

Delivering health and safety in Great Britain

Health and safety targets:
how are we doing?
2002/03

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Chair's foreword

Delivering health and safety in Great Britain: Health and safety targets: How are we doing? 2002/03 supplements the information about delivery of our planned work in our Annual Report for 2002/03 with information on how well targets and outcomes published in our Business Plan for 2002/03 were achieved.

I welcome the reductions in some priority programmes such as the deaths and major injuries resulting from falls from height, injuries caused by vehicles at work, and successive falls over the last two years in construction-related fatalities. But the real step-change in improved health and safety performance has yet to be delivered. There is no clear evidence of change in the fatal and major injury rate, and the balance of evidence suggests that the overall incidence of work-related ill health is likely to have risen since 1999/2000. There appears to have been little real progress in other areas, particularly in ill health where there has been no fall in the numbers of musculoskeletal disorders, and data suggest that work-related stress has been increasing in the recent past.

It is vital that businesses, workers, local authorities and the Health and Safety Executive (HSE) continue to work together to deliver the real improvements in safety and health at work that we all want to see. The enforcing authorities – HSE and their local authority partners – cannot do it all.

That is why I am very pleased to see the many examples of partnership working included in this document, the enthusiasm and commitment from trade unions and employers and the evidence that it *can* make a difference. There are encouraging signs of improvement where business leaders take the decision to drive down injuries, illness and lost working days. By the end of 2002/03, over 25 industries had set targets for themselves, some more challenging than those contained in the Revitalising Health and Safety initiative; all involve all parts of industry and trade unions. Where there is a determination from all concerned to reduce the burden of ill health and injury, there are improvements, whether by setting targets, developing new equipment, sharing information and expertise, supporting small firms or carrying through initiatives.

All reductions, great or small, will help feed through to the larger picture, and I expect the good progress made in other activities to assist; for example reductions in major and significant hydrocarbon releases, in incidents and dangerous occurrences involving lifting or mechanical handling offshore, and in accidents in the quarrying industry.

We must consistently see fewer deaths, fewer injuries and fewer assaults on people's health. To deliver lasting improvements in health and safety, we need to see an even greater commitment to working together across industry and the involvement of all those in the health and safety system.

BILL CALLAGHAN

Chair, Health and Safety Commission

THE HEALTH AND SAFETY COMMISSION AND THE HEALTH AND SAFETY EXECUTIVE

The Health and Safety at Work etc Act 1974 (HSWA) established the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE).

THE HEALTH AND SAFETY COMMISSION

HSC is a body of ten people, appointed by the Secretary of State for Work and Pensions for the administration of the HSWA. HSC's primary function is to make arrangements to secure the health, safety and welfare of people at work and the general public. The work includes proposing new laws and standards, conducting research and providing information and advice.

HSC COMMISSIONERS

Bill Callaghan (Chair)
George Brumwell
Margaret Burns
Abdul Chowdry
Judith Donovan CBE
Joyce Edmond-Smith
Judith Hackitt
John Longworth
Maureen Rooney OBE
Owen Tudor

Commissioner Maureen Rooney died on 1 May 2003 after a long illness.

THE HEALTH AND SAFETY EXECUTIVE

HSE is a body of three people which advises and assists the Commission in its functions. Together with local authorities, it also has day-to-day responsibility for enforcing health and safety law, investigating accidents, licensing and approving standards in particularly hazardous areas and commissioning research. The Executive has staff of around 4050 – collectively known as HSE – which includes inspectors, policy advisers, technologists and scientific and medical experts.

THE EXECUTIVE

Timothy Walker (Director General)
Justin McCracken (Deputy Director General (Operations))
Kate Timms (Deputy Director General (Policy))

Biographical details of Commissioners and the Executive can be found in the HSC Annual Report and HSC/E Accounts 2002/03. A copy has been placed on the HSE website at <http://www.hse.gov.uk/aboutus/reports/annreport0203.htm>

INTRODUCTION

HSC's Business Plan 2002/03 set out the work we said we would carry out as our contribution towards achieving national targets for health and safety as defined in the Revitalising Health and Safety Strategy Statement and Securing Health Together. It also set out a range of targets and outcomes in all our major programmes.

HSC's Annual Report and HSC/E Accounts 2002/03, published on 5 November 2003, reported on delivery of the work. *Delivering health and safety in Great Britain: Health and safety targets: How are we doing? 2002/03* reports progress against the targets and outcomes.

Over and above the national targets contained in the **Revitalising Health and Safety Strategy Statement** and **Securing Health Together** (pages 4 and 5), the document reports on the following:

Priority Programmes (pages 6–13)

- Falls from height; Workplace transport; Musculoskeletal disorders; Work-related stress; Construction; Agriculture; Health services; Slips and trips

Major Hazard Industries (pages 14– 21)

- Railways; COMAH; Mining; Offshore; Gas conveyance and on-shore major hazard pipelines; Nuclear

Securing Compliance: Key targets in industry sectors (pages 22 – 25)

- Category A establishments; Offshore and diving; Explosives; Chemicals; Gas supply industry; Quarries

Securing Compliance: Key targets in cross-sector hazards (pages 26 – 29)

- Noise; Hazardous substances; Asbestos; Hand-arm vibration; Occupational asthma

Mandatory Activities (page 30)

- Gas safety

Working in Partnership to Deliver a Safer and Healthier Workplace (pages 31 – 34)

Key HSC/E documents and websites can be found at the following addresses:

HSE website (<http://www.hse.gov.uk/>)

Delivering Health and Safety in Great Britain (<http://www.hse.gov.uk/aboutus/reports>) (This website will be available in January)

HSC Business Plan 2002/03 (<http://www.hse.gov.uk/aboutus/plans/hscplans/busplan0203.pdf>)

Health and Safety Statistics Highlights 2002/03
(<http://www.hse.gov.uk/statistics/overall/hssh0203.pdf>)

HSC Annual Report and Accounts 2002/03
(<http://www.hse.gov.uk/aboutus/reports/annreport0203.htm>)

Revitalising Health and Safety (<http://www.hse.gov.uk/revitalising/>)

Securing Health Together (<http://www.ohstrategy.net>)

Statistical Note (<http://www.hse.gov.uk/statistics/statnote.pdf>)

REVITALISING HEALTH AND SAFETY / PUBLIC SERVICE AGREEMENT TARGETS

HSC/E's PSA targets are the midpoint Revitalising Health and Safety (RHS) targets.

RHS Target 1

To reduce the incidence rate of fatal and major injury accidents by 10% by 2009/10 and by 5% by 2004/05.

Baseline

1999/2000: injury indicator: 263.2.

The Revitalising injury indicator is the sum of the two parts: the worker rate of fatal injury and the employee rate of major injury uprated by the estimated reporting level of employee injuries.

Progress

In 2002/03, to allow for changes in the rate of reported major injury relative to the rate of reported over-3-day injury to employees, a revision was made to the methodology used for the calculation of the estimate of major injury reporting used in the indicator. This revision was also applied retrospectively to 2001/02. For 2002/03, the unrevised indicator shows a rise of 5.7% from 1999/2000, the base year. On a revised basis, the indicator falls by 3.8%. Both these estimates are subject to statistical uncertainty of 5-6%.

These alternative estimates represent two interpretations of the relative changes in the rates of reported major and over-3-day injury. **There is insufficient evidence to choose confidently between these alternatives, and the true position is likely to lie somewhere in between, leading to the conclusion that there is no clear evidence of change, which is also in line with the flat trend in the Labour Force Survey.** HSE will carry out an analysis and commission research on the reporting of major injuries.

RHS Target 2

Reduce the number of working days lost per 100 000 workers from work-related injuries and ill health by 30% by 2009/10 and by 15% by 2004/05.

Baseline

Only absolute numbers (rather than rates) are currently available. An estimated 40.2 million total days per year were lost in 2001/02 (Self-reported Work-related Illness (SWI01/02) household survey). This information suggests that the scale of the problem to be addressed by the strategies in terms of work-related ill health and the days lost it causes is greater than previously estimated.

Progress

No new data available. An initial judgement on progress will next be made in 2004.

RHS Target 3

Reduce the annual incidence rate of new cases of work-related ill health by 20% by 2009/10 and by 10% by 2004/05.

Baseline

In 2001/02 an estimated 2200 out of every 100 000 people employed in the last 12 months suffered from a new work-related illness.

Progress

The balance of evidence suggests that the overall incidence of work-related ill health is likely to have risen since 1999/2000. This is essentially because the latest information suggests work-related stress is rising, while musculoskeletal disorders – the other major cause of ill health – show no change (though there is some evidence of improved risk control). A reduction in asthma, and hints of a reduction in dermatitis, are not enough to offset the stress increase.

Full details at <http://www.hse.gov.uk/statistics/overall/hssh0203.pdf>.

SECURING HEALTH TOGETHER (SH2)

In July 2000, HSC, the Government and other stakeholders launched a long-term strategy to improve occupational health (SH2). It commits all parties to working together to achieve both the health-related targets in RHS and the following additional targets by 2010:

Targets

- 20% reduction in ill health to members of the public caused by work activity.
- Everyone currently in employment but off work due to ill health or disability is, where necessary and appropriate, made aware of opportunities for rehabilitation back into work as soon as possible.
- Everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work.
- An increase in the use of occupational health support of 10% by 2003.

Progress

- Target relating to members of the public: Hospital-acquired infections (HAI) account for a significant proportion of the ill health cases. HSE works with the various parties involved in collecting statistics on and controlling risks of HAI, focusing on cases where failure of risk management means enforcement action is warranted.
- Rehabilitation targets: HSE is developing guidance for employers, in partnership with their employees, to manage sickness absence to retain ill, injured and disabled employees in their employment. An initial report has been published.¹ HSE is also developing a sickness absence management aid for employers to help identify and prevent work-related absence and identify employees who need help to stay in work. Both were referred to in the Department for Work and Pensions (DWP) Green Paper *Pathways to Employment*. HSE has also been contributing to the DWP/Department of Health (DOH)-led Job Retention and Rehabilitation Pilots.
- Occupational health support target: A baseline study identified that nationally only 3% of firms use basic occupational health (OH) support.² HSC has decided that HSE should be progressing a comprehensive national occupational health and safety support system. HSE will be developing regional, local and sector activities that are organised, planned and fit within the structure of the national model. Existing good examples are the Scottish Executive's *Safe and Healthy Working* initiative and the plans for a comprehensive OH service for construction firms and employees.

