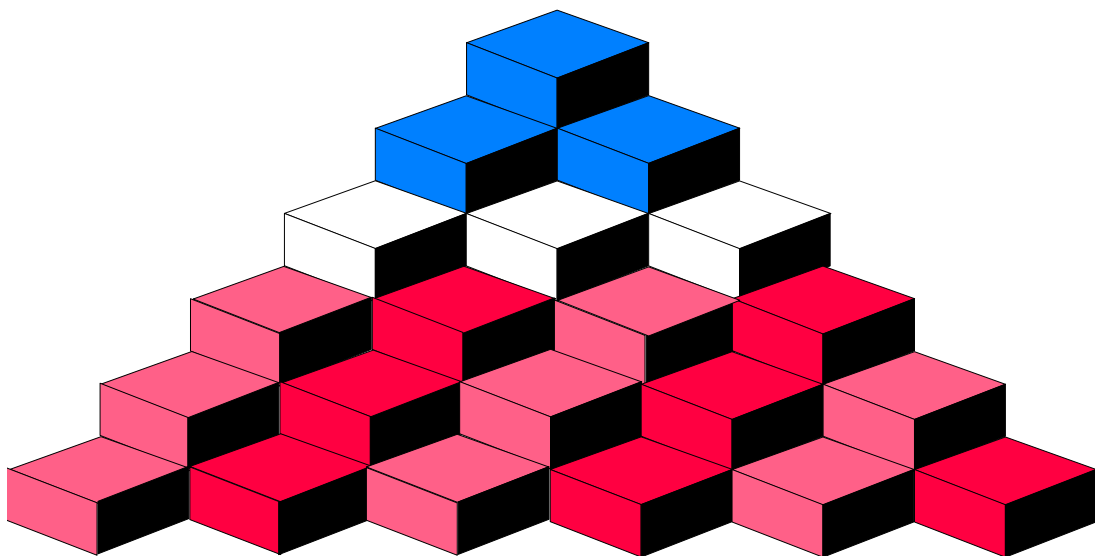


HEALTH AND SAFETY IN HSE



ANNUAL REPORT 2005/2006

Contents

INTRODUCTION BY THE CHIEF EXECUTIVE

SUMMARY OF REPORT

LOOKING BACK - REVIEW OF HEALTH AND SAFETY IN 2005/06

1. Performance against the Health and Safety Corporate Plan:
 - i) Targets
 - ii) Progress against priority areas
 - a) Improving Health & Safety Management in HSE
 - b) Targeting the main causes of harm in HSE
 - c) Targeting high consequence risks
 - d) Improving our ability to monitor health and safety performance
 - iii) Move to Redgrave Court, Bootle

2. Development of health and safety management in HSE
 - a) Auditing
 - b) Incident investigation
 - c) New policy and guidance
 - d) Training
 - e) Communications

3. Occupational Health

4. Activities across the country
 - a) TU Safety Rep activities
 - b) Region by region report
 - c) European week of health & safety

LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2006/07

ANNEX 1 - ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

NOTE: HSE comprises of Directorates, Divisions and an agency of HSE – the Health and Safety Laboratory. Where this report refers to 'Directorate' it means one of the following bodies:

- Communications (CD)
- Field Operations (FOD)
- Health & Safety Laboratory (HSL)
- Nuclear Safety (NSD)
- Railways (RI) – joined ORR April 2006
- Corporate Science & Analytical Services (CoSAS)
- Hazardous Installations (HID)
- Legal Advisers Office (LAO)
- Policy Group (PG)
- Resource & Planning (RPD)

Introduction by the Chief Executive

This is the first annual report on health and safety within HSE to which I have the pleasure of contributing a foreword. Since my arrival as HSE Chief Executive in November 2005 I have been impressed by the commitment of all my HSE colleagues in our aim to be an exemplar in the management of health and safety within our own organisation. The HSE Board takes its health and safety responsibilities very seriously and we continually look at ways to invigorate our policies to improve health and safety.

HSE can, in my view, take considerable satisfaction in the achievements of the past year. There have been significant reductions in the number of health and safety incidents, and a number of initiatives were started that should produce benefits for years to come. The move of a third of our staff to a new headquarters building without a single manual handling incident was a major success (building upon a similar success in the Health and Safety Laboratories move last year). We have continued to work closely with staff, with an approach based on open consultation and involvement of safety representatives. For example, we are working in partnership with HSE Trade Unions to develop internal guidance on worker involvement in the health and safety management process.

Finally, I would like to thank all my HSE colleagues for the work that has been put in during 2005/6 to make HSE safer and healthier. This is much appreciated. With the improvements that we have identified for the coming year, I believe HSE will maintain and enhance our workplace safety and well-being.

Geoffrey Podger
Chief Executive
Health & Safety Executive

SUMMARY OF REPORT

The 2005/06 annual report on health and safety performance within HSE reveals an improved picture from previous years. There have been significant reductions in the number of health and safety incidents and several significant initiatives have been carried out to address key health and safety issues in the organisation. This report combines statistical information on incidents with explanatory information on management.

There is also information on the day-to-day management of health and safety – auditing, accident investigation and a section on what's been going on around the country. Overall the report captures the diversity of activity relating to health and safety that takes place in the organisation.

