



Highlights from the Health and Safety Commission Annual Report and the Health and Safety Commission/Executive Accounts 1998/99



HSC'S MISSION STATEMENT

To ensure that risks
to people's health and safety
from work activities
are properly controlled



Highlights from the Health and Safety Commission Annual Report and the Health and Safety Commission/Executive Accounts 1998/99



HSE BOOKS



CHAIRMAN'S FOREWORD

This booklet describes the main highlights of HSC/E's work in 1998/99. I hope that you will find it interesting and thought-provoking. Sadly, I will be retiring as Chairman of the Health and Safety Commission in September. I am grateful for the enthusiasm and efforts of those in industry and elsewhere who have worked with HSC/E to help improve standards of health and safety in the workplace. I am confident that through your continued support and commitment HSC/E will be able to build on the many achievements which have been made over the years.

SIR FRANK DAVIES CBE, OStJ

Our key priorities for 1998/99:

To promote occupational health and encourage improved management of health risks arising from work affecting both workers and the public.

To improve health and safety at work by promoting the full participation of principal stakeholders – employers, employees and their representatives – and key intermediaries.

To cut injury rates, particularly in the agriculture, construction and manufacturing sectors, especially by influencing duty holders through regulatory contacts, including preventive inspection.

To take forward HSC's strategy for reaching small firms.

To establish a regulatory regime which will address the control of major accident hazards into the next century.

Our continuing aims:

To modernise, simplify and support the regulatory framework, including European Union and other international work.

To secure compliance with the law in line with the principles of proportionality, consistency, transparency and targeting on a risk-related basis.

To improve the knowledge and understanding of health and safety through the provision of appropriate and timely information and advice.

To promote risk assessment and technological knowledge as the basis for setting standards and guiding enforcement activities.

To operate statutory schemes, including regulatory services, through, for example, the Employment Medical Advisory Service.

To maintain an efficient and effective central service which promotes and secures value for money.

The Health and Safety Commission (HSC)



GEORGE BRUMWELL



DAVID COULSTON

JOYCE
EDMOND-SMITH

ANNE GIBSON



ALAN GRANT



MIKE M'KIERNAN



MARGARET BURNS



OWEN TUDOR



REX SYMONS CBE



ROBIN TURNEY

THE HEALTH AND SAFETY COMMISSION (HSC) is a body of ten people, appointed by the Secretary of State for the Environment, Transport and the Regions for the administration of the Health and Safety at Work etc Act 1974. HSC's primary function is to make arrangements to secure the health, safety and welfare of people at work, and the public, in the way undertakings are conducted, including proposing new law and standards, conducting research and providing information and advice.

The Health and Safety Executive (HSE)



JENNY BACON CB



DAVID EVES CB



RICHARD HILLIER

THE HEALTH AND SAFETY EXECUTIVE (HSE) is a body of three people which advises and assists the Commission in its functions. It also has day-to-day responsibility for enforcing health and safety legislation; investigates accidents; licences and approves standards in areas of significant hazard and commissions research. The Executive has a staff of around 4000 – collectively known as HSE – which includes inspectors, policy advisers, technologists and scientific and medical experts.

...

This booklet provides highlights
of the work undertaken by
HSC/E in 1998/99. It is not
possible here to cover all the work
we carried out during the year
but full details are given in
*HSC's Annual Report 1998/99 and
HSC/E Accounts 1998/99.*

...

How we performed against our key priorities

Our key priorities are those areas where a particular effort was made in 1998/99 and are in addition to our mainstream work.

Key priority:

To promote occupational health and encourage improved management of health risks arising from work affecting both workers and the public



We are now in the third phase of our **Good Health is Good Business campaign**. It is a long-term programme aimed at reducing the unacceptable level of work-related illness.

- This year hand-arm vibration and solvents were added to a portfolio of health risks on which the campaign has focused.
- We continued to work closely with key intermediary organisations to promote the campaign.
- We focused on a range of industry sectors including foundries; polymers and fibres; engineering; offshore; utility and explosives.
- The campaign was also promoted during the 1998 European Week for Safety and Health.

