Version 7

Delivery Plan

5

Introduction

Document description

This document sets out existing and proposed policies and other measures to deliver DWP's workplace health and safety Public Service Agreement.

Description of target

PSA 5 is:

> **"By 2008 improve health and safety outcomes in Great Britain through progressive improvement in the control of risks in the workplace."**

We will measure progress against the following targets. These are grouped under the two main areas of HSC/E's work:

i. *Conventional health and safety* - Achieve by 2007/08 (against a 2004/05 baseline):
   - A 3% reduction in the incidence rate of work-related fatal and major injuries;
   - A 6% reduction in the incidence rate of work-related ill health;
   - A 9% reduction in the number of days lost due to injuries and ill health.

ii. *Major hazards* – Achieve by 2007/08 (against a 2001/02 baseline):
   - A 7.5% reduction in the number of events reported by licence holders, which HSE's Nuclear Installations Inspectorate judges as having the potential to challenge a nuclear safety system;
   - A 45% reduction in the number of major and significant hydrocarbon releases in the offshore oil and gas sector;
   - A 15% reduction in the number of relevant RIDDOR reportable dangerous occurrences in the onshore sector.

Full details on the target are available in the PSA Technical Note. (http://www.hse.gov.uk/aboutus/plans/sr2004.htm).

Purpose of target

There are two key arguments in favour of PSA 5:

- **Social and ethical:** The potential consequences of failing to manage risks to health and safety are intrinsically bad. In 2003/04 alone, there were:
  - 235 work-related fatal injuries to workers;
  - 30,666 reported work-related major injuries to employees;
  - 609,000 new cases of self-reported work-related ill health;
  - 38.6 million working days lost due to work-related injury and ill health.

  If the occupational health and safety PSA targets are delivered, then (using 2003/04 data, as the 2004/05 baselines are not yet available) by 2008 there might be:
  - 900 fewer reported fatal and major injuries
  - 36000 fewer cases of self-reported work-related ill health
  - 3.5 million fewer days lost

  …each year than would otherwise have been the case.

It follows that HSC/E's work to help manage risk and prevents these sorts of incidents must be intrinsically good.

- **Economic:** Control of health and safety risks helps to avoid major costs to individuals, to employers, to the economy and to society. HSE economists estimate that:
  - Occupational health and safety failures cost society £20.0 – 31.8bn in 2001/02.
  - In the same year, occupational health and safety failures cost the Exchequer £2.6 – 6.0bn.

  The existence of 'external' costs (i.e. those borne by the rest of society, rather than by the individual or the employer) provides a case for public regulation of workplace health and safety. HSE estimates that in 2001/02 over 34% of costs of work-related ill health, and over 27% of costs of workplace injuries were borne by the rest of society.

  Effective management of risks to health and safety may lead to financial savings at both the macro and micro economic levels.

Wider delivery

HSC/E's vision is to gain recognition of health and safety as a cornerstone of civilised society and, with that, to achieve a record of workplace health and safety that leads the world. In delivering the vision, we will make important contributions to wider government agendas, such as:

- **Employment:** We will make an important contribution to DWP's aspiration for an 80% employment rate by creating and maintaining safe and healthy workplaces and enhancing the role of employers in reducing the number of people who become ill and don't return to work
- **Health and rehabilitation:** Improving Health in the workplace and helping people manage existing health conditions so they can continue in work is part of DoH's *Choosing Health* agenda. We are also working with DoH and DWP on the 'work and well-being' agenda and the Framework for Vocational Rehabilitation
- **Productivity:** Effective health and safety management is a key contributor to the achievement of the Gershon efficiency targets, and to high performance workplaces (by improving organisations' productivity and ability to deliver).
- **Public service reform:** Our Public Services Programme is driving forward improvements to the public sector's health, safety and sickness absence performance.

See Section Nine for further detail on how we work with others to deliver.

Target owners

DWP	Michael Richardson
HSE	Jonathan Rees (occupational health and safety) Justin McCracken (major hazards)

Strategy owner

HSC	Bill Callaghan

Day to day management

Target	Jane Willis (occupational health and safety) Justin McCracken (major hazards)
Strategy	Peter Buckley
Delivery plan	Mike Lacaille
Translation table	

Section One: Background

Background

In 2000, The Health and Safety Commission (HSC) and the Government published the Revitalising Health and Safety (RHS) Strategy[1]. This included three national targets to improve health and safety outcomes by 2010. The RHS mid-point targets (to 2004/05) were adopted as a PSA for SR2000.

The Government did not set a health and safety PSA as a result of the SR2002 process. Instead, HSC/E agreed 'shadow' targets with the then Minister for Work (Nick Brown). These were based on the RHS indicators and indicators of risk control in key major hazard industries.

The PSA for SR2004 reflects HSC/E's mission to protect people's health and safety by ensuring risks in the changing workplace are properly controlled. It includes targets for both conventional health and safety (derived from the RHS indicators) and the major hazards industries (nuclear, offshore and onshore), and also highlights the impact of HSC/E's activities on the control of risks in the workplace.

Section Two: Governance

Strategic management

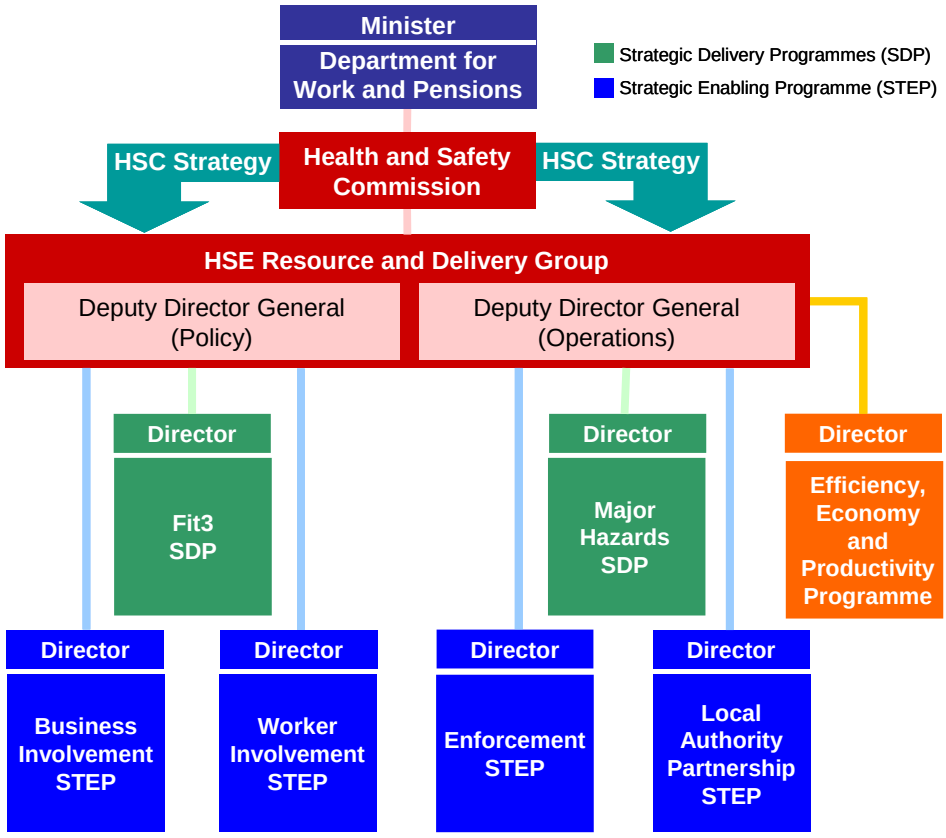


Figure 1 – Governance of HSE's Strategic Programmes

[1] http://www.hse.gov.uk/revitalising/strategy.htm

The Health and Safety Commission sets the direction for HSE's decision-making and the overarching framework, within which HSE plans to deliver the targets.

HSE's **Resource and Delivery Group** (RDG) comprises the three members of the Executive, the Finance Director, Chief Scientist and the head of DWP's Work, Welfare and Poverty Division (the PSA owner). It manages the portfolio of programmes, to ensure that HSE progresses towards the PSA target and implementation of the Strategy. The RDG ensures a sound financial position, oversees the Efficiency, Economy and Productivity Programme, monitors risks to delivery and holds Strategic Programme Directors to account for operational, financial and efficiency targets.

