



House of Commons
Committee of Public Accounts

Health and Safety Executive: Improving health and safety in the construction industry

**Fifty-second Report of
Session 2003–04**

*Report, together with formal minutes,
oral and written evidence*

*Ordered by The House of Commons
to be printed 8 November 2004*

HC 627
Published on 14 December 2004
by authority of the House of Commons
London: The Stationery Office Limited
£11.00

The Committee of Public Accounts

The Committee of Public Accounts is appointed by the House of Commons to examine “the accounts showing the appropriation of the sums granted by Parliament to meet the public expenditure, and of such other accounts laid before Parliament as the committee may think fit” (Standing Order No 148).

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The following was also a member of the Committee during the period of this inquiry.

Ms Ruth Kelly MP (*Labour, Bolton West*)

Powers

Powers of the Committee of Public Accounts are set out in House of Commons Standing Orders, principally in SO No 148. These are available on the Internet via www.parliament.uk.

Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at <http://www.parliament.uk/pac>. A list of Reports of the Committee in the present Session is at the back of this volume.

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Summary

Introduction

The Health and Safety at Work etc Act 1974 imposed a general duty on employers and the self-employed to ensure the safety of workers, the general public and others affected by their work. Individual workers are required to take reasonable care of their own health and safety and that of their co-workers. Statutory responsibility for enforcing health and safety law rests with the Health and Safety Executive (the HSE). With a workforce of around 4,000 staff, the HSE spent £111 million in 2002–03 out of a total budget of £202 million¹ helping all sectors of industry improve compliance with the law through workplace inspections, conducting research, and investigating accidents and complaints. It also spent a further £26 million on awareness days, issuing guidance, and providing advice.

Nonetheless, deaths and serious injuries at work are still frequent, and amongst construction workers are unacceptably high and more frequent than in any other sector of the United Kingdom economy. In 2002–03, 71 construction workers were fatally injured and a further 4,098 suffered a major injury at work, with a further 70 construction workers dying in 2003–04.² Musculoskeletal disorders are prevalent, and maintenance and construction workers account for many of the 3,500 deaths a year resulting from exposure to asbestos.

On the basis of a Report by the Comptroller and Auditor General,³ the Committee examined the HSE on the extent to which it had made a difference to health and safety in the construction industry; whether HSE's current methods for measuring its performance were robust; whether HSE had adopted a strategic approach to use its resources to best effect; and whether, when developing its strategy, HSE had taken account of the underlying factors which affect the industry's safety record.

1 C&AG's Report, *Health and Safety Executive: Improving health and safety in the construction industry* (HC 531, Session 2003–04), para 1.9

2 *Statistics of Fatal Injuries 2003/04*, HSE, July 2004

3 C&AG's Report, *Health and Safety Executive: Improving health and safety in the construction industry* (HC 531, Session 2003–04)

Conclusions and recommendations

Part 1: Is the HSE making a difference to health and safety in the construction industry?

1. **The HSE should trial a mixture of approaches to its programme of blitzes to establish whether carrying out visits unannounced would reveal more serious breaches of Health and Safety regulations than publicised visits.** The HSE should also follow up blitzes with unannounced visits at a later date to confirm that improvements sought to health and safety on site have been sustained.
2. **To better assess its impact, the HSE should consider an annual omnibus survey to determine whether attitudes of employers and employees towards key health and safety issues are changing over time.** Measuring trends in health and safety is made more difficult currently because of under reporting of accidents and changes in the way that existing surveys are carried out.
3. To assess the HSE's impact on trends in accident rates, as opposed to other factors which might have an influence, **the HSE should commission research to establish whether there is a link between accident rates, structural changes in the industry and changes in the volume and type of work being undertaken by the construction industry.**
4. **The HSE should measure and report on the impact of its work against the sector's activities which carry the greatest risks;** for example, falls from height and workplace transport on site.

Part 2: Is the HSE strategic enough in its approach?

5. **The HSE should act to encourage clients, architects, designers and others to put more emphasis on long-term health and safety implications when designing buildings,** for example by emphasising the business benefits to be derived such as lower maintenance costs over the longer term. It should also consider disclosing the health and safety records of high profile buildings.
6. **The HSE should encourage government clients to prioritise health and safety requirements,** for example by providing a checklist of key risks at each stage of a project, which clients could use to question potential contractors on how they propose to manage such risks.
7. **To increase the deterrent effect of prosecution, the HSE should consider asking the Home Secretary to seek a direction to the newly established Sentencing Advisory Panel Council to frame a sentencing guideline on health and safety offences.** Breaches of health and safety regulations are serious criminal offences, and legislation provides for penalties, including unlimited fines in some circumstances. Courts have, however, tended not to impose maximum penalties available.

Part 3: Is the HSE tackling the risks caused by the structure of the industry?

- 8. The HSE should determine whether there is a link between the tax status of vulnerable workers and the incidence of fatalities and major injuries in the construction industry.**
- 9. The HSE should work with the Home Office and other departments to access intelligence on illegal workers and the activity of gang masters, and alert employers and contractors to the dangers of engaging with such people.**
- 10. The HSE should collect hard evidence for its view that targeting inspection activities at larger companies influences others along the supply chain. Influencing those employed by smaller firms, for example, as sub-contractors on large contracts, may in practice require more direct targeting of smaller operators.**

1 Is the Health and Safety Executive making a difference to health and safety in the construction industry?

1. The United Kingdom construction industry has a lower accident rate than other European Union member states. Compared to other UK sectors, however, it has a poor health and safety record, accounting for around one third of all fatalities from work place accidents. In the 30 years since it was set up, the HSE has worked with the construction industry to tackle these problems through inspections and guidance, and by holding to account through enforcement action those who have not managed health and safety risks responsibly. Nonetheless, the level of fatalities in the sector remains unacceptably high at around 70 in 2002–03 and 2003–04.⁴

2. The HSE has approximately one inspector for every 3,333 construction sites, and hence site visits alone by HSE inspectors would not reach the majority of firms. To increase its coverage and impact, and to encourage firms to take responsibility for reviewing their own health and safety procedures, the HSE introduced concentrated inspection campaigns or ‘blitzes’, focusing on a specific health and safety risk in small defined geographical areas. These campaigns had been well publicised in advance, forewarning all construction firms in the area that an HSE inspector might call unannounced. The results were reported locally afterwards. Based on initial feedback the HSE considered that this approach had increased their profile and raised standards on sites alerted but not visited during the blitz, as firms tended to review their procedures in readiness for a visit. By notifying firms of an imminent blitz, however, the HSE might also have given firms the opportunity to hide bad practice.⁵

3. The HSE supplemented its site based inspections with a programme of Safety and Health Awareness Days targeted at small and medium sized firms and sole traders, who collectively employ the majority of workers in the construction industry. The aim of these events, each attended by 200–300 people, was to improve awareness of health and safety risks, promote best practice, and encourage firms to address specific health and safety risks, such as the use of ladders as working platforms. Follow up by the HSE after these events suggested that while around 80% of participants had taken some action in terms of health and safety, it would be some time before this action resulted in measurably better health and safety performance.⁶

4. The construction industry set itself long term targets in February 2001 to improve its health and safety record (**Figure 1**), with the aim of reducing fatalities by 40% over five years and 66% over ten years. Whilst more ambitious than the Government’s target, set in 2000,⁷ for a 10% reduction in fatal and major injuries over ten years for industry as a whole, achievement of the construction industry’s targets by 2009–10 would only see the sector’s

4 Q 42

5 Qq 128–131

6 Q 1

7 *Revitalising Health and Safety*, launched 7 June 2000 by the Government and the Health and Safety Commission.

fatality and major accident rates falling to levels which the rest of industry achieves currently. The HSE considered the industry targets to be sufficiently challenging, however, as it felt the sector was largely but not entirely committed to making improvements. There were long lead times between changes in practice being made and the effects registering as improved health and safety statistics.⁸

Figure 1: The construction industry's targets compared to national health and safety targets

The construction industry's targets for improvements to health and safety performance are based on, but are more challenging than, the HSE's Public Sector Agreement targets

Target	Construction industry targets - percentage reduction		Percentage reduction for construction industry	National targets - percentage reduction	
	By 2004-05	By 2009-10	As at 2002-03	By 2004-05	By 2009-10
Reduce the major incidence rate of fatal and major injury accidents	40%	66%	5% against baseline figures for 1999-2000	5%	10%
Reduce the number of working days lost per 100,000 workers from work-related injury and ill health	20%	50%	Baseline figures were established in 2001-02 ¹	15%	30%
Reduce the incidence rate of cases of work-related ill health	20%	50%	Baseline figures were established in 2001-02 ¹	10%	20%

Note

1. Figures are unavailable for 1999–2000, the year the industry set itself as its baseline. The HSE has established a baseline for 2001–02, using data from a number of sources. Surveys in 2003–04 and 2004–05 will provide data to assess against this baseline.

Source: National Audit Office analysis of Health and Safety Executive data (Ev 19–25)

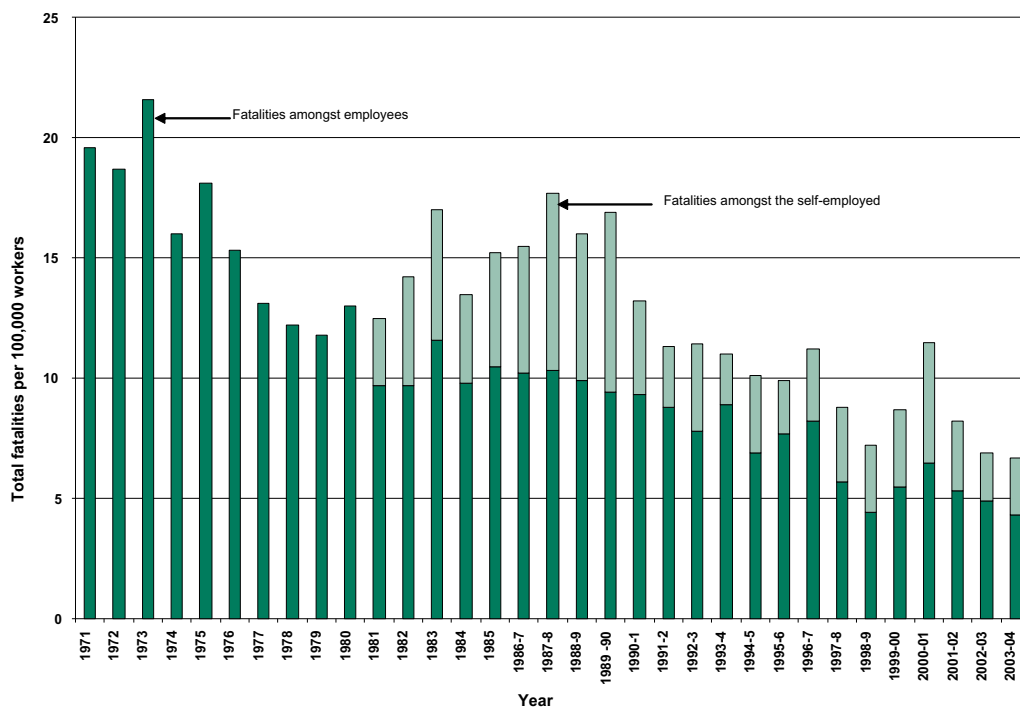
5. Fatalities have to be reported under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR).⁹ Trend data compiled by the HSE for fatalities in the construction industry (**Figure 2**) indicated that overall, the rates of fatal injuries for employees and the self employed had been resistant to change and were at best falling slowly. Of the 71 workers killed in 2002–03, 14 were self employed (2 per 100,000) and 57 were employees (5.2 per 100,000).¹⁰

8 Qq 3, 47–50

9 The Reporting of Injuries, Disease and Dangerous Occurrences Regulations apply to all sectors of the economy, not just to the construction industry.

10 Qq 63, 65

Figure 2: Fatality trends for the construction industry 1971 to 2002–03



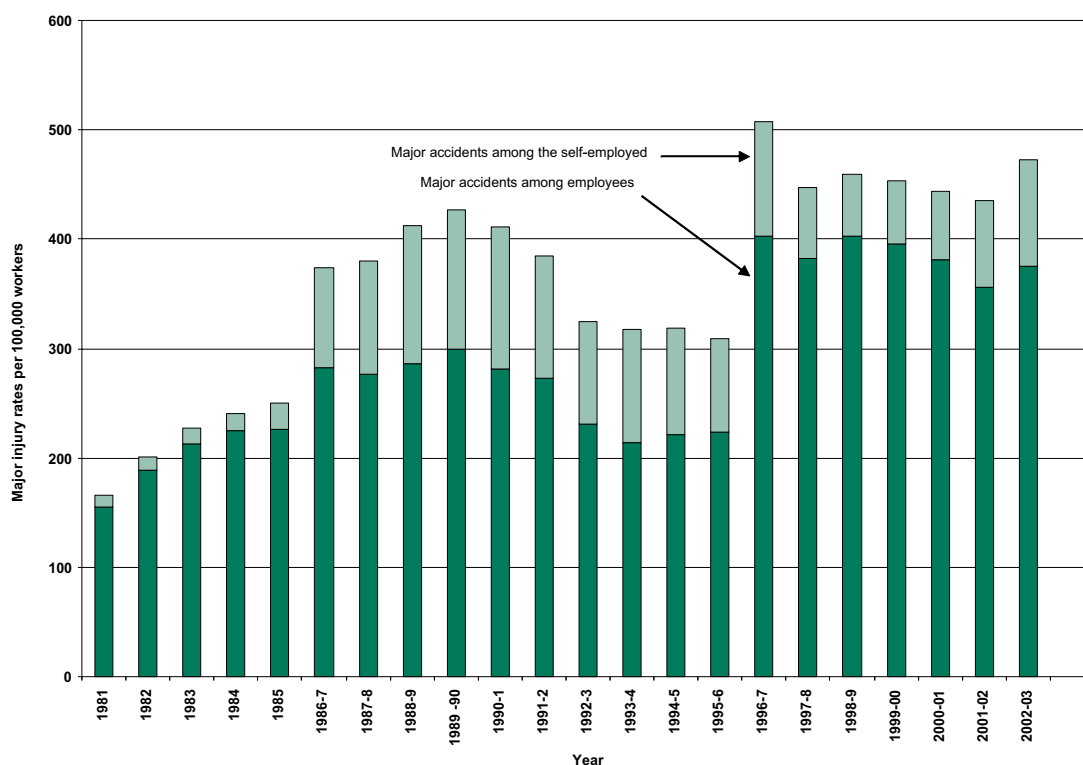
Notes

1. Fatalities reported in the construction sector to all enforcing authorities using the Standard Industrial Classification for Economic Activities: SIC 1980 for 1986–87 to 1990–91; SIC 1992 for 1991–92 to 2002–03 and expressed as the number of incidents per 100,000 workers.
2. Figures from 1971 to 1985 are on a calendar year basis. Figures from 1986–87 onwards are based on a planning year 1 April to 31 March.
3. 1981–85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.
4. 1986–87 to 1995–96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.
5. 1996–97 to 2003–04(provisional) reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

Source: National Audit Office analysis of Health and Safety Executive data (Ev 19–25)

6. Surveys suggested, however, that not all major accidents reportable under RIDDOR were actually reported, with employers notifying around 46% of reportable incidents and the self employed less than 5%. To compile its statistics, the HSE also used data from the Labour Force Survey, based on interviews with individual workers, as well as qualitative data drawn from its inspectors' reviews of major accidents. Amalgamation of data from these different sources meant that trend data for major accidents was less reliable, due to changes in the definitions of major injuries over time and different collection methodologies. The rate of major injuries for the self employed, however has risen from 56.5 per 100,000 in 1998–99 to 98 per 100,000 in 2002–03 (Figure 3).¹¹