HSE's commitment to health and safety

The Board aims for HSE to be an exemplar for health and safety and has appointed Justin McCracken, Deputy Chief Executive as Board champion for Health and Safety. At every formal Board meeting, members discuss health and safety. These discussions cover progress against targets, reports on significant issues and agreement of the Corporate Plan.

The performance against targets

In 2005/06 HSE performed better against targets than previously. We met our targets for DSE related ill health reports and slips and trips causing injury. We failed to meet our targets for RIDDOR reportable incidents, although the number was substantially down on 2004/05. Health and safety performance compares favourably against many previous years. Another significant target was met when the move of a third of HSE staff to a new headquarters building occurred without a single manual handling related incident.

Data on accidents, ill health and near misses are displayed in the following Annex 1. The report contains some commentary on trends and causes observed. All the incident data is placed in a historical context for HSE. Information on sickness absence in HSE is also included.

Positive action taken during the year

There were a number of significant developments this year, including:

- The completion of an assessment of the risks associated with stress in HSE in line with our published stress management standards.
- The launch of a panic button type mobile phone as a mitigation measure for visiting staff that are lone working.
- The launch of a new health and safety intranet suite containing updated policies, procedures and guidance.
- The completion of training for Board members on providing leadership for health and safety in the organisation.
- The continued internal communication campaign on health and safety issues
- A review of the effectiveness for our internal worker involvement arrangements

Next steps

A number of initiatives were started in 05/06 that should see results in 06/07. For example HSE's TU safety reps and management are working to develop internal guidance on worker involvement in the health and safety management processes.

LOOKING BACK - REVIEW OF HEALTH AND SAFETY IN 2004/05

This report is based on a Corporate Plan that is prepared annually. Where appropriate, the plan mirrors the Health and Safety Commission's priority programme. The Board of the HSE approved the plan and its targets. Staff were involved in the production of the plan via their trade union safety representatives.

1. Performance against the Health and Safety Corporate Plan

i) Targets for reducing incident numbers

Based on the outcomes from reported incidents in 2004/05 the Board via the Corporate Plan for 2005/06 set challenging targets for HSE staff against certain incident categories.

The targets for 2005/06 were set to:

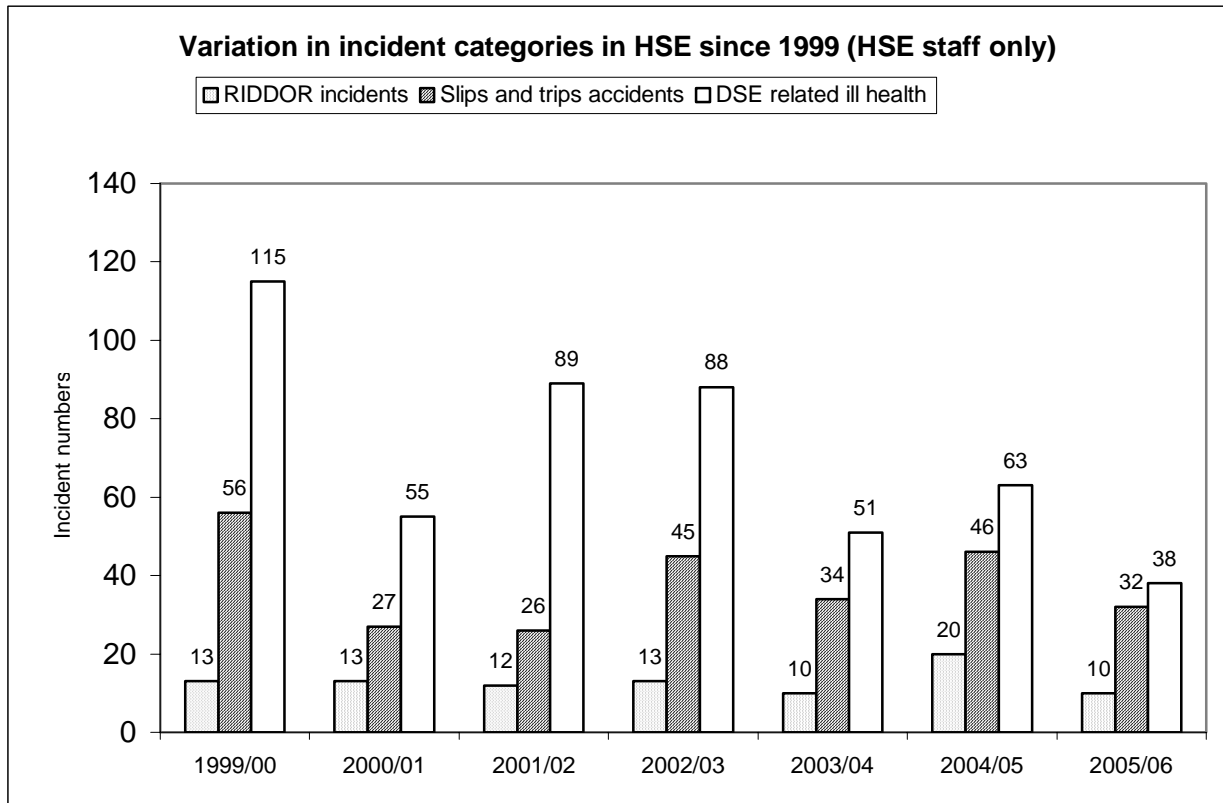
- reduce RIDDOR incidents to single figures;
- reduce ill health reports due to DSE by 10% on 2004/05 figures;
- reduce accidents causing injury due to slips and trips by 10% on 2004/05.

