Evaluation of FOD's Topic Based Inspection

Prepared by Risk Solutions for the Health and Safety Executive 2005

RESEARCH REPORT 368
Overall in this report Risk Solutions conclude that Topic Based Inspection has been a partial success. For the two years immediately following the implementation of Topic Based Inspection it has made no direct impact on overall health and safety performance. We can say that so far Topic Based Inspection has not had a detrimental impact on these outcomes.

The Topic Based Inspection systems and supporting processes are being used by the inspectors and this will, with time, yield valuable management information. Furthermore there is evidence that Topic Based Inspection is starting to influence inspector activities and behaviours as intended. This needs to be encouraged and reinforced.

If Topic Based Inspection is to support the Health and Safety Executive’s Field Operations Directorate deliver against the Public Service Agreement targets in response to the Revitalising Health and Safety strategy statement however, it needs to address the current resistance to Topic Based Inspection that is evident amongst the more experienced inspectors. In addressing this it needs to recognise that dutyholders are concerned about the variability and consistency of interaction with inspectors and the way in which the Field Operations Directorate prioritises dutyholders for inspection. Consequently, if differences of opinion about the value of Topic Based Inspection are tolerated within Field Operations Directorate then this will exacerbate these concerns.

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The ‘Revitalising Health and Safety’ initiative was announced by the Deputy Prime Minister in 1999. The Strategy Statement, published in June 2000, sets out how the Government and the Health and Safety Commission will work together to revitalise health and safety. At its heart are a set of targets that have been enshrined in the HSC/E Public Service Agreements. These targets are to:

- Reduce the number of working days lost per 100,000 workers from work related injury and ill-health by 15% by 2004 and 30% by 2010
- Reduce the incidence rate of fatal and major injury incidents by 5% by 2004 and 10% by 2010
- Reduce the incidence rate of cases of work-related ill health by 10% by 2004 and 20% by 2010

To deliver the Revitalising Health and Safety targets the HSC/E has focussed its Priority Programme work on three sectors (agriculture, construction and health services) and five hazard areas (falls from height, workplace transport, slips and trips, musculoskeletal disorders and stress).

The Field Operations Directorate (FOD) is the largest operational Directorate within HSE. FOD has a specific objective of securing compliance with Health and Safety law through different types of intervention, including:

- Inspections
- Reactive investigations (e.g. following an incident or complaints)
- Specific campaigns in certain areas focussed on improving compliance.
- Formal enforcement work, where an enforcement policy and framework helps to ensure inspectors make consistent enforcement decisions

With FOD performing more than 74,000 inspections in FY02/03, it is important to demonstrate that these contribute to delivery of the PSAs. To this end FOD introduced Topic Based Inspections (TBI) in April 2002.

The objectives of this evaluation study is to determine whether Topic Based Inspection (TBI) has had the impact intended in terms of health and safety and other benefits and, in particular, if moving to a topic-based inspection approach has made FOD inspection activities more effective than they would otherwise have been.

Risk Solutions’ approach to evaluating TBI has been to construct a ‘Hierarchy of Aims and Actions’ framework to show how the desired outcomes can be related to the actions implemented to deliver these outcomes. This type of construct is an extremely useful tool to help identify what data is required for the evaluation. By cross referencing with the data that was available (secondary data) we were able to determine what new or additional data (primary data) would need to be collected. In addition, the hierarchy of aims and actions provides a powerful framework for structuring and discussing the results.

For our evaluation study the main sources of secondary data used were:

- RIDDOR - for fatality and major injury data
- FOCUS - for analysis of HSE/FOD inspector total contact time with dutyholders
• Inspection Report Form database – for analysis of inspection contact time recorded against priority topics and standards of dutyholder compliance

In addition to this we collected primary data from FOD, dutyholders and associated trade bodies via face-to-face and telephone interviews and a questionnaire based survey. In order to ensure that our survey of the dutyholders was representative of the priority sectors addressed in TBI, we adopted a stratified sampling method. We issued 1,182 questionnaires and had 430 returned which represents a return rate of 36%. Furthermore the questionnaire returns from each priority sector was aligned with the target distribution. We adopted a similar approach to construct the inspector sample, ensuring that inspectors’ ages and service records were representative of the FOD inspector population as a whole. We surveyed a total of 100 inspectors.

We present our findings here according to different perspectives.

**Impact on overall health and safety accident statistics**

The occupational health and safety statistics recorded in RIDDOR up to the end of FY03-04 does not indicate that there has been a significant improvement in workplace safety performance following the introduction of TBI. We can say that so far TBI has not had a detrimental impact on these outcomes.

Our findings are generally consistent with the conclusions in the Work and Pension Select Committee Fourth Report, published last year and the 2003/04 HSE Statistical Highlights.

This analysis is only based on two years of safety accident statistics and more time may be needed to identify any impact. This is particularly the case as there have been some changes made to the processes that support TBI and to the inspection approaches in the three priority sectors since April 2002.

**Impact on contact interactions**

The number of inspections and enforcement contacts has increased slightly over the period from FY00-01 to FY03-04. In addition the average contact time per inspection has increased by up to 50% (e.g. 50 minutes to 75 minutes) with inspection contact time in the health services sector increasing by almost 100% to two and a half hours on average. However this may be the result of a pre-existing trend and it is not clear what impact TBI has had on these factors.

There is good evidence that the number of contacts in the priority sectors (particularly agriculture and construction) has increased since the introduction of TBI at a higher rate than the overall increase, and that a higher proportion of enforcement contacts are occurring in these sectors1. We conclude that TBI has had a positive impact on the focus on priority sectors. From this study there is no evidence however that the higher number of enforcement contacts in these sectors has resulted in higher standards of compliance across the sector.

Since the introduction of TBI inspectors are recording information about their dutyholder contacts more systematically. They are spending proportionate levels of their contact time on the priority

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1 N.B. This finding should be considered in light of the following contemporaneous events that took place within FOD, namely that:

1. In 2002/03 FOD started to monitor contact time in the agriculture sector – one reading of this may be that ‘what gets measured, gets done’, and this could explain the increase in the number of contacts in agriculture, and

2. In 2001/02 FOD reaffirmed the ring fencing of 116 band 3 and 4 inspectors to work within construction, representing a net increase in inspector numbers for this priority sector.
topics that are most relevant in the sectors of the dutyholders they are inspecting. The introduction of TBI and the supporting inspection report forms has enabled this and encouraged it. However, there is still much room for improving the quality and consistency of the data recording processes, actual behaviours and the overall system.

**Impact on inspectors**

There has been some resistance to the implementation of TBI by the more experienced inspectors. They believe that it questions their professionalism. In some cases there is a strongly held view that it is not as effective as the previous traditional inspection approach because it leaves less time to address other ‘traditional’ concerns that emerge whilst on site.

This resistance to TBI is not limited to a handful of inspectors but it is more prevalent in those inspectors who have more years of experience and, consequently, will be involved in training younger and inexperienced inspectors. If HSE/FOD is serious about reinforcing TBI then it needs to address this potentially damaging undertcurrent urgently. This should be undertaken on the basis of risk-based evidence so that the inspectors’ fears about missing important issues are allayed.

A generally held view is that TBI has not reduced the administrative burden on inspectors. This is partly due to the fact that some inspectors still insist on writing up contact notes in their note books separately from completion of inspection report forms. It has also been suggested that they have to check and correct data entries made by administrative staff entering data from the inspection report forms into the inspection report form database far too frequently.

HSE/FOD need to invest in a system and supporting processes that enables rapid and error free capture of the inspection report form data.

**Impact on dutyholders**

There appears to be no distinguishable difference in opinion about the impact of TBI on dutyholders across different sectors. This is due to the fact that most are not aware that there has been any change in approach to inspection.

Dutyholders value inspection and enforcement as a means of ensuring compliance but believe the HSE should strike a more proportionate balance between enforcement and providing practical guidance and encouragement to the good performers. They are concerned about the perceived variability of quality of interaction with inspectors and about how premises are targeted for inspection. They believe that the skills and experience of the inspector is more important in determining the quality on the contact interactions than any particular inspection approach and that a more risk-based approach should be utilised in selecting premises for inspection.

Whilst the priority topics and priority hazards (on which TBI was structured) is in itself risk-based and well accepted by most dutyholders, the message that FOD was changing its method of inspections was communicated at the time of the first TBI contact with the dutyholder rather than via a targeted communication campaign. Dutyholder responses indicate that they were not aware that this change had occurred, therefore the effectiveness of this approach is questionable and HSE/FOD should consider communication strategies for reinforcing this.
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1 INTRODUCTION

In April 2002, the HSE’s Field Operations Directorate (FOD) changed the way inspections were carried out, introducing a topic based approach in place of the more traditional approach to inspection. The reason for changing to Topic Based Inspections (TBI) was to focus more effort onto those activities that are most likely to kill, injure and make people ill at work; the ultimate aim being to continue to reduce, as far as possible, the number of work-related accidents and ill health. To determine if TBI is having the intended impact, an independent evaluation of this approach has been carried out. The information gathered as part of this evaluation helps determine whether TBI is effective and helping to achieve the FOD’s contribution to the Revitalising Health and Safety (RHS) targets.

1.1 PURPOSE OF THIS EVALUATION

Risk Solutions has carried out an evaluation of the effectiveness of TBI using analyses of performance and attitudinal surveys. Our remit was to determine if the new approach is having the desired impact of contributing to the reduction of the numbers of deaths, injuries and ill-health in the priority topics identified.

This evaluation was designed to consider the effectiveness of TBI compared to the previous traditional approach and to answer the following seven questions:

1. Do inspectors actually carry out TBIs or are they prevented from doing so and, if so, how?
2. Does a TBI approach result in an increase in enforcement action on priority topics and sectors compared to when a traditional inspection approach was used?
3. Do inspectors spend longer / have more contact time with duty holders when carrying out TBIs & is more time spent on priority topics?
4. Does TBI lead to better practice by employers & are they more likely to take action in these areas than if a traditional type of inspection was carried out?
5. Has the introduction of Inspection Report Forms (IRFs) reduced the time spent by inspectors inputting data into FOCUS?
6. Have the Risk Control Indicators (RCIs) shown that standards of compliance have improved in the topic areas?
7. What impact has the change in inspection style had on employers?
1.2 SCOPE OF THIS REPORT

The evaluation work was carried out between May 2004 and March 2005.

This is the report of our findings and is structured as follows:

Section 2 provides background to the introduction of TBI, how the objectives are related to the RHS targets, and information about the activities of the HSE’s Field Operations Directorate (FOD).

Section 3 describes how TBI was introduced to FOD and how it operates in practice.

Section 4 describes how we designed the evaluation exercise for this research.

Section 5 describes the data sources provided by FOD/HSE and how we analysed this data.

Section 6 describes the data that we collected by survey; who we surveyed and the design of the survey instruments.

Section 7 presents the results of our evaluation.

Section 8 discusses the key findings from our evaluation.

Section 9 presents our conclusions.

Section 10 presents our recommendations.

Section 11 presents a glossary of standard HSE/FOD definitions and terminology.

Appendix 1 describes how we grouped FOD sector groups into our sample groups.

Appendix 2 presents the inspector survey questionnaire.

Appendix 3 presents the dutyholder survey questionnaire.

Appendix 4 presents the results from our survey of inspectors.

Appendix 5 presents the results from our survey of dutyholders.

Appendix 6 provides additional detailed results from our evaluation – not all included in the main report.
2 BACKGROUND

In this section we provide some context for the introduction of TBI as a vehicle for the HSE to deliver its Public Service Agreement (PSA) objectives against the targets specified in the Revitalising Health and Safety (RHS) initiative. We provide some information about the routine or day to day operational activities that the HSE are responsible for and indicative budgetary figures for these activities, so that the scale of the issues and potential impact of TBI on the traditional approach to inspection can be highlighted.

2.1 REVITALISING HEALTH AND SAFETY

The RHS strategy statement was published by the Deputy Prime Minster and the Health and Safety Commission (HSC) in June 2000. This was against the background of a perceived plateau in health and safety performance. The RHS strategy set three national targets for improving health and safety performance by 2010:

1. To reduce the numbers of working days lost per 100,000 workers from work-related injury and ill health by 30%,
2. To reduce the incidence rate of cases of work-related ill health by 20%,
3. To reduce the incidence rate of fatalities and major injuries by 10%

Furthermore the aim was to achieve half the improvement under each target by 2004.

RHS also detailed a range of recommended actions intended to support the achievement of targets. These (inasmuch as they relate to ill health) also featured among the targets announced in Securing Health Together: A long-term occupational health strategy for Great Britain (SH2), launched by the HSC/E, in association with other government departments in July 2000.

The HSC/E responded to RHS by identifying eight areas for priority action, chosen on the basis of maximum likely impact on the targets. The HSE developed eight Priority Programmes which identify the priority topics and sectors where significant improvements would be needed if the overarching national targets are to be delivered. The Priority Programme plan focuses on three sectors and five hazards:

<table>
<thead>
<tr>
<th>Priority Sectors</th>
<th>Priority Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agriculture,</td>
<td>1. Falls from height,</td>
</tr>
<tr>
<td>2. Construction,</td>
<td>2. Workplace transport,</td>
</tr>
<tr>
<td>3. Health services,</td>
<td>3. Slips trips,</td>
</tr>
</tbody>
</table>

² At the time, stress and musculoskeletal disorders (cross-cutting topics) were emergent health issues.
The HSC’s Strategic Plan 2001-2004, established the work and activities to deliver the national targets and outcomes set for 2010 in the RHS statement as well as those in SH2.

2.2 HSC/E’s INSPECTION AND ENFORCEMENT ROLES

HSC/E’s primary aim is the prevention of work-related injury and ill-health. The HSE advises and assists the HSC and has a statutory duty to make adequate arrangements for the enforcement of the Health and Safety at Work etc Act 1974 (HSWA) and other relevant statutory provisions in Britain.

The principles by which the HSC expects the HSE to apply enforcement are set out in an enforcement policy statement.

FOD is the largest operational Directorate within HSE. FOD’s activities comprise:

- Inspections (where prevention of harm is the primary aim)
- Reactive investigations of incidents which meet the published incidence selection criteria (available on the HSE web site) and complaints.
- Formal enforcement work, where an enforcement policy and framework helps to ensure inspectors make consistent enforcement decisions
- Specific campaigns in certain areas focussed on improving compliance

2.2.1 Inspections and Investigations

HSE defines inspection as the mechanism used to assess the extent to which dutyholders have discharged their duties. It involves a visit to the workplace to look at how health and safety is managed ‘at the coal-face’.

HSE investigates all fatal injuries. An investigation is an inquiry into a set of circumstances, most usually those surrounding either an incident or a complaint.

2.2.2 Enforcements

Inspectors have statutory powers to enforce health and safety legislation. If unsatisfied by the levels of health and safety standards being achieved, there are several means of obtaining improvements, including advice, improvement or prohibition notices and prosecution in the criminal court.

Threat of prosecution is intended to ensure that dutyholders take action to deal with serious occupational health or safety risk. It encourages dutyholders to promote sustained compliance with the law and it is also available to ensure that those who breach the requirements, or fail in their responsibilities, are held to account.

Maximum penalty levels are set out in the HSWA. Most prosecutions take place in the magistrates’ court where penalties can range from £5,000 to £20,000 for different types of breaches. In the higher courts, an unlimited fine can be imposed for such offences and imprisonment is available for offences such as failure to comply with an improvement notice.

2.2.3 Information and Advice

The need to make health and safety benefits more widely understood and accepted is an important part of HSC/E’s remit. Raising awareness is particularly important for Small and Medium-sized Enterprises (SMEs) where keeping abreast of changes to occupational health and safety legislative requirements can be an administrative burden. For SMEs, raising awareness is more of a problem but also a prerequisite to compliance. This is achieved through a variety of means. SHADs are
used to get messages regarding the benefits of good health and safety management across to SMEs. Producing and disseminating good quality, accessible guidance is also seen as an important way of raising awareness.

2.3 FIELD OPERATIONS DIRECTORATE

To reflect the nationwide nature of its responsibilities, FOD itself is organised into seven geographical divisions a national Construction Division and the Central Specialist Division with headquarters in Bootle. The seven geographic divisions and the national Construction Division are primarily involved in the front line activities to businesses and premises.

Table 1 shows the number of inspectors employed by FOD in the years 2000 to 2004.

<table>
<thead>
<tr>
<th>Inspectors employed on 1 April</th>
<th>Total FOD numbers</th>
<th>% of total HSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>898</td>
<td>60</td>
</tr>
<tr>
<td>2001</td>
<td>954</td>
<td>62</td>
</tr>
<tr>
<td>2002</td>
<td>955</td>
<td>59</td>
</tr>
<tr>
<td>2003</td>
<td>962</td>
<td>58</td>
</tr>
<tr>
<td>2004</td>
<td>901</td>
<td>56</td>
</tr>
</tbody>
</table>

**Table 1 - Number of FOD Inspectors Employed on 1 April**

536 of the 901 FOD inspectors employed in 2004 were band 3 and 4 staff working in the front-line doing inspection and investigation work. The remainder are managerial staff or in policy or support roles (e.g. 119 no. Field Management Unit band 2s). Within each of the 29 FOD offices, band 2 Field Management Unit managers have responsibility for a small group of band 3 and 4 inspectors. Band 2 inspectors also have joint inspection responsibilities, particularly for complex organisations. Each office comes under the supervision of a Head of Operations.

There are specialist inspector groups (e.g. electrical, noise and ergonomics) who may be called out for specific inspection issues. Some inspectors also work on specific industry sectors, e.g. acting as the main contact point for industry associations and providing industry specific training to influence industry practice. Administrative staff process Inspection Report Forms (IRFs) and enter these into the system.

Inspectors are well trained and skilled professional staff. The FOD training period is around two years during which time junior inspectors (i.e. band 4 trainees) gain qualifications by attending external courses as well as on the job inspection experience. The qualifications may be Level 5 NVQ or a diploma. Many have been with the HSE for over 15 years, and become inspectors after some years spent in a specific industry.

During the past three years, there has been a significant influx of new, less experienced staff into FOD, largely to replace more experienced inspectors who have either retired or left the organisation. These new inspectors have all joined FOD during or after the introduction of TBI.

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3 The information in this Section is based on discussions with FOD’s project management team, interviews with the heads of operations, the 2003/04 HSC Business Plan, the 2003/04 FOD work plan and the select committee on work and pensions fourth report.
On the whole, inspectors are a motivated and professional body when it comes to their obligations and responsibilities in securing better health and safety at work. However, at the time of this evaluation, inspectors who were members of the Prospect union were in the middle of an industrial dispute and were ‘working to rule’. This meant that certain constraints were imposed on the evaluation exercise with respect to input from inspectors.

Since RHS (1999/00) and the introduction of TBI in April 2002, major organisational changes have taken place within the HSE. Whilst organisation change is always a difficult exercise, it is the case that many of these changes were not been well received by FOD’s inspector workforce, particularly those who were used to working in the pre-TBI environment.

2.4 BUDGETS & PLANS

The HSE charges a fee for some aspects of its work – mainly in relation to regulating the major hazard industries and through sale of publications. Otherwise the budget is set through the spending review process. Following a period of modest increase in resources, the 2002 spending review set a baseline which rose slightly in both 2003/04 and 2004/05 before dropping back in 2005/06.

FOD’s work plans map onto the five priority topics and its activities in the three priority sectors are detailed in its business plans. The work plans also address the specific health and safety issues of:

- Asbestos
- Woodworking
- Site and industrial radiography
- Poor performers and multi-site organisations
- Fairgrounds

For 2003/04, approximately £33 million of HSE staff resource (24% of HSE staff by salaries) was allocated to delivering the Priority Programmes. In 2003/04 for the three sector Priority Programmes, the resources allocated were: 70 staff-years to agriculture; 150 staff-years to construction; and 40 staff-years to health services.

The 2003/04 work plan\(^4\) budgeted for 170,000 regulatory contacts, including 66,000 inspection contacts\(^5\).

According to the National Audit Office (NAO), out of a net expenditure of £202m in 2002/03, HSE spent £111m on securing compliance with the law and a further £26m on improving knowledge and understanding of health and safety issues through the provision of information and advice.

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\(^4\) Similar work plan activity tables were published by FOD for the 2 years preceding 2002. Previous to this plans were based on central guidelines.

\(^5\) Some contacts may comprise more than one inspection.
3 DESCRIPTION OF TBI

3.1 DEVELOPMENT AND ROLL-OUT

Following development of the Priority Programmes by the HSC, the heads of operations in FOD devised a vision and a strategy for changing from FOD’s traditional inspection approach to TBI.

Once FOD made the decision to change, the actual TBI development process was started and implemented in a short time between October 2001 and April 2002. The objective was to develop a process that would have the most impact, focusing the organisation’s efforts on real risks, backed by evidence from the HSE’s Safety and Health Units. TBI was also conceived as a way of capturing the intellectual property held within FOD; making explicit the tacit knowledge held within the organisation. It introduced a systematic way of recording the output from inspections to facilitate consistency. It would be a new way of recording the output from inspections, in a consistent manner, rather than a new way of carrying out inspections.

Once the concept of TBI was developed, working group teams were brought together, each comprising topic holders, topic specialists and staff with relevant cross-sector and operational experience. Their remit was to come up with the ‘how’ of recording inspections, not the ‘what’. For the priority topics, the question which the groups were tasked to address was: “For each topic, what are the three or four areas that if controlled better, would make a tangible difference and help FOD rate its own performance over time?”