Figure 3: Major injuries for the construction industry 1981 to 2002–03



Notes

1. See Notes 1 to 5 for Figure 2
2. The apparent rise in 1996–97 is due to revised reporting regulations in 1995 which widened the definition of a major injury in 1996/97

Source: National Audit Office analysis of Health and Safety Executive data (Ev 19–25)

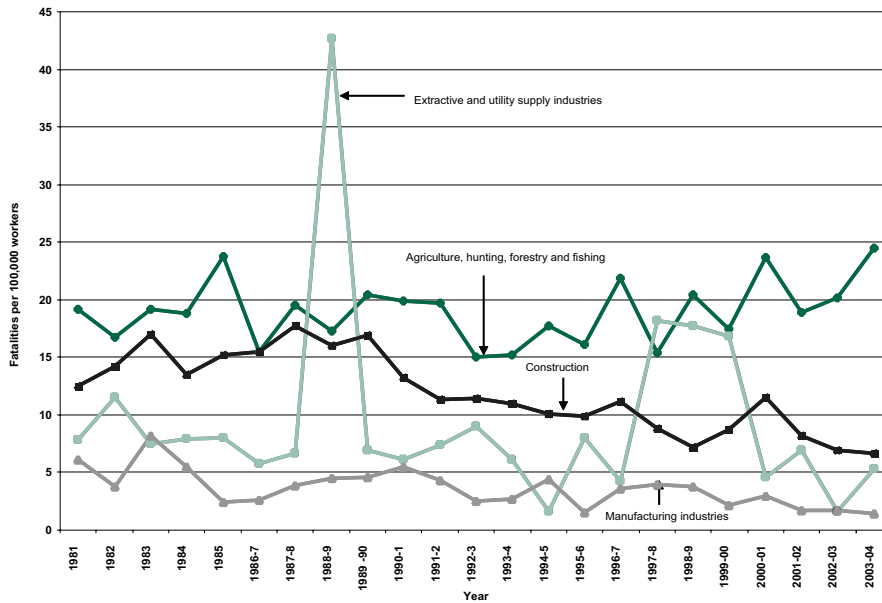
7. The HSE was planning to trial a two tier work place survey, comprising interviews with management and the workforce at a sample of workplaces to ascertain accident and ill health levels. This approach might be a more cost-effective data collection method than combining data collected from RIDDOR and from the Labour Force Survey. It offered scope for better year-on-year consistency and more cost-effective data collection.¹²

8. Reductions in fatalities may not reflect effective action by HSE or better workplace practices, but could be due to structural changes in the economy and within the construction industry. There were more fatalities per 100,000 workers in the construction industry than in the extraction and utility supply, and manufacturing industries (**Figure 4**) and major accidents rates were also higher (**Figure 5**).¹³

¹² C&AG's Report, para 1.11

¹³ Q 132

Figure 4: Fatalities in the agricultural, extractive and utility supply, manufacturing and construction industries 1981 to 2002-03

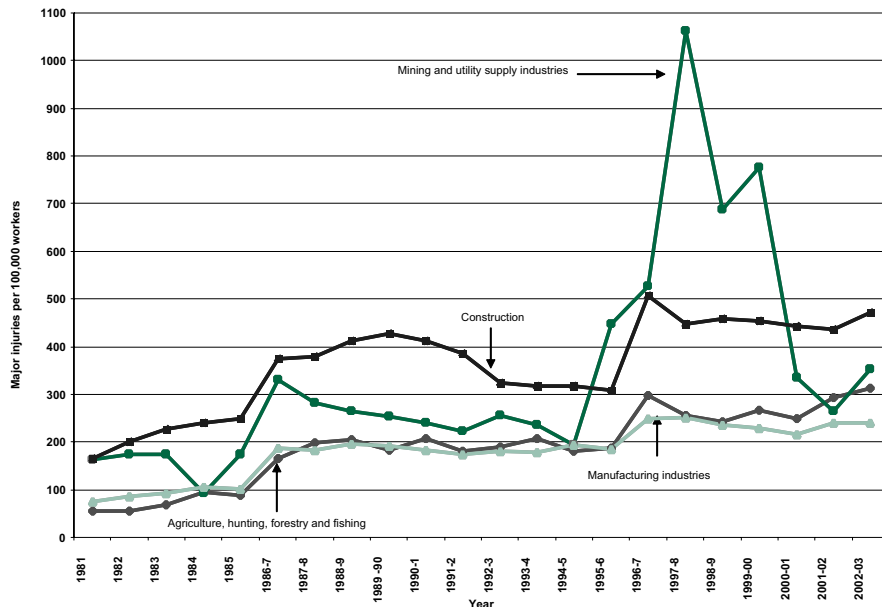


Notes:

1. Data are for workers and the self employed in each sector
2. The peak in 1988-89 is due to the Piper Alpha disaster in the North Sea
3. See also notes 1 to 5 for Figure 2

Source: National Audit Office analysis of Health and Safety Executive data (Ev 19-25)

Figure 5: Major injuries in the agricultural, extractive and utility supply, manufacturing and construction industries 1981 to 2002-03



Note:

Data are for workers and the self employed in each sector

Source: National Audit Office analysis of Health and Safety Executive data (Ev 19-25)

9. A key part of the HSE's work is to advise the construction sector on key health and safety risks, but it does not measure or report progress against this function, although evidence is available against which progress could be assessed. For example there had been no fatalities in the past two years arising from steel erectors falling off the steel work they were erecting. The HSE had undertaken a major campaign to encourage the use of nets or mobile elevating work platforms. The HSE had established that other main causes of fatalities and major accidents in the construction industry were falls from heights and through fragile skylights; work place transport on site; and inappropriate manual handling of building blocks, causing muscular skeletal disorders. Reporting fatality and major accident trends for key risks in addition to the headline fatalities and accident figures for the sector would give a better measure of the HSE's effectiveness.¹⁴

2 Is the HSE being strategic enough in its approach?

10. Decisions taken by clients, designers, architects and others before construction work starts on site have far reaching consequences for construction workers, maintenance contractors and building users. Research by the HSE and by the European Foundation for the Improvement of Living and Working Conditions¹⁵ suggested that decisions made before construction work starts may contribute to up to 60% of fatalities. In recent years, the HSE has adopted a more focused and strategic approach to reducing fatalities and accidents by engaging with key stakeholders responsible for incorporating sound health and safety practices into building design.¹⁶

11. HSE inspectors launched an initiative recently in Scotland and the North to raise awareness of key risks amongst designers. A survey of designers in the same area a year later showed a sixfold increase in designers who had undergone health and safety training, and an increased awareness of responsibilities. The HSE's initiative informed major designers of the key risks, but it may be insufficient on its own to change attitudes. Broadening the initiative to include clients, architects, and other key stakeholders and disclosing the health and safety records of high profile buildings could help reduce fatalities and serious injuries. Greater focus on site planning was also crucial to improving health and safety.¹⁷

12. Encouraging clients to set realistic budgets and completion timescales for construction work and to appoint only those designers and contractors who have taken account of good health and safety practices were essential to help reduce fatalities and major injuries. In this respect, government clients could do more to set an example by encouraging responsible attitudes towards health and safety matters. The HSE had worked with the Office of Government Commerce to develop guidance for public sector clients on how to integrate health and safety criteria into projects. The public sector was a major client, responsible for procuring 40% of construction work and had the potential to act as an exemplar in how to procure construction.¹⁸

13. Government clients could also specify what information on health and safety they expected firms to include at the tendering stage, taking account of firms' past health and safety performance, and exploring firms' health and safety management capacity when deciding to whom to let the contract in the first place. Evidence from across the whole of industry suggested that those in workplaces or on construction sites with on-site health and safety representatives tended to have lower accident rates, as did sites where workers and management worked together to tackle health and safety issues.¹⁹

15 *From Drawing Board to Building Site* 1991

16 Qq 20, 22, 27

17 Qq 29–31

18 Qq 37, 39, 108

19 Q 52

14. Breaches of health and safety regulations are serious criminal offences and need to be treated as such, to discourage further breaches and encourage compliance by others. The legislation provides for penalties, and some health and safety offences carry an unlimited fine. To increase the deterrent effect of prosecution, the HSE might wish to consider asking the Home Secretary to seek a direction to the newly established Sentencing Advisory Panel Council to frame a sentencing guideline on health and safety offences, similar to that recently issued for environmental offences. In the meantime, guidance from the Court of Appeal in a high profile health and safety case²⁰ highlighted the aggravating and mitigating factors that might be relevant when a court decided sentence, but courts have still tended not to impose the maximum available fine.²¹

20 *R v F Howe & Son (Engineers) Ltd* [1999] 2 All ER 249

21 Q 45

3 Is the HSE tackling the risks caused by the structure of the industry?

15. The health and safety risks faced by workers and the self employed working in the construction sector may change over time depending on the general economic climate and the composition of the work force. The HSE had not investigated whether risks to workers in the construction industry had changed or increased substantially since the 1970s. Nor had they carried out further research on how these risks might be addressed more effectively. Undertaking such research might enable the HSE to demonstrate more clearly the effectiveness of its actions²²

16. The construction industry has the highest level of self-employment of any sector in the UK economy, yet HSE's investigations into the cause of fatalities in the sector and evidence from surveys had suggested that using self-employed workers did not necessarily increase the risk of an accident. Figure 3, however, shows a rising trend in the number of major accidents including the self-employed. The HSE had not explored whether there was a link between the tax status of workers and the rate of fatalities, nor whether workers were registered on the Inland Revenue's Construction Industry Scheme. It generally accepted the employment status notified to it by the person in charge of the site. HSE had not conducted research to establish whether the self-employed were more prone to serious injury. Employers do not have to account for tax, National Insurance contributions, sick pay, redundancy, pension schemes and the Construction Industry Training Board levy where they use sub-contractors rather than employees. Such an approach may, however, increase risks in respect of training and health and safety provision, which may also be seen as the sub-contractor's responsibility alone.²³

17. The tragic deaths of Chinese migrant workers while collecting shellfish at Morecombe Bay highlighted potential health and safety risks to foreign workers whose first language is not English. The HSE considered that there was no evidence of a significant problem in the construction sector at the moment, but remained alert to the possibility that illegal workers were seeking temporary or casual employment. Unskilled or semi-skilled foreign workers with a poor command of English could pose a health and safety risk on site, increasing the likelihood of a serious accident or fatality. To mitigate these risks, the HSE should keep abreast of intelligence on illegal workers, and alert employers and contractors to the risks of engaging them.²⁴

18. The HSE targeted much of its inspection activities at larger companies, in the belief that these firms would then share health and safety guidance with the smaller companies to whom they sub-contracted work, and with clients, designers and other stakeholders. It considered that this approach enabled it to have an impact on a larger number of workers and a high proportion of the industry, since the greatest contribution to the economy is through larger projects. Evidence also suggested that getting good practices established in the industry was helped by HSE's inspections of larger sites. The HSE recognised, however,

22 Qq 116, 118

23 C&AG's Report, paras 3.3–3.4; Qq 67–71

24 Qq 57–58, 136–137

the need to balance its activity between small and large firms, and between small and large projects.²⁵

Formal minutes

Monday 8 November 2004

Members present:

Mr Edward Leigh, in the Chair

Mr Brian Jenkins

Jon Trickett

Jim Sheridan

Mr Alan Williams

Mr Gerry Steinberg

The Committee deliberated.

Draft Report (Health and Safety Executive: Improving health and safety in the construction industry), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 18 read and agreed to.

Conclusions and recommendations read and agreed to.

Summary read and agreed to.

Resolved, That the Report be the Fifty-second Report of the Committee to the House.

Ordered, That the Chairman do make the Report to the House.

Ordered, That the provisions of Standing Order No. 134 (Select Committees (Reports)) be applied to the Report.

[Adjourned until Wednesday 10 November at 3.30pm

Witnesses

Monday 24 May 2004

Page

Dr Timothy Walker CB, and Mr Kevin Myers, Health and Safety Executive

Ev 1

List of written evidence

Health and Safety Executive

Ev 15

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Second Report	The new electricity trading arrangements in England and Wales	HC 63 (<i>Cm 6130</i>)
Third Report	The Sheep Annual Premium Scheme	HC 64 (<i>Cm 6136</i>)
Fourth Report	Improving service delivery: the Forensic Science Service	HC 137 (<i>Cm 6155</i>)
Fifth Report	Warm Front: helping to combat fuel poverty	HC 206 (<i>Cm 6175</i>)
Sixth Report	Department of Trade and Industry: Regional Grants in England	HC 207 (<i>Cm 6155</i>)
Seventh Report	Progress on 15 major capital projects funded by Arts Council England	HC 253 (<i>Cm 6155</i>)
Eighth Report	The English national stadium project at Wembley	HC 254 (<i>Cm 6155</i>)
Ninth Report	Review of grants made to the National Coalition of Anti-Deportation Campaigns	HC 305 (<i>Cm 6175</i>)
Tenth Report	Purchasing and managing software licences	HC 306 (<i>Cm 6175</i>)
Eleventh Report	Helping consumers benefit from competition in telecommunications	HC 405 (<i>Cm 6191</i>)
Twelfth Report	Getting it right, putting it right: Improving decision-making and appeals in social security benefits	HC 406 (<i>Cm 6191</i>)
Thirteenth Report	Excess Votes 2002–03	HC 407 (<i>N/A</i>)
Fourteenth Report	Inland Revenue: Tax Credits	HC 89 (<i>Cm 6244</i>)
Fifteenth Report	Procurement of vaccines by the Department of Health	HC 429 (<i>Cm 6244</i>)
Sixteenth Report	Progress in improving the medical assessment of incapacity and disability benefits	HC 120 (<i>Cm 6191</i>)
Seventeenth Report	Hip replacements: an update	HC 40 (<i>Cm 6271</i>)
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Nineteenth Report	Making a difference: Performance of maintained secondary schools in England	HC 104 (<i>Cm 6244</i>)
Twentieth Report	Improving service delivery: the Veterans Agency	HC 551 (<i>Cm 6271</i>)
Twenty-first Report	Housing the homeless	HC 559 (<i>Cm 6283</i>)
Twenty-second Report	Excess Votes (Northern Ireland) 2002–03	HC 560 (<i>N/A</i>)
Twenty-third Report	Government Communications Headquarters (GCHQ): New Accommodation Programme	HC 65 (<i>Cm 6302</i>)
Twenty-fourth Report	Transforming the performance of HM Customs and Excise through electronic service delivery	HC 138 (<i>Cm 6302</i>)
Twenty-fifth Report	Managing resources to deliver better public services	HC 181
Twenty-sixth Report	Difficult forms: how government departments interact with citizens	HC 255 (<i>Cm 6302</i>)
Twenty-seventh Report	Identifying and tracking livestock in England	HC 326 (<i>Cm 6332</i>)
Twenty-eighth Report	Driver and Vehicle Licensing Agency: Trust Statement Report 2002–03	HC 336 (<i>Cm 6302</i>)
Twenty-ninth Report	Improving public services for older people	HC 626 (<i>Cm 6303</i>)

Thirtieth Report	Out of sight—not out of mind: Ofwat and the public sewer network in England and Wales	HC 463 (<i>Cm 6303</i>)
Thirty-first Report	Cambridge-MIT Institute	HC 502 (<i>Cm 6302</i>)
Thirty-second Report	HM Customs and Excise Standard Report	HC 284 (<i>Cm 6304</i>)
Thirty-third Report	Income generated by the museums and galleries	HC 430 (<i>Cm 6304</i>)
Thirty-fourth Report	Strategic Rail Authority: improving passenger rail services through new trains	HC 408 (<i>Cm 6304</i>)
Thirty-fifth Report	Early years: progress in developing high quality childcare and early education accessible to all	HC 444
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Thirty-eighth Report	An early progress report on the New Deal for Communities programme	HC 492 (<i>Cm 6355</i>)
Thirty-ninth Report	Ministry of Defence: Operation TELIC-United Kingdom military operations in Iraq	HC 273 (<i>Cm 6355</i>)
Fortieth Report	Youth Offending: the delivery of community and custodial sentences	HC 307
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Forty-seventh Report	The management of suspensions of clinical staff in NHS hospitals and ambulance trusts in England	HC 296
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Fifty-first Report	Success in the regions	HC 592
Fifty-second Report	Health and Safety Executive: Improving health and safety in the construction industry	HC 627

The reference number of the Treasury Minute to each Report is printed in brackets after the HC printing number

Oral evidence

Taken before the Committee of Public Accounts

on Monday 24 May 2004

Members present:

Mr Edward Leigh, in the Chair

Mr David Curry
Mr Ian Davidson
Jim Sheridan

Mr Gerry Steinberg
Jon Trickett
Mr Alan Williams

Sir John Bourn KCB, Comptroller and Auditor General, further examined.