The **HSE Board,** which includes all HSE Heads of Directorates, also plays an important role in decision making, monitoring overall business risks and managing corporate performance.

Strategic Programmes are HSC/E's main agent for delivering health and safety outcomes to achieve the PSA. Four Strategic Enabling Programmes support two Strategic Delivery Programmes (which contain a number of component programmes) – see Fig. 1 above. Through programme and project working, clear lines of personal accountability have been established for programme managers and Strategic Programme Directors.

There is further detail on the Strategic Programmes in Section Four.

Consultation

In preparing this plan, we have consulted key internal stakeholders (RDG members, Strategic Programme teams, etc.) and also with DWP colleagues.

HSC's Workplace Strategy (the delivery strategy for this PSA) was the subject of extensive consultation with the public and key stakeholders.

The Strategic Programmes have consulted more widely, with internal and external stakeholders, in preparing their plans. Further detail on consultation is available in the individual Strategic Programme plans.

Section Three: Strategy

Strategy overview

In 2004, the Health and Safety Commission launched *A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*[2]. This document represents HSC's aims for the health and safety system and sets the framework for HSE's plans to deliver the PSA. The Strategy is based upon four strategic themes (and key supporting points):

i. Developing closer partnerships:
- Working with and through others;
- HSE and local authorities working together;
- Rising to the challenge of occupational health.

[2] http://www.hse.gov.uk/aboutus/hsc/strategy.htm

ii. **Helping people to benefit from effective health and safety management and a sensible health and safety culture:**
   - Understanding the benefits of health and safety;
   - Involving the workforce;
   - Providing accessible advice and support.

iii. **Focussing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health:**
   - Being clear about our priorities;
   - An evidence-based interventions strategy;
   - Continuing to enforce where appropriate.

iv. **Communicating the vision:**
   - Communicating effectively.

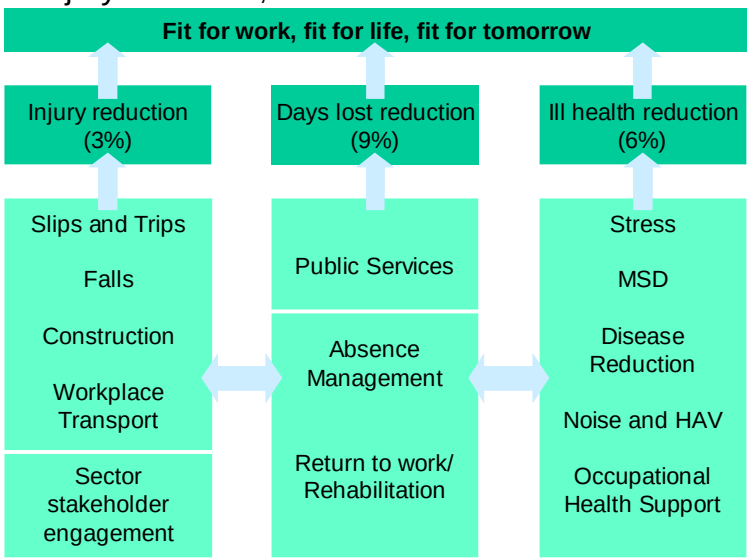
The Health and Safety Commission's Business Plan for 2005/06 – 2007/08 sets out the action HSE will take to implement the HSC Strategy and thereby deliver the PSA. It explains how HSE will continually review its priorities and refocus its resources on finite programmes of work to deliver the PSA outcomes, and emphasises HSC/E's strategic priorities for the SR2004 PSA period:

- Focusing much more on work-related health;
- Improving out impact by working through others, both businesses and workers;
- Using communication more effectively;
- Maintaining our work on major hazards as a high priority.

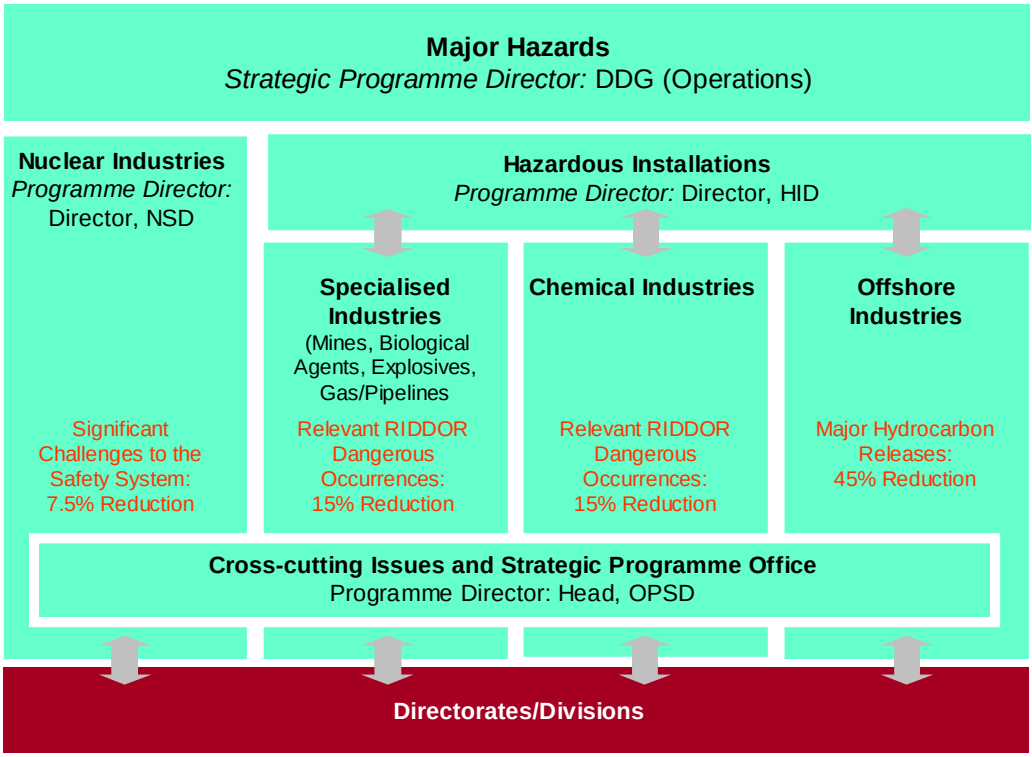
Section Four: Delivery Actions

The Strategic Programmes

The Fit for Work, Fit for Life, Fit for Tomorrow (Fit3) Strategic Delivery Programme is based on analysis of injury and ill health generation across known hazard and sector hotspots in businesses, large and small. It contains three main blocks, aligned with the three conventional health and safety components of the PSA (i.e. injury reduction, ill-health reduction and reduction in days lost). By aligning our activity in this way, Fit3 is best placed to deliver the targets. HSE's Field Operations Directorate (FOD) will support all three work blocks through a mixture of specific projects and topic-based inspection. Further delivery will be effected through working with local authorities and stakeholders.



The Major Hazards Strategic Delivery Programme encompasses activity within three main industry groups (nuclear, chemicals and offshore oil & gas) plus the specialised major hazard industries (mines, explosives, onshore gas & pipelines and biological agents). The programme is focussed on reducing the likelihood of catastrophic incidents in these industries, all of which have the potential to harm substantial numbers of people should an incident occur. Consequently they are subject to more intense regulatory oversight than others and all must receive 'approval' from HSE before starting operations. The programme is targeted at identifying and establishing appropriate controls for events (precursor incidents) that could potentially develop into a catastrophic accident. In addition, the 'Cross Cutting Issues' Programme seeks to stimulate initiatives, both within HSE and across industry, which identify, engender and communicate areas of good practice that will impact on the underlying causes of precursor incidents.



The Strategic Delivery Programme will work within the industry sectors to reduce the relevant precursor incidents through targeted interventions. However, it is recognised that these incidents do not provide a complete insight into how well industry is performing in reducing the likelihood of catestrophic events; the programme's approach will therefore also include the expansion of HSE's and industry's ability to tackle the underlying causes of incidents involving major hazards.

There are **four Strategic Enabling Programmes (STEPs)** supporting the two overarching Strategic Delivery Programmes. The STEPs embrace the HSC strategic theme of developing closer partnerships and seek to secure improved health and safety by working with and through local authorities, businesses, other organisations and workers.