The instructions and guidance from the working groups were captured in individual topic and sector inspection packs, operational minutes (OMs) and sector information minutes (SIMs). Special FOD briefings (newsletters) were also produced to accompany these and to show inspectors what was happening during the development process, and to address any concerns they may have had.

After the packs were prepared, a one-day mandatory briefing (road show) was given to all inspectors, focusing on the RHS agenda and giving guidance on how TBI works. Visible commitment was shown by having the heads of operations/divisional directors, and topic holders present at the road shows.

3.1.1 Risk Control Indicators

The working groups selected the Risk Control Indicators (RCIs) to reflect aspects of duty holder performance most likely to bring about a reduction in injury or ill health. They also produced instructions and guidance to be used by inspectors to score dutyholder performance for each topic against the risk control indicators using a scale of 1 to 4 according to criteria described in Figure 1. Each indicator is scored using this four-point scale, ranging from: full compliance; to limited or no compliance in areas that matter.

6 Most of the topics chosen were evidence based (the single inspection topics). Others were emerging health issues, using more subjective evidence with a large degree of interpretation.

7 Inspectors use the Inspection Report Form (IRF1) to record scores on a total of 23 indicators, three for each of the five non-sector Priority Programmes (or two for Stress) plus three other health hazards.

8 This information has been summarised in a separate database for each topic and sector and is included as one of this project’s deliverables.
From Risk Controls Indicator Card Version 1  
02/02

<table>
<thead>
<tr>
<th>Level of compliance</th>
<th>Scale #</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>1</td>
<td>Full compliance in areas that matter</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Broad compliance with areas that matter</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Some compliance with areas that matter</td>
</tr>
<tr>
<td>Lowest</td>
<td>4</td>
<td>Limited or no compliance with areas that matter</td>
</tr>
</tbody>
</table>

Figure 1 - Risk Control Indicator Scales

It is difficult to evaluate the effectiveness of inspections by looking at trends in risk control indicator scores since their introduction. For this type of evaluation to be valid, the risk control indicator definitions used by inspectors would need to be kept consistent and data gathered over a sufficient length of time to ensure that it is representative of the total population of dutyholders.

3.2 THE PROCESS

Delivering improved targeting of inspection activity means that an appropriate set of employers are visited, and that the right activities are carried out whilst on that site. If targeting of employers had changed following the introduction of TBI, then this will clearly have had an impact on the effectiveness of TBI.

The move to TBI was intended to change the nature of each individual inspection but not necessarily who was inspected. Inspectors should not now inspect everything – instead they should concentrate on the priority topics and what dutyholders have done to identify, minimise and control other risks created by the activities undertaken on their premises. The process expects inspectors to address matters of evident concern where immediate enforcement action is required. Inspectors should talk to safety representatives and/or employees during an inspection but in addition they can use the following topic tables as prompts to assess and measure the dutyholders’ performance:

3.2.1 Priority Topics and Risk Control Indicators

Falls from height

- Identification of activities and precautions involving falls from height
- Selection, use and maintenance of equipment
- Systems for engagement and control of contractors

Workplace transport

- Safe site
- Safe vehicle
- Safe driver
Musculoskeletal disorders (MSDs)

- Avoidance/control
- Instruction and training
- Management commitment and worker involvement

Slips and trips

- Floor contamination
- Suitable floors and footwear
- Prevention of trips

Stress

- Awareness and hazard identification
- Implementation of arrangements

Inspection packs and operational minutes are also available for the following areas of evident concern:

- Occupational Asthma
- Noise, and
- Hand Arm Vibration Syndrome (HAVS)

3.2.2 Priority Sectors

The prompt list shown above for the priority topics is general. They may, in practice, be applied when inspecting premises in one of the priority sectors. Note that this prompt list is indicative of how TBI should work. Inspections at any premises in these sectors would not necessarily be limited to these areas.

Agriculture

- Transport
- Falls from height
- Manual handling in agriculture
- Stress, and
- Issues such as:
  - Child safety in agriculture
  - Agricultural pesticides, storage, use and transportation
  - Storage of ammonium nitrate
  - Biological agents, particularly e.coli 0157
  - Sheep dipping with organophosphorous compounds
  - Cattle handling
  - Training for mobile equipment
  - Bale stacking
  - Machine contact with overhead power lines
Construction

• Transport
• Falls from height
• Welfare & dermatitis
• Hand-Arm Vibration Syndrome (HAVS)
• Manual handling
• Noise (induced hearing loss)
• Asbestos

Health Services

• Slips & trips
• Stress
• Asthmagems
• Workplace violence encompassing physical aspects of premises; working patterns & practices; staffing levels & competencies; staff training; security; response strategies
• Patient handling

3.3 INSPECTIONS IN PRACTICE

In each FOD office, the band 2 managers each have a ‘hit list’ of premises (in the order of ~ 50) that will be targeted for visits. Guidance for how and when such premises should be selected for inspection is provided in individual operational minutes and sector information minutes. The criteria to be applied are summarised in Figure 2.

<table>
<thead>
<tr>
<th>Priority</th>
<th>#</th>
<th>Criteria</th>
<th>% of Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>1</td>
<td>Following an investigation</td>
<td>10 - 15</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Multi-site organisation or a poor performer</td>
<td>5 each</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Proximity: exploiting potential of geographic working by inspecting other premises in the vicinity, targeting on the basis of the HSC priority topic areas</td>
<td>70-75</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Using information from Workplace Contact Teams; i.e. from the contact process**</td>
<td></td>
</tr>
<tr>
<td>Lowest</td>
<td>5</td>
<td>Information locally generated from postcode listing (‘street registers’) or other data sources</td>
<td>5</td>
</tr>
</tbody>
</table>

*N.B. These percentages are approximate figures obtained from FOD and relate to the past two years. They are based on c.70,000 contacts made per year of which there were approximately 50,000 separate inspections.

**Each year approximately 10,000 new premises are identified of which c.2 to 3,000 get a visit from Workplace Contact Officers or inspectors.

Figure 2 - Criteria for Prioritising Premises for Inspection
A small percentage of incumbents may be classed as ‘poor performers’ who will be placed on an annual programme of inspections for three years, until there is a marked improvement in site health and safety management at which time they may be taken off this list. Another small percentage are ‘multi-site’ incumbents who operate across a number of sites. The aim here is to have a coordinated approach via one person who leads such contacts according to a common FOD agenda.

The processes for selection may vary between sectors – e.g. in the construction sector intervention plans, including a programme of **blitzes** and **SHADs** are prepared[^9] which are then shared and discussed with dutyholders.

Many inspectors are incentivised by the numbers of premises they inspect in a year rather than by the actual hours spent on contacts with those in most need despite a change in FOD policy[^10].

Files for each of the premises are held in the 29 FOD offices and tend to be reviewed at a divisional level by individual heads of operations.

[^9]: At the time of carrying out this research, FOD’s Construction Division had just adopted a programme based inspection approach. We have not taken the effect of this new approach into account as part of our evaluation of TBI.

[^10]: From April 2004 there was no national requirement for inspectors to undertake a minimum number of contacts or to record a minimum number of visits to dutyholder premises.
4 OUR APPROACH TO EVALUATION

In this section we provide a high level summary of the overall process that we undertook for this research. Then we discuss in more detail some of the evaluation design features that were an inherent part of this overall process.

4.1 SUMMARY OF PROCESS

Figure 3 summarises the key stages in the process of undertaking this research. The activities in each stage are summarised below.

Stage 1 - The first stage was to ensure that we had a common understanding of the scope and objectives of the evaluation exercise. The brief for the commission addressed this but this was subsequently confirmed in discussions with the HSE.

Stages 2 and 3 – Once a common understanding of the scope of the evaluation was reached we undertook an initial exploration of the availability and quality of relevant data. Again this was undertaken in consultation with the HSE. We identified an appropriate set of indicators of success and how these could be measured for both the pre and post TBI situations.

Stage 4 – The design of the evaluation exercise was informed by the findings from Stages 2 and 3. We confirmed with the HSE that our ‘hierarchy of aims and actions’ provided a useful framework for the evaluation and this, in turn, informed the mix of quantitative analyses of existing secondary data and primary, or new, data collection that would be necessary. The design covered the type of evaluation instruments that would be used and the sample design and associated sampling methodology.

Stage 5 – We carried out initial interviews with FOD heads of operations and FOD inspectors to build up a more in-depth understanding of the issues. We refined the survey questionnaire design in light of feedback from these interviews and ran two postal surveys to (a) a sample of dutyholders and (b) a sample of inspectors. Data from these questionnaires were collated and analysed before following up with telephone and face to face interviews to ensure that we understood the issues and interpreted the results properly. In addition we spoke to industry trade associations to test some of the preliminary findings.

Stage 6 – For this stage we analysed all sources of data from several different perspectives in order to triangulate the analyses. Triangulation looks to confirm findings from independent separate sources thereby providing more confidence in the robustness of the results.
Stage 7 - We have looked for trends and correlations in the data to seek evidence of the impact of TBI on the outcome measures or suggest the nature of its influence. We have also identified any concerns about data quality and factored these into our analysis. Where we think the data cannot support robust conclusions we have said this.

4.2 DESIGNING THE EVALUATION FRAMEWORK

In this section we provide more detail about the content and design of the evaluation approach we adopted for the purposes of this exercise.

Firstly we address the issue of potential confounding factors that may have had an impact on some of the measures of interest. Then we describe our ‘hierarchy of aims and actions’ which is the overall evaluation framework we developed for the purposes of this evaluation. Finally we describe some of the difficulties associated with assembling data to allow a meaningful evaluation of the impact of TBI, how we have addressed these difficulties and the data sources that were used to inform each element in the evaluation framework.

4.3 IDENTIFYING CONFOUNDING FACTORS

At any time, there will be a wide range of initiatives in place within HSE, all with the aim of improving health and safety performance. Evaluation of TBI is complicated by the fact that these different initiatives have been, or are being, implemented and have overlapping intentions. Consequently, we have had to consider the potential impacts of a number of competing factors. Disentangling the relative benefits of each of these competing initiatives is normally very difficult unless evaluation has been built in to the initiative from the very start.

To understand the impact of TBI this evaluation has had to consider:

- What impact might the move to TBI have had over the period to date?
- What other influences will have been relevant that may have contributed to any observed change in PSA metrics over the same time period?

The HSC Annual Report 2003-04: Priority Programmes, documents progress in each of the eight areas against each of the following headings:

- compliance
- continuous improvement
- knowledge
- skills & competencies
- support & advice

Thus the Priority Programmes aim to deliver improved workplace health and safety by means other than inspection. The relative contribution of these is hard to determine.

Similarly, there are the external factors that may be generic or industry specific. For example, the economic cycle, changes in working and management practices, changes in the availability of the skilled labour force, equipment obsolescence and so on over the period of interest will also contribute to changes in workplace health and safety. The evaluation exercise must be careful to acknowledge this potential.

To ensure that our evaluation of TBI took proper account of the confounding factors described above we constructed a timeline to capture key changes, events or initiatives that may have had a
bearing on workplace health and safety over the time period of interest. The categories used to
collate the available information were:

- RHS/PSA Targets
- FOD
- Priority Programmes
- Compliance
- Campaigns
- Other Initiatives
- Other

For TBI itself, the timeline records developments against the categories:

- TBI Procedure
- TBI Targets
- TBI Performance

The timeline was constructed following a review of HSE documents, including HSE/HSC
corporate documents, FOD operational minutes, guidance notes and research reports and also
interviews with HSE staff. In addition to these sources, an internet search of initiatives and events
that were happening outside of HSE was undertaken (e.g. trade association events and campaigns,
news items such as high profile prosecutions of companies for health and safety failings, etc.).

The majority of the events captured on the timeline should have had some impact on health and
safety performance measures. However, our investigations concluded that many tended to be very
tightly focussed on one specific activity, topic or issue and would have been difficult to disentangle
from data at the aggregate national level. Furthermore, they may not have had a material impact on
the health and safety performance measures at the level we identified for our evaluation of TBI.
We therefore decided to ignore most of them.

There were three notable exceptions to this however which were:

- The 2001 Foot and Mouth Disease (FMD) epidemic (February to September 2001)
- The launch of a new approach to the inspection and organisation of NHS Trusts (July 2001)
- The creation of the new Construction Division and an increase of band 3 and band 4
  operational inspectors dealing with construction, to a total of ~150 (April 2002)

The 2001 FMD epidemic had a significant impact on the inspection programme for the agriculture
sector in the year prior to the introduction of TBI as site visits/inspections were severely restricted
during this period. As a consequence it might be expected that the numbers of notices and other
measurable interventions or reports will have been significantly reduced for the 2001/2002 period.

The new approach to the inspection of NHS Trusts replaced team inspections with visits from
individual inspectors who have responsibility for specific topics or programmes. This is thought to
have affected both the number and type of inspections in the health services sector, just prior to the
introduction of TBI.

Finally, the creation of the new Construction Division and expansion by a significant number of
inspectors, will have increased the number of inspections carried out in the construction sector, at
the same time as TBI was introduced.

### 4.4 THE HIERARCHY OF AIMS AND ACTIONS

TBI was introduced with some clear objectives. In addition, as part of the brief for this evaluation,
FOD identified seven key questions that would need to be answered in this evaluation exercise.
We used these objectives and questions to construct an overall hierarchy of aims and actions that would form an overall framework within which the evaluation could be undertaken.

The hierarchy of aims and actions is shown in Figure 4 and can be regarded as a top-down construct that relates the desired outcomes to actions implemented to realise these outcomes. Thus the top of the hierarchy is the Public Service Agreement targets accepted by HSE to meet the requirements of the Revitalising Health and Safety initiative. Below this we have a set of intermediate objectives that will contribute in some way to delivering the overall outcome. These are:

1. Improve health and safety benefits
2. Maximise other benefits
3. Minimise dis-benefits

Out of these intermediate objectives we can cascade a series of actions or inputs deemed necessary to enable these objectives to be realised.

Each of these intermediate objectives represents a strand of enquiry and investigation that we have addressed separately in the collation and analysis of the data. The results sections reflect this.

This construct was developed in consultation with the FOD project team and the range of measures and data collection/analysis methods needed to inform each element in the construct agreed during the initial stages of this evaluation.

Essentially the framework allows us to test the following hypothesis:

“TBI has had a positive impact on overall occupational safety and health.”

If this hypothesis is true then, and provided that the hierarchy of aims and actions is complete and representative of all the potential interventions that are in the control of the HSE, then we should see positive impacts on some or all of the measures identified against each of the framework elements.
4.5 COLLECTING MEANINGFUL DATA

The HSE Statistical Note on Progress Measurement\(^\text{11}\) describes how performance against the three main RHS targets could be assessed. It says that major difficulties exist with regard to assessing trends in respect of each of the three areas of ‘outcome’ (i.e. incidence of fatal and major injury accidents; working days lost as a result of work-related injuries and ill health; and the incidence of work-related ill health). One of its conclusions is that any performance assessment should look at several sources of data in combination.

Therefore, the use of accident statistics (i.e. the direct measures of safety) alone is not sufficient for carrying out an evaluation because they take no account of the other influences that may be present. There is a need to consider both primary and secondary sources of information. The techniques used to evaluate TBI in this report include both quantitative and qualitative analysis and triangulation methods to increase the validity of the evaluation.

As part of the analysis and interpretation of the statistical data we explored the scope and quality of the data, looking for the influence of TBI on any observed trends. This data was supplemented using surveys to explore perceptions of performance from different perspectives and in different ways. The secondary and primary data was then used to triangulate within and across information sources.

The body of data obtained is either from published sources and HSE databases (secondary data) or by elicitation from key informants (primary data). They comprise:

- **Outcome measures** – direct measures of safety (e.g. Public Service Agreement and Revitalising Health and Safety metrics)
- **Intermediate measures** – (e.g. risk control indicators, enforcements, prosecutions)

\(^{11}\) Achieving RHS Targets (2001)
• **Output measures** – direct outputs intended to result from the change to TBI (e.g. increased time with duty holders, increased actions by duty holders)

• **Process/input measures** – measures of the resources, processes and capabilities required to support the TBIs (e.g. have inspectors been prevented from carrying out TBIs and if so how)

4.6 **DATA SOURCES USED IN THIS EVALUATION**

A wide range of data sources have been used to inform the hierarchy of aims and actions evaluation framework described in Section 4.4. Table 2 shows the data sources used to inform each element of the evaluation framework, and these are described in more detail in Sections 5 and 6.

It can be seen in Table 2 that some elements were informed by more than one data source. In such cases we have attempted, so far as possible, to triangulate the data analyses.

All data, with the exception of the survey and interview responses, was obtained directly from FOD, HSE Bootle.
<table>
<thead>
<tr>
<th>Improve Health &amp; Safety Benefits</th>
<th>FOCUS Time Recording</th>
<th>IRF</th>
<th>RIDDOR</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Enforcement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Improved Standards of Compliance</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase Contacts in Priority Sectors</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase Contacts in Priority Topics</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase Action by Employers – take H&amp;S more seriously</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>More Inspection Resource</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Employers to Inspect</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Target Topics During Inspection</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own Sector Initiatives, Other Campaigns</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maximise Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve the Quality of Interactions</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximise Efficient Use of Time</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase Contact Time with Dutyholders</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Monitoring of Performance Information</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Administration Time</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Activities (e.g. Investigations)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing for TBI (Train &amp; Communicate)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info &amp; Systems</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of IRFs</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimise Dis-Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimise Perception of Adverse Impact on Employers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contacts, seeking solutions or issuing notices</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>No Duplication</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clear &amp; Consistent Messages</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Table 2 - Data Sources & Usage**
4.6.1 The Sampling Matrix

The sampling matrix was designed to inform our picture of current occupational health and safety priorities within different industry sectors and how FOD address these. In this form it has directed our efforts to those areas where TBI might have been expected to have the greatest impact. The matrix was developed using information from operational minutes, sector information minutes and Revitalising Health and Safety inspection packs.

It would have been impracticable to evaluate the impact of TBI on every sector represented in the sampling matrix. Therefore we used it to reduce the number of sectors we wished to consider to a sensible level.

The sector groups shown on the horizontal axis of the matrix were taken directly from the HSE information sources. Using these groupings we were able to determine a number of things, including:

- The sectors and industries that FOD is responsible for inspecting
- The priority topic areas that are considered important in each of these industries
- The secondary topics or ‘matters of evident concern’ that are judged to be important in each of these industries

If TBI has had an impact on occupational health and safety, then this should be most obvious in those sectors deemed as priority or where they are characterised by work activities associated with priority topics and this is shown in the sampling matrix. On the other hand, if TBI has not had an impact on the priority areas, the sampling matrix helps to indicate those other areas where the resources may have been deployed.

Figure 5 shows our sampling matrix construct. It presents the break down of FOD sectors against inspection topics. Each cell in the matrix is formed by the intersection of a TBI topic (row) with a FOD industry/sector (column). We used available data (e.g. RHS inspection packs, supporting OM/SIMs) to inform the development of this construct and the cells are colour coded as follows:

- **red** ’significant hazard’ - industry is significant to this hazard topic
- **orange** ’possible significant hazards’ - industry is not indicated as significant, but we have assumed it may be because others in that row are red
- **green** ’not significant’ - no evidence to suggest that this combination is significant
- **yellow** ’applies equally’ - significance of topic (row) is equally applicable across all marked cells
- **black** combination is mutually exclusive; have not consider this pairing
- **grey** indicates we have no information for sampling.

Every organisation inspected by FOD has a Standard Industry Classification code (SIC 92) assigned to it. From this, in combination with FOD’s internal sector grouping, we can map every organisation onto one of the columns.

FOD’s internal taxonomy for sector groupings was used to assign particular industry/sectors to one of our sample groups. More detail about this is provided in Appendix 1.

---

12 e.g. noise; hand-arm-vibration syndrome (HAVS)
Therefore, based on the information highlighted in the sampling matrix we decided to focus our TBI evaluation efforts on the sample groups described in Table 3.

<table>
<thead>
<tr>
<th>ID</th>
<th>Sector</th>
<th>Reason for Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG1</td>
<td>Agriculture</td>
<td>HSE designated priority sector</td>
</tr>
<tr>
<td>SG2</td>
<td>Construction</td>
<td>HSE designated priority sector</td>
</tr>
<tr>
<td>SG3</td>
<td>Health Services</td>
<td>HSE designated priority sector</td>
</tr>
<tr>
<td>SG4</td>
<td>High Risk, non-priority</td>
<td>3 or more priority topics shown as relevant to the industry sector</td>
</tr>
<tr>
<td>SG5</td>
<td>Low Risk, non-priority</td>
<td>2 or fewer priority topics shown as relevant to the industry sector</td>
</tr>
</tbody>
</table>

Table 3 - Sectors Selected for Detailed Assessment

We have determined these sample groups on the basis of:

- clear evidence of an industry being a significant one for a given topic
- judgement (in the absence of data) regarding the significance of industry/topics
### Topic-Based Inspection Agenda on...