Mr Brian Glicksman, Treasury Officer of Accounts, further examined.

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL:

Health and Safety Executive: Improving health and safety in the construction industry (HC 531)

Witnesses: **Dr Timothy Walker CB**, Director General, and **Mr Kevin Myers**, Chief Inspector of Construction, Health and Safety Executive (HSE), examined.

Q1 Chairman: Good afternoon, and welcome to the Committee of Public Accounts. Today we are looking at the Comptroller and Auditor General's Report on improving health and safety in the construction industry. We welcome to our Committee Dr Walker, who is the Chief Executive of the Health and Safety Executive, and Mr Myers who is Chief Inspector of Construction. You are both very welcome. Thank you for coming. Perhaps, Mr Walker, you could look at the Report on page 7, paragraph 1.2, which states: "The HSE has difficulties tracking some trends in health and safety performance." How, then, do you know whether you are having an impact?

Dr Walker: It is true there are some difficulties, but we do a lot of evaluation of our work to see what effect it has in the short term as well as in the long term. To give you an example, after our safety and health awareness days for the industry, we checked what people did as a result. About 80% of the people who came not only learnt from the demonstrations, but they had also taken some action in terms of health and safety. Obviously, it will be some time before that feeds through into measurably better health and safety performance, as there are some lags, we do evaluate virtually all our projects drawing conclusions, and changing what we do if necessary.

Q2 Chairman: There is a considerable problem with under-reporting, is there not, in this industry?

Dr Walker: There is under-reporting on the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) statistics, but of course we do use other sources of information. The Labour Force Survey, which has interviews with individual workers, does not suffer from under-reporting. In fact, that is one of the ways we measure the degree of under-reporting.

Q3 Chairman: Would you look at page 11, paragraph 1.13 and 1.14? You will see there the Deputy Prime Minister and the Chairman of the HSE called a construction industry health and safety summit, but then the industry announced its own "more challenging targets". Why do you let the industry set its own targets, which apparently, if you look at this figure, are not even measurable, and the industry is not going to meet the target it has set itself for this year?

Dr Walker: The overall targets set under the Revitalising Health and Safety strategy with the Deputy Prime Minister was for all industry, of which construction is a part. The target which the construction industry has set itself is roughly to achieve in 10 years' time the standard where the rest of industry is now. I think it is right they should set themselves a more challenging target than the rest of industry. They are not the only ones who have done that; for example, the quarrying sector has done the same and so has the paper industry. They are both industries that have had poor records of health and safety, and we were able to stimulate them to set themselves challenging targets above the national average, and I think that is right.

Q4 Chairman: Mr Myers, would you look at appendix 2 on page 32, where it gives the initiatives that are set out there which are placed on the industry, none of which look too challenging. Which do you think are the most successful?

Mr Myers: The most successful so far?

Q5 Chairman: Yes.

Mr Myers: The safety and health awareness days have been very successful in terms of penetration and support from the industry, both for larger companies and smaller companies. The blitzes have

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been very successful in terms of raising awareness and establishing some baselines of performance for us.

Q6 Chairman: If there is always under-reporting in the industry, how do you know which is more successful?

Mr Myers: Because not everything we measure is affected by the under-reporting that occurs in the industry. We have our own evaluation of the safety and health awareness days, which Dr Walker referred to earlier.

Q7 Chairman: Dr Walker, if we now look, please, on page 1, figure 1, you will see the targets that you are setting this industry, which I put it to you are not very challenging. After all, it is right to say, is it not, that four times as many people die in this industry as in any other sector?

Dr Walker: That is right. Actually, for 2002–03, the rate of workers is five times the all industry rate. As you point out yourself, Chairman, the industry has set itself its own target, which is a 66% reduction over 10 years. We have shared the work with them on that and we are encouraging them to meet that target, which, as I said, would place the construction industry in 10 years' time on about the same level as the rest of industry now.

Q8 Chairman: I understand that one of the common complaints of the industry, which we can see if we look at page 25, paragraphs 3.10 and 3.15, is that you are putting most of your emphasis on the larger projects and not doing enough work in smaller projects. Is that a fair criticism?

Dr Walker: I do not think it is a fair criticism. Clearly, through large projects we can have a major effect on a large number of workers and on a high proportion of the construction industry. The greatest contribution to GDP is through the larger projects. We have to have a balance of activity between small firms and large firms and between small projects and large projects, because small firms also work on large projects as sub-contractors. We find getting good practices established in the industry is very much helped by what we do on the larger sites; but we have different initiatives to deal with these firms, and Mr Myers has mentioned a couple of them.

Q9 Mr Steinberg: Mr Myers, as I have said, four times as many people die in this industry as in other industries, and I just wonder whether this industry is not using you as an alibi, and whether you would not be better placed to try and take them more with you. After all, it must be good business practice to have a safe construction site. Is that a fair criticism, do you think?

Mr Myers: I do not entirely understand the question. I do not think they use us as an alibi.

Q10 Chairman: They are not doing enough to protect their own workers.

Mr Myers: We do not create the risks. The people that create the risks have a responsibility for managing them. Our job is to hold them to account, to ensure that they do that. We use a number of different techniques, and where we can, we try to use the business argument you referred to. That is a very strong argument, and we need to improve our evidence base for it; but where that does not work, where people are not acting responsibly, we hold them to account through our enforcement action.

Q11 Jon Trickett: What work do you do on the accidents, on fatalities and serious accidents and what do you do to understand the strategy that comes out of it? Can you explain what analysis you do and what the conclusions are from that analysis about the causes of accidents?

Dr Walker: There are two kinds of things we do. We investigate ourselves a proportion of the major accidents, and that obviously gives us an information base. We also do quite a lot of statistical analysis of accidents as a whole, and we commission particular pieces of research, so there is a wide body of evidence that we use. We have analysed where the major sources of accidents are. The major sources of fatalities are falls from heights and workplace transport. That allows us to identify categories of accident and things that have been done about them. I can give examples, if you like.

Q12 Jon Trickett: I wanted to ask about something different first of all. The kind of corporate structure within which accidents take place—anecdotally, one might assume it is the smaller companies, perhaps without specialist health and safety operatives and so on; on the other hand, you seem to be focusing on the larger companies in much of the work you are doing. Are most accidents on construction sites where there are big operators, or where there are small companies?

Dr Walker: I would distinguish big sites and large and small companies.

Q13 Jon Trickett: I am not asking you about the size of the site, but the corporate structure.

Dr Walker: Small companies can work on big sites. It is approximately half and half and varies from—

Q14 Jon Trickett: I am sorry, I did not ask my question very clearly. Is it half employed by large companies and half employed by small companies?

Dr Walker: No, I was thinking of large sites and small sites.

Q15 Jon Trickett: I am asking you about the corporate structure. Are most accidents occurring within large companies or within the smaller employers?

Dr Walker: The Labour Force Survey suggests that the rate of accidents in companies employing more than 50 employees is very slightly higher than ones with under 50 employees.

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Q16 Jon Trickett: It seems from the Report that you are focusing a lot of work on large companies.

Dr Walker: It is true that we are, and we are also focusing a lot of work on smaller companies with the safety and health awareness days, where we invite small companies in. A lot of the work that would go through large companies, for example, on the passport scheme on health and safety training, the larger companies apply that to the smaller companies that are sub-contractors. We do a substantial amount of work with large companies, but we also do work with small companies as well. We have to get the best portfolio that we can find.

Q17 Jon Trickett: Would I be right in saying that you have limited resources—one inspector for 3,000 sites or 6,000 sites?

Dr Walker: We would not expect to inspect every site.

Q18 Jon Trickett: In terms of effectiveness, with the limited number of inspectors you have, maybe it is easier to deal with the larger companies than with the very large sector of smaller companies.

Dr Walker: We have different approaches. I am sorry to keep coming back to the health and safety awareness days, but that is where we invite small companies to a venue with examples of good and bad practice. We can then deal with 200–300 people who work in small companies at a time. That is obviously a more effective use of our resources than going round to 200 different construction sites.

Q19 Jon Trickett: Would I be right in saying that the small companies that participate are those which take an interest and come to you, whereas with larger companies, you go out and find them? Would that be fair?

Dr Walker: I think that is quite fair. First, we find that because companies find these awareness days useful, they tell their friends and colleagues, and so we get demand to come to them, and we are not inviting people in. For example, on blitzes in a particular area we will visit almost every site, and that is backed up by publicity beforehand and afterwards. That is another way of engaging the small company.

Q20 Jon Trickett: Coming to a slightly different subject, I used to be a manual worker in the construction industry for 11–12 years, and my impression was that the main accidents that took place were actually caused by poor design and poor conceptual work at the inception of the project. This document states in paragraph 2.6 that 60% of fatalities can be attributed in part at least to poor design. Is that right? “Decisions made before building work begins including for example during design account for up to 60% of all fatal accidents.”

Dr Walker: That includes planning as well. Lack of planning is also a major source. You are right that design is one of the elements.

Q21 Jon Trickett: In spite of the work you have done, it is true to say that most of the people who are responsible for design and planning have not understood at all, or barely at all, the message you are giving them about their responsibility. What powers do you have in the case of wilfully ignoring the requirements incumbent upon the design and planning teams—if they were to wilfully ignore the designing out of health and safety concepts? What powers do you have to take enforcement against the architects and other planners?

Dr Walker: We can and we do, although I agree that it is a relatively small number of cases at the moment. We could use improvement notices, prohibition notices, or indeed we have prosecuted designers under the CDM regulations—The Construction Design and Management Regulations.

Q22 Jon Trickett: There are 40 deaths a year on building sites attributable to either design or poor planning. According to this, 60% is—

Dr Walker: They could have been avoided.

Q23 Jon Trickett: Which might well have been avoided. How many enforcement actions do you take a year against people who are responsible for these deaths?

Dr Walker: We issue about 10–11 notices a year, against designers. That is an average every year because it varies from year to year.

Q24 Jon Trickett: Would they be following fatalities—would they be retrospective, or are you taking strategic action, entering the design process at a sufficiently early stage to send a clear warning to the masters of the industry that they must stop ignoring the health and safety impacts of what they are doing?

Dr Walker: We are stepping up our effort with designers—

Q25 Jon Trickett: So the answer is “no”, is it? You are not taking early intervention steps to make sure that health and safety is designed in from the beginning.

Dr Walker: The answer is that we are, and we are doing more. Enforcement is not the only thing we do. We had an initiative with designers, for example in Scotland and the north. We repeated a survey of designers there a year later and we were very pleased to find out that the number of people who were aware of their responsibilities had doubled, that the number of people who had had training had gone up six fold from 8% or 7%. That is an example of the intervention we have taken to make sure that the designers and architects have a real understanding of their obligations. I agree with you that we need to do more and we are still not satisfied with the level of their training.

Q26 Jon Trickett: Mr Myers, I think you were getting agitated and wanting to come in and say something—or perhaps I am wrong—but let me put it to you straight: you are failing really to get

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the message across to the people who are doing the design and planning in the industry. They must take account of health and safety; they are obliged by law, and are failing to do so; and there are deaths consequential upon it. To some extent the finger points at you for having failed to get the message across to these people. Is that fair?

Mr Myers: No, it is not fair at all. First of all, there is a certain construct in what you are saying. Just because the research indicates that 60% are upstream problems, that does not mean that 60% involve offences that could be proved in a criminal court. You cannot make those sort of links quite like that. We have not been as successful as we would like to be in getting the message over to designers; but the more important thing is that designers have not been as successful as they should be in fulfilling their legal obligations. We are working with them in a number of different ways; through their institutions and trade associations. Dr Walker referred to the work we have done with designers, in terms of raising their awareness, and there has been a lot of improvement over the last 12 months in respect of that. We have carried out five prosecutions and issued 27 improvement notices in the last three years. In terms of formal enforcement, though, it is difficult, because while designers might have done something wrong that led to an incident, it is not quite like having a smoking gun, because there is a whole train of activities between the design process and what happens on site, and it is not always possible to pin responsibility on the designer. But it is certainly an area where we think we have to do more work.

Chairman: I should welcome to our Committee of Public Accounts the North-West Frontier Province of Pakistan; you are very welcome. We are joined by the Speaker of the Regional Parliament as well. I hope you enjoy our Committee and find it instructive.

Q27 Mr Steinberg: I want to pursue the points made by Jon Trickett. When I read the Report, I have to say that I was absolutely staggered by that statistic. As a layman, I would assume that the vast majority of accidents took place on the site because of carelessness, but to find that 60% of fatal accidents take place because of design faults, it seems to me that you are not doing your job very well, are you?

Dr Walker: Design is one example, and planning is also very important.

Q28 Mr Steinberg: Seeing this, the problem is not at the work site itself; the problem is on the design board.

Dr Walker: It is very important to understand that it is the people who create the risk who have the responsibility for managing it. Our job is to produce guidance and—

Q29 Mr Steinberg: But they are not following that guidance, are they? You are producing the guidance and they are not following it. If 60% of

accidents are taking place, they are taking no notice of you, so what is the point of you being there in the first place?

Dr Walker: They are taking limited notice. That is one reason, both on the designing and also the planning stage—planning is very important. I am dealing with the planning supervisors, and how sites are planned. Sometimes that is done on site and sometimes off site, but both things are actually crucial.

Q30 Mr Steinberg: What can you do to ensure that the design and the planning stage is done correctly so that you reduce that 60%?

Dr Walker: It is a combination of things. The first is making sure people understand their duties. We are trying to improve the education of architects by getting more about on health and safety and risk management on undergraduate courses and into professional courses. In the larger projects—and examples are given in the Report—we have worked with the planners and designers at a very early stage to improve that. For example the work we have done on Terminal 5 is set out in the Report.

Q31 Mr Steinberg: That is all well and good, but if you look at paragraph 2.11 on page 19, it says: “The Health and Safety Executive concluded that around one-third of designers demonstrated little or no understanding of their responsibility, and their knowledge of the relevant legislation was often limited. Many lacked knowledge of their duties, and some did not even accept that they had any duties in the first place.” It sounded to me when I read this that it was a bit like the Ancient Egyptians building the pyramids: sod it how many lives are lost, as long as we get the thing built!

Dr Walker: I gave you the example of the work we have done in Scotland and the north. A year later, when we went back and surveyed the designers—not just the ones we talked to previously but another sample of designers in the area, we found that the level of knowledge had gone up, and the level of those who had training on their responsibilities had gone up by a factor of five. That is an example of where in one area of the UK action by HSE had had a significant result.

Q32 Mr Steinberg: When a big project or a little project is designed, do you look at that design and point out that there are problems in the design? How early in the project do you get involved?

