

SCOREBOARD OPEN CALLS FOR TENDER 2008

Budget Line	Title	Unit	Chairperson of evaluation committee	Estimation given in the financing decision	VT number	Transmission complete file to H2		Deadline of the call		CIAME meeting		Signature of the contract		Amount in €	
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04 03 03 01 Industrial relations and social dialogue	Study on Social partnership in Balkan countries	F1	A. Chapman	1st semester	VT/2008/045	<i>March</i>	14-Mar		15-May					<i>150,000</i>	
04 03 04 - EURES (European Employment Services)	Formation EURES – (framework contract)	D3	Anna Brzozowska	1st quarter		<i>March</i>									
	Evaluation of EURES activities	D3	Lambert Kleinmann	1st quarter											
04 03 07 - Analysis of and studies on the social situation, demographics and the family	Content internet portal of the European Alliance for Families	E1	K. Iszkowski	1st semester		<i>March</i>									
	The European Observatory	E1	S. Matzke	2nd semester		<i>April</i>									

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04 04 01 01 – PROGRESS - Employment	Study "Undeclared Work – indirect methods"	D1	M. Governatori	March		<i>March</i>									
	Study on "Globalisation and outsourcing using micro data"	D1	J. Medeiros	March		<i>March</i>									
	Study on "Integration of Migrants"	D2	E. Holthuis	March		<i>March</i>									
	Study on "Flexicurity"	D2	B. Zaborowska	March		<i>March</i>									
	Study on "Medium term employment challenges of the Lisbon Strategy"	D2	C. Palm	March		<i>March</i>									
	Study on the "Public Employment Services (PES)"	D3	E. Van Winckel	March		<i>March</i>									
	"Mutual Learning support" services contract	D2	K.-A. Wiggen	March		<i>March</i>									
	"European Employment Observatory" services contract	D2	S. Pratt	May		<i>March</i>									

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04 04 01 02- PROGRESS - Social protection and inclusion	Study on social impact assessment	E2	P. Lelie	1st quarter		<i>April</i>									
	Study on stakeholders' involvement in the implementation of the open method of coordination in social protection and social inclusion	E2	L. Pirozzi	1st quarter		<i>April</i>									
	Study on the impact of public services expenditure on poverty (procedure to be decided : open or restricted)	E2		1st quarter											
	Study on "social assistance and migration"	E2	I. Maquet	1st quarter		<i>April</i>									
	Study on poverty and social exclusion of children	E2	I. Maquet	1st quarter		<i>April</i>									
	Study on Housing Exclusion and Homelessness	E2	M. Calandrino	1st quarter		<i>April</i>									
	Collection of information on social and economic impact of social protection systems and reform (procedure launched in 2007)	E4	R. Paserman	1 December 2007	VT/2007/110		9-Nov		22-Feb		24-Apr			3,000,000	

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04 04 01 03 - PROGRESS - Working conditions	Commission practical guidelines for the training of asbestos removal workers	F4	J. Costa-David	1st semester		<i>May</i>	30-May		22-Aug		16-Oct	<i>30-Nov</i>		<i>300,000</i>	
	Development of a scoreboard for the implementation of the Community strategy 2007-2012	F4	A. Cammaota	1st semester	VT/2008/057	<i>May</i>	30-May		22-Aug		16-Oct	<i>30-Nov</i>		<i>500,000</i>	
	Good practice guide for the improvement of occupational safety and health on fishing boats of less than 15m long	F4	A. Fuente	1st semester		<i>May</i>	30-May		22-Aug		16-Oct	<i>30-Nov</i>		<i>320,000</i>	
	Good practice guide for implementation of occupational safety and health in the agriculture and forestry industry	F4	A. Fuente	1st semester		<i>June</i>	20-Jun		5-Sep		6-Nov	<i>20-Dec</i>		<i>500,000</i>	
	Study for the verification of the conformity of transposition of occupational H&S directives in Croatia and the Former Yugoslav Republic of Macedonia	F4	I. Klavina	1st semester	VT/2008/021	<i>March</i>	4-Mar		2-Jun		10-Jul	<i>10-Sep</i>		<i>120,000</i>	

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04 04 01 03 - PROGRESS - Working conditions	Socio-economic impact assessment concerning a possible amendment of Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work	F4	A. Angelidis ou A. Morris	1st semester		<i>June</i>	20-Jun		5-Sep		6-Nov	<i>20-Dec</i>		<i>500,000</i>		
	Database on transnational company agreements/texts	F2	E. Pichot	1st semester		<i>June</i>										
	Impact assessment concerning a possible revision of exclusions of seafaring workers from EU social legislation	F2	N. Breczewski	1st semester	<i>Use of framework contracts</i>											
	Study on the implementation of Directive 2003/72/EC on employees' involvement in the European Cooperative Society into the national legislation of the Member States which could not be covered by the study on implementation of labour law directives carried out in 2006-2007 due to recent or delayed implementation	F2	E. Pichot	1st semester		<i>July</i>										

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04 04 01 03 - PROGRESS - Working conditions	Study on the implementation of Labour Law Directives in Bulgaria and Romania	F2	D. Dimitriou	1st semester		<i>March</i>									
	Horizontal Study on links between the different sectoral analysis launched in 2007	F3	M. Hubert	1st semester		<i>July</i>									
	Socio-economic impact assessment concerning a possible Recommendation of the Council on anticipation and management of restructuring	F3	F. Vasquez	1st semester		<i>July</i>									
	Database on studies realized on anticipation			1st semester	<i>Restricted procedure</i>										

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04 04 01 03 - PROGRESS - Working conditions	Socio-economic impact assessment concerning a possible amendment of Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields)	F4	G. Herbillon	1st semester			June	15-Jun		5-Sep		6-Nov	20-Dec		500,000
	Comparative study of changes in the legal regulation of the employment relationship undertaken since 1997 in the EU-27 with a view to identifying good practice in the determination and use of employment relationships that fully respect the provisions of national and Community law	F2	P. Cullen	1st semester			June								
	Etude visant à déterminer un système permettant l'analyse des coûts marginaux des accidents du travail et des maladies professionnelles	F4	M. Stadnik	1st semester			May	30-May		5-Sep		6-Nov	20-Dec		300,000

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04 04 01 04 - PROGRESS – Anti Discrimination and Diversity	Mapping study on the trade unions practices in fighting discrimination and promoting diversity	G4	C. Herrmann	2nd quarter		<i>April</i>										
	Mapping study on antidiscrimination laws and policies in the candidate and Balkan countries	G4	C. Herrmann	2nd quarter		<i>April</i>										
	Comparative study on the level of sanctions and length of time limits in national legislations transposing the gender and anti-discrimination acquis	G2	P. Engstrom	1st quarter			<i>April</i>									
	Socio-Economic expert network group on diversity and discrimination	G4	G. Boechermann	2nd quarter			<i>March</i>									
	Actions to better use the Community funding opportunities to combat discrimination	G4	V. Sandor	2nd quarter			<i>April</i>									
	Study on good practices on the implementation of the UN Convention on the rights of disabled persons	G3	M. Zuber	3rd quarter			<i>June</i>									
	Training of stakeholders on consultations on standardisation	G3	I. Placencia	2nd quarter			<i>May</i>									

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04 04 01 05 – PROGRESS – Gender Equality	Legal Training on Equality for Women and Men for Legal Practitioners	G2	E. Robert	3rd quarter		<i>April</i>										
	Follow-up of the Communication on the Gender Pay Gap	G2	F. Pereira	1st quarter	<i>Use of DG BUDG framework contract</i>											
	Creation of a Webpage and research activities for the Network of Equality Bodies	G2	P. Engstrom	3rd quarter		<i>June</i>										
	Study on initiatives in Member States to promote gender equality on the work place	G1	F. Ribeiro	2nd quarter		<i>March</i>										
	Comparative study on the level of sanctions and length of time limits in national legislations transposing the gender and anti discrimination acquis	G2	P. Engstrom	1st quarter		<i>April</i>										
	EU study on gender dimension and on discrimination in social protection	G2	A. Lite	1st quarter		<i>April</i>										
	Support to the network on Women in Decision-Making	G1	F. Ribeiro	1st quarter		<i>April</i>										

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04 04 01 06 - PROGRESS – Support for the implementation of the Programme	Call for tender related to the evaluation of the Community programme - To measure the progress made regarding the impact of the PROGRESS programme objectives	I4	D. Eyben	2nd quarter											
04 01 04 10 - PROGRESS	Etude méthodologique portant sur les impacts sociaux	I4	M. Sirtori	1st semester	VT/2008/038		4-Apr							<i>300,000</i>	
PROGRESS	Support à la DG EMPL en matière d'évaluation et appui aux analyses d'impact des activités et initiatives de celle-ci	I4													

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04 02 20 ESF technical assistance operational expenditure	ESF Support to the EU Social Inclusion Process -Thematic study	I4	J. Monier	1st quarter											
	ESF impact on the functioning of the labour market and on the investment in human capital infrastructure - Thematic study	I4	M. Jandova	1st quarter											
	ESF Support to the promotion of quality of work - Thematic study	I4	M. Lecerf	1st quarter											
	Ex-post evaluation of the ESF 2000-2006	I4	J. Monier	1st quarter	VT/2008/044		14-Mar							450,000	
	ESF 2007-2013 - Strategic evaluations	I4		1st semester											
04 01 04 01 - ESF technical assistance non-operational expenditure	Exeternal audit services - joint framework contract DG REGIO/EMPL	I3	I. Legler	1st quarter											
Subdelegation of DG DIGIT	EESSI Project	E3		2008											
Administrative expenditure	Framework contract for meetings	H1	J. Dumas	(no financing decision needed)	VT/2008/036	March	29-Feb		19-May					32,000,000	

Report to the Government Interest Group of the Advisory Committee on Safety and Health at Work - May 2008 - from the technical working group to develop a scoreboard

Preface

The technical working group was established in March 2007 with the purpose to develop a scoreboard, which in specific areas illustrate the Member States' performance according to the objectives provided by the new Community strategy on health and safety at work 2007-2012.

The following Member States participate in the technical working group: Austria, the Czech Republic, Denmark, Estonia, Finland, Germany, Ireland, Poland, Spain and UK.

In June 2007 the technical working group presented to the Government Interest Group (GIG) 2 papers: a status report with a brief status of the technical working groups work so far and a draft project description which states the technical working groups understanding of the purpose and of the objectives for the scoreboard project, the phases and task to be solved in the project, a proposal for financing and a time schedule.

In November 2007 another status report was presented to the GIG stating the further progress of the technical workings groups work and the cooperation with the Commission concerning consultant assistance in the last 2 phases of the project, that is the design- and implementation phase.

In this report the technical working group summarizes its work and presents the result of developing a new scoreboard to the GIG for approval.

The report is divided into two text parts and two annexes:

- First part of the report is an introduction to the scoreboard project, about the purpose and objectives of the scoreboard, the different phases in the project and the various principles to govern and structure the scoreboard.
- Second part of the report present the OSH-topics/chapters the technical working group proposes to include in the new scoreboard and the indicators the technical working group proposes to use – in order to measure the performance of the Member States.
- Annex 1 contains a complete lay-out of the structure and content of the new scoreboard, and Annex 2 a complete presentation of the questionnaire to send to the

Member States in order to collect information to put into the new scoreboard. In addition to the questionnaire, a list of explanatory footnotes, concerning the concepts and definition of vital indicators in the scoreboard has been composed. This list can be found behind the questionnaire, at the last 3 pages.

PART I – INTRODUCTION TO THE SCOREBOARD PROJECT

This is the first attempt to establish a scoreboard concerning the Community strategy on a EU-level. As a start the scoreboard is a voluntary follow-up instrument. The idea is to develop the scoreboard in such a way, that it makes it possible for all 27 Member States to participate, if they want to. The intention of the Commission is to try to persuade all Member States to participate.

This first attempt serves as a test/pilot to see if the tool works, before deciding whether the scoreboard should be a permanent and/or obligatory instrument. When evaluating the pilot and making decisions about the future role of this tool the whole discussion has to be taken in a broader political context involving the social partners of the Advisory Committee.

Purpose

Purposes of developing a scoreboard in relation to the Community strategy on health and safety at work are:

- To be able to monitor the situation/progress and/or the trend in the Member States' performance in relation to the objectives provided by the new Community strategy on health and safety at work 2007-2012.
- To provide a political follow-up tool for the assessment of national policies/activities by the Member States in connection with the implementation of the new Community strategy.

Objectives

The objectives of the scoreboard are:

- To provide an accessible overview of the development in the Member States' occupational health and safety situation and performance in relation to the Community strategy.
- To achieve increased transparency and knowledge of the Member States' implementation of the Community strategy.
- To enable benchmarking as regards trend of similarities and differences in the Member States' occupational health and safety situation/conditions and performance and in their implementation of the new Community strategy for health and safety at work.
- To enable the Member States to be inspired by and to learn from each other.

Phases in the scoreboard project

The tasks related to the scoreboard project are divided into three phases: 1) development phase, 2) design phase, and 3) implementation phase.

Development phase

During the development phase, the tasks primarily consist in determining the structure and content of the new scoreboard. The tasks are:

- To decide which OSH-topics should be included in the scoreboard
- To decide which indicators should be used to measure the performance of the Member States with regard to these OSH-topics
- To decide which questions to ask to the Member States in order to illustrate this

The tasks in the development phase are handled by the working group itself.

Design- and implementation phase

The task in the design phase is about preparing the graphic lay-out of the OSH-topics and the indicators included in the new scoreboard. The task in the implementation phase is to collect information from the member States (by sending out a Questionnaire) and to transform the answers into the new scoreboard.

The tasks related to the design- and implementation phase, based on the principles laid down in the development phase, are requested to be handled by an external consultant.

Principles in the scoreboard

During the development of the scoreboard, the technical working group has discussed and laid down various principles governing the structure and content of the new scoreboard. These are:

- It is important to remember that this new scoreboard as a start is a voluntary policy instrument. It is not known how many countries will actually participate. This first try is a kind of test before deciding whether it should be permanent tool or not.
- The scoreboard must be simple – not too detailed – in order to provide a view of the trend in the Member States on occupational health and safety performance and on progress in relation to the adopted Community strategy. The working group will seek to maintain the detail level from previous scoreboards.
- The scoreboard will only cover a selected part of the occupational health and safety activities implemented by the Member States. As a consequence, it will not provide a full picture of the Member States' performance in this area. It is important to emphasise this in the text of the scoreboard, introducing/describing the content. The scoreboard should be seen as a supplementary tool to the reporting systems already established in the Member States.

- The occupational health and safety activities vary from Member State to Member State. As far as possible, the new scoreboard should be structured in such a way that it can take account of these differences. The aim of the scoreboard is to accommodate some of the differences.
- The data collecting systems relating to occupational health and safety performances vary from Member State to Member State, and also internally with regard to regions and/or federal entities. Comparable data are to be used in the new scoreboard whenever this is possible. Furthermore, it should be ensured that information is provided from participating Member States with regard to the data sources used to answer the questionnaire.

PART II PRESENTATION OF OSH-TOPICS AND INDICATORS IN A NEW SCOREBOARD

Health and safety topics included in the scoreboard

Based on the above mentioned principles, the technical working group has gone through the Council Resolution on the new Community strategy, and has selected a number of health and safety topics/chapters to be focused on in the new scoreboard. These are:

1. Statistics
2. National strategies
3. Occupational accidents
4. Work-related health problems and illnesses
5. Chemical agents
6. Preventive potential

Each of these 6 elements/topics form a chapter in the new scoreboard.

Indicators for measuring

The technical working group has discussed the potential structure and content of the 6 OSH-topics/chapters in the new scoreboard and has agreed to propose a number of indicators in order to illustrate trends in the OSH situation and performance of the Member states with regard to those 6 OSH-topics. The technical working group proposes as follows:

Chapter 1 – Statistics

To bring into focus two issues: one) to illustrate if the Member States have national statistics on occupational accidents and occupational diseases, two) to illustrate if the Member States

have partly or fully harmonized their statistics on occupational accidents and occupational diseases to EUROSTAT, or if they have plans to do so.

More information about the indicators concerning statistics can be found in annex 1 and annex 2.

Chapter 2 – National strategies

To bring into focus: if the Member States have a national strategy on OSH, to illustrate the time span of the strategy, to illustrate at which level the strategy has been decided and implemented in the Member States, whether the national strategy has set up measurable targets: on occupational accidents, on occupational/work-related health problems and illnesses, on high risk sectors and/or on risk factors; and finally to show if the Member States have a formal procedure for evaluation of the strategy.