<table>
<thead>
<tr>
<th>Sector</th>
<th>Is it a Priority Programme?</th>
<th>Focus Topic code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise</td>
<td>N</td>
<td>20</td>
</tr>
<tr>
<td>Hand-arm vibration syndrome (HAVs)</td>
<td>N</td>
<td>30</td>
</tr>
<tr>
<td>Occupational Asthma (OA)</td>
<td>N</td>
<td>31</td>
</tr>
<tr>
<td>Legionella</td>
<td>N</td>
<td>not given</td>
</tr>
<tr>
<td>Maintenance Issues (incl. confined spaces)</td>
<td>N</td>
<td>not given</td>
</tr>
<tr>
<td>Other issues not on this non-exhaustive list</td>
<td>N</td>
<td>not given</td>
</tr>
</tbody>
</table>

### Hazard

<table>
<thead>
<tr>
<th>Topic-based Inspection Agenda on... (i.e. &quot;proactive work&quot;)</th>
<th>Information from RHS Inspection Packs &amp; OM/ SIMs regarding significance of sector/ industry to hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise</td>
<td>7</td>
</tr>
<tr>
<td>Hand-arm vibration syndrome (HAVs)</td>
<td>7</td>
</tr>
<tr>
<td>Occupational Asthma (OA)</td>
<td>7</td>
</tr>
<tr>
<td>Legionella</td>
<td>7</td>
</tr>
<tr>
<td>Maintenance Issues (incl. confined spaces)</td>
<td>7</td>
</tr>
<tr>
<td>Other issues not on this non-exhaustive list</td>
<td>7</td>
</tr>
</tbody>
</table>

### Other occupational diseases

<table>
<thead>
<tr>
<th>Topic-based Inspection Agenda on... (i.e. &quot;proactive work&quot;)</th>
<th>Information from RHS Inspection Packs &amp; OM/ SIMs regarding significance of sector/ industry to hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>7</td>
</tr>
<tr>
<td>Fairgrounds</td>
<td>7</td>
</tr>
<tr>
<td>Site &amp; Industrial Radiography</td>
<td>7</td>
</tr>
<tr>
<td>Woodworking</td>
<td>7</td>
</tr>
</tbody>
</table>

### Other occupational activities

<table>
<thead>
<tr>
<th>Topic-based Inspection Agenda on... (i.e. &quot;proactive work&quot;)</th>
<th>Information from RHS Inspection Packs &amp; OM/ SIMs regarding significance of sector/ industry to hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal injuries</td>
<td>7</td>
</tr>
<tr>
<td>Reportable RIDDOR incidents</td>
<td>7</td>
</tr>
<tr>
<td>Investigations</td>
<td>7</td>
</tr>
<tr>
<td>Complaints reported</td>
<td>7</td>
</tr>
</tbody>
</table>

### Sector

<table>
<thead>
<tr>
<th>Topic-based Inspection Agenda on... (i.e. &quot;proactive work&quot;)</th>
<th>Information from RHS Inspection Packs &amp; OM/ SIMs regarding significance of sector/ industry to hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>7</td>
</tr>
<tr>
<td>Agriculture</td>
<td>7</td>
</tr>
</tbody>
</table>

### Figure 5 - Sampling Matrix

<table>
<thead>
<tr>
<th>FOD Sector Group &gt; broken out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
</tr>
<tr>
<td>Construction</td>
</tr>
<tr>
<td>Engineering</td>
</tr>
<tr>
<td>Polymers &amp; Plastics</td>
</tr>
<tr>
<td>Textiles &amp; Clothing</td>
</tr>
<tr>
<td>Mines &amp; Minerals</td>
</tr>
<tr>
<td>Consumer Services, Food &amp; Drink</td>
</tr>
<tr>
<td>Energy Services</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
</tr>
<tr>
<td>Leisure &amp; Entertainment</td>
</tr>
<tr>
<td>Transport &amp; Traffic</td>
</tr>
<tr>
<td>Docks &amp; Water Transport</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Health Services</td>
</tr>
<tr>
<td>Local Government</td>
</tr>
<tr>
<td>Research</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

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5 SECONDARY DATA

All secondary data was provided by the HSE, Bootle. In this section we list the datasets provided by the HSE and describe the post processing that we subjected the data to in order to calculate performance measures of interest.

5.1 SECONDARY DATA SOURCES

5.1.1 FOCUS Time Recording System Data

The FOCUS database is the major source of quantitative data relating to the activities of HSE inspectors used during this study. The available data included records of inspection, investigation and enforcement contacts, dutyholder contact details and performance scores. Extensive analysis of the information enabled us to identify:

- Changes in the number of contacts made and time recorded since the introduction of TBI
- Changes in inspection approach, including the focus on topics in different industry sectors
- Changes in the health and safety performance of dutyholders, through analysis of the risk control indicator statistics (as captured on inspection report forms)

Records relating to organisations that were not within our designated Sample Groups (SGs) were excluded from all analysis tasks completed as part of the study.

FOD recognises that there are inherent inaccuracies within FOCUS – resulting from issues such as input error, obsolescence, miscoding. These are common issues in many time recording systems. Information provided by FOD suggests that around 10% of contacts recorded using the Inspection Report Form (IRF1) are likely to be incorrect, i.e. not true contacts or incorrectly assigned. There is currently no way of identifying erroneous records, other than by individual examination, and consequently all information provided has been treated equally.

5.1.2 Risk Control Indicator and Enforcement Data

FOD introduced the inspection report form (IRF1) to collect data on dutyholder performance against the priority topics in a systematic and consistent manner. This information is captured in a database that allows FOD to track changes in dutyholder performance; individually and collectively. Risk control indicator records and enforcement data contained in the inspection report form can be analysed, for example, by industry and/or size of organisation, allowing quarterly reporting.

Enforcement contact data that originate from investigations and complaints are held separately.

5.1.3 RIDDOR Accident Data

The two main sources of occupational injury statistics are employers’ reports to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and individuals’ responses to injury questions in the Labour Force Survey.

The RIDDOR information was used in this study and the data was provided by the HSE. We were able to extract those fatalities and major injuries occurring on premises included in our sample groups. This ensured that any conclusions drawn from the data were relevant and could be related to the activities undertaken within FOD.
5.1.4 HSE Safety Statistics

The annual Health & Safety Statistics Highlights reports (02-03 and 03-04), were used as a cross check with our analysis to check that our findings were broadly in line with published data.

5.2 SECONDARY DATA ANALYSIS

5.2.1 Inspection Contact Data

Information relating to inspection contacts is stored in the FOCUS time recording system. A database of inspection contacts was provided for analysis by HSE, including details such as the number and date of contacts, the incumbent visited and also the amount of time recorded. Topic information was also available for approximately 20% of the contact numbers in the database.

Figure 6 illustrates the basic process followed to extract information from the inspection contacts database.

![Figure 6 - Simplified Inspection Data Analysis Process](image)

The statistics obtained from analysis of the inspection contacts database were used to assess whether the following had been achieved since the introduction of TBI in April 2002:

- Increased number of contacts in priority sectors
- Increased number of contacts in priority topics
- Increased targeting of topics during inspections
- Increased contact time with dutyholders

5.2.2 Enforcement and Investigation Contact Data

Information relating to investigation and enforcement contacts is also stored in the FOCUS time recording system. A database of contacts was provided for analysis by FOD, including details such
as the number and date of contacts, type of contact (investigation or enforcement), the incumbent
visited and also the amount of time recorded. Topic information was available for approximately
25% of the contact numbers.

Figure 7 illustrates the basic process followed to extract information from the Enforcement &
Investigation Contacts database.

Figure 7 - Simplified Enforcement & Investigation Data Analysis Process

The statistics obtained from analysis of the enforcement and investigation contacts database were
used to assess whether the following had occurred since the introduction of TBI in April 2002:

- An increased level of enforcement, both in number of contacts and time recorded
- A change in the number of investigation contacts and the recorded time

5.2.3 Inspection Report Form Contact & Topic Data

Since the introduction of TBI in April 2002, the inspection report form has been the recommended
method for recording the topics discussed and rated during inspections. Using the inspection report
form, an inspector is able to simply record the topics covered and also the amount of time spent on
each one. Scores may also be allocated to each risk control indicator using this form.

Examination of the inspection report form topic data was completed in two stages:

1. Analysis of time recorded against the five priority and three secondary topics. The aim of
this was to determine whether the amount of time spent on specific topics has increased
since the introduction of TBI.

2. Analysis of the risk control indicator score information for the five priority and three
secondary topics. With the possibility of increased enforcement activity due to TBI, it was
considered important to see how the number of RCI-4 ratings compared to the number of
notices issued. There is an expectation that a risk control indicator score of 4 should result
in an enforcement action.
5.2.4 RIDDOR Data

RIDDOR provides a direct measure of health and safety performance by capturing the number of fatal accidents and major injuries. By examining the RIDDOR data for the period of interest (pre and post TBI), we aimed to determine whether or not TBI has had a direct impact on occupational health and safety performance. Information was provided by the HSE for the following time periods:

- **FY 98-99 & 99-00**  Data relating to fatalities and major injuries caused by Falls from Height (FFH) only
- **FY 00-01, 01-02, 02-03 & 03-04**  Data relating to fatalities and major injuries, all recorded accident causes

RIDDOR records for fatalities and major injuries in the designated sample group SIC codes were analysed to determine:

- Changes in the number of fatalities and major injuries occurring in the sample groups
- Whether any improvement could be identified in the three priority sectors
- How the cause of fatalities and major injuries varies across sample groups
- Whether any significant changes in the level of fatalities and major injuries caused by ‘Falls from Height’ (FFH) could be identified (i.e. the one priority topic for which long-term data was available)

Figure 9 shows the process that we followed in analysing the RIDDOR data.
Raw data text files imported to MS Excel

Filter records to extract FOD related information only

Cleaned data imported to MS Access

Filter records using the Sample Group (SG) and SIC listing

Extract information relating to Employees & Self Employed Persons only

Calculate and present for each SG during the 3 year period FY00-03:
- Number of Fatalities per Year
- Number of Fatalities, by Person Type per Year
- Number of Major Injuries per Year
- Number of Major Injuries by Person Type per Year

Graphical representation & comparison of information

Calculate and present for each SG during the 3 year period FY00-03:
- Number of Fatalities attributed to a Priority Topic per Year
- Number of Major Injuries attributed to a Priority Topic per Year

Calculate and present for each SG during the 5 year period FY98-03:
- Number of Fatalities, by Person Type per Year for Falls from Height (FFH) only
- Number of Major Injuries by Person Type per Year for Falls from Height (FFH) only

Figure 9 - Simplified RIDDOR Data Analysis Process
6 PRIMARY DATA

In this section we describe the sources of primary data that we have generated and collated for the purposes of this evaluation. All the data produced here is new and is supplementary to the secondary data described in Section 5. The primary data has been produced from a combination of: face-to-face and telephone interviews; and postal questionnaire surveys. We describe each of these in turn in the following sub-sections. Finally we describe the process we went through in (1) designing the survey instrument itself and (2) designing the survey sampling method.

6.1 INTERVIEWS

6.1.1 FOD Personnel

Apart from our regular meetings with the FOD evaluation project team, we also met and interviewed four FOD heads of operations and one head of section to understand FOD’s objectives, the processes and capabilities required to deliver them, and how these changed after April 2002. These FOD managers had all made a significant contribution to development and implementation of TBI.

We interviewed face-to-face and by telephone, five senior FOD managers through the course of the study.

The purpose of these interviews was to explore their personal impressions on the following issues and to capture anecdotal evidence in support of these:

- What was the background and the role of the interviewee in developing and implementing TBI?
- What outcomes did they want to achieve?
- How were the high level targets chosen and broken down into what then appeared in the work plans and inspection packs?
- Were other sub-targets considered and why?
- How was TBI designed (using what information)?
- How was TBI implemented, and what resources did they devote to it?
- What was their understanding of how well it is working?
- How well has TBI met FOD’s objectives such as increased contact time with dutyholders?

6.1.2 Inspectors

We carried out face-to-face and telephone interviews with 26 FOD inspectors to:

- Help build up a more in-depth understanding of the issues and to inform the subsequent design of the postal questionnaire survey instrument.
- Establish how questions should be formulated and presented most effectively to ensure that they are clear and unambiguous. A particular challenge was to make sure that we can make meaningful comparisons of experiences pre and post TBI.
• Actually carry out and complete the first version of the inspector questionnaire, capturing as much qualitative information as possible during the course of the interviews, before finalising the postal version\textsuperscript{13}.

Of these interviews, about a quarter were carried out in person at the inspectors’ office and the rest at prearranged times by telephone. On average, the interviews lasted an hour.

6.1.3 Industry Trade Bodies

We arranged face-to-face and telephone interviews with ten industry body representatives to understand:

• The organisations’ views on the effectiveness of TBI in comparison with the previous inspection approach
• Whether the change was noticed at all
• What their role was (if any) when TBI was being implemented
• How it was perceived by the members or the industry sectors which their organisation represents

<table>
<thead>
<tr>
<th>Trade Body</th>
<th>Location and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Union Congress</td>
<td>Congress House, London, 19 January 2005</td>
</tr>
<tr>
<td>Registered Nursing Homes Association</td>
<td>Telephone, 19 January 2005</td>
</tr>
<tr>
<td>Engineering Construction Industry Association</td>
<td>Telephone, 19 January 2005</td>
</tr>
<tr>
<td>Federation of Master Builders</td>
<td>Telephone, 20 January 2005</td>
</tr>
<tr>
<td>Arboriculture Association</td>
<td>Telephone, 21 January 2005</td>
</tr>
<tr>
<td>Construction Federation</td>
<td>Telephone, 25 January 2005</td>
</tr>
<tr>
<td>National Farmers’ Union</td>
<td>Telephone, 26 January 2005</td>
</tr>
</tbody>
</table>

\textbf{Table 4} - Names of Industry Trade Body Interviewees

\textsuperscript{13} The differences between the draft and final versions of the inspector questionnaires were minor and essentially to do with formatting/presentational changes. Because of this we agreed with FOD to combine both sets of responses and to analyse them together.
6.2 POSTAL QUESTIONNAIRE SURVEYS

We produced two postal questionnaire surveys. These were for (a) inspectors and (b) dutyholders. The inspector and dutyholder questionnaires were designed to include questions that tested the hierarchy of aims and actions (i.e. the TBI hypothesis – see Section 4.4). For each high level objective, the questionnaires sought to find out what the perceptions of the respondents (the inspectors and the dutyholders) were in respect to whether or not:

- The actions taken by inspectors have been/are effective?
- How much of this can be attributed to TBI?
- Are FOD’s intermediate aims (e.g. efficient data entry and reporting) being achieved?
- How much of this can be attributed to TBI?
- Overall, is the desired outcome being achieved?
- How much of this can be attributed to TBI?
- What else has contributed or changed since TBI?

Much of the questionnaire was designed as a series of statements against which we invited the respondents to express their views by ticking one of the boxes in a five-point Likert scale as shown in Figure 10.

![Likert Scale Used in Questionnaires](image)

Figure 10 - Likert Scale Used in Questionnaires

The middle option answer *neither agree nor disagree* signified that the respondent did not have any preference, understand a specific issue, or know the answer to the question.

For both the inspector and dutyholder surveys, we used stratified sampling to ensure that the sample we used for the purposes of the survey was representative of the overall population. The total population (or appropriate sub-set) was split into strata considered to have similar important characteristics. We then sampled randomly from each strata selecting to get a sample number in proportion to the total population in the strata.

6.2.1 The Dutyholder Questionnaire

Design

The dutyholder questionnaire (a copy is included in Appendix 3) was designed to enable us to explore not only employers’ experience of TBI but also their experiences of the previous regime and how this differed. To enable this comparison to be made, the sample was designed to only include those organisations that were shown to have received at least one contact from an HSE inspector in the two years pre and post TBI introduction.

The dutyholder survey was designed in consultation with the HSE. The aim was to provide qualitative information on a number of different issues that would complement both the data analysis and the HSE inspector survey. Questions covered the following areas:
• Company details and structure *(The demographics type questions helped us correlate responses with the statistical data described above- e.g. by establishing the industry sector of the respondent)*

• Experience of HSE inspection, investigation and enforcement activity

• Awareness and knowledge of TBI

• Impact of the TBI approach on the organisation

• Perceived effectiveness and importance of different HSE activities

Every effort was made to ensure that the survey was directed to the most appropriate person within each organisation. However, a number of difficulties were encountered as the company information provided with the FOCUS inspection database was not accurate.

**The Dutyholder Sample**

The dutyholder survey explored not only employers’ experience of TBI but also their experiences of the previous regime and how this differed. Dutyholders were selected based on information extracted from FOCUS time recording records.

The sample was produced using a stratified sampling method. Using FOCUS information we were able to identify those organisations that were recorded as having received some form of inspection contact during the two years pre and post April 2002. This group was further stratified by sector, region and visit combination.

Four visit combination categories were designated based on the following scheme:

2 – 2  At least one inspection contact recorded during each of the two years preceding the introduction of TBI

AND

at least one inspection contact recorded during each of the two years following the introduction of TBI.

2 – 1  At least one inspection contact recorded during each of the two years preceding the introduction of TBI

AND

at least one inspection contact recorded during one of the two years following the introduction of TBI.

1 – 2  At least one inspection contact recorded during one of the two years preceding the introduction of TBI

AND

at least one inspection contact recorded during each of the two years following the introduction of TBI.

1 – 1  At least one inspection contact recorded during one of the two years preceding the introduction of TBI

AND

at least one inspection contact recorded during one of the two years following the introduction of TBI.

Table 5 below summarises the visit combinations used in the sample selection process.
Our target sample size across all sample groups was set at 2,000, with 500 being the desired level of response (i.e. 25% return). Using information held in the FOCUS database we were able to determine those dutyholders who fitted into the visit combination categories described above. This provided the population from which the stratified sample could be drawn.

Following derivation of the original sample, the HSE requested that a number of named dutyholders be excluded from the survey exercise as a result of ongoing or recent investigation and enforcement actions. We were also asked to remove any Local Authority contacts. This meant that we had to revise and update our sample groups to reflect the change in the available population to sample from.

Table 6 shows the available population and required sample for each sample group following these amendments.

<table>
<thead>
<tr>
<th>Sample Group</th>
<th>Sector Description</th>
<th>Population</th>
<th>Required Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG1</td>
<td>Agriculture</td>
<td>1,020</td>
<td>221</td>
</tr>
<tr>
<td>SG2</td>
<td>Construction</td>
<td>240</td>
<td>52</td>
</tr>
<tr>
<td>SG3</td>
<td>Health Services</td>
<td>415</td>
<td>90</td>
</tr>
<tr>
<td>SG4</td>
<td>High risk, non-priority</td>
<td>3,861</td>
<td>835</td>
</tr>
<tr>
<td>SG5</td>
<td>Low risk, non-priority</td>
<td>3,705</td>
<td>802</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>9,241</strong></td>
<td><strong>2000</strong></td>
</tr>
</tbody>
</table>

Table 6 - Dutyholder Survey Sample and Population Numbers

The population within each sample group was stratified by visit combination, region and industry sector. An example taken from SG1 (agriculture) is shown below with a description of the formulae used in the calculation.
For this example the total available population is 1,020 and the required sample size is 221.

<table>
<thead>
<tr>
<th>Calculation Steps</th>
<th>2 - 2</th>
<th>2 - 1</th>
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</thead>
<tbody>
<tr>
<td>Number of dutyholders in the visit combination ‘bin’</td>
<td>10</td>
<td>62</td>
</tr>
<tr>
<td>Number of dutyholders in the visit combination ‘bin’ as a proportion of the total available</td>
<td>$\frac{10}{1020} = 0.01$</td>
<td>$\frac{62}{1020} = 0.06$</td>
</tr>
<tr>
<td>Proportion of the required sample this represents</td>
<td>$0.01 \times 221 = 2.2$</td>
<td>$0.06 \times 221 = 13.4$</td>
</tr>
<tr>
<td>Required number of dutyholders</td>
<td>2</td>
<td>13</td>
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</table>

Table 7 - Example Dutyholder Sample Calculation

The total number of dutyholders sampled is the sum of the required number from each of the: 2-2; 2-1; 1-2; and 1-1 visit combinations. Table 7 only shows the 2-2 and 2-1 combinations.

**Dutyholder Survey Response**

Based on our previous experience of surveys for the HSE, a return rate of 25% was considered to be achievable. It was agreed that 500 survey responses would provide us with representative results, requiring a total sample size of 2,000 dutyholders. The graphs shown in Figure 11 present our desired, posted and returned sample distributions.

The desired sample of 2,000 was constructed to be proportionally representative of our available dutyholder population. It should be noted that the low number of desired participants in the construction sector resulted from there being only a small number of organisations (on large projects) meeting our pre and post TBI visit criteria.
In order to ensure the survey reached the most appropriate person within each organisation, we identified and contacted the selected dutyholders by telephone. Difficulties were encountered due to the quality of the company information provided in FOCUS: e.g. no telephone numbers were available and had to be located by Risk Solutions; names and addresses were incorrect etc. Because of this, and the selective removal of a number of dutyholders, only 1,182 dutyholder questionnaires were sent out, representing 59% of our desired survey size of 2,000.

The final graph on Figure 11 shows the sample group distribution of the questionnaires that were returned. The total number (430\(^{14}\)) represents a 36% return rate on our sample of 1,182 and is close to our desired target of 500 returns. It can also be seen that the general distribution of the responses is broadly in line with our stratified sample requirement.

Note that the final graph shows seven returns where the sample group was not provided. In such cases the respondents had deliberately defaced or removed the unique identified that we used to link to its appropriate sample group.

It should be noted that the removal of Local Authority contacts\(^{15}\) and also those organisations excluded at the request of the HSE, means that our sample will be slightly skewed, rather than a wholly random stratified sample as intended. However, we do not believe that this skewness invalidates our analysis.

**6.2.2 The Inspector Survey**

**Inspector Questionnaire Design**

The inspector survey questionnaire (a copy is included in Appendix 2) was designed to find out what inspectors thought of TBI and what impact they believed it is having on dutyholders.

