

Part 1

Health and Safety Commission Annual Report 2004/05

Operating and financial review

Mission: To protect people's health and safety by ensuring risks in the changing workplace are properly controlled.

Vision: To gain recognition of health and safety as a cornerstone of a civilised society, and with that achieve a record of workplace health and safety that leads the world.

1 The preamble to the *Health and Safety Commission Annual Report and the Health and Safety Commission and Executive Accounts 2004/05* includes details of the department with responsibility for HSC/E and its ministers, an analysis of the business of HSC (its aims and objectives), the Commission's duties and powers of action, and members of HSC/E.

Operating review

2 Part 1 of the Report describes the work of HSC/E during 2004/05. During this period, HSC's *Strategy for workplace health and safety in Great Britain to 2010 and beyond* (the Commission's Strategy) directed HSE's work. The *HSC Business Plan 2004/05* put the Commission's Strategy into practice.

Workplace health and safety targets

3 A feature of both documents is delivering the national targets for health and safety launched by the Government and HSC in June 2000 - the *Revitalising Health and Safety (Revitalising)* targets. DWP has adopted the *Revitalising* indicators (incidence rates of injury, ill health and working days lost), together with indicators for major hazard industries, in a new Public Service Agreement (PSA), arising from the 2004 Spending Review (SR2004). Also in 2000, the Commission, Government and other stakeholders launched a long-term strategy to improve occupational health: *Securing Health Together*.^{*} See Figure 1.

^{*} The health-related targets in *Revitalising* and additional targets by 2010 (see <http://www.ohstrategy.net>)

The Commission's Strategy

4 The *Revitalising* targets stimulated a new approach in HSC and HSE to delivering improvements in workplace health and safety, but it became clear that more had to be done to mobilise the whole health and safety system if the targets were to be achieved. The Commission's Strategy, published in February 2004, provides a clear direction for HSC, HSE, LAs and other stakeholders in the health and safety system to help realise the vision and achieve the targets. Importantly, it identifies four high-level themes HSE must address to achieve these ends:

- partnership working;
- effective health and safety management;
- focusing on core business; and
- communicating effectively.

The Business Plan

5 The Commission's Strategy informed the Business Plan for 2004/05, which set out what HSE would do in the year, alongside LA enforcement partners and other key stakeholders, to deliver the targets, the Strategy and the vision. The Plan focused on five new Strategic Programmes, which reflected the Strategy's high-level themes:

- Major Hazards;
- Health and Safety Hazards;
- Sectors;
- Local Authorities; and
- *Better Health at Work* Partnership.

6 The Plan also included details of a number of supporting activities that enable delivery of the targets and fulfil HSC/E's statutory functions.

Revitalising Health and Safety targets

By 2010 (compared to the average for 1999/2000):

- reduce the number of working days lost per 100 000 workers from work-related injury and ill health by 30%;
- reduce the incidence rate of fatalities and major injuries by 10%;
- reduce the incidence rate of cases of work-related ill health by 20%; and
- achieve half the improvements under each target by 2004 (also DWP's PSA target following the Government's Spending Review 2000).

SR2004 Public Service Agreement

By 2008, improve health and safety outcomes in Great Britain, through progressive improvement in the control of risks in the workplace. The targets are by 2008:

For **occupational health and safety** (against a 2004/05 baseline):

- to reduce the incidence rate of fatal and major injuries by 3%;
- to reduce the incidence rate of work-related ill health by 6%;
- to reduce the number of working days lost per 100 000 workers from injury or ill health by 9%.

For **major hazard industries**,* (against a 2001/02 baseline):

- a 7.5% reduction in the number of events reported by licence holders, which HSE's Nuclear Installations Inspectorate (NII) judges as having the potential to challenge a nuclear safety system;
- a 45% reduction in the number of major and significant hydrocarbon releases in the offshore oil and gas sector;
- a 15% reduction in the number of relevant RIDDOR-reportable** dangerous occurrences in the onshore sector.

Principal activities in pursuance of the aims and objectives

Programme working

7 In order to implement the Commission's Strategy, HSE started to realign its work into programmes in 2003/04, bridging both policy and operational functions. During 2004/05, we closely monitored developments with the programme structures, and saw the need to make organisational changes to ensure we are in the best position to deliver the targets and our contribution to the Commission's Strategy. We have eliminated overlapping elements, rationalised supporting programmes and reorganised and revisited how the targets are shared between component programmes. The structure to emerge, which we will now take forward, comprises:

- two Strategic Delivery Programmes (SDPs) as the main agent for delivery:
 - **Fit for work, Fit for life, Fit for tomorrow (Fit3):** largely comprising merged elements of the Health and Safety Hazards and Sector Strategic Programmes, the structure is aligned with the occupational health and safety components (injury, ill health and days lost) of the PSA target; and
 - **Major Hazards:** which focuses on HSE's work in regulating and assuring safe management of those industries where failure to manage risks to health and safety could have catastrophic effects;
- four Strategic Enabling Programmes (STEPs):
 - **Local Authorities and HSE Working Together;**
 - **Business Involvement;**
 - **Worker Involvement;** and
 - **Enforcement.**

Figure 1 National targets for health and safety

* HSE's work on rail safety is included in HSE's plans until it transfers to ORR in December 2005. Monitoring of targets for Rail during 2004/05 is described in the section *Major Hazards Strategic Delivery Programme*

** Reporting of Injuries Disease and Dangerous Occurrences Regulations 1995 (RIDDOR)

8 Each Strategic Delivery Programme continues to reflect the Strategy’s four high-level themes, but the Strategic Enabling Programmes implement each theme specifically.



Figure 2 Links between SDPs, STEPS and the Commission’s Strategy

9 The Field Operations Directorate (FOD) is HSE’s largest operational arm, and the majority of FOD’s resource is allocated to the Fit3 Strategic Delivery Programme. This targeted FOD front-line resource is one of the key interventions used to help deliver the targets. It includes both proactive and reactive work, including targeted inspections and campaigns, and responding to those incidents that meet the incident selection criteria.

10 The Enforcement STEP aims to ensure the appropriate, effective, efficient and targeted use of prosecution, Crown censure and enforcement notices in delivering the injury and ill-health targets.

11 And finally, we have recently formed a Policy Enabling Programme, which takes forward all policy work not related to these Strategic Programmes, eg application of the Government’s *Better Regulation* principles.

Supporting HSE’s programme delivery

12 HSE undertakes a range of activities that underpin and support the Strategic Programmes’ work. These can be identified under two headings:

- activities that enhance the Strategic Programmes, such as strategy and intelligence, business improvement and efficiency. Two key areas of support are communications and stakeholder engagement (key themes from the Commission’s Strategy), and science and technology;
- functions imposed upon HSC/E by the HSW Act, such as drafting and modernising legislation, and providing guidance, information and advice.

13 HSC/E manages all this work in a way that supports delivery of the Commission’s Strategy and the targets.

14 In addition, HSE manages its business (staff training and development, information technology, monitoring of business risk etc) and takes forward centrally driven initiatives such as implementing the Race Equality Scheme.

15 Inspectors enforce the law in accordance with the HSC Enforcement Policy Statement (EPS). The EPS includes criteria and procedures selected for use when investigating RIDDOR incidents and complaints. HSE’s *Health and Safety Offences and Penalties Report** provides an annual report of enforcement action.

16 The prime tool for managing corporate performance is HSE’s Balanced Scorecard, a quarterly report to HSE’s Board providing strategic oversight of delivery in a number of key areas.

Efficiency measures

17 HSE manages a co-ordinated programme of business improvements, through which it has achieved significant cash releasing and/or productivity savings over a number of

* The Report for 2004/05 will be published in the autumn

years. In 2004/05, key initiatives included reducing back-office functions and increasing front-line activities through continued streamlining of corporate support, enabled by investments in IT and more e-business. For 2005/06-2007/08, HSE has set a target to deliver £50 million worth of efficiency savings, at least half of which is to be realisable in cash. An efficiency programme has been developed, aimed at achieving this challenging target.

Governance

18 We have rationalised our governance structures. In addition to the HSE Board, HSE has established the new Resource and Delivery Group (RDG) chaired by the Director General. The RDG takes co-ordinated decisions to ensure HSE remains in a sound financial position, to direct improved business efficiency and ensure that HSE progresses towards delivery of the PSA targets.

Working with DWP

19 HSE will work with DWP to support its five-year strategy, including contributing to DWP's approaches to helping people with health conditions and disabilities to engage with the labour market. Particular areas of our work that contribute to this include:

- preventative work (inspections, publicity campaigns etc) to improve risk management, prevent work-related injury and ill health, and stop people from leaving the labour market for long periods of time;
- encouraging and supporting employers to play a bigger role in managing sickness absence and return to work for their employees who are in poorer health; and
- from early 2006, Workplace Health Direct - a pilot service delivering occupational health, safety and return to work support to SMEs.

20 We will also work with DWP on rehabilitation, including DWP's development of the Framework for Vocational Rehabilitation, and review of incapacity benefit and statutory sick pay.

Delivery 2004/05

General overview

The Commission's Strategy for workplace health and safety in Great Britain to 2010 and beyond

21 Achievements over the last year have helped us to position ourselves to deliver the targets:

- ministers and members of the Commission and Executive have done much to promote the Strategy;
- based on the direction given in the Strategy, HSE has introduced fundamental changes to its delivery mechanisms, such as its planning systems and working methods;
- the nine key early deliverables outlined in the Strategy have all been met by the due date;

- the themes in the Strategy have determined outputs such as Workplace Health Direct - a pilot service delivering occupational health, safety and return to work support to SMEs, through an Adviceline and a number of regional partnerships providing an on-site problem solving service; and
- the creation of a Communications Directorate designed to increase impact through a more strategic approach to communications.

Strategic Delivery Programmes

Fit for work, Fit for life, Fit for tomorrow (Fit3)

22 Re-structuring the Strategic Programmes to form Fit3 provides us with a clearer line of sight through the required contributions of the programmes to the three parts of the PSA target. Modelling work is helping to provide greater rigour in the selection of programme content for the coming years and our planned evaluation work should provide early indications of our progress towards delivery. At present, the available statistics provide mixed messages.

23 We continue to make good progress with our planned activities including development of new law, standards and guidance, and targeted interventions including stakeholder engagement, inspection and enforcement.

Major Hazards

24 Three elements of the major hazards targets (offshore, onshore and nuclear) remain on track to deliver the targets. The rail indicator is the subject of further work to establish a more reliable and meaningful indicator and to achieve industry commitment to delivery. Examples of key day-to-day activities in the four sectors are given in paragraphs 125-214.

Strategic Enabling Programmes

Local Authorities and HSE Working Together

25 Good progress has been made in the first year of the Programme, which was established to deliver the Commission's Strategy in respect of the new partnership between HSE and local government. The first step was to develop a joint approach to setting up and delivering the Programme, with Local Authorities Coordinators of Regulatory Services (LACoRS) as a practical means for representing local government at the heart of the Programme. Building on that, a Statement of Intent was agreed between HSC/E and LA representative bodies and a 'best practice' guide was published exemplifying the new partnership. These first steps have been warmly welcomed by local government, but all involved recognise there remain some significant challenges in moving from plans and intentions to making the partnership a working reality.

Business Involvement

26 HSC/E can report considerable progress during the course of the year in taking forward measures to promote and encourage awareness of the importance of greater

corporate responsibility for health and safety, and the business and social benefits this approach brings.

Worker Involvement

27 HSE has been working with stakeholders to devise a programme of activities to deliver HSC's *Collective Declaration on Worker Involvement* (published in March 2004). In February 2005, the Commission approved the programme in principle. The intention is to create a climate for effective dialogue between employers and workers, in the belief that this will lead to an ever more constructive partnership between employers and workers in health and safety matters.

Enforcement

28 The programme will look at ways that formal enforcement activities help support reduction of injuries, cases of ill health and time lost caused by work, focus on those who show a reckless disregard for health and safety requirements, share lessons learnt from investigations and gain widespread recognition for the role of enforcement in supporting sensible standards of health and safety. High-level plans are currently being considered.

Supporting HSE's programme delivery

Policy

29 HSC/E aims to be a leading performer in applying the Government's *Better Regulation* principles. Both HSC and HSE have followed such principles since the early 1990s. They are embedded in policy-making and enforcement, and underpin the Commission's Strategy. Indicators of *Better Regulation* performance for the year are provided.

Communications

30 During the year, HSE has built up and reorganised its communications capacity to achieve some fundamental changes: a shift from reactive and tactical initiatives to strategic communication, and from providing information to changing behaviour.

Science

31 The Government's Chief Scientific Advisor is currently undertaking a review of HSE's science, covering all activities from horizon scanning for future issues to maintenance of existing scientific expertise. HSE has conducted a self-assessment based on the ten review criteria, which will be published as an annex to the external review. A new HSC science strategy, *Gathering Evidence; Developing Understanding; Identifying Solutions*, has been produced, which describes how HSE will apply its science resources to help deliver the Commission's Strategy. The new HSE *Science and Research Outlook* website was launched in October 2004.

Managing the organisation

32 This section includes information on a wide range of

management and business issues including business improvement, diversity, green housekeeping and business risk. On business improvement, the outturn results show that HSE achieved savings valued at over £11.6 million. On diversity, HSE has largely met its targets.

Health and safety in HSE

33 The challenging and ambitious targets HSE set itself for 2004/05 were not met, although the baseline (of reports from 2003/04) was a year of good health and safety performance. In recognition of the emerging shortfall, an emergency meeting of the Corporate Health and Safety Committee was held and a new plan has been developed, focusing on areas where improvements are possible.

Balanced scorecard

34 The balanced scorecard takes account of four perspectives or business areas: *Delivering the Mission*, *Managing Resources*, *Continuous Improvement*, and *Reputation*. Full details of each quarter's outturns are available on the HSE website at: <http://www.hse.gov.uk>. Attached at Annex 1 is a snapshot of the element *Delivering planned work* (from *Delivering the Mission*), adapted for the purposes of the Report. It contains outturns from HSE's Operational Directorates. Progress against plans was well achieved; robust action was taken in the one shortfall in quarter 1 (complaints investigated by HM Railway Inspectorate (HMRI)) which rectified the problem.

Legislative timetable

35 Annex 2 contains full details of European and domestic legislative projects planned for the reporting year and an up-to-date report on the position at the end of the year. During 2004, HSC/E reviewed its legislative programme, reshaping it in the light of new priorities, *Better Regulation* principles and the availability of resources. Sixteen proposals were stopped and a further eight were put on hold pending consideration of alternatives to legislation.

Revitalising targets

36 Progress against the mid-point of the *Revitalising* targets will be reported in autumn 2005 in HSC's *Health and Safety Statistics Highlights 2004/05*. Progress to 2003/04 was published in the *Health and Safety Statistics Highlights 2003/04*: <http://www.hse.gov.uk/statistics/overall/hssh0304.pdf>. A synopsis of progress at that stage reported:

- **fatal and major injuries:** there is a mixed picture but no clear evidence of overall progress since the base year in the incidence rate of fatalities and major injuries;
- **working days lost:** the data for 2003/04 shows no statistically significant progress since 2000-02, the closest available to the base year; and
- **work-related ill health:** there is no clear evidence of net progress since the base year with the incidence rate of work-related ill health.

37 However, the latest data does show a fall in the incidence rate of musculoskeletal disorders (MSDs) since 1999/2000 and a levelling off in the earlier rise in work-related stress. These are the two largest causes of ill health and days lost, offering some encouragement that the results of the actions HSE has initiated are beginning to show through in the figures. A further assessment will be made when new data is available in autumn 2005.

Securing Health Together targets

38 Achieving the targets remains an objective. The Commission's Strategy stressed the need to do more to tackle the new and emerging health issues. Work following the publication of *Securing Health Together* targets looked at ways of encouraging more companies to use occupational health support. This work developed a model for provision of health, safety and return-to-work support to small and medium-sized companies. The model will be tested as Workplace Health Direct, a number of partnership-based regional pilots, over the next three years. This is in line with other work to provide advice free from fear of enforcement. Programmes to tackle stress-related ill health and back and limb problems, the largest causes of work-related absence, are being increased. Where possible, these activities have a clear evidence base, with programmes designed to encourage continuous improvement, not just to meet legal requirements.

Financial review

39 In 2004/05, HSE's administrative expenditure was very close to planned levels, although a degree of uncertainty arising from delay in confirming our SR2004 settlement impeded investment in forward plans. The strategy for expenditure on Programmes continued to be to build up underspend to ensure resources could be targeted to best effect in support of the emerging delivery programme (described in earlier paragraphs).

40 The Treasury's Spending Review 2004 was a tough process for all government departments. HSC/E argued strongly for the resources to implement the Commission's Strategy. It is an indication of the level of support from our parent department (DWP) and ministers that HSC/E achieved a settlement for 2005-08 that is better than simply rolling forward budgets at the same cash level. This will enable HSE to shift resource behind our key delivery programmes.

41 HSC's settlement provides the confidence to plan recruitment for the SR2004 period. Significant retirement is anticipated over the next three years. HSE will recruit to replace those skills that would otherwise be lost and to bring in the new skills necessary to deliver our Strategic Programmes.

42 The allocation of resources in 2005/06 reflects a continuing drive to reduce spend on corporate support and redirect resources into work directly contributing to delivery.

43 There is also a conscious plan to front load expenditure such that Year 1 (2005/06) has relatively greater spend. This is due to the need to make additional investment quickly to support delivery of the PSA. A review will be carried out during 2005 to assess the extent to which resources might need to be rebalanced into the allocations for 2006/07 and 2007/08. That review will take account of the latest versions of the Strategic Programme plans to provide the RDG (see paragraph 18) with the latest information on likely resource requirements in future years.

44 The external advisor's report on the scope of HSE's charging regime is still being evaluated.

45 Details of HSE involvement in Private Finance Initiatives (PFIs) are in paragraph 7 of the 2004/05 Accounts Foreword, Note 20 of the Accounts, and paragraphs 316-317 of the Annual Report. The Health and Safety Laboratory (HSL) PFI has concluded and is reflected in Note 14 of its 2004/05 Accounts.

Further information

46 In addition to publishing this report as a printed document, you can also find it on the HSE website. The website addresses for main publications and information are given throughout this report. More comprehensive information on publications and reports referred to can be found on the HSE Books website (<http://www.hsebooks.co.uk>). HSC/E also provides a contribution to the DWP's Departmental Annual Report. When it is published later in the year, the Departmental Report 2005 can be found at: <http://www.dwp.gov.uk>.

47 The HSE website also contains up-to-date information and advice on health and safety issues including the latest statistical information (<http://www.hse.gov.uk/statistics>). Advice can also be sought via HSE's Infoline - Telephone: 0845 345 0055, Textphone: 0845 408 9577, email: hseinformationservices@natbrit.com. Infoline staff can answer general enquiries and tell you about our publications.

HSC's Strategy for workplace health and safety in Great Britain to 2010 and beyond: One year on

The Commission's Strategy

48 In February 2004, HSC with the Minister for Work launched the *Strategy for workplace health and safety in Great Britain to 2010 and beyond* (<http://www.hse.gov.uk/aboutus/hsc/strategy.htm>). In March 2005, HSC delivered a report to the Minister for Work describing progress made with the Strategy in the year following its launch. The report, entitled *Workplace Strategy: Moving to Delivery*, can be found at: <http://www.hse.gov.uk/aboutus/plans/hscplans/janekennedy.pdf>.

49 The Commission's Strategy contains four high-level themes:

- developing closer partnerships;
- helping people benefit from effective health and safety management;
- focusing on core business by being clear about priorities; and
- communicating effectively.

50 The genesis of the Strategy was recognition that the setting of targets for improved national health and safety performance would not in itself deliver results: strategic direction, supported by different delivery methods, was also necessary.

51 During the last year, ministers and members of the Commission and Executive have done much to promote the Strategy, using speaking opportunities to explain the key ideas, in presenting evidence to the Work and Pensions Select Committee and in other ways. The effort expended in its promotion has created impact. For instance, it has clearly been influential in shaping the thinking of Philip Hampton's review of regulatory inspection and enforcement, whose report *Reducing administrative burdens: effective inspection and enforcement* (<http://www.hm-treasury.gov.uk/hampton>) was published on 16 March 2005.

52 The Strategy underpins a process of setting priorities and directing resources to areas where they can be most effective. The last year has seen numerous examples where the themes in the Strategy have directly determined outputs, a few of which are:

- **Workplace Health Direct:** a pilot service delivering occupational health, safety and return to work support to SMEs through an Adviceline and a number of regional partnerships providing an on-site problem-solving service.

- **Government Setting an Example:** a programme of work set up to improve health and safety management in the public sector, and to use Government's influence as funder, procurer and standard setter, and overseen by a Ministerial Task Force. This is now part of a wider 'Public Services Programme'.
- **Providing accessible advice and support:** HSE published a statement in September 2004 describing four strands of work for improving the advice and support available, especially to small businesses, free from fear of enforcement (<http://www.hse.gov.uk/aboutus/plans/index.htm>).
- **Interventions strategy:** this was subject to a consultation document *Regulation and recognition: Towards good performance in health and safety*. Analysis of responses will lead to further developments in how HSE and LAs target their interventions, which will be openly communicated.
- **Communicating effectively:** a directorate has been created to increase impact through a more strategic approach to communications, and to present a clear picture of HSE's role and focus.

53 The Strategy document also outlined nine key early deliverables, designed as easily recognisable outputs, and these have all been met by the due date.

54 In responding to the challenge of the Strategy, HSE has introduced fundamental changes to its delivery mechanisms, especially its working methods. HSE has developed two Strategic Delivery Programmes, one focusing on injury and ill-health reduction (Fit3), the other on major hazard industries. Four Strategic Enabling Programmes, covering partnership with local authorities, worker involvement, business involvement and enforcement, support these. Complementing this, HSC has established a science strategy to direct the way in which its science and technology resources will be targeted. HSE is also developing a workforce strategy to ensure that it has the right people in the right place with the right skills.

55 In summary, HSC/E has restructured and refocused, and is now positioned to deliver its targets.

Strategic Delivery Programmes

Fit for work, Fit for life, Fit for tomorrow (Fit3) Strategic Delivery Programme

Overview

56 During 2004/05 we have developed a new Strategic Delivery Programme that encompasses and builds on work initiated in both the Hazards and Sector Strategic Programmes, and the former *Better Health at Work* Partnership Programme. This new Strategic Programme will run from 1 April 2005 for three years.

57 By aligning programme activity to the three occupational health and safety elements of the PSA (also the *Revitalising* indicators) and making organisational changes to support programme working, the new Strategic Programme is better placed to deliver the targets. This structure allows us to apply the principles of programme management more effectively. In line with the Commission's Strategy, we will put more resource into activity that has the greatest potential impact on the targets, while scaling back lower impact work.

