

'Targets for Change'

Dear colleague,

After consultation with a range of health and safety professionals in high performing companies and key player organisations, RoSPA has developed new consensus guidance, '*Targets for Change*' which explores good practice in setting corporate health and safety improvement targets. It follows on from the Society's recent work on DASH (Director Action on Safety and Health) which led to the production of a consensus report entitled '*Measuring and Reporting on Corporate Health and Safety Performance: Towards Best Practice*' - accessible on RoSPA's website (www.rospa.co.uk - go 'occupational safety' - go DASH).

The aim of the guidance is to help individual (or parts of) organisations to think through the issues involved in setting their own internal targets for performance improvement and thereby to help contribute to achievement of the headline and sector targets which have been set as part of the Health and Safety Commission's strategies for 'Revitalising Health and Safety' and 'Securing Health Together'.

The guidance which has been discussed in several drafts by RoSPA's National Occupational Safety and Health Committee and which has received support from senior figures involved with health and safety, is intended as a contribution to on-going debate about health and safety performance. Since the first draft was presented for consultation, HSE have produced further web-based guidance including '*A guide to Measuring Health and Safety Performance*' accessible on the web at www.hse.gov.uk/opsunit/perfmeas.htm .

RoSPA would welcome feedback on the guidance and would be grateful if you could draw it to the attention of colleagues and include reference to it in appropriate publications and other communications.

Particular thanks go to Qinetiq who hosted an initial consultation meeting on the project at their headquarters in Farnborough on 4th June 2001 and to BDO Stoy Hayward who made available facilities in London on 29th October 2001 for a further 'round table' involving health and safety specialists from employer and trade associations, trades unions and the Health and Safety Executive.

Yours sincerely,



Roger Bibbings
Occupational Safety Adviser

15th November 2002

'Targets for change'

**Guidance on setting
corporate
health and safety improvement
targets**

November 2002

Foreword by Lord Faulkner, President of RoSPA

“When people go to work they have a right to expect that they will be able return home at the end of the day without having suffered injury or damage to their health. All businesses have moral as well as legal obligations to protect their employees and others affected by their activities.

But taking action to ensure safety and health at work is not just a matter of complying with regulations (important though this is). It also makes very sound business sense. In which case, success in tackling these issues needs to be seen as a key business performance indicator and part of any organisation’s overall approach to business risk management.

In RoSPA we are committed to encouraging excellence in health and safety. For nearly 50 years we have been making awards to recognise organisations’ achievements in this field and to help motivate all people at work to strive for continuous improvement in health and safety standards.

We believe passionately that health and safety performance must be a boardroom issue, with strong leadership (including by personal example) by all directors and senior managers and a clear focus on performance. We also believe just as passionately that good health and safety performance is something that organisations can only achieve through effective workforce involvement and partnership.

*Building on RoSPA’s work on ‘Director Action on Safety and Health’ and linking with the Health and Safety Commission’s strategies for ‘**Revitalising Health and Safety**’ and ‘**Securing Health Together**’, this guidance is designed to help all stakeholders to think more deeply about health and safety performance and how to set targets that will actually help leverage change. I commend it not just to experts such as professional health and safety advisers and safety representatives but to anyone whose job has a bearing on controlling risks at work.*

If you cannot say what your organisation’s targets are for improving safety and health are and how they were arrived at, the chances are you’re not ‘on the case!’”

Lord Faulkner of Worcester
President of RoSPA

September 2002

Statements from some key players:

- **Bill Callaghan, Chair of the Health and Safety Commission**

“As part of its strategy for ‘Revitalising Health and Safety At Work’, the Health and Safety Commission has set challenging national and sector level targets for reducing work-related injuries and health-damage. We want every organisation to set their own targets for improving health and safety and to report on their performance to their stakeholders in annual reports.”

- **Lord Newton, Institute of Directors**

“Health and safety demands close attention from the boardroom downwards, and the IoD welcomes this guidance as an aid in addressing some of the issues involved.”

- **John Edmonds, General Secretary GMB, Britain’s General Union**

“It is well known that trade union Safety Representatives can significantly improve health and safety standards at work. If organisations are going to continuously improve standards, the most effective employee participation is through Safety Representatives. The GMB supports the use of targets as a means to improve managerial control over health and safety. However for targets to be effective, Safety Representatives must be involved with the development, monitoring and review of such targets.’

- **Rob Strange, Institution of Occupational Safety and Health**

“Health and Safety professionals need to be able to convince everyone in their organisations that health and safety is not just a question of complying with the law but that it is a key business performance issue. We agree with RoSPA and also want to emphasise the importance of practitioners helping to formulate health and safety targets that fit within the overall drive towards business excellence.”

- **Tim Humphreys, Association of British Insurers**

“A key aspect of the management of health and safety risks in the workplace is the development and implementation of plans. A fundamental aspect of any meaningful plan is the setting of targets and the measurement of progress made towards such targets. Insurers are keen to see the use of planning and the setting of targets by policyholders - thus demonstrating their commitment to risk improvement.”

Introduction

Selecting the right targets is critical in helping to leverage performance improvement in organisations and in Society generally. National/sector targets have now been set as part of the Government's and the Health Safety Commission's (HSC) plans for 'Revitalising Health and Safety' and 'Securing Health Together' (see below). If these are to be met however, further work is needed by individual organisations to set effective performance improvement targets at corporate, divisional or even departmental levels.

This guidance, which is the outcome of a RoSPA occupational safety 'key issue' project, 'Targets for Change' and has been overseen by RoSPA's National Occupational Safety and Health Committee (NOSHC), has been developed after close consultation with key stakeholders in the UK H&S system (see annex two). It builds on similar earlier consensus guidance, 'Measuring and Reporting on Corporate Health and Safety Performance' (accessible on the 'occupational safety' pages of www.rosipa.co.uk), a summary of which is given at annex three. Its purpose is to raise important questions which need to be considered in target setting while reflecting a balance of stakeholders views and seeking to draw on 'high performers'' experiences and encourage greater sharing of 'best practice'.

It is designed to help organisations think through their approach to setting health and safety improvement targets for their organisation as a whole and at each subsidiary level, focusing on the need to take an holistic view of performance, establish an evidenced based approach and to develop and agree targets with key internal and external stakeholders, including safety representatives.

It suggests that the 'process' of target setting is itself as important as the targets that are eventually set and that examining and developing that process goes to the heart of the way in which organisations are managed and led.

Reducing risk, harm and loss

In comparison with most industrialised countries Britain has a good occupational safety (although not occupational health) record but there is still massive scope for further reduction in levels of risk, harm and loss associated with work activity across the whole economy. This is particularly true for small and medium size firms: 95% of all UK businesses now employ fewer than 50 employees, accounting for over 45% of all private sector employment – but the risk of fatal or serious injury accidents in such firms is roughly double that in firms employing more than 1000.