The first part of the questionnaire sought demographics type information to help correlate responses with statistical data, e.g. by establishing what band the inspector was. The questions that addressed the TBI process were to help us in the interpretation of the FOCUS and inspection report form data, e.g. by establishing how time recording is actually being carried out in practice compared to what was intended. The process type information also included questions that addressed: training and communication when TBI was being rolled out; the targeting of dutyholder premises; the use of the inspection report form/FOCUS systems; the recording of risk control indicators; and issuing of enforcement notices.

**Inspector Sample**

Because of constraints on how many inspectors we were permitted to contact, we surveyed 100 inspectors only (i.e. less than 15% of the total inspector numbers for 2003/04). It was therefore deemed essential to have as close to a 100% response as possible. Several iterations had to be made to the sampling frame to accommodate the fact that as a consequence of on-going industrial action, certain inspectors were unable or unwilling to complete the survey.

\(^{14}\) 8 additional survey returns, received after the cut-off date of 31-12-04, have not been included.

\(^{15}\) From our interview with the National Health and Safety Policy Advisor, Employers’ Organisation for Local Government the 400 Local Authorities in England and Wales employ a workforce of around 2.2m or 1.5m full-time equivalent. There are also a very diverse range of risks present in the sector associated with Local Authority employee activities.
Inspector Survey Response

100 inspectors were randomly selected for survey purposes. 26 of these (c. 40%), were selected by their respective heads of operations to participate in the exercise in face-to-face or telephone interviews. The remaining (74) inspectors who were invited to take part in the postal version of the survey were selected from a representative, random population of band 3 (66 no.) and band 2 (8 no.) inspectors from across all eight FOD operational divisions. We used stratified sampling to construct the sampling frame for these potential respondents and the results are shown in Table 8. 51% of the inspectors surveyed by postal questionnaire replied.

The final inspector response rate was rather disappointing given that we had hoped for a 100% response. They were sent a number of requests and reminders by the FOD project team as well as the Heads of Operations towards the end of December 2004 in order to encourage their cooperation and responsiveness. In contrast, many of the inspectors we met with or interviewed were very keen to express their views/concerns and to have these recorded. However these inspectors had been invited to take part personally by the heads of operations and there may well have been an element of self-selection in the process.
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Key: ⬤ - Band 2 Inspectors (8 no.)  
○ - Band 3 Inspectors (66 no.)

**Table 8** - Location of Band 2 and 3 Inspectors Selected for Survey
7 RESULTS

The results of our evaluation are presented in this section and are structured in line with the three high-level objectives in the evaluation framework described in Section 4. These three high-level objectives were:

1. Improve health and safety benefits
2. Maximise other benefits
3. Minimise disbenefits

The hierarchy of aims and actions described in Section 4 shows that there are a series of actions or activities that feed into these intermediate objectives. We report the results of our analyses here by reference to these elements in the hierarchy of aims and actions framework.

More detailed results from the secondary and primary data sources analysed in our evaluation are included in Appendices 4-6.

7.1 DUTYHOLDER SURVEY RESPONSES

Considerable effort was put into selecting sample groups that were representative of important sectors in the dutyholder population. However, close examination of the dutyholder survey results indicated that there did not appear to be distinguishable differences between the responses from different sample groups. We observed that the means of the distributions of responses for all five sample groups tended to group around the same answers. Therefore, it was decided that there was little if any statistical significance in presenting the results separately for each sample group.

Instead we combined the results for all five sample groups and used a line diagram to present the mean of the responses plus one standard deviation on either side for the aggregate results for each question. In this type of presentation the two extremes of responses are represented by 1 and 5 (e.g. 1=strongly disagree, and 5=strongly agree). The results are presented in Appendix 5.

An important conclusion from this is that there appears to be no sector specific implications for how TBI has been received by dutyholders.
7.2 IMPROVE HEALTH AND SAFETY BENEFITS

7.2.1 Reportable Accident Numbers

The hypothesis we proposed to test here is that the introduction of TBI has led to a reduction in the number of fatal accidents and major injuries. These health and safety statistics are reported through RIDDOR so this was the data source we used to test the hypothesis.

Fatal Accidents

The solid line in Figure 12 represents the total number of fatalities reported in accordance with the RIDDOR regulations, while the bars represent those incidents that fall into the sample group designations. The data shows a general downward trend in the overall number of fatalities since FY00-01 and this is reflected in the sample groups. However, taking into account the sharp increase in fatalities that were recorded in FY00-01, the overall change cannot be considered to be significant.

One of the main goals of the TBI approach was to target the priority sectors of agriculture (SG1), construction (SG2) and health services (SG3). If TBI is successful, then it might be expected that greater health and safety benefits should accrue to the priority sectors than in other areas.

In the year prior to the introduction of TBI (FY01-02), there were 35 fatalities recorded in the agriculture sector. This reduced to 31 fatalities in the year after introduction of TBI. This corresponds to 14% of the total recorded fatalities in each year.

For the construction sector the number of fatalities pre and post TBI was 78 and 69 respectively which corresponds to 31% and 30% of the total recorded fatalities in each year.

The lack of any discernable change in these proportions over this limited time period does not provide evidence that TBI has had any impact on the number of fatalities in priority sectors.
Major Injuries

Figure 13 shows the number of recorded major injuries within the sample groups and also the total number reported through RIDDOR. Over the three year period for which we have detailed data (FY 00/01 – 02/03), the overall number of major injuries has remained relatively constant. During this time, the number of major injuries within the sample groups has reduced by approximately 2.5% per year as a proportion of the total recorded major injuries.

![Worker Major Injuries: Comparison of Sample Groups and HSE Total](image)

The number of major injuries reported by the agriculture sector appears to be disproportionately low. This may be a consequence of the typical business profile within the sector; large numbers of family-run farms with no additional employees. In such circumstances there is likely to be under-reporting.

It should be noted that only a single year’s RIDDOR data was available post-TBI introduction, therefore comparisons between pre and post TBI results should be viewed with caution. It would be useful to examine data relating to additional years, post-TBI introduction; as such processes can take time to ‘bed-in’ and produce results. Another factor that may have affected the number of recorded major injuries is the increased level of reporting that has been noted by HSE following the introduction of a dedicated call-centre for reporting RIDDOR incidents during April 2001 (one year prior to introduction of TBI). If TBI has had a positive impact on major injuries, it is possible that this would not appear in the statistics because of increased reporting. We have not been able to test or investigate this possibility in more detail.

Accident Statistics for Falls from Height

Because we only had a limited number of years of accident statistics to analyse, we examined a limited set of accident statistics over a longer time period to check the findings reported above. Appendix 6 contains accident statistics for Falls From Height (FFH) for the FY’s 98-99 to 02-03. Both fatal accidents and major injuries associated with FFH have decreased steadily since FY98-99. FFH fatalities in 98-99 accounted for 32% of the total fatalities at work. This reduced to 22% in 02-03 the year that TBI was introduced. The proportion of major injuries attributable to FFH reduced from 19% to 13% during the same time period. This implies that the impact of all HSE
initiatives to address FFH has been positive as the reduction in FFH accident statistics is greater than the general reduction in accident statistics. This benefit has been realised without the introduction of TBI as the trend is downwards before the last year – which is when TBI was introduced.

The proportion of FFH fatalities attributed to organisations in our sample groups during this time period has remained static at about 80%. The proportion of major injuries attributable to organisations in our sample groups has also remained static at about 71%. If TBI has had an immediate impact on FFH then it would be expected that the proportion of overall accident statistics attributable to FFH in the priority sectors would have decreased. Examination of the statistics for FY02-03 compared to those for FY01-02 does not support this as the case.

We therefore conclude that that there is no evidence that the introduction of TBI has had any impact on overall health and safety performance. This conclusion is supported by more detailed considerations of FFH as a priority topic over a longer time period.
7.2.2 Increase Contact Time in Priority Sectors

One of the primary aims of the TBI approach is to increase the amount of inspection time targeted at the three priority sectors and the five priority topics. Agriculture, construction and health services were identified as the priority sectors.

The FOCUS system was used to establish the amount of inspection time booked during the FY00-04 time period (two years pre and post TBI introduction). It was also used to identify the number of individual contacts in this period. Note that the data presented in Figure 14 relates only to those contacts recorded for organisations falling within our designated sample groups.

Figure 14 - Inspection Contacts & Recorded Time

Figure 14(a) indicates that there was a reduction in the number of inspection contacts between FY00-01 and 01-02 which then recovered in FY02-03. The overall inspection contact time appears to have increased steadily from FY01-02 onwards. Figure 14(b) provides more detail about the breakdown of inspection contacts by sample group and it can be seen that there was a significant
drop in the number of contacts made in the agriculture sector in FY01-02. This is attributed to the national movement restrictions imposed during the 2001 Foot and Mouth Disease (FMD) epidemic and, as might be expected, the number of inspection contacts in the agriculture sector increased sharply in FY02-03 following removal of these restrictions. The number of inspection contacts in the construction sector appears to have increased steadily across the time period of interest whilst the numbers of inspection contacts in the high risk non-priority and low risk non-priority sectors have decreased.

Figure 14(c) shows that the total amount of time booked to inspection contacts has been increasing for all sample groups over the time period of interest. Consequently it is not possible to determine if the increased inspection time recorded following introduction of TBI was a result of TBI or reflects continuation of an existing trend. In addition to this the following confounding factors, which are independent of TBI, have been identified as likely to have resulted in an increase in overall inspection contact time:

- A large intake of new inspectors during 2001 and 2002 increased the available resource
- The construction division was formed, increasing the amount of dedicated inspection resource within this priority sector
- A target for band 3 operational inspector contact days was introduced in April 2002, aiming for an increase over the previous year of 15%.
- Introduction of the Inspection Report Form (IRF1) process for recording contact information. This involved the introduction of administrative support to reduce the administrative burden on inspectors

Figure 14(b) shows that contacts in the non-priority sample groups have been reducing. Whilst this is in line with the TBI objectives it is a trend that appears to have started before the introduction of TBI. However, Figure 14(c) indicates that the total inspection contact time in these non-priority sectors has been increasing over the same time period. This can only be the case if the average time per inspection contact has increased and Figure 14(d) presents calculated data that confirms this. The question is “Does this make sense?” and we have explored this with the HSE. One possible explanation is that trainee inspectors are typically directed at non-priority sectors until they had moved up the learning curve and acquired sufficient knowledge and experience. During this training period they will be accompanied by other more experienced inspectors and the net impact is that the average time spent per inspection contact in non-priority sectors has increased. The impact of this is that we would not necessarily expect to see an immediate reduction in overall inspection contact time in non-priority sectors following introduction of TBI. Another reason might be that inspectors dealing with priority topics in non priority sectors are expected to take as long as is necessary to deal with such issues, and this may also contribute to the increased times.

One of the aims of TBI is to increase the amount of time spent with each dutyholder. We have calculated average time per inspection contact by sample group on the basis of the FOCUS data for the numbers of inspection contacts and the recorded inspection contact time. The results of this analysis are presented in Figure 14(d) which shows that the average time per inspection contact has increased steadily over the timeframe of interest. The most dramatic increase has occurred in the health services sector but as this seems to have stepped up in FY01-02 we believe that the central approach to NHS Trusts launched in July 2001 may also be a contributing factor.

We conclude that there is good evidence to suggest that more contacts are being made with organisations in two of the priority sectors (agriculture and construction). In addition the average time spent with dutyholders during inspections appears to be steadily increasing for all sample
group sectors. However, in both cases it is not possible to determine whether this finding is a result of the introduction of TBI or is a continuation of a pre-existing trend.

7.2.3 Increased Enforcement

One of the questions posed for this evaluation study was:

*Does a TBI approach result in an increased level of enforcement action on priority topics and sectors, when compared to the previous approach?*

Examination of the FOCUS enforcement contact data in Figures 15 and 16 shows an increase in both the number of enforcement contacts and the time recorded. Comparison of the enforcement contacts in FY01-02 with those in FY03-04 indicate that the number has increased in the priority sectors and they have decreased in the non-priority sector.

The graph on the right of Figure 15 shows the proportion of enforcement contacts within each sample group and indicates that the number of enforcements occurring in the agriculture sector has increased considerably between FY01-02 and FY02-03. However, as described in Section 7.2.2, movement restrictions imposed during the 2001 FMD epidemic resulted in a forced reduction in inspections and consequently the number of enforcement contacts. Once the FMD restrictions were lifted we would have expected an increase in the number of inspections and enforcements and this appears to have been the case. Due to this external influence it is not possible to determine whether the change in 02-03 is a result of an increased focus on enforcement in the agriculture sector or simply a return to more normal activity levels.

Other reasons have been identified that may have resulted in an increase in the number of enforcement contacts being recorded. These are:

- A guidance document was issued in April 2002 that clarified enforcement definitions.
- The introduction of the Inspection Report Form (IRF1) provides greater opportunity to record enforcement contacts.
It can be seen in Figure 16 that for four of the sample groups the time per enforcement contact has increased slightly during the period following the introduction of TBI in April 02. The average enforcement contact time in the construction sector has remained essentially static. With the exception of the health services sector the increases in average enforcement time for the other sample groups are very small (typically 5 to 10 minutes). These small increases may be attributable to the introduction of TBI, but the enforcement process has become more complex and this might mean that it takes longer to carry out an enforcement contact than was previously the case.

Questions relating to enforcement were included in both the inspector and dutyholder surveys. Inspectors generally disagreed that they issue more enforcement notices now than before TBI was introduced. Some inspectors thought that TBI helped to remind them to consider those topics that they already knew were the most important. Also, because of TBI’s more focused approach, they believe that more notices are being issued against deficiencies relating to the priority topics rather than against the more traditional inspection areas. This would appear to agree with the data on enforcement contacts by sample group presented in Figure 15 and is aligned with the TBI objectives.

Inspectors disagreed with the notion that the TBI approach had changed the way they decided to take enforcement action.

Dutyholders generally disagreed that since the introduction of TBI they had more enforcement notices issued than under the previous inspection regime. However, only 10% of those who responded to the questions relating to enforcement said they had been fined for a health and safety offence. Consequently, it is difficult to infer any significant conclusions from their answers.

We conclude that there appears to be an increase in the number of enforcement contacts over the period of interest but that, as is the case for inspection contacts, this trend cannot be solely attributed to TBI. More positively the number of enforcement contacts in the TBI priority sectors would appear to have increased since the introduction of TBI and this concurs with inspector’s views that focus on the TBI topics means that they are more likely to issue enforcements against...
these topics. Therefore the introduction of TBI has resulted in an increased level of enforcement action on priority topics and sectors.

7.2.4 Improved Standards of Compliance

Here we are interested in exploring whether or not there is evidence from the risk control indicators to show that standards of compliance have improved in the priority topic areas, since the introduction of TBI.

Risk control indicator scores are used to rate an organisation’s performance against the priority topic criteria described in the inspection topic packs. For inspections recorded using the inspection report form, the scoring system provides a simple way to rate the dutyholder’s performance in the priority topic areas. HSE guidance indicates that following award of a risk control indicator score of four (RCI-4), an inspector should consider the need for enforcement.

To identify any changes in standards of compliance, the number of RCI-4 ratings compared to the number of notices issued was analysed. Data was available for two years post-TBI introduction (FY02/03 & 03/04) and only includes details of those notices recorded on the inspection report forms. Therefore the data presented in Figure 17 should represent notices arising from an RCI-4 rating captured in an inspection report form. Other routes for issuing notices exist but it was not practicable to extract the information from the FOCUS system. Consequently, the information presented here represents a partial picture and should be treated accordingly.

**Figure 17 - Comparison of Number of RCI-4 Ratings vs. Notices Issued**


Figure 17 compares the number of RCI-4 ratings recorded with the number of notices issued for eight topics (five priority and three secondary). The graphs show information for the two years immediately following the introduction of TBI.

In general, the number of RCI-4 ratings is significantly greater than the number of notices issued for each topic. This might imply that inspectors do not automatically issue a notice following the recording of an RCI-4 rating unless there are notices being issued that we have not captured in these graphs (and we have indicated that whilst we know this to be the case we have not been able to assess the scale of the potential gap). Inspector survey responses indicate that they generally believe that enforcement action should be taken if conditions warranted a RCI-4 rating. Unless
there is a shortcoming in the data we have presented here, there appears to be a difference between what inspectors believe should happen and what actually does happen.

We have explored this potential anomaly by reviewing the inspector surveys and have discussed it with the HSE. There is anecdotal evidence that whilst an RCI-4 rating may be recorded during an inspection, if the dutyholder immediately rectifies the problem following advice/instruction from the inspector, some inspectors do not believe that it is necessary to issue a notice. In certain cases it is felt that this would be counter-productive given that the dutyholder had implemented an immediate improvement and would only result in bad feeling. It has also been suggested that a notice may not be the most appropriate method of enforcement to use. Some inspectors valued the ability to use their discretion when considering appropriate actions and responses and would build in a degree of escalation as they judged appropriate.

Whilst the information presented here is anecdotal, if it represents a widely held view then it has important bearings on how the HSE can be seen to be consistent in its approach to inspection and this should be addressed by FOD.

During FY03-04, the second year of TBI, the number of recorded RCI-4 scores reduced for the eight categories plotted above. There are several potential reasons why this may have happened:

- Poor performing organisations were targeted specifically during the first year of TBI resulting in RCI-4 scores being recorded for a higher proportion of inspections
- More experience was gained in the priority topic areas, providing a greater knowledge base against which individual dutyholder performance could be assessed and benchmarked (there may have been a more pessimistic view taken in FY02-03)
- Increased awareness of the priority topic areas amongst dutyholders. Organisations may have concentrated on making improvements in the topic areas as a result of attention paid by FOD
- New instructions and changes in the scoring guidance notes
- Reluctance among inspectors to issue an RCI-4 rating in case they have to justify to their line managers why a corresponding notice has not been issued (we have anecdotal evidence that this occurs)

70% fewer RCI-4 ratings were recorded for Workplace Transport (WPT) during the second year of TBI. However, the number of RCI-4s in that year was less than the number of notices issued in that year and this is anomalous. There is no obvious reason for this anomaly however it is thought that it may be attributable to errors in the data.

The number of notices allocated to the stress priority topic increased dramatically during the second year of TBI. Furthermore these are less than the number of RCI-4 ratings. Further investigation has highlighted that the topic also includes welfare notices issued to construction sector organisations. As a consequence of the inclusion of other issues within the stress topic, we cannot infer any significant conclusions from the stress related data.

The dutyholder and inspector surveys included questions relating to changes in culture and standards. Dutyholders tended to agree that TBI had helped improve the health and safety culture within their organisation. However, this contrasted with the inspectors’ views where a large

16 Stress Priority Topic: used within the construction sector to record notices issued for areas including hygiene and hand washing facilities.
majority did not think that TBI had had a positive impact, even though it was an important aspect of FOD’s work and tools\textsuperscript{17}.

Inspectors disagreed with the statement that employers took more responsibility for improving standards as a result of the HSE focus on priority topics and sectors. In contrast, the dutyholders tended to believe (generally agree) that their standards had improved and that they were now focusing more on those risks that mattered most, when asked a series of questions regarding these issues. However it should be noted that the level of awareness of TBI is not high amongst most dutyholders. Apart from the dutyholder survey data, we have anecdotal information from the trade bodies and the dutyholders to suggest that many dutyholders were not aware of any change, nor could they discern a change in FOD’s inspection approach. Consequently, any improvements may be a result of an ‘inspection’ rather than a ‘TBI inspection’; the quality of the interaction being entirely driven by the relationship/rapport established during the inspection contact.

\textsuperscript{17} The overwhelming majority of band 2 and band 3 inspectors thought that the previous traditional approach was much more effective.
7.2.5 Increase Contacts in Priority Topics and Targeting Topics During Inspection

We considered whether inspectors actually carry out TBI or if they are prevented from doing so. To answer this question it was necessary to examine inspection contact data, and to consider both inspector and dutyholder attitudes from the surveys.

The graphs presented in Figure 18 show information relating to topic recording for the designated sample groups (SG1-SG5) only. Topics were introduced in two phases:

- April 2001 Falls From Height (FFH), Musculoskeletal Disorders (MSD), Stress, Workplace Transport (WPT)
- April 2002 Slips and Trips (SPS), Noise (NSE), Hand/Arm Vibration (HAV), Occupational Asthma (OccA)

A significant step-change in the number of inspection contacts with topic information recorded is apparent between FY01/02 and 02/03. It is not possible to identify a single reason for this as the following factors may all have had a positive impact:

- More topics were available to record contact time against
- Introduction of TBI meant that inspections were re-focused on the designated sectors and topics
- Introduction of the inspection report form (IRF1)
- Influx of trainee inspectors, encouraged to use the topic based approach

The data provides a clear indication that inspectors are now recording significantly more information about the topics discussed with dutyholders during an inspection. This suggests that TBI inspections are being performed and that there are no obvious external factors that prevent them from doing so.
Figure 19 - Proportion of Time Recorded Against Topics

Figure 19 illustrates the relative importance of the priority and some secondary topics within our sample groups, and also how this has changed over the three year period shown. Unsurprisingly, with the availability of more topics to record contact time against, there is a broader mix of topics where time is being booked to. In addition to this however, it appears that inspectors are concentrating their efforts on the topics that are most relevant to each industry sector. For example, the major topic issues within construction are known to be FFH followed by WPT and Figure 9 shows that most effort is being spent on these topics. Similarly, for health services MSD is the single most recorded topic with increasing time being allocated to the stress topic. The apparent increase in emphasis on stress in the health services sector may be due to the inclusion of violence and aggression issues within this topic.