58 The target to reduce days lost due to injury and ill health continues to be a real challenge. To meet it, our analysis shows that we must focus on:

- engaging the public service sector to tackle issues such as stress and MSDs; and

- helping organisations to implement systems for managing sickness absence and return to work.

59 During the last year, we have developed a number of tools to help organisations. We are now designing new interventions to take this work forward in line with the Commission's Strategy - particularly working in partnership with others, including DWP and DoH. We will need to develop new skills and expertise in our programme delivery teams to support these innovative approaches.

60 We have had some major successes in the last 12 months:

- securing political commitment to action in the public sector through the Ministerial Task Force review of managing sickness absence, and endorsement of the Task Force's delivery plan;
- agreeing guidelines for detecting and managing asthma - partner organisations all now have links on their websites to the detection/management guidelines for GPs, practice nurses and occupational physicians;
- running Safety and Health Awareness Days (SHADs) and the Working Well Together (WWT) Roadshow. The response from our construction stakeholders to these events has exceeded expectations. Take-up of the Construction Skills Certification Scheme (CSCS) has been in excess of targets;
- testing the provision of occupational health, safety

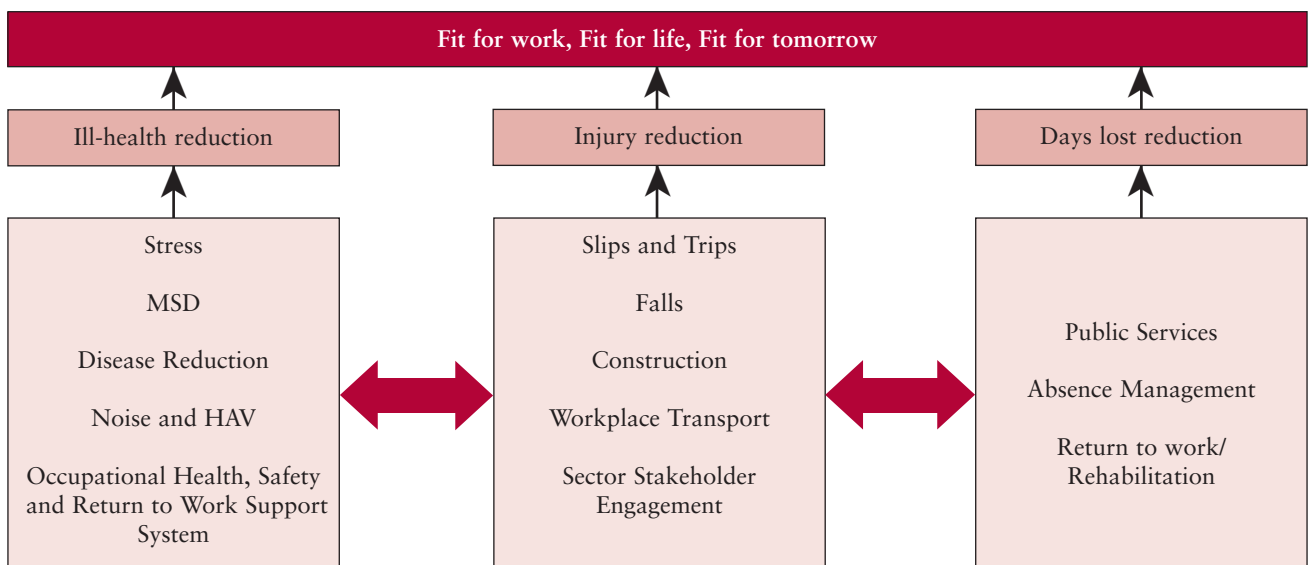


Figure 3 The Fit3 structure

and return-to-work advice and support, including a national advice line independent of HSE, through the Workplace Health Direct pilots;

- launching the stress management standards after widespread consultation and work with stakeholder groups;
- publishing guidance on managing sickness absence and return to work that gained DWP acclaim;
- working with the Institute of Occupational Medicine (IOM) to develop the Sickness Absence Recording Tool;
- launching new user-friendly assessment tools to help assess and manage slips and trips, manual handling, and risk in agriculture;
- introducing new legislation aimed at reducing the risks arising from work at height and vibration;
- focusing work of our front-line staff on key programme areas.

Ill-health reduction

61 This year has been a challenging one. The nature of the programme block has changed from one working to influence people to make more use of occupational health support, to one with a much harder focus on delivering targets for improved health. Stress and MSDs have been the main causes of ill health in the workplace for some years. New analytical work has shown us the scale of activity we need to generate to meet the targets. Workplace Health Direct is a new venture for HSE. It means we need to develop new skills and an effective evaluation process. Working with partners will be crucial to meet the huge challenges we face in achieving the impact we want in all these areas.

62 In conjunction with the Disease Reduction Programme, the Better Health at Work team is striving to reduce the incidence of ill health caused by work by 2008. To achieve this reduction we are focusing on two main areas: stress and MSDs. We have made good progress - the latest statistics for 2003/04 show a fall in the incidence rate of MSDs since 1999/2000 and a levelling off in the earlier rise in work-related stress (the two largest causes of ill health and days lost).

63 Over the last year we have paid particular attention to communicating and engaging with stakeholders and potential partners: key themes in the Commission's Strategy.

Stress Programme

64 In 2004/05 we planned to reduce the incidence of ill health caused by stress through a number of programmes:

- developing management standards and supporting guidance for stress;
- encouraging employers to follow existing guidance in assessing the risk in their workplace in conjunction with their employees; and
- encouraging stakeholders to share their knowledge and form networks.

65 The Stress Programme has made significant progress

this year. We carried out a consultation exercise on the stress management standards, targeting sectors with high rates of stress and using mainly electronic methods (through the website and distributing a CD-ROM). The standards were launched in November, and were well received by our stakeholders. We are now ready to target the sectors where we need to have most impact.

66 The Programme has engaged key stakeholders throughout the year. This included exploring the issues with human resource managers and a TUC representative, which informed the development of the Stress Management Standards. We have also helped to target the public sector through work with the Public Services Programme.

67 The website has continued to be an effective means of communicating, with up to 15 000 contacts registering per month. We have established an online community to facilitate information exchange, with around 500 people subscribing to this service so far.

68 HSE continues to work in close partnership with Hertfordshire County Council to implement the Stress Management Standards. Between September and December 2004, 13 focus groups were held, involving staff from across the Council's Schools and Families Department (with the exception of field social workers). The findings, when combined with the results from the HSE analysis tool, have provided a useful basis from which to develop effective stress interventions.

Musculoskeletal Disorders Programme

69 Work-related MSDs are the most common type of occupational illness, accounting for over a third of all the working days lost due to work-related illness.

70 The latest statistics show that there has been a fall in the incidence of MSDs. However there has also been an increase in injuries involving handling, lifting, and carrying. These topics will be the subject of the HSE *Backs!* campaign, which will take place in June/July 2005.

71 In 2004/05, we aimed to reduce the incidence and number of working days lost by:

- training stakeholders through Safety and Health Awareness Days;
- commissioning research to provide scientific evidence supporting the benefits of successful management of MSDs;
- communicating, including producing guidance, and undertaking further work to update the *Manual Handling Assessment Chart* (MAC) tool website. The MSD website has been successful this year with a significant increase in hits. In addition, we have published and distributed the lifting aids leaflet widely;
- promoting interventions, including a targeted inspection programme and investigating where

necessary. This work included training HSE and LA inspectors.

72 An HSE visit identified that a company's management of manual handling risks was poor. The company used HSE's MAC tool to carry out manual handling risk assessments for three sample tasks: heaviest load; most frequent load; and most awkward load. Far-reaching changes resulted: cell manufacturing was adopted and stores were delivered straight to the cells where they were required. All stores throughout the factory are now on colour-coded shelves with 20 kg items only stored at waist height, lighter items stored at knee and chest height and the lightest items at floor and head height. Incoming stores are colour-coded as they arrive and tabbed with coloured tape or decanted into bins at the appropriate height. The overall improvement in efficiency (because of time and motion savings driven by MAC tool results) was approximately 30% and the MAC tool philosophy is now being rolled out in the company's European factories with massive potential savings.

Disease Reduction Programme

73 The Disease Reduction Programme plans to achieve a 3% reduction in the incidence of occupational ill health caused by chemicals. We have undergone a period of change in the last year and emerged with a better-targeted programme. We hope to achieve this target through reductions in skin disease and occupational asthma, with contributions from long-latency diseases flowing to contribute to the next set of (post-2008) targets.

74 Our communication work this year has included:

- publishing new guidelines (aimed at GPs and practice nurses) on detecting and managing occupational asthma;
- launching the UK *Asthma at Work* charter at the TUC, which HSE worked on with other key stakeholders;
- hosting successful external workshops to look at occupational respiratory disease and carcinogens.

75 We have actively engaged key stakeholders throughout the year, including GPs, LAs, leading academics, trade unions (TUs) and industry groups.

76 Throughout the year, the programme's work has included:

- developing a new project aimed at reducing skin disease in the hairdressing sector;
- raising awareness of the new duty to manage asbestos, by means of a campaign that included the launch of a successful new video/DVD *How are you managing?*;

- proposing to consult on a new occupational exposure limit for respirable crystalline silica, which the Advisory Committee on Toxic Substances approved;
- developing *COSHH-essentials* further (<http://www.coshh-essentials.org.uk>);
- piloting asthma SHADs, aimed at motor vehicle repair body shops that use isocyanate-based paints. We will roll these events out fully in 2005/06;
- publishing new guidelines on detecting and managing occupational asthma.

Noise and Vibration Programme

77 We set out to eliminate disabling levels of ill health caused by noise at work (by 2030) and hand-arm vibration (HAV) (by 2015) by:

- addressing manufacturers/suppliers to reduce emissions at source;
- encouraging employers to take optimum cost-effective measures to reduce exposure;
- engaging workers to recognise risk and take appropriate preventive action.

78 A package of new regulations and guidance, implementing European Directives on noise and vibration, will inform and support this work.

79 At this early stage in the process, we are focusing on developing, publishing and publicising the new regulations and guidance. Following widespread consultation, the vibration package has now been approved and we expect the Vibration Regulations will come into force on 6 July 2005. The guidance is well developed and we expect to launch and publicise both packages around the European Week for Safety and Health in October. HSC is due to consider the results of consultation on the proposed Noise Regulations in April 2005.

80 A masonry company had reported several cases of HAV ill health. Measurements showed that exposure was above the recommended levels. The involvement of HSE staff led to actions by the company, including a revised HAVs assessment, reviewed procedures by their occupational health physician, and the planned purchase of a 3-axis CNC router to help alleviate the problem. In addition, a design change in the air hammers (supplied from Italy) will help. The company is in the Stonemasons Federation and plans to share information on their improvements with other members.

Occupational Health, Safety and Return to Work Support Programme

81 In 2002/03, 33 million days were lost to occupational ill health. HSE is committed to reducing the incidence of work-related ill health by 6% and the number of working days lost per 100 000 workers by 9%, based on figures from 2004/05.

82 This programme of initiatives will improve occupational health, safety and return to work support, reducing the number of people who take time off work due to work-related ill health and get those who do take time off back into work as quickly as possible.

83 This year has seen the launch of *Constructing Better Health*, an industry-led pilot scheme for construction workers in Leicestershire, and the *Better Health at Work* project led by Kirklees Metropolitan Authority in partnership with local NHS trusts and Jobcentre Plus.

84 Building on this experience, we will launch Workplace Health Direct in early 2006. The service will comprise an Adviceline and a number of regional pilots delivered through innovative partnerships, as announced by ministers in February 2005. The plan is to develop a national service if the pilots are successful. Workplace Health Direct will:

- provide an on-site problem-solving service for SMEs;
- give advice and support to both employers and workers; and
- identify the need for further specialist support.

85 In October 2004 the Minister for Work launched a package of good practice guidance, including new web pages, with the Government's *Framework for Vocational Rehabilitation*. The Institute of Occupational Medicine, on behalf of HSE, has developed a sickness absence recording tool that will help smaller employers measure sickness absence and better manage the health of their staff. We have worked with the TUC on a guide for trade union representatives on return to work that will be published in summer 2005.

Injury reduction

86 This programme block embraces the former Hazards Programmes of slips and trips, falls from height, and workplace transport, in addition to sector engagement work in agriculture, manufacturing, commercial and consumer services, transportation and utilities that was formerly part of the Sector Strategic Programme. This year we have developed the Injury Reduction Programme Block significantly to bring together interlinked projects and intervention work. Modelling of our planned interventions will help us to target our efforts to achieve maximum impact. Much of our project work has delivered encouraging results over the last year (see paragraphs 87-116) - and the most effective elements will be carried forward into future years.

Cross-cutting injury activity

87 A major joint enforcement project targeted transport, distribution and warehousing, concentrating on the key priority hazards of workplace transport, MSDs, falls from height and slips and trips. Joint visiting by HSE and local authority staff resulted in a total of 20 prohibition and improvement notices being served. Working in partnership in this way allowed the

whole range of an organisation's activities to be dealt with together. In addition, the enforcing authorities involved have a much better understanding of each other's roles, expertise and priorities. The improved co-operation continues.

Slips and Trips Programme

88 The latest statistics show that slips and trips remain the most common cause of occupational major injuries. Slipping and tripping incidents account for 37% of reported employee major injuries and must be tackled to provide cost-effective safety management.

89 We worked to reduce the number of workers injured by slips and trips by:

- training and supporting HSE and local authority inspectors;
- working with key stakeholders to promote awareness of and action on slips and trips issues. This included explaining to duty holders why and how to prevent slips and trips, and encouraging employers to reduce the risk;
- commissioning and undertaking research to identify causal factors, trends and slip-resistance measurement techniques.

90 This year we have emphasised partnerships, and worked with sectors where there are high numbers of slips and trips accidents, in line with the HSC Communication Strategy.

91 As well as working closely with our local authority partners, we have successfully engaged with stakeholders including the insurance industry, property management companies, contract cleaning industry, architects, footwear suppliers, DTI, and leading health and safety organisations. Through these stakeholders we continue to influence employers.

92 Joint ventures with other organisations included a public launch of the Slips Assessment Tool, key presentations and exhibition stands and work to influence risk management. There has also been positive coverage in the press. We have developed a communication plan to ensure key messages achieve maximum impact.

93 Local incident information on slips identified school catering as a key risk area. Investigations showed a number of significant and high-risk situations in dining areas rather than kitchens because of the use of linoleum and polished wooden flooring, together with wetness being brought from outside, spillages and children's footwear. The council agreed to take immediate steps to improve the flooring, control spillages better and prevent wet floors. In addition, they started a county-wide campaign to reinforce the precautions in reducing slip risks.

Falls from Height Programme

94 We aim to reduce the incidence of injury caused by falls from height by:

- implementing the Work at Height Regulations 2005;
- piloting sector-based approaches and working closely with relevant stakeholders;
- developing guidance on the use of work equipment and safe working methods, where work at height cannot be avoided;
- carrying out a targeted inspection programme, and investigating where necessary.

95 Throughout the year we have made significant progress in each of these areas.

96 In line with the Commission's Strategy, a lot of work has gone into targeting topics where we will be able to have most effect. We have achieved this through piloting sector-based approaches and a targeted inspection campaign, eg developing a Toolbox Talk aimed at maintenance and electrical fitters and how they use ladders and stepladders.

97 We have also made progress with implementing the Work at Height Regulations. Two consultations took place on the Regulations, including one specifically on the 2 m rule for the construction industry. This process included meeting and engaging with key stakeholders. The Regulations came into force on 6 April 2005.

98 Communication has been an important aspect of the programme's work, including guidance on safe working methods where work at height cannot be avoided. We have also seen a steady rise in hits on the website.

99 A UPVC window installer fell from a ladder and broke both legs. The cost of providing safe access to difficult windows (eg above fragile roofs and conservatories) was not considered when tendering for work, resulting in pressure to cut corners to bring the job in on price. An Improvement Notice was issued and surveyors are now trained and required to assess risks when tendering. The window systems have been redesigned, so that they are lighter and most work can be done from inside the building. Ladders have been replaced by lightweight access platforms, which can reach over fragile roofs and conservatories.

Construction Programme

100 The construction industry is perhaps the last remaining heavy industry of any size in Great Britain. It is also one of the largest, employing up to two million people and contributing some 8-10% to the Gross Domestic Product (GDP) through an output of some £84 billion. It has a fatal-injury rate of over five times the UK all-industry average and is the cause of the largest number of worker fatalities of any sector. Construction's record on ill health is poor, especially in relation to MSDs, noise, HAVs, asbestos-related disease, cement dermatitis etc.

101 All but a few of the employing organisations are SMEs and micros (self-employed and small employers). This creates significant challenges for a regulator with finite front-line resources and puts at a premium the resourcing of other means of communicating key industry improvement messages. Added to this, we need to achieve cultural change in the deeply embedded attitudes of the construction industry to its workers in order to deliver real progress.

102 The Construction Programme will shortly be entering its fourth year. In 2004/05 we planned and delivered on the following work with the aim of reducing the incidence of injuries and ill health in the industry by:

- organising a high-level summit under the theme *Ownership, Leadership and Partnership*, where more than 200 senior executives and union representatives committed to further action to improve the industry's health and safety performance. The event was supported by the attendance of the Minister of State for Work and the Minister for Construction, Small Business and Enterprise;
- taking forward co-ordinated interventions with larger construction companies at board level and intervening early on large projects with clients, designers and contractors;
- carrying out targeted inspection programmes on the principal causes of accidents and ill health. These included nationwide blitzes focusing on key health hazards in the industry (*Healthy Handling*) and key safety issues (*FaTaLs* - falls, transport and lifting);
- revising the Construction (Design and Management) Regulations 1994, associated ACOP and guidance;
- working with partners in the industry to deliver SHADs for small businesses;
- taking forward health initiatives through the supply chain. Our work with manufacturers, suppliers, clients and contractors led to the adoption of new standards for the mechanical handling of kerbs;
- in conjunction with industry partners, developing a tool for managing occupational health;
- working with stakeholders to deliver safety initiatives to address significant issues, such as short duration work at height, lifting operations, site traffic management and road works;
- investigating fatal and serious accidents.

103 The National Audit Office (NAO) completed its review of HSE's work in regulating the construction industry. The NAO's report, and a subsequent report prepared by the Public Accounts Committee, were supportive of HSE's Construction Programme.

104 There are encouraging signs of progress within the industry towards delivering the Construction Programme target (the rate of fatal accidents in construction is now 25% lower than 1999/2000, the rate for reported major injuries is 15% lower and the rate for reported over-three day-accidents is 25% lower).

105 A volume house builder set up a system to develop traffic management plans including changing

the build order with temporary haul roads to ensure one-way systems and segregation. The traffic management system now forms part of the initial meetings with the site layout designers and the sales department.

Workplace Transport Programme

106 We aim to reduce the incidence of injury caused by workplace transport by:

- developing management standards for workplace transport use;
- influencing the safe design, manufacture and use of workplace vehicles;
- developing guidance, including that on 'safe site' inspection for inspectors; and
- commissioning targeted research.

107 Communication is the key to delivering this programme and this year we have:

- raised our profile by placing material in a number of trade and professional magazines and running a local press and radio campaign;
- engaged stakeholders in the private and public sectors;
- worked in Europe to share material and discuss approaches to driver- and vehicle-related issues.

108 We have made good progress with developing new ways of getting information across to particular audiences this year. Two new products will be launched in April 2005:

- a web-based interactive toolkit for small businesses;
- a web discussion forum (in partnership with the Freight Transport Association).

109 A two-week transport revitalising initiative, comprising a major inspection and awareness-raising programme, with HSE, Kent Police and all 13 local authorities in Kent and Medway working together. The aims of the initiative were to tackle the food chain in Kent and specifically to promote the message of *Safe driver, Safe vehicle, Safe site*; raise awareness of workplace transport safety and reduce workplace transport risks; and create a partnership between HSE, local authorities and the police. Outcomes included companies reducing transport risks by segregating vehicles and pedestrians; reducing reversing; reassessing risks; implementing monitoring arrangements; training drivers and providing information for drivers and others. One visit resulted in a national supermarket chain rolling out risk reduction measures to 265 stores, impacting on 122 000 employees and their contractors. In addition, 108 Notices were issued and over 50 dangerous vehicles taken off the road. Media coverage reached an estimated 1.5 million people.

Sector stakeholder engagement

110 *Manufacturing* Manufacturing industry in Great Britain accounts for around 20% of all reported injuries and cases of ill health. The sector has seen a further small decline in the number of workers directly employed, although the figure is still over 3.5 million, with a similar number of jobs in contracted services which are directly dependent on manufacturing. Industries such as metal fabrication, basic metal production, recycling of material, woodworking and quarrying still have significant rates of fatal and major injury. Rates of ill health, notably asthma, dermatitis and noise-induced deafness, are consistently higher in manufacturing than other industry sectors. The main challenge is to engage with those stakeholders who contribute disproportionately to injury and ill-health statistics and to secure commitment to targeted reductions in injury and ill health. We also need to tackle the rising accident trends in the waste and recycling industries.

111 HSE's Manufacturing Sector is working to improve performance by:

- setting clear targets for improvement with the poorest performing industries;
- supporting key intermediaries to lead within their industries;
- negotiating better ways of working with industry;
- developing and publishing standards and guidance;
- supporting HSE and LA inspectors;
- encouraging partnership initiatives to support the attainment of targets set out in the *Revitalising* agenda.

112 A *Revitalising* network has been created, which is engaging with leading health and safety players from the various industries that make up manufacturing. This is acting as a best-practice showcase and benchmarking group using practical case studies to demonstrate that good health and safety also makes business sense. A virtual community site, regular seminars and themed conferences facilitate sharing information.

113 *Commercial and consumer services, transportation and utilities* This group of industries accounts for 13 million employees working across a diverse range of work activities in Great Britain. Our work builds on experience in previous years and includes:

- supporting key duty holders to develop strategies for sustainable improvements in performance. For example, the ongoing intervention with Royal Mail has led to a significant reduction in their overall accident rate since 2000/01;
- developing partnerships that do not rely on regulatory enforcement to deliver improvements. Recent work in health and safety in design at Heathrow Terminal 5 is a key example of this approach, and was submitted for consideration for a national Government award;

- targeting key industry groups to support the reduction of injury and ill-health levels;
- supporting local authority inspectors in LA-enforced sectors.