The **Local Authorities Partnership Strategic Enabling Programme** aims to establish effective partnership working between HSE and LAs and increase the contribution that LAs and HSE, working together, make towards delivering

improved health and safety outcomes. The programme builds on existing good practice found where HSE and LAs work together by:

- Examining, mapping and promulgating existing good practice
- Negotiating and piloting joint working initiatives for 2005-2008
- Planning and making arrangements for a coordinated intervention strategy that is related to risk
- Influencing, training and supporting those working in new initiatives; and improving and strengthening communications in all areas.

The **Business Involvement Strategic Enabling Programme** will increase significantly the number of organisations in which directors appreciate the business and social benefits of well-managed health and safety, take responsibility and provide the necessary leadership.

The **Worker Involvement Strategic Enabling Programme** will secure better worker involvement in sensible health and safety risk management. This requires changes in attitudes to health and safety, and the role of workers.

The **Enforcement Strategic Enabling Programme** will ensure the effective, efficient and targeted use of prosecution, Crown censure and enforcement notices in delivery of HSC's strategic goals. The STEP will also consider how to promulgate learning from investigations through the prompt sharing of lessons in parallel with bringing duty holders to account.

Key activities

HSE's activities (or interventions) can usually be characterised under one (or more) of the following headings:

- Partnership
- Motivating senior managers
- Supply chain
- Design and supply
- Sector and industry wide initiatives
- Working with those at risk
- Dealing with issues of concern raised and complaints
- Inspection and enforcement
- Intermediaries
- Best practice
- Accident and ill health investigation
- Education and awareness
- Permissioning regimes

Examples of these activities can be found in various combinations in Annex A, under the four 'strategies' designed to deliver the PSA:

- Strategy One: Injury reduction
- Strategy Two: Ill health reduction
- Strategy Three: Working days lost reduction
- Strategy Four: Major hazards

N.B. Although the activities above are classified under specific strategies, we also expect there to be some 'cross-pollination' (e.g. our work on stress is aimed primarily at reducing ill health incidence, but we also expect it to impact on numbers of days lost). Similarly, the work of the Major Hazards Strategic Delivery Programme (Strategy Four) should also have an effect on the conventional health and safety outcomes targeted by Strategies One, Two and Three.

Impact of environmental factors

HSE has commissioned research, which is looking at external factors that affect workplace injuries. We expect the results in September 2005.

Section Five: Baseline Measure

Identification of baseline

Indicator	Baseline year	Value	Reduction by 07/08
Incidence rate per 100,000 workers of fatal and major injuries	2004/05	Data not yet available (expected Nov '05)	3%
Incidence rate per 100,000 workers of work-related ill health	2004/05		6%
Number of working days lost per 100,000 workers due to work-related injury and ill health	2004/05		9%
Number of events reported by licence holders, which HSE's Nuclear Installations Inspectorate judges as having the potential to challenge a nuclear safety system	2001/02	143	7.5%
Number of major and significant hydrocarbon releases in the offshore oil and gas sector	2001/02	113	45%
Number of relevant RIDDOR[3] reportable dangerous occurrences in the onshore sector	2001/02	179	15%

Other measurement issues

For **work-related injuries**, data is gathered from reports made by employers and others under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to estimate the incidence of work-related fatal and major injuries. The Labour Force Survey (LFS) measure of all reportable injury will be used as well as the trend in the rate of reported major and over-3-day injury. This will give a fuller view of work-related injuries.

For **work-related ill health**, data is gathered from Self-reported Work-related Illness (SWI) household surveys and other sources including specialist doctor monitoring schemes, the Industrial Injuries Disablement Benefit (IIDB) compensation data and death certificates.

Estimates of **working days lost** due to work-related injury and ill health come from LFS/SWI surveys.

All the data series listed above are National Statistics and are published on HSE's website, along with an annual progress report each autumn. More details of HSE's technical approach to measuring progress on health and safety outcomes are in the peer-reviewed *Statistical Note on Progress Measurement*[4] published in 2001.

The three measures of occupational health and safety outcomes (described above) are subject to sampling error/statistical uncertainty. To maximise the ability to detect change, the judgement on progress will be based on analysis of movements from all relevant data sources, including indicators of the control of risks in the workplace. We will also use information from the new

[3] *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations*
[4] www.hse.gov.uk/statistics/statnote.pdf

Fit3 Workplace Health and Safety Survey (WHASS), along with data on risk control collected by HSE's inspectors and other indicators for particular hazards/programmes as evidence to support the judgement on progress.

Data on health and safety outcomes cannot be effectively used for quarterly performance reporting as it has high standard errors due to the infrequency of health and safety failures, and in most cases it is only available annually several months in arrears. However, as the Fit3 delivery programmes each aim to improve health and safety outcomes through improving the control of risk in the workplace, improvements in risk control can be used as preliminary indicators of progress. As no administrative data of this type exists, the proposed Fit3 surveys have been designed to deliver the information required by each of the programmes for their performance management and reporting.

The Fit3 surveys will scope current workplace and employee attitudes and behaviours on each of these indicators in the change pathway, to benchmark current levels of awareness and use of control measures. Thereafter, rolling data collection will allow tracking of any change in these measures over the course of the PSA period against each Programme's specific trajectory of intermediate outcomes.

Section Six: Translation Table and Trajectory

Translation table

Responsibility (Strategic Programme)	Requirement	Target/Assumption (% reduction)[5]			Assumed impact on PSA target (%)			Progress	
		05/06	06/07	07/08	05/06	06/07	07/08	Last Q	This Q
Fit for work, fit for life, fit for tomorrow[6]	Fatal and major injuries	***1***	***2***	***3***	*As aside*				
	Work-related ill health	***2***	***4***	***6***					
	Working days lost	***3***	***6***	***9***					
Major Hazards[7]	Onshore precursors	***6***	***9***	***15***	*As aside*				
	Offshore precursors	***34***	***40***	***45***					
	Nuclear precursors	***5.0***	***6.2***	***7.5***					

Trajectories

Please see Annex B

Section Seven: Assumptions and Risks

Assumptions

- HSE will not have to divert resource from delivery of the PSA into more urgent work (such as investigating a major incident or dealing with a new political imperative).

[5] For the occupational health and safety indicators, the translation table shows steady, linear progress through the PSA period. It is unlikely that this will be the case, but we are unable to provide more accurate trajectories due to issues of statistical uncertainty (see 'Other measurement issues' on p.8) and the difficulties involved in quantifying the impact of HSE's interventions on health and safety outcomes. We hope to re-balance the trajectories as we strengthen our evidence base and impact chains**.** We are currently establishing trajectories based on the ILMs for the component sub-programmes.

[6] Against a 2004/05 baseline

[7] Against a 2001/02 baseline

- Other government policies will not introduce adverse incentives to improving health and safety.
- The socio-economic environment will not change in such a way as to introduce significant new risks to health and safety from work activities.
- Adequate skills available in the marketplace for us to work with and through others
- Our delivery strategy/approach (i.e. Strategic Programmes and chosen delivery actions) is the right one.
- Data underlying PSA delivery strategy/approach is complete, correct and understood

For further detail, see Annex C

Key risks

- Evaluation work reveals that our interventions cannot deliver on the scale or within the timescale that the PSA requires
- Lack of sufficient/relevant expertise in HSE's workforce to deliver.
- Failure by senior managers to direct resources (including staff time) accurately to ensure delivery.
- Poor relationships with key external stakeholders.
- Lack of 'buy-in' by internal stakeholders. Lack of support for PSA objectives, resistance to change and/or poor morale
- Extent of reliance on partnerships with others (particularly the local authorities) – necessary due to nature of health and safety, but high-risk nonetheless.

HSE uses a corporate risk register to manage overarching threats to delivery. The HSE Board reviews this document on a quarterly basis.

For further detail, see Annex D

Section Eight: Monitoring and Evaluation Arrangements:

Monitoring arrangements

The Resource and Delivery Group (RDG)

The Strategic Programme (SP) Directors submit quarterly performance reports to the RDG[8] (a Group chaired by the Director General of HSE and including Michael Richardson - DWP senior representative and PSA 5 target owner).

