

# HSE Delivery Plan

For the period 1 April 2011 to 31 March 2012

## **Our mission**

The prevention of death, injury and ill health to those at work and those affected by work activities

**Contents**

A Introduction .....3  
B Our 2011/12 Plan.....5  
C Our resources .....16  
D Monitoring performance .....17

# 1. Introduction

The HSE Board's strategy for health and safety in Great Britain, set out in *Be Part of the Solution*, published in June 2009, reset the direction for health and safety. Over 18 months later, notwithstanding the very different environment in which we are now operating, it continues to provide the overall strategic framework for maintaining and improving Great Britain's workplace health and safety performance.

In particular, its essential aims – for all those who are part of the health and safety system to focus on the real risks and play their part to prevent death and serious harm in the workplace – are still valid, along with the need to make it easier for everyone to understand what is really required.

During 2010, the Prime Minister commissioned Lord Young's review of health and safety and the compensation culture, which culminated in the publication of his report *Common Sense, Common Safety*. His recommendations have all been accepted by Government and various departments are now engaged in implementing these. HSE welcomed the review and sees this as an important opportunity to address some of the unnecessary risk aversion and trivialisation of important issues that have detracted from HSE's work in the past. We are now making good progress with implementing those recommendations for which we are responsible and some of these activities will continue throughout the coming year.

But implementing the recommendations of *Common Sense, Common Safety* is only one of a number of changes which are taking place that will impact upon the way the health and safety system in Great Britain operates in the future. The Government has announced that it will commission a review of health and safety regulation, HSE and local authorities will concentrate their interventions on high-risk premises and enforcement where standards are poor, and we will see the establishment of the Office for Nuclear Regulation as an agency within HSE ahead of Government's intention to create a statutory corporation. There will also be a review of the UK's offshore regulatory framework in the light of recent events elsewhere in the world.

2011/12 will thus see the next stage of development of Great Britain's health and safety regime. This, together with the adjustments we will be making as a consequence of the reductions in government funding for the period to 2015, will be a key factor influencing HSE's delivery.

HSE is approaching the challenges in three main ways. We will:

- make more effective use of available resources by becoming even more efficient and will focus our attention on those areas where we can have the most impact. This will mean making some tough choices about priorities;
- recover more of our costs, by recognising the value of the experience and material HSE has, and charging for it where there is legitimate scope to do so; and
- seek to level the playing field by ensuring that those businesses which create risks by operating outside of the law, or where a continuing high level of engagement is required, meet more of the regulator's costs that are generated as a result. HSE will be consulting on proposals to introduce such arrangements.

New technologies, processes and organisational structures are developing in response to the global pressures on resources, demographics and sustainability. Our role is to enable innovation that brings economic growth while ensuring that risks are managed properly and proportionately. At the same time, an ever-growing number of small businesses need our help to understand what they are required to do and to make the doing of it as easy as possible.

If we all play our respective parts, as the strategy calls for, we can implement these changes and still maintain progress in improving Great Britain's health and safety performance. Change is never easy, but standing still is not an option. Any organisation must continue to adapt and change to be successful – our delivery plan for 2011/12 recognises the need for change but retains its focus on our mission and purpose.