114 Bus-operator audits showed that most operators were aware of the Department for Transport's (DfT's) guidance on violence in *Protecting Bus and Coach Crews*. A minority had already taken action to reduce the risk of violence. Operators in urban areas encountered a much higher risk of assaults than those in semi-rural areas. This difference in risk has led to different control strategies, but strategies include improved physical protection, such as assault screens, as well as CCTV, fare safes and emergency radios. Some operators are working closely with the police and even experimenting with DNA spit kits and global positioning system (GPS) tracking devices. All operators are training drivers in aggression diffusion techniques.

115 *Agriculture* Planned delivery 2004/05:

- progressive engagement with stakeholders who can influence industry, including rural forums, banking, insurance, education/training sectors, retail supply chain and social partners;
- work with the Qualifications and Curriculum Authority (QCA) and a number of national land-based training organisations and awarding bodies to develop vocational (and other) qualifications on managing occupational health and safety;
- provision of targeted information, advice and guidance, including free interactive *Farm self-assessment* software. The software, widely distributed through trade press and available from the HSE website, was well received by industry. It helps farmers carry out their own risk assessments, has raised levels of health and safety awareness and is being trialled in the fresh produce retail supply chain;
- stimulating action among self-employed, family and small farms through SHADs and local farmers' group inspection events;
- influencing safety through design, eg involvement in standards, engaging with manufacturers and importers of machinery;
- promoting the development of occupational health and rehabilitation provision and encouraging take-up by the farming community;
- continuing work on child safety in agriculture;
- work with users and providers of casual and temporary labour (including migrant workers) in agriculture and the fresh produce sectors; in particular, co-operation with the local Sea Fisheries Committees in England and Wales to promote guidelines for safe working in estuaries and tidal areas developed out of the investigation of the tragic deaths of 21 Chinese migrant workers in Morecambe Bay in February 2004.

116 Through a variety of different local agricultural partners, we developed a more targeted approach to small-farm problems. We developed mini-Safety Awareness Days (SADs) based on a single farm to which neighbours are invited. Less resource-intensive than traditional agricultural SADs, they proved to be a flexible, popular and cost-effective method of intervention. Simultaneously, we developed a more co-ordinated approach to the preparation of health and safety-related articles for local media and trade press focusing on specific activities, eg harvest, as a more effective way of targeting and amplifying the impact of the mini-SADs. We have also developed direction, guidance and training for health and safety awareness officers (HSAOs) newly allocated to FOD's Operational Field Management Units responsible for agriculture.

Days lost reduction

117 We aim to:

- improve health and safety management in government departments to reduce injury, ill health and sickness absence;
- reduce the number of workers injured or made ill in the health services.

118 Both programmes aim to achieve these goals by:

- influencing through key stakeholders including other regulators;
- agreeing targets for delivery;
- improving management systems; and
- ensuring compliance through targeted inspection and investigation where necessary.

Public Services Programme

119 *Central government* Delivering the joint Task Force/Cabinet Office report on *Managing sickness absence in the public sector* to the Chancellor (and publishing it on 8 December 2004) was a significant achievement this year for the programme and for HSE. The report is enabling strong links to be made with the wider efficiency and public sector reform agendas by stressing the benefits to delivery of having a fit and healthy workforce at work rather than off sick - without which the impact of HSE on its own would be limited. These links give us a powerful top-level driver, which applies across the public sector - the key objective of the programme during 2004.

120 Early in 2005 we produced the Task Force Delivery Plan and continued to forge alliances with our stakeholders by:

- agreeing to pilot innovative approaches to sickness-absence management with other departments, including DWP, Inland Revenue, Department for Environment, Food and Rural Affairs (DEFRA), and HM Prison Service;

- holding a high-level meeting with the prison service to identify key health and safety issues and a programme of joint activity to tackle them. This will provide a model for future interventions in other parts of the public sector;
- holding meetings with the Office of Government Commerce (OGC), NAO, Audit Commission and Arbitration Conciliation and Advisory Service (ACAS) to explore joint agendas and involvement in the programme.

121 *Health services* In the health services sector, good progress continued. During the year, the programme's work has included:

- conducting research on patient-handling training. The research has produced a model question set to assess manual-handling precautions in health care, and will be piloted by early 2005/06 with a view to rolling it out across Acute Trusts over the next two years. The NHS's *Back in Work Awards* have identified more good practice in patient handling;
- producing a slips and trips publicity package to promote case studies and best practice in managing the causes of slips and trips;
- signing a concordat with the Counter Fraud Security Management Service to agree working arrangements and communication mechanisms on the management of work-related violence across the NHS (England);
- signing the *Concordat between Bodies Inspecting, Regulating and Auditing in Healthcare* in June 2004, which is co-ordinated by the Healthcare Commission;
- working closely with the Healthcare Commission to integrate HSE intelligence on the performance of healthcare providers into its revised performance assessment process, and to contribute expertise in defining health and safety performance benchmarks within the core and developmental standards of the DoH *Standards for Better Health*;
- visiting PFI projects in the NHS to encourage safety in building design, and better relationships between clients, designers and contractors;
- holding new workshops and SHADs aimed at care homes and primary care.

122 Phase 1 of a new initiative to implement the stress management standards is due to commence in 40 NHS trusts in May 2005. This is part of a wider project including 100 large organisations across five priority sectors. Specially trained HSE inspectors (termed HSE Stress Partners) will assist trusts to implement the stress management standards and ACAS will provide some free management consultancy to help trusts to change their management systems if this is necessary.

123 NHS trusts continue to benefit from targeted HSE interventions looking at the primary causes of absence and ill health. In one case, a trust responded to HSE's report by producing a management system workbook using the HSE management model as a template for long-term, sustained improvement. The

trust indicated that they welcomed the way in which HSE's approach had been successfully moulded to its own internal goals. There has been evidence of this in follow-up interventions by HSE inspectors.

124 HSE has, with the support of the LAs forum, initiated engagement with LAs in their role as employers. We hope to advance the Fit3 Programme in this major employment area, and to help deliver the 30% reduction in sickness absence across the public sector, as called for in the Chancellor's March budget.

Major Hazards Strategic Delivery Programme

Overview

125 This Strategic Delivery Programme focuses on HSE's important role in regulating and ensuring safe management of those industries where failure to manage risks to health and safety can lead to a catastrophic incident (ie where the health and safety of many people, whether workers or members of the public, is affected).

126 The industries covered include:

- nuclear;
- offshore oil and gas;
- railways;
- onshore major hazard industries - sites subject to the Control of Major Accident Hazards Regulations 1999 (COMAH), eg chemical industries;
- onshore major hazard industries not subject to COMAH, eg hazardous pipelines.

127 The railway industry is not a major hazard in the widely recognised sense; however, safety failures in it can lead to incidents that affect large numbers of people, hence its inclusion within this Strategic Delivery Programme.

A national target for major hazard industries

128 HSC/E has developed a national target for major hazard industries:

'To reduce still further the likelihood of catastrophic incidents in key major hazard industries regulated by HSE, by achieving a sustained reduction in the level of precursor incidents occurring in these industries over the period 2004-06.'

129 A 'precursor incident' is an event or group of events that indicates failure in systems controlling the risks from a major hazard. They are the links in a chain of causation, which would be key elements in preventing certain catastrophic outcomes.

130 The targets represent the diverse range of industries in the major hazards sector and have been agreed with key stakeholders. A single aggregated indicator has not been pursued because of the complexity of bringing together the different data series. They are summarised in Table 1, which

defines each target and sets out baselines. Table 2 reports on 2004/05 performance.

131 Projections for the end-of-year outturn are that we will be on target in three of the elements (offshore, onshore and nuclear). The indicator for the onshore chemicals sector continues to show year-on-year improvement and is consistently better than target. Nuclear and offshore sectors are also on track to hit target.

132 The figures for rail are not represented, because, twice during the year, the Rail Safety and Standards Board (RSSB) modified its Safety Risk Model on which the indicator is based. This prevents meaningful comparison with previously reported figures. However, there has been an underlying average improvement in the number of precursor events of about 5% per year since the original baseline was set by the industry in March 2002. HSE Rail is engaged in agreeing an improvement target that is relevant across the industry and which is stretching, achievable and can provide the basis for meaningful year-on-year comparisons. HSE Rail also continues to be very active with industry to ensure it deals with principal risks (level crossings and irregular working).

Other HSE activities in major hazard industries 2004/05

133 While precursor incidents provide measurable insights into the way major hazard industries are controlling risk, they do not form the sole basis for our intervention strategy.

134 The Strategic Delivery Programme aims to promote and demonstrate improved control of major hazards by:

- inspecting and enforcing the law in major hazard industries;
- operating current permissioning regimes, including safety case and licensing regimes; and
- working with stakeholders, including employers, workers and trade associations, to ensure sound control measures and that standards are maintained or improved.

135 A snapshot of activities in each sector during 2004/05 can be found in paragraphs 142-214.

HSC policy statement on permissioning regimes

136 The dangers posed by major hazard industries mean that they are regulated through regimes with higher than normal levels of scrutiny and varying degrees of 'permissioning' (often to meet international obligations). A commitment in the Commission's Strategy is that HSE will review its safety case regimes to ensure that they remain relevant and proportionate to the changing nature of these industries in Great Britain. A significant research project has been undertaken this year to review the basis for HSE's permissioning work, and the results will be available later during 2005.

137 For further information on this subject, see HSC's Policy Statement: *Our approach to permissioning regimes* (<http://www.hse.gov.uk/enforce/permissioning.pdf>).

Delivery of the major hazards targets 2004/05

138 The targets set are given in Table 1:

Sector	Precursor indicator	Baseline (2001/02)	Target (to end of 2005/06)
Nuclear	Reports made to HSE by licence holders which indicate a challenge to nuclear safety	143	136 (5% decrease by 2006)
Offshore	Major and significant hydrocarbon releases	113	74 (10% year-on-year reduction)
Onshore (COMAH)	Relevant RIDDOR-reportable dangerous occurrences (eg unintentional explosions, failure of pressure systems)	179	168 (6% reduction)

Table 1 Major hazards targets

Sector	Base Yr 2001/02	2002/03	2003/04	2004/05				Total
				Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Rail indicators								
Signals passed at danger	172	143	Series discontinued and replaced with Safety Risk Index	Figures have not been presented, because for the second time within 12 months, RSSB has modified its Safety Risk Model on which the indicator is based. This prevents meaningful comparison with previously reported figures.				
Track compromised	627	577						
Derailements	63	56						
Acts of vandalism	921	741						
Level crossing incidents	182	176						
Total	1965	1693						
Safety risk index		101.7	86.9					
Nuclear indicators								
Reports made to HSE by licence holders which indicate a challenge to nuclear safety	143	156	110*	32	31	28	36	127
Offshore indicators								
Major and significant hydrocarbon releases	113	85	97**	12	23	27	21	83
Onshore indicators (COMAH)								
Relevant RIDDOR-reportable dangerous occurrences (eg unintentional explosions, failure of pressure systems)	179	155	154*	37	40	23	30	130

Table 2 Major hazards indicators

* The '101' figure previously recorded was incorrect. The correct total is 110 (from figures for the quarters in 2003/04 of 32, 24, 26 and 28 giving the correct total of 110 for the period). Provisional end-of-year 2003/04 figures for onshore were confirmed as 154 instead of the 143 previously recorded.

** The complex nature of the classification of hydrocarbon releases and the voluntary nature of the reporting system mean that the figures are subject to change at a late stage. The figure of 113 recorded in last year's Annual Report is now revised to 97.

Nuclear

139 Despite the increase of incidents this year compared with last (which was a particularly good year), overall we are still on track to hit target. The quarter-by-quarter variations are not thought to be statistically significant.

first three quarters, the quarter 4 figure has declined. After a disappointing increase in 2003/04 there has been a significant reduction and the sector is on track to hit the target.

Offshore

140 Although the actual outturns have risen during the

Onshore chemicals

141 The indicator is consistently better than target and has shown year-on-year improvement.

Offshore Safety Sector

Introduction

142 HSE ensures that risks to people who work offshore in the upstream petroleum industry and the diving industry are properly controlled. It does this primarily through assessing and verifying safety cases, supported by a programme of inspection, investigation, enforcement, advice and education. The core of the offshore safety regime is the Offshore Installations (Safety Case) Regulations 1992. We aim to revise these Regulations, to improve their effectiveness while reducing associated bureaucracy.

143 OSD supports HSC/E's mission by working with industry to enable the UK to become the world's safest offshore sector by 2010, and to significantly reduce work-related fatal accidents in the diving industry. Strategic Programmes are in place that focus resources on the reduction of major accident hazard risks, the unacceptably high levels of major and fatal accidents, and occupational health.

General overview

144 In 2004/05 for the offshore industry and the inshore diving industry the current figures for fatal accidents are zero and four respectively. The numbers of major incidents are 48 and eight for the offshore industry and the inshore diving industry respectively - very similar to 2003/04.

145 The offshore industry continues to develop an occupational health incident database to capture ill health (in addition to that covered by RIDDOR).

146 Serious challenges remain:

- pressures to reduce operating costs compete with the need to maintain integrity of ageing installations;
- the industry is in transition from dominance by the largest global producers to a mixed economy that includes new-entrant international operators and which is increasingly supported by major contracting companies;
- an increase in the number of depleted fields giving rise to an increasing number of platforms planned to be decommissioned.

A snapshot of activities during 2004/05

147 *General* HSE and the offshore industry's Step Change in Safety organisation (an initiative to deliver a major improvement in the industry's safety performance) are working together on a joint stand for the 2005 Offshore Europe exhibition.

148 HSE organised a major international conference for senior representatives of the offshore oil and gas health and safety regulatory authorities that was held at the QE2 Conference Centre in London. The Duke of York hosted the reception for this event at Buckingham Palace.

149 HSE introduced a news-sheet, *Tea-shack News*, that is published twice a year and targets the offshore workforce.

150 *Installation integrity* There has been considerable stakeholder engagement focused on maintaining the integrity of plant, equipment and structure critical to the management of major accidents offshore, particularly for ageing installations. We have regularly shared good practice findings (arising from inspections) with industry bodies. HSE has also worked closely with the industry to develop relevant industry-wide performance measures. There are indications from the data collected to date that the programme is beginning to have a positive impact on performance offshore.

151 *Reducing accidents in drilling and deck operations* During 2004/05 17 major-injury accidents in drilling and deck operations were reported, six investigations were completed, and five investigations were ongoing. There were 22 drilling installation inspections and 13 inspections of production platform deck operations.

152 *Reducing occupational health risks* HSE is continuing to promote industry awareness of health issues through presentations, joint work with industry, and internal and external guidance.

153 This included providing support for a benchmarking study of manual-handling safety culture offshore. This indicated high perceived standards by managers, supervisors and the workforce for all aspects of manual-handling safety.

154 *Reactive offshore intervention* HSE carried out a programme of interventions including 96% investigation of valid complaints and 98% investigation of incidents requiring mandatory investigation. During the year 646 incidents were investigated.

155 *Inshore diving inspection* Inspections continue to reveal a wide range of standards but there is general improvement in the planning and management of inshore diving across all sectors. Unfortunately this has not been reflected by a reduction in diving-at-work fatalities: there has been an increase from zero in 2003/04 to four in 2004/05. The year has also seen 25 recreational 'not-at-work' sports diving fatalities - the worst for many years.

156 *Offshore research and development* The final issue of *Offshore Research Focus* was published in June 2004. Since then information on OSD's research programmes has been included in the *Science and Research Outlook* (<http://www.hsesro.com>) that reports on all of HSE's science and innovation activities.

157 *Standards and external guidance* HSE released Safety Notices that deal with a number of issues including braking systems on offshore cranes, helideck foam production systems, acute health effects of hydrocarbon releases and LAN-based fire and gas detection. HSE contributed to the UKOOA-sponsored work by the Energy Institute to catalogue current standards and guidance for the offshore oil and gas industry and participated in the development of

international standards for offshore structures within ISO TC67/SC7.

Onshore Safety Sector

Introduction

158 In consultation with relevant stakeholders, we aim to reduce the risks of major accidents that could affect both workers and the public and also reduce the risks of injury and ill health in the following industries:

- chemical manufacture and storage;
- gas storage and transportation;
- mining;
- explosives;
- biological agents.

159 HSE's operating plans for onshore safety identified two key activities to fulfil our statutory duties:

- enforcing the Control of Major Accident Hazards Regulations (COMAH) 1999 at the 1100 establishments where they apply; and
- ensuring compliance with health and safety legislation within the industries.

General overview

160 HSE's Hazardous Installations Directorate (HID) can report a successful year in delivering its plans for onshore major hazard industries activities.

A snapshot of activities during 2004/05

161 *Chemical manufacture and storage* As part of the inspection plan to verify standards of compliance with COMAH, the Competent Authority (HSE and the Environment Agency (EA)) inspected two production units of a major chemical complex. The operator's safety report had identified the unit processes as having the potential for major accidents with considerable on- and off-site risks. The inspections revealed standards below expectation. The responsibilities of the senior management team were redefined and new arrangements to improve leadership, supervision, accountability and maintenance were introduced.

162 Following the publication of the BP Grangemouth report, HID has been working closely with industry and trade associations to gather best practice on developing process safety performance indicators. An initiative, supported by the Chemical Industries Association, has promoted the use of such indicators at all the major hazard sites. The United Kingdom Petroleum Industry Association (UKPIA) has endorsed this programme and the use of process safety indicators by member companies.

163 HSE has a statutory duty to provide advice to planning authorities on new hazardous substance consents plus the nature and siting of developments near to major hazard establishments and pipelines, with the aim of limiting the risks in the long term. We have processed

nearly 4000 planning applications and dealt with 73 hazardous substance consent requests over the last year.

164 The Implementation of the Fundamental Review of Land Use Planning Project (IFRLUP) is drawing to a satisfactory conclusion with most milestones achieved. Rolling out of the IT package PADHI (Planning Advice for Developments near Hazardous Installations) is a major and final task, which will bring the project to a close in December 2005.

165 *Gas/pipelines* Following enactment of the Pipelines Safety (Amendment) Regulations 2003, HSE approved Transco's iron gas mains programme for 2004/05, requiring 2882 km of mains to be decommissioned. HSE monitored progress in accordance with its policy and Transco has met agreed targets.

166 HSE has worked closely with Transco, trade unions, the Office of Gas and Electricity Markets (Ofgem) and other gas industry stakeholders in preparing for Transco's proposals to sell four of its eight distribution networks. HSE has finished assessing Transco's revised safety case in preparation for the sell-off in mid-2005.

167 *Mines* Our investigation of the increasing number of underground mine fires during the previous year has resulted in the trend being reversed, with the operators concerned revising their emphasis and procedures. We have engaged with the largest operator to address shortcomings for controlling very serious reportable falls of ground with potential for multiple fatalities. To recover its position, the company is revising its ground control strategy. We have consulted the main trade unions during the intervention process.

168 *Explosives* Operators of licensed explosives sites had submitted a significant number of the safety reports assessed during the period. We provided support to this group of 'new entrants' to COMAH who had encountered difficulties in understanding and adequately responding to the needs of the regulations.

169 In anticipation of the proposed Manufacture and Storage of Explosives Regulations 2005, we have implemented revised quantity-distance rules for new explosives licence applications. This has reduced the off-site risks around sites handling smaller quantities of explosives.

170 During the year, we provided significant technical support to other government departments and enforcing authorities on security, safe handling and storage of ammonium nitrate.

171 *Biological agents* The Biological Agents Unit has continued to fulfil its statutory duties by operating notification and permissioning schemes under the Genetically Modified Organisms (GMO) (Contained Use) Regulations 2000, and Control of Substances Hazardous to Health Regulations (COSHH) 2002.

172 Other activities carried out included providing training and advice to HSE inspectors and local authorities

on the control of legionella; working with other government departments on civil contingency issues in relation to bio-security; providing advice and guidance to duty holders and key stakeholders.

173 *Process safety* The Process Safety Corporate Topic Group (CTG) has changed significantly. This has resulted in a redirection of process safety specialist resources towards front-line delivery of outputs needed to implement the Commission's Strategy and deliver the PSA targets.

Nuclear Safety Sector

Introduction

174 HSE is responsible for protecting the public and workers from the activities of the civil nuclear industry and parts of the nuclear defence industry. We do this by operating a nuclear licensing regime. There are 40 nuclear licensed sites of various sizes and types spread throughout Great Britain.

175 The industry has been going through a significant period of change and will continue to do so, especially with the advent of the Nuclear Decommissioning Authority (NDA), which came into being on 1 April 2005. The nuclear licensing regime and the HSE Nuclear Safety Directorate's (NSD's) approach to regulating and influencing such change ensures that people continue to be protected and reassured that both nuclear safety standards and the more general health and safety standards for workers in the industry do not slip but are enhanced.

176 NSD uses a variety of approaches to fulfil its regulatory oversight role in line with HSC/E's vision for health and safety in Great Britain. These approaches include:

- carrying out programmes of site inspections;
- assessing safety cases for plant modifications, periodic safety reviews, organisational changes etc;
- investigating incidents and taking appropriate enforcement action in line with HSE's Enforcement Management Model (EMM);
- engaging with stakeholders and working in partnership with others to fulfil our purpose.

General overview

177 During the past year, NSD has met its prime strategic goals - no major nuclear accidents and ensuring safe progress in reducing the hazard potential from radioactive wastes and nuclear decommissioning.

178 A significant aspect of NSD's work over the last year has been working with DTI, other regulators and the nuclear industry to ensure that NDA is set up in a way that delivers earlier nuclear decommissioning with high standards of health and safety, for less cost, and with due regard to environmental and security concerns.

A snapshot of other activities 2004/05

179 *Conventional health and safety at nuclear sites* NSD has focused on raising awareness of health and safety priority issues, in particular slips, trips and falls, working at height, working in confined spaces and workplace transport.

180 *Relicensing and restructuring programmes* NSD has successfully completed the project for the restructuring and relicensing of British Nuclear Fuels (BNFL). This has been a substantial and complex project involving significant numbers of assessments and audit inspections at sites, granting a large number of Licence Instruments and relicensing five nuclear sites.

181 *Environmental impact assessments* NSD undertook two public consultations and provided pre-application opinions for two nuclear power stations, in accordance with the Nuclear Reactors (Environmental Impact Assessment for Decommissioning) Regulations. In addition, we received two requests for consent to undertake a decommissioning project and accompanying environmental statements.

182 *Safety Assessment Principles (SAPs)* In December 2003 we started the project to revise NSD's 1992 Safety Assessment Principles. The work has progressed well and has involved engagement with other regulators and all nuclear licensees on proposals for revised SAPs. We plan to produce a document for public consultation by the end of March 2006.