Data on occupational accidents and ill-health suggest that levels of work related harm are substantial but with annual trends remaining fairly static. For instance:

- every year there are about 350 fatalities involving workers or the self employed and over 100 fatalities involving members of the public resulting from accidents which were related to work;

- between 800 and 1,000 fatalities may be occurring annually in road accidents which have 'at-work' vehicle involvement;
- around a million workers suffer a workplace injury every year;
- annually there are around 14,000 cases of premature death attributed to past exposure to occupational hazards, including asbestos, coal dust and carcinogenic agents;
- in total there are about 2 million cases of work-related illness every year in Great Britain, including musculo-skeletal disorders, stress (depression, anxiety and stress ascribed disease) and lower respiratory disease;
- occupational injury and ill-health account for around 24 million lost working days annually with 27, 000 people being forced to give up work; and
- the associated costs to the British economy and to society as a whole are estimated to range from £10-14 billion, equivalent to about 1.4-2.0% of the Gross Domestic Product.

HSE have estimated that for every one pound which businesses recover in insurance following accidents they lose between eight and thirty two pounds. They have also suggested that about 70 per cent of reportable accidents could be prevented by employers ensuring that reasonably practicable precautions are put in place.

'Revitalising' health and safety

In June 2000 the Government's and the Health and Safety Commission (HSC) set out ambitious plans for '*Revitalising Health and Safety*' (RHS) together with an associated plan for occupational health ('*Securing Health Together*'). The aim is to strengthen the British health and safety 'system' - that is:

- policy making,
- laws,
- risk management by employers,
- workforce involvement,
- workplace inspection,
- research,
- information,
- training, etc)

and to set overarching, national targets for improvement.

Key elements in RHS include: establishing closer partnership between the 'key players' and enhancing the factors which currently 'drive' the system, including: regulation and enforcement; claims for damages; workforce involvement and public expectations; and business self interest (for example, reducing costs to businesses due to accidents and work related ill health and demonstrating excellence in health and safety management for commercial and other purposes).

A fundamental challenge in RHS is that organisations should strive to go beyond just complying with regulations and seek to reach ‘best practice’ standards, addressing health and safety as an integral part of business management.

In turn RHS focuses on the need to strengthen the leadership role and influence of board level directors, especially in large organisations. A new HSC guide on the health and safety responsibilities of director’s has been published following public consultation. It stresses that directors should be:

- establishing high standards of health and safety performance as a key business objective;
- ensuring the maintenance and development of effective H&S management systems underpinned by robust H&S culture;
- identifying clear strategic priorities for H&S at board level;
- consulting with and involving employees in H&S and
- seeking to influence health and safety standards in the businesses with which they come into contact via the supply and contracting chain.

The guide also suggests that, while corporate responsibility for H&S will remain shared between all board members, organisations should appoint a single director to act as a ‘champion’ for H&S at main board level.

A particularly significant recommendation in ‘*Revitalising..*’ is that all large companies and all Government and public sector employers should begin to report on their OS&H performance to a common standard (see below).

Targets in ‘Revitalising Health and Safety’

The aim of the overarching, national ‘headline’ targets set in ‘*Revitalising...*’ is to:

- establish a vision of what can be achieved over a relevant timescale;
- set some milestones against which progress can be measured; and also
- to provide a framework within which specific sectors and individual organisations can motivate and leverage improvement.

Overarching national targets for improvement to be achieved by 2010 include:

- 30 per cent reduction in days lost per 100,000 due to work related injury and work-related ill health (WRIWRIH);
- 10 per cent reduction in the incidence of fatal and major injuries;
- 20 per cent reduction in WRIH by 2010;

...with half of these to be achieved by 2004.

The Health and Safety Commission and Executive have been working with industry associations and representatives to encourage the setting of targets within sectors. Sectors HSE identifies with and their position on targets are as follows:

- *Agriculture*: have set higher targets to reduce fatalities and major injuries than the RHS headline targets, and have added a target of zero child fatalities by 2010.
- *Airports*: Targets not set yet
- *Cement*: Industry Federation to discuss targets.
- *Ceramics*: reduce number of working days lost from WRIWRIH by 30 per cent by 2010.
- *Chemicals*: CIA, ABPI, UKPIA, the Tank Storage Association and the British Coating Federation have agreed their own targets.
- *Concrete*: Reduce number of lost time injuries by 50 per cent by 2005.
- *Construction*: reduce incidence rate of fatalities and major injuries by 40 per cent by end 2005 and 66 per cent by end 2010 and reduce incidence rate of cases of WRIH by 20 per cent by end 2005 and 50 per cent by end 2010. Reduce number of working days lost per 100,000 workers from WRIWRIH by 20 per cent by end 2005 and 50 per cent by end 2010.
- *Crown, Fire and Police*: Targets being set.
- *Docks*: 20 per cent reduction in fatal and major injuries by 2010.
- *Education*: No targets as yet for schools but violence, manual handling and stress identified as key issues; University and College Employers Association have given commitment to RHS targets.
- *Engineering*: EEF promoting discussion on targets at company level.
- *Entertainment*: No targets.
- *Finance/real estate*: No targets. MSDs and violence seen as priorities.
- *Food and drink*: by 2010, to reduce overall injury rates by 15 per cent, fatal injuries by 10 per cent, major injuries by 5 per cent and incidence of WRIH by 20 per cent.
- *Footwear*: Signed up to RHS headline targets.
- *Glass*: Reduce number of working days lost by 30 per cent by 2010.
- *Health Services (for England)*: reduce all accidents by 30 per cent by April 2004. Reduce incidence of violence by 30 per cent by April 2004 and reduce all sickness absence 30 per cent by December 2003.
- *Hotels and catering*: No targets. Focus on slips, trips and MSDs.
- *Laundries and dry cleaning*: Aware of RHS but no hard targets yet.
- *Leather and leather products*: Targets still being considered.
- *Local Government*: National Forum for Local Authorities have met and have agreed to recommend acceptance of RHS Targets for all 2.5m employees.
- *Metals*: Reduction in injuries in foundries by 10 per cent each year till 2005.
- *Mining*: Major employers in the coal mining sector have set targets in line with RHS
- *Nuclear*: No targets set but hazard priorities identified and action includes the monitoring of lost time accidents.
- *Offshore oil*: reduction in fatal and major injury rate by 50 per cent and 30 percent reduction in WRIWRIH rate by 2010.

- *Paper and Board*: reduce accidents by 50 per cent over period 1998 - end 2001 and introduce continuous improvements. (30 per cent reduction in fatal and major injuries achieved and new targets set for 2001 –2004. RHS targets accepted for the corrugated packaging sector. An industry specific plan in line with RHS has been set for the Waste Paper sector.)
- *Plastics*: RHS targets being set by the Plastics Processors H&S Liaison Committee.
- *Publishing and printing*: reduce working days lost due to manual handling injury by 15 per cent by end 2003. Reduce frequency of machinery related accidents by 5 per cent by end 2003.
- *Quarrying*: reduce incidence of WRI by half by end 2005.
- *Railways*: No targets set as yet.
- *Rubber industry*: reduce annual accident rate by 30 per cent and the incidence of manual handling by 45 per cent by end 2003.
- *Shipbuilding and ship repair*: RHS headline targets accepted. Advice to boards on setting own targets.
- *Stone*: Targets being set.
- *Textiles*: agreement to work to national targets (with a working group on musculo-skeletal disorders).
- *Transport/storage*: No targets set but workplace transport, slips, trips and MSDs seen as main priorities.
- *Utilities* - water, gas and electricity supply, and domestic gas: Electricity signed up to RHS. Water signed up to RHS targets and have an occupational health strategy aligned with SH2.
- *Wholesale/retail*: No targets set.
- *Wood*: Agreed to RHS headline targets, particularly 30 per cent reduction in days lost due to WRIH by 2010.