Dr Walker: Perhaps Mr Myers would like to talk about the Heathrow Terminal 5.

Mr Myers: I can do, but to answer the more general question first, our job is not to second-guess the design decision. It is to make sure that safe design is built in. We try to get in early to ensure that the client chooses competent designers.

Q33 Mr Steinberg: What happens if they do not comply with what you are saying?

Mr Myers: If they do not comply and it causes a significant breach of the law for which we can collect evidence, we can take enforcement—

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Q34 Mr Steinberg: For example, we have just seen on the television over the weekend the tunnel collapsing in Paris. I do not know how many years that thing has been there, but presumably the design fault has been in that for years and years and years!

Mr Myers: It was a similar situation here with the collapse of a footbridge at Ramsgate Harbour port many years ago. We investigated that and, if my memory serves me correct, we prosecuted the designers involved in that case. We could do so as well if the Paris incident occurred in this country.

Q35 Mr Steinberg: That is the point I am making; that incident should not occur because it should have been seen and pointed out at the design stage. It should never get to a stage where it is built and people are then killed because of it.

Dr Walker: We do not know what the cause of that accident was, and we cannot speculate whether that was design or something else. It could have been maintenance or a wide variety of things. We are never going to be able to inspect every last project before it happens, and neither should we. The duty-holders themselves have responsibilities for making sure they run the project properly. When we have a very large project that we know about, we usually work with them at the early design stage and in many cases we can identify improvements. If they were to fail to implement improvements that we believe were necessary to comply with the law, then we could take appropriate enforcement action. We could require them to do it.

Q36 Mr Steinberg: Twenty years ago, when I was finance chairman of the council, we came up with a policy which said that we were not necessarily going to take the cheapest policy. We said that in any tender for a contract, first they had to show us that the company abided by health and safety regulations; and, second, they had to recognise trade unions. By doing this, very often we did not accept the cheapest tender. Why is that not done today? I personally must have been very enlightened 20 years ago to do this.

Dr Walker: I am sure that is still correct.

Q37 Mr Steinberg: But it seems to me that this does not happen now. It seems that even the Government does not do that; they seem to take the cheapest contract regardless of any other conditions that may be apparent.

Dr Walker: You are right that not enough clients are as enlightened as they should be. What is needed to be done—and this is general Treasury guidance—is to go for value for money, not for the cheapest on the project. We have been working with the Office of Government Commerce to produce guidance for government in how to incorporate criteria about health and safety in the letting of construction contracts.

Q38 Mr Steinberg: Is there no legislation which makes it compulsory for contractors to have health and safety regulations written into it?

Dr Walker: Often, contracts will specify that all kinds of law should be complied with, but it is not just health and safety law to be complied with, it is people managing health and safety in a positive way, and often clients in both the public and private sectors want evidence on how companies manage health and safety—their management systems and their record—as one of the elements they take into account in letting the contract. I very much welcome that. It is also why we are encouraging all companies, including construction companies, to include in their annual reports information about their health and safety record.

Q39 Mr Steinberg: It seems to me that it is a very good way of getting rid of the cowboys.

Dr Walker: Using health and safety as a criteria and following the guidance of the Office of Government Commerce is a very good way of getting better value for money out of construction contracts.

Q40 Mr Steinberg: Explain to me why government projects, which have huge budgets—I walk past one each day, the building of the new Home Office—they are costing hundreds of millions of pounds; so why is it not stated in the contract that health and safety regulations have to be abided by, and stringent rules put in, so that fatalities are not possible?

Dr Walker: You are right, that the Government can improve its performance as a client of the construction industry. It is not just the contract; it is also the tendering process and what you put in the tender, and what you require people to do. It is how you take into account past health and safety performance and health and safety management capacity, as part of deciding whom to give the contract to in the first place. It may even be the designer of the project from the start, which again is before the tendering stage.

Q41 Mr Steinberg: How much does a fatality cost on site? Apart from the traumatic experience for the family, what does it cost in terms of compensation and things like that?

Dr Walker: That would depend on the facts of the case, but the cost of occupational health and safety on the failures overall in the UK is something like £2.5 billion. That is not just in construction; that is in all industry.

Mr Steinberg: It is four times greater in the construction industry, so it is three-quarters.

Q42 Chairman: It is very high—71 a year.

Dr Walker: Yes. It may be a little less last year, but 71 in 2002–03.

Q43 Jim Sheridan: The level of fatalities in the construction industry is unacceptable. On that basis, would you accept you have the tools to do the job effectively and, if not, why not?

Dr Walker: There are two aspects to that. The first is whether we have the right legislation and the right regulations, and I would say broadly speaking

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that we have. In terms of level of resources, obviously I would put extra resources to very good use, but ultimately we have to change the culture of the industry. No matter how many inspectors or staff I would like to have, an awful lot of the industry is going to need to operate healthily and safely without direct HSE intervention. That is the key that we are working on, with both large and small companies.

Q44 Jim Sheridan: I can understand that you are perfectly happy with the current legislation, but it is just resources that are giving you a problem.

Dr Walker: I could always do more with additional resources.

Q45 Jim Sheridan: If the legislation was such that it concentrated the minds particularly of employers to look after the safety of their employees, for instance if there were heavier fines or prison sentences, would that not make a difference?

Dr Walker: I have said a number of times in public that I believe the level of fines for health and safety offences is too low, and there is guidance from the Court of Appeal in the *Howe* case which makes clear that health and safety offences are serious criminal offences and should be treated as such.

Q46 Jim Sheridan: Legislation could help improve health and safety.

Dr Walker: It is not just legislation to allow higher fines. In statute a number of the fines are already unlimited, but it is the courts applying higher fines.

Q47 Jim Sheridan: In your executive summary, the Government has set some targets for improvements. Are they acceptable or are they over-ambitious?

Dr Walker: The target which the industry has set itself for reducing fatal accidents by 40% over five years and 66% over 10 years, are challenging, but—

Q48 Jim Sheridan: These are targets the Government has set.

Dr Walker: The Government's target for industry as a whole is 10% reduction in fatal and major injuries over 10 years.

Q49 Jim Sheridan: In construction is that achievable?

Dr Walker: In the construction industry I am confident that that is more than achievable. Indeed, we hope for better performance from the construction industry. The level in 2002–03 was a 5% improvement. That is obviously half of 10%. We want to get significantly better performance out of them.

Q50 Jim Sheridan: If it is achievable in five years' time, why is it not achievable now?

Dr Walker: One has to recognise that many of the improvements have some time before they have their effect in the health and safety statistics. Obviously, if we are dealing with designers now, and it is put out to tender in two years' time, it may

not be completed within five years. There is a long lead time, and that is another reason that tracking the performance and the effect of our activities is difficult. We believe that the industry is largely but not entirely committed to making the improvements, but it will take time.

Q51 Jim Sheridan: It also says that only 46% of reportable non-fatal accidents are reported. That is even less for the self-employed. Does that concern you, Mr Myers?

Mr Myers: Does it concern me? Yes, it does. Construction as an industry has got one of the best records of reporting, but 46% is still quite low. For self-employed it is a concern, but to be realistic, if you are a genuinely self-employed single operative who has an accident, fulfilling your legal obligation to tell us that you have fallen off a ladder is not going to be high on your list of priorities. I think there is a limit to how we can ever expect to get significant numbers of self-employed reporting.

Q52 Jim Sheridan: Talking to people I know in the construction industry, there has been or there was an explosion in terms of people self-employed in the construction industry, and at the same time there was a reduction in the amount of people who were in a trade union, for instance, in the construction industry and it was difficult for the trade unions to organise. My experience on a building construction site as a trade union organiser is that it tends to have less of a problem in terms of health and safety. Is that a fair analysis?

Dr Walker: There is evidence across the whole of industry that those in workplaces or construction sites that have safety representatives—and these are largely on unionised sites—do have better health and safety records. There is a lot of evidence that where there is clear working together of management and the workforce to improve health and safety, improvements in health and safety are usually apparent.

Q53 Jim Sheridan: Going back to government procurement in the construction industry, if there was a level playing field where every employer had to demonstrate that they were giving their employees health and safety training, would that be helpful?

Dr Walker: It would depend what the training was of course.

Q54 Jim Sheridan: So that they do not kill themselves!

Dr Walker: The important thing is that people should have the training necessary to do the work that they are asked to do, and adequate training on one thing does not necessarily mean that you are trained to do something else. It is already the law that the employer or the manager of the site has a responsibility to make sure that those working on the site have had the training necessary to allow them to do the job that they have to do.

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Q55 Jim Sheridan: We all know, particularly in the construction industry, that the good employer will invest in training for their employees in health and safety and the cowboys just will not invest, so there is not a level playing field. If there was a situation where all employers had to invest in health and safety and demonstrate that they were investing in health and safety, would that go a long way to help?

Dr Walker: That was the example I pointed out to Mr Steinberg, about the criteria that one can include at the tendering stage that will only allow approved contractors, people who do provide training on to the tender list. The tender can require information about the level of training and so on. We encourage clients to do that. We encourage the Government as a client to do that. The Office of Government Commerce guidelines for the public sector include requirements like that.

Q56 Jim Sheridan: Is there also evidence particularly in the construction industry of a black market, people working illegally and not being paid the right money, and therefore any accidents that happen are not reported?

Dr Walker: Health and safety law applies to all workers, whether employed or self-employed, whether legal or illegal. There is no difference there, but clearly there is a degree of under-reporting across the industry. When we find out about it—we sometimes find out about it through complaints from the employees or otherwise—we investigate.

Q57 Jim Sheridan: Mr Myers, you may be aware from press reports about the situation in the agricultural field where gang masters are operating—like the cockle-pickers at Morecambe Bay, with the loss of life. There is tangible evidence coming through that these gang masters are employing people illegally without any health and safety training whatsoever, and many of them unable to speak English, and they are moving into the construction industry. Do you have any evidence that that is happening?

Mr Myers: We do not have evidence that it is a significant problem at the moment, but are aware that construction is an industry that is ripe for that to happen. But it would be a very different situation from agriculture. In agriculture you have a single farmer that might need a lot of manual labour. If you get a gang of workers in construction, they are likely to be on larger sites, and that is part of the reason why we invest resources—

Q58 Jim Sheridan: Do you have evidence it is creeping into the construction industry?

Mr Myers: Yes.

Chairman: Members can raise subjects, and it is very much because of the efforts of Mr Ian Davidson, who has raised this on a number of occasions with the NAO, that we are able to do it, so I now have pleasure in introducing Mr Davidson.

Q59 Mr Davidson: Can I ask whether or not you accept all the recommendations that are being made?

Dr Walker: Yes.

Q60 Mr Davidson: In total?

Dr Walker: There are one or two that we might do slightly differently.

Q61 Mr Davidson: The question was, do you accept all the recommendations?

Dr Walker: Yes.

Q62 Mr Davidson: So there are no ifs or buts then?

Dr Walker: There is one that asks us to talk to every body in the public sector about their role as a construction client, and clearly that takes us longer to do. I would merely find alternative ways of doing it rather than us talking to them all directly.

Q63 Mr Davidson: Other than that, you accept everything. I want to ask about deaths, and I am particularly interested in the ratio of deaths between the employed and the self-employed. Of the 71 deaths that are mentioned in paragraph 1.4, can you tell me how many were employed and how many were self-employed?

Dr Walker: Talking about 2002–03, there were 71 workers killed: 14 were self-employed and 57 were employees.

Q64 Mr Davidson: That is your qualification, is it; or is that the description they had when they were actually on the site?

Dr Walker: That is the result—we investigate all fatalities. I cannot give you the outcome of that.

Q65 Mr Davidson: Can you clarify the ratio per 100,000 fatalities for both the employed and the self-employed?

Dr Walker: It is 2.0 per 100,000 for the self-employed and 5.2 per 100,000 for the employed.

Q66 Mr Davidson: You are saying it is two and a half times more dangerous to be directly employed than self-employed?

Dr Walker: In terms of fatalities.

Q67 Mr Davidson: I would like to clarify those figures with you after this meeting, but can I clarify whether or not there was anybody who is described in your statistics as employed who for taxation purposes is self-employed?

Dr Walker: I am afraid I cannot answer that. Our investigations would not go into the tax details.

Q68 Mr Davidson: How can you distinguish self-employed from employed then, when elsewhere in this document you are reported as indicating you do not believe that employment status has any bearing on accidents?

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Dr Walker: In terms of our investigations, I would imagine that if the representatives of the dead person and the employer agreed on the employment status, we would not look behind that.

Q69 Mr Davidson: But my understanding is that many of those who are killed, who are self-employed for taxation and national insurance purposes, are then re-classified by yourselves as employed when it comes to statistics, thereby distorting the balance.

Dr Walker: I am afraid I have not looked in detail into exactly how we do—¹

Q70 Mr Davidson: I find that absolutely astonishing. Chairman, maybe I can pursue that afterwards. I certainly want to pursue this question, whether or not anybody did have their status changed in some way by yourselves.

Dr Walker: We would not have changed the status. We are not experts in taxation.

Q71 Mr Davidson: I am sorry, but the self-employed status for the purposes of national insurance and taxation is quite clear. My understanding is that many people who are deemed to be self-employed for the purposes of taxation or national insurance—if they are killed are then re-classified by yourselves for accident reporting as being employed.

Dr Walker: I—

Q72 Mr Davidson: A trade union told me that. I find it astonishing that the trade union in Newcastle can tell me that, but you seem to know nothing about it.

Dr Walker: There are a number of possible interpretations of that, of course.

Q73 Mr Davidson: Indeed there are, and we will try and pursue them afterwards. Can you tell me why you think it is that the self-employed disproportionately under-report accidents when there is an obligation on them to do so?

Dr Walker: I think the example Mr Myers gave—if you are a self-employed person working for yourself and you fall off a ladder, probably your first concern is to get better and get up the ladder again, rather than tell someone else about it, which, from your point of view, serves no purpose.

Q74 Mr Davidson: Similarly, do you think it is appropriate to take the view that self-employed people in those circumstances, not only are likely to under-report but are also likely to be more willing to cut corners?

Dr Walker: The evidence we have on the Labour Force Survey is that the level of accidents in the self-employed—this is not reporting, this is in interviews through the Labour Force Survey—the rate of reportable accidents is slightly lower in the self-employed than among workers as a whole.

Q75 Mr Davidson: They are slightly lower.

Dr Walker: They are slightly lower. There is a lower—

Q76 Mr Davidson: There is only 5% for self-employed accidents that are reported.

Dr Walker: It is nothing to do with reporting; that is the RIDDOR statistics. The other source of information we have is the Labour Force Survey, which interviews a cross-section of the labour force, which includes self-employed and non-self-employed; and they are asked if they have had an accident in the last 12 months. As I said, the accident rate of the self-employed in the construction industry is slightly lower than for employees.

Q77 Mr Davidson: Does it not seem counter-intuitive to you? According to what you are telling me here, the self-employed are safer workers than those who are directly employed and have fewer accidents?

Dr Walker: I do not see why it should be counter-intuitive. If you are working for yourself and paying your own insurance, you may take more care.

Q78 Mr Davidson: You are more on an incentive bonus to get the job finished; the harder you work, the more corners you cut, the more money you make. The argument would be that if you were employed, you would have certain work to do but the employers take the responsibility for you, perhaps holding you back and making sure that you did all the safety arrangements, and you had better safety training, which by and large would take more time.

Dr Walker: If you are self-employed but working on a larger site, then the person managing that site will have the same responsibilities for the self-employed on site as the employed, in terms of making sure they act safely. All I can say is that on the evidence we have from the Labour Force Survey, it suggests that the self-employed have fewer accidents than the employed. That is the only numerical evidence that we have.

