

PRIORITY PROGRAMMES

Introduction

27. Eight Priority Programmes were identified in the Strategic Plan 2001-2004 covering hazards or sectors where major improvements are necessary if the targets are to be met. The aim was to focus on five hazard areas and three sectors:

- falls from height;
- workplace transport;
- musculoskeletal disorders;
- work-related stress;
- agriculture;
- construction;
- health services; and
- slips and trips (broadened beyond the former local authority remit to tackle in addition the 75% of slips and trips major injuries occurring within HSE-enforced premises/activities).

28. Government setting an example is now an additional programme and was announced in May 2003 by the Minister for Work.

29. These hazards and sectors were brought within the new framework of Strategic Programmes during the year but there are still areas where action is needed. Health issues often require longer to identify the scope of problems and the best ways of tackling them before specific action can be taken. There is inevitably an overlap between work that is carried on in sectors and work to address specific hazards. Details of how each programme has developed over 2003/04 follows. More comprehensive information on the latest statistics can be found in *Health and Safety Statistics Highlights 2002/03* <http://www.hse.gov.uk/statistics/overall/hssh0203.pdf>.

Falls from height

What we aim to achieve

30. We aim for:

- 5% reduction in deaths and major injuries from falls from heights by 2004; and
- 10% reduction in deaths and major injuries from falls from height by 2010.

Latest statistics (2002/03)

31. In 2002/03, there were 49 fatal injuries to workers due to falling from height - 29% less than in 2001/02 - and it continues the downward trend of the past six years. Fatal injuries resulting from high falls (over 2 m) decreased by 16% while those resulting from low falls (under 2 m) decreased by 55%.

32. In 2002/03, there were 3880 major injuries to employees due to falls from 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% to 2015 in 2002/03 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%.

33. There has been a large decrease (approximately 15%) in the number of over-three-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.

What we aimed to do during 2003/2004

34. We aimed to:

- improve knowledge of the incidence of falls accidents and the reasons for them;
- pilot ways of tackling falls accidents in occupations/activities most affected;
- replicate successful approaches by embedding them into industry culture and HSE policies and practices;
- continue research to improve knowledge of key technical and human factors in falls; progress projects on guidance on use of ladders;
- address work at height by maintenance fitters;
- address work at height in schools;
- carry out research on accidents involving stairs and, with the workplace transport priority programme, reduce falls from vehicles; and
- carry out initiatives in the food and shipbuilding industries.

Progress

35. A satisfying end to the year in terms of progress on work/projects involving key stakeholders, including local authorities, trade unions, employer groups and small businesses. Projects/activities in support of the Programme strategy are proceeding to plan.

36. This year saw the publication of and consultation on draft work at height regulations and guidance. To date, we have received over 700 responses. We expect the new regulations will come into force in 2004. A major issue has been to resolve ongoing concerns of the outdoor activity industry about how the regulations will affect them.

37. The falls from height website went live early in the year and has proved to be a popular source of information and advice: <http://www.hse.gov.uk/falls/index.htm>. The website is receiving an average of 5000 hits a month.

38. Funding from HSE's small business programme facilitated work on a joint project (with a major supplier of hire equipment used by small businesses when carrying out work at height), to promote awareness of some of the dangers and risks. New guidance on managing the risks of work at height in industries as diverse as shipbuilding and window cleaning was issued and, following the publication of new research, a draft paper on safe use of ladders has been produced and is being discussed with key stakeholders.

39. Much of the work described above will continue to be built upon and taken forward during 2004/05.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: Inspection and enforcement activity targets have been met. During visits, discussions on falls from height have been of a longer duration.

Work in conjunction with three local education authorities to address falls in the classroom among teachers and classroom assistants was taken forward and will be evaluated early in 2004/05.

Advice aimed at reminding those working on goods vehicles about the dangers of falling from a height was produced and distributed with the help and support of relevant trade unions, trade associations and other significant distribution outlets.

Following targeted activity in the London area, work has been, and will continue to be, undertaken with stakeholders to meet mutual concerns over the risks of falling from height in the outdoor advertising industry nationally.

Workplace transport

What we aim to achieve

40. We aim for:

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

Latest statistics (2002/03)

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

42. 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.

43. The number of employees suffering over-three-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.

What we aimed to do during 2003/2004

44. Workplace transport accounts for significant numbers of fatal and major injuries. To reduce these incidents this Priority Programme focuses on engaging stakeholders to ensure the safe management of workplace transport activities through ensuring a safe site, safe driver, and safe vehicle. Activities will include improved guidance, web pages, exploring options on driver training, promoting and evaluating the *Safe driver, safer workplace* CD-Rom, conducting further research to improve our understanding of workplace transport problems and promoting research findings to help employers, employees and safety representatives improve arrangements for risk control.

