B/03/038

PERFORMANCE REVIEW MEETING: 12 June 2003

Contribution of other HSC/E work (Externalities) to achieving the PSA Targets

The designated "Priority Programmes" will deliver the majority of the fatal /major injury PSA but only around half of the targets to reduce cases of ill health and days lost due to ill health.   Other HSE work will contribute to achieving the targets but are not included in the priority programmes.

The main work streams identified are

Compliance and enforcement activity
HSE's field inspection was reorganised from 1 April 2002 to develop indicators of health and safety management focussed on the priority topics.   Other compliance and enforcement work continues linked to investigations and complaints in particular.

Government by Example
Statistical Highlights for 2001-02 showed estimated prevalence rates of self-reported illness made worse by current or most recent job in the following sectors -
Public administration and defence (prevalence rate of 5700 per 100,000); Education (5400 per 100,000);
Health and social work (5200 per 100,000).
Of these, stress was the largest cause with MSD also figuring prominently.
HSE with DWP plans to engage actively in work with other Government departments to reduce these figures.   The programme will also cover other areas where Government can be influential through construction targets and other procurement activity.   In due course, the work will be widened to include the public sector, incorporating work which has already begun on developing the business case for health and safety.   The programme plan is at Annex 1.

Raising awareness of health and safety
Initiatives arising from the "Revitalising strategy" have been developed to raise the profile of health and safety at company Board level, to encourage more effective worker participation in health and safety issues and to reach smaller companies. This links with work to influence insurance companies and to raise corporate social agenda issues with potential investors.   HSE also has an ongoing publicity campaign.

Cross-government agendas
HSC/E anticipates increasing the effectiveness of some of its activities by working closely with other Government Departments. Particular opportunities are to work with DWP on "Health, work and recovery" and with the Department of Health on workplace health initiatives, both helping to achieve the days lost target.

HSE   May 2003

Other HSE programme work contributing to achievement of the PSA Targets

What we are doing	How this can help	Timelines	Performance measures	
HSE Field Operations Enforcement and compliance work – ensuring employers carry out duties	• Continue to maintain existing compliance baselines • Publicity to make sure employers do not wish to be prosecuted or fined • Targeted activity on cross industry topics – proper control of contractors • Outreach work	Annual activity to plan	• Annual Output performance measures • Coverage of prosecutions in the press • Effects on risk control indicators (using IRF inspection forms) (long term)	• Continued funding/ resource • No major incident diverting resources • No changes to inspector loading e.g. new emphasis on investigation and prosecution etc.
Work on Field Operations Directorate Priorities Noise Asthma Hand Arm Vibration	• Good management of these issues may promote improvement in general levels of health and safety management • Raise awareness of health issues.	Figures for contacts available on a quarterly basis Data available on risk rating annually	• Data from inspection forms (IRF1) providing risk indicators	• Inspection effort not diverted by major incident or pressure group campaign.

What we are doing	How this can help	Timelines	Performance measures	
Local Authorities (LA) work to enforce health and safety requirements	• LA enforcement covers premises in the retail and hospitality sector where levels of eg slips and trips are high and need to be tackled to achieve reductions in days lost, for example	Annual report of activity levels and enforcement action taken 2003 Review of HSE's relationship with LAs as part of the development of its 2004 Strategy. It is important to ensure that we maximise available resource within HSE and LAs in order to impact on PSA priorities and previously neglected occupational health issues.	• Numbers of premises inspected • Number where enforcement action taken • [Number of companies adopting positive policies to reduce days lost].	• LAs providing adequate resources for H&S enforcement work

What we are doing	How this can help	Timelines	Performance measures	
Government as example SEE ANNEX 1 attached	• Government contractors required to reach certain standards of H&S • 40% of construction work for Government/ public services. • Reduction in days lost – helping improve delivery of services • New levers for influencing organisations to raise standards • Use of OGC guidance	**Time lines being developed as part of programme plan**	• Numbers of CS departments incorporating this guidance into their procurement requirements • Number of contracts let under the new system • Numbers of questions arising on the guidance • Effective absence management	• Need to engage Civil service departments at the highest level and make sure this filters down as part of all requirements • Removal of crown immunity likely to increase speed at which this is taken up. • Best value policy remains (not just lowest bid) • Active support by Minister

What we are doing	How this can help	Timelines	Performance measures	
Raising Awareness				
Top 350 initiative: companies reporting on health and safety	• Public measure of concern for this such as other CSR factors	Report on 2nd year (2002) results due shortly: number of FTSE companies reporting up substantially. **2004** - 2005 Possible review of guidance and rerun survey	• Numbers of FTSE top companies including health and safety in their annual reports – increase over period • Numbers of non listed companies including health and safety in their annual reporting • Raising of standards of reporting – not just standard paragraph	Pressure from investors (possibly linked to returns delivered by company). Companies' perception of the value/benefits of attention on health and safety.