More information about the indicators concerning national strategies can be found in annex 1 and annex 2.

Chapter 3 – Occupational accidents

To bring into focus both the 3-year trend and the 10-year trend of the Member States developments on occupational accidents, to show the 3 sectors with the highest incidence rate and the 3 sectors with lowest incidence rate in each Member State, and also to show which sectors are in focus in the Member States, when trying to reduce occupational accidents.

More information about the indicators concerning occupational accidents can be found in annex 1 and annex 2.

Chapter 4 – Work-related health problems and illnesses

To bring into focus the two most common work-related health problems in Europe, that is musculoskeletal disorders (MSD) and work-related stress.

The technical working group proposes to illustrate both the 3-year trend and the 10-year trend of the Member States developments on these two health problems. Also to illustrate the 3 sectors with the highest incidence rate and the 3 sectors with the lowest incidence rate in each Member State with regard to those two health problems; and finally to show which sectors are in focus in the Member States when trying to reduce MSD and work-related stress.

More information about the indicators concerning MSD and work-related stress can be found in annex 1 and annex 2.

Chapter 5 – Chemical agents

The working group proposes amongst others to show:

- Whether the implementation of REACH has any potential impact on national OSH authorities (for instance with regard to additional training for OSH-inspectors, changes in national OSH-legislation and/or additional budget allocation for OSH authorities.)
- Whether the Member States have a permanent forum of key stakeholders concerned with the risk caused by the use of chemical agents in the area of OSH
- Whether the Member States have systems for collection of data on occupational exposure to chemical agents
- Whether the Member States have systems for measuring changes in morbidity and mortality for work-related illnesses due to exposure to chemical agents
- What the 10-year trend is, in the number of cases of work-related illnesses or occupational diseases caused by exposure to chemical agents, with regard to skin-diseases, allergies, mesothelioma and siliosis.

More information about the indicators concerning chemical agents can be found in annex 1 and annex 2.

Chapter 6 – Preventive potential

The technical working group proposes to bring into focus 4 elements as regards preventive potential: a) OSH-inspection, b) partnership and cooperation, c) developing preventive potential at enterprise level and d) OSH research.

a) OSH inspection

Amongst others to illustrate the numbers of OSH inspectors per 100.000 workers, to illustrate if the Member States have annual work plans setting out priority areas for action, to show if the Member States carry out awareness campaigns on OSH issues and if the Member States carry out systematic training programs for OSH-inspectors.

b) Partnership and cooperation

Amongst others to illustrate which organizations are involved in formulation of preventive strategies, to illustrate if continuous partnerships between OSH authorities and various organizations are established and if the social partners have taken steps at national level for the implementation of the voluntary European Framework Agreements.

c) Developing preventive potential at enterprise level

Amongst others to illustrate the amount of SME's in the Member States fulfilling their obligation to engage protective and preventive services according to the European Framework Directive. To show if the Member States have established a quality control system for protective and preventive services. To show the amount of the enterprises in the Member States having carried out risk assessments according to the European Framework Directive and finally to show if OSH-aspects are integrated into training programs in the Member States.

d) OSH research

Amongst others to show if the Member States have ongoing observation systems for emerging risks, to show if the Member States have a comprehensive OSH research policy and if OSH research results are systematically used for strategy developments and programming OSH inspection actions.

More information about the indicators concerning preventive potential can be found in annex 1 and annex 2.

Next steps in the scoreboard project

This report inclusive of annex 1 and annex 2 serves as a basis for the next phases in the scoreboard project, that is to make the final design/lay-out of the scoreboard and to implement it by sending out a questionnaire to the Member States.

As mentioned earlier the designing and the implementation of the scoreboard will be solved by external consultants. The call for tender is foreseen to be launched in the mid of May 2008. When taken account of a 6 weeks period of responding, some time for the selection process and August is the season of summer holiday, the signature of contract is expected in September 2008.

The external consultant is given a period of 9 month of making the graphic lay-out and the implementation, so the first scoreboard is accordingly scheduled to be published in June 2009.

The technical working group will carry on until June 2009 as a number of meetings between the consultants and the working group has been arranged to ensure that tasks are solved in accordance with the decided frames in the project.

Finally and once again it is important to highlight that this first scoreboard on a EU-level is a voluntary tool and serves as a pilot project. Only when the tool has been tested (in June 2009) and being evaluated accordingly, the whole discussion about whether to make this a permanent obligatory tool or not, will start. As stated earlier in the report, the whole discussion at this stage of the project will be taken in a broader political context involving the social partners of the Advisory Committee. This serves not only to ensure broad commitment to the further project in the Member States but also to ensure a balanced coordination to other monitoring instruments concerning OSH-activities.

*On behalf on the technical working group on scoreboard
Dorte Eltard
Denmark*

Annex 1

WORKING GROUP
European Strategy on
Health and Safety at Work

Visual **DRAFT SCOREBOARD 2008**

CHAPTER 1-6

Symbols

 Yes

 No

 Increasing

 Decreasing

 Stable

 No significant trend

 No information available

 Included in the strategy

 Fully

 Partly

1.STATISTICS

Council Resolution section II – 19 June 2007. “9. Calls on the Commission to: k) cooperate with the legislative authorities in establishing an appropriate European statistical system in the area of occupational safety and health, which takes account of the different national systems.....”

Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
National Statistics (+/-) Accidents										
National Statistics (+/-) Occupational diseases										
National Statistics on occupational accidents are comparable with EUROSTAT (ESAW phase 1 to 3)										
Fully or partly										
Plan on harmonizing next year (+/-)										
National Statistics on occupational diseases are comparable with EUROSTAT (EODS)										
Fully or partly										
Plan on harmonizing next year (+/-)										

2.NATIONAL OSH STRATEGIES

Council Resolution section II -19 June 2007. " 8. Calls on the Member States to: a) develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average."

	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
National OSH strategy/plan (yes/no? mark with +/-)										
Time span of national OSH strategy/plan (if yes mark with v)										
Less than 3 years										
3-5 years										
More than 5 years										
No specific time span										
Decision level (if yes mark with v)										
Political Level										
Administrative Level										
Co-decision social Partners										
Co-operation social Partners										
Measurable targets (if yes mark with v)										
Occupational accidents										
Occupational diseases										
Work-related Health problems/ illnesses										
Occupational risk factors										
High risk sectors										

2.NATIONAL STRATEGIES

Council Resolution section II -19 June 2007. "8. Calls on the Member States to: a) develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average".

	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
Implementation Level (if yes mark with v) (The strategy/plan includes action from?)										
<u>Administrative Level</u>										
<u>Social Partners</u>										
<u>Others</u>										
Formal procedure for evaluation of OSH strategy/plan (yes/no? mark with+/-)										

3. OCCUPATIONAL ACCIDENTS

Council Resolution section II -19 June 2007. "The Council 6. Supports the Commission in seeking to reduce the incidence rate of accidents at work by 25% at EU-level, taking into account the Member States' experiences, circumstances and opportunities;" " 8. Calls on the Member States' to: a) develop and implement coherent national safety and health strategies For reducing accidents at work....."

Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
3 year trend of occupational accidents <i>(increasing, decreasing, stable ? ↑↓↔?)</i>										
10 year trend of occupational accidents <i>(increasing, decreasing, stable ? ↑↓↔?)</i>										
3 year trend of fatal occupational accidents <i>(increasing, decreasing, stable ? ↑↓↔?)</i>										
10 year trend of fatal occupational accidents <i>(increasing, decreasing, stable ? ↑↓↔?)</i>										
Three sectors with the highest incidence rate <i>(which?)</i>										

3. OCCUPATIONAL ACCIDENTS

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Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
Three sectors with the lowest incidence rate <i>(which?)</i>										
Occupation accidents in focus in national OSH strategy/plan? <i>(yes/no? mark with +/-)</i>										
If yes, which sectors ?										

4. WORK-RELATED HEALTH PROBLEMS AND ILLNESSES

Council Resolution section II -19 June 2007. 8. Calls on the Member States to develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average.

Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
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A. Musculo skeletal disorders (MSD)

Sources of information on MSD (Yes/no mark with +/-)	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
National surveys										
Occupational disease data										
Sickness absence data										
Others										

3 year trend of MSD (increasing, decreasing, stable ? ↑↓↔)	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK

10 year trend of MSD (increasing, decreasing, stable ? ↑↓↔)	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK

Three sectors with the highest incidence rate of MSD (which?)	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK

Council Resolution section II -19 June 2007. 8. Calls on the Member States to develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average.

Subject	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
Three sectors with the lowest incidence rate of MSD (which?)										
MSD in focus in national strategy/plan? (Yes/no mark with +/-)										
If yes, which sectors ?										

4. WORK-RELATED HEALTH PROBLEMS AND ILLNESSES

Council Resolution section II -19 June 2007. 8. Calls on the Member States to develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average.

Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
B .Work-related stress										
Sources of information on work-related stress (yes/no mark with +/-)										
National surveys										
Occupational disease data										
Sickness absence data										
Others										
3 year trend in the rate of work-related stress (increasing, decreasing, stable ? ↑↓↔)										
10 year trend in the rate of work-related stress (increasing, decreasing, stable ? ↑↓↔)										
Three sectors with the highest incidence rate of work-related stress (which?)										

4. WORK-RELATED HEALTH PROBLEMS AND ILLNESSES

Council Resolution section II -19 June 2007. 8. Calls on the Member States to develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average.

Subjects	Austria	Czech Rep	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
Three sectors with the lowest incidence rate of work-related stress <i>(which?)</i>										
Work-related stress in focus in the strategy/plan? <i>(Yes/no mark with +/-)</i>										
If yes, which sectors?										

5. CHEMICAL AGENTS

Subjects	Austria	Czech Rep	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
A. National structures										
OSH legislation and environment legislation combined in the same framework or separate? <i>(combination/separate)</i>										
Potential impact of Reach on OSH authorities? <i>(yes/no? mark with+/-)</i>										
Additional training for current OSH inspectors										
Changes to OSH-legislation										
Additional budget allocation for OSH authorities										
Implementation of Reach independently of OSH authorities										
Permanent national forum of key stakeholders concerned with risks of chemical agents in area of OSH? <i>(yes/no? mark with+/-)</i>										

	Austria	Czech	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
B Monitoring activities										
Systems for collecting data on exposure to chemical agents? (Yes/no mark with +/-)										
Yes, a national system of all types of occupational exposure to chemical agents										
Yes, data on specific chemical agents or substances										
No										
Systems measuring morbidity and mortality on occupational exposure to chemical agents (Yes/no mark with +/-)										
Ten year trend a)Skin diseases (increasing, decreasing, stable ? ↑↓↔)										
Ten year trend b)Allergies (not skin diseases) (increasing, decreasing, stable ? ↑↓↔)										
Ten year trend c)Mesothelioma (increasing, decreasing, stable ? ↑↓↔)										
Ten year trend d)Silicosis (increasing, decreasing, stable ? ↑↓↔)										

6. PREVENTIVE POTENTIAL											
	Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK
	A. OSH Inspection										
	10 and more inspectors per 100.000 workers (+/-)										
	Regular evaluation of annual plans of work (+/-)										
	Combination of system inspection and detailed on site inspection (+/-)										
	Regular information campaigns on OSH issues (+/-; additional info: routinely evaluated or not)										
	Systematic training programs for inspectors (+/-)										
Capability of appraising occupational risk factors (+/-)											

6. PREVENTIVE POTENTIAL	Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK	
	B. Partnership and cooperation											
	Involvement in formulation of specific prevention strategies by OSH authorities (+/-)											
	Other state authorities											
	Employers' organizations											
	Workers' organizations											
	Accident insurance funds											
	Health insurance funds											
	Others											
	Continuous partnerships between OSH authority (incl. relevant ministry) and (+/-)											
Other state authorities												
Employers' organizations												
Workers' organizations												
Accident insurance funds												
Health insurance funds												
Others												
Social partners' initiatives to improve OSH (+/-)												
Employers' organizations												
Workers' organizations												
Both organizations together												
Significant steps for implementation of European Framework Agreements on (+/-)												
Telework												
Work-related stress												
Harassment and violence at work												

6. PREVENTIVE POTENTIAL	Subjects	Austria	Czech Rep.	Denmark	Estonia	Finland	Germany	Ireland	Poland	Spain	UK	
	C. Developing preventive potential at enterprise level											
	60% and more of SME's making use of protective and preventive services (+/-)											
	Quality control system for protective and preventive services (+/-)											
	50% and more of enterprises with risk assessment according to Framework Directive (+/-)											
	Integration of OSH aspects in education and training programs (+/-)											
	Economic incentives to promote good OSH practice (+/-)											
	Active promotion of OSH management systems (+/-)											
	D. OSH research											
	Ongoing system for observation of emerging risks (+/-)											
Comprehensive national OSH research policy (+/-)												
Systematic use of OSH research results for strategy development and programming OSH inspection activities (+/-)												

Annex 2

Questionnaire

Making a scoreboard to visualise the Members States efforts in specific areas related to the EU-strategy on OSH 2007-2012

1. Statistics

1.1. Does the Member State have national statistics on occupational accidents? [1]

Yes

No

1.2 Does the Member State have national statistics on occupational diseases? [2]

Yes

No

1.3. Are the national statistics on occupational accidents comparable with EUROSTAT (ESAW)?

Not comparable

Phase I

Phase II

Phase III

1.4. If no question 1.3,

Has the Member State plan to harmonize national statistics on accidents with EUROSTAT (ESAW) within the next year?

Yes

No

1.5. Are the national statistics on occupational diseases comparable with EUROSTAT (EODS)?

- Not comparable
- Fully
- Partly

1.6. If no question 1.5,

Has the Member State plan to harmonize national statistics on occupational diseases with EUROSTAT (EODS) within the next year?

- Yes
- No

2. National OSH Strategies [3]

2.1. Does the Member State have a national OHS strategy on occupational safety and health?

- Yes
- No

2.2. If yes question 2.1, what is the title of the strategy:

2.3. If no, question 2.1, is there some other plan including objectives and measures on national level in order to improve occupational safety and health? The title of the plan:

2.4. If the Member State has a national OSH strategy/plan, what is then the time span of the OSH strategy/plan?

- Less than 3 years
- 3-5 years
- More than 5 years
- No specific time span

2.5. If the Member State has a national OSH strategy/ plan, on what level has the national OSH strategy/plan been agreed?

- Political Level (Minister/Government/Parliament)
- Administrative Level (Ministry/OSH-administration)
- Co-decision with the Social Partners
- Co-operation with the Social Partners

(multiple answers permitted)

2.6. Has the Member State set measurable targets related to the national OSH strategy/plan?

- Yes
- No

2.7. If yes question 2.6, how are the measurable targets specified?

- Targeted on occupational accidents
- Targeted on occupational diseases
- Targeted on work-related health problems and illnesses **[4]**
- Targeted on occupational risk factors
- Targeted on high-risk sectors

(multiple answers permitted)

2.8. On what level is the national OSH strategy/plan being implemented? Does the strategy includes actions from:

- Administrative level (Ministry/OSH-administration)
- Social Partners
- Others

(multiple answers permitted)

2.9. Does the Member State have a formal procedure for evaluation of the national strategy/plan?

- Yes
- No

3. Occupational accidents [1]

3.1. What is the 3-year trend in the rate of occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

3.2. What is the 10-year trend in the rate of occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

3.3. What is the 3-year trend in the rate of fatal occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

3.4. What is the 10-year trend in the rate of fatal occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

3.5. According to the most recent data, which three sectors have the highest incident rate (NACE- code, revision 1, level one)?

3.6. According to the most recent data, which three sectors have the lowest incident rate (NACE- code, revision 1, level one)?

3.7. Are occupational accidents in focus in your national OSH strategy/plan?

- Yes
- No

3.8. If yes question 3.7, which sectors are prioritised in your national OSH strategy/plan to reduce occupational accidents (NACE-codes - one level or more numbers)?

4 . Work-related health problems and illnesses [4]

A. Muskulo-Skeletal Disorders (MSD) [5]

4.1. Does the Member State have sources of information on work-related MSD?

- Yes,
- No

4.2. If yes question 4.1, which of the following data sources are available?

- National surveys
- Occupational disease data
- Sickness absence data
- Others , which: _____

(multiple answers permitted)

4.3. What is the 3-year trend in the rate of work-related MSD?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

4.4. What is the 10-year trend in the rate of work-related MSD?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

4.5. According to the most recent data, which three sectors have the highest incident rate of work-related MSD (NACE- code, revision 1, level 1)?

