Evaluation of the impact of Field Operations Directorate interventions

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Evaluation of the impact of Field Operations Directorate interventions

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The aims of this study were to assist FOD in determining the current position with respect to interventions that are intended to satisfy PSA targets and to determine the robustness of the evaluation of the impact of these interventions. The main objective was therefore to collect details of all interventions that had been undertaken by each FOD Division over the recent past, or were currently being undertaken or planned, and any information available on the evaluation of the impact of these interventions. Further objectives were to provide judgement on the robustness of the evaluations and to determine whether there are any gaps in the intervention programmes, when considered against the ‘Building on Success’ strategy.

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GLOSSARY

APPENDIX A INTERVENTIONS BEFORE AND AT THE POINT OF CREATION OF RISK
EXECUTIVE SUMMARY

BACKGROUND

The HSC Strategic Plan 2001-2004 established the work and activities planned for that period to deliver agreed targets and outcomes. These were designed to help achieve the overarching national targets set for 2010 in the Revitalising Health and Safety strategy statement, as well as those published in Securing Health Together. The Field Operations Directorate (FOD) had developed a Priority Programme plan which identified priority topics and sectors where significant improvements were needed. The Priority Programme plan focused on three sectors; agriculture, construction and health services and five hazard areas; falls from height, workplace transport, slips and trips, musculoskeletal disorders (MSD) and stress. FOD Divisions have developed intervention strategies and work streams, designed to influence the behaviour of employers and employees and thereby reduce the occurrence of workplace accidents and ill health problems.

A number of intervention strategies have been deployed by FOD. HSE has some evidence to suggest that the various intervention strategies have beneficial effects although it is less sure about which intervention strategy works best in different circumstances. In this context, ‘best’ means having the most impact for a given application of resource, and ‘different circumstances’ may include factors such as:
- Nature and size of target sector/organisation;
- Severity, controllability, maturity etc of risks;
- State of knowledge about risk(s) and preventative measures;
- Economy of target sector/organisation and cost of risk management; and
- Prevailing attitudes, behaviours and perceptions.

The evaluation of the impact of interventions is an essential part of the FOD’s work because it informs which strategies have the most impact and ultimately where and how future resources should be deployed for maximum efficiency and effectiveness. Currently, since FOD does not have sufficient resources to identify all of the evaluation work that has been completed or that is ongoing, this study was commissioned to evaluate the impact of Field Operations Directorate interventions.

OBJECTIVES

The aims of this study were to assist FOD in determining the current position with respect to interventions that are intended to satisfy PSA targets and to determine the robustness of the evaluation of the impact of these interventions. The main objective was therefore to collect details of all interventions that had been undertaken by each FOD Division over the recent past, or were currently being undertaken or planned, and any information available on the evaluation of the impact of these interventions. Further objectives were to provide judgement on the robustness of the evaluations and to determine whether there are any gaps in the intervention programmes, when considered against the ‘Building on Success’ strategy.

METHODOLOGY

The study was carried out in the following four phases:
- Literature Search;
- Contact with Heads of FOD Sectors;
- Contact of with Heads of FOD Operations; and
Assessment of Evaluation.

An initial literature search was carried out to find relevant previous work. In addition, background information was sought on the strategies and programmes adopted by the various FOD sectors on intervention.

Contact was made with the FOD Sector Heads and Heads of Operations in the Divisions to elicit information about current or planned interventions and evaluations of these interventions. Contact was made initially by telephone and then, where required, by email, and in one case a meeting was held. All 7 sector heads and 13 divisional heads of operation were contacted and a further 30 others were contacted after referrals from the sector heads/divisional heads of operation. Co-operation from all was excellent, despite their busy workloads. From these contacts, information was received in the form of documentation on programmes and specific interventions, as well as verbally and as informal notes.

RESULTS OF LITERATURE SEARCH

The literature search has shown that studies to determine the effectiveness of HSE interventions have been ongoing for at least 30 years, and that many more studies have been undertaken in recent times as a result of new initiatives in this area. General conclusions from most of these studies include that data on accident statistics are not on their own a reliable measure of the effectiveness of a particular intervention since there may be many other unidentified factors which could be contributing to the change and that each intervention should have an appropriate evaluation based upon sound statistical methodologies.

The authors consider that the most comprehensive study was that by the University of East Anglia. The current 'benchmark' for a thoroughly robust study includes following elements:

- Consideration of previous experience in designing the intervention;
- Tailoring the intervention to the target audience/topic;
- Development/design of an evaluation protocol prior to the intervention;
- The development of quality based OPMs in the planning and monitoring of operational programmes; and
- Use of triangulation in the evaluation.

Triangulation refers to the comparison and cross-checking for consistency of information derived by different types of data collection. It normally involves the combining of quantitative and qualitative approaches to measure and understand the effects of interventions. For intervention studies the types of data collection that should be undertaken for a thoroughly robust evaluation are:

- Quantitative accident data pre- and post-intervention;
- Information from post-intervention interviews with individuals from companies targeted by the intervention; and,
- Information from reports of inspections carried out pre- and post-intervention on samples of companies targeted by the intervention and of comparison groups.

FINDINGS FROM CONTACTS WITH FOD

Although much information was received from the FOD Sectors and Divisions, it is recognised that it is incomplete. In many cases no detailed evaluations have been received, maybe because there was no evaluation or because reports were not available at the time. In particular Construction Division was undergoing audits from NAO in the period of time during collection...
of information for this report and was understandably unable to provide all the information requested.

The survey found that a large number of interventions have been, are and will be undertaken across all FOD sectors. Some Sectors lead the way by virtue of previous work prior to the recent sector re-organisation; in particular much work has been carried out by Agriculture and Food, Manufacturing and Construction Sectors. Sectors such as Safety Unit and CACTUS are also now developing significant programmes of work.

Much previous work has been undertaken to develop methodologies for intervention work. These types of projects are unique to HSE, and analysis to determine the level of success is problematic. The consensus from previous work is that evaluation should include the following aspects:

- Specific Outcomes should be determined in the design of the intervention;
- The techniques used to evaluate the intervention should include both quantitative and qualitative analysis and triangulation methodologies to increase the validity of the evaluation;
- The use of accident statistics alone is a poor way of carrying out evaluation since it takes no account of other external influences that may be present;
- Inspection should be undertaken to identify changes in health and safety performance in small samples deliberately timed to take place after the contact;
- ‘Control’, or more accurately ‘comparison’, groups should be used to allow consideration of the effects of other influences that may be affecting health and safety performance; and
- Assessment grid proforma should be used for inspectors to record their findings and these should be analysed using statistical methods.

CONCLUSIONS

This study has investigated the interventions that have been used within FOD in response to the Revitalising Health and Safety strategy statement. An initial literature search was undertaken to find previous work on interventions and methods of evaluation of interventions. Contact was made with all FOD sector and regional heads to illicit information about current or planned interventions and evaluations of these interventions. Where appropriate an assessment was made of the robustness and appropriateness of evaluations when considered against the best practices found in the literature search. Finally a review of the interventions was undertaken to identify any gaps that currently exist in the programmes in response to the requirements of ‘Building on Success’ to determine ‘what works where and in what situations’.

The following conclusions are made:

1. Studies to determine the effectiveness of HSE interventions have been ongoing for at least 30 years.
2. Evaluation of interventions is an area that is unique to HSE.
3. The most comprehensive study of evaluations to date was that carried out by the University of East Anglia in 1999 and this remains the benchmark for evaluation.
4. A large number of interventions have been, are and will be undertaken across all FOD sectors. Some Sectors lead the way by virtue of previous work prior to the recent sector re-organisation; in particular much work has been carried out by Agriculture and Food, Manufacturing and Construction Sectors. Safety Unit and CACTUS are now developing significant programmes of work.
5. Interventions by Regions are mainly dictated by Sector requirements but some Regions have developed their own initiatives working in conjunction with the Sectors.
6. Evaluation of Interventions is patchy. There are many good examples of evaluation in the interventions reported but also many are poor. In some cases this has resulted in a considerable loss of opportunity to make the most of the work done to determine the effectiveness of types of intervention to the long term benefit of FOD as a whole.

7. Some project officers involved in the design of interventions are not aware either of the previous work on evaluation methodologies or of what constitutes a robust or appropriate level of evaluation.

8. It is suggested that there should be advice given to all project officers involved in interventions on the appropriate level of evaluation for a range of different types of intervention project.

9. Considerable progress has been made in identifying where interventions work in the categories ‘Education and Awareness Raising’, ‘Partnerships’, Supply Chain/Design and ‘Inspection and Enforcement’ defined in ‘Building on Success’.

10. Little information has been found about interventions which address ‘Inclusion in Company Annual Reports’, ‘Motivating Senior Managers’, forming ‘Intermediary’ arrangements with insurance companies or dealing with complaint handling.

11. Recommendations have been made of where further evaluation work should be undertaken to fill gaps in the overall programme.

12. Although co-operation from those contacted for information about interventions was excellent, it is clear that there are considerable gaps in this information at present. Further work should therefore be undertaken to collect and analyse additional information when it becomes available to build up a fuller picture of the situation to help in the development of programmes for future evaluations of interventions.
1 INTRODUCTION

The HSC’s Strategic Plan 2001-2004 [1] established the work and activities planned for the next three years to deliver agreed targets and outcomes. These are designed to help achieve the overarching national targets set for 2010 in the Revitalising Health and Safety strategy statement [2], as well as those published in Securing Health Together [3].

The Field Operations Directorate (FOD) has developed a Priority Programme plan which identifies priority topics and sectors where significant improvements are needed if the overarching national targets are to be delivered [4]. The Priority Programme plan focuses on three sectors; agriculture, construction and health services and five hazard areas; falls from height, workplace transport, slips and trips, musculoskeletal disorders (MSD) and stress. FOD Divisions have developed intervention strategies and work streams, designed to influence the behaviour of employers and employees and thereby reduce the occurrence of workplace accidents and ill health problems.

A number of intervention strategies, some of which are described in Changing HSE: Building on Success, are deployed by FOD [5]. HSE has some evidence to suggest that the various intervention strategies have beneficial effects though as reported in the document Strategy 2004+: Intervention Strategies [6], it ‘is less sure about which intervention strategy works best in different circumstances’. In this context, ‘best’ means having the most impact for a given application of resource, whereas ‘different circumstances’ may include factors such as:

- Nature and size of target sector/organisation;
- Severity, controllability, maturity etc of risks;
- State of knowledge about risk(s) and preventative measures;
- Economy of target sector/organisation and cost of risk management; and
- Prevailing attitudes, behaviours and perceptions.

The evaluation of the impact of interventions is an essential part of the FOD’s work because it informs which strategies have the most impact and ultimately where and how future resources should be deployed for maximum efficiency and effectiveness. Currently, FOD does not have sufficient resources to identify all of the evaluation work that has been completed or that is ongoing. Consequently, WS Atkins was commissioned to undertake a study, ‘Evaluation of the Impact of Field Operations Directorate Interventions’.

During the course of the study, a review of the application of different intervention strategies across FOD sectors will be undertaken. The study will provide for a complete picture of FOD’s activities on evaluating the impact of different types of interventions, in terms of what has been done in the past, what is ongoing and what is planned for the near future. An evaluation of the impact of interventions will be presented in terms of robustness of the evaluation and appropriateness of the intervention strategy. The outcome will be used to inform the development of an intervention strategy based upon knowledge of what works, and in what situations.
2 AIMS AND OBJECTIVES

The aims of this project are to assist FOD in determining the current position with respect to interventions that are intended to satisfy PSA targets and to determine the robustness of the evaluation of the impact of these interventions.

The main objective is to collect details of all interventions that have been undertaken by each FOD Division over the recent past, or are currently being undertaken or are planned and any information available on the evaluation of the impact of these interventions. Further objectives are to provide judgement on the robustness of the evaluations and determine if there are any gaps in the intervention programmes, when considered against the ‘Building on Success’ strategy [5]
3 APPROACH

The study was carried out in 4 phases as follows:

- Literature Search;
- Contact with Heads of FOD Sectors;
- Contact of with Heads of FOD Operations; and
- Assessment of Evaluation.

An initial literature search was carried out to find relevant previous work. Details of the findings are presented in Section 4. Also background information was sought on the strategies and programmes adopted by the various FOD sectors on intervention.

Contact was made with the FOD Sector Heads and Heads of Operations in the Divisions to illicit information about current or planned interventions and evaluations of these interventions. Contact was made initially by telephone and then, where required, by email, and in one case a meeting was held. All 7 sector heads and 13 divisional heads of operation were contacted and a further 30 others were contacted after referrals from the sector heads/divisional heads of operation. Co-operation from all was excellent, despite their busy workloads. From these contacts, information was received in the form of documentation on programmes and specific interventions, as well as verbally and as informal notes.

All information received is reported in Sections 5 (Sectors and Construction Division) and 6 (Regions). Consideration was given to each of the interventions reported to determine the robustness of the evaluations undertaken for each of the interventions. Robustness was determined by considering benchmarks from previous work. A discussion on this aspect is provided in Section 7. A value was then given and included in summary Tables A1 to A7 (Appendix A), using the scale defined in Table 1.

Table 1 Definition of robustness factor

<table>
<thead>
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<th>Robustness factor (RF)</th>
<th>Definition</th>
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<tr>
<td>1</td>
<td>Meets best practices used elsewhere</td>
</tr>
<tr>
<td>2</td>
<td>Meets most aspects of best practices</td>
</tr>
<tr>
<td>3</td>
<td>Meets some of the best practices</td>
</tr>
<tr>
<td>4</td>
<td>Meets only basic requirements</td>
</tr>
<tr>
<td>5</td>
<td>No evaluation</td>
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</table>

Consideration was also given to the appropriateness of the evaluations undertaken. For example it would be expected that a national intervention forming a major part of the overall FOD plan in any year with significant resources allowed to implement would have a far more robust evaluation (probably acceptable at RF 1 or 2) than a local initiative involving a single issue with limited resources employed (probably acceptable at RF 4).

Consideration was also given in Section 8 to gaps that maybe present in the overall programmes to meet the stated strategies for each sector.
4 LITERATURE SEARCH

A literature search was undertaken to find information about:

- Previous work carried out by other reviewers;
- Published Strategies and Plans of the FOD sectors;
- Details of particular Interventions.

A number of internal HSE documents or references to documents were provided initially by the HSE Project Officer at the start of the project [1-10] and other documents were obtained which were referred to in this initial tranche of information. Since it was clear that the information required would be in the form of HSE published documents (Research Reports, other Published Reports and Press Releases) the literature search was limited to searches on the HSE Internet site and searches on the HSE Silver Platter system.

A number of previous reviews were found which were relevant to this study and these are discussed in Section 4.1 below. Strategies and plans of the sectors and details of particular interventions are reported in Sections 5 and 6.

4.1 METHODOLOGIES FOR EVALUATION

A summary of the previous work up to 1999 is provided in a report by Cosman [10]. Although this report is primarily concerned with inspection it provides a good source of previous methods of evaluation used for all interventions. Cosman found ‘30 relevant reports which covered about 60 individual studies’. The studies fell into two main categories: those looking at direct impacts of specific regulatory activities and academic studies looking at the process of regulation and the nature of interaction between the regulator and the regulated. The earliest study cited was conducted in 1985 [11] and the conclusions drawn were that there were difficulties in identifying and measuring what interventions achieve and that because real measures (e.g. reduction in accident rates) are fragmentary or non-existent, proxy measures (e.g. levels of awareness amongst the public), which can reasonably be assumed to be related to the real objectives, have to be used. However the weakness of this approach is that it is assumed that the intervention is the only factor affecting these proxy measures, which almost certainly is not the case. It is noted elsewhere [12] that external factors such as economic conditions and technological issues change play a part.

An earlier study had been undertaken in 1976 [13]. This study looked mainly at the effect of the 1974 HASAWA and the response from various companies. However some findings are particularly relevant to this study. It was concluded that any simple measurement of performance in terms of accident frequency rate or accident incidence rate is not seen as being a reliable guide to the safety performance of an undertaking. There is no clear correlation between such measurements and the work conditions, the injury potential or the severity of injuries that have occurred. The report suggests that more meaningful information would be obtained from systematic inspection and auditing of physical safeguards, systems of work, rules and procedures and training methods, than data on accident experience alone. It was found that similar factories with the same levels of risk, physical condition (floor surfaces, heating, lighting and ventilation) and general housekeeping had very different accident frequency rates reported. There appeared to be a more significant link with geographical/cultural effects and communication systems, although some doubts were expressed about accident reporting systems.
A study in 1991 [14] looked at 42 separate studies and set out criteria which should be satisfied before valid judgements could be made i.e.:

- Timing i.e. cause/effect;
- Effect should be related to the activity (plausibility/coherence);
- Consistency of the observed association (different places/times/people/circumstances) for validity;
- Specificity of the association; and
- Strength of the association.

Very few studies met these criteria. The strongest associations were to Notices, Central Approaches and Special campaigns.

A further study [15] recommended that FOD includes the evaluation of effectiveness and the development of quality based Output Performance Measures (OPMs) in the planning and monitoring of operational programmes.

This report led to a major study carried out by CER, University of East Anglia [16] to look at a number of FOD initiatives in the years 1995-1997. This study is the most comprehensive undertaken to date and provides a benchmark for others to follow in major national interventions.

The project was commissioned by HSE to look at the monitoring of the impact of its contact techniques in stimulating compliance and helping to shift the organisation towards a more realistic assessment of efficiency and effectiveness. The stated aim of the project was:

‘To find out how effective mailshots and seminars are at influencing small firms to improve their performance in important areas of health and safety in cases where they need to do so.’

The project considered a programme of contact techniques covering 43 mailshots, 22 seminars and a sample of inspection visits to SMEs in different regions of England, Scotland and Wales. The inspectors visited a total of 991 firms during the course of the project, and 6,684 assessments were made covering 21 topics over a two-year period from April 1995 to July 1997.

CER developed a fully designed systematic evaluation for the specific purposes of the work. The initial step was to set a central hypothesis to be tested which was:

‘That a mailshot or seminar stimulates change to improved health and safety performance by dutyholders’

The techniques used involved both quantitative and qualitative analysis and triangulation methodologies to increase the validity of the evaluation. The report gives full definitions and examples of these techniques.

The basis of the evaluation was for inspectors to identify changes in health and safety performance in small samples of inspection deliberately timed to take place after the contact technique. ‘Control’ or more accurately ‘comparison’ groups were used to allow
consideration of the effects of other influences that may be affecting health and safety performance. Inspectors used an assessment grid proforma to record their findings and these were analysed using a statistical software package. The analysis was specifically targeted upon actions that were put in place by the companies following the intervention. Inspectors were required to determine whether these actions raised standards.

The programme was carried out in two stages, the first stage being a pilot study to determine whether the methodology would stand up to robust criticism and whether there were weak points that necessitated changes to the programme design. The programme also included a survey of inspectors taking part to obtain their opinions on the methodology and its implementation. Also a small number of companies were interviewed at the end of the programme to gather their views on the contact techniques used in the study, and on the sources and usage of health and safety information.

As a result of the pilot evaluation, and following recommendations of the CER team, a number of revisions were made to the SPN programme. These were mainly to deal with logical inconsistencies in completing the proforma and changing the contact technique.

Overall the main findings from the study were:

- 47% of companies attending seminars were reported to have ‘actions taken or planned’;
- 43% of companies undergoing inspection were reported to have ‘actions taken or planned’;
- 9% of companies receiving mailshots were reported to have ‘actions taken or planned’;
- The difference between ‘case’ and ‘control’ samples was highly significant. Standards for the seminar cases were somewhat lower than mailshots cases before the intervention took place, although the data may have been skewed due to factors such as inspector bias, company selection procedure, ‘pleasing the inspector’ or company motivation.
- Standards before the intervention varied greatly between clusters e.g. dentists were much better than motor vehicle repairers, so there was a law of diminishing returns applying:
- Owners/managers were most likely to read mailshots or attend seminars. Few employees read mailshots (4%) or attended seminars (12%). Agriculture showed the greatest number attending seminars (24%).
- Subsequent interviews with companies revealed that seminars appeared more than twice as likely to be recalled as mailshots (50% to about 25%). 25% could give details of topics covered in seminars as opposed to less than 10% for mailshots.
- Professional /industry associations had a significant influence on health and safety activities.
- Certain business sectors appear to respond better to mailshots than others, and the same is true of seminars.

The report also made some recommendations:

- HSE should consider carefully how best to improve the consistency of its mailshots and seminars;
Using inspectors to gather key information during the normal inspection routine should be seen as necessary and invaluable resource;

HSE should consider using Delphi techniques as a method of establishing an appropriate range of parameters that could form the basis of a more focused evaluation protocol;

The lack of a national picture could be countered by the development of short-term combined inspection teams drawn from all regions.

The SPN programme methodology is a useful tool but should be employed on a discontinuous basis because of duration and resource requirements. The exercise should be repeated at an appropriate point in time, probably with a narrower focus and reducing the number of topics covered. A 5-10 year return period is suggested.

Following on from the University of East Anglia Study, Amey Vectra was appointed to develop a methodology for determining the effectiveness of inspection. The result has been the development of a ‘Tool Kit’ for inspectors which is discussed and described in References 17 and 18.

The Tool Kit is a series of questionnaires, similar to those used in the University of East Anglia study, combined with a scoring system to be completed by inspectors during routine and other visits to sites. It will operate in a manner similar to a health and safety audit system such as ISRS. It is considered that the system will bring about improvements to health and safety performance that can be demonstrated by improving scores over time. Work on the ‘Tool Kit’ is continuing in order to develop the questionnaires fully before trials are undertaken.