183 *International work* In accordance with the international plan of work, NSD's priority has been participating in the development of international nuclear safety standards and practices. This is in the framework of the International Atomic Energy Agency (IAEA) and the Western European Nuclear Regulators' Association. This work continues to be of importance because of moves to impose common nuclear safety standards within the enlarged EU.

184 On behalf of the UK, NSD has participated fully in preparatory work for the meeting of the International Nuclear Safety Convention in April 2005. Work on nuclear security has continued and NSD has taken the lead among the G8 group to coincide with the UK presidency. We have maintained bilateral contacts, particularly with the USA, Japan, France and Ireland. NSD has continued to participate in providing assistance to the regulatory authorities of Russia and Ukraine.

185 *Nuclear skills* NSD continues to monitor nuclear power licensees' maintenance of essential research capability, and can confirm that it is being supported as agreed in our strategy. NSD is also satisfied that its nuclear licensees have all the necessary expertise within their own companies to undertake their operations safely. NSD has set down a strategy for nuclear skills and is working with other government departments and agencies to implement it.

Railway Safety Sector

Introduction

186 Our overall objective is to further reduce the likelihood of a catastrophic event and, together with stakeholders, to maintain an effective and efficient framework for continuously improving health and safety on the railways. This work supports HSC/E's Railway Strategy (<http://www.hse.gov.uk/railways/hscstrategy.htm>) and the demanding Rail Delivery Programme (RDP) (as described in paragraphs 188-189).

General overview

187 Overall, the safety record on Britain's railways continues to improve. We have seen a downward trend in accidents over the last ten years. During 2004/05, however, there was a major incident at Ufton Nervet level crossing when a high-speed train collided with a motor car and was eventually derailed resulting in seven fatalities.

188 *Rail Delivery Programme* HSE Rail (HMRI and Rail Policy) underwent considerable change during 2004/05. Part of this involved driving forward a major programme of work under the framework of the Rail Delivery Programme, using project working to achieve business, quality, and regulatory improvements in line with actions recommended by Lord Cullen (and subsequent Government commitments to railway safety).

189 Despite the challenging agenda, the programme has delivered to time and within budget. Of the 14 projects within the programme, 11 have delivered their intended intermediate outcomes/outputs and are being implemented. We have put a new organisation structure in place for HMRI and this is supported by improved processes for strategic and business planning, which will ensure a clear line of sight between HSC/E's vision, mission, PSA targets, and delivery.

190 *Legislative reform* Work to review and reform the railway safety regulatory framework continued. We developed detailed proposals and in September 2004, HSC published a formal Consultative Document containing draft Railways and Other Guided Transport Systems (Safety) Regulations or 'ROGS'. The aim has been to replace the existing regulations* with a single set of modernised, coherent and risk-based regulations; and at the same time to implement large parts of the European Railway Safety Directive (2004/49/EC). Following extensive consultation with a wide range of stakeholders, HSC approved the draft Regulations on 8 March 2005.

191 HSC submitted the draft Regulations to the Secretary of State, but with the advice to delay signing them. This is to allow the Regulations to be implemented at the same time as DfT regulations implementing the Interoperability Directives, which have been delayed. The current expectation is that ROGS may be implemented around the end of the year (2005).

* Railways (Safety Case) Regulations 2000 (amended 2003), Railways (Safety Critical Work) Regulations 1994, and Railways and Other Guided Transport Systems (Approval of Works, Plant and Equipment) Regulations 1994

192 *Merger of HSE Rail with the Office of Rail*

Regulation On 15 July 2004, the Government's White Paper *The Future of Rail* set out the outcomes from the review of the structure of Britain's railways. It confirmed that the responsibility for the regulation of railway health and safety should transfer from HSC/E to ORR. This move requires primary legislation and the expected date for the merger is around the end of the year (2005). HSC/E is continuing to work jointly with ORR and DfT to ensure the transition goes smoothly.

A snapshot of activities during 2004/05

193 HSE Rail has continued to drive forward an integrated package of work to further deliver the railway strategy (eg through inspection, safety case assessment, targeted interventions, enforcement, policy advice, and guidance). We continue to focus on driving down catastrophic risk precursors as measured by RSSB's rail safety risk model. We adopted the industry's own target as the railways element of the major hazards target (for progress with the target see paragraph 132). However, this target is seen as aspirational and the railway industry, with HSE Rail's encouragement, is reviewing it to establish a more robust and realistic targets.

194 *Working with stakeholders* HSE Rail works with key industry stakeholders (including the RSSB, ORR and the Strategic Rail Authority (SRA)) to help build and solidify partnerships, and to present a clear picture of our role and focus.

195 HSE Rail has also supported the development of the Rail Accident Investigation Branch (RAIB), and provided input into the Rail Accident Investigation and Reporting Regulations (expected later in 2005) and the development of a joint protocol and working arrangements between RAIB, the British Transport Police (BTP), and HSE.

196 *Initial integrity and (safety by) design issues through inspections, approvals, assessments and authorisations*

Throughout the year, HMRI continued to be involved with major railway infrastructure projects to ensure satisfactory resolution of safety issues and acceptable designs, and to enable timely introduction of services. These included the West Coast Main Line; Channel Tunnel Rail Link; Heathrow Airport Terminal 5 Railway Projects; London Cross Rail; Edinburgh Airport Rail Link; and the East London Line.

197 *Infrastructure/track maintenance and management of contractors*

HMRI carried out a programme of inspections on track maintenance across representative selected locations within Network Rail and London Underground (LUL) systems. Inspections were also undertaken on the arrangements for the detection, prevention and management of broken and defective rails by companies maintaining the LUL track asset.

198 Network Rail completed its programme to cease contractorised maintenance and to absorb seven infrastructure maintenance businesses. HMRI closely monitored this process and arrangements for managing residual contracted renewal work, through the Network Rail Change Oversight Project. While HMRI challenged certain aspects of detail, we supported the objectives, outcome and the change risk management system that Network Rail employed.

199 *Level crossings* A key project within the Rail Delivery Programme addressed safety issues at level crossings, and the outputs from a number of work streams have informed priorities produced by the National Level Crossing Safety Group (NLCSG), which is chaired by RSSB. HSE Rail provides input to the NLCSG, which reviewed its composition and work activities after the tragic incident at Ufton Nervet.

200 *Signals passed at danger (SPADs)* HMRI works closely with the industry's programme to reduce and mitigate SPAD risk (including input to industry working groups and bilateral meetings with Network Rail). Overall, the risk of SPADs on the mainline network has reduced by 67% since March 2001.

201 *Train protection* HSE has continued to monitor delivery of the work of the National European Rail Traffic Management System (ERTMS) Programme led by the Strategic Rail Authority.

202 *Route crime (trespass and vandalism) and assault* HMRI targets its inspections on trespass and vandalism hot spots and produced revised guidance for inspectors on lineside security and lineside materials management, in consultation with the industry. HMRI worked closely with the industry's National Route Crime Group, and has continued participation in its education programme to raise awareness of route crime risks among young people. HMRI has progressed work to develop route crime policy and strategy.

203 Through active participation in the Rail Personal Security Group, HSE is working with the rail industry in tackling staff assaults. Benchmarks for compliance in managing the risk of violence to staff were recently published after consultation with the rail industry.

204 *Incident investigations* Some of the more significant investigations that HMRI has been involved with include the Ufton Nervet level crossing incident; LUL's White City derailment; the Tebay engineering trailer incident; and LUL's Camden Town and Hammersmith derailments.

205 *Employee (track worker) safety* HMRI carried out targeted interventions examining:

- safety-critical communications standards between track workers and signallers; and
- practical application of Network Rail's 'RIMINI' (risk minimisation) standard governing the safety of track workers during red zone working.

206 HMRI is producing reports containing recommendations to help the railway industry to improve safety standards for track workers. HMRI has worked with the industry to address the safe use of road rail vehicles and other on-track plant, following a series of incidents involving the use of this equipment in track possessions.

207 *Occupational health and slips and trips* HMRI has run special projects to investigate manual handling risks among trackside workers, post-traumatic stress disorders in train drivers, minimising slip and trip risks, and hand-arm vibration in railway workers. HMRI is developing revised guidance on welfare provisions for railway workers.

208 *Public inquiry recommendations* A progress report on public inquiry recommendations was published by HSE in September 2004. Only 27 (of 295 recommendations in the four reports from public inquiries) remain to be implemented.

209 *European Directives and ILGGRI (International Liaison Group of Government Railway Inspectors)* HSE Rail provided input (via DfT) to a draft proposal for a Directive to harmonise standards across European urban rail systems.

210 The European Railway Agency (ERA) published its approved work plan for the year 2005/06. HSE Rail reviewed the plans and identified key areas that impact on the way safety is managed on Britain's railway network.

211 HSE Rail provided advice on safety aspects of the proposed Social Partners Agreement covering cross-border workers.

212 HSE Rail attended meetings as part of the SAMNET project funded by the European Commission to look at common standards of assessment for safety management systems required by the Railway Safety Directive.

213 HSE Rail continues to play a key role in ILGGRI. This work includes rationalising the structure of ILGGRI to prepare for future work with the European Commission (EC) on the harmonisation of safety certification. HSE has launched and is hosting the new ILGGRI website at: www.ilggri.org.

214 *Channel Tunnel Safety Authority (CTSA)* HSE Rail has continued to support the work of the bi-national CTSA. The UK Secretariat of the Authority is based within Rail Policy, although the work of the Authority is independent of HSC/E. The Authority plans to publish its own Annual Report in September.

Strategic Enabling Programmes

Local Authorities and HSE Working Together

215 LAs are responsible for enforcing health and safety law in over a million premises and in relation to more than 12 million employees. This includes many in the services sector, eg offices, shops, retail and wholesale distribution, hotel and catering establishments, petrol filling stations, residential care homes and the leisure industry.

216 LAs have a pivotal role to play in ensuring that risks in the changing economy are properly controlled. With the growth of services, these enforcement responsibilities have become increasingly important. The Commission's Strategy makes it clear that HSE and LAs need to work in a closer partnership in order to support a consistent approach to business, and to make the best use of HSE's and LAs' combined resources. It also acknowledges that delivering an effective partnership may require changes to current ways of working and existing institutions, if they prove obstacles to progress.

217 In response, the Executive established this Strategic Enabling Programme to deliver the Commission's Strategy in respect of the new partnership between HSE and local government. The first step was to develop a joint approach to setting up and delivering the Programme with LACoRS as a practical means for representing local government at the heart of the Programme.

218 Good progress has been made in the first year of the Programme. Initially, we concentrated on developing both the principles for the partnership and for engaging widely with the LA community. A key thread for all elements of the Programme is communications - with some 410 individual LAs, and with the various interests, such as the national HSE/LA Enforcement Liaison Committee (HELA), elected members of LAs, senior officers, practitioners, and the professional institutions such as the Chartered Institute of Environmental Health (CIEH) and the Royal Environmental Health Institute of Scotland (REHIS). There are also some challenges in raising HSE's collective appreciation of the role of LAs and the part they can and do play in the wider safety system. The establishment in 2004, by LACoRS, of a Health and Safety Policy Forum has been a particularly helpful mechanism for communicating and engaging with LAs.

219 A guiding principle has been that the partners themselves should undertake the development of a partnership. Thus, the direction of the Programme is through a Programme Board jointly chaired and staffed by

HSE and local government officers. A second principle - the partnership's dependence on the support of LA politicians - has been recognised through a Steering Group of Commissioners and LA elected members. The first and critical output of the joint programme was a high-level agreement (the 'Statement of Intent'), setting out the commitments that provide the framework of objectives for the Programme. HSC/E and LA representative bodies agreed this in July 2004. In summary, it commits the parties to:

- developing an effective partnership between HSE and LAs, making the best use of their respective strengths to tackle national, regional and local priorities for health and safety;
- a joint approach to developing the partnership;
- improving communications between HSC/E and LAs, including LA involvement in the development of policy advice to HSC, and in the planning and delivery of operational activities;
- providing information, guidance and support to enforcing authorities equitably;
- examining and adapting as necessary the institutions and legal framework which currently underpin the relationship between HSC, HSE and LAs;
- developing arrangements for monitoring and auditing the work of the enforcing authorities that properly reflect the status of HSE and LAs as partners;
- contributing effectively to current and future initiatives to improve the consistency and co-ordination of central and devolved government requirements which impact on regulatory services.

220 The programme has planned its detailed work in four distinct areas:

- front-line work and interventions;
- governance and management arrangements;
- support programme; and
- communications.

221 Current work underway includes:

- mapping and promulgating existing good practice in partnership working between HSE and LAs. The initial outcome was the publication of a *Best Practice* guide in March 2005;
- the establishment of partnership teams in each of HSE's geographical divisions aimed at working at a strategic level with LAs as well as building local relationships at 'practitioner' level;

- reviewing the Enforcing Authority Regulations 1998 (the legal framework underpinning the relationship between HSC/E and LAs) to ensure they are fit for purpose and support the partnership and associated new ways of working;
- reviewing the HSC/E-LA liaison and governance arrangements, including HELA, to adapt the existing arrangements so they are best shaped to support the longer-term partnership;
- developing an IT-based tool (an extranet) so as to better share information and enable communication between HSE and LAs;
- identifying and assisting in the training, information and support needs of LA staff. Research by King's College, London, has provided a picture of the current position and identified areas for the programme to concentrate on;
- making science and technology support available to LAs, including the provision of £5 million over four years for this purpose.

222 The annual HELA conference in December 2004 emphasised the commitment by HSE and LAs to develop a practical and effective partnership. The keynote speaker was Philip Hampton who spoke strongly in support of the Programme objectives, which resonated with his views of how regulation needed to adapt and deliver what business needs.

223 On the day-to-day fieldwork of LA enforcement officers, there are encouraging signs that more LAs are adopting the topic-based approach to inspection (as endorsed by HELA), reflecting the priorities for action identified by HSC. This approach will be supported by the growth of joint fieldwork with HSE under the Programme, and also reflects the conclusions of the Hampton report about the need for regulators to ensure that their interventions are driven by assessments of risk.

224 The Programme aims to have secured the key elements of the partnership, and the various mechanisms to sustain it, by the end of the 2005/06 work year.

Worker Involvement

225 We have been working with stakeholders to devise a programme of activities to deliver HSC's *Collective Declaration on Worker Involvement* that was published in March 2004. In February 2005, the Commission approved the programme in principle. It is based on:

- promoting innovative ideas for encouraging more worker involvement through the intervention of a workers' safety adviser, in the first place through administering the Workers' Safety Adviser (WSA) Challenge Fund (see paragraphs 229-233);
- securing widespread stakeholder commitment to the idea of worker involvement as a key component of sensible health and safety management; while in parallel commissioning research to improve the evidence base for the impact of worker involvement on health and safety outcomes;

- capturing, publishing and promoting case studies of effective worker involvement that demonstrate practical business benefits (not just health and safety benefits) and practical benefits for individuals;
- communicating to stimulate changes in attitudes and beliefs so that people feel that health and safety is worthwhile, worker involvement in health and safety is sensible and getting involved is the right thing to do;
- stimulating the provision and take-up of training in appropriate skills and knowledge (including but not limited to the 10 000 safety representatives who undertake training each year);
- providing better guidance and web-based resources for inspectors, employers, safety representatives and workers who are not union members; and
- showing leadership from HSE and local authorities.

226 The programme also includes a project to consider some regulatory changes, namely:

- a new duty on employers to consult safety representatives on risk assessments;
- a new duty on employers to respond to safety representatives' representations; and
- to clarify when safety representatives can represent employees at workplaces other than where they work.

227 The intention of the Programme is to create a climate for effective dialogue between employers and workers, in the belief that this will lead to an ever more constructive partnership between employers and workers in health and safety matters. In this way, we will contribute to the development of high-performing workplaces. In the long term, it will also reduce the need for formal regulation.

228 HSE has worked closely with TUs on several issues relating to worker involvement, including:

- revising the accident book so that those injured at work can give consent to disclosure of information about their accident to safety representatives; and
- publishing information about workers' health and safety rights in 22 languages.

Workers' Safety Adviser Challenge Fund

229 This is a grant scheme designed to increase worker involvement and consultation through the intervention of a WSA.

230 The first year of the WSA Challenge Fund has been a success. Announced by the Rt Hon Andrew Smith MP in October 2003, Bill Callaghan formally launched the fund on 31 March 2004 and projects began on 1 July 2004. DWP has allocated funding of £3 million over a three-year period for projects that develop and improve worker involvement and consultation in occupational health and safety in SMEs. Project North East, a not-for-profit enterprise based in Newcastle-upon-Tyne, has been appointed to manage the fund on behalf of HSE, and Greenstreet Berman has been appointed to evaluate it.

231 In the first year, 12 projects were successful in the competition for funding. Each project was awarded between £33 000 and £100 000. Winners were from a wide range of industries, including construction, hospitality, retail and the voluntary sector. Project partners included trade unions, trade associations, local authorities, primary care trusts, voluntary and business organisations.

232 Some projects have been over-subscribed with employers who want to join the scheme. Other projects have had to say 'no' to employers who wanted to participate but who were outside the scope of their project's remit. Several projects have reported that their WSAs have faced real challenges in satisfying the demands of employers and workers on their time, once they had got into organisations and raised the level of health and safety awareness.

233 In one project, 17 separate businesses located in one premises were tackling health and safety in isolation. The WSA encouraged these organisations to work together and helped them to establish a health and safety committee that included workers from each firm, together with representatives from the building management team. The committee has discussed a number of key issues and helped firms to improve their health and safety management.

Business Involvement

234 HSC/E can report considerable progress during the course of the year in taking forward measures to promote and encourage awareness of the importance of greater corporate responsibility for health and safety and the business and social benefits this approach brings.

235 Evidence from HSE research shows:

- increasing numbers of boards of directors of organisations in all sectors are providing leadership and direction on health and safety in line with HSC guidance, *Directors' responsibilities for health and safety* (<http://www.hse.gov.uk/pubns/indg343.pdf>);
- a growing number of large organisations are reporting publicly on their health and safety performance in line with HSC guidance, *Health and Safety in Annual Reports* (<http://www.hse.gov.uk/revitalising/annual.htm>).

236 During the course of the year, HSE has undertaken work to build the evidence base and develop tools for stakeholders (including business, institutional investors, insurers, employers and trade unions) to further our goal of achieving greater corporate responsibility and accountability:

- HSE published a series of case studies in February 2005, including Hilton International and Buckingham County Council, exemplifying the business and social benefits of director leadership on health and safety;
- in autumn 2004, HSE published a series of case studies demonstrating the business benefits of a range of initiatives designed to improve health and safety - a number of these case studies, including Associated

Octel and the Port of London Authority, featured in a national publicity campaign run by HSE to promote health and safety in spring 2005;

- HSE is currently developing the Corporate Health and Safety Performance Index (CHaSPI) and the health and safety performance indicator for SMEs to assist employers to improve their management of health and safety. These initiatives will also provide influential stakeholders, including investors and insurers, with a tool to help them to engage more effectively with organisations to drive health and safety improvements. The SME indicator was launched in December 2004 - HSE is planning to launch CHaSPI in July 2005;
- research is currently underway to examine the drivers that motivate and influence directors to take responsibility and provide leadership on health and safety and to explore how directors exercise those responsibilities.

Small businesses

237 In September 2004, Small Business Commissioner Judith Donovan established the Small Business Forum to ensure that the 'voice' of small business is heard by HSC/E. The aim of the Forum is to consult organisations involved in working with or advising small businesses and to get direct feedback, through their knowledge and experience, of health and safety issues in the small business setting. Forum members are generally representatives from trade associations in sectors where small businesses are predominant.

238 The Forum acts as a sounding board for new operational and policy initiatives. The intention is to improve assessment of proposed policy and legislation to ensure it fully takes account of the real impact on small, and more particularly, on microbusinesses. HSE recognises that very many small and microbusinesses are very keen not only to comply with health and safety legislation, but would like to work towards higher standards rather than just complying with the law, but they need some help. So the Forum also scrutinises developing initiatives to ensure that they are small-business friendly. The Forum is a demonstration of HSE's commitment to 'Think Small First'.

239 HSE and LAs have continued to work together to improve health and safety management in small businesses. The FOD North West Division worked in partnership with 17 other agencies (enforcement and private) and voluntary sector organisations to provide an event where small businesses got to meet those organisations which can help them stay safe and healthy, comply with employment legislation, get the funding they need and operate successfully. HSE's highly successful SHADs have continued to engage with small businesses, particularly in the farming sector. HSE has also developed partnerships with Businesslinks at local level and is taking part in their multi-agency programmes to provide information and support to small businesses.

240 HSE is working closely with www.businesslink.gov.uk, the designated government portal

for small businesses on the web. This is a ‘one-stop shop’ for small businesses to access relevant information from all government departments. All new HSE initiatives will be linked to this website. We continue to review the small business pages of the HSE website for presentation and content.

Enforcement

241 The Commission’s Strategy recognises that ‘Our evidence confirms that enforcement is an effective means of securing compliance and promoting self-compliance. HSE and LA resources are limited and need therefore to be targeted to where they can have the most impact.’

242 We therefore need to ensure that enforcement is used appropriately, effectively, efficiently and in a targeted way, and have established this Programme which will look at ways that formal enforcement activities can:

- help support reduction of injuries, cases of ill health and time lost caused by work, particularly in the areas where such injuries and cases of ill health are prevalent (the Fit3 Programme); and
- focus on those who show reckless disregard for health and safety requirements.

243 The programme will also look at how we can:

- share lessons learnt from investigations by promptly sharing experiences - internally within HSE and with LAs, and externally with duty holders - in parallel with bringing duty holders to account; and
- gain widespread recognition for the role of enforcement in supporting sensible standards of health and safety.

244 For the purposes of the programme, enforcement means ‘formal enforcement activities’ (prosecution, Crown censure, service of Notices, withdrawal of licences outside the major hazards sectors and formal cautions), rather than the wider meaning of enforcement contained in HSC’s Enforcement Policy Statement, where enforcement is taken to apply to all dealings between enforcing authorities and duty holders. In particular, the formal actions only available within the major hazards permissioning regimes, eg non-acceptance of a safety report or refusal to issue consent to start up a nuclear power station, are outwith this programme, because these activities are being considered in other programmes of work.

Supporting HSE's programme delivery

Policy

245 The overarching objective of the Policy Enabling Programme is for HSE to lead the way in applying the Government's *Better Regulation* principles, while supporting delivery of the Commission's Strategy and PSA targets. We describe this as 'Regulating for Results'. This work includes the Business and Worker Involvement Strategic Enabling Programmes.