The table below shows the outcomes and compares against previous years. For the second year running incidents to contractors on HSE premises were included.

Year		Category		
		RIDDOR reports	DSE IH1s	Slips/trips causing injury
2003/04	Total	10	50	34
2004/05	HSE staff	20	63	46
	Non HSE	5		6
	Total	25	63	52
2005/06	<i>Target</i>	<i><10</i>	<i><57</i>	<i><47</i>
	HSE staff	10	32	38
	Non HSE	3		9
	Total	13	32	47

HSE met its targets regarding DSE related ill health and slips and trips causing injury. The target for the number of RIDDOR reportable incidents was missed. However, there was a significant reduction in the number of reported RIDDOR incidents.

The following graph shows the 2005/06 figures in historical context.



The figures in the above table give rise to cautious optimism about health & safety performance in 2005/06, when judged against these criteria. HSE achieved the lowest number of DSE ill health reports and RIDDOR reportable incidents for staff since 1999/00. The number of slips and trips causing injury was the lowest it had been since 2001/02.

ii) Progress against priority areas:

a) Improving health & safety management in HSE

The HSE Board recognised the important role it plays in giving leadership in improving health and safety. A training day was organised for Board members. HSE's legal training providers gave a session looking at best practice in corporate responsibility and a speaker from industry gave a personal view on how Boards can act to improve organisational health and safety culture.

The Board responded to the training by commissioning a governance review of health and safety in HSE. There was a desire to gain some understanding on what the barriers were to effective health and safety governance. This work was taken on by Internal Audit and is timetabled to be reported on in the next work year.

The Board also approved a three-year strategy for health and safety. This is an important development as it sets out HSE's overarching strategy for improving health and safety in the organisation. It has three components:

Culture - *Work to achieve a positive and vigorous health and safety culture in HSE*

Coherence - *Ensure that our process and procedures are simple, clear and effective*

Compliance - *Make sure that when it comes to the health and safety of our own staff, we do what we should do*

It is intended that this strategy is used to guide the Corporate plans from 2006/07 to 2008/09. This approach will ensure continuity from one reporting year to another and help guide work streams that cannot be completed within a twelve month period.

HSE also completed a CHaSPI (Corporate Health & Safety Performance Index) return. CHaSPI is a benchmarking tool promoted by HSE, designed to assist external stakeholders in assessing how well an organisation is managing its risks and responsibilities towards workers and the public. The weighted score was 6.9 out of 10, compared to an average score for all organisations completing the index of 6.3. It is HSEs intention to re-complete a return in the forthcoming year.

b) Targeting the main causes of harm in HSE

Display screen equipment (DSE)

Much effort has been put into improving our performance on DSE and encouraging staff to seek early advice from DSE assessors and line management. The number of reported cases of ill health due to DSE has been reduced by nearly 50% from last year. The availability of the on site Occupational Health Advisors (OHAs) has enabled staff to receive expert intervention, where necessary, and monitoring of their situation. The OHAs have also referred staff, where appropriate, for physiotherapy.

Most of the initial teething problems with the DSE training package have now been resolved, and the package has been successfully used across HSE. The package has been particularly useful where there have been large scale moves such as in Redgrave Court, or reorganisations as in the Edinburgh office. Prior to the move to Redgrave court, several sessions were arranged for DSE assessors to assist them with queries on the package and on advising staff who had identified issues during their assessment. The site OHA also presented a series of workshops, updating assessors on the equipment available, arrangements following the move and the DSE training package.

During the year 26 staff undertook central DSE assessor training and 55 attended refresher training. HSL undertook a DSE audit in order to find out where effort to reduce DSE related ill health should be directed. An in house DSE training course for 13 staff was subsequently held.

An updated version of Voice Recognition Software (VRS) was rolled out to the VRS community. This provides a 'roaming profile' so staff can access their voice profile from any networked PC in HSE (the previous version only allowed the software to be used from the PC on which it was loaded). BEU are evaluating this to test its effectiveness. Sessions for VRS users have been held to address issues such as noise in the office effecting VRS equipment. BEU have also arranged one-to-one training for staff.

Manual handling

The HSE is committed to the reduction of manual handling incidents through avoidance of the activity, assessment of the risk, the use of appropriate aids and training. We continued to improve our internal procedures to enable better support for staff including:

- the availability of lightweight Portable PCs where appropriate
- the use of wheelable trolleys to carry paperwork and the standard portable
- REFIT now replace toner cartridges in Redgrave Court as well as Rose Court, so staff in these locations do not need to handle the cartridges.
- Staff have been encouraged not to transport heavy bundles of paper, but to load data files onto USB flash drives

Slips & trips

There were 47 slip or trip incidents reported this year that resulted in injury. 6 of the incidents were RIDDOR reportable with the causes ranging from tripping on stairs (2) tripping over a cleaner's cable, lift not aligning with floor, slipping on discarded plastic bag and falling over a small wall. Nine incidents occurred away from HSE premises e.g. during inspection, at training courses or travelling on official business.

Incidents occurring on staircases have increased this year to 17 (from 10 in 2004/05) 3 of these occurred in the new Bootle HQ, Redgrave Court. There were 7 incidents, which took place in HSE car parks with individuals tripping over hazards or slipping for a variety of reasons, particularly on ice and snow during adverse weather conditions.