4.6. According to the most recent data, which three sectors have the lowest incident rate of work-related MSD (NACE- code, revision 1, level 1)?

4.7. Is work-related MSD in focus in your national OSH-strategy/plan?

- Yes
- No

4.8. If yes question 4.7, which sectors are prioritised in your national OSH strategy/plan to reduce work-related MSD (NACE-codes - one level or more numbers)?

B. Work-related stress

4.9. Does the Member State have sources of information on work-related stress?

- Yes
- No

4.10. If yes question 4.9, which of the following data sources are available?

- National surveys
- Occupational disease data

- Sickness absence data
- Others which: _____

(multiple answers permitted)

4.11. What is the 3-year trend in the rate of work-related stress?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

4.12. What is the 10-year trend in the rate of work-related stress?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No information available

4.13. According to the most recent data, which three sectors have the highest incident rate of work-related stress (NACE- code, revision 1, level 1)?

4.14. According to the most recent data, which three sectors have the lowest incident rate of work-related stress (NACE- code, revision 1, level 1)?

4.15. Is work-related stress in focus in your national OSH strategy/plan?

- Yes
- No

4.16. If yes question 4.15, which sectors are prioritised in your national OSH strategy/plan to reduce work-related stress (NACE-codes - one level or more numbers)?

5. Chemical agents

A. National structures

5.1. What type of legislative structure exists in the Member State to limit risks caused by the use of chemical agents?

- Combination (Health and safety and environment legislation is combined in the same framework)
- Separate (Health and safety regulation is separate from environment legislation)

5.2. What is the potential impact of REACH implementation on national OSH authorities?

- Additional training for current OSH inspectors
- Changes to national OSH legislation
- Additional budget allocation for OSH authorities
- The implementation of REACH is being conducted independently of current OSH authorities

(multiple answers permitted)

5.3. Does the Member State have a permanent national forum of key stakeholders concerned with the risks caused by the use of chemical agents in the area of OSH?

Yes

No

B. Monitoring activities

5.4. Does the Member State have systematic collection of data on occupational exposure to chemical agents?

Yes, a national system of data for all types of occupational exposure to chemical agents

Yes, data on specific chemical agents or substances

No

5.5. Does the Member State have systems for measuring changes in morbidity and mortality for work-related illnesses due to exposure to chemical agents?

Yes

No

5.6. What is the ten year trend in the number of cases of work related illnesses or occupational diseases caused by exposure to chemical agents?

a) Skin diseases

The rate is decreasing

The rate is stable

The rate is increasing

No significant trend

b) Allergies (except skin diseases)

The rate is decreasing

The rate is stable

The rate is increasing

No significant trend

c) Mesothelioma

The rate is decreasing

- The rate is stable
- The rate is increasing
- No significant trend

d) Silicosis

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend

6. Preventive Potential

A. OSH Inspection [6]

6.1. What is the number of OSH inspectors per 100.000 workers [7]?

- Less than 10
- 10 and more
- No data/information available

6.2. Is there a regular evaluation of the OSH inspection's annual work plans, which are setting out the priority areas for action and detailing the inspection and other programmes?

- Yes
- No

6.3. Is the combination of detailed on site inspection with system inspection method [8] common practice?

- Yes
- No

6.4. Are there – at least once a year – awareness (information) campaigns on OSH issues, run by the OSH Inspection Authorities?

- Yes, routinely evaluated
- Yes, but not routinely evaluated
- No

6.5. Are there systematic training programmes for OSH inspectors?

- Yes
- No

6.6. Are OSH Inspection Authorities capable of appraising occupational risk factors (e.g. psychosocial, musculo-skeletal)?

- Yes
- No

B. Partnership and cooperation

6.7. Which of the following organisations are involved in formulation of specific prevention strategies by the OSH authorities (incl. the relevant ministry)?

- Other state authorities
- Employers' organisations
- Workers' organisations
- Accident insurance funds
- Health insurance funds
- Others

(multiple answers permitted)

6.8. Are there continuous partnerships [9] between the OSH authorities (incl. the relevant ministry) and

- Other state authorities
- Employers' organisations
- Workers' organisations
- Accident insurance funds
- Health insurance funds
- Others

(multiple answers permitted)

6.9. Are there initiatives to improve OSH at the enterprise level, taken by

- Employers' organisations
- Workers' organisations
- Employers' and workers' organisations together

(multiple answers permitted)

6.10. Have the social partners taken significant steps at national level for implementation of the voluntary european framework agreements on

- Telework
- Work-related stress
- Harassment and violence at work

(multiple answers permitted)

C. Developing preventive potential at enterprise level

6.11. How much of SMEs fulfil their obligation to engage protective and preventive services **[10]**?

- Less than 60 percent
- 60 percent and more
- No data/information available

6.12. Is there a quality control system for protective and preventive services **[11]**?

- Yes
- No

6.13. How much of the enterprises have carried out a risk assessment according to the European Framework Directive **[12]**?

- Less than 50 percent
- 50 percent and more
- No data/information available

6.14. Are OSH aspects integrated into education and training programmes at all levels, including school and university education as well as vocational training?

- Yes
 No

6.15. Are there any economic incentives, other than fines, to promote OSH at enterprise level?

- Yes
 No

6.16. Do OSH Inspection Authorities actively promote OSH management systems?

- Yes
 No

D. OSH research [13]

6.17. Is there an ongoing observation system for emerging risks, based on systematic collection of information and scientific opinions?

- Yes
 No

6.18. Is there a comprehensive national OSH research policy?

- Yes
 No

6.19. Are OSH research results systematically used for strategy development and programming OSH inspection activities?

- Yes
 No

Explanatory Footnotes- definition of indicators

[1] Occupational accidents

Occupational accidents are defined as 'An accident at work' in accordance with the specifications set up by the European Statistics on Accidents at Work (ESAW) saying:

'An accident at work is defined as "a discrete occurrence in the course of work which leads to physical or mental harm". The data shall be collected, for the entire workforce, for fatal accidents at work and accidents at work resulting in more than 3 days of absence from work, using administrative sources complemented with relevant additional sources whenever necessary and feasible for specific groups of workers or specific national situations' (cf. 'Proposal for a regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work', document 5434/08 - Brussels, 18 January 2008, ANNEX IV, point b.)

[2] Occupational diseases

Occupational diseases are defined in accordance with the specifications set up by the European Occupational Diseases Statistics (EODS) saying:

'A case of occupational disease is defined as a case recognized by the national authorities responsible for recognition of occupational diseases. The data shall be collected for incident occupational diseases and deaths due to occupational disease.' (cf. 'Proposal for a regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work', document 5434/08 - Brussels, 18 January 2008, ANNEX V, point b.)

[3] National strategy

The term National strategy is to be understood within the framework/text parts laid down in the community strategy 2007-2012, cf. the Council Resolution section II, point 8, which calls on the Member States to:

'a) Develop and implement coherent national safety and health strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average.'

[4] Work-related health problems and illnesses

Work-related health problems and illnesses are defined in accordance with specifications set up by the Working Party on Statistics cf. 'Proposal for a regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work', document 5434/08 - Brussels, 18 January 2008, saying:

'Work-related health problems and illnesses are those health problems and illnesses which can be caused, worsened or jointly caused by working conditions. This includes physical and psychosocial health problems. A case of work-related health problem and illness does not necessarily refer to recognition by an authority and the related data shall be collected from existing population surveys such as the European Health Interview Survey or other social surveys'. (cf. 'Proposal for a regulation of the European Parliament and of

the Council on Community statistics on public health and health and safety at work', document 5434/08 - Brussels, 18 January 2008, ANNEX V, point b.)

[5] Work-related musculoskeletal disorders (MSD)

Work-related musculoskeletal disorders (MDSs) are defined in accordance with the definition used by the European Agency for Safety and Health at Work, saying:

'Work-related musculoskeletal disorders (MSD's) are impairments of the bodily structures, such as muscles, joints, tendons, ligaments, nerves or the localized blood circulation system, which are caused or aggravated primarily by the performance of work and by the effects of the immediate environment in which work is carried out. Most work-related MSDs are cumulative disorders, resulting from repeated exposure to high- or low-intensity loads over a long period of time. Symptoms may vary from discomfort and pain to decreased body function and invalidity.' (cf. 'Work-related musculoskeletal disorders: Back to work report, published by the European Agency for Safety and Health at Work, oktober 2007, page 7.)

This definition of MDSs should be understood within the frames of the phrase: "work-related problems and illnesses" mentioned in the above text, and as a subset of "Work-related problems and illnesses"; meaning, that a case of MSD 'does not necessarily refer to recognition by an authority and the related data shall be collected from existing population surveys such as European Health Interview Survey or other social surveys' (cf. 'Proposal for a regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work ', document 5434/08 – Brussels, 18 January 2008, ANNEX V, point b)

[6] OSH Inspection

On the basis of the definition of "Labour Inspection" given in ILO Convention C 81 (1947), Article 3, OSH Inspection can be defined as a system to secure the enforcement of the legal provisions relating to safety and health at work, and to supply technical information and advice to employers and workers concerning the most effective means of complying with these legal provisions. The structure of the OSH Inspection system may differ significantly from country to country, its functions may be concentrated in one or distributed between several types of institutions (Labour Inspectorates, Health Authorities, Statutory Accident Insurance Organisations, others). This chapter deals with the OSH Inspection system as a whole, irrespective of possible organisational subdivisions.

[7] 100.000 workers

Calculation should include all persons, irrespective of their institutional affiliation (Labour Inspectorate, Health Authority, Statutory Accident Insurance, or others), with a legal mandate to control and enforce compliance with occupational safety and health regulations.

[8] Inspection methods

Detailed on site inspection is focussing on specific occupational safety and health deficiencies (such as lacking fall protection, hazardous exposure to dangerous substances etc.), whereas a system inspection is evaluating the policy on OSH in an organisation. A system inspection needs at least the following elements:

- check whether the company has adequate risk assessment and an adequate plan of action for (a selection of) risks;
- inspection of the workplace
- check whether violations at the workplace have been caused by inadequate risk assessment or inadequate plan of action.

[9] Continuous partnership

The term “continuous partnership” covers mutual commitments and formalised cooperations (including joint organisations) of long term character.

[10] Protective and preventive services

According to the European Framework Directive, Article 7 (titled: “Protective and preventive services”), employers are obliged to “designate one or more workers to carry out activities related to the protection and prevention of occupational risks for the undertaking and/or establishment”, or, “if such protective and preventive measures cannot be organized for lack of competent personnel in the undertaking and/or establishment”, to “enlist competent external services or persons”. Please indicate the percentage of small and medium sized enterprises (less than 250 employees) in your country meeting this obligation either by assigning protective and preventive tasks to own personnel or by contracting competent external services/persons.

[11] quality control for protective and preventive services

According to the European Framework Directive, Article 7 (titled: “Protective and preventive services”), “the workers designated must have the necessary capabilities and the necessary means”, and “the external services or persons consulted must have the necessary aptitudes and the necessary personal and professional means”. Please indicate if there is a system in your country (or not) for controlling the compliance with these requirements.

[12] Risk assessment

According to the European Framework Directive, Article 6, No. 3a, employers are obliged to “evaluate the risks to the safety and health of workers”. Similarly, Article 9, No. 1a, says that the employer “shall (...) be in possession of an assessment of the risks to safety and health at work”. Please indicate the percentage of enterprises in your country that have carried out such a risk assessment in an adequate manner recognized by OSH authorities.

[13] OSH-research

OSH research, as defined within the context of this scoreboard, covers all efforts to create knowledge about safety and health at work (epidemiological or other) by using scientific methods. It is not restricted to specialized research institutes, and may be carried out as well by OSH inspection authorities, prevention services or social security organisations.



WORKING GROUP
European Strategy on
Health and Safety at Work

SCOREBOARD 2005

October 2005

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Report

Setting up an international scoreboard – benchmarking national policies for implementing the European Strategy 2002 – 2006 on health and safety at work.

– A pilot project from the Nordic Countries in association with Eire, the Netherlands and the UK.

1. Introduction

In April 2002 the European Commission launched its communication “Adapting to change in work and society: a new Community strategy on health and safety at work 2002 – 2006”, COM (02)118.

In June 2002 the Council adopted a resolution endorsing the new strategy. During the debate on the resolution the Council discussed the feasibility of creating a specific scoreboard for health and safety at work along with an action plan on how to implement the new strategy. This proposal was rejected, mainly with an argument that this is a Community strategy and not a traditional Commission work programme, and that it requires action from all players and not merely the European Commission.

In the Council Resolution of 3 June 2002, Official Journal, C161, 05/07/2002, p. 1-4, the Council called on the Commission to include the measures for putting the strategy into practice in the social agenda scoreboard together with a schedule for implementing them. The Council called on the Commission, the social partners and the Member States to take specific actions in the implementation of the Community strategy.

The Advisory Committee on health and safety at work has a central role in the implementation of the strategy. In its resolution on the strategy of

November 2002, the Advisory Committee considered it essential to prepare a schedule including a scoreboard covering the period 2002-2006 and to set objectives and organise follow-up actions, as well as make provisions for the financial and human resources needed for its realisation.

Meanwhile, in February 2002, the directors general from the national labour inspection authorities in the Nordic Countries met for a seminar on strategies on health and safety at work in the Nordic Countries and the EU. The initiative for the seminar was taken by the Nordic Council Committee on health and safety at work.

At the seminar the directors general agreed to establish a working group to develop a proposal for an international scoreboard on national policies concerning health and safety at work.

The aim of this scoreboard is to measure the activities taken by the participating countries in devising national policies on implementation of the recommendations to the Member States in the Council Resolution from 3 June 2002 by seeking information from participating countries using a self-completed questionnaire and collating this information in the scoreboard

It is not intended that the scoreboard should cover the whole field of national activities on health and safety at work. The composition of the scoreboard

reflects the objectives the participating countries find the most important. The scoreboard is therefore to be revised over the years to reflect the areas of priority.

The first scoreboard - Score Board 2003 - was launched in spring 2004.

At the first meeting of European Union directors general, which met in Dublin in April 2004, Eire, the Netherlands and the UK accepted an invitation to join the pilot project. The enlarged working group with, representatives from the eight participating countries, met in Copenhagen in May 2004, in Stockholm in October 2004, in London in May 2005 and in Amsterdam in October 2005.

The working group has examined the questionnaire and the scoreboard in order to improve the quality of the scoreboard as a tool for assessing both the political and practical implementation of the community strategy by the participating countries. The working group has focused its work on the definitions in the questionnaire in order to make the answers more precise and comparable and by that means create a higher degree of transparency of the national strategies and practical implementation.

This second scoreboard - Scoreboard 2005 - is the product of the enlarged working group and shows

the similarities and differences between the participating eight countries in their work to implement the European strategy

2. A new strategic approach

The keystone of European Community action in relation to health and safety at work is legislation, with the framework directive from 1989 and the 17 special directives which, together, establish a minimum level playing field for the European labour market. The strategy differs from previous Community programmes in the sense that it is based on the use of a combination of various instruments and it involves all the players in the field of health and safety at work. The strategy adopts a global approach to well-being at work, taking into account the changes in the world of work and the emergence of new risks, especially of a psycho-social nature.

Over the past decade, health and safety policy within the European Union has focused on creating a legal minimum standard on health and safety at work. This policy is now moving into a new phase where the focus will be increasingly on enforcement of the common legislation and other preventive actions in order to reduce the numbers of accidents at work and occupational diseases. The European labour market will be increasingly integrated concurrently with the creation of a single market with free movement of labour,

goods and services. Also in relation to health and safety at work, Member States will depend more on each other. Preventive actions in one Member State will influence positively on the others. Lack of action will also have an impact. Having a “non-policy” engenders costs which weigh heavily on economics and societies.

The aim of the scoreboard is to give an overview of some of the actions taken in different Member States in the field of health and safety at work and to assess how the different Member States are meeting the main objectives of the strategy as defined by the Council Resolution from 3 June 2002.

This scoreboard focuses on eight strategic objectives:

1. Harmonisation of statistics
2. Setting up measurable targets
3. Reduction of occupational accidents
4. Reduction of musculo-skeletal disorders
5. Combatting work-related stress
6. Reduction in exposure from chemical agents
7. Productivity and economy
8. Preventive potential

3. General Principles

Participation in the international scoreboard on health and safety at work is voluntary, and it is based on reports from each participating State collected using a questionnaire. The scoreboard is not intended to give the whole picture of the state of occupational safety and health.

The primary focus of the scoreboard is the willingness to take appropriate actions in order to meet the objectives of the community strategy. No success criteria are given beforehand and the scoreboard is not a ranking of the participating states. The philosophy is to illustrate actions taken in each participating State in coherence with the national situation, prioritisation and traditions.