Another recent study relevant to this project is that undertaken by AEA Technology [19]. This study looked at when SMEs would most benefit from HSE advice and how this should be given so that interventions at these companies could be targeted most effectively. The main output from the study is a series of Sector Key Events Approaches (SKEA) for the Plastics, Catering, Motor Vehicle Repair, Bodyshop and Construction sectors. Further work is recommended to undertake a pilot study to implement the top priority short term and strategic recommendations from the study and measure the success by a survey. It is also recommended that, if the pilots are successful, the system should be extended to include all priority areas for all five sectors studied and to other sectors.

4.2 CONCLUSIONS

The literature search has shown that studies to determine the effectiveness of HSE interventions have been ongoing for at least 30 years. Many more studies have been undertaken in recent times as a result of new initiatives in this area as reported in sections 5 and 6. General conclusions from most of these studies include that data on accident statistics are not on their own a reliable measure of the effectiveness of a particular intervention since there may be many other unidentified factors which could be contributing to the change and that each intervention should have an appropriate evaluation based upon sound statistical methodologies.

The authors consider that the most comprehensive study was that by the University of East Anglia [16]. The current ‘benchmark’ for a thoroughly robust study includes following elements:

- Consideration of previous experience in designing the intervention;
• Tailoring the intervention to the target audience/topic;
• Development/design of an evaluation protocol prior to the intervention;
• The development of quality based OPMs in the planning and monitoring of operational programmes; and
• Use of triangulation in the evaluation.

Triangulation refers to the comparison and cross-checking for consistency of information derived by different types of data collection. It normally involves the combining of quantitative and qualitative approaches to measure and understand the effects of interventions. For intervention studies the types of data collection that should be undertaken for a thoroughly robust evaluation are:

• Quantitative accident data pre- and post-intervention;
• Information from post-intervention interviews with individuals from companies targeted by the intervention; and,
• Information from reports of inspections carried out pre- and post-intervention on samples of companies targeted by the intervention and of comparison groups.
5 INTERVENTIONS BY SECTOR

5.1 AGRICULTURE AND FOOD SECTOR

5.1.1 Introduction

Within the Field Operations Directorate (FOD), the ‘Agriculture and Food Sector’ is the group which has responsibility for all health and safety issues related to the agriculture and food & drink industries.

HSE has identified agriculture as a priority industry, under the Government’s ‘Revitalising Health and Safety’ agenda, because it has one of the worst fatal accident records of any industry. The agriculture industry is considered to include arboriculture, horticulture, fish farming, forestry, game keeping and veterinary practice.

The food & drink industry has the highest injury rate of any industry (with the exception of mining/quarrying). An ongoing Recipe for Safety initiative, started in 1990/1991, between the food and drink industry has had a significant effect in reducing the injury rate. Even so, a quarter of all manufacturing injuries occur in the food industry. The food & drink industry comprises over 30 different manufacturing industries which range from slaughterhouses, sugar refineries and grain mills to malt manufacture and whiskey distilling.

5.1.2 Priority Programme Plan for Agriculture

A Priority Programme Plan, developed to improve health and safety in agriculture, establishes targets for a reduction in the level of accidents and ill-health [20]. The Priority Programme Plan reflects the requirement to deliver against the Revitalising Health and Safety (RHS) strategy [21]. The Plan provides for a nine-point strategy, against which the delivery mechanisms and activities to be undertaken are described; these are set out in Table 2.

The Sector Information Minute (SIM) [22] sets out the FOD Agriculture operational plan of work for 2003-2004. The operational plan of work is consistent with the Priority Programme Plan for Agriculture.

In agriculture and forestry, inspection priorities have been established for 2003-2004 and it is expected that FOD will deliver:

- 16,000 regulatory contacts, including 6,745 inspection contacts covering one or more of the RHS topics;
- 12 audit inspections of premises, targeted at businesses managed by agents or similar;
- 14 farming Safety Awareness Days, targeted at family run farms; and
- 18 blitz inspections, targeted at family run farms.
**Table 2 Priority programme plan for agriculture**

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<thead>
<tr>
<th>Strategic Point 1</th>
<th>Workstream 1</th>
<th>The engagement of all stakeholders who can influence industry Stakeholder engagement conference</th>
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<tbody>
<tr>
<td>Strategic Point 2</td>
<td>Workstream 2</td>
<td>To extend the knowledge skills competences of those in the industry and those joining it Development of vocational related qualifications on occupational H&amp;S in Agriculture</td>
</tr>
<tr>
<td>Strategic Point 3</td>
<td>Workstream 3</td>
<td>To continue to provide targeted information, advice and guidance Revision of ‘Tractor Action’ video and leaflet</td>
</tr>
<tr>
<td>Strategic Point 4</td>
<td>Workstream 4</td>
<td>To continue to protect workers through a targeted inspection and investigation programme To continue to protect workers through a targeted inspection and investigation programme</td>
</tr>
<tr>
<td>Strategic Point 5</td>
<td>Workstream 5</td>
<td>To stimulate action amongst the self employed / family farms by new techniques (such as Safety Awareness Days and farmer’s group’s inspections) Delivery of a programme of Safety Awareness Days (SAD’s) targeted at the self employed</td>
</tr>
<tr>
<td>Strategic Point 6</td>
<td>Workstream 6</td>
<td>To influence safety through design Influence safety through design, for machinery and other equipment and through the supply chain.</td>
</tr>
<tr>
<td>Strategic Point 7</td>
<td>Workstream 7</td>
<td>To promote the development of occupational health and rehabilitation provision and encourage take up by the farming community Development of a sustainable model for occupational health / rehabilitation services within the rural community</td>
</tr>
<tr>
<td>Strategic Point 8</td>
<td>Workstream 8</td>
<td>To evaluate activities and amend the programme in the light of results Evaluation</td>
</tr>
<tr>
<td>Strategic Point 9</td>
<td>Workstream 9</td>
<td>Open a widespread debate on child safety in agriculture Open widespread debate on parental –v- HSE / duty holder responsibility in controlling risks to children, stimulating other to take a lead whilst maintaining an HSE publicity campaign.</td>
</tr>
</tbody>
</table>

It is planned that inspection will include, but may not necessarily be limited to the following areas:

- 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 – protection against exposure;
  - Cattle handling;
  - Training for mobile equipment;
  - Bale stacking; and
  - Machine contact with overhead power lines – assessing and controlling risks.
FOD is committed to attending agricultural events during the course of the year. During such events, the opportunity is taken to launch publications and provide information. It is proposed to attend some ten regional shows between August 2003 and January 2004.

The operational plan of work places a particular emphasis and importance on the development of new ways of working, in particular:

- Stakeholder engagement;
- Investment of more operational resource into initiatives with the self-employed sector; and
- Evaluation of the initiatives and projects, wherever possible, so as to demonstrate the link between the work and the outcomes.

5.1.3 Intervention in the Agriculture Sector

Traditional Approach to Intervention in Agriculture

Operational inspectors have traditionally dealt with the Sector on a day to day basis through various intervention approaches including:

- Providing guidance and support at visits, by phone or at agricultural events;
- Onsite inspections (announced and unannounced);
- Investigation of accidents and complaints; and
- Enforcement where necessary.

Novel Approach to Intervention in Agriculture

Safety Awareness Days (SADs), introduced over the last two years, are a means through which HSE targets self employed farmers and family-run farms. Farmers are invited to attend a half-day awareness event at a local venue. The events include a series of short presentations demonstrating simple, practical solutions to many of the most significant causes of accidents and ill-health in agriculture. Topics covered may include working at height, vehicle maintenance, roof work, manual handling and other subjects of particular relevance to the agricultural industry in the locality.

HSE is currently piloting an Agriculture self-assessment package [23]. The purpose of the self-assessment package is to help farmers undertake a comprehensive assessment of their farms and assist with the raising of health and safety awareness across the industry. The package is targeted at all farmers, regardless of whether they employ labour, and farm managers with responsibility for health and safety. The self-assessment package includes features that enable the user to tailor the questions asked on key health and safety topics to suit their own particular circumstances. A benchmark for each question is provided which describes the minimum standard which should be in place to enable compliance with legal requirements, describing the reasoning behind it, and provides for a list of prioritised items. The self-assessment package also includes the facility to identify additional risks that are unique to the user’s circumstances. A pilot of the self-assessment package has been running since the beginning of September 2003, and it is planned to finish in mid-December 2003.

The development of a cost effective tool for the evaluation of a range of interventions in Agriculture has recently been commissioned. The purpose of the ‘Barometer of Culture Change in Agriculture’ is to enable HSE to assess the extent of change of health and safety
awareness and conversion into practical actions/outcomes arising from its intervention approaches.

5.1.4 Programme Plan for Food Sector

HSE plans to target the five priority topics as identified in the RHS strategy. FOD has identified three additional priority topics, specific to the sector, upon which it should also concentrate. The combined priority topics are:

- Musculoskeletal disorders;
- Slips and trips;
- Falls from height;
- Work place transport;
- Occupational stress;
- Noise;
- Occupational Asthma; and
- Hand arm vibration.

The priority topics also feature in the on-going ‘Recipe for Safety’ initiative, which also identifies four additional issues of concern within the food and drink industry:

- Entry into silos
- Machinery
- Struck by objects; and
- Occupational dermatitis.

5.1.5 Intervention in the Food Sector

**Traditional Approach to Intervention in Food Sector**

Operational inspectors deal with the food & drink manufacturing industries on a day to day basis through various intervention approaches including:

- Providing guidance and support at visits, by phone or at food industry events;
- Onsite inspections (announced and unannounced);
- Investigation of accidents and complaints; and
- Enforcement where necessary.

5.1.6 FOD Interventions in Agriculture and Food Sector

FOD interventions in the Agriculture and Food sector which are completed, currently underway or scheduled to start in the near future are identified in Table A1. Through discussions with the sector, anecdotal evidence suggested that evaluations of the impact of interventions had been undertaken in the past. However, documentary evidence to support this has not been made available and therefore the interventions identified for which an evaluation has been undertaken date from the more recent past.

**Evaluation of Agricultural Safety Awareness Days**

A project was commissioned to evaluate farmers’ attitudes towards, and to gain information on, the types of changes to working practices as a result of attending Safety
Awareness Days (SADs) [24, 25]. Two SADs were evaluated, that held at Plumpton College in October 2002 and that held at Imperial College Wye in October 2001. At both SADs, farmers were provided with practical demonstrations of potential hazards in several topic areas and suggestions for improving safety in the farming environment through the following scenarios:

- Roof work;
- Quad bikes;
- PTO shaft guard and hitching;
- Livestock handling;
- Chemical handling;
- Lift trucks; and
- Manual handling.

To enable the evaluation to be undertaken, a questionnaire and prompt sheet was developed and this was used to collect data via telephone interviews. The questionnaire sought to obtain answers to the following parameters, amongst others:

- Overall impression of the day;
- Identification of topic areas which were most and least useful;
- Report on actions taken by farmers as a result of attending the day; and
- Suggestions regarding the best way to convey health and safety information to farmers.

Efforts were made to contact some 178 farmers, who had attended the SADs, and 85 completed questionnaires were produced. The results showed that 95% of those responding through the questionnaire considered that the day has been useful. Some 73% of the farmers who responded to the questionnaire reported that they had made at least one change as a result of attending the day. The project report acknowledged that ‘as with all interview and questionnaire data collection, it should be noted that the study relied on farmers giving accurate accounts of the changes made’.

A comprehensive evaluation of seminars [16] indicated that they provide an effective intervention method across a number of sectors including Agriculture. Since SADs are only a slight variation on seminars it would be expected that they would be similarly effective. The evaluation undertaken here backs up the previous findings and provides additional information on ways to improve SADs. The evaluation is therefore considered as appropriately robust and well thought out with outcomes being determined at the design stage. However, it would have been useful to undertake a small number of inspections, to support claims that changes to working practices have been made. It is noted that a project to examine a range of interventions in Agriculture has recently been commissioned which should also add to knowledge of the effectiveness of SADs.

5.2 CACTUS

5.2.1 Introduction
The Consumer and Commercial services Transportation and Utilities Sector (CACTUS) is a relatively new Sector. The Sector now covers the old Enforcement Liaison Sector activities and the old Entertainment Sector activities amongst others. Activities covered by CACTUS include:
• Public transport – land, water & coastal and air.
• National mail;
• National communication;
• Docks;
• Wholesale and retail trade- including personal and household goods;
• Cargo handling;
• Transport and storage of goods;
• Warehousing;
• Catering/hospitality;
• Industrial cleaning;
• Security;
• Electricity, gas and water supply;
• Sewerage/refuse collection, treatment and disposal;
• Fairgrounds and amusement parks
• Leisure and sporting activities;
• Broadcasting; and
• Theatre and leisure activities.

5.2.2 Programme Plan for CACTUS
A consolidated programme plan for interventions in CACTUS was not available at the time of undertaking this study. A three year Sector Strategic Plan, for the period 2001/2002 – 2004 had been developed covering Enforcement Liaison Sector and Entertainment Sector activities. The Sector Strategic Plan identified, on a risk basis, the main industries and issues upon which FOD would concentrate, and identified strategies to deal with them. The Sector Strategic Plan reflects the requirement to deliver against Revitalising targets.

5.2.3 FOD Interventions in CACTUS
The following projects related to interventions have been reported.

**Hospitality Liaison Committee Action Plan**
In response to the HSE revitalising strategy, an action plan was drawn up in 2001 [26] which focuses on continuation of the current guidance programme, publicity for the main accident and ill health causes and actions to deal with them, and continued efforts by HSE and particularly local authority inspectors to focus on these same issues. Key priorities are slips and manual handling principally.

The action plan includes:

• Produce an HSE publication on health and safety in catering;
• Commission research as appropriate where gaps in knowledge affecting health and safety become apparent;
• Liaise with Industry associations and companies to address key problem areas;
• To produce at least two briefings each year; and
• To seek information from industry suppliers about products whose use could help with solutions to the key problem areas of slips and manual handling; and consider means of promoting such items in conjunction with the companies concerned.

The main planks of the campaign are:
• Continue to have an HSE stand at major trade exhibitions;
• Issue routine HSE press releases when information sheets are produced;
• Distribution of information sheets to membership of trade unions and trade associations;
• Work with the Local Authority Liaison Committee (HELA) on inspection and distribution of information;
• Pursue similar links to organisations that advise and inform the hospitality industry such as the AA and RAC;
• Encourage links to the HSE web site from a number of trade journals and other sites such as equipment suppliers;
• Produce a flyer when the current expansion to the series of information sheets is nearing completion and the new publication is on the horizon;
• Prepare periodic articles in the trade press or house journals;
• Produce a video on catering safety aimed at Asian and Chinese restaurants;
• Continue to involve newcomers to the industry by sending copies of all sheets to all colleges etc. running hospitality courses;
• Production of a CD ROM health and safety training package targeted at small and micro businesses in conjunction with the Hospitality Training Foundation.

HSE will feed in its views to the main committee, and will take the lead in certain areas:
• accident and ill health data provision and monitoring,
• guidance to inspectors,
• organisation of exhibition stands,
• publication of information sheets and other products,
• costs of accidents methodology,
• contribution to research funding,
• liaison with other government departments;

In addition, support will be offered in the following areas: administration and secretariat support, legal advice, technical advice.

No details of any specific, individual initiatives or the methodologies for evaluation have been received at this time.
In terms of the overall Action Plan a recent study was undertaken to provide information to hospitality employers and inspectors about where to concentrate their efforts when trying to reduce the numbers of accidents. A review of the latest figures available on accidents reported to HSE and Local Authorities (LA) during the period 2001 – 2002 was undertaken and the trends over a five-year period from 1997- 2002 were examined. Results show that the pattern of accidents has not changed significantly with slips, trips and falls being the highest single cause of accidents followed by accidents from handling. However the accident rate in the LA sector is below the average of all industries.

This evaluation relies entirely upon consideration of accident statistics. Such analysis does not take account of other influences that may have affected the figures and is therefore not robust. However the evaluation is as required by the Action Plan. Evidence is available from other sectors of the effectiveness of interventions involving liaison with employers and trade associations – in particular many such interventions have been employed by Manufacturing Sectors and some of these have been formally evaluated (See Section 5.4). Also initiatives involving mail shots, publicity via journals, newspapers and radio/television and exhibition stands have been evaluated in detail by previous studies [16] and other sectors. The Liaison Committee should find it useful to consider the findings from those evaluations in determining specific future interventions.

**Review of Fairground Safety**

A detailed review of fairground safety was undertaken for HSC following a cluster of fatal accidents during 2000 [27]. The project considered the adequacy of the existing regime of law and the role of the various industry associations and the Fairground Joint Advisory Committee (FJAC) in encouraging safe practices. Data of accidents that have occurred during the period 1997- 2001 were collected and analysed. It was found that the majority of accidents each year (on average 91% of total) occur to members of the public. Slips, trips and falls account for more than 34% of all major accidents and 33 % of all accidents. Of the 3-day accidents to employees the majority are from handling /sprains and slip, trips and falls.

The review included inputs from industry bodies and considered a number of alternatives to the current regimes including licensing of rides, accreditation/registration of ride inspectors and development of an ACoP. A number of recommendations were made to improve inspection and investigations, to work more closely and effectively with industry bodies, and to introduce registration schemes and display of certificates. It also called upon the FJAC to strengthen its role to include greater input from consumers, local authorities and workers and to streamline its procedures for agreeing guidance.

The project provided a basis for future evaluation of the effects of the implementation of the recommended changes and the effectiveness of working in partnership with the industry.

Following the review the National Fairgrounds Inspection Team (NFIT) was established to deal with non-compliance. Poor performers have been targeted. Evaluation has been undertaken through consideration of RIDDOR statistics, recording media enquiries and the number of enforcement notices [28]. 57 notices have been issued in 2002/3 compared to 39 in 2000/1 with a corresponding decrease in fatalities and injuries to members of the public. Although it is early days, the results are encouraging. Full details are not available but information received indicates that there has been a fair degree of robustness in the evaluation undertaken. The indications are that results support the findings of other
interventions, particularly in the Manufacturing sector in working in partnerships with trade associations.

**SUPERSTAR Fairground Ride Investigation**
This project followed a fatal accident at a fairground in 2002. Prohibition Notices were served on the operator and the manufacturer of the ride. A detailed examination of the failed boom carried by WS Atkins indicated fatigue failure and requirements were made for strengthening certain parts. As a result the manufacturer modified all such rides. This intervention demonstrates that an effective enforcement pursued with suppliers of the equipment can ensure full compliance within the industry. The intervention was therefore robust and appropriate. It is considered that the fairground sector is in many ways unique because of the relatively small number of such businesses. It is fairly easy to trace both manufacturers or suppliers and owners of such rides, making enforcement reasonably simple. Similar successful investigations have been carried out in other small industries e.g. hop presses and quarry vehicles (see Sections 6.4 and 6.6). Little information exists about similar investigations in larger scale industries.

**Accidents to Dockworkers aboard Ship**
This project will begin in 2004 and run to 2006, it will contribute to Priority Programmes on Falls from Height, Slips, Trips and Falls and MSD. The injury rate among dockworkers remains high (industry figures equate to an accident rate of 3,100). Accidents aboard ship, during the loading and unloading or securing cargo, form the largest proportion of the total of number of injuries to dockworkers. HSE Docks and Air Transport (DAT) Unit, MCA and the ports industry are developing a strategy to improve ship standards. The project will involve partnership working in the field and raise HSE’s profile with the industry, other regulators and within the international arena, especially with ship owners and ship designers who are difficult for us to reach. It will also contribute to reducing the incidence rate for dockworkers, helping the industry achieve its targets in the Safer Ports Initiative, which are tougher than those in RHS.

The project will involve 40 inspection visits over two years, joint with MCA Surveyors to limited number of ships identified by the ports as ‘problem’ ships on which access or other safety issues are inadequate.

Evaluation will be carried out analysing:

- Feedback from docks National Health and Safety Committee meetings (reports regarding HSE’s role and progress made with ship operators; counterfactual of continued expression of concerns and no HSE/MCA action in the field)
- Analysis of PSS and HSE accident statistics for 04/05 and 05/06 (a reduction in accidents generally and a diminishing proportion of accidents occurring aboard ship; counterfactual that accidents aboard ship will continue to run at around 30% of the total);
- Analysis of relevant FOCUS records and discussion with senior field inspectors (number of visits achieved, enforcement action taken where necessary, reports from inspectors concerning the initiative; counterfactual of no visits, zero or limited or inconsistent enforcement on relevant issues and limited contact between inspectors and MCA surveyors).
It is considered that this will represent a reasonably robust evaluation which provides a good degree of triangulation, but it could be improved by more detailed specification of outcomes in the design and use of a proforma to ensure consistency of inspector reporting.

**Wind Energy Industry Guidelines**

CACTUS worked with the British Wind Energy association to update guidance on health and safety for its members. Guidance was completed in 2002.

5.3 **CONSTRUCTION SECTOR**

5.3.1 **Introduction**

The Construction Division was established to enable FOD to better focus its activities on achieving a significant reduction in accidents and the causes of ill health within the construction industry. The Construction Division includes:

- Operational Units;
- Construction Sector; and
- Technology Unit.

Operational Units are responsible for the front line delivery of FOD’s intervention strategy. The Construction Sector takes an role in dealing with the industry and key stakeholders. The Technology Unit provides specialist support to the Construction Division as well as overseeing research on technical issues.

Construction is the UK’s biggest industry and is the most dangerous. In the last 25 years, 2,800 people have been killed on construction sites or as a result of construction activities.