ASBESTOS

- Amended asbestos regulations came into effect in February 1999. We held roadshows jointly with the British Occupational Hygiene Society to promote these.
- We prepared draft regulations which will effectively prohibit the importation of white asbestos into the UK.
- Inspectors visited 900 asbestos removal operations – we aim to eliminate dry stripping, hot work and the use of power tools.



A NEW PUBLIC HEALTH STRATEGY

- We worked closely with the Department of Health, Scottish Office and Welsh Office to make sure occupational health featured in the public health documents.
- The Healthy Workplace Initiative was launched jointly with the Department of Health in March 1999.



DEVELOPING AN OCCUPATIONAL HEALTH STRATEGY FOR GREAT BRITAIN

- We held over 40 seminars and received over 560 responses about our discussion document on a longer term occupational health strategy for Great Britain.

OTHER ACTIONS

Numerous local and national projects were carried out, covering a wide range of health issues. Two examples are:

- visits to workplaces where legionella is a potential hazard; and
- the checking of safety arrangements for limiting occupational exposure to radiation at all 41 nuclear sites.

Simple, user-friendly guidance is one of the ways we get important messages across. Amongst the many we published were:

- a free leaflet *Help on work-related stress*, awarded the Clear English Standard;
- a video *Hard to handle*;
- *Health risks from hand-arm vibration*;
- *A guide to working with solvents*;
- revised guidance on the Noise at Work Regulations 1998; and
- a booklet *Sound solutions offshore: practical examples of noise reduction*.



Key priority:

To improve health and safety at work by promoting the full participation of principal stakeholders – employers, employees and their representatives – and key intermediaries.



The more we can work with others the more practical improvements in health and safety we can bring about.

We are looking at ways to increase **employee participation**.

- We held a major **safety representatives' conference** in consultation with the TUC, in November 1998.
- We have revised our guidance to inspectors to improve their contact with safety representatives.
- The Commission is reviewing its consultation arrangements.
- 22 500 (77%) complaints about work activities were investigated. We ran two pilot trials to see if better publicity would bring to light more instances of poor health and safety practice by employers.

Local authorities are a key partner and full details of their work as influencers of health and safety law is given in the HELA Annual Report 1999. To encourage and support their work with intermediaries the Health and Safety Executive/Local Authority Enforcement Liaison Committee (HELA) made an award for innovative projects at its annual conference. Projects included advice for business in collaboration with local colleges, Business Links, Technical and Enterprise Councils and trade associations.

During the year HSE developed many initiatives to improve working with others. Two examples are:

- a pilot strategy to work effectively with key intermediaries such as TECs in order to reach small firms and business start-ups; and
- contacts with various local health and safety groups across the country.

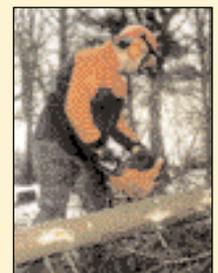
Key priority:

To cut injury rates, particularly in the agriculture, construction and manufacturing sectors, especially by influencing duty holders through regulatory contacts, including preventive inspection.

In 1998/99 it is estimated that there were 257 fatal injuries to workers, one of the lowest figures on record. The number of construction workers killed fell; however the number of fatalities to the self-employed in agriculture and to employees in manufacturing rose.

In **agriculture** numerous initiatives were carried out. Here are just two examples:

- a series of inspection blitzes to **farms and forestry operations** – 3855 visits involving 111 inspectors and resulting in 14 prosecutions; and
- child safety was discussed at every farm visit as part of a national campaign to reduce accidents to children – 11 prosecutions were taken.



In **construction** our actions included:

- inspection campaigns on scaffolding, including a one-week blitz of 100 scaffolding sites in Westminster, when 50 prohibition notices were served; and
- the start of a two year programme to eliminate all **falls through fragile roof lights** by 2000/01.



We targeted the premises in **manufacturing** where injury rates were highest, including paper mills, food factories and engineering premises.

