



Health and safety targets: How are we doing?



A supplement to the HSC Annual Report
and HSC/E Accounts 2001/02



HSC'S MISSION STATEMENT

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

This booklet provides highlights of the work undertaken by HSC in 2001/02 and information on progress with the targets and outcomes published in the HSC's Strategic Plan 2001–2004. Full details of the work undertaken by HSC/E in 2001/02 are given in the HSC's Annual Report and HSC/E Accounts 2001/02.

Chair's foreword

This document completes the reporting cycle for our work in 2001/02. Our Strategic Plan 2001 – 2004 set out our strategic direction for health and safety activity in Great Britain up to 2004 and we report here on progress towards the targets and outcomes in our main blocks of work: priority programmes, major hazards, securing compliance in industry sectors and on cross-sector hazards and policy.

The figures for top-level national safety targets show little change. A reduction in work-related fatalities is encouraging, but numbers fluctuate and it is too soon to tell whether this is the resumption of a downward trend. But the target we set with Government is for reductions in the combined rate of fatal and major injuries and there has been no significant movement in the rate of major injuries for a number of years. This is disappointing to report. It means we have not yet achieved the step change which the Revitalising Health and Safety initiative was designed to achieve.

A rising trend in slips and trips – which can result in serious injuries and disability – is of serious concern. Many of these injuries occur in premises enforced by Local Authorities. HSC has noted with concern the declining effort devoted to health and safety and we are determined to work with local government colleagues to improve the performance of those Authorities who give too little attention to their enforcement responsibilities.

Baselines have now been established for the national working days lost to injury and ill health (numbers only rather than the rates at this stage) and work-related ill health. Latest figures suggest the scale of the problem is greater than previously estimated. Two of our priority programmes are focused on occupational ill health. Latest figures show that stress and musculoskeletal disorders account for two-thirds of all days taken off work: 12.3 million days lost to muscle and bone injuries and 13.4 million to stress. These provide a good picture of the problem our priority programmes are designed to tackle. Prevention is a key element as is facilitating the return to work of those off sick who are capable of work and need a supported, managed return to work.

I am pleased to see examples in the report of the determination to achieve change and the effect of close partnerships. Progress is being made by some stakeholders in the construction industry where tentative signs of improvement are beginning to show. I hope these will develop into long-term positive change. There has been a reduction in accidents in the quarrying industry, major and significant hydrocarbon releases offshore, SPADs in the railway industry and hand-arm vibration in the gas industry. There are also examples of industry and unions responding well in other ways: by developing specific guidance; removing from use equipment presenting greatest hand-arm vibration risks, improving workplace procedures. Close partnership is crucial if we are to tackle the tough challenges ahead.

Bill Callaghan: Chair

THE HEALTH AND SAFETY COMMISSION AND THE HEALTH AND SAFETY EXECUTIVE

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

THE HEALTH AND SAFETY COMMISSION

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

HSC COMMISSIONERS

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

THE HEALTH AND SAFETY EXECUTIVE

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

THE EXECUTIVE

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

Biographical details of Commissioners and the Executive can be found in the HSC Annual Report and HSC/E Accounts 2001/02. A copy has been placed on the hse website at <http://www.hse.gov.uk/aboutus/reports/annreport.htm>

INTRODUCTION

The HSC's Strategic Plan 2001 – 2004, published in October 2001, set out the work and activities planned for the next three years to deliver our agreed targets and outcomes. These are designed to help achieve the overarching national targets set for 2010 in the Revitalising Health and Safety Strategy Statement (RHS), as well as those published in Securing Health Together (SH2). The HSC's Annual Report and HSC/E Accounts 2001/02, published on 18 November 2002, reported on progress with the work and activities.

Health and safety targets: How are we doing? provides information on progress against the targets and outcomes and a snapshot of activities and successes in each area.

Over and above the national government targets contained in the **Revitalising Health and Safety Strategy Statement** and **Securing Health Together** the document reports on the following:

Priority Programmes (Pages 6 – 17)

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

Major Hazard Industries (Pages 18 – 28)

- Railways; Nuclear; Offshore; COMAH; Mines

Securing Compliance in industry sectors (Pages 29 – 31)

- Inspecting category A establishments; Hand-arm vibration in the gas industry;
- Occupational Asthma in the explosives sector; Docks; Quarries

Securing Compliance on cross-sector hazards (Pages 32 – 35)

- Asbestos; Hand-Arm vibration; Occupational Asthma; Noise; Hazardous substances

Mandatory activities (Page 36)

- Transport of Dangerous Goods; Gas safety

Documents etc referred to in this report can be found on the following website addresses

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

HSC Strategic Plan 2001 – 2004: (<http://www.hse.gov.uk/aboutus/plans/hscplans/plan0104.htm>)

Health and Safety Statistics Highlights 2001/02: <http://www.hse.gov.uk/statistics/overpic.htm>

HSC Annual Report and Accounts 2001/02: <http://www.hse.gov.uk/aboutus/reports/annreport.htm>

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

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

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

REVITALISING HEALTH AND SAFETY/DEPARTMENTAL PUBLIC SERVICE AGREEMENT

National targets for health and safety are set out in the Revitalising Health and Safety Strategy Statement (RHS) (details below). The Departmental PSA, arising from the Spending Review 2000, equates with the RHS 2004 targets.

Target

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

Baseline:

1999/00: injury indicator: 263.2.

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

Progress

2001/02: injury indicator: 268.9. The indicator increased because the marginal decrease in the rate of reported major injury (-0.6%) is outweighed by the decrease in the reporting level in 2001/02 and consequent increase in the uprating factor. Since 1999/2000, the indicator has fluctuated by small amounts that are not statistically significant. There is no discernible improvement since the base year. The target is to reduce the indicator by 10% in the ten-year period 1999/2000 to 2009/10. The indicative rates of fatal and major injury would be 250 in 2004/5 and 236.9 in 2009/10.

Target

Reduce the number of working days lost per 100,000 workers from work-related injuries and ill health by 30% by 2009/10 and by 15% by 2004/5.

Baseline

Only absolute numbers (rather than rates) are currently available. An estimated 40.2 million total days per year were lost in 2001-02 (Self-reported Work-related Illness (SWI01/02) household survey). Based on this, illustrative targets would be 34 million in 2004/5 and 28 million in 2009/10.

Progress

We will only know how well we are doing when further statistics become available and an initial judgement will be made in 2004. The latest information from self-reporting (SWI) surveys suggests that the scale of the problem to be addressed by the strategies in terms of work-related ill health and the days lost it causes is now greater than previously estimated.

Target

Reduce the annual incidence rate of new cases of work-related ill health by 20% by 2009/10 and by 10% by 2004/5.

Baseline

For our Plan we used figures from the 1995 SWI. As we flagged up in the Statistical Note, we expect to adjust the baseline in the light of emerging information. There was no SWI survey in 1999/2000, the base year for Revitalising but there was one in 2001/02. The SWI01/02 survey provides estimates closest to the base year for Revitalising: effectively, these now represent the 'baseline' from this source. This information suggests that the scale of the problem to be addressed by the strategies is now greater than previously estimated. In 2001/02 an estimated 2200 out of every 100,000 people employed in the last 12 months suffered from a new work-related illness. Illustrative targets (based only on the SWI source) would be 2000 per 100 000 in 2004/05 and 1800 per 100 000 in 2009/10.

SECURING HEALTH TOGETHER (SH2)

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

Targets

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

Progress:

- Target relating to members of the public: hospital-acquired infections account for a significant proportion of the ill health; we have set up a working group charged with developing a revised HSE strategy to deal with this.
- Rehabilitation targets: we have commissioned work to identify a framework of the issues employers need to address to manage the return to work of ill, injured and disabled employees and we have run an interactive workshop to capture stakeholders comments. We have raised the profile of employment focussed rehabilitation to the extent that a cross government approach was endorsed by Ministers from the Department for Work and Pensions and Department of Health (DH) with support from the Department for Education and Science.
- Occupational health support target: we have in place a strategy to improve access to occupational health support for small firms and a project board to oversee its implementation. Work so far has included research to establish a baseline, setting up a pilot for a telephone helpline in Lanarkshire which will contribute to the Occupational Health Service for Scotland and developing a model for a national occupational health support system by the Support Programme Action Group, taking account of the feasibility study for construction.

Comment:

The drift from illness, injury and disability to unemployment remains a key issue if health, social and economic inequalities are to be effectively tackled. The last two years have seen a growing interest in rehabilitation issues and the climate is receptive for change. Since SH2 was developed much groundwork, has been achieved to help implement the 10-year strategy and its aims and some examples can be found are on the SH2 website. We are delighted that organisations are sending these in.