**Judith Hackitt CBE**  
**HSE Chair**

## 2. Our 2011/12 Plan

<b>1. Transforming our approach</b>	<b>Reform how and where HSE works to realise the best achievable impact on the health and safety system, to deliver our functions more efficiently and live within our SR10 settlement</b>
<b>1.1.</b>	<b>Improve the design, prioritisation, targeting and evaluation of how and where HSE intervenes to achieve greatest impact.</b> <ul style="list-style-type: none"> <li>1.1.1. Maintain a fit-for-purpose and robust evidence base on workplace injuries, work-related ill health, and the causes and the consequences of health and safety failings to target how and where HSE intervenes.</li> <li>1.1.2. Inform policy development, impact assessment, implementation and evaluation of HSE interventions, using research and analysis, including behavioural economics.</li> <li>1.1.3. Embed sector-specific strategies into HSE's delivery planning process, using the strategies to better align and prioritise HSE's interventions.</li> <li>1.1.4. Develop guidance for local authority co-regulators to prioritise their work, reduce the level of proactive inspections and better target resources.</li> <li>1.1.5. Develop guidance for local authority co-regulators on combining health and safety inspections and revise related guidance (<i>Common Sense, Common Safety</i> recommendation).</li> </ul>
<b>1.2.</b>	<b>Implement structural reform within HSE to create an organisation able to meet future challenges.</b> <ul style="list-style-type: none"> <li>1.2.1. Review the operation of the Health and Safety Laboratory (HSL) to enable it to recover a significantly greater proportion of its costs progressively by providing services to non-HSE customers.</li> <li>1.2.2. Create a new Office for Nuclear Regulation (ONR) to meet the future challenges in the safety regulation of the nuclear industry.</li> <li>1.2.3. Agree and implement new delivery models for support services including human resources (HR), finance and science administration.</li> <li>1.2.4. Review and develop communications skills, practice and delivery model to support HSE's future requirements.</li> <li>1.2.5. Implement HSE's Estates Strategy to improve cost efficiency, achieve better use of space and create a high-quality working environment.</li> </ul>
<b>1.3.</b>	<b>e-enable and improve key business processes to remove unnecessary steps, drive down cost, improve efficiency and align with the principles of the government-wide Technology Strategy.</b> <ul style="list-style-type: none"> <li>1.3.1. Move the bulk of telephone enquiries from HSE's Infoline service to an improved web-based service (see 3.3).</li> <li>1.3.2. Implement a revised e-enabled process for notifying Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents to HSE.</li> <li>1.3.3. Undertake a programme of reviews of operational processes to simplify and improve service delivery.</li> </ul>

## 1. Transforming our approach

*Reform how and where HSE works to realise the best achievable impact on the health and safety system, to deliver our functions more efficiently and live within our SR10 settlement*

1.3.4. Deliver the Information Systems and Technology project to contract a new provider for HSE's Information and Communications Technology service, reduce costs and improve value for money.

1.3.5. Exploit technology to allow staff to work more effectively outside of the office to improve productivity and flexibility.

### 1.4. Seek to derive more of our income from non-government sources.

1.4.1. Take forward proposals to recover more of HSE's costs arising from interventions where a material breach of the law which warrants remedial action is identified. This will create a more level playing field for those businesses that comply with the law.

1.4.2. Take forward proposals for extending cost recovery across a number of high hazard areas.

1.4.3. Develop initiatives to seek more value from providing HSE's expertise and involvement for those who wish to use it.

### MILESTONES/EVIDENCING PROGRESS

#### DATE

1.1.1. Fatal injury statistics published.

Jun 2011

Suite of statistics on injuries at work, work-related ill health and enforcement activity for 2010/11, including updated estimates of the costs to Britain of injuries and ill health published.

Oct 2011

Programme of research projects completed to agreed time and cost.

Mar 2012

1.1.2. Impact assessments which withstand scrutiny by the Regulatory Policy Committee and Reducing Regulation Committee.

Quarterly

1.1.3. Sector strategies embedded into HSE delivery plans for 2012/13 onwards.

Mar 2012

1.1.4. Guidance for local co-authority regulators produced.

Apr 2012

1.1.5. Statement and associated revisions to guidance produced.

Apr 2012

1.2.1. Review of HSL's future development reports.

July 2011

1.2.2. Operation of ONR as an agency of HSE commenced.

Apr 2011

Subject to DWP approval, permanent Chair for the ONR advertised.

Jun 2011

1.2.3. HR model of delivery and staffing structure finalised.

Sep 2011

Next Generation HR delivery model implemented.

Mar 2012

Science administration reorganisation in place and savings delivered.

Mar 2012

1.2.4. Internal and external communications strategy for 2011–2015 finalised.

Dec 2011

1.2.5. Office moves and reorganisations completed:

## 1. Transforming our approach

*Reform how and where HSE works to realise the best achievable impact on the health and safety system, to deliver our functions more efficiently and live within our SR10 settlement*

	<ul style="list-style-type: none"><li>• Plymouth;</li><li>• Newcastle, Leeds and Basingstoke;</li><li>• Preston;</li><li>• Norwich; and</li><li>• Harwell.</li></ul>	Apr 2011
	Closure of Manchester office commences.	May 2011
	Review of East Grinstead completed.	Jul 2011
	Vacant space in Aberdeen and Edinburgh actively marketed.	Sep 2011
1.3.1.	Infoline service ceased.	Mar 2012
1.3.2.	New RIDDOR reporting process operational.	Mar 2012
1.3.4.	Preferred bidder identified. Draft contract produced.	Mar 2012
1.3.5.	Recommendations relating to mobile technology put to Information and Information Systems Governance Board.	Mar 2012
1.4.	Consultation on sharing more of the regulator's costs with businesses where intervention is required commenced.	Sep 2011
	New charging regimes implemented.	Jul 2011
		Apr 2012