Further information on RHS targets can be accessed on the HSE's '*Revitalising Health and Safety*' pages on www.hse.gov.uk/revital/index.htm.

Reactions to the RHS targets have been generally positive, although a number of points have already been made by RoSPA and others including:

- the reasoning underpinning them is not clear (it is not clear whether they are based on an extrapolation of historical trends, on estimation of the impact of HSC/E's and others' strategic interventions, or whether they are based on aggregation of estimates of achievable improvement upwards from individual businesses to sectors and to the economy as a whole);
- they are too modest (although some have said that they are too tough);
- because of problems of under-reporting, progress towards them will be difficult to measure; and
- because they are based on RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) definitions, they do not translate easily into sub-targets for most businesses (especially small ones) where RIDDOR events are relatively rare.

The HSC accept however that the achievement of the headline targets will require further detailed work at the sector and corporate level and they stress that they do not

wish to be prescriptive in suggesting how this can be done. Nevertheless, the headline targets set in ‘*Revitalising..*’ do challenge every organisation in the British economy to consider what contribution they can make to achieving a lasting improvement in national occupational health and safety performance.

Key questions

Corporate targets

Has your organisation considered (in discussion with recognised unions and HSE) what contribution it can make to achieving the targets in ‘*Revitalising..*’? How relevant are your corporate targets to the achievement of national and/or sector headline targets?

Understanding ‘targets’

In practice the term ‘target’ tends to be used quite loosely alongside the related (although arguably distinct) concepts of ‘mission’, ‘vision’, ‘aspiration’, ‘aim’, ‘goal’ and ‘objective’.

‘Targets’ however need to be distinguished from aspirational goals (e.g. ‘zero accidents’) and, in contemporary management parlance, are usually recognised as being SMART (Specific, Measurable, Achievable, Realistic, Time based).

Targets can address improvements in **inputs** (systems, resources, processes), **outputs** (activity) as well as **outcomes** (results).

In large organisations or indeed in whole societies, they can be ‘guesstimates’ based on professional judgement or they can be headline targets developed by aggregating targets set at each subsidiary level.

In order to be meaningful however target setting needs to be underpinned by a robust understanding of current performance status, including continuing problems and their causes and possible solutions.

Headline targets may need to be broken down and expressed in a form that is relevant to subsidiary levels in sectors or organisations.

Target setting in the area of health and safety needs to be understood in the context of an organisation’s approach to target setting in general and in turn this needs to be viewed in relation to its overall approach to strategic decision making.

This guidance is based on the view that targets are most likely to be effective in helping to leverage change when they are ‘evidence based’ and they are set with the active involvement of the groups or individuals who will be held accountable for delivering against them.

Key questions

What to target?

Which aspects of performance can most usefully be addressed via targets?

Measures?

What measures can mostly usefully be employed to define and assess progress?

Evidence

What evidence is required to determine current status (where we are now) and future trends (where we want to be)?

Process?

‘By what process can consensus around targets be reached?’

Accountability?

How can key individuals and groups be held accountable for achieving agreed targets?

Understanding OS&H ‘performance’

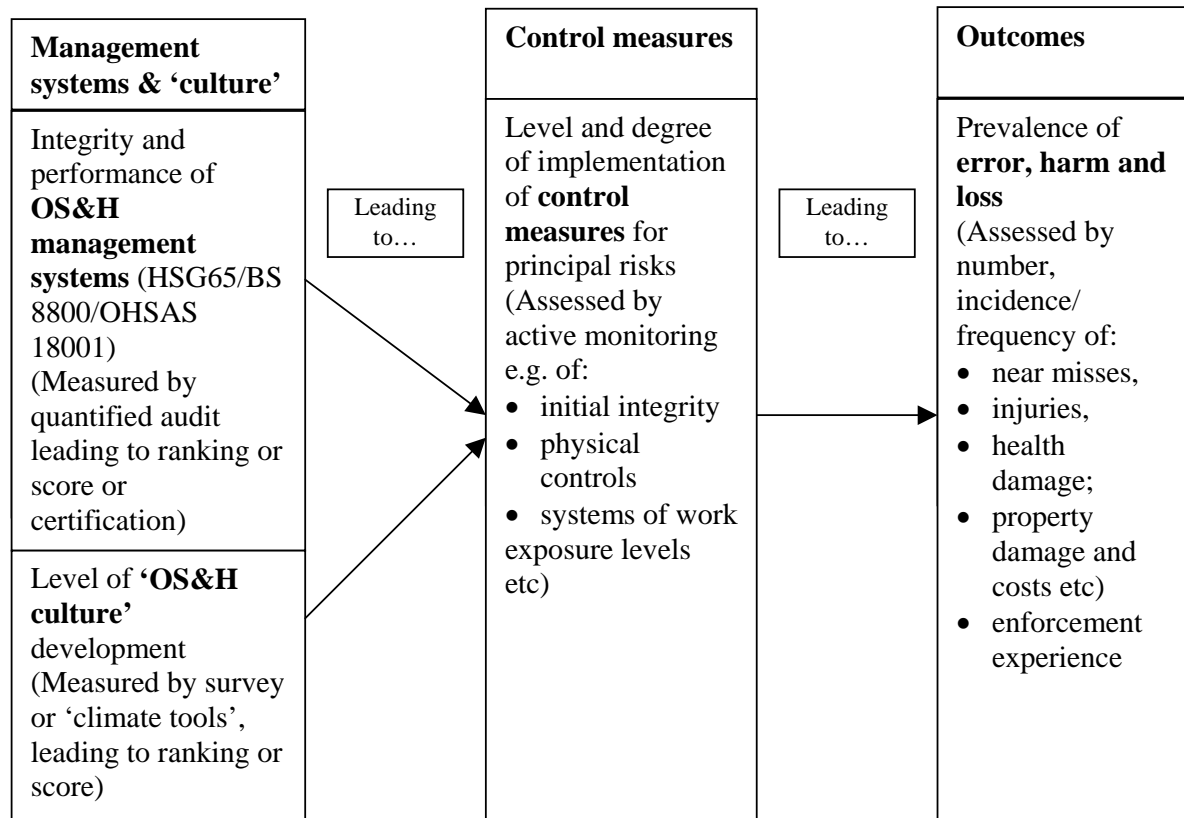
Increasingly it is being understood that OS&H performance is multidimensional. No single measure provides an overriding indication of an organisation’s success or failure in managing work related risk. Reliance on lost time injury (LTI) data, for example, as a sole measure of H&S performance has the following drawbacks:

- it is beset with problems of under-reporting;
- it does not measure non-injury health and safety failures (e.g. near misses);
- it addresses the severity of outcomes rather than the severity of events (yet whether or not accidental injury leads to absence from work - and for how long - is determined by social as well as clinical factors);
- it is beset with problems of statistical significance (small numbers etc);
- there is no automatic link between LTI performance and major hazard safety;
- similarly there is no link between LTI performance and levels of health detriment; and
- it does not measure standards of health and safety management performance.

