



The Health and Safety of Great Britain \ Be part of the solution



Our mission \ The prevention of death, injury and ill health to those at work and those affected by work activities.

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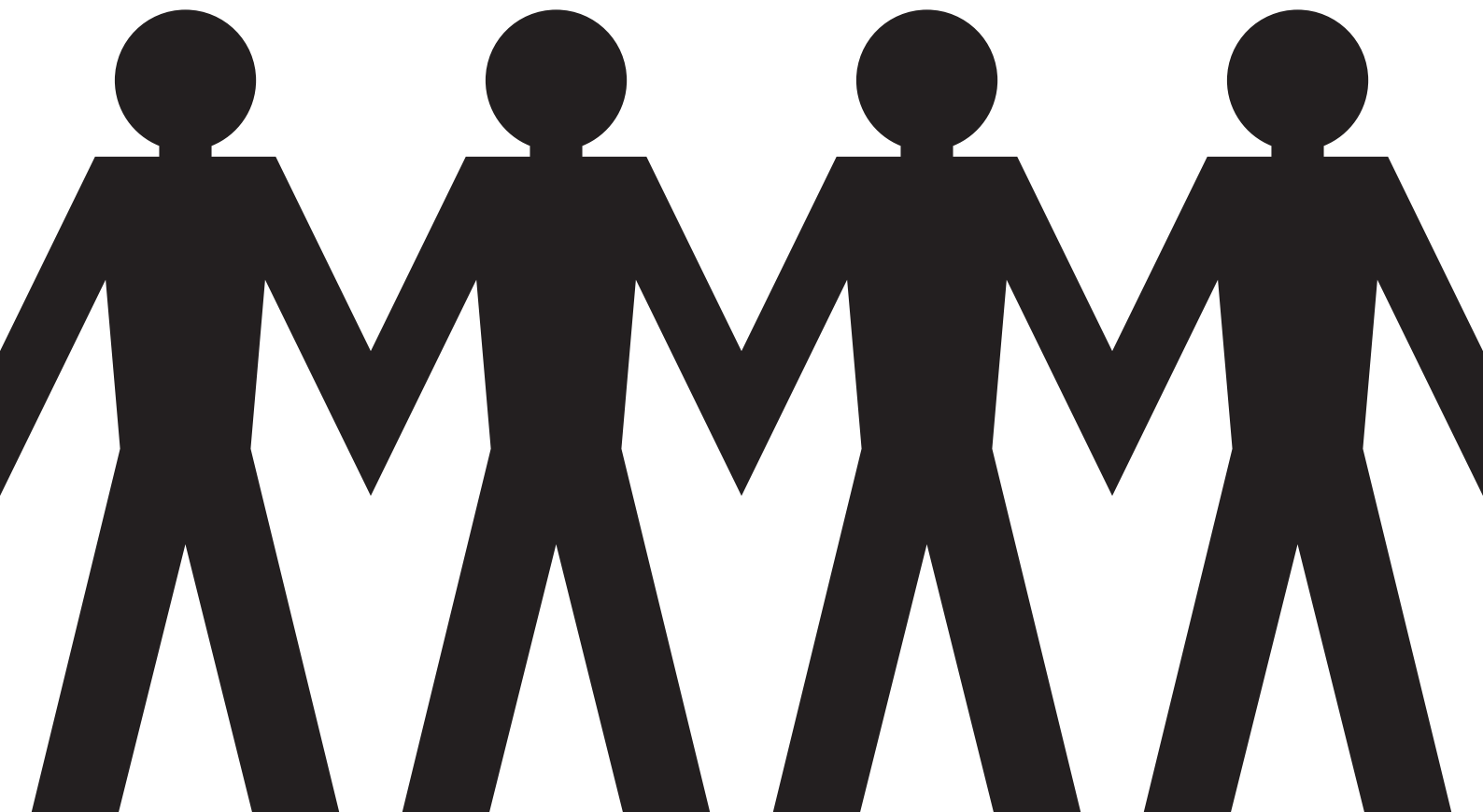
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This strategy consultation is an invitation to you from the HSE Board to help us in our mission – to prevent death, injury and ill health in Great Britain’s workplaces – by becoming part of the solution.