Better Regulation

246 HSC/E aims to be a leading performer in applying the Government's *Better Regulation* principles. Both HSC and HSE have followed such principles since the early 1990s. They are embedded in policy-making and enforcement, and underpin the Commission's Strategy. Some indicators of *Better Regulation* performance for the year are provided as follows:

Regulatory reform action plan (RRAP)

Measures in RRAP	11
Completed	4
On target	4
Slipped	3
Dropped	0

247 A simplification measure completed during the year repealed most of the Explosives Act 1875 and 37 items of secondary legislation relating to the manufacture and storage of explosives, and replaced them with a single set of regulations. The measures that have slipped are being reassessed to bring them into line with the Commission's Strategy.

248 New measures will also be added during 2005. For example, on 31 March 2005 consultation began on proposals for a single set of regulations covering construction work. The proposals aim to reduce bureaucracy and improve the general business management of construction projects.

249 HSE has undertaken additional work not currently included in the action plan, to help stakeholders meet their legal responsibilities. An example of this is its work as a member of the Strategic Forum for Construction in contributing to the publication of *Respect for People - Code of Good Working Health and Safety Practice*. The code is

designed to encourage commitment to higher standards of health and safety. It sets out the key actions that stakeholders can take to raise the industry's health and safety performance. It highlights leading issues that should be addressed and provides a ready guide to key information sources for those seeking to bring about change other than by reliance on the regulator.

Delivering Regulatory Reform Orders (RROs)

250 HSC/E has not made use of RROs. Almost all health and safety legislation is secondary (made under the Health and Safety at Work etc Act 1974) and there has been no need to reform the primary legislation.

Regulatory impact assessment (RIA)

251 HSC/E has achieved 100% compliance with the RIA process. A RIA was produced for all policy proposals that had an impact on business, charities or voluntary bodies, in compliance with Cabinet Office guidance.

Examples of effective RIA use

252 HSE has used a cost benefit analysis approach to policy development since the early 1980s. This now forms a key part of the Government's RIA process.

253 A RIA was developed for HSE's work-related stress management standards. Although the standards are an alternative to legislation, HSE considered a RIA would demonstrate the business case for tackling stress and show that the proposed approach could integrate with existing management systems at minimal cost. The RIA also highlighted the need for additional case-study research to provide quantifiable data on the benefits of stress interventions.

Plans to improve RIA quality

254 HSE's economists have traditionally carried out much of the work in developing RIAs. During 2004/05 policy-makers have become more engaged throughout the process. This is encouraging more coherent and transparent policy-making. Work is also under way to produce better estimates of compliance rates. A model is being developed that should allow HSE to estimate expected levels of compliance with proposed policies.

255 HSE will review and update internal guidance on RIA development to ensure that it fully implements Cabinet

Office requirements; it will also implement forthcoming NAO recommendations where HSE's RIAs fall short of best practice.

Consultation

256 During the 2004 calendar year, there were 19 consultations started. Of these, 18 lasted 12 weeks or more. There was one limited consultation period, which related to the Work at Height Regulations - HSC approved a follow-up consultation period of six weeks to focus on a specific issue identified during previous extensive consultation.

Consultation best practice

257 HSC/E has a long history in consulting stakeholders; HSC has a statutory duty to consult before proposing new or revised regulations. HSE begins consultation at an early stage in policy development, eg using a discussion document to draw in new ideas and develop stakeholder ownership ahead of a full consultation exercise. This approach has been used in reviewing the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. The discussion document was developed with the help of key stakeholders, who were invited to discuss HSE's plans at a public forum event.

258 Examples of effective consultation during 2004 include a proposal (derived from an EC Directive) to ban cement containing hexavalent chromium. Consultation indicated that it was those down the supply chain (ie cement preparation manufacturers and other end-users of cement) who were least prepared for the change and, in some cases, faced major challenges in achieving compliance when the ban became law. Subsequently, HSE and the cement manufacturers convened a working group representing relevant trade associations, workers and enforcing authorities. The group members identified issues and solutions, and developed and disseminated information tailored to their constituencies. In addition, the enforcing authorities adopted and publicised a 'light touch' approach to enforcement for the first year.

259 During development and piloting of HSE's work-related stress management standards, but prior to public consultation, HSE engaged extensively with stress experts and employee representatives. Engagement was through a series of interactive workshops, followed by email updates. For the public consultation exercise, HSE developed an online consultation page and feedback tool. It also hosted a discussion forum for registered contributors. The consultation campaign was supported by the distribution of 650 000 CD-ROMs to target sectors, via selected publications. The CD-ROM contained an introductory video, the consultation documents and a link to the website. These initiatives ran alongside the usual consultation methods. The online consultation enabled HSE to monitor progress and address problems at an early stage. Interim reports informed the development of the final standards in parallel with the consultation progress. This enabled the standards to be launched to target on 3 November 2004. The online discussion group encouraged sharing of views on

the proposed standards and the scale of the consultation has helped raise awareness of HSE's work in this area.

Alternatives to regulation

260 During 2004 HSC/E reviewed its legislative programme, reshaping it in the light of new priorities, *Better Regulation* principles and the availability of resources. Sixteen proposals were stopped and a further eight were put on hold pending consideration of alternatives to legislation.

261 The management standards, offering practical advice to businesses on stress at work, were developed as an alternative to imposing potentially burdensome regulations. The standards were designed to help employers meet existing legal duties, ie to carry out a suitable and sufficient assessment of the risks to the health and safety of their employees. The standards are supported by guidance and tools, which are available on HSE's website at: <http://www.hse.gov.uk/stress/standards>. These enable employers and employees to work in partnership to identify the causes of stress, develop locally-relevant solutions and prioritise actions.

Commitments to review regulations

262 HSE has an integrated research programme that addresses both generic and specific occupational health and safety issues across the complete spectrum of HSC/E's regulatory responsibilities. This includes work contributing to the review of regulations. RIAs of all major proposals contain a commitment to review the regulations. For instance, a baseline is being established to enable future evaluation of the Work at Height Regulations.

Transparency of implementation plans for European legislation

263 HSE's *Euronews* publication provides updates on the progress of health and safety-related European legislative proposals, from inception to adoption and transposition into UK law. Five editions are published each year as a hard copy insert to the *HSC Newsletter*. *Euronews* is also available on the HSE website at: <http://www.hse.gov.uk/aboutus/europe/euronews.htm>.

Common commencement dates

264 HSE implemented common commencement dates with effect from 2005, the second government body to do so. This means that, with ministers' agreement, regulatory changes arising from within the UK will be implemented on only two dates each year, ie 6 April and 1 October. HSE will also aim to do this for regulations originating from Europe where possible. In February 2005 HSE issued its first biannual statement of what the expected changes would be. Harmonising commencement dates should help those affected (ie businesses, employee representatives and individuals) to be more aware of forthcoming changes and better able to plan for and implement new measures effectively.

The Hampton Review

265 The Hampton Review considered, with business, regulators, and in consultation with the Better Regulation Task Force, the scope for promoting more efficient approaches to regulatory inspection and enforcement while continuing to deliver excellent regulatory outcomes. We share this aim and have been actively engaged with the review team. HSC/E looks forward to implementing the review's recommendations.

266 Full details of HSE's legislative activities during 2004/05 can be found in Annex 2.

Communications

Overview

267 We built up and reorganised our communications capacity during the year to achieve some fundamental changes - a shift from reactive and tactical initiatives to strategic communication, and from providing information to changing behaviour.

268 With reinforcement of our communications team - including account managers to handle campaigns and co-ordinate internal client needs - and some solid successes in our first year of the new Communications Directorate and Communications Delivery Service (described in paragraphs 270-289), we are well positioned to shift next year into more large-scale campaigning.

269 Results of our first surveys to baseline our communications tell an encouraging story. We continued to score high on familiarity and favourability with citizens, employees and employers in a repeat MORI poll. We were particularly delighted to learn how high our stock is with chief executives - some 90% of them rated us favourably. Their attitudes to health and safety were similarly positive with nearly four in five agreeing that health and safety benefits their company and 65% that health and safety requirements save money in the long term.

Our strategy

270 We started the year with Board and HSC agreement to a new communications strategy. Built on the seven objectives set out in headings below, the communications strategy focused our corporate communications activity on key target audiences: staff, national government, and key stakeholders and opinion formers.

Reorganising communications

271 We reinforced our capacity to integrate corporate communications with new teams to improve stakeholder engagement and internal communications, and set up a new account management function within the Communications Directorate to manage major campaigns and help internal clients develop communications activity.

272 In October, we converted our Directorate of Information and Advisory Services into a Communications

Delivery Service and reorganised it into Online Services, a new Commercial team charged with generating income from publications and a Creative Services team bringing design, editorial and publicity resources together.

273 A network of communications partners throughout the organisation provided a valuable channel for collecting staff views and spreading information about communication priorities.

Promoting the case for health and safety

274 With a new focus on key stakeholders, including parliamentary and political stakeholders, Commissioners promoted the sensible health and safety case at party conferences in autumn 2004 and Bill Callaghan hosted a round-table dinner event in January to promote a debate on risk. He continued the theme in 2005 at a March seminar on risk and compensation addressed by the Lord Chancellor. Commissioners' extensive activities to promote health and safety messages with stakeholders are detailed in *The Commission's work during 2004/05* on page viii.

275 Our campaign to promote the business case for health and safety ran in February with advertising in national and trade press and on radio, supported by direct mail and a website. The campaign secured over 22 000 visits to our *Better Business* website and over 5000 copies of the campaign booklet were downloaded. The theme will be continued next year at conferences and other high profile events. We started work on large-scale new campaigns to run later in 2005 on back pain and slips and trips.

Presenting a clear picture of HSE's role

276 New media tracking data available from October 2004 onwards showed our coverage evenly divided between positive and neutral and only 7% negative coverage. But the national press continued to misattribute to HSE various 'bans' - mountain climbing without scaffolds, Maundy Thursday foot washing in church, hanging baskets, conkers without goggles, swimming pools. We shall continue to try to set the record straight on what sensible health and safety means.

277 A News Centre on our website was introduced to provide journalists with easy access to HSE information, and our Press Office publicised interventions and enforcement activity including the outcome of prosecutions.

278 Throughout January-March 2005 we ran a trial to boost support from the Government News Network to our Yorkshire and Humberside FOD regional team to test the impact on the quantity and quality of media coverage. By the end of February the impact on volumes was clear - coverage had increased significantly compared to other HSE Regions.

279 Information remains an important part of what we do and at the core of this work is:

- the HSE website - each month over 530 000 visitors made 1.6 million visits;

- *HSEdirect*, which provides access to HSE information by subscription;
- HSE Books, distributing publications, videos, and electronic products;
- Infoline, our contact centre, which handled over 270 000 inquiries with high service standards - 83% of calls answered within 15 seconds and all queries responded to within ten days.

Building partnerships

280 We identified the need for more co-ordinated and focused approaches to key corporate stakeholders and commissioned research from the Central Office of Information to provide an evidence base for prioritising our effort and developing plans. We concluded that we needed to focus on a small number of key stakeholders of critical importance to delivering our targets. We put in place arrangements to co-ordinate our communications with them.

281 Major corporate events to build partnerships included a chemical industries seminar in March, the Construction Summit in February, and a meeting of heads of communications from organisations with a major health and safety interest, who agreed to work more closely in order to achieve greater communications impact. The Commission also held its first open meeting, which was well attended by a wide range of stakeholders.

Internal communications

282 We gave high priority to improving staff communications during the year (in response to staff survey information which showed dissatisfaction). We reviewed our internal communications channels - a house journal, global emails, and other management communications systems. In response to comments collected we launched a redesigned journal, an electronic weekly briefing system, a new corporate 'cascade' briefing system and re-reviewed them at the end of 2004. Further changes will be made to respond to staff views.

283 We listened to staff requests for more visible leadership and organised 30 roadshows in 2004 led by the Director General, Chair and Commissioners. These reached 1200 staff and a further round started in early 2005. These events are complemented by more Board visits to HSE offices and a hands-on role for board members in health and safety tours. The Director General launched a website for direct inquiries from staff, resulting in 62 inquiries and 6000 visits to his homepage by the end of March 2005.

284 Major internal campaigns were run to keep staff informed about pay negotiations, our new Merseyside Centre, a reorganised programme structure, and health and safety campaigns on MSDs and display screen work.

Strategic communications

285 We developed new infrastructure arrangements (new planning, information and project tracking systems) to accompany structural and organisational changes to

improve co-ordination and integration of our communications.

286 The Board agreed that we should continue to aim to generate £5 million revenue from a smaller range of priced publications and other products. We started the process of converting free and priced publications for the web and will step up these efforts in 2005/06.

287 We developed a new brand identity during the year, which retains our existing logo. This was applied to new publications, new promotional material, our website, an HSE PowerPoint template, and - as stocks are depleted - to new stationery.

288 We invested in research to underpin our efforts to improve communication. We baselined our activities with stakeholders and main target audiences. A repeat MORI survey confirmed attitudes to health and safety and HSE. A survey of MPs showed an increase in impressions of HSE effectiveness over a six-month period in the year. We ran surveys among employers and employee groups to better understand attitudes and perceptions of health and safety such as managers and employees in construction, in the waste recycling sector and across a range of business sectors facing health risks. We targeted stakeholder groups whose behaviour can have a significant impact on our targets including chief executives, elected members and health and safety practitioners in local authorities and primary care trusts. These studies will underpin new communications strategies. We also market tested products - a name for the new occupational pilots, promotional material on stress standards, asbestos, COSHH and business case and workplace transport campaign material.

Developing a communications culture

289 We aim to raise the competence and confidence of HSE staff in communications and started a long-term training initiative with basic communications planning training for 40 senior civil servants. We made similar provision for communications partners, and project managers in the construction and chemicals programmes.

Science

290 High-quality science and engineering is a key element in delivering the HSC vision and mission for workplace health and safety. It provides HSC with evidence on the causes of ill health and incidents in the workplace. It influences our priorities and contributes to developing solutions to control workplace risks. The Government's Chief Scientific Advisor is currently undertaking a review of HSE science, covering all activities from horizon scanning for future issues to maintenance of existing scientific expertise. HSE has conducted a self-assessment, based on the ten review criteria, which will be published as an annex to the external review. The external review team has completed a scoping study and set up a steering panel for the review. The steering panel has identified four case studies, encompassing the breadth of HSE's regulatory responsibilities, to provide information on how HSE's science operates in practice. The review team is likely to report their findings in autumn 2005.

Science strategy

291 A new HSC science strategy, *Gathering evidence, developing understanding, identifying solutions* has been produced, which describes how HSE will apply its science resources to help deliver the Commission’s Strategy. The strategy has been revised in light of the comments received following open consultation towards the end of 2004 and will be published in summer 2005. For further information see: <http://www.hse.gov.uk/science/strategy.htm>.

Horizon scanning

292 We need to identify issues with the potential to change or present new workplace risks in the medium to long term. HSE has established a Horizon Scanning Unit, which will assess and help prioritise intelligence on new developments. This will allow HSC/E to identify where further work is justified and will inform HSE’s future needs for scientific expertise.

Science communication

293 There were 83 research reports on newly completed projects published on the HSE website. We continue to develop and improve our science internet pages so that information is more accessible.

294 The new HSE *Science and Research Outlook* (SRO) website was launched in October 2004 (<http://www.hsesro.com>).

295 The SRO website and newsletter is a dynamic and interactive vehicle for sharing and engaging with stakeholders on science. Two issues have been published, containing 25 articles on such diverse topics as nanotechnologies and violence towards taxi drivers. Over 2500 people have registered with the site worldwide and this is increasing each month. There have been over 10 000 hits, with many interesting comments received via the interactive feedback feature.

296 The research projects directory (<http://www.hseresearchprojects.com/About.htm>) now

provides rapid access to over 1400 current and completed projects. In its first year of operation, there have been over 30 000 searches of the directory and over 70 000 ‘hits’ on individual project records.

New HSL facilities at Buxton

297 HSL occupied its new laboratory at Buxton, built under the Private Finance Initiative. For almost the first time in its history, all HSL staff are under the one roof in a state-of-the-art laboratory. The construction was completed to time and budget, and HSL took occupancy with minimum disruption to its work. As part of the project, HSL’s old premises in Sheffield were sold to Sheffield University. The project demonstrates the importance of science in HSE’s work and represents a major addition to the UK’s scientific capabilities.

Science resources

298 In 2004/05 HSE spent £34.6 million on commissioned science and technology (not including science funded through HSE by industry (£5.2 million)). Of this £34.6 million, £11.6 million was spent on research commissioned with external bodies, and £23 million was spent on research plus scientific and technical support with HSL. A breakdown of the science expenditure across the HSE programmes is shown in Figure 4.

299 The pattern of expenditure differs from the 2004/05 Business Plan as the science budget is highly responsive to the need for reactive support and incident investigation. Examples of work completed in 2004/05 included:

- approximately £700 000 scientific support to the investigation of the Stockline Plastics explosion, Glasgow;
- health and safety of homeworkers, good practice case studies;
- factors inhibiting the greater involvement of employees in health and safety activities;
- the development of case studies that demonstrate the business benefit of effective management of occupational health and safety;

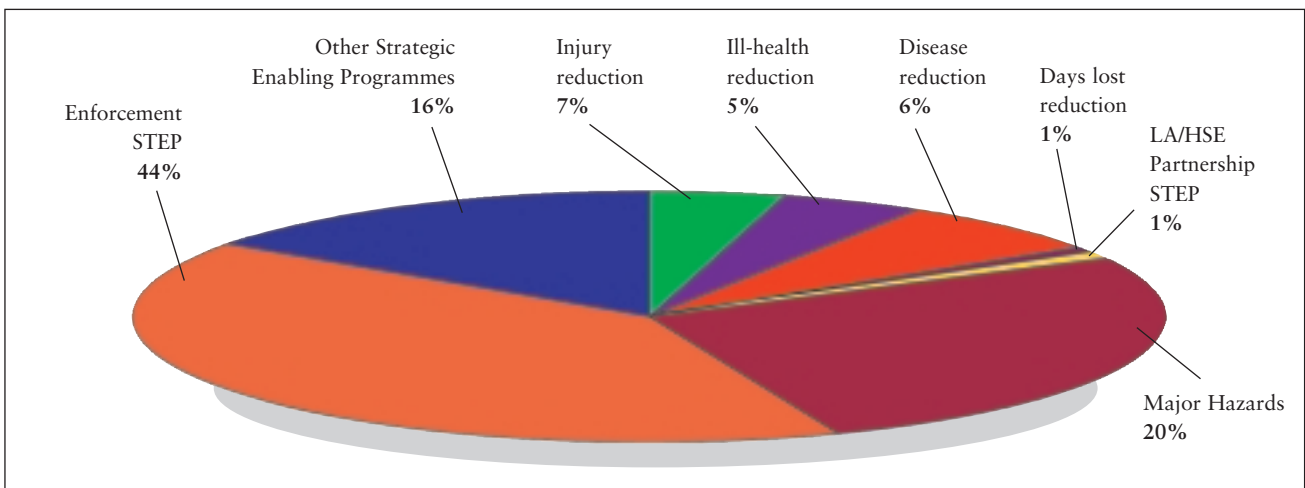


Figure 4 Percentage expenditure on science across HSE programmes (total expenditure £34.6 million)

- occupational health and SMEs: focused intervention strategies;
- evaluation of Computational Fluid Dynamics (CFD) to predict smoke movement in complex enclosed spaces.

Risk management and risk education

300 Decision-making about **sensible risk management, sensibly applied** is at the heart of the regulatory regime for ensuring effective control of work-related health and safety. HSC/E's basic approach comprises:

- better regulation through proportionality, consistency, transparency, targeting and accountability, and promotion of cross-departmental co-ordination in risk management;
- effective communication to stakeholders to help them understand HSC/E's messages on risk management, and to enable them to make sensible decisions on risk control;
- equipping young people with the necessary knowledge and skills to be risk aware and risk responsible;
- supporting safety-critical professionals in addressing, at source, risk in both work practices and design.

Activities undertaken during 2004/05

Guidance for duty holders on risk-based decision making

301 The *Risk management* pages on HSE's website (<http://www.hse.gov.uk/risk/index.htm>) were redesigned to make them more relevant to HSC/E's approach to sensible risk management, providing straightforward explanation, FAQs, and links to HSE's guidance such as *Five steps to risk assessment*. Software development of an interactive version of *Five steps to risk assessment*, in relation to the general office environment, has been completed and trialling is currently taking place.

302 A suite of key messages supporting HSC/E's sensible risk management approach was developed; they will form the basis of a focused HSC campaign on sensible risk management in 2005.

Develop policy on aspects of HSE's risk-based decision making

303 To further ensure a consistent approach to risk management from HSE inspectors, additional guidance was produced for HSE staff on judging whether duty holders have met the legal requirement to reduce risk to 'as low as reasonably practicable'. The guidance is to be made available on HSE's website.

Promotion of national and international co-ordination in risk management

304 HSE continued to play a significant role in assisting the shaping and implementation of the two-year cross-government Risk Handling Improvement Programme (concluded December 2004) including chairing the steering group on *Managing risks to the public* (http://www.hm-treasury.gov.uk/media/8B2AE/risk_principles_220903.pdf).

In response to the programme, HSE has enhanced its own corporate risk-handling capabilities, including its internal risk governance arrangements. HSE had a prominent role in the European TRUSTNET programme designed to establish policy, practice and competence in participative risk governance for public policy making and delivery. A report on the conclusion of Phase 2 of the programme has been published and will be available in due course at: <http://www.trustnetgovernance.com>.

Risk education for young people

305 HSE worked in partnership with the Royal Society for the Prevention of Accidents (ROSPA) and the University of Central England (UCE), to produce a pilot scheme to incorporate risk management in initial teacher training programmes. This pilot was well received at UCE and will continue in the next academic year.

306 HSE actively supported *Risk Watch*, an injury prevention programme aimed at improving the social well-being of pupils aged 4-12 years by providing, through the school curriculum, avoidable injury awareness. Evaluation of a pilot in 2004 involving five primary schools (three in the Highlands of Scotland and two in Nottinghamshire) was positive, leading to an extended pilot and the inclusion of further topics.

307 HSE continued its support of the West Sussex *whole-school approach* initiative. The pilot stage has been completed and will be subject to evaluation with an anticipated programme launch for 2005/06. The exercise seeks to support teachers in planning programmes of work to develop a healthier, safer lifestyle through stimulating thinking, and enable creative solutions when teaching children to become safer and healthier, through classroom activities and engagement with a wide range of stakeholders (including school governors and the local community).