The SP Directors' reports include:

- A traffic light rating of the likelihood that the SP will deliver;

[8] The RDG takes coordinated decisions to ensure HSE remains in a sound financial position, direct improved business efficiency and ensure that HSE progresses toward our PSA targets

- The SP Directors' assessment of performance, including both highlights, lowlights and the outlook for the future;
- A trajectory based on the SP's performance indicators, showing planned and actual progress;
- An assessment of the status of key risks;
- Action plans when the SPs go 'off track'.

RDG uses these reports to manage performance and ensure the portfolio of programmes and projects is monitored and adjusted to ensure HSE is on track to deliver the PSA by:

- Inviting SP Directors to present their quarterly performance reports to the RDG, clarify any points and take forward actions as appropriate
- Scrutinising and (where necessary) amending programme delivery plans
- Scrutinising the quarterly reports, debating, clarifying and discussing key points
- Reallocating resources to cover shortfalls if necessary.

We are currently developing intervention logic models (ILMs)[9], which should help to identify intermediate outcomes to serve as indicators for monitoring the Strategic Programmes' performance.

We are also developing a pan-HSE work recording system, to improve our understanding of where the resources are being deployed. We will use this data to direct resources into areas that best implement our Strategy and deliver the PSA targets.

The HSE Board

Performance against the PSA targets is included as one of the indicators in HSE's Balanced Scorecard, which the HSE Board reviews on a quarterly basis.

The Health and Safety Commission (HSC)

HSE submits quarterly reports to HSC (summarising the SP Directors' quarterly performance reports). HSC discusses and agrees the summaries, which are then submitted to the Minister (with a covering "challenge" brief from DWP's HSC/E Corporate Governance & Business Management Unit).

The Minister

The Minister receives quarterly performance reports and discusses these with HSC/E senior managers as appropriate.

DWP's Departmental Board

[9] The Intervention Logic Model (ILM) is a performance management tool, based on the different stages of the delivery chain (i.e. input > output > initial outcome > intermediate outcome > final outcome). The ILM:

- Sets out the sequence of changes necessary to deliver outcome targets;
- Provides a framework for recording the specific activities and resources proposed to achieve these changes; and
- Identifies evidence to monitor whether a programme is on track to deliver.

HSC/E makes quarterly PSA delivery reports to DWP's Departmental Board. The Departmental Board discusses the reports, alongside those for DWP's other PSA targets, at its quarterly meetings.

Evaluation arrangements (where applicable)

The Strategic Programmes are currently producing evaluation plans, to test key assumptions and their contribution to the targets. These arrangements include shorter-term performance monitoring, leading to evaluation of impact.

There is also major pilot work ongoing (and planned), which includes the Workers' Safety Adviser (WSA) Challenge Fund and WorkPlace Health Direct.

Section Nine: Dependencies

Other government departments

HSE works with a number of OGDs in areas that contribute to delivery of the PSA and wider Government Agendas.

Department for Work and Pensions (DWP)
A UK industry with a good and improving health and safety record contributes to DWP's aim of maintaining a higher proportion of people in work than ever before and in preventing the flow from work onto welfare. As a central government department, DWP has considerable influence on HSE's corporate partners and stakeholders through Ministers and officials. To support PSA delivery, we need DWP to convey to Industry and the public that HSC/E is an effective and expert public body that delivers best value and that sensible health and safety management is an investment benefit not a burden and contributes to high employment and prosperity in the UK. DWP championing health and safety as an exemplar organisation could also do much to convince those sceptical in business

Examples of current work with DWP include:

- Vocational rehabilitation (this includes DWP's development of the Framework for Vocational Rehabilitation, reforming Incapacity Benefit and reviewing Statutory Sick Pay);
- Focus on support for employers to help working age people to remain in work
- Promotion of take-up of occupational health support
- Providing access to health and safety advice on the HSE infoline from the Jobcentre Plus Hotphone (an advisory phone service in Jobcentres for use by both employers and potential employees).
- Collaborating with DWP economists, statisticians and social researchers to enhance the evidence base for our actions (this includes understanding where workplace led interventions could improve the employment of disabled people, retain people in work and reduce flows onto benefit)

Department of Health (DoH)

HSC/E recognises that its work alongside that of DoH England and DWP can help to achieve wider Government aims of enabling more people to join and stay in the workforce. This will, in turn, help deliver the PSA. The National Framework for Vocational Rehabilitation, *Choosing Health* and the HSC Strategy (especially doing more to tackle work-related ill health) set the broad framework. We are currently working with DoH and DWP colleagues to produce a 'health and well-being at work' strategy. The SoS for Work and Pensions is keen to make a joint announcement with SoS Health in the autumn on this year.

Examples of current joint work with DoH include:

- Roll out of the stress management standards, working with volunteer NHS Trusts
- Preventing violence in the workplace (particularly towards healthcare staff);
- Developing Workplace Health Direct and ensuring necessary links with NHS Plus
- The *Healthy Workplace* initiative, including a website and *Sign Up* magazine for SMEs
- Working to reduce occupational respiratory disease and incidence of dermatitis
- Contributing to agendas to reduce health inequalities more generally
- Back pain campaigns

HSE also works closely with the Scottish and Welsh health services.

HM Treasury (HMT) and the Office of Government Commerce (OGC)

- HSE is working, through the Public Services Programme, to reduce the number of days lost to the sickness absence in the public sector as a key contribution to achieving the efficiency targets of the Gershon review.
- Reducing the number of days lost will also enhanced public sector organisations productivity and ability to deliver public services.

The Department for Trade and Industry (DTI)

- Develop a more joined up working relationship with large organisations, (eg assisting DTI's work with the retail industry).
- Ensuring safety in the nuclear industry (this work also involves Defra and the Scottish Executive)
- Enforcing the Working Time Regulations
- We are also working with the Small Business Service to provide clearer advice to SMEs on health and safety through the 'one-stop-shop' aims of the business link website.

The Department for Education and Skills (DfES)

- Improving the transition from school to workplace by improving classroom health and safety risk teaching.
- Work on building design criteria and the safety of classroom staff to reduce falls.

Department for Transport (DfT)

- Rail safety:

- The road safety strategy - Tomorrow's Roads – Safer for Everyone (which includes a work-related element, led by HSE).

Home Office (HO)

- Developing a new policy on corporate manslaughter.
- Working to manage health and safety risks in high-risk occupations (such as the fire and police services).
- Developing health and safety criteria to guide police investigations of road traffic incidents.

The Health Protection Agency (HPA)

- We have been discussing (at policy and operational level) how best to work together, particularly on chemicals.

Ministry of Defence (MoD)

- Ensuring nuclear safety at MoD defence related nuclear sites

Office of the Deputy Prime Minister (ODPM)

- Work on planning issues to mitigate the effect of any major accident arising from a major hazard (COMAH) establishment by providing advice on land use planning development controls in the vicinity of COMAH establishments (HSE also works with the Scottish Executive, Welsh Assembly and Northern Ireland).
- Work on slips and trips through the Building Regulations

Disability Rights Commission

- Ensuring health and safety is equally well managed for disabled and non-disabled workers and that health and safety responsibilities are not an unnecessary barrier to the employment or retention of disabled workers.

Public Services Programme

The public sector employs around five million people, around 18% of the total workforce. The Public Services Programme is designed to make a major contribution to the working days lost PSA target by improving management of sickness absence. It will also make significant contributions to both the ill health and injury reduction targets, by tackling issues including stress, MSD, and slips & trips.

The Ministerial Task Force will facilitate high-level interventions in central government. The Programme will focus on those organisations with the most significant health safety and sickness absence issues – common factors being stress (and violence), MSDs, slips trips and ineffective health, safety and sickness management systems.

We will employ planned, targeted interventions, based on two models – one for central government departments, and one for local authorities and health service providers.

Local authorities

410 local authorities (LAs) in England, Scotland and Wales have responsibility for the enforcement of health and safety legislation in more than 1.2 million registered premises (which employ more than 11 million people).

LAs are responsible for offices, shops, retail and wholesale distribution, hotel and catering establishments, petrol filling stations, residential care homes and the leisure industry. By their nature, these workplaces attract millions of members of the public through their doors every week.

LAs (like HSE) are responsible for the enforcement of health and safety in Great Britain under the general direction of the Health and Safety Commission (HSC). LAs and HSE work in partnership to secure HSC's objectives.