Progress

45. The common workplace transport accidents, ie accidents involving moving vehicles, are already familiar concepts for most people due to their exposure to road accident reports and publicity. The initial approach is to make people aware that vehicle use in the workplace is equally hazardous, if not more so, and encourage common sense in their use ie a mission to explain to both HSE's usual 'customers' and those we find it difficult to reach at present. HSE has actively participated in seminars, conferences etc and has introduced new projects including a joint awareness campaign with Jobcentre Plus and one with the Freight Transport Association. Improved guidance has been prepared and we are investigating the most useful way to get this to our customers. One area we are exploring for this is via the dedicated workplace transport web pages which were launched in October 2003 and are now averaging about 3000 hits a month.

46. A number of options for driver training were explored and proposals put to the Commission in February 2004. The Commission has asked for a further presentation on costs and benefits later in the year. The CD-Rom *Safe driver, safer workplace* was evaluated and further work is proposed for 2004/05 which would enable us to make more use of the virtual worlds developed for the original CD-Rom. Two substantial sets of research were carried out to further improve our understanding of workplace transport problems and place us in a better position to promote understanding of these problems to our stakeholders. We are now in a position to start developing projects aimed at these 'hot spots'.

47. There have been significant difficulties in identifying the statistical picture of what is happening in workplace transport accidents. Workplace transport is not a single category of incident in the statistical releases. Many of these difficulties have been overcome by means of contracted research projects; nevertheless, to simplify matters for trend tracking purposes, there is one category of incident - struck by moving vehicle - that is clearly a workplace transport issue. This provides the most reliable indicator of progress. This figure is classified separately and accounts for about 60% of workplace transport accidents. The target data (fatal plus employee serious injury) have declined steadily from a figure of 983 in 99/00 to 653 in 02/03, a 30% reduction.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: 24 148 proactive inspections; 953 Notices issued.

Publicity strategy finalised.

Information exchanged with DfT on the standard of policy planning guidance notes required for site aspects of workplace transport: outcome will be to seek their agreement to cascade information on our behalf.

Research report on accidents in industry produced towards the end of 2003/04; from this HSE will be able to identify strategic information and areas for targeting.

Meeting with accrediting bodies forum to debate standards for lift trucks (to improve training standards). Positive debate held but bodies wished to await feedback from the BOMEL research before making any further commitment.

Initial analysis (with the Freight Transport Association) (FTA)) on workplace transport call centre: this will give HSE access to third parties whom we do not usually reach and will indicate what this wider audience perceive to be the problems involving workplace transport.

Musculoskeletal disorders

What we aim to achieve

48. We aim for:

- 12% reduction in the incidence rate of work-related musculoskeletal disorders (WRMSD) by 2004; and
- 15% reduction in the number of working days lost due to WRMSD by 2004.

Latest statistics (2002/03)

49. Numbers of new cases of MSD 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 later in 2004, when an initial judgement will be made on progress against baselines.

What we aimed to do during 2003/2004

50. Musculoskeletal disorders account for over one third of all working days lost due to work-related illness. But they are well understood and we know how to manage them. The programme uses this know-how for practical interventions in the framework of the occupational health strategy *Securing Health Together*. It promotes a comprehensive approach involving all individuals and organisations in the workplace, including workers and their representatives. A significant element is aimed at securing compliance with relevant legislation, which requires the application of ergonomic principles to achieve effective and efficient solutions.

Progress

51. A main focus of the programme is preventing MSD by securing better compliance. The second year of HSE's new inspection approach showed continued success with this. HSE inspectors found, on average, increased levels of compliance by employers with the regulations that address MSD. Other projects supporting compliance activity included:

- making HSE's Manual Handling Assessment Chart (MAC) (a tool to assist employers with their risk assessment and control measures), developed for inspectors, available to all duty holders;
- HELA agreeing, following a successful pilot, to roll out the new inspection approach for LA enforcers; and
- publication in March 2004 of HSE's revised guidance on manual handling (L23) incorporating changes to the Regulations and new research findings.

52. Further partnership work to tackle MSD was taken forward with trade associations and unions. Examples included:

- the Cast Metals Federation (CMF), trade unions and HSE, where 120 companies agreed to reduce the top eight types of accident, including those causing MSD, over the next three years;

- the trade associations in the recovered paper industry, which organised a conference where new guidance was launched and presentations given on manual handling.

53. Because not all MSD can be prevented, an HSE working group on Case Management, Rehabilitation and Job Retention has been set up.

54. Also, to increase the support for those trying to tackle MSD, the MSD web pages on HSE's website were revised, with the addition of not only the MAC but also new case studies.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: Planned allocation of staff years for MSDs: 44, outturn – over 45. 192 notices relating to MSD were issued, compared with 331 in 2002/03.

The Agricultural Sector organised 14 Safety and Health Awareness Days (SHADs) attended by 5540 employers and workers in the industry, at which Manual Handling was among the topics covered. There were four other SHADs organised in association with Agriculture stakeholders attended by 428 people.

In the printing industry, the Sector has carried out a project to engage intermediaries to raise awareness of MSDs. The Printing Industry Advisory Committee focused on the six manual handling activities that caused most injury. Video clips showing case studies will be publicised on HSE's 'Printing' website.