In ‘*Towards Best Practice*’ RoSPA has argued that a more holistic approach to performance assessment is required based on assembly of a ‘portfolio’ or ‘evidence package’ composed of ‘leading indicators’ of **input** (such as measures of ‘culture’ and measures of the integrity and performance of management systems) linked to ‘lagging indicators’ of **output** such as standards of control for principal risks (and their implementation). These in turn can be related to further ‘lagging, **outcome** indicators’ such levels of error, harm and loss (see figure 1 below).

This approach links closely to the ‘inputs’, ‘outputs’, ‘outcomes’ model of performance that has now been widely promoted in the Government’s ‘Modernising Government’ agenda (see annex one for reference to ‘*Choosing the right FABRIC*’ and related Audit Commission guides). It is also reflected in more recent web-based guidance from HSE (*A guide to Measuring Health and Safety Performance* - HSE web-based guide www.hse.gov.uk/opsunit/perfmeas.htm) that has been produced to help those organisations that understand the principles of H&S management to improve their approach to performance measurement.

Figure 1
A holistic view of corporate OS&H performance



The HSE's performance model also incorporates the idea of measuring the 'hazard burden', both as a performance measure in itself (for example, as a measure of success in reducing risk by eliminating hazards) and as a baseline against which to assess other dimensions of performance.

In practice measuring '**inputs**', '**outputs**' and '**outcomes**' effectively poses a number of practical challenges. Some can be measured by continuous whole population monitoring (eg accidents, routine health surveillance), some only by using sampling techniques (eg health and safety management system audits; safety climate surveys; behavioural surveys etc). Some can be measured via routine monitoring processes (planned, periodic inspections; monitoring levels of workplace contaminants etc). There are likely to be many factors affecting the practicability and efficacy of measurement in each case.

RoSPA recommends that organisations that are currently assessing corporate H&S performance using single measures, such as 'first aid' or 'lost time injury' rates, should try to adopt a more holistic approach, using an appropriate selection of indicators.

In doing so however they should ensure that effort is devoted to measuring what is truly significant rather than trying to ascribe false significance to what is easy to measure. For example, the number of workers trained may be relatively easy to count but is likely to be less significant than subsequent changes in their behaviour which may be harder to measure effectively.

Also care has to be taken when seeking to interpret the significance of trends in each area and when seeking to relate them to one another.

For example, time may have to elapse before improvements in 'upstream' 'input' measures such as improved planning, information provision or training feed through into 'down stream' output measures such as upgraded control measures/safer systems of work - and in turn more time still may have to elapse before these changes result in measurable reductions in injury or near miss rates or the incidence of particular kinds of ill health.

While integration of such measures into a single performance measure is unlikely to be possible (or indeed meaningful), read together, they can still provide powerful data to help evaluate progress within and between organisations and over time.

Key question

Performance?

What do we mean by OS&H performance?

Measurement?

In each area ('inputs', 'outputs', 'outcomes') which indicators are likely to be most significant? How easy is it to measure progress - for example, whole population data versus sampling?

Integration?

How can trends in each area be related to one another?

Multi-dimensional target setting

As work on the targets approach proceeds, there will be a need to indicate a wider range of possible target points, not just 'outcome' measures such as rates of accidents leading to injury, 'near misses' and ill-health (see table 1 below). Organisations also need to look at 'output' indicators such as:

- reductions in exposure to harmful agents in the work environment (e.g. airborne contaminants, noise, radiation etc) and
- reductions in exposure to harmful burdens (physical, psychological).

More importantly perhaps, they also need to be able to identify meaningful upstream OS&H management 'input' or 'process' targets such as:

- higher management audit scores or rankings or
- higher health and safety climate survey scores.

Important (and often quite simple) steps in improving the health and safety management process - such as:

- reviewing policy,
- upgrading organisation and training (for example, enhancing director, manager and workforce competence and involvement),
- reviewing risk assessments,
- upgrading controls (eg standards of protection),
- improving monitoring, review and communications feedback –

also need to be translatable into meaningful targets, particularly for small firms (see below).

Key questions:

Which indicators?

Which indicators will best describe status and change in an organisation's overall health and safety performance?

Range of indicators?

Besides 'downstream' indicators such as accident frequency, are 'upstream' indicators selected which address H&S management 'inputs'?

Compromise?

When selecting indicators for target setting, how can an effective compromise be achieved between what may be desirable and what is actually possible?

Evidence based target setting

Target setting, if it is to be useful, has to be based on good data, robust analysis and a sound understanding of the processes through which improved risk management can be achieved.

If targets appear to be 'plucked from thin air', not only will they lack transparency, meaning and credibility but they will not secure workforce and management 'buy-in'.

At a corporate or divisional level, where reductions in particular classes of accident and work related ill health are being addressed through target setting, this needs to be based on a sound understanding of immediate and underlying causes and 'preventability'.

As with good budgeting, targets will not be robust unless they are based on a rigorous 'ground up' approach in which, at each stage, the key stakeholders are subject to challenge on their estimates.

In practice however, 'output' improvement targets (such reductions in LTI frequency) may still have to be set on the basis of professional judgement. If this is the case, it is important that they are not simply a forward projection of some fraction of what has

been achieved in the past without assessing historically the relative contribution to such trends of factors such as changes in hazard exposure of the workforce as opposed to the impact of particular preventive interventions.

Targets which merely assert unrealistic goals - but without indicating why they have been chosen or the means by which they were set or can be achieved - serve no useful purpose and need to be challenged.

Organisations may wish to seek independent professional verification of their proposed targets, for example, by independent auditors.

Key questions

Evidence based?

To what extent are headline targets based on ‘ground up’ analyses? Are ‘outcome’ targets, for example, based on analyses of existing injury/illhealth/incidents trends/causation?

Achievability?

Are there data that link inputs and outputs? Is there evidence of proposed targets being achieved elsewhere? Are there sufficient resources available to enable delivery against proposed targets?

Timescales?

Is there a robust rationale underpinning proposed timescales?

Verification?

Is there a case for independent and internal/external verification of proposed targets?

Establishing baselines

HSC/E acknowledge that the existing national level targets in ‘*Revitalising*’ have ‘baseline’ problems. The true fatal accident rate within RIDDOR is fairly well known (although currently RIDDOR still excludes data on ‘fatals’ in occupational road accidents). (In the light of the work of the Government’s independent Work Related Road Safety Task Group, these will need to be included in future in company, sector and national targets for fatal and major injury reduction). There is also a need to find the true baseline for ‘major injuries’ under RIDDOR.

On the other hand, with occupational ill-health reduction targets, it is accepted that it is going to be very much harder to define the true baseline. The HSE’s ‘Self Reported Work Related Injury’ survey indicates that work related ill-health is a much bigger problem than accidents but the true extent of early death from such causes as well as the true prevalence of serious ill health conditions (even conditions such as asbestos linked cancers, for example) is much harder to identify. As the HSC/E’s ten year ‘*Securing Health Together*’ strategy takes effect, there is likely to be an increase in work related ill health reporting, so there will be a need to reassess original baseline data on health otherwise, to the casual observer particularly, it will look as if

'Revitalising...' has failed when the rising figures will in fact testify to considerable success.