5.3.2 **Priority Programme Plan for Construction Sector**

As part of the Revitalising Health and Safety strategy, construction has been identified as a priority area. The Intervention Strategy for Construction [29] broadly establishes an overarching intervention strategy, setting out high level aims and objectives and the means through which proactive interventions will encourage industry to deliver.

The Construction Division has developed a Priority Programme [30] which identifies a range of workstreams that target the delivery of the intervention strategy and provides for an opportunity to improve the impact of its proactive work. For 2003-2004, project plans have been developed for specific workstreams in relation to:

**Stakeholders:**

- Better Construction (Design & Management) Regulations (CDM) compliance;
- Government as a client;
- Head Office (HO) Principal Inspector (PI) and lead PI interventions;
- Employer engagement with workers;
- Interventions with micro SMEs.

**Health Issues:**

- Asbestos;
- Musculoskeletal Disorders (MSDs);
- Noise & HAVs;
- Welfare and control of cement dermatitis.

**Safety Issues:**
- Falls from height including ladders, step ladders and roofwork;
- Workplace transport, including temporary traffic management and on-site transport;
- Slips, trips and falls.

The Sector Information Minute [30] sets out the Construction Division’s priorities for planned interventions for 2003-2004 and is consistent with the Priority Programme.

### 5.3.3 Interventions in Construction Sector

**Traditional Approach to Intervention in the Construction Sector**
Operational Inspectors seek to improve health and safety standards using a range of methods including:
- Site inspections;
- Planned interventions;
- Investigation of accidents and complaints;
- Providing guidance and support at visits, by phone or at trade events;
- Educational and promotional activities; and
- Enforcement, where necessary.

**Novel Approach to Intervention in the Construction Sector**
The Intervention Strategy for Construction identifies a wider range of intervention techniques which are to be applied.

**Head Office and Lead Inspector Initiatives**
A rolling programme of head office and lead inspector initiatives is to be developed to target poor performing larger companies with tailored intervention programmes. The aim is to develop a co-ordinated approach to intervention initiatives, applied where a company works across different sectors, thus ensuring that the deployment of HSE resource is effective in producing lasting influence or change in the company’s performance.

**Manufacturers Visits**
Manufacturers carry duties under section 6 of HSAWA 1974. Some products in common use, by their poor design, make it difficult for users to comply with the law. It is considered that through a series of visits to manufacturers, they can be encouraged to improve their products and the health and safety information supplied.

**Finished Buildings**
Issues are often encountered during the commissioning and first months of occupation of new buildings which reveal problems with the building design or ease of maintenance. The enforcing responsibility for a building often changes at the end of the construction phase and it is often difficult to capture and implement ‘lessons learned’ in future projects. An intervention strategy that recognises the importance of following up on such issues is to be developed.
5.3.4 FOD Interventions in Construction Sector

Current interventions are considered below:

**Safety and Health Awareness Days**
During 2002/3 the Sector organised 11 SHADs under the WWT programme [31, 32, 33]. 2292 delegates attended from about 1000 SMEs. The aims were to raise awareness of key accident and ill health risks and how to avoid them, to improve knowledge of health and safety topics, to promote best practice with a view to improving standards, to provide reference points for information and advice and to gain commitment to taking action on at least one health and safety matter after the event.

Attendees were asked to complete questionnaires at the end of the event and a telephone survey of companies took place 10-12 weeks afterwards to determine if actions had been taken. Results indicated that most delegates rated the day as worthwhile and 81% of companies had taken some action.

A comprehensive evaluation of seminars [16] indicated that they provide an effective intervention method across a number of sectors. Since SADs are only a slight variation on seminars it would be expected that would be similarly effective. The evaluation undertaken here is similar to that carried out for Agriculture SADs and backs up the previous findings, adding confidence that they apply equally well to the construction sector. The evaluation is not in itself considered robust but was reasonable considering that previous relevant evaluations have been undertaken. However it would have been useful to undertake a small number of inspections to support claims that changes to working practices have been made.

There is a similar 2003/4 programme and this will also be evaluated.

**Government Clients in Construction**
This is a two year plan starting 2002/3 to implement the OGC guidance in the construction sector. A survey of MCG/NFB members was undertaken internally. RfP has been incorporated into the Site Safe Scotland strategy. No information is available about evaluation.

**CDM Duty Holders**
This intervention began in 2000 and will end in 2005. The aim is to improve health and safety on sites where clients and designers have actively embraced CDM duties. Projects and clients were identified in 2002 and Client / designer visits were completed and recorded in March 2003; Site visits are to be completed by March 2004; Evaluation is by analysis of site and accident data. No specific details of evaluation are available but since the evaluation will include a degree of triangulation it is likely to be fairly robust.

**Construction Agencies**
The aim of this project is to secure better health and safety of agency staff on construction sites. Evaluation will be by analysis of information in reports on contacts with host employers and RIDDOR reports. No progress is reported for 2003/4.

**Employer Engagement with Workers**
The objective of this project is to promote engagement between employers and those in control with their workers so that workers are positively involved in health and safety issues and can contribute to industry’s RHS targets. Positive changes in worker consultation were reported by field staff, stakeholders, media including feedback from
SHADs and the survey to determine commitment to MCG charter (see above). A question on worker engagement was included in SHAD evaluation. MCG companies are compiling information on compliance with their charter. Information is to be collected from October 2003. No detailed evaluation is available at this time but a good degree of triangulation is being adopted and it should therefore be robust.

Noise and HAVS
The objective of this project is to contribute to a reduction in the reported incident rate of ill health among construction workers by 10% by the end 2004 and 50% by the end 2010. This will be achieved by determination of the need for supporting material publicity or campaigns, persuading clients and designers to set goals for HAVS and noise reduction and during inspection questioning contractors on their selection and maintenance of equipment, ensuring principal contractors are managing health risks and providing health surveillance for workers at risk from HAVS and noise, seeking improvements in tools/equipment and information provided by hirers of equipment. In addition research will be carried out to establish baselines for HAVS and noise and to identify which tools create the most risk. A report has been produced on CSD initiative with suppliers. Evaluation will be by undertaking a baseline survey (expected to start by December 2004) and inspection reports. Although no specific details of evaluation are available, the use of inspection reports and accident/health data should give a good level of robustness.

Musculoskeletal Disorders
The objectives of this initiative are to contribute to a reduction in the reported incidence rate of work related MSD ill health by 10% by end of 2004 and 20% by end of 2010 and to contribute to a reduction in the number of work days lost due to work related ill health by 15% by end of 2004 and by 30% by end of 2010. This will be done by identifying and visiting the main intermediary organisations covering supply of commonly used construction products and gaining commitment for an action plan for handling them, continuing to work with clients, designers, contractors to develop and promote best practice and developing a media and publicity strategy, publish construction information sheet; work with MCG. Evaluation will be by establishing a baseline for measuring reductions in reported incidence rate will be and measuring again at the end 2004 and 2010. The design outcome is defined as a successful reduction in the incidence rate. Other measures of success will be IRF ratings, reflective reports feedback from MCG on progress in implementing Occupational Health policy, existence of action plans from product manufacturers intermediaries and sales of HSG 149- ‘Backs for the future’. The baseline survey is out to tender but unlikely to begin until Dec 2004 because of need to coincide with LFSCDTU guidance to designers and kerbs guidance. MCG policy is under development and due to be launched in January 2004. This is a robust evaluation package.

Lifting operations
This project will not go ahead until at least 2004-5. It aims to bring about a reduction in accidents to workers and members of the public during lifting operations and will achieve this by engagement of designers, planning supervisors, contractors, crane hire companies and intermediaries. Evaluation is planned to be by reflective reports from operations units and reviewing accident statistics. Depending upon the quality and content of the reports a reasonably robust evaluation could be achieved.

Roof work
The aim is to contribute to a reduction in fatal and major accidents from falls from roofs and thereby to the achievement of the revitalising targets set by the construction industry. This will be achieved by producing and launching a work at height in construction video, producing a work at height regulations consultative document, continuing research on
fragile assemblies, promoting messages on roof work maintenance and safe working practices for roof work; and engage intermediaries and duty holders in various ways to improve standards. Evaluation will be by reflective reports from operations units, IRFs and production of guidance by ACR. In addition existing research on specification of fragile roof assemblies will be reviewed to provide baseline and a further study will be repeated in May 2005. To date reflective reports have been delivered, ACR guidance is in hand and the required research to be commissioned in Q3. This is a robust evaluation package.

**Site Transport**

The aim is to contribution to reduction in fatal/major accidents in construction by reducing risk to workers and members of the public from being struck by mobile construction plant and vehicles. This will be achieved by developing an enforcement strategy for key issues, identifying and visit key intermediaries to gain commitment on key transport issues, engaging duty holders to secure improvements, identifying and engaging with manufacturers to obtain better driver visibility at the point of supply. Also CD will represent HSE on relevant standards committees, organise and deliver display at SED show, organise and run mobile plant & lifting training and promote transport plan via articles in the media. Evaluation will by measure of reflective reports from operations units, commitment from intermediaries to take ownership of this topic, production of enforcement guidance on visibility and progress standards work and survey of 30 sites from MCG companies to assess adequacy of H&S plan for Transport. Reflective reports have been produced but the survey of MCG sites has not yet started. This represents a robust evaluation package.

**Blitz Inspections**

This work involved a series of inspection visits during 2002-3 to determine specific problems. The work was evaluated by Bomel for the National Audit Office (NAO). Sites were revisited in 2003-4 to assess change in attitude amongst those visited initially compared to a control group and to determine the long-term changes that may be brought about by this type of inspection. The Bomel report has been completed but was not available for consideration.

**Reduction of risk from cement dermatitis**

The aim was to determine if effective arrangements are in place within contractors for Occupational Health support. It involved inspection of sites and liaison with contractor Health Officer about controls / elimination for cement dermatitis, specifically, and Occupational Health support in general. Site visits are being undertaken 2003/04 to provide baseline data. The target for elimination of hexavalent chromium cements is 2002/03 and excellent progress has been made with an EU Directive on this. The baseline survey analysis is currently out to tender but unlikely to start until Dec 2004. IRF data is to be reviewed.

**Noise Single Issue Inspection follow-up**

The aim of this project is to determine whether the original improvement in noise reduction and associated ill-health has been sustained by premises which received an SIIP2 visit. It has involved inspection of 350 premises who received a SIIP 1 visit and Inspection of 250 premises who received an SIIP 2 visit. The inspections took place in 2002-3 and a final report has recently been received. No details of the evaluation are currently available.

**Proving Inspection Works**

This major project was undertaken by Amey Vectra to develop a tool for inspectors to use during visits to duty holders. The work has been completed and a report produced [17] work continues to develop the tool. See also Section 4.1.
**Ladders & Step Ladders**  
Work is being done to develop HSE policy on enforcement. Contact has been made with trade bodies whose members use ladders extensively, including Painting and Decorating Association Glass, Glazing Federation and Electrical Contractors association. The outcome of research project on use of ladders and ladder stability devices is awaited before running a publicity campaign. No details of evaluation are currently reported.

Slips and Trips  
Project involves the promotion of the 'tidy site' message by inspectors. Media strategy yet to be agreed, but this could be linked to a 'site tidiness' blitz towards the end of the year. No details of evaluation are currently reported.

**Temporary Traffic Management**  
This project will be carried out in conjunction with Highways Agency and industry groups and will involve the update of existing guidance. Advice to Local Authorities is being drafted and the Sector Information Minute (SIM) has been drafted. No details of evaluation are currently reported.

**Construction Site Transport**  
This project will require setting EU standards and determination of UK supplier attitudes which may cause subsequently problems due to complexities. No details of evaluation are currently reported.

### 5.4 MANUFACTURING SECTOR

#### 5.4.1 Introduction

The Manufacturing Sector is a relatively new Sector. The Sector now covers:

- Engineering activities that were covered by the old Engineering and Utilities Sector;
- Most activities that were covered by the old Polymers and Fibres Sector;
- Most activities that were covered by the old Metals and Minerals Sector; and
- Woodworking activities previously covered by the old Agriculture and Wood Sector.

#### 5.4.2 Programme Plan for Manufacturing Sector

A consolidated programme plan for interventions in the Manufacturing Sector was not available at the time of undertaking this study. Based on the activities undertaken with the old Sectors, intervention plans are in place, which reflect the requirement to deliver against the RHS strategy. FOD’s plan of work for the Manufacturing Sector targets the five key targets identified in RHS strategy, namely:

- Musculoskeletal Disorders;
- Slips and trips;
- Falls from height;
- Workplace transport; and
- Stress.
Additional topic areas have been identified by FOD upon which its inspection led intervention strategy will focus, including:

- Noise;
- Occupational asthma; and
- Hand/arm vibration.

### 5.4.3 FOD Interventions in Manufacturing Sector

The Manufacturing Sector has undertaken two large initiatives (PABIAC and RUBIAC) and a number of smaller interventions. Details are given in the sections below.

**PABIAC initiative**

PABIAC initiative resulted from work in the mid 1990s to investigate the high level of accidents in the paper industry [34]. 12 mills were targeted by HSL for an in depth study of safety culture, SMS, and technological risk and to correlate against accident statistics. Following this a programme of initiatives was put together running from 1998 to 2001 with the objective of reducing accidents in the paper industry by 50%. The initiative was run in conjunction with the Graphical, Paper and Media Union (GPMU) and PABIAC. In 2001 HSE requested to evaluate the work by revisiting 8 mills to carry out case study audits, investigating accident records across the industry and to assess its effectiveness both qualitatively and by cost benefit analysis. A full report was produced [35]. This provided a fully robust and detailed evaluation.

Greenstreet Berman confirmed that the incidence rate for fatal and major injury accidents in the paper making industry had reduced by 27% over the 3 year period of the PABIAC Initiative that this was attributable to the Initiative and that other subjective measures of health and safety performance had also improved.

A successor (“PABIACtion”) to the initial study was begun in 2001 and this will run until 2005 [36]. In the first 12 months of PABIACtion the ‘all reported’ accident incidence rate has fallen by 5% and this trend has continued throughout 2002. A strategic framework has been developed which has the following aims:

- Securing and maintaining commitment to clear accident and ill-health reduction targets by CEOs in each of those industries;
- To assist in the promotion of this commitment to the operating units of those industries;
- Promoting a culture of continuous improvement and consistency in health and safety, within the industry and by PABIAC partners via business excellence;
- Motivating and assisting those with poorer health and safety performance (for whatever reason) to improve;
- To share best practice; and
- Demonstrate that the industry is self-motivated and can be an exemplar to others.

Examples of current projects include:

- Ongoing work to implement ‘Making Paper Safely’;
- Preparation of guidance on the safety of other aspects of the paper making process;
- Support to the joint industry initiative on slips, trips and falls (‘Going Bananas’);
• Support for the Corrugated Packaging Association (CPA) and BRPA/IWPPA Action Plans;
• Production of guidance on key areas of risk in the recovered paper industry; and
• Support and promotion of the “virtual mill” and other net based systems as a practical and positive tool for information exchange.

Evaluation of the programme of work will involve auditing of the health and safety performance in a number of key areas by inspectors and PABIAC, self-auditing by companies and review of accident statistics. Full details are not currently available but it is anticipated that this will constitute a robust evaluation.

**RUBIAC Initiative**

The initial Rubber Industry Advisory Committee (RUBIAC) plan was a 3 year accident reduction initiative which began in 1999. The aim was to reduce all accidents by 30% and a reduction in manual handling accidents over that timescale. In May 2002 it was reported [37] that there had been a 28.5% reduction in accidents and 23.5% reduction in manual handling incidents. RUBIAC worked in partnership with companies in the sector to develop recommended practices for risk assessment and accident investigation, a safety climate auditing tool (see also PABIAC initiative above) and a Champions of health and safety initiative based upon Michelin’s ‘7 habits of a highly safe factory’.

In addition a number of specific projects were undertaken including:

• Fume and Dust Monitoring Guidance. This resulted from a survey of companies in 2000, following which guidance was produced in draft form for consultation; and
• British Rubber Manufacturers Association (BRMA) health surveillance course. Evaluation was by feedback proforma completed by attendees.

A new accident reduction plan was agreed and adopted to run from June 2002 to May 2005.

A survey of 90 rubber industry companies was undertaken by WCOs during 1993, with the aim of assessing the impact of the first 3-year action plan [38]. All rubber industry companies in Yorkshire and the North East were visited and questionnaires were completed. 12% of those visited were BRMA members. The questionnaire covered the following topics:

• Awareness of RUBIAC Newsletter;
• Awareness of the action plan;
• Publications taken;
• Use of rehabilitation or referral schemes;
• Awareness/use of the Recommended Practice booklet;
• Instructions on lifting and repetitive tasks;
• Rubber related handling activities undertaken/assessed;
• Manual handling consultation with employees;
• Training;
• Accident statistics/accident investigation; and
Risk assessment undertaken.

It was concluded that the project was worthwhile because it confirmed that recommended practice assessments and manual handling case studies were pitched correctly. The general trend of RIDDOR accidents and MSD injuries in the study group declined over the last three years and is a fair reflection of the industry in general. Some areas were highlighted that need to be taken into account in the current action plan. This was a reasonably robust evaluation of the original action plan, which involved a degree of triangulation but did rely upon companies’ responses rather than inspection and was not detailed in the initial design (although some outcomes were identified initially). This study backs up the robust PABIAC study, which had previously provided evidence of the effectiveness of this type of approach in the manufacturing sector and thus was appropriate.

**Motor Vehicle Repair Blitz**

This work was undertaken in conjunction with London Division. In November 2002 an inspection blitz of motor vehicle repair (MVR) companies was carried out in the London Borough of Camden. This led to a seminar being organised to bring MVR companies and trade representatives together in one place to try to encourage membership. The objectives of the event were to raise awareness of HSE’s priority topics and the topics in HSE leaflet ‘Reducing Ill Health and Accidents in Motor Vehicle Repair’ (INDG 356), encourage membership of organisations which provide health and safety advice, promote MVR training courses and raise the profile of HSE in the local area. The MVRA, VBRA, Garage Equipment Association and the London Borough of Brent all sent representatives to the event and the trade organisations also brought display stands and literature for the delegates.

286 letters were sent out inviting companies to attend, 48 companies responded, and 39 delegates attended representing 36 MVR companies. Enclosed with letters was the HSE leaflet ‘Reducing Ill Health and Accidents in Motor Vehicle Repair (INDG 356). The seminar consisted of three sessions covering fire and explosion risks and equipment and electrical safety, manual handling and slips, trips and falls, spraying with isocyanate-based paints.

Evaluation [39, 40] was by monitoring press coverage and requesting attendees to complete questionnaires. 31 evaluation sheets were returned. Requests were also made that attendees completed checklists in INDG 356 however companies did not return them with their reply slip. In addition 79 companies (more than 20% of those who did not attend) were inspected during July 2003. This resulted in 13 Improvement Notices and 6 Prohibition Notices. No other details are currently available. This would appear to be a reasonably robust evaluation but the attendance was relatively low and no details of inspection reports are available or the format they took. Previous studies [16] have shown that the response of the MVR industry to initiatives to improve health and safety awareness and performance is particularly poor. This has been put down to the culture of, and competition between, small enterprises. This study appears to confirm that finding.

**Ceramics Industry Health and Safety Pledge**

The Ceramics Industry Health and Safety Pledge was set up in December 2000 as the Ceramic Industry Advisory Committee’s (CERIAC) response to the Revitalising agenda of the Health and Safety Executive [41]. It is a voluntary, tripartite agreement reflecting CERIAC (Unions, HSE and Industry). The aims of the ‘Pledge’ are ‘working towards a major improvement in the health and safety performance of the ceramics industry’ and ‘reducing the number of working days lost from work related injury and ill health by 30% by 2010’.
A short inspection exercise carried out in August 2003 in the Staffordshire Potteries to evaluate the impact of the "Ceramics Pledge" [42]. 15 premises within the tableware, sanitary ware and tile sectors of the industry, in the Stoke on Trent area, were visited over a three-week period. The initial intention had been to carry out double this number of visits. 10 of the visits were undertaken to companies that had signed "the Pledge" and a further 5 visits were carried out to companies that had not signed "the Pledge", the intention being to effect some sort of comparison between the two groups and draw a conclusion as to the effectiveness of "the Pledge". It was recognised from the outset that the limited scope of the study would not make these results "statistically valid", the intention of the exercise was primarily to offer a "trends analysis" and to harvest information as to what improvements might be made to "the Pledge".

Results of these limited visits indicated that there is a general trend towards compliance with Pledge action points resulting in better standards of health and safety on the shop floor. There were a number of examples of good practice observed in the areas of occupational health and the training of workplace inspectors. There were also examples of good induction for employees and the provision of basic health and safety awareness and hazard spotting training. Areas that were being poorly managed in a number of premises were; falls from height, particularly control of access equipment such as ladders; vehicle movements; manual handling, particularly in slip houses; musculoskeletal disorders (MSD); and basic housekeeping. A number of conclusions and recommendations for future interventions were made, including guidance on how to carry out workforce surveys and develop meaningful action plans from them, the development of an audit package, improved communication and ways of sharing examples of good practice.

Because the evaluation was limited to a small number of follow up visits to collect information it is not in itself considered robust, but it is a useful contribution in advancing HSE’s knowledge in the effectiveness of ‘Partnership’ interventions and adds somewhat to the findings of the more extensive PABIAC and RUBIAC initiatives.

