

Priority Programmes – Plan Summary & Quarterly Management Information Reports

<p>Priority programme</p>	<p>Construction Priority Programme</p>
<p>Programme targets</p>	<p>Outcomes:</p> <p>Our programme aims to stimulate the construction industry to achieve challenging targets and plans set by them at the 2001 Construction Health and Safety Summit:</p> <ul style="list-style-type: none"> • Reduction of incidence rate of fatal and major injuries by 40% by 2004/05 (and 66% by 2009/10). • Reduction of incidence rate of cases of work-related ill health of employees by 20% by 2004/5 (and 50% by 2009/10). • Reduction in number of working days lost per 100 000 workers from work-related injury and ill health by 20% by the end of 2004/05 (and 50% by 2009/10). <p>Baselines:</p> <ul style="list-style-type: none"> • Fatal & major injuries: <ul style="list-style-type: none"> ○ Original baseline: fatal and major injury rates of 392, 58 and 270 per 100,000 for employees, the self employed and all workers respectively ○ However, given the unreliability of the self-employed injury figures (less than 3.5% reported) and the effect of under-reporting on employee data, CoSAS has produced a measure called the RHS indicator. This is based on the sum of the worker fatality rate and the employee major injury rate, uprated for under-reporting based on a rolling 3-year average from the Labour Force Survey findings. ○ The Construction RHS Indicator for the baseline year (1999/2000) is 767.6. • Lost time & health: <ul style="list-style-type: none"> ○ There are no baselines for ill health and lost time due to the paucity of information from various sources. Consequently, a worker survey is to be carried out in the construction industry in 2003/04. This will be used as a pilot for a wider 'all-industry' survey in 2004/05. • NOTE: The RHS indicator assumes that the level of underreporting for over 3-day and major injuries is the same: this needs to be verified. <p>Trajectories:</p> <ol style="list-style-type: none"> 1. The Construction RHS Indicator for 2001/02 is 743; this is down 3.3% from the baseline over 2 years. This reduction, if statistically significant and maintained, would meet the HSC's RHS targets for a 5% reduction (over 5 years) by 2004/05 and 10% (over 10 years) by 2009/10. However, for the industry to meet the more challenging targets it has set, the RHS Indicators should be 460.5 in 2004/05 and 255.6 in 2009/10. (The latter figure would be lower than the current 'all-industry' RHS Indicator of 286.9: this indicates the measure of the challenge that the industry seeks to achieve.) 2. Fatalities to workers have decreased 2.5% since 1999/2000. The numbers of fatalities are subject to considerable annual variability. There was a substantial reduction in 2001/02 (25% over the previous year): this was the second lowest fatal injury rate ever. Preliminary figures for 2002/03 suggest that this reduction has continued for a second year. 3. Major injuries show some sign of declining (by 3.3% since 1999/2000, based on the RHS indicator for construction). This may not be statistically significant: the data is subject to uncertainty due to considerable under-reporting and variations over time in the level of underreporting. Again, this rate of decline would achieve the RHS targets, but not those of the industry. 4. A survey of construction workers is proposed for late 2003/04 to clarify the baselines for ill health and lost time, as these are not available from current sources. However, we do know that construction workers show one of the highest prevalence of self-reported work-related ill health (SWI) of any sector, with 137k reportedly affected in 2001/02. The SWIs for 1998/00 showed the highest rate of MSD, asbestosis and mesothelioma and high rates of VWF, dermatitis and noise-induced hearing loss.