These observations correlate well with the primary data from the inspector, the dutyholder and trade body surveys, all of whom agree that there is a focus on the priority topics during inspections. Interviews with inspectors suggest that whilst they undertake TBI, the accuracy of recording is questionable. A commonly held view was that for approximately 50-75% of contacts, topic information would be recorded to the nearest 15 minutes block after an inspection had been carried out. When asked if the TBI approach and the use of risk control indicators was a more effective method than the previous approach, there was more disagreement than there was agreement with these statements. Figure 20 shows the inspector survey results for these questions.
Generally, only around 35% of Band 3s & slightly smaller % of Band 2s think that inspections are MORE effective now.

![Bar chart showing survey responses on effectiveness of inspections]

Around 50% of all respondents think that using RCIs to assess workplace stds is generally an ineffective activity.

![Bar chart showing survey responses on effectiveness of using RCIs]

It would appear that the TBI approach is being used and that there are no impediments to its implementation. However its impact is being constrained by the opinion and deep seated attitudes of many of the inspectors – particularly those with a relatively long service history in FOD. This group of inspectors have concerns about having to concentrate on a relatively small number of topics, and the possibility that emerging issues will consequently be missed and ignored in the future. Furthermore, they believe that more junior inspectors are not being afforded the experience and training needed to allow them to identify emerging issues for future attention. This point was echoed in our discussions with the trade bodies contacted.

7.2.6 More Inspection Resource

The number of inspectors has been increased to cope with the demand for increased contact with dutyholders. This increase is illustrated in Figure 21 which shows the time recorded in FOCUS against inspection, investigation, complaints and enforcement. During the two years pre-TBI, investigation included time spent on complaints. Following the introduction of TBI in April 2002, complaints were recorded as a separate category. Using an estimate for the number of effective
full-time equivalent inspectors, the average available inspector contact time has been calculated\(^{18}\). This is shown by the black line on Figure 21. The gap between recorded time and estimated available time ranges from 3-7% across the four year period (indicating that our estimates are reasonably accurate).

**Table 21 - Recorded FOCUS Time**

It was not possible to determine staff grades against recorded time from the FOCUS datasets provided. FOD have suggested that the following assumptions should form a reasonable approximation:

- **Inspections**: Performed by Band 2, 3 and 4 (trainee) inspectors
- **Investigations**: May include band 5 staff in addition to band 2, 3 and 4 inspectors
- **Complaints**: Increasing use of band 6 (complaints officers) to handle initial enquires and complaint issues
- **Enforcement**: Performed by band 2, 3 and 4 inspectors

We also used inspector survey responses to identify the range of activities undertaken as well as the relative amount of time spent on each. The results, shown in Figure 22 are broadly inline with our expectations; band 3 inspectors spend the greater proportion of their time on inspections,

\(^{18}\) The Inspector Time (shown as a black line on the graph) is calculated using the formula: 'Average Days Contact' × 7.5 hours/day × 'Effective Number of Inspectors'. Our assumptions for Average Days Contact, Hours per Day, and Effective No. of Inspectors are based on discussions and correspondence with FOD. We have assumed the average days contact per year per band 3 operational inspector in the last few years to be: 2000/01: 39; 2001/02: 37.7; 2002/03: 42; and 2003/04: 43.8
investigations and prosecutions; while band 2 inspectors concentrate on monitoring\textsuperscript{19} and supervisory tasks.

Note that these are general findings. We have not attempted to explore the variability in the proportion of time spent on particular activities as a function of the sector in which the inspector operates.

![Figure 22 Inspector Activities](image)

### 7.2.7 Target Employers to Inspect

The inspector survey results indicate that inspectors are of the view that the most important and effective means of bringing about improvements in health and safety at work is by using inspections and enforcement actions. Other forms of intervention or initiatives are generally regarded as being important tools in HSE’s armoury but certainly not as effective.

The trade bodies contacted also agree that health and safety improvements will only come about with strong and enforceable regulation. However, they also believe that this needs proper targeting and that there is more room for encouragement to be given to the good performers and proactive guidance to many of their members.

We reviewed the inspectors’ responses to survey questions about how they selected premises for inspection and the results are shown in Figure 23.

\textsuperscript{19} Interestingly, whilst band 2 inspectors believed that they spent a proportionately larger amount of their time on monitoring and managerial work, they believe that the TBI process does not make this activity any more effective nor give them access to more useful information. From our interviews, band 2 inspectors still resort to inspectors’ field note books as a primary source of information when carrying out a review.
The largest % of respondents chose “Following Investigation” & “Poor Performer” as the main criteria for selecting a site for inspection.

14% 16% 11% 11% 11% 11% 16% 11% 10% 16% 11% 12% 7% 16% 21%

Problem Sector Poor Performer Multi-site WCTs Random/Geographic Following Investigation Personal Opinion New Site

Figure 23 - Targeting Premises for Inspection

Figure 23 highlights some interesting differences between what band 2 inspectors and band 3 inspectors believe are the reasons for selecting premises for inspection. This is informative because the band 2s should be responsible for managing and directing the behaviours of those inspectors under their control. The difference of opinion may indicate problems with communication ‘at the coal face’.

Band 2s tend to overstate the relative importance of problem sectors and poor performers compared to the band 3s whilst understating the relative importance of random or adventitious inspections as well as inspections that take place immediately following an investigation.

We have explored possible reasons for this difference of opinion. Survey responses and anecdotal evidence suggest that inspections often take place at the same time or immediately after an investigation because the inspector is already at or near the premises. In addition, when a dutyholder has been targeted for inspection, inspectors will often visit other premises in the geographical vicinity. Possible reasons for this behaviour include the fact that inspectors were previously incentivised to increase the numbers of inspection contacts they made in any year and achieve internal targets.

The results shown in Figure 23 may indicate that the band 2s have responded according to how they think premises should be selected for inspection.

It may be that if premises were being randomly selected for inspection, often for adventitious reasons and to keep inspection contact numbers up, then it would have been unlikely that the premises that presented the highest risks will have received the attention they should have with the resources available.

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20 N.B. As stated previously, from April 2004 there was no national requirement for inspectors to undertake a minimum number of contacts or to record a minimum number of visits to dutyholder premises.
7.2.8 Increase Action by Employers

We considered the question of whether TBI leads to better practice by employers and if they are more likely to take action in these areas than if a traditional inspection was performed.

The survey responses from inspectors and dutyholders showed a marked difference of opinion on this issue. In general, inspectors disagreed with the suggestion that the focus on priority topics has made employers take more responsibility for health and safety thereby raising standards. This appears to reflect a certain level of cynicism amongst some inspectors regarding the dedication that employers have to improving health and safety performance.

Dutyholders were more positive about the impact that the current focus on priority topics is having on health and safety performance. They slightly agree that the TBI approach helps them focus on the important issues within their workplace. However, due to variations in the level of familiarity with TBI it is difficult to attribute this positive response solely to TBI or their combined experience of various other FOD initiatives and contacts.

7.3 MAXIMISE OTHER BENEFITS

Progress made towards achieving FOD’s targets may also be measured by perceived improvements in how the process is being implemented. The factors which affect the effectiveness and the efficiency of the process include how well it was introduced and how well it is being carried out.

7.3.1 Improve the Quality of Interactions

The change from the traditional inspection technique to TBI was in part a move to improve the quality of interactions between the HSE and dutyholders. One of the aims of this research was to determine whether or not this aim has been achieved.

The dutyholder survey responses indicated that there was some agreement that better interactions are now occurring as a result of the increased focus on priority topics. However, it is difficult to make any strong conclusions about this result as the responses may be skewed by the desire to want to give the ‘right’ or the expected response. Because there was no strong feeling expressed about either inspection method (traditional vs. TBI) by the dutyholders, we have surmised that an ‘inspection’ is perceived to be a very effective way of improving health and safety and the technique used by the inspector is secondary.

According to our discussions with the trade associations, the quality of interaction is more influenced by the experience and skill of an inspector to engage with dutyholders in the context of their operational activities. In particular, their members tend to regard the quality of interactions to be entirely dependent on how ‘good’ the inspector is rather than the actual method used – although the TBI method is also seen as an important factor so long as it is applied proportionately and site specifically. Many felt that the recent influx of less experienced inspectors has had a detrimental impact on the quality and the value added by an inspection contact.

In general, inspectors were much less positive about the change to the TBI approach. There was agreement amongst inspectors that interactions with dutyholders are now less effective because of the focus on priority topics. Concerns were raised regarding other health and safety issues, not covered under the topics, and how they should be handled. Based on anecdotal evidence, this dissatisfaction may be more due to a resistance to change – a common reaction to a process change of this magnitude, and the fact that inspectors feel that they now have less room to exert their discretion and professional judgement – in spite of the fact that TBI allows them to focus on matters of evident concern if appropriate.
7.3.2 Increase Contact Time with Dutyholders

The increase in contact time discussed in Section 7.2.2 above is considered to have had a positive impact on attaining the right health and safety outcomes. A common issue highlighted by dutyholders and trade bodies was the infrequency of visits. One trade body representative cited an example whereby one of its members (a manufacturing SME), had not had a single HSE inspection carried out on its’ premises during 30 years of operating as a business.

7.3.3 Preparing for TBI

The preparations made during the introduction of any new way of working will naturally have a bearing on how well the new approach is accepted within the organisation and how effectively it is then implemented. Preparation obviously includes training and communication of the process to those responsible for carrying it out. Considerable effort was put into the development of the TBI method, initial awareness raising and the guidance documents produced to support it. Inspectors were surveyed for their opinion of the effectiveness of this information and also the delivery methods used.

Generally, most inspectors recalled the roadshow presentations used to initiate and train them in the TBI approach. However, a common criticism (this is anecdotal) was that they experienced information overload during this period, with too much being imparted in too short a time period, leading to some issues perhaps not being taken as seriously as they should have been. The topic guidance packs that accompanied TBI’s introduction were well received, but a concern was that because of time pressures it is difficult to keep up to date with new developments and revisions made to the guidance.

The dutyholders’ and the trade bodies’ knowledge of the TBI approach and its aims and objectives appeared to be variable. From comments provided in the survey, awareness of the RHS agenda and the priority sectors/topics was good. Employers frequently commented that they were already aware of the importance of these issues because they already had to manage them on a day-to-day basis. However, amongst dutyholders the change in inspection approach was only generally known if the inspector had specifically made an effort to explain the changes and this was remembered. Again, this suggests that the skills and confidence of the inspector is a major contributor to the overall quality of interaction with dutyholders.

7.3.4 Maximise Efficient Use of Time

The efficient use of time and scarce resources is a common aim of most process improvement initiatives. Several methods of achieving this were identified as part of the TBI approach. The impact of geographical working – selection of premises to visit based on their proximity to each other has already been discussed.

The introduction of the inspection report form as the preferred method of recording inspection contact details had several goals:

- More accurate recording of topics discussed and time spent during inspections
- Risk control indicator ratings for relevant topics
- Reduction in the time spent by inspectors inputting contact records into FOCUS
- Provision of management monitoring information to facilitate monitoring of progress against targets

Inspectors were asked to comment on how accurately they record time spent on priority topics during inspections. In general, inspectors were unable to say that they recorded their contact times
accurately. The face-to-face interviews with inspectors have helped clarify the various responses. A common comment was that the total time spent at the premises would be averaged out or distributed across the different topics discussed with the dutyholder. The time dedicated to discussing a topic would be recorded reasonably accurately by most so long as it represented a ‘fair’ proportion of the total contact time (e.g. the discussion was not a brief reference to “picking litter off the floor”). They tend to fill the form when they leave the premises and rely on memory in most instances and some information contained in their note books. This tends to introduce some recording generalisations and data rounding. However, if a particular topic was covered in greater detail, this would be reflected accordingly in the report.

Alarmingly, we received anecdotal information from a very small and possibly unrepresentative number of inspectors, saying that the times recorded and even some of the RCI scores are often entirely made up or fabricated. It was beyond the scope of this research to validate the contact data stored in FOCUS against the actual inspector activity.

According to the inspector survey, general usage of the inspection report form appears to be quite high. Almost 70% of band 3 inspectors state that they use it to record approximately three quarters of all contacts. This figure rises to more than 80% amongst those inspectors with less than 5 years service. There is some feeling that the inspection report form is not suitable for recording certain types of inspection, such as audits or blitzes.

The introduction of the inspection report form does appear to have contributed to the increased prevalence of topic recording; the form may be useful as a prompt acting to remind more junior inspectors of the priority areas to be covered. However, concerns were expressed, often by those with relatively more years service and by the trade bodies, that the inspection report form can encourage an inflexible ‘tick box’ approach to inspection if used inappropriately. Reservations regarding the depletion of the current and future knowledge base and competency levels of the inspection staff were also raised.

On the whole, the band 2 inspectors do not think that they have better monitoring information now because of the TBI and its processes. Furthermore, the band 3 inspectors do not think that they use their time more efficiently now because data entry is being carried out by administrative support. Currently, many of those who we met recounted that they are still having to spend much time checking and correcting data inputting errors.

### 7.4 MINIMISE DISBENEFITS

As mentioned above, many of the inspectors have stated that in spite of the introduction of the inspection report, they still spend a lot of time on admin type activities; writing out the inspection forms by hand, then having to carry out editorial checks of the inputted data iteratively and correcting mistakes. Details about the dutyholder, the inspected premises, and location etc all still generally have to be inputted by the inspectors themselves, and this is probably the most time consuming activity, not the actual inspection report form data entry\(^\text{21}\).

From the dutyholder’s perspective, the lead up to an inspection visit is invariably seen as having time and resource disadvantages associated with it, regardless of the type of approach adopted. However, if an inspector is particularly good at what he or she does and is experienced in the

\(^{21}\) There is a system and form (IRF2) in place and administrative staff are available within FOD to carry out this task. It may be that inspectors are not using these facilities very effectively.
sector, dutyholders tend to feel that they benefit from the contact in terms of value adding health and safety advice, general guidance and being able to avoid potential penalty costs.

On average, the dutyholders did not think that they are spending more or less time now on inspection related matters. When asked if they think that HSE/FOD requirements are clearer and better understood since the introduction of TBI, the response was slightly muted. Most neither agreed nor disagreed.
This evaluation has explored the impact of the introduction of TBI on:

- occupational health and safety performance
- the effectiveness of inspections
- inspector and dutyholder perceptions

The potential impact of TBI has been evaluated in light of a number of other overlapping initiatives introduced by the HSE/FOD over the same time period. We have tried to establish if TBI is having an impact on the outcome measures (the PSA/RHS metrics), what the nature of that impact is, and whether it varies by sector and topic area. We have also sought to establish whether there is any evidence of additional beneficial or adverse impacts arising from the change to TBI.

We discuss the results of our evaluation here under each of the seven questions posed by FOD at the start of this work.

1) Do inspectors actually carry out TBIs or are they prevented from doing so and, if so, how?

The majority of inspectors do undertake TBI and are recording the results of their inspections in a form that enables evidence for this to be provided. There is a sizeable proportion that feels uneasy about the process and feels they could be exposed by not having sufficient time to look at everything on the premises as they felt they had under the previous regime.

A small minority still carry out inspections in the same way as they did before the introduction of TBI in the firm belief that TBI is detrimental to the effective management of health and safety at work.

2) Does a TBI approach result in an increase in enforcement action on priority topics and sectors compared to when a traditional inspection approach was used?

There is some evidence that the number of enforcement contacts has increased following the introduction of TBI. Furthermore the evidence suggests that these enforcement contacts have been concentrated in the priority sectors (agriculture, construction and health services). This might reflect the fact that inspection contacts in the priority sectors have also increased during the time period of interest. Notwithstanding the fact that contacts in the agriculture sector would have been expected to increase following the restrictions imposed by the 2001 FMD epidemic, we believe that the data supports the finding that TBI has encouraged an increase in inspection and enforcement contacts.

This finding should be considered alongside some of the anecdotal data that we gathered during the inspector and trade body surveys. These sources indicated that:

- Inspectors feel that over the past few years the processes for initiating prosecution enforcement contacts (as defined in the enforcement policy statement) have become so complicated and laborious that they are often discouraged from wanting to go down this route, especially given that the corresponding fines imposed are often perceived to be disproportionately low.

- They also feel that because of the level of detail and the amount of effort needed, they are often exposed to the risk of a prosecution action being ‘thrown out of court’ due to a simple oversight on the part of an inspector. Moreover, they feel that the HSE’s management is now less supportive towards inspectors in such circumstances than before.
3) Do inspectors spend longer / have more contact time with duty holders when carrying out TBIs & is more time spent on priority topics?

As well as increasing the number of contacts with dutyholders there is good evidence to the effect that the average time spent with each dutyholder has increased. This is true for all sectors that we looked at but it may have been a pre-existing trend and it is not clear what contribution TBI has made to this.

There is also good evidence to indicate that inspectors are looking at the full range of priority topics during inspections and in addition are spending proportionally greater time on the priority topics that are most relevant for each sector. So, for example, proportionally more time is spent on musculoskeletal disorders in the health services sector in comparison with the construction sector where more time is spent on falls from height and workplace transport.

4) Does TBI lead to better practice by employers & are they more likely to take action in these areas than if a traditional type of inspection was carried out?

We have found no data to support this supposition.

Inspectors generally believe that dutyholders are not taking adequate action and could do more. Dutyholders tend to state that the introduction of TBI has been a positive thing and they imply that they are taking more action than before. However this must be tempered by the fact that most dutyholders have not noticed any difference in the approach to inspection and have not heard of TBI. They may therefore be trying to provide ‘the right answer’.

5) Has the introduction of Inspection Report Forms reduced the time spent by inspectors inputting data into FOCUS?

Total data inputting time has reduced but there is a feeling that the aggregate recording and reporting times has increased. This increase in time is attributed to the fact that inspectors are duplicating effort by capturing the information initially on IRF1 as well as in their own individual note books. In addition anecdotal evidence suggests that additional time is wasted checking and correcting data entry errors made by the administrative staff appointed for this purpose. Many inspectors told us that they would feel ‘exposed’ if they stopped taking copious notes during an investigation. Also, despite the availability of additional administrative support, they still spend a lot of time doing the initial data entry themselves for the basic dutyholder information such as location, name etc.

The inspectors are least happy about these aspects of TBI.

Most of the band 2 inspectors included in our survey do not feel that IRF provides them with better information or an ability to monitor other inspectors’ or dutyholders’ performance. Many still refer to the original notes made in note books at the time of the inspection. Reasons for this are two-fold:

- they regard the IRF alpha-numeric codes as not user friendly, and
- they believe that the IRF data will only be useful once a critical mass of data over time has been accumulated that will enable them to look at the historical performance of specific dutyholders. Currently, dutyholders do not get inspected frequently enough for this to happen.
6) Have the Risk Control Indicators shown that standards of compliance have improved in the topic areas?

We have only been able to consider two years worth of data following the introduction of TBI. Consequently we do not believe there has been enough time to make assessment of any trends valid.

The number of risk control indicator scores resulting in an RCI-4 decreased in every priority topic between the two years. However there are many reasons why this may not have been attributable to the introduction of TBI. In addition, the number of notices raised against certain priority topics has increased between the two years. In some cases the number of notices issued is greater than the number of RCI-4s. This could be attributable to errors in the data we analysed but does not imply that standards of compliance have improved.

7) What impact has the change in inspection style had on employers?

Inspectors and dutyholders both believe that physical inspections are the most effective means available for improving health and safety culture and performance. With the average time between site visits ranging from three to five years TBI provides an opportunity to make the most of the time available on site.

Employers think that inspections are more focused now than they used to be. Therefore, they can concentrate on those areas that they think inspectors are most interested in, cutting down on the overall time. Whilst this is regarded as a good thing in general, there is some discomfort amongst trade bodies and dutyholders that some emerging issues may be missed, especially those that are very specific to a particular type of sector or premises.

However, there is an overwhelming view that the dominant factor that drives the quality of interaction during any inspection is the skills and experience of individual inspectors. This is regarded as far more important than the impact of TBI on the quality of interaction. Because this is such an overriding factor, the retirement of experienced inspectors and replacement with less experienced inspectors is perceived to have had a detrimental effect on the quality of interactions.

Another relevant factor that excites dutyholders is the process for how premises are selected for inspection. If TBI is to be effective then this is a critical aspect of the approach as most benefit should accrue from those organisations in sectors that have historically experienced the greatest safety risks. The majority of dutyholders believe that it is not sufficient to change the process or what is inspected but also who is inspected. There is a wide perception that FOD targets those dutyholders that are easiest to identify and least likely to challenge the HSE rather than those who fall in the ‘unregulated’ sector. Dutyholders believe that dutyholders should be selected for inspection using a risk based scoring system which covers all dutyholders.

This latter concern is at odds with what TBI was designed to do. Historically, the competing demand on inspectors to increase the number of inspections may have meant that this view may have been coloured by the large proportion of random or adventitious inspections experienced by dutyholders.

Other Relevant Findings

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22 There is a central, risk-based system that FOD uses for this purpose. Clearly dutyholders are not yet aware of this
At the start of this exercise, we were advised by FOD that many of the more experienced inspectors had shown some resistance to the introduction of TBI. We have collected anecdotal evidence from inspectors and trade bodies as to why this should be the case.