The **Local Authorities Partnership Strategic Enabling Programme** aims to make the best use of HSE and LAs' collective strengths and resources to tackle national, regional and local priorities, thereby improving health and safety outcomes. All of the bodies representing local authorities (the Local Government Association, the Welsh Local Government Association, the Convention of Scottish Local Authorities, and the Local Authorities Coordinators of Regulatory Services) have agreed a Statement of Intent, which sets out the high-level commitments and provides the framework of objectives for the Programme.

Relationship to other targets and objectives

DWP

HSC/E's work to deliver PSA 5 and carry out its functions under the *Health and Safety at Work etc. Act* 1974 may also have an impact upon:

- **PSA 4** – Increasing the employment rate
- **PSA 8** – Helping disabled people back into work

We will work with DWP to support their 5-year strategy including contributing to their approaches to helping people with health conditions and disabilities to engage with the labour market. Particular areas of our work that contribute to these PSAs include:

- Preventative work (inspections, publicity campaigns, etc) to improve risk management, prevent injury and ill health, and stop people from leaving the labour market for long periods of time.
- WorkPlace Health Direct (a pathfinder service to provide occupational health, safety and return to work support in small and medium-sized firms)
- Encouraging and supporting employers to play a bigger role in managing sickness absence and return to work for their employees in poorer health
- Ensuring that health and safety is not used as a barrier to employing and retaining disabled people.

DWP is also a duty holder under the *Health and Safety at Work etc. Act* 1974. We are working with DWP to help them achieve good practice in the management of staff's health and safety in line with their obligations as a duty holder and Cabinet Office/HM Treasury targets for reducing sickness absence.

OGDs

Much of HSC/E's work with other government departments (outlined above) is mutually beneficial. So, for example, preventing work from making people ill

and supporting employers willing to make changes to help people work can contribute to:

- DoH's *Choosing Health* agenda; and
- DoH PSAs to reduce mortality rates (from heart disease, strokes and cancer) and determinants of ill health and health inequalities (smoking)

Similarly, in tackling health and safety issues in the public and private sector, we may have an impact on HMT and DTI's joint PSA to raise the rate of UK productivity growth. We certainly expect that our work with DTI and the Small Business Service will help small firms to "thrive and achieve their potential" (a DTI PSA).

Finally, our work with public sector organisations to address the key causes of health, safety and sickness absence will enhance their ability to deliver public services and achieve PSA and other targets/objectives. This work will make a substantial contribution to HMT's PSA to improve public services.

Delivery Actions

Strategy One: Injury reduction

Activity

- Fit3 Injury Reduction Programme 2005/6 to 2007/8

Rationale for activity

- The Fit3 Injury Reduction Programme is made up of three constituent programmes, Workplace Transport, Falls from Height and Slips and Trips. Together with the Construction Programme and sector stakeholder work we will deliver collectively the overall 3% reduction in fatal and major injuries.
- **Construction** has approximately 4100 fatal and major injuries (approximately 14% of the total UK fatal and major injuries) each year. It is one of the few remaining heavy industries, employing up to 2 million people, and has a variable skill base and transient workforce.
- **Workplace transport** incidents have been estimated to cost the UK economy more than £540 million every year. The contribution to the PSA will be relatively small, but there is a strong moral argument for targeting this cause of injuries because of their severity and that transport injuries account for about 20% of worker fatalities.
- **Falls from height:** Three million people work at height as an integral part of their job, with 1.4 million of them using ladders. In 1999/00 there were 68 deaths and 5500 major injuries due to falls from height. The Falls from Height Programme is designed to reduce this toll and the accompanying cost to individuals and society through a risk based approach involving the workforce to achieve a sensible health and safety culture.
- **Slipping and tripping** is the single most common cause of injury in UK workplaces. Each year there are over 11,000 major injuries, 37% of the total reported. Slips and trips are also the initiator of many other injuries attributed to other causes. These injuries cost the UK economy about £800 million each year and employers over £500 million.

Primary responsibility for delivering this activity

- HSE will manage this activity as a programme, with significant contributions from local authorities.

Dependencies

- The programme has interdependencies with other programmes within the Fit3 suite, including Public Services and Ill Health Reduction as well as the Enforcement, Business and Worker Involvement and Local Authority Strategic Enabling Programmes.

Performance Information

Measures will be based on a combination of activity milestones and impact evaluation of intervention and communication work using surveys.

Annex A

		Programme	2005/06	2006/07	2007/08	2008/09	2009/10
Activity timescales	Key activity milestones, including start and end dates	**Construction**	Data collection on all roof worker incidents 5/05 Interventions with designers in Scotland, NW, 5/05	Client initiative based on the revised Construction, Design and Management Regulations 07/06 Revised construction specific regulations 10/06			
		Workplace Transport	Driver management standards 3/06. Audit of driver training accreditation bodies 6/05 Workplace transport highway code 3/06. Negotiation to adopt EU standards on safe vehicle design Trailer standards work with DfT agreed by end 5/05	HSC agreement of management standards Oct 06, launch and roll out from Jan 07 Revised safe site publications developed and launched by Mar 07	Delivery: Communication campaign to increase awareness and knowledge of effective action; Targeted communications initiatives through inspection and enforcement Design: Changes in the materials used for footwear and flooring in the workplace		
		Falls from Height	Falls from Height regulations in force – 4/05. Training for HSE and LA inspectors completed by 8/05. Ladders week – Nov 05**.**	Hold the handrail partnership campaign in public sector			
		Slips and Trips	Slips & trips campaign 3/10/ 05 RIDDOR incident selection criteria modified to provide data to inform national campaign Jul 05	Evaluation of campaign 4/06 through site visits by operational staff			
	£ £ £ £		£15.8 million	£15.76 million	£15.72 million		

	Assumed impact				Reduction in fatal and major incidents: 209 in construction; 87 workplace transport; 104 falls from height and 526 slips and trips over the 3 years	
	Assumed impact on target		1%	2%	3%	
	Performance information /evaluation timescale		Extent of risk improvement from employer/employee surveys	Extent of risk improvement from employer/employee surveys	Extent of risk improvement from employer/employee surveys	

Delivery Actions

Strategy Two: Ill health reduction

Activity

- Fit3's Ill Health Reduction Programme (2005/6 to 2007/8), which contains five component programmes – Occupational Health and Safety Support; Noise and Hand-arm Vibration; Musculoskeletal Disorders; Disease Reduction; and Stress.

Rationale for activity

- **Musculoskeletal disorders** - Every year over 200,000 people first report work related MSD, accounting for 33% of all reported work related ill health. Looking at all work-related ill health (long standing as well as new cases), MSD accounts for almost half the total prevalence, costing society an estimated £5.7 billion and resulting in 12 million days lost.
- **Stress** - Every year over 250,000 people first report awareness of work related stress, depression or anxiety, accounting for 40% of all the reported incidence of work related ill health.
- **Disease reduction** - There is a significant burden of chemical-induced occupational ill health in the UK – the current estimate of incidence being 134/100,000. An estimated 10,000 deaths per annum result from working with chemicals
- **Noise and hand-arm vibration** - 1.1 million people were exposed to noise levels above 85 decibels (current action level for controls) in 2000/1 and 170,000 suffer hearing loss and other conditions, representing a cost to society of £380 million. About 4.9 million workers are exposed to HAV in Great Britain.
- **Occupational health and safety support** - 40 million working days are lost each year to occupational ill health and injury, of which 33 million are due to ill health. The cost was estimated to lie between £8.5 and £16.1 bn in 2001/02, 12% - 39% of that cost falling on firms leading to under-invest in health and safety management, (the remainder of the cost falling on society, on the NHS and benefits such as IB). Improving the way, in which SMEs manage health and safety risks in the workplace, and the sickness absence of their workers, should reduce these costs.

Primary responsibility for delivering this activity

- HSE will manage the various activities as a programme and work in partnership with local authorities; primary care trusts and industry.

Dependencies

- The programme has interdependencies with most of the other programmes within the Fit3 suite, as well as the Enforcement, Business and Worker Involvement and Local Authority Strategic Enabling Programmes.

Performance Information

Measures will be based on a combination of activity milestones and impact evaluation of intervention and communication work using surveys.