For each objective, the scoreboard focuses on indicators of activity, involvement of key players and the results achieved in the focus areas. In this way national decision makers and stakeholders can get an overview of how each participating State is performing compared with international trends. The scoreboard therefore serves as an inspiration for the exchange of experience and good practices.

The scoreboard is a living instrument, and it is intended to be published on an annual basis.

There will be some changes over the years. These changes will be a result of the need to focus on different objectives in the strategy, and of the fact that some of the objectives will inevitably be fulfilled.

4. Methodology

– Questionnaire

The mandate was to make the procedures for reporting to the scoreboard as simple and effective as possible.

The questionnaire developed by the Working Group is attached to this report and is based in the following principles.

- Simplicity
- Possible answers are categorised in advance
- Voluntary self reporting
- A direct link between the answers and the report tables.

The scoreboard is built on a principle of self-reporting from the participating states. The questionnaire has been developed in order to allow all states to provide comparable replies taking in to account differences between regulatory regimes. The questionnaire was tested through a pilot exercise and the results examined closely in parallel with finalising the report tables. However a risk of

minor misinterpretations e.g. of definitions cannot be entirely eliminated.

Furthermore, the participating states have been invited to give supplementary comments on the categories in the questionnaire in order to avoid misinterpretations.

It is not intended that the method used should meet scientific standards. The scoreboard is not intended as a scientific survey. The aim is to illustrate national performance and to be a first step in a process of international benchmarking. The tools used have been developed with this in mind.

In order to illustrate the aim of the scoreboard and the specific context, each question is introduced by highlighting the relevant paragraphs in the Council Resolution from June 2002.

Question number eight on Preventive Potential requires some specific comments.

The scoreboard table for this question differs significantly from the others. It is a diagram illustrating the potential capacity of Member States to meet the objectives of the Strategy. The aim of the diagram is to illustrate differences and no national diagram needs to be the same.

A score for the different answers was set in advance for each question. The points were awarded by the working group so that each of the different axes in the diagram illustrates the policy mix decided by each of the participating states. In the diagram it is not possible to identify specific answers to specific questions from the participating states. The points for the different questions were set in accordance with the general preventive principles in the framework directive on health and safety at work. The report is the overall picture of each national diagram. Therefore, this method does not contradict the general principle that no success criteria are given in advance.

– Report

As mentioned previously, the report tables have been developed in parallel with the questionnaire. The main principles of the tables are to

- give an overview
- highlight similarities and differences
- illustrate trends
- illustrate the level of national activities and players

Each table is introduced with the relevant paragraph in the Council Resolution from June 2002.

The general principle of the scoreboard is that it is not intended to be a ranking of the participa-

ting states. No success criteria are given in advance. The tables are therefore not followed by a text with common conclusive remarks interpreting the results.

The questionnaires were filled in by the national administrations, and the draft tables were edited by a secretariat of the scoreboard. The participating states were invited to send additional remarks and descriptions. It was not intended that these remarks should be included in the questionnaire, but they should be used in the final edition of the scoreboard. The final scoreboard was edited at a meeting of the working group. The national remarks serve as editorial information for this process.

5. How to establish a European scoreboard

Setting up an international scoreboard for the performance on the European strategy among the Nordic Countries and others is only the beginning of a process. The goal is that all members of the EU and the EFTA countries join such a policy instrument.

This project has been developed on the basis of the conditions in the participating countries. However, a clear perspective in the work has been that in the future it should cover more par-

ticipating states. The methodology has therefore been developed in order to gain the necessary flexibility so that later the number of participating states can be increased.

The development of the scoreboard is based on consensus among the participating countries and on the general principles laid out in the scoreboard.

This project has shown that it is possible to develop a scoreboard on the basis of the European strategy on safety and health at work – First year with five countries – second with eight countries.

Furthermore the scoreboard has worked as a follow-up instrument for the existing strategy.

It is the hope that the scoreboard lives on with participation of more countries and plays a role in measuring the countries' initiatives based on the strategy as well as contributing to fruitful discussions about the countries' different priorities and focus.

Symbols

	Yes
	No
	Increasing
	Decreasing
	Stable
	No significant trend
	No statistics
	Included in the strategy
	Fully
	Partly as agreed
	Partly - not agreed with EUROSTAT

Council Resolution - 3 June 2002 section II:

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
National Statistics on occupational accidents are comparable with EUROSTAT (ESAW)								
Phase I	●	●	○	●	●	●	●	●
Phase II	●	●	○	●	◐	●	●	●
Phase III	○	●	○	○		○	●	◐
National Statistics on occupational diseases are comparable with EUROSTAT (EODS)								
	◐	●	○	○	○	○	◐	○
Actions to harmonize last year (2004)	+		-	+	+	+		+
Plans on doing so next year (2005-2006)	+		+	+	+	+		+

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

























Subjects		Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Measurable targets	Accidents	✓	✓	✓	✓				✓
	Occupational illnesses		✓						✓
	High risk sectors	✓		✓	✓	✓	✓	✓	
	Risk factors	✓			✓	✓	✓	✓	
Decision level	Political level	✓	✓			✓			✓
	Admin. level		✓				✓	✓	✓
	Co-decision Social Partners	✓	✓	✓					✓

Due to incomplete statistics the Norwegian Labour Inspectorate has chosen not to establish quantitatively measurable targets.

Within UK's overall strategy targets are set at many levels. Targets for high risk sectors and risk factors are subsumed within the general targets for accidents and occupational illnesses.

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of occupational accidents	 Decreasing	 Decreasing	 No significant trend	 Decreasing	 Decreasing	 Decreasing	 Stable	 Decreasing
10-year trend of fatal occupational accidents	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing
National Strategy	 +	 +	 +	 +	 +	 +	 +	 +
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Other organisations	Tripartite	Government	Tripartite
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Other organisations	Tripartite	Tripartite	Tripartite

3. OCCUPATIONAL ACCIDENTS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Construction	Construction	Construction	Agriculture, forestry; Fishing	Construction	Manufacturing	Mining and quarrying	Construction
	Manufacturing	Manufacturing	Manufacturing	Construction	Transport, storage, communication	Construction	Construction	Mining and quarrying
	Transport, storage, communication	Transport, storage, communication	Transport, storage, communication	Transport, storage, communication	Manufacturing	Electricity, gas and water supply	Manufacturing	Transport, storage communication
	Public administration	Wholesale and retail trade	Public administration	Education; Health and social work	Mining and quarrying	Public administration	Transport, storage, communication	Agriculture and forestry
	Electricity, gas and water supply	Real estate, renting and business activities	Health and social work	Mining and quarrying; Electricity, gas and water supply	Agriculture, forestry; Fishing	Education	Health and social work	Manufacturing













3. OCCUPATIONAL ACCIDENTS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Manufacturing	Construction	Agriculture, and forestry; Fishing	Agriculture, and forestry; Fishing	Agriculture, and forestry	Construction	Construction
		Construction	Manufacturing	Construction	Mining and quarrying	Manufacturing (DA, DJ, DK)	Manufacturing (D-20, D-361)	Public administration
		Transport, storage, communication	Health and social work	Mining and quarrying; Electricity, gas and water supply	Manufacturing	Construction	Transport, storage, communication	Manufacturing
					Electricity, gas and water supply		Health and social work	Health and social work
					Construction		Education	Agriculture and forestry
					Wholesale and retail trade; Hotels and restaurants; Transport, storage, communication			
					Real estate, renting and business activities; Public administration; Other community, social and personal service activities			

**DISORDERS
CAUSED BY
LIFTING HEAVY
LOADS**

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of disorders	 Decreasing	? No statistics	? No statistics	 No significant trend	? No statistics	? No statistics	 Increasing	 Decreasing
National Strategy								
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite Voluntary organisations, small firms organisations, consumer organisations
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers	Tripartite	Unions Employers Government Local government

















DISORDERS CAUSED BY LIFTING HEAVY LOADS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Fishing	Construction	? No statistics	Agriculture, forestry; Fishing	? No statistics	? No statistics	Agriculture, forestry; Fishing	Health and social work
	Public administration	Manufacturing		Health and social work			Construction	Manufacturing
	Manufacturing	Agriculture and forestry		Construction			Health and social work	Construction
	Health and social work	Wholesale and retail trade		Mining and quarrying			Manufacturing	Wholesale and retail trade
	Construction	Health and social work		Public administration			Transport, storage, communication	Transport, storage and communication

DISORDERS CAUSED BY LIFTING HEAVY LOADS

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Construction	Health and social work	Agriculture, forestry; Fishing	Agriculture and forestry	Health and social work (N-85)	Construction	Health and social work
		Health and social work	Education	Health and social work	Manufacturing	Manufacturing (DA)	Health and social work	Manufacturing
		Manufacturing		Construction	Construction	Construction	Manufacturing (D-20, D-361)	Construction
				Mining and quarrying	Wholesale and retail trade	Transport, storage and communication	Transport, storage and communication	Wholesale and retail trade
				Public administration	Hotels and restaurants		Education	Transport, storage and communication
					Transport, storage, communication Real estate, renting and business activities; Public administration; Health and social work; Other community, social and personal service activities			

WORK-RELATED UPPER LIMB DISORDERS (WRULD)

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of disorders	 Decreasing	 Decreasing	 No statistics	 No significant trend	 Increasing	 Increasing	 Increasing	 Decreasing
National Strategy	 -	 +	 +	 +	 +	 +	 +	 +
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers Government

WORK-RELATED UPPER LIMB DISORDERS (WRULD)

























Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Manufacturing	Agriculture and forestry	?	Mining and quarrying	Agriculture and forestry; Fishing	?	Manufacturing	Manufacturing
	Public administration	Manufacturing	No statistics	Education	Construction	No statistics	Construction	Health and social work
	Fishing	Construction		Hotels and restaurants	Other community, social and personal service activities; Activities of households; Extra-territorial organizations and bodies		Agriculture and forestry; Fishing	Construction
	Transport, storage and communication	Transport, storage and communication		Manufacturing	Transport, storage and communication		Transport, storage and communication	Wholesale and retail trade
	Financial intermediation; Other community, social and personal service activities	Wholesale and retail trade			Mining and quarrying; Manufacturing; Electricity, gas and water supply		Public administration	Public administration; Transport, storage and communication

WORK-RELATED UPPER LIMB DISORDERS (WRULD)

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Manufacturing (D-15, D-26, D-28, D-36)	Health and social work	All sectors	Manufacturing	Health and social work (N-85)	Construction	Manufacturing
		Construction (C-45)	Education		Real estate, renting and business activities	Manufacturing (DA)	Health and social work	Health and social work
					Public administration	Construction	Manufacturing (D-20, D-361)	Construction
						Transport, storage and communication	Transport, storage and communication	Wholesale and retail trade
							Education	Public administration; Transport, storage and communication

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – taking into account social risks such as stress and harassment at work, as well as the risk associated with dependence on alcohol, drugs and medicines;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
National survey	 regular	 regular	 ad hoc	 regular	 regular	 ad hoc	 regular	 regular
10-year trend	 Stable	 Stable	 Stable	 No significant trend	 No significant trend	 No significant trend	 Increasing	 Increasing
National Strategy	 	 	 	 	 	 	 	
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite Small firms organisations, professional bodies
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers Government ACAS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Electricity, gas and water supply</p> <hr/> <p>Financial intermediation</p> <hr/> <p>Real estate, renting and business activities</p>	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Public administration</p> <hr/> <p>Health and social work</p> <hr/> <p>Transport, storage and communication</p>	<p>Education</p> <hr/> <p>Hotels and restaurants</p> <hr/> <p>Mining and quarrying; Manufacturing; Electricity, gas and water supply</p> <hr/> <p>Real estate, renting and business activities</p> <hr/> <p>Health and social work</p>	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Public administration</p> <hr/> <p>Transport, storage and communication</p> <hr/> <p>Real estate, renting and business activities</p>	<p>Finance intermediation</p> <hr/> <p>Public administration</p> <hr/> <p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Other community, social and personal service activities</p>

5. WORK-RELATED STRESS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Health and social work (N-85)	Public administration (L-80.10.0)	All sectors	Agriculture and forestry	Health and social work (N-85)	Education	Finance intermediation
		Education (M-80)			Manufacturing	Construction (C-45)	Health and social work (N-851, N-853)	Public administration
		Manufacturing (D-15)			Construction	Hotels and restaurants (H-55)	Transport, storage and communication	Education
		Other community, social and personal service activities (O-93)			Wholesale and retail trade	Public administration (L-75)	Construction	Health and social work
		Public administration (L-75)			Hotels and restaurants		Manufacturing (D-20, D-361)	
					Real estate, renting and business activities; Public administration Education; Health and social work; Other community, social and personal service activities			

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
GENERAL								
Prevention system for dangerous substances. Combination (Environment+OHS) or Separate (OHS)	Separate	Combination	Separate	Separate	Separate	Separate	Separate	Separate
National dialogue	+	+	+	+	+	-	+	+

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
MONITORING ACTIVITIES								
Production of statistics – occupational exposure	+	+	-	-	+	+	+	+
Including exposure levels	-	+	-	-	-	+	+	+
Including biological measurements	-	+	-	-	-	-	+	+
Including other methods	-	+	-	-	-	-	+	-
System for measuring morbidity	+	+	-	-	+	-	+	+
System for measuring mortality	-	+	-	-	-	-	+	+
10-year trend - allergies	↓ Decreasing	↓ Decreasing	? No statistics	? No statistics	? No statistics	? No statistics	↔ Stable	↔ Stable
10-year trend – skin diseases	↔ Stable	↓ Decreasing	? No statistics	? No statistics	? No statistics	? No statistics	↔ Stable	↔ Stable
Mesothelioma	■■■ No significant trend	↔ Stable	■■■ No significant trend	↑ Increasing	■■■ No significant trend	↔ Stable	↔ Stable	↑ Increasing
Silicosis	↓ Decreasing	↓ Decreasing	↔ Stable	? No statistics	? No statistics	↑ Increasing	↔ Stable	↔ Stable

6. CHEMICAL AGENTS

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
SUBSTITUTION								
National strategy	+	-	+	+	+	-	+	+
Social partners involved?	+	-	+	-	+	+	+	+
Promoting of agreements within industrial sectors	+	-	-	-	+	+	+	+

Council Resolution – 3 June 2002 – section I:

2. notes that it is necessary to: – raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Carrying calculations of social costs out	+	+	-	+	+	+	+	+
Used by the authority	-	+	-	+	+	+	+	+
Mentioned in the strategy	-	+	-	+	+	+	-	+
Economic models developed	+	+	-	-	+	-	+	+
Actively promoted and made available for the enterprises	-	+	-	-	+	-	+	+

Council Resolution - 3 June 2002 - section II:

4. Stresses the need to:
 - consolidate a risk-prevention culture, based on a combination of various policy instruments and on co-operation between those involved in health and safety and others who can influence employment quality and working conditions, as well as by integrating health and safety at work into strategic corporate decisions;
5. calls on the Member States to:
 - instil a real culture of prevention, by including basic occupational prevention principles in educational curricula and further training schemes, as well as by means of occupational health and safety awareness of the impact and effectiveness of the measures taken under the new Community Strategy;

Introduction

The Preventive Potential is a concept for illustrating the potential a country has for developing and maintaining an improved working environment. This figure intends to illustrate how different approaches at a superior level contribute to an overall preventive culture.

An OSH culture can be understood as comprising all the values, attitudes, rules, managerial systems and practices, participatory principles and working behaviour conducive to creating a safe and healthy occupational working environment. To develop a preventive OSH culture on a global, national or local level demands a holistic strategy.

Realising the complexity of an OSH culture and simultaneously aiming at giving a simple and realistic picture of its status is a demanding task, one has to choose between numerous indicators and compose a kind of common denominator to create a picture that is

simple and at the same time informative. This approach is not a scientific one. The scoreboard on Preventive Potential is based on the main principles in the New Strategy as well as principles that are often recognised as essential for the development of a good working environment..