MSD issues featured prominently at key stakeholder conferences such the Ergonomics Society, the Institute of Occupational Health & Safety (IOSH), the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) and the Chartered Institute of Environmental Health (CIEH).

HELA conference hosted a display about the work of the DSE club.

MSD featured prominently on the Business Link CD tool for SME business advisors.

MSD PP research strategy is available on the internet and regularly reviewed.

Reports received on the following projects: The Role of Work Stress and Psychological Factors Upon the Development of Musculoskeletal Complaints; Workplace Risks Associated with Pushing and Pulling, September 2003; Further Development of the Usability of the Quick Exposure Check.

Three courses held to provide comprehensive training for 75 HSE and LA inspectors to enable them to identify work-related MSD risks and take appropriate action. Nominated specialist inspectors for MSDs in HSE regions meet once a year to share experience and promote good practice.

The programme team visited Bradford College to experience 'Back into Action' an intervention programme for staff with back pain. This is now a case study on the website.

The MSD pages on the HSE website: <http://www.hse.gov.uk/msd/> were regularly updated and received a favourable review in Safety and health practitioner.

194 209 hits on the Manual Handling Assessment Chart web page in the last quarter, 1.3% of the total hits of HSE. Hits increased from 33 000 in January to 92 000 in March.

Work-related stress

What we aim to achieve

55. Ten-year indicators are:

- 20% reduction in incidence of work-related stress by 2010; and
- 30% reduction in number of working days lost from work-related stress by 2010.

Latest statistics (2002/03)

56. 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. The Self-reported work-related illness household survey (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.

What we aimed to do during 2003/2004

57. Programme activity is designed to deliver HSC's four strategic aims: working with others to develop clear, agreed management standards for key stressors; equipping HSE and local authorities better to advise on work-related stress; encouraging a more comprehensive approach, eg through facilitating sharing of information on best practice; and supporting publicity and guidance to educate employers especially on risk assessment and to encourage them to engage with employees and their safety representatives to develop effective solutions.

Progress

58. A key objective of the programme is preventing stress by encouraging good management practice. The third year of the programme has seen significant progress through partnership-working to develop management standards.

59. Between April and November 2003, HSE piloted draft management standards and, in conjunction with the Advisory, Conciliation and Arbitration Service (ACAS) and the Chartered Institute of Personnel and Development (CIPD), undertook stakeholder engagement activity to refine the standards. Twenty-two out of twenty-four pilot organisations reported back during November/December 2003 and their experiences have helped to further refine our approach. Other projects supporting this work include:

- HSE staff contributed to series of regional seminars updating ACAS facilitators on the management standards approach;
- A baseline for perceived workplace conditions was established to help us gauge the impact of future programme activity;
- Technical papers were submitted for publication setting out the stages in development of management standards and explaining the rationale and the underpinning science;
- HSE staff successfully presented workshops on the standards at an international expert conference in Berlin during November 2003;

- A draft operational strategy has been prepared and will be refined in the light of recent operational activity.
60. Since the launch of the Management Standards pilot area in June, hits to the HSE Stress web pages have continued at around 12 000 to 15 000 per month. An online community has been set up so people can post questions and contribute to discussions. Around 200 people have already subscribed to this service and management of the site suggests people are finding it a helpful resource.
61. Further partnership work to tackle stress was taken forward with professional associations and unions. Examples include:
- development of practical guidance entitled *Real solutions, real people*, based on recently published case study research;
 - collaboration with the International Stress Management Association to develop workshop materials to coincide with National Stress Awareness Day.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: HSE had achieved 122% of the target for inspector time allocated to stress. HSE served an improvement notice on West Dorset General Hospitals NHS Trust and worked closely with the Trust to ensure risks to staff were thoroughly assessed and appropriate actions identified. A programme of stress audits was carried out across LAs.

HSE has worked closely with DTI to support research into bullying (in conjunction with AMICUS) and with key stakeholder groups to ensure bullying behaviours are addressed by the relationship management standard. HSE continues to work with Health Scotland to develop effective guidance for SMEs.

Two research reports on best practice in stress management and stress rehabilitation were published on HSE's website in July 2003.

The cross-Government stress network continues to meet regularly. A learning day was held in June for representatives from government departments to discuss stress issues internal to their organisations and to listen to a range of speakers. The group continues to report the benefit of regular meetings.

A further network has been identified in the Education Sector and HSE has met DfES and key stakeholders to discuss how best to co-ordinate and disseminate the wide range of activity within this sector.

A number of research projects were developed / published including:

- defining what is a case of stress;
- cognitive factors influencing reporting of stress;
- best practice in rehabilitation;
- best practice in management interventions (Beacons);
- better Regulation Unit's stress and ethnicity research;

- case studies on violence to lone workers.

A stakeholder database has been developed to help target and deliver communications activity.

HSE has been sharing the UK approach on stress, in particular the management standards, to the European Social Partners. HSE staff successfully presented workshops on the management standards at an international expert conference in Berlin during November 2003 and hosted separate visits by representatives from the Australian and Canadian Competent Authorities.