Q79 Mr Davidson: Do you accept that the representatives of the workforce and every trade union that is involved in building take a different view from that?

Dr Walker: Yes.

Q80 Mr Davidson: So they are all wrong, then!

Dr Walker: UCATT commissioned a report on this, and that report states: “It cannot be stated that self-employed construction workers are more at risk to fatal or major injuries.” That is the IER report commissioned by UCATT.

Q81 Mr Davidson: I have read that report with some interest, and that is not the overall impression that the report gives, but I am interested that that is the view you take. Can I come on to the section about designers, in particular paragraph 2.6, where

¹ Ev 15

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I find this sentence astonishing: “The Royal Institute of British Architects however questioned whether there were sufficient incentives for designers to design out hazards as this would lead to an increase in costs to the designer which could not necessarily be passed on to the client.” Does this not sound as though the professional association of architects are putting profits before people’s lives?

Dr Walker: It sounds to me like architects blaming clients. If clients want value for money, then, in the same way as I was talking to Mr Steinberg, if the tendering process for both the design and the construction includes health and safety properly, then a well-managed site where health and safety is well managed will be achievable overall.

Q82 Mr Davidson: Do you regard it as acceptable that the professional association of architects should take the view that they will only pursue designing out hazards if there are sufficient incentives?

Dr Walker: No, I did not say that was acceptable. I said it sounded like the architects blaming the clients.

Q83 Mr Davidson: You accept the report, and that is what this Report says.

Dr Walker: Yes. I am sorry, but that part of the Report is making a factual report on what architects said. I do not believe that that comment is one that I can agree with.

Q84 Mr Davidson: That is very helpful to know. Have you raised this directly with the Royal Institute of British Architects?

Dr Walker: Yes. We are working with them to improve the way that health and safety is carried out by architects and the way that training is included in—

Q85 Mr Davidson: The position that the architects take is quite shocking. If you look at paragraph 2.11: “Some did not accept they even had any duties and a number abdicated their responsibilities. The low level of compliance with requirements from this duty-holder is a concern.” I cannot remember having read anything recently where the Health and Safety Executive took action against architects collectively. Can you clarify for me whether or not you have tried to prosecute any architects over the last year or so?

Dr Walker: We certainly have had prosecutions against designers but I cannot say whether—

Q86 Mr Davidson: How many?

Mr Myers: Five prosecutions under Regulation 13 of the CDM Regulations which is about designers, and that includes architects but also engineering consultants, between 2001 and 2003.

Q87 Mr Davidson: Five. That strikes me, from that quite devastating paragraph there, not to be a lot. Does that seem a fair assumption?

Dr Walker: There were also 27 improvement notices in the last three years as well. As Mr Myers said, moving from poor performance by designers to proving a breach of the law can be quite difficult, but we are concentrating more effort on training. I gave some examples before of how the level of awareness of designers is being improved by our action.

Q88 Mr Davidson: The final point I want to pick up is about foreign workers, both illegal immigrants and those working on work permits. I want to ask you for clarification about the safety implications of all this because I have certainly had drawn to my attention a number of examples where foreign workers who had a very poor grasp of English were on building sites. Obviously, they cannot understand any safety briefings, nor read safety notices written in English. What action do you take in those circumstances?

Dr Walker: The first thing is that we issue guidance so that people know what their obligations are. We have also produced translations of a lot of our construction guidance into a number of languages. For example, we are talking to the Polish community about possibly having a safety awareness day.

Q89 Mr Davidson: Is this not all pretty slow? Surely, no workers should be on a site if there are safety notices on that site that they cannot understand?

Dr Walker: Yes, but I have been to a construction site where all the signs were in Russian because the company was employing Russian workers, and some of these things are—

Q90 Mr Davidson: That is good practice. Surely the contrary should not be allowed, then! You would not have Polish or Russian or Romanians who could not understand English on sites where the safety notices were all in English.

Dr Walker: Absolutely right. Where we find out about that, we put a prohibition notice on, and we have done so.

Q91 Mr Davidson: How many have you done?

Dr Walker: I do not know how many, but a number.

Q92 Mr Davidson: How many foreign building workers do you think there are?

Dr Walker: I do not have an estimate.²

Q93 Mr Davidson: How do you know you are dealing with this adequately if you do not know how many times you have taken action, and you have no idea how many foreign building workers there are?

Dr Walker: I can easily find out and let you have the answer to the number of times we have taken action.³ The fact we are producing guidance in a number of languages is an indication of that.

² Ev 15

³ Ev 15

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Q94 Chairman: We will stop there and you have promised a note on that. You also gave an answer on the important point raised by Mr Davidson about re-classification on fatalities for employed and self-employed. I accept this may have been a new question for you, but if you wish to do a note on that, we are very happy to receive a note.

Dr Walker: If we can get the information.⁴

Q95 Mr Curry: Dr Walker, in food processing there is something called a critical control point so that you can identify where things are most likely to go wrong and you focus your inspection on that point. Would you take three typical construction projects for me and tell me where you think the critical control points are?

Dr Walker: In terms of potential accidents there are falls from heights, workplace transport on the site and manual handling, but we want to go back one step before that and look at how health and safety is managed overall on site and make sure they have a proper system for managing it.

Q96 Mr Curry: But one does not exclude the other so that if there were a process of surveillance at the points where accidents were most likely to occur, because that is where they have occurred in the past, might that have some sort of precautionary effect?

Dr Walker: We are concentrating our inspections on the major areas where there are likely to be accidents because that is where we do target our inspections.

Q97 Mr Curry: Let us come to designers. I thought they were always called architects. I thought designers were somewhat different but I live and learn. What about Lord Rogers? Has he got a problem in this regard? I would hope it was unlikely, but who are these architects who are a problem? Is it Lord Rogers or is it the chap who works for the local authority and designs the fire station?

Dr Walker: It is both. We have to work with a range of architects. I cannot remember whether Lord Rogers is acting as the RIBA in this context or not.

Mr Myers: I am not sure either.

Q98 Mr Curry: He has built quite a lot of things, has he not? He is quite well known.

Mr Myers: Yes. He has design teams.

Q99 Mr Curry: Would you expect that he would have built into his practice all the necessary mechanisms to make sure that whatever he designed would stand up to anything up to a Richter scale 93 earthquake in health and safety terms?

Dr Walker: His earthquake planning would be proportionate to whether there was likely to be an earthquake or not, I would have thought.

Q100 Mr Curry: What I am struggling with is the same problem as Mr Davidson was struggling with, the idea that architects are almost deliberately deficient in planning out hazard. That seems to be the implication of what it says here. Perhaps you could help me. Could you tell me what are the three most common design failures which provoke accidents? We have agreed that there are design problems and a lot of it starts early on in the process. What are the three most common things they do wrong?

Mr Myers: Can I just pick up what you were saying earlier? I share your frustration because designers do take account of the sorts of things that you are talking about. What we want them to do is also to take account of health and safety as part of the design process. The comment from the RIBA that they cannot do this because it costs more money means, "What we do is, we design and then we have got this thing called health and safety that we do afterwards which costs more money". We need it marbled into the design process. The problem is that we have a profession where they have not, across the piece, been trained to do that. We are trying to work with them to get it addressed in terms of undergraduate training and continuous professional development.

Q101 Mr Curry: But if somebody told me that my car was designed without regard to its safety I would get fairly brassed off about that. It might even turn me into a pedestrian. I do not think it would go as far as that but is it not reasonable to assume that if you walk into a building somebody has thought about whether it might fall on you?

Dr Walker: I think the answer might be, has a car been designed to be manufactured safely or to be maintained safely? Those are two of the issues. There is an example in the Report about how you clean the windows. Is there a place to put the trolley that goes up and down? We are not talking about how the safety is viewed in the circumstances to which you refer.

Q102 Mr Curry: What are the three most common design failures, if we can put those into a sort of GCSE for architects?

Mr Myers: Specifying fragile roof lights, for example. An awful lot of fatalities in the construction industry occur from people falling through fragile roof lights. If the design specified non-fragile roof lights, that would prevent lots of fatalities. At the other end of the spectrum there is specifying building blocks that are too heavy for people to manipulate—because that is what they have always done—and is causing tremendous muscular skeletal disorders in construction workers. In a lot of steel erection nowadays safety precautions are taken by erecting nets and if the steel is specified so that you can connect the nets more easily that makes the process less hazardous. Those are three examples.

Q103 Mr Curry: Presumably there is a plentiful supply of non-fragile roof lights, is there?

⁴ Ev 15

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Mr Myers: Yes, there is.

Q104 Mr Curry: Then why do people specify fragile roof lights? Why do the people commissioning work from architects accept this? Why is there not a rule which says, "You shall not have fragile roof lights"? I do not want to sound too interventionist, but it seems to me that it is not exactly rocket science.

Mr Myers: You are right but we do not tend to work by prescription in this country.

Q105 Mr Curry: I beg to differ from you. I would have thought that we work massively by prescription in this country as a matter of fact.

Mr Myers: We differ. Ill-informed clients go to a designer and expect the designer to give them what they need.

Q106 Mr Curry: Is the answer then that there should be some more information for people commissioning so that there is a sort of idiot's guide or checklist of sensible things to say to your architect, "This is what I want but you have got to make sure you build in that"?

Mr Myers: There is guidance, which we referred to earlier, which the OGC has produced for the government client in terms of assessing the competence of the people that they procure to do the work.

Q107 Mr Curry: Do you think this is the sort of lousy job which somebody down the line gets because it is rather boring? It is a bit like a government minister being put in charge of energy efficiency. The most junior person in the department gets the job because everybody else has more important things to do. Perhaps companies ought to give slightly higher priority to this.

Dr Walker: The cost of maintaining a building over its life cycle is often very much greater than the cost of the building itself. If clients and designers put more effort into making sure that specifications could be easily and safely maintained they would save themselves a lot of money. Part of it is information. They need access to information. As I said, falls from heights and workplace transport are the two most common causes of accidents and we are putting out a lot of information on how to avoid them. It includes the example we have been talking about of falling through roof lights.

Q108 Mr Curry: Is there any evidence that public bodies procuring, for example through PFI or the government itself, are more attentive to these details than anybody else?

Dr Walker: Government is not as good as we would like it to be and we are encouraging it to be better. We would like to see the government as a whole lead the whole of the public sector and be an exemplar in how it procures construction of which, as one of your colleagues mentioned, the public sector is responsible for about 40%.

Mr Curry: It sounds like a metaphor for New Labour.

Q109 Mr Williams: Looking at table 4 on page 8, I was surprised to find that if you are working in agriculture, hunting, forestry and fishing you are two and a half times more likely to end up dead than you are even if you work in the construction industry. That is a staggering figure.

Dr Walker: It is. That is why agriculture is one of our other big priority programmes.

Q110 Mr Williams: Perhaps we should have a look at that. It is not the subject today so I cannot ask you questions on it but that really surprised me. Taking the next column, which is the number of major injuries reported, since less than half are reported by the employers and less than one in 20 by the self-employed, we have a figure of over 4,000 for major injuries.

Dr Walker: On the rate of three-day RIDDOR accidents, in the labour force survey on construction it is 2,510, but that is all injuries, not just the major injuries.

Q111 Mr Williams: How long has HSE been in existence?

Dr Walker: It was created by the 1974 Health and Safety at Work Act.

Q112 Mr Williams: So it has been going 30 years?

Dr Walker: Yes.

Q113 Mr Williams: How far has safety in construction improved in those 30 years?

Dr Walker: I am not sure I have those statistics over a 30-year period.

Q114 Mr Williams: Has it improved? Perhaps I should switch. It is not fair to you because we have a specialist and I appreciate I am going back a long way now. What impact have you made on the construction industry in 30 years, Mr Myers?

Mr Myers: The construction industry is completely different from what it was 30 years ago.

Q115 Mr Williams: Oh, I know that.

Mr Myers: I have not got the specific figures but from memory it is something like 200 fatalities a year were occurring around that time in the construction industry.

Dr Walker: I can answer your question for industry as a whole in the United Kingdom. In 1974 there were approximately 750 deaths in the workplace a year and we had 226 last year or the year before that. Since about a third of those are construction it is inconceivable that there has not been a major improvement in construction, but I am afraid I do not have the detailed breakdown.

Q116 Mr Williams: What you can do is submit a note making the comparison going back to the time when you started and let us see whether the construction industry has changed in proportion to (better than or worse than) the rates of serious accidents and death in other industries.

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Dr Walker: I can check that. I think we can do that for fatalities. I am not sure we can do it in connection with major injuries or three day injuries because the data was collected on a different basis. I think we can do it on fatalities but I cannot promise. We will do as much as we can.⁵

Q117 Mr Williams: But the major injuries, according to table 4, are so many times more than the fatalities so that clearly that is a very important figure.

Dr Walker: Yes, but the definitions are different now from what they were 25 years ago.

Q118 Mr Williams: Things have changed all round but since your statistics are so unreliable it seems to me that we have very little evidence that you as HSE have done anything as yet to improve the rate in the construction industry. What I am asking you to do is to submit some documentation which will perhaps exonerate you of that allegation.

Dr Walker: I can give you an example over the last few years of a small part of the construction industry. It used to be that there were always a number of fatalities every year of steel erectors. They fell off the steelwork they were erecting. We have had a major drive to encourage steel erection to be carried out with nets or on mobile elevating work platforms rather than off the steelwork itself. As a result of that effort in the last two years there have been no such deaths of steel erectors. That is small part of the construction industry.

Q119 Mr Williams: So that too has changed as a proportion of the type of construction that is going on now. It varies so much.

Dr Walker: You are probably right. There is more construction done by steel erection now than 25 or 30 years ago.

Q120 Mr Williams: How many inspectors do you have altogether in relation to the construction industry?

Mr Myers: About 150.

Q121 Mr Williams: We are told in the briefing that there is one inspector for every 3,333 sites. Does that sound right to you?

Mr Myers: The accuracy of the figure sounds right, yes.

Q122 Mr Williams: Considering it is the industry with the highest rate of accidents overall, not just fatalities, to have one inspector for over 3,000 sites sounds like a touch of tokenism. It does not seem to be correlated with the need, does it? I do not suppose an inspector spends each and every day going around sites. Even if he visited a site a day he would only visit one in 10 sites per year. Could you let us have another note on what role the inspector has so that we can see what workload this

one inspector, who is responsible for checking on 3,333 sites, has in addition to that, because there are lots of other things, are there not?

Dr Walker: We can certainly let you have a note.⁶ I would not regard one inspector as spending his time sensibly by going to 3,000 sites anyway. As I explained, there are lots of ways that we can get at the construction industry, particularly in the small area, other than by inspecting individual sites. The safety awareness days are very good examples of that. We also have vans that go round with information about how to avoid the most common accidents, the kinds that Mr Curry was asking about. Again, those are not inspections. There are lots of different things that inspectors can do. Interaction with designers is usually done off site, not on site, so I would not want to leave the committee with the idea that the only thing that matters is the number of construction sites that the inspector inspects.

Q123 Mr Williams: What one is trying to get over is the magnitude of the task in relation to what seems to be the inadequacy of the manpower. That is what comes over to me. That is not your fault. You work to your budgets and so on. You are limited in what you can to, but nevertheless it would seem to me that the inspectorate is grossly inadequate to the need, not in capability but in numbers. That is just an observation. If you think it is wrong, put a note in and tell me where it is wrong. You, Dr Walker, referred to serious criminal offences in reply to one of my colleagues. In the footnotes at the bottom of page 9 it says, "An improvement notice can be served for failing to comply with legislation", and then it goes on to say, "A prohibition notice is served when, in the opinion of the inspector, there is a risk of serious personal injury and the inspector requires an activity or activities to cease". How many improvement notices and how many prohibition notices were issued last year?