308 An evaluation of a risk education website for secondary-age students was commissioned by HSE. The research (undertaken by York University) looked into the effectiveness of using a website to improve the understanding of risk in school students aged between 14 and 18. Steps are in hand to enhance HSE's *Risk education* website and develop an interactive site for children and young people.

Risk education for safety-critical professionals

309 Working with the construction industry, HSE developed an e-learning website for use by colleges and universities involved in training engineers and other professionals working in the industry. And, as a member of the Inter-institutional Group on Health and Safety Working Party, HSE has been involved in developing teaching material on managing health and safety risks for undergraduate engineers, introducing concepts of proportionate risk control. In addition, HSE funded a research project at Liverpool University to implement an agreed set of risk education learning outcomes into a revised four-year undergraduate mechanical engineering degree, evaluate the success of their delivery and investigate how to promote the new syllabus to other universities.

Managing the organisation

Business improvement

310 HSE manages a co-ordinated programme of business improvements, through which it has achieved significant cash releasing and/or productivity savings over a number of years. The outturn results show that HSE realised savings valued at over £11.6 million for the year, attained through a combination of cash savings and quantifiable added benefits - equivalent to 5.3% of total administrative costs (excluding HSL) of £218.5 million.

311 A number of key initiatives contributed to this achievement including reducing back office functions and

increasing front line activities through continued streamlining of corporate support, enabled by investments in IT and more e-business.

312 Looking to the future (2005/06-2007/08), HSE has set a target to deliver £50 million worth of efficiency savings (equivalent to approximately 6% of the total budget per year), at least half of which is to be realisable in cash. These efficiency savings are necessary to enable HSE to live within its means, create an organisation that is better placed to achieve its PSA targets, and contribute towards the agenda set out by Sir Peter Gershon in his Review of Government Efficiency.

Staffing

Total HSC/E staff in post by occupational group

Occupational group	01/04/2001 staff in post	01/04/2002 staff in post	01/04/2003 staff in post	01/04/2004 staff in post	01/04/2005 staff in post
Front line staff*	1335	1458	1508	1551	1517
(of which the following are front line operational inspectors**)	(1335)	(1458)	(1508)	(1483)	(1404)
Inspectors (other than at**)	199	167	143	122	126
Other professional or specialist staff	1333	1461	1481	1359	1371
Other staff***	1214 (includes 187 agency staff)	1196 (includes 232 agency staff)	1030 (includes 94 agency staff)	987 (includes 115 agency staff)	889 (includes 100 agency staff)
Total staff	4081	4282	4162	4019	3903

Table 3 Total HSC/E staff in post by occupational group

Notes:

All figures are for full-time equivalent staff. All figures have been rounded to the nearest whole number.

* Front line staff include front line operational inspectors** and, since 01/04/2004, visiting staff working alongside inspectors in front line roles delivering key health and safety messages. Such staff comprise of workplace health and safety awareness officers in FOD, Railway Inspectorate contact officers and regulatory contact officers in HID.

** Inspectors at Bands 1 and 0 or working in other directorates/divisions are not included. In FOD, RI and HID, as far as possible, inspector staff undertaking more generalised HQ functions have been eliminated from these figures. The figures also exclude non-inspectorial specialist staff, eg scientists. Inspector staff includes discipline, medical and occupational health inspectors.

*** Resource Accounts Guidance now requires inclusion of agency/temporary staff and inward secondments/loans.

HSE staff in post by division/directorate

Division/directorate*	01/04/2001 staff in post	01/04/2002 staff in post	01/04/2003 staff in post	01/04/2004 staff in post	01/04/2005 staff in post
Solicitors Office	35	50	34	33	-
Legal Adviser's Office ¹	-	-	-	-	39
Resources and Planning Directorate ²	514	515	496	446	426
Communications Directorate ³	-	-	-	24	26
Policy					
Health Directorate	258	258	167	-	-
Safety Policy Directorate	140	125	114	-	-
Strategy and Analytical Support Directorate	129	137	122	-	-
Strategy Division (formerly Strategy and Intelligence Division)	-	-	-	8	6
Rail Directorate	-	48	40	-	-
Policy Group ⁴	-	-	-	316	292
Operations					
Operations Unit	26	29	-	-	-
Local Authority Unit	30	25	-	-	-
Operational Policy Division	-	-	35	35	-
Operational Policy and Support Division ⁵	-	-	-	-	79
Field Operations Directorate and HM Railway Inspectorate	1581	1723	-	-	-
Field Operations Directorate	-	-	1712	1609	1623
HM Railway Inspectorate	-	-	184	209	173
Hazardous Installations Directorate ⁶	539	559	615	605	553
Nuclear Safety Directorate	261	268	293	287	259
Electrical Equipment Certification Service ⁷	58	55	8	-	-
Technology Division	137	135	-	-	-
Corporate Science and Analytical Services Directorate ⁸	-	-	-	86	76
Total HSE staff	3708	3927	3820	3658	3552
HSL	373	355	342	361	351
Total Staff	4081	4282	4162	4019	3903

Table 4 Total HSC/E staff in post by division/directorate

Notes:

* Includes agency staff, see Table 3.

1 The Solicitors Office was renamed the Legal Adviser's Office in January 2005.

2 Directorate of Information and Advisory Services section of the Resources and Planning Directorate was reformed into Communications Delivery Service on 4 October 2004.

3 Communications Directorate was formed in January 2004.

4 During 2003/04, directorates in Policy were restructured into 'Policy Group' and 'Strategy and Intelligence Division' (SID) (now 'Strategy Division'); also, staff were transferred to Corporate, Science and Analytical Services Directorate. The Policy Group staffing figure includes support to HSC.

5 Operational Policy Division (OPD) took on new functions in 2004/05 to provide support services to operational directorates. Operational Policy and Support Division, which replaced OPD in January 2005, now comprises Operational Policy Unit (formerly Operational Unit), Local Authority Unit and the new Operations Support Unit.

6 Staff from Hazardous Installations Directorate, Field Operations Directorate and Nuclear Safety Directorate have been transferred into Operational Policy and Support Division.

7 The Electrical Equipment Certification Service ceased to operate on 01/10/2002.

8 The Corporate Science and Analytical Services Directorate was formed 01/01/2003 and combines analytical services, risk policy and science and technology into one Directorate.

Recruitment

313 Recruitment into HSE is conducted in line with the Civil Service Commissioners’ Recruitment Code. We operate systems and procedures that meet the Code and ensure that recruitment is carried out on the basis of fair and open competition and selection on merit. The systems and procedures are subject to periodic internal and external audits. The Code requires departments to publish summary information about their recruitment and the use of permitted exceptions to the principles of fair and open competition and selection on merit.

314 During the year:

- 92 staff were recruited;
- 48 UK secondments/loans into and out of HSE and two overseas secondments commenced;
- one extension of a short-term appointment beyond the initially publicised period and two fixed-term appointments converted to permanency following immigration restriction being lifted by the Home Office;
- 14 re-appointments of former civil servants were made.

Grade	Recruited to HSE	Reinstatement	Re-employed pensioners	Transfer from other government departments	Female	Male	Non-white*	Disabled
SCS	0			1		1		
Band 1	1		1	1	1	2		
Band 2	2	1	3	0	3	3		
Band 3	12	2	3	1	5	13		
Band 4	12	3		1	11	5		
Band 5	7			6	8	5	2	
Band 6	58		1	57	73	43	6	3
Total	92	6	8	67	101	72	8	3

Table 5 Breakdown of staff recruitment

*Note: * Information on ethnic and disability status is not always provided.*

Resources

315 Full details of HSC/E accounts for 2004/05 can be found in Part 2.

Private Finance Initiative (PFI)/Public Private Partnerships (PPP)

Refit - IT

316 The REFIT partnership with LogicaCMG has now completed its third year of a ten-year agreement. A benchmarking report produced in November 2004 concluded that:

- REFIT is delivering services that are well received by HSE;
- the level of investment by HSE in IT is at the lower end of comparable statistics; and
- the benchmark costs for core desktop and other services continue to represent value for money.

New Merseyside Centre - Redgrave Court

317 Construction of the new centre by Kajima Development, under PFI, continued throughout the year and has generally gone well. Plans for fit out, IT installation and removals are well advanced and are likely to take place over the summer 2005.

Sponsorship

318 Working Well Together (WWT) is an industry-wide construction health and safety campaign developed by HSC's Construction Industry Advisory Committee.

319 In 2004/05 HSE received sponsorship from several organisations in support of the WWT Roadshow and the White Van Roadshow. The two WWT roadshows visited construction sites around the country to promote health and safety messages and encourage workers to 'sign up' to best health and safety practice.

Roadshow sponsors	
HSS Hire	£30 000
Taylor Woodrow	£15 000
Bovis Lend Lease	£15 000
Skanska	£15 000
Construction Industry Training Board	£10 000
TOTAL	£85 000

Table 6 Roadshow sponsors

Departmental investment strategy

320 Capital investment is exclusively in support of the staff resource and is mainly accommodation related, motor vehicles and scientific equipment. The new Health and Safety Laboratory became operational in October 2004 funded via an 'on balance sheet' PFI contract.

Prompt payment of bills

	HSE	HSL	Combined total	Combined % paid on time
Number of invoices paid on time	15 634	7660	23 294	99.37%
Number of invoices paid late	135	12	147	
Total invoices received	15 769	7672		

Table 7 Prompt payment of bills

Charging

321 A review of charging in HSE, completed in autumn 2004, looked at areas where charging could be extended. The report made a series of recommendations and some of these will be taken forward in 2005/06. No new or restructured schemes have been developed for 2004/05. Repeal of major parts of the Explosives Act 1875 and replacement by the Manufacture and Storage of Explosives Regulations 2005 will lead to further change later in 2005.

Information technology

322 Key projects included:

- an integrated system for the whole of our inspection and enforcement activity to be launched during 2005/06;
- an electronic documents and records management system that moved into its procurement phase after successful piloting within parts of the business;
- the successful launch of a corporate system for tracking FOI requests and our responses;
- an 'extranet' infrastructure which will more easily support working links to an increasing number of partner organisations in the health and safety system. Enhanced support for working with LAs will be launched during 2005/06.

Diversity

323 Highlights from last year include:

- further progress towards meeting HSE and *Modernising Government* targets for the proportion of women, disabled and black and minority ethnic staff in each grade (see Tables 8-10). However, the downturn in recruitment activity over the past year and a slowing of promotion opportunities is putting progress on hold;

- work on disability issues including:
 - improving working arrangements for disabled staff;
 - improving access to on-site occupational healthcare;
 - contributions to the public debate on disability discrimination requirements and, in particular, its interface with health and safety provisions. This has included a supportive response to DWP's consultation on the proposed public sector duty to promote equality for the disabled and a Memorandum to the Transport Select Committee's inquiry into disabled people's access to transport;
- further action on race equality issues as provided for in our Race Equality Scheme, including:
 - improving monitoring arrangements on recruitment and internal vacancy filling procedures as part of our work to encourage applications from under-represented groups and help meet our targets;
 - guidance and training to visiting staff (such as inspectors) on race awareness and on dealing with racist incidents while making visits;
 - production of guidance setting out essential health and safety rights and responsibilities for employers and workers that have been translated into a number of languages other than English;
 - completion of some research into stress and ethnicity which found greater levels of stress among people of ethnic minority origin - particularly black Caribbean women;
 - a number of local initiatives taken forward by race equality contacts within HSE, such as a survey of health and safety activity of employment businesses in London undertaken in conjunction with the local Race Equality Council;
- initiating an equal pay audit, which will extend into next year and beyond.

Progress towards Modernising Government targets

Disability

Band	1 April 1999	8 March 2005	HSE target 2005*	Modernising Government target 2005
	%	%	%	%
SCS	0	1.92	3.7	5.0
B1 (G6)	1.6	1.50	3.1	4.2
B2 (G7)	1.2	4.40	✓1.8	✓2.4
B3 (SEO)	1.3	3.21	✓1.6	✓2.2
B4 (HEO)	2.0	3.98	✓2.9	✓3.9
B5 (EO)	2.7	4.39	✓3.9	5.2
B6 (AA/AO)	6.1	6.47	✓6.4	8.7
Total	2.9	4.28	3.5	4.7

Table 8 Staff in post with disabilities

Gender

Band	1 April 1999	8 March 2005	HSE target 2005*	Modernising Government target 2005
	%	%	%	%
SCS	24.5	23.08	29.0	35.0
B1 (G6)	6.2	19.55	10.0	✓12.1
B2 (G7)	12.2	18.40	✓13.7	✓16.5
B3 (SEO)	26.0	34.24	✓27.8	✓33.6
B4 (HEO)	47.1	49.34	50.0	60.3
B5 (EO)	65.7	69.07	✓64.0	77.2
B6 (AA/AO)	72.9	71.49	✓70.0	84.5
Total	43.9	45.79	44.2	53.3

Table 9 Staff in post by gender

* Projected % set at April 1999
 ✓ = HSE or Modernising Government target met or exceeded

Race

Band	1 April 1999	8 March 2005	HSE target 2005*	Modernising Government target 2005
	%	%	%	%
SCS	0.0	1.8	1.8	3.2
B1 (G6)	0.8	1.50	2.3	4.1
B2 (G7)	1.2	2.04	2.1	3.7
B3 (SEO)	3.0	4.35	✓3.8	6.8
B4 (HEO)	3.1	6.64	✓4.4	7.8
B5 (EO)	7.6	10.02	✓9.3	16.5
B6 (AA/AO)	8.6	7.89	9.9	17.6
Total	4.7	7.45	✓5.9	10.5

Table 10 Staff in post by race

* Projected % set at April 1999

✓ = HSE or Modernising Government target met or exceeded

Note: It is important to recognise that not all new recruits or existing staff wish to divulge their ethnic background or disability status and therefore that statistical reports may not be a complete picture of HSE's rich mix of individuals. We acknowledge the fundamental right of all our staff to choose whether they take part in our statistical analyses.

Staff training and development

324 Training and development achievements:

- we have trained 1900 staff over 300 training events (covering management, occupational health and safety, IT skills, personal development and legal training);
- new courses included writing for the web, communication skills and a management development workshop. New provision was also developed for dealing with requests under the Freedom of Information Act;
- HSE has started a significant initiative to identify high potential staff and to provide tailored development for our leaders of the future;
- HSE has continued to maintain its commitment to *Interchange*. On loan or secondment, we have had 79 HSE staff out and 40 staff into HSE. There are 16 HSE staff working overseas on secondment and one EU national is working in HSE on secondment.

Human Resource Service Transformation (HRST)

325 The HRST programme aims to deliver a modern and more professional Human Resource Service that supports an improved management culture across HSE and HSL through:

- human resource strategies and policies that better support HSE's business strategy;
- accessible online procedures, so employees and managers can access appropriate information to improve their decision making;
- easy-to-use tools and techniques, empowering managers to fulfil their people responsibilities;
- reduced human resource costs to HSE through a corporate HR advice and support centre.

326 Progress to date includes:

- an analysis of the market-leading commercial off-the-shelf HR IT solutions and decision that a system will be bought in;
- development of work streams: HR business partners; core strategy and policy; corporate advice and support centre; and policy and procedures;
- a report on management capabilities that will be progressed with Senior Civil Service;
- completion of an options analysis looking at partnership with DWP.

Government targets on sickness absence

327 HSE has placed increasing emphasis on managing long-term absences this year. A key element of our approach has been greater use of case conferences involving the employee, management, trades unions and our occupational health provider. This is working - actual instances of sickness absence have dropped by 8%.

328 Our success in getting employees back to work after long-term absence has resulted in a peak in working days recorded as lost this year. HSE lost an average of 8.52 working days per staff year; a rise of 0.55 days compared to 2003/04. However the number of people currently on long-term sickness absence is at its lowest point for four years, this trend is expected to continue.

329 HSE played a key role in the work of the Ministerial Task Force on Health, Safety and Productivity. The Task Force published, jointly with the Cabinet Office, its review of sickness-absence management in the public sector. The report was well received and made a number of recommendations on how organisations could improve their performance. In many areas HSE is already implementing the recommendations and others will be taken forward next year.

Sustainable development (green housekeeping)

330 HSE is fully committed to achieving the targets set down by Government. The following is a snapshot of activities designed to help make HSE a more environmentally-friendly organisation:

- carrying out environmental assessments of newly acquired property using the Building Research Establishment's Environmental Appraisal Method (BREEAM);
- aiming to reduce the annual energy consumption on the estate by targeting major users of energy within the organisation;
- recycling of as much waste as possible including paper, furniture, IT and electrical equipment etc;
- paper purchased by HSE comprises 100% post-consumer waste;
- portable video conferencing equipment has been installed in all HSE offices to help to reduce the amount of business travel;
- strict policy to limit the engine size of the 236 cars used by high-mileage employees contracted under the Private User Scheme.

Business risk

331 Continued steady progress has been made taking forward business risk management. Our non-bureaucratic approach recognises that one size does not fit all. The *Risk Management Improvement Plan 2004/05* focused on embedding the risk management process across the organisation. Much of the plan was achieved. A concise 'practical guide' was made available to all staff to help develop a basic common approach. A plan for 2005/06, aimed particularly at supporting colleagues, has been developed.

332 HSE's Risk Management Framework codifies overall strategy, emphasising the need to integrate business risk management into the management system for effectiveness and proportionality.

333 The focus at corporate level is the Corporate Risk Register, setting out the key risks to delivering the Commission's Strategy. Board-level risk owners are responsible for ensuring adequate measures for managing their risks are in place and regularly reviewed. HSE's Board considered the Corporate Risk Register quarterly during 2004/05 to ensure that the right strategic risks were identified, were being managed adequately and could not be effectively managed at a lower level.

334 Across the organisation specific risk registers are being developed for HSE's strategic programmes, their component parts and lower level projects and programmes.

Welsh Language Scheme

335 HSC/E has continued to build on its commitment to the use of Welsh. The Welsh Language Board audited our Welsh Language Scheme during 2004 and has made several

suggestions for further developing and promoting the service to Welsh speakers. The practical implications are now being considered with the Welsh Language Board's assistance.

Devolution

336 HSC/E's commitment to work in partnership with devolved administrations in England, Scotland and Wales was confirmed in the Government's response to this year's Work and Pensions Select Committee inquiry into our work.

337 HSC/E's broad risk priorities are the same for England, Scotland and Wales but there is a commitment to tackle them in ways that meet the needs of the economies, communities and cultures in devolved areas. Local and regional partnerships are supporting joint planning of work, using resources that are available across a range of stakeholders, to deliver defined outcomes based on the evidence. Our work under the Local Authorities and HSE Working Together Strategic Enabling Programme is intended to ensure specific Scottish and Welsh involvement so that it reflects priorities in all parts of Great Britain. Work includes:

- HSE is investigating whether more effective co-ordination of the health and safety system in Scotland can be achieved by establishing a group of major stakeholders (including the Scottish Executive, business and trade union representatives) whose aim will be to ensure the delivery of the Commission's Strategy within the Scottish context. A member of the Commission chairs the group. It will also play a full part in the development of the Scottish Executive's *Healthy Working Lives* initiative, which aims to deliver an integrated approach to improving the health of the working age population through the vehicle of work.
- In Wales, work has continued to join together HSE's priorities with those of the Welsh Assembly Government and to better meet local needs to improve the health of the Welsh workforce. HSE has actively supported the Assembly's corporate health standard for workplaces and HSE Wales has achieved the silver award. Joint projects have been initiated with many LAs. In partnership with NHS Wales, passport schemes for manual handling training, and violence and aggression have been introduced. Preparatory work has been carried out with large manufacturing companies based in Wales, TUC Cymru, and the Welsh Development Agency to create a forum for benchmarking and sharing best practice.
- In London we are seeking to effectively engage with the key stakeholders within the Greater London Authority (GLA) family.
- We have worked in partnership with the Southern and Eastern Region Trades Union Congress (SERTUC) and the GLA on an accord to find ways to promote effective health and safety management and worker participation in the Capital to make London a world-class city for health and safety.

- We are actively involved with GLA on a number of specific issues. Following a review of public safety issues at the London Notting Hill Carnival and a request from GLA, we have provided input into the planning process and attended the inter-agency operational planning safety group meetings. We regularly meet with representatives from GLA, the London Development Agency (LDA) and the Ministry of Culture, Media and Sport to discuss HSE input into the planning, construction and development of the Olympic Games if the London bid is successful.

Employee involvement

338 It is HSE’s policy to consult the trade unions representing its staff as widely as possible in order to give them the opportunity to influence the development and application of proposals relating to major organisational and staffing changes. There is a formal consultation structure between HSE management and unions within the Whitley system at both national and local levels. The HSE Whitley Council is the central forum for discussion of all matters of concern to HSE as a whole. National Whitleys are held quarterly and are chaired by the Director General.

339 HSE consults and negotiates with the trade unions about all issues affecting the terms and conditions of employment of staff. This continues even during periods of tension, such as the protracted negotiations about annual pay awards over the last two years.

340 In 2004/05, consultations and negotiations have been successfully taken forward on workforce planning, managing attendance, expenses policy and the implications of machinery of government changes, such as the transfer of HMRI to the Office of the Rail Regulator.

341 Staff are also consulted directly through a biennial staff attitude survey, participation in specific pilots and through meetings held by senior managers and others on subjects ranging from the Commission’s Strategy to exploring issues on the development of a new reward system for HSE. HSE is also developing a network of HR business partners who will inform and help develop personnel policies to ensure that they continue to meet HSE’s business needs.

Freedom of Information (FOI)

342 The fundamental premise of the Freedom of Information Act is that information is disclosable, save in specified circumstances of exemptions; and that the individual has the right to request disclosure of information of his or her choosing.

How HSE has implemented the FOI Act since January 2005

343 HSE put appropriate procedures into place by:

- setting up an organisation-wide infrastructure to accommodate all FOI requests, including appeals and complaints procedures in conjunction with the Act;
- commissioning an external health check on HSE’s FOI preparations, which was undertaken by the Constitution Unit of the University College London;
- launching a new FOI website which includes the revised and extended Publication Scheme required under the Act.

344 The introduction of the new website embodies the commitment to the principles of FOI made by HSC/E in their revised joint statement on openness.

January	February	March	April
704	568	813	393

Figure 5 FOI requests received since January 2005

Health and safety in HSE

Introduction

345 It is HSE’s policy to set and maintain exemplary standards of health and safety for its staff and contractors. HSE staff are exposed to a variety of risks to their health and safety ranging from those found in the office to those that visiting staff meet on site. These include asbestos, violence and aggression, noise, and railway trackside risks.

Management

Performance monitoring

346 Health and safety is on the agenda of every formal Board meeting. This includes:

- reviewing monthly accident/ill health statistics;
- monitoring performance against our targets;
- discussing reports on significant health and safety issues;
- addressing recommendations from audit reports;
- agreeing the Corporate Health and Safety Plan and end-of-year report on HSE’s performance.