Contributions to achieving the PSA targets	<p>Contribution this programme will make to deliver each of the PSA targets. (SPU provided information).</p> <p>HSE PSA 1. Reduce the incidence rate of fatal and major injury incidents by 5% by 2004 Construction contribution based on the more challenging industry targets: Assumed impact on "fatal and major injury" PSA target: by 2004/5: 6.15% (i.e. 123% of the national RHS target)</p> <p>HSE PSA 2. Reduce the number of working days lost per 100 000 workers from work related injury and ill-health by 15% by 2004 Construction contribution (ditto): Assumed impact on "working days lost" PSA target: by 2004/5: 1.65% (i.e. 11% of the national RHS target)</p> <p>HSEPSA 3. <i>Reduce the incidence rate of cases of work related ill health by 10% by 2004</i> Construction contribution (ditto): Assumed impact on ill-health incidence PSA target by 2004/5: 1.5% (i.e. 15% of the national RHS target)</p>
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Strategy	<p>Our strategy is to engage with key stakeholders including clients, designers, planning supervisors, contractors, suppliers, trades unions and workers, directly and through representative bodies so that we deliver a targeted programme of work that will support industry in achieving its targets, encouraging those who are striving for excellence and taking a robust enforcement line with those who are not.</p> <p>Key elements of our strategy are to:</p> <ul style="list-style-type: none"> • engage with key intermediaries and stakeholders to achieve a cultural change in the industry, in particular to develop an expectation of compliance and continuous improvement that involve partnership between those who create, manage and are exposed to risk; • develop the regulatory framework to address key issues for the construction industry and to ensure regulations are easy to understand, especially by small firms; • develop and promulgate guidance and standards that are clear and easy to understand, up to date and, in particular, meet the needs of small firms; • develop improved intelligence on the, technical, organisational, demographic and human factors that affect health & safety performance; • pursue an effective intervention and compliance strategy that targets all those in the construction procurement and supply chain; • take a vigorous approach to enforcement (in accordance with the EPS and EMM) to promote compliance and address shortcomings by dutyholders; • seek increased competence of all those working in the industry; • support the development of improved occupational health support for the industry; and • pursue a publicity & media strategy that secures a positive and supportive high-level profile to help bring about cultural change.
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Key work streams

We have developed project plans for specific workstreams in relation to:

- Dutyholders:
 - Better CDM Compliance
 - Government as client
 - HOPI & lead PI interventions
 - Micros & SMEs through WWT, in particular, through Safety & Health Awareness Days promoting a 'High 5' of key issues
- Health Issues:
 - Asbestos
 - MSD
 - Noise & HAVs
 - Cement dermatitis
- Safety Issues:
 - Falls from height including ladders, step ladders & roofwork
 - Workplace transport including temporary traffic management and on-site transport
 - Slips trips and falls in particular tidy and well organised sites
- 'The Basics':
 - 'Decent welfare
 - Employer engagement with workers

We are also engaged in:

- Developing with industry a pilot for an occupational health support scheme
- Taking forward actions from the '*Revitalising Health and Safety in Construction*' Discussion Document
- Developing a strategy for designers
- Further improving our intelligence through a programme of research and analysis
- Delivering a publicity & media strategy through:
 - paid publicity in support of national initiatives
 - news releases that promote HSE's priorities nationally; and gain local media coverage, including for local workstreams (e.g. blitzes & prosecutions)
 - press launches, interviews and briefings targeted at leading trade journals known to reach target audiences
- Using analytical modeling techniques (BOMEL Influence Network) to assist in targeting and evaluating activity
- Supporting other PPs through both technical support and in the delivery of our own programme

