



Chair's foreword

This strategy is designed to promote our vision, which is to see health and safety as a cornerstone of a civilised society and, with that, to achieve a record of workplace health and safety that leads the world. This strategy builds on success and develops and takes forward the Revitalising Health and Safety Strategy Statement of June 2000.

This is a strategy, not a plan. This document sets out what we, the Health and Safety Commission (HSC) want to achieve, our particular contribution and the contributions of the Health and Safety Executive (HSE) and local authorities (LAs), who also enforce health and safety law. Our business plans will describe in more detail how we aim to go about this, and when. This strategy should further energise Great Britain's approach to improving workplace health and safety for the future. The Health and Safety Commission will own the vision, promote it and make sure it happens.

This is a strategy for the health and safety system. We will debate with others how the system might be strengthened and, where there are gaps and limitations, how they might be filled. HSC, HSE or LAs cannot do this solely through their own actions. This strategy confirms our intention to understand and value more the contribution of others to improving health and safety - not just employers but everyone including workers, their representative organisations and professional bodies. To achieve that, we must engage with everyone who can contribute to its success. This document is the starting point. It makes clear that we, HSE and LAs are prepared to change the way we work and our existing institutions if they get in the way of progress. As a start, we

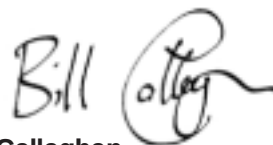
will review the governance arrangements for HSC and HSE and our relations with LAs to ensure they remain relevant to the needs of this evolving strategy.

This is a strategy about finite resources, hard choices and priorities. It goes without saying that we would welcome more resources and this would help bring improvements in health and safety. But, more of the same, even with increased resources and efficiency, will not deal with emerging health issues or the changing world of work and the demands of our stakeholders. This means that HSE and LAs must concentrate on the things that they are best placed to do, including inspection and enforcement, and to do them where they have the greatest impact. HSE's contribution will be delivered through well-resourced efficient programmes of activity. We will ask LAs to do the same.

This is also a strategy about change. It is about doing things differently, getting others involved or even saying no in some cases. When we have delivered this strategy, we expect the world to look different from how it does today and these ideas are built upon in the strategy.

This strategy builds on the strength of our relationship with our parent department, the Department for Work and Pensions (DWP) and our collective ambition to promote opportunity and independence, and a healthy and productive workforce.

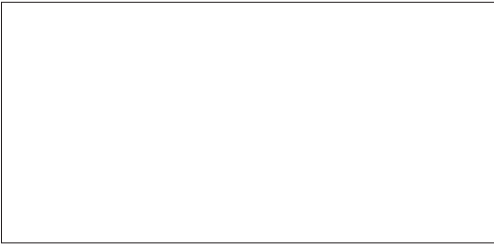
Last, but by no means least, my thanks to the many people who have contributed so far to this strategy. Your comments and suggestions have greatly influenced our thinking and together we can make it happen.



Bill Callaghan

Chair HSC February 2004

Our vision is to
gain recognition of
health and safety
as a cornerstone
of a civilised society
and, with that, to
achieve a record
of workplace health
and safety that
leads the world



Introduction

Health and safety framework and institutions

The 1974 Health and Safety at Work etc Act placed general duties on all employers to protect the health and safety of their employees and those affected by their work activities. Its goal-setting approach makes clear that those who create risks are best able to manage them. Employee involvement is a key ingredient in this approach. The Act led to the setting up of HSC and HSE, and a provision for LAs to enforce health and safety law in certain premises.

HSC's primary function is to ensure that the provisions of the Act are implemented. Currently, we conduct and sponsor research, promote training, provide information and advice and submit proposals to ministers for new or revised regulations and approved codes of practice. HSE supports us in this endeavour and, with LAs, enforces the law. Our work is underpinned by sound science, technology and evidence, all of which is open and available.

This regime has helped cut workplace fatalities by around two-thirds since the 1970s. If you want to find out more about the health and safety system in Great Britain please refer to: <http://www.hse.gov.uk/pubns/ohsingb.pdf>.

Context for the developing strategy

The key challenge for this strategy is how to make appropriate risk management relevant to the modern and changing world of work. Since 1974, the workplace and the world around it have changed significantly. There are fewer large firms and far more small ones – over 90%

of the 3.5 million or so businesses employ fewer than 10 people but nearly a half of the workforce are employed in large organisations. Part-time working has risen and women now constitute half the workforce. The manufacturing sector is exposed to intense international competition. The service sector has become more important. Public attitudes to risk and redress, and blame and compensation have changed. The new challenges in health and safety are almost all health rather than safety but, crucially, the rate of improvement in safety has now slowed.