Annex A

Activity timescales	Key activity milestones, including start and end dates.	Programme	2005/06	2006/07	2007/08	2008/09	2009/10
		Occupational Health and Safety Support	Conclusion of Safe & Health Working Scotland Sept 2005; WHD pathfinders for in-workplace support launched in up to 6 regions, together with a national occupational health, safety and return to work Advice line.	Conclusion and evaluation of Constructing Better Health;	National roll-out of Workplace Health Direct	Evaluation of Workplace Health Direct.	
		Noise and HAV	Coming into force of vibration regulations and noise regulations, 6/7/05 and 15/02/06 respectively; Launch new guidance on whole body vibration in June 05 and on health surveillance in Oct 05;	Noise/Hand Arm Communication and operational intervention campaign;	Noise/Hand Arm Communication and operational intervention campaign;		
		Disease Reduction	Planning of asbestos campaign, 2 research surveys on attributed and knowledge in the areas of Duty and Manage and maintenance workers Development and delivery of Respiratory Disease interventions eg: Occupational Asthma and Chronic Obstructive Pulmonary Disease	Design and delivery of asbestos campaign targeted at maintenance workers; Identification of priorities amongst other cancers, sector analysis and design of intervention activity; Development and delivery of Respiratory Disease interventions eg: Occupational Asthma and Chronic Obstructive Pulmonary Disease Design and delivery of skin disease campaign	Evaluation of asbestos campaign; Evaluation of skin disease campaign Evaluation of Respiratory Disease interventions eg: Occupational Asthma and Chronic Obstructive Pulmonary Disease		
		MSDs	HSE Backs! National Communication and operational intervention campaign 13 June to 6 July;	National communications campaigns – backs and upper limb disorders; Welsh Backs; English Backs; Working Backs Scotland;			

		Stress	See table below (pp. 26-27) for detail				
	£ £		23.61m	25.04m	24.04m		
	Assumed impact		By end of 05/06 1/2m workers participating in stress management standards	4.3m workers pursuing stress management standards	Around 840 fewer cases of contact dermatitis and 170 cases of occupational asthma over the 3 year period; 16.320 fewer people reporting work related MSD over the 3 year period, 20,320 fewer people reporting stress Reduced risk of Chronic Obstructive Pulmonary Disease		
	Assumed impact on target		2%	4%	6%		
	Performance information /evaluation timescale		Extent of risk improvement from employer/employee survey	Extent of risk improvement from employer/employee survey	Extent of risk improvement from employer/employee survey		

Delivery Actions

Strategy Three: Working days lost reduction

Activity

- The Public Services Programme and initiatives to improve the management of sickness absence and return to work 2005/6 to 2007/8

Rationale for activity

- The programme aims to reduce the incidence of working days lost as a result of work-related illness and injury. These are estimated to cost the UK economy as much as £4 billion each year. It will help to improve public sector efficiency in line with Gershon initiatives, and enhance the capacity of the public sector to recruit and retain quality staff. Two thirds of the 9% target will come from longstanding ill health cases.

Primary responsibility for delivering this activity

- HSE will manage the activity as a programme.

Dependencies

- The programme has interdependencies with other programmes within the Fit3 suite, including Slips & Trips, Falls from Height, Stress, MSD and Disease Reduction as well as the Enforcement, Worker Involvement and Local Authority Strategic Enabling Programmes. A key element of this programme is the Ministerial Taskforce led by Lord Hunt of Kings Heath.

Performance Information

- Measures will be based on a combination of activity milestones and impact evaluation of intervention and communication work using surveys.

Annex A

		2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Activity timescales	Key activity milestones, including start and end dates.		Civil Service – Task Force, DWP, HM Prison Service, Revenue/Customs	Civil Service – DWP, HM Prison Service, Revenue/Customs Spreading good practice to other departments. Task Force Wound Up.	Civil Service – Continue implementation and spread of good practice.		
			Local Authorities – Engage ODPM & Audit Commission. Develop HSE benchmarking tool. Focus on poorest performing LAs.		Local Authorities – continue work with LAs		
			Health Services – Continuing existing projects – tasks force, NHS Confederation, Health Care Commission.		Involvement in Care Services with Health Services. Start interventions with MOD, Education, Police, Emergency Services building on earlier “enabling projects”		
			Scotland & Wales – Separate projects around regional interests.	Scotland & Wales – Separate projects around regional interests.	Scotland & Wales – Separate projects around regional interests.		
	££ ££		£4 million	£4 million	£4 million		
	Assumed impact				Up to 2.4 million fewer working days lost.		
	Assumed impact on target		3%	6%	9%		

		2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
	Performance information /evaluation timescale		Extent of risk improvement from employer/employee surveys	Extent of risk improvement from employer/employee surveys	Extent of risk improvement from employer/employee surveys		

Delivery Actions

Strategy Four: Major Hazards

Activity

The Major Hazards Delivery suite of programmes is made up of four constituent programmes covering the Nuclear, Offshore, Chemicals and Specialised industries. Initiatives within each of these programmes are targeted at ensuring appropriate risk control measures are in place for precursor incidents within the relevant assurance regimes. A sixth programme, the 'Cross-cutting' programme, consists of further initiatives to identify, engender and communicate areas of good practice from across the sectors which impact on the underlying causes of precursor incidents and catastrophic events.

Rationale for activity

By definition, catastrophic events are accompanied by significant injury/loss of life and substantial collateral damage; their prevention is a fundamental part of HSE's role. The low frequency and large scale of such events make them unsuitable as a primary focus for the measurement of the programme's progress and therefore the programme is targeted at a range of precursor incidents (i.e. the incidents that have the potential for causing or contributing towards a catastrophic event or can be considered a 'near-miss'). These precursors better provide an indication of how well the sector is performing in controlling their major accident risks and the likelihood for a catastrophic event. Division of activities into the sector programmes allows efforts to be directed specifically at the relevant targets.

The cross cutting programme is aimed at tapping the wealth of knowledge, experience and expertise within industry and HSE that can be used to improve industry's control of major accident risks. By encouraging a learning, sharing and open approach across the sector, the programme is targeted at ensuring the transfer of lessons learned and the implementation of good practice.

Primary responsibility for delivering this activity

HSE will manage the delivery as a programme.

Dependencies

The programme has interdependencies with the 'Fit3' suite of programmes

Performance Information

Measures will be based on a combination of activity milestones and impact evaluations of interventions and communications. It is recognised that the PSA targets do not give a complete insight into the way industry is controlling the potential routes to catastrophic events. Plans include the development of new indicators that provide improved measures of performance and for a more comprehensive coverage across industry sectors.

		2004/05	2005/06	2006/07	2007/08
Activity timescales	Key activity milestones, including start and end dates.	Continuous activity to deliver assurance regimes in the key major hazard industries. This includes: • Assessing and verifying safety cases; • Inspection; • Investigation; • Enforcement. Projects to identify and promulgate good practice in managing the underlying causes of incidents across, within and between the major hazards sectors.			
	££ ££	£48.0m	£46.2m	£46.1m	£46.6m
	Assumed impact	Investing in the assurance regimes ensures that duty holders continue to take appropriate control measures, which minimise a range of precursor events (that can be measured by indicators), thereby reducing the risks of a catastrophic incident.			
	Assumed impact on target		**Nuclear indicator:** 136 (-5.0%) **Offshore indicator:** 74 (-34%) **Onshore indicator:** 168 (-6%)	**Nuclear indicator:** 134 (-6.2%) **Offshore indicator:** 68 (-40%) **Onshore indicator:** 163 (-9%)	**Nuclear indicator:** 132 (-7.5%) **Offshore indicator:** 60 (-45%) **Onshore indicator:** 152 (-15%)
	Performance information /evaluation timescale		Quarterly information for performance management. Improvements visible through the safety cases submitted for assessment.		

Delivery Actions

Example of ILM performance management approach: Stress

Activity

- Promoting the use of HSE's Stress Management Standards

Rationale for activity

- The sustained implementation of the Stress Management Standards will improve employers' control of the risk of new cases of job-related stress by reducing employees' exposure to job stressors in the workplace.

Primary responsibility for delivering this activity

- The Fit3 Strategic Programme Director manages this delivery action.