The HSC have published a note on issues involved in measuring progress towards the RHS targets ('Achieving the Revitalising Health and Safety Targets: statistical note on progress measurement' <http://www.hse.gov.uk/statistics/pdf/statnote.pdf>).

The same 'baseline' problems exist in individual organisations, often meaning that as awareness of H&S issues increases, reporting rates for 'near misses', for example, will tend to improve. Explaining when the figures are getting worse that, in reality, things are actually getting better, is a challenge faced by professionals in many spheres where targets are set against incomplete baseline data. Thus, whatever indicators are chosen as a basis for target setting, it is important to ensure that, as far as possible, current baselines are an accurate reflection of existing status.

Key questions

Baseline data

Are baseline data available? Are they reliable? If not, what alternative, if any, approaches are possible?

Ensuring relevance

In choosing targets which can help motivate and leverage change, target setters need to ensure that targets chosen are not only transparent but focus specifically on agreed priorities. In choosing priorities, they need to be able to balance the likelihood of achieving 'easy wins' against making progress in solving hitherto intractable problems. For example, does the organisation commit considerable resources to re-engineering a process to eliminate a remote risk with severe consequences or adopt a lower cost behavioural solution to deal with this problem and use the balance to address lower consequence but chronic problems that, so far, have proved difficult to solve?

Besides some sort of strategic appraisal or 'status review' of the organisation's health and safety management capability, target setting needs to be preceded an analysis of its record in managing its principal risks. Review of both should be undertaken in partnership with employee representatives, including trades union safety representatives where they have been appointed. In line with the spirit of partnership that underpins 'Revitalising..', organisations may wish to set up joint health and safety performance review teams to establish current performance status, identify priorities, targets and timescales for action.

At present, the headline targets set in 'Revitalising' are essentially reductions in the national OS&H 'failure record', particularly the incidence of accidental injuries and work related ill health. But these terms are not directly transferable to most businesses, even to the 25,000 or so major business in the UK employing more than 50 people - for whom RIDDOR events may still be relatively rare. In Britain's 1.3 million small and micro businesses, even though injury rates in this sector may be

higher than in larger businesses, in each individual business the average interval between injuries will be very long indeed.

In smaller firms, or indeed within individual business units within large organisations, because targets cannot be set meaningfully on LTI trends, it makes much more sense to construct qualitative targets within a basic health and safety 'action plan'. Elements in such a plan might include for example:

- upgrading the health and safety policy;
- reviewing all risk assessments;
- upgrading standards of control for principal risks (and levels of compliance);
- setting training targets;
- carrying out regular monitoring; and
- improving consultation.

As with other forms of target, the decisions about elements of the 'plan' need to be determined through status review. They need to be 'evidenced based' and progress towards them needs to be capable of being monitored.

Key questions

Priorities?

Do targets address agreed priorities? Are they based on a review of current H&S management status and progress in tackling continuing problems?

Relevance?

Do corporate 'headline' targets break down logically into relevant sub targets for each division, department, team and individual?

Small firms?

How can meaningful targets be set for smaller firms and business units?

Avoiding distortions

Apart from the danger already mentioned of simply setting targets for things that are easy to measure, there is the risk that inappropriate targets may cause duty holders to deliver against these 'measurables' rather than real, underlying process requirements. Worse still they may actually seek to cover things up or redefine events so that they do not come within performance indicator definitions (for example, injury target driven managers asking themselves, 'did the accident really qualify as 'lost time?').

There is much experience outside OS&H to demonstrate that badly thought out targets can actually cause harm (for example, targets to improve school performance standards allegedly led to a substantial increase in the number of excluded children).

Thus it is important that performance targets are only ever presented as a means to an end and must never be allowed to become an end in themselves.

Further they need to be compatible (and not in conflict) with other performance targets set within the organisation, otherwise achievement of improvement in one area will only be achieved at the expense of a deterioration in performance in others.

Key questions

Distortions?

Do proposed targets introduce any undesirable distortions in behaviour?

Conflicts?

Do they conflict with other non H&S targets?

Table 1

Examples of corporate improvement targets:

ERROR

Unsafe decisions/acts/conditions

Reductions in numbers, incidence etc

ACCIDENTS

Injury accidents

Reductions in LTI numbers, incidence and frequency

'Near misses'

Reductions in numbers, incidence, frequency.

HEALTH DAMAGE

Substances

Reductions in incidence of specific symptoms, biologically measured uptake etc

Noise

Reductions in cases of noise induced hearing loss

Ergonomics

Reductions in incidence of MSDs etc

Stress

Reductions in incidence of reported cases.

ENVIRONMENTS

Airborne contaminants

Reductions percentage of workers exposed above specified fractions of OELs

Noise

Reductions in numbers/percentage workers exposed above 'first action level'.

Ionising radiation

Reductions in individual and collective absorbed doses.

HEALTH AND SAFETY MANAGEMENT

General

Higher health and safety management system audit scores or rankings

Performance awards.

Specific

Numbers of inspections, investigations, safety tours, tool box talks, safety committee meetings etc

Numbers of risk assessments reviewed

Numbers of contractors scrutinised.

Numbers of persons trained

Numbers of safety representatives appointed etc

SAFETY CULTURE**Climate surveys**

Changes in scores.

Consultation

When setting targets for H&S purposes employers have a statutory obligation to consult the workforce, through trades union safety representatives where unions are recognised (or, where they exist, representatives of employee safety), for example, via safety committees. The important principle here is that the workforce, as a keepers of the knowledge about working conditions and possibilities for change, need to be provided with opportunities to participate in discussions about current performance levels and possible future targets and to compare notes with colleagues within and across their sectors as well as with others outside. Indeed, unless targets are developed with workforce involvement and ‘buy-in’, it is doubtful whether they will be achieved in practice. A participatory approach to target setting however may require new methods of working and new inputs, including, for example, closer partnership between workforce representatives, OS&H professionals and managers and additional resources.

Beyond the workforce, organisations may also wish to consult more widely with outside stakeholders, for example, with business partners, with their insurers, with enforcing authorities, with unions nationally, with trade associations or with benchmarking partners (see below).

Key question***Consultation?***

Are targets agreed through extensive consultation with the workforce and all other relevant stakeholders to tap knowledge and secure ‘buy-in’?

Monitoring and reviewing progress

While each target needs to have a specific timescale for achievement, it is important that progress towards that point is subject to continuous monitoring and review. Targets which are never subject to review and revision in the light of on-going performance monitoring are also likely to be of limited value.

Feedback from interim review exercises should also include the possibility of changing or modifying targets. If it turns out that the wrong targets have been

selected, then they will need to be changed or adjusted, particularly if they are not achieving their objectives or are having a distorting effect on behaviour.

As stressed at the outset of this guidance, besides helping to leverage improvement, much of the real value of target setting derives from the extent to which it helps those involved to develop their understanding of strategic management issues. From this perspective, understanding, in the light of experience, why a target was not reached or why it was in fact exceeded is actually what is of fundamental importance.

Key question

Monitoring and periodic review?

What are the options for periodic progress review and feedback?