Key priority:

To take forward HSC's strategy for reaching small firms



Working with others to get the health and safety message across is vital.

- the first **Good Neighbour Forum** was held in Newcastle. It was organised jointly with UNISON and involved the three largest employers in the region.
- the Good Neighbour scheme was a major theme of the *European Week for Safety and Health* in October 1998. We had the best ever response to the week – over 10 000 action packs were distributed.
- the Engineering Employer's Federation set up a **Smaller Companies Forum**.
- the Commission, with local authorities, continued to hold **breakfast meetings and evening seminars** with small firms.

Throughout the year HSE used a variety of methods to contact small firms, such as preventive inspections, seminars and mailshots. During the year nearly **72 000 (79%) of planned inspections by HSE's Field Operations Directorate were to small businesses**. We make contact with all new firms within two months of hearing about them.

We produced user friendly-guidance aimed specially at small firms. Here are a few that we published during the year:



- *Five steps to risk assessment* – redesigned and launched in May 1998;
- *COSHH essentials*, guidance on the control of health risks from chemicals; and
- an electronically supported version of *Essentials of health and safety at work*, to help small businesses to prepare a risk assessment and safety policy.



Key priority:

To establish a regulatory regime which will address the control of major accident hazards into the next century



The new Control of Major Accident Hazards Regulations 1999 (COMAH) aim to prevent major chemical accidents which could harm both people and the environment. They came into force on 1 April 1999.

- They are enforced by a **Competent Authority** made up of HSE, the Environment Agency in England and Wales and the Scottish Environment Protection Agency.
- We have set in place systems and procedures to deal with the assessment of safety case reports.
- We published guidance for industry and a leaflet for those who may be affected by major hazard sites, such as workers and local residents.



How we performed against our continuing aims

HSC/E's mainstream work stems from our statutory functions under the Health and Safety at Work etc Act 1974. These activities are wide-ranging and draw on extensive expertise across the organisation. Some highlights from 1998/99 are given below. Full details of HSE's key outputs and quality measures are set out in the output and performance analysis on pages 14-15.

Aim:

Modernising, simplifying and supporting the regulatory framework...

We are responsible for developing policy and proposing legislation in response to new risks, government initiatives and implementing the requirements of European Union legislative instruments. For instance:

- the Commission concluded its Review of Regulation programme. New procedures were introduced to quality control new guidance and make sure it is properly targeted;
- we introduced regulations and guidance for the quarries industry, replacing 12 pieces of outdated legislation; and
- we took the lead in the negotiation of nine EC directives, and took forward the implementation of ten others including the Use of Work Equipment Directive.



In the second half of the **UK presidency of the European Union** we played a key role in influencing the EU to develop new proposals to ban the importation and use of white asbestos and to strengthen standards of protection for workers exposed to asbestos.

Aim:

Securing compliance with the law...

HSE inspectors are responsible for enforcing the law in over 600 000 establishments. Local authorities enforce the Act in around 1 250 000 establishments. In 1998/99 HSE:

- carried out 183 000 regulatory contacts;
- investigated 32 000 incidents and complaints about working conditions;
- issued over 20% more improvement and prohibition notices;
- took 1550 prosecutions and;
- dealt with over 750 safety cases in high hazard industries.



We also:

- dealt with over 10 000 enquiries about the Working Time Regulations 1999;
- carried out an in-depth audit of the management of safety at UKAEA Dounreay; and
- dealt with emergency requirements of the Jubilee Line extension safety cases and approvals of signalling, control and communication systems.

Aim: _____

Providing appropriate information and advice...



Information and advice get across important messages on health and safety to a far greater number of people than we could ever hope to reach through inspection alone. This year:

- HSE's web site attracted over 75 000 'hits' a week (<http://www.open.gov.uk/hse/hsehome.htm>).
- HSE's InfoLine received over 222 000 calls, about half of them from small and medium-sized firms.
- we published over 200 new titles including several on how to tackle the potential safety risks from the Millennium Bug.