We have found that there was a perception that TBI devalued the inspector’s experience and took away much of the inspectors’ prerogative and intellectual discretion. These inspectors regard TBI as a process that questioned their professional integrity and hindered them from challenging many employers’ management of issues not deemed to be priority topics. Some inspectors felt exposed that they were not going to have sufficient time to continue to look at the more traditional inspection areas such as machine guards etc. This perception reinforced the fear that because inspections were now being carried out according to a set or predetermined agenda, there would be less scope for inspectors to look for proactive ways of tackling hazards which are not included on the list.

Some inspectors have stated that they believe that TBI is not as effective in protecting employee occupational health and safety as the previous, traditional approach. Much of this reticence may be a cultural artefact, stemming from the type of training given to inspectors or the fact that investigations into past incidents may have coloured their judgements. Nevertheless, if TBI is to be successful FOD need to address this underlying attitude as a matter of urgency.
9 CONCLUSIONS

At the time of this evaluation research, Topic Based Inspection (TBI) had been in place for just under three years. The process (both in terms of its design and implementation) has not remained constant throughout this time, either within the priority topics or the priority sectors. An important constraint on this evaluation exercise has been the lack of baseline information prior to the introduction of TBI in April 2002, against which to compare improvements. Ideally more time is needed to collate additional data so that more reliable conclusions can be drawn.

In determining some of the conclusions below we have interpreted data provided by the HSE/FOD. Our conclusions are based on interpretation of raw data (e.g. from FOCUS) supported where possible by additional survey data. We have not verified the raw data in FOCUS so for example we have not been able to verify that the information captured in FOCUS is a true reflection of HSE/FOD inspector activities.

With these qualifications however we can make the following conclusions:

**Impact on Health and Safety**
- Health and Safety accident statistics do not provide any indication that TBI has had a positive impact. We can say that there is no evidence that it has had an adverse effect.

**Impact on Contact Interactions**
- There is good evidence that inspectors are using TBI and that they are recording their contact time in a more meaningful way that should provide useful management information in the future.
- There is good evidence that the number of dutyholder contacts have increased since the introduction of TBI. However, we cannot say whether or not this is due to TBI alone as there are many other reasons why numbers of contacts may have increased (the HSE has stated that it aims to increase its total numbers of inspection contacts).
- The numbers of priority sector contacts appear to have increased at a proportionally higher rate than the overall number of contacts. This has been achieved at the expense of the non-priority sectors.
- Average contact time has been steadily increasing for all sectors since before TBI was introduced. It is therefore not obvious what impact TBI has had on average contact time.
- There is good evidence that contact time in the priority sectors is being apportioned to priority topics.
- Overall enforcement contacts have increased in line with the increase in overall dutyholder contacts but it is not clear if this is entirely attributable to TBI.
- There is good evidence that the number of enforcement contacts in the priority sectors have increased at a proportionally higher rate than the overall number of enforcement contacts.
- We have not been able to determine whether or not standards of compliance have changed.

**Impact on Inspectors**
There has been some reluctance from the FOD inspectors to welcome TBI as there is a perception that it negates their sense of professionalism and takes away much of the discretion and autonomy they had under the previous approach.

Inspectors do not believe that the administrative burden associated with recording inspection information has reduced as they have to check and rework data entered by administrative support staff.

Previously, there were pressures on inspectors to increase the number of dutyholder contacts and consequently this meant that a high proportion of contacts were adventitious rather than risk-based. This pressure may have forced perverse behaviours which were not aligned with the objectives of TBI.

Band 2 inspectors are more likely not to use the management information derived from the implementation of TBI to inform their work plans. Furthermore there appears to be a misunderstanding between band 2 inspectors’ views on how premises are selected for inspection and the actual practice of the band 3 inspectors.

### Impact on Dutyholders

- Dutyholders and their trade bodies recognise the value of, and fully support, the Revitalising Health and Safety (RHS) targets and the associated Priority Programmes.
- Dutyholders in different sectors do not have different opinions or experiences with respect to the implementation of TBI. This reflects the fact that most dutyholders are not aware of the fact that TBI had been introduced.
- Most dutyholders see value in inspection and enforcement as a means of ensuring compliance.
- Dutyholders are very concerned about the perceived variable quality of interaction with individual inspectors and believe that the skills and experience of individual inspectors is a more important factor for determining the quality of any interaction than TBI.
- Dutyholders are very concerned about how premises appear to be targeted randomly or unfairly and believe that a risk-based approach should be applied in selecting premises for inspection.
10 RECOMMENDATIONS

Here we indicate the main recommendations from our evaluation:

R1. TBI should be reinforced as the de facto approach to inspection in the absence of specific projects or programmes. Where alternative approaches are introduced for particular sectors, the outcomes should be aligned so that the link with TBI and the route to delivery of the PSAs is demonstrated.

R2. FOD should invest in information management systems to enable inspection information to be captured and assessed more reliably and easily.\(^{23}\)

R3. FOD should investigate reasons for the anomalous findings of RCI-4 rating versus notices issued. This should include errors in the data as well as potential inconsistencies in inspector behaviours.

R4. FOD needs to address the potentially corrosive nature of inspector malcontent with TBI as a matter of urgency. This should be evidence based and reinforced possibly through a series of roadshows and cascades.

R5. Provide evidence to inspectors that new risk issues are not being missed as a result of adherence to TBI.

R6. FOD needs to clarify inspector priorities for inspection. Guidance should be provided on the balance between the number of inspection contacts and a risk-based approach to selection of premises that aligns with the TBI objectives.

R7. FOD should investigate a communication strategy for dutyholders that demonstrates why application of TBI should ensure that premises selected for inspection is risk-based.

R8. Inspection report form data entry needs to be simplified or improved to eliminate need for additional checking and reworking by inspectors.

R9. FOD should incorporate the findings from this study in determining the development needs for current inspectors and the training requirements for new inspectors, particularly to ensure consistency in the quality of interactions between inspectors and dutyholders.

\(^{23}\) We note that FOD have already initiated this through the implementation of COIN as the successor to FOCUS
11 GLOSSARY OF KEY DEFINITIONS

Traditional inspection - the process of assessing relevant documents held by the dutyholder, interviewing people and observing site conditions, standards and practices where work activities are carried out under the dutyholder’s control. The topics addressed are based on the individual inspectors’ discretion, working within a framework of advice and direction provided centrally.

Matter of evident concern - a health and safety related matter where immediate enforcement action would be expected.

Enforcement - applies to all dealings between enforcing authorities and those on whom the law places duties. Inspectors may offer dutyholders information, and advice, both face to face and in writing. Where appropriate, inspectors may also serve improvement and prohibition notices, withdraw approvals, vary licence conditions or exemptions, issue formal cautions (superscript: 1) (England and Wales only), and they may prosecute (or report to the Procurator Fiscal with a view to prosecution in Scotland).
APPENDIX 1 – FOD SECTOR GROUPS & OUR SAMPLE GROUPS

We have linked the main 1992 Standard Industry Classification (SIC 92) codes (collated by the Office of National Statistics (ONS) and used by Companies House and in RIDDOR), to the FOD sector/sub-sector breakdowns used by FOD’s different divisions to record contact information in FOCUS. A SIC code will include a number of different FOD sectors and sub-sectors. Because of the way FOD is organised these would come under different FOD divisions. It is possible to group the FOD sector/sub-sector descriptions under the SIC codes (example illustration, below).

<table>
<thead>
<tr>
<th>1992 SIC CODES</th>
<th>Description</th>
<th>FOD Sector Groups (broken out)</th>
<th>FOD Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>0111</td>
<td>Growing of cereals</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0112</td>
<td>Growing of vegetables</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0113</td>
<td>Grow fruit n/s &amp; spice crops</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>01131</td>
<td>Grow grapes &amp; production of wine</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>01139</td>
<td>Growing other fruit, nuts &amp; spice</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0114</td>
<td>Cattle &amp; dairy farming</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0121</td>
<td>Farming of sheep goats horses</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0122</td>
<td>Farming of swine</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0123</td>
<td>Farming of sheep</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0124</td>
<td>Farming of poultry</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0125</td>
<td>Farming of swine</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0126</td>
<td>Farming of poultry</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0127</td>
<td>Other farming of animals</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0130</td>
<td>Crop &amp; animal farmers</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0141</td>
<td>Agricultural services</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0142</td>
<td>Animal husbandry services</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>01421</td>
<td>Animal boarding &amp; care</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>01429</td>
<td>Animal husbandry services not elsewhere classified</td>
<td>Farming</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0150</td>
<td>Hunting &amp; trapping services</td>
<td>Farming</td>
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</tr>
<tr>
<td>0201</td>
<td>Forestry &amp; logging services</td>
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</tr>
<tr>
<td>0202</td>
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<td>Forestry</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>02</td>
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<td>Agriculture &amp; Wood</td>
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<td>Fishing &amp; fisheries</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>0502</td>
<td>Fish hatcheries &amp; farmers</td>
<td>Fishing &amp; fisheries</td>
<td>Agriculture &amp; Wood</td>
</tr>
<tr>
<td>05</td>
<td>Fishing &amp; fish hatcheries</td>
<td>Fishing &amp; fisheries</td>
<td>Agriculture &amp; Wood</td>
</tr>
</tbody>
</table>

The tables below indicate the numbers of survey questionnaires for each sample group (SG1 to SG5) which were posted to the final dutyholder sample within each FOD sector/sector group.

As described in the main text, SG 1 to 3 represents the three priority sectors (agriculture, construction and health). For SG 4 and 5, we have sampled (i) based on clear evidence, using the HSE’s information\(^\text{24}\), of an industry being considered to contribute significantly to a priority topic, and (ii) our own assumptions regarding significance of industry/topics in the absence of data.

\(^{24}\) i.e. RHS inspection packs, supporting OMs/SIMs
## SG1, Agriculture & Wood

<table>
<thead>
<tr>
<th>Count of FOD Sector Groups</th>
<th>FOD Sector</th>
<th>FOD Sector Groups</th>
<th>Agriculture &amp; Wood</th>
<th>Agriculture &amp; Wood Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG</td>
<td>Farming</td>
<td>Forestry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>83</td>
<td>8</td>
<td>91</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>83</td>
<td>8</td>
<td>91</td>
<td>91</td>
<td></td>
</tr>
</tbody>
</table>

## SG2, Construction

<table>
<thead>
<tr>
<th>Count of FOD Sector Groups</th>
<th>FOD Sector</th>
<th>FOD Sector Groups</th>
<th>Construction</th>
<th>Construction Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG</td>
<td>Construct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

## SG3, Health Services

<table>
<thead>
<tr>
<th>Count of FOD Sector Groups</th>
<th>FOD Sector</th>
<th>FOD Sector Groups</th>
<th>Services</th>
<th>Services Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG</td>
<td>Health</td>
<td></td>
<td>57</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>3</td>
<td>57</td>
<td>57</td>
<td>57</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>Grand Total</td>
<td>57</td>
<td>57</td>
<td>57</td>
<td>57</td>
<td>57</td>
</tr>
</tbody>
</table>
SG4 and SG5 represent a very large proportion and diverse cross-section of potentially hazardous activities for the UK workforce. The activities for the group of firms which come under SG4 are likely to be linked to 2 or more priority topics. In the case of SG5, many premises’ activities may be linked to at least one of the priority topics.
Survey: The effectiveness of HSE’s Field Operations Directorate (FOD) Topic-Based Inspection (TBI) approach

Background
In April 2002 FOD changed the way in which inspections were carried out. Instead of the traditional approach of inspecting all machinery/processes present, as inspectors you are now required to target your efforts on specific areas that reflect the HSE’s priority topics. This new approach is called Topic-based Inspection (TBI). The approach was adopted with the intention that most of FOD's effort is focused on the areas where the greatest impact could be made, thereby maximising their contribution towards the Revitalising Health and Safety targets. The ultimate aim is to reduce the numbers of deaths, injuries and ill health in the British workforce.

FOD needs to evaluate whether or not this new approach is working. Risk Solutions is currently working with FOD to evaluate the effectiveness of the TBI approach using surveys and analyses. Our remit is to identify if the new approach is having the desired impact of contributing to the reduction of deaths, injuries and ill-health in the priority topics identified. We also want to explore whether TBI is bringing about other benefits (e.g. reducing FOD’s administrative effort) and avoiding any disbenefits perceived by dutyholders (e.g. high costs of compliance). It is essential that the evaluation is objective and impartial; a key element in convincing stakeholders that the HSE is using its resources appropriately.

Filling in the questionnaire
This survey is part of the research aimed at considering the effectiveness of TBI, compared to the previous inspection approach. The views of dutyholders and other stakeholders are also being sought. We need responses from inspectors who currently carry out TBI or have been involved with this in the past 2 ½ years. Please complete the questionnaire from your own perspective. Section 1 is largely factual. The remaining 4 Sections involve a degree of judgment. Your responses will be treated in confidence, so please provide us with your frank, personal view. The answers to questions either need to be ticked (✓) or ranked. The bulk of the questions have a scale asking for the extent to which a statement applies to you. Please feel free to add any other comments, stating which question your response refers to. When you have finished, please post it to:

Al Chegini, Risk Solutions, Central House, 14 Upper Woburn Place, London WC1H 0JN
or, by fax to 020 7554 5510. If you have any questions, please call us on 020 7554 5505 or email al.chegini@risksol.co.uk

Confidentiality assurance
Your response will not be disclosed in the final results in a way that would identify you. We hope that this will make it easier for you to offer your frank personal views. You will receive a summary of the questionnaire responses in return for your help.

Thank you for taking part in this survey.
**TBI Evaluation Survey Questionnaire**

**Q1 Information about you**

Q1.1 Name (optional)

Q1.2 Job title & Band

Q1.3 Location, tel. & email

Q1.4 Years of service

- □ 0-2
- □ 3-5
- □ 6-10
- □ 11-15
- □ >15

Q1.5 What posts have you filled over the past 2-3 years?

- e.g. As a sector specialist (which sector?); operational inspector; or a mixture (please specify)

- □ Inspections
- □ Audits
- □ HQ led campaigns (e.g. “Top 350”, or “Poor Performers” campaigns)
- □ Sector or Division led campaigns
- □ Internal awareness raising & training
- □ HSE’s research programmes
- □ Guidance & advice to firms/ industry bodies
- □ Investigating complaints, accidents/incidents & ill health
- □ Supervising & monitoring the work of other inspectors.
- □ Issuing notice
- □ Taking prosecutions, inc. taking statements etc (submitting reports to PF)

Q1.6 As part of your job, which of these activities have you been involved with over the past 2-3 years? Please tick all that apply.

- □ Sector or Division led campaigns
- □ Supervising & monitoring the work of other inspectors
- □ Issuing notices
- □ Taking prosecutions, inc. taking statements etc (submitting reports to PF)

Q1.7 For the activities you have selected above, please rank these according to the relative amount of time you tend to spend against each one (note: 1=takes up the most time; 10=takes up the least or practically no time).

- □ Inspections
- □ Audits
- □ HQ led campaigns (e.g. “Top 350”, or “Poor Performers” campaigns)
- □ Sector or Division led campaigns
- □ Internal awareness raising & training
- □ HSE’s research programmes
- □ Guidance & advice to firms/ industry bodies
- □ Investigating complaints, accidents/incidents & ill health
- □ Supervising & monitoring the work of other inspectors.
- □ Issuing notices
- □ Taking prosecutions, inc. taking statements etc (submitting reports to PF)

**Comments:**

**Q 2 Preparing you for TBI**

Q2.1 How were you prepared for TBI in the run up to its introduction?

- □ Road shows; seminars; meetings & circulars etc
- □ In-house or external courses on the topics & approach
- □ Actively provided with training materials; online etc
- □ Actively provided with OMs, guidance notes, inspection packs
- □ On the job training with supervision
- □ None

Q2.2 Do you agree with the statement that: “this prepared you sufficiently to carry out TBI effectively.”

- □ strongly disagree
- □ disagree
- □ neither disagree nor agree
- □ agree
- □ strongly agree

**Comments:**

**Q 3 Carrying out TBI** (note: IRF=Inspection Report Forms)

Q3.1 Do you agree with the statement that: “you record accurate contact times against topics.”

- □ strongly disagree
- □ disagree
- □ neither disagree nor agree
- □ agree
- □ strongly agree

Q3.2 Do you agree with the statement that: “the way you now record your inspections on IRFs is more effective, compared to the previous approach.”

- □ strongly disagree
- □ disagree
- □ neither disagree nor agree
- □ agree
- □ strongly agree
Q3.3 Do you agree with the statement that: “you record the results of your inspection contacts on IRF. “
If your answer is “No”, please explain why not?

<table>
<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>For about 3 out of 4 contacts</th>
<th>About half the times</th>
<th>For about 1 out of 4 contacts</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>No</td>
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</tbody>
</table>

Q3.4 Do you agree with the statement that: “the use of the IRF to record cuts down on your administration time compared to before IRF was introduced.”

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<thead>
<tr>
<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
<th>agree</th>
<th>strongly agree</th>
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</table>

Q3.5 Do you agree with the statement that: “since TBI, interactions with dutyholders are less effective now because other risk issues are not being addressed, unless through matters of evident concern.”

<table>
<thead>
<tr>
<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
<th>agree</th>
<th>strongly agree</th>
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Q3.6 Do you agree with the statement that: “since TBI, interactions with duty holders are more effective now because more contacts are made/more time is spent on priority topics & priority sectors.”

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<tr>
<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
<th>agree</th>
<th>strongly agree</th>
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Q3.6 How are dutyholders targeted for inspection?

Please indicate how likely (1=very likely; 5=very unlikely) is it that a type of dutyholder is selected for inspection in a year.

<table>
<thead>
<tr>
<th></th>
<th>Because that type of dutyholder operates in a “problem” sector</th>
<th>Because it is on a poor performer list &amp; should be regularly inspected</th>
<th>It is a “multi-site” organisation</th>
<th>Using information from Workplace Contact Teams; i.e. from the contact process</th>
<th>Randomly or because of opportunities to exploit geographic working by inspecting other premises in the vicinity</th>
<th>Following an investigation &amp;/or a complaint</th>
<th>Your view of their recent conduct, their management or staff</th>
<th>It is a new site, about to start operating (or a demolition/asbestos notice is given)</th>
<th>Other:…</th>
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</table>

Comments:

Q 4 Impact of TBI since its introduction (note: RCI=Risk Control Indicator)

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<tr>
<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
<th>agree</th>
<th>strongly agree</th>
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Q4.1 Do you agree with the statement that: “where an RCI score of 4 has been allocated there is a presumption that enforcement action should be taken.”

If you “strongly disagree” or “disagree”, please explain how you then proceed:

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</table>

Q4.2 Do you agree with the statement that: “since TBI, you issue more enforcement notices /initiate more prosecutions than before.”

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<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
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<th>strongly agree</th>
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Q4.3 Do you agree with the statement that: “since TBI, the way you decide whether to take enforcement action has changed.”

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<th></th>
<th>strongly disagree</th>
<th>disagree</th>
<th>neither disagree nor agree</th>
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Comments:
Q4.4 Do you agree with the statement that: “TBI has helped health & safety regimes/cultures within organisations to improve.”
- strongly disagree
- disagree
- neither disagree nor agree
- agree
- strongly agree

Q4.5 Do you agree with the statement that: “employers now take more responsibility for improving standards because of the focus on priority topics & sectors.”
- strongly disagree
- disagree
- neither disagree nor agree
- agree
- strongly agree

Q4.6 Do you agree with the statement that: “since TBI started line managers have better information to monitor & assess the effectiveness & efficiency of inspections.”
- strongly disagree
- disagree
- neither disagree nor agree
- agree
- strongly agree

Comments:

Q 5 How EFFECTIVE is an activity in prompting improvements in health & safety at work (please tick one box)?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never Effective</th>
<th>Sometimes Effective</th>
<th>Neither Effective nor Ineffective</th>
<th>Usually Effective</th>
<th>Always Effective</th>
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<tbody>
<tr>
<td>Q5.1 Topic-based inspections (TBI), since April 2002.</td>
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<tr>
<td>Q5.2 Inspections, before TBI began.</td>
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<td>Q5.3 Audits</td>
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<tr>
<td>Q5.4 HQ led campaigns (e.g. “Top 350”, or “Poor Performers” campaigns)</td>
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<tr>
<td>Q5.5 Sector or Division led campaigns</td>
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<td>Q5.6 Internal awareness raising &amp; training</td>
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<td>Q5.7 HSE’s research programmes</td>
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<td>Q5.8 Supervising &amp; monitoring the work of other inspectors</td>
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<td>Q5.9 Guidance &amp; advice to firms/ industry bodies</td>
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<td>Q5.10 Investigating complaints, accidents/ incidents &amp; ill health</td>
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<td>Q5.11 Issuing notices</td>
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<td>Q5.12 Taking prosecutions, inc. taking statements etc (submitting reports to PF)</td>
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<td>Q5.13 Assessing workplace standards using RCIs</td>
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</table>
Q 6 How IMPORTANT is the same activity in achieving the HSE's objectives (please tick one box)?

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<tr>
<th>Activity</th>
<th>Not Important</th>
<th>Plays a Minor Role</th>
<th>Neither Important nor Unimportant</th>
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<th>Very Important</th>
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<td>Q61 Topic-based inspections (TBI), since April 2002.</td>
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**Comments:**
APPENDIX 3 – DUTYHOLDER QUESTIONNAIRE

A Survey of the effectiveness of HSE's new approach to inspection: Topic Based Inspection (TBI)

Background
In April 2002 inspectors changed the way in which they inspected work premises. Instead of inspecting all aspects of health and safety they now concentrate on those hazards that are most likely to kill, injure, and make people ill at work (the priority topics) as means of assessing how health and safety is managed. Inspectors now look at: falls from height, slips, and trips, workplace transport, Musculoskeletal disorders (MSDs), and work-related stress together with any other immediately obvious matters which could cause serious injury or ill health. By concentrating on specific topics, the aim is continue to reduce as far as possible the numbers of accidents and cases of ill health and achieve the Government targets.