Comment

Securing Health Together has reached a pivotal point. The numerous activities that have been contributing to the targets are to be slimmed down and focused on those that will really make a difference. HSE's move to sponsorship within DWP further helps links with cross-government work to forward rehabilitation. HSC's decision to aim for comprehensive occupational health and safety support as envisioned in the HSC strategy for workplace health and safety for 2010 and beyond is a key milestone.

¹ *Job Retention and Rehabilitation: The Development of a Conceptual Framework*, Research Report 106, available from HSE's website.

² *Survey of Use of Occupational Health Support*, Contract Research Report 445/2002, available from HSE's website.

PRIORITY PROGRAMMES

Falls from height

Falls from height currently cause 22% of fatal and 14% of major injuries. All industrial sectors are affected. The falls from height priority programme links to and complements the construction, agriculture and workplace transport priority programmes where falls from height are a significant concern.

Target

- 5% reduction in the incidence rate of fatal and major accidents caused by falls from heights in all premises by 2004.

Baseline

No incidence rate is available for this target. The statistical indicator used to track this target is therefore the number of reported incidents of falls from a height. For the baseline year of 1999/2000, there were 68 fatalities (to workers) and 5500 major injuries (to employees).

Progress

In 2002/03, there were 49 fatal injuries to workers due to falling from a height. This was 29% less than in 2001/02, when there were 69 fatalities, and it continues the downward trend of the past six years. The number of fatal injuries resulting from high falls (over 2 metres) decreased by 16% while the number of fatal injuries resulting from low falls (under 2 metres) decreased by 55%.

In 2002/03, there were 3880 major injuries to employees due to falls from a height, a reduction of some 4.5% from the previous year. The greatest reduction was in the number of high falls, which decreased by 9% from 1079 in 2001/02 to 986 in 2002/03. The number of major injuries as a result of low falls decreased by 7% in 2002/03 to 2015 from 2174 in 2001/02. This is the lowest reported figure for the period 1996/97 to 2002/03. However, the number of falls where the height is not known has increased by approximately 8%.

There has been a large decrease (approximately 15%) in the number of over-3-day injuries resulting from a fall from height, although this might partly be a result of a decrease in the rate of reporting of these injuries.

Comments

The falls from height priority programme has developed and implemented a strategy to address this hazard, and it would appear that this might now be having an impact in reducing the number of injuries. Greater awareness of the hazard and the need to address it has been promoted via the falls from height web pages (<http://www.hse.gov.uk/falls/index.htm>), through promotion of the forthcoming Work at Height Regulations and through a range of pilot projects that have been developed with relevant stakeholders representing both employers and employees.

Incidents in the construction and agriculture industries account for a significant number of the falls from height reported, and developments in the construction and agriculture priority programmes are likely to have had a complementary impact on the numbers of major injuries in this programme.

Formal consultation on, and implementation of, the new Work at Height Regulations in 2004 will continue to raise awareness of the issues. We will continue to improve our knowledge base as research projects come to fruition.

Workplace transport

Workplace transport covers any vehicle used in a work setting but excludes transport on the public highway, air, rail or water transport and specialised transport used in underground mining.

Targets

- 5% reduction in fatal and major workplace transport incidents by 2004.
- 5% reduction in over-3-day injuries arising from workplace transport incidents by 2004.

Baseline

No fatal and major incidence rate is available for the baseline year. The statistical indicator used is the number of reported incidents of being struck by a moving vehicle. For the baseline year of 1999/2000 there were 34 fatalities to workers, 959 reported major injuries to employees, and 3172 accidents that caused people to be off work for more than three days.

Progress

The number of workers fatally struck by moving vehicles in 2002/03 was unchanged from that in 2001/02 (39).

The number of employees suffering major injuries as a result of being struck by a moving vehicle fell by 11% from 733 in 2001/02 to 653 in 2002/03. This is a decrease of 32% compared to the baseline year.

The number of employees suffering over-3-day injuries as a result of being struck by a moving vehicle fell by 8% from 2116 in 2001/02 to 1957 in 2002/03. This is the lowest recorded number in the period 1996/97 to 2002/03.

Comment

These figures are encouraging. We believe that the reductions measured this year are as a result of the targeted inspections and the awareness-raising events carried out by HSE, local authorities and stakeholders such as the Freight Transport Association. The priority programme communications strategy has been agreed, and awareness-raising efforts will be intensified in 2004, focusing on duty holders.

Research to enable us to identify risk hot spots is now complete and we expect targeted interventions based on this to be developed shortly. We plan to work together with local authorities to develop practical ways to control the risk for populations identified as vulnerable and practical alternatives for activities identified as high risk.

We will also feed the information from these research reports to the bodies which accredit driver training to ensure that the information influences training syllabi. We expect to see progress accelerating over the year to come, particularly as work develops on the safe driver elements of the programme, which focus on training issues.

The workplace transport web page is at <http://www.hse.gov.uk/workplacetransport/index.htm>.

Musculoskeletal disorders (MSDs)

MSDs are the most common cause of occupational ill health in Great Britain; they affect the muscles, joints, tendons and other parts of the musculoskeletal system. The risk factors that give rise to MSD can be found in virtually every workplace from commerce to agriculture, health services to construction. There is also evidence that those exposed to risk factors that give rise to stress are more likely to develop MSD. For this reason, the MSD and stress priority programmes work closely together. Despite precautions, MSDs can still occur and therefore active case management of them is also essential.

Targets

- Reduce the annual incidence rate of work-related musculoskeletal disorders (WRMSD) by 12% by 2004. Using Self-reported Work-related Illness surveys (household surveys) (SWI) SWI01/02 figures for illustration, this means around 29 000 fewer new cases of WRMSD in 2004.
- Reduce the number of working days lost per 100 000 workers due to WRMSD by 15% by 2004 (an illustration based on SWI01/02 figures indicates around 1.8 million fewer days lost by 2004).

Baseline

SWI01/02 provides estimates closest to the base year. In 2001/02, an estimated 1.1 million people in Great Britain suffered from WRMSD which they believe was caused or made worse by their work (around half of all individuals suffering from work-related ill health). An estimated 240 000 were new cases, and 12.3 million working days were lost as a result.

Progress

Numbers of new cases of MSDs seen by specialist doctors have been fairly stable in recent years. The available data from self-reporting surveys, which have more complete coverage but give less frequent and up-to-date estimates, also show no fall in numbers. However, there is a welcome indication that HSE's topic inspection programme is having an effect. It appears that senior managers are becoming more committed and workers more involved in the prevention and control of MSD. New survey data will become available in 2004, when an initial judgement will be made on progress against baselines.

Comment

This year's statistical analysis highlights the importance of continued and greater efforts to reduce the incidence of WRMSD. Only by doing so will we reduce the overall incidence of occupational ill health. In 2003/04, the MSD priority programme is addressing this in several ways. In August we launched a manual handling assessment chart which has been well received by the wide range of stakeholders that have used it. We are developing a project to reduce the incidence of frequent and heavy lifting through encouraging the greater use of lifting aids. We recognise the importance of active case management to prevent acute MSDs that do occur from becoming chronic. This year we are promoting the better understanding and use of active case management and rehabilitation of WRMSD that, despite precautionary measures, do occur. In addition to this new work, we have continued to update and improve the MSD web pages on the HSE website (<http://www.hse.gov.uk/msd/index.htm>) and to support and encourage continuous improvement initiatives in specific industry sectors. We have welcomed the Health and Safety Executive/Local Authorities Enforcement Liaison Committee's (HELA's) commitment for local authorities to introduce topic inspection, which would include MSD, and we have continued to encourage local authorities to be more proactive and innovative in their enforcement. A close working relationship exists with the stress priority programme, and we expect that the stress management standards promoted by them will also reduce the incidence of MSD.

Work-related stress

Stress is the second most common cause of occupational ill health in Great Britain. Although stress itself is not an illness, prolonged exposure can lead to mental and/or physical ill health, for example anxiety, depression or cardiovascular disease. Stress can also lead to behaviours that affect health, for example unhealthy eating, smoking, or drinking too much caffeine or alcohol. There is good evidence linking certain elements of job design (risk factors) to stress-related ill health. These fall under seven categories: demands, control, support, role, relationship, change and organisational culture. Nurses and teachers report the highest rates of stress, depression or anxiety, followed by care workers, managers and professional occupations. There is also evidence that those exposed to risk factors that give rise to stress are more likely to develop MSD symptoms. For this reason, the stress and MSD priority programmes work closely together.

Ten year indicators*

- Reduce by 20% the annual incidence of work-related stress, by 2010. This means, using SWI01/02 figures for illustration, around 53 000 fewer new cases of stress, anxiety or depression in 2010.
- Reduce by 30% the number of working days lost from work-related stress, by 2010. An illustration based on SWI01/02 figures indicates around four million fewer working days lost due to stress, anxiety or depression in 2010.

** When information about work-related stress is firmed up, we will seek to convert these indicators to targets. There are no interim targets for the three-year period covered by the Strategic Plan because the expected rate of improvement is likely to be slow in these years, the measurement techniques would not be precise enough to differentiate progress and, as awareness grows, an increase in the number of self-reports is likely.*

Baselines

SWI01/02 provides estimates closest to the base year for Revitalising: effectively, these replace the 1995 estimates as the 'baseline' from this source. In 2001/02, there were an estimated 265 000 new cases of stress, anxiety or depression caused or made worse by work; approximately half a million people were suffering from stress, anxiety or depression caused or made worse by work including new cases; and a resulting estimated 13.5 million working days were lost due to stress, anxiety or depression.