<p>Third party involvement</p>	<p>1) Key industry 'change' initiatives The Strategic Forum for Construction (SF) – The body currently constituted at the request of Ministers to act as a driver for the 'Rethinking Construction' initiative. Our Programme engages with the SF through Chief Inspector of Construction (CIC) who is an 'observer' member and through others in various supporting delivery processes. SF's strategic direction is 3-fold – Client leadership, Integrated Teams & Supply Chains, Addressing 'People issues' especially health and safety. These 'change' drivers will improve general industry performance with concomitant advances for health and safety. SF Strategic targets: (1) Integrated Teams & Supply Chains – 20% and 50% of project values by end 2004 and 2007 respectively. (2) Sign-up to Clients' Charter 20% & 50% on same criterion and dates (3) Attract, recruit & retain qualified workers – 300k by end 2006 – and increase applicants for higher & further built environment courses – 50% increase by 2007.</p> <p>Constructing Excellence, combining <i>Rethinking Construction</i> and <i>Construction Best Practice</i>. Provides a driver for a range of business improvement initiatives, including through high level Key Performance Indicators embracing safety, and, in particular, a <i>Respect for People</i> toolkit embracing H&S. HSE engaged in developing toolkits, etc.</p> <p>Achieving Excellence in Construction, OGC <i>Building on Success</i> client improvement initiative encompassing all Gov't Departments. Gov't is the industry's biggest client (approx 40% share) and should be an exemplar. Politically significant as the successful delivery of Gov't policies is dependent upon an efficient and effective construction industry. H&S integrated through OGC Gateway process and KPIs with a work volume related target set (70% by April 2005) for exceeding stakeholder expectations. HSE engaged through co-operation on the new OGC H&S guidance and through involvement in other OGC initiatives.</p> <p>2) Key industry stakeholders These stakeholders include the following high level 'umbrella' intermediary bodies representing over 165 trade & professional bodies: They are engaged as follows: HSC's Construction Industry Advisory Committee Clients: Confederation of Construction Clients (recently defunct) and a replacement body, the Construction Clients' Group. Delivery through sign-up to the continuing CCC Charter. Employers: Construction Confederation and its constituent federations (in particular, the Major Contractors Group); the Federation of Master Builders; and the specialist trades and contractors, SEC & NSCC. Professionals & Consultants: Construction Industry Council Suppliers: Construction Products Association Trades Unions: TUC, UCATT, TGWU, GMB, Amicus, Unison Workers: Engaged through their unions, their employers and CONIAC's Working Well Together initiative.</p> <p>3) Individual major clients: through HSC/E's 'Top 350' and NAMs initiatives.</p> <p>4) OGDs:</p> <ul style="list-style-type: none"> ○ As policy makers through regular cross-departmental meetings and close working relationship with DTI (the construction industry's sponsorship department), and OGC's <i>Achieving Excellence</i> initiative ○ As funders of construction work, either directly as clients/procurers or indirectly as funders of procurement by others. <p>5) The media: by engaging leading H&S and trade and technical publications with news releases, interviews and media events that communicates HSE's priority areas</p>
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<p>Evaluation</p>	<p>By NAO: HSE's work with the construction industry is this year subject to review by the NAO. Work has commenced and the report is due towards the end of 2003. The report is expected to address the full range of HSE's work with the construction industry and include stakeholder observations, independent evaluation and international comparisons. We anticipate a challenging examination and benefits that will assist us in honing our programme.</p> <p>In-house:</p> <p>Progress by industry with Summit commitments: Through Chief Inspector of Construction Report to Ministers.</p> <p>Culture of the industry Polls on health and safety issues are common in the construction media. While some lack statistical rigour, they provide an indicator of industry opinion – particularly the views of workers – and provide a measure of industry perception and culture change.</p> <p>Press: monitor outputs in 5 key publications with targets to:</p> <ul style="list-style-type: none"> ○ maintain or improve a 70% rate of positive coverage of the HSE in the key trade journals over the year ○ maintain or improve the rate of media coverage to the target of 200 stories on HSE in the key trade journals over the year ○ ensure that 50% of all coverage on health and safety issues in the key trade journals reflects HSE's key priority areas <p>Publicity:</p> <ul style="list-style-type: none"> ○ Falls from Height (SLIC) campaign: pre and post awareness research. Response evaluation. 2nd and 3rd quarter. ○ Working Well Together campaign: pre and post (roadshow) research. 4th quarter. Roadshow to reach 7,000 workers. ○ Awards competition and dinner. 4th quarter evaluation. <p>Research: All research projects which have commenced, or are due to commence, this year have built-in evaluation criteria. The research strategy will be evaluated as part of the ConPP and as a subset of the HSE overall research strategy.</p> <p>Project Plans: Generally: through reflective reports from operational managers on the delivery of the project plans Specifically: through the evaluation protocols that form parts of the Project Plans, thus:</p> <p>Better CDM compliance: Includes monitoring professional/trade journals, awareness sampling via professional bodies, feedback from other parties e.g. contractors and inspector compliance surveys. Quality of strategic inspection plans provided to sector Feedback from NAO questionnaires sent to targeted duty holders.</p> <p>Govt As Client: Work with OGC to check progress across Govt in implementing the OGC guidelines; Work with Rethinking /M4I to assess extent to which 'respect for people toolbox' is being used to measure performance on Govt sponsored infrastructure projects; NAO questionnaire on effectiveness of this intervention technique;</p> <p>HOPi and Lead PI: Proposed survey of target companies to assess the impact of the initiative on their H&S performance.</p> <p>Falls from Height: Establish a baseline of incidents through monitoring of ladder and stepladder reported accidents Revisit existing research on specification on fragile roof assemblies as a baseline and repeat in 2005</p> <p>Workplace Transport: Evaluate new roadworks guidance through Highways Agency (HA) RIDDOR, Police and HA fatal accident reports compiled with TRL to establish common baselines Survey to assess adequacy of contractors traffic management plans in 2003 and repeated in 2005</p> <p>Occupational Health Issues: COSAS/EMSU survey to establish baseline incidence rates against which changes can be measured Work with MCG to assess progress with their Occ Health Policy HSE to commission evaluation study of Construction Occ Health Pilot once the scheme is established</p> <p>WWT; Health and Safety Awareness Days will be validated – plus a telephone survey of 10% of all delegates will be undertaken 6-8 weeks after the event. Note: In all cases, evaluation will be 'fit for purpose.'</p>
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Input assumptions	<p>Policy/Strategy development/CONIAC etc :</p> <ul style="list-style-type: none"> • Construction Sector 12 s/y, Construction Policy 7 s/y. <p>Standards/Research/Technology support:</p> <ul style="list-style-type: none"> • 36 new and existing projects. Projected research spend £800k • CDTU 10s/y (also supports other PPs) • Reactive support – not quantified <p>Operational:</p> <ul style="list-style-type: none"> • Around 150 s/y (includes 12 inspector s/y and 6WCO/Compliance Officers from FOD). <p>Publicity:</p> <ul style="list-style-type: none"> • Paid publicity budget £1.2m <p>Training;</p> <ul style="list-style-type: none"> • £100k
Key assumptions	<p>Programme Risk Register has identified a range of key risks across the spectrum. The Risk register will be regularly reviewed and risk control measures taken insofar as we are able.</p> <p>The targets set by industry are ambitious and significantly greater than the national RHS agenda. There are risks in that the less organised parts of the industry will find it more difficult than others to achieve the targets; and they are more difficult to influence. Recent data indicates that the numbers of fatalities in any particular year is highly variable; and other data is either of doubtful value due to underreporting (major and over 3-day injuries) or unreliable due to scarcity (health and lost time). An inability to measure and analyse industry performance creates difficulty. The use of surrogate measures and further research is being pursued as a consequence.</p> <p>Delivery of the Construction Priority Programme carries a high level of risk due to (1) a high level of dependency on others in particular industry umbrella bodies that are subject to change in structure and membership and whose longevity cannot be presumed (2) a relatively low-tech and under skilled industry that is highly fragmented, has little long term workstream security and hence little reason to invest for the longer term (3) the low barriers to entry for companies and people (4) low profitability margins with limited investment and research (5) the difficulties of influencing highly mobile micro & SMEs that make up the greater part of the industry (6) resourcing HSE's contribution.</p> <p>Risks due to (1) will be managed by effective engagement with them and through seeking common agendas. Risks due to (2), (3) and (4) are doubtfully controllable; but Government policies providing continuing non-cyclic growth in industry workload and initiatives such as 'quality mark' that encourage a reduction in the informal economy complemented by industry worker competence initiatives provide for a degree of stability and continuing self-improvement. Delivery risks due to (5) will be reduced by reaching out through paid publicity, the media and by directing key HSE workstreams towards these 'hard to reach' stakeholders. (6) The Priority programme was developed in anticipation of increased resources (20 specialist inspectors and 20 WCOs) through SR2002. This bid was unsuccessful at Treasury level and has not been met by other means within existing budgets. In addition, the planned growth of inspector resources has been put on 'hold' in response to budgetary pressures in 2003/4. We are continuing to try and service the programme with the resources available but that is likely to reduce the scope and impact of some workstreams and initiatives.</p> <p>Some parts of the industry are critical of Government commitment, whether by resourcing the regulator or in its stakeholder role as a client. Whether justified or otherwise, such views are recognised and addressed. Investment by senior managers directed towards influencing key people and stakeholders has a positive effect in maintaining a constructive environment in which to carry workstreams forward; but cannot wholly counter the risks.</p> <p>It is presumed that:</p> <ul style="list-style-type: none"> • Construction will continue to be a priority HSC programme and that it is resourced appropriately. • The balance of reactive/proactive work remains broadly stable • There will be a supportive outcome to the HSC strategy review.