This year 274 potential incidents (near misses) have been recorded. Publicity continues to inform staff what they can do to address slip and trip hazards. During the year a new quick method of reporting hazards and potential incidents was devised and rolled out. By telephoning, emailing or completing a site log, staff could quickly highlight any risk where an incident could occur. 141 of the near misses were reported in this way.

HSE used the move to a new headquarters to assess how to minimise the risks of slips and trips due to trailing cables. BEU (Business Efficiency Unit) and REFIT (HSE's main IT provider) worked together to develop a solution, which comprised under desk cradles fixed to the desk frame between the pedestal and the underside of the desk top. The power and data cables from the floor box to the desk leg are wrapped in spiral binding to prevent them coming apart and run at the back of the desk. This model has now been adopted for major property events throughout the HSE estate.

Work-related stress

A stress management standards survey was conducted to gain a clear HSE wide picture of work related stress and identify the changes that should be made to make HSE a better place to work. HSE was not only the first Government Agency to conduct the stress survey it was the first organisation of this size and complexity to do so.

The survey was conducted successfully with a 61% response rate. The survey results highlighted the need for urgent action for 'role' and a clear need for improvement in the remaining five standards. Re-establishing the Stress Working Group ensured the appropriate high-level management and TU involvement to direct this.

All Directorates and Divisions held focus groups, which highlighted good examples of addressing work pressures in a positive way, and their findings were incorporated into Directorate and Divisional action plans. A paper was presented to the Board who agreed to:

- make the management of stress related risk an explicit part of the change management activity;
- the reconstitution of the management/trade union stress steering group, with Board representation, as a sub group of the corporate health and safety committee to deal with National issues and monitor progress with individual action plans;
- arrange for Directorate/Divisional Action Plans to be produced;
- ensure consistent implementation of agreed plans;
- align a repeat stress survey with the next staff survey.

This work will continue into 2006/07.

Ill health reports (IH1s)

There were 43 reports of work-related stress this year, as compared to 38 in 2004/05. Personnel followed 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 previous years and included:

- Workload / deadlines / demands;
- Organisational changes;
- Relationship with management/colleagues;
- Conflict / behaviour issues;
- Lack of support / resource.

Referrals and counselling

There were 22 individuals referred to Atos occupational health physicians due to health problems associated with stress and depression, compared with 23 last year. The majority of these individuals had been on long-term sickness absence. The OHA service has seen staff suffering with stress or depression at a much earlier stage in order to assist their recovery back into work.

HSE also has a staff counselling service provided by Counselling and Support Services (CSS). This service runs along side the occupational health service providing counselling assistance where staff request it. In 2005/06 they dealt with 28 cases of work-related stress (20 last year).

TU safety reps provided staff and management with support in the return-to-work process on the occasions when TU reps were involved.

c) Targeting high consequence risks

Work related road risk

There were 28 reported road traffic related incidents this year compared to 41 in 04/05. Six resulted in minor injury to HSE staff. Twenty took place whilst staff were away from the office.

185 delegates attended a one-day safe driver-training course provided for HSE by the Institute of Advanced Motoring. A further 222 staff members went on a refresher course. It is HSE policy for staff that drive more than 5000 miles per year to attend this refresher training every three years. There was also 1 post accident assessment of a driver.

During the year a 'gap analysis' was performed, comparing HSE's driving safety policy against published guidance. It found that generally the precautions that were in place were good, particularly the training provision. The current policy will be kept under review.

Lone working risks

There are two categories of risk covered by lone working – incapacitation whilst alone and violence to staff. In terms of reports, there were a total of 27 reported instances of verbal or physical aggression to staff (11 in 2004/05). This increase could be explained by the greater prominence given to the subject within HSE encouraging staff to report.

One incident involved two staff members being affected. In 6 cases the abuse occurred over the telephone and 5 cases were not related to official duties (the cases were examples of street crime unrelated to the fact that the victim was an HSE employee). Two of the reported instances involved a duty holder physically striking the HSE staff member, although in neither case was the incident serious enough for further police action to be taken. There were two incidents when a lone worker was trapped in a lift in HSE offices.

In 2005/06 HSE launched a major review of the policy and guidance we produce on the subject. A joint management/TU working group was set up to assess the risks. The group produced revised guidance for all staff on the management of general lone working risks. Attention was focussed on providing generic guidance on low, medium and high risk as a basis for local dynamic risk assessment in medium and high-risk cases. The group also secured commitment from the HSE Board that the revised policy would achieve a consistent application across Divisions and Directorates. The package of measures was launched with a joint message from the Board champion for health and safety and the TU vice-chair of the CHSC.

Also this year HSE launched the use of the 'Cybertrack' personal safety device. This consists of a mobile phone with a GPS transmitter and a panic button. If a staff member is in distress they can press the panic button that will link them up to a dedicated monitoring centre. Depending on the emergency the monitoring centre

can then call the relevant emergency services. The handsets have been issued to each office and their use has been encouraged in those situations where the risks to lone workers are elevated, e.g. visiting a site where aggression has been encountered in the past.