Progress

Both survey and specialist doctor data suggest that work-related stress has been increasing in the recent past. It is too early to say whether the small fall in specialist doctor cases this year represents a change in trend. SWI01/02 indicates that the problem was bigger than originally estimated. However, data are difficult to interpret – indeed, self-reporting of stress may be affected by many factors such as awareness of and attitudes to stress. New survey data will become available in 2004, when an initial judgement will be made on progress against baselines.

Comment

This year's statistical analysis highlights the importance of continued and greater efforts to reduce the incidence of stress-related ill health, and so reduce the overall incidence of occupational ill health. Reducing stress at work depends on changing business culture. Each business is unique, and solutions that work well for some organisations may not work for others. Therefore, a new approach has been developed to tackle this unique problem – encouraging employers and employees to work in partnership against a framework of agreed standards of good management practice to prevent stress at the organisational level. The management standards will provide a yardstick against which organisations can gauge their performance in tackling a range of stressors. Draft standards were piloted during 2003, with a view to wider consultation during 2004 and eventually to launching the standards in late 2004. Meanwhile, there are practical things that organisations can do. In particular, they can use HSE's existing guidance *Tackling Work-Related Stress* and new guidance *Real Solutions, Real People* to help them undertake a risk assessment. This will put organisations in an excellent position to measure themselves against the management standards that are currently being developed. HSE's regularly updated website (<http://www.hse.gov.uk/stress>) will also help keep you-to-date with developments.

Construction

Construction employs nearly two million people and is one of the most dangerous industrial sectors. In the last 10 years nearly 900 workers and over 50 members of the public were killed as a result of construction work – about a third of all work-related fatalities. Over 4000 workers are seriously injured every year. Many more suffer long-term damage to their health. The risk profile has not changed significantly over the years with trips, falls, manual handling and being struck by falling objects or moving vehicles accounting for the majority of injuries, and the major underlying cause remains inadequate risk management by all those involved – clients, designers and contractors.

Targets

By 2004/05, industry has committed to:

- reduce the incidence rate of fatal and major injuries by 40%;
- reduce the incidence rate of cases of work-related ill health of employees by 20%; and
- reduce the number of working days lost per 100 000 workers from work-related injury and ill health by 20%.

Baselines

- Fatal and major injury rate of 392, 58 and 270 per 100 000 for employees, the self-employed and all workers respectively.
- A survey in 2004 is proposed to improve the robustness of the data on incidence rate of cases of work-related ill health of employees and the number of days lost.

Progress

Fatal worker injuries reduced to 71 in 2002/03, the second lowest ever and a second consecutive annual fall from 80 in 2001/02. The rate of fatal injuries fell to 4.0 per 100 000 workers, again the second lowest rate ever.

The rate of reported major injuries to employees has declined 5% since 1999/2000, but the 2002/03 rate is 5% up on 2001/02. The RHS indicator based on worker fatality rates and employee major injury rates uprated for under-reporting shows a downward trend over the last three years, but is little improved from the 1999/2000 baseline.

SWI01/02 led to estimates that 5600 per 100 000 workers suffered an illness which they believed was caused or made worse by their job, statistically significantly higher than the average for all industries (4300 per 100 000). Construction also has the highest prevalence (5%) of MSD of any industry. The full extent of work-related ill health has yet to be identified and acknowledged by the industry.

Comment

The 2001 Construction Summit recognised that there are no quick fixes for improving the industry's health and safety record; nothing short of a fundamental cultural change will deliver results. There has been considerable positive activity that indicates on a qualitative basis an optimism on progress, but factual evidence from statistics remains hard to come by. The industry must not be diverted from its chosen course and must make a reality of its commitments. The ultimate measure of success will be a significant and sustained reduction in fatalities, injuries and ill health.

Agriculture

With a fatal injury rate in 2002/03 of 9.5 per 100 000 workers, agriculture is the most dangerous industry in which to work. In the ten-year period to 2001/02, 497 people have been killed (an average of almost one death per week) and many more have suffered injury or ill health. Figures and rates for 2002/03 are provisional at this stage.

Targets

The Agriculture Industry Advisory Committee (AIAC) has agreed the following challenging long-term targets:

- reduction in incidence rate of fatal injuries to:
 - o employees by 5% by 2004 and by 30% by 2010;
 - o self-employed by 5% by 2004 and by 10% by 2010;
- reduction in incidence rate of major injuries to employees by 5% by 2004 and by 30% by 2010.
- In the absence of sufficient data to establish a measurable baseline for a health target, HSE has proposed the following broad occupational health objective: to develop, trial and evaluate a viable model for the provision of occupational health and rehabilitation services in rural communities; and
- to promote and encourage farmers and agricultural workers to access rural occupational health and rehabilitation services.

Baselines

Average fatal incidence rate for employees between 1996/97-1999/2000 is 6.1 per 100 000.

Average fatal incidence rate for self-employed between 1996/97-1999/2000 is 12.8 per 100 000.

Average major incidence rate for employees between 1996/97-1999/2000 is 227.6 per 100 000.

Progress

Over the past 16 years the fatal incidence rate for workers has fluctuated and has shown no particular trend. However, the employed and self-employed rate for the same period shows that for employees it has fluctuated but has roughly halved, whereas the rate for the self-employed has more than doubled.

- In 2001/02 and against a gradual decline over the previous six years to a rate of 4.7 (2000/01), the fatal injury incidence rate to employees rose to 7.9. In 2002/03, this figure has reduced to 7.2, but continues to be higher than in recent years.
- By contrast, the self-employed fatal incidence rate for 2002/03 has increased to 12.9 and compares to 11.0 in 2001/02, but is still lower than previous years' figures.

The provisional major injury incidence rate to employees was 269.7 in 2002/03 – the highest over the past five years but, given variability in reporting levels and the reduction in the numbers of people employed in the industry, represents no particular trend.

Comment

The figures for 2002/03 show a welcome reduction in the number of deaths to workers (to 36 in 2002/03 from 39 in 2001/02), but also show a slight increase in the fatal incidence rate to workers (to 9.5 from 9.2 per 100 000). Likewise, the rate of major injury to employees increased by 5% to 269.7 (from 238.5 in 2001/02) while the actual number of major injuries remained unchanged at 601 – the highest incidence rate but the joint lowest actual number of injuries over the previous seven years. This discrepancy between the reduction in actual numbers and increase in incidence rate is a reflection of the decrease in employment in the sector rather than an increase in numbers of injuries. Every opportunity must be taken to create a culture change in the industry which will result not only in increased awareness of hazards and risks, but the practical implementation of measures to eliminate or control them. The agriculture priority programme embraces a wide range of actions, many of which will need to be co-ordinated and sustained for several years, and this will rely on the fullest possible support of stakeholders, other government departments and, most of all, the industry itself. The statistics continue to show some (predictable) fluctuation year to year, but the particular challenge remains – that of securing improved communication, particularly with the self-employed and family farms, and bringing about a fundamental change in risk-taking attitudes and behaviours.

Health services

About 1.3 million people are employed in the NHS, with over 0.7 million in the independent sector. Some of the main occupations, eg nurses and ambulance crews, have extremely high rates of accidents and sickness absence from manual handling (mainly of patients), slips and trips, violence, and stress.

Targets and baselines

The Department of Health (DOH) had set performance targets for the **English NHS**, namely 30% reductions in accidents, violent and abusive incidents, and sickness absence (by April 2004). Baselines are:

Accidents (2000/01)	108 743
Violence and abuse (2000/01)	84 273
Sickness absence (2000)	4.68%

NHS Wales is committed to the RHS targets. Welsh NHS trusts were asked to produce baseline data in 2002 and develop action plans for delivering the targets. **NHS Scotland** has set a target of a 25% reduction in all RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable injuries by 2006, and collected baseline data in 2001/02. Neither has published the results. HSE is working on baselines for the private sector.

HSE/RIDDOR baseline data 1999/2000

The fatal/major injury incidence baseline for health services was **84.1 per 100 000** employees (1350 accidents reported under RIDDOR). The total for all reported accidents in health services was 12 120, of which approximately half were caused by lifting/handling.

SWI98/99 indicated that health and social workers had a prevalence rate of **5.4%**, with higher than average rates for mental ill health, spine/back disorders, dermatitis and infections.

The 1999/2000 Labour Force Survey (LFS) rate of reportable injuries in health services was **1400**.

Progress

NHS data for 2002/03 are not available.

SWI01/02 reported an ill health prevalence rate of **5.2%**, compared with **5.4%** in 1998/99, with the same types of ill health predominating.

RIDDOR data show significant reductions in all accidents in healthcare since the baseline.

Manual handling accidents have reduced by nearly 11%. Slips and trips continue to account for about half of the major injuries, and numbers remain static. Injuries due to violence seem fairly static, despite a background of increasing violence and aggression reported by the NHS.

The health services major injury incidence rate went down from the 1999/2000 baseline of 84.1 to 70.4 in 2002/03, a reduction of 16.3%.

LFS accident rates for health services had also fallen steadily since 1996/97, but the 2001/02 LFS rate showed a **4% increase** despite the RIDDOR trend. The reason for this is not clear.

Comment

The healthcare sector has continued to make steady progress against the targets. There is still wide variation in performance even within the NHS, and the reduction in manual handling injuries needs to continue. Some NHS trusts are already looking at work-related stress, and the HSE-sponsored research on stress in the NHS has generated much interest. Improvements in the management of stress and manual handling injuries should, in due course, be reflected in the incidence of illness and sickness absence.

Slips and trips

Slips and trips are the most common causes of injuries in UK workplaces. They account for 37% of major injury accidents and 23% of over-3-day absence injuries. Slips and trips are also often the initiators of accidents attributed to other causes, eg possibly one-third of falls from height.

Slips and trips were originally agreed by HSC as a priority programme for local authorities only, reflecting the prevalence of slips and trips in the local authority-enforced sectors such as retail. HSC later agreed that the programme should involve HSE as well as local authorities in order to tackle the 75% of slips and trips major injuries occurring within HSE's remit, and the related potential contribution towards the overall public service agreement targets.