Our collective achievement in improving Great Britain’s health and safety over more than three decades is something we can all take pride in. The 1974 Health and Safety at Work etc. Act and its underlying principles and philosophy has given us a legislative framework which is adaptable, has stood the test of time and has influenced health and safety regimes across the world.

When we became the new Board of HSE in April 2008, we decided to take the lead in developing a new strategy for health and safety in Great Britain in the 21st century by building on the many strengths of what we already have but also taking account of the changes which continue to take place around us and which create new challenges for the health and safety system:

\\ After many years of improvement in health and safety performance our rate of progress has slowed and we need to regain momentum;

\\ There are many more small businesses, as well as new risks from new sectors, but many traditional industries and risks are still with us;

\\ There is good evidence that workplaces with properly involved unionised safety representatives generally achieve better performance but given that today there are also many more workplaces (large and small) with non-unionised structures, we have to find new ways to engage current and future workforces;

\\ ‘Health and safety’ is being used increasingly as a synonym for unnecessary bureaucracy and an excuse for not doing things. It is time for us to regain the value of the brand for genuine health and safety – and not trivia;

\\ Although many businesses and organisations do know that a properly integrated health and safety system makes good business sense there remain others who need help to understand that the benefits of implementing a common sense and practical health and safety regime are improved productivity, increased workforce commitment and enhanced reputation – not exemption from scrutiny by the regulator.

The strong co-regulator partnership between HSE and Local Authorities has been integral to the production of this strategy. In HSE and Local Authorities we have a professional and committed team of staff whom we are confident can help us to deliver this new strategy. But we cannot do it alone. There are other roles which can and should be taken on by others and we need everyone to commit to playing their part in delivering improved, higher standards of performance.

Please read our strategy and tell us what you think. We want to know how you can contribute and what changes you think need to be made to the overall system to enable delivery. We look forward to engaging in discussion with you and hearing your views. Be part of the solution with us – together we can make this happen.

Judith Hackitt CBE \\ HSE Chair



## Resetting the direction

The Health and Safety at Work etc. Act 1974 established the simple yet enduring principle that those who create risk are best placed to manage it. The Act led to the setting up of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) and established the HSE and Local Authorities as joint enforcers of health and safety law.

On 1st April 2008 the HSC and HSE merged to form a single entity known as the Health and Safety Executive (HSE). The HSE is the national regulatory body responsible for promoting the cause of better health and safety at work within Great Britain. It continues to work in close partnership with Local Authorities.

One of the first undertakings of the new HSE Board was to reset and reaffirm the direction of health and safety.

This consultation document presents the Board's proposed new strategy for the health and safety system as a whole. It recognises and addresses the many stakeholders who have a role in maintaining or improving health and safety standards.

Those stakeholders include:

- \\ Employers and their representative bodies;
- \\ The self-employed;
- \\ Workers and their representative bodies;
- \\ The HSE;
- \\ Local Authorities;
- \\ Government, through its departments and agencies etc;
- \\ The devolved administrations and their agencies etc;
- \\ Professional bodies;
- \\ Voluntary and third sector organisations.

To be truly effective, health and safety has to be an everyday process and an integral part of workplace culture. As you read through the proposals, consider your existing activities and decide what you can do to improve your health and safety performance and so help deliver the benefits of the new strategy.

## The pressures to improve

The disturbing fact is that Great Britain's health and safety performance has stopped improving.

The rates of death, injury and work related ill health have declined for most of the past 35 years and Great Britain now boasts one of the best health and safety records in the world. Within the EU, we have the lowest average rate of work related fatal injuries and there's only Sweden and Ireland with a lower rate than us for (non fatal) over 3-day injury.

Yet, despite the previous successes, today's headline figures show that the combined incidence of injury and ill health has plateaued. The figures are much the same as they were five years ago.