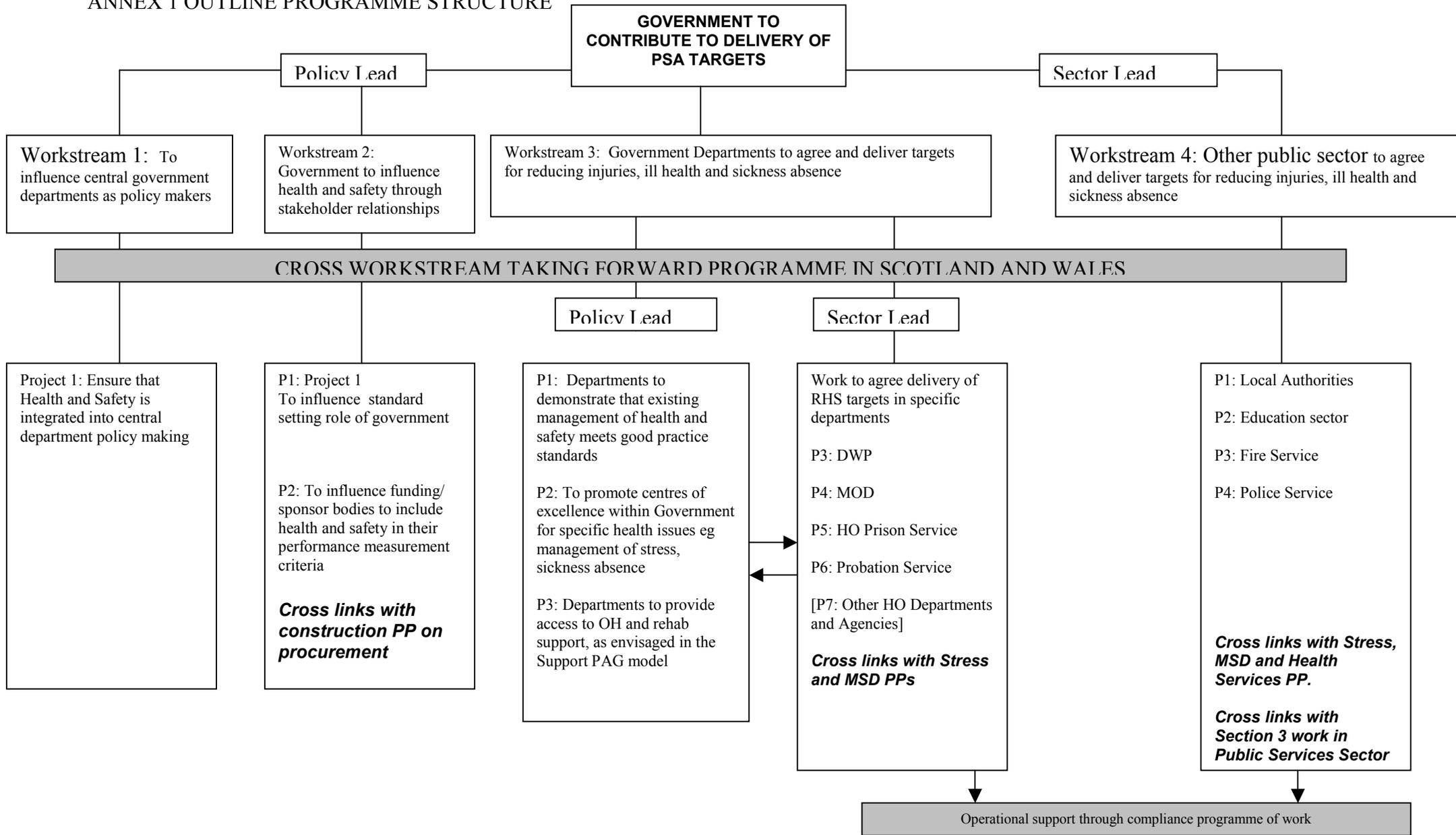| What we are doing	How this can help	Timelines	Performance measures	
Directors' duties: board level director to champion health and safety in the workplace	• Encouraging Board level interest likely to lead by example –showing interest • Board level support more likely to result in financial support for H&S requirements and initiatives	**2003** Review of effect of guidance under way; initial results show some improvement. **2003-04 R**evise guidance 2004-05 rerun survey at later date.	• Number of Top 350 companies claiming to have appointed a Board champion for H&S	• Economic conditions • Corporate manslaughter case findings: adverse case may mean no one taking responsibility • Dependent on economic and trade climates and acceptance of the business case for H&S.
Developing a business case – collection of case studies	• Prove financial and social benefits of good H&S management in a company • Persuade investment in this controllable "insurance".	**2003** Contract let: due for completion by end of 2003 **2003 Developing programme to coordinate all the work currently in different sectors/projects**	• Numbers of financially robust case studies being presented	• Evidence being available to make the case demonstrable and favourable and acceptable to industry. • Company willing for case to be publicly available.