<b>2. Avoiding catastrophe</b>	<i>Provide public assurance that health and safety risks within those high hazard industries which are strategically important to the country's economy and which have the potential to cause catastrophic harm to their workers and the public at large, are effectively managed and controlled</i>
<b>2.1.</b>	<b>Deliver an effective and proportionate intervention programme to regulate major hazard operators and dutyholders.</b>
2.1.1.	Assess safety cases and safety reports submitted by dutyholders to ensure that safe operation is demonstrated.
2.1.2.	Grant and authorise applications, classifications, derogations, licences, approvals and notifications in accordance with statutory requirements and deadlines.
2.1.3.	Inspect major hazard operators including nuclear installations, Control of Major Accident Hazards (COMAH) sites, offshore installations, major accident hazard pipeline operators, biological agent facilities, and other high hazard establishments in accordance with agreed intervention plans.
2.1.4.	Ensure dutyholders effectively manage asset integrity risks including those arising from ageing plant and equipment.
<b>2.2.</b>	<b>Deliver the Generic Design Assessment (GDA) and the licensing and permissioning of new civil nuclear reactor sites.</b>
<b>2.3.</b>	<b>Apply a 'fit-for-purpose' regulatory framework for higher hazard Emerging Energy Technologies (EET).</b>
2.3.1.	Assess the effectiveness of HSE regulation of EET and if and where necessary consider introducing more specific regulatory duties.
<b>2.4.</b>	<b>Review and where necessary revise the future offshore oil and gas regulatory strategy and regime in light of the investigatory outcomes of the Deepwater Horizon incident in the Gulf of Mexico.</b>
2.4.1.	Undertake a review, jointly with DECC and Maritime and Coastguard Agency (MCA), of the UK offshore oil and gas regulatory regime against the issues emerging from the investigation into the Deepwater Horizon incident (and the findings of the Energy & Climate Change Select Committee inquiry) and take forward any recommendations.
<b><u>MILESTONES/EVIDENCING PROGRESS</u></b>	<b>DATE</b>
2.1.1.	The number of safety cases/reports submitted by dutyholders assessed against published standards. Quarterly
2.1.2.	The number and type of applications, classifications etc processed against agreed standards. Quarterly

## 2. Avoiding catastrophe

*Provide public assurance that health and safety risks within those high hazard industries which are strategically important to the country's economy and which have the potential to cause catastrophic harm to their workers and the public at large, are effectively managed and controlled*

2.1.3.	Annual Intervention Programmes in key sectors delivered:	Mar 2012
	<ul style="list-style-type: none"> <li>All cornerstone Licence Condition<sup>1</sup> inspections within the nuclear sector.</li> <li>Agreed number of non-cornerstone Licence Condition inspections (required once every 36 months) within the nuclear sector.</li> <li>Targeted interventions (safety report assessments, inspections and audits) at 100% (196) of the highest hazard COMAH sites and a further 25% (200) of the high hazard COMAH sites.</li> <li>Offshore manned production installations inspected twice a year and non-productive or normally non-manned installations once a year (a total of 270 installations).</li> <li>Targeted interventions at 100% of the highest priority sites in the specialised industry sectors (biological agents, explosives, gas and pipelines, and mines).</li> <li>1500 Liquefied Petroleum Gas pipework inspections.</li> </ul>	
2.1.4.	Ten KP4 (three-year offshore Ageing and Life Extension Inspection Project) inspections completed.	Mar 2012
2.2.	GDA Step 4 Outcome Technical and Summary Reports published. <sup>2</sup>	Jun 2011
	Interim or Final Design Acceptance Confirmation for each design issued. <sup>2</sup>	Jun 2012
2.3.1.	Criteria for the effectiveness of regulation of higher hazard activities (CCS, offshore wind, waste to energy and Liquefied Natural Gas regassing) developed.	Sep 2011
	Projects initiated to examine higher hazard EET activities (offshore wind and waste to energy).	Jun 2011
2.4.1.	Appropriate governance structure set up.	Apr 2011
	Review completed.	Sep 2011

<sup>1</sup> A Licence Condition compliance inspection seeks to gain information on the quality of a licensee's arrangements to comply with the conditions of their nuclear site licence, and other statutory requirements, and their performance in implementing them. Cornerstone Inspections are the minimum licence compliance inspections considered necessary to provide assurance of adequate control of nuclear safety by the licensee. These will change in response to issues emerging at each site.