Key drivers for change

- ☐ A perception that there is no coherent direction to the overall health and safety system. HSC, HSE and LAs cannot/should not do it all. There is agreement that boundaries and direction need to be set.
- ☐ HSE and LA resources are limited, spread too thinly and need, therefore, to be targeted to where they can have the most impact.
- ☐ HSC, HSE and LAs have done a great job on safety but there is still a huge job to do on health. 40 million working days were lost to occupational ill health and injury in 2001/02. 33 million were attributable to ill health. Our traditional interventions may be less effective when dealing with health than when dealing with safety.
- ☐ Our research shows that many organisations do not contact HSE and LAs. Some are fearful of such contact. This fear motivates some to take action on health and safety but deters them from turning to HSE or LAs for advice.

- ☐ If we want long-term gains, we need hearts and minds not grudging acceptance.

Vision, mission and high level aims

Our vision

Our vision is to gain recognition of health and safety as a cornerstone of a civilised society and, with that, to achieve a record of workplace health and safety that leads the world.

The mission

The mission is for HSC and HSE, working with LAs, to protect people's health and safety by ensuring that risks in the changing workplace are properly controlled.

HSC and HSE's continuing aims:

- ☐ protect people by providing information and advice, promoting and assuring a goal-setting system of regulation, undertaking and encouraging research and enforcing the law where necessary;
- ☐ influence organisations to embrace high standards of health and safety and to recognise the social and economic benefits;
- ☐ work with business to prevent catastrophic failures in major hazard industries; and
- ☐ seek to optimise the use of resources to deliver our mission and vision.

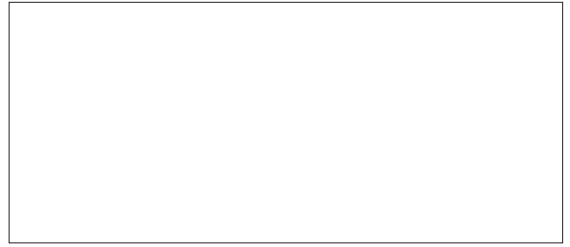
HSC and HSE's new aims:

- ☐ develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved and risks are properly managed;

- ☐ do more to address the new and emerging work-related health issues;
- ☐ achieve higher levels of recognition and respect for health and safety as an integral part of a modern, competitive business and public sector and as a contribution to social justice and inclusion; and
- ☐ exemplify public sector best practice in managing our resources.

Developing the strategy

This strategy has been developed through a process of consultation and the examination of available evidence on the effectiveness of health and safety interventions. We will publish an analysis of these two exercises in full so that others can understand the development of our thinking. Over 200 people responded to our consultation on a draft strategy and, including a telephone survey and regional events, we have spoken to over 2500 people.



Our strategic themes and key points to support them

1

Developing closer partnerships

Working with and through others

We want to give full recognition to the contribution of a properly designed and executed health and safety system to the broader agenda and to utilise the contribution of others to our aims.

☐ We will examine our institutions and ways of working and change them where they militate against effective partnership working.

☐ We will develop closer strategic partnerships to improve our contribution to:

- Employment and productivity – by keeping those at work healthy and in work;
- Education – by instilling an appropriate understanding of risk management from an early age;
- Health and rehabilitation – by contributing to the nation's health and well-being and dealing with health inequalities;
- Public service reform – by reducing sickness in the public sector and enhancing public sector delivery.

HSE and LAs working together

We have looked closely at the current division of enforcement responsibility between LAs and HSE and their ways of working. There is no lasting logic to the current arrangements. They are complex, confusing and based on boundaries and approaches that suit more the convenience of the regulator than the needs of business or the workforce. They do not capture the full potential of HSE and LAs to work together.

☐ We wish to see HSE and LAs work in a

closer partnership based on a mutual understanding of the value of local versus central interventions. Specific sectors and certain large organisations would benefit from a national approach delivered through centrally coordinated programmes. An LA contribution to the HSE-led construction programme or the national coordination of LAs' approach to large retailers with national networks would be examples. Local joint planning, joint decision-making and joint action would address the remaining sectors and all of the issues within them.

☐ As a result, LAs and HSE will work to more sensible and better-understood divisions of enforcement and agreed targets within an agreed framework.

☐ This new partnership will prosper through changing attitudes and culture. To exemplify this new approach, HSE and LAs will build on current examples of best practice and develop systems for sharing training, intelligence and expertise.