Targets

- 5% reduction in the incidence rate of fatal injuries to workers and major injuries to employees by 2004, and 10% by 2010.

Baselines

In 1999/2000 there were 9087 major injuries to employees and 27 615 over-3-day injuries to employees.

Progress

2000/01: 9054 employee major injuries and 28 552 over-3-day employee injuries.

2001/02: 10 268 employee major injuries and 30 106 over-3-day employee injuries.

2002/03: 10 458 employee major injuries and 29 848 over-3-day employee injuries.

Slipping and tripping remains the most common kind of employee major injury, accounting for 37% of all major injuries to employees in 2002/03. Both the number and rate of slipping and tripping have increased gradually since 1996/97. Slipping and tripping is the second most common kind of employee over-3-day injury, accounting for 24% of all over-3-day injuries to employees in 2002/03. A step change upwards in 2001/02 was due largely to new guidance that resulted in some types of accident formerly classified as 'low falls' now being properly classified as slips and trips. There are also questions about whether the perceived increase in the number of major injury accidents is also partially due to reporting of a greater proportion of these types of accidents.

Comment

Slips and trips have to be taken more seriously and more effort is needed on management of the risks. HSE has launched a new programme that has been approved by a new Programme Board. This Board has substantial external representation and includes representatives of organisations capable of considerable influence. The programme supports and complements the work of several other priority programmes. Successes include close working with local authorities, development of the business case for driving down slips and trips, publicity, links with key stakeholders, provision of information and training, application of HSE and local authority initiatives including intervention programmes, and work to encourage and enable the designing out of slips and trips hazards.

MAJOR HAZARD INDUSTRIES

Railways

Nearly 300 HSE staff are directly involved with rail health and safety regulation. These include inspectors who offer guidance about health and safety and check compliance with the law, and policy advisers, involved in reviewing and developing the law. HM Railway Inspectorate (HMRI) joined HSE from the Department of Transport in 1990; this change did not alter the Inspectorate's functions. HMRI enforces workplace health, safety and welfare law on the railways – both the general requirements that apply to all workplace activities, and specific law relating to railway operations. By joining HSE, HMRI has been able to benefit from the experience of regulating existing permissioning regimes for other major hazard industries, and use HSC/E's enforcement policy to develop a more targeted and efficient approach to inspection. HSE works in partnership with industry, government bodies and others to seek continuous improvement in the safety culture of the rail industry, and to protect people from preventable risk while using the railways. For more information, please visit <http://www.hse.gov.uk/railways/index.htm>.

Target 1

A reduction in the incidence of signals passed at danger (SPADs) and consequent risk of catastrophic incidents.

Progress

A signal passed at danger describes an incident when a train passes a stop signal without authority to do so. For more information about SPADs go to <http://www.hse.gov.uk/railways/spads.htm>.

During the year there was an 8% reduction (from 436 to 401) in SPADs overall, and a 16% reduction (from 171 to 143) in serious SPADs.

Target 2

Implementation of an EU authorisation system.

Progress

HMRI put in place procedures prior to the coming into force of the Railways High Speed Interoperability Regulations and progress was made on the development of quality procedures for the EU approval system, with implementation planned for Spring 2004.

Target 3

Continuing dialogue with stakeholders on the development of regulations arising from the European Rail Traffic Management Systems (ERTMS).

Progress

All countries in the European Union are working together to improve the railways throughout Europe. One aim is to allow trains from every country to work on every other country's railway systems. ERTMS is a complex, modern train control system which will enable trains to travel across different European countries. For more information see <http://www.hse.gov.uk/railways/liveissues/tps.htm>.

HSC published review reports on ERTMS implementation in November 2002 and January 2003. In February 2003, HSC advised the Secretary of State that it was not appropriate to legislate in this area at present. Instead, HSC/E are monitoring the rail industry's development programme for ERTMS (level 2) which is led by the Strategic Rail Authority.

For HSC's advice to Government see <http://www.hse.gov.uk/press/2003/c03004.htm>.

Target 4

Reduction in the severity of SPADs due to prompt intervention by train protection systems.

Progress

The Train Protection and Warning System (TPWS) automatically applies a train's brakes in certain hazardous situations. TPWS has been fitted to 94% of the signals and to 99% of passenger trains as required by the Railway Safety Regulations 1999.

During the second half of the year 2002/03, there has been an increase in the number of SPADs where there has been either a TPWS activation or intervention. For signals that have been fitted with TPWS, there has also been a 62% reduction in the proportion of severity 4 to 8 SPADs* and a 30% reduction in severity 3 SPADs. At the same time, there has been a 40% increase in the number of severity category 2 events, indicating that TPWS has been successful in reducing the consequences of a SPAD.

**Severity 1 being the least serious category with no damage, injuries or deaths, while severity 8 results in fatalities to staff or passengers.*

Target 5

Reduction in incidents resulting from trespass and vandalism.

Progress

- 1421 train incidents occurred in 2002/03, of which 742 (52%) were due to trespass and vandalism. 1704 train incidents occurred in 2001/02. 921 were due to vandalism.
- There were 425 incidents of missile damage (25% down from 2001/02).
- 162 cases of arson on trains (5% down on 2001/02).
- 136 incidents of trains running into obstructions (over 8% down from 149 in 2001/02).

Of the 256 trespass and suicide-related fatalities in 2002/03 (271 in 2001/02):

- 164 were trespasser-related fatalities. Five of them were children (147 in 2001/02, three were children);
- 92 suicide-related fatalities occurred in 2002/03. None of them were children (124 in 2001/02, none were children).

More information is available at

<http://www.hse.gov.uk/railways/annualreport0203/annualreport.pdf> and
<http://www.hse.gov.uk/railways/annualreport0203/index.htm>.

Target 6

More meaningful, measurable and usable safety cases from the railway industry, better compliance with the railway safety cases and better management of safety within the industry as a result of clearer, better structured safety cases. A safety case is a comprehensive core document setting out the operator's policy, objectives, organisation and management system for health and safety, and the risk controls in place.

Progress

- Safety cases are becoming more risk-based; duty holders are able to demonstrate links between risks, control measures and overall management control system. Increasingly, operators are using risk assessment to prioritise improvement to health and safety across the network.
- Safety cases within multi-franchise operators are now becoming better targeted, building upon core assessment issues; best practice within the 'group'; risk assessment models are becoming more focused on operators' activities and less on national/normalised data from railway safety risk models.

Target 7

Assessment of approximately 400 to 500 schemes including Thameslink 2000, Channel Tunnel Rail Link, West Coast Main Line, the East London Line of London Underground, Virgin Cross Country and West Coast new trains. Most of these will be subject to staged and final inspection before qualifying for approval.

Progress

- On London Underground the introduction of Automatic Train Control with centralised line control on the Central Line was approved.
- Major rolling stock project included the approval of Class 390 'Pendolino' trains in September, allowing services to commence.
- Manchester South Stage A scheme to allow capacity improvement was commissioned. This scheme is the first use of Ansaldo (new to the UK) electronic interlocking.
- HSE issued 307 approvals for bringing into use and issued 327 letters of no objection to concept design proposals under the Railways and Other Transport Systems (ROTS) legislation and 52 screening decisions, 14 staged-work decisions and 2 authorisations under the Railways High-Speed Interoperability (HSI) Regulations 2002. For more information on ROTS see <http://www.hse.gov.uk/railways/approval/rots.htm> and on the HSI Regulations see <http://www.hse.gov.uk/railways/subsystems/page1.htm>.
- Staged-work decisions were granted for works in progress to modernise the West Coast Route and other works on the High Speed Interoperability network, allowing these lines to remain in use while works are completed.
- Interim procedures were introduced before the date of coming into force of the HSI Regulations.

Target 8

Take forward a programme for assessing new and revised safety cases and an inspection programme of key issues to check duty holders' compliance with their accepted safety cases.

Progress

29 safety cases accepted; 64 exemptions* issued. Intervention plans in place for all safety case holders, based on core assessment issues and outcomes from assessments. New guidance published on the Internet dealing with competent body audits,** material revisions*** and Infrastructure Maintenance Contractors (IMC) within possessions.**** Safety case guidance amended to reflect removal of railway safety from assessment and auditing of railway operators' safety cases. Evaluation of safety case regulatory regime has started with stakeholders across the industry and other regulators.

**Exemptions cover circumstances under which the full rigour of a safety case may not be necessary to provide assurance that a railway operator has effective arrangements in place to secure the safety of workers, the travelling public, and others who may be affected by proposed railways operations. HSE has the power under the safety case regulations to grant exemptions from the provisions of the regulations (and impose conditions under the exemption certificate if necessary). The aim of assessing an exemption application is to establish whether the health and safety of persons would be prejudiced by the granting of an exemption.*

***The safety case regulations require IMCs to obtain independent annual audits by 'a competent body' of its own and train operators' health and safety management systems.*

****In order that the information contained in a safety case (RSC) continues to satisfy the requirements of the RSC regulations, duty holders must periodically revise it in response to changes in the legislation, operation, standards or good practice. Significant operational or organisational changes will lead to material changes to the RSC that require submission to HSE for its acceptance. Non-material changes to the RSC may take place without the duty holder having to undergo the acceptance process.*

*****A 'possession' is a short-duration closure or segregation by an IMC of one or more running lines on the rail system in order to carry out essential repairs and maintenance. The areas away from the running lines and those lines which are closed to normal traffic are known as 'green zones', where it is safe to work separated from running trains, and areas on which trains are still running are known as 'red zones'. IMCs arrange for and control the movement of trains into, within and out of possessions to carry out maintenance work. How they do that is covered by the safety case regulations.*

Comment

Overall, the railway's safety performance continues to improve. There was good progress in 2002/03 on a number of the key indicators. However, the reporting period also saw the Potters Bar derailment which resulted in seven deaths, and there were 13 fatalities at level crossings. There was substantial change in the structure of the industry during this period, with Network Rail taking over the management of the mainline rail infrastructure, the setting up of the Rail Safety and Standards Board (RSSB) to provide health and safety leadership for the whole industry, and the establishment of the Rail Accident Investigation Branch (RAIB) as a new independent accident investigation body. HSE's annual report on railway safety 2002/03 contains full details of railway safety activities for the year. It can be found on the Internet at <http://www.hse.gov.uk/railways/annualreport0203/index.htm>.