FOD needs to evaluate whether or not this new approach is working. Risk Solutions is currently working with FOD to evaluate the effectiveness of the new approach using surveys and analyses. The new approach is called topic-based inspection (TBI). Our remit is to identify if the new approach is having the desired impact of contributing to the reduction of the numbers of deaths, injuries and ill-health in the priority topics identified. We also want to explore whether TBI is helping to avoid any disbenefits perceived by dutyholders (e.g. high costs of compliance). It is essential that the evaluation is objective and impartial as possible.

Filling in the questionnaire
This survey is designed to consider the effectiveness of the new approach, compared to the previous approach. Therefore, we particularly value your views as an organization which has had experience of the new approach. Please complete the questionnaire from your own perspective.

Section 1 is largely factual. The remaining 4 Sections involve a degree of judgment; please provide us with your frank, personal view. The answers to questions either need to be ticked (✓) or ranked. The bulk of the questions have a scale asking for the extent to which a statement applies to you. Please feel free to provide additional comments, stating which question your response refers to.

When you have finished, please post it to:
A. Chegini, Risk Solutions, Dallam Court, Dallam Lane, Warrington, Cheshire WA2 7LT
or, by fax to 020 7554 5510. If you have any questions, please call us on 020 7554 5505 or email al.chegini@risksol.co.uk

Confidentiality assurance
Your response will not be disclosed to others nor disclosed in the final results. We hope that this will make it easier for you to offer your frank personal views. You will receive a summary of the questionnaire responses in return for your help.

Thank you for taking part in this survey.
### TBI Evaluation Survey Questionnaire [date: ]

#### Q1 Information about you

Q1.1 Your name

Q1.2 Company’s name

Q1.3 Location, tel. & email

Q1.4 Your job title

Q1.5 Office address, telephone & email details

Q1.6 When was the company formed?  
- Pre 1960  
- 1961-1970  
- 1971-1980  
- 1981-1990  
- 1991-2000  
- Since 2001

Q1.7 The structure under which you currently operate: 
- Partnership/sole trader  
- Plc. corporate  
- Plc. subsidiary  
- Government (dept./agency)  
- Charity/NGO  
- Other (please specify)

Q1.8 What is the nature of your business activity & in which industry or sector do you work?  
- e.g. agriculture, construction, health, services, manufacturing, logistics etc.

Q1.9 Approximately, how many staff are employed in your organisation in Great Britain?  
- ≤ 10  
- 11 to 50  
- 51 to 250  
- 251 to 1000  
- 1001 to 5000  
- more than 5000

Q1.10 How long has your organisation had a person who has had a specific responsibility for health and safety?  
- < 1 year  
- 1-2 years  
- 2-3 years  
- 3-5 years  
- > 5 years

Q1.11 How long has the designated individual been in post?  
- < 1 year  
- 1-2 years  
- 2-3 years  
- 3-5 years  
- > 5 years

Q1.12 When were you last inspected by the HSE?  
- < 1 year  
- 1-2 years  
- 2-3 years  
- 3-5 years  
- > 5 years

Q1.13 Have HSE inspectors carried out an investigation at your premises? (please state roughly when or leave blank if you have never had an investigation carried out)  
- < 1 year  
- 1-2 years  
- 2-3 years  
- 3-5 years  
- > 5 years

**Comments:**

#### Q2 Preparing you for TBI

Q2.1 In the run-up to the start of TBI, did you understand why the HSE changed the emphasis of its inspection approach, and was the change communicated to you?  
- Yes  
- No

**Comments:**

#### Q3 How the HSE carry out TBI

Q3.1 Do you agree with the statement that: “the new inspection approach helps reduce the time & effort you spend with inspectors on health & safety related matters”  
- strongly disagree  
- disagree  
- neither disagree nor agree  
- agree  
- strongly agree

**Comments:**
Q 3 How the HSE carry out TBI

| Q3.2 Do you agree with the statement that: “since TBI you have better interactions with inspectors because they spend more time with you during each inspection looking at priority health & safety topics.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q3.3 Do you agree with the statement that: “the quality of inspections and the health & safety benefits for your workplace were better when inspectors looked at everything.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

Q3.3 What do you think is the importance of each of the factors on the right in choosing a site like yours for inspection? (score each between 1 & 5 in terms of relative importance; 5=the main reason(s), 1=not an important reason)

Because:

- [ ] That type of organisation operates in what is perceived to be a “problem” sector
- [ ] An organisation has a history of injury, ill health or other incidents
- [ ] An organisation operates from more than one site
- [ ] Of opportunities to exploit geographic working by inspecting premises in the vicinity
- [ ] Following the results of an investigation &/or a complaint
- [ ] The HSE’s view of the organisations’ recent conduct, their management or staff
- [ ] It is a new site, about to start operating

Comments:

Q 4 Impact of the TBI approach on your organisation

| Q4.1 Do you agree with the statement that: “the focus on TBI has reduced the numbers of incidents/accidents that you experience.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q4.2 Do you agree with the statement that: “since the introduction of TBI you now have more enforcement notices being issued to you.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q4.3 Do you agree with the statement that: “TBI has helped improve the H&S regime/culture within your organisation.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q4.4 Have you ever been fined for an H&S offence (if No, go to Q4.6) |
|---|---|
| | Yes | No |

| Q4.5 Do you agree with the statement that: “since TBI the numbers of fines & penalties arising from non-compliances have increased.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q4.6 Do you agree with the statement that: “TBI has improved the clarity & consistency in understanding the HSE’s requirements. (e.g. there are fewer non-compliances resulting from ambiguities)” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |

| Q4.7 Do you agree with the statement that: “the TBI approach is more useful in helping you to focus on the important H&S issues in your workplace.” |
|---|---|---|---|---|---|---|
| | strongly disagree | disagree | neither disagree nor agree | agree | strongly agree |
### Q4 Impact of the TBI approach on your organisation

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4.8 Do you agree with the statement that: “overall, health &amp; safety standards have risen following a TBI.”</td>
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<tr>
<td>Q4.9 Do you agree with the statement that: “since TBI you have had to take extra actions to improve your compliance.”</td>
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<tr>
<td>Q4.10 If you answered positively to Q4.9 (i.e. “strongly agree” or “agree”), how influential was TBI in this?</td>
<td>Extremely</td>
<td>Very</td>
<td>Do not know</td>
<td>Slightly</td>
<td>Not at all</td>
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</table>

**Comments:**

### Q5 How EFFECTIVE (i.e. works well) do you believe the following activities have been in prompting improvements in health & safety at work (please tick one box)?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never Effective</th>
<th>Sometimes Effective</th>
<th>Neither Effective nor Ineffective</th>
<th>Usually Effective</th>
<th>Always Effective</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Q5.2 Inspections before TBI began.</td>
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<td>Q5.3 HSE audits</td>
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<td>Q5.4 HSE campaigns</td>
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<td>Q5.5 In-house awareness raising &amp; training</td>
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<td>Q5.6 HSE’s research programmes, publications, leaflets etc.</td>
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<td>Q5.7 Guidance &amp; advice from your trade/industry body</td>
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<td>Q5.8 Guidance &amp; advice from HSE inspectors</td>
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<td>Q5.9 Being investigated</td>
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<td>Q5.10 Being issued with a notice</td>
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<td>Q5.11 Being prosecuted</td>
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**Comments:**

Page 76
Q 6 How IMPORTANT (i.e. matters most) do you believe the same activities have been in prompting improvements in H&S at work (please tick one box)?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Important</th>
<th>Plays a Minor Role</th>
<th>Neither Important nor Unimportant</th>
<th>Important</th>
<th>Very Important</th>
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<tbody>
<tr>
<td>Q6.1 Topic-based inspections (TBI), since April 2002.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.2 Inspections before TBI began.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q6.3 HSE audits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.4 HSE campaigns</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q6.5 In-house awareness raising &amp; training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.6 HSE’s research programmes, publications, leaflets etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.7 Guidance &amp; advice from your trade/industry body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.8 Guidance &amp; advice from HSE inspectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.9 Being investigated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6.10 Being issued with a notice</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Q6.11 Being prosecuted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Finished
You have completed the survey - Thank You!
APPENDIX 4 - RESULTS FROM SURVEY OF INSPECTORS

The effectiveness of FOD’s Topic-Based Inspection (TBI) approach

Q1.1 Name (optional)
Q1.2 Job title & Band
Q1.3 Location, tel. & email
Q1.4 Years of service

Our Band 2 inspectors (11 no.) have 6+ yrs service history; the largest Band 3 (53 no.) cohort has 3-5 yrs.
Q1.5 What posts have you filled over the past 2-3 years?  
  e.g. As a sector specialist (which sector?); operational inspector; or a mixture (please specify)

Q1.6 As part of your job, which of these activities have you been involved with over the past 2-3 years?  
  Please tick all that apply.
Q1.7 For the activities you have selected above, please rank these according to the relative amount of time you tend to spend against each one (note: 1=takes up the most time; 10=takes up the least or practically no time).

**Average % of time spent on each activity:** "Inspections & Investigations" comprise the highest % for Band 3s & "Supervising/ Monitoring" highest for Band 2s.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Band 2</th>
<th>Band 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Audits</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>HQ Campaigns</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Sector/Division Campaigns</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Awareness Raising</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Research</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Supervising &amp; Monitoring</td>
<td>27%</td>
<td>4%</td>
</tr>
<tr>
<td>Guidance to Industry Bodies</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Investigation</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Notices</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Prosecutions</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Q2 Preparing you for TBI

Q2.1 How were you prepared for TBI in the run up to its introduction?

Most Band 3s thought they were prepared for TBI by attending Roadshows/ Seminars; most Band 2s chose OMs/ Guidance etc.
Q2.2 Do you agree with the statement that: “this prepared you sufficiently to carry out TBI effectively.”

- **Band 2**
  - 55% of Band 2 inspectors thought they were adequately prepared compared with 30% of Band 3s who also thought so.

- **Band 3**
  - Nearly 40% of those with 0-5 yrs experience thought their preparation was inadequate.

**Graphical Representation**

- **Band 2**
  - Strongly Disagree
  - Disagree
  - Neither Disagree or Agree
  - Agree
  - Strongly Agree
  - No Answer

- **Band 3**
  - Strongly Disagree
  - Disagree
  - Neither Disagree or Agree
  - Agree
  - Strongly Agree
  - No Answer
Q 3 Carrying out TBI (note: IRF=Inspection Report Forms)

Q3.1 Do you agree with the statement that: “you record accurate contact times against topics.”

Only 40% of Band 3s agree that they record contact times accurately against topics; the same proportion for Band 3s is 45%.

For the Band 3s with 6+ years experience, about as many agree as disagree with this statement.
Q3.2 Do you agree with the statement that: “the way you now record your inspections on IRFs is more effective, compared to the previous approach.”

> 80% of the Band 3s who replied think that using IRF to record is less effective than the previous approach. For Band 2s, this proportion is 45%.

The above “disagreement” rises to around 90% for Band 3 inspectors with 6+ yrs work history.
Q3.3 Do you agree with the statement that: “you record the results of your inspection contacts on IRF. “If your answer is “No”, please explain why not?

Almost 70% of Band 3s stated that they use IRF for at least 3 out of 4 inspection contacts.

>80% of Band 3s with 0-5 yrs experience say that they use IRF on at least 75% of occasions.
Q3.4 Do you agree with the statement that: “the use of the IRF to record cuts down on your administration time compared to before IRF was introduced.”

Over 70% of Band 3s disagree that IRF cuts down on admin compared with c. 35% of Band 2s who also disagree; under 30% of the Band 2 respondents agree that the use of IRF does reduce admin.

Of the Band 3s, the largest % of those who disagreed have been with FOD for less than 6 yrs (c. 80%).
Q3.5 Do you agree with the statement that: “since TBI, interactions with dutyholders are less effective now because other risk issues are not being addressed, unless through matters of evident concern.”

c. 45% of the Band 3s & about 55% of the Band 2s believe that interactions with duty-holders are LESS effective now.

Most of the Band 3s (c. 60%) who think that inspections are less effective now are those with <6 yrs work history.
Q3.6 Do you agree with the statement that: “since TBI, interactions with duty holders are more effective now because more contacts are made/more time is spent on priority topics & priority sectors.”

Generally, only around 35% of Band 3s & slightly smaller % of Band 2s think that inspections are MORE effective now.

Of the Band 3s who disagree, those with 0-5 yrs service disagree most (c.60%).
Q3.6 How are dutyholders targeted for inspection?

Please indicate how likely (1=very likely; 5=very unlikely) it is that a type of dutyholder is selected for inspection in a year.

The largest % of respondents chose "Following Investigation" & "Poor Performer" as the main criteria for selecting a site for inspection.
Q 4 Impact of TBI since its introduction (note: RCI = Risk Control Indicator)

Q4.1 Do you agree with the statement that: “where a RCI score of 4 has been allocated there is a presumption that enforcement action should be taken.”

Just over 70% of respondents in both Bands agree with the statement.

...and for the Band 3s, there is not much variability in the above with years of service.
Q4.2 Do you agree with the statement that: “since TBI, you issue more enforcement notices /initiate more prosecutions than before.”

Over 70% of the Band 3 respondents do not think that they take more action now as opposed to nearly 50% of Band 2s.

For the Band 3s with 6+ yrs service, the % who disagree with this statement rises to over 75%.
Q4.3 Do you agree with the statement that: “since TBI, the way you decide whether to take enforcement action has changed.”

Since TBI, the way the inspector sample decides whether to take enforcement has changed for only 15% of Band 3s & just over 25% of Band 2s.

The proportion of the sample that disagree most with the statement are those with 6+ yrs service (>70%).
Q4.4 Do you agree with the statement that: “TBI has helped health & safety regimes/cultures within organisations to improve.”

Less than 20% of Band 2 & Band 3 inspectors agree that TBI has helped improve H&S regimes/cultures in organisations.

The % who agree with the statement is slightly higher for those Band 3 inspectors with 6+ yrs experience.
Q4.5 Do you agree with the statement that: “employers now take more responsibility for improving standards because of the focus on priority topics & sectors.”

Over 80% of Band 2 & 70% of Band 3 respondents do not believe that employers now take more responsibility for improving standards.

The Band 3 inspectors with the least years of service are most sceptical about this statement.
Q4.6 Do you agree with the statement that: “since TBI started line managers have better information to monitor & assess the effectiveness & efficiency of inspections.”

Over 90% of Band 2 respondents DISAGREE that they now have better information to monitor & assess inspections.

The Band 3 respondents also disagree overwhelmingly (c.70%).
Q 5 & 6 Effectiveness & importance of what you do to prompt improved workplace health and safety

Topic-based inspections (TBI), since April 2002.

Around 45% of Band 2s think that TBI is usually effective, whereas the Band 3 respondents are split down the middle.

Between 60 & 70% of all respondents agree that TBI is important.

Inspections, before TBI began.

The vast majority of respondents (>80%) believe that inspections before TBI were usually effective.

Almost everyone agreed that the previous approach was important.
How EFFECTIVE is an activity in prompting improvements in health & safety at work?

Audits

- c. 55% of Band 3 & 35% of Band 2 respondents believe Audits to be effective.

HQ led campaigns (e.g. “Top 350”, or “Poor Performers” campaigns)

- About 30% of the Band 2s who replied think that HQ Campaigns are sometimes effective.

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

Audits

- c. 50% of Band 3 & 45% of Band 2 respondents believe Audits to be important.

HQ led campaigns (e.g. “Top 350”, or “Poor Performers” campaigns)

- c. 55% of Band 2 respondents think that HQ Campaigns are important.
How EFFECTIVE is an activity in prompting improvements in health & safety at work?

Sector or Division led campaigns

Less than 40% of respondents believe that such Campaigns are effective.

Band 3

Band 2

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

Overall, around 60% of respondents agree that Sector/Division led Campaigns are important.

Band 3

Band 2

Internal awareness raising & training

Around 45% of Band 2s & 40% of Band 3s think that internal awareness raising & training is effective.

Band 3

Band 2

Almost 75% of Band 2 respondents consider this activity to be important.

Band 3

Band 2
How EFFECTIVE is an activity in prompting improvements in health & safety at work?

Most respondents either have no experience of this, are ambivalent or do not regard research to be effective.

HSE’s research programmes

Band 3

Band 2

0% 20% 40% 60% 80% 100%

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

A large % of respondents have no experience of this. Of those who do, c.45% of Band 3s think research is important.

Supervising & monitoring the work of other inspectors

About 55% of the Band 2s regard this activity as effective.

Band 3

Band 2

0% 20% 40% 60% 80% 100%

The Band 2 respondents agree strongly that supervision & monitoring of other inspectors is important.

Band 3

Band 2

0% 20% 40% 60% 80% 100%
How EFFECTIVE is an activity in prompting improvements in health & safety at work?

Guidance & advice to firms/industry bodies

About 55% of Band 3s regard this activity to be effective as opposed to only 25% of Band 2s.

Investigating complaints, accidents/incidents & ill health

The overwhelming majority of respondents (> 85%) agree that Investigation is an effective activity.

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

Around 80% of the Band 3s & 65% of the Band 2s consider this activity to be important.

There is also unanimous agreement that Investigation is an important activity.
How EFFECTIVE is an activity in prompting improvements in health & safety at work?

Issuing notices

Issuing Notices is almost universally seen as an effective activity.

Band 3

Band 2

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

Almost everybody regards issuing Notices to be either an important or very important activity.

Band 3

Band 2

Taking prosecutions, inc. taking statements etc (submitting reports to PF)

Over 75% of Band 3 & 90% of Band 3 respondents believe that taking prosecutions is an effective activity.

Band 3

Band 2

Around 80% of all respondents also think that this activity is either important or very important.

Band 3

Band 2
Assessing workplace standards using RCIs

How EFFECTIVE is an activity in prompting improvements in health & safety at work?

- Around 50% of all respondents think that using RCIs to assess workplace stds is generally an ineffective activity.

- 55% of our Band 2s regard this to be important compared with 40% of Band 3s.

How IMPORTANT do you believe the same activities have been in prompting improvements in H&S at work?

- 0% 20% 40% 60% 80% 100%
  - Band 2
  - Band 3

55% of our Band 2s regard this to be important compared with 40% of Band 3s.
APPENDIX 5 - RESULTS FROM SURVEY OF DUTYHOLDERS

Dutyholder Survey Results – the effectiveness of FODs Topic Based Inspection (TBI) approach

<table>
<thead>
<tr>
<th>Q1</th>
<th>Information About You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1.1</td>
<td>Your name</td>
</tr>
<tr>
<td>Q1.2</td>
<td>Company’s name</td>
</tr>
<tr>
<td>Q1.3</td>
<td>Location, tel. &amp; email</td>
</tr>
<tr>
<td>Q1.4</td>
<td>Your job title</td>
</tr>
<tr>
<td>Q1.5</td>
<td>Office address, telephone &amp; email details</td>
</tr>
</tbody>
</table>
Q1.6 When was the company formed?

37% of the dutyholders who responded were formed before 1960, in SG1 (Agriculture) this rises to 49%.

Q1.7 The structure under which you currently operate:

Of the 406 dutyholders who responded to this question, 65% currently operate at Limited Companies. In SG1 the most common structure is Partnership/Sole Trader (59%).
Q1.8 What is the nature of your business activity & in which industry or sector do you work?

Q1.9 Approximately, how many staff are employed in your organisation in Great Britain?

<table>
<thead>
<tr>
<th>Staff Size</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 5000</td>
<td>27</td>
</tr>
<tr>
<td>1001 to 5000</td>
<td>48</td>
</tr>
<tr>
<td>251 to 1000</td>
<td>66</td>
</tr>
<tr>
<td>51 to 250</td>
<td>110</td>
</tr>
<tr>
<td>11 to 50</td>
<td>117</td>
</tr>
<tr>
<td>Less than or equal to 10</td>
<td>55</td>
</tr>
</tbody>
</table>

40% of respondents were organisations with less than 50 staff members.

Q1.10 How long has your organisation had a person who has had a specific responsibility for health and safety?

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 5 years</td>
<td>297</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>69</td>
</tr>
<tr>
<td>2 - 3 years</td>
<td>50</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>37</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>28</td>
</tr>
</tbody>
</table>

SG1 (34)  SG2 (8)  SG3 (24)  SG4 (201)  SG5 (136)
Q1.11 How long has the designated individual been in post?

Individuals appear to remain in post for a shorter length of time in the Health Services sector (SG3).

Q1.12 When were you last inspected by the HSE?

Duty-Holders were selected to participate on the assumption that they had been visited at some time both before and after April 2002. The majority of respondents agreed with this.
Q1.13 Have HSE inspectors carried out an investigation at your premises? (please state roughly when or leave blank if you have never had an investigation carried out)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>105</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>73</td>
</tr>
<tr>
<td>2 - 3 years</td>
<td>38</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>19</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>17</td>
</tr>
</tbody>
</table>

252 of the dutyholders recalled an investigation being carried out at their premises. 42% of these investigations occurred within the last year.

Q2 Preparing You for TBI
Q2.1 In the run-up to the start of TBI, did you understand why the HSE changed the emphasis of its inspection approach, and was the change communicated to you?

A number of respondents praised the way inspectors had made an effort to explain the reason for and the main features of the TBI approach.