Construction

What we aim to achieve

62. Our programme aims to stimulate the construction industry to achieve challenging targets and plans set by them at the 2001 Construction Health and Safety Summit:

- 40% reduction in incidence rate of fatal and major injuries by 2004/5 (and 66% by 2009/10);
- 20% reduction in incidence rate of cases of work related ill health of employees by 2004/5 (and 50% by 2009/10); and
- 20% reduction in number of working days lost per 100 000 workers from work-related injury and ill health by end of 2004/5 (and 50% by 2009/10).

Latest statistics (2002/03)

63. 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.

64. 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.

65. 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.

What we aimed to do during 2003/2004

66. Engage with key stakeholders including TUs and workers to deliver a targeted programme of work that supported industry in achieving its targets, encourage those striving for excellence and take a robust line with those who were not.

Overview of what we did

67. We delivered the following in each of the areas described:

Significant health and safety risks, the occupational health support pilot and the 'basics' of tidy, well-organised sites and decent welfare

Health and safety risks:

- Positive shift towards mechanised handling of kerbs and similar products;
- Simple labelling system for hand tools giving user information about HAVs risk developed by industry;
- Assisted in developing new Work at Height Regulations;
- Worked with the Highways Agency and industry to develop safe methods of work on high-speed roads;
- Worked with others to resolve driver visibility on site machinery (CEN & ISO).

Occupational health support pilot:

- Corporate governance arrangements established for occupational health pilot and significant share of the funding secured. Service provider selected with pilot set to launch Autumn 2004;
- Major Contractors Group (MCG) launched its occupational health strategy.

The 'Basics':

- Housekeeping given high profile at visits;
- Enforcement notices including Prohibition Notices issued where standards unsatisfactory.

Early interventions with CDM (Construction Design and Management Regulations) dutyholders on selected projects and worked with industry to improve competence and knowledge of all dutyholders (in particular designers and Government Departments)

- Early interventions are now common;
- Planned intervention strategies secured for larger sites;
- Designers challenged through Designer Awareness Days and support given through website;
- Government as Client role challenged through targeted inspection;
- Supported Government health and safety procurement advice through revision of OGC 10;
- Supported Strategic Forum in developing integrated teams tool kits.

Promoting key issues with small firms, through the supply chain, intermediaries and the Working Well Together (WWT) initiative of Safety and Health Awareness Days (SHADs)

- Worked with industry partners, the supply chain and intermediaries to reach SMEs and the workforce to promote the 'High 5' - highlighting the five most significant health and safety hazards at smaller construction work;
- Actively promoted the 'High 5' information through practical sessions, demonstrations and exhibitions at (i) SHADs involving more than 4000 small and micro companies; (ii) the WWT and Roadshow to 10 600 workers on large sites; and (iii) piloted a 'White Van' Roadshow for smaller sites reaching nearly 2000 workers.
- 'High 5' information now available in a range of languages;

- WWT Newsletter highlighted and promoted 'High 5' which is now available as a free downloadable leaflet on the WWT website.

Actions from the Revitalising Health and Safety in Construction Discussion Document

- Revisions to the Construction Design and Management Regulations (CDM) underway in close consultation with industry;
- Outcomes of consultation informed decisions on CDM revision and HSE's Construction Priority Programme.

Improving our intelligence by better analysis and data capture techniques and a targeted programme of research in collaboration with industry partners

- Completed three major pieces of research on accident causation that has informed subsequent activity (all research reports publicly available on internet).

A snapshot of other activities/achievements during 2003/04

Construction Division completed more regulatory contacts and inspections than planned, and improved complaints and RIDDORs investigation performance. A **robust enforcement** line continues to be taken with the industry using the full range of sanctions including I/Ns to address underlying issues. Major cases completed this year include the Hull building collapse and Nishimatsu where a £700 000 fine resulted.

Ministerial interest was maintained with Des Browne (Minister for Work to March 2004) showing his commitment through attending the WWT Roadshow and WWT awards, and in speeches to industry.

The National Audit Office's review of HSE's construction work has helped us focus on our programme and its key projects and will ensure continuing positive development.

Media coverage in the specialist press has remained significant with 90% of the articles expressing either positive or neutral views on construction issues.

UCATT has set up a Health and Safety Adviser Network and is bidding along with the FMB and TGWU for further Worker Safety Adviser developments from the Challenge Industry engagement. Industry's response to HSC/E's new strategic direction through partnering has been demonstrated through WWT SHADs where nearly 40% of the cost and 80% of the administrative organisation and speaker resource has been provided by industry.

Industry is picking up the challenge of preparing its own guidance (eg mesh handling and masonry facades).

Strategic Forum (SF). Peter Rogers, the new chair, has demonstrated his personal commitment to respect for people, in particular health and safety issues through his drive to reduce unacceptable site conditions by inviting clients and professionals visiting sites to make their views formally known through a 'site conditions campaign'. The SF continues to champion the 'respect for people' agenda and has published an Integrated Teams toolkit that should enhance risk management: and it has set up an industry insurance group that may also assist in securing better risk management.