PRIORITY PROGRAMMES: Falls from Height

Falls from height (FfH) are one of the biggest causes of fatal and major injuries. All industrial sectors are affected. The FfH priority programme links to and complements the construction (where 50% of fatal FfH occur), agricultural and workplace transport priority programmes where falls from height are a significant concern.

Target

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

Baseline:

No incidence rate is available for this target. The statistical indicator used to track this target is therefore number of reported incidents of falls from a height. For the baseline year of 1999/00 there were 68 fatalities (to workers) and 5,500 major injuries (to employees).

Progress

In 2001/02, there were 68 fatal injuries to workers due to falling from a height. This was 8% less than in 2000/01 when there were 74. Whilst the figure for 2001/02 is as for the baseline year, the number of fatal falls from a height has decreased over the past 5 years.

In 2001/02 there were 3996 major injuries to employees due to falls from a height. The greatest reduction was from high falls of over 2 metres, which decreased both in number and in its percentage share of the 4 workplace accident types (slips and trips, struck by moving vehicle, low falls from height and high falls from a height) between 1998/99 (5.8%) and 2000/01 (5.3%), and decreased further in 2001/02 (3.8%). Some of this fall may in part be the result of changed guidelines on recording, but it is expected that some of this reduction is real.

Comments

This priority programme is still under development so it is not possible to determine the impact it has had on the decline in numbers. We are cautious about the decline and would want to see it sustained into future years before concluding that it represented a long-term downward trend. Incidents in the construction industry account for a significant number of the falls from height reported and developments in the Construction Priority Programme may have had a complementary impact on the numbers of major injuries in this Programme. Greater awareness of the dangers of working at height is important and the run-up to and the coming into force of the new Work at Height Regulations in 2004 will continue to raise awareness of the issues. We will continue to improve our knowledge base as research projects come to fruition.

A snapshot of activities and successes 2001/02

- Concentrated on establishing a better knowledge base/understanding of the issues.
- Important research projects started during 2001/02 are producing findings that will inform the development of programme activities: e.g. focusing on preventing low falls (less than 2m) (latest statistics showing a reduction in high falls of over 2 metres confirm this focus).
- Consultation with stakeholders on the draft Work at Heights Regulations has helped to create a high level of awareness of the issue.
- Targeted visits and associated enforcement action exceeded planned inspections (960).
- ✓ High falls were shown to be a particular concern in the agricultural industry and work on a publication designed to offer guidance on the dangers faced by farmers when working at height began.
- ✓ Initiatives on safe working at heights took place in the construction industry with positive results.

PRIORITY PROGRAMMES: Workplace transport

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

Targets

5% reduction in fatal and major workplace transport incidents by 2004.

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

Baseline:

No fatal and major incidence rate is available for the baseline year. The statistical indicator used is the number of reported incidents of being struck by a moving vehicle. For the baseline year of 1999/00 there were 34 fatalities to workers; 959 reported major injuries to employees and 3172 accidents that caused people to be off work for more than three days.

Progress

The number of workers fatally struck by moving vehicles dropped by 38% from 64 in 2000/01 to 40 in 2001/02. However, this indicator has fluctuated in the past 5 years with no clear improvement.

The number of employees suffering major injuries as a result of being struck by a moving vehicle fell from 823 in 2000/01 to 722 in 2001/02. This is a decrease of 25% compared to the baseline year.

The number of employees suffering over 3 day injuries as a result of being struck by a moving vehicle fell from 3128 in 2000/01 to 2085 in 2001/02. This is a decrease of 34% compared to the baseline year.

Comment

Numbers of non-fatal injuries (both major and over 3 days) have fallen from a peak in the baseline year. Moreover the percentage share of injuries attributable to this type of incident compared to falls from a height, and slips and trips have fallen from 3.3% in 1999/00 to 2.6%. Improvements in figures for both fatal and non-fatal injuries, is greater than may appear at first sight. This is because this year vehicle overturns have, for the first time, been included in the "struck by a moving vehicle" category of incidents.

This is an encouraging start and we would wish to see progress accelerating as the programme takes a greater effect. The Health and Safety Laboratory is conducting research to obtain baseline data on workplace transport activity rates.

A snapshot of activities and successes 2001/02

- A discussion document on preventing workplace transport accidents launched in January 2002 helped raise awareness of the issue. Awareness raising leads industry to carry out work on its own initiative.
- ✓ The 2001/02 inspection programme targeting in particular the construction, agricultural, quarries, docks and airport industries exceeded plans (a total of 3465 targeted workplace transport visits were recorded). The programme dealt with separation of vehicles and pedestrians, minimisation of reversing, and improving the rearward visibility of high-risk vehicles.
- ✓ Root cause analyses identified that accidents where operators were crushed between the mast and overhead guard of lift trucks were responsible for at least one fatality and one major injury each year. HSE's Technology Division influenced standard makers in the EU; agreed with industry organisations that press notices would be put out to raise awareness, and have promoted the provision of retrofit kits.
- ✓ Support from industry for inspectorate initiatives and general enthusiasm from different parts of workplace transport industry for developing industry codes of practice.

PRIORITY PROGRAMMES: Musculoskeletal disorders (MSDs)

MSDs are the most common cause of occupational ill health in Great Britain; they affect the muscles, joints, tendons and other parts of the musculoskeletal system. The risk factors that give rise to MSDs can be found in virtually every workplace.

Target

Reduce the annual incidence rate of work-related musculoskeletal disorders (WRMSD) by 12% by 2004. This means, using SWI 01/02 figures for illustration, around 29,000 fewer new cases of WRMSD in 2004.

Reduce the number of working days lost per 100,000 workers due to WRMSD by 15% by 2004, an illustration based on SWI01/02 figures indicates around 1.8 million fewer days lost by 2004 .

Baseline

As noted in the section on our target for the overall reduction in the incidence of work-related illness, there was no SWI survey in 1999/2000, so SWI01/02 provides estimates closest to the base year for Revitalising: effectively, these replace the 1995 estimates as the 'baseline' from this source. In 2001/02 an estimated 1.1 million people in Great Britain suffered from WRMSD which they believe was caused or made worse by their work (around half of all individuals suffering from work-related ill health); an estimated 240,000 were new cases; and 12.3 million working days were lost as a result.

Progress

We will only know how well we are doing when further statistics become available and an initial judgement will be made in 2004. The available evidence suggests that the incidence of WRMSDs shows no clear trend since the start of the strategies.

Comment

The activities put in place this year have confirmed that MSDs are preventable, that to do so is cost effective and, although not all MSDs can be prevented, good case management will significantly reduce costs and time off work.

A snapshot of activities and successes 2001/02

- Inspection visits concentrating on MSD risks, especially on handling accidents and patient handling, resulted in 247 Improvement Notices (INs) and 45 Prohibition Notices.
- Development of a new targeted approach to inspecting/monitoring workplace MSD risks.
- Development of a Manual Handling Assessment Tool which will help duty holders comply with the Manual Handling Operations Regulations.
- Sectors developed management programmes in partnership with industry with the long-term view of industry running the programmes themselves.
- New guidance on managing Upper Limb Disorders and on patient handling in home care situations.
- In February for International RSI Awareness day, the TUC distributed a web-based guide on spotting the risks of RSI based on the HSE's risk filter to unions and safety reps
- ✓ Evaluation results from the Scottish Back in Work Initiative confirm a significant shift in how Scots view back pain and the number of GPs giving the correct advice to "stay active" has risen from 13% in Sept 2000 to 25% in November 2001.
- ✓ The Corrugated Packaging Association now has a national rolling programme of awards for good practice, road shows, interventions to create a behavioural change in workers and a management action plan for use throughout the industry.
- ✓ British Polythene Industries plc rolled out a national programme for the rapid rehabilitation of employees with MSDs using a network of 3,000 osteopaths, chiropractors and physiotherapists from Osteopaths for Industry. The benefits outweigh the costs by 12:1.

PRIORITY PROGRAMMES: Work-related Stress

The ten year indicators* are to

Reduce by 20% the incidence of work-related stress, by 2010. This means, using SWI01/02 figures for illustration, around 53,000 fewer new cases of stress, anxiety or depression in 2010.

Reduce by 30% the number of working days lost from work-related stress, by 2010. An illustration based on SWI01/02 figures, indicates around 4 million fewer working days lost due to stress, anxiety or depression in 2010.