The work on handling aggression continued into 2006/07 and new guidance in this area will be published. For most of the time the risks to staff of aggression are well within the general societal range. In some cases HSE staff are involved in situations where the risk is elevated. It is for these sets of circumstances that the revised guidance is being produced.

d) Improving our ability to monitor health and safety performance

During the year work was carried out in association with HSE's internal Statistics Branch to move away from year-on-year targets to looking at trends in incidents. This was done for two reasons. Firstly, this is the approach that the HSE takes when looking at patterns in national incident statistics (e.g. national RIDDOR data). Secondly, HSE had already met the targets set by the Revitalising Health and Safety (RHS) strategy. Overall the HSE Board wanted to be satisfied that HSE performance was significantly improving.

A thorough search was made of HSE's historical incident data to find an array of statistics for which there was reliable information. These looked at ill health and injuries. Statistics packages were then used to identify significant reductions in these categories by 2009/10 (to coincide with the end of the RHS reporting). The findings of this work have been included in the 2006/07 Corporate Plan (see 'Looking Forward – Health & Safety in HSE for 2006/07').

iii) Move to Redgrave Court, Bootle

The move of a third of HSE's staff to a new purpose built HQ building in Bootle was one of the major health and safety activities of the year. The move was a considerable logistical challenge involving several contractors. Health and safety risks during the move needed to be managed and an effective health and safety management structure needed to be in place when the building was occupied.

A lot of preparation was made ahead of the move. Two seminars were held for DSE assessors reinforcing the key skills that they had and explaining the details of the move. When the move took place the assessors were in a much better position to ensure that help was available for staff as they carried out their DSE assessment.

A site safety forum was set up containing representatives from HSE and the companies making up the PFI (Private Finance Initiative) partner for the building. This forum is designed to ensure proper cooperation and coordination regarding health and safety on the site. The model has been effective at improving working relationships and addressing issues as they arose in a speedy manner. It is the basis of effective health and safety management in the building for the years ahead.

There were also extensive pre-occupancy health and safety tours. These helped to identify any outstanding safety issues from a building user point of view.

The move itself took place over 8 weekends. The risks associated with the move had been assessed and manual handling in particular was eliminated as far as possible. Staff carried out extensive de-cluttering and then only loaded the move box. Trained contractors using appropriate equipment actually moved the filled boxes. These precautionary steps ensured that HSE met its target of there being no manual handling related accidents during the move period.

Several incidents did occur early in the occupation of the building. These related to scalds in the food areas and slips and trips around the site. Deficiencies highlighted by the investigation into these incidents have been acted on.

2. Development of health and safety management in HSE

a) Auditing

The main auditing activity was the governance review, which has already been referred to in Section 1.ii.a). Audits of certain aspects of health and safety management are in the Corporate Plan for 2006/07.

b) Incident investigation

Every year a wide variety of health and safety incidents in HSE are investigated. 2005/06 has been no different. The main types of incidents not covered elsewhere in the report relate to fire safety, first aid, building matters and the working environment.

There were a number of incidents in the London headquarters of HSE – Rose Court – that had wider implications for the estate. These related to fire risk management and first aid safety in particular.

The Rose Court fire alarm system developed complicated faults, quick repairs for which proved impossible. Shortfalls in staff involvement exacerbated the situation. Back-up measures were implemented supported by high vigilance, particularly amongst site safety reps, which helped ensure fire safety was maintained. However, the deficiencies attracted the involvement of Her Majesty's Fire Service Inspectorate (Crown Premises Inspection Group). This highly unsatisfactory event prompted a national review of fire safety across HSE's estate and an overhaul of our approach to fire safety risk assessment.

First aid measures were also found wanting following an accident to a visiting member of staff. This prompted a considerable review and upgrading of Rose Court's arrangements.

There were also some problems with the lifts in Rose Court. On several occasions a lift failed to correctly align with the floor on door opening and people tripped as they left the lift carriage. Unfortunately this resulted in a RIDDOR reportable injury to a member of staff. The lifts are now being completely refurbished.

The importance of near miss reporting was highlighted by two events relating to the estate. At the start of the year some glass fell out of the window frame in the old Bootle headquarters. This landed on an employee's car causing damage to the roof.

The incident lead to a thorough check and improvement of the windows on the old HQ estate.

In HSL Buxton, the site safety coordinator found workers using an overhead crane without appropriate harnesses or method statement. This occurrence lead to a tightening up of safety procedures for all work at height on the site.

There were some other issues in the new PFI building in Buxton. On one occasion it was found that drinking water had been contaminated with coolant due to a fault in the system. The facilities management company resolved the issue. No staff members were put at risk. New occupants of the building also complained of dry eyes and exacerbation of eczema and asthma. Investigations indicated that humidity was an issue in the building and work is continuing to resolve the issue.

c) New policy and guidance

HSE stores its health and safety policies, procedures and guidance on the internal intranet. The 'Your health and safety' website was significantly updated during 2005/06. Much of the information that was already on the site was reformatted to make it more user-friendly. Policy for several subjects – confined spaces, construction and particularly lone working – were completely rewritten and updated.