In 2007/8, 229 workers were killed and 136 771 employees were seriously injured at their place of work. Similarly, 2.1 million people were suffering from an illness reputedly caused or made worse by their current or past work. The emotional toll to families, friends and communities is enormous.

Then there is the impact on our economy. 34 million working days were lost in 2007/8 due to the consequences of accidents at work and work related ill health. Looking at the finances, it is estimated that the annual cost to society of work related accidents and ill health is a staggering £20 billion (around 2% of our GDP).

Clearly there is need for change. Morally, legally and financially, the pressure is on to find ways of beginning again the process of improvement.



## Everyone has a role

To bring about improvements in health and safety performance we should all be working together towards a set of common goals. For that to become a reality the need is for each of the stakeholders within the health and safety system to understand their role and to become better at executing their responsibilities.

### Employers, self-employed, manufacturers and suppliers

The Health and Safety at Work etc. Act clearly places responsibility on those who create the risk to manage it. This applies whether the risk maker is an employer, self-employed or a manufacturer or supplier of articles or substances for use at work. Whatever the corporate status, each risk maker has a range of duties that must be implemented to manage the risk.

### Workers

All workers have a fundamental right to work in an environment where risks to health and safety are properly controlled. The primary responsibility for this lies with the employer. However, workers have a duty to care for their own health and safety and for others who may be affected by their actions. The legislation requires that workers co-operate with employers on health and safety issues.

### Third party organisations

Representative organisations are in a position to play a key role in driving health and safety improvements. Some are already doing so. For instance, the TUC actively promotes health and safety, while many Trade Union appointed health and safety representatives do a commendable job in the workplace. There is also a good spread of employer organisations, trade associations, consultant firms and voluntary organisations providing health and safety guidance to members and clients. Plus there are other organisations such as Government Departments and Local Authorities exerting influence throughout the supply chain by ensuring that contractors work in a safe and healthy way.

### The HSE and Local Authorities

The HSE provides strategic direction and leads the health and safety system as a whole. In addition to inspection, investigation and enforcement, key activities include research, introducing new or revised regulations and codes of practice, alerting duty holders to new and emerging risks as they are identified, providing information and advice, and promoting training.

Local Authorities operate in partnership with the HSE to ensure that duty holders manage their workplaces with due regard to the health and safety of their workforce and those affected by their work activities. To achieve this, Local Authorities, as with the HSE, provide advice and guidance on what the law requires, conduct inspections and investigations, and take enforcement action where appropriate.

With regard to the public, there are many regulatory bodies whose remit includes protection of the public from work activities. Local Authorities also have wider responsibilities for the safety of local communities. Where appropriate, the HSE and Local Authorities will therefore work with partner bodies to ensure that activities are co-ordinated, duplication of effort is avoided and that public safety is effectively delivered.



Our goal \ To continue investigating work related accidents and ill health and taking enforcement action to prevent harm and to secure justice when appropriate.

## Investigations and securing justice

The HSE and Local Authorities are independent regulators. Working in partnership, their primary focus is to assist duty holders in preventing work related accidents and ill health. However, when accidents and ill health do occur, considerable resources will continue to be invested in investigations and enforcement.

Investigations enable us to learn from an event and then share the knowledge to help prevent recurrence in similar circumstances elsewhere. Crucially, investigation also provides the basis for enforcement action to secure justice.

Although the emphasis of health and safety is on prevention, where appropriate, the HSE or the relevant Local Authority will rigorously seek justice against those that put others at risk and in particular where there is a deliberate flouting of the law.

Enforcement has three main objectives: firstly, it seeks to compel duty holders to take immediate action to deal with the risk. Secondly, it promotes sustained compliance with the law. Thirdly, it looks to ensure that duty holders who breach health and safety requirements, and directors or managers who fail in their responsibilities, should be held to account for their actions.

Our goal \ To encourage strong leadership in championing the importance of, and a common sense approach to, health and safety in the workplace.