<sup>2</sup> Delivery dates are being reconsidered in light of the recent events in Japan.

### **3. Clarifying ownership of risk and improving compliance**

*Motivate others in the health and safety system to address their responsibilities in a common sense and proportionate manner and contribute to improving health and safety performance*

#### **3.1. Simplify health and safety regulations to remove duplication, reduce the burden on business and, as a minimum, maintain the protection of workers and those affected by work activities.**

- 3.1.1. Consult on proposals to amend the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995, through which businesses record workplace accidents (*Common Sense, Common Safety* recommendation).
- 3.1.2. Abolish the Adventure Activities Licensing Authority and replace licensing with a code of practice (*Common Sense, Common Safety* recommendation).
- 3.1.3. Implement simplified regulations in major hazards areas: (i) bioscience and laboratory-type work with hazardous biological agents and (ii) explosives.
- 3.1.4. Conduct a review of mining legislation to simplify the regulatory system.
- 3.1.5. Contribute to the Department for Business, Innovation and Skills (BIS) Enforcement White Paper setting out proposals for better co-ordinated inspection of multi-site retail businesses (*Common Sense, Common Safety* recommendation).

#### **3.2. Maintain and improve the protection of people at work and the environment and negotiate and secure the best possible outcome for British industry within Europe to maximise savings and minimise the burden on business.**

- 3.2.1. Take the lead on negotiations in Europe in relation to a number of Directives and Regulations.
- 3.2.2. Represent the UK Government's interests on both the Governing Board and Advisory Committee of the European Agency for Safety and Health at Work.
- 3.2.3. Work with DECC and MCA to negotiate on European Commission (EC) proposals resulting from the Deepwater Horizon incident in the Gulf of Mexico.
- 3.2.4. Effectively participate on the UK's behalf in European Union (EU) Competent Authority (CA) business in relation to the biocides, pesticides, detergents and industrial chemical regimes.
- 3.2.5. Regulate the supply and use of biocides, pesticides, detergents and industrial chemicals according to EU requirements, determining as appropriate product applications in accordance with regulatory standards.

#### **3.3. Rationalise and improve access to web-based guidance to enable businesses, particularly those in small and low risk businesses, to easily understand their health and safety obligations and meet them in the simplest, most straightforward way.**

- 3.3.1. Undertake a fundamental review of HSE's guidance (eg publications, tools, webpages etc) to help businesses understand what they have to do

### 3. Clarifying ownership of risk and improving compliance

*Motivate others in the health and safety system to address their responsibilities in a common sense and proportionate manner and contribute to improving health and safety performance*

to comply with health and safety law in an effective and proportionate manner. Criteria used to prioritise areas for review will include size of audience, cost of compliance to business, date since last review and number of publications.

3.3.2. Review and re-launch existing guidance for home workers in low hazard environments (*Common Sense, Common Safety* recommendation).

#### **3.4. Enable access to independent competent, professional and up-to-date health and safety advice through an Occupational Safety and Health Consultants Register (OSHCR).**

3.4.1. Administer the OSHCR to make it easier for businesses to know where to find appropriate, competent sources of advice, following the register's launch in 2010/11 (*Common Sense, Common Safety* recommendation).

3.4.2. Facilitate the transfer of the OSHCR to professional bodies.

#### **3.5. Focus proactive inspection on the highest risk sectors, where it is judged to be an effective intervention. HSE will concentrate proactive inspections in those industries and companies which present significant risk and inspection is an appropriate intervention to improve the control of risk, eg asbestos, construction, waste and recycling.**

#### **3.6. Work more effectively in partnership with key stakeholders (including businesses, trade unions and third sector organisations) in industries and occupations where there is a higher risk of accidents or ill health. We will provide our expertise to raise awareness, create behavioural change and influence others to find their own solutions and take ownership for driving forward improvements in health and safety standards.**

3.6.1. Develop appropriate communications interventions to tackle key health and safety issues and create behavioural change, using cost-effective and, where possible, no-cost ways to reach and engage target audiences.