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

Baselines

As noted in the section on our target for the overall reduction in the incidence of work-related illness there was no SWI survey in 1999/2000, so SWI01/02 provides estimates closest to the base year for Revitalising: effectively, these replace the 1995 estimates as the 'baseline' from this source. In 2001/2 an estimated 265,000 new cases of stress, anxiety or depression caused or made worse by work; approximately half a million people were suffering from stress, anxiety or depression caused or made worse by work including new cases; and a resulting estimated 13.5 million working days were lost due to stress, anxiety or depression.

Progress

We will only know how well we are doing when further statistics become available and an initial judgement is made in 2004. It is not possible to provide an indication of what progress has been made so far but the SWI01/02 indicates the problem was bigger than originally estimated and data from specialist reporting schemes suggest that the incidence of stress has increased.

Comment

Work-related stress is an important issue and the latest SWI data confirm this, but there are practical things that organisations can do, in particular, they can implement HSE's guidance "Tackling Work-Related Stress". This will put organisations in an excellent position to measure themselves against the management standards that are currently being developed.

A snapshot of activities and successes 2001/02

- Development of standards of good management practice which will provide a yardstick against which employers can gauge their performance in tackling a range of key stressors.
- Research (underway) to identify factors that affect reporting of work-related stress and (soon to begin) to define a case of stress, will inform interpretation of statistics and development of targets.
- Development of workshops for managers and safety representatives and participation in events, including European Week of Safety and Health, with the aim of encouraging employers to carry out stress risk assessments and share experiences.
- In June, the GMB union issued new guidance on preventing stress to safety reps and members, and the CWU union was one of several to use stress surveys of members to highlight areas where prevention was a priority.
- ✓ Guidance has been well received by industry.
- ✓ Launch of new web site pages resulted in positive feedback with over 13 000 'hits' in the first month after going live. The web pages will assist dissemination of best practice and practical interventions and provide a comprehensive resource for managers and safety representatives.
- ✓ Cross-Government group established to share best practice on tackling stress.
- ✓ Management standards work is attracting interest from European Union States, as well as public and private sector stakeholders who have some experience in tackling work-related stress and are interested in working with HSE to develop the standards.

PRIORITY PROGRAMMES:Construction

Construction is one of the most dangerous industrial sectors: In the last 10 years nearly 900 workers and over 50 members of the public were killed as a result of construction work accounting for about a third of all work-related fatalities. Over 4000 workers are seriously injured ever year and many more suffer damage to their health. The risk profile of the industry has not changed significantly over the years with trips, falls, manual handling and being struck by falling objects or moving vehicles accounting for the majority of injuries.

Targets

Reduce the incidence rate of fatal and major injuries by 40% by 2004/5.

Reduce the incidence rate of cases of work-related ill health of employees by 20% by 2004/5.

Reduce the number of working days lost per 100 000 workers from work-related injury and ill health by 20% by the end of 2004/5.

Baselines

- Fatal and major injury rate of 392, 58 and 270 per 100,000 for employees, the self employed and all workers respectively.
- More work is required to improve the robustness of the data on incidence rate of cases of work-related ill health of employees and the number of days lost.
- Estimates suggest up to 30% of construction workforce is significantly affected by WRMSD injuries. There is also concern for hand-arm vibration and the legacy from asbestos

Progress

Fatal worker injuries reduced to 79 in 2001/02 compared to 105 in 2000/01, a reduction of 25% and the second lowest number ever. The rate of fatal injuries dropped 28% to 4.2 per 100,000 workers, again the second lowest rate ever.

The rate of reported major injuries to employees has declined since 1999/2000. It fell 12% in 2001/02 compared to 2000/2001 and the number fell 8% from 4303 to 3959. Major injury results are dependent on the level of reporting and hence this may not be a statistically significant change.

SWI01/02 led to estimates that 5600 per 100 000 workers suffered an illness which they believed was caused or made worse by their job, above the average for all industries (4300 per 100 000).

Comment

The Construction Summit recognised that there are no quick fixes for improving the industry's health and safety record; nothing short of a fundamental cultural change will deliver results. There has been much activity and good early progress. This must now be sustained. The ultimate measure of success will be a significant and sustained reduction in fatalities, injuries and ill health.

PRIORITY PROGRAMMES:Construction

A snapshot of activities and successes 2001/02

- In December, the construction union UCATT launched a research report setting out the basis for an occupational health scheme in construction which was launched by the Health Minister Hazel Blears MP.
- Agreement to create a new Construction Division reporting directly to the Chief Inspector of Construction.
- A challenging programme of inspections, investigations and enforcement and major initiatives on work at heights, manual handling, HAVs, noise and transport.
- Further development of a pilot occupational health support service.
- Launched a new CDM ACOP drafted with the support of industry.
- Launched and distributed 30 000 copies of 'Absolutely Essentials,' aimed at smaller firms and micro-businesses, updated the 'Gateway' publication, *Health and Safety in Construction*, & made it available on the Working Well Together (WWT) website.
- Further developed the WWT initiative, including a follow-up conference to the 2001 Construction Summit, national bus tour and other regional events.
- ✓ Industry leaders committed to cultural change and improved health and safety performance through action plans developed following the Construction Summit. (See the progress report to Ministers by HSE's Chief Inspector of Construction at <http://wwt.uk.com/Conferencespeech.asp?ID=47>)
- ✓ Industry progress towards its target of a fully qualified workforce through the Construction Skill Certification Scheme and a significant increase in Construction Industry Training Board training course applications.
- ✓ The industry's *Strategic Forum* has placed health and safety high on its agenda in developing proposals for cultural change.
- ✓ The *Rethinking Construction* initiative is developing a 'Respect for People' toolkit for launch later in 2002 (<http://www.rethinkingconstruction.org>).
- ✓ The worker safety adviser pilot progressed with initial visits at the close of 2001/02.
- ✓ Work at heights initiative engaged with designers, suppliers and contractors & resulted in major advances through safer processes in scaffolding, industrial roofing & precast flooring.
- ✓ Manual handling –Heavy blocks are being 'designed out' through changed specifications.
- ✓ WWT bus tour reached 5,000 site workers. Local WWT groups increasingly active.

PRIORITY PROGRAMMES: Agriculture

With a fatal injury rate of 9.2 per 100 000 workers (2001/02) (provisional) agriculture is the most dangerous industry in which to work. In the ten-year period to 2001/2002, 497 people have been killed (an average of almost one death per week) and many more have suffered injury or ill health. Figures and rates for 2001/02 are provisional at this stage.

Targets

The Agriculture Industry Advisory Committee (AIAC) has recently agreed more challenging long-term targets to replace the interim targets and baselines established in 1999/00:

Reduction in incidence rate of fatal injuries to:

- employees by 5% by 2004 and by 30% by 2010; /
- self-employed by 5% by 2004 and by 10% by 2010;

Reduction in incidence rate of major injuries to employees by 5% by 2004 and by 30% by 2010.

In the absence of sufficient data to establish a measurable baseline for a health target, HSE has proposed the following broad occupational health objective for agreement by an AIAC sub-committee shortly:

- To develop, trial and evaluate a viable model for the provision of occupational health and rehabilitation services in rural communities; and
- To promote and encourage farmers and agricultural workers to access rural occupational health and rehabilitation services.

Baselines

Average fatal incidence rate for employees between 1996/97-1999/00 is 6.1 per 100 000.

Average fatal incidence rate for self-employed between 1996/97-1999/00 is 12.8 per 100 000.

Average major incidence rate for employees between 1996/97-1999/00 is 227.6 per 100 000.

Progress

Over the past 16 years the fatal incident rate for workers has fluctuated and has shown no particular trend. However, the employed and self-employed rate for the same period shows that for employees it has fluctuated but has roughly halved, whereas the rate for the self employed has more than doubled. Figures for 2001/02 potentially represent something of a reversal but may be explained by disruption and change in working patterns associated with the Foot and Mouth Disease (FMD) emergency:

- Against a gradual decline over the past six years to a rate of 4.7 (2000/01) the fatal injury rate to employees has risen to 8.0 (2001/02) – a disappointing outcome significantly above the mid point target and the second highest figure recorded over the past decade.
- By contrast, the fatal injury rate to the self employed having gradually risen over the same period to 19.0 (2000/01) has fallen to 11.0 (2001/02) – which if sustainable would be welcome progress toward the mid point target.

The major injury incident rate to employees was 239.3 in 2001/02 – the highest over the past five years but given variability in reporting levels represent no particular trend.