Consultation

347 HSE recognises the importance of consultation with its employees. The Corporate Health and Safety Committee (CHSC) is the principal consultation forum between the Executive and the staff trade unions. Justin McCracken, the Deputy Director General (DDG), is the Board champion for health and safety. He chairs the CHSC, which meets three times a year. A TU safety representative is the vice-chair.

348 There are also a number of local site safety committees. TU safety representatives make a vital contribution to the work of these committees and in their involvement in workplace inspections, accident/ill-health investigations and health and safety events such as during Euroweek.

Performance

Against targets

349 In 2004/05 HSE set itself ambitious and challenging targets. These were to reduce:

- RIDDORs to single figures;
- DSE-related ill health (IH1) reports by 10% against 2003/04;

- slips and trips injuries by 10% against 2003/04.

350 To our disappointment we have not met our targets (see Table 11). The targets used reports from 2003/04 as a baseline. This was a year of good health and safety performance in HSE. We have, unfortunately, not sustained this good performance for a second year running.

Category	2003/04 figures	Target	2004/05
DSE IH1 reports	50	<45	63
RIDDOR reports	10	<10	20
Slips/trips causing injury	34	<30	46
Near misses	90		130

Table 11 Health and safety performance

351 As soon as it became clear that our targets would not be met, the Board champion called an emergency CHSC meeting. This meeting identified the need for a dynamic new plan that focused on areas where improvements were possible. This plan included a communications strategy, which was used to raise awareness about in-house health and safety and publicise workable solutions to the most common causes of injury.

352 It was also recognised that the accident-based targets gave an insufficient picture of what was happening in HSE, so new lead indicators are being developed.

Significant developments

353 During the year there was a thorough review of HSE’s health and safety management arrangements. The findings of this review pointed towards the need for improvement in leadership in health and safety and the tightening up of internal procedures. In particular we need to provide our staff with guidance that is clearer and focused on effective risk management. The main recommendations have been incorporated into our Corporate Plan for 2005/06.

354 We also introduced on-site occupational health provision - the service offers quick and accessible advice to managers and staff, particularly in managing sickness absence, with emphasis on appropriate intervention at an early stage. The service supports staff returning to work

following ill health. We have proactively targeted specific causes of absence and ill health such as:

- stress-related illness;
- musculoskeletal disorders;
- work-related injuries and diseases.

355 During the year, the occupational health advisers (OHAs) ran sessions to promote line management awareness of HSE’s policy on dealing with drugs and alcohol. The sessions gave advice to managers on how to identify areas of concern.

Accident/ill health/near miss reports and data

356 Accidents, work-related ill health and near misses are reported and investigated. The Board champion for health and safety is notified within 48 hours of all incidents identified as reportable under RIDDOR. (See Table 12).

357 The incident rate for RIDDOR is 376 per 100 000 employees.

358 HSE estimates the total cost of the accidents/ill health to be approximately £424 000. This includes two claims settled during the year relating to personal injury.

359 HSE had a number of regulatory visits during the year, but no enforcement action was taken.

Next year

360 In 2005/06 we have four priority areas for action:

Priority A: Improving health and safety management in HSE: the development of fit-for-purpose systems and a strong compliance culture across the organisation.

Priority B: Targeting the main causes of harm in HSE: improving HSE’s performance with regards to DSE-related problems, manual handling-related injuries, slip and trip accidents and work-related stress.

Priority C: Targeting high-consequence risks: ensuring that work-related road risks and lone working risks are properly managed.

Priority D: Improving our ability to monitor health and safety performance: identifying leading indicators to complement existing board targets and take steps to ensure that targets are met.

361 We are developing suitable lead indicators for each of these priority areas. We will continue to set targets based on incident data. For 2005/06 these are to:

- reduce RIDDORs to single figures;
- reduce DSE-related ill health reports by 10% against 2004/05;
- reduce slips and trips injuries by 10% against 2004/05.

	April-March 2005	April-March 2004	April-March 2003
RIDDOR			
Fatal injuries	0	0	0
Major injuries	1	3	1
Dangerous occurrences	0	0	0
Over-3-day injuries	20(5)	8(1)	10(1)
Ill health	4	0	4(1)
	25(5)	11(1)	15(2)
Other over-3-day injuries, eg RTAs	1	1	3
Ill health other	123	101(2)	154(4)
Minor injuries	153(20)	128(17)	148(17)
Near misses, including verbal abuse and possible accidental asbestos exposure	130(4)	90(4)	85(6)
Total	432(29)	331	405


Table 12 Accident and ill-health statistics
Note: The figures for non-HSE staff are included and shown in brackets.

362 Other significant health and safety events for 2005/06 include:

- the move of a third of HSE's workforce to a new Merseyside Centre building;
- using our own stress management assessment tool to improve our existing stress risk assessments;
- our occupational health provider will continue to support our work in improving staff health and reducing sickness absence figures.



Timothy Walker CB
Director General
Health and Safety Executive
Accounting Officer
20 June 2005



Bill Callaghan
Chairman
Health and Safety Commission
Accounting Officer
20 June 2005

Annex 1: Balanced scorecard

This Annex reports performance in one element of HSE's balanced scorecard - *Delivering planned work*. It reports progress with a number of output performance measures (OPMs) in HSE's operational directorates over the four quarters in 2004/05.

Where 'quarters' are referred to, the following convention is used: quarter 1 = April to June, quarter 2 = July to September, quarter 3 = October to December, quarter 4 = January to March.

Performance is assessed using a 'traffic light' rating (Red, Amber or Green (RAG)), which is determined by agreed criteria, eg higher than a predetermined number of safety cases processed warrants a Green. The ranges for each OPM are as follows:

Table 13 OPM ranges

OPM	FOD			HID			NSD			RI		
	C	D	E	A	C	D	A	C	D	A	C	D
Green	>84	>89	>94	>94	>89	>89	>90	86-90	>94	>94	>89	>89
Amber	70-84	85-89	90-94	85-94	80-89	80-89	85-90	81-85	90-94	85-94	80-89	80-89
Red	<70	<85	<90	<85	<80	<80	<85	<81	<90	<85	<80	<80

Table 14 Delivering planned work - quarter 1

DELIVERING PLANNED WORK	FOD	FOD	HID	HID	RI	RI	NSD	NSD
End quarter 1 2004/05	Plan	Outturn	Plan	Outturn	Plan	Outturn	Plan	Outturn
Output performance measure (OPM) A1								
Total number of safety cases etc processed (Note: NSD report consents and agreements)			124	104	N/A	20	24	24
Total number of safety cases etc processed to time and quality standards			124	104	N/A	19	24	24
Safety cases etc processed to time %			100	(G)100	100	(G)95	100	(G)100
OPM C								
Total number of complaints reported	N/A	5825	113	81	N/A	166		4
Total number of complaints followed up	N/A	4932	102	79	N/A	102		4
Complaints investigated %	90	(G)85	90	(G)98	90	(R)*61.45	90	(G)100
OPM D								
Total number of incidents reported	N/A	N/A	1315	1101	N/A	1251		27
Total number of incidents that meet HSC criteria	N/A	1007	129	66	N/A	124		27
Total number of incidents that meet criteria and were investigated		952	123	62	N/A	124		27
Incidents that met HSC criteria investigated %	95	(G)95	95	(G)94	95	(G)100	95	(G)100
OPM E**								
Number of higher risk workplaces identified	N/A	N/A						
Number of higher risk workplaces receiving an intervention	N/A	N/A						
High hazard/risk workplaces receiving an intervention %	N/A	N/A						

Notes:

* Low outturn arose from a problem associated with data recording; robust action was taken, which has since rectified the problem.

OPM E** This is an annually assessed FOD-specific OPM which is reported at half- and full-year stages only.

Table 14 Delivering planned work - quarter 2

DELIVERING PLANNED WORK	FOD		HID		RI		NSD	
	Plan	Outturn	Plan	Outturn	Plan	Outturn	Plan	Outturn
End quarter 2 2004/05								
OPM A1								
Total number of safety cases etc processed (Note: NSD report consents and agreements)			150	125	N/A	48	49	36
Total number of safety cases etc processed to time and quality standards			150	125	N/A	47	49	36
Safety cases etc processed to time %			100	(G)100	100	(G)98	100	(G)100
OPM C								
Total number of complaints reported		11 906	225	174	N/A	334	N/A	5
Total number of complaints followed up		10 771	203	169	N/A	335	N/A	5
Complaints investigated %	90	(G)90	90	(G)97	90	(G)97.4	90	(G)100
OPM D								
Total number of incidents reported	N/A	N/A	2630	2249	N/A	234	N/A	46
Total number of incidents that meet HSC criteria		2228	150	88	N/A	234	N/A	46
Total number of incidents that meet criteria and were investigated		2145	143	83	N/A	233	N/A	46
Incidents that met HSC criteria investigated %	95	(G)96	95	(G)94	95	(G)99.6	95	(G)100
OPM E**								
Number of higher risk workplaces identified	N/A	600						
Number of higher risk workplaces receiving an intervention	N/A	272						
High hazard/risk workplaces receiving an intervention %	100	45						

Note:

OPM E** This is an annually assessed FOD-specific OPM which is reported at half- and full-year stages only.

Table 14 Delivering planned work - quarter 3

DELIVERING PLANNED WORK	FOD	FOD	HID	HID	RI	RI	NSD	NSD
End quarter 3 2004/05	Plan	Outturn	Plan	Outturn	Plan	Outturn	Plan	Outturn
OPM A1								
Total number of safety cases etc processed (Note: NSD report consents and agreements)			233	207	N/A	68	74	55
Total number of safety cases etc processed to time and quality standards			233	207	N/A	66	74	55
Safety cases etc processed to time %			100	(G)100	100	(G)97	100	(G)100
OPM C								
Total number of complaints reported	N/A	16 826	338	277	N/A	504	N/A	7
Total number of complaints followed up	N/A	15 525	304	267	N/A	490	N/A	7
Complaints investigated %	90	(G)92.3	90	(G)96.4	90	(G)97.22	90	(G)100
OPM D								
Total number of incidents reported		N/A	3945	3307	N/A	376	N/A	65
Total number of incidents that meet HSC criteria		3048	226	152	N/A	376	N/A	65
Total number of incidents that meet criteria and were investigated		2986	215	145	N/A	375	N/A	65
Incidents that met HSC criteria investigated %	95	(G)98	95	(G)95.4	95	(G)99.7	95	(G)100
OPM E**								
Number of higher risk workplaces identified	N/A	600						
Number of higher risk workplaces receiving an intervention	N/A	N/A						
High hazard/risk workplaces receiving an intervention %	100	N/A						

Note:

OPM E** This is an annually assessed FOD-specific OPM which is reported at half- and full-year stages only.

Table 14 Delivering planned work - quarter 4

DELIVERING PLANNED WORK	FOD	FOD	HID	HID	RI	RI	NSD	NSD
End quarter 4 2004/05	Plan	Outturn	Plan	Outturn	Plan	Outturn	Plan	Outturn
OPM A1								
Total number of safety cases etc processed (Note: NSD report consents and agreements)			310	303	N/A	82	102	79
Total number of safety cases etc processed to time and quality standards			310	303	N/A	76	102	79
Safety cases etc processed to time %			100	(G)100	100	(A)92.68	100	(G)100
OPM C								
Total number of complaints reported	N/A	21 805	450	369	N/A	611	N/A	9
Total number of complaints followed up	N/A	20 681	405	356	N/A	587	N/A	9
Complaints investigated %	90	(G)95	90	(G)96.5	90	(G)96.07	90	(G)100
OPM D								
Total number of incidents reported	N/A	N/A	5260	4215	N/A	489	N/A	92
Total number of incidents that meet HSC criteria		4306	301	194	N/A	488	N/A	92
Total number of incidents that meet criteria and were investigated		4118	301	192	N/A	488	N/A	92
Incidents that met HSC criteria investigated %	95	(G)99	95	(G)99	95	(G)99.80	95	(G)100
OPM E**								
Number of higher risk workplaces identified	N/A	599						
Number of higher risk workplaces receiving an intervention	N/A	583						
High hazard/risk workplaces receiving an intervention %	100	(G)97						

Note: OPM E** Number identified reduced from 600 to 599 as one was wrongly identified and was not in scope. Sixteen premises not visited due to closure, moving or continuing enforcement action (and in one case, threats of violence).

Annex 2: Legislative timetable

Much of HSE's work on legislative programmes originates from Europe and is unavoidable. But we do not see new or revised regulation as the automatic response to new or changing circumstances. This work is informed by the Commission's Strategy so that resources can be deployed to

achieve maximum impact. Furthermore, in accordance with the Government's *Better Regulation* principles, unless they can demonstrate clear health and safety benefits, some projects may be drawn to a close, and for others, we may seek to deliver the same outcomes by non-legislative means.

European projects

All projects and projected milestones in this timetable are subject to the results of consultation and, where applicable, the adoption of the relevant European Directives. Where it is possible to give months for milestones these are given, where 'quarters' of a year are referred to, the following convention is used: quarter 1 = April to June, quarter 2 = July to September, quarter 3 = October to December, quarter 4 = January to March.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Chemical agents			
Draft 2nd Indicative Occupational Exposure Limit Value Directive	This draft Directive will introduce occupational exposure limits (OELs) to be agreed by the EU and will be implemented through the new OEL framework following consultation.	Vote on technical progress expected. Probable UK implementation date quarter 3 2005/06.	Vote on technical progress and adoption of this Directive stalled because of an outstanding issue over the proposed limit for nitrogen monoxide (NO). Adoption is unlikely before summer 2005. HSE commenced work in quarter 4 to implement most of the Directive ahead of the due date.
Dangerous Substances Directive 29th ATP (adoption to technical progress)	Implementation of UK regulations following 29th ATP to the Dangerous Substances Directive. (Agreed start of quarter 1 2004/05.)	Consultation document (CD) to be published quarter 3 2004/05. Implementation due quarter 3 2005/06.	CD published quarter 4 2004/05.
Dangerous Substances Directive 30th ATP	Initial negotiations to agree substances for inclusion in the 30th ATP.	Initial discussions between Member States quarter 4 2004/05.	Negotiations ongoing.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Asbestos: EU proposals to amend the Worker Protection Directive 83/477/EEC	Final adopted text was published in the Official Journal 15 April 2003.	Commence informal consultation during quarter 1 2004/05. CD to be published in quarter 3 2004/05.	Informal consultation started in quarter 4 of 2004/05: CD is expected to be published in quarter 3 2005/06. Following consultation, final regulations and ACOs will be prepared for submission to HSC and to the Minister. Timescales are such that it is unlikely that they will come into force before the Directive implementation date.
EC Regulation on the Import and Export of Dangerous Chemicals	Proposed EC Regulation to introduce enhanced measures to inform non-EU countries about the dangers of exported chemicals. To replace the current Regulation. This proposal will implement the Rotterdam Convention on Prior Informed Consent.	CD to be published quarter 1 2004/05. Enforcement of Regulation expected quarter 2 2004/05.	Enforcement Regulation implemented quarter 4 2004/05.
Existing Substances Regulations (ESR) and the programme for Registration, Evaluation and Authorisation of Chemicals (REACH)	Competent Authority management with DEFRA for 2004/05. HSE to support DEFRA with work such as ongoing development of transitional arrangements between ESR and REACH.	Ongoing programme of risk reduction strategy work. European risk reduction meeting planned for quarter 3 2004/05.	HSE and DEFRA have continued to progress UK risk reduction strategies. HSE provided ongoing support to DEFRA on transition arrangements between REACH and ESR.
New EU chemicals scheme for registration and authorisation (REACH)	Discussions in Council led by DEFRA with HSE advice. Implementation planned in quarter 2 2007/08	No HSE milestones set but ongoing contribution. Timetable uncertain.	HSE contributed to DEFRA-led negotiations.
Physical agents			
Proposal for a European Parliament and Council Directive on Physical Agents (Vibration)	Implementation due July 2005.	Directive adopted May 2002; came into force July 2002. CD published quarter 3 2003/04. Consultation ended quarter 4 2003/04.	Regulations due to come into force on 6 July 2005.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Proposal for a European Parliament and Council Directive on Physical Agents (Noise)	Implementation due February 2006.	Directive adopted December 2002; came into force February 2003. CD to be published quarter 1 2004/05.	Proposed Noise Regulations to be considered by HSC in April 2005.
Proposal for European Parliament and Council Directive on Physical Agents (Electromagnetic Fields)	Adoption of proposed Directive. If adopted will need to be transposed into UK legislation within four years of it coming into force.	Directive proposed December 2002. Adoption in quarter 1 2004/05; coming into force likely quarter 1 or 2 2004/05.	The Directive came into force at the end of April 2004 and will have to be transposed into law by 30 April 2008. The implementation process is underway and a CD should be published in spring 2006.
Proposal for European Parliament and Council Directive on Physical Agents (Optical Radiation)	Adoption of expected proposal for a Directive. If adopted will need to be transposed into UK legislation.	Proposal expected quarter 1 2004/05.	Negotiations on proposal began in July 2004 and Common Position was reached in December 2004. The proposed Directive will now be transmitted to the European Parliament for Second Reading.
Rail transport			
Interoperability of the trans-European conventional rail system (2001/16)	DfT lead. HSE will contribute.	Directive expected to be implemented by quarter 3 2004/05.	Implementation of the Directive on interoperability of the 'conventional' railway system (2001/16/EC) delayed. The regulations will be merged with the current 'high speed' regulations, incorporating amendments to provisions for both under the Interoperability Amendment Directive (2004/50/EC). Estimated to come into force in quarter 3 2005/06.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
<p>Proposed Railway Safety Directive</p> <p>Proposed Interoperability Amendment Directive 96/48/EC on high-speed interoperability and Directive 2001/16/EC on conventional interoperability</p> <p>Proposed European Railway Agency Regulation</p> <p>Proposed decision on the Convention of International Transport by Rail</p> <p>Proposed Market Access Directive</p>	<p>Common Position has been achieved, now working with DfT on progress through European Parliament to achieve a favourable outcome in line with UK negotiating strategy. (These Directives etc are commonly known as the <i>Second Railways Package</i>.)</p>	<p>Adoption expected quarter 1 2004/05.</p>	<p>The Railway Safety Directive (2004/49/EC) was adopted in April 2004. Provisions are to be implemented via the draft Railways and Other Guided Transport Systems (Safety) Regulations (ROGS) alongside the interoperability regulations (in quarter 3 2005/06). More detail on ROGS can be found in the domestic section of this Annex under <i>Railway Safety Regulations</i>.</p> <p>For details on the interoperability amendment Directive (2000/50/EC), see <i>Interoperability</i> on page 52.</p> <p>The European Railway Agency (ERA) was established in January 2005. HSE officials have reviewed the ERA workplan and identified key areas that impact.</p>
<p>Proposed Directive on the certification of train drivers (Com (2004) 142)</p>	<p>HSE to contribute to DfT lead.</p> <p>Analysis and EU negotiation to continue.</p>	<p>Proposals published 3 March.</p>	<p>HSC responded to DfT in quarter 3 2004. Negotiation continues into 2005.</p>
Work equipment			
<p>Proposal for Third amendment to the Machinery Directive</p>	<p>DTI lead.</p>	<p>Awaiting Council agreement due quarter 3 or quarter 4 2004/05.</p>	<p>Amendment not expected to take effect until 2006.</p>
<p>Use of Work Equipment Directive (dealing with Temporary Work at Heights) 2nd amendment</p>	<p>To be implemented as a single set of Work at Height Regulations.</p>	<p>Implement Regulations third quarter 2004/05.</p>	<p>Implemented through Work at Height Regulations (2005).</p>
Major hazards			
<p>Proposal for an amendment to the SEVESO Directive (96/82/EC)</p>	<p>Directive 2003/105/EC adopted 31 December 2003.</p> <p>Amended directive to be implemented through amendment to COMAH Regulations.</p>	<p>HSC endorsed implementation strategy on 10 February 2004.</p> <p>CD planned for end of quarter 1 2004/05.</p> <p>For implementation by 1 July 2005.</p>	<p>Consultation ended May 2004.</p> <p>Due to be implemented 1 July 2005.</p>