**Concrete Targets Launch**

This intervention was set up in 2001 and will run to 2005 and is designed to help industry address the "revitalising agenda". The British Precast Concrete Federation’s (BPCF) have set up a plan of action to support the Concrete Target initiatives. A Four star award scheme has been put in place which members can apply for. The scheme covers:

- Physical Safety Targets;
- Occupational Health Targets;
- Behavioural Safety Targets; and
- Accident Statistics Submission.

Details are given in [43]. Evaluation of the initiative is currently under consideration.

**GLASS Charter**

The GLASS Charter is an industry scheme administered by British Glass Manufacturers Confederation and The Glass and Glazing Federation, and is endorsed by HSE. The GLASS Charter (Goal: Lower Accidents, Safe Sites) has been set up to help the Glass Industry remain focussed on the importance of health and safety within the workplace.
The main objective is to reduce working days lost through accidents and ill health in the glass industry by 30% by 2010.

To participate in the GLASS Charter Industry Scheme, a company must:

- Appoint a Director who is responsible for Health and Safety, to drive the scheme and ensure that health and safety is at the top of each Board Meeting Agenda within their organisation;
- Agree to submit details of accident statistics in the specified time & required format; and
- Submit a Safety Improvement Plan (forms part of organisation’s overall business plan).

An award scheme will be developed for the scheme. Details are given in [44]. Evaluation of the initiative is currently under consideration.

**Other Industry Initiatives**

Similar schemes described for the Ceramics, Concrete and Glass industries have also been planned in the following areas in the period 2001 to 2003:

- Electricity Supply Industry;
- Water Industry;
- Post Office;
- Shipbuilding Industry;
- Wire Industry;
- Microelectronics Industry;
- Metals and Minerals Industry;
- Quarries;
- Textiles Sector;
- Printing Industry;
- Mining; and
- Polymers and Fibres Industry.

The initiatives involve working with Trade associations to set targets for reducing accidents and developing programmes to achieve these targets. Health and Safety issues to be addressed include manual handling, MSD, Workplace Transport, Falls from Height, Noise, Hand-arm Vibration Syndrome (HAVS), Asthma, and Gas Safety.

Schemes have been report for Quarries, Foundries and Cement Manufacturing Industries. Validation of the effectiveness of the schemes is currently being reviewed. From this will be measured the value of continued HSE input. The goal is that the schemes are self-sustaining with HSE providing a hand on the tiller.

No further details are known at present.
5.5 PUBLIC SERVICES SECTOR

5.5.1 Introduction

The Public Services Sector has responsibility for health and safety issues relating to the public services sector. Activities associated with health and social care, education, cultural services, central and local government services, fire, police and defence establishments are covered by this sector.

Health services, included in the public services sector, employ some 1.2 million people in the public sector and some 0.7 million people in the private sector. The health services sector includes the following activities:

- NHS hospital and ambulance trusts;
- Private hospitals;
- Nursing homes;
- Medical practical practices (e.g. doctors and dentists); and
- Other human health activities, such as blood banks and medical laboratories.

In the period 1996/7 - 2000/1, over 61,100 healthcare workers suffered an injury reportable under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulation (RIDDOR). The majority of the injuries sustained (54,337) fell into the over three day category, with more than 50% involving handing/sprains.

5.5.2 Priority Programme Plan for Public Services

The health services became a priority programme in their own right under the HSC Strategic Plan 2001/4. The Priority Programme Plan reflects the requirement to deliver against the RHS strategy. The Plan provides for a seven-point strategy, against which delivery mechanism and activities to be undertaken are described, as detailed in Table 3.

The Priority Programme Plan establishes the mechanism through which it is proposed to evaluate key parts of the Plan. It is proposed that evaluation be carried out on both the process implementation/outputs and the outcomes (impacts). The work to be undertaken to enable the health services meet targets for RHS is set out in the Health Services Inspection Plan (HSIP) for 2003-2004. To reflect differences in the organisation of the NHS in England, Scotland and Wales an individual HSIP has been developed for each devolved region.

Inspections activities will include, but not necessarily limited to the following areas: Musculoskeletal Disorders (MSD);

- Violence;
- Stress;
- Slips, trips and falls; and
- Asthmagens.
Table 3 Priority programme plan for health services

<table>
<thead>
<tr>
<th>Strategic Point 1</th>
<th>Workstream 1</th>
<th>Stakeholder engagement</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Engaging stakeholders in healthcare, where possible via the new Health Services Advisory Committee</td>
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<tr>
<td>Strategic Point 2</td>
<td>Workstream 2</td>
<td>Concentration on key risks</td>
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<tr>
<td></td>
<td></td>
<td>Concentrating on risks that cause the most injury, ill health and time lost, i.e. MSD, stress, violence, slips/trips and asthmagens e.g. latex</td>
</tr>
<tr>
<td>Strategic Point 3</td>
<td>Workstream 3</td>
<td>Promotion of the business case</td>
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<tr>
<td></td>
<td></td>
<td>Developing and promoting the business case – evidence of best practice and the cost effectiveness of controls and rehabilitation</td>
</tr>
<tr>
<td>Strategic Point 4</td>
<td>Workstream 4</td>
<td>Increasing the competence of HSE Inspectors and healthcare staff</td>
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<tr>
<td></td>
<td></td>
<td>Increasing the competence of HSE inspectors and healthcare staff in managing the key risks</td>
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<tr>
<td>Strategic Point 5</td>
<td>Workstream 5</td>
<td>Sponsoring research</td>
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<td>Sponsoring research, and producing / promoting sector specific guidance on key risks</td>
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<tr>
<td>Strategic Point 6</td>
<td>Workstream 6</td>
<td>Targeted inspection programme</td>
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<td>Targeted FOD safety management inspections of poor performing or high-risk NHS trusts and large private hospitals</td>
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<tr>
<td>Strategic Point 7</td>
<td>Workstream 7</td>
<td>Interventions with SMEs or intermediaries</td>
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<td></td>
<td>Resource efficient interventions with SMEs (care homes and primary care) via FOD Work Place Contact Officers, and joint visits with other agencies</td>
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5.5.3 Intervention in Public Services

*Traditional Approach to Intervention in Public Services*

Operational inspectors have traditionally dealt with the Sector through various intervention approaches including:

- Providing guidance and support at visits, by phone or at industry events;
- Onsite inspections (announced and unannounced);
- Investigation of accidents and complaints; and
- Enforcement where necessary.

5.5.4 FOD Interventions in Public Services Sector

The following interventions have been reported for activities covered by the Public Services Sector:

*Local Authority Forum*

Through the creation of the Local Authority Forum, the Sector has developed effective networks between HSE and the representative/directing organisations for LAs across Britain. There has been a positive response to RHS by LAs, shown by the Forum's work plan, which is driven by the Forum Members. A notable achievement has been circulation of a draft joint national agreement between employers and trade unions on health and safety policies and practices covering all 3 million LA employees.

*Probation Service Intervention*

Sector intervention with the Probation Service has promulgated the use of the Ministerial Checklist and Good Practice Guide (both developed by Sector) as a way of response to their own internal HO audit. The Sector is working with the Probation Service to develop their health and safety management system utilising the Checklist and Good Practice guide.
as a way of self-auditing and determining 'state of play' with priority topics. No details of evaluation are currently reported.

**Developing Robust Management System**
The Sector is involved centrally with DWP and Job Centre Plus (JC+), and its development of a robust management system, utilising where appropriate the Ministerial Checklist and Good Practice Guide. Sector intervention was helpful in clarifying health and safety misunderstanding during the recent JC + industrial dispute. No details of evaluation are currently reported.

**DoH Ministerial Taskforce**
In 1999 HSE joined the DoH Ministerial Taskforce addressing violence against social care staff (the "VTF"), along with academics, senior social care professionals and DoH officials. HSE led one of the VTF's working groups with experts from TU-side, the local authorities, the voluntary sector and a user group. It played a key role in drawing-up the Self-Audit Tool for employers and Carry-Card for employees. No details of evaluation are currently reported.

FOD interventions in the Health Services sector which are either scheduled to start in the future or currently underway or completed are identified in Table A4.

## 5.6 HEALTH UNIT

### 5.6.1 Introduction

Health Unit (HU) covers cross-cutting health issues relevant to all Operational Divisions within FOD. HU has responsibility for leading a number of Priority Programmes under RHS to cover a range of OHS topics across all sectors, including:

- Musculoskeletal Disorders (MSD);
- Noise;
- Work related stress;
- Asbestos; and
- Asthma.

### 5.6.2 Priority Programme Plan for Health Unit

MSD and work related stress have been identified have been selected as Priority Programmes and as such intervention strategies have been to reduce the occurrence of ill health. The FOD Plan for 2003-4 (44) identifies the resources that each Division is required to commit to each of these initiatives.

### 5.6.3 Approach to Interventions in Health Unit

**Novel Approach to Intervention in Health Unit**
The Health Unit has developed its intervention approach over the last two years, which is now based on the use of topic pack inspection. Topic packs have been developed for MSD and work related stress. Topic packs identify a small number of key aspects/ core issues (usually three) which provide a focus for inspection activities. A section is included on enforcement and expectations. Appendices provide for sector specific information, describing the key issues within a particular industry.
5.6.4 Health Unit Interventions

Anecdotal evidence would suggest that evaluations of the impact of interventions had been undertaken in the past. However, documentary evidence to support this has not been made available.

The Head of Sector reported that the following intervention strategy had been applied:

**Topic Inspection Packs**

Use of topic inspection packs has provided for a focus of activity. In some areas i.e. MSD, this has resulted in more enforcement action being undertaken than might otherwise have been the case. No formal assessment is available to support this.

5.7 SAFETY UNIT

5.7.1 Introduction

Safety Unit (SU) has a remit to lead a number of Priority Programmes under RHS to cover a range of OHS topics across all sectors, including:

- Slips, Trips and Falls;
- Falls from Height; and
- Workplace Transport.

5.7.2 Priority Programme Plan for Safety Unit

The FOD Plan for 2003-4 [21] shows the resources that each Division is required to commit to each of these initiatives. In most cases Divisions are given leeway to develop their own programmes for each of these initiatives but keeping SU informed.

5.7.3 Safety Unit Interventions

In addition to these local programmes SU undertook the initiatives detailed in the sections below.

**Slips, trips and falls Seminars**

Seven joint FOD/LA Seminars were held as part of FOD’s planned work for 2002/3. This was a pilot exercise to determine effectiveness. The aims of the seminars were to target and motivate stakeholders who have ability to influence or give advice to their own or to other companies and to encourage working in partnerships with local authorities. One seminar was carried out in each HSE Division. The seminars were aimed at managers from larger companies. A sample programme was issued to organisers which included details of presentations to be given, suggested speakers, suggestions for venues to be used and information pack to be given to delegates, budgets and funding, target companies/delegates and details of evaluations to be undertaken. Evaluations consisted of a questionnaire (evaluation sheet) to be completed by attendees and a proforma for follow up telephone calls (to 10-20% of attendees) to record actions taken by companies two months after the seminar. Results from the questionnaires were positive and a decision was made to roll them out nationwide. However no further seminars were planned for 2003-4. Detailed evaluations were not available, but there was little triangulation. A more thorough design of outcomes and the use of limited inspections of attendees and non-attendees would have significantly improved the robustness. Although there have been a number of projects including the evaluation of seminars [16,24,25,31,32,33] in a number of industries they have been generally limited to SMEs and it is considered that this study could have provided more information about using this approach with larger companies. However it is
noted that this was a pilot scheme and as such the robustness was appropriate. An opportunity to gain additional information will arise when the nationwide roll-out occurs.

**Slips, trips and falls Workshops**
Twelve joint FOD/LA Workshops were held as part of FOD’s planned work for 2002/3 and a further 14 in 2003-4. The first year was a pilot exercise to determine effectiveness. The aims of the workshops were to create an informal, informative and supportive environment for companies to learn about slips, trips and falls, discuss barriers to preventing them, prepare sample risk assessments, discuss solutions and start to develop action plans. The workshops were aimed at up to 3 delegates each from a small number of SMEs targeted by poor record of health and safety. A sample programme was issued to organisers which included details of the workshop, information pack to be given to delegates, budgets and funding, and details of evaluations to be undertaken. Evaluations consisted of a questionnaire (evaluation sheet) to be completed by attendees and a proforma for follow up telephone calls by WCOs to record actions taken by companies two months after the workshop. Results from the questionnaires were positive (90-95% approval). Detailed evaluations of follow-ups were available only for one workshop which indicated that most firms had taken measures to improve safety. Although the robustness of evaluation for this specific study was poor (no specific outcomes determined at the design stage; no triangulation; no associated inspection programme), it did provide further confirmation of the effectiveness SADs/seminars for SMEs.

**Evaluation of the Pedestrian Slips Expert System**
This project was undertaken to evaluate the performance of the pedestrian slipping expert system (PSES) used by inspectors in the field. The system was acquired in mid 1990s and was evaluated by 46 personnel (31 inspectors, 9 Health and Safety Laboratory (HSL) staff, 6 EHOs) during 2001 in a variety of workplaces. The project was conducted by (HSL) and involved an element of training for the officers involved prior to the trials being undertaken. Initially Email questionnaires were used to collect information on officers’ experiences in the use of PSES and follow-up telephone calls were made two months later. A full analysis of the questionnaires was undertaken which gave generally positive responses [45]. However a number of points were made which required addressing. Further evaluation was recommended during 2003/4. The evaluation was robust and appropriate for the project.

**Safety, Health and Awareness Days for SMEs**
Each Division was required to undertake 2 SHADs during the programme for 2003/4. The SHADs were designed following 2 pilot studies were undertaken during February 2003 [46]. The initiative is aimed at SMEs and aims to cover 5-7 RHS topics. Topics included are chosen from:

- Working at Height;
- Manual Handling;
- Slips, Footwear and Flooring;
- Falls from Height;
- Workplace Transport;
- Display Screen Equipment (DSE) Assessment; and
- Asbestos.
A sample programme was issued to organisers which included details of the workshop, suggested speakers, information pack to be given to delegates, budgets and funding, and details of evaluations to be undertaken. Evaluations consisted of a questionnaire (evaluation sheet) to be completed by 10% of attendees and a proforma for follow up telephone calls to 10% of delegates mainly to record actions taken by companies two months after the workshop. Results from the pilots’ questionnaires were positive (100% approval). The most useful topics for delegates were also identified. Most delegates (90%) also reported that improvements had been made to health and safety within their companies as a result of their attendance in the follow up telephone call. No evaluations are available yet for the 2003/4 events. The evaluations are not considered robust (no outcomes determined at the design stage; no triangulation; no associated inspection programme) but generally appropriate because there have been a number of projects which have included full detailed evaluation of seminars for SMEs across a number of industries [16,24,25,31,32,33].

**Falls From Height Programme**

This programme [47, 48] is to be undertaken in 3 stages:

1. Better understanding of the problem – the ‘Knowledge base’
2. Devise targeted projects to test effectiveness of different approaches to reduction in Falls from Height (FfH)
3. Replicating Successful Approaches.

Stage 1 has involves the collection of data on FfH accidents, 65,000 inspection visits to workplaces and the setting up of 6 Research projects:

- Revision of Body size criteria in standards protecting people who work at height;
- A review of criteria concerning design, selection, installation and maintenance and training aspects of temporarily installed horizontal lifelines;
- Evaluating the effectiveness of ladder stability devices’
- Preliminary Investigation into the Fall – Arresting Effectiveness of Ladder Safety Hoops;
- Evaluation of Safety Nets by modelling and experiment;
- Trojan Horse Safety Messages

During 2003 analysis of statistics 1991-2001 was undertaken [48].

No details are currently available of inspection visits.

The following projects have also been initiated:

**Safe Use of Ladders and Overhead Cranes**

A pilot study is currently being undertaken with Corus plc [49] with the objectives of obtaining baseline measures of employee, supervisor and contractor knowledge and competence with respect to safe use of ladders and temporary access to and work from overhead travelling cranes and to evaluate the effectiveness of any additional control measures implemented.

The programme is due for completion in August 2004. Details of evaluation are not currently available.
Safe Operating Procedures for the Aerial and Satellite Industry
The objectives of this project are to develop safe operating procedures for aerial installation, to produce written guidance for industry and to develop and implement a strategy for rolling out the guidance into the industry. The work is being carried out in conjunction with the Confederation of Aerial Industries, Sky (satellite), Endeva, Granada, Boxcleaver (digital), Domestic and General and Department of Trade and Industry (DTI). The system of work for safe installation has been developed; the guidelines produced and distributed to all Confederation members. An implementation strategy has been agreed including contact with all the main stakeholders to seek commitment to comply with the guidelines and to ensure that all contractors working for them also comply. No details of any evaluation are available.

Moveable Ladders and Stepladder Campaign
This campaign is centred around the preparation of new guidance on ladders use. It will help launch the guidance alongside the introduction of the Work at Height Regulations. Local intensive inspection campaigns over one week coordinated across each division. Proforma will be used to establish a baseline completion anticipated 2nd quarter 2004 with divisional reports of campaign activities expected 4th quarter 2004. Evaluation will be by determining the number of leaflet distributed and number of website downloads and ranking in top 999 listed. In 2005 return visits will be made to intermediaries and companies to assess effect and a questionnaire will be used to assess raising of awareness. Finally in 2006 and 2007 effects on accident statistics will be examined. Although proforma and a detailed methodology are not currently available for the evaluation, it would appear to be potentially robust since it will include triangulation and assessment by inspection.

Falls from Height in Shipyards
The objective of this project is to produce a Sector Information Minute to remind inspectors both of the large proportion of accidents in shipyards that are falls and how these accidents can be prevented. The project will be carried out in conjunction with the Shipbuilding and Ship repairing Health and Safety Consultative Committee (SSHSCC). Evaluation will be by looking at the falls issues recorded on Inspection Report Forms (IRF). Although a detailed methodology is not currently available for the evaluation, it would appear to be lacking somewhat in robustness since no triangulation is included.

Stepladders and Leaning Ladder Guidance
This project will review current research and guidance on ladders with the main objectives being to produce and promote guidance for duty holders on the selection and use of ladders and to evaluate the take up of this guidance and its impact and to make recommendations for future campaigns. The project will initially identify areas of uncertainty that require further investigation/research. A number of FOD Sectors will also be involved as well as Local Authorities and DTI. The project, which began in July 2003, will be carried out in 4 stages:

- **Stage 0 Draft Position paper on ladder selection and usage by end of October 2003**;
- **Stage 1 Development**: products for delivery by end of February 2004;
  - Report following consultation with manufacturer’s regarding HSE’s position
  - Report following consultation with DTI regarding HSE’s position
  - Produce Modified FOD Inspection Pack
  - Draft guidance
Publicity and Promotional Strategy

- **Stage 2 Implementation**: products for delivery by end of August 2004;
  - Report of external consultation on guidance
  - Final guidance
  - Inspector training package

- **Stage 3 Review and Evaluation**: products for delivery by end of June 2005;
  - Report and review of achievements
  - Assessment of initial take up of the document
  - Recommendations for future work
  - Promotion August – March 2004

No details of any proposed evaluation is available at present.

**Workplace Transport Statistics**

SU is working with other FOD sectors and Divisions on the Key National Objective for Workplace Transport in 2000-2001. This has now been superseded by the PP. As part of this, to assist in evaluation SU has collected and analysed statistics on workplace transport accidents 1993 to 2002 categorised as Fatal, Major or Over 3 day absence in the sectors Agriculture and Wood, Construction, Engineering and Utilities, Fibres and Polymers, Food and Entertainment, Metals and Minerals and Services. Recording codes changed in 2001 so the 2001 – 2002 figures are on a slightly different basis. Figures have also been broken down into:

- percentages of total for each sector;
- Causal factor (1993 – 2001)(struck by vehicle, collapse/overturning vehicle, falls from vehicle, struck by object falling from vehicle, collapsed plant)
- Vehicle type (2001-2002 only) (Earth moving, goods, all terrain, people movers, lift trucks, tractors, other)
- Causal factor 2001-2002) (hit by vehicle moving forward, hit by vehicle reversing, hit by vehicle overturning, hit by runaway vehicle, hit by vehicle unknown, hit by vehicle moving forward, hit by part of vehicle whilst travelling on it, high fall from vehicle, low fall from vehicle, fall from vehicle unknown height
6 INTERVENTIONS BY REGIONS

FOD’s response to the Revitalising Health and Safety targets was to prepare Priority Programme for work on three main sectors and five hazard areas. FOD’ activities are summarised in the Business Plan and in related Priority Programme Plans. The Priority Programme for 2003/4 [21] details the inspector staff-years that each region is required to allocate to these priority programmes in support of the sectors. In addition to this the regions are also required to devote inspector staff-years to routine visits, investigations, prosecutions, local authority liaison and internal matters such as training. In general the requirements consume most of the inspectors’ available time. However some time is also allowed for regions to undertake their own intervention work, this varies from region to region.

The following sections give details of the interventions undertaken by regions not specifically linked to sector plans. These intervention projects are by definition smaller than the national projects and use much less resource, therefore evaluation is often limited, since it would otherwise take up too great a proportion of the budgets available.

A summary table (Table A7) has been provided which includes the authors’ estimation of the robustness and appropriateness of each intervention.

6.1 SCOTLAND

The following interventions were reported:

High level strategic interventions in Scotland and Wales (HSIP)
The objective of this work is to ensure a co-ordinated strategy for H & S in the devolved bodies by ensuring that the performance management team effectively monitor progress and take remedial action as required. Meetings have been held with relevant devolved Executives Performance targets have been set and systems have been put in place to monitor and set benchmarks. Evaluation of the work will be based upon the completion of a Priority Programme. This work is the pre-cursor to interventions directed at the workplace and therefore does not require robustness to be assessed.