What we are doing	How this can help	Timelines	Performance measures	
Health and Safety Index	• Enables large companies to benchmark their health and safety performance • Provides a comparison with other companies and a tool for investors	**2003** Work developing measuring tool under way 2004 pilot of Index	• Numbers of companies submitting themselves for benchmarking • Numbers reporting their benchmarking score publicly	• Successful development of index • Take up/interest in this (links to initiative on annual reporting) • Socio-economic issues
Engaging Workers				
Worker Safety Adviser pilot	• Provide trained H&S professionals in non unionised work places to give advice and help and assist in setting up in-house consultation processes • Impact depth is dependent on extent of scheme	2003 Evaluation of pilot completed and lessons learned reported to HSC. Submission to Minister on future development of the scheme planned.	• Numbers of WSAs trained/ employed • Numbers of contacts made • Measure of changes in attitude/ effects	• Further development dependent on funding being available.

What we are doing	How this can help	Timelines	Performance measures	
Engaging the workforce in health and safety Working with the Trades Unions	Evidence that companies with TU structure have better H&S record	**2003 Review of current Safety Representatives legislation to improve effectiveness of provisions** **Independent research to validate evidence of effectiveness of TU involvement**	Number of TU safety reps being trained Achieving agreement on how regulations should be framed to be more effective leading to greater awareness	Confidence of TUs in HSC/E Other pressures on businesses (downturn leading to pressure to retain jobs) Reaction to regulatory proposals.
Small Firms				
Grant scheme	• Provide grants for companies wanting to make H&S improvements	2002-03 Pilot scheme run in SW England – to be evaluated	• Numbers taking up the scheme • Numbers reporting back favourably	• Enthusiastic marketing • Firms convinced of value of investing in health and safety
Business Link initiative (Working with dti)	• Allow good performers in companies to teach little ones "the tricks of the trade" without enforcer "stigma" • Encourage start up and expanding companies to take risk assessment seriously	**2003 New electronic tool developed to assist advisors talking to new start up firms**	• Number of advisors using tool with clients; usefulness measure • Number of companies signing up to scheme	

What we are doing	How this can help	Timelines	Performance measures	
Work on risk awareness education – School curriculum Inclusion in vocational courses	Getting risk perception into general thinking Encouraging development of thinking about designing in safety at an early stage of projects	**2003 Launch of risk awareness CD-Rom for 12-15 year olds (based on X-Files)** **Work with professional organisations on inclusion of H&S in approved training**	Take up of CD-Rom Queries from teachers asking for help Number of courses including H&S element	Demand from potential employers for this skill.
Publicity				
Guidance, press releases, articles, speeches, exhibitions.	Raising awareness of H&S issues	In year, as opportunities arise or as planned to coincide with new legislation etc.	Coverage in press Take up of guidance etc Degree of interest generated eg number of calls to InfoLine	Competing news stories Incidents changing environment
Topics				
Cross government agendas DWP on Rehabilitation Department of Health on workplace health initiatives	• Increased numbers returning to work therefore fewer days lost • Focus employers on costs of those off sick and benefits of remedial action/ prevention	**Targets to be agreed**	Number of people back in work and retaining their jobs Reduction in working days lost	Agreement on Cross government agendas to gain maximum effect (ie Health work and recovery).