Q3 How the HSE carry out TBI. Do you agree with the following statements?

| Q3.1 “the new inspection approach helps reduce the time & effort you spend with inspectors on health & safety related matters” |  
|---|---|---|
| Strongly Disagree | Strongly Agree |
| $\sigma = 0.8$ | $\sigma = 0.8$ |

| Q3.2 “since TBI you have better interactions with inspectors because they spend more time with you during each inspection looking at priority health & safety topics.” |  
|---|---|---|
| Strongly Disagree | Strongly Agree |
| $\sigma = 0.8$ | $\sigma = 0.8$ |
Q3.3 “the quality of inspections and the health & safety benefits for your workplace were better when inspectors looked at everything.”

Q3.4 What do you think is the importance of each of the factors on the right in choosing a site like yours for inspection? (score each between 1 & 5 in terms of relative importance; 5=the main reason(s), 1=not an important reason)
### Q4 Impact of the TBI approach on your organisation

<table>
<thead>
<tr>
<th>Q4.1</th>
<th>Do you agree with the statement that: “the focus on TBI has reduced the numbers of incidents/accidents that you experience.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Bar Chart] σ = 0.7</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Disagree</strong></td>
</tr>
<tr>
<td></td>
<td>![Star] 35</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Agree</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4.2</th>
<th>Do you agree with the statement that: “since the introduction of TBI you now have more enforcement notices being issued to you.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Bar Chart] σ = 1.0</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Disagree</strong></td>
</tr>
<tr>
<td></td>
<td>![Star] 35</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Agree</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4.3</th>
<th>Do you agree with the statement that: “TBI has helped improve the H&amp;S regime/culture within your organisation.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Bar Chart] σ = 0.9</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Disagree</strong></td>
</tr>
<tr>
<td></td>
<td>![Star] 35</td>
</tr>
<tr>
<td></td>
<td><strong>Strongly Agree</strong></td>
</tr>
</tbody>
</table>
Q4.4 Have you ever been fined for an H&S offence (if No, go to Q4.6)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>379</td>
<td>41</td>
</tr>
</tbody>
</table>

420 respondents answered this question

Q4.5 Do you agree with the statement that: “since TBI the numbers of fines & penalties arising from non-compliances have increased.”

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.84</td>
<td>2.84</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.7</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Q4.6 Do you agree with the statement that: “TBI has improved the clarity & consistency in understanding the HSE’s requirements. (e.g. there are fewer non-compliances resulting from ambiguities)?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.32</td>
<td>3.32</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Q4.7 Do you agree with the statement that: “the TBI approach is more useful in helping you to focus on the important H&S issues in your workplace.”

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.63 σ = 0.9</td>
<td>3.63 σ = 0.9</td>
</tr>
</tbody>
</table>

Q4.8 Do you agree with the statement that: “overall, health & safety standards have risen following a TBI.”

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.35 σ = 0.7</td>
<td>3.35 σ = 0.7</td>
</tr>
</tbody>
</table>

Q4.9 Do you agree with the statement that: “since TBI you have had to take extra actions to improve your compliance.”

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.11 σ = 0.9</td>
<td>3.11 σ = 0.9</td>
</tr>
</tbody>
</table>

Q4.10 If you answered positively to Q4.9 (i.e. “strongly agree” or “agree”), how influential was TBI in this?

<table>
<thead>
<tr>
<th>Extremely Influential</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0 σ = 1.0</td>
<td>3.0 σ = 1.0</td>
</tr>
</tbody>
</table>

Q5 How effective do you believe the following activities have been in prompting improvements in Health & Safety?

Q5.1 Topic-based inspections (TBI), since April 2002.

<table>
<thead>
<tr>
<th>Not Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.55 σ = 0.9</td>
<td>3.55 σ = 0.9</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Q5.2</td>
<td>Inspections before TBI began.</td>
</tr>
<tr>
<td>Q5.3</td>
<td>HSE audits</td>
</tr>
<tr>
<td>Q5.4</td>
<td>HSE campaigns</td>
</tr>
<tr>
<td>Q5.5</td>
<td>In-house awareness raising &amp; training</td>
</tr>
<tr>
<td>Q5.6</td>
<td>HSE’s research programmes, publications, leaflets etc.</td>
</tr>
<tr>
<td>Q5.7</td>
<td>Guidance &amp; advice from your trade/industry body</td>
</tr>
<tr>
<td>Q5.8</td>
<td>Guidance &amp; advice from HSE inspectors</td>
</tr>
<tr>
<td>Q6.1 Topic-based inspections (TBI), since April 2002.</td>
<td>[\sigma = 0.8]</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Q6.2 Inspections before TBI began.</td>
<td>[\sigma = 0.8]</td>
</tr>
<tr>
<td>Q6.3 HSE audits</td>
<td>[\sigma = 0.8]</td>
</tr>
<tr>
<td>Q6.4 HSE campaigns</td>
<td>[\sigma = 1.2]</td>
</tr>
<tr>
<td>Q6.5 In-house awareness raising &amp; training</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.6 HSE’s research programmes, publications, leaflets etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.7 Guidance &amp; advice from your trade/industry body</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.8 Guidance &amp; advice from HSE inspectors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.9 Being investigated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.10 Being issued with a notice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Q6.11 Being prosecuted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
</tbody>
</table>
Duty Holder Survey – Summary

Survey Sample

Desired Sample - split by SG
Total = 2000

- SG1 Agriculture: 221
- SG2 Construction: 52
- SG3 Health Services: 90
- SG4 High Risk, non-priority: 835
- SG5 Low Risk, non-priority: 802

Posted Sample - split by SG
Total = 1182

- SG1 Agriculture: 91
- SG2 Construction: 24
- SG3 Health Services: 57
- SG4 High Risk, non-priority: 538
- SG5 Low Risk, non-priority: 472

Returned Sample - split by SG
Total = 430

- SG1 Agriculture: 37
- SG2 Construction: 8
- SG3 Health Services: 26
- SG4 High Risk, non-priority: 205
- SG5 Low Risk, non-priority: 147
- SG Not Provided

Sample Derivation

The Duty-Holder survey sample was developed using a stratified sampling method to produce a representative group of companies. Duty-Holders were selected based on information extracted from FOCUS time recording records. Four categories were designated based on the existence of an Inspection Contact during the two years pre and post TBI introduction in April 2002. The categories were as follows:

2–2 At least one Inspection Contact recorded during each of the two years preceding the introduction of TBI
AND at least one Inspection Contact recorded during each of the two years following the introduction of TBI.

2-1 At least one Inspection Contact recorded during each of the two years preceding the introduction of TBI
AND at least one Inspection Contact recorded during one of the two years following the introduction of TBI.

1-2 At least one Inspection Contact recorded during one of the two years preceding the introduction of TBI
AND at least one Inspection Contact recorded during each of the two years following the introduction of TBI.

1-1 At least one Inspection Contact recorded during one of the two years preceding the introduction of TBI
AND at least one Inspection Contact recorded during one of the two years following the introduction of TBI.

<table>
<thead>
<tr>
<th>Visit Category</th>
<th>FY 00-01</th>
<th>FY 01-02</th>
<th>FY 02-03</th>
<th>FY 03-04</th>
<th>Visit Category</th>
<th>FY 00-01</th>
<th>FY 01-02</th>
<th>FY 02-03</th>
<th>FY 03-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - 2</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1 - 1</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 - 1</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>1 - 2</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Confounding Factors

It was intended that each dutyholder would be contacted by telephone to confirm details including postal address and person responsible for H&S activities. The contact information provided was unfortunately of insufficient quality to facilitate this process with any simplicity. Unplanned resource was required to acquire appropriate telephone numbers for dutyholders in the selected sample. Other difficulties encountered included dutyholders who declined to participate and those who were no longer trading or had moved premises. Other alterations to the sample included the removal of specified dutyholders at the request of the HSE and also the exclusion of any Local Authority contacts. The removal of the Local Authority contacts required the sampling frame to be re-evaluated and SG5 to be re-sampled. It should be noted that the removal of these groups meant that the sample should be considered intentionally skewed, rather than being the true random, stratified sample we intended.

A consequence of these difficulties was that instead of the planned 2000 survey participants, 1182 dutyholders were sent questionnaires.

The estimated response rate for the dutyholder survey was placed at 500, based on the desired sample size of 2000. Of the 1182 surveys sent out to dutyholders, a total of 430 were returned by our deadline of the 5th January 2005. Of those returned, seven had been spoiled in such a way to prevent identification of the participant. This included physical removal of our identifying number from the survey and non-completion of company details.
Improve Health & Safety Benefits

RIDDOR data was provided for Fatalities and Major Injuries for the time period FY98-99 to FY02-03 inclusive. The information for FY98-99 and FY 99-00 consisted only of incidents attributed to a ‘Fall from Height’. Information provided for all years except FY02-03 was classified ‘Final’. Information for FY 02-03 was classified ‘Provisional’.

In order to ensure a consistent evaluation of information, the RIDDOR data was cross-referenced with the list of SIC92 codes used to define the Sample Groups used in the Duty-Holder survey. Injuries to workers (employees, trainees, work experience and the self-employed) are shown in the analysis. Injuries to Members of the Public have been excluded. Where possible the extracted numbers (for the 5 sample groups) have been compared with total figures published in the ‘Health & Safety Statistics Highlights 2003-2004’ document.

Fatal Injuries

![Worker Fatalities: Comparison of Sample Groups and HSE Total](image)

<table>
<thead>
<tr>
<th></th>
<th>FY 98-99</th>
<th>FY 99-00</th>
<th>FY 00-01</th>
<th>FY 01-02</th>
<th>FY 02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk, NP</td>
<td>29</td>
<td>36</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk, NP</td>
<td>32</td>
<td>26</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>194</td>
<td>78</td>
<td>69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>41</td>
<td>35</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE Total</td>
<td>253</td>
<td>220</td>
<td>292</td>
<td>251</td>
<td>227</td>
</tr>
</tbody>
</table>

![Proportion of Worker Fatalities per Sample Group](image)

Major Injuries

![Worker Major Injuries: Comparison of Sample Groups and HSE Total](image)

<table>
<thead>
<tr>
<th></th>
<th>FY 98-99</th>
<th>FY 99-00</th>
<th>FY 00-01</th>
<th>FY 01-02</th>
<th>FY 02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk, NP</td>
<td>6150</td>
<td>6273</td>
<td>6142</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk, NP</td>
<td>5967</td>
<td>5525</td>
<td>5140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td>1327</td>
<td>1270</td>
<td>1233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>4809</td>
<td>4423</td>
<td>4699</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>537</td>
<td>583</td>
<td>530</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE Total</td>
<td>29053</td>
<td>29315</td>
<td>28154</td>
<td>28940</td>
<td>29192</td>
</tr>
</tbody>
</table>

![Proportion of Worker Major Injuries per Sample Group](image)

Confounding Factors

TBI was introduced during April 2002. RIDDOR information was provided for only one year post TBI introduction, consequently it is difficult to identify any significant trends in the data.
Falls From Height – Fatal & Major Injuries

Worker Fatalities attributed to FFH

Worker Major Accidents attributed to FFH

Worker Fatal Accidents attributed to FFH: Comparison of Sample Groups and HSE Total

Worker Major Accidents attributed to FFH: Comparison of Sample Groups and HSE Total

Proportion of Worker Fatal Accidents attributed to FFH, within SG1-5

Proportion of Worker Major Accidents attributed to FFH, within SG1-5
**Increased Enforcement**

FOD Question 2: Does a TBI approach result in an increase in enforcement action on priority topics and sectors compared to when a traditional inspection approach was used?

FOCUS time recording data was provided by HSE for the time period of interest (FY00-01 until FY03-04) – two years pre and post TBI introduction.

Time recorded against Enforcement and the number of Enforcement Contacts is shown in the following graph. A time per Enforcement Contact has also been calculated.

**FOCUS Enforcement Contacts**

![FOCUS Enforcement Contacts Graph]

**Inspector Survey Response**

Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graph.

Q4.2 Do you agree with the statement:
Since TBI, you issue more enforcement notices/initiate more prosecutions than before.

Q4.3 Do you agree with the statement:
Since TBI, the way you decide to take enforcement action has changed.

**Duty Holder Survey Response**

Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q4.4 Have you ever been fined for an H&S offence?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41</td>
<td>379</td>
<td>420</td>
</tr>
</tbody>
</table>

Q4.5 Do you agree with the statement:
Since the introduction of TBI, the numbers of fines and penalties arising from non-compliances have increased.
Increased Standards of Compliance

FOD Question 6: Have the Risk Control Indicators (RCIs) shown that standards of compliance have improved in the topic areas?

RCI scoring information was analysed to compare the number RCI 4 ratings given with the number of notices issued. In addition several questions on the Inspector & Duty Holder survey inform this area.

**RCI 4 score vs. Notices Information**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number Notices</th>
<th>Number 4 Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFH</td>
<td>378</td>
<td>278</td>
</tr>
<tr>
<td>WPT</td>
<td>316</td>
<td>243</td>
</tr>
<tr>
<td>SPS</td>
<td>401</td>
<td>308</td>
</tr>
<tr>
<td>MSD</td>
<td>73</td>
<td>52</td>
</tr>
<tr>
<td>SPS</td>
<td>390</td>
<td>264</td>
</tr>
<tr>
<td>NSE</td>
<td>436</td>
<td>337</td>
</tr>
<tr>
<td>OCCA</td>
<td>839</td>
<td>486</td>
</tr>
</tbody>
</table>

All SGs (FY 02-03) - No. of Notices (v) 4 Ratings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number Notices</th>
<th>Number 4 Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFH</td>
<td>288</td>
<td>218</td>
</tr>
<tr>
<td>WPT</td>
<td>3116</td>
<td>2878</td>
</tr>
<tr>
<td>SPS</td>
<td>76</td>
<td>59</td>
</tr>
<tr>
<td>MSD</td>
<td>110</td>
<td>75</td>
</tr>
<tr>
<td>SPS</td>
<td>228</td>
<td>22</td>
</tr>
<tr>
<td>NSE</td>
<td>271</td>
<td>273</td>
</tr>
<tr>
<td>OCCA</td>
<td>2734</td>
<td>268</td>
</tr>
</tbody>
</table>

All SGs (FY 03-04) - No. of Notices (v) 4 Ratings

Inspector Survey Response

Scale 1(Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q4.1 Do you agree with the statement: Where a RCI score of 4 has been allocated there is a presumption that enforcement action should be taken

Q4.4 Do you agree with the statement: TBI has helped H&S regimes/cultures within organisations to improve

Q4.5 Do you agree with the statement: Employers now take more responsibility for improving standards because of the focus on priority topics and sectors

Duty Holder Survey Response

Q4.3 Do you agree with the statement: TBI has helped improve the H&S regime/culture within your organisation

Q4.8 Do you agree with the statement that Overall, H&S standards have risen following a TBI.
Increase Contacts in Priority Sectors

One of the aims of the topic based inspection approach was to increase the amount of inspection time devoted to the 3 priority sectors and the priority topics.

**Timeline – Significant Events**

<table>
<thead>
<tr>
<th>Sample Group</th>
<th>Sector</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG1</td>
<td>Agriculture</td>
<td>Foot &amp; Mouth Outbreak, February – September 2001</td>
</tr>
<tr>
<td>SG3</td>
<td>Health Services</td>
<td>Launch of new central approach to NHS Trusts, July 2001</td>
</tr>
</tbody>
</table>

**FOCUS Inspection Contacts**

It is perhaps surprising to see the number of inspection contacts reducing at a greater rate for SG4 (non-priority, high risk) than for SG5 (non-priority, low risk).

Time recorded against SG4 inspections also reduced during FY03-04. This is in contrast to the increase in recorded time across all other Sample Groups.
Increase Contacts in Priority Topics. Target Topics During Inspections

FOD Question 1: Do Inspectors actually carry out Topic Based Inspections or are they prevented from doing so, and if so, how?

One of the aims of the topic based inspection approach was to increase the amount of inspection time devoted to the 3 priority sectors and the priority topics.

**FOCUS Inspection Contacts**

![Change in Level of Topic Recording for Inspection Contacts](image)

![Number of Inspection Contact Records with Topic Data Recorded (5 priority topics + 3 secondary)](image)

![Proportion of Time Recorded Against Priority & Secondary Topics](image)

The topics shown in this graph are the 5 priority topics designated by the HSC, and also the 3 secondary topics (Noise, Hand/Arm Vibration & Occupational Asthma) designated by HSE.

**Inspector Survey Response**
Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.1 Do you agree with the statement:
You record accurate contact times against topics.

Q3.6 Do you agree with the statement:
Since TBI, interactions with dutyholders are more effective now because of more contacts are made and more time is spent on priority topics and sectors

Duty Holder Survey Response

Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.2 Do you agree with the statement:
Since TBI, you have better interactions with Inspectors because they spend more time with you during each inspection looking at priority H&S topics
More Inspection Resource

**Timeline – Significant Events**

SG2 Construction

Creation of new Construction Division

Additional Inspectors

**FOCUS Contacts**

### Total Time Recorded for Inspection, Investigation & Enforcement Contacts

<table>
<thead>
<tr>
<th>Inspector Year</th>
<th>Enforcement</th>
<th>Complaints (post 04/02)</th>
<th>Investigation</th>
<th>Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-01 (136214)</td>
<td>20,759</td>
<td>50,497</td>
<td>64,958</td>
<td>146,250</td>
</tr>
<tr>
<td>01-02 (136958)</td>
<td>22,393</td>
<td>51,151</td>
<td>63,414</td>
<td>141,375</td>
</tr>
<tr>
<td>02-03 (165904)</td>
<td>41,710</td>
<td>17,618</td>
<td>81,674</td>
<td>173,250</td>
</tr>
<tr>
<td>03-04 (168475)</td>
<td>24,903</td>
<td>18,420</td>
<td>36,601</td>
<td>174,105</td>
</tr>
</tbody>
</table>

**Inspector Number Assumptions**

- 00-01 = 500
- 01-02 = 500
- 02-03 = 550
- 03-04 = 530

**Inspector Survey Response**

**Q1.7** For the activities selected in Q1.6, please rank them according to the relative amount of time you tend to spend on each one. (1 = takes up most time; 10 = takes up least or practically no time)

**Average % of time spent on each activity:** "Inspections & Investigations" comprise the highest % for Band 3s & "Supervising/ Monitoring" highest for Band 2s.
Target Employers to Inspect. Maximise Efficient Use of Time

Inspector Survey Response

Q3.7 How are dutyholders targeted for inspection? (1 = very likely, 5 = very unlikely)

The largest % of respondents chose "Following Investigation" & "Poor Performer" as the main criteria for selecting a site for inspection.

Duty-Holder Survey Response

Q3.4 What do you think is the importance of each of these factors when choosing a site like yours for inspection? (Score each between 1 & 5 in terms of relative importance; 5 = main reason, 1 = not an important reason)
Increase Action by Employers. Take H&S More Seriously

FOD Question 4: Does TBI lead to better practice by employers and are they more likely to take action in these areas than if a traditional inspection was carried out?

**Inspector Survey Response**

Scale 1(Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q4.5 Do you agree with the statement:
Employers now take more responsibility for improving standards because of the focus on priority topics and sectors

**Duty-Holder Survey Response**

Scale 1(Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q4.9 Do you agree with the statement:
Since TBI, you have had to take extra actions to improve your compliance.

Q4.10 If you answered positively to Q4.9, how influential was TBI in this?
Improve the Quality of Interactions

FOD Question 7: What impact has the change in inspection style had on employers?

**Inspector Survey Response**

Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.5  Do you agree with the statement that: Since TBI, interactions with dutyholders are less effective now because other risk issues are not being addressed, unless through matters of evident concern.

Q3.6  Do you agree with the statement that: Since TBI, interactions with duty holders are more effective now because more contacts are made/more time is spent on priority topics & priority sectors.

**Duty-Holder Survey Response**

Scale 1 (Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.2  Do you agree with the statement: Since TBI, you have better interactions with Inspectors because they spend more time with you during each inspection looking at priority H&S topics.

Q3.3  Do you agree with the statement: The quality of inspections and the H&S benefits for your workplace were better when Inspectors looked at everything.
Increase Contact Time with Duty-Holders

FOD Question 3: Do Inspectors spend longer/have more contact time with dutyholders when carrying out TBIs, and is more time spent on Priority Topics?

**Inspector Survey Response**

Scale 1(Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.6 Do you agree with the statement that
Since TBI, interactions with dutyholders are more effective now because more contacts are made and more time is spent on priority topics and sectors.

**Duty-Holder Survey Response**

Scale 1(Strongly Disagree) -5 (Strongly Agree) used in the following graphs.

Q3.1 Do you agree with the statement:
The new inspection approach helps reduce the time and effort you spend with Inspectors on H&S related matters.
Reduce Administration Time. Use IRFs. 
Enable More Effective Monitoring of Performance Information

FOD Question 5: Has the introduction of Inspection Report Forms (IRFs) reduced the time spent by Inspectors inputting data into FOCUS?

**FOCUS Inspection Contacts**

![Chart showing change in level of topic recording for inspection contacts]

**Inspector Survey Response**

Scale 1 (Strongly Disagree) - 5 (Strongly Agree) used in the following graphs.

Q3.2 Do you agree with the statement that The way you now record your Inspections on IRFs is more effective, compared to the previous approach.

Q3.3 Do you agree with the statement that You record the results of your Inspection Contacts on IRF.

Q4.6 Do you agree with the statement that Since TBI started, line managers have better information to monitor and assess the effectiveness of inspections.