Reporting against targets

As part of ‘*Revitalising*’, 350 of Britain’s top companies - as well as all major public sector employers – have been challenged by the HSC to report on their health and safety performance to a common standard, beginning in 2001. (This links with guidance in the Turnbull Report that listed companies should be reporting to shareholders on steps taken to manage corporate risks.) The HSE have published guidance (see annex five) about this, ‘*Health and Safety in Annual Reports*’ which is also accessible on the web at <http://www.hse.gov.uk/revitalising/annual.htm> . Every company employing more than 250 will be similarly challenged to report by 2004.

The HSC are recommending a minimum data set suggesting coverage of an organisation’s health and safety policies and goals but focusing particularly on its ‘H&S failure record’, including, for example:

- notifiable accidents, - (with some specific detail perhaps on fatal injuries);
- notifiable work related ill health;
- sickness absence;
- notifiable dangerous occurrences;
- enforcement action; and
- associated costs.

RoSPA’s guidance (‘*Towards Best Practice*’) suggests that, in addition to coverage of their ‘failure record’, there are a variety of approaches that could be adopted to by organisations to assembling an ‘evidence package’ to explain progress achieved, for example, in strengthening their OS&H policy, organisation and arrangements as well as progress in improving standards of control of their principal risks. It stresses that any performance report in a business context (even the humblest departmental memo) needs essentially to address:

- 1) ‘where we were’;
- 2) ‘where we said we wanted to be’;
- 3) ‘where we are now’;
- 4) ‘where we plan to be next’; and

5) 'how we plan to get there';

perhaps with reference to a range of key performance indicators. Whichever sort of corporate OS&H performance targets are chosen, reports on performance need to include commentary on whether or not these have been exceeded and the reasons in either case.

Key question

Reporting on performance

What are the options for reporting on H&S performance of whole organisations? Should annual reports include commentary on target setting and progress towards targets?

Sharing and moving forward

Despite all the problems involved in setting improvement targets at a corporate level, the 'targets' philosophy in *'Revitalising'* is one which all organisations are challenged to embrace. Indeed, the step-change in national H&S performance envisaged by the HSC will not be realised if each organisation simply goes on doing what it has been doing up to now. Even those organisations with apparently well developed procedures for OS&H performance target setting and review, should be re-examining their approach - not only to see if there is room for further improvement but to share their knowledge with others. Thus, the reasoning underpinning targets and how they were arrived at in individual, organisations needs to be more widely shared so that all those involved in setting them, whether across a whole company or sector or at a departmental level within a business, can compare their approach with that adopted by others.

The HSE are encouraging organisations to 'benchmark' against one another for health and safety purposes. Their guidance summarises what health and safety benchmarking is all about and the advantages it offers. It guides readers on the steps involved, offers pointers to success and is aimed at anyone interested in applying benchmarking to health and safety including directors, managers, owners of small firms, health and safety advisers, safety representatives and trade associations. Single copies of *'Health and safety benchmarking: improving together'* (INDG301 9/99 C1000) are available free of charge from HSE Books or are downloadable from the web at <http://www.hse.gov.uk/pubns/indg301.pdf>.

RoSPA recommends that such benchmarking should include comparative review of approaches to corporate performance measurement and target setting.

Key question

Sharing?

How can processes of target setting be shared within and between organisations?

Benchmarking?

How easy is it for your organisation to benchmark its targets and their H&S performance?

Conclusions

This guidance sets out key issues to be considered when setting H&S improvement targets. Examples listed in the text show that targets can and are being set in a wide variety of ways. RoSPA believes that, whatever the risks involved in developing a target driven approach to H&S improvement (which have to be managed), these are far outweighed by the benefits to be gained. Indeed the challenge for all those involved in promoting health and safety in organisations is to ensure that the quest for continuous improvement in their subject area is addressed as part of the wider quest for business excellence.

Comments on the issues raised in this guide, as well as examples of 'best practice' in target setting, should be sent to Roger Bibbings, Occupational Safety Adviser, RoSPA, Edgbaston Park, 353, Bristol Road, Birmingham B5 7ST (Tel 0121 248 2095 - Fax 0121 248 2001 - Email rbibbings@rospa.co.uk).

Roger Bibbings
Occupational Safety Adviser

15th November 2002

Annex one
Useful reading

Revitalising Health and safety. Strategy Statement. Health and Safety Commission / Dept of the Environment Transport and the Regions. HMSO, UK

Securing Health Together: a long term occupational health strategy for England and Wales. MISC 225 HSE Books, Sudbury UK (free publication) www.ohstrategy.net

The costs to Britain of workplace accidents and work-related ill-health in 1995/96. Health and Safety Executive, HSE Books, Sudbury, UK ISBN 0 7176 1709 2

Successful health and safety management HSG65. Health and Safety Executive, HSE Books, Sudbury, UK, ISBN 0 7176 1276 7

Reducing error and influencing behaviour HSG48 (second revised edition) HSE Books 2000

Internal Control: Guidance for Directors on Combined Code and Implementing Turnbull, Institute of Chartered Accountants in England and Wales ISBN 1 8415 2010 1

Achieving the Revitalising Health and Safety Targets: statistical note on progress measurement www.hse.gov.uk/statistics/snoct01.pdf

Health and Safety in Annual Reports: HSE guidance
www.hse.gov.uk/revital/annual.htm

Health and Safety Responsibilities of Directors. INDG 343 Health and Safety Commission, HSE Books, Sudbury, UK www.hse.gov.uk/pubns/indg343.pfd

A guide to Measuring Health and Safety Performance (HSE web-based guide
www.hse.gov.uk/opsunit/perfmeas.htm

Choosing the Right Fabric: a framework for performance information: HM Treasury, Cabinet Office, National Audit Office, Audit Commission, Office for National Statistics March 2001

Aiming to Improve: the principles of performance measurement: Audit Commission
www.audit-commission.gov.uk

On Target: the practice of performance indicators: Audit Commission www.audit-commission.gov.uk

Getting Better all the Time: making benchmarking work: Audit Commission
www.audit-commission.gov.uk

Towards Best Practice: Measuring and Reporting on Corporate Health and Safety Performance, The Royal Society for the Prevention of Accidents, Birmingham, UK (accessible as a pdf on the 'occupational safety' pages of www.rosipa.co.uk).

Health and Safety Climate Survey Tool (Electronic publication) HSE Book 1997
ISBN 0 71776 1462 X

Health and Safety Benchmarking: improving together: a guidance for those interested in applying benchmarking to health and safety. INDG301 HSE Books, Sudbury (Free) (www.hse.gov.uk/pubns/indg301.pdf)

Websites

UK Chemical Industry's Indicators of Performance 2000 are published on the **Chemical Industry Association's Indicators of Performance** web pages which record the chemical industry's progress with improving its health, safety and environmental performance under the CIA's Responsible Care programme. Published data cover the year 2000 and the results are based on returns from 324 member sites representing 97 per cent of our manufacturing sites. Visit www.cia.org.uk/industry/iop.htm .