The impact on visits to the 'Your health & safety' site can be seen below:

Monthly Totals	Visitors	Visits	Page Requests
Oct-05	525	527	529
Nov-05	60	60	60
Dec-05	12	12	13
Jan-06	33	33	33
Feb-06	2265	2423	7228
Mar-06	1829	1932	5126
Apr-06	870	913	2574
May-06	1129	1185	3371
Jun-06	965	1036	2873

N.B.:

- *Visitors* = individual staff members who included a *visit* to the Your Health & Safety web page.
- *Visits* to the web page, indicates that some of the *visitors* made more than one *visit* to the page.
- *Requests* = the number of times the web page was 'requested' from the web server, indicating that a number of the *visits* included more than one request for the page. More than likely this indicates that the visitor went to look at another web page, and then returned.

d) Health and Safety Training

A tender exercise was conducted for a Health and Safety training provider. It was necessary to select a training provider who could assist HSE to develop further training packages to fulfil our statutory duties and improve our performance with regards to health and safety. Health and safety training is targeted at the main causes of injuries and ill health amongst HSE staff. The tendering companies were

made aware that new requirements can and may be added throughout the course of the contract.

OSTAS (Occupational Safety Training & Advisory Services) were the successful company. To date it has held 5 training courses and the feedback from delegates has been excellent.

The table below provides attendance details on the health and safety courses held during the year.

MODULES	COURSES	DELEGATES
Accident/Incident Reporting & Investigation	0	0
DSE Assessors	3	26
DSE Assessors Refresher	8	55
H&S Foundation Course for Managers	2	13
Handling Conflict and Aggression	1	7
Managing Work Pressures	0	0
Manual Handling	3	21
Manual Handling Assessors	1	6
Risk Assessment	1	7
Use of Portable Computers	0	0
Totals	18	128

e) Communications

The CHSC approved a strategy for the effective communication of the health and safety message in the HSE. The main principles were:

- More proactive communication.
- Clear information about what help is available.
- Targeting the right information to the right audience.
- Use several channels of communication to reinforce the message.

Throughout the year health and safety supplements were published as an insert in the HSE staff magazine. Each of these contained latest news and information, significant developments and interviews with key health and safety personnel.

During the year HSE's internal staff discussion forum – Exchange – sought staff opinions on health and safety. The feedback from staff enabled the communication campaign to address better staff concerns. As a result the campaign was reorganised so that a different safety topic was dealt with over a three-month period with continuous reinforcement of the messages involved. The campaign is planned to continue in 2006/07.

3. Occupational Health

During the year, we have worked closely with Atos (HSE's occupational health provider) to address a number of key areas including:

- The delivery of immunisation programmes
- The quality and accuracy of reports
- Delays for certain surveillance medicals (e.g. asbestos)

The CHSC have been kept informed of the performance of Atos, and areas for improvement were identified and taken forward by the Atos contract manager and DWP. These areas include improved performance monitoring and administration of referrals. HSE has continued to share good practice with DWP and liaise regularly to discuss the performance of our occupational health provider.

The on site occupational health advisers (OHAs) have continued to provide a valuable and proactive service across HSE. Their main role has been providing advice and support to line managers and staff in managing sickness absence, particularly in relation to stress related illness, musculoskeletal disorders and work-related injuries. The 10 OHAs have also assisted staff returning to work following ill health and carried out DSE and ergonomic assessments. Other key areas they have been involved in included:

- facilitating access to therapeutic intervention for staff, where appropriate, including cognitive behaviour therapy (CBT) and physiotherapy. Staff have responded positively to the intervention.
- Health promotion activities (e.g. cancer awareness, well women/men health sessions). These have been well received and more are planned for 06/07.
- Cessation of smoking sessions. All sites were offered three two-hour sessions led by the site OHA. There was also advice on help available locally and different methods to assist in giving up. OHAs also undertook individual sessions where there were insufficient numbers for group sessions. A number of staff subsequently gave up smoking.

Health screening

A programme of health screening for staff aged 50 and over, commenced in April 05. The screening programme, which will continue into 06/07, aims to help individuals to identify some of the risks which can lead to cardiovascular disease and give them the opportunity to make informed decisions about everyday lifestyle changes to improve health. The screening includes height/weight check, body mass index calculation, cholesterol test, blood pressure check, urinalysis and lifestyle questions.

Events were held in Glasgow, Edinburgh, Aberdeen, Cardiff, Bristol, Manchester, Preston, Newcastle –under-Lyme, Leeds, Sheffield and Newcastle-upon-Tyne. The uptake rate was much higher than in previous programmes, which included all age groups.

Health surveillance

The organisation and facilitation of health surveillance has for the past few years been carried out by D/Ds. During the year, HR took over responsibility for arranging medicals including asbestos, offshore, mines, ionising and diving. The responsibility for identifying staff needing surveillance remained with D/ds.

4. Activities across the regions

a) TU Safety Rep Activities

In HSE Trade unions play a vital role in the management of health and safety. Through their safety reps HSE seeks to meet its statutory undertaking to consult with its staff. TU safety reps sit on national and regional health and safety committees.

One of the main initiatives upon which safety reps have been working is the promotion of full and effective involvement of all staff in securing continuous health and safety improvement.

In 2006/07 trade union safety reps also made significant contributions (amongst other things) in:

- the development of policies on lone working,
- carrying out the stress management standard risk assessment,
- developing an internal HSE policy on worker involvement in health and safety,
- carrying out a gap analysis of HSE's work related road risk policy, and
- developing HSE's internal PPE policy.

The aim is for worker involvement in health and safety to become more dynamic in 2006/07. A network of regional safety reps is established to aid the sensible escalation and timely communication of health and safety issues.

b) Region by region report

The site co-ordinators have worked closely with TU H&S reps and H&S committees to progress issues, and have submitted an annual health and safety report on behalf of their region.