Aim: _____

Promoting risk assessment and technological knowledge...



Our mission to ensure that risks to people's health and safety from work activities are properly controlled requires a thorough knowledge and understanding of science and technology related to health and safety evaluation and the prevention of accidents and ill health. We use this intelligence when proposing standards and regulations, in advice and guidance to industry and in enforcement. And we need to keep it up to date.

We produced a robust HSE database of technological trends and their implications for health and safety. This was published as a discussion document and is also available on HSE's web site. HSE has an extensive research programme focused on safety, hygiene and health risks. Details are provided in our annual *Mainstream research market* document. Over 30% of our new research projects involve collaboration with others.

Examples of research projects include:

- an examination of issues concerning the integrity of Mark 1 rolling stock arising from railway accidents;
- research into respirable dust which has shed new light on the harmful properties of respirable particles; and
- development of a methodology for identifying hand-arm vibration.

Our discussion document *Reducing risks, protecting people* explains how, as a regulator, we decide on the balance between risk and benefits, and describes the principles we adopt when reaching such decisions.



Aim:

Operating statutory schemes, including regulatory services...

We have an important role to play to make sure that particular products, substances or activities are assessed, approved or certified to ensure that they do not pose a risk to people or the environment. For example in 1998/99 we:

- issued 260 pesticide approvals;
- issued 900 diving certificates;
- processed 332 asbestos licence applications; and
- processed 249 genetic modification notifications.



Our medical inspectors and occupational health inspectors provide medical surveillance of workers exposed to specific hazards such as lead, asbestos and diving and also carry out investigations of occupational health problems.

Internal management aim:

Maintaining an efficient and effective central service...

- HSE continued its wide-ranging programme of efficiency and business improvement work. In 1998/99 we achieved £5.3 million in efficiency gains.
- All parts of HSE have gained recognition in Investors in People.
- The new Charter programme Service First was introduced to replace the Citizen's Charter. It contains nine new principles of public service delivery, to which HSE is adhering.



INVESTOR IN PEOPLE

Health and safety statistics

Fatal injuries to workers

In 1998/99:

- The number of fatal injuries to workers is expected to fall to 257 from 274 in the previous year. This is the lowest number reported since the introduction of RIDDOR in 1986.
- Estimated final figures indicate that there were 192 fatal injuries to employees: 20 fewer than in 1997/98 and 1 more than in 1994/95, the lowest number reported since the introduction of RIDDOR.
- Estimated final figures indicate that there were 65 fatal injuries to the self-employed, 3 more than in 1997/98.
- The best strategic view of the overall picture of injury rates is the long-term trend. There are clear downward trends in the numbers and rates of fatal injury to workers over the last ten years.
- Figure 1 shows that the fatal injury rate for workers is expected to remain at 1.0 per 100 000 workers.
- The fatal injury rate for employees is expected to fall to 0.8 per 100 000 from 0.9 the year before. This is the lowest rate since the introduction of RIDDOR.
- The fatal injury rate for the self-employed is expected to rise to 1.9 per 100 000 from 1.8 the year before.

Figure 1 FATAL INJURIES TO WORKERS 1989/90-1998/99(ef)

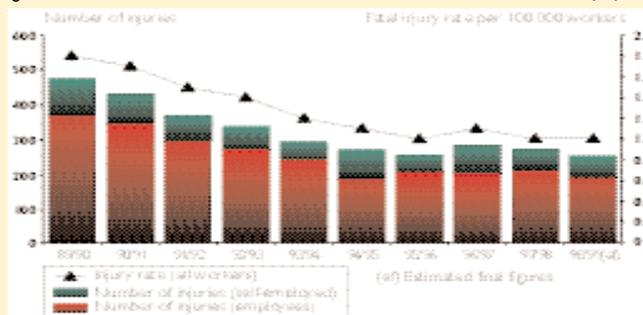
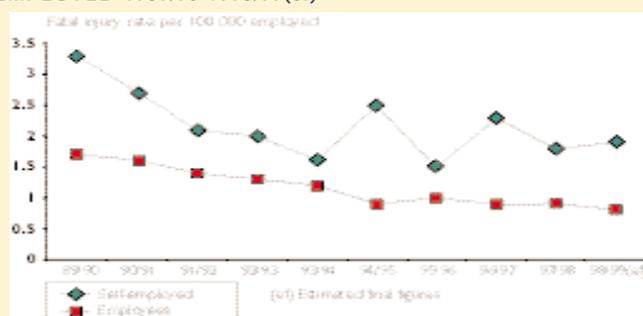