Dependencies

- The Stress Programme is a major element of HSE's activity contributing to reducing the incidence of ill health. Other component programmes (MSD, Disease Reduction, Noise/HAV and Workplace Health Direct) in the Fit3 Strategic Programme are also expected to contribute to this target.

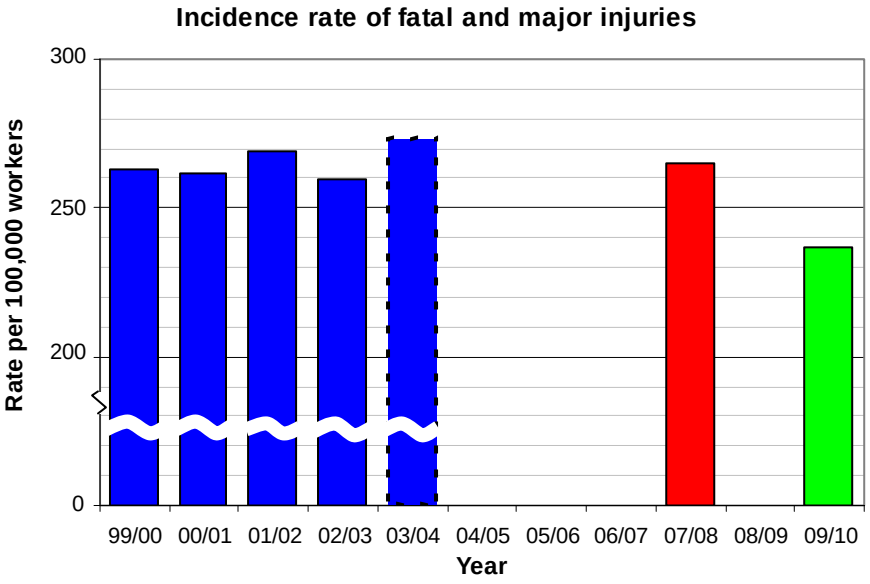
Performance Information

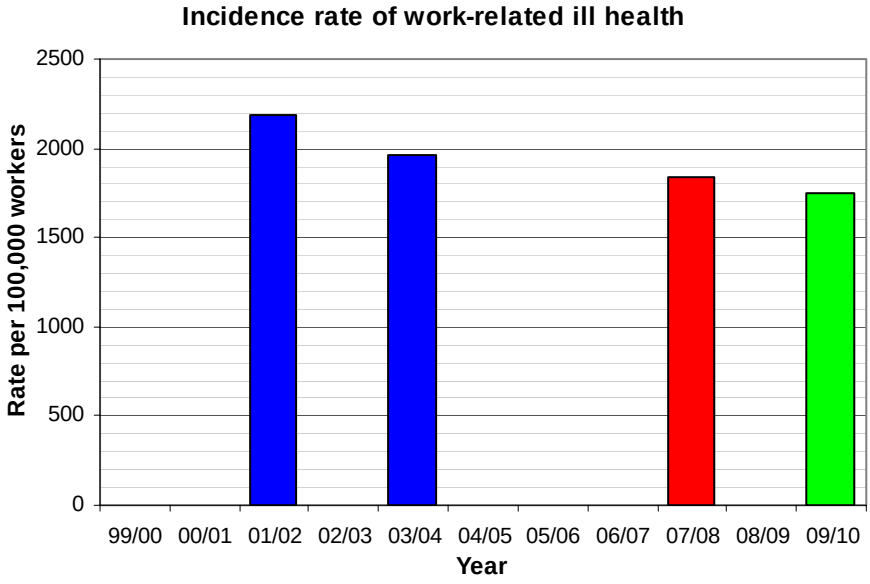
- Each programme plan will contain a set of quarterly performance milestones based on the targets the programme needs to achieve throughout the current 2005-08 SR period. These milestones set out the required performance trajectory for the programme.

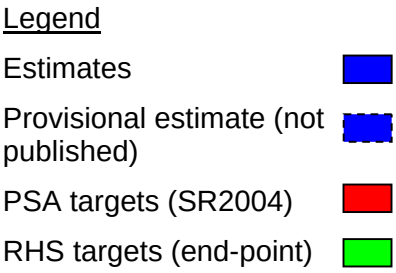
Annex A

		2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Activity timescales	Key activity milestones, including start and end dates.		By end of Q4: Organisations with 5.4m employees aware of the SMS solution to job-related stress and organisations with 0.5m employees have agreed to implement the SMS	By end of Q4: Organisations with 3.4m employees are running focus groups to identify local solutions to job-related stress	By end of Q4: Organisations with 3.4m employees have implemented job changes to reduce job-related stress		
	Assumed impact		Nil	6,800 fewer new cases a year of stress-related ill health	20,320 fewer new cases a year of stress-related ill health		
	Assumed impact on target		Nil	See above	See above		
	Performance information /evaluation timescale		Quarterly information for performance management. Stress programme impact evaluation (comparing end of 2007-08 with the baseline early in 2005-06) will report in Q1 of 2008-09				

Trajectories







Annex B

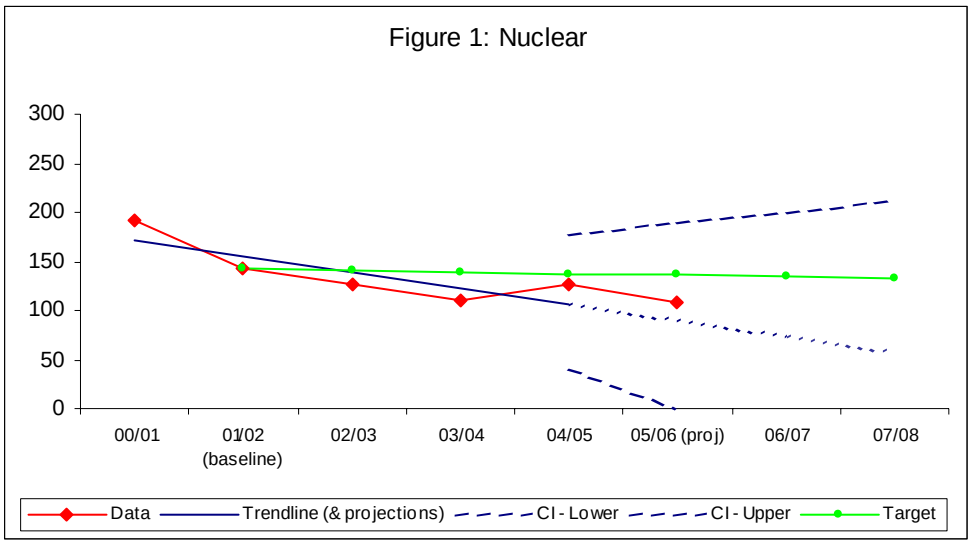


Figure 1: Nuclear
300
250
200
150
100
50
0
00/01
01/02 (baseline)
02/03
03/04
04/05
05/06 (proj)
06/07
07/08
Data
Trendline (& projections)
CI - Lower
CI - Upper
Target

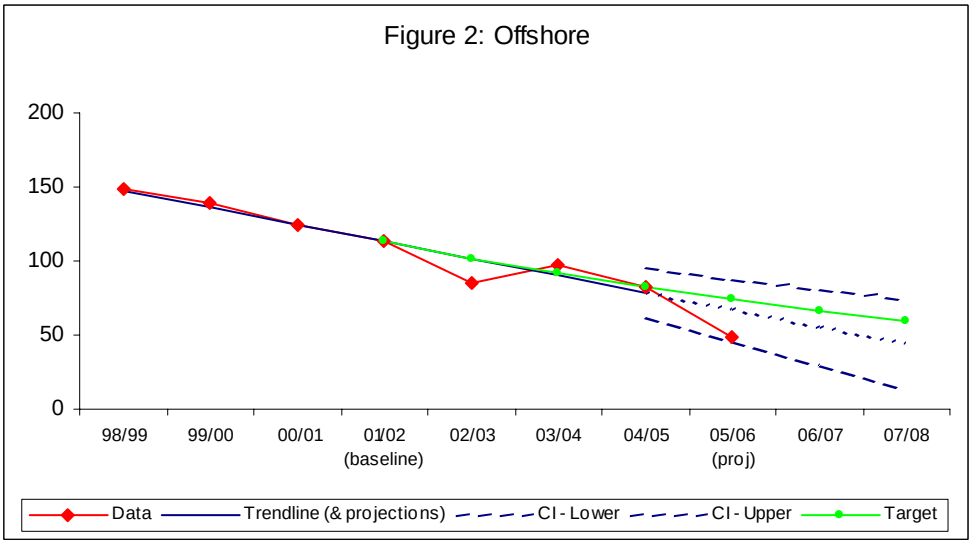


Figure 2: Offshore
200
150
100
50
0
98/99
99/00
00/01
01/02 (baseline)
02/03
03/04
04/05
05/06 (proj)
06/07
07/08
Data
Trendline (& projections)
CI - Lower
CI - Upper
Target