The Control of Major Accident Hazards Regulations 1999 (COMAH)

COMAH aims to prevent and mitigate major chemical accidents, which could harm people and the environment. COMAH applies mainly to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where threshold quantities of dangerous substances identified in the Regulations are kept or used. For more information see <http://www.hse.gov.uk/comah/index.htm>.

Target 1

By 2004, a reduction of 20% in RIDDOR dangerous occurrences and COMAH Regulation 21 major accidents.

- Selected incidents which have a high potential to cause death/serious injury, but which happen relatively frequently, are reportable under RIDDOR as dangerous occurrences (DOs) (reportable whether or not someone is injured).
- **COMAH Regulation 21** provides for the notification of major accidents to the EC.

Baseline

22.17 (the average combined figure for dangerous occurrences/major accidents per 100 sites 1999/2000 – 2000/01).

Progress

Final figures for 2002/03 show that the number of RIDDOR dangerous occurrences and EC Reportable Incidents per 100 sites fell to 18.95, a 15% reduction.

Target 2

All occupied buildings at COMAH top tier sites will have been assessed against the Chemical Industry Association guidance on the design of occupied buildings for chemical manufacturing sites by 2005/06 and action plans agreed where necessary.

Baseline

Occupied buildings at approximately 300 top tier COMAH establishments.

Progress

Delays in the assessment of safety reports and the subsequent review of the project have resulted in progress to date being slower than expected. Following a review of the project, it was relaunched in 2002/03 with guidance for inspectors clarifying the project outcomes, timescales, project protocol (including closely defined milestone) and a training course.

The current status of the project at each COMAH top tier site has been reviewed and programmes to complete the remaining work are being developed to ensure the target will be met by 2005/06.

Target 3

A 20% reduction in release of COMAH substances attributable to plant integrity reported via RIDDOR and COMAH regulations by the end of 2006/07.

Baseline

179 releases in 2001/02.

Progress

Final figures for 2002/03 indicate 155 releases, a 13% reduction.

Target 4

At licensed explosive sites, distances between process and storage buildings in explosives factories are set out in the licence. But there are many instances of 'remote' operations when workers are located in, for example, an annex or compartment within the licence distance. There are no standards for the construction and location of such places and there have been explosions resulting in injuries to workers.

Target

To reduce the risk of serious injury to 100% of workers in remote operations.

Baselines

To reduce the risk to approximately 50 workers to an extent where there is a negligible risk of serious injury. The initially published figure of 200 workers has been revised in the light of recent information.

Progress

In 2003/04, guidance for the explosives sector will be published following consultation with the explosives industry, to ensure that the tolerability of risks associated with persons located in occupied buildings at licensed explosives sites is reduced to as low as is reasonably practicable. It is envisaged that the guidance will complement the forthcoming Approved Code of Practice concerning the Manufacture and Storage of Explosives Regulations. The industry will be consulted over agreeing a programme of improvements that require occupiers to be brought up to the standards set down in the guidance. A programme of site visits will monitor compliance against these standards, with enforcement action taken as appropriate.

Mining

HSE's Mines Inspectorate (MI) promotes and enforces health and safety standards in mines through inspection, assessment, investigation, enforcement, advice and education.

Target 1

Effective control of operators of explosive risk leading to no major flammable atmosphere explosions.

Baseline

The baseline is 0 major flammable atmosphere explosions.

Progress

Mines achieved good control of ignition sources and flammable atmospheres through the year and as a result there were no major flammable atmosphere incidents and no injuries from this cause.

Target 2

To reduce the number of reported cases of HAVS (hand-arm vibration syndrome) in the mining industry by 10% by 2004.

Baseline

339 reported cases of HAVS in 2001/02.

Progress

Improved HAVS screening resulting from the initiative has, not surprisingly, resulted in an increase this year to 387 reports. There is now better control of vibrating equipment and the consequent adverse health effects. The target for 2004 remains the same.

Offshore

HSE's Offshore Division (OSD) ensures that risks to people who work offshore in the upstream petroleum industry and in the whole of the diving industry, both offshore and onshore, are properly controlled. There is an estimated total offshore workforce of over 23 000 people, 50% of whom are working offshore at any one time on the 325 fixed and mobile installations operating on the UK Continental Shelf.

Target 1

By 31 March 2004, a 50% reduction in major and significant hydrocarbon releases.

Baseline

139 major and significant releases.

Progress

Final release figures from 2002/03 indicate there were 85 relevant releases – a 39% reduction from baseline.

Target 2

To improve management of safety in design, leading to a 10% reduction in unresolved findings in the assessment of design safety cases by 2004.

Baseline

An average of 10 unresolved findings per case at the end of the assessment process.

Progress

In 2002/03 there was a 20% decrease in unresolved findings from 10 to 8.

Target 3

To reduce the risks (which include collision) involved in floating production, storage and offtake (FPSO) installations operations through a 25% reduction in shuttle tanker loss of station-keeping events by 2004.

Baseline

7 loss of station-keeping events per shuttle tanker a year.

Progress

The target 25% reduction in events with the potential to give rise to collision was comfortably achieved in 2002/03. Ongoing work as part of the project is in hand to more accurately quantify this figure by mid-2004.

Target 4

More effective safeguards against failure of safety critical elements on offshore installations.

Baseline

This programme was still under development in 2002/03 and will be rolled out, along with relevant baselines and targets in 2004/05.

Progress

A new three-year programme – integrity of safety critical elements – has been devised for running from 2003/04. Safety critical elements are such parts of an installation the purpose of which is to prevent a major accident or the failure of which would cause or contribute substantially to a major accident.

Gas conveyance and on-shore major hazard pipelines

The Gas Safety (Management) Regulations aim, by a safety case permissioning regime, to ensure that the risks arising from conveying gas are adequately controlled.

Target 1

To eliminate all fatal incidents associated with medium pressure ductile iron mains failures by 2003.

Baseline

4 fatalities in 2001/02.

Progress

A programme of mains replacement to replace all medium pressure ductile iron mains within 30 metres of buildings by 31 December 2002 was established after a failure which resulted in 4 fatalities.

All fatal incidents associated with medium pressure ductile iron mains have been eliminated and no fatal accidents occurred in 2002/03.

Target 2

This target concerns the overall mains replacement programme for all iron gas mains (known as the 30/30 programme). There are approximately 600 gas-in-buildings incidents per year from the mains distribution network. To address this, HSE agreed a programme of mains replacement to reduce dangerous occurrences resulting from in-service gas mains failures by 30% over 10 years and to a minimum by 2032.

Baseline

600 incidents.

Progress

There were 453 dangerous occurrences in 2002/03 – a 25% reduction from baseline.

Target 3

To maintain the position of no major incidents associated with the failure of major accident hazard pipelines used for transporting natural gas, ethylene and other hazardous material around the country in high-pressure pipelines.

Baseline

The baseline figure is 0 with the aim of maintaining this position.

Progress

No major accident hazard pipeline failures have occurred in 2002/03.

Comment

HSE's Hazardous Installations Directorate continued to make good progress against its targets in 2002/03, with the majority of targets achieved or on course for achievement by the relevant deadlines.

Indicators used by the maturing *Offshore* Division key/topic programmes generally demonstrate a measurable reduction in risk. The all-important 'Management of Offshore Process Integrity' programme continues to show positive results, with a 39% overall reduction in the number of major/significant hydrocarbon releases. Final headline offshore safety figures for 2002/03 will be published early in the New Year.

Successes *onshore* also indicate a measurable reduction in risk. There has been a 15% reduction in RIDDOR dangerous occurrences and COMAH Regulation 21 major incidents. Releases of COMAH substances attributable to plant integrity have also fallen, with a 13% reduction overall.

Nuclear

The main function of HM Nuclear Installations Inspectorate (NII), which is part of HSE's Nuclear Safety Directorate (NSD), is the regulation, through licensing, of the nuclear industry to ensure protection of the public and workers. The Directorate also participates in the co-ordination of nuclear safety research in the UK, input to Government policy-making on nuclear matters, and international standards-making.

Target

Securing effective control of health, safety and radioactive waste management at nuclear sites for the protection of the public and workers, and increase public confidence in the nuclear regulatory system by being open about what we do.

Baseline

The Government's target for NII is zero major nuclear accidents.

Progress

There were no major nuclear accidents in 2002/03. NII's licensing process and regulatory activities ensure the effective management of nuclear safety at nuclear licensed sites. To supplement its approach, NII is developing a new comprehensive system to ensure licensees identify and report non-compliance with the conditions attached to their nuclear site licences. Non-compliance is an important indicator of safety culture and hence a meaningful indicator of precursors to safety-related events. This will enable NII to ensure that the current nuclear safety standards are maintained and, where necessary, improved.

Comment

The nuclear industry continues to operate safely, but the rate of change in the industry continues to present fresh challenges to effective nuclear safety regulation. Key challenges come from ageing of plant; the shift towards decommissioning and radioactive waste management programmes; the impact of electricity market reforms; the use of contractors; and the need to meet national defence priorities. Our top priority is to ensure that nuclear installations are operated, maintained and decommissioned in a way which minimises the risks to the public and workers so far as reasonably practicable.

During 2002/03, NSD has faced various additional challenges which have created substantial amounts of work for us, eg the build up towards the creation of the Nuclear Decommissioning Authority, the Government's Energy Review, the financial crisis of British Energy (BE), and the second review meeting of the Contracting Parties of the Convention on Nuclear Safety.