Figure 2 FATAL INJURIES FOR EMPLOYEES AND THE SELF-EMPLOYED 1989/90-1998/99(ef)



Fatal injuries to employees in England, Scotland and Wales

- The numbers of fatalities to employees in each of the constituent countries of Great Britain, England, Scotland and Wales, are expected to decrease in 1998/99. Based on provisional figures, there were 153 fatal injuries to employees in England, a decrease of 7%; 27 fatalities in Scotland (one less than the previous year); and 14 fatalities in Wales, compared with 17 in 1997/98 and 22 in 1996/97.
- The overall rates of fatal injury for employees from 1995/96 were

higher for Scotland and Wales than for England. With the exception of 1995/96, the overall rates of fatality for Wales were higher than those for Scotland. Trends in the number of fatal injuries and the fatal injury rates for Scotland and Wales must be treated with caution because of the relatively small number of fatalities in each country each year. Average rates of fatal injury for England, Scotland and Wales pooled over the last four years including provisional figures for 1998/99 were 0.8, 1.4 and 1.6 per 100 000 respectively.

Non-fatal injuries

In 1998/99:

- There was a reduction of 5% in the non-fatal major injury rate for employees compared with the previous year.
- The non-fatal major injury rate is expected to be 121.2 per 100 000 employees.
- The over-3-day injury rate in 1998/99 is expected to be 561.0 per 100 000 employees, also a reduction of 5% compared with the previous year.

Reporting levels of non-fatal injuries

The statistics on injuries are complemented by the information derived from the Labour Force Survey. The questions on occupational injuries in the 1990 Labour Force Survey confirmed the suspected substantial under-reporting of non-fatal injuries, with around a third of reportable injuries being reported by

employers. Subsequent surveys have shown that the figure has risen to 47%, with improvements in most industries and proportionately largest changes in agriculture and the services sectors. However, the results also show that self-employed people report less than 10% of reportable injuries.

Ill health

In 1995 an estimated 2 million individuals in Great Britain were suffering from an illness which they believed was caused by their work (current or past). An estimated 18 million working days were lost in 1995 because of work-related illness. The commonest types of reported illness were musculoskeletal disorders (affecting an estimated 1.2 million people), stress and psychological disorders (279 000), lower respiratory disease (202 000), deafness, tinnitus or other ear conditions (170 000), skin disease (66 000), headache or 'eyestrain' (50 000), trauma (34 000), vibration white finger (36 000), and pneumoconiosis (19 000).

Past exposures to asbestos continue to be the main cause of fatal occupational disease, with some 1300 deaths annually from

mesothelioma, most of them probably caused by asbestos. In 1998 there were 1330 mesothelioma deaths, 2% more than the previous year, though the rate of increase now appears to be moderating.

Voluntary reporting schemes for occupational physicians and other specialists provide annual estimates of numbers of new cases of occupational disease seen by them, though these figures are bound to underestimate the total national incidence since many sufferers will not be seen by specialists. The commonest diseases include musculoskeletal disorders (with an estimated 7500 new cases in 1998), dermatitis (3600), stress or psychological problems (estimated 2100 cases seen by occupational physicians, not counting cases seen only by psychiatrists), infections (1400), asthma (900), and hearing loss (900).

Output and performance analysis

Contextual indicators (the environment in which HSE carries out its mission and aims)

HSC/E's mission: to ensure that risks to people's health and safety from work activities are properly controlled.