Methodology

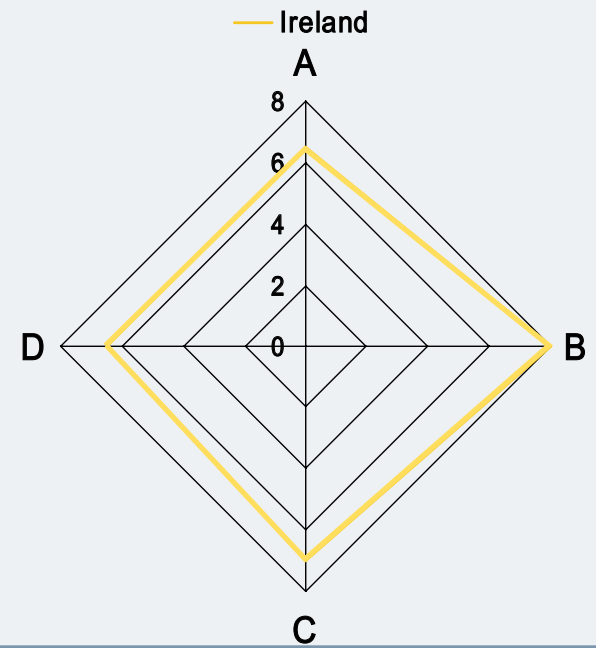
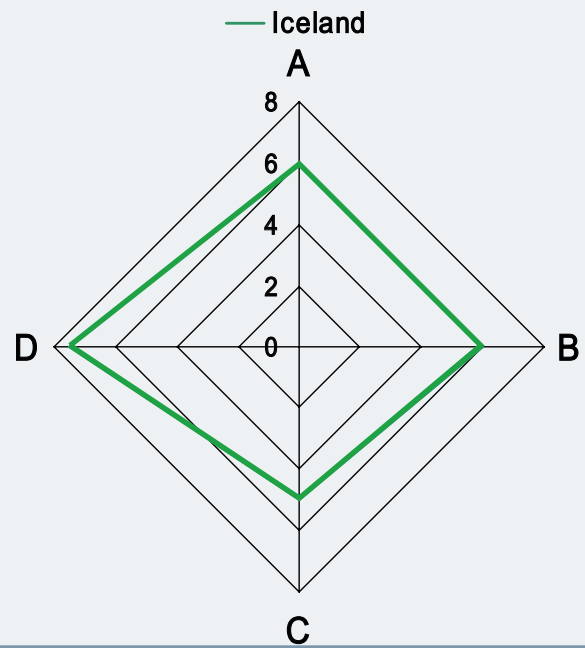
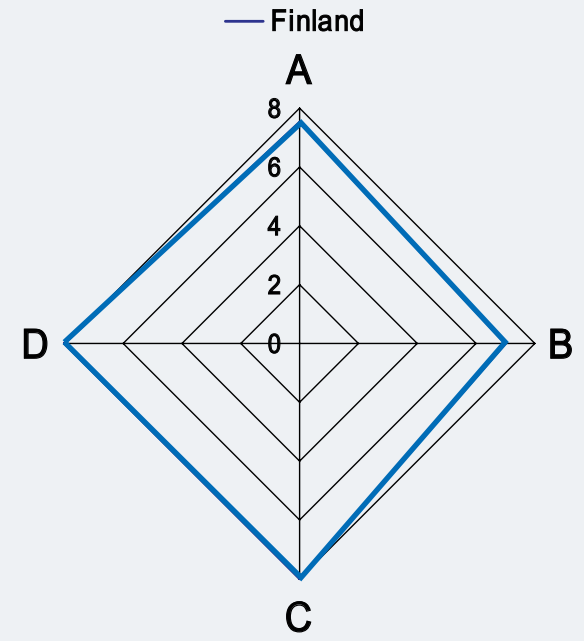
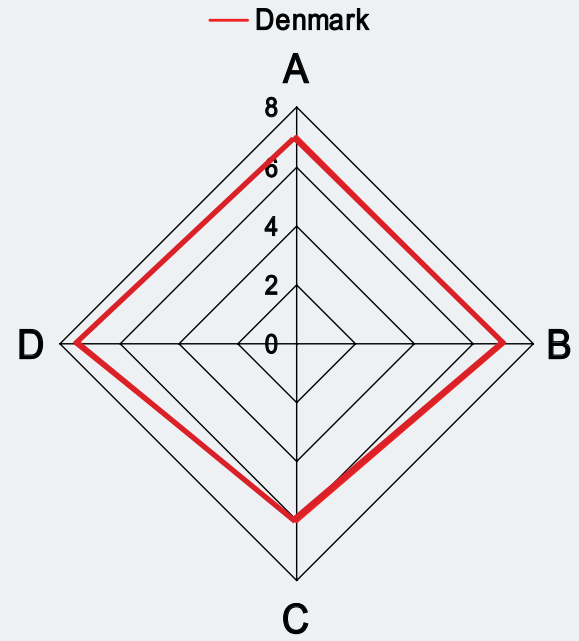
To make it simple the preventive potential is expressed in four dimensions (axes) in the national OSH infrastructure:

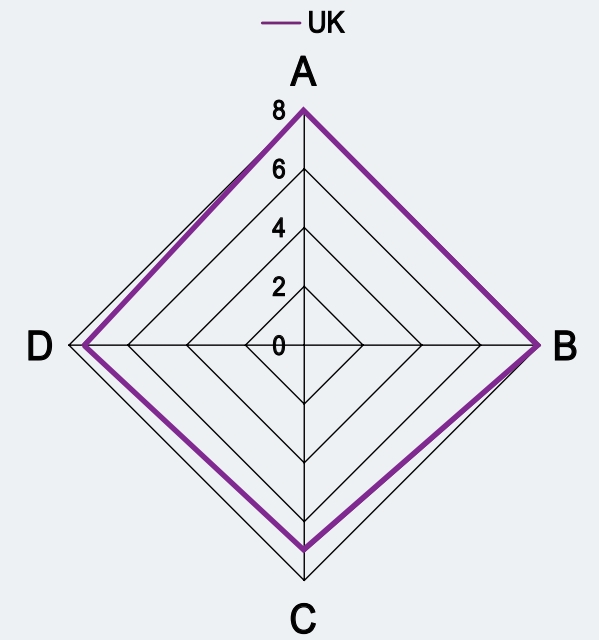
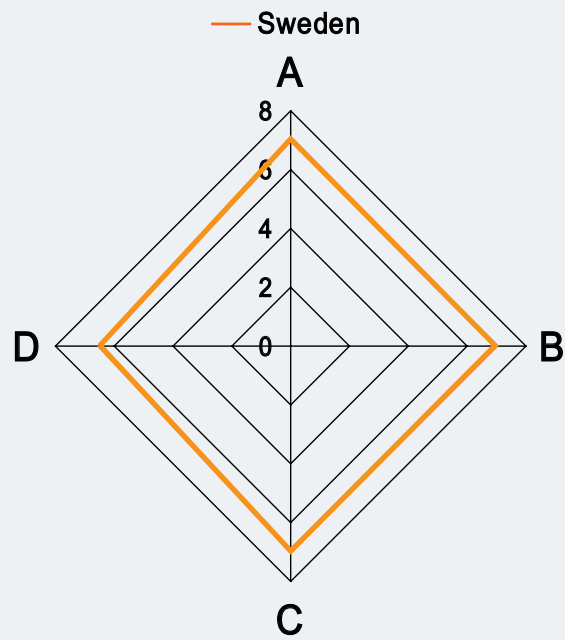
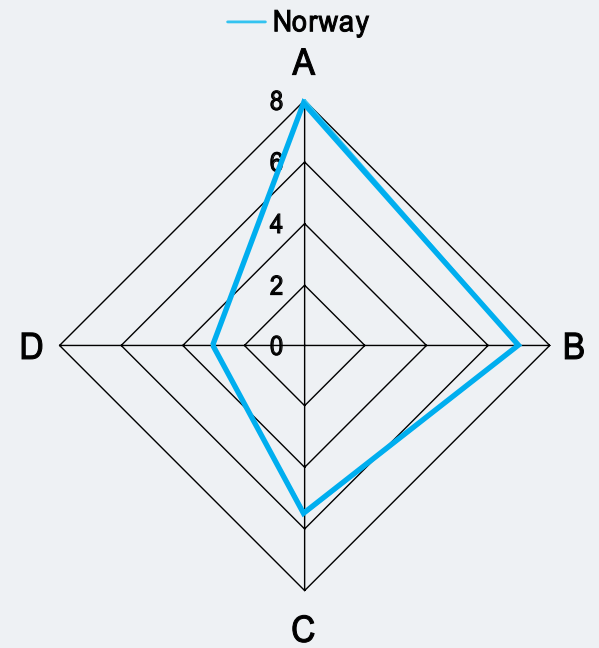
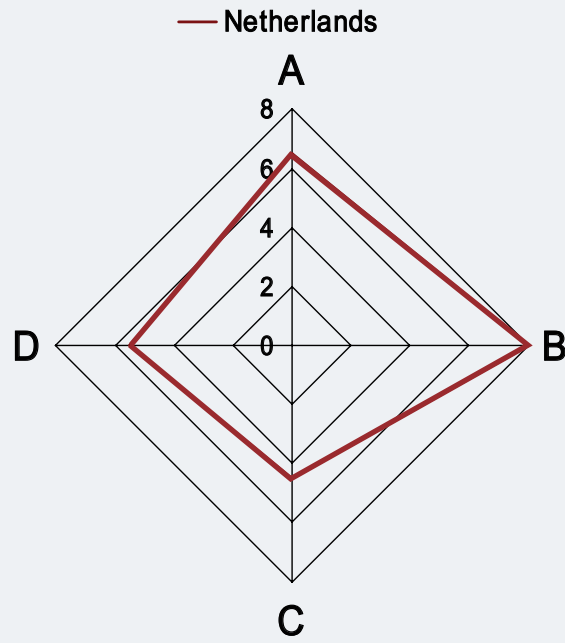
- A: Labour Inspection
- B: Building partnership
- C: Developing measures at enterprise level
- D: Capability of anticipating emerging risks

The aim of the diagram is to illustrate differences in the national OSH infrastructures and activities - the preventive potential. Each national OSH policy comprises of a different policy mix.

A high score illustrates an advanced infrastructure and therefore a large potential. A range of possible scores for the different answers was set in advance for each question. The points were then awarded by the working group on a fixed scale in accordance with the general preventive principles in the framework directive on health and safety at the workplace.

The total score within each dimension is marked by a point on the respective axes and indicates the contribution of the given dimension to the total potential. The total potential is illustrated by the extension of the area enclosed by the lines drawn between the points. In the diagram, it is not possible to identify specific answers to specific questions from the participating States. Rather, the report gives the overall picture of each national diagram.





Axis A – Labour Inspection

Axis A	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK	
Applying Community law effectively – especially the preventive measures in the framework directive – is essential to improve the quality of the working environment. The capacity and the role of the labour inspection authorities in enforcing the law in accordance with the common principles of labour inspection is an indicator of the preventive potential of the participating State.	1	1.5	1.5	1	0	0	1.5	1	1.5
	2	1	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1	1
	4	1.5	1.5	0.5	1.5	1.5	1.5	1.5	1.5
	5	0	0.5	0.5	1	1	1	1	1
	6	1	1	1	1	1	1	1	1
	7	1	1	1	1	1	1	1	1
Total	7	7.5	6	6.5	6.5	8	7.5	8	

Axis B – Building partnerships

Axis B	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
One of the aims of the new European strategy is to involve all the players, for example the public authorities, the social partners, companies, public and private insurers. The social partners in particular play a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnerships between the different players is a vital indicator of the preventive potential of the participating State.	1	1	1	1	1	1	1	1
	2	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1
	4	1	1	1	1	1	1	1
	5	1	1	1	1	1	1	1
	6	1	1	0	1	1	1	1
	7	1	1	1	1	1	1	1
	8	0	0	0	1	0	0	1
Total	7	7	6	8	8	7	7	8

Axis C – Developing the preventive potential at enterprise level

	Axis C	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. Focus is on education, creating awareness, preventive services, economic incentives etc. These issues can be supported by measures other than inspection and support and partnership with the social partners. The scope and mix of these measures in the national strategies is a vital indicator of the preventive potential in the participating State.	1	1	1	1	0	1	1	1	0
	2	1	1	1	1	1	1	1	1
	3	1.5	1.5	0.5	1.5	1.5	1.5	1.5	1.5
	4	1.5	1.5	1.5	1.5	0	0	1.5	1.5
	5	0	1	0	1	1	0	0	1
	6	1	1	1	1	0	1	1	1
	7	0	1	0	1	0	1	1	1
Total		6	8	5	7	4.5	5.5	7	7

Axis D – Anticipating emerging risks

	Axis D	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating emerging risk, especially monitoring and research, is vital in order for the different players to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating State.	1	2	2	2	2	2	0	2	2
	2	1.5	1.5	1.5	1.5	1.5	0	1.5	1.5
	3	1	1	1	1	0	0	0	1
	4	1	1	1	1	0	1	1	1
	5	1	1	1	0	1	1	1	1
	6	1	1.5	1	1	1	1	1	1
	Total		7.5	8	7.5	6.5	5.5	3	6.5

Council Resolution - 3 June 2002 section II:

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

1. Are the national statistic comparable with EUROSTAT?

a. ESAW (accidents)

Phase I

Fully

with EUROSTAT

Partly as agreed

Partly but not agreed with EUROSTAT and further development needed

Phase II

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

Phase III

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

b. EODS (diseases)

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

2. Has the Participating State taken any actions over the last year (2004) to harmonise national statistic with EUROSTAT where the answer to any part of question 1 is: "Partly but not agreed with EUROSTAT and further development needed?"

Yes

No

3. If the Participating State has not harmonised national statistics with EUROSTAT where the answer to any part of question 1 is: "Partly but not agreed with EUROSTAT and further development needed", has the Participating State plans to do so next year (2005-2006)?

Yes

No

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to:

– develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

1. Has the Participating State for the time being set measurable targets^[1] for reducing:

- Accidents at work at general level
- Occupational illnesses at general level
- Accidents at work and/or occupational illnesses on high risk sectors
- Specific occupational risk factors (e.g. noise, vibrations etc.)

2. On what level has decision on the targets been agreed? (one or more options)

- Political level (Minister/Parliament)
- Administrative level (Ministry/Labour Inspection)
- In co-operation^[2]/co-decision with the Social Partners

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to:

– develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

GENERAL

1. What is the 10-year trend in the rate of occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

2. What is the 10-year trend in the rate of fatal accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

3. Does the Participating State have a national strategy[3] including plans of action to reduce occupational accidents?

- Yes
- No

4. If yes, question 3.

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees

- Organisations representing employers

- Other organisations: _____

b) Does the strategy include actions from:

- Unions or other organisations representing employees

- Organisations representing employers

- Other organisations: _____

5. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[4])?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

6. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

- _____
- _____
- _____
- _____
- _____

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:
 – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

DISORDERS CAUSED BY LIFTING HEAVY LOADS

1. What is the 10-year trend in the rate of disorders caused by lifting heavy loads?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

2. Does the Participating State have a national strategy[5] including plans of actions to improve the situation?

- Yes
- No

3. If yes question 2:

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisations: _____

b) Does the strategy include actions from:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisations: _____

4. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[6])?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

5. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

- _____
- _____
- _____
- _____
- _____

WORK-RELATED UPPER LIMB DISORDERS (WRULD)[7]

6. What is the 10-year trend in the rate of WRULD?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

7. Does the Participating State have a national strategy[8] including plans of action to improve the situation?

- Yes
- No

8. If yes question 7:

b) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: _____

c) Does the strategy include actions from:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: _____

9. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[9])?

1. _____
2. _____
3. _____
4. _____
5. _____

10. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:
 – taking into account social risks such as stress and harassment at work, as well as the risk associated with dependence on alcohol, drugs and medicines;

1. Does the State have any national survey or other national indicators measuring work related stress?

- Yes, regular
- Yes, ad hoc
- No

2. What is the 10-year trend in the rate of work related stress?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend

3. Does the Participating State have a national strategy[10] including plans of actions to reduce work related stress?

- Yes
- No

5. If yes, question 4:

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisation: _____

b) Does the strategy include actions from:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisation: _____

6. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[11])?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

7. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

- _____
- _____
- _____
- _____
- _____

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well being at work, the parties involved must pursue a number of objectives including:
 – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

GENERAL

1. Which kind of system does the Participating State identify itself with regarding prevention of risk caused by the use of dangerous substances?
- Combination (Environment and health and safety legislation is combined within the same framework)
- Separate (Health and safety regulation is separate from the environment legislation)
- Appendix (Health and safety regulation is an appendix to the environment legislation)
- Other
2. Is there a permanent national structured dialogue/forum representing most important stakeholders in order to monitor chemical risks within the field of OSH?
- Yes
- No

MONITORING ACTIVITIES

3. Does the Participating State produce statistics on occupational exposure to chemical agents[12]?
- Yes
- No
- If yes, does it include measurements of:
- Occupational exposure levels
- If yes, does that include:
- Biological measurements
- Any other methods
4. Does the Participating State have a system for measuring changes in morbidity and mortality for occupational diseases, which arise from exposure to chemical agents?
- | | |
|------------------------------|------------------------------|
| a) Morbidity | b) Mortality |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

5. What is the 10-year trend in the number of cases of work related diseases caused by chemical exposure?
- a) Allergies(except skin diseases)
- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics
- b) Skin diseases
- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

c) Mesothelioma

- The number of cases decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

d) Silicosis

- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

SUBSTITUTION

6. Has the Participating State an overall strategy on substitution?

- Yes
- No

7. Are the social partners involved in promoting substitution?

- Yes
- No

8. Does the Participating State promote voluntary agreements (OSH based) within industrial sectors for the substitution of hazardous substances with less hazardous alternatives?