3.6.2. Promote the benefits of effective health and safety leadership throughout all levels of an organisation to establish commitment to and accountability for health and safety performance.

3.6.3. License the 'Do Your Bit'<sup>3</sup> training initiative to facilitate an improvement in workforce consultation in health and safety and encourage better consultation in small and medium enterprises (SMEs).

#### **3.7. Continue to focus on the true role and remit of health and safety and HSE, drawing the distinction between real health and safety risks, which threaten serious harm to people in the workplace, and the other types of risk averse behaviour.**

3.7.1. Develop proactive, low-cost public relations programme to position HSE as a responsible and proportionate regulator, educating target

<sup>3</sup> [www.hse.gov.uk/involvement/doyourbit/index.htm](http://www.hse.gov.uk/involvement/doyourbit/index.htm)

### 3. Clarifying ownership of risk and improving compliance

*Motivate others in the health and safety system to address their responsibilities in a common sense and proportionate manner and contribute to improving health and safety performance*

- audiences on the role of HSE.
- 3.7.2. Implement plans to work with stakeholders and trusted third parties to influence the debate on health and safety and leverage the size and scale of third party channels at minimal cost.
- 3.7.3. Monitor, rebut and correct trivial or ill-informed criticism which damage the reputation of health and safety.

#### **MILESTONES/EVIDENCING PROGRESS**

	<b>DATE</b>
3.1.1. RIDDOR consultation concluded.	Apr 2011
Amendments to regulations (if required) implemented.	Apr 2012
3.1.2. Consultation on draft voluntary code of practice launched.	May 2011
3.1.3. Single set of dangerous human and animal pathogens and Genetically Modified Organisms in containment regulations implemented.	Apr 2012
3.1.4. Simplified explosives legislation, replacing several sets of regulations implemented.	Apr 2013
Review of mining legislation completed.	Jul 2011
Mining legislation simplification project completed.	Apr 2013
3.1.5. Consultation document in association with BIS published.	May 2011
3.2. Proposals for the UK's response to the EC on the implementation of the Asbestos Workers' Protection Directive agreed and submitted to the EC.	Apr 2011
Plant Protection Products Regulations implemented.	Jun 2011
Sustainable Use Directive implemented.	Nov 2011
3.2.1. Negotiated position in relation to Directives including HSE Board and Ministerial agreement:	
• Electromagnetic Fields Directive;	Apr 2011
• Basic Safety Standards Directive; and	May 2011
• Musculoskeletal Disorders Directive.	Jun 2011
UK position on Seveso III Directive developed.	May 2011
UK position on Carcinogens and Mutagens Directive developed.	Apr 2012
EC Biocides Regulation adopted.	Jan 2012
Draft UK report on pilot study of practical implementation of the Occupational Safety and Health (OSH) Directives in 2013 completed.	Jul 2012
3.2.3. UK negotiating lines agreed within three months of publication of EC proposals.	Sep 2011