☐ This partnership will be expressed in a high level document endorsed by LA political leaders, HSC and HSE.

☐ We will review the effectiveness and value of existing HSE and LA liaison arrangements including the HSE and LA Enforcement Liaison Committee (HELA) to ensure that they are fit for purpose to deliver our new aspirations.

occupational health demands a more strategic and partnership-based approach.

☐ We will develop innovative partnerships in the public and private sectors to develop the provision of occupational health and safety support locally, regionally or by sector according to need. At the core of this support will be the principle of proactive management of health risks.

☐ We will raise awareness and stimulate demand for these services and find channels to influence small organisations and other hard to reach groups.

☐ We will strengthen the role of health and safety in getting people back to work through a much greater emphasis on rehabilitation as a contribution to the wider government employment agenda. We will use our links with DWP for this purpose and will work with others – trade unions, employers, insurers and health professionals – to bring it about.

Rising to the challenge of occupational health

Significant advances have been made in pressing down on the causes of safety failures using existing tools and methods. But leverage on health issues will require new methods. Among all of our challenges,

2

Helping people to benefit from effective health and safety management and a sensible health and safety culture

Understanding the benefits of health and safety

Some businesses, particularly small businesses, perceive HSE as an organisation of experts, talking to experts in big organisations and devising approaches and guidance for the same experts. We recognise the need to do more to make health and safety and its benefits more widely understood and accepted.

☐ We will find ways to demonstrate the moral, business and economic cases for health and safety. Appropriate health and safety management is an integral part of effective business management and, as such, is an enabler and not a hindrance.

☐ We will simplify the concept of risk assessment to make it relevant and available to all and to ensure a sensible approach to risk management. We will make it clear that risk assessment is a simple, relevant and effective tool.

☐ While goal-setting standards are more flexible and promote innovation, HSE and LAs will use a more specific and prescriptive approach as a relevant tool where businesses respond better to it. In time, this will increase confidence and competence and promote effective self-regulation.

☐ We will make greater use of the role of Government as an employer to demonstrate the benefits of successful health and safety management to the private sector.

Involving the workforce

An organisation's greatest asset is its workforce. Employees are often best able to spot issues and bring about real improvements. They can also influence health and safety through their own actions and by accepting personal responsibility. Trade union workplace health and safety representatives operating in partnership with management are an important part of realizing health and safety benefits. We recognize their valuable contribution. We need to expand the base of employee involvement in health and safety management to cover the whole workforce.

- ☐ We will promote greater worker involvement in health and safety in the workplace and use the DWP 'Challenge Fund' to extend workplace safety advice into small businesses.
- ☐ We will encourage a voluntary expansion of workplace health and safety representatives across all sectors of business and the public sector.

Providing accessible advice and support

Our consultations show that some businesses, particularly small businesses, say they want to comply with health and safety standards but are fearful of approaching HSE or LAs for advice. Overcoming this barrier, particularly at the point of business start-up, could lead to significant health and safety improvements. We want to develop channels of support and advice that can be accessed without

fear of enforcement action while allowing the regulators to continue to be tough on those who wilfully disregard the law. These are not easy issues and we will conduct further studies, including of the role of small firms' intermediaries, before making a decision on how best to achieve this aim.

- ☐ We will explore ways to promote greater access to, and take up of, authoritative health and safety advice and guidance.
- ☐ We will press for the provision of nationally available advice and support focussed primarily on occupational health. This should be active in preventing ill health, promoting rehabilitation and getting people back to work more quickly.
- ☐ If needed, we will extend that provision to cover more comprehensive advice and support on safety-related issues in due course.
- ☐ HSE will continue to produce authoritative independent written guidance whenever that is necessary and consistent with our priorities. But we accept that others may be better placed to produce good practice guidance for particular industries or topics and we will encourage that wherever we can.
- ☐ HSE and LA inspectors will continue to offer advice in the course of their other activities because this is generally welcomed by employers.

3

Focussing on
our core business
and the right
interventions
where we are
best placed
to reduce
workplace injury
and ill health

Being clear about our priorities

The Health and Safety at Work etc Act can be construed very broadly and, as our consultations have shown, stakeholders frequently want us to do more than we are able. Even with increased efficiency, HSE and LAs will not meet these demands and they must manage their priorities rigorously.

☐ Where the proper management of risks can be assured, HSE and LAs will not intervene proactively. This means we will discourage HSE and LAs from putting resources into issues where the risks are of low significance, well understood and properly managed. This process needs to be open and transparent to everyone. We are asking HSE and LAs to work closely together in consultation with stakeholders to devise suitable criteria to identify those areas where HSE and LAs will not intervene proactively.