<p>Methodology for Progress management:</p>	<p>Formalised programme management is currently being enhanced to provide increased management monitoring, control and accountability for key workstreams. A Programme Board and Programme Assurance Manager will provide high-level management input. The Programme Manager will review the achievement of key milestones quarterly and broader reporting will be by 'exception.' Variances from programme will be reviewed and will inform high-level management action. A 'cascade' system of management review and control is in place. This ensures that similar although less structured reviews are carried out by middle managers to provide a surety that lower order variances will be similarly managed.</p> <p>Project plans contain key objectives and success measures related to them. Mainstream operational work (inspections, investigations, enforcement, etc) is carried out following well-established guidelines and is subject to regular structured review against programme.</p> <p>The Programme Manager's quarterly reviews include:</p> <ul style="list-style-type: none"> ○ A review of the outputs on CD/OD/HSE compliance programmes – <ul style="list-style-type: none"> ○ Inspection, ○ Investigation of complaints, injuries, dangerous occurrences and ill-health, ○ Formal enforcement <p>(These activities carried forward in accordance with HSC's Enforcement Policy Statement, FOD's quality procedures for selection and completion and the Enforcement Management Model).</p> <ul style="list-style-type: none"> ○ A review of progress on the 14 major workstreams subject to Project Plans in 2003/04 using the schedules of planned completion dates and related outputs, etc, therein. ○ A review of wider strategic matters extending to issues such as the Programme's Risk Register, strategic initiatives within HSC/E, by OGDs, and by leading industry change initiatives, and the state of the industry. <p>The Programme Manager reports quarterly to senior HSE managers and this adds further rigour to the management process. Research projects have milestones enabling progress monitoring to be carried out by both the initiator and the S&I Co-ordinator's project management team.</p>
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Quarterly Management Information Report