<b>3. Clarifying ownership of risk and improving compliance</b>	<b>Motivate others in the health and safety system to address their responsibilities in a common sense and proportionate manner and contribute to improving health and safety performance</b>
3.2.4. UK agreed lines promoted within the EC and other European regulators. Participated on the UK's behalf in EU CA meetings: <ul style="list-style-type: none"> <li>• five on biocides;</li> <li>• three on REACH and classification and labelling; and</li> <li>• two on Prior Informed Consent.</li> </ul>	Dec 2012 May 2012
3.2.5. Biocide and pesticide evaluations completed within stated timescales.	Quarterly
3.3.1. 25% of all HSE's website content and publications portfolio (areas include RIDDOR; risk; first aid and other sector/risk areas) reviewed, revised and, where appropriate, improved.	Oct 2011
3.3.2. Guidance on home workers launched.	Aug 2011
3.4.2. Transition plan for the transfer of OSHCR to professional bodies in place.	Dec 2011
3.5. Programme of inspections delivered to: <ul style="list-style-type: none"> <li>• nine of the most significant national waste management companies;</li> <li>• one-third of local authorities as the procurers and contract managers of waste and recycling services;</li> <li>• between 80–120 waste electronic and electrical equipment (WEEE) recycling premises ('hotspot' sites);</li> <li>• 1500 visits to licensed asbestos removal work to assess standards and ensure licence holders demonstrate effective leadership in tackling asbestos risks;</li> <li>• at least five wind farms per division (except London) within the wind energy industry covering a wide range of significant health and safety issues; and</li> <li>• at least 1200 site inspections within the construction refurbishment sector as part of an intensive inspection initiative.</li> </ul>	Mar 2012
3.6. Web-based Leadership and Worker Involvement tool specifically aimed at SMEs in construction launched.	Jan–Mar 2012 Jun 2011
Programme of 26 Safety, Health and Awareness Days (SHADs) within the agricultural sector delivered.	Mar 2012
Programme of 15 Partnership Boards in five sectors where the risk of respiratory diseases are higher (foundries, construction, welding, quarries and stoneworkers) delivered.	Mar 2012
Programme of 50 Working Well Together partnership events, including SHADs, Designers Awareness Days and White Van Roadshows to engage with the micro SME sector of the construction industry delivered.	Mar 2012
3.6.1. Social marketing toolkit launched and available for staff.	Jun 2011
Partnership marketing strategy, plans and tools and clear governance arrangements for partnership marketing in place.	Sep 2011
3.6.2. Five case studies on specific leadership behaviours developed and communicated.	Mar 2012

<b>3. Clarifying ownership of risk and improving compliance</b>	<i>Motivate others in the health and safety system to address their responsibilities in a common sense and proportionate manner and contribute to improving health and safety performance</i>															
<table border="0"> <tr> <td data-bbox="136 373 280 443">3.6.3.</td> <td data-bbox="280 373 1890 443">New delivery mechanism for continued delivery of Do Your Bit training implemented.</td> <td data-bbox="1890 373 2096 443">Mar 2012</td> </tr> <tr> <td data-bbox="136 443 280 480"></td> <td data-bbox="280 443 1890 480">Evaluation of the long-term impact of Do Your Bit training published.</td> <td data-bbox="1890 443 2096 480">Mar 2012</td> </tr> <tr> <td data-bbox="136 480 280 517">3.7.1.</td> <td data-bbox="280 480 1890 517">Success measures on achieving objectives of proactive public relations activity evaluated.</td> <td data-bbox="1890 480 2096 517">Quarterly</td> </tr> <tr> <td data-bbox="136 517 280 553">3.7.2.</td> <td data-bbox="280 517 1890 553">Plans for stakeholder and third-party advocates developed.</td> <td data-bbox="1890 517 2096 553">Dec 2011</td> </tr> <tr> <td data-bbox="136 553 280 611">3.7.3.</td> <td data-bbox="280 553 1890 611">Tone of media coverage and key message delivery reviewed.</td> <td data-bbox="1890 553 2096 611">Quarterly</td> </tr> </table>	3.6.3.	New delivery mechanism for continued delivery of Do Your Bit training implemented.	Mar 2012		Evaluation of the long-term impact of Do Your Bit training published.	Mar 2012	3.7.1.	Success measures on achieving objectives of proactive public relations activity evaluated.	Quarterly	3.7.2.	Plans for stakeholder and third-party advocates developed.	Dec 2011	3.7.3.	Tone of media coverage and key message delivery reviewed.	Quarterly	
3.6.3.	New delivery mechanism for continued delivery of Do Your Bit training implemented.	Mar 2012														
	Evaluation of the long-term impact of Do Your Bit training published.	Mar 2012														
3.7.1.	Success measures on achieving objectives of proactive public relations activity evaluated.	Quarterly														
3.7.2.	Plans for stakeholder and third-party advocates developed.	Dec 2011														
3.7.3.	Tone of media coverage and key message delivery reviewed.	Quarterly														