Major Contractors Group (MCG) CSCS initiative. The successful drive by the industry that has substantially increased the number of CSCS cards.

A Scottish Construction Forum has been established to lead on industry improvements initiatives and HSE is represented on the board.

Considerate Constructors Scheme has noted a three-fold percentage reduction in complaints from the public about safety issues.

EU. HSE made major contribution to the SLIC initiative on falls.

Agriculture

What we aim to achieve:

68. We aim for:

- 5% reduction in fatal accident incident rate to employees by 2004/05 and 30% by 2009/10;
- 5% reduction in fatal accident incident rate to self employed by 2004/5 and 10% by 2009/10;
- 5% reduction in major accident incident rate to employees by 2004/05 and 30% by 2009/10; and
- reduction in child fatal accidents in agriculture to zero by 2010.

Latest statistics (2002/03)

69. Although over the past 16 years fatal incidence rates have fluctuated, in broad terms those for employees have roughly halved, whereas the rate for the self-employed has more than doubled.

70. 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.

71. 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.

What we aimed to do during 2003/04

72. The Programme relies on the full support and co-operation of stakeholders (including government departments). With their help we aim to secure a culture change resulting in widespread recognition that good health and safety standards are integral to sustainable modern farm business. We seek to increase the awareness of hazards/risks and the practical measures available to eliminate or control them. To improve occupational health in agriculture we aimed, in partnership with others, to develop a 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.

Overview of what we did

73. HSE held a major stakeholder conference in January 2004, attended by the HSC Chair, DEFRA Minister and 65 other organisations, including the National Farmers' Union (NFU), The Transport and General Workers Union (TGWU), Farmcare, JCB Landpower Ltd, and NFU Mutual. The purpose of this conference was to stimulate action and secure commitment of the key stakeholders in agriculture. A key objective for the coming year is to follow up the commitments made at or following the conference. HSE are also working closely with a number of Government Departments, eg on seeking inclusion of health and safety in the Department for Environment, Food and Rural Affairs' (DEFRA's) Whole Farm Approach.

74. In promoting awareness of hazards/risks and measures to control or eliminate them, HSE has held 22 Safety Awareness Days (SADs) in total: 14 mainstream agricultural SADs, four with NFU and trade unions and four arboriculture SADs. We also developed and piloted a self-assessment software package; worked with training organisations to develop a suite of vocational qualifications; and developed a number of novel interventions in addition to carrying out a full programme of proactive and reactive inspection.

75. In relation to occupational health as part of promoting the development of a national occupational health support network, HSE identified and agreed to evaluate the independently funded 'Farmers Health Initiative' which aims to provide occupational health support to the farming community in Cumbria. HSE has appointed a contractor to undertake the evaluation and will work with stakeholders in developing, promoting and evaluating the initiative over the next two/three years. More generally, HSE is a partner along with organisations such as the Scottish Executive and National Health Service (NHS) Scotland, supporting the 'Safe and Healthy Working Initiative' which aims to provide a free occupational health and safety service for industry.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: A total of 1993 enforcement notices have been issued compared to 2074 in 2002/03.

Stakeholder engagement conference: Successful event with 65 key organisations represented attending Oxford on 8 January. Event launched by Bill Callaghan with key speakers, Roger Nourish (Head of HSE's Agriculture and Food Sector) and Lord Whitty (Minister for Food and Farming at the Department for Environment, Food and Rural Affairs). A video prepared specially for the event was shown. Five major stakeholders gave presentations to demonstrate what their organisations were already doing to improve farm health and safety. A further 15 major stakeholders offered their support (more wanted to speak but event had already overrun). Requests received for further 90 copies of the video by stakeholders for training/awareness (in addition to personal copy given to those who attended event). Evaluation continues to capture all work that is being done/could be done and to identify where HSE can help. Positive replies have been received from 42 stakeholders (including 29 of those that could not attend the event), many demonstrating commitment through planned post-conference action. We have built on this commitment in progressing a number of initiatives since the event.

Development of vocational-related qualifications on occupational health and safety in agriculture. Specification and consultant brief circulated to members of the Awarding Body group for comment.

Revision of 'Traction Action' video and leaflet. Video package completed; proposal to launch video at Royal Show in July 2004.

Safety Awareness Days: 5540 farmers attended against a planned target of 4200. Arboricultural SADs were attended by 250 contractors and approximately 150 client organisations.

Influence safety through design, for machinery and other equipment and through the supply chain: The Sector Safety Section attended various CEN (European Committee for Standardisation) and ISO (International Organisation for Standardisation) standards meetings and also made written comments on a number of standards. One SAPID (Suppliers and products information database) was investigated in relation to the supply of an unguarded potato harvester (bringing total for year to date to 21). Other product safety visits made, including: tillage equipment manufacturers; and all terrain vehicle (ATV) suppliers following an earlier blitz.