From February 2006 health and safety functions previously undertaken by the health and safety unit and OPSU were consolidated into the Human Resource Service Centre (HR SC) in Bootle. From that time HR SC have had responsibility for PPE requisitioning for NSD, HID and FOD HQ, health surveillance and medical referrals. The intention is that health and safety administration will improve through the roll out of the new e HR system and e requisitioning for PPE.

Some of the highlights include:

Aberdeen/HID

- Good progress was made against the Corporate Key Objectives. Line Managers in Bootle were asked to be particularly careful on slips & trips hazards associated with packing up and moving to the new MHQ. Other HID sites, Aberdeen and Norwich, have been proactive in tackling potential Slip/trip incidents.
- Staff were informed about the Cybertrack system and all visiting staff were issued with HSE mobile phones.

Edinburgh, Glasgow & Inverness offices

- A smoking policy was drawn up and agreed for offices in Scotland to comply with the ban on smoking in public places with effect from 6 March 2006.
- Following a re-organisation in the Edinburgh office, 46 outstanding DSE assessments were undertaken.
- No manual handling risks were reported from the Scotland site this year while slip/trip risks were identified from office safety inspections.
- The majority of inspectors or HSAOs have not taken up Cybertrak due to the fact that they cannot be used where there are flammable or explosive atmospheres or where there is no mobile phone signal.

Yorkshire & North East (Leeds, Newcastle-u-Tyne, & Sheffield offices)

- Occupational Health were involved in early intervention cases.
- Manual handling training was delivered in year to staff in the Business Team and to HSAOs amongst others.
- Limited usage of Cybertrak was made during the year. 3 Sat Nav devices are also being piloted, one located in each office.

North West (Carlisle, Manchester & Preston offices)

- The supplement on Lone working was discussed at management meetings attended by staff down to Band 5s. Random checks are currently being made to ensure that visiting staff leave clear and accurate details of their daily visits with their admin teams, in addition to completing entries in their Lotus Notes Calendar.
- Awareness promotions took place for the Benenden scheme, Breast Cancer Awareness, Jeans for Genes (genetic disorders), and also Smoking Cessation sessions were held and four people have stopped smoking.

Health & Safety Laboratory, Buxton/ Sheffield

- HSL is amending its existing lone working policy in light of HSE's new policy and new items of kit. HSL has only one Cybertrak phone, which has been assigned to Medical Unit as staff there are at most risk.
- Monthly safety walkabouts by the Chief Executive and Group Heads have identified a number of issues
- Near miss reporting has proved very successful

Bootle Headquarters

- Little take up of Cybertrak phones for Lone workers. Efforts will be made early in 2006/07 to re-publicise their availability.
- Publicity in simplifying procedure by which to report and record "near misses" had useful impact.
- Guidance was issued to all staff on how to safely manage the move to Redgrave Court, and there were no manual handling incidents reported. The OHA presented 6 Health Awareness sessions for women and 6 for men. All sessions were well attended, in total approx 200 female and 110 male

members of staff attended. Feedback was very positive, and further sessions are being planned for this year.

- There have been 3 Smoking Cessation programmes during the year attended by 45 people concluding in several success stories.

Midlands (Birmingham, Newcastle-u-Lyme, Northampton, Nottingham, Stoneleigh & Worcester offices)

- Most of the requirements of the new lone working policy were in place and the necessity to ring into the office to give hire car or change vehicle details and the use of Lotus Calendar has also been introduced.
- Recognition that the Midlands developed and piloted the Near Miss procedure that has now been rolled out across HSE. It is understood from feedback that this has improved near miss reporting.
- The Occupational Health Advisor ran an initiative around Men's Health Week. The OHA also visited each office to conduct BP checks; peak flow checks and give advice on cessation of smoking.
- Revised procedure developed and rolled out FOD-wide to respond to concerns reported by Band 6 staff about stress arising from having to make lengthy 'cold' calls to small firms under the Contact Procedure.

Wales & West (Bristol, Cardiff, Carmarthen, Wrexham & Poole offices)

- Revision and re-issue of the Divisional H&S circular on lone working including information on geographical areas in which staff need to be extra vigilant. A small pool of mobile phones to be made available in all offices for staff that do not usually travel as part of their duties.
- The electronic Bristol H&S System is now complete and in operation. The plan is to extend the Bristol System to include Poole office and roll it out to each of the other 4 offices.

East and South East (Ashford, Basingstoke, Chelmsford, East Grinstead, Luton & two offices in Norwich)

- All staff completed electronic DSE Self Assessment and Line Managers and site Co-coordinator took necessary remedial action. Trained DSE assessors, available at each office, receive regular refresher training.
- Manual Handling Assessments reviewed in all offices. New staff involved with manual handling was also trained.
- Slip & trip Risk Assessments continue to be carried out in all offices.
- Lone working procedure was introduced but there was very little uptake of Cybertrak phones, staff do not believe they are practical.

Rose Court

- 513 members of staff in Rose Court have completed the Cardinus electronic DSE Self Assessment. During 05/06, the OHA has seen 39 staff members re DSE, not all of these as a result of a case of ill health.