- Yes
- No

Council Resolution - 3 June 2002 section I:

2. notes that it is necessary to:

– raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

1. Have calculations of the social costs of work-related illnesses and work accidents been carried out in the Participating State?

Yes

No

2. If yes,

a) Does the authority use them?

Yes

No

b) Are they mentioned in the strategy?

Yes

No

3. Have models for calculations or analysis of the economic importance of OSH on company level been developed or spread for use in the work places?

Yes

No

4. If yes, are they actively promoted and made available for the enterprises?

Yes

No

Axes A – Labour Inspection

Applying Community Law effectively – especially the preventive measures in the framework directive – is essential to improve the quality of the work environment. The capacity and the role of the Labour inspection enforcing the law in accordance with the common principles of Labour Inspection is a indicator of the preventive potential of the participating state.

1. What is the number of inspectors per 100,000 workers:

- Below 10 [0 point]
- 10 [1 point]
- Above 10 [1.5 point]

2. Is there a plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that will be necessary to complete?

- Yes [0.5 point]
- No [0 point]

If yes, is the implementation of the plan systematically evaluated?

- Yes [0.5 point]
- No [0 point]

3. How is the inspection system characterised (measured in time spent on reactive or proactive inspections, if no data available please use a rough estimate)?

- Mainly reactive [0 point]

(Investigation of accidents, illnesses, complaints)

- Mainly proactive (preventive) [1point]

(workplace inspection, system revisions (inspections))

4. What are the characteristics of the most common inspection methods[13]?

- Traditional detailed on site inspections [0.5 point]
- System inspections without on site inspection [1 point]
- System inspections with on site inspection [1.5 point]

5. How often does the Labour Inspection Authority (or other relevant ministry) run national awareness (information) campaigns on OSH – in general or in specific sectors ?

- Never [0 point]
- Once a year [0.5 point]
- More than once a year [1 point]

6. Is there a specific education and training programme of the labour inspectors in proactive risk prevention?

- Yes [1 point]
- No [0 point]

7. Is the Labour Inspection Authority capable of appraising occupational risk factors (e.g. psychosocial risk factors, musculo-skeletal disorders)?

- Yes [1 point]
- No or not in those sectors where they tend to be complex and cumulative [0 point]

Maximum: 8 points

Axes B – Building partnership

One of the aims of the new European Strategy is to involve all the players, for example the public authorities, the social partners, companies, public and private insurers. Especially the Social partners plan a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnership between the different players is a vital indicator of the preventive potential of the participating state.

1. Are there provisions in the legal system to ensure consultation of the employees (or their representatives) by the employers in the enterprise?

Yes [1 point]

No [0 point]

2. Has the general national prevention policy been developed in consultation with the most representative organisations of :

a) employers

Yes [0.5 point]

No [0 point]

b) employees

Yes [0.5 point]

No [0 point]

3. Are the Social Partners systematically involved in formulation of specific prevention strategies by the government authority/Labour Inspection Authority?

Yes [1 point]

No [0 point]

4. Are the Social Partners active in producing national guidelines (issued by the Labour Inspection Authority or on their own initiative)?

Yes [1 point]

No [0 point]

5. Are the Social Partners active in producing specific guidelines (issued by the Labour Inspection Authority or by their own initiative)?

Yes [1 point]

No [0 point]

6. Do the Social Partners at their own initiative take actions to promote a culture of prevention at the enterprise level (for example by making OSH a topic of collective labour

agreements, or by establishing an organisation to promote OSH in a sector)?

Yes [1 point]

No [0 point]

7. Is there a partnership^[14] between the Labour Inspection Authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace?

Yes [1 point]

No [0 point]

8. Is there a partnership^[15] between the Labour Inspection Authority (including the relevant Ministry) and public and private insurers, banks or industrial organisations etc. on prevention of occupational hazards and diseases?

Yes [1 point]

No [0 point]

Maximum: 8 points

Axes C – Developing the preventive potential at enterprise level

The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. In focus is education, awareness, preventive services, economic incentives etc. These subjects can be supported by other measures than inspection and support and partnership with the Social Partners. The scope and mix of these measures in the national strategies is vital indicator of the preventive potential in the participating state.

1. Is there is a organised Occupational Health Service system?

Yes [1 point]

No [0 point]

2. Are there incentives, other than the legal provisions transposing the framework directive, to promote enterprises to get external services on OSH?

Yes [1 point]

No [0 point]

3. Numbers of employed in Occupational Health Services (as defined in the framework directive) compared with employed in the Labour Inspection Authority:

Less than 1-1 [0 point]

1-1 [0.5 point]

2-1 [1.0 point]

More than 2-1 [1.5 point]

4. Does the Labour Inspection Authority promote vocational OSH training in enterprises?

Yes [1.5 point]

No [0 point]

5. Are there any economic incentives, other than fines to promote OSH?

Yes [1 point]

No [0 point]

6. Does the Labour Inspection Authority actively promote OSH management systems?

Yes [1 point]

No [0 point]

7. Are there national campaigns or activities promoting CSR (corporate social responsibility) including OSH elements?

Yes [1 point]

No [0 point]

Maximum: 8 points

Axes D – Anticipating of emerging risks

A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating of emerging risk, especially monitoring and research is vital for the different players in order to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating state.

1. Is there an ongoing observation system of emerging risks, based on systematic collection of information and scientific opinions?

Yes [2 point]

No [0 point]

2. Is there a comprehensive national OSH research policy?

Yes [1.5 point]

No [0 point]

3. Do national research organisations co-ordinate their programmes on OSH related research?

Yes [1 point]

No [0 point]

4. Are research programmes mainly focused on recent priorities in the national strategy?

Yes [1 point]

No [0 point]

5. Have research organisations made preparations for the research findings to be transferred to all sectors and sizes of firms?

Yes [1 point]

No [0 point]

6. Is OSH training well integrated in relevant parts of the national education system?

Fully [1.5 point]

Partly [1 point]

No [0 point]

Maximum: 8 points

Footnotes

1) Definition: A measurable target is a target in which is clearly specified what should be reached at what date. When a target is a reduction, the reference point should be specified. Furthermore, there must be a measuring instrument available with which the realisation of the target can be measured

2) Definition: Co-operation is a formal procedure of consultation of the Social Partners

3) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

4) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:
http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html

5) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

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http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html

7) WRULD is used as an umbrella term for a range of disorders of the hand, wrist, arm, shoulder and neck. It covers those conditions, with specific medical diagnoses (e.g. frozen shoulder,

carpal tunnel syndrome), and other conditions (often called RSI) where there is pain without specific symptoms. Symptoms may include pain, swelling and difficulty moving.

8) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

9) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:
http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html

10) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

11) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:

http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html

12) Chemical agent is defined as any natural or artificial substance, including any preparation, whether in solid or liquid form or in the form of

a gas or vapour which is toxic, very toxic, harmful, corrosive or irritant.

13) A system inspection is an inspection in which the policy on OSH in an organisation is evaluated. A system inspection needs at least the following elements:

- check whether the company has adequate risk assessment and an adequate plan of action for (a selection of) risks;
- inspection of the workplace
- check whether violations at the workplace have been caused by inadequate risk assessment or inadequate plan of action.

The inspection can be done on a selection of risks, it does not have to cover all potential risks.

14) Partnership is defined as mutual commitments.

15) Partnership is defined as mutual commitments.



European Strategy on Health and Safety at the Workplace

Score Board 2003

Pilot Project – NORDIC WORKING GROUP – March 2004

Score Board 2003



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Report

Setting up an international scoreboard - national policies on implementing the European Strategy 2002-2006 on health and safety at the workplace – A pilot project from the Nordic Countries

1. Introduction

In April 2002 the European Commission launched its Communication "Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006", KOM(02)118.

The Communication was presented at a Conference in Barcelona on 23-24 April in co-operation with the Spanish Presidency of the Council. The Strategy was warmly welcomed by all the players in the field of health and safety at the workplace at European level.

In June the Council adopted a resolution on the new strategy. In the debate on the resolution there was a debate on setting up a specific scoreboard on health and safety at the workplace and an action plan on how to implement the new strategy. This proposal was rejected, mainly with an argument that this is a Community strategy and not a traditional Commission work programme, and that it requires action from all players and not merely the European Commission.

In the Council Resolution from 3 June, the Council called on the Commission to inclu-

de in the social-agenda scoreboard the measures to be carried out in order to put the strategy into practice, together with a schedule for implementing them. The Council called on the Commission, the social partners and the Member States to take specific actions in the implementation of the Community strategy.

The Advisory Committee on health and safety at the work place has a central role in the implementation of the strategy. In its resolution on the strategy from November 2002, the Advisory Committee considers it essential to prepare a schedule including a scoreboard covering the period 2002-2006, and that it should set objectives and organise follow-up actions, as well as make provisions for the financial and human resources needed for its realisation.

In February 2002 the director generals from the national labour inspection authorities in the Nordic Countries met for a seminar on strategies on health and safety at the workplace in the Nordic Countries and the EU. The initiative for the seminar was taken by the Nordic Council Committee on health and safety at the workplace.

At the seminar the director generals set up a working group. The objective of the working group was to set up a proposal for an international scoreboard on national policies on health and safety at the workplace.

The aim of this scoreboard is to monitor the activities taken by the Member States in national policies on implementing the recommendations to the Member States in the Council Resolution from 3 June 2002.

In April 2002 the director generals decided on which strategic objectives to be covered by the scoreboard. The composition of the scoreboard reflects the objectives the director generals find the most important. It is not intended that the scoreboard should cover the whole field of national activities on health and safety at the workplace. The composition of the scoreboard might be revised over the years in order to follow new areas of priority.

The working group has worked since February 2003 and reported two times to the director generals. This scoreboard was presented and adopted by the director generals on 30 March 2004.

2. A new strategic approach

The keystone of European Community action in relation to health and safety at the workplace is legislation, with the framework directive from 1989 and the 17 special directives as a minimum level playing field for the European labour market. The strategy differs from previous Community programmes in the sense that it is based on the use of a combination of the various instruments and it involves all the players in the field of health and safety at the workplace. The strategy adopts a global approach to well-being at work, taking into account the changes in the world of work and the emergence of new risks, especially of a psycho-social nature.

Over the past decade, health and safety policy within the European Union has focused on creating a legal minimum standard on health and safety at the workplace. This policy is now going into a new phase where focus will be on enforcement of the common legislation and other preventive actions in order to reduce the numbers of accidents at work and occupational diseases.

The European labour market will be increasingly integrated concurrently with the creation of a single market with free movement of labour, goods and services. Also in relation to health and safety at the workplace, Member States will depend more on each other. Preventive actions in one Member State will influence positively on the others. Lack of action will also have an impact. Having a "non-policy" engenders costs which weigh heavily on economies and societies.

The aim of this proposal for a scoreboard is to give an overview of some of the actions taken in different States in the field of health and safety at the workplace and to monitor how the different States perform in relation to the main objectives of the strategy.

This scoreboard focuses on eight strategic objectives:

1. Harmonisation of statistics
2. Setting up measurable targets
3. Reduction of occupational accidents
4. Reduction of musculo-skeletal disorders
5. Combating work-related stress
6. Reduction in exposure from chemical agents
7. Productivity and economy
8. Preventive potential

3. General Principles

Participation in the international scoreboard on health and safety at the workplace is voluntary, and it is based in reports from each participating State on the basis of a questionnaire. The scoreboard does not intend to give the whole picture of the state of occupational safety and health.

The primary focus of the scoreboard is the willingness to take appropriate actions in order to meet the objectives of the strategy. No success criteria are given beforehand and the scoreboard is not a ranking of the participating States. The philosophy is to illustrate actions taken in each participating State in coherence with the national situation, prioritisation and traditions.

For each objective, the scoreboard focuses on indicators of activity, players and the results in the focus areas. In this way national decision makers and stakeholders can get an overview of how each participating State is performing compared with the international trends. Therefore the scoreboard can serve as an inspiration for the exchange of experience and good practices.

The scoreboard is a living instrument, and it is intended to be published on an annual basis. There will be some changes over the years. These changes will be a result of the need to focus on different objectives in the strategy, and of the fact that some of the objectives will inevitably be fulfilled.

4. Methodology

- Questionnaire

The mandate set out by the director generals was that the procedures for reporting to the scoreboard should be simple and effective.

The scoreboard is based on national reports. These reports are based on a questionnaire developed by the working group. The questionnaire is attached to this report and is based in the following principles:

- Simplicity
- Possible answers are categorised in advance
- Voluntary self reporting
- A direct link between the answers and the report tables

The scoreboard is built on a principle of self reporting from the participating States. The questionnaire has therefore been developed

in order to prevent misinterpretations. A pilot test procedure has been carried out and the questionnaire has finally been examined closely in parallel with finalising the report tables. However a risk of minor misinterpretations e.g. of definitions can-not be entirely eliminated.

Furthermore, the participating States have been invited to give supplementary comments on the categories in the questionnaire in order to avoid misinterpretations.

It is not intended that the method used should meet scientific standards. The scoreboard is not intended as a scientific survey. The scoreboard is an international policy instrument. The aim is to illustrate performance and to be a first step in a process of international benchmarking. The tools used have been developed with this in mind.

In order to illustrate the aim of the scoreboard and the specific context, each question is introduced by highlighting the relevant paragraphs in the Council Resolution from June 2002.

Question number eight on Preventive Potential requires some specific comments.

The scoreboard table for this question differs significantly from the others. It is a diagram illustrating the potential. The aim of the diagram is to illustrate differences and no national diagram needs to be the same.

A score for the different answers was set in advance for each question. The points were awarded by the working group so that each of the different axes in the diagram illustrates the policy mix decided by each of the participating States. In the diagram it is not possible to identify the specific answers to specific questions from the participating States. The points for the different questions were set in accordance with the general preventive principles in the framework directive on health and safety at the workplace. The report is the overall picture of each national diagram. Therefore, this method does not contradict with the general principle that no success criteria are given in advance.

- Report

As mentioned previously, the report tables have been developed in parallel with the questionnaire. The main principles of the tables are to

- give an overview
- highlight similarities and differences

- illustrate trends
- illustrate the level of national activities and players

Each table is introduced with the relevant paragraph in the Council Resolution from June 2002.

The general principle of the scoreboard is that it is not intended to be a ranking of the participating States. No success criteria are given in advance. The tables are therefore not followed by a text with common conclusive remarks interpreting the results. The tables stand alone.

The questionnaires were filled in by the national administrations, and the draft tables were edited by a secretariat of the scoreboard. The participating States were invited to send additional remarks and descriptions. It was not intended that these remarks should be included in the questionnaire, but they should be used in the final edition of the scoreboard. The final scoreboard was edited at a meeting of the working group. The national remarks serve as editorial information for this process.

- Annual procedure

In the general principles it is underlined, that the scoreboard is a living instrument, it is intended to be published on an annual basis, and that there will be some changes over the years. These changes will be a result of the need to focus on different objectives in the strategy, and the fact that some of the objectives will inevitably be fulfilled.

The annual procedure is intended to be as follows:

- | | |
|--------------|---|
| Spring: | Meeting of the scoreboard group
Decision on the questionnaire for the year |
| Summer: | National administrations fill in the questionnaire |
| Autumn: | Meeting of the scoreboard group
Editing of the tables and the scoreboard |
| Late autumn: | Meeting of the director generals
Decision on the scoreboard and the focus areas for the following year |

5. How to establish a European scoreboard

Setting up an international scoreboard for the performance on the European strategy among the Nordic Countries is only the beginning of a process. The goal is that all members of the EU and the EFTA countries join such a policy instrument.