Dr Walker: In both the last two years we have issued about 3,500 improvement and prohibition notices together. In 2002–03 we issued about 2,788 prohibition notices and 588 improvement notices on the construction industry. We obviously issued more for industry as a whole.

Q124 Mr Williams: Did you have any failures to comply with these notices and, if so, did you—and this comes back to you, Mr Myers,—feel it appropriate to take legal action for non-compliance with either of these notices?

Mr Myers: I cannot remember in detail. Most notices are complied with.

Q125 Mr Williams: That is encouraging.

Mr Myers: They provide a very effective mechanism for achieving change and the standard instructions are that breach of a notice is almost automatically considered for prosecution.

⁵ Ev 15, 20

⁶ Ev 15–17

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Q126 Mr Williams: But the notices, of course,—and this comes back to the minor dispute we had earlier—are contingent on seeing what is going on. If going to the site is not a significant part of the work of the inspector then it follows that we cannot be sure that improvement notices and prohibition notices are being issued in appropriate numbers, can we?

Mr Myers: Obviously, if there were more inspectors the chances are that there might be more notices issued but, as Dr Walker said, this is not just about inspectors inspecting sites. You used the expression earlier on about checking sites. The responsibility for checking the 3,000 sites lies with the people who manage those sites. Our job is to try and make sure that happens. We do not have to go and inspect all 3,000.

Q127 Mr Williams: But they do not tell you what is going on anyhow. They are lying to you or deceiving you. You are doing exactly the same thing as the RIBA has done, trying to shrug off the responsibility of the architects.

Mr Myers: I am not shrugging off the responsibility at all. It is my job.

Q128 Mr Williams: But you are. You are saying it is the responsibility of management but at the same time you are not taking enough direct action to ensure that management feels it is at the risk of being caught out. It deceives you.

Dr Walker: We take a number of different kinds of action. For example, our blitzes have been very effective where we give advance that we will be coming round over geographically quite a small area and we publish it in the press beforehand and we tell people what we expect them to do and then we go round and those blitzes do produce a number of improvement notices, prohibition notices and sometimes prosecutions.

Q129 Mr Williams: You tell them when you are coming round?

Dr Walker: In some cases yes.

Q130 Mr Williams: Well, that is good, is it not?

Dr Walker: It is actually quite effective.

Q131 Mr Williams: “You are all right on a Wednesday. It does not matter on the other 364 days of the year but we will be there on Wednesday”.

Dr Walker: Often it means—and we see evidence of this on the sites we go to—that people do not know which of the sites we will come to and so they all take the necessary action. That is a very good way of making sure that our inspectors are employed effectively.

Q132 Chairman: Following on Mr Williams’ question, if you look at figure 4 on page 8, you refer to the rate per 100,000, which is twice as much in agriculture, hunting, forestry and fishing compared to the construction industry. Traditionally, of course, fishing and mining are very dangerous. I

know we are not dealing with either fishing or mining today but it would be useful to get a note on comparative figures. Maybe there are now so many more deaths in construction than in agriculture and in fishing and mining because these other industries are now so small.

Dr Walker: We do not have responsibility for safety in fishing. That is dealt with by another inspectorate. In terms of mining, of course there are a very small number of miners now. I am afraid I do not have the numbers in my head but I will certainly let you have them and a note on the number of accidents in the mining industry.⁷

Q133 Chairman: And so that the construction industry is not let off too easily, although on fatal injuries the rate per 100,000 is half what it is in agriculture, if you go further along and look at major injuries to employees you see that the rate is still very high for construction, is it not?

Dr Walker: Absolutely, yes.

Q134 Chairman: It is 374.8 compared with 269.7 for agriculture. Can you explain that?

Dr Walker: Although there is a high rate of fatalities in the agriculture industry, if I start with that compared to the construction industry, there is evidence that the rate of injury to the employed workforce is going down while the rate of injury to the self-employed workforce is going up. That is often linked with age and other issues.

Q135 Chairman: The self-employed also maybe because they are being exploited perhaps.

Dr Walker: It is usually small owner or tenant farmers working by themselves. It is a different issue about self-employment in the agriculture industry.

Q136 Jim Sheridan: Just as an observation, I think it is incredible that you give advance warning that the inspectors are in the area. I do not understand the rationale behind that but I am sure you know better than I do why you do that. Mr Myers, you agreed with me that there was some concern about gangmasters moving into the construction industry and exploitation there and the lack of health and safety, etc. Have you passed those concerns on to government ministers?

Dr Walker: We have. We are represented on the Home Office group dealing with illegal workers and obviously we have been discussing with them both the types of industries and the action we are taking. That tends to be at a general macro level rather than—

Q137 Jim Sheridan: You have not produced a report or given the government any indication of the level of that?

Mr Myers: I was very careful when I answered that. We have not got lots of evidence of it being a big problem. What we are sensitive to is that if pressure is brought to bear on gangmasters in some

⁷ Ev 17–18

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industries they might start to move to other industries and that is where there is a risk in respect of construction, particularly given its casualised nature. We have got no intelligence at the moment that says it is a major problem. What I was trying to say was that we are sensitised to the potential of it being there.

Q138 Jim Sheridan: You have no evidence that there is a major problem here?

Mr Myers: Not in the construction industry.

Q139 Jim Sheridan: I can assure you that you must be the only person who says that. Trade unions are saying that. People who are working in the industry are saying that.

Mr Myers: Can I just clarify this thing about blitzes? I am not saying that you have to agree. If we have got limited resources to deploy, I actually think it does make good effective use of those resources to send out a note saying, "We are carrying out a blitz on this topic in this area". That puts all sites on notice. Hopefully, if they are sensible they will try and improve standards if they are poor. We get a benefit from that not just on the sites that we visit. That is an effective way of using resources.

Q140 Jim Sheridan: You send out a notice, for instance, in agriculture so that the farmer can tell all the migrant workers to stay away for a week because you are looking round the area?

Mr Myers: We are not going out to catch migrant workers. We are going out to look at how health and safety is being managed on sites.

Q141 Mr Davidson: Can we come back to the question of self-employment? The unions all seem perfectly clear that self-employment has certain hazards and yet you seem to have an entirely different perspective on this matter. Can you tell me, Mr Myers, why there is such a divergence of opinion?

Mr Myers: Because it is a complex subject. The statistics show us that there is not a significant difference, that in fact the self-employed, through the labour force survey, have lower accident rates. What we are not saying is that the unions and others are wrong to say that one of the structural problems in the construction industry is casualisation, the use of self employment where it clouds people's responsibilities. There is an analysis from the NAO, and I cannot remember which page it is on, which talks about the potential disbenefits of self-employment. We agree with that, but what we are saying is that in law self-employed and employees are both covered by the law and the accident statistics do not tell us that there is a significant difference.

Q142 Mr Davidson: You agree that there are disbenefits in health and safety terms to the present scale of self-employment. Have you raised that with government or confirmed that to government?

Mr Myers: That is not what I said. There are sometimes benefits associated with self-employment. It gives specialist contractors the opportunity to invest in training. Instead of requiring workers to do a range of different topics it allows people to specialise in certain things. Sometimes self-employment can improve health and safety standards on sites. Lots of small businesses, in terms of domestic refurbishment and maintenance and repair, are genuine, self-employed people. If you have a situation on sites where you have got a fragmented supply chain with sub-sub-contractors and nobody is clear who is responsible for whom, that creates potential problems.

Q143 Mr Davidson: And how are those addressed?

Mr Myers: We deal with it by trying to get people to manage their sites, to a certain extent to be blind to the employment status. Because, whether they are employed or self-employed, the legal obligations are virtually the same.

Q144 Chairman: Dr Walker, you received some stick, did you not, in another context for prosecuting the Metropolitan Police Commissioner, Sir John Stevens, because one of his constables fell through a skylight, a subject which has been raised by Mr Curry today? Just to get a feel for this, what happens if one of these workers falls through a skylight that has not been designed properly? Who are you pursuing for that failing?

Dr Walker: It depends on the facts of the case. It might be the construction firm which was doing the work, it might be the employer of the person, but particularly where we have given specific advice to people on how to deal with falls from heights and that is ignored we would expect a prosecution to follow a fatality.

Q145 Chairman: Some people have said that this sums up in their view the worst aspects of the HSE, that you were pursuing Sir John, who could not possibly know what was going on. Would you pursue the Chairman of Wimpey, say, or Lord Foster?

Dr Walker: The position of chief constables is very different in law.

Q146 Chairman: I appreciate that.

Dr Walker: When health and safety law was applied to the Police Service by the directive at the end of 1999, chief constables chose, against HSE advice, because they are in law the employer of the workforce, to become subject to personal prosecution. That was their choice at the time, against our advice.

Q147 Chairman: Dr Walker and Mr Myers, thank you very much for what has been a very interesting hearing. Obviously, the construction industry has a very poor health and safety record. I think it accounts for a third of all fatal injuries. The committee takes this matter very seriously and our

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report will be reflecting that. Although one of our members mentioned tokenism, I am sure that no-one accuses you of tokenism but we will certainly want to ensure that our report encourages you in your efforts on health and safety.

Dr Walker: Thank you. In fact we are working with the NAO in the new report that they are doing about procurement and we hope that they will be able to use some of the information they have got from this study to further our cause.

Supplementary memorandum submitted by the Health & Safety Executive
QUESTIONS 67–71 (MR DAVIDSON) AND QUESTION 94 (CHAIRMAN): RE-CLASSIFICATION OF FATALITIES

The requirement to notify details of fatalities to HSE rests with the person in control of the site where the fatality occurred. For statistical purposes the HSE does not systematically change or re-classify the status of deceased persons from that notified by that person.

The employment status may sometimes be an issue explored during the course of any investigation, particularly if a prosecution is considered. Employment status is a complex area but is often not crucial in determining the nature of the relevant duties owed by those in control to the injured or deceased. Thus HSE does not always need to come to an unequivocal view of employment status to discharge its functions.

QUESTIONS 91–93 (MR DAVIDSON): THE ESTIMATES OF FOREIGN BUILDING WORKERS AND THE NUMBER OF TIMES ENFORCEMENT NOTICES HAVE BEEN ISSUED CONCERNING LANGUAGE PROBLEMS

In 2000 about 100k male immigrants (defined as being born outside the UK) of working age worked in the construction industry in Britain. This represented some 6% of workers in the industry. Of these, Irish immigrant workers numbered around 31k, the EU 10k, European non-EU 6k, other whites 12k and the Indian sub-continent 13k. Immigrant workers tend to be more concentrated in London and the South East.

GB health and safety legislation applies equally to migrant workers in the construction (and other) industries. In broad terms this requires those who create risks to be responsible for understanding, controlling and managing those risks. This would include risks arising from language and communications difficulties.

The number and place of origin of migrant workers changes over time. HSE will be commissioning further research to improve knowledge and understanding of the numbers, working patterns and risk profiles of different migrant workers groups.

Our Enforcement Notice Register lists six occasions when Notices have been issued in respect of language issues. One of these related to construction. Language issues have been considered by inspectors on a number of other occasions in construction, either as an issue arising from an accident or complaint or during the course of preventive inspections. Where problems have arisen they are often addressed without resort to formal enforcement.

QUESTION 116 (MR WILLIAMS): COMPARISON OF SERIOUS ACCIDENTS AND FATALITIES IN THE CONSTRUCTION INDUSTRY COMPARED WITH OTHER INDUSTRIES

This question, in particular, requested comparative statistics between construction and all industries. The falling rate for all industries in Table 2¹ reflects, in part, the change in the size of various industrial sectors. There has been a reduction in heavy, more hazardous, industries (eg mining, shipbuilding, steelmaking etc) and an increase in service sector occupations over the last 30 years. Although the construction industry has changed over the relevant period the Construction statistics do not reflect such structural changes. Thus the reduction in construction rates (particularly in the last few years at a time of increasing output) reflects improving standards.

QUESTION 122 (MR WILLIAMS): THE ROLE OF INSPECTORS
Introduction

1. Health and Safety legislation in GB places responsibility for controlling and managing risks on those that create the risks. In broad terms HSE Inspectors carry out three categories of activity designed to assure that risks are being assessed and managed:

- Proactive work—in the form of planned inspection of sites, engagement with various duty holders and a wide range of other intervention techniques targeted at various sectors of the industry;

¹ Ev 20

- Reactive work—the investigation of accidents, dangerous occurrences, diseases and complaints; and
 - Enforcement—a term encompassing all those activities directly associated with ensuring dutyholders discharge their duties, from giving advice through to the use of formal enforcement tools (principally, enforcement notices and prosecution). It can arise from both proactive and reactive work. The term implies the possibility of escalation if the dutyholder does not respond appropriately.
2. All three activities have preventive objectives and the essential judgements for HSE are about which to use, when, and to what degree/extent, to secure the maximum preventive effect for the given resource, bearing in mind that the potential demands on HSE's attention always greatly exceed the supply of available resources.
3. In 2003–04 staff in Construction Division Inspectors carried out some 20,000 site inspections and investigated over 1,100 accidents and 5,000 complaints (a further 5,000 complaints were investigated by administrative Complaints Officers). These investigations and associated enforcement activities involved a further 20,000 Regulatory contacts (site visits to investigate and to take statements, court visits and associated legal work). About 6,000 Regulatory contacts with companies or duty holders were made to provide advice or education (such as in Safety and Health Awareness days).

Proactive Work

4. Traditionally much of HSE's proactive work has been carried out through site visits. It is on site where workers are exposed to risks and it is important for HSE to retain a significant and visible site presence. However it would not be possible or appropriate for HSE to maintain such a presence on each and every site. Furthermore:
- Many of the risks on site can be “designed” out by clients, designers and constructors in the process of procuring, designing and planning the work. Much of this can take place before the construction phase commences.
 - Most contractors (and designers and many clients) are involved in a large number of sites that present similar management and technical challenges.
 - The construction industry includes a broad range of bodies representing groups of people on the basis of their trades and professional skills that are interested in raising the health and safety performance of their members. HSE can act in collaboration with these to develop and promote improved standards amongst their membership.
 - The industry is very fragmented with a large number of companies employing few staff on a wide range of very small construction sites. Such companies can be set in their ways and have proved difficult to reach and influence through traditional site based intervention techniques.
5. HSE's current construction intervention strategy takes account of these characteristics to create a different mix of visit types, to better balance its proactive work across all duty holders and to secure improvements that are not just site-specific but can be driven across a client's construction portfolio or through all the sites managed by a contractor. The role of the inspectors is to deliver this intervention strategy. They achieve this in a number of ways, for example:
- Engaging centrally with Clients (including Government Clients) to ensure they adopt procurement procedures that take account of health and safety.
 - Engaging with Designers either proactively or in response to an investigation or as part of other Designer initiatives to ensure they understand and discharge their opportunities to reduce the health and safety risks of those who are required to construct, maintain or demolish the structures they have designed.
 - Adopting a more strategic approach to larger and more complex projects before the construction phase commences. This involves engagement with the client, designers and the constructing team.
 - New approaches to reaching out to the large number of small businesses. This includes involvement through Safety and Health Awareness Days, other seminars, workshops or “good neighbour” initiatives developed and delivered in partnership with trade associations, trades unions and professional institutions. It also includes concentrated inspection campaigns or “blitzes” that are themed and geographically targeted. These are an efficient way of reaching smaller sites and make use of publicity to raise awareness and drive up standards even on sites not visited during the blitz.
 - Central interventions with larger companies. This involves collating intelligence picked up through site inspections and investigations to engage at Board or Senior management level to agree improvements in corporate, management or technical arrangements for risk control.

- Visits to manufacturers to address products which by their poor design make it difficult for users to comply with the law.
- Working with Trade Associations or as part of a cross-industry forum to develop and agree standards to be applied consistently across a sub sector. These can involve new technologies, processes or management standards (or a mix of all three).