What we are doing	How this can help	Timelines	Performance measures	
Chemicals strategy	Reduction in incidence of ill health at work Prevention of ill health at work	**2003 Awareness campaign linked to European Week of Health and Safety.** **Major theme for HSE exhibitions**	30% reduction of incidence of asthma by 2010. Possibility of higher targets for specific substances eg latex. Developing targets on skin disease (annual incidence 66,000 and leading to 250,000 days off work) and cancer.	HSE resources including money for research Developing and maintaining stakeholder support.
Influencing – Corporate Social Responsibility agenda				
Investors in companies	Gain status of other issues eg environmental factors when making investment decisions leading to pressure on companies	**2003 Continuing contact 2004**	Evaluation of impact	
Insurance companies	Influence insurers to introduce differential rates "rewarding" those who perform well on H&S.	**2003 ELCI Review 2004 Continuing contact with eg Association of British Insurers**	Influence on DWP ELCI Review to include H&S as a factor Evaluate impact on insurers	Level of insurance premiums.

ANNEX 1 OUTLINE PROGRAMME STRUCTURE

GOVERNMENT TO CONTRIBUTE TO DELIVERY OF PSA TARGETS

Policy Lead

Sector Lead

Workstream 1: To influence central government departments as policy makers

Workstream 2: Government to influence health and safety through stakeholder relationships

Workstream 3: Government Departments to agree and deliver targets for reducing injuries, ill health and sickness absence

Workstream 4: Other public sector to agree and deliver targets for reducing injuries, ill health and sickness absence

CROSS WORKSTREAM TAKING FORWARD PROGRAMME IN SCOTLAND AND WALES

Policy Lead

Sector Lead

Project 1: Ensure that Health and Safety is integrated into central department policy making

P1: Project 1
To influence standard setting role of government

P2: To influence funding/ sponsor bodies to include health and safety in their performance measurement criteria

Cross links with construction PP on procurement

P1: Departments to demonstrate that existing management of health and safety meets good practice standards

P2: To promote centres of excellence within Government for specific health issues eg management of stress, sickness absence

P3: Departments to provide access to OH and rehab support, as envisaged in the Support PAG model

Work to agree delivery of RHS targets in specific departments

P3: DWP

P4: MOD

P5: HO Prison Service

P6: Probation Service

[P7: Other HO Departments and Agencies]

Cross links with Stress and MSD PPs

P1: Local Authorities

P2: Education sector

P3: Fire Service

P4: Police Service

Cross links with Stress, MSD and Health Services PP.

Cross links with Section 3 work in Public Services Sector

Operational support through compliance programme of work

Priority Programmes – Plan Summary & Quarterly Management Information Reports

Plan Summary

Priority programme	Government and Public Services setting an example
Programme targets	**Outcomes**: Civil Service and other Public Sector employers to set an example to other private sectors in health and safety performance and to meet the challenging targets of the Revitalising Health and Safety Strategy and of our Departmental Public Service Agreement to secure by 2010: - 30% reduction of the number of working days lost per 100,000 workers from work related injuries and ill health; - 10% reduction of the incidence of fatal and major injury accidents; and - 20% reduction of the incidence rate of work-related ill health - Achieve 60% of the improvements under each target by 2006. **Baselines**: Baselines will need to be established for each government department and public sector employer, owing to the range of diversity in risk profile and current performance across the sector as a whole. However, for the Civil Service, the Government has pledged to reduce sickness absence levels generally by 20% in the 2001 and 30% in 2003 against a baseline of 1998. Each department has signed up to a specific target, supporting these reductions, in their Service Delivery Agreement. [Need more data here]
Contributions to achieving the PSA targets	[Need accident and sickness data] To be added

Strategy	Rationale:
	Over 5 million public sector workers in total across Great Britain, representing about 18% of the workforce. The public sector is in the worst six industry sectors for its total injury rate and work related illnesses. This has a significant impact on the Government's ability to meet its PSA targets and represents a direct threat to the Prime Minister's aim of improving public services. The current reform of the Public Service intends to deliver public services designed around the needs of their customers. To achieve this, Cabinet Office's Delivery and Reform Teams and other central units are working with delivery departments to create Performance Partnerships, when the department agrees its key priorities such as Public Service Agreement targets and major projects. This provides HSE with a platform to confidently contribute to the overall strategy for reform by building on work being undertaken as part of the RHS Strategy to imbed health and safety management across all Government Departments, public bodies, local authorities and health authorities.
	