Workplace Control Officers
No details yet received.

6.2 NORTH EAST

In addition to the contribution made to the Agriculture Sector SAD Initiative, Workplace Transport Initiative and Health Unit Priority Programmes etc, the following initiative has been undertaken:

Schools Visits in Rural Areas
The objective was to inform farmers and their children about health and safety by inspectors undertaking school visits to discuss hazards in the agriculture sector such as transport incidents, falls from height, slips trips and falls etc. Visits were timed such that inspectors were present when children were collected by their parents, although, as many were bussed in, the parents of this group were not reached. No evaluation has been undertaken, other than inspector and schools feedback. Since this is a novel approach a more detailed and robust evaluation using follow up inspection would add useful knowledge, although it is probable that such approaches would not be practical outside agriculture due to the family nature of the business.
**Buddy Clubs**
The objective was to inform farmers about health and safety issues by arranging SADs at farms. Hosts were selected, asked to participate and invite their friends and neighbours. No evaluation has been undertaken apart from inspector and host feedback. Similar comments on evaluation to those for school visits above apply here also.

### 6.3 NORTH WEST

**North West Pilot**
The aim of the work is to maximise HSE’s influence over duty holders and others to secure improved control of risks, especially in the key areas and sectors which will make the most difference in achieving reductions in accidents, ill health and days lost.

A key purpose of the NW Pilot [50] is to explore some practical ways to achieve this. The project will complement and draw on work being done in London and by the Minimising Burdens project. The study will examine possible strategies on a trial basis to see if they deliver the improvements HSE want. The design and implementation of the NW Pilot is being overseen by a Programme Board which has responsibility to co-ordinate all the work taking place in relation to the New FOD Model.

The main building blocks to realise the objectives are:

- Greatly increase WCO-type functions. Have dedicated Band 5 WCO resource for each FMU, managed by Band 2;
- Dedicated Band 5 and Band 6 support for each industry sector, co-located, where possible and part of a joint team - managed by Admin Band 4;
- Dedicated Regional Stakeholder Team;
- Establish a Band 2 led Prosecution/Litigation Group, to take forward the Improvement Project and incorporate the already successful Disclosure functions;
- Dedicated Band 5 Gas Safety Officers to carry out investigations;
- Dedicated Call Handling/Advice Team;
- Strict selection criteria for RIDDOR investigations, applied in first instance by non warrant holders;
- Elimination of automatic linkage of ICC incidents to FOCUS database;
- Strict acceptance criteria for complaints, all initially dealt with by non warrant holders (admin) prompting dutyholder to take action;
- Reduce time spent on inputting data to FOCUS;
- Scheduling of inspector and WCOs visits and other frontline work by admin support teams;
- On site production of reports and notices by inspectors – letters to be exceptional;
- Increase Proactive Direct Workplace Contact;
- WCOs/Contact Officers main contact with small firms, both new and already-known (excluding known poor performers, high risk, investigations etc);
- Increased Educational/Promotional Work;
- Running of More Enforcement Based Campaigns; and
• Only Investigations meeting the new selection criteria to be done.

Outcomes and Outputs have been identified for this work which will be the basis for evaluation. A document has been prepared detailing evaluation. Evaluation will be based upon data from the FOCUS database on inspections and WCO activities, staff feedback in surveys and other data such as team feedback, staff sickness days, prosecution registers, budgets. This will provide some level of triangulation and is therefore considered a robust approach meeting best practices.

**SME Initiative**

This involves a series of seminars to raise safety awareness in SMEs in the North West. An event was organised in Manchester with Groundwork Tameside when a series of topics were covered including Key Health and Safety Legislation, Risk Assessment, Role of HSE, Visual Aids and Accident Prevention. Evaluation consisted of completion of questionnaires by attendees. Further events are planned during March 2004 at Trafford, Carlisle, Lancashire Merseyside and Cheshire. Evaluation is not robust but is appropriate to this type of event.

### 6.4 MIDLANDS

The following interventions were reported:

**CCTV on Quarry Dump Trucks**

This initiative was carried out in 1980s involved inspections to persuade suppliers of dump trucks to the industry to install rear view CCTV in new dump trucks. The initiative changed the approach taken by manufacturers and all now install CCTV in new vehicles. Evaluation was by review of dump truck designs being offered to Quarries.

**Attendance at Agriculture Shows**

This consisted of having stands at all the local agriculture shows in the years 1991-4. Evaluation was carried out by a consultant taking feedback from farmers visiting the stand which was positive; robustness was therefore low but at an appropriate level.

**Jewellery SAD**

An event was run in conjunction with BJA in 2003 to raise awareness of health and safety issues affecting the industry, which is the Handling of Toxic Materials, Musculoskeletal Diseases (MSD) and Asbestos. 160 were invited and 64 attended. BJA will contact the organisations again in 3 months to carry out an evaluation. It is unlikely that this will be a robust evaluation.

**Nuffield Foundation Hospitals H&S Audits**

A Multi-site initiative has been ongoing for a number of years to improve the health and safety performance at 42 hospitals by attending meetings between the Foundation and consultants appointed to undertake audits of individual hospitals in the group. 7 of the 42 have been sampled this year. In return it has been agreed that inspections will not be undertaken unless a serious incident occurs. Evaluation is by reviewing the reduction in accidents reported from RIDDOR and complaints incidents/near misses. MSD, slip trips and falls and manual handling are the main issues. Indicators show that accidents are now about 10% of industry norm. but not all hospitals the same. These results are available internally only. These are likely to be fairly robust evaluations.
SME SADs
SADs are being planned for next year in the following areas:
- Industry cleaners SAD via Trade Association;
- Owners of Industrial Premises SAD working with LA; and
- Burton on Trent area.

Evaluation has not yet been considered for these initiatives.

6.5 WALES/ SOUTH WEST
High level strategic interventions in Scotland and Wales (HSIP)
See Scotland (Section 6.1)

Carmarthen Priority Improvement Programme
This project started in April 2002 involves targeting companies with more than 100 employees in the South Wales area and working with them to reduce reported accidents. 5 inspectors have been assigned 5 companies to inspect. Initial inspections involve Safety Manager, TU representatives and workforce and a review of the accident book. This is followed up with a discussion the Chief Executive or Board to discuss possible improvements to plant or procedures to reduce accidents. The inspector sets objectives e.g. 40-50% within six months and offers any help they need on specific areas e.g. manual handling. Inspectors act as facilitators or catalysts not involved in decisions directly. It is hoped to be able to expand to companies with >75 then >50 employees in the longer term.

Evaluation of the project will not be completed for 2 or 3 years but will involve accident statistics and inspectors notes. Robustness is reasonable but could be improved by a more formal inspector assessment of visits.

Delivering Milk Safely
This project began in April 2002 and was carried out in conjunction with Safety Unit [51]. The project objectives were to achieve improvements in the control of transport risks associated with the distribution of milk as part of the overall RHS aims.

Initially key stakeholders in the industry including hauliers, dairy processors, distributors and retailers were invited to a meeting with HSE, LA and TU representatives to develop detailed plans. Inspectors then visited 92 farms, 3 hauliers and 10 dairies and worked with LA EHOs to visit 7 supermarkets, 5 chain convenience stores and 5 chain petrol forecourt retailers to assess the operations involved. No structured methodology was used to collect information and data but inspectors provided reports of their findings. Evaluations were conducted in conjunction with the stakeholder group and consisted of identification of areas that could be improved for targeting in future campaigns. A more structured approach to reporting would have increased robustness which is considered lacking in a number of aspects.

6.6 EAST/SOUTH EAST
Safety Awareness Day, Agriculture and Food Sector
This intervention commenced in February 2003 in support of the Agriculture SADs programme.

Topics covered were:
- Maintenance/Hydraulics;
- Manual Handling;
- Lift trucks/workplace transport;
- Roofwork;
- Machinery Blockages;
- Children;
- Livestock Handling;
- Ladders/falls.

To evaluate the effectiveness of SADs, some 200 follow-up inspections were carried out covering attendees and non-attendees to a SAD held at Hadlow College. The first form of evaluation involved a feedback proforma which was issued at the event and completed on the day. The second intervention involved inspector visits to a random sample of attendees and non-attendees approximately five months later.

Proforma feedback was positive. However, the follow up visits identified limited quantifiable improvements by attendees. It was determined that for all SAD topics the overall health and safety standards were higher at attendee premises compared to non-attendee premises. The evaluation report [52] claimed that ‘the greatest results were achieved by combining SAD attendance with a follow up inspection. Other studies [16,24,25,31,32,33] have also provided good data on the value of such events.

**Transport Initiative**

This initiative involved visits by 10 inspectors to farms in Kent over a 3 day period focussing on farm vehicle safety. The work was carried out as part of the RHS in Agriculture programme. Farmers were warned in advance about the visits by mail shot and broadcasts on local radio stations and TV. but not given details of who and when. There were 160 contacts in total which resulted in 16 Prohibition Notices and 10 Improvement Notices. Evaluation [53] was by comparison of notices issued against a previous initiative in Sussex and analysis of proforma completed by inspectors covered a range of vehicle factors e.g. tyres, steering, brakes etc. This is considered a robust evaluation which includes a degree of triangulation.

**Hop Press Initiative**

This intervention arose as a result of a serious accident involving the near amputation of a casual worker’s arm during the 2002 hop picking season. The standard of safeguarding for the particular hop press involved was poor, although within the norm for the hop industry in general. Standards were not inline with similar presses in other industries. A prohibition notice was issued and a safety alert drafted [54] and sent to all known hop growers prior to the 2003 harvest.

Intermediaries were used to distribute the hop safety alert at the beginning of August 2003 including:
- The UK’s four hop co-operatives;
- The farmer associated with the accident;
- The local hop engineering company; and
- Inspectors from Hereford and Worcestershire.
Follow up visits were paid to 26 FOCUS registered hop growers in Kent and Sussex in October 2003. Letters were sent to known growers advising them of a follow up campaign from mid August.

Results showed that 13 (59%) out of the 22 took some form of action as a direct result of receiving relevant information. 8 (36%) had guarded their presses, 5 (23%) had taken some steps but further work was required. 20 (91%) out of the 22 active growers recalled receiving the relevant information. Most growers received the information via co-operatives than any other way. Work was started on at least 10 (45%) presses before growers were notified of the HSE follow-up inspection campaign. Notices were served to improve standards further. Farmers mentioned time scale as the reason for not completing action rather than cost.

It was concluded that the use of intermediaries to distribute Health and Safety information was effective and enough to prompt many growers into taking action and that a scattergun approach to distribution of information works best. By using more than one distribution outlet an even wider audience can be reached. The safety alert was effective in prompting growers into action. The possibility of a follow-up visit from HSE prompted others. The combined approach was most effective. However, improved effectiveness may have resulted had more time been available to growers to implement the changes particularly as the changes were significant. Growers are generally receptive to advice and most will act on it.

Follow up work with growers continues in the area of risk assessment with a view to producing further guidance and until acceptable standards are achieved.

This project was a good example of appropriate robustness. It also demonstrates an effective way to use mail shots i.e. via trade associations and local contact.

6.7 LONDON

The London Pilot [55] was put into place during 2003 and will continue to 2004. Planning was completed at the London Divisional Conference in February 2003. The objective was to raise awareness of health and safety in the London area in a number of key areas as part of the ‘Revitalising’ programme. All of the initiatives have involved combinations of mail shots, events (seminars, SADS) and have had follow up visits – sometimes only by Compliance Officers. It involved a series of separate projects:

- Bus Companies;
- Royal Mail;
- Broadcasting Companies;
- MVR/Chemicals;
- Parcel Carriers;
- Business Links;
- Double Glazing Companies;
- Falls from Height Blitz;
- Road Haulage; and
Banner Posting.

In addition has had about 10 intermediary projects based upon ethnic groups which is considered particularly important in London due to the high ethnic population. This has involved having stands at festivals. Recently ethnic groups covered have been:

- Chinese;
- West Indian; and
- Indian.

Final (or in a few cases Interim) Reports have been produced for each of the projects and these are annexed below. But following are summaries of the main outcomes and findings from each report;

**Falls from Height**

The Falls from Height initiative involved two “weeks” of activity spread over fourteen day periods in June and September respectively. Ground work was done with FOD Safety Unit and the Priority Programme Team and a wide range of activities undertaken in most of the London Boroughs, involving all of the FOD London groups and many of the Local Authorities. A team was set up and a relationship established with Press Office, part of the purpose being not only to gear up work activity by means of publicity but also to raise the profile of FOD London itself. Inspections generated 500 visit reports and 50 notices were issued.

**Bus Companies**

The Strategy and Stakeholder Team have worked with Transport for London (TfL) and the over-arching company London Buses Ltd (LBL) to develop a relationship between HSE, the industry and its employees. LBL organised a half day training session for HSE inspectors. TfL organised a seminar on violence which also coincided with HSE initiative. The project team involved six inspectors and associated Compliance Officers (COs) from the four General Manufacturing (GM) teams and, following a review of relevant documentation, they carried out audit-style inspections of four companies – visiting eight garages plus associated termini and bus stations. Issues included ethnically diverse backgrounds, violence to staff, slips, trips and manual handling transport incidents and falls from height.

**Royal Mail**

This organisation has a high incidence of report accidents mostly involving slips, trips and manual handling injuries so a project was set up to achieve a measurable impact on the injury statistics – with the support of CACTUS. A team of five inspectors from the GM groups was set up, working with their associated COs and EMAS targeted twelve delivery offices. An audit report will be presented to senior managers and employees representatives and followed up with quarterly monitoring to ensure that both the recommended changes and a measurable improvement in accident figures are achieved.

**Isocyanates in MVR**

The motor vehicle repair (MVR) industry was targeted on the basis that it involved a priority topic - finishing with paints incorporating asthmagens (isocyanates) - and as conveniently also the target for a coincident Specialist/HSL survey. The aim was to work in partnership with other interested parties to raise awareness and improve control. 80 suitable premises were identified by COs – half of which were members of the Motor Vehicle Repair Association (MVRA) to be visited by HSL, the remainder being visited by inspectors and COs from the GM groups. The visits led to the serving of 29 notices in all.
The project attracted considerable local publicity. An important offshoot of the project was a well-attended seminar for inspectors delivered by Health Policy Chemicals Safety Unit, which included briefing on e-COSHH Essentials and addressed an identified training need. During Euro-week inspectors collaborated with LA EHOs to run an awareness-raising event at a NE London College – mainly for MVR businesses. The project confirmed that there is still work to be done to bring small MVR businesses who do not have access to the necessary information and expertise up to an acceptable standard. Previous studies [16] have indicated that the industry has a poor response to awareness raising mail shots and seminars. It would therefore have been useful to have had a more robust evaluation of this initiative to determine if this methodology i.e. working with trade associations, in partnership with LAs and local press, might represent a way forward.

**Parcel Carriers**
This involved the assessment of the control of risks at sorting depots and during the delivery activities of four of the major carriers in London. The intention was to take into account the manual handling guidance provided for the industry by the Parcel Carriers Forum (PCF) and to work in partnership with CACTUS’s Utilities Unit to maximise the impact of the project. A team was set up comprising one inspector from each of the four GM groups, supported by their respective CO colleagues. Audit-style inspections were carried out at four sites of each of the companies – sixteen inspections in all. Checklist/question sets for each of the relevant RHS topics were used with COs participating in the interviews. A general failure to control risks associated with manual handling and work-place transport was identified and nineteen notices were served as a result. It has been agreed that the findings from the project will be presented to the PCF in the spring and disseminated to other divisions. The initiative has opened up the possibility of working in partnership with the LAs to facilitate manual handling assessment.

**Double Glazing**
Four GM Groups visited a total of 22 businesses – generally in partnership with a CO. Some visits were also made to look at installation work during the FfH initiative. As anticipated, standards generally were not good and 10 notices (3 PNs and 7 INs – mostly concerning risk assessment) were served. The main finding concerned the need for better access to advice for small businesses in this industry and by linking with the Sector – and indirectly with the GGF - the project has contributed to overcoming this problem nationally. In London, the work will be carried forward with a workshop later in the year and then will feed into future workplans until standards in the industry are brought up to an acceptable level.

**Road Haulage Companies**
CACTUS strongly supported this initiative which began by identifying and mailshotting 130 businesses. Of these 15 were selected for visiting by inspectors from the four GM groups – using an aide-memoir provided by the project coordinator in consultation with CACTUS. Selected companies were representative of the full range of businesses in the industry. Standards were generally good. The project will continue with a workshop for the industry towards the end of the current year, to be repeated periodically if it proves useful and further engagement with the Freight Transport Assoc. and the Road Hauliers Assoc. to try to address a shared problem.

**Outdoor Advertising**
The project was developed to look at the risk of falling from height in two activities in the outdoor advertising industry:

- bill-board pasting on high level hoardings; and
• affixing advertising banners and building wraps.

Four main duty-holders were identified in each of the areas of interest and a day was spent visiting with a representative of each by inspectors from the four GM Groups - as part of the FfH initiative. Many problems were identified and 22 prohibition notices were served. Improvement notices have now been served which require suitable risk assessment and arrangements for 40,000 sites and a promising on-going relationship has been developed with the OAA.

**Broadcasting Companies**

This project involved identifying the sixteen biggest companies and paying initial visits in order to select an appropriate intervention strategy for each. Twelve have been visited to date. In the case of some of the larger companies this has involved an RHS topic-based audit-style intervention involving selected studios; with others, the need to establish systems was agreed and milestones set with the aim of auditing when they become auditable. The inspector has worked in partnership with the Sector (CACTUS) and the initiative has already resulted in wider participation in the BJAC. The relevant unions (BECTU, NUJ and Equity) have also been involved throughout.

Individual reports on each of these projects have recently been produced.

Evaluation of these projects had been carried individually and to some extent collectively. It is intended that individual projects will be evaluated using accident statistics. Other considerations are the number of notices issued, inspector reviews and press coverage. However no plan is in place for this aspect, outcomes and outputs have not been developed, there is no reported methodology in place for inspector evaluations and there is limited triangulation. Therefore the robustness factor is low.

A London Division Values and Behaviours Event in November 2003 gave the opportunity for staff in all disciplines to reflect on progress with work in the current year and to express views as to the value of the project work delivered The overall, subjective impression gained was consistent with feedback from individual inspectors and COs involved in projects, from the project coordinators’ reports and from other interested parties such as Priority Programme Teams – i.e. the approach taken has been a success.
7 DISCUSSION

This section discusses the findings derived from the information received from the FOD Sectors and Divisions. The authors are aware that there are considerable gaps in this information. In many cases no detailed evaluations have been received despite requests. This may have been because there was no evaluation or because reports were not available at the time. In particular Construction Division was undergoing audits from NAO in the period of time during collection of information for this report and was understandably unable to provide all the information requested. This has resulted in a less accurate and detailed report than the authors would have wished. It is recommended that further work be carried out to collect and analyse additional information when it becomes available.

The previous sections have demonstrated that a large number of interventions have been, are and will be undertaken across all FOD sectors. Some Sectors lead the way by virtue of previous work prior to the recent sector re-organisation; in particular much work has been carried out by Agriculture and Food, Manufacturing and Construction Sectors. Sectors such as Safety Unit and CACTUS are also now developing significant programmes of work.

7.1 EVALUATION

Much previous work (discussed in Section 4.1) has been undertaken to develop methodologies for intervention work. These types of projects are unique to HSE, and analysis to determine the level of success is problematic. The consensus from previous work is that evaluation should include the following aspects:

- Specific Outcomes should be determined in the design of the intervention;
- The techniques used to evaluate the intervention should include both quantitative and qualitative analysis and triangulation methodologies to increase the validity of the evaluation;
- The use of accident statistics alone is a poor way of carrying out evaluation since it takes no account of other external influences that may be present;
- Inspection should be undertaken to identify changes in health and safety performance in small samples deliberately timed to take place after the contact;
- ‘Control’, or more accurately ‘comparison’, groups should be used to allow consideration of the effects of other influences that may be affecting health and safety performance; and
- Assessment grid proforma should be used for inspectors to record their findings and these should be analysed using statistical methods.

It is clear that it is not practical or necessary to use the most robust evaluation methodologies for all projects. This would clearly be time consuming and costly and would be a waste of resources in terms of manpower and money. Previous studies [6, 16] have concluded that there is a need to be selective about what is evaluated and that those interventions that are known to work well should not be reassessed until there is a need. Robustness therefore needs to be combined with appropriateness. Smaller projects can be adequately evaluated using only one or two of the best practices mentioned above. This has been reflected in the discussion of each intervention in Sections 5 and 6.
There are many good examples of evaluation in the interventions reported but also many are poor. In some cases this has resulted in a considerable loss of opportunity to make the most of the work done.

In discussing the evaluations with project officers it became clear that some that are involved in the design of interventions are not aware either the previous work on evaluation methodologies or of what constitutes a robust evaluation or best practices. Training courses have been provided for HSE staff who are undertaking such tasks, but examination of the course notes indicates that there is scope for improvement in terms of critically challenging the approach to evaluation and determining desired/expected outcomes before intervention is undertaken. Also it would appear that some staff may have ‘slipped the net’.

It is suggested that there should be advice given on the appropriate level of evaluation for a range of different types of intervention project.