Sector visit programme to assess compliance with CEN standards for targeted high-risk machinery. Sector staff made a total of 26 visits with respect to manufacturers of power harrows, silage balers and crop sprayers. Non-compliance issues have led to joint working with the French regulatory authority on market surveillance which is to be continued in 2004/05.

Development of a sustainable model for occupational health / rehabilitation services within the rural community: In the search for a sustainable model of the delivery of occupational health and rehabilitation, HSE has selected the Morecambe Bay Primary Care Trust's Farmers Health Initiative (FHI) for evaluation. The Institute of Rural Health (IRH) has been appointed as the contractor for the evaluation. Contract with IRH signed. Initial evaluation meeting held 16/03/04.

Development of an interactive risk-assessment package: Interactive risk assessment software to help farmers produce their own farm-specific action plans was trialled. The results from the pilot are currently being evaluated but overall were very encouraging, eg 99% of those who took part would recommend the software to other farmers. Further development and application is underway.

Health services

What we aim to achieve

76. We aim for:
- with NHS Wales - secure commitment to the RHS targets;
 - with NHS Scotland a 25% reduction in all incident/injuries by 2006;
 - with NHS England (currently under review, previously 30% reduction in accidents, violence and sickness absence by end 2003/4); and
 - targets and baselines for the private sector are under development.

Latest statistics (2002/03) (NHS data for 2002/03 are not available)

77. 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.

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

79. 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%.

80. 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.

What we aimed to do in 2003/2004

81. HSE will work directly with NHS trusts and the health services in England, Scotland and Wales through their existing and emerging targets and programmes to support the delivery of a substantial contribution to improving health and safety. HSE will also target poorer performers, enforcing when appropriate, and help identify and encourage best practice initiatives.

Progress

82. The National Audit Office (NAO) published two reports on the costs of accidents and violence in the NHS, and the main recommendations (eg the development of a national Occupational Health and Safety (OHS) Strategy for the NHS) were included in the subsequent Public Accounts Committee report. The reports, which were developed with support from HSE, estimated the direct costs to the NHS as over £173 m per year, but they also include case studies from NHS trusts which had successfully managed risks to staff, eg from patient handling, violence and aggression, slips, and latex allergy. Many of these initiatives stemmed from HSE inspections. The reports and the case studies are on the NAO website (<http://www.nao.gov.uk>), and other case studies can be found on the new health services page of the HSE website.

83. The reports also resulted in an NAO health and safety conference for the NHS held in November 2003, and a Department of Health (DoH) conference in February 2004. A conference was also organised by the Ambulance Service Association, and was attended by all the British ambulance services, with Bill Callaghan as keynote speaker. MSD levels in the service are down by over 23% since 99/00. Provisional 2002/03 statistics showed that accident rates and manual handling injuries in healthcare are continuing to go down.

84. The Institution of Occupational Safety and Health developed, with HSE assistance, a package of health and safety training for healthcare staff, managers, and directors. It was launched in February 2004.

85. A concordat between HSE and NHS Estates was signed in October 2003. Examples of joint working include HSE consultation on NHS guidance, and a commitment from NHS Estates to replace existing outdated HSE guidance on clinical waste. HSE also helped the NHS Counter Fraud Security Management Service to develop training on the management of work-related violence, and will help deliver part of this training in 2004/05.

86. The management of stress in the NHS was highlighted by the serving of an Improvement Notice on a trust, which co-operated fully with HSE in complying. HSE guidance on managing stress in health services should be published by autumn 2004.

87. HSE and other NHS inspection bodies have signed an agreement to work together to reduce the 'inspection burden' on the NHS, improve liaison and help to target interventions. Senior level discussions are underway with new Healthcare Commission on wider co-ordination of inspection activity.

Comment

88. The Independent Healthcare Association was wound down in December 2003, leaving no single representative body for the major private healthcare providers. HSE is discussing new arrangements with the two successor bodies.

89. The reduction in the size of the Department of Health and the transfer of its human resource and health and safety functions to a new NHS employers' organisation pose a risk to national approaches which are a key part of the Programme. HSC and HSE representatives will meet the new body in April, and a DoH Minister has been invited to participate in the Ministerial Task Force as part of the 'Government Setting an Example' Priority Programme.

A snapshot of activities/achievements during 2003/04

Inspection and enforcement activity: Annual targets met. 395 care homes and nine small independent hospitals/hospices/clinics inspected. 89 head office visits by HSE staff have been recorded plus 174 PCT contacts by Workplace Contact Officers. 225 Improvement Notices issued, 12 Prohibition Notices and 25 successful prosecutions had been taken.

HSE chaired the judging of the Back in Work Awards, which were presented in February 2004. Useful case studies to be followed up.

The DoH OHS strategy for the NHS is now expected in 2004/05. FOD Scotland met Scottish Executive in February to agree support for the OHS Implementation Group. A meeting with NHS Wales is planned April 2004 to discuss the Welsh equivalent.

Memorandum of Understanding (MoU) between HSE and the General Medical Council was agreed. The MoU formalises current working relationships, including arrangements for the referral of concerns regarding the conduct of doctors, and liaison for undertaking shared investigations.