Domestic projects

All projects and projected milestones in this timetable are subject to the results of consultation. Where it is possible to give months for milestones these are given, where 'quarters' of a year are referred to the following convention is used: quarter 1 = April to June, quarter 2 = July to September, quarter 3 = October to December, quarter 4 = January to March.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Acetylene legislation	New framework for acetylene safety to replace requirements currently in Explosives Act 1875.	Project under review.	Work stopped following review - no significant benefit would be delivered by the change.
Construction (Design and Management) Regulations 1994 (CDM)	To amend Regulations and ACOP.	CD planned for quarter 3 2004/05. Planned implementation quarter 1 2006/07.	Consultation began in April 2005; due to end in July 2005.
Construction (Health, Safety and Welfare) Regulations 1996	To amend the Regulations.	As CDM Regulations above. It is proposed to amend these two sets of regulations and produce a single set of construction regulations (to be outlined in the consultative document).	Consultation began in April 2005; due to end in July 2005.
Control of Explosives Regulations 2001	New Regulations to rationalise existing provisions.	CD to be published quarter 4 2004/05. New Regulations to be laid quarter 4 2005/06.	Work suspended following review but is expected to recommence in 2005/06.
Dangerous Goods in Harbours Regulations	Regulations, ACOP and guidance to be amended in light of consultation exercise.	Project under review.	Work stopped following review - no significant benefit would be delivered by the change.
Dangerous Substances (Notification and Marking of Sites) Regulations 1990	Review of the Regulations.	Review completed by April 2004. Under review.	Work stopped following review - no significant benefit would be delivered by the change.
Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)	Amendment to reflect revised interface with Marine and Coastguard Agency.	Review of any amendments that may be required will take place by quarter 3 of 2004/05.	Work stopped following review - no significant benefit would be delivered by the change.
Docks Regulations	Regulations, ACOP and guidance in process of revision in consultation with the industry.	Project under review.	Work stopped following review - no significant benefit would be delivered by the change.
Duty to investigate workplace accidents etc	Consideration of responses to recent consultation exercise.	Guidance developed quarter 4 2003/04. Guidance to be published quarter 1 2004/05.	Guidance published 8 July 2004.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Factories Act 1961 and Offices, Shops and Railway Premises Act 1963	Consolidation and removal of remaining requirements where possible.	Produce position paper on review work done so far and sunset project - quarter 1 2004/05.	Work stopped following review - no significant benefit would be delivered by the change.
First Aid at Work Regulations 1981	Follow on from research project leading to a consultation exercise in 2004.	Publish CD in quarter 2 2004/5.	Responses to a Discussion Document (DD) were analysed and in September 2004 HSC accepted HSE's recommendation that the Regulations and ACOP should not be changed. HSE will, however, address and consult on certain issues that require clarification and updating.
Gas Safety (Management) Regulations 1996	Consultation on amending Regulations.	CD to be published quarter 2 2004/05.	Not taken forward. Gas safety strategy reviewed to align with the Commission's Strategy and priorities reassessed.
Gas Safety (Installations and Use) Regulations 1998	Consultation on amending regulations and ACOP.	CD expected quarter 3 2004/05. Regulations to be implemented quarter 3 2005/6.	Not taken forward. Gas safety strategy reviewed to align with the Commission's Strategy for 2010 and beyond and priorities reassessed.
Health and Safety (Fees) Regulations 2004	Annual revision of fees to take account of inflation.		Regulations came into force 1 April 2004.
Inhalable Dust in Coal Mines	New Regulations and ACOP.	Regulations to be submitted quarter 4 2004/5. ACOP to be published quarter 4 2004/5.	Consultation concluded May 2004. Progress has been delayed by technical difficulties. Regu- lations and ACOP due to be implemented 6 April 2006.
Ionising Radiations Amendment Regulations	Amend the Ionising Radiations Regulations 1999.	CD to be published quarter 3 2004/05.	Work stopped following review - no significant benefit would be delivered by the change.
Manufacture and Storage of Explosives Regulations	Revise legal requirements in new regulations - replacing some 40 pieces of earlier legislation.	New Regulations expected quarter 3 2004/05.	Due to come into force 26 April 2005.
Petrol legislation	Phase 2 and 3 of the Modernising petrol project (Phase 1 completed by DSEAR).	CD on proposals for petrol filling stations (Phase 2) to be published by quarter 4 2004/05. Review of phase 3 to be undertaken in 2004/05.	Work stopped following review - no significant benefit would be delivered by the change.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Pipelines Safety (Amendment) Regulations	Amendments relating to the testing of emergency plans; additional duties relating to gasoline; and minor changes to existing definitions.	CD to be published quarter 2 2004/05. Amended Regulations due quarter 4 2004/5.	Work stopped following review - no significant benefit would be delivered by the change.
Railway Safety Regulations	Review of existing requirements for railway safety cases, approval of rail plant and equipment, and safety critical work following public inquiry reports, notably Lord Cullen's report on Ladbroke Grove, and European developments.	New Regulations to be agreed quarter 4 2004/05. These will implement safety management requirements in the Railway Safety Directive, and replace three existing sets of regulations on railway safety cases, approval of rail plant and equipment, and safety critical work.	Now referred to as the Railways and Other Guided Transport Systems (Safety) Regulations (ROGS). Main consultation ended November 2004 and supplementary consultation in January 2005. Timing of commencement is dependant on co-ordination with DfT's implementation of other EC railway safety Directives.
Railway Safety Regulations 1999	Review of requirements concerning Train Protection Warning System (TPWS) for over speed mitigation.	Possible amendments in 2004/05.	Awaiting proposals from Network Rail for a possible exemption application for the removal of the TPWS at permanent speed restrictions where it is being used as an over-speed detection system. Amendments delayed until 2005/06.
Control of Substances Hazardous to Health (Amendment) Regulations 2004 (COSHH)	Review of OEL framework in the Control of Substances Hazardous to Health framework. Implementation of EC Directive on high chromium (VI) cement.	Analysis of responses to CD due end of quarter 1. Regulations expected quarter 3 2004/05.	Consultation concluded and analysed. Main provisions implemented on 17 January 2005 with the remainder following on 6 April 2005.
Control of Substances Hazardous to Health Regulations (COSHH)	Revision of OEL for respirable crystalline silica (RCS).	Proposal (including regulatory impact assessment and draft CD) to be submitted to ACTS in November 2004. CD to be published quarter 4 2004/05. Consider responses to CD quarter 2 2005/06. Implement new OEL quarter 4 2005/06.	Consultation was due to begin in April 2005 but was postponed due to the General Election. It is now scheduled for May 2005.

Title of project/ regulations	Action planned	Milestone	Progress during 2004/05
Offshore Installations (Safety Case) Regulations 1992	Revise 1992 Regulations to improve effectiveness and reduce bureaucracy.	CD to be published quarter 1 2004/05. Regulations due end of quarter 1 2005/06.	Consultation concluded in November 2004. Due in force September 2005.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	Fundamental review of legislation aimed at simplification and greater effectiveness.	Commission research and issue DD in quarter 2 2004/05. Consider responses to DD and issue CD quarter 4 2004/05 to quarter 1 2005/06.	Discussion document was published in March 2005 and the exercise will end on 30 June 2005.
Shipbuilding/Ship Repair Regulations	Revoke requirements superseded by Working at Heights Directive.	Consultation exercise ended at end of quarter 4 2003/04. Analysis of consultation exercise. Revocations to be implemented in quarter 3 2004/05.	Revocations occurred under the Work At Height Regulations 2005 that came into force on 6 April 2005.
Standard of training in safe gas installations ACOP	Amend the now outdated 1988 ACOP.	CD to be published in quarter 4, 2004/05 to include recommendations arising from the fundamental review of gas safety.	Not taken forward. Gas safety strategy reviewed to align with the Commission's Strategy and priorities reassessed.

Annex 3: HSC Advisory Committees

<p>Industry advisory committees Agricultural Construction Mining (formerly Deep Mined Coal) Nuclear Safety Health Services Higher and Further Education Offshore Paper and Board Printing Railway Rubber Schools Education Textiles</p>	<p>Subject advisory committees Dangerous Substances Occupational Health Toxic Substances Biocides Consultative*</p>
	<p>Other committees HSE and Local Authorities Enforcement (HELA) Advisory Committee on Dangerous Pathogens Scientific Advisory Committee on Genetic Modification</p>

* The Biocides Consultative Committee is a non-statutory committee established in 2001 to provide HSC/E and ministers with independent scientific advice on the evaluation of biocidal products under the Biocidal Products Regulations 2001. Its members are appointed by HSC subject to the agreement of ministers.

When advisory committees produce and publish guidance they do so with HSC's endorsement. Subject advisory committees allow the Commission to take views on difficult issues, typically of cross-departmental interest. They provide formal consultation mechanisms in areas of high public and political sensitivity and the involvement of outside experts helps give legitimacy to their, and to the Commission's, activities. They also act as a sounding board for HSE proposals.

HSC's advisory committees encourage the joint participation of all representative organisations in the improvement of health and safety at work, draw on the expertise and advice available on both sides of industry and elsewhere, give the problems of particular industries closer and more detailed attention than HSC itself is able to do, and allow an industry focus on general issues (such as noise and COSHH). HSC also takes advice from HELA, which seeks to ensure consistency of approach among LAs and HSE.

Agendas, papers and minutes of meetings, as well as summaries of open meetings, are published on the internet at: <http://www.hse.gov.uk/aboutus/meetings/index.htm>.
 Examples of activities during the year:

Offshore Industry Advisory Committee (OIAC)

- In support of HSC's recent declaration, the key work priority is to develop an action programme to encourage greater workforce involvement in offshore safety.

- Fifth open session to date held in August 2004. This was a joint event with the industry's Step Change for Safety Programme Combined Networks and provided an excellent opportunity to encourage closer working and discuss common goals.
- Consideration of the outcome of consultation on proposals for new Offshore Installations (Safety Case) Regulations.

Construction Industry Advisory Committee (CONIAC)

- CONIAC was reconstituted in 2004, with a smaller membership and a new approach designed to encourage more effective partnership with intermediary groups and trade unions. The main committee met three times.
- A Construction Health and Safety Summit, attended by 200 senior directors and executives from the industry, took place in February 2005.
- A series of working parties met to advise and carry out work in support of HSE's Construction Programme, eg to improve standards of worker consultation and engagement in the industry and the revision of the Construction (Design and Management) Regulations. The House Builders Federation, the Construction Confederation and the Association of British Insurers made presentations to CONIAC demonstrating the work being carried out by members to improve standards in the industry.

Railway Industry Advisory Committee (RIAC)

- Fourth open meeting held in Edinburgh in July 2004. This successful meeting, attended by approximately 80 people, addressed *Are the railways safe enough?* and *Controlling risks at level crossings*. The meeting led to constructive talks between Network Rail and other stakeholders involved.
- Strategic advice provided to HSC on the development of the Railways and Other Guided Transport Systems (Safety) Regulations. The Human Factors Working Group developed a website providing guidance, information and case studies on a range of railway issues.

Advisory Committee on Toxic Substances (ACTS)

- Second open meeting held in November 2004, which was attended by 21 non-members. The conclusion from a questionnaire was that the meeting was a success.
- Further development of proposals to introduce a new occupational exposure limit framework, resulting in the publication of a consultation document in autumn 2003. There was widespread public support for almost all aspects of the proposals. Recommendations were made to HSC in 2004.
- ACTS members continue to promote HSC/E's new Chemicals Strategy, publicise and promote the new ACTS work plan and initiative to prevent occupational asthma, and to identify opportunities for joined-up working. Several potential initiatives are currently being explored that may result in joint chemical-related activities between ACTS and other advisory committees.
- Helping HSE develop sub-programmes on silica, skin disease and occupational cancer in support of HSE's Chemicals Programme.

Nuclear Safety Advisory Committee (NuSAC)

- Provided responses to a wide variety of consultation documents including DTI's *Proposals for intermediate level radioactive waste substitution*, and HSE's *Proposal to publish HSE criteria for delicensing parts of, or entire sites, licensed under the Nuclear Installations Act 1965*.
- Raised concerns regarding the possible pace of competition for nuclear licensed sites, which the NDA will take responsibility for. The HSC Chair forwarded those concerns to the Secretary of State.
- A new NuSAC Chair was appointed followed by a formal review of NuSAC in readiness for its reconstitution.
- Published a Triennial Report for its work for the period 1999 to 2001 (<http://www.hse.gov.uk/aboutus/hsc/iacs/nusac/trirev99-01.pdf>).

Occupational Health Reference Group (OHAC)

At the end of 2003, HSC agreed that it did not wish to reconstitute OHAC at that time and that HSE should seek other ways of consulting stakeholders on developments in occupational health.

- Some former members have met on an informal basis to assist with the development of Workplace Health Direct, new support pilots and other programmes. They have maintained links with their original sponsoring organisations.
- HSE is meeting existing occupational health providers as part of its work to determine service standards for the pilots. It has established a Programme Board for Workplace Health Direct that includes external members.
- Industry volunteers have been involved in the development of stress management standards. Experts have contributed through workshops, and a wide electronic consultation was undertaken, targeting groups with a high incidence of stress.
- HSE staff members maintain regular contact and discussion with occupational health professional organisations. HSE has introduced a short quarterly newsletter to keep a wider group of occupational health professionals informed of current developments. This information can be used to inform their networks.

Mining Industry Committee (MIC)

- Three meetings were held during 2004/05.
- During the period, the Committee reviewed progress with the legislative renewal programme for the Coal Mines Inhalable Dust Regulations, the relocation of the Selby Mines Rescue Station to Kellingley Mine, the *Falls of Ground Annual Report for 2003/04*, manriding train derailments, and the voluntary reporting arrangements.

Printing Industry Advisory Committee (PIAC)

- PIAC's plan of work concentrated on driving down MSDs in printing and publishing, and reducing ill health from chemical exposure. Its detailed annual report for 2003/04 showed an overall reduction in the rate of reported injuries for the printing and publishing industries since the baseline year of 1999/2000, mostly from fewer machinery-related accidents, but MSDs were also beginning to decline.
- A successful open meeting was held in Bristol in November 2004 on the theme of manual handling. Representatives from around 80 companies were given a practical demonstration on how to carry out a manual handling assessment using the new Manual Handling Assessment Chart tool (<http://www.hse.gov.uk/msd/mac/index.htm>).
- Members continue to actively engage in a project to deliver key guidance directly to printing companies.

Textiles Industry Advisory Committee (TEXIAC)

- Directed its efforts to reducing MSDs and to preparing the textiles, footwear and clothing industries for new regulations on controlling noise (expected implementation date February 2006).
- Open meeting held on noise (to help the industry work toward better control at source) at Leicester in March 2005. The well-attended meeting examined the likely impact of the proposed regulations on their companies and worked through a number of practical scenarios.

Rubber Industry Advisory Committee (RUBIAC)

- Discussions are currently ongoing with members to agree a new strategic direction. In its reconstituted form (due 2005), RUBIAC will better reflect the whole rubber industry and include not just manufacturers of tyres, retreaders and general rubber goods producers but also those handling rubber goods in the supply chain and service industries.
- Open meeting held in June 2004 at HSE's Newcastle-under-Lyme office. People were invited to sit in on a normal meeting and listen to the committee's deliberations.
- RUBIAC has long seen poor training as an obstacle to securing improvements in health and safety management in the industry. It issued a recommended practice approach to training for senior executives, managers, supervisors and shop floor workers in support of the RUBIAC Accident Reduction Action Plan. The action plan has training targets for companies who have signed up to it. Progress on the targets will be measured at the end of the action plan period against a baseline survey taken when the practice approach was issued.
- RUBIAC members became increasingly concerned about NHS urinary cytology screening for rubber and other workers. As a result of lobbying by RUBIAC members, the NHS UK National Screening Committee held a Bladder Cancer Screening Workshop in September 2004 in Leeds. This was well attended by employer and TU members of RUBIAC who put their arguments across so well on the benefits of such screening that the Committee Chair, Dr Muir Gray, agreed that the NHS should continue to provide the service.

Paper and Board Industry Advisory Committee (PABIAC)

- Arrangements are currently being made to reconstitute PABIAC. In the past it only dealt with papermaking; in its reconstituted form it will address the health and safety needs of the whole of the paper industry, from paper makers to converters (including corrugators) to recovered paper operations.
- Successful open meeting held in November 2004 attended by about 70 directors, managers, health and safety professionals, TU officers and safety representatives from the various paper industries. Topics addressed included transport safety, safe

interventions at machines, assessing manual handling risks and securing workforce involvement in health and safety. The event was a successful way of sharing information about best practice and delegates gave a commitment to taking action to bring about improvements in their own businesses and places of work.

- A partnership approach was used to develop an agreed health and safety improvement strategy for the entire paper industry for the period 2005-08. The new strategy sets agreed targets for reducing the sector's reportable injury incidence rate, days lost due to injury and occupational ill health, provision of occupational health services, arrangements for absence management, implementation of robust safety management systems and continuously improving business safety culture.

Higher and Further Education Advisory Committee (HIFEAC) and the Schools Education Advisory Committee (SEAC)

- As called for in the Commission's Strategy, both committees were reviewed in 2003. This led to the development of a new approach, focusing on delivery of outcomes and involving more effective partnership working between key education stakeholders. We see re-engagement at this new level as a more effective way of delivering our targets.

Agricultural Industry Advisory Committee (AIAC)

AIAC held its last meeting in October 2003. HSC agreed to the continued existence of the committee and in February 2004 approved its reconstitution. The first meeting of the newly reconstituted AIAC will be held on 21 April 2005.

Examples of the activities and successes of AIAC's three working groups are as follows:

- The Arboriculture and Forestry Advisory Group (AFAG): HSE took responsibility for some of the educational and advisory work in the forestry and arboriculture industries that would have disappeared following the loss of the Forestry and Arboriculture Safety and Training Council (FASTCO).
- The Agriculture Safety Advisory Group (ASAG): The educational members of ASAG (the National Forum of Agricultural Engineers and the Association of Lecturers in Agricultural Machinery) were involved in pilot testing education training packs to ensure that HSE publications were fit for purpose. This work included feedback to the contractors developing the learning materials as well as involvement in the evaluation of the original *Tractor action* publication.
- The Health in Agriculture Group (HIAG): Working with others, including the Qualifications and Curriculum Authority, training providers and awarding bodies in the industry, HIAG developed a strategic agreement on the structure and content of vocational qualifications for improving the management of health and safety in agriculture.

HIAG also made progress in reducing the size of bagged and similar products to further reduce the risk of MSDs in the industry and sponsored independent evaluation of projects aimed at providing occupational health support and rehabilitation services to the farming community.

Advisory Committee on Dangerous Substances (ACDS)

- Two meetings were held during 2004/05 - an open meeting in Manchester in November 2004, and a 'routine' meeting the following day, at which members agreed that all routine ACDS meetings would be held in public. At the open meeting, members of the public were invited to discuss the impact of the Commission's Strategy on the work of ACDS, ACDS's involvement in work on land use planning, the Chemical Essentials project and the updating of the Explosives Act 1875.
- ACDS contributed towards the development of HSC's final proposals for the Manufacture and Storage of Explosives Regulations and the implementation of the amendments to the SEVESO II Directive (Directive 2003/105/EC).
- Pending its reconstitution, a review of the Committee's functions and working methods was undertaken. The results will be presented to HSC during 2005/06 with recommendations regarding the Committee's future role.

Other committees

HSE plays a key role in two other advisory committees which advise Government, namely the Advisory Committee on Dangerous Pathogens (ACDP), and the Scientific Advisory Committee on Genetic Modification (Contained Use) (SACGM(CU)).

- ACDP's secretariat is shared equally by HSE, the Health Protection Agency (HPA) and DEFRA and gives advice on biological agents.
- SACGM(CU) is a new committee set up in January 2004 to replace HSC's long-running Advisory Committee on Genetic Modification (ACGM). SACGM(CU)'s secretariat is run by HSE and it gives scientific advice to the UK Competent Authorities (HSE and DEFRA for England and Wales, HSE and the Scottish Executive for Scotland) on matters relating to genetically modified organisms in containment facilities.
- The committees have advised on a number of key areas including amendments to Schedule 5 of the Anti-terrorism, Crime and Security Act, and Civil Contingency issues such as pandemic flu preparedness.

Further information can be found at the following websites:
<http://www.hse.gov.uk/aboutus/meetings/acdp/index.htm>; and
<http://www.hse.gov.uk/aboutus/meetings/sacgmcu/index.htm>.

Annex 4: Statutory and other approval schemes

In some key areas of risk HSE continues to operate statutory assessment or approval schemes aimed at ensuring product safety before supply. Progress during 2004/05 is given below.

Chemical product safety

HSE is part, or the whole, of the UK Competent Authority or the relevant UK regulatory authority for several international programmes on chemicals and their potential effect on health, safety and the environment. Some programmes, eg under the Notification of New Substances (NONS) and Existing Substances Regulations, place prescriptive legal duties on HSE. Most of the programmes operate on the supply side, establishing a regulatory regime for industrial chemicals at their point of supply, which then guides the risk management of the chemical as it moves through the supply chain.

Progress

HSE continued in progressing the evaluation of substances assigned to the UK and in contributing to the international debate on chemical safety. A proposal has been made for the replacement of the existing schemes by a new approach, which is currently under discussion in the European Council; HSE has been contributing to the UK position in the negotiations (DEFRA leads for the UK). NONS: 208 items were processed against a predicted 211.

Pesticides and biocides approval

Pesticides and biocides can present high risks to workers' health as well as to bystanders and the environment. Government has decided these chemicals warrant statutory approval schemes. On behalf of HSC, HSE acts as the UK Competent Authority for biocides under the EU Biocidal Products Directive, and for the approval of pesticides under the national Control of Pesticides Regulations. As such HSE carries out the technical appraisal of non-agricultural pesticides and has the lead for worker protection issues for agricultural pesticides. Work has now begun on reviewing substances under the biocides scheme that will lead to improved worker protection across the EU.

Progress

- 150 pesticide approvals issued, 96% delivered within agreed performance standards. One new active substance assessed.

- 16 000 enquiries dealt with (predicted figure: 9000). All enquiries answered within the 'service first' deadlines.
- UK representation at European Competent Authority meetings continued, as did that at Technical Meetings to develop guidance on the evaluation of active substances and products.

First aid approval and monitoring

The First Aid Approvals and Monitoring Section (FAAMS) has carried out preliminary assessments of (and arranged for the Training Approval Services Consortium (TASC), as its main contractor, to carry out original approval assessments and original approval monitoring visits for) the 70 new training provider entrants to the first aid at work training industry in 2004/05. FAAMS has also organised (through TASC) around 300 post-approval monitoring visits to existing training organisations. FAAMS has carried out a programme of direct verification visits with TASC in order to assess their quality and consistency.

Asbestos licensing

Currently 3000-4000 people a year die from asbestos-related diseases caused by exposures relating to working conditions many years ago. The Asbestos (Licensing) Regulations 1983 ban anyone from carrying out work with the most hazardous forms of asbestos-containing material unless they hold (or work for someone who holds) a licence granted by HSE. HSE carries out assessments of licence applicants to ensure that only those who are competent are granted a licence. Licensees are required by their licence conditions to notify the enforcing authority with details of the proposed work so the latter can assess the proposals and inspect the site before or during the work.

Progress

- As at 23 March, 251 new and renewal licences issued.
- Following assessment, 24 applicants were refused a licence, as they did not meet the required standard.
- Monitoring of performance on site resulted in 37 enforcement notices being served on licensees, the conviction of three licensees for asbestos-related offences, and the revocation of one company's licence.
- Targets for visits made by HSE to priority category licensees were all exceeded bar one category (85% of new licensees visited against a target of 90%). HSE carried out 896 site inspections.

Employment Medical Advisory Service (EMAS)

EMAS consists of registered occupational health practitioners (doctors and nurses) who provide advice to HSE and LA inspectors on all aspects of occupational health, who investigate cases of ill health and perform primary inspection of health risks in the workplace. EMAS staff also run statutory schemes for medical examinations for workers exposed to lead, asbestos, ionising radiation, some chemicals, compressed air and divers. The structure of the occupational health professionals in HSE, who provide the Employment Medical Advisory Service, is under review to ensure that their organisation better serves the Commission's Strategy.

Other statutory schemes

- **Notification and consent of genetically modified organisms** under the Genetically Modified Organisms (Contained Use) Regulations 2000: HSE received 150 notifications/consents.
- **Inspection of environmental aspects of transgenic organisms** (under an agency agreement with DEFRA, the Scottish Executive and the Welsh Assembly Government): 30 visits were made to premises.
- **The notification of use or storage of biological agents under Schedule 3 of COSHH Regulations 2002:** HSE received 38 notifications for the use of biological agents under the COSHH Regulations. Five notifications were received under RIDDOR.
- **Approval of dosimetry services under the Ionising Radiations Regulations 1999:** 44 approvals issued.
- **Approvals of Transportable Pressure Vessel Design:** two issued.