☐ HSE will determinedly move away from intervening in those areas of public safety that are better regulated by others or by other means – including civil law. HSE will continue to apply its unique expertise to provide public assurance that risks in the major hazards industries are properly managed.

☐ We will promote a debate involving other government departments and LAs about the appropriate contribution of workplace health and safety law to the wider public and consumer safety regimes. We want to ensure a coherent overall approach to public safety and to identify gaps that need to be filled by other means.

An interventions strategy

Acceptable health and safety standards can be achieved in many ways and much of this strategy focuses on new ways of securing compliance voluntarily. But the regulator will continue to have a part to play. HSE and LAs will do more to identify the value of their impact and to trust the impact of others.

☐ HSE, working with LAs, will concentrate on activities directly related to work where it has the skills, expertise and evidence and where it, rather than others, can be the principal driver for change. HSE and LAs will gather and use evidence to inform and evaluate these activities and to persuade others.

☐ HSE and LAs will develop a clear evidence-based interventions strategy. This will reduce duplication and fully recognise the contributions of workplace safety representatives, insurance, guidance, design, the training and competence of managers, the supply chain, new mechanisms of support, inspection and enforcement.

☐ HSE and LAs will continue to identify those circumstances that require investigation and possible enforcement using both proactive means, such as inspections, and reactive means, including responding to complaints or incidents.

☐ We do not see new regulation as the automatic response to new issues or changing circumstances but we will continue to press for higher fines, a new law on corporate killing and the removal of Crown immunity. We will use our influence to maintain a level playing field in health and safety across Europe as the basis of

proportionate law implemented consistently.

☐ HSE will ensure that its scientific, technological and research capabilities remain relevant to our interventions strategy. It will work in partnership with others on science and technology issues wherever there are mutual benefits from so doing.

☐ HSE will continue to work to prevent incidents from those industries which have the potential to cause significant harm, including to members of the public, such as the chemical, offshore, nuclear and railways industries and to maintain our international obligations. HSE will review its safety case regimes to ensure that they remain relevant and proportionate to the changing nature of these industries in Great Britain. This work has already started by seeking the views of stakeholders.

Continuing to enforce where appropriate

Enforcement or the fear of enforcement is an important motivator for some employers. Our evidence confirms that enforcement is an effective means of securing compliance and promoting self-compliance but too many deaths and major injuries result from simple failures. This is, and will remain, unacceptable.

☐ HSE and LAs will work in partnership to secure proportionate compliance with the law and to ensure that those who have duties under it may be held to account for failures to safeguard health, safety and welfare. The scope of these activities will continue to be evidence-based and is clearly set out in our enforcement policy statement.

4

Communicating the vision

Communicating effectively

We will champion the case for sensible health and safety controls that are sensibly applied. Our goal is not to have a risk free society but one where risk is properly appreciated, understood and managed. We want to enable activities to take place that might otherwise give rise to concern. To communicate this message effectively, we need to develop more mature, open, transparent and inclusive two-way communications with a wide range of stakeholders. We want productive dialogues, particularly at the regional level. This will improve the quality of our decision-making, help confirm trust and achieve higher levels of recognition and respect for health and safety.

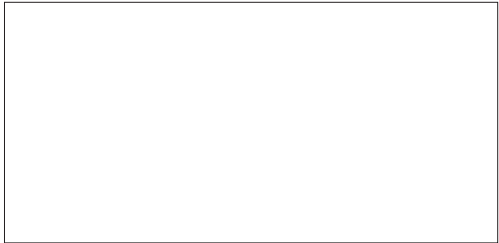
☐ We will become a strong communicator and influencer, aiming to ensure that the business and societal benefits of health and safety, and the roles of the regulators and others, are better understood.

☐ We will become more robust in defending the reputation of the health and safety system against its detractors, those who are over-zealous in its application and those who cannot recognise the appropriate balance between risks and benefits.

☐ We need to understand the best way to market our advice and guidance and will use intermediaries where they can improve access to information on health and safety for those who need it.

☐ We will make clear that effective health and safety management is a collective responsibility in which individuals too must play their part.

☐ HSE must become more adept at dealing with different audiences in different ways and ensure effective two-way communication. They need to be certain that HSE is listening and HSE wants to be sure that sensible and appropriate health and safety messages are being received and understood.



What achieving the vision will look like

Where we want to be in 10 years time

A world in which health and safety is a cornerstone of a civilised society.