Fatal and major injury rate for workers, per 100 000	128.5, 1997/98 (final rate) 119.0, 1998/99 (estimated final rate)
Change in RIDDOR means more reported injuries are classified as major injuries therefore the rates are higher	
Estimated cost to society of work accidents and work-related ill health	£14.5 – 18.1 billion (1995/96 prices)*
– of which cost of work-related ill health	£10.2 – 10.6 billion (1995/96 prices)**

Source: The costs to Britain of workplace accidents and work-related ill health in 1995/96 HSE Books 1999 ISBN 0 7176 1709 2.

OUTPUT MEASURES (how HSE carries out its aims)

	1997/98 outturn	1998/99 plan	1998/99 outturn	Notes
AIM 1: MODERNISE AND SIMPLIFY THE LEGAL FRAMEWORK, BY:				
Introducing: sets of regulations, Approved Codes of Practice, consultative documents and new guidance documents	56	70	66	Indicator of one aspect of this work. Many policy outputs are difficult to forecast. Some policy products did not materialise for reasons outside HSE's control. We also had to deal with some unplanned work.
AIM 2: SECURE COMPLIANCE WITH THE LAW, BY:				
Making regulatory contacts, including inspections and investigations, with employers and duty holders	186 065	170 000	183 292	Includes all operational site visits, office meetings etc with 'clients'. Includes the results of inspection campaigns in the agriculture, construction and manufacturing sectors.
Investigating incidents/complaints	33 585	29 000	32 270	Cases completed, some of which may involve more than one contact.
Considering and processing safety cases/reports and nuclear licence actions	658	740	759	Demand-led measure, beyond HSE's control. Includes: offshore safety cases, onshore major hazard safety reports and nuclear licence actions.
AIM 3: PROVIDE INFORMATION AND ADVICE, BY:				
Dealing with enquiries	448 000	550 000	476 499	Largely a demand-led measure.
Making available a range of publicity products	2 707	2 100	4 489	Includes: publications, titles, exhibitions/displays, press adverts, notices and briefings, internet pages, video titles, Autofax titles. Outturn reflects the continuing popularity of (and HSE's work on) electronic media.
Number of publicity products purchased or accessed, millions	7.4	7.7	11.6	Includes: free leaflets issued, publications sold, videos hired/sold, accesses to Autofax, internet 'hits'. Noticeable shift in emphasis from printed to electronic media.
AIM 4: PROMOTE RISK ASSESSMENT AND TECHNOLOGICAL UNDERSTANDING, BY:				
Letting research contracts	340	300	309	
Implementing risk and technical policy projects (some of these contribute to other aims)		120	126	New measure, reflecting HSE's expertise in applying risk concepts, science and technology to help produce policy and field outputs.
AIM 5: OPERATE STATUTORY SCHEMES, BY:				
Providing regulatory services, eg issuing statutory certificates	4 218	3 600	3 834	This is an aggregate measure comprising a wide range of our statutory products.

PERFORMANCE MEASURES (efficiency and quality aspects of how HSE carries out its aims)