Our goal \ To motivate focus on the core aims of health and safety and, by doing so, to help risk makers and managers distinguish between real health and safety issues and trivial or ill-informed criticism.

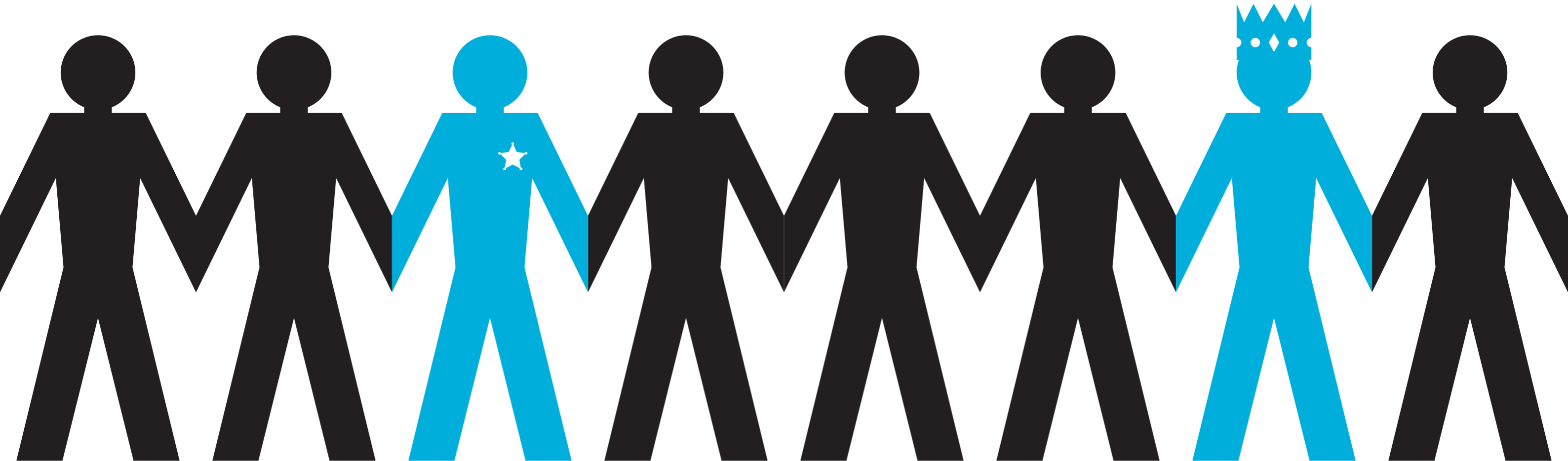
## The need for strong leadership

Health and safety leadership must start at the top. Whatever the nature of the organisation, whether in the public, private or not for profit sector, members of the board have both collective and individual responsibility for health and safety. As such, the need is for people of board level status to champion health and safety and be held accountable for its delivery.

Following the example of leadership at board level, leadership must also permeate throughout the management and supervisory levels and the workforce. In SMEs there should be at least one person committed to ensuring good health and safety performance.

Health and safety leadership is all about accountability. It means taking ownership of risk and accepting responsibility for managing it. A health and safety leader is the person who drives cultural change by winning the hearts and minds of directors, managers, workers and contractors. A leader fundamentally alters the corporate ethos so that health and safety becomes 'the way we do business around here'.

Importantly, good leadership maintains a focus on the real health and safety issues and distances itself from the 'jobsworth' approach and those instances where health and safety is used as a convenient excuse for not doing something.



Our goal \ To encourage an increase in competence, which will enable greater ownership and profiling of risk, thereby promoting sensible and proportionate risk management.

### Building competence

Within health and safety legislation, organisations of all sizes are required to nominate at least one competent person to help them meet their duty to control the risks posed by their work activities. Larger organisations often appoint one or more members of the workforce to do this, while with SMEs the responsibility commonly rests with the owner/manager. Similarly, some organisations bring in specialist external consultants to help, and in other instances a professional body may be called upon to provide advice.