This has all been achieved while still making significant progress with our planned activities, but some work has had to be postponed. Particular successes for the year have been:

- Continued inspection of all 40 licensed nuclear sites in Great Britain.
- The closing out of the vast majority of the findings of the safety management audit of BE.
- Significant improvements achieved at Sellafield, with all but one of the Sellafield Team's recommendations into control and supervision closed out.
- NSD's considerable contribution to the achievement of the upgrade of the Devonport submarine refuelling facility without detriment to MOD's timescales.
- Development of a Strategic Plan which includes a number of measures designed to gauge our success in delivering 7 strategic goals and overall aim. This has now been published on the NSD website at <http://www.hse.gov.uk/nsd/index.htm>.
- Contribution to the development of international nuclear safety standards.

SECURING COMPLIANCE: KEY TARGETS IN INDUSTRY SECTORS

Inspection and other regulatory activity to secure compliance with the law are at the core of HSE's work. HSE has undertaken, and will continue to undertake, programmes of inspection, incident and complaint investigation and formal enforcement work. The mix of inspection and investigation is based on the principle that prevention of harm is the primary aim.

Category A establishments

Field Operations Directorate's (FOD's) plans include giving special attention to all premises rated as high-risk under HSE's inspection rating system ('category A premises'). There were 2450 such premises recorded in FOD's inspection rating system in March 2001.

Target

HSE will carry out annual preventive inspections of category A premises. HSE aims to inspect every category A establishment and to:

- remove them from category A within 2 years through improved control measures; or
- where long-term action is needed to achieve compliance, take formal enforcement action where necessary to secure this longer-term goal within 2 years.

Progress

In 2002/03, there were 1523 'high-risk' premises in FOD's inspection rating system. 1482 (97%) of these were visited in the year. There was a range of reasons for non-visiting, including pending prosecution action, companies no longer existing, or complex and continuing investigations making an inspection inappropriate.

Comment

HSE continues to inspect high-risk premises. It is critically important to work closely with premises that do not meet acceptable standards of health and safety, taking enforcement action in line with HSE's Enforcement Policy Statement. The target is to remove the premises from the category A list within 2 years of the date of visit.

Offshore and diving

Target 1

15% reduction in incidents and DOs involving lifting/mechanical handling by 2004.

Baseline

98 incidents (comprising 30 incidents plus 68 DOs) in 1999/2000.

Progress

Final figures for 2002/03 indicate an 8% reduction from 98 to 90 RIDDOR reports. However, HSE-sponsored research by an outside organisation shows an 18% reduction.

Target 2

By the end of March 2004, a 10% reduction in incidents of decompression illness arising from inland/inshore diving operations.

Baseline

9 (average figure based on 1996 -1999 figure).

Progress

Due to increased reporting and 'suspected' cases, 2000/01 and 2001/02 saw an increase in the number of reported cases to 17 and 21 respectively. However, only 7 cases of decompression illness were reported in 2002/03, a 20% reduction from the baseline.

Target 3

By the end of March 2003, dive projects visited to have suitable risk assessment documentation.

Progress

Inspections are still finding projects with no appropriate risk assessments. This problem is being tackled with enforcement action where appropriate and working with industry to produce guidance in this area. The Scuba Industries Trade Association published industry guidance in November 2002.

Target 4

10% reduction in inland/inshore diving incidents.

Baseline

9 (fatal, major and over-3-day injuries) in 2000/01.

Progress

This target was achieved with a total of 6 reported in 2002/03, a 33% reduction.

Target 5

20% reduction in valid complaints for unsuitable equipment and team size.

Baseline

17 in 1999/2000.

Progress

2002/03: 12 valid complaints – 30% reduction.

Target 6

By the end of March 2004, all recreational instructors to comply with the agency rules and Diving ACOP (Approved Code of Practice).

Progress

Not yet achieved. Inspection of recreational diving has increased greatly and a minority are not in full compliance. Non-compliance estimated at 10-20%. Several initiatives ongoing, including high-profile inspection blitzes and work with training agencies to improve guidance and information.

Target 7

By the end of March 2004, all diving operations relevant to the Media Approved Code of Practice to be manned by suitably qualified personnel and combined diving operations to have effective control and equipment standards to fully comply with Diving at Work Regulations.

Progress

Achieved: all media projects inspected have employees with relevant qualifications.

Explosives

Target

To reduce the number of people exposed to unacceptable levels of asthmagens in the explosives sector to zero.

Baseline

It is estimated that 200-300 people in the explosives industry are exposed to asthmagens.

Progress

Inspection visits did not identify any employees exposed to levels of sensitisers above the MELs (maximum exposure limits). However, issues were identified at all of the sites visited. Return visits have been made to these sites to ensure that any actions which had been identified were completed. The lessons learned from the activities in the first two years about common failings and practicable solutions will be disseminated to the rest of the sector. This will be achieved by writing to all licensed factory sites, summarising the results of the inspections and the follow up activities.

Chemicals

Target

To reduce the number of incidents at chemical waste handling sites.

Baseline

A baseline was not set for this project. The joint initiative between HSE and the Environment Agency (EA) was established following concerns which arose from several serious incidents which occurred at hazardous waste storage and treatment sites between 2000 and 2002. The purpose of the initiative was to:

- provide the industry sector with a clear understanding of HSE and EA expectations;
- audit current standards across a range of chemical waste sites;
- secure compliance with health and safety legislation by formal enforcement;
- establish a co-ordinated working practice with EA; and
- improve HSE/EA intelligence of the sector and establish a baseline for their health and safety and environmental performance.

Progress

HSE and the Environment Agency conducted a joint inspection initiative in 2002 to determine the level of compliance with health and safety and environmental legislation and promote best practice in accordance with published guidance. 25 sites were visited, at which conditions were assessed, advice provided, and enforcement action taken where appropriate.

A joint HSE/EA report on the initiative has been prepared which will be publicised within the industry. The report suggests that the sector presents a potentially high risk to safety and health of employees and risks to the public and environment. While positive action is being taken by operators to achieve compliance, there remains the need for continued inspection and audits to ensure that the systems described by the operators are properly in place and that best practice is used by industry as a whole.

Gas supply industry

Following audit of a major gas conveyor, occupational health problems including hand-arm vibration (HAV) were identified. A three-year HAV intervention with the distributor began in 2001 with a target of a levelling off of diagnosed cases of HAV and a significant reduction in reported new cases by the end of 2004.

Baseline

Around 440 cases of HAV were identified over a 15-month period from the beginning of 1999.

Progress

The total of diagnosed cases over each of the last 3 years show we are on target to achieve the reduction. However, the number of new cases diagnosed per month will show the real reduction – these figures will be available soon.

Quarries

Quarrying is a dangerous industry with a fatal injury rate, at the start of the 'Hard Target Initiative' (to reduce all accidents by 50% by 2005) in June 2000, averaging three times that of construction. The quarries industry extracts minerals including sand, gravel, free stone and slate. Some 35 000 people work in the industry, 25 000 of them directly employed. Equipment used includes excavators between 12 and 500 tonnes and dump trucks between 12 and 200 tonnes; and hazards include large tips (liquid and solid) and excavations and explosives.

Target

To halve the number of incidents in the industry by 2005.

Baseline

655 (average of the total number of reportable accidents in the five years preceding 2000/01).

Progress

In 2002/03: 410. A reduction in injuries of 38% (17% in the first year, 26% in the second year).

Comment

During 2002/03, inspectors continued to concentrate on the major hazards within the industry (manual handling, falls from height, noise and tip/slope stability) by pursuing management competence and equipment design issues. An active enforcement policy was adopted.

In the next year the concentration will be on vocational qualifications in health, safety and the environment at levels 3, 4 and 5 for supervisors and managers, and level 2 and 3 for the workforce and shotfirers. Work with intermediaries including the Quarry Products Association and EPIC (an industry organisation) has led to a number of training programmes, including drivers of deliveries from quarries to sites, sheeting and visibility on lorries. EPIC has also revised its guidance on assured competence. Workforce safety representative training has also continued through the Quarries National Joint Advisory Committee/TUC scheme.

SECURING COMPLIANCE: KEY TARGETS IN CROSS-SECTOR HAZARDS

Noise

Exposure to noise at work can cause irreversible hearing damage. It is one of the commonest health problems and can be difficult to detect as the effects build up gradually over time.

Target

Increased awareness of risks and compliance with the Noise at Work Regulations 1989 and better control of risks at source.

Progress

The number of new cases of noise-induced deafness qualifying for Industrial Injuries Scheme disablement benefit fell steadily since the mid-1980s, reaching 226 in 2000. However, since 1998 there has been little change, the number rose slightly to 263 in 2001 and to 264 in 2002.

HSE activities during 2002/03

- Construction: Inspection initiative on noise control made steady progress. Some good practice identified. Audiometry for 'at risk' workers observed.
- Agriculture: Research has been completed on practical solutions to noise problems in agriculture.
- Quarries: Inspectors continued to concentrate on the major hazards within the industry including noise by pursuing management competence and equipment design issues. An active enforcement policy has been adopted.
- FOD inspectors carried out over 8500 inspections dealing with noise in whole or part. The total time spent on noise was approximately 100% over the 2002/03 target. 238 enforcement notices were issued (an increase of 20% on the previous year). Most notices were for provision of a noise assessment. In addition, a successful seminar for woodworking machine manufacturers was organised, to deal with noise emissions as an initial integrity issue.
- HSE produced local authority circular (LAC) 47/18 'Advice on the enforcement of the Noise at Work Regulations 1989 in leisure premises' (where recorded or amplified music is played). This is posted on the HELA website.
- The Physical Agents (Noise) Directive came into force on 15 February 2003, with a three-year transposition period. HSE expects to issue a Consultative Document in spring 2004.
- Consolidated employer and employee leaflets on noise issued.

Hazardous substances

Target

To improve standards in the control of solvent exposure (both by inhalation and skin contact), safe entry into confined spaces, and the guarding of vertical mixers in the industry. The project arose out of a local initiative which identified specific concerns about standards in the industry, and was aimed at establishing the extent and nature of the problems.