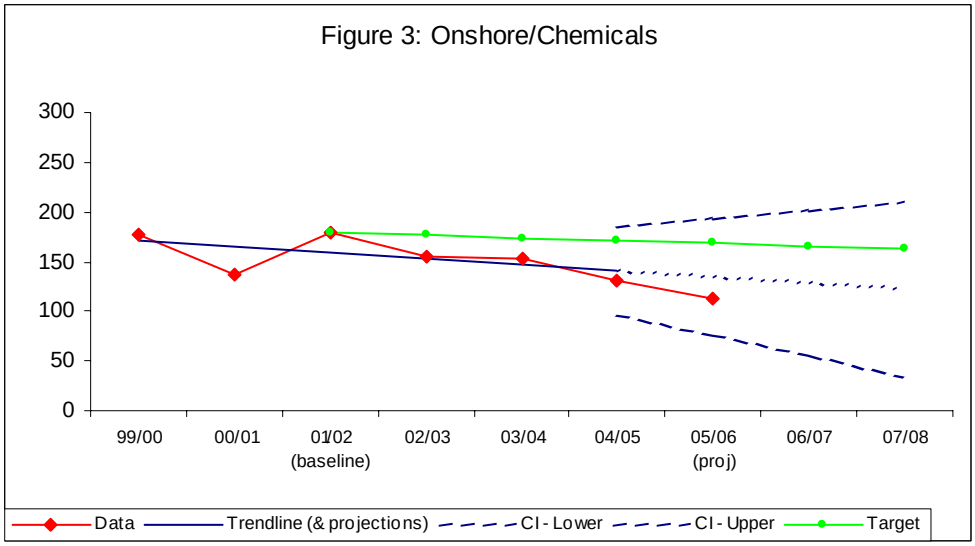


Figure 3: Onshore/Chemicals
300
250
200
150
100
50
0
99/00
00/01
01/02 (baseline)
02/03
03/04
04/05
05/06 (proj)
06/07
07/08
Data
Trendline (& projections)
CI - Lower
CI - Upper
Target

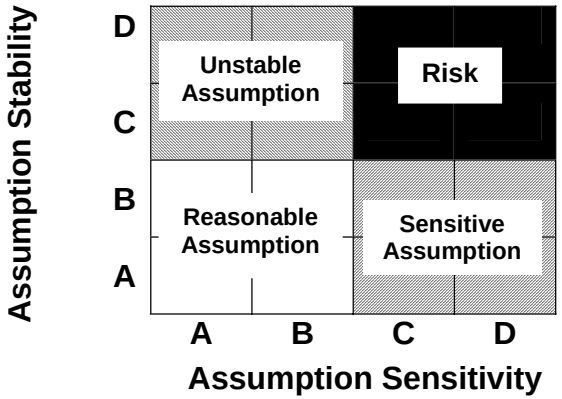
Assumption Register

Annex C

Sensitivity	Stability	Assumption	Action	Owner
C	B	HSE will not have to divert resource from delivery of the PSA into more urgent work (such as investigating a major incident or dealing with a new political imperative).	• Work in major hazard industries to prevent incidents • Horizon-scanning activity	Director General
C	A	Other government policies will not introduce adverse incentives to improving health and safety.	• Communication effort to keep health and safety on the Government agenda	Director General
B	B	The socio-economic environment will not change in such a way as to introduce significant new risks to health and safety from work activities.	• Annual analysis of statistical data • Horizon scanning activity	Chief Scientist
B	B	Adequate skills available in the marketplace for us to work with and through others	• Plans identify skills/resource needs early • Develop skills in-house • Good external communication	Director of Resource and Planning
B	B	Internal stakeholders remain supportive of PSA objectives	• Internal communication a key element in HSE's communication strategy and plan	Director of Communication
D	B	Our delivery strategy/approach (i.e. Strategic Programmes and chosen delivery actions) is the right one.	• Well-defined Strategic Programme objectives in place • Use of ILMs to identify intermediate measures, which will provide early warning of deviation from trajectory	Director General
C	B	Data underlying PSA delivery strategy/approach is complete, correct and understood	• Use of ILMs and Harm Index to identify the best interventions • Work on knowledge management and evaluation • New data sources, including WHASS	Chief Scientist

Assumption Register

Annex C



Sensitivity: How sensitive is the programme/project to the impact if the assumption turns out to be wrong? Would it have:

(A) Minor impact;

(B) Manageable impact;

(C) Significant impact (e.g. cause project/programme to miss intermediate milestones or have a significant cost impact to programme/project;

(D) Critical impact e.g.: Stop the project/programme meeting key milestones, have a major financial impact or harm the business.

Stability: How stable is the Assumption? Are you:

(A) Very confident;

(B) Fairly confident;

(C) Uncomfortable;

(D) Very uncomfortable that this is a stable Assumption; i.e. will turn out to be correct.

Risk Register

Annex D

Risk Assessment			Risk Mitigation	
Criticality (RAG) Controllability (ABCD)	**RISK**	**Impact -** if assumption proves to be incorrect & **Impact Date**	**Risk Status/Mitigation Actions and Review Date**	**Risk Owner**
D	Evaluation work reveals that our interventions cannot deliver on the scale or within the timescale that the PSA requires	Failure to deliver	• Evaluation work • New interventions strategy in development •	Director General
D	Extent of reliance on partnerships with others (particularly the local authorities) – necessary due to the nature of health and safety, but high-risk nonetheless	No movement on PSA indicators because key partners and sectors (e.g. LAs, public sector) don't play their part	• The Local Authority Partnership Strategic Enabling Programme • Public Services Programme • Stakeholder engagement work	Deputy Director General (Operations)
B	Lack of sufficient/relevant expertise in our workforce to deliver.	Inability to deliver HSE's role in Strategic Programme Plans	• New recruitment during 2005 to develop a more delivery-focused staff skills profile. • Implementing new training and development strategy.	Deputy Director General (Policy)
B	Failure by senior managers to direct resources (including staff time) accurately to ensure delivery	Staff self-task, selecting areas of work that are not focused on the PSA outcomes. Takes us 'off trajectory'.	• New governance and Strategic Programme structure to increase delivery focus. • Use of the Intervention Logic Model to improve selection of work based on desired outcomes.	Deputy Director General (Policy)
C	Poor relationships with key external stakeholders.	PSA delivery is dependent upon key stakeholder groups (particularly local authorities, employers, workers, public sector, etc)	• Corporate strategy, plan and team in place to refocus communication activity. • Plans for engaging HSC/E's thirty key stakeholders during 2005/06. • Stakeholder engagement toolkit available to all staff.	Director of Communication

Risk Register

Annex D

Risk Assessment			Risk Mitigation	
Criticality (RAG) Controllability (ABCD)	**RISK**	**Impact -** if assumption proves to be incorrect & **Impact Date**	**Risk Status/Mitigation Actions and Review Date**	**Risk Owner**
C	Lack of 'buy-in' by internal stakeholders, lack of support for PSA objectives and resistance to change.	Self-tasking, poor morale, general staff dissatisfaction, etc.	• Internal publication of HSE's Strategic Direction Statement • Leadership performance training • Chair/DG open days for staff	Director General

DWP rating key:

1. **Criticality**
   Red = Showstopper/critical
   Amber = Significant impact
   Green = Minor/localised impact

2. **Controllability**
   A = Mitigation actions implemented - Very high confidence level of success;
   B = Confident level of success;
   C = Little confidence either because plans are not well formed and/or little confidence in your control or influence;
   D = No Risk plans in place and/or not confident the risk is within your control or influence out of your control or influence.