	HSE's Strategy:
	
	Workstreams
	
	   1. To influence central government departments as policy makers
	
	   2. Government to influence health and safety through stakeholder relationships
	
	   3. Government Departments to agree and deliver targets for reducing injuries, ill health and sickness absence.
	
	   4. Other public sector employers to agree and deliver targets for reducing injuries, ill health and sickness absence.
	
	   5. To manage the impact of devolution on HSE's engagement with Government and the wider public sector in Scotland and Wales
	
	Cross workstream activities
	
	   6. To continue to provide targeted information, advice and guidance
	
	   7. To continue to protect workers and improve standards by a targeted inspection and investigation programme
	
	   8. To evaluate activities and amend the programme in light of results

Key work stream 1 To influence central government departments as policy makers **Lead - Policy**	Project 1 Ensure that Health and Safety is integrated into central; department policy making • Presentation to CO, HMT, PMDU [July 2003] • Engage with HMT on incorporation of health and safety into service delivery targets [July 2003] • Engage with CO to incorporate health and safety controls into Departmental statement of internal control to incorporate [///] • Review with CO observation of existing better regulation guidance on health impact assessment [October 2003] Measures/ Milestones • SR2004 guidance requires departmental health and safety measures [December 2003] • Departmental statements of internal control incorporate health and safety [November 2004]

Key work stream 2 Government to influence health and safety through stakeholder relationships **Lead - Policy**	Project 1 To influence standard setting role of government and develop mechanism for sign up to improving health and safety [sector/ policy lead] • To be developed Project 2 To influence funding/sponsor bodies to include health and safety in their performance measurement criteria • Review of current practice in key funding departments completed [Sep 03] • Target key departments • Departments to incorporate health and safety into performance measurement criteria Measures/ Milestones x% of targeted departments incorporating health and safety into performance measurement criteria [depends on timetable] x% of targeted NDPBs statements of internal control incorporate health and safety [November 2004] x% of targeted NDPBs meeting interim outcome measure for sign up to commitment to improving health and safety to be derived from research into provision of health and safety information in annual reports, websites and other publicly available documents (see below) ***Separate project on government as procurer under investigation Cross links with Construction PP being explored.***

Key work stream 3	Policy
Government Departments to agree and deliver targets for reducing injuries, ill health and sickness absence. **Lead -Policy and Sector**	**Project 1** Establish measures for progress against health and safety targets • Review Department's progress against existing health and safety management good practice standards • Establish baseline target measures Measures/ Milestones • Outcome baseline data established [///] Project 2 To promote centres of excellence within Government for specific health issues eg management of stress, sickness absence • Discuss options for identifying and promoting centres of excellence and best practice with representative group of practitioners.[September 2003] • From discussions, put into action chosen option to collect best practice examples, eg. cross-governmental conference, excellence clubs.[end 2003] • Produce draft guidance from the collection of best practice examples to distribute throughout government.[Mar 2004] Measures/ Milestones • Production of guidance to share best practice for specific health issues within government. [///] • % of departments agreeing to adopt good practice • Evaluation of guidance impact [+12 months from promulgation] Project 3 Departments to provide access to OH and rehab support, as envisaged in the Support PAG model • Determine current access and type of OH and rehab support provided across departments. This information will form the baseline. [Months 1 - 4] • Produce guidelines on what OH and rehab support covers as set out within the Support PAG model. [Months 1-2] • Identify good exemplars and develop case studies [Months 3 - 6] • Measure Department's provision • Seminar for departmental managers of the OH and rehab provision to identify ways of moving from a less effective to an effective OH and rehab support. This should lead to the development of an action plan. • Departmental managers to agree individual action plans [Months 4 - 8] • Delivery of actions plans for access to OH and rehab support within departments [Months 9 - 18] Measures/ Milestones • X% of departments adopt PAG model [///] • Evaluation of action plan delivery [///]