<b>4. Securing justice</b>	<i>Investigate work-related incidents and ill health and take enforcement action to prevent harm and to secure justice when appropriate</i>	
<b>4.1.</b>	<b>Investigate incidents or complaints which have caused, or have the potential to cause harm.</b>	
4.1.1.	Investigate those incidents that meet HSE’s incident selection criteria, focusing on the most significant failures.	
4.1.2.	Investigate complaints that meet HSE’s agreed risk-based criteria.	
<b>4.2.</b>	<b>Take enforcement action in accordance with the HSE Enforcement Management Model to prevent harm and secure justice when appropriate.</b>	
4.2.1.	Issue Improvement and Prohibition Notices as set out in sections 21, 22 and 23 of the Health and Safety at Work etc Act 1974.	
4.2.2.	Prosecute those who commit serious breaches of the law through the robust application of the HSE Enforcement Policy Statement. <sup>4</sup>	
4.2.3.	Widely publicise prosecutions to deter businesses from non-compliance with health and safety legislation.	
<b><u>MILESTONES/EVIDENCING PROGRESS</u></b>		<b>DATE</b>
4.1.1.	The proportion of incidents meeting HSE’s selection criteria which are investigated.	Quarterly
4.1.2.	The number of complaints received, followed up and completed within appropriate timescales.	Quarterly
4.2.1.	The number and type of notices issued.	Quarterly
4.2.2.	The number of prosecution cases approved and the percentage of successful prosecutions.	Quarterly
4.2.3.	Media coverage achieved in relation to prosecutions.	Quarterly

<sup>4</sup> [www.hse.gov.uk/pubns/hse41.pdf](http://www.hse.gov.uk/pubns/hse41.pdf)

### 3. Our resources

HSE's Spending Review 2010 settlement requires grant-in-aid savings of at least 35% in real terms over the period (2011/12 to 2014/15) while sharing more of the cost with those businesses who create risks.

HSE adopted a prudent approach in 2010/11 to position itself which included the completion of a Voluntary Exit scheme which reduced staffing by 200 (175 full-time equivalents (FTEs)). HSE, like the rest of the public sector, is seeking to deliver its services and meet its responsibilities more efficiently. We believe the changes we are making will enable us to carry out our role effectively while delivering value for money to the taxpayer.

HSE's Net Resource Budget for 2011/12 is £198.7 million.

	<b>Outturn 2009/10 £m</b>	<b>Forecast 2010/11 £m</b>	<b>Budget 2011/12 £m</b>
<b>Total Gross Expenditure</b>	327.6	324.5	310.2
<b>Income</b>	(99.9)	(116.4)	(111.5)
<b>Net Resource Departmental Expenditure Limit</b>	<b>227.7</b>	<b>208.1</b>	<b>198.7</b>
<b>Net Capital</b>	<b>11.6</b>	<b>6.5</b>	<b>6.7</b>

<b>Staffing</b>	<b>Actual 1 April 2010 FTEs</b>	<b>Forecast 1 April 2011 FTEs</b>	<b>Forecast 1 April 2012 FTEs</b>
HSE	3 320	3 047	3 040
HSL	382	366	356
<b>Total</b>	<b>3 702</b>	<b>3 413</b>	<b>3 396</b>

## 4. Monitoring performance

Some of the measures HSE will use to monitor its own performance and the performance of the wider health and safety system are:

### Monitoring the value for money of HSE

- Amount of grant-in-aid and the proportion of HSE's expenditure funded by grant-in-aid.
- The cost of operating HSE – including staff costs, bought-in goods and services and property over time and against projected cost.
- Number of employees including breakdown by function, grade and contract type.
- Cost of corporate services (including HR, finance, information and communications technology, communications and procurement) as a percentage of the cost of HSE.
- Property cost per square metre and per employee.

### Monitoring the outcomes of HSE's work

- Milestones within the delivery plan are on track and being delivered.
- Ratio of positive/negative messages within the media in relation to health and safety and/or HSE.
- Percentage of HSE prosecution cases which result in a conviction and resulting levels of fines and media coverage.
- Number of notices issued.
- Number of consultants on the consultants' register.
- Number of web hits for the online risk assessment toolkits.

### Monitoring the performance of the health and safety system of Great Britain

- The incidence rate of fatal injuries in the workplace.
- The incidence rate of non-fatal injuries in the workplace.
- The incidence rate of work-related ill health.
- The number of potentially dangerous events in the nuclear industry and specified dangerous occurrences in the offshore oil and gas and onshore COMAH sectors, comprising:
  - the number of events reported by licence holders which are judged to have the potential to challenge a nuclear safety system;
  - the number of major and significant hydrocarbon releases in the offshore oil and gas sector; and
  - the number of relevant RIDDOR reportable dangerous occurrences in the onshore sector.
- Comparison of Great Britain's health and safety performance to other EU member states, seeking to maintain our position as one of the leading health and safety performers.