This pilot project has been developed on the basis of the conditions in the Nordic countries. However, a clear perspective in the work has been that in the future it should cover more participating States. The methodology has therefore been developed in order to gain the necessary flexibility so that later the number of participating States can be increased.

The development of the scoreboard is based on unanimity among the participating states and on the general principles laid out in the scoreboard.

Symbols

	Yes
	No
	Increasing
	Decreasing
	Stable
	No significant trend
	No statistics
	Included in the strategy

Council Resolution - 3 June 2002 - section II:

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

Subjects	Denmark	Finland	Iceland	Norway	Sweden
National Statistics Accidents	+	+	+	+	+
National Statistics Illnesses	+	+	-	+	+
National Statistics on occupational accidents are comparable with EUROSTAT (ESAW)					
Phase I	+	+	-	+	+
Phase II	+	+	-	+	+
Phase III	+	+	-	-	+
National Statistics on occupational diseases are comparable with EUROSTAT (EODS)					
Partly	+	+	-	+	+
Fully	+	+	-	-	-
Actions to harmonize last year (2002-2003)	-	+	+	+	+

Council Resolution - 3 June 2002 section II:

























5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

		Denmark	Finland	Iceland	Norway	Sweden
Measurable targets at general level	Accidents	+	+	-	-	+
	Diseases	-	+	-	-	-
Specific measurable targets	High risk sectors				✓	✓
	Risk factors	✓	✓		✓	
	OSH diseases	✓	✓			
Decision level	Political level	✓	✓	✓		
	Admin. level	✓	✓	✓	✓	✓
	Co-operation Social partners	✓	✓	✓		
	Co-decision Social partners	✓				
Has plan on doing so next year					-	

Measurable target: A target which can be measured quantitatively or semi-quantitatively/qualitatively (method), with a fixed starting point and a date when the target has to be reached.

Council Resolution - 3 June 2002 - section II:











































5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

		Denmark	Finland	Iceland	Norway	Sweden
10-year trend of occupational accidents		 Stable	 Decreasing	 No significant trend	 Stable	 No significant trend
10-year trend of fatal occupational accidents		 Stable	 Stable	 Stable	 Decreasing	 Decreasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2006 2002-2005	 2003-2007			 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
	Other					

3. OCCUPATIONAL ACCIDENTS



























		Denmark	Finland	Iceland	Norway	Sweden
Which tools are the strategy mainly based on	Inspection/ campaign	✓	✓	✓	✓	✓
	General guidelines	✓	✓	✓	✓	
	Information campaign		✓	✓	✓	✓
	Other			✓		
The strategy is mainly based on actions from the following players	Inspection				✓	✓
	Combination: Inspection/ Social partners	✓	✓	✓		

3A. OCCUPATIONAL ACCIDENTS - CONSTRUCTION SECTOR






























		Denmark	Finland	Iceland	Norway	Sweden
10-year trend in the rate of accidents		 Stable	 Increasing	 No significant trend	 Decreasing	 Decreasing
Trend in the rate of fatal accidents		 Decreasing	 Decreasing	 Stable	 Decreasing	 Decreasing
Implemented co-ordinated, coherent prevention policy (specific national strategy)		 +	 2002-2005	 +	 +	 2004-2006
Responsible for the strategy	Inspection authority					
	Social partners					
Which tools is the strategy based on?	Inspection/campaign					
	General guidelines					
	Information campaign					
	New provision					
The strategy is mainly based on actions from the following players:	Inspection authority					
	Combination: Inspection/Social partners					

Council Resolution - 3 June 2002 - section I:































1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: -placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 Decreasing	? No statistics	? No statistics	 Stable	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2005 2002-2005	 2003-2007			 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection/campaign					
	General guidelines					
	Information campaign					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					




























4A. LIFTING HEAVY LOADS
- SOCIAL AND HEALTH CARE SECTOR

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 Decreasing	? No statistics	? No statistics	 Stable	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 2002-2005				 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection/campaign					
	New guidelines					
	Information campaign					
	Other					
	New provision					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					

4B. MONOTONOUS REPETITIVE WORK DISORDERS











		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 No significant trend	 Decreasing	 No statistics	 Increasing	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2006 2002-2005	 2003-2007		 2003-2006	 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
	Inspection/campaign					
Which tools are the strategy mainly based on	Inspection/campaign					
	General guidelines					
	Information campaign					
	Other					
	New provision					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					

4B. MONOTONOUS REPETITIVE WORK DISORDERS
- MANUFACTURE OF FOOD PRODUCTS SECTOR

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 No significant trend	 Decreasing	? No statistics	? No statistics	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 2002-2005	 2002-2007		 2002-2006	 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection / campaign					
	General guidelines					
	Information campaign					
	Other					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/ Social partners					

Council Resolution - 3 June 2002 - section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;













		Denmark	Finland	Iceland	Norway	Sweden
National survey/s measuring work-related stress	Regularly	✓	✓			✓
	Ad hoc			✓	✓	
10-year trend in the rate of work-related stress		 No significant trend	 Stable	 Stable	 Increasing	 Increasing
Implemented co-ordinated, coherent prevention policy (national strategy)		 1996-2005 2002-2005				 2004-2006
Responsible for the strategy	Inspection authority	✓	✓	✓	✓	✓
	Social partners	✓				
Which tools is the strategy based on?	Inspection/campaign	✓	✓		✓	✓
	General guidelines	✓			✓	
	Information campaign		✓	✓	✓	✓
	Other	✓		✓		
Actions from the following players:	Inspection authority			✓	✓	✓
	Combination: Inspection/Social partners	✓	✓			

Council Resolution - 3 June 2002 - section I:




1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

	Denmark	Finland	Iceland	Norway	Sweden
National strategy (action plan, programme etc.)	1996-2005 +	+	+	-	+
Separate programme/policy chemical risks within OSH	+	-	-	+	-
Permanent body with all important stakeholders	+	+	+	-	-
MONITORING ACTIVITIES					
Register for exposure measurements		✓		✓	✓
Airborne pollutants		✓		✓	✓
Biological measurements		✓		✓	✓
Register for chemical products	✓	✓		✓	✓
Register for occupational diseases	✓	✓			✓

MONITORING ACTIVITIES

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of work-related diseases	Allergies	 Decreasing	 Decreasing	? No statistics	? No statistics	 Stable
	Skin diseases	 Stable	 Decreasing	? No statistics	? No statistics	 Stable
	Asbestoses	 Stable	 Decreasing	? No statistics	? No statistics	 Stable
	Silicoses	 Decreasing	 Decreasing	? No statistics	? No statistics	 Stable

SUBSTITUTION

OSH based list of substitution						
Enviromental based list of substitution						
Voluntary agreements for substances of substitution						
Organised dialogue between OSH and social partners						

Council Resolution - 3 June 2002 - section I:

2. notes that it is necessary to: - raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

CALCULATIONS OF THE SOCIAL COSTS OF WORK-RELATED DISEASES AND ACCIDENTS HAVE BEEN CARRIED OUT DURING THE LAST 5 YEARS BY (by order/request of)

	Denmark	Finland	Iceland	Norway	Sweden
Ministry or OSH Administration	-	+	-	-	-
OSH research institute	-	-	-	-	-
Other	-	-	+	-	-

MODELS FOR CALCULATION OR ANALYSIS OF THE ECONOMIC IMPORTANCE OF OSH AT COMPANY LEVEL HAVE BEEN DEVELOPED OR DISTRIBUTED BY

Ministry or OSH Administration	-	+	-	-	-
OSH research institute	-	+	-	-	-
Other	+	+	-	-	-

THE ECONOMIC IMPACT OF THE WORKING CONDITIONS AND/OR THE USE OF ECONOMIC ARGUMENTATION IN ORDER TO MOTIVATE WORKPLACES TO IMPROVE WELL-BEING AT WORK ARE MENTIONED IN THE NATIONAL OSH STRATEGY OR POLICY DOCUMENTS

	-	+	-	+	-
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Council Resolution - 3 June 2002 - section II:

4. Stresses the need to:
 - consolidate a risk-prevention culture, based on a combination of various policy instruments and on co-operation between those involved in health and safety and others who can influence employment quality and working conditions, as well as by integrating health and safety at work into strategic corporate decisions;
5. calls on the Member States to:
 - instil a real culture of prevention, by including basic occupational prevention principles in educational curricula and further training schemes, as well as by means of occupational health and safety awareness of the impact and effectiveness of the measures taken under the new Community Strategy;

Introduction

The Preventive Potential is a concept for illustrating the potential a country has for developing and maintaining an improved working environment. This figure intends to illustrate how different approaches at a superior level contribute to an overall preventive culture.

An OSH culture can be understood as comprising all the values, attitudes, rules, managerial systems and practices, participatory principles and working behaviour conducive to creating a safe and healthy occupational working environment. To develop a preventive OSH culture on a global, national or local level demands a holistic strategy.

Realising the complexity of an OSH culture and simultaneously aiming at giving a simple and realistic picture of its status is a demanding task, one has to choose between nume-

rous indicators and compose a kind of common denominator to create a picture that is simple and at the same time informative. This approach is not a scientific one. The scoreboard on Preventive Potential is based on the main principles in the New Strategy as well as principles that are often recognised as essential for the development of a good working environment..

Methodology

To make it simple the preventive potential is expressed in four dimensions (axes) in the national OSH infrastructure:

- A: Labour Inspection
- B: Building partnership
- C: Developing measures at enterprise level
- D: Capability of anticipating emerging risks

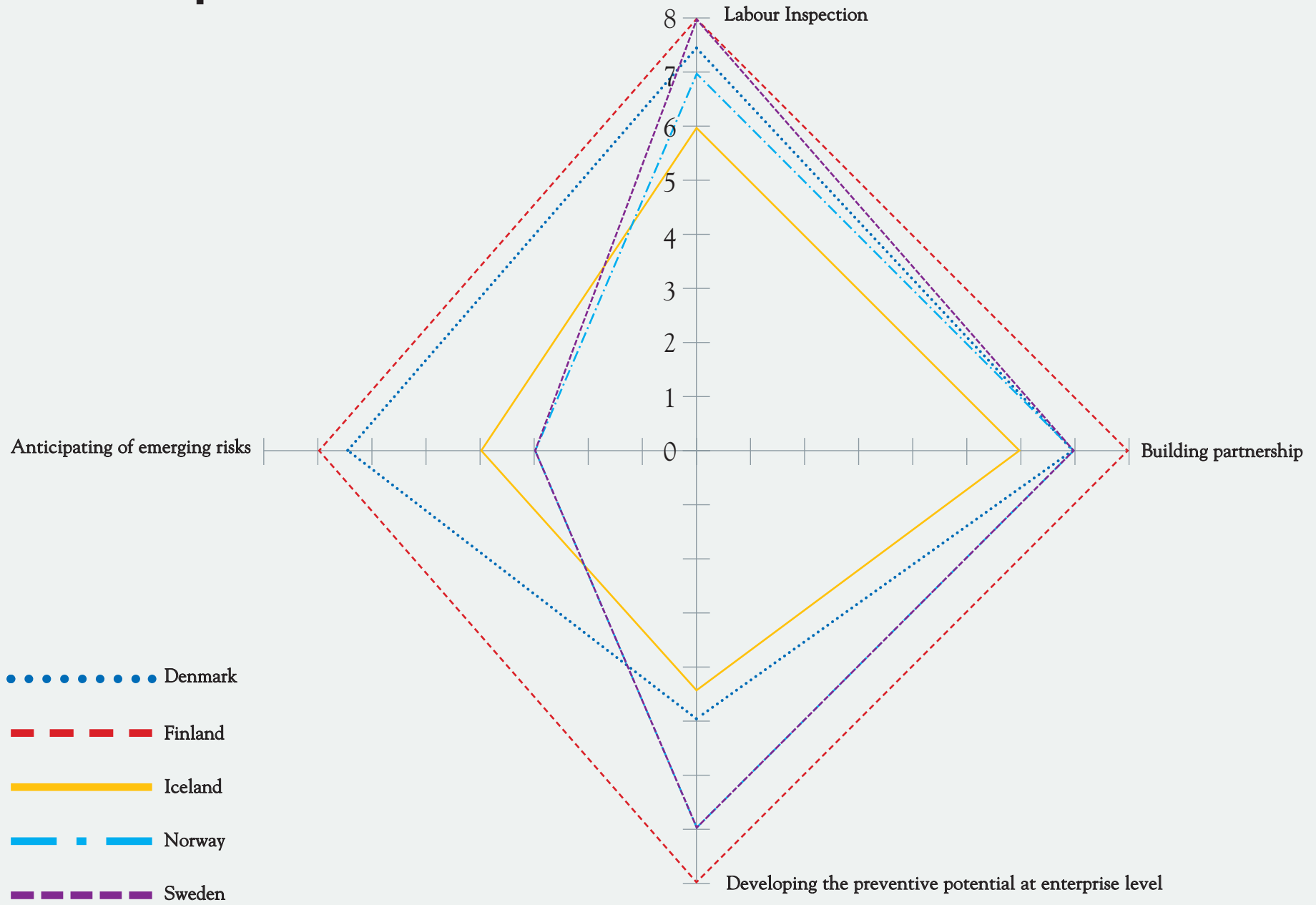
The aim of the diagram is to illustrate differences in the national OSH infrastructures and activities - the preventive potential. Each

national OSH policy comprises of a different policy mix.

A high score illustrates an advanced infrastructure and therefore a large potential. A range of possible scores for the different answers was set in advance for each question. The points were then awarded by the working group on a fixed scale in accordance with the general preventive principles in the framework directive on health and safety at the workplace.

The total score within each dimension is marked by a point on the respective axes and indicates the contribution of the given dimension to the total potential. The total potential is illustrated by the extension of the area enclosed by the lines drawn between the points. In the diagram, it is not possible to identify specific answers to specific questions from the participating States. Rather, the report gives the overall picture of each national diagram.

Preventive potential



AXIS A – LABOUR INSPECTION

Applying Community law effectively - especially the preventive measures in the framework directive - is essential to improve the quality of the working environment. The capacity and the role of the labour inspection authorities in enforcing the law in accordance with the common principles of labour inspection is an indicator of the preventive potential of the participating State.

Axis A	Denmark	Finland	Iceland	Norway	Sweden
1. Number of inspectors pr. 1,000 enterprises	1 (1.3)	1 (1.64)	0 (0.9)	0 (1.0)	1 (1.3)
2. Is there an annual plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that it will be necessary to complete, and is the implementation of the plan systematically evaluated?	1	1	1	1	1
3. Is there a specific education and training programme for the labour inspectors on proactive risk prevention?	1	1	1	1	1
4. How is the inspection system characterised?	1.5	1.5	1.5	1.5	1.5
5. What are the characteristics of the most common inspection methods?	1.5	1.5	0.5	1.5	1.5
6. How often does the labour inspection authority run national awareness (information) campaigns on OSH - in general or in specific sectors?	0.5	1	1	1	1
7. Is the labour inspection authority capable of appraising occupational risk factors (e.g. psycho-social risk factors, musculo-skeletal disorders), particularly in those sectors where they tend to be complex and cumulative?	1	1	1	1	1
Total	7.5	8	6	7	8

Axis B – Building partnerships

One of the aims of the new European strategy is to involve all the players, for example the public authorities, the social partners, companies, public and private insurers. The social partners in particular play a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnerships between the different players is a vital indicator of the preventive potential of the participating State.

Axis B	Denmark	Finland	Iceland	Norway	Sweden
1. Are there provisions in the legal system to ensure consultation, co-operation and co-ordination on OSH between the employers and employees and their representatives within the enterprise?	1	1	1	1	1
2. Has the national policy been developed in consultation with most important representative organisations for employers and employees?	1	1	0	1	1
3. Are the social partners systematically involved in formulation of specific [sector level, specific hazards etc.] prevention strategies?	1	1	1	1	1
4. Are the social partners active in producing national guidelines (issued by the labour inspection authority or at their own initiative)?	1	1	0	1	1
5. Do the social partners produce guidelines at specific sector level and for specific hazards?	1	1	1	1	1
6. Do the social partners at their own initiative take actions to promote a culture of prevention at the enterprise level?	1	1	1	1	1
7. Is there a partnership (eg. formalised co-operation, common action plans etc.) between the labour inspection authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace (eg. environment authorities, health authorities, bodies responsible for industrial relations, tax authorities)?	1	1	1	1	1
8. Is there a partnership between the labour inspection authority and public and private insurers, banks, industrial organisations etc. on prevention of occupational hazards and diseases?	0	1	1	0	0
Total	7	8	6	7	7

Axis C – Developing the preventive potential at enterprise level

The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. Focus is on education, creating awareness, preventive services, economic incentives etc. These issues can be supported by measures other than inspection and support and partnership with the social partners. The scope and mix of these measures in the national strategies is a vital indicator of the preventive potential in the participating State.