Reactive Work

6. The purposes of reactive investigations are essentially, but not exclusively, preventive. Inspectors seek to identify the immediate and underlying causes and ensure any necessary improvements are made to prevent a recurrence. This may include immediate actions by the dutyholders, or deeper attention to the underlying management systems, or indeed actions by other dutyholders facing the same risks.

7. Investigations may also lead to formal legal proceedings. The majority of prosecutions taken by FOD arise from investigations.

Formal Enforcement

8. A range of tools is used by inspectors to secure effective risk management and compliance as well as to ensure a proportionate response to criminal offences. Inspectors may offer duty holders information, and advice, both face to face and in writing. This may include warning a duty holder that in the opinion of the inspector, they are failing to comply with the law. Where appropriate, inspectors may also serve improvement and prohibition notices, and they may prosecute (or report to the Procurator Fiscal with a view to prosecution in Scotland).

9. Inspectors use their formal enforcement powers—the use of enforcement notices and prosecution to:

- ensure that duty holders take action to deal immediately with serious risks;
- promote and achieve sustained compliance with the law; and
- ensure that duty holders who breach health and safety requirements, and directors or managers who fail in their responsibilities, may be held to account.

10. Prosecution is one form of response by HSE to a failure to control risk. Enforcement notices are an extremely effective and widely-used method to secure control of risk and thus prevent harm. Levels of compliance with notices are extremely high and appeal against them very low.

QUESTION 132 (CHAIRMAN): COMPARATIVE FIGURES BETWEEN AGRICULTURE, FISHING AND MINING

This question asked in particular for a comparison between mining, agriculture and sea fishing and asked whether the differences in fatality numbers were a reflection of the numbers employed in the various industries. A comparison for fatalities is set out in Table 2. It is certainly true that the numbers of workers in agriculture, mining and sea fishing is declining and, for that reason, it is important to contrast injury rates (which are normally expressed as the number of incidents per 100,000 workers), rather than numbers, in order to get a true comparison.

HSE is not responsible for enforcement in respect of sea fishing. Accident trends in this sector can be found in the MAIB Report on the Analysis of Fishing Vessel Accident data 1992–2000 at:

<http://www.dft.gov.uk/stellent/groups/dft-maritimesafety/documents/page/dft-masafety-504251.pdf>.

Fishing all accident rates (per 100,000) have fallen from around 1,000 in 1992 to 800 in 2000. Fatal accident rates have risen from around 100 to 270 during the same period. No separate data on rates is available for mining, as the baseline employment data is included in the general Extractive and Utilities Supply Industry figures. Nevertheless, it is known that employment in mines has reduced by about 1,000 per annum for the last three years and now stands at around 5,500. Consequently, if a rate were to be calculated for the single fatality in 2001–02 would be around 12, compared to 4.4 for all construction workers during the same period. It is therefore not unreasonable to assume that the higher fatal numbers in mining in earlier years reflect a generally higher rate than construction, which has not exceeded 14 in the last 20 years.

Producing these data in the format requested has not been straightforward. There have been a number of changes in the Regulations concerning accident notifications over the last 30 years or so. For example cross-industry data on the self employed was not available until 1981, the definitions of major injuries has changed over the years. Footnotes to the tables provided provide further information about the sources of the data.

These following tables provide data as follows:

- Table 1—Injuries and rates in the construction sector reported to all enforcing authorities by industry 1971–2002–03p.

- Table 2—Fatal injuries reported to all enforcing authorities by industry 1971—2002–03p.
- Table 3—Fatal injury rates (per 100,000) as reported to all enforcing authorities by industry 1981—2002–03p.
- Table 4—Major injuries reported to all enforcing authorities by industry 1981—2002–03p.
- Table 5—Major injury rates (per 100,000) as reported to all enforcing authorities by industry 1981—2002–03p.
- Table 6—Over three day injuries reported to all enforcing authorities by industry 1986–87—2002–03p.
- Table 7—Over-three-day injury rates (per 100,000) as reported to all enforcing authorities by industry 1986–87—2002–03p.

June 2004

Table 1

INJURIES AND RATES IN THE CONSTRUCTION SECTOR REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1971—2002-03p
STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

<i>Section Year (2)</i>	<i>Fatal</i>		<i>Rate of fatal injuries</i>		<i>Major</i>		<i>Rate of major injuries</i>		<i>Over 3 day</i>		<i>Rate of Over 3 day injuries</i>	
	<i>Employees</i>	<i>Self-employed</i>	<i>Employees</i>	<i>Self-employed</i>	<i>Employees</i>	<i>Self-employed</i>	<i>Employees</i>	<i>Self-employed</i>	<i>Employees</i>	<i>Self-employed</i>	<i>Employees</i>	<i>Self-employed</i>
1971	201	..	19.6	..	..	..	..	..	*	*	*	*
1972	190	..	18.7	..	..	..	..	..	*	*	*	*
1973	231	..	21.6	..	..	..	..	..	*	*	*	*
1974	166	..	16.0	..	..	..	..	..	*	*	*	*
1975	182	..	18.1	..	..	..	..	..	*	*	*	*
1976	156	..	15.3	..	..	..	..	..	*	*	*	*
1977	130	..	13.1	..	..	..	..	..	*	*	*	*
1978	121	..	12.2	..	..	..	..	..	*	*	*	*
1979	119	..	11.8p	..	..	..	..	..	*	*	*	*
1980	128	..	13.0p	..	..	..	..	..	*	*	*	*
(3) 1981	105	11	9.7	2.8	1,690	40	155.6	10.3	*	*	*	*
1982	100	18	9.7	4.5	1,950	51	188.5	12.8	*	*	*	*
1983	118	22	11.6	5.4	2,178	57	213.2	13.9	*	*	*	*
1984	100	17	9.8	3.7	2,288	70	225.2	15.1	*	*	*	*
1985	104	22	10.5	4.7	2,239	113	225.8	24.1	*	*	*	*
(4) 1986-87	99	26	10.2	5.3	2,736	443	282.7	91.0	16,468	704	1,701.8	144.6
1987-88	103	40	10.3	7.4	2,767	561	276.5	103.5	16,622	763	1,660.9	140.8
1988-89	101	36	9.9	6.1	2,907	753	285.9	127.0	16,597	969	1,632.3	163.4
1989-90	100	54	9.4	7.5	3,180	927	298.8	128.4	17,177	1,310	1,614.2	181.4
1990-91	96	28	9.3	3.9	2,907	931	281.5	129.7	16,689	1,554	1,616.2	216.4
1991-92	83	17	8.8	2.5	2,583	729	272.4	112.5	14,998	1,231	1,588.7	190.0
1992-93	70	26	7.8	3.6	2,061	684	230.4	93.7	11,428	1,291	1,277.6	176.8
1993-94	75	16	8.9	2.1	1,806	768	214.4	102.5	9,497	1,576	1,127.4	210.4
1994-95	58	25	6.9	3.2	1,872	755	221.2	97.2	9,642	1,532	1,139.4	197.2
1995-96	62	17	7.7	2.2	1,806	671	224.0	85.3	8,305	1,390	1,030.3	176.6
(5) 1996-97	66	24	8.2	3.0	3,227	827	403.0	104.0	8,637	1,029	1,078.6	129.4
1997-98	58	22	5.7	3.1	3,860	466	382.3	65.4	9,756	509	966.3	71.4
1998-99	47	18	4.4	2.8	4,289	367	402.7	56.5	9,195	381	863.4	58.7
1999-00	61	20	5.5	3.2	4,386	363	395.9	57.7	10,159	345	917.0	54.9
2000-01	73	32	6.5	5.0	4,303	405	380.9	62.7	9,367	429	829.2	66.4
2001-02	60	20	5.3	2.9	4,055	540	356.1	79.5	9,100	595	799.1	87.6
2002-03p	57	14	5.2	2.0	4,098	682	374.8	98.0	8,657	608	791.9	87.4

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1986-87-1990-91; SIC 1992 for 1991-92-2002-03p.
(2) Figures from 1971 to 1985 are on a calendar year basis. Figures from 1986-87 onwards are based on a planning year 1 April-31 March.
(3) 1981-85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.
(4) 1986-87-1995-96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.
(5) 1996-97-2002-03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.
p Provisional
.. Not available
* Over 3 day information not collected until introduction of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

Table 2
FATAL INJURIES REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1971—2002–03p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (5)	<i>Employees</i>							<i>Self-employed</i>							<i>Members of the public</i>							
	<i>Agriculture, hunting, forestry and fishing (2)</i>	<i>Extractive and utility supply industries (3)</i>	<i>of which mining: (3)</i>	<i>Manufact- uring industries D</i>	<i>Construc- tion F</i>	<i>Service industries G–Q</i>	<i>Unclasi- fied industries</i>	<i>All industries</i>	<i>Agriculture, hunting, forestry and fishing (2)</i>	<i>Extractive and utility supply industries (3)</i>	<i>Manufact- uring industries D</i>	<i>Construc- tion F</i>	<i>Service industries G–Q</i>	<i>Unclasi- fied industries</i>	<i>All industries</i>	<i>Agriculture, hunting, forestry and fishing (2)</i>	<i>Extractive and utility supply industries (3)</i>	<i>Manufact- uring industries D</i>	<i>Construc- tion F</i>	<i>Service industries (4) G–Q</i>	<i>Unclasi- fied industries</i>	<i>All industries</i>
	<i>A, B</i>	<i>C, E</i>	<i>(3)</i>	<i>D</i>	<i>F</i>	<i>G–Q</i>			<i>A, B</i>	<i>C, E</i>	<i>D</i>	<i>F</i>	<i>G–Q</i>			<i>A, B</i>	<i>C, E</i>	<i>D</i>	<i>F</i>	<i>G–Q</i>		
1971	48	..	72	..	201	..	..	780	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1972	(three year	..	64	..	190	..	..	669	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1973	average)	..	80	..	231	..	..	763	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1974	33	..	48	..	166	..	..	651	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1975	34	..	64	..	182	..	..	620	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1976	41	..	50	..	156	..	..	584	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1977	32	..	40	..	130	..	..	524	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1978	25	..	63	..	121	..	..	499	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1979	34	..	46	..	119	..	..	492	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1980	24	..	42	..	128	..	..	440	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(6) 1981	31	54	35	123	105	102	26	441	26	—	6	11	10	1	54	13	3	5	12	38	..	71
1982	27	77	38	137	100	117	14	472	22	—	2	18	6	—	48	17	1	5	13	47	..	83
1983	29	48	30	18	118	111	24	448	26	1	9	22	7	—	65	9	6	7	11	52	..	85
1984	29	48	19	142	100	105	14	438	25	—	5	17	13	—	60	7	23	3	7	61	4	105
1985	20	46	25	124	104	99	7	400	44	—	—	22	5	—	71	11	17	5	13	110	3	159
(7) 1986–87	27	30	18	109	99	80	10	355	17	—	1	26	8	—	52	16	7	5	14	43	7	92
1987–88	21	33	13	99	103	96	9	361	31	—	5	40	8	—	84	10	2	—	15	82	4	113
1988–89	21	203	19	94	101	109	1	529	25	2	7	36	10	—	80	15	2	4	14	84	2	121
1989–90	23	31	19	108	100	108	—	370	30	—	7	54	14	—	105	12	4	3	11	176	—	206
1990–91	25	27	12	88	96	110	—	346	27	—	10	28	22	—	87	15	3	4	9	108	—	139
1991–92	18	35	11	64	83	97	—	297	32	1	7	17	14	—	71	5	2	2	6	90	—	105
1992–93	21	29	6	53	70	103	—	276	19	—	3	26	15	—	63	12	2	—	5	94	—	113
1993–94	16	17	7	59	75	78	—	245	22	—	3	16	10	—	51	3	1	1	6	96	—	107
1994–95	14	4	2	46	58	69	—	191	32	1	8	25	15	—	81	5	4	2	5	88	—	104
1995–96	20	18	5	42	62	67	—	209	20	—	1	17	11	—	49	5	3	—	3	75	—	86
(8) 1996–97	20	9	2	53	66	59	—	207	35	—	6	24	15	—	80	9	3	1	3	351	—	367
1997–98	20	17	3	54	58	63	—	212	20	1	7	22	12	—	62	11	1	1	6	374	—	393
1998–99	16	10	3	63	47	52	—	188	30	1	6	18	10	—	65	9	2	—	3	355	—	369
1999–00	13	6	—	38	61	44	—	162	23	1	3	20	11	—	58	8	2	4	6	416	—	436
2000–01	13	8	—	46	73	73	—	213	33	—	4	32	10	—	79	7	3	2	8	424	—	444
2001–02	20	14	1	47	60	65	—	206	19	—	1	20	5	—	45	2	3	3	5	380	—	393
2002–03p	16	3	—	41	57	65	—	182	20	—	1	14	9	—	44	3	3	—	5	381	—	392

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1981—1990–91; SIC 1992 for 1991–92—2002–03p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996–97. NB Figures in mining column are coal mining fatalities only.

(4) From 1996–97, includes fatalities to members of the public (including suicides and trespassers) which were previously reported under railway legislation.

(5) Injuries at work to employees and self-employed persons and members of the public injured as a result of someone else's work activity reported under various pieces of legislation, but chiefly the 1961 Factories Act for the calendar year prior to 1981. Figures from 1971—1980 were reported to HM Factories Inspectorate; Figures from 1971—1985 are on a calendar year basis. Figures from 1986–87 onwards are based on a planning year 1 April–31 March.

(6) 1981–85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.

(7) 1986–87—1995–96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(8) 1996–97—2002–03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

.. Not available

Table 3

FATAL INJURY RATES (PER 100,000) AS REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1981—2002–03p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (5)	<i>Employees</i>						<i>Self-employed</i>					
	<i>Agriculture, hunting, forestry and fishing (2)</i> A, B	<i>Extractive and utility supply industries (3)</i> C, E	<i>Manufacturing industries</i> D	<i>Construction</i> F	<i>Service industries</i> G–Q	<i>All industries</i> 2.1	<i>Agriculture, hunting, forestry and fishing (2)</i> A, B	<i>Extractive and utility supply industries (3) (4)</i> C, E	<i>Manufacturing industries</i> D	<i>Construction</i> F	<i>Service industries</i> G–Q	<i>All industries</i> 2.6
(6) 1981	8.8	7.8	2.0	9.7	0.8	2.1	10.4	..	4.1	2.8	0.8	2.6
1982	7.8	11.5	2.4	9.7	0.9	2.3	8.9	..	1.4	4.5	0.5	2.3
1983	8.6	7.5	2.2	11.6	0.8	2.2	10.6	..	6.0	5.4	0.5	3.0
1984	8.8	7.9	2.7	9.8	0.8	2.1	10.0	..	2.8	3.7	0.8	2.5
1985	6.1	8.0	2.4	10.5	0.7	1.9	17.7	..	—	4.7	0.3	2.8
(7) 1986–87	8.6	5.8	2.1	10.2	0.6	1.7	6.9	..	0.5	5.3	0.5	2.0
1987–88	6.8	6.7	1.9	10.3	0.7	1.7	12.7	..	2.0	7.4	0.5	3.0
1988–89	7.0	42.7	1.8	9.9	0.7	2.4	10.3	..	2.7	6.1	0.5	2.7
1989–90	8.1	6.9	2.1	9.4	0.7	1.7	12.3	..	2.5	7.5	0.7	3.3
1990–91	9.0	6.1	1.8	9.3	0.7	1.6	10.9	..	3.7	3.9	1.1	2.7
1991–92	6.7	7.4	1.5	8.8	0.6	1.4	13.0	..	2.8	2.5	0.7	2.3
1992–93	7.1	9.0	1.4	7.8	9.7	1.3	7.9	..	1.1	3.6	0.8	2.0
1993–94	5.3	6.1	1.6	8.9	0.5	1.2	9.9	..	1.1	2.1	0.5	1.6
1994–95	4.8	1.6	1.2	6.9	0.4	0.9	12.9	..	3.2	3.2	0.8	2.5
1995–96	7.8	8.0	1.1	7.7	0.4	1.0	8.3	—	0.4	2.2	0.6	1.5
(8) 1996–97	7.6	4.2	1.3	8.2	0.4	0.9	14.3	—	2.3	3.0	0.7	2.3
1997–98	6.7	7.9	1.3	5.7	0.4	0.9	8.7	10.3	2.7	3.1	0.5	1.8
1998–99	5.4	4.7	1.6	4.4	0.3	0.8	15.0	13.0	2.2	2.8	0.4	1.9
1999–00	4.5	3.1	1.0	5.5	0.2	0.7	13.0	13.7	1.2	3.2	0.5	1.7
2000–01	4.7	4.6	1.2	6.5	0.4	0.9	19.0	—	1.8	5.0	0.4	2.4
2001–02	7.9	6.9	1.3	5.3	0.3	0.8	11.0	—	0.4	2.9	0.2	1.3
2002–03p	7.2	1.5	1.2	5.2	0.3	0.7	12.9	—	0.5	2.0	0.4	1.3

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1981—1990–91; SIC 1992 for 1991–92—2002–03p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996–97.