Whatever the source of the expertise, the essence of competence is relevance to the workplace. What matters is that there is a proper focus on both the risks that occur most often and those with serious consequences. Competence is the ability to profile the risks in operational activities and then apply the right measures to control and manage those risks.

If an organisation has a competent person, or team of competent people, to define and manage the health and safety risk then workers within the organisation will have greater access to the expertise necessary for them to make a more effective contribution to the health and safety process.

Our goal \ To reinforce the promotion of worker involvement and consultation in health and safety matters throughout unionised and non-unionised workplaces of all sizes.

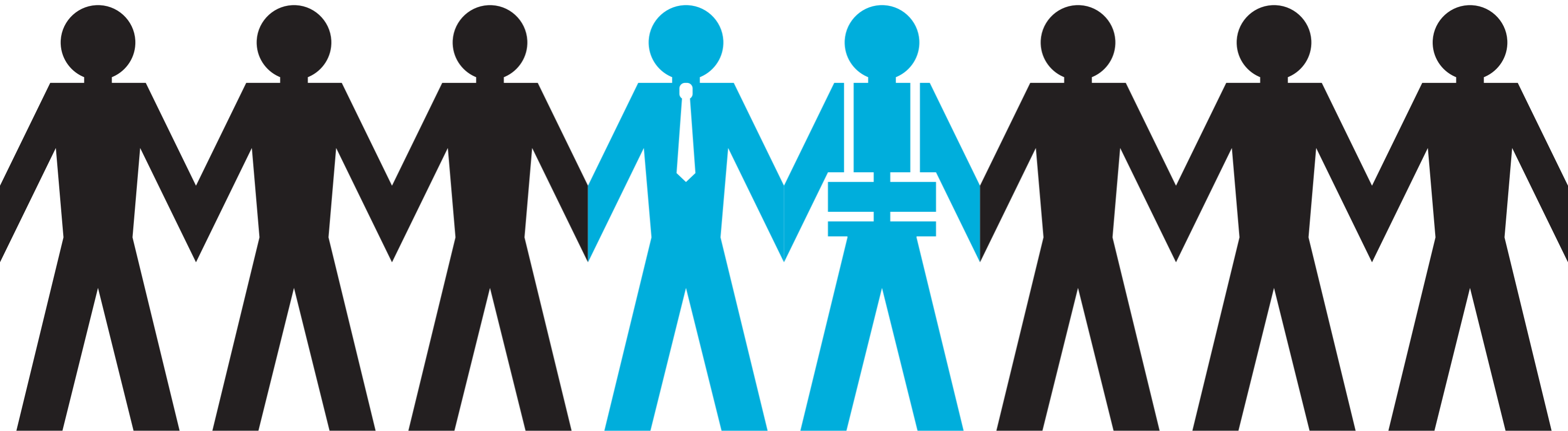
### Involving the workforce

Workplace research provides strong evidence to suggest that involving workers has a positive effect on health and safety performance. Equally, there is overwhelming evidence that unionised workplaces and those with health and safety representatives are safer and healthier as a result.

The need is to develop a genuine management/workforce partnership based on trust, respect and co-operation. With such a partnership in place, a culture can evolve in which health and safety problems are jointly solved and in which concerns, ideas and solutions are freely shared and acted upon.

In the first instance, training managers and health and safety representatives together will establish a shared perspective on health and safety issues. This, in turn, encourages the combined involvement of management and health and safety representatives in inspections, investigations and risk assessments. Ultimately, the effect of workforce involvement is that operational practices and health and safety risk management are aligned for the benefit of all and with the co-operation of everyone.

Whether unionised or not, no matter the size or scope of the organisation, worker involvement is fundamental to good health and safety performance and therefore to good business.



Our goal \ To specifically target key health issues and to identify and work with those bodies best placed to bring about a reduction in the number of cases of work related ill health.

Our goal \ To set priorities and, within those priorities, to identify which activities, their length and scale, deliver a significant reduction in the rate and number of deaths and accidents.