Milestones and outputs The following sections should detail the outputs and 'highlights milestones' for the year related to key activities. Milestones should be selected so as to represent planned key achievements across the programme within the quarter. Outputs for the milestones should use proxies/surrogates that indicate that progress is being achieved towards the overall programme targets. Judgement should be exercised in selecting representative quarterly milestones where the programme has a considerable number of workstreams. Progressively, comments on the achievement of those milestones will be entered in column 3.

NOTE: 'Evaluation' (supra) sets out the proxy/surrogate measures against which progress on major workstreams will be evaluated during the year.

Selected Milestones /Progress	Selected Milestones (Description of Highlight Milestones with related outputs for this quarter.)	Comments on progress achieved (Brief comments on whether the milestone was achieved or current state of progress.)
First quarter	<ol style="list-style-type: none"> 1) Project plans for major workstreams prepared and promulgated 2) Publish summary of responses to Discussion Document, present resulting action plan to HSC and then post on the HSE website. 3) First phase of EU SLIC falls initiative completed 4) Evaluation of 2002/03 SHAD programme completed; 5) Strategy for reducing manual handling of kerbs agreed with industry 	<ol style="list-style-type: none"> 1) Completed on time. 2) Summary posted on the HSE website. Action plan to be considered by HSC on 10 June 2003. 3) 4) 5)
Second Quarter	<ol style="list-style-type: none"> 1) First quarter- year review of progress completed early in this quarter. (See 'Methodology for Progress Management' for details of quarterly reviews) 2) Revised programme management arrangements agreed with implementation plan 3) First phase of EU SLIC falls initiative evaluated 4) Second phase of EU SLIC falls initiative completed 5) Publications strategy produced which identifies new and revised guidance material to meet industry's needs 6) Occ Health Pilot Action Forum meets & agrees fund holding mechanism and begins fundraising 7) Intervention plan for each of the 8 Gov't as client initiatives produced. 8) HOPI arrangements agreed and in place; targeted companies identified and allocated to relevant PI's. 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5) 6) 7) 8)
Third quarter	<ol style="list-style-type: none"> 1) Half-year review of progress completed early in this quarter 2) Second phase of EU SLIC falls initiative evaluated 3) Report on SLIC campaign submitted to EU 4) 3rd Report to Ministers on industry progress finalised and cleared ready for submission 5) Checkpoint report on 2003/4 SHAD programme 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5)

Selected Milestones /Progress End of year progress report	1) Three-quarter year review of progress completed early in the quarter 2) Publish CD (subject to HSC agreement) with proposals for the development of construction regulations which carry the support of CONIAC 3) Arrangements in place for Occ Health Pilot to begin 4) COSAS/EMSU survey to establish baselines on occ health issues underway 5) Work programme for 2004/5 complete and ready for 6) Occ Health guidance booklet complete and launched 7) End of year review of progress on operational workplan commenced	1) 2) 3) 4) 5) 6) 7)
Programme Manager's comments.	This section will be used by Programme Managers to provide an overview to quarterly reports.	