(4) Employment data for self-employed people in extractive and utility supply industries are not available before 1995–96 and rates cannot be calculated.

(5) Figures from 1981—1985 are on a calendar year basis. Figures from 1986–87 onwards are based on a planning year 1 April–31 March.

(6) 1981–85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.

(7) 1986–87—1995–96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(8) 1996–97—2002–03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

.. Not available

Table 4
MAJOR INJURIES REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1981—2002-03p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (5)	Employees							Self-employed							Members of the public							
	Agriculture, hunting, forestry and fishing (2)	Extractive and utility supply industries (3)	Manufacturing industries	Construction	Service industries	Unclassified	All industries	Agriculture, hunting, forestry and fishing (2)	Extractive and utility supply industries (3)	Manufacturing industries	Construction	Service industries	Unclassified	All industries	Agriculture, hunting, forestry and fishing (2)	Extractive and utility supply industries (3)	Manufacturing industries	Construction	Service industries (4)	Unclassified	All industries	
	A, B	C, E	D	F	G-Q			A, B	C, E	D	F	G-Q			A, B	C, E	D	F	G-Q			
(5) 1981	165	1,129	4,184	1,690	4,687	461	12,316	21	—	8	40	22	—	91	25	6	22	36	5,446	74		5,609
1982	147	1,157	4,133	1,950	4,488	411	12,286	30	—	21	51	25	—	127	13	11	40	33	5,425	96		5,618
1983	200	1,102	4,308	2,178	4,275	390	12,453	25	1	18	57	13	—	114	31	8	59	66	6,055	112		6,331
1984	272	562	4,758	2,288	4,185	429	12,494	30	1	31	70	12	—	144	25	33	56	75	6,380	110		6,679
1985	233	997	4,866	2,239	4,458	382	13,175	43	—	17	113	33	—	206	44	26	49	78	6,640	102		6,939
(6) 1986-87	429	1,718	7,378	2,736	8,057	377	20,695	72	5	89	443	80	1	690	58	30	65	162	14,214	46		14,575
1987-88	498	1,397	7,233	2,767	7,936	226	20,057	91	6	100	561	105	4	867	59	17	57	153	12,390	204		12,880
1988-89	451	1,262	7,800	2,907	7,810	134	19,944	132	5	134	753	124	4	1,152	89	29	57	132	12,123	184		12,614
1989-90	403	1,140	7,365	3,180	8,189	119	20,396	102	6	132	927	138	5	1,310	65	16	24	113	11,119	41		11,378
1990-91	443	1,061	794	2,907	8,514	177	19,896	115	13	129	931	119	19	1,326	50	22	39	123	9,699	48		9,981
1991-92	404	1,000	5,738	2,583	7,651	221	17,597	77	22	119	729	126	28	1,101	54	13	33	148	10,705	56		11,009
1992-93	424	825	5,292	2,061	8,037	299	16,938	110	18	121	684	139	43	1,115	48	27	52	104	10,341	97		10,669
1993-94	444	657	5,265	1,806	8,136	397	16,705	135	14	105	768	202	50	1,274	74	14	52	116	11,190	106		11,552
1994-95	420	481	5,304	1,872	8,557	407	17,041	94	11	137	755	223	93	1,313	64	15	73	121	12,272	97		12,642
1995-96	408	508	5,146	806	8,110	590	16,568	68	17	135	671	165	110	1,166	59	7	91	117	12,771	189		13,234
(7) 1996-97	678	679	8,235	3,227	15,145	—	27,964	100	15	111	827	303	—	1,356	192	40	153	405	34,904	—		35,694
1997-98	671	608	8,770	3,860	15,278	—	29,187	74	76	94	466	105	—	815	178	29	142	339	27,925	—		28,613
1998-99	605	521	8,137	4,289	14,816	—	28,368	74	34	96	367	114	—	685	196	32	140	378	23,054	—		23,800
1999-00	652	467	7,973	4,386	15,174	—	28,652	74	39	65	363	122	—	663	192	50	164	403	24,250	—		25,059
2000-01	595	467	7,408	4,303	14,751	—	27,524	60	5	51	405	109	—	630	147	39	91	316	20,243	—		20,836
2001-02	601	455	7,080	4,055	15,820	—	28,011	94	4	100	540	191	—	929	138	44	84	381	14,187	—		14,834
2002-03p	601	422	6,809	4,098	16,496	—	28,426	67	12	100	682	204	—	1,065	90	39	71	259	12,187	—		12,646

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1981—1990-91; SIC 1992 for 1991-92—2002-03p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996-97.

(4) Figures from 1981—1985 are on a calendar year basis. Figures from 1986-87 onwards are based on a planning year 1 April-31 March.

(5) 1981-85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.

(6) 1986-87—1995-96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(7) 1996-97—2002-03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

.. Not available

Table 5

MAJOR INJURY RATES (PER 100,000) AS REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1981—2002-03p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (5)	<i>Employees</i>						<i>Self-employed</i>					
	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>All industries</i>	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) (4) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>All industries</i>
(6) 1981	46.9	162.2	68.8	155.6	35.8	57.8	8.4	..	5.5	10.3	1.7	4.4
1982	42.3	173.1	72.3	188.5	34.4	59.0	12.1	..	14.2	12.8	1.9	6.0
1983	59.1	173.1	79.6	213.2	32.4	60.5	10.2	..	12.0	13.9	1.0	5.3
1984	82.2	92.7	89.6	225.2	31.0	60.1	12.0	..	17.1	15.1	0.8	5.9
1985	71.2	173.7	92.3	225.8	32.2	62.7	17.3	..	8.3	24.1	2.0	8.1
(7) 1986-87	136.5	330.3	145.0	282.7	57.5	99.1	29.0	..	42.6	91.0	4.9	26.9
1987-88	162.0	281.9	142.0	276.5	54.9	94.0	37.1	..	40.7	103.5	5.9	31.0
1988-89	151.3	265.6	143.7	285.9	52.5	91.4	54.3	..	52.1	127.0	6.8	39.4
1989-90	141.9	253.2	144.4	298.8	53.4	91.8	42.0	..	47.1	128.4	7.1	41.2
1990-91	160.3	239.9	136.1	281.5	55.3	89.9	46.6	..	47.6	129.7	6.0	41.2
1991-92	150.0	223.2	128.8	272.4	49.7	81.7	31.2	..	45.2	112.5	6.7	35.9
1992-93	144.2	255.6	136.2	230.4	51.2	80.3	45.6	..	45.0	93.7	7.4	35.8
1993-94	147.1	235.5	138.6	214.4	51.3	79.3	60.8	..	39.3	102.5	10.7	40.6
1994-95	142.6	194.6	138.9	221.2	53.5	80.4	37.8	..	55.0	97.2	11.4	40.4
1995-96	158.6	225.9	130.5	224.0	50.1	77.1	28.3	220.8	55.6	85.3	8.4	36.0
(8) 1996-97	256.9	315.1	206.4	403.0	90.8	127.5	40.9	211.7	41.7	104.0	13.7	38.4
1997-98	223.3	282.7	216.1	382.3	88.4	127.6	32.3	780.8	35.7	65.4	4.6	23.3
1998-99	205.6	246.8	201.5	402.7	83.7	121.7	36.9	441.5	35.2	56.5	5.1	20.3
1999-2000	224.4	244.1	204.1	395.9	79.5	116.6	41.8	532.7	25.9	57.7	5.3	19.7
2000-01	213.9	267.0	194.2	380.9	75.3	110.2	34.5	67.2	22.9	62.7	4.9	19.2
2001-02	238.5	222.9	194.9	356.1	79.0	110.9	54.4	41.4	44.4	79.5	8.5	27.8
2002-03p	269.7	211.7	195.5	374.8	81.9	113.0	43.2	140.7	45.0	98.0	9.0	31.9

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1981—1990-91; SIC 1992 for 1991-92—2002-03p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996-97.

(4) Employment data for self-employed people in extractive and utility supply industries are not available before 1995-96 and rates cannot be calculated.

(5) Figures from 1981—1985 are on a calendar year basis. Figures from 1986-87 onwards are based on a planning year 1 April—31 March.

(6) 1981-85 reported under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR) 1980.

(7) 1986-87—1995-96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(8) 1996-97—2002-03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

.. Not available

Table 6
OVER 3 DAY INJURIES REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1986–87—2002–23p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (4)	<i>Employees</i>							<i>Self-employed</i>						
	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>Unclassified</i>	<i>All industries</i>	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) (4) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>Unclassified</i>	<i>All industries</i>
(5) 1986–87	1,043	19 621	54,046	16,468	65,958	1,875	159,011	108	8	99	704	104	6	1,029
1987–88	1,349	15,798	52,734	16,622	69,085	4,264	159,852	117	10	122	763	156	1	1,169
1988–89	1,473	13,728	56,141	16,597	71,268	3,912	163,119	142	10	128	969	245	9	1,503
1989–90	1,496	11,684	60,006	17,177	74,405	476	165,244	130	21	148	1,310	251	5	1,865
1990–91	1,318	10,256	56,403	16,689	75,344	801	160,811	104	20	146	1,954	226	27	2,077
1991–92	1,423	8,545	52,046	14,998	74,271	1,223	152,506	118	63	140	1,231	232	48	1,832
1992–93	1,420	6,672	47,358	11,428	72,577	1,692	141,147	126	36	164	1,291	474	45	2,136
1993–94	1,316	4,932	44,142	9,497	72,918	2,123	134,928	87	22	185	1,576	573	88	2,531
1994–95	1 301	3,923	45,594	9,642	76,681	2,208	139,349	100	28	218	1 532	846	145	2,869
1995–96	1,279	3,173	42,097	8,305	72,465	3,263	130,582	94	14	204	1,390	498	194	2,394
(6) 1996–97	1,457	3,023	40,005	8,637	74,164	-	127,286	57	16	154	1,029	1,026	-	2,282
1997–98	1,334	3,188	41,648	9,756	78,863	-	134,789	48	151	94	509	182	-	984
1998–99	1,258	2 845	39,168	9,195	79,829	-	132,295	40	129	96	381	203	-	849
1999–2000	1,415	2,401	39,370	10,159	82,036	-	135,381	41	110	90	345	146	-	732
2000–01	1,372	2,369	38,105	9,367	82,892	-	134,105	26	6	82	429	172	-	715
2001–02	1,559	2,252	34,970	9,100	81,774	-	129,655	38	9	64	595	211	-	917
2002–03p	1,309	1,847	32,550	8,657	81,641	-	126,004	24	5	89	608	202	-	928

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1986–87—1990–91; SIC 1992 for 1991–92—2002–3p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996/97.

(4) Figures are based on a planning year 1 April—31 March.

(5) 1986–87—1995–96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(6) 1996–97—2002–03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

Table 7

OVER-3-DAY INJURY RATES (PER 100,000) AS REPORTED TO ALL ENFORCING AUTHORITIES BY INDUSTRY 1986–87—2002–03p

STANDARD INDUSTRIAL CLASSIFICATION (SIC) (1)

Section Year (5)	<i>Employees</i>						<i>Self-employed</i>					
	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>All industries</i>	<i>Agriculture, hunting, forestry and fishing (2) A,B</i>	<i>Extractive and utility supply industries (3) (4) C,E</i>	<i>Manufacturing industries D</i>	<i>Construction F</i>	<i>Service industries G-Q</i>	<i>All industries</i>
(6) 1986–87	331.7	3,771.8	1,061.9	1,701.8	471.1	761.1	43.5	..	47.4	144.6	6.4	40.1
1987–88	438.7	3,188.3	1,035.5	1,660.9	478.1	748.9	47.8	..	45.5	140.8	8.8	41.4
1988–89	494.1	2,889.5	1,093.1	1,632.3	478.6	747.7	58.4	..	49.8	163.4	13.4	51.4
1989–90	526.8	2,595.3	1,176.5	1,614.2	485.4	743.4	53.3	..	52.9	181.4	13.0	58.6
1990–91	477.0	2,318.8	1,130.3	1,616.2	489.5	726.5	42.1	..	53.9	216.4	11.4	64.5
1991–92	528.2	1,965.1	1,158.3	1,588.7	482.9	708.5	47.8	..	55.2	190.0	12.4	64.5
1992–93	483.0	2,066.9	1,219.0	1,277.6	462.3	669.0	52.3	..	61.0	176.8	25.4	68.5
1993–94	436.1	1,767.7	1,162.1	1,127.4	459.9	640.2	39.2	..	69.3	210.4	13.3	80.7
1994–95	441.8	1,587.0	1,193.7	1,139.4	479.4	657.2	40.2	..	87.6	197.2	43.1	88.4
1995–96	497.3	1,411.5	1,067.4	1,030.3	447.5	607.4	39.2	181.8	84.0	176.6	25.4	73.8
(7) 1996–97	552.0	1,402.8	1,002.8	1,078.6	444.9	580.1	23.3	225.8	57.9	129.4	46.4	64.6
1997–98	443.9	1,482.6	1,026.1	966.3	456.1	589.2	20.9	1,551.3	35.7	71.4	8.0	28.1
1998–99	427.5	1,347.9	969.8	863.4	450.8	567.3	20.0	1,675.1	35.2	58.7	9.1	25.2
1999–2000	487.0	1,254.9	1,007.9	917.0	430.0	550.9	23.2	1,502.5	35.9	54.9	6.4	21.8
2000–01	493.3	1,354.7	998.8	829.2	423.4	536.9	14.9	80.7	36.8	66.4	7.7	21.8
2001–02	618.7	1,103.4	962.6	799.1	408.5	513.5	22.0	93.1	28.4	87.6	9.4	27.5
2002–03p	587.5	926.4	934.7	791.9	405.2	501.1	15.5	58.6	40.1	87.4	8.9	27.8

(1) Standard Industrial Classification of Economic Activities: SIC 1980 for 1986–87—1990–91; SIC 1992 for 1991–92—2002–03p.

(2) Excludes sea fishing.

(3) Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, before 1996–97.

(4) Employment data for self-employed people in extractive and utility supply industries are not available before 1995–96 and rates cannot be calculated.

(5) Figures are based on a planning year 1 April—31 March.

(6) 1986–87—1995–96 reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

(7) 1996–97—2002–03p reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

p Provisional

.. Not available