7.2 MEETING THE REQUIREMENTS OF ‘BUILDING ON SUCCESS’

The FOD Management Board produced a statement of the agreed strategy for the way forward in March 2003 [5]. This document laid out the types of interventions that should be used to meet the aims and objectives of FOD. A brief analysis of how the current interventions meet this strategy has been carried out [6]. It was acknowledged in that report that there is a need to be selective about what is evaluated. Interventions that are known to work well should not be reassessed until there is a need. Also evaluation should include ‘semi-quantitative or even qualitative evaluation where these are possible. In this report this has been dealt with by considering the ‘appropriateness’ of evaluations.

Consideration has been given to how the interventions reported in Sections 5 and 6 match with each type of intervention put forward in ‘Building on Success’ [5] in order to determine if the work carried out to date or proposed follows these principles and assists in determination of ‘What works where?’

It is necessary to consider not just the bland data that evaluations generate but the underlying reasons why differences are seen in the effectiveness of similar interventions in different industries or industry groups to gain a better understanding of the transferability of findings from one group to another. There are a large number of variables involved including:

- The size of an organisation i.e. number of employees;
- The sector it in which it operates;
- The nature of the organisation in terms of professional, manual or skilled labour employed;
- The underlying safety culture;
- The geographical location;
- The influence of trade associations and trade unions;
- The timing of the intervention;
- The actual health and safety message being put forward;
- The design of the intervention and fitness for purpose; and,
- The consistency of approach by HSE.
It is particularly difficult to deal with these variables in assessing transferability between SMEs, a term which includes many different types of businesses. There is a temptation to consider SMEs as one entity for evaluation of interventions and whilst there is clearly a practical need to do this to be able to provide any meaningful analyses, care must be taken that too many assumptions are not being made to render the evaluation invalid.

Interventions are essentially methodologies to persuade people to change their behaviour in managing or undertaking the work that they do. Generally, change of behaviour methodologies require both a ‘carrot’ and a ‘stick’ approach. But different people and organisations respond differently and in some cases the ‘carrot’ is more important and in others it is the ‘stick’ and vice-versa. HSE’s ‘stick’ is the option to prosecute breaches of health and safety legislation backed by Improvement and Enforcement Notices: associated ‘carrots’ may be improved or maintained reputation or fewer inspections.

Previous work [16] has shown that generally SMEs operating in professional fields (in this case dentists) respond well to simple interventions such as mail shots whereas trade organisations (motor vehicle repairers) respond poorly. Possibly this could be because professional people guard their reputations much more than others and therefore have much more to lose if accidents/injuries occur or if prosecuted for breaches of health and safety deficiencies.

Possibly there is not such a big difference between the various industries as far as larger companies are concerned. Larger companies generally behave in the same way as professional SMEs in that their profitability and continued existence depends to a large extent upon their reputation.

Attempts have been made using the information gathered to determine the transferability of the findings of evaluations from one type of organisation/industry group to others and thereby identify where there are gaps which should be targeted for future detailed evaluation studies. This is discussed in the sections below for each intervention type. The categories chosen are those described in the ‘Building on Success’ [5] document; however it is recognised that some interventions cut across these distinct categories. For example, blitz inspections may involve mail shots or other publicity prior to the event.

### 7.2.1 Education and Awareness Raising

Mail shots, stands at trade exhibitions and shows, school visits, buddy clubs, seminars and safety awareness days are the main methods used in meeting this type of intervention.

**Mail Shots**

Previous work [16] showed that mail shots are the least effective way of increasing awareness of health and safety matters. The effectiveness varies with size of organisation and the field in which they operate. Dentists responded much more positively than motor vehicle repairers.

There have been a number of studies evaluating mail shots and it is considered that provided care is taken, the findings should be reasonably transferable across most sectors and no detailed evaluation should be necessary. It is however appropriate that feedback should be obtained for all such interventions to ensure the quality of the mail shot itself and that the message is clearly put across.

Some variations on the simple mail shot approach have been shown to improve their effectiveness. i.e.:
Combining with publicity via journals, newspapers and radio/television; 
Involving Local Authorities in the distribution; and, 
  • Involvement of trade associations in sending out the mail shots.

The use of additional publicity has been largely associated with blitz inspections (e.g. MVR and the London Pilot) and separate evaluation of the mail shot element has not been undertaken. Also, not unreasonably, the amount of publicity has been taken as a measurement of success rather than looking at its actual effectiveness in improving health and safety considered.

There are a number of areas where HSE is working closely with LAs on interventions. LAs have become involved mail shots for the London Pilot and in the distribution of information in the Hospitality Liaison Committee Action Plan initiative. Evaluations in these cases have been or are intended to be fairly limited and therefore not robust. It is considered that a better designed and implemented evaluation would add to knowledge in this area.

Interventions involving working with trade associations have shown good results in a number of sectors. These interventions have usually involved the trade association drawing up recommended health and safety practices in conjunction with HSE and distributing them to its members. This approach has been evaluated in interventions applied to larger companies by Manufacturing Sector. A fairly robust evaluation has been undertaken for the Hop Press Initiative which involved distribution of a safety alert by the UK’s four hop co-operatives and a hop engineering company. This initiative provided evidence that some types of SME also respond well when trade associations are involved but there are caveats. It is considered that the hop growing community is fairly close knit and this situation together with the timing and nature of the mail shot will have increased its effectiveness. The London Pilot on the other hand identified little influence of trade associations in areas such as Double Glazing, Parcel Carriers, Road Haulage, MVR and Outdoor Advertising sectors although the evaluations were not robust.

Workshops, Seminars, SADs and SHADs

There have been a number of projects which have included full detailed evaluation of Workshops, Seminars, SADs and SHADs for SMEs across a number of industries in particular Agriculture and Food, Construction, Manufacturing and Safety Unit [16,24,25,31,32,33]. An initial depth study [16] looked specifically at such events in depth in a very robust study for SMEs and concluded that they are an effective means of improving health and safety but there is some variation in their effectiveness between the nature of organisations and the industries in which they operate. The study [16] should be compulsory reading for those HSE inspectors responsible for the design of future Workshops, Seminars, SADs and SHADs.

More recent studies have added to the pool of knowledge in HSE. Some of these have been limited to the distribution of ‘happy sheets’ and sometimes follow up telephone calls from WCOs. Such evaluations are entirely appropriate to assist with design of courses but do not add a great deal to determine their effectiveness in terms of greater awareness and actions taken. It is suggested that evaluations should at least include a small number of follow-up inspections. Agriculture sector are developing an evaluation tool to help inspectors’ to record follow-up visits to assist with evaluations. Other sectors and divisions should consider whether it would be useful for them to use this tool also once fully developed. Otherwise it is considered that unless there is some innovative element there should be no need for any additional full detailed evaluations.
Agriculture and Food Sector have used the ‘carrot’ that there will be no inspection of farmer’s premises for some period if they attend an event. This has been shown effective in increasing attendance at SADs, thus increasing exposure to health and safety matters and thereby health and safety awareness [16] and the method should be considered for use by other divisions.

As a variation on this North East/Yorkshire Region have experimented with buddy clubs and school visits to increase health and safety awareness amongst farmers but the evaluation was not robust and involved a very small sample. This introduces a local element which proved useful for the Hop Press Initiative and a more detailed study of their effectiveness should be considered.

There is currently limited information about the use of Workshops, Seminars, SADs and SHADs for larger companies. Safety Unit organised a pilot several seminars, jointly with LAs, for managers of larger companies to discuss Slips, Trips and Falls. However to date evaluations have not been robust but further work is planned. Detailed evaluation would add to HSE’s knowledge in this area.

**Attendance at Trade Exhibitions and Shows**
Agriculture Division have traditionally had stands at Agriculture shows in some regions and CACTUS have reported attendance at Hospitality Industry Exhibitions. These actions can be considered as a general background level of raising awareness rather than specific interventions. Some evaluation i.e. numbers visiting the stand, questionnaires etc has been undertaken for the former but is not robust. Although this represents a gap in detailed knowledge of interventions, it is considered that it would be difficult to arrange follow-ups and taking names/addresses may discourage people from approaching the stand which would be self-defeating at best and have a negative effect on HSE’s regard at worst. Therefore it is considered probably not worthwhile to undertake a detailed study.

**Internal Training**
Another area of Education and Awareness Raising is the internal training provided to inspectors and studies to improve methods of working. A number of projects have been carried out aimed at improving inspector awareness. Safety Unit have undertaken training for inspectors on the Pedestrian Slipping Expert System and Falls from Height in Shipyards. The North West Pilot will look at a range of options for better working practices, including the use of WCOs and support staff and the use of the FOCUS Database. These interventions have or are being subjected to detailed evaluation. It is anticipated that given that most such interventions are likely to be novel, each will need to be fully evaluated as they arise. The exception to this may be the specific training of inspectors on particular issues as for FFH in Shipyards. It should be possible to extrapolate the findings in this area to other similar situations.

**7.2.2 Inclusion in Company Annual Reports**
No evidence has been found on this specific type of intervention, although Construction and Manufacturing sector in particular are working with large companies in a number of areas. It is suggested that there is a need for some research in this area to determine what opportunities there may be to make progress. This would hopefully result in specific interventions which could be fully evaluated.
7.2.3 Partnerships

Manufacturing and Construction Sectors have used this type of intervention extensively. It generally involves a large number of different activities in conjunction with trade associations and sometimes involving trade unions. Some partnerships are industry wide such as those with the paper and rubber industry and others are with individual duty holders. Activities normally include:

- Commitment to targets to reduce accidents/ill health amongst workers;
- Preparation of guidance on health and safety or recommended practices;
- Information exchange;
- Publicity via newsletters and trade journals;
- Collection of accident/ill-health data;
- Auditing;
- Training; and,
- Risk assessments

Many interventions have yet to be evaluated formally – although there appear to be good indicators of success from the trade union/trade associations’ response to such schemes and levels of activity in support of them. RUBIAC and PABIAC have led the way in this area. These projects have included extensive reporting which has shown positive outcomes. Further detailed evaluation is planned in particular or PABIAC which should add greatly to HSE’s knowledge in this area.

In addition to the Manufacturing sector interventions of this type mainly with larger companies, there have been similar interventions with trade associations representing SMEs, particularly in Construction, Safety Unit and the London Pilot. The Construction division projects will include fairly robust evaluations which should provide useful insight into the potential for use in other areas. However no evaluations have been completed to date. Safety Unit have not been able to give details of the proposed evaluations in partnership projects at this stage and London Pilot has not included any detailed and robust evaluations. One slightly different approach is an intervention in conjunction with Corus plc by Safety Unit on the use of Ladders and Overhead cranes but again no details of any evaluation are available.

It is considered that robust evaluations would have provided very useful information regarding the use of partnerships for SMEs but it appears that there may have been lost opportunities to assess the approach. Since these interventions have only recently been completed or are still underway, it is suggested that attempts should be made to study one or two of the interventions in depth to fill this gap.

Other interventions in this area are a CACTUS intervention with the Ports Industry and Public Services have some ongoing and planned interventions within the public sector. One of Public Service’s interventions is via the Local Authority Forum which has resulted in a draft joint national agreement between employers and trade unions on health and safety policies and practices covering all 3 million LA employees. Other interventions include partnerships with the Probation Service, DWP and Job Centre Plus and involvement with the DoH initiative on violence in the workplace. Again there are no details of any evaluations undertaken other than the successful completion of actions.

In addition, the regions carried out a number of interventions of this type in addition to the London Pilot partnerships with Bus Companies and Parcel Carriers, Midlands Region
carried out work with the BJA and with Nuffield Hospitals. The former is a further example of partnership with a trade organisation representing SMEs but again the intended evaluation will not be robust. The Nuffield Hospital work involves an individual inspector working with the Hospital trust and sitting on the health and safety committee giving advice on health and safety and auditing procedures and being party to internal reports prepared by a consultant to the organisation. This arrangement has also reduced the need for inspection. One difficulty here is the requirement that the findings will remain internal and therefore evaluations cannot be demonstrated as robust. However information available indicated that the intervention has been most successful.

In summary, It is considered that this type of intervention has been shown to work well with larger companies but and has the potential for yielding significant improvements in health and safety across many other sectors and types of organisations including SMEs. However, most evaluations completed, planned or ongoing are not considered robust. The intervention could be tried more widely and especially in conjunction with trade associations and other representative bodies.

7.2.4 Motivating Senior Managers

There have been limited interventions reported in this area at present, although Ref.6 reports that HSE are engaging with Directors and Boards of the Top 350 companies in the UK, no further information has been found on this.

Construction Division are seeking to work with the Head Offices of poor performing large construction companies to improve health and safety. The aim is to develop a co-ordinated approach to intervention initiatives thus ensuring that the deployment of HSE resource is effective in producing lasting influence or change in the company’s performance. Construction Division are also working with clients to Government on health and safety issues, however, no information is available at this time on evaluation of these projects.

A fairly robust evaluation is planned for a project working with MCG companies on employer engagement with workers, but it is not clear if this will involve senior managers.

Another specific study is that carried out by Wales/ South West Region in Carmarthen, but this has yet to be evaluated.

Clearly there is a need for more work in this area to complete definitive evaluations.

7.2.5 Intermediaries

Work in association with intermediaries such as trade associations, local authorities and specific duty holders has been considered in Section 7.2.3 Partnerships.

The East/South Region Hop Press Initiative involved working with intermediaries to inform users about the safe use of specific machinery. Evaluation showed the effectiveness of the approach which provides a good example of the use of this intervention type for other parts of FOD to follow.

No interventions involving insurance companies have been found and a project in this area should be considered.
7.2.6 Supply Chain/Design

Construction Sector is undertaking initiatives with tool manufacturers with respect to HAVS and noise, roofing suppliers and vehicle suppliers as part of a wider site transport initiative which should result in robust evaluations that will provide good knowledge about the effectiveness of this type of intervention. Lessons learned from the application of this type of intervention should be transferable to other sectors.

A major study was undertaken in the Milk Industry by Safety Unit in Wales/South West region working with LA EHOs and with co-operation from a number of supermarkets, chain convenience stores and chain petrol forecourt retailers to assess the operations involved. No structured methodology was used to collect information and data, but inspectors provided reports of their findings. Evaluations were conducted in conjunction with the stakeholder group and consisted of identification of areas that could be improved for targeting in future campaigns. A more structured approach to reporting would have increased robustness which would have tested the approach in another sector and given more confidence of its effectiveness.

Safety Unit have also carried out interventions with manufacturers of ladders on safety devices and aerial and satellite dish suppliers but details of evaluation are not currently available.

Also reported was previous work with vehicle manufacturers to improve driver visibility in Quarries (Midland region). This was an aggressive approach to persuade manufacturers to install CCTV on all new vehicles which used the ‘stick’ approach and proved 100% successful. Although it is considered that such situations are unlikely to arise often, this work showed an effective method for dealing with enforcement.

7.2.7 Best practice

This type of intervention is related to those reported in Section 7.2.3 Partnerships. In particular Manufacturing Sector and Construction Division have included consideration of ways of sharing good practices amongst trade association members. Also worth mentioning is the work by Safety Unit with Corus plc on ladders and overhead cranes. Robust evaluations of these approaches are being undertaken which should provide useful knowledge of the effectiveness of this type of intervention.

7.2.8 Information

In addition to mail shots and other approaches described in Section 7.2.1 Education and Awareness Raising, HSE publishes information on health and safety performance via the internet. No examples of evaluation have been found but it is considered that this work is fundamental to the role of HSE and only novel approaches should require detailed evaluation.

A specific intervention has been the development of a self assessment tool on the internet for the Agriculture Sector which is currently being piloted. The number of ‘hits’ on the site will provide some information about how effective the approach is. No details of any evaluation have been found – it is perhaps too early to report on. Should this project be continued following the pilot, the opportunity should be taken to design and implement a full evaluation to assist with consideration of the use of such packages in other sectors.
**Incidence and Ill Health**

A number of projects have been undertaken in the CACTUS Sector and Safety Unit to collect accident and ill-health data which can add to the useful information available to duty holders working in the relevant sectors but it is not clear in what form it will be published. It is suggested that an evaluation of such work should be undertaken.

**7.2.9 Inspection and Enforcement**

**Inspection**

There is much information available on the effectiveness of inspection. In particular Construction Division has undertaken research into this area internally and by Amey Vectra which had produced a tool for inspectors to use in evaluation. Conclusions are that inspection has a measurable effect on health and safety performance. Other studies endorsed this finding [13, 14, 16] in other sectors and with various types of organisations. No additional evaluation work is considered necessary at this time other than for novel approaches.

**Targeted Inspection**

Targeted inspection is being used in a number of sectors alone or in conjunction with other types of intervention. Targeting involves the selection of poor performers in a particular sector or other identified groups, such as family run farms.

Construction Division has a rolling programme of head office and lead inspector initiatives to target poor performing larger companies with tailored intervention programmes. The aim is to develop a co-ordinated approach to intervention initiatives, applied where a company works across different sectors, thus ensuring that the deployment of HSE resource is effective in producing lasting influence or change in the company’s performance. No details of evaluation have been received but if this is robustly evaluated it should provide useful information on the effectiveness of such interventions. It is not clear at this time if the approach will be readily transferable to other sectors of types of organisation.

CACTUS has targeted inspection of poor performers in the fairgrounds sector. Full details of evaluations are not available but there appears to be a fair degree of robustness which supports the findings of other interventions, and will add to knowledge in this area.

Health Unit have developed topic packs for MSD and work related stress. Topic packs identify a small number of key aspects/core issues (usually three) which provide a focus for inspection activities. No information on evaluation has been received but again a robust evaluation would assist in determining if this approach could effectively be used more widely.

Safety Unit has organised workshops aimed at up to 3 delegates from a small number of SMEs targeted because of their poor record of health and safety. Detailed evaluations of follow-ups were available only for 1 workshop which indicated that most firms had taken measures to improve safety. Although the robustness of evaluation for this specific study was poor (no specific outcomes determined at the design stage; no triangulation; no associated inspection programme), it did provide further confirmation of the effectiveness of this approach for SMEs.

Also reported was a Public Services targeted FOD safety management inspections of poor performing or high-risk NHS trusts and large private hospitals as a Priority Programme, but no further details have been received.
**Blitz Inspections**

Blitz inspections are a variation on targeted inspections, but being over a shorter timescale and targeting particular industry groups rather than individual companies or organisations.

Construction Division undertook blitz inspection visits of construction sites during 2002-3 to determine specific problems. The work was evaluated by Bomel for the National Audit Office (NAO). The Bomel report has been completed but was not available for consideration in this study. However it does appear that this work may provide a definite evaluation of the approach which could be considered for use in other sectors.

Manufacturing sector has undertaken blitz inspections of Motor Vehicle repairers in conjunction with London Division. This led to a seminar being organised to bring MVR companies and trade representatives together in one place to try to encourage membership. The objectives of the event were to raise awareness of HSE’s priority topics and the topics in HSE leaflet ‘Reducing Ill Health and Accidents in Motor Vehicle Repair’ (INDG 356), encourage membership of organisations which provide health and safety advice, promote MVR training courses and raise the profile of HSE in the local area. There was a reasonably robust evaluation but the attendance was relatively low and no details of inspection reports are available or the format they took. This study appears to confirm that finding that the culture and competition between, small enterprises results in poor health and safety awareness and performance. Further follow-up work would be required to evaluate the blitz inspection approach itself.

The London Pilot also targeted other poor performing industry groups but as stated elsewhere an opportunity may have been missed to robustly evaluate the approach to improve HSE’s knowledge of effectiveness of the approach.

**Auditing**

As reported above in this section, Construction Division has developed an auditing tool for use in inspection. In addition a number of sectors have set up self auditing systems on the internet or as part of information packs. Agriculture sector has developed a self assessment tool on the internet (see Section 7.2.8) and Public Services has developed ‘Checklist and Good Practice Guide’ which is being used in interventions with Probation Service, DWP and Job Centre. No details of evaluations of the latter two projects have been received and it is considered that such evaluation would be helpful in determining the wider use of the approach.

**Enforcement, Investigations and Complaints**

Enforcement is a fundamental to HSE’s role and is an ongoing activity across all FOD. Good examples of enforcement/investigations are the East/South East Region inspection of Hop Presses following an identified problem with the equipment, which was robustly evaluated and the work by CACTUS of Fairground rides following an accident. No further evaluation is considered necessary apart from novel approaches.

No initiatives have been found that deal specifically with complaint handling.
8 CONCLUSIONS

This study has investigated the interventions that have been used within FOD in response to the Revitalising Health and Safety strategy statement. An initial literature search was undertaken to find previous work on interventions and methods of evaluation of interventions. Contact was made with the all FOD sector and regional heads to illicit information about current or planned interventions and evaluations of these interventions. Where appropriate an assessment was made of the robustness and appropriateness of evaluations when considered against the best practices found in the literature search. Finally a review of the interventions was undertaken to identify any gaps that currently exist in the programmes in response to the requirements of ‘Building on Success’ to determine ‘what works where and in what situations’.