PRIORITY PROGRAMMES: Agriculture

Comment

The overall reduction in the fatal incident rate to workers (to 9.2 from 10.2 per 100 000) and the reduction in the number of deaths (to 41 from 53) during 2001/02 are welcome though it is of little consolation for the victims or their families. It is too early to judge whether the current incident rates signal a material change in trends as distinct from a transient effect directly attributable to FMD. As agriculture returns to normal every opportunity must be taken to create a culture change in the industry which will result not only in increased awareness of hazards and risks but the practical implementation of measures to eliminate or control them. The agriculture priority programme embraces a wide range of actions many of which will need to be coordinated over several years and this which will rely on the fullest possible support of stakeholders, other government departments and most of all, the industry itself.

A snapshot of activities and successes 2001/02

- ✓ A well-attended occupational health conference in October 2001 agreed options for the development of agricultural/rural occupational health advisory services.
- ✓ Meetings were held with the AIAC and relevant key intermediaries to agree work programmes on relevant RHS topics.
- ✓ 12 Safety Awareness Days (SADs) were attended and well received by over 4,500 self-employed farmers. Two SADs were arranged jointly by the National Farmer's Union and Transport and General Workers Union.
- ✓ A successful bid was made under the Governments Invest to Save Budget to secure funding to develop an electronic self assessment form to raise awareness and help farmers carry out risk assessments and to comply with their legal duties.

PRIORITY PROGRAMMES: Health services

About 1.1 million people are employed in the National Health Service (NHS), with over 0.5 million in the independent sector. While fatal accidents to healthcare workers are fortunately very rare, some of the main occupations, especially nurses and ambulance crews, have extremely high rates of incidents and sickness absence resulting from: manual handling (mainly of patients), slips and trips, violence, and stress.

Targets and Baselines

The DH had set its own performance targets for the **English NHS**, namely 30% reductions in all accidents (by April 2004); all violent and abusive incidents (by April 2004); and all sickness absence (by December 2003). Its baselines are:

Accidents (2000/2001)	108,743
Violence & Abuse (2000/2001)	84,273
Sickness Absence (2000)	4.68%

NHS Wales is committed to the RHS targets - Welsh NHS trusts have been asked to produce baseline data in 2002 and develop action plans for delivering the targets. **NHS Scotland** has set a target of a 25% reduction in all Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR) reportable accident/injuries by 2006, and collected baseline data in 2001/2. The Independent Healthcare Association is working with HSE to establish baselines for accidents and occupational ill-health data in the private sector.

While HSC supports the internal NHS initiatives and the additional information they provide will be useful, HSE will continue to monitor progress against the RHS targets using RIDDOR and other measures such as the Labour Force Survey.

HSE/RIDDOR Baseline Data

The fatal/major injury incidence baseline for health services in 1999/2000 was 84.1 per 100,000 employees (corresponding to 1,350 accidents reported under RIDDOR).

The total for all reported accidents in health services in 1999/2000 was 12,120, of which approximately half were caused by lifting/handling.

SWI1998/99, and other historical HSE data indicated that health and social workers had higher than average rates for: work related mental ill health; spine/back disorders; dermatitis; and infections.

Progress

NHS internal data for 2001/2002 are not yet available.

SWI01/02 showed that health and social workers continue to have a high prevalence of work-related ill health. There are no more up to date estimates of ill health in the health services sector.

RIDDOR data shows significant reductions in all accidents in healthcare since the baseline in 1999/2000 (a 2.9% drop in 2000/01 and 6.6% in 2001/02). Manual handling accidents reduced in that period but continue to be the major cause of reportable injuries. Numbers of slips and trips accidents and injuries due to violence seem to be fairly static, but the latter needs to be seen against a background of increasing violence and aggression reported by the NHS.

The numbers of major injury accidents in health services have also reduced but by a smaller amount (2.0 % in 2000/01 and 6.2% in 2001/2). Slips and trips continue to account for about half of the major injuries, but there are no obvious trends.

The health services major injury incidence rate went down from 84.1 to 78.3 in 2000/01, but only to 77.7 in 2001/02, despite the larger decrease in accidents. This is in part due to the current provisional status of the employment figures used to calculate the rates. The numbers employed in healthcare are not thought to have reduced in that period.

PRIORITY PROGRAMMES:Health services

Comment

The Health Services Sector has continued to make slow but steady progress in reducing the rate of accidents. The reduction in manual handling injuries seen in previous years needs to be pursued, as HSE inspectors still find wide variations in performance between the best and the worst organisations, even within the NHS. Slip/trip accidents (the biggest cause of major injuries in the sector) continue to be a problem, and data from the NHS and other sources suggest that overall incidents of violence and aggression are on the increase. More forward thinking employers in the sector are already looking at work related stress, and the HSE sponsored research on interventions to manage stress in the NHS has generated much interest. Improvements in the management of stress and manual handling injuries should, in due course, be reflected in the incidence of illness and sickness absence.

Apart from addressing these risks, the Programme for 2002 onwards will need to reflect organisational changes to the NHS in England, and the increasing differences between the Health Services caused by devolution. HSE will continue to take opportunities to influence the NHS centrally or regionally, and use intermediaries in the independent sector, while carrying out local interventions with individual duty holders.

A snapshot of activities and successes 2001/02

- HSE inspectors have carried out targeted inspections on violence and manual handling in NHS Trusts and nursing homes, while raising awareness on stress, and addressing other priority risks such as slips/trips and asthmagens, as appropriate).
- HSE has also published research on managing stress in NHS trusts, contributed to sector guidance on risk management, on manual handling of patients, and on managing violence and aggression.
- HSE's Central Approaches with the NHS in England were hampered by the reorganisation of the NHS and the demise of the regional offices. However, Inspectors from Wales and Scotland set up arrangements for joint working with their health services and contributed to national initiatives.
- HSE has sponsored research into the cost effectiveness of health and safety management in an NHS trust, and contributed to the National Audit Office Study into health and safety in the NHS, which should be published in 2003.

In addition to the work on setting baselines and targets mentioned above -

- ✓ HSE inspections focusing on MSD and violence in the NHS exceeded the planned targets in 2001/02, and significantly increased enforcement action on these risks. In 2001/02 NHS trusts received 14 INs on manual handling and 12 on violence, compared with 4 on each in 2000/01.
- ✓ Despite the increased level of enforcement, inspectors reported more examples of good practice in the management of, for example manual handling risks.
- ✓ HSE's Field Operations Directorate's (FOD's) Health Services Unit (HSU) agreed with the NHS Litigation Authority to deliver a programme of joint seminars on managing risks in NHS Trusts.
- ✓ HSU, FOD's Construction Sector, and NHS Estates have agreed to develop joint initiatives aimed at incorporating safety into the design and building of new hospitals.
- ✓ The General Medical Council incorporated specific objectives on health and safety in its revised guidance on undergraduate training for doctors (following advice from a Health Services Advisory Committee Working Group).

PRIORITY PROGRAMMES:Slips and trips

Year 1 of the Programme has been targetted at the local authority (LA) enforced sectors. Statistics show that slip and trip injuries account for over 40% (2245) of reported major injuries to workers, i.e. employees and self-employed and over 20% (5696) of all over-3-day injuries reported in 1999/2000.

Targets

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

Baselines

1999/2000 - **2245 (major) 5696 (over-3-day) injuries**

Progress

2000/01 –	2098 (major)	5505 (over-3-day)
2001/02 (p) -	2732 (major)	6080 (over-3-day)

This picture is mirrored in the retail sector :

1999/00 -	833 (major)	2246 (over-3-day)
2000/01 -	...797 (major)	2120 (over-3-day)
2001/02(p) -	993 (major)	2168 (over-3-day)

Comment

In the LA-enforced sector, slips, trips and falls on the same level are the most common kind of major injury to employees, accounting for 44% of such injuries. The latest figure continues an upward trend since RIDDOR 95 was introduced. The further increase in 2001/02 is in part due to improved guidance that clarifies the distinction between slips/trips and falls on the same level, and low falls from height (e.g. an accident previously reported as a low fall from height, such as falling off a kerbside, is now more correctly reported as a fall on the same level). The improved guidance described has therefore resulted in a re-apportioning of these kinds of accidents. Since April 2002, with the agreement of HSC, the programme has been extended to include HSE enforced sectors. A series of regional seminars for large companies and intermediaries, and, following successful pilots, workshops for small and medium sized enterprises, are planned for 2002/3 and beyond. A pedestrian slipping expert system (PSES) (a CD Rom based tool which helps the user assess slips risks) was developed in 2001/02 and is being trialled in 02/03. Wider availability of the system is a long-term aim.