Sector

Work to continue delivery of RHS in specific departments

Project 4
DWP
- JC+ to implement its own action plan by April 2004

Project 5
MOD   To extend delivery of RHS and monitor progress
- Formalize and develop relationship with MOD, USAF and other visiting forces to set bedrock for H&S infrastructure and future HSE interventions. December 2003
- Develop protocol with MOD for work related deaths and accidents. September 2003
- Define and agree application of noise and vibration regulations to MOD establishing a standard for future application of regulations to MOD November 2003
- Facilitate MOU's between HSE, MOD and MCA on application of legislation to MOD vessels

Project 6
HO Prison Service
- To establish and implement a national Occupational health policy April 2004

Project 7
HO Probation Service
- To introduce effective H&S management system April 2004

Third party involvement

Projects 4, 6 and 7 will require the sector to work jointly with employer and employee representatives to ensure that identified policies and management systems are fully implemented and supported.

The Sector will also maintain the involvement of HSE Field Operations to ensure that they properly briefed of progress to enable them to conduct well informed, competent and targeted interventions. As the work stream matures, the involvement of Ops will increase as part of the monitoring strategy.

Key work stream 4 Other public sector employers to agree and deliver targets for reducing injuries, ill health and sickness absence **Lead - Sector**	Local Authorities 　　Project 1 To promote delivery of RHS by local authorities, produce management benchmarking tool based on Ministerial Checklist . First draft December 2003 　　Project 2 Engage with Audit Commission and IdEA to incorporate health and safety management and improvement in LAs into Best Value and Performance Measure Indices September 2003 Education 　　Project 3 Establish new strategy for education in partnership with DfES and national Learning Skill Councils September 2003 　　Project 4 Establish new delivery mechanism for Education with stakeholders (review of IACs) to deliver RHS targets April 2004 Fire 　　Project 5 To agree work plan and delivery mechanism to meet set targets with HMFSI, CACFOA and CFBAC. 　　Project 6 To continue engagement with key stakeholders to support the delivery of RHS targets Police 　　Project 7 To facilitate the delivery of agreed targets and monitor progress 　　• 　In partnership with ACPO impact working group, define application of H&S on operational policing. April 2004 　　• 　Produce statutory code of practice for management of health and safety within police forces – Dependant on outcome of current HSC consultation on Police (Health and Safety) Regulations 　　• 　Review Police Inspection agreement to provide bedrock for HSE interventions to pursue RHS and H&S application April 2004 Third Party Involvement Projects 1 to 7, 10 & 11 are reliant on joint working with external stakeholders, including employer and employee representative organisations. This will normally be achieved through established committees and forum which have the necessary status to influence and direct performance. These bodies will have agreed workplans against which their contribution to achieving RHS may assessed. The Sector will also engage directly with OGDs where appropriate, particularly with regards to policy and funding influencing performance. The Sector will also maintain the involvement of HSE Field Operations to ensure that they properly briefed of progress to enable them to conduct well informed, competent and targeted interventions. As the work stream matures, the involvement of Ops will increase as part of the monitoring strategy. ***Cross links with other Priority Topics and Health Services PP*** ***Cross links with Managing down HSW Section 3 programme – to reduce resource implications on Field Operations and Sector***
Key workstream 5 To manage the impact of devolution on HSE's engagement with Government and the wider public sector **Lead - Sector**	Project 1 To establish and agree with HSE Scotland the protocol for the programme delivery in Scotland. Project 2 To establish and agree with HSE Wales the protocol for the programme delivery in Wales.

Third party involvement	[To be set out in communication strategy///]
Evaluation	/// to be developed
Input assumptions	Resource allocations to be baselined.
Key assumptions	Risk management strategy under development
Methodology for Progress management:	Progress against plan to be assessed from number of planned Measures/ Milestones reached

Injuries, Ill health and work related absence baseline to be established. Use Cabinet Office AON survey of departmental sickness absence as proxy data for work related sickness absence?

Interim outcome measure for sign up to commitment to improving health and safety to be derived from research into provision of health and safety information in annual reports, websites and other publicly available documents eg x% improvement in scores

Baseline compliance measures (improvement notices, inspections, investigations) under exploration

Measures of evidence baseline (research) to be explored. No specific research has been commissioned for the programme at this stage, but some survey work maybe appropriate. May be appropriate to explore extent of internal departmental research on health and safety issues. |