This means:

☐ the 'Revitalising' targets have been met and a culture of continuous improvement is more widespread;

☐ the contribution of health and safety management to society is better understood.

There is broad agreement about the economic and moral case for occupational health and safety among the social partners and the public at large and confidence in the regulators;

☐ risk assessment, and employee involvement and consultation are the norm and the regulators are no longer the principal drivers for improvement;

☐ high quality channels for business support and advice are well used and highly regarded.

How stakeholders will behave in a new health and safety system

HSC – the trusted voice of health and safety, a facilitator for action, an advocate of sensible risk management based on everyday examples with a more complex approach reserved for those who can benefit from the 'tolerability of risk framework'.

HSE – developing and responding to a public debate about the role of a regulator in a changing world and changing economy. And, as a matter of choice, focussing its efforts on interventions where they can achieve the greatest impact.

LAs – competent, consistent, committed, enforcement partners with HSE.

Ministers – the window to Whitehall, championing health and safety among their colleagues as a contributor to the wider agenda and the development of improved public services.

The devolved administrations – supporting the GB framework for health and safety and identifying the links and dependencies with their devolved responsibilities.

Employers – routinely reporting health and safety performance information as part of their commitment to corporate social responsibility and engaging with safety representatives who have a leading role in local health and safety management.

Employees – well informed and taking responsibility for the health and safety of others as well as their own.

The public – understanding and supporting the role of HSC, HSE and LAs.

Trade unions – working with others to develop guidance outside of the HSE framework and to support a national framework of safety representatives.

Safety representatives – their involvement in local health and safety management is the norm.

Trade associations – working with employee representatives to develop, agree and communicate industry-specific advice and guidance and promoting common standards among their membership.

Small firms' intermediary organisations – convinced of the business and economic cases for health and safety and delivering first class support and advice to their constituencies.

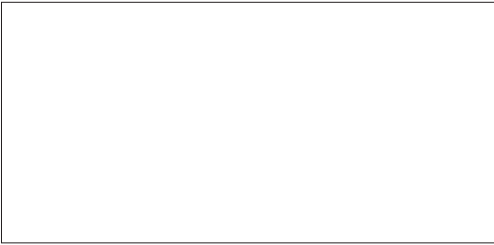
Insurance industry – an active partner in regulating business risks through more involvement in the system and by promoting financial incentives.

Media – informed commentators.

Occupational health professionals – fully integrated and engaged in developing the system for occupational health and safety.

Health and safety professionals – taking the debate outside of mainstream health and safety forums and helping to demystify it.

HSE and LA staff – clear about what they are doing and not doing, and why.



How we will deliver the strategy

Delivering priority outcomes through strategic programme working

HSE will concentrate on the areas that need tackling most and deliver these with LAs through well-resourced, efficient programmes of activity with publicised goals and milestones. Within these strategic programmes, priority will still be given to a suite of targeted programmes. These will include: agriculture; construction; health services; falls from a height; slips and trips; workplace transport; musculo-skeletal disorders; work-related stress; and establishing Government as an exemplar of good health and safety standards.

☐ We will deliver the '*Revitalising Health and Safety*' targets by 2010 to cut deaths and major injury accidents by 10%; reduce the rate of work-related ill health by 20%; and cut working days lost due to health and safety failure by 30%.

☐ HSE will develop a business improvement programme to ensure a culture of continuous improvement.

Early deliverables

☐ A statement on worker involvement by March 2004.

☐ The collection of further evidence to demonstrate the business case for health and safety and its publication, with case studies, on a new website in summer 2004.

☐ Proposals for support based on models for occupational health and safety support currently being piloted by spring 2004.

- ☐ High-level strategic programme plans by May 2004.
- ☐ An indication of those well-understood and managed areas where HSE will not be proactive; proposals for consultation by August 2004.
- ☐ A high-level partnership agreement between HSE and LAs by July 2004.
- ☐ Proposals for accessible channels of advice and guidance free from the perceived fear of enforcement by September 2004.
- ☐ An interventions strategy by the end of 2004.
- ☐ Consultation on our role regarding public safety issues by the end of 2004 to encourage a wider debate across Government with the aim of greater clarity of responsibilities for agencies involved in public safety issues.

Review

HSC are committed to taking a more active and strategic role in the development of the health and safety system. We will oversee the implementation of this strategy through an implementation programme. We will periodically review the strategy package and the further development of policy to make sure they remain consistent with our future challenges. We will report on how we have made some of our proposals a reality in a year's time in our published Annual Report.



MISC643 C100 02/04

Printed and published by the
Health and Safety Executive