PRIORITY PROGRAMMES:Slips and trips

A snapshot of activities and success 2001/02

- A Health and Safety Executive /Local Authorities Enforcement Liaison Committee Slips Working Group was created to oversee the programme, with representation from LAs, HSE, industry and trade unions.
- Exhibitions and demonstrations were undertaken to increase awareness.
- In September, the TUC organized a presentation and stand on slips and trips at the annual TUC Congress, and nine union General Secretaries made a personal pledge to work to reduce slip and trip injuries in the workplace.
- ✓ LA and industry slips initiatives have started following the roadshows, e.g. footwear trials in a pet food company, distribution company and a supermarket. The footwear trial in the pet food company was very successful with an immediate reduction in slipping accidents and financial savings.
- ✓ An independent evaluation of the retail industry roadshows confirmed that they helped raise awareness and that they are an effective vehicle for helping key stakeholders to take action. Positive feedback included:
 - ✓ The roadshows removed uncertainty about how to achieve the RHS targets by providing appropriate information and expertise;
 - ✓ Information given at the roadshows has been incorporated into a number of in-house training modules;
 - ✓ Numerous initiatives have been put in place, e.g.
 - some LAs targetting enforcement towards catering companies;
 - questionnaire approach to local businesses.

MAJOR HAZARD INDUSTRIES: Railways

Target 1

Establishment of a national train protection strategy with targets for reducing the consequences of Signals Passed at Danger (SPADs) including the development of regulations if appropriate.

Progress

- Progress both on track and train fitment has been significant and by end of year industry is broadly in line with the programme agreed under the Railway Safety Regulations.
- Industry has formed a Programme Board to develop a national implementation strategy and plan for fitment of the European Rail Traffic Management System. HSC/E will review the Board's report and make recommendations to Ministers, including whether we should develop regulations in 2002/2003.
- HSE's Her Majesty's Railway Inspectorate (HMRI) has developed a detailed strategy for SPAD reduction for the industry; Railtrack has published a SPAD strategy; Railway Safety sponsors the National SPAD Focus Group – developments are at <http://www.railwaysafety.org.uk/signals.asp>

Target 2

More meaningful, measurable and usable safety cases from the railway industry, and better compliance with the railway safety cases.

Progress

- Assessing new and revised safety cases was among the most significant work carried out by HSE in the year. Emphasis lay in ensuring that requirements of the Railway (Safety Case) Regulations 2000 are met, in particular, seeking improvements in risk assessment and its effective linkage to management arrangements and control.
- HSE has run industry seminars to explain the requirements of the new Regulations.
- A key part of HSE's assessments was the preparation of an intervention plan for each duty holder, which will form the basis of a planned inspection programme over the next three years.
- Enforcement action has been taken in relation to safety case assessment.
- The transitional revisions to those existing safety cases that have been accepted by HSE demonstrated significant improvements in the railway operators' understanding of risk assessment and the links to effective control measures.

MAJOR HAZARD INDUSTRIES: Railways

Target 3

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

Progress

HSE has issued 402 approvals for bringing works into use and issued 316 "letters of no objection" to concept or design proposals. Generally, the time between issue of a "No Objection" and an "Approval" is at least a year, often several; hence we estimate that around 700 schemes were progressed during the year. The named schemes identified have all been progressed.

Target 4

Enhanced awareness among school age children of the dangers of trespass and vandalism and a consequent reduction in related accidents and incidents.

Baseline and progress

2000/01

10 children and 290 adults whilst died whilst trespassing (1 child and 131 adults committed suicide).

177 people suffered injury (major and minor) either trespassing or attempting suicide (9 were children.)

984 train incidents due to vandalism (majority missile damage)
reduction)

2001/02

3 children and 272 adults died trespassing (**8% reduction**) (the figure for children is possibly the lowest ever. 92 adults committed suicide (provisional figures)

179 (slight rise) (7 were children)

921 train incidents due to vandalism (majority missile and arson) (**6%**

Work on trespass and vandalism has continued at a high level throughout the year. It included work with, British Transport Police and Local Education Authorities as well as Railtrack and Train Operating Companies and the appointment of Railway Inspectorate Contact Officers who carry out preliminary investigation work in trespass and vandalism and educational work such as making presentations in schools on railway safety.

MAJOR HAZARD INDUSTRIES: Railways

Target 5

To ensure the industry has an appropriate maintenance regime to secure safety of the infrastructure.

Progress

- Work is now in hand to finalise HSE's Draft Track Maintenance Strategy.
- Inspectors visited Railtrack zone head offices and Infrastructure Maintenance Contractors to ensure existing standards for track inspection and maintenance are met.
- Inspectors visited a sample of Railtrack Zone head offices and Infrastructure Maintenance Contractors to review how they were managing the work they had identified as necessary to keep the track in a safe condition.
- HSE took action to require the implementation of a new industry-wide standard for track worker safety. It issued an IN to enforce the implementation of the first key stage of this standard.

Target 6

Improved working methods within HSC's Railway Industry Advisory Committee (RIAC).

Progress

The terms of reference of RIAC have been amended to give the committee a more strategic focus in line with Recommendation 39 of Lord Cullen's Report. Margaret Burns, an independent member of the HSC, has been appointed as Chair and two new passenger representatives have been appointed.

Target 7

A reduction in the number of accidents to passengers whilst boarding and alighting from trains.

Progress

Passengers injured entering or alighting from trains

	FATAL	HOSPITAL	TOTAL
1998/99	1	330	331
1999/00	0	267	267
2000/01	1	326	327
2001/02	2	290	292
2002/03	0	159	159 (Up to November 2002)

The figures indicate modest success in 2001/02 (due to targeting of these incidents by HMRI and the industry and work done by the London Underground Limited (LUL) inspection team in this area following the four fatalities (all LUL) in 1996/97) which must be consolidated.

MAJOR HAZARD INDUSTRIES: Railways

Target 8

Development of action plans based on the safety reports of Professor Uff and Lord Cullen.

Progress

HSE has developed action plans with industry and published progress reports on each enquiry available on the HSE website (<http://www.hse.gov.uk/railway/index.htm>). The 295 recommendations made by Lord Cullen and Professor Uff are now delivering results - a new Rail Accident investigation Branch and a new Rail Industry Safety Body are being developed, an extensive programme of regulatory review is underway and the industry is undertaking steps to improve its own safety culture and performance.

Target 9

Increased numbers of railway workers holding relevant National Vocational Qualifications (NVQs) or assessed against appropriate schemes.

Baseline and progress

335 railway workers registering for NVQs (March 2001)
440 railway workers registered for NVQs in March 2002. Numerous other training initiatives were taken forward.

Target 10

A significant reduction in the number of SPADs and in the number of broken rails.

SPADs

Progress

2001/02: The totals were the lowest twelve-month totals recorded both for all and serious SPADs.

2002-03: The cumulative total for all SPADs for the first seven months is 36 less than for the corresponding period 2001/02 and for serious SPADs: 4 less. These figures provide some evidence of reduction in total SPADs from the 2001 - 02 level.

Broken Rails

Baselines and Progress

1999/2000:	2000/2001	2001/02
949	729	560 (23% decrease on 2000/01; 41% on 1999/00)

Since the Hatfield derailment the total number of breaks has been improving.

Comment

Overall, the railways continue to improve with progress in a number of key indicators in comparison with previous years. However, vandalism continues to be the primary cause of train incidents, incidents at level crossings rose from 9 last year to 11 this and sadly, 4 track workers died compared with 2 last year. *HSE's Railway Safety: HSE's Annual Report on the safety record of the railways in Great Britain during 2001/02* published on 18 December 2002, contains full details of railway safety activities for the year.

MAJOR HAZARD INDUSTRIES:Nuclear

The system of nuclear installation safety regulation was set up in 1960 after the fire in the Windscale atomic pile in 1957, and it was brought under the Health & Safety at Work Act and the HSE in 1975. The system has been developed from its original coverage of nuclear power reactors to cover a wide variety of installations including British Nuclear Fuels Ltd's (BNFL's) nuclear fuel cycle facilities, nuclear submarine and atomic weapons defence-related sites, United Kingdom Atomic Energy Authority (UKAEA) sites and others. The system requires the licensee to comply with a comprehensive set of Licence Conditions which are designed to ensure nuclear safety and radioactive waste is effectively managed.

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

Target

The maintenance and improvement of safety standards at nuclear installations so as to prevent a major nuclear accident and to protect workers and the public from unnecessary exposure to ionising radiations

Progress

NSD's inspection, assessment and licensing activities secured an outcome of no major nuclear accidents during 2001/02.