Annex two

List of consultees

National level organisations:

Richard **Ash**, Engineering Construction Industry Association
Simon **Bennett**, Department of Health
Gary **Booton**, Engineering Employers Federation
Neil **Budworth**, British Printing Industry Federation
Sylvia **Channon**, Confederation of British Industry
Michael **Clapham** MP, Chair All Party Occupational Safety & Health Group
Terry **Cull**, Electricity Association
Rhian **Evans**, Cabinet Office (Team Leader, Performance Measures)
Bud **Hudspith**, Graphical Paper and Media Union
Tim **Humphreys**, Association of British Insurers
Lawrence **Hickman**, British Chemical Engineering Contractors' Association
Geoff **Hooke**, British Safety Industry Federation
Richard **Jones**, Institution of Occupational Safety and Health
Philip **Lewis**, Chemical Industries Association
Tim **McGough**, British Retail Consortium
Iain **McPherson**, UK Petroleum Industry Association
Steve **Miller**, Chartered Institute of Environmental Health
Francis **Morrell**, British Ceramic Confederation
David **Morris**, SASD, Health and Safety Executive
Paul **Reeve**, Chemical Industries Association
Suzannah **Thursfield**, Construction Confederation
Julian **Topping**, Department of Health
Owen **Tudor**, Trades Union Congress

Selected RoSPA award winners:

Bob **Barnes**, General Manager, Risk, Quality and Safety, Global Marine Systems
Colin **Boyd**, Industrial Safety Manager, British Energy
Alan **Brandwood**, Assurance Director, AWE
John **Butler**, Director and Safety Executive, McPhillips
Clive **Castell**, Corporate Health and Safety Manager, Scottish Power
Dr Graham **Coley**, Director of Business Continuity, DERA
Nick **Cook**, Health Safety and Environment Adviser, Kodak
Alan **Dorrington**, Health and Safety Manager, Halifax Group
John **Evans**, Head of Safety, Powergen
Les **Finlayson**, Westinghouse, BNFL Springfields
Ray **Gosling**, Safety Manager, Caxios
Lyn **Shell**, Health and Safety Adviser, Cumbria County Council
Simon **Kelly**, Assistant Divisional Officer, Cumbria Fire Service
David **Marin**, OIMS Manager, Comma Oil and Chemicals
Harbi **Minhas**, Industrial Safety Engineer, BNFL Magnox, Sizewell
Colin **Morrow**, RMC
Graham **Newton**, Company Safety Adviser, Trant Engineering
Glenn **Rowe**, RMC
Andy **Sneddon**, BNFL
Alan **Stewart**, Station Officer, Strathclyde Fire Brigade
Colin **Thompson**, Project Manager, Toyota
Malcolm **Traquair**, Senior Divisional Officer, Strathclyde Fire Brigade
Phil **Turnbull**, Site Safety Manager, Associated Octel

Others:

Prof Richard **Booth**, Aston University
Prof Robert **Cocks**, NHS Litigation Authority
Jane **Paul**, TUC Health and Safety Partnership Adviser

Annex three

‘Towards Best Practice: guidance on measuring and reporting on corporate health and safety performance: Summary

Objective

‘Towards Best Practice: guidance on measuring and reporting on corporate health and safety performance’ is a report, prepared by the Royal Society for the Prevention of Accidents (RoSPA) with input from a wide variety of ‘key players’ and experts, presents consensus and best practice advice on measuring and accounting for corporate health and safety performance. It takes account of responses and follow up interviews with ‘key players’ in relation to a series of questions raised in a consultation document *‘Measuring and Reporting on Corporate Health and Safety Performance’* issued by RoSPA in March 2000 as RoSPA’s contribution to a wider initiative, *‘Director Action on Safety and Health’* (see www.rosipa.co.uk) which is designed to enhance board level leadership of health and safety management.

Context

The report examines performance measurement and reporting against the background of the Government’s and Health and Safety Commission’s (HSC) plans for

'Revitalising Health and Safety at Work' as well as the recommendations of the *Turnbull Report* concerning holistic business risk management. The underlying premise is that, at present, health and safety management is not generally well understood or accorded sufficiently high status by board level directors and senior managers. However, if there were a clearer expectation that organisations should measure and report periodically on their health and safety performance, this unacceptable situation would change. Such an expectation would cause more organisations to set and assess progress towards improvement targets and diagnose problems in the context of continuous improvement.

Issues

The report discusses the overall concept of performance and issues relating to performance measurement including the limitations of traditional measures such as injury rates. It suggests an 'holistic' approach to performance assessment by combining measures of the integrity and performance of the health and safety management 'process' (for example, by auditing health and safety management systems and/or measuring 'health and safety culture') with measures of effectiveness in controlling principal risks, and measures of health safety failure (for example, near misses, injuries, harms to health, associated economic loss, enforcement and claims experience etc).

Options

The report reviews the case for corporate reporting of health and safety performance, both internally and externally, and explores possible 'best practice' options and new initiatives in this area. It concludes with a series of recommendations on approaches which companies and other organisations might adopt to providing certain details of their OS&H performance in their annual reports.

Feedback

The recommendations in the report are not prescriptive but are intended to stimulate further discussion and development. Comments and feedback should be sent to Roger Bibbings, Occupational Safety Adviser, RoSPA, Edgbaston Park, 353, Bristol Road, Birmingham B5 7ST (Tel 0121 248 2095 - Fax 0121 248 2001 - Email rbibbings@rospa.co.uk).

Annex four

Membership of RoSPA's National Occupational Safety and Health Committee

Mike Totterdell MBE, chair
Dr Andrew Auty, Building Research Establishment
Russell Brownlie, OstJ, co-opted
Sylvia Channon, Confederation of British Industry
Terry Cull, Electricity Association
Geraint Day, Institute of Directors
Wendy Furminger, Department for Education and Skills
Dr Colin Geoghegan, representing the Faculty of Occupational Medicine
Roy Gill, National Health and Safety Groups Council
John Matthews, Department for Work and Pensions
Frances McCarthy, representing the Association of Personal Injury Lawyers
Richard Miles, NFU Mutual

David Morris, Health and Safety executive
Sheila Pantry OBE, co-opted
Mick Reed, Amicus AEEU, representing the TUC
Peter Rogerson, National Health and Safety Groups Council
Prof Peter Waterhouse, co-opted
Nina Wrightson, representing IOSH
TBA, Employment National Training Organisation
David Powell, Association of British Insurers
[Roger Bibbings, RoSPA, secretary]

Annex five

Health and safety in annual reports: Guidance from the Health and Safety Commission

INTRODUCTION

1 Managing corporate risk is a key issue for all organisations in the public, private and voluntary sectors. Risks take many forms, as the "Turnbull Report" makes clear. Companies need to have systems in place to manage them. One key risk area is the health and safety of a company's employees, of its contractors and members of the public, who may be affected by its activities.

2 Effective management of health and safety risks will help:

- maximise the well being and productivity of all your employees;
- stop people getting injured, ill or killed by their work for you;
- prevent damage to the company's reputation in the eyes of customers, competitors, suppliers, other stakeholders and the wider community;
- avoid damaging effects on turnover and profitability;
- encourage better relationships with your contractors, and more effective contracted activities;
- minimise the likelihood of prosecution and consequent penalties.