The following conclusions are made:

1. Studies to determine the effectiveness of HSE interventions have been ongoing for at least 30 years.
2. Evaluation of interventions is an area that is unique to HSE.
3. The most comprehensive study of evaluations to date was that carried out by the University of East Anglia in 1999 and this remains the benchmark for evaluation.
4. A large number of interventions have been, are and will be undertaken across all FOD sectors. Some Sectors lead the way by virtue of previous work prior to the recent sector re-organisation; in particular much work has been carried out by Agriculture and Food, Manufacturing and Construction Sectors. Safety Unit and CACTUS are now developing significant programmes of work.
5. Interventions by Regions are mainly dictated by Sector requirements but some Regions have developed their own initiatives working in conjunction with the Sectors.
6. Evaluation of Interventions is patchy. There are many good examples of evaluation in the interventions reported but also many are poor. In some cases this has resulted in a considerable loss of opportunity to make the most of the work done to determine the effectiveness of types of intervention to the long term benefit of FOD as a whole.
7. Some project officers involved in the design of interventions are not aware either of the previous work on evaluation methodologies or of what constitutes a robust or appropriate level of evaluation.
8. It is suggested that there should be advice given to all project officers involved in interventions on the appropriate level of evaluation for a range of different types of intervention project.
9. Considerable progress has been made in identifying where interventions work in the categories ‘Education and Awareness Raising’, ‘Partnerships’, Supply Chain/Design and ‘Inspection and Enforcement’ defined in ‘Building on Success’.
10. Little information has been found about interventions which address ‘Inclusion in Company Annual Reports’, ‘Motivating Senior Managers’, forming ‘Intermediary’ arrangements with insurance companies or dealing with complaint handling.
11. Recommendations have been made in Section 7.2 of where further evaluation work should be undertaken to fill gaps in the overall programme.
12. Although co-operation from those contacted for information about interventions was excellent, the authors are aware that there are considerable gaps in this information at
present. Further work should be therefore undertaken to collect and analyse additional information when it becomes available to build up a fuller picture of the situation to help in the development of programmes for future evaluations of interventions.
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<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACR</td>
<td>Advisory Committee for Roofwork Material Standards</td>
</tr>
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<td>APAU</td>
<td>Accident Prevention Advisory Unit</td>
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<tr>
<td>BECTU</td>
<td>Broadcasting Entertainment Cinematograph and Theatre Union</td>
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<tr>
<td>BJA</td>
<td>British Jewellery Association</td>
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<tr>
<td>BPCF</td>
<td>British Precast Concrete Federation</td>
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<tr>
<td>BRMA</td>
<td>British Rubber Manufacturers Association</td>
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<tr>
<td>BRPA</td>
<td>British Recycled Paper Association</td>
</tr>
<tr>
<td>CER</td>
<td>Centre for Environmental Risk (University of East Anglia)</td>
</tr>
<tr>
<td>CERIAC</td>
<td>Ceramic Industry Advisory Committee</td>
</tr>
<tr>
<td>CO</td>
<td>Compliance Officer</td>
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<tr>
<td>COSAS</td>
<td>Corporate Science and Analytical Services Directorate</td>
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<tr>
<td>COSHH</td>
<td>Control of Substances Hazardous to Health</td>
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<tr>
<td>CPA</td>
<td>Corrugated Packaging Association</td>
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<tr>
<td>DSE</td>
<td>Display Screen Equipment</td>
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<tr>
<td>DTI</td>
<td>Department of Trade and Industry</td>
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<td>EHO</td>
<td>Environmental Health Officer</td>
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<td>EMAS</td>
<td>Employment Medical Advisory Service</td>
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<td>FH</td>
<td>Falls from Height</td>
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<td>FJAC</td>
<td>Fairground Joint Advisory Committee</td>
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<td>FOD</td>
<td>Field Operations Directorate</td>
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<td>GLASS</td>
<td>Goal: Lower Accidents, Safe Sites</td>
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<td>GM</td>
<td>General Manufacturing</td>
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<td>GPMU</td>
<td>Graphical, Paper and Media Union</td>
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<td>HASAWA</td>
<td>Health and Safety At Work Act, 1974</td>
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<td>HSC</td>
<td>Health and Safety Commission</td>
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<td>HSE</td>
<td>Health and Safety Executive</td>
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<td>HSL</td>
<td>Health and Safety Laboratory</td>
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<td>IN</td>
<td>Improvement Notice</td>
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<tr>
<td>IRF</td>
<td>Inspection Report Form</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>LBL</td>
<td>London Buses Ltd</td>
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<td>MCG</td>
<td>Major Contractors Group</td>
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<td>MSD</td>
<td>Musculoskeletal Disease</td>
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<td>MVR</td>
<td>Motor Vehicle Repair</td>
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<td>MVRA</td>
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<td>NAO</td>
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<td>NFB</td>
<td>National Federation of Builders</td>
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<td>National Fairgrounds Inspection Team</td>
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<td>National Health Service</td>
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<td>National Union of Journalists</td>
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<td>Public Service Agreement</td>
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<td>PSES</td>
<td>Pedestrian Slipping Expert System</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>PTO</td>
<td>Power Take-Off</td>
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<td>RfP</td>
<td>Respect for People Toolkit</td>
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<td>RHS</td>
<td>Revitalising Health and Safety</td>
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<td>RUBIAC</td>
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<td>Output Performance Measures</td>
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<td>Safety Health and Awareness Day</td>
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<td>SIM</td>
<td>Sector Information Minute</td>
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<td>SIU</td>
<td>Strategy and Information Unit</td>
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<td>Sector Key Events Approaches</td>
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<td>WWT</td>
<td>Working Well Together</td>
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APPENDIX A

INTERVENTION BEFORE AND AT THE POINT OF CREATION OF RISK

CONTENTS

Table A1  Agriculture and food sector
Table A2  CACTUS
Table A3  Construction sector
Table A4  Manufacturing sector
Table A5  Public services
Table A6  Safety unit
Table A7  Regions
### Table A1 Agriculture and food sector

<table>
<thead>
<tr>
<th>Policy / project title</th>
<th>Policy / project activities</th>
<th>Policy / project objectives</th>
<th>Evaluation start / end</th>
<th>Evaluation milestones (including implementation of recommendations)</th>
<th>Robustness Factor</th>
<th>Criteria for impact evaluation</th>
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<tbody>
<tr>
<td>Agriculture Safety Awareness Days (SADs)</td>
<td>To raise awareness of HSE’s revitalising programme in relation to agriculture. To evaluate the impact of attending a SAD by comparing standards and actions taken between two visit groups. To bring about improvements through formal enforcement.</td>
<td>To evaluate the effectiveness of SAD interventions with small employers and the self employed as an alternative to proactive inspections.</td>
<td>May - July 2003</td>
<td>Inspectors carried out 200 follow up inspections covering attendees and non-attendees to a SAD held at Hadlow College in February 2003. 405 farmers attended. Two evaluation exercises were completed. The first involved a feedback proforma issued at the event and completed on the day. The second involved 200 inspector visits to a random sample of attendees and non-attendees approximately five months later. Proforma feedback was very positive. Follow up visits revealed limited quantifiable improvements by attendees. However, for all SAD topics overall health and safety standards were higher at attendee premises than non-attendee premises. The greatest results were achieved by combining SAD attendance with a follow up inspection. Follow up visits to non-attendees were of limited effectiveness as approximately half were no longer farming.</td>
<td>3</td>
<td>Action taken on RHS &amp; other topics covered at SAD.</td>
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<tr>
<td>H &amp; S Training in Agricultural Colleges</td>
<td>Interview 23-35 year olds to assess their knowledge of H &amp; S training 2-3 years ago and obtain their view on level and quality of health and safety training, Properly trained entrants will change culture and ingrained working practices remain for life.</td>
<td></td>
<td>Start 2004/05</td>
<td>End 2006/07</td>
<td>5</td>
<td>Priority Programme</td>
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<td>Farmwise - Publication sent to all farms in UK listed on DEFRA database Tractor Action Pack</td>
<td>A training pack consisting of a video, teaching guide, leaflet and wallchart for use at Ag Colleges.</td>
<td>To improve the knowledge of novice tractor drivers and raise awareness of the dangers associated with tractor driving.</td>
<td>Late in the 1995/96 work year.</td>
<td>Positive results, details in Sector files Pack well received - the wallchart was not well liked and was not reprinted. The leaflet was very well received and the &quot;Safe Stop&quot; principle it introduced is widely used by colleges. The whole pack is now being reworked including a new video taking into account the results of the evaluation exercise.</td>
<td>-</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Stakeholder engagement conference OHS</td>
<td>Prepare and hold a conference to be attended by key stakeholders Develop suite of vocational qualifications for accreditation Develop material and promote uptake of new qualifications</td>
<td>The engagement of stakeholders who can influence industry. To extend the knowledge, skills and competencies of those in industry and those joining it.</td>
<td>Start 2003 End 2004</td>
<td>Over 60 potential invitees identified – 27 identified as key stakeholders.</td>
<td>-</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Vocational related qualifications</td>
<td>Revision of ‘Tractor Action’ video and leaflet Re-shoot ‘Tractor Action’ training leaflet</td>
<td>To continue to provide targeted information, advice and guidance.</td>
<td>Start 2003 End 2004</td>
<td>Leaflet prepared</td>
<td>-</td>
<td>Priority Programme</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Policy / project title</th>
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<tr>
<td>Barometer of Culture Change</td>
<td>Develop a cost effective tool for the evaluation of a range of interventions</td>
<td>Assessment of the extent of change of health and safety awareness and conversion into practical actions/outcomes.</td>
<td>Start 2003/04</td>
<td>Development of the project specification, submit tender and commission contract, development and piloting of tool, reporting of findings / identification of further requirements.</td>
<td>-</td>
<td>Priority Programme</td>
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<tr>
<td>SADs for self employed</td>
<td>14 x Agricultural SADs to be delivered, targeting 4,200 self employed farmers</td>
<td>To stimulate action amongst self employed/family farms through SADs and farmers group’s inspection</td>
<td>Start 2003 End 2004</td>
<td>-</td>
<td>Priority Programme</td>
<td></td>
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<tr>
<td>Influence safety through design</td>
<td>Planned inspection of selected importers / manufacturers of equipment</td>
<td>To influence safety through design for machinery and other equipment and through the supply chain</td>
<td>Start 2003 End 2004</td>
<td>-</td>
<td>Priority Programme</td>
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<tr>
<td>Child safety</td>
<td>Develop and implement educational / promotional materials for use by stakeholders</td>
<td>Open a widespread debate on child safety in agriculture</td>
<td>Start 2003 End 2004</td>
<td>-</td>
<td>Priority Programme</td>
<td></td>
</tr>
<tr>
<td>Joint HSE/Food industry ‘Recipe for Safety’ campaign</td>
<td>Tackling priority topics (MSD, slips etc) in the food and drink manufacturing industries following a preset strategy in close liaison with industry intermediaries</td>
<td>To reduce the overall injury rates in the food &amp; drink manufacturing industries</td>
<td>Start 1991 End year not before 2010</td>
<td>Annual food industry injury rates from 1991 onwards</td>
<td>4</td>
<td>Injury rates are a measure of success or failure of this initiative. Rates have fallen by 22.4% between 1991/2 – 2001/2.</td>
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Table A1 Agriculture and food sector
<table>
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<tr>
<th>Policy / project title</th>
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<tbody>
<tr>
<td>Reducing MH injury rate in food/drink manufacturing industries</td>
<td>Research on causes, liaison with intermediaries, publication of guidance and inspection</td>
<td>To reduce MH and MSD injury rates</td>
<td>Start 1991 End year not before 2010.</td>
<td>Annual reduction in MH injury rate.</td>
<td>4</td>
<td>Injury rates are a measure of success or failure. Rates have fallen by 24% between 1991/2 – 2000/01. Major injury rates have fallen by 17% in 5 years from RIDDOR 95 (1996/7- 2000/01).</td>
</tr>
<tr>
<td>Delivering Milk Safely</td>
<td>Meetings with key stakeholders from the distribution network to highlight project and actions to be taken. Series of interventions by</td>
<td>To achieve improvements in the control of transport risks associated with the distribution of milk.</td>
<td>Start 2002 End 2003</td>
<td>Engage with stakeholders, production of standards document, trade associations promoting initiative. Several measures designed to improve risk control now exist. The prime outcome has been the development of</td>
<td>3</td>
<td>Priority programme</td>
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<tr>
<td>Audit inspection in agriculture</td>
<td>To compare H &amp; S in 3 premises audited with a control group not audited</td>
<td>a communication network. Members of this network have made a public commitment to improve health and safety management.</td>
<td>2002/03</td>
<td>-</td>
<td>Priority Programme</td>
<td></td>
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<tr>
<td>Tackling food industry ‘high injury rate’ (black spot) sites</td>
<td>Identifying large high injury rate sites and targeting these with inspection on priority topics following national seminar for participant companies.</td>
<td>Reduced injury rates at two groups of 20 sites each.</td>
<td>2002/03</td>
<td>Annual reduction in injury rates</td>
<td>4</td>
<td>Injury rates were the ultimate test of success or failure of this initiative. Injury rates at the 20 group 1 sites dropped by 33% on</td>
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<td></td>
<td>Evaluation program</td>
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<tr>
<td>Inspection and investigation programme</td>
<td>16,000 regulatory contacts. 12 audit/inspections of premises managed by agents or similar. 18 blitz inspections of self employed/ family farms.</td>
<td>To continue to protect workers through targeted inspection and investigation programme</td>
<td>Start 2003 End 2004</td>
<td>3,438 regulatory contacts recorded in first quarter. One audit was carried out to four farms taking part in Defra’s ‘demonstration farms’ project. Six blitzes completed in first quarter – 5 x geographical and 1 x SAD non-attendees. Total of 469 contacts made, 118 enforcement notices issued – 2 x possible prosecutions</td>
<td>2</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Use of OH services in agriculture will assist in rehabilitation; reduce time off work, and influence employers and individuals to take fewer risks. A project in Morecambe</td>
<td>Carry out OH pilot projects in Agriculture</td>
<td>Commence 2003/04; continues to 2004/05</td>
<td>Mapping and selecting an existing OH support/rehabilitation service, developing a viable methodology for evaluation and performing the evaluation.</td>
<td>-</td>
<td>Priority Programme</td>
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<td>Bay</td>
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<tr>
<td>Hospitality Liaison Committee Action Plan</td>
<td>Produce publication on health and safety in catering Liaise with industry associations to address priority areas Promote use of products which could reduce occurrence of slips and manual handling injuries.</td>
<td>To contribute to reducing accidents and ill health thus meeting RHS strategy targets.</td>
<td>Start 2001 End 2010</td>
<td>No details provided on individual initiatives or methodologies.</td>
<td>-</td>
<td>RHS</td>
</tr>
<tr>
<td>Accidents to Dockworkers aboard ship</td>
<td>40 x inspection visits to limited number of ‘problem’ ships</td>
<td>Contribute to priority programme on falls from height and MSD.</td>
<td>Start 2004 End 2006</td>
<td>Evaluation will be carried out by analysing: Feedback from docks national H&amp;S committee meetings; Analysis of PSS and HSE accident statistics Analysis of FOCUS records and discussion with senior field inspectors. Prohibition Notices served on operator and manufacturer. Investigation identified cause of failure and recommended improvements – rides modified by manufacturer</td>
<td>3</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Superstar Fairground Ride investigation</td>
<td>Investigation following fatal accident at fairground</td>
<td></td>
<td>Start 2002 End 2003</td>
<td>Prohibition Notices served on operator and manufacturer. Investigation identified cause of failure and recommended improvements – rides modified by manufacturer</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Review of Fairground safety</td>
<td>Detailed review of fairground safety following cluster of fatal accidents during 2000</td>
<td></td>
<td>Start 2001 End 2002</td>
<td>91% of accidents occur to members of the public. Slips, trips &amp; Falls account for 33% of all accidents. Recommendations made to update guidance.</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Accidents and Occupational</td>
<td>Collect / review accident statistics for period 2001/02 and examine trends over period 1997 - 2002</td>
<td>To determine the main causes of accidents and ill health and to focus efforts of employers to deal with them</td>
<td>Start 2001</td>
<td>End 2002</td>
<td>Slips, trips and falls and manual handling identified as being a priority. Dermatitis remains major causes of ill health to be addressed</td>
<td>3</td>
</tr>
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<tr>
<td>Safety Awareness Days (SADs)</td>
<td>Construction - To hold pilot SADS in each FOD division and 12 follow up days</td>
<td>To improve action by SMEs and sole traders to reduce incidents of injuries and ill-health at work.</td>
<td>Start 2001/2; follow up 2002/03</td>
<td>Evaluation of 2002/03 SHADs complete. Evaluation of 2002/03 SHADs ongoing</td>
<td>4</td>
<td>Priority Programmes</td>
</tr>
<tr>
<td>Engage top 8 Govt Clients in construction to compile action plans</td>
<td>Implement OGC guidance to positive effect in construction work</td>
<td>H &amp; S improved ahead of industry and other OGD averages</td>
<td>Start 2002/3; Duration 2 years plus follow up (up to 6 years)</td>
<td>No formal monitoring of uptake of OGC Guidance. No contact with M4i on possible survey RfP has been incorporated into Site Safe Scotland strategy. Reflective reports being analysed. Identify projects and clients 06/2002; Client / designer visits complete and recorded 03/03; Site visits completed by 03/2004; Analyse site supplied and RIDDOR data annually Information in reports on contacts with host employers; analysis of RIDDOR reports; production of new strategy for addressing issues and promoting key messages Project not proceeded with in 2003/04 due to lack of clear policy direction due to issues beyond CD’s control Positive changes in worker consultation reported by field staff, stakeholders, media including feedback from SHADs; survey to determine commitment to MCG charter Question on worker engagement</td>
<td>4</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Engage CDM duty holders and others involved in large projects Construction Agencies providing Temporary workers</td>
<td>Designers / clients to include H &amp; S in large project plans including CDM</td>
<td>Improvements in health and safety on sites where clients and designers have actively embraced CDM duties Secure better health and safety of agency staff</td>
<td>2001/02 2004/05</td>
<td>Identify projects and clients 06/2002; Client / designer visits complete and recorded 03/03; Site visits completed by 03/2004; Analyse site supplied and RIDDOR data annually Information in reports on contacts with host employers; analysis of RIDDOR reports; production of new strategy for addressing issues and promoting key messages Project not proceeded with in 2003/04 due to lack of clear policy direction due to issues beyond CD’s control Positive changes in worker consultation reported by field staff, stakeholders, media including feedback from SHADs; survey to determine commitment to MCG charter Question on worker engagement</td>
<td>4</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Employer engagement with workers</td>
<td>Liaise on draft regulations; promote key messages</td>
<td>Promote engagement between employers and those in control with their workers so that workers are positively involved in health and safety issues and can contribute to</td>
<td>Start 2003 End 2004</td>
<td></td>
<td>3</td>
<td>Revitalising Health and Safety</td>
</tr>
<tr>
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| Noise and HAVS project | Review need for further publicity or campaigns; persuade clients and designers to set goals for HAVS and noise reduction; question contractors on their selection and maintenance of equipment; ensure health surveillance is provided for workers at risk from HAVS and noise; seek improvements in tools/equipment and information provided by hirers of equipment; Establish baselines for HAVS & noise and identify tools creating most risk. | Contribute to a reduction in the reported incident rate of ill health among construction workers by 10% by end 2004 and 50% by end 2010 | Start 2003  
End 2004 | Included in SHAD evaluation. MCG companies are compiling information to be collected from 10/03. Establish baseline, carry out similar studies for comparative purposes. Reports from staff in operational groups, in technology unit and Central Specialist Division. COSAS baseline survey out to tender, but unlikely to start until Dec 2004 as data needs to coincide with LFS. Half year reflective report in hand. Report produced on CSD initiative with suppliers. | 3 |  |
| MSD’s | Identify and visit main intermediary organisations covering supply of commonly used construction products and gain commitment action plan for handling them; Continue to work with clients, designers | Contribute to a reduction in the reported incidence rate of work related MSD ill health by 10% by end of 2004 and 20% by end of 2010; contribute to a reduction in the number of work days lost due to work related ill health by 15% | Start 2003  
End 2004 | Establish baseline for measuring reductions in reported incidence rate, and measure again at the end 2004 and 2010. A reduction in the incidence rate will be a successful outcome. Timely production of the Designer Information Sheets (CDTU) and the Construction Information Sheet on kerbstones (Sector). | 2 |  |
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<tr>
<td>Lifting operations</td>
<td>Engagement of designers, planning supervisors, contractors, crane hire companies and intermediaries</td>
<td>A reduction in accidents to workers and members of the public during lifting operations.</td>
<td>Start 2004 End 2005</td>
<td>IRF ratings and reflective reports can be used to show progress. Feedback from MCG on progress in implementing Occ Health policy; Existence of action plans from product manufacturers intermediaries; Sales of HSG 149- ‘Backs for the future’ COSAS baseline survey out to tender, but unlikely to start until Dec 2004 as data need s to coincide with LFS. CDTU guidance on designers and kerbs guidance making good progress. MCG policy under development and due to be launched in Jan 04.</td>
<td>3</td>
<td>Reflective reports from ops units Accident &amp; DO statistics Commitment from intermediaries to take ownership of this topic Initiative not proceeded with in 2003/04, to be reconsidered in 2004/05.</td>
</tr>
<tr>
<td>Roof work</td>
<td>Review HSE guidance; produce and launch work at height in construction video; produce work at height regulations consultative document; continue research on fragile assemblies; promote messages on roof work maintenance and safe</td>
<td>To contribute to a reduction in fatal and major accidents from falls from roofs and thereby to the achievement of the revitalising targets set by the construction industry</td>
<td>Start 2003 End 2005</td>
<td>Reflective reports from ops units. IRFs Production of guidance by ACR. Revisit existing research on specification of fragile roof assemblies as a baseline and repeat in May 2005. Reflective reports delivered at half year. Survey of MCG sites not started yet.</td>
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<tr>
<td>Site Transport</td>
<td>working practices for roof work; Engage intermediaries and dutyholders in various ways to improve standards. Develop enforcement strategy for key issues and publish related SIM; Identify and visit key intermediaries to gain commitment on key transport issues; Engage dutyholders to secure improvements; identify and engage with manufacturers to obtain better driver visibility at the point of supply; Represent HSE on relevant standards committees; organise and deliver display at SED show; organise and run mobile plant &amp; lifting training; promote transport plan via media articles.</td>
<td>Contribution to reduction in fatal/major accidents in construction by reducing risk to workers and members of the public from being struck by mobile construction plant and vehicles</td>
<td>Start 2003 End 2004</td>
<td>Reflective reports from ops units Commitment from intermediaries to take ownership of this topic Production of enforcement guidance on visibility and progress standards work Survey of 30 sites from MCG companies to assess adequacy of H&amp;S plan for Transport in May 2003 and again in May 2004 Reflective reports produced at half year. Survey of MCG sites not started yet.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ladders &amp; Step ladders</td>
<td>Details on HSE intranet</td>
<td>Develop HSE policy on enforcement</td>
<td>Start 2003 End 2004</td>
<td>Reflective reports in hand. Guidance in progress Review of existing research to commence in Q3</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Slips and Trips</td>
<td>Details on HSE intranet</td>
<td>Promotion of ‘tidy site’ message by inspectors</td>
<td>Start 2003 End 2004</td>
<td>Baseline activity established</td>
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## Table A3 Construction sector