- Steps were taken to update content in First Aid boxes, to keep them regularly replenished and to improve First Aid room accessibility. The number of trained First Aiders has increased and improved.
- Staff were consulted on slip and trip guidance and were reminded to use common sense and clear up spillages. There were few accidents.
- Despite extensive and thorough promotion of the Cybertrak lone working system, uptake was limited in FOD but they do have an automated buddying system already in place.
- With the implementation of the new policy and lone working arrangements it was reported that there was a greater take up of staff using electronic calendar system.
- This year Rose Court concentrated on raising awareness on MSD, Stress, DSE, Smoking cessation sessions and Drug and Alcohol Awareness.
- Rose Court set up a project to look at improving health and safety arrangements and communication of messages to staff.

c) European Week of Safety and Health

The theme for Euro week 05 was noise. HSL carried out an assessment of noise levels within their plant rooms, and drew up an agreed action plan following this. Across HSE, site coordinators used Euro week to launch the new form free near miss reporting system.

LOOKING FORWARD - HEALTH AND SAFETY IN HSE FOR 2005/06

HSE, in association with the Trades Unions, has identified the corporate priorities for health and safety. These priorities are incorporated into a three-year strategic framework, which has been developed in consultation with trade unions & the Corporate health & safety committee. The framework picks up the recurrent themes that run through all health and safety activity in HSE.

A: Culture – Developing a positive, cooperative and forward thinking health and safety culture in the organisation

We plan to:

- Include a specific health and safety component in senior managers' performance plans.
- Review the health and safety training component of management competencies
- Support the role of safety reps by devising suitable measures to recognise and resource the valuable work they do.
- Work with HSL to see which behavioural assessment tools could be used for all of HSE
- Organise audits on PPE use & Risk assessment within HSE and communicate the findings to the Board for action.
- Continue to benchmark against other government departments to assist in progress with health and safety

B: Coherence - Ensure that our process and procedures are simple, clear and effective

We plan to:

- Include revised risk assessments in any review of policy or guidance.
- Establish and maintain a single, accessible to all file of national HSE risk assessments
- Develop the concept of dynamic risk assessment for relevant staff.
- Establish working links between HR, HSL & policy group so that up to date findings of any new research into workplace safety, health & wellbeing can be considered internally
- Devise a 3-year programme for internal health and safety policy & procedure revision.
- Ensure that the HSE expert on any given subject is included in the development of the in-house guidance.
- Maintain a programme of in house communication for health, safety, and well-being.

C: Compliance - Make sure that when it comes to the health and safety of our own staff, we do what we should do

We plan to:

- Work together to coordinate internal changes with external changes in health & safety policy.
- Improve occupational health policy and guidance available to staff by the end of the year.
- Devise a method reporting the results of safety reps concerns and audits so that the key findings are communicated to the right people.
- Achieve 80% attendance by eligible staff on the on going programme of health screening for over 50s.
- Produce a new risk assessment and guidance on violence against staff by end of July 2006.
- Increase number of near miss reports by 10% by the end of year.

Overall HSE has set the following targets for incident numbers in 2006/07:

Slips and trips causing injury	36
All incidents causing injury	141
DSE related ill health cases (IH1s)	<41
All work related ill health	103

ANNEX 1 ACCIDENT, ILL HEALTH & NEAR MISS STATISTICS

The Board review the targets and information on all incidents monthly. During the year, work has been completed to amend the forms and procedures and TU safety reps have been instrumental in improving the reporting system.

The table below provides information on the number of incidents during the year, compared with the previous 3 years.

Note: The figures for non-HSE staff are included and shown in brackets.

	Apr - Mar 2006	Apr - Mar 2005	Apr - Mar 2004	Apr - Mar 2003
RIDDOR:				
TOTAL RIDDOR incidents	*13(3)	25(5)	11(1)	15(2)
Of which: Fatal injuries	0	0	0	0
Major injuries	3(1)	1	3	1
Dangerous occurrences	0	0	0	0
Over 3 day injuries:	9(2)	20(5)	8(1)	10(1)
Ill Health & Other	*1	4	0	4(1)
Other over 3 day	5	1	1	3
Ill health all other	105	123	101(2)	154(4)
Minor injuries	128(19)	153(20)	128(17)	148(17)
Near misses, including verbal abuse and possible accidental asbestos exposure	274(6)	130(4)	90(4)	85(6)
Total	524(28)	432(29)	331(24)	405(29)

* minor injury – hospital treatment required

RIDDOR reports

The 7 RIDDOR over 3 day reports for HSE staff were as a result of slips/trips/falls (5) and manual handling (2). The 2 major injuries to HSE staff involved one slip/trip and an incident involving exposure to fumes from a firework vessel at the Health and Safety Laboratory.

The incident rate for RIDDOR is 241 per 100,000 employees (all incident categories). The average rate for the SIC category that HSE belongs to (75.11) in 2004/05 was 1900.0 per 100,000 (provisional result).

For non-HSE staff, the RIDDORs involved manual handling (1), slip/trips (2) all on HSE premises.

Work-related ill health

The 105 ill health reports included 32 relating to DSE, 43 due to stress and 5 relating to back problems. Other reports included 12 relating to possible environmental issues such as dry eyes and nose due to poor air quality, rash and itching due to allergic reactions, sinus and chest infection attributed to the environment.

Cost of accidents / ill health

We estimate the total cost of accidents/ill health to be approximately £161,000. This includes 2 claims settled during the year relating to personal injury.

A total of 31296 working days were reported lost in HSE through sickness absence (compared to 34237 last year), an average of 7.82 working days lost per staff year. This was a decrease from 8.82 days last year.