### Creating healthier, safer workplaces

Central to the creation of healthier, safer workplaces is the need for all stakeholders in the health and safety system to set priorities. This applies whether the stakeholder focus is on an industry, a sector, a particular health and safety issue or an individual business or organisation.

The starting point is to create a risk profile identifying which groups of workers are most at risk and the scale and incidence of injuries or cases of ill health. This sets the priorities for health and safety improvement, which then enables resources and expertise to be more accurately targeted to deliver those improvements.

With regard to work related ill health, setting targets and implementing actions is complex. Some ill health is clearly work related, albeit with long latency in certain cases. However, as every employer will recognise, other causes of ill health are not solely work related or their seriousness may be exacerbated by non-work related factors. In order to set health priorities and establish the most effective delivery mechanisms, collaboration is required to establish who should deal with specific issues. Key among those issues is how best to manage the interface between work and the other factors that may be impacting on a person's health.

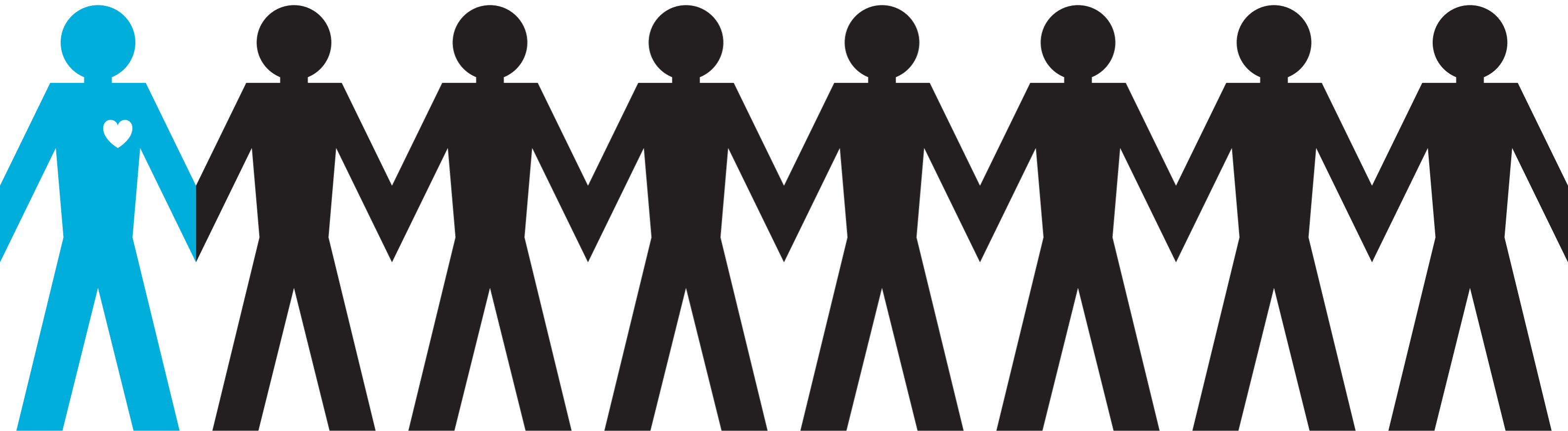
To make workplaces safer, in those sectors where injury has always run higher than average the need is to find new ways of tackling old problems. Equally, in emerging sectors and those existing sectors energised by evolving technologies, the requirement is to recognise the inherent new risks and implement appropriate methods for managing them from the beginning.

Our goal \ To adapt and customise approaches to help the increasing numbers of SMEs in different sectors comply with their health and safety obligations.

### Customising support for SMEs

Small businesses and other organisations make an important contribution to Great Britain's economic prosperity. However, they also account for a considerable number of the health and safety incidents reported each year. That's not to say that SMEs are inherently dangerous. Rather, it is the case that some SMEs conduct certain activities that carry a high level of risk.

SMEs often find goal-based health and safety management difficult to apply. Therefore, the objective for the HSE, Local Authorities and all stakeholders involved with SMEs is to find new ways to help them understand how to comply with health and safety