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<tr>
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<tr>
<td>Temporary Traffic Management</td>
<td>Details on HSE intranet</td>
<td>Update existing guidance in conjunction with Highways Agency and industry groups</td>
<td>Start 2003, End 2004</td>
<td>No progress in setting baselines</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Construction Site Transport</td>
<td>Details on HSE intranet</td>
<td>Compliance with EU standards</td>
<td>Start 2003, End 2004</td>
<td>Reflective reports in hand</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Blitz Inspections</td>
<td>Visits by contractor to assess change in attitude amongst those visited compared to a control group and to determine the long-term changes that may be brought about by this type of inspection.</td>
<td>Specific problems become targeted through widely publicised campaign</td>
<td>Start 2002/03, complete 2003/04</td>
<td>Joint evaluation programme between agricultural sector and construction division (to be managed by construction division). Inspections in 2002/03 Analysis and reaction in 2003/04 Draft NAO report received 10/03.</td>
<td>3</td>
<td>Priority Programmes</td>
</tr>
<tr>
<td>Reduction of risk from cement dermatitis</td>
<td>Inspection of sites and liaison with contractor H0 re controls / elimination for cement dermatitis, specifically, and OH support in general</td>
<td>Effective arrangements in place within contractors for OH support</td>
<td>Start 2002; 5 year programme</td>
<td>2003/04 Site visits giving baseline data; subsequent years: comparative of industry profile for new contacts; 2002/03: target for elimination of hexavalent chromium cements. Excellent progress with EU Directive. COSAS baseline survey out to tender but unlikely to start until Dec 2004. IRF data to be reviewed.</td>
<td>2</td>
<td>Priority Programme</td>
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<tr>
<td>Proving Inspection Works</td>
<td>Interviews/workshops with HSE staff, identify factors causing dutyholders to respond to interventions and development of a tool kit of measurement techniques to be applied to evaluate the effectiveness of FOD’s work.</td>
<td>Development of a systematic approach to the evaluation of the effectiveness of inspection, investigation and enforcement</td>
<td>2000-2001</td>
<td>Report produced and published as CCR.</td>
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<tr>
<td>Reduction of HAVS in E&amp;U sector</td>
<td>Research to identify tools which cause ill-health; training sessions for inspectors; detailed guidance for inspectors re tools and inspection; visits to manufacturers and suppliers</td>
<td>Reduction in occupational illness due to HAVS</td>
<td>Campaign start 2001/02; evaluation starts 2002/03 with expectation of 3-5 years duration</td>
<td>-</td>
<td>Priority programme</td>
<td></td>
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<tr>
<td>Effectiveness of visits by Workplace Contact Officers applying the contact process</td>
<td>Action taken by dutyholders as a result of WCO visits following contact processes in general manufacture</td>
<td>To show regulatory value of WCO workplace visits</td>
<td>Start 2002</td>
<td>Survey of businesses and reporting of results</td>
<td>-</td>
<td>Action taken by dutyholders</td>
</tr>
<tr>
<td>Motor Vehicle Repair Safety Awareness Event</td>
<td>To raise awareness of HSE’s priority topics and the topics in HSE leaflet ‘Reducing ill Health and Accidents in Motor Vehicle Repair’ (INDG 356); encourage membership of organisations which provide health and safety advice and promote Motor Vehicle Repair training courses; Raise the profile of HSE in the local area</td>
<td>To raise awareness of H&amp;S and reduce numbers of accidents and incidents of ill health in the motor vehicle repair industry</td>
<td>Start 2003</td>
<td>Feedback from initial event indicated that all objectives of the event had been met. This will be followed up later this year when a blitz of Motor Vehicle Repair premises is planned. Blitz was undertaken in July 2003, targeting those companies that did not attend the Event. People did not remember receiving our invitation to the seminar nor the leaflet but many did know there had been something at the College involving H&amp;S.</td>
<td>3</td>
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<tr>
<td>Wood SAD</td>
<td>To hold 3 further SAD for</td>
<td>Promote proactive effort in</td>
<td>Start 2001/2</td>
<td>Piloting SAD Oct 01. Full programme</td>
<td>-</td>
<td>SME/</td>
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<tr>
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<tr>
<td>evaluation</td>
<td>Wood to add to the 7 held last year.</td>
<td>key risk areas to reduce injury and ill health.</td>
<td>Follow up 02/03</td>
<td>Evaluation Wood part of Man sector end 03. Evaluation covered tripartite contributions to initiatives by PABIAC members. RIDDOR and industry data used. Result informed new strategy for PABIAC and application to other industries. Production of annual RIDDOR data and incidence rates. Delivery of recommended practice seminars during 1999 and 2000</td>
<td>2</td>
<td>PSA targets/poor performers</td>
</tr>
<tr>
<td>PABIAC initiative to reduce accidents in the paper industry</td>
<td>Manf. Sector. 3-year co-ordinated inspection prog to target paper mills in UK. (Ca 100)</td>
<td>To reduce accidents by 50% over 3 years 98/01</td>
<td>Start 2001</td>
<td></td>
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<tr>
<td>RUBIAC Action Plan 1999-2002</td>
<td>Development and delivery of RUBIAC recommended practice approaches for manual handling, risk assessment and incident investigation</td>
<td>Reduction in accident incident rate by 30% and manual handling reported injuries from 902 to below 500 per 100,000 employed. This to be monitored using RIDDOR data. Manual handling injuries account for around 40% of all the RIDDOR reported accidents in the industry.</td>
<td>1999-2002</td>
<td></td>
<td>3</td>
<td>Incidence rates are a measure of success. Between June – May 2002, accident rate fell by 25%. Manual handling incident rate fell from 902 down to 716 per 100,000 employed.</td>
</tr>
<tr>
<td>Concrete Targets Launch</td>
<td>Industry scheme established plan of action to support Concrete Target initiatives</td>
<td>Help industry address the ‘revitalising agenda’</td>
<td>Start 2001 End 2005</td>
<td>Evaluation of the initiative is currently under consideration</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>GLASS</td>
<td>Industry scheme</td>
<td>Help industry address the</td>
<td></td>
<td>Evaluation of the initiative is currently</td>
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<tr>
<td>Charter</td>
<td>established to help industry reduce working days lost through accidents</td>
<td>‘revitalising agenda’</td>
<td>under consideration</td>
<td>Preparation 2002/02; workshops to run during 2002/03 4 workshops were delivered, as opposed to 3 that were planned. Feedback was positive with 85% thinking that all sessions were acceptable or better. Responses from delegates 6 months after they had attended the workshops were positive although as there was such a small sample size it is not statistically valid. Identification and investigation of causation and remedial action; reduction in incidence of slips, trips and falls The slips &amp; trips information sheet completed its final consultation round in June 2003, and has been forwarded to DIAS for proofing and publication</td>
<td>3</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Workshops for Inspectors to inform inspectors of HSIP priorities and actions required to improve competence</td>
<td>Hold 3 workshops</td>
<td>Improve levels of H &amp; S in Health services</td>
<td></td>
<td>Preparation 2001/02; workshops to run during 2002/03</td>
<td></td>
<td></td>
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<tr>
<td>Identification of slips and trips in poor performing clients in Health Services</td>
<td>Raise awareness levels in selected trusts; identify examples of good practice; reduce incidence of major and over 3 day injuries</td>
<td>Reduce incidence of major and over 3 day injuries in poor performing trusts</td>
<td>Start 2003, End 2004</td>
<td>3</td>
<td>Priority Programme</td>
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<tr>
<td>Inspection of poor performers in NHS trusts wrt MSD MSD</td>
<td>Proactively target activities of physiotherapists and occupational therapists; reactively investigate recent F2508s</td>
<td>Measurable reduction in RIDDOR reports relating to MSD across sector</td>
<td>Start 2002, End 2004</td>
<td>Safe systems of work for all patient handling / moving by year end in which visits made; reduction in incidence of MSD injuries and related lost time in each trust after 12 months and across the sector by 2004 There is not enough data yet to make any assumptions on the penetration of the intervention. However, one of the trusts (who returned 4 proformas), had 2 INs served for manual handling-related activities, and they recognised in their proformas that awareness of health and safety has been heightened but that there is still more work to be completed.</td>
<td>3</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>Inspection of care homes</td>
<td></td>
<td></td>
<td></td>
<td>In abeyance due to formation of CHAI. The MoU with NCSC will become ‘defunct’ with the introduction of the new organisation. An MoU will be developed with CHAI (once their roles and responsibilities become clearer) and the work on care homes will be discussed as part of that work.</td>
<td></td>
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<tr>
<td>Local Authority Forum</td>
<td>Circulation of joint national agreement between employers and trade unions</td>
<td>Help local authorities address the ‘revitalising agenda’</td>
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<td>Probation Service</td>
<td>Ministerial checklist and Good practice Guide</td>
<td>Develop safety management system</td>
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<td>Intervention</td>
<td>developed by Sector</td>
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<tr>
<td>Developing Robust</td>
<td>Ministerial checklist and</td>
<td>Develop safety</td>
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<tr>
<td>Management System</td>
<td>Good practice Guide</td>
<td>management system</td>
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<tr>
<td>DoH</td>
<td>developed by Sector</td>
<td></td>
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<tr>
<td>Ministerial Task force</td>
<td>Development of self-audit</td>
<td>To address violence against</td>
<td>Start 1999</td>
<td></td>
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<td></td>
<td>tool for employers and</td>
<td>social care staff.</td>
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<td>carry-card for employees</td>
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<tr>
<td>Small Firms Programme – various projects across FOD divisions</td>
<td>To raise awareness of HSE’s priority topics.</td>
<td>To raise awareness of H&amp;S and reduce numbers of accidents/ill-health in small firms. To learn about relevance, usefulness, practicality, motivation and mechanisms for influencing awareness and management of H&amp;S in small firms</td>
<td>Start Jan 04 End 31/3/04</td>
<td>To build on projects which: have already been carried out; are in train; or, are being developed and delivered in 03/04 work year. The outcome will feed into HSC small firms strategy</td>
<td>-</td>
<td>Action taken by dutyholders</td>
</tr>
<tr>
<td>Assessment of COSHH Essentials guidance for controlling exposure to hazardous substances</td>
<td>Investigate whether control solutions from COSHH Essentials have been deployed and whether they adequately control workers exposure to chemicals</td>
<td>Evaluation of COSHH Essentials guidance</td>
<td>Start 09/03 End 06/04</td>
<td>1) Identify companies and controls - October 2003 2) Assess controls in 16 companies - March 2004 3) Individual reports to companies – April 2004 4) Collate data and final report – May 2004 5) Dissemination of results – June 2004 Evaluations consisted of a</td>
<td>2</td>
<td></td>
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<tr>
<td>Slips, trips and Seven joint FOD/LA</td>
<td>Target and motivate</td>
<td></td>
<td>Start 2002</td>
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<tr>
<td>falls seminars</td>
<td>seminars held as part of planned work for 2002/03</td>
<td>stakeholders who have ability to influence or provide advice to their own or other companies</td>
<td>End 2003</td>
<td>questionnaire to be completed by attendees and a proforma for follow up telephone calls (10-20% attendees) to record actions taken following the seminar.</td>
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<tr>
<td>falls seminars</td>
<td></td>
<td></td>
<td></td>
<td>Evaluations consisted of a questionnaire to be completed by attendees and a proforma for follow up telephone calls to record actions taken following the seminar.</td>
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<tr>
<td>Slips, trips and falls workshops</td>
<td>Twelve joint FOD/LA workshops held as part of planned work for 2002/03</td>
<td>To create an informal, informative and supportive environment for companies to learn about slips, trips and falls, discuss barriers to preventing them, prepare sample risk assessments and develop action plans</td>
<td>Start 2002 End 2003</td>
<td>Email questionnaires used to collect information on experiences gained. Follow-up telephone calls made two months later.</td>
<td>4</td>
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<tr>
<td>Pedestrian Slips Expert System</td>
<td>System evaluated by 46 personnel in a variety of workplaces.</td>
<td>To evaluate performance of the pedestrian slipping expert system used by field inspectors</td>
<td>Start 2001</td>
<td>Email questionnaires used to collect information on experiences gained. Follow-up telephone calls made two months later.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Falls from height</td>
<td>Programme to provide: Better understanding of the problem – ‘knowledge base’; Devise targeted projects to test effectiveness of approaches to reduction in falls from height; Replicating successful approaches.</td>
<td>Falls from height are a Priority Programme area. 6 x individual research projects have been initiated targeting high risk industries: Safe use of ladders and overhead cranes; Safe operating procedures for aerial and satellite industry; Moveable ladders and stepladder campaign;</td>
<td>Start 2003 End 2005</td>
<td>During 2003 analysis of statistics 1991-2001 was undertaken. No details currently available of inspection visits</td>
<td></td>
<td>Priority Programme</td>
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<tr>
<td>SADs for SMEs</td>
<td>Each Division required to undertake 2 SHADs</td>
<td>Falls from height in shipyards; Stepladders and leaning ladder guidance.</td>
<td>Start 2003 End 2004</td>
<td>Evaluations consisted of a questionnaire to be completed by attendees and a proforma for follow up telephone calls to record actions taken following the seminar.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Noise Single Issue Inspection follow up (SIIP 3)</td>
<td>Inspection of 350 premises who received a SIIP 1 visit; Inspection of 250 premises who received an SIIP 2 visit</td>
<td>To determine whether the original improvement in noise reduction and associated ill-health has been sustained by premises which received an SIIP2 visit</td>
<td>Start 2002/03 End 2003/04</td>
<td>Ensure FOD divisions receive material by end July 2002; liaise with AV to ensure contract in place; evaluation report by mid 2003/04</td>
<td>-</td>
<td>High profile campaign</td>
</tr>
<tr>
<td>Complex inspection</td>
<td>Not yet identified</td>
<td>To identify if complex/audit inspections lead to more sustained improvements in health and safety in compared to the effects of routine inspections</td>
<td>Planned to start 2003 in conjunction with others in the operations group</td>
<td>Not yet identified</td>
<td>-</td>
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<tr>
<td>Topic based inspection</td>
<td>Not yet identified</td>
<td>To identify if topic based inspection has more impact on health and safety standards/numbers of accidents and incidents of ill health than the more traditional inspection approach</td>
<td>Planned to start later this year</td>
<td>Not yet identified</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>High level strategic interventions in Scotland and Wales (HSIP)</td>
<td>To engage senior officials in Scotland and Wales in the revitalising agenda</td>
<td>To ensure a co-ordinated strategy for H &amp; S in the devolved bodies by ensuring that the performance management team effectively monitor progress and take remedial action as required</td>
<td>Start 2001; End 2004</td>
<td>Strategies and management activity to set targets and monitor sickness absence and injury reports in next 12 months; achieve reduction in levels of injuries and ill-health by 2002 Scotland: 1 Sector led meetings with Chair OHSSIG and Scottish Executive (SE) took place June 02 2 Targets already in place 3 Baseline data collected and analysed by SE. Due for presentation May 03 4 Implementation of Occ H&amp;S Strategy overseen by WG including FOD Scotland 5 PIN Guidelines are published 6 Work to establish the role of Peer Review and Benchmarking Group underway. This will be one strand of the performance management. Interim actions complete</td>
<td>-</td>
<td>Priority Programme</td>
</tr>
<tr>
<td>School Visits in Agricultural Areas by North</td>
<td>Not defined</td>
<td>To inform farmers and their children about health and safety issues including</td>
<td>2003</td>
<td>Inspector and Schools feedback taken after each event</td>
<td>5</td>
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<tr>
<td>East Region</td>
<td>transport incidents, Ffh and slips, trips and falls</td>
<td></td>
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<td>5</td>
<td>-</td>
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<tr>
<td>Buddy Clubs by North East Region</td>
<td>Not defined</td>
<td>To inform farmers about health and safety issues including transport incidents, Ffh and slips, trips and falls</td>
<td>2003</td>
<td>Inspector and host feedback taken after each event</td>
<td></td>
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</tr>
<tr>
<td>CCTV on Quarry Dump Trucks (Midlands Region)</td>
<td>Not defined</td>
<td>To persuade suppliers of new dump trucks to include CCTV</td>
<td>1980s (exact dates unknown)</td>
<td>Review of suppliers products after completion</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Attendance at Agricultural Shows in Midlands Region</td>
<td>Not defined</td>
<td>To inform farmers about health and safety issues</td>
<td>Start 1991 End 1994</td>
<td>Inspector and visitors feedback taken after each event</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Jewellery SADS (Midlands Region)</td>
<td>SADs in conjunction with BJA</td>
<td>To raise awareness of health and safety in jewellery industry</td>
<td>Start 2003 End 2004</td>
<td>In conjunction with BJA attendees questionnaire at event and contact 3 months later (early 2004)</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Nuffield Hospitals-multi-site audits (Midlands Region)</td>
<td>Inspector liaison with hospital health and safety management team and consultants.</td>
<td>To reduce accidents, near misses and complaints from MSD, Slips, trips and falls and manual handling</td>
<td>Start 1990s End unknown</td>
<td>Internal evaluation made available to inspector routinely on RIDDOR accidents and complaints/near miss reporting</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Carmarthen Priority Improvement</td>
<td>To work with stakeholders to reduce accidents in companies with more than</td>
<td>To determine main hazards and to work with companies to reduce</td>
<td>Start April 2002 End 2005</td>
<td>Initial inspection undertaken with 25 companies (2002). Evaluation to be undertaken 2005 by inspectors notes</td>
<td>3</td>
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<tr>
<td>Programme (Wales/West Region)</td>
<td>100 employees</td>
<td>workplace accidents</td>
<td></td>
<td>and accident statistics.</td>
<td></td>
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<tr>
<td>Agriculture Transport Initiative (East/South East Region) North West pilot</td>
<td>Mails shots and broadcasts followed by inspection blitz on 160 farms.</td>
<td>RHS in Agriculture Programme to raise awareness of transport issues in farms.</td>
<td>Start 2003 End Nov 2003</td>
<td>Evaluated November 2003</td>
<td>2</td>
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</tr>
<tr>
<td>Introducing more WCOs to cover all sectors, dedicated admin support co-located with inspector teams, external relations team, revised RIDDOR criteria, reduced letter writing, litigation team.</td>
<td>Increased contact time, increased HSE influence, improved staff satisfaction and band 6 retention</td>
<td>Pilot start June 03 finish March 04</td>
<td>23/06/03 Pilot goes live with new ways of working introduced. Main measurement period September to December 03. March 04 pilot ends and decision taken</td>
<td></td>
<td>2</td>
<td>Mainly measures of contact time on priority programmes, new workplaces, staff retention rates</td>
</tr>
<tr>
<td>London Pilot: Introduction of new admin front-line roles and B2 roles to develop strategy and work with key stakeholders in</td>
<td>B5 admin roles to combine WCO and Complaints Officer functions and develop new work areas to support investigations and inspector work planning. B2 roles to develop clear strategic priorities for FOD in London, develop</td>
<td>Reverse deteriorating staffing position and improve staff retention rates, increase productivity, in particular inspector contact time, and improve business quality i.e. right interventions at the right time.</td>
<td>Start July 2002, duration 18 months</td>
<td>15/07/02 Compliance officers begin work in inspector teams; 1/09/02 Pilot goes live and new working arrangements begin; Jan 2003 completion of training; Feb 2004: pilot ends and decision made on future working arrangements for London and whether to roll out arrangements across FOD(links with NW Pilot)</td>
<td>4</td>
<td>Large scale programme with associated costs and implications for productivity, staff</td>
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<td>the London Division and London FMUs in the construction division</td>
<td>partnership work with Local Authorities and work with key stakeholders to develop initiatives to raise standards in London. Targets included Parcel Carries, Royal Mail, Bus companies, Business Links, Double Glazing companies, Road Haulage, Broadcasting companies and ethnic groups.</td>
<td>To prevent further accidents with this faulty machine</td>
<td>Start August 2003. End October 2003</td>
<td>Evaluated December 2003 based on inspectors reports.</td>
<td>2</td>
<td>retention and more outcome based working.</td>
</tr>
<tr>
<td>Hop Press Initiative (East/South East Region)</td>
<td>Initiative resulted from accident. PN served on manufacturer. Safety alert issued via intermediaries and follow up inspections</td>
<td>Start August 2003.</td>
<td>Evaluated December 2003 based on inspectors reports.</td>
<td>2</td>
<td>retention and more outcome based working.</td>
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Evaluation of the Impact of Field Operations Directorate Interventions