A Concordat agreeing common objectives and ways of working was agreed between HSE and NHS Estates. Estates have agreed to replace existing HSAC guidance on Clinical Waste, and FOD Services and Construction Inspectors are involved in a joint initiative on safer hospital design. Health Services Unit staff spoke at the 'Creating a Safer Hospital Environment Conference' in February 04, and will in 2004/5 be discussing how contributing to the DoH Approval Scheme for Private Finance Initiatives can be achieved.

Formal 'working agreement' with the Commission for Health Improvement signed. Senior level contact made with successor body Healthcare Commission on future co-ordination of inspection work (draft Concordat). Agreement expected Quarter 1 04/05.

Following the launch of the Health Services Information Sheet on slips/trips, issue was raised at Safety Awareness Days and IOSH Healthcare Specialist event in Scotland. Promotion campaign planned in NHS trusts for 2004/05.

National Audit Office conference on health and safety in the NHS was attended by over 250 delegates, with keynote speeches from the chairman of the PAC, and Commissioner Judith Hackitt. Presentations included a range of case studies on best practice in managing musculoskeletal disorders, violence, and other risks in healthcare.

Staff from the FOD Health Services Unit delivered six risk management workshops with the NHS Litigation Authority. Over 150 delegates from NHS trusts throughout England attended.

Slips and trips

What we aim to achieve

90. We aim for:

- 5% reduction in fatal and major incidents caused by slips and trips by 2004; and
- 10% reduction in the incidence rate of all injuries from slips and trips by 2004.

Latest statistics (2002/03)

91. 2000/01: 9054 employee major injuries and 28 552 over-three-day employee injuries.

92. 2001/02: 10 268 employee major injuries and 30 106 over-three-day employee injuries.

93. 2002/03: 10 458 employee major injuries and 29 848 over-three-day employee injuries.

94. 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-three-day injury, accounting for 24% of all over-three-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.

What we aimed to do during 2003/04

95. Slips and trips are the highest cause of major incidents, and often result in broken bones, yet they are perceived as insignificant and unavoidable. 37% of major injuries are reported as 'slips and trips' and many more accidents reported under other categories such as falls from height are often initiated by a slip or trip. This programme aims to change attitudes and offer practical solutions to reduce slips and trips via research, publicity and focused enforcement activity.

Progress

96. The Slips and Trips Programme has been broadened and relaunched with a new strategy and plan approved by a new programme board. New partnerships have been established to amplify the impact of the programme, with the help of a small increase in core team staff.

97. Incidents involving slips and trips are the highest cause (37%) of major injuries that occur in Britain's workplaces.

98. In addition to the human cost the annual cost to society is over £750 million, with £368 million costs to employers.

99. Slips and Trips are often the initiators of accidents classified under other categories, such as some falls from height, machinery accidents, scalding etc.

100. Accidents can be dramatically reduced. The HSC programme is working with others to:

- convince the right people that slips and trips are serious, that effective action can be taken and to take action;

- engage LA and HSE staff, employers and influencers;
- influence those responsible for the design of new or refurbished workplaces;
- provide underpinning research, evaluation, intelligence to aid targeting and standards development.

101. We have numerous examples of changed behaviour (see table) and cost effective risk management. There have been encouraging achievements through working with eg RIBA, (architects and designers), facilities management companies, key employment sectors and partners such as Royal Society for the Prevention of Accidents (RoSPA) and the Institute of Safety and Health (IOSH).

102. The most difficult work is to change attitudes to ensure slipping and tripping accidents are taken seriously. A media strategy has been developed to help by making managers, safety professionals and workers aware of the huge financial and human cost of slips and trips and to demonstrate they can be managed easily, without excessive expense and to assess and manage the risks accordingly.

A snapshot of other activities/achievements during 2003/04

Inspection and enforcement activity: Slips and trip risks were inspected proactively by HSE at over 21 000 workplaces, an increase of 8% on the previous year. HSE and LA inspectors successfully completed trials of a slips assessment tool which will be made available to the public in 2004. Audits of Scottish NHS Trusts resulted in closer working with NHS Scotland Estates Department on the management of slips risks. At one new hospital Improvement Notices were issued to secure improved flooring in an area where frail patients were prone to slip.

Communications strategy revised, target audiences identified and presented to advertising consultants. Consultants advertising recommendations obtained and dialogue is being maintained as we await decisions on our communications bid which will affect our media strategy. Website on line and updated. Community of Interest launched and open to the public.

Jobcentre Plus engagement model pilot - two events, 400 people seen. 10% asked structured questions by HSE. Initial evaluation showed public favour access to health and safety information in the high street. Model to be expanded. Contacts have been made and opportunities are being sought with several potential partners.

Twelve workshops for small/medium sized enterprises (SMEs) were organised jointly by HSE/LAs at venues across Great Britain. These were popular events designed to provide companies with the tools to do risk assessments for slips and trips and to produce action plans.