Progress

The project was completed in 2002. A report was produced and feedback on the findings was presented to the British Coatings Federation and the British Adhesives and Sealants Association. The report formed the basis for further discussions with them, in particular on examples of guarding of small mixers and rotostarters, good COSHH compliance, and cases of entry into confined spaces.

Asbestos

Asbestos-related diseases continue to give rise to the most deaths from work-related disease. Many deaths have arisen from exposure relating to working conditions of many years ago, but concern remains about the activities of repair and removal contractors, exposing other people not involved in the work. HSE has and will carry out a programme to secure a national minimum commitment to the inspection of licensed work with asbestos insulation, asbestos coating and asbestos insulation board (AIB).

Target 1

- To significantly reduce the number of fatalities associated with asbestos-related disease.
- To reduce ill health from exposure to asbestos.

Baselines

Mesothelioma deaths: 1600 per year; asbestosis benefit cases: 450 (2000/01).

Progress

The numbers of deaths from mesothelioma and cases of asbestosis continue to rise, reflecting exposure to asbestos in the past (cases in younger workers are now falling). Trends in the incidence of other long-latency lung diseases are less clear.

Deaths from mesothelioma have increased from 153 in 1968 to 1848 in 2001 (1628 in 2000). Of these, 1579 were among males (1398 in 2000). The latest projections suggest that male deaths from mesothelioma may peak around the year 2011 at about 1700 per year. The number of deaths in men under the age of 45 has been falling since the early 1990s. The number of Industrial Injuries Scheme (IIS) disablement benefit cases for asbestosis in 2002 was 563; in 2001 – 461).

Together with local authorities, HSE took action to reduce fatalities associated with working with asbestos, including assessment of asbestos licence holders. 356 assessments were conducted and 98 new and 258 renewal licences issued – a 20% increase from 2001/02. 53 applicants were conditionally refused a licence; of these 27 have not been deemed competent since. FOD undertook 881 site visits to 308 separate licensed contractors, representing 41% of all licence holders. 58% of visits involved AIB work. Eight incidents of work in, or in close proximity to, hot environments and nine incidents of uncontrolled dry stripping were encountered. Of the latter, all incidents except one generated enforcement action. 56 notices (excluding appeals) were served against licence holders (an increase of 40% from last year) and six licence holders were successfully prosecuted.

Target 2

Improve the management of asbestos in buildings to significantly reduce the number of fatalities among the key groups at risk such as maintenance workers, and also among asbestos removal operatives.

The Control of Asbestos at Work Regulations 2002 came into force on 21 November 2002. They include a new requirement to manage asbestos in non-domestic premises which will come into force on 21 May 2004. HSE has been running a campaign since 2001 to raise awareness of the duty. During 2003 the campaign has focused on moving duty holders towards compliance and has included a programme of HSE and LA inspector head office visits.

Thirty-five presentations were given by FOD staff at workshops and seminars held across the country to a variety of audiences (property companies, commercial landlords, local authorities, business federations, etc). FOD staff were also involved in national and regional press conferences to launch the new duty, and used appropriate opportunities during site visits to raise awareness and distribute HSE literature.

Hand-arm vibration

Target

To reduce risks from hand-arm vibration.

Baselines

A Medical Research Council survey in 1997-98 gave a national prevalence estimate of 301 000 sufferers from vibration white finger (VWF), a disorder of the blood supply to the fingers and hands. This is much larger than the available estimates from the SWI surveys.

Progress

Disablement benefit cases for vibration white finger and similar disorders have shown no clear trend recently. However, the figures may be distorted by an increasing propensity among former coalminers to claim compensation. The number of new cases of VWF assessed for IIS disablement benefit was 2428 in 2001/02, lower than in the preceding six years (there were 3317 in 2000/01). Figures for earlier years fluctuated widely, peaking at 5403 in 1990/91 and falling to 1425 in 1993/94, and slightly higher than in the preceding five years (there were 3212 in 1999/2000).

The number of new cases of carpal tunnel syndrome (arising from entrapment or compression of nerves in the wrist) assessed for disablement benefit continues to rise, with 797 cases in 2001/02 compared with 600 the previous year and 267 in 1993/94.

HSE activities during 2002/03

- Second year of a three-year programme to eliminate the use of high-vibration-risk hand-held power tools in construction and engineering and metals and minerals premises and to ensure provision of adequate vibration emission data for such tools and the use of this in their selection.
- Over 3800 inspection contacts where HAVS was discussed – more than one-third in the engineering and utilities sector and a similar number in the construction sector.
- A total of 37 notices were issued – around the same number as in 2001/02.
- An initial programme of visits to suppliers was run to encourage them to provide improved emission data for vibrating tools at the supply stage.
- The wood sector has commissioned research to examine the extent of HAVS in the woodworking industry. Initial pilot and workshop studies have been completed and the project is now carrying out industry site visits to collect relevant data in a working environment. Completion anticipated in summer 2003.
- Construction Priority Programme: hand-arm vibration (HAV): Targeted high-risk processes such as manual pile cap removal and scabbling. Designers have better understanding, workers have increased awareness and some good health surveillance practices found.

Occupational asthma

In 2001/02, HSE began a three-year programme of work to tackle occupational asthma. Substances which cause occupational asthma are subject to the Control of Substances Hazardous to Health Regulations.

Target

30% reduction in the incidence of occupational asthma by 2010.

Baseline

At any one time, an estimated 150 000 people suffer from asthma symptoms caused or made worse by work. HSE is currently developing an indicative baseline based on a three-year average.

Progress

An estimated 670 cases of occupational asthma were seen for the first time by occupational and chest physicians who reported to the THOR* surveillance schemes in 2002. Trends in occupational asthma are difficult to assess from the available data sources. Over the last ten years the number of estimated THOR cases has fluctuated around an average annual incidence approaching 1000 cases per year. However, the estimated numbers for the last three years have all been well below this level, at around 700 cases per year, indicating a possible decrease in the incidence of occupational asthma. Further details are available at <http://www.hse.gov.uk/statistics/causdis/asthma.htm>. Estimated cases of asthma seen by specialist doctors in each of the last three years have been lower than in 1999 (and most of the 1990s), indicating a possible decrease in the incidence.

**THOR: Voluntary medical surveillance schemes in The Health and Occupation Reporting network (formerly known as ODIN).*

Isocyanates (used eg in the manufacture of some paints and foams) were the most commonly cited agents for both THOR and Industrial Injuries Scheme cases in the three years 2000-2002, with flour and grain being the second and solder flux/colophony the third most common agents. The occupations with the highest incidence rate of occupational asthma as reported to chest physicians were bakers, flour confectioners, spray painters and those in the welding trades. For each of these occupations, the estimated rate was over 20 times the overall rate for all occupations.

HSE activities during 2002/03

- A Plan of Actions has been published and a number of projects started. Members of the Asthma Project Board are working enthusiastically with HSE to develop partnerships. A workshop has been held to identify research needs. Web pages have been launched on the HSE website to raise awareness. HSE will continue its programme of work to assess systems that provide protection from substances likely to cause occupational asthma in the explosives industry. Follow-up contacts have been made with companies that were visited during the first year of this programme to assess whether the actions that had been identified on the original visits had been completed. Progress has been made in dealing with respiratory sensitisers in the areas of assessment, substitution of less hazardous materials, management of protective equipment and improved ventilation.
- Inspections were carried out across a range of industries and services where substances present significant risk of occupational asthma. They addressed engineering controls, personal protective equipment and health surveillance. Over 7000 inspection contacts have been recorded where occupational asthma was discussed. These covered a range of sectors and asthmagens, with the top three asthmagens encountered being grain dust, wood dust and isocyanates. Almost 200 notices were issued – a large proportion concerning isocyanates and wood dust. One prosecution involved a major shellfish processor where five employees became sensitised to prawn proteins.
- HSE's on-line risk assessment tool, Electronic COSHH Essentials (e-COSHH) was launched in April 2002. e-COSHH is very successful with its target audience – particularly smaller businesses: a total of nearly 74 000 full on-line risk assessments have been completed since launch, giving an average rate of 4.8 assessments per month; the aim is 100 000 by end of 2003. Planned e-COSHH expansion (Phase 2) will include process generated dusts and fumes, substances which cause asthma, and risks from chemicals in commercial and retail premises.
- HSE will implement a strategy, agreed with external stakeholders, to improve the control of workplace substances that cause occupational asthma. A highlight during the year was the launch in March of a partnership project being led by the British Occupational Health Research Foundation to publish guidance for GPs, practice nurses, and of use to workers and employers, on the management and prevention of occupational asthma. (See www.hse.gov.uk/asthma.)

MANDATORY ACTIVITIES

Gas safety

The Fundamental Review of Gas Safety was established to consider the health and safety regime for the installation and use of gas. One of the main drivers was to reduce the number of carbon monoxide-related deaths which, although less than in the 1980s, had plateaued at an average of 30 each year. Most of the recommendations in the final report are within HSE's remit, and certain of them are expected to contribute directly to achieving a target in excess of 20%.

Target

A reduction of at least 20% over a 10-year average in fatal gas-related carbon monoxide poisonings.

Baseline

30 (the average number of carbon monoxide-related deaths over the 10-year period prior to 1999).

Progress

24 deaths were reported for 2001/02 and the provisional figure for 2002/03 is 21.

Comment

Although the statistics for carbon monoxide-related deaths over the last four years suggest a downward trend, there is no room for complacency. HSE is still working with key stakeholders in developing a publicity/awareness strategy designed to maintain or improve people's awareness of gas-related hazards and how to control them. The energy industry has accepted the HSE Working Group approach in principle and is considering ways in which it can resource it. During 2002/03, HSE's carbon monoxide poisoning campaign further increased awareness in the target audience. Evaluation of the campaign further revealed a directional shift in what people have done to ensure their safety (for example, having appliances serviced, asking to see CORGI ID cards and purchasing carbon monoxide alarms). As in previous years, there was a marked increase in the number of calls to the gas safety helpline during the period of the campaign. Extensive stakeholder engagement with the review implementation work maintains the profile of safety within the industry, and widespread, if not universal, ownership of the targets. Evidence is now coming forward which demonstrates that completion of the rollout of the competence assessment regime for gas operatives is having an effect on the standards of installation and maintenance of gas appliances. New regulatory controls to be introduced in 2004 should further reduce the number of incidents which result from poor installation/maintenance work.