	1997/98 outturn	1998/99 plan	1998/99 outturn	Notes
AIM 1: MODERNISE AND SIMPLIFY THE LEGAL FRAMEWORK				
% sets of regulations, Approved Codes of Practice, consultative documents and guidance documents introduced to time	84	88	82	Slight fall in this quality measure, due mainly to factors outside HSE's control, eg implementation of some regulations delayed to allow for more consultation.
AIM 2: SECURE COMPLIANCE WITH THE LAW				
% high hazard/risk workplaces receiving annual regulatory contact	100	100	96	Slight shortfall due partly to inspectors judging that some of these sites were misclassified and did not need inspecting.
% complaints (about work activities) investigated	74	85	77	Higher than expected number of complaints received resulting in lower proportion investigated.
% reported events (accidents/incidents) investigated	6.9	6.1	5.7	HSE is seeking to improve this aspect of its performance. Next year's target is higher at 6.7%.
% safety cases/reports and nuclear licence actions processed to time	90	87	89	
% prosecutions resulting in convictions	79	targets not set	83p	
% inspector time on site/contact and related activities (as a proportion of total time available)	79	80	78	
AIM 3: PROVIDE INFORMATION AND ADVICE				
% public enquiries answered within 10 days	97	100	97	Continuing Citizen's Charter commitment [†] .
% customer satisfaction with HSE service ⁺	86	targets not set	79	Citizen's Charter measure (see general note below).
Number of justified or partly justified complaints against HSE staff per 100 000 contacts	6	targets not set	5	Citizen's Charter measure. Contacts include all public enquiries plus regulatory contacts (see general note below).
AIM 4: PROMOTE RISK ASSESSMENT AND TECHNOLOGICAL UNDERSTANDING				
% research projects completed to time	95	95	95	This measure is to be discontinued and replaced by a more meaningful one.
% risk and technical policy projects completed to time	†	70	79	New measure.
AIM 5: OPERATE STATUTORY SCHEMES				
% service products (statutory certificates etc) processed to time	90	88	94	Excludes mines approvals and exemptions.
AIM 6: ENSURE EFFICIENT CENTRAL SERVICES^{††}				
Efficiency gains (cash and productivity) as % of total running costs	5.3	4	3	
Staff costs (as % total) devoted to central services (personnel, planning, finance etc)	8.2	7.9	8.1	The size of HSE's 'overhead' is set to reduce further over the next three years, reflecting improved efficiency.

GENERAL NOTES:

HSE does not set targets for certain measures and indicators, ie prosecution conviction rates, some Citizen's Charter results, measures that are demand-led and measures that are beyond our control. Instead, where necessary, the term 'expected demand level' is used.

+ Customer satisfaction with main regulatory interface is measured by a two year rolling survey across HSE's seven FOD regions (four were surveyed in 1997/98 and three in 1998/99). On average over the two years 82% indicated they were satisfied with the service they received. One region was significantly below the average and the reasons for this are being investigated.

* These costs include the net present value of costs in future years. Costs incurred in 1995/96 are £9.9-£14.1 billion

** These costs include the net present values of costs in future years. Costs incurred in 1995/96 are £6.2-£7.2 billion

† Citizen's Charter was replaced by Service First in June 1998.

†† Aim 6 now considered an internal business aim.

p Provisional

Health and Safety Commission and Health and Safety Executive Summary Financial Statements 1998-99

SUMMARY FOREWORD

These summary financial statements are only a summary of information in the Health and Safety Commission's and Health and Safety Executive's financial statements and do not contain sufficient information to allow for a full understanding of the results and state of affairs of them.

For further information, consult the full annual financial statements and the Comptroller and Auditor General's report on those statements. These are included in HSC's Annual Report 1998/99 and HSC/E's Accounts 1998/99 (ISBN 0 10 281499 6) which is available from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS.

These summary financial statements have been prepared in accordance with the Companies Act 1985 section 251 and The Companies (Summary Financial Statement) Regulations 1995 (SI 1995/2092) and were signed by Sir Frank Davies CBE, OSTJ. and Jenny Bacon CB on 29th September 1999 respectively.

REVIEW OF ACTIVITIES

The continuing aims and key priorities for 1998-99 of the Commission and Executive are reviewed in pages 5 to 11 of this report.

FUTURE DEVELOPMENTS

The Commission's and Executive's continuing aims and key priorities for 1999-2002 were set out in the Health and Safety Commission's Strategic Plan published in May 1999.

MEMBERS OF THE COMMISSION AND EXECUTIVE

Commission members

Chairman: Sir Frank Davies CBE, OSTJ

Other members: George Brumwell, Margaret Burns, David Coulston, Joyce Edmond-Smith, Anne Gibson, Michael McKiernan, Rex Symons CBE, Owen Tudor and Robin Turney.

Alan Grant resigned on 16 November 1998. Owen Tudor was appointed from 17 November 1998. David Coulston's and Robin Turney's appointments ended on 31 March 1999. Abdul Chowdry and Sonny Hamid were appointed from 1 April 1999.