Comment

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

A snapshot of activities and successes 2001/02

Maintenance of standards

- HSE delivered a full programme of inspection, assessment and licensing activities during 2001/02 including:
 - Continued inspection of all 40 licensed nuclear sites in Great Britain,
 - Agreement after extensive assessment of the safety case, to allow the first of the Vanguard class of nuclear submarines to enter the new refit facility at Devonport, and
 - Closing out of the findings of the safety audit of UKAEA Dounreay.

Improvement of standards

- HSE made a major input to the Government's development of a plan for a Liabilities Management Authority to develop and oversee the programme for treatment of the redundant installations and radioactive waste from the past fifty years' nuclear research, development and operation.

MAJOR HAZARD INDUSTRIES:Nuclear

- ✓ A licensee reported two events at one of its power stations which led to water leaks from joints in large diameter pipes of the Water Spray Fire System. NSD issued a Direction to the licensee to review and reassess safety following an assessment of the incident. As a result of this action, the licensee has made a number of significant improvements to the system, including inspecting, modifying and refurbishing the plant.
- ✓ A licensee is making modifications to improve further the safety of reactor pressure vessel penetrations at one of its nuclear reactor stations following NSD's assessment of the proposed safety case.
- ✓ NSD played a major part in preparing and presenting the UK's submission to the formal review of member states' compliance with the UN's International Convention on Nuclear Safety. Scrutiny by the international community confirmed the effectiveness of the UK regime.
- ✓ Following NSD's safety management audit of British Energy Generation Limited and British Energy Generation (UK) Limited, the licensees have undertaken a significant amount of work to faction improvements. In particular, changes have been implemented to improve the effectiveness of four key business processes, namely: management of skills and resources; management of work; management of contractors; and management of change.
- ✓ NSD has vigorously followed up BNFL's response to the Team Inspection report on Control and Supervision at Sellafield. This work has resulted in significant beneficial changes to BNFL's safety management of the Sellafield site. Progress made by BNFL has included: putting in a single site management structure and associated management control; its own independent operations inspection function; and a new site-wide approach to labelling plant etc which provides the basis for enhanced safety during operation, inspection and maintenance.

MAJOR HAZARD INDUSTRIES:Offshore

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

Target 1

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

Baseline

139 major and significant releases.

Progress

113 reported major and significant releases (2001/02) a reduction of 19% compared to baseline.

A snapshot of activities/successes 2001/02

- An analysis of the root causes of releases was issued in September 2001.
- ✓ A targetted inspection plan was begun and work with stakeholders to tackle emerging problem areas and disseminate good practice etc was carried out. The industry formed a working group to co-ordinate good practice and develop guidance/training materials etc.

Target 2

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

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

Progress

During 2001/02, the number of questions raised in design safety case assessment increased by 28% from the baseline of an average of 50 questions per case. However the number of unresolved findings at the end of the assessment process (considered to be a better measure of improvement in the design process) has reduced 20% from the baseline.

Activities/successes 2001/02

- Production of internal guidance on the management of health and safety in design supported by tools to be used where more in-depth assessment is required. Industry has established a work group to support this programme.

MAJOR HAZARD INDUSTRIES:Offshore

Target 3:

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

Baseline:

7 loss of station keeping events per shuttle tanker a year

Progress

2 shuttle tanker loss of station keeping events recorded in 2001/02.

Target 4

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

Baseline

1999/00: 98 incidents (comprising 30 accidents plus 68 DOs)

Progress

2000/01: 85 :

2001/02: 85.

A broad reduction of about 13% for years 2000 and 2001

A snapshot of activities and successes 2001/02:

- ✓ A new cranes database produced jointly with industry.
- ✓ Best/worst practices and root causes of accidents have been identified;
- ✓ Awareness of the hazards of offshore lifting has been raised (Technical guidance on the safe use of lifting equipment offshore has sold over 1200 copies since January 2002 and 50,000 copies of the Lifting Operations and Lifting Equipment Regulations 1998 Approved Code of Practice (AcoP) sold).

Comment

Following release of HSE's offshore statistics 2001/02, HSE and Step Change in Safety (an initiative to deliver a major improvement in the industry's safety performance) have reiterated their commitment to making the UK offshore oil and gas industry the safest in the world by 2010. Three people died in offshore incidents (equal to 2000/01), while the number of serious injuries increased by two to 55. Numbers of less serious injuries and dangerous occurrences (potentially serious incidents where no-one is injured) continue to improve. Overall therefore, UK offshore industry performance is static, probably improving slowly and figures show that HSE's key programmes are correctly focussed on priority areas, and that the clear targets set under 'Revitalising' are necessary and achievable.

**MAJOR HAZARD INDUSTRIES: The Control of Major Accident Hazards Regulations 1999
(COMAH)**

COMAH aims to prevent and mitigate major chemical accidents, which could harm people and the environment.

Target 1

By 2004 a reduction of 20% in RIDDOR dangerous occurrences; and COMAH Regulation 21 major accidents. (COMAH regulation 21 provides for the notification of major accidents to the EC; and selected incidents which have a high potential to cause death/serious injury, but which happen relatively frequently, are reportable under RIDDOR as dangerous occurrences (DOs) (reportable whether or not someone is injured).

Baseline

22.17: (The average combined figure for DOs/major accidents per 100 sites 1999/00 – 2000/01.

Progress

21.9 (2001/02): a slight drop against the baseline.

A firm line was taken on non-compliance with a number of COMAH enforcement notices being issued.

Target 2

By 2005 all occupied buildings to comply with Chemical Industry Association guidance on the design of occupied buildings for chemical manufacturing sites.

Baseline

Occupied buildings at approximately 300 top tier COMAH establishments

Progress

The programme is designed to improve the siting/ design of occupied buildings on major hazard sites to ensure workers are not placed at any greater risk from site hazards by virtue of having to occupy buildings on site. Site visits were carried out in 2001/02 followed by a fundamental review of the project. Revised internal guidance is to be issued supported by inspector training.

Target 3

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

Target: To reduce the risk of serious injury to 100% of workers in remote operations (This more relevant target replaces the published target of only 10-30% of workers.)

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

Progress

2001/02 has been a preparatory year during which the 11 target sites were identified. During 2002/03 HSE will monitor the number of sites returning their risk assessment; in 2003/04 the inspectorate will work with industry to agree benchmark standards and prepare guidance for industry to follow. In subsequent years the target will seek guidance compliance at those sites whose risk assessments show unacceptable risk

MAJOR HAZARD INDUSTRIES:Mines

The Coal Mines (Respirable Dust) Regulations 1975 (RDR) require monthly sampling of airborne dust levels and the mine manager to notify HSE if the measured concentration exceeds certain levels. Work is stopped if corrective action is not effective in bringing the following month's samples below the limits. The aim is to limit long term exposure to respirable dust which is known to cause pneumoconiosis and contribute to other respiratory diseases. 25 years of steady decline in the incidence and severity of pneumoconiosis among working miners was however reversed when a small number of fresh cases of higher-category pneumoconiosis was found during periodic medical examinations in 2000/01.

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

Target

A reduction in the number of notifications of high dust levels under the current regulations.

Baseline

5 notifications (2000).

Progress

Some 2800 statutory samples were taken at coal mines during the year. 6 notifications were made in 2001/02. On these low numbers, the rise is not statistically significant when set against 20 notifications in 1999/2000 and encouragingly, there were no notifications in the final quarter of the year. Also, there were no cases where adverse samples the following month stopped operations.

Comment

The increase in notices is not significant but HSE will continue to raise awareness of the issue, investigate all notifications and instances where levels are elevated and work with industry stakeholders on revised regulations on the control of inhalable dust that will replace RDR (Consultative Document expected summer 2003). The initiative has succeeded in keeping dust control to the fore whilst the new regulations are developed.

A snapshot of activities and successes 2001/02

- All adverse dust notifications were investigated. In general management had already taken corrective action but was often slow in anticipating the need to respond to geological changes.
- Inspectors have also investigated instances where dust levels have been at less than the notifiable level but were, nevertheless, elevated.
- Control of respirable dust has been discussed with all stakeholders at MI's employer/employee health and safety meetings and with individual unions.
- ✓ Mine owners have begun trials at some large coal mines with a novel form of micro-droplet spray in an attempt to reduce intake contamination.

SECURING COMPLIANCE: Category A establishments; HAVs in the gas industry

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

Category A establishments

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

Target

To inspect every category A establishment with the aim of:

- removing them from category A within 2 years by the implementation of improved control measures; or
- where long-term action is needed to achieve this compliance (for example, the installation of complex and expensive ventilation systems) taking formal enforcement action to secure this longer-term goal within 2 years.