Axis C	Denmark	Finland	Iceland	Norway	Sweden
1. there is an organised Occupational Health Service system?	1	1	1	1	1
2. Are there incentives, other than the legal provisions in the framework directive, to promote enterprises to get specific external OSH Services?	1	1	0	1	1
3. Numbers employed in the Occupational Health Services compared with employed in the labour inspection authority	1	1.5	0	1.5	1.5
4. Is there a system for vocational OSH training in enterprises?	1	1.5	1.5	1.5	1.5
5. Are there any economic incentives, other than fines (e.g. insurance premiums, taxes), to promote OSH?	0	1	0	0	0
6. Have OSH management systems been introduced at enterprise level?	1	1	1	1	1
7. Are there national campaigns or activities promoting CSR (corporate social responsibility) including OSH elements?	0	1	1	1	1
Total	5	8	4.5	7	7

Axis D – Anticipating emerging risks

A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating emerging risk, especially monitoring and research, is vital in order for the different players to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating State.

Axis D	Denmark	Finland	Iceland	Norway	Sweden
1. Is there an ongoing observation system of the emerging risk, based on systematic collection of information and scientific opinions?	2	2	2	0	12
2. Is there a national OSH research policy?	1	1	0	0	0
3. What percentage of the total amount of public money for OSH activities is spent on research?	1	0	0	1	0
4. Do national research organisations co-ordinate their programmes on OSH-related research?	0.5	0.5	0	0	0
5. Are research programmes targeted on practical problems arising at the workplace?	1	1	1	1	1
6. Have research organisations made preparations for the research findings to be transferred to firms, especially SMEs?	1	1	1	1	0
7. Is OSH an integrated part of the curricula in the education system?	0	1.5	0	0	0
Total	6.5	7	4	3	3

Council Resolution - 3 June 2002 - section II:

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

1. Does the Member State have national statistics on occupational accidents?

- Yes
- No

If no: What are the differences?

.....

.....

.....

2. Does the Member State have national statistics on occupational diseases?

- Yes
- No

.....

.....

3. Are the national statistics comparable with EUROSTAT?

- a. ESAW (accidents)
 - Phase I
 - Phase II
 - Phase III

- b. EODS (diseases)
 - Yes
 - No

4. Has the Member State taken any actions over the last year (2002-2003) to harmonise national statistics with EUROSTAT?

- Yes
- No

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to:

- develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

1. Has the participating State - whatever level or player - for the time being set measurable targets for reducing accidents at work and/or occupational diseases?
 - Accidents
 - Diseases
2. How are the targets specified? (one or more options)
 - Targeted on high-risk sectors
 - Targeted on occupational risk factors (e.g. noise, vibrations etc.)
 - Targeted on occupational diseases
3. At what level has decision on the targets been taken? (one or more options)
 - Political level (Minister/Parliament)
 - Administrative level (Ministry/Labour Inspection Authority)
 - In co-operation with the Social Partners
 - In co-decision with the Social Partners
4. If the Member State has not set measurable targets, has the Member State plans for doing so next year (2004)?
 - Yes
 - No

Council Resolution - 3 June 2002 section II:

5. calls on the Member States to:

- develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

General

1. What is the trend in the rate of occupational accidents over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

2. What is the trend in the rate of fatal accidents over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

3. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy) including plans of action to reduce occupational accidents?
 - Yes
 - No

4. If yes to question 3.
 - a) What is the timeframe?
 - Inspection authority
 - Social partners
 - Other:

 - b) Who is responsible for the strategy?
 - Inspection authority
 - Social partners
 - Other:

 - c) Which tools is the strategy mainly based on?
 - Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:

 - d) The strategy is mainly based on actions from the following players (only one choice):
 - Labour inspection authority
 - Social partner agreements
 - A combination

CONSTRUCTION SECTOR

5. What is the trend in the rate of occupational accidents in the construction sector over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

6. What is the trend in fatal occupational accidents in the construction sector over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

7. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy) including plans of action

to reduce occupational accidents in the construction sector?

- Yes
- No

8. If yes to question 7,

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority
- Social Partners
- Other:

.....

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
- General recommendations/guidelines
- Information campaigns
- New provisions
- Other:

.....

d) The strategy is mainly based on actions from the following players:

- Labour inspection authority
- Social partner agreements
- A combination

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:
 - placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

LIFTING HEAVY LOADS

- GENERAL

1. What is the trend in the rate of diseases caused by lifting heavy loads over the last 10 years from the point of view of the labour inspection authority?
 - The rate of diseases caused by lifting heavy loads is decreasing
 - The rate of diseases caused by lifting heavy loads is stable
 - The rate of diseases caused by lifting heavy loads is increasing
 - No significant trend
 - No statistics

2. Does the Member State have an implemented co-ordinated, coherent prevention policy (a specific national strategy, action plan, programme etc.) to improve the situation?
 - Yes
 - No

3. If yes to question 2:
 - a) What is the timeframe?

 - b) Who is responsible for the strategy?

- Labour inspection authority
 - Social partners
 - Other:

- c) Which tools is the strategy mainly based on?
- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:

- d) The strategy is mainly based on actions from the following players (only one choice):
- Labour inspection authority
 - Social partner agreements
 - A combination

**LIFTING HEAVY LOADS
 - SOCIAL AND HEALTH CARE SECTOR**

4. What is the trend in the rate of disorders caused by lifting heavy loads in the health care sector over the last 10 years from the point of view of the labour inspection authority?

- The rate of diseases caused by lifting heavy loads is decreasing
 - The rate of diseases caused by lifting heavy loads is stable
 - The rate of diseases caused by lifting heavy loads is increasing
 - No significant trend
 - No statistics
5. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?
- Yes
 - No
6. If yes to question 5:
- a) What is the timeframe?

 - b) Who is responsible for the strategy?
 - Labour inspection authority
 - Social partners
 - Other:

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

d) The strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

DISORDERS FROM MONOTONOUS REPE- TITIVE WORK - GENERAL

7. What is the trend in the rate of diseases caused by monotonous repetitive work over the last 10 years from the point of view of the labour inspection authority?

- The rate of diseases caused by monotonous repetitive work is decreasing
- The rate of diseases caused by monotonous repetitive work is stable
- The rate of diseases caused by monotonous repetitive work is increasing
- No significant trend
- No statistics

8. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?

- Yes
- No

9. If yes to question 8:

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority
 - Social partners
 - Other:
-

b) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

c) The strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

DISORDERS FROM MONOTONOUS REPE- TITIVE WORK - MANUFACTURE OF FOOD PRODUCTS SECTOR

10. What is the current trend in the rate of disorders caused by monotonous repetitive work in the manufacture of food products sector over the last 10 years from the point of view of the labour inspection authority?

- The rate of disorders caused by monotonous repetitive work is decreasing
- The rate of disorders caused by monotonous repetitive work is stable
- The rate of disorders caused by monotonous repetitive work is increasing
- No significant trend
- No statistics

11. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?

- Yes
- No

12. If yes to question 11:

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority

- Social partners
 - Other:
-

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

d) the strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:

- taking into account social risks such as stress and harassment at work, as well as the risk associated with dependence on alcohol, drugs and medicines;

- | | |
|---|--|
| <p>1. Does the State have a national survey measuring "work-related stress"?</p> <p><input type="checkbox"/> Yes, regular</p> <p><input type="checkbox"/> Yes, ad hoc</p> <p><input type="checkbox"/> No</p> | <p>4. If yes to question 4:</p> <p>a) What is the timeframe?</p> <p>.....</p> |
| <p>2. If no to question 1: Does the State have any plans for a national survey measuring stress?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>b) Who is responsible for the strategy?</p> <p><input type="checkbox"/> Labour inspection authority</p> <p><input type="checkbox"/> Social partners</p> <p><input type="checkbox"/> Other:</p> <p>.....</p> |
| <p>3. What is the current trend in the rate of work-related stress from the point of view of the labour inspection authority?</p> <p><input type="checkbox"/> The rate is decreasing</p> <p><input type="checkbox"/> The rate is stable</p> <p><input type="checkbox"/> The rate is increasing</p> <p><input type="checkbox"/> No significant trend</p> | <p>c) Which tools is the strategy mainly based on?</p> <p><input type="checkbox"/> Inspection/inspection campaigns</p> <p><input type="checkbox"/> General recommendations/guidelines</p> <p><input type="checkbox"/> Information campaigns</p> <p><input type="checkbox"/> New provisions</p> <p><input type="checkbox"/> Other:</p> <p>.....</p> |
| <p>4. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy including plans of action) to reduce work-related stress?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>d) The strategy is mainly based on actions from the following players (only one choice):</p> <p><input type="checkbox"/> Labour inspection authority</p> <p><input type="checkbox"/> Social partner agreements</p> <p><input type="checkbox"/> A combination</p> |

Council Resolution - 3 June 2002 section I:

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:
 - placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

GENERAL

1. Does the Member State have a specific national chemicals strategy (action plan, programme etc.)?
 - Yes
 - No
2. Does the Member State have a separate programme/policy on chemical risks within the field of OSH?
 - Yes
 - No
3. Is there a permanent national body(ies)/committee(s) representing all important stakeholders in order to deal with chemical risks within the field of OSH?
 - Yes
 - No

MONITORING ACTIVITIES

4. Does the Member State have a register for exposure measurements?
 - Yes
 - No

If Yes, does it include

- Airborne pollutants
- Biological measurements

5. Does the Member State have a register for chemical products?
 - Yes
 - No

6. Does the Member State have a register of occupational diseases from which changes in the rate of work diseases can be followed?
 - Yes
 - No

7. What is the trend in the rate of work related diseases caused by chemical exposure over the last 10 years from the point of view of the labour inspection authority?

a) Allergies

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

b) Skin diseases

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

c) Asbestoses

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

d) Silicoses

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

SUBSTITUTION

8. Does the Member State have an OSH based list of substitution of dangerous substances?
 - Yes
 - No

9. Does the Member State have an environmental based list of substitution of dangerous substances?

- Yes
- No

10. Does the Member State have any voluntary agreements for substances of substitution of dangerous substances (OSH based) for industrial sectors?

- Yes
- No

11. Is there an organised dialogue between OSH Authorities and social partners for promoting substitution?

- Yes
- No

Council Resolution - 3 June 2002 - section I:

2. notes that it is necessary to:

- raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

1. Have calculations of the social costs of work-related diseases and accidents at work been carried out by the Member State during the last five years?
 - Yes
 - No

2. If yes to question 1: Were the calculations carried out by (by order/request of):
 - The Ministry or administration responsible for OSH
 - OSH research institute
 - Other:

3. Have models for calculations or analyses of the economic importance of OSH at company level been developed or distributed for use in the workplace?
 - Yes
 - No

4. If yes to question 3: Such models are produced and spread by
 - The Ministry or administration responsible of OSH
 - OSH research institute
 - Other:

5. Is the economic impact of the working conditions and/or the use of economic argumentation in order to motivate workplaces to improve well-being at work mentioned in national OSH strategy or policy documents?
 - Yes
 - No

Council Resolution - 3 June 2002 - section I:

2. notes that it is necessary to:

- raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

AXIS A - LABOUR INSPECTION

Applying Community Law effectively - especially the preventive measures in the framework directive - is essential to improve the quality of the working environment. The capacity and the role of the labour inspection authority enforcing the law in accordance with the common principles of labour inspection is an indicator of the preventive potential of the participating State.

1. Number of inspectors pr. 1,000 enterprises:

.....
[The country scores 1 if its number is above average of all participating States. If below the average - 0 points]

2. Is there an annual plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that it will be necessary to complete, and is the implementation of the plan systematically evaluated?

- Yes [1 point]
- No [0 points]

3. Is there a specific education and training programme for the labour inspectors on proactive risk prevention?

- Yes [1 point]
- No [0 points]

4. How is the inspection system characterised?

- Mainly reactive [0.5 point] (Investigation of accidents, illnesses, complaints)
- Mainly proactive (preventive) [1.5 points] (workplace inspection, system revisions (inspections))

5. What are the characteristics of the most common inspection methods?

- Traditional detailed on site inspections [0.5 point]
- System inspections [1 point]
- Both [1.5 points]

6. How often does the labour inspection authority run national awareness (information) campaigns on OSH - in general or in specific sectors?

- Never [0 points]
- Once a year [0.5 point]
- More than once a year [1 point]

7. Is the labour inspection authority capable of appraising occupational risk factors (e.g. psycho-social risk factors, musculo-skeletal disorders), particularly in those sectors where they tend to be complex and cumulative?

- Yes [1 point]
- No [0 points]

Maximum: 8 points

AXIS B - BUILDING PARTNERSHIPS

One of the aims of the new European Strategy is to involve all the players, for example the public authorities, the social partners, companies, and public and private insurers. In particular, the social partners play a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnerships between the different players is a vital indicator of the preventive potential of the participating State.

1. Are there provisions in the legal system to ensure consultation, co-operation and co-ordination on OSH between the employers and employees and their representatives within the enterprise?

- Yes [1 point]
- No [0 points]

2. Has the national policy been developed in consultation with most important representative organisations for employers and employees?

- Yes [1 point]
- No [0 points]

3. Are the social partners systematically involved in formulation of specific [sector level, specific hazards etc.] prevention strategies?

- Yes [1 point]
- No [0 points]

4. Are the social partners active in producing national guidelines (issued by the labour inspection authority or at their own initiative)?

- Yes [1 point]
- No [0 points]

5. Do the social partners produce guidelines at specific sector level and for specific hazards?

- Yes [1 point]
- No [0 points]

6. Do the social partners at their own initiative take actions to promote a culture of prevention at the enterprise level?

- Yes [1 point]
- No [0 points]

7. Is there a partnership (eg. formalised co-operation, common action plans etc.) between the labour inspection authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace (eg. environment authorities, health authorities, bodies responsible for industrial relations, tax authorities)?

- Yes [1 point]
- No [0 points]

8. Is there a partnership between the labour inspection authority and public and private insurers, banks, industrial organisations etc. on prevention of occupational hazards and diseases?

- Yes [1 point]
- No [0 points]

Maximum: 8 points

AXIS C - DEVELOPING THE PREVENTIVE POTENTIAL AT ENTERPRISE LEVEL

The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. Focus is on education, awareness, preventive services, economic incentives etc. These subjects can be supported by measures other than inspection and support and partnership with the social partners. The scope and mix of these measures in the national strategies is vital indicator of the preventive potential in the participating State.

1. Is there is an organised Occupational Health Service system?

- Yes [1 point]
- No [0 points]

2. Are there incentives, other than the legal provisions in the framework directive, to promote enterprises to get specific external OSH Services?

- Yes [1 point]
- No [0 points]

3. Numbers employed in the Occupational Health Services compared with employed in the labour inspection authority:

- Less than 1-1 [0 points]
- 1-1 [0.5 point]

- 2-1 [1.0 point]
- More than 2-1 [1.5 points]

4. Is there a system for vocational OSH training in enterprises?

- Yes [1.5 points]
- No [0 points]

5. Are there any economic incentives, other than fines (e.g. insurance premiums, taxes), to promote OSH?

- Yes [1 point]
- No [0 points]

6. Have OSH management systems been introduced at enterprise level?

- Yes [1 point]
- No [0 points]

7. Are there national campaigns or activities promoting CSR (corporate social responsibility) including OSH elements?

- Yes [1 point]
- No [0 points]

Maximum: 8 points

AXIS D - ANTICIPATING EMERGING RISKS

A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating emerging risk, especially monitoring and research, is vital if the different players are to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating State.

1. Is there an ongoing observation system of the emerging risk, based on systematic collection of information and scientific opinions?

- Yes [2 points]
- No [0 points]

2. Is there a national OSH research policy?

- Yes [1 point]
- No [0 points]

3. What percentage of the total amount of public money for OSH activities is spent on research?

- Less than 10 percent [0 points]
- More than 10 percent [1 point]

4. Do national research organisations co-ordinate their programmes on OSH-related research?

- Yes [0.5 point]
- No [0 points]

5. Are research programmes targeted on practical problems arising at the workplace?

- Yes [1 point]
- No [0 points]

6. Have research organisations made preparations for the research findings to be transferred to firms, especially SMEs?

- Yes [1 point]
- No [0 points]

7. Is OSH an integrated part of the curricula in the education system?

- Yes [1.5 points]
- No [0 points]

Maximum: 8 points