WORKING IN PARTNERSHIP TO DELIVER A SAFER AND HEALTHIER WORKPLACE

HSC and HSE can succeed only with the support of all those involved in the workplace health and safety system, including employers, employees, trade unions, safety representatives and the public. With 3.7 million businesses and 28 million in the workforce, improving health and safety performance cannot be the business of HSC and HSE alone; it depends more and more on the momentum created by others. There are encouraging signs of improvement where business leaders take the decision to drive down injuries, illness and lost working days. By the end of 2002/03, over 25 industries had set targets for themselves, some more challenging than Revitalising Health and Safety; all involve all parts of industry and trade unions.

Here we present a snapshot of the many examples we have of partnership working and where efforts are making a difference.

Revitalising Health and Safety (RHS)

- Many professional organisations and trade unions have assisted with promotional activities including a conference sponsored by Professional Organisations in Occupational Safety and Health featuring stress in autumn 2002.
- A major stakeholder conference was held in May 2002 to encourage top companies to focus on health and safety improvements. The conference was well attended with support from industry, public sector employers and trade unions. Workshop sessions were lively. Continued support from professional organisations and trade unions and major initiatives in some industries.
- A very successful joint conference was held with key stakeholders on 2 December 2002. One of the key messages was the importance of working together across Government, industry and with the trade unions and trade associations. Contributions from all will help to tackle the problem of workplace violence.
- The Ministry of Defence is exceeding its targets (although changes in staff numbers may be influencing this), and is still a leading light and exemplar in terms of RHS within Government. One illustration is the case of RAF Lossiemouth, which reported that from 1997 to 2002, minor and reportable incidents reduced by 20% and 60% respectively.

Falls from height

- Continuing development of new technical equipment to improve safety in working at height.
- Targeted projects have been developed in consultation with stakeholders – including trade unions, eg we have worked with the Union of Construction, Allied Trades and Technicians, Amicus-AEEU and the Electrical Contractors Association to target falls among electrical and maintenance fitters. Also, work was started with relevant trade associations on a project targeting falls from vehicles in the workplace, and with local authorities to address the issue of falls in primary schools.

Workplace transport

- At the October 2002 conference to discuss proposals for the way forward, employers from many sectors of industry, workers and unions rallied behind the proposals.
- A CD-ROM providing interactive means of assessing driver competence was developed in partnership with large companies from the construction and retail sectors and successfully launched in October 2002.

- HSE is co-operating in a joint project with the Freight Transport Association (FTA) where FTA will make its existing member advice centre open to any enquirer on workplace transport for one year, in order to gain information on areas of workplace transport management that workers and employers find difficult to cope with and where specific advice or training can be targeted. This will be particularly useful in reaching SMEs (small and medium-sized enterprises) and will help fill a knowledge gap.

Musculoskeletal disorders

- The second Rubber Industry Action Plan shows a reduction in the rate of manual handling accidents – from 902 to 716 per 100 000 against a target of 500/100 000.
- In the food and drink industry there has been a fall of 8.6% in the accident rate between 2000/01 and 2002/03, and over the 10-year period from 1993 a fall of 24.4%.
- The Corrugated Packaging Association (CPA) in association with the Graphical Media and Paper Union now has a national rolling programme to create a behavioural change in workers and a management action plan for use throughout the industry.
- HSE helped review the provision of manual handling training (Transport and General Workers Union (TGWU) and the National Association of Professional Employer Organisations (NAPEO)) and is researching the scope for reduction in pack sizes of packaged goods (CPA and United Kingdom Agricultural Supply Trade Association).
- 'GLASS Charter', the glass industries' continuing RHS initiative, enables large employers to provide small and medium-sized enterprises with best practice guidance and access to their health and safety information, expertise and knowledge.

Work-related stress

- Draft standards developed in consultation with pilot organisations. Wider stakeholder engagement, including trade unions, is under way.

Agriculture

- Evidence of the beginnings of cultural change via outreach to self-employed/family farms through SADs (safety awareness days): 8.6% of that part of the population nationally has now attended a safety awareness day, evaluation of which suggests they have an impact in driving change. Good response to campaign to promote provision and use of seat belts.
- HSE commented on the integration proposals for forestry and arboricultural certification within the LANTRA (national training organisation for the agricultural industry) Sector Skills Council, resulting in an agreed programme of action being produced.
- HSE has engaged with other Government departments including the Department for Environment, Food and Rural Affairs (DEFRA), the Pesticides Safety Directorate, Department of Health (DOH), Environment Agency (EA) and the Scottish Executive (SE) and with key stakeholders including the CPA, NFU, TGWU, NAPEO, the British Safety Industry Federation, the Poultry Association and the Chartered Institute of Environmental Health on a range of RHS and Agriculture Industry Advisory Committee-related issues throughout the year.
- 'Farmcare' has developed with HSE's help a safety handbook and interactive CD-ROM. These were introduced at the Farmcare Annual Managers' Conference in February 2003. The company's health and safety co-ordinator is visiting at least one farm in each of the company's 29 estates (there are over 100), some with HSE. When completed, a target list of poorer performing estates will be drawn up to maximise the effect of an HSE inspection.

Construction

- Clear evidence of positive changes in health and safety standards has been identified by worker polls in the construction press. One reported that over half of those surveyed felt that sites had become safer in the last year, with only 8% feeling they were less safe. Another reported that 78% had noticed improvements in site safety over the last two years.
- The leading industry change initiative, the Strategic Forum for Construction, has identified respect for people and decent working conditions as major drivers for overall improvements in the industry. This is indicative of the industry-wide recognition that health and safety is a key business performance indicator on a par with delivering to time, cost and quality.
- Trial of the worker safety adviser pilot. Pilot completed November 2002 with considerable enthusiasm and commitment from construction participants (the trade unions and an employer organisation).
- Continued support to pan-industry initiative for accreditation of all on site that has competence assessed 0.5 million workers through the Construction Skills Certificate Scheme, an industry-led scheme supported by trade unions and employers.

Slips and trips

- Signs that more companies are treating slips and trips seriously. Slips and trips are now on the agenda at several health and safety conferences run by industry. Membership of the Slips and Trips Programme Board includes representatives from employers, unions and local authorities.

Health services

- It is now rare to find a hospital ward or nursing home with no manual handling policy.

Mines

- A more comprehensive approach to health is being taken in the industry. All tasks carried out by workers are reviewed so that the surveillance can be appropriately targeted. This will have long-term health benefits.
- There has been a review of safety at the face of large headings which has involved trade union representatives, safety representatives, contractors and employers at coal mines. Members of the review team visited underground workplaces to see the work at first hand and discuss emerging ideas with workers

Offshore

- There is a determination to work together to move the UK offshore petroleum industry into the upper quartile of safety performance worldwide. For example, PILOT, a high-level government/industry forum, has placed improvement of safety performance on its agenda.

COMAH/chemical industry

- The industry is more focused on minimising inventories of hazardous substances at sites and so reducing the hazard. The evidence is in the number of companies dropping below the COMAH threshold.
- An international company discussed with HSE its plans to set up a new plant in the UK and the submission of a pre-operation COMAH safety report. Large quantities of LPG are to be stored and the company has agreed to mound the LPG tanks, at some cost, to substantially reduce the on and off site risk in line with HSE guidance on ALARP (as low as reasonably practicable).

- HSE's intervention programmes have been developed in liaison/consultation with relevant stakeholders, including trade unions and trade associations (mainly through the Chemical and Downstream Oil Industries Forum).

Rail

- Throughout the HSE Rail Programme there has been extensive consultation with stakeholders, including safety representatives and trade unions, to ensure all views are properly considered.
- HSE continues to work with duty holders and trade unions to implement Lord Cullen's recommendations on the accreditation of suppliers and the licensing of drivers and signallers. Work on a review of the Railways (Safety Critical Work) Regulations started.
- HSE has continued to work closely with British Transport Police, Network Rail, duty holders and trade unions to manage route crime hot spots.
- Safety representatives and trade unions are consulted as a matter of course by inspectors during visits.
- As well as the frequent contacts between inspectors and trade union safety representatives at the local level, HSE also holds high-level meetings with the Trade Union General Secretaries, to provide further opportunities for members to raise issues of further concern.

Gas supply industry

- This is the second year of a three-year programme to reduce the incidence of hand-arm vibration (HAV). The programme, which has required active trade union involvement, raises the profile of the condition and focuses on the effective reporting and investigation of incidents, risk assessments, information and training and tool replacement.

Docks

- National Safer Ports Initiative launched in September 2002. The British Ports Association, the UK Major Ports Group, Ports Skills and Safety Ltd, the UK Association of Private Terminal Operators, and the Docks National Health and Safety Committee (which includes regulators, employers and trade unions) have signed up to the initiative. The launch was addressed by the Chair of HSC, the Shipping Minister, the Chief Executive of the Maritime and Coastguard Agency and the Chair of Port Skills and Safety Ltd.

Aircraft industry

- With the active involvement of HSE staff, the UK's major defence company has developed risk assessments and management procedures mostly around RHS topics. Each site has concentrated on producing one or more RHS topic packages which have been presented to a meeting of site managers (and HSE) and then rolled out to all locations. Subsequently, one site has reported a 25% drop in workplace transport incidents. In addition, the company has developed a computer-based risk assessment management pack which includes guidance on, for example, the purchase of suitable personal protective equipment, machinery and tooling. There is still room for more cross-fertilisation across the company, and in the coming year further company divisions will be included in this work.

The printing industry

- There is greater awareness of the toxic effects of substances used and more routine substitution of hazardous substances with less hazardous ones.



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