Progress

98% (2400 out of 2450) of category A establishments were inspected. The target was just missed :

- because a number of premises were already subject to separate enforcement action. These were not visited as part of this programme, but were appropriately dealt with; and
- because of foot and mouth disease restrictions. These premises will be visited in 2002/03

Comment

HSE continues to inspect high-risk premises. It is critically important to work closely with premises that do not meet acceptable standards of health and safety, taking enforcement action in line with the Enforcement Policy Statement. The target is to remove the premises from the category A list within 2 years of the date of visit. Information for visits made in 2000/01 will be available in 2003 and for 2001/02 in 2004.

Hand-arm vibration in the gas industry

Following audit of a major gas conveyor, occupational health problems including hand-arm vibration(HAV) were identified. A three-year HAV intervention with the distributor began in 2001.

Target

A levelling off of and significant reduction in reported new cases of HAVs.

Baseline

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

Progress

Target achieved.

April 2000 - November 2000: new cases reported rose by **184** (due to a backlog of questionnaires received and an increase in awareness of the issues).

November 2000 - January 2002: new cases reported: **105**.

February 2002 – October 2002: new cases reported: **34**.

The intervention is complete apart from monitoring in 2002/03 and 2003/04 and no further targets have been imposed on the conveyor. The conveyor's response and its own initiative have been excellent and improved the situation for existing employees.

SECURING COMPLIANCE: Occupational asthma in the explosives sector

HSE's Explosives Inspectorate began a three-year programme to tackle occupational asthma. Substances which cause asthma (asthmagens) in use in the explosives industry include rosin based solder, isocyanate based resins and latex gloves, many of which are subject to a maximum exposure level (MEL). Employers must ensure that employees' exposure to a substance assigned a MEL is reduced so far as is reasonably practicable and in any case below the MEL.

Target

The number of people exposed to unacceptable levels of asthmagens in the explosives sector to be reduced to zero. (This revised more relevant target replaces the published target: "To reduce the number of employees exposed to the relevant MEL.")

Baseline

An estimated 150 people are regularly exposed to asthmagens in the explosives sector (2001/02).

Progress

Inspection visits did not identify cases of MELs being exceeded, but weaknesses identified mean we cannot say that exposures have been reduced as far as is reasonably practicable. In nearly all cases, there were failings: e.g. poor quality assessments were a common feature. Improvements are required in maintenance, instruction, training, monitoring. The programme will continue and although the target set is for the sites which are visited, we will ensure that all the lessons learnt are distributed across the industry.

A snapshot of activities and successes 2001/02

- A postal survey of all licensed factory sites identified priorities for inspection.
- Establishing bench marks for good practice and developing a quantitative method for rating performance which will allow inspectors to make year on year comparisons.
- ✓ As a result of the visits, improvements were made in ventilation at several sites and in the provision of health surveillance at one site. Actions designed to improve compliance with COSHH were agreed with all companies.
- ✓ Partly as a result of this initiative/ partly as a result of companies' growing awareness, the use of latex gloves has been discontinued at several locations.
- ✓ As a result of inspection visits, improving compliance with COSHH is ongoing.

SECURING COMPLIANCE: Docks

Despite improvements over recent years, the docks industry remains one of the most dangerous in the UK. The accident rate in 1999/2000 was 3528 per 100,000 workers: in 2000/01 2956 per 100,000 workers. The main causes of accidents include: falls, struck by loads or workplace transport and MSD.

Target

- Targets to help achieve the RHS targets to be set in agreement with stakeholders by July 2001.
- Work on baselines and gathering data on incidence of ill health and working days lost will commence in April 2001.

Progress

- The industry has agreed to reduce the incidence rates of fatal and major incidents by 10% and over-4-day incidents by 20% by 2005. (*Over-4-day incidents are those reported to the ports industry's own safety body – the Port Skills and Safety Ltd - by its members.*)
- Work on developing baselines and measures for determining the incidence of accidents has begun. The baseline will be the ports industry's own statistics for the year 2001. (*Total no of employees covered by returns : 16469; Total no of fatal accidents: 3; Total no of major accidents: 50; Total no of 4 day accidents: 626; Total reportable accidents: 679; Incidence Rate: 4.1; Total no of dangerous occurrences: 22; Total no of industrial diseases: 11*)

Comment

HSE will continue joint visits with surveyors from the Maritime and Coastguard Agency (MCA) to inspect work on ships in port and will also continue to liaise closely with MCA, the industry and trade unions to update the legislation and guidance, which is progressing well.

A snapshot of activities and successes 2001/02

- The Port Skills and Safety (PSS) (a new organisation) took over the responsibilities for safety and training in the docks industry in January 2002.
- The PSS involves greater input from industry directors and senior management which will enable the industry to meet its long-term 2010 targets more effectively.
- ✓ HSC has encouraged this development and will continue to work closely with PSS in developing its "Safer Ports Initiative", the most important aspect of which is the tripartite Cupertino between industry, the MCA and HSE. This has included:
- ✓ Mutual assistance between MCA and HSE in staff training and joint visits to ports, particularly with regard to working on ships.
- ✓ HSE, MCA and PSS exploring how safety during ship loading and unloading can be drawn to the attention of ship designers so that improvements can be secured.
- ✓ HSC has formed a work group with MCA, PSS and the trade unions, to review and update the docks safety legislation.

SECURING COMPLIANCE: Quarries

Quarrying is a dangerous industry with a fatal injury rate, at the start of the "Hard Target Initiative" (to reduce all accidents by 50% by 2005) in June 2000, averaging three times that of construction.

The quarries industry extracts minerals including sand, gravel, free stone and slate. Some 35,000 people work in the industry, 25,000 of them directly employed. Equipment used includes excavators between 12 and 500 tonnes and dump trucks between 12 and 200 tonnes; and hazards include large tips (liquid and solid) and excavations and explosives.

Target

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

Baseline

655: (Average of the total number of reportable accidents in the 5-years preceding 2000/01).

Progress

482: A reduction of 26 % in total accidents in 2000/1 and 2001/2.

Comment

The quarry industry was in a unique position in that it had just implemented a new set of quarry regulations (1999), the result of extensive consultation with the unions and employers. The regulations are accepted as adopting best business practice in achieving management and control of the work place. They introduced new concepts on design of the quarry, management structure, competence and importantly in workforce participation. Work to achieve the target concentrates on competence, involves all who work in quarries, and addresses transport and falls from height and geotechnical aspects (design of tips, excavations and use of explosives). The industry's commitment to reduce accidents is clear from the figures and it is to be congratulated. The main area of success is the participation of all in the quarry workforce, including Directors and safety representatives. Companies are getting suitable equipment to reduce manual handling and working at heights, as can be seen from the large number of telehandlers purchased in 2002. To make further progress it has to concentrate on Quarry design, improving competence of the whole workforce and continuing progress in workforce participation. Inspectors will concentrate on these areas in the next year.

A snapshot of activities and success 2001/02

- A special initiative on tips and excavations to check compliance with the excavation and tip requirements of the Quarry Regulations 1999.
- In November, the TUC launched training materials, developed with support from the HSE, designed to help safety representatives and other representatives in the quarrying industry operate the new Regulations.
- A contractor passport scheme so that all contractors can be shown to have received basic training in the management of health and safety and quarry specific risks.
- ✓ The signing of a partnership between unions, professional bodies, directors and HSC.
- ✓ Worker participation training for all those working at quarries.
- ✓ NVQ qualifications at levels 1 to 5 for all at the quarries.

SECURING COMPLIANCE :Asbestos

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

Target

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

Baselines

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

Progress

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

Comment

HSE's current initiatives should help reduce the harm to those working in today's environment. We are making further efforts to ensure that licences are issued only to those who we are confident will perform to an appropriate standard. Although HSE encountered on site very few cases of uncontrolled dry stripping of asbestos, we believe that this practice still prevails and are developing a variety of different inspection techniques to address this.

