

PSA 1. Reduce the incidence rate of fatal and major injury incidents by 10% by 2010 and achieve a 5% reduction by 2004/5.**How the target is measured:**

This target is measured using the sum of two indicators: the worker rate of fatal injury and the employee rate of major injury uprated by the estimated reporting level for employee injuries. The baseline is an incidence rate of 263.2 fatal and major injury accidents per 100,000 workers. Progress against this target is assessed from trends estimated in statistical models for the indicator series in the ten-year period.

Model of Causality:

The incidence rate of fatal and major injuries is primarily affected by the high rate of major injury in the construction sector (particularly due to falls from height and slips and trips). Both the sector and the two hazard types are subject to individual priority programmes for HSE action.

PSA 2. Reduce the number of working days lost per 100 000 workers from work related injury and ill-health by 30% by 2010 and achieve reductions of 15% by 2004 and Y% by 2006 (yet to be agreed with DWP)**How the target is measured:**

Progress against this target will be judged by integrating data from several sources. The SWI for 2001/02 estimates 32.9million working days were lost from work-related illness. This is much higher than previous estimates (in part due to technical differences). In 2000/01 an estimated 7.3 million working days were lost through workplace injury. The combined estimate of total days lost per year in 2000/02 is 40.2million.

Model of Causality:

The number of working days lost is primarily affected by cases of ill health (32.9 of the total 40.2 working days lost annually). The most common causes of sickness absence are stress and musculoskeletal disorders (accounting for 13.4 and 12.3 million days respectively). These illnesses are a particular problem in the health services. The construction industry loses a large number of working days due to high incidence of asbestos-related diseases, hand-arm vibration, dermatitis and hearing loss.

PSA 3. Reduce the incidence rate of cases of work related ill health by 20% by 2010 and achieve a 10% reduction by 2004 and a Z% reduction by 2006 (to be agreed with DWP)**How the target is measured:**

Progress against this target is judged by integrating data from several sources. At present, estimates of the overall incidence of work related ill health come from self-reporting surveys (SWI). Since there was no SWI survey in 1999/2000, the SWI 2001/02 estimates are closest to the base year and will represent the baseline for this source. The baseline for this target is 2200 cases of work related ill health per 100,000 people employed

In addition to the SWI, HSE will make full use of a range of other data sources to measure progress with this target including the Occupational Disease Intelligence Network (ODIN), Industrial Injuries Scheme (IIS) information, RIDDOR and Death Certificates.

Model of Causality:

See PSA 2 for an explanation of types of illnesses and industry sectors having the greatest effect on the national totals.

Delivery strategy to achieve objectives

- **Work on HSC's eight priority programmes**
- **Topic based inspections carried out by HSE's Field Operations Directorate (FOD)**, concentrating upon the other priority areas and sectors and other hazards and sectors, which will have an impact on the PSA indicators.
- **Engagement of external stakeholders** - motivating them to help us deliver the PSA targets.
- **Working with the public sector (the ninth priority programme)** to ensure it leads by example on management of health and safety.
- **Working with other Government departments on shared agendas.**
- **Cross-industry initiatives focussed on changing attitudes towards management of health and safety** - these include:
 1. The challenge to the top 350 companies;
 2. Co-operation with the insurance industry; and
 3. Corporate governance;
 4. Effective involvement of workers.
- **Exploitation of opportunities, presented by HSC's statutory and mandatory activities, to contribute towards the target** (e.g. the Revitalising and Securing Health Together strategies, work with small firms, provision of information and advice, research...)

Key assumptions

Success in the other major areas of HSE work, in particular regulating major hazard industries ensures that resource is not diverted from delivery of this target into more urgent work (such as investigating a major incident or dealing with a new political imperative).

Major players, local authorities and other government departments are engaged and deliver their contribution both as employers and procurers of services

Local authorities as regulators and employers deliver a significant contribution to the targets by focussing on the priority hazard topics.

Stakeholders are successfully engaged to deliver their contribution and other government policies do not introduce adverse incentives to improving health and safety.

The socio-economic environment does not change in such a way as to introduce significant new risks to health and safety from work activities.