Presentations on preventing slips and trips were given to stakeholders' organisations representing the rubber, aluminium and education sectors. The education event also served to launch the HSE information sheet on controlling slips and trips in schools and colleges.

Comprehensive speaker's pack provided to ROSPA for use in new slips and trips training courses. The speaker's pack has also been provided to IOSH who have made it available for use by their members.

Slips Roadshows for LA inspectors - six planned for 2003/4, nine delivered to date in 2003/4 (approximately 250 EHOs attended). The rolling programme of these events for LAs has been running for the last few years, running total of events delivered to date is 34 (over 900 EHOs trained). We are continuing to identify, and make contact with, groups of LAs who have not yet had access to the training. Two groups identified to date for possible events in 2004/5.

Training for HSE inspectors - A pilot training course took place on 5 February 2004 in Edinburgh attended by over 70 delegates. This event has been designed following discussions with FOD divisional operations teams and a baseline evaluation study of 'Barriers to enforcement on slips/trips: attitudes of HSE inspectors'. The research found that some inspectors wanted more information on ways of controlling slips and trips risks, in order to advise and enforce on this topic with greater confidence. Pre- and post-pilot course evaluation will influence the series of six events (one per HSE region) planned for 2004/5. Good initial feedback from pilot event, evaluation researchers will contact delegates again in next few months to examine changes in behaviour and establish how inspectors are putting learning into practice.

Examples of changed behaviour

- A 19% reduction in the numbers of slipping and tripping accidents that was sustained for a period in the food industry;
- A casework study involving a pet food manufacturer that transformed from high prevalence of slipping accidents to a three-year history that has been virtually free of slipping accidents, achieved primarily by the provision and wearing of slip-resistant shoes;
- Agreement from IOSH to survey a large sample of its 27 000 members to gauge knowledge and attitudes towards slips and trips;
- The arousing of RIBA interest starting from a very low baseline knowledge and awareness of the programme and of the role that architects and designers can play in reducing slipping accidents;
- A large architectural practice that has started to work on changing a specification index used by architects to take into account flooring parameters such as slip resistance;
- Invitations from RoSPA to use their congresses as platforms for slips and trips presentations and exhibitions. Publication of articles in affiliated journals.

Government setting an example

What we aim to achieve

103. By 2010 the programme aims to establish the public sector's management of health and safety as the standard that all employers in the UK should aim to match. This will be achieved through the continued development and use of best practice health and safety management tools and through the influencing power the public sector has as a major procurer and customer.

104. As a result we will see:

- a reduction in the number of accidents and ill health cases that are a result of work;
- a change in the management culture within the public sector resulting in improvements to the management of health, safety and sickness absence;
- less time and money lost to sickness absence and increased productivity in the public sector as a whole;

- the public sector recognised as an employer where people want to work because they know that their health and safety will be protected; and
- improved health and safety management in those companies that are procured, funded and sponsored by the public sector.

Latest statistics (2002/03)

105. There are over five million government and public sector workers in total across Great Britain, representing about 18% of the workforce.

106. The public sector is in the worst six industry sectors for its total injury rate and work related illnesses. Reported sickness absence is estimated to be around a third higher per employee in the public sector than in the private sector*. This has a significant impact on the Government's ability to meet its PSA targets and represents a direct threat to the Prime Minister's aim of improving public services.

What we aimed to do during 2003/04

107. The Government Setting an Example Priority Programme was announced in May 2003. The key to this programme is to persuade the public sector as an employer to take responsibility for their own health and safety by instigating projects that can make a contribution to the Revitalising Health and Safety (RHS) targets. During this early period gaining the initial commitment of the public sector to the overall aims of the programme was the main priority. Due to this early work we are now well placed to assist the public sector in making a contribution to the RHS targets through the reduction of work-related ill health and sickness absence.

Progress

108. Following the development of a business case, a programme manager was appointed and a programme team established. The team includes staff from both policy group and the public services sector of the field operations division to ensure that all aspects of the public sector were covered.

109. A programme plan has been developed with key workstreams incorporating new and existing projects.

110. A Programme Board has been established to give the programme a strategic steer. The Board consists of members who are primarily experts, influencers and policy makers. The Board has met twice and now includes HM Treasury and Cabinet Office among its membership.

111. The former Minister for Work (Des Browne) considered the programme to be of such importance that he requested the establishment of a Ministerial Taskforce. The proposals for the composition and role of the Taskforce have been agreed by DWP Ministers, and target departmental Ministers have been formally invited to participate. Officials at the target departments have agreed in principle to supporting the Taskforce.

A snapshot of other activities/achievements 2003/04

Programme plan developed.

Proposals for a Ministerial Taskforce put forward to target Departments.

Discussions held with Cabinet Office and HM Treasury to promote the programme aims and encourage their support.

*Days lost per staff year in the Civil Service was 9.8[†] compared to 6.35^{††} in the private sector

[†]AON/Analysis of Sickness Absence in the Civil Service 2002

^{††}Absence and labour turnover 2003 - CBI