A snapshot of activities and successes 2001/02

- The Control of Asbestos at Work Regulations 2002 came into force on 21 November 2002. They include a new requirement to manage asbestos in workplace buildings which will come into force on 21 May 2004. The duty has been publicised through seminars and roadshows with intermediaries and LAs are playing an integral part in this campaign.
 - Inspection priority was given to work in hot environments and where uncontrolled dry stripping and the use of power tools is planned. Firm action taken to prevent the work taking place or continuing.
 - Inspection priority was given to new licence holders and licensees meeting certain criteria e.g. those whose performance has been unsatisfactory. HSE's Asbestos Licensing Unit continues to ensure that licence assessment is carried out thoroughly and consistently.
 - Enforcement action included 150 notices on asbestos-related work (40 notices served against licence holders) and 44 convictions on asbestos-related offences
 - The target for visits to sites working with AIB was exceeded by 250%.
- ✓ Better liaison with the asbestos removal industry. The Asbestos Liaison Group (ALG) the industry forum has been successful in developing guidance and in promulgating information to the asbestos industry. HSE has been told that attendance at ALG regional meetings has increased by 100% because of the high interest of members to obtain feedback from the ALG meetings. As ~ 50% of licence holders belong to a Trade Association this has been an effective means of promoting best practice, raising standards, etc within the industry.

SECURING COMPLIANCE:Hand-Arm Vibration (HAV)

In 2001/02, a three-year HAV initiative began focussing on portable power hand tools, targeted at foundries, motor vehicle repair body shops, metal fabrication workshops, manufacturers of transport equipment, construction, road and poleworks for telecommunications and stonemasons.

Target

To reduce risks from hand-arm vibration.

Baselines

A Medical Research Council survey in 1997-98 gave a national prevalence estimate of 301 000 sufferers from vibration white finger (VWF), a disorder of the blood supply to the fingers and hand. This is much larger than the available estimates from the SWI surveys. The number of new cases of VWF assessed for IIS disablement benefit was 3317 in 2000/01, slightly higher than in the preceding five years (there were 3212 in 1999/2000).

The number of new IIS cases of carpal tunnel syndrome (arising from entrapment or compression of nerves in the wrist) assessed for disablement benefit continues to rise, with 600 cases in 2001/02 compared with 475 the previous year and 267 in 1993/94.

A snapshot of activities and successes 2001/02

- Suppliers' duties were publicised through the most relevant trade associations;
- HSE examined the provision of adequate supporting information with selected powered hand-tools where vibration continues to present risk despite manufacturers' design and secondary control efforts. More than 23 major manufacturers, importers, and hire companies have been informed of HSE's expectations through standards work and presentations to trade associations.
- Under the construction priority programme, compliance initiatives on managing exposure to HAVs were held: elimination or reduction of HAVs risk by design in specific construction processes was found in some 60% of cases, increasing to 70% for pile head removal.
- ✓ Agreeing with a telecommunications company making most extensive use of roadbreakers that the tools presenting greatest risks should be removed from use.
- ✓ Inspections of suppliers of hand-held power tools confirmed that vibration information was lacking for some of the product range at all companies. Most contacted readily accepted advice for improvement.
- ✓ Hire companies have responded well both as purchasers (with commercial pressure on manufacturers and importers) and as suppliers in their own right.

SECURING COMPLIANCE: Occupational asthma

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

Target

30% reduction in the incidence of occupational asthma by 2010. (This revised target replaces the published 20% reduction.)

Baseline :

At any one time an estimated 150,000 people suffer from asthma symptoms caused or made worse by work. HSE will use an indicative baseline based on a three-year average from the main data source to measure how many people develop asthma each year.

Progress.

An estimated 650 cases of occupational asthma were seen for the first time by occupational and chest physicians who reported to the ODIN surveillance schemes in 2001, bringing the average incidence over the three years 1999-2001 to 855, or around 3 cases per 100 000 workers per year. Over the past three years, ODIN has recorded more than five times as many cases of occupational asthma in Great Britain as were assessed for compensation under the IIS. Looking at the ODIN estimates, the average annual incidence has been nearly 1000 cases per year over the past 10 years. There is some evidence of a downward movement in the last years but this may be a temporary fluctuation. Isocyanates were the most commonly cited agents for both ODIN and IIS cases in the three years 1999-2001.

Comment

HSE will be working to secure compliance with the new COSHH Regulations (2002) and occupational asthma will continue to be dealt with at appropriate operational contacts.

A snapshot of activities and successes 2001/02

- HSE worked to secure greater compliance with the then current COSHH Regulations (new COSHH Regulations came into force on 21 November 2002). A substantial number of visits and enforcement activities to engineering premises and the motor repair trade concentrated on respiratory sensitisation risks. Enforcement action taken where appropriate including notices requiring health surveillance and effective local exhaust ventilation.
- Several hundred wood industry site contacts made and enforcement action taken on asthma-related issues at over 100 contacts. Asthma discussed with over 600 wood industry dutyholders at SADs.
- ✓ The new COSHH ACoP includes an appendix: the "*Control of substances that cause occupational asthma*" (approved by HSC in 2001 as part of its asthma initiative).
- ✓ Action Plans developed by the Asthma Project Board will be published shortly on the HSE website.
- ✓ In partnership with the TUC, training materials on occupational asthma for use in safety representatives training courses have been prepared and were published in May 2002.

SECURING COMPLIANCE: Noise:Hazardous substances

Noise

Target

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

Progress

- HSE carried out all planned contacts at woodworking, construction, engineering and utilities and polymers and fibres premises to ensure compliance with the Regulations.
- A Notice under the Regulations was served at one in every four visits (the majority requiring an assessment to be made).
- Under the construction priority programme, compliance initiatives on managing exposure to noise were held. Of the contacts made, elimination or reduction of noise risk was found in many cases.

Comment

Exposure to noise at work can cause irreversible hearing damage. It is one of the commonest health problems and can be difficult to detect as the effects build up gradually over time. The number of new cases of noise-induced deafness qualifying for Industrial Injuries Scheme (IIS) disablement benefit has been falling steadily since the mid 1980s, reaching 226 in 2000. However, the number rose slightly to 263 in 2001.

Hazardous substances

HSE is carrying out a project to address health and safety standards at cleaning stations where road tankers/tank containers are cleaned to remove residues of hazardous cargoes. Concerns relate to chemical contact, COSHH compliance, a heavy reliance on personal protective equipment and poor employee understanding of chemical hazards. The project aims to improve standards in exposure to substances and safe entry into confined spaces.

Target

To improve standards of health and safety at road tanker/tank container cleaning stations. (This more measurable target replaces the published target (To reduce incidents and cases of ill-health) but will have the same outcome.)

Baseline

Baseline data is currently being finalised along with arrangements for monitoring progress during the life of the project.

A snapshot of activities and successes 2001/02

- Visits have been made to members and non-member companies of the National Road Tanker Cleaners Association (NRTCA) to set standards of compliance and to ensure that COSHH assessments, appropriate equipment and procedures for control, safe systems of work for confined spaces and training for tanker bay operators are in place.
- Joint HSE/NRTCA health and safety documents have been produced and distributed.
- ✓ Inspection outcomes have been shared with NRTCA members. NRTCA agreed to adopt the COSHH essentials approach to grouping chemicals and using appropriate PPE. One company formalised procedures for confined space entry.
- ✓ As a result of inspections, NRTCA members are improving health and safety in these areas.

MANDATORY ACTIVITIES: Transport of Dangerous Goods / Gas Safety

Millions of tonnes of dangerous goods are transported every year on the roads and railways. The existing law implements EC Directives requiring regulations governing the safe transport of dangerous goods in GB to be aligned with requirements in international agreements. These agreements are up-dated every 2 years so amending Directives require member states to re-align their requirements to take account of changes made. The proposals will completely replace the current law while taking account of changes made to the 2001 and 2003 versions of the international agreements.

Target

To replace the current large number of regulations and approved documents with a single set of easy to understand regulations, thereby making it easier for duty holders to understand how to comply.

Baselines

There are 15 sets of regulations and 7 approved documents.

Progress

New regulations governing the safe transport of radioactive material by rail came into force in September 2002. Work continues on proposals relating to the transport of other dangerous goods by road or rail with a view to having them in place by the middle of 2003.

Gas safety

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

Target

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

Baseline

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

Progress

24 deaths are reported for 2001/02.

Comment

Although the statistics for carbon monoxide related deaths suggest a downward trend over the last three years, there is no room for complacency. HSE is working with key stakeholders and developing a publicity/awareness strategy designed to maintain or improve people's awareness of gas-related hazards and how to control them. During 2001/02, HSE's carbon monoxide poisoning campaign led to a 10% increase in awareness in the target audience, and 50% increase in the number of calls to the gas safety helpline. Extensive stakeholder engagement with the Review implementation work maintains the profile of safety within the industry, and widespread, if not universal, ownership of the targets. Also, new regulatory controls to be introduced during 2003, and the full rollout of the competence assessment regime for gas operatives should reduce the number of incidents which result from poor installation/maintenance work.



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