measures change to ensure transparency of the incidents more serious in nature, i.e. those which result in major injuries or absences of over 7-days.

34. Targets for the performance measures were based on historical incident data.

35. With the exception of PM7 we have achieved all of the targets for the performance measures identified in 2012/13.

Leading Indicators

Table 6 – Shows the leading indicators performance against target for 2012/13

Leading Indicators	No.	Performance measure	Actual
	PM8	100% of staff are up to date with their DSE training and self assessment	95%
	PM9	100% of high risk user action reports are actioned by a DSE administrator and assessor within 4 weeks of the self assessment date	85%
	PM10	100% of violent or aggressive situations experienced by staff are reported on an ACC1	23%
	PM11	At least 10% of calendar and Who's who entries are randomly checked to ensure the contact information and location details are correct	37%
	PM12	100% of visiting staff undertake their safe driver training within three months of appointment	86%
	PM13	100% of staff IH1 reports for work related stress will be allocated to a named member of staff to explore the root causes within 2 weeks of being reported	75%

36. We have continued to develop our leading indicator performance measures, which we use as a gauge of the effectiveness of our priority health and safety policies, (DSE related ill health, Work related road risk, Lone working and site visits, and Work related stress).

37. In 2012/13, we introduced two new performance measures:

- PM10 to monitor the reporting levels of incidents involving violence and aggression which may affect our staff carrying out lone working activities and site inspection, and
- PM13 to monitor the management of work related stress cases.

38. DSE related ill health: PM 8 & 9

We have continued to work with our DSE Administrators and Assessors across the organisation to maintain and build on the successful implementation of our DSE safety management system and we are pleased to report an improvement in the number of assessments meeting our key performance indicators (KPIs).

39. Lone working and site visits: PM 10 & 11

With the introduction of Fees for Intervention in October 2012, we introduced new systems to monitor the number of violent and aggressive (V&A) situations which our visiting staff face when carrying out their day to day activities and to encourage reporting of this type of incident.

The figure of 23% represents data gathered from October 2012 – March 2013. We calculate this by looking at data recorded on our database by staff against businesses where V&A may be a problem – a so called V&A marker. This could be, for example, where another agency has informed us that they have experienced V&A. We then compare this data on actual V&A experienced by our staff which is submitted on our incident report forms. The figure of 23% is the difference between the two, but because of the different data definitions there will never be a precise correlation between the two datasets. At best, it is an indicator and will continue to encourage our visiting staff to report all types of V&A incidents.

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 37% of our staff, and we are pleased to report that only 5% of these checks highlighted entries which required follow up action.

40. 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 a 12% increase on the number of staff meeting our KPI's in comparison to last year.

41. Work related stress: PM 13

As a new performance measure results for managing cases of work related stress in a timely manner across the organisation are encouraging. A relatively small number of cases were reported, 19 in total, of which the four outstanding for action are awaiting staff to return to work.

42. Overall, the results from these performance measures are encouraging and demonstrate a commitment across the organisation to communicate, observe and implement the requirements of our safety management policies.