Executive members

Director General: Jenny Bacon CB

Other members: David Eves CB and Richard Hillier.

SUMMARY INCOME AND EXPENDITURE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1999

HEALTH AND SAFETY COMMISSION

	1998-99 (£000)	1997-98 (£000)
Grant in Aid received from Department of the Environment, Transport and Regions	177 500	178 600
<i>less:</i>		
Staff and other operating charges	548	510
Allocation of grant in aid to Health and Safety Executive	<u>176 952</u>	<u>178 090</u>
Surplus/deficit for the financial year	<u>-</u>	<u>-</u>
Commission members' emoluments	151	129

There are no material balances at 31 March 1999 and a Balance Sheet has therefore not been prepared.

Sir Frank Davies CBE, OSTJ

Chairman

29 September 1999

HEALTH AND SAFETY EXECUTIVE

	1998-99 (£000)	1997-98 (£000)
		restated
Grant in Aid received from the Health and Safety Commission	176 952	178 090
Other income	<u>38 739</u>	<u>36 030</u>
	215 691	214 120
Expenditure	<u>217 365</u>	<u>211 709</u>
<i>Operating Surplus/(Deficit)</i>	(1 674)	2 411
Loss on disposal of fixed assets	(183)	(75)
Notional Interest on Capital	<u>(2 328)</u>	<u>(2 532)</u>
<i>Deficit on Ordinary Activities</i>	(4 185)	(196)
Notional Interest on Capital reversal	<u>2 328</u>	<u>2 159</u>
<i>Surplus/(Deficit) for the year</i>	<u>(1 857)</u>	<u>1 963</u>
Executive members' emoluments	324	306

Following the introduction of Financial Reporting Standard 12, it is only expenditure in connection with uninsured risks that are charged to the income and expenditure account and the corresponding amount has been adjusted accordingly.

SUMMARY BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 1999
HEALTH AND SAFETY EXECUTIVE

	1998-99 (£000)	1997-98 (£000)
Fixed Assets	<u>33 117</u>	<u>35 942</u>
Current Assets	12 027	15 297
Creditors: amounts falling due within 1 year	<u>(7 663)</u>	<u>(9 036)</u>
<i>Net current assets</i>	<u>4 364</u>	<u>6 261</u>
<i>Total assets less current liabilities</i>	37 481	42 203
Creditors: amounts falling due after more than 1 year	(52)	(31)
Provisions for liabilities and charges	<u>(3 005)</u>	<u>(3 000)</u>
<i>Total net assets</i>	<u>34 424</u>	<u>39 172</u>
Reserves	34 424	39 172

Jenny Bacon CB

Director General
29 September 1999

The certificate and report of the Comptroller and Auditor General on the full financial statements for the year ended 31 March 1999 was unqualified and did not contain a statement made under either section 237(2) of the Companies Act 1985 (accounting records or returns inadequate or accounts not agreeing with records or returns) or section 237(3) (failure to obtain necessary information and explanations).

STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE HOUSES
OF PARLIAMENT

I have examined the summary financial statements on pages 16 and 17 which have been prepared in the form and on the basis set out in the Summary Foreword on page 16.

RESPECTIVE RESPONSIBILITIES OF THE COMMISSION, THE EXECUTIVE, THE CHAIRMAN
AND THE DIRECTOR GENERAL

The summary financial statement for the HSC is the responsibility of the Commission and the Chairman and the statements of the HSE, the Executive and the Director General respectively.

My responsibility is to report to you my opinion on their preparation and consistency with the full financial statements and foreword.

BASIS OF OPINION

I have conducted my work in accordance with the Auditing Guideline *The auditors' statement on the summary financial statement* adopted by the Auditing Practices Board.

OPINION

In my opinion the summary financial statement is consistent with the full financial statements and foreword of the Health and Safety Commission and the Health and Safety Executive for the year ended 31 March 1999 and has been properly prepared on the basis set out in the Summary Foreword to the summary financial statements.

John Bourn
Comptroller and Auditor General
15 October 1999

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