Delivery

PSA 1 - "fatal and major injuries" – Key Requirements for achieving this target are:					
Responsibility	Requirement	Target/assumptions for 2004/5	Assumed impact on PSA target by 2004/5	Status	
				Last Q	This Q
Construction	Deliver programme	40%	6.15% (123% of target)		*
Agriculture,	Deliver programme	5%	0.1 (2% of target)		
Health services	Deliver programme	5%	0.25% (5% of target)		
Government setting an example	To set and deliver challenging targets for health and safety	Target not yet set for this workstream	Contribution not yet quantified Project being Developed by HSSD/DWP		
Total			6.5% (130% of target)		

PSA 2 "days lost" – Key Requirements for achieving this target are:					
Responsibility	Requirement	Target/assumption for 2004/5	Assumed impact on PSA target by 2004/5	Status	
				Last Q	This Q
Construction	Deliver programme	20%	1.65% (11% of target)		*
Health services	Deliver programme	15%	2.25% (15% of target)		
Agriculture	Deliver programme	No target set	Contribution not quantified		
Government setting an example	To set and deliver challenging targets for health and safety	Target not yet set for this workstream	Contribution not yet quantified Project being Developed by HSSD/DWP but most significant for priority programme health topics		
Total			3.9% (26% of target)		

PSA 3 – Key Requirements for achieving this target are:					
Responsibility	Requirement	Target/assumptions for 2004/5	Assumed impact on PSA target by 2004/5	Status	
				Last Q	This Q
Construction	Deliver programme	20%	1.5% (15% of target)		*
Health services	Deliver programme	10%	1.5% (15% of target)		
Agriculture	Deliver programme	No target set	Contribution not quantified		
Government setting an example	To set and deliver challenging targets for health and safety	No target yet set for this workstream	Contribution not yet quantified Project being Developed by HSSD/DWP but most significant for musculoskeletal disorders and stress		
Total			3.0% (30% of target)		

Notes

Construction assess that taking all elements into consideration - the slight slippage in delivering the milestones and the slippage in the progress with the major workstreams, an amber is appropriate at the six month stage for their programme. Staff shortages are cited as the main cause of the slippage, and this is being addressed. It is anticipated that the position will improve by the year-end.

Government setting an example: Little real or positive progress made during last quarter although process of laying foundations continues somewhat. Programme Board (expected to convene Oct) now being arranged for December; with the consequence that there may be little to report again in 3rd quarter.

Progress against Proxy/Surrogate Indicators

Construction

Indicator 1: Number of construction workers holding Construction Skills Certification Scheme (CSCS) cards: Over 544,000 cards issued, exceeds the target level of 540,000.

Indicator 2: Number of articles that appeared in 5 key trade publications that deal with Construction Priority Programme issues 180 mentions against 160 projected – 110 in second quarter Media interest in reporting health and safety remains high and supportive messages predominate. 90% of the articles mentioning HSE are positive or neutral.

Indicator 3: *Number of Improvement Notices (I/Ns) issued* - 407 issued (against 400 predicted – 230 issued in 2nd quarter) - position successfully recovered.

Indicator 4: *Attendance at SHADs* – 1980 SME delegates against 1400 predicted, 11 of 20 planned SHADs held, also 5 high risk SHADs and one designer day event held.

Indicator 5: *Development of strategic inspection plans* – 42 inspection plans received (35 predicted)

SUMMARY: ALL INDICATORS ON OR ABOVE TARGET

Agriculture

Indicator 1: *Safety Awareness Days* – 2877 self-employed farmers attended against a target of 2100

Indicator 2: *Enforcement notices* – 1100 issued (1031 for the first quarter of 2002/03)

Indicator 3: *Influence of safety through machinery design.*– 2 planned visits delayed, manufacturers subject to enforcement by field. Plans to bring target back on track in Q3.

Indicator 4: *Pilot of predicted in-year worker fatal injury rate tool* – tool developed, will be tested in third quarter.

SUMMARY:

- SADs : ABOVE TARGET;
- ENFORCEMENT NOTICES: EQUAL TO THIS TIME LAST YEAR
- SAFETY BY DESIGN :NOT MET

Health Services

Indicator 1: *Trends in reportable incidents of manual handling* - HSE's databases will not allow for in-year reporting of manual handling incidents this year, we expect it to be available next year. Additional indicators being developed e.g. based on risk management audits of NHS trusts and assessments by NHS Litigation Authority.

Indicator 2: *Progress on key stakeholder engagements:* On track. Stakeholder engagement activity has taken place against all the published milestones for this quarter.

Indicator 3: *Summary of key output data from HSE field force:* On Track. The level of activity would indicate that the targets for Trust inspections and nursing homes will be well exceeded. The work on Primary Care Trust inspections is behind target, the work programme will be reviewed to re-balance the effort to ensure year end targets are achieved.

SUMMARY:

- MANUAL HANDLING INCIDENT INDICATOR NOT AVAILABLE
- STAKEHOLDER ENGAGEMENT ACTIVITY ACHIEVED;
- LEVEL OF OPERATIONAL ACTIVITY GOOD.

Government as exemplar

Plans and indicators are still being developed for this recently devised Priority Programme.
Progress is slow.