3 The Revitalising Health and Safety Strategy statement published by DETR and HSC in June 2000 sets out how the Government and the Health and Safety Commission (HSC) will work together to revitalise health and safety, and includes the following targets for Great Britain's health and safety system:

- **to reduce the working days lost per 100,000 workers from work related injury and ill health by 30% by 2010;**
- **to reduce the incidence rate of cases of work-related ill health by 20% by 2010;**
- **to reduce the incidence rate of fatalities and major injuries by 10% by 2010;**
- **to achieve half the improvement under each target by 2004.**

4 The Government and the Health and Safety Commission believe that companies reporting on health and safety performance to common standards will help achieve national health and safety targets. This guidance explains how you should address health and safety issues in your company's published annual report on your business activities and performance. It is aimed, initially, at everyone responsible for drafting or approving such reports for the top 350 companies in the private sector. The guidance will be extended to all businesses and organisations with more than 250 employees by 2004.

5 There is currently no international agreement on how multinational companies should deal with the issues covered by this guidance. Such companies should consider whether to publish data for their entire operation, or only in relation to their UK operation. The Organisation for Economic Co-operation and Development (OECD) has published guidelines for multinational enterprises and on good practice in corporate governance for multinational companies (<http://www.oecd.org>).

HEALTH AND SAFETY IN ANNUAL REPORTS

6 You should include appropriate health and safety information in your published reports on your company's activities and performance. This demonstrates to your stakeholders your company's commitment to effective health and safety risk management. It shows that you are alert to the need to monitor and improve your health and safety performance.

7 Although the law requires you to monitor your arrangements for controlling health and safety risks it does not require you to include health and safety information in your published reports. But we consider it good practice to do so. This guidance sets out the Health and Safety Commission's views on the minimum health and safety content of reports. The Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 lay down legal requirements for the control of health and safety risks at work.

8 To some, the health and safety content we suggest may seem to focus too much on the consequences of failures in risk management systems. But we have focussed on data which, in general, your company should already have available, rather than suggesting you set up new procedures or information gathering systems. There may be other health and safety developments that you wish to report on to highlight the contribution these are making to improved health and safety performance. RoSPA has recently published "Towards Best Practice"⁵, which sets out some alternative approaches to the reporting of corporate health and safety performance with the aim of stimulating further discussion.

9 As a minimum your company's annual report should address key health and safety issues including the effectiveness of your systems for controlling health and safety risks. Reporting should include the following information, or give an indication of the steps your company is taking to gather the information for publication in later reports:

- the broad context of your policy on health and safety;
- the significant risks faced by your employees and others and the strategies and systems in place to control them;

- your health and safety goals. These should relate to your written statement of health and safety policy (and the arrangements for carrying the policy into effect), required by Section 2(3) of the Health and Safety at Work etc Act 1974. Specific and measurable targets - contributing to those in the "Revitalising Health and Safety" Strategy Statement and "Securing Health Together" have a key role;
- report on your progress towards achieving your health and safety goals in the reporting period, and on your health and safety plans for the forthcoming period. There may be specific developments you wish to report on which had an impact on your company's health and safety performance, for example, the introduction of new working practices, technological change or employee training and development. Your company may have significant health and safety plans for the coming years which build on past performance and are noteworthy;
- the arrangements for consulting employees and involving safety representatives

10 In addition, your report should provide data, on your health and safety performance. Unless it is not available (in which case your report should indicate the steps you are taking to gather the information) the following data should be included:

- the number of injuries, illnesses and dangerous occurrences which should be reported to your health and safety enforcing authority by the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This data should distinguish between fatalities, other injuries, illnesses and dangerous occurrences. More inclusive definitions (lost time injuries, for example) may be used. This may be particularly helpful if you include data from overseas subsidiaries. To help with comparison against the "Revitalising" targets, this data should be presented as the rate of injuries per 100,000 employees;
- brief details of the circumstances of any fatalities, and of the actions taken to prevent any recurrence;
- the number of other cases of physical and mental illness, disability or other health problems that are caused or made worse by someone's work first reported during the period;
- the total number of employee days lost by the company due to all causes of physical and mental illness including injuries, disability or other health problems. You should identify the number of these days thought to be caused or made worse by someone's work and a statement of the main causes of absence;
- the number of health and safety enforcement notices served on the company and information on what the notices required the company to do;
- the number and nature of convictions for health and safety offences sustained by the company, their outcome in terms of penalty and costs, and what has been done to prevent a recurrence;

- the total cost to your company of the occupational injuries and illnesses suffered by your staff in the reporting period.

11 We encourage companies to go beyond these minimum standards. It can be useful, for example, to include information on the outcome of health and safety audits, and on the extent and effectiveness of health and safety training provided to staff.

HEALTH AND SAFETY PERFORMANCE MONITORING

12 HSE guidance, *Successful Health and Safety Management*, sets out the elements of effective health and safety management systems. Measuring your health and safety performance is a key task for you, in the same way as is measuring your production, service provision or sales. You need systems to measure your health and safety performance which should include both active and reactive monitoring. This information will be the basis for the health and safety content of your published annual reports.

13 *Active monitoring* gives you feedback on performance before risks result in injury, ill-health or other damage. It includes procedures to monitor:

- progress towards specific health and safety plans, objectives and targets;
- the operation of your health and safety risk management arrangements;
- the effectiveness of the precautions in place to prevent harm, for example by:
 - systematic inspection of premises, plant and equipment to ensure the continued operation of workplace precautions and compliance with safe working procedures;
 - environmental monitoring and health surveillance that check the effectiveness of health control measures and detect the early signs of harm to health.

14 *Reactive monitoring* includes gathering data about injuries and cases of ill health (including monitoring of sickness absence records) and incidents with the potential to cause injury, ill health or loss. Data about such health and safety failures provides the opportunity to learn from mistakes, and to improve both your risk management systems and the control of particular health and safety risks.

15 Your board should ensure that your management systems are adequate to provide the factual basis for the regular reports on health and safety performance that the board will need. Periodic audits can also provide useful information on the operation and effectiveness of your health and safety risk management system.

References:

1 "Internal Control: Guidance for Directors on the Combined Code", the report of the Institute of Chartered Accountants in England and Wales on Corporate Governance published in September 1999 (ISBN 1 84152 010 1). The Code states that the directors should, at least annually, review systems of control including financial, operational and compliance controls and risk management that are key to the fulfilment of the company's business objectives.

2 Copies of "[Revitalising Health and Safety](#)" are available from DETR Free Literature PO Box 236 Wetherby LS23 7NB

3 See <http://www.oecd.org/daf/investment/guidelines/mnetext.htm>

4 See <http://www.oecd.org/daf/governance/principles>

5 "Director Action on Safety and Health - Measuring and Reporting on Corporate Health and Safety Performance - Towards Best Practice", Royal Society for the Prevention of Accidents, 2001

6 Copies of "Securing Health Together" are available from HSE Books, or on the Securing Health Together website at <http://www.ohstrategy.net>

7 More inclusive definitions (lost time injuries, for example) may be used

8 HSE's guidance Successful Health and Safety Management (HSG65 : ISBN 0 7176 1276 7)) explains how to calculate incidence and frequency rates. The guidance is available from [HSE Books](#), price £12.50

9 This means statutory prohibition notices (either immediate or deferred) and improvement notices, issued by the health and safety enforcing authorities

10 See HSC's consultative proposals on a Code on the [health and safety responsibilities of directors](#) . The results of consultation, which ended on 9 March, are currently being considered by HSE.

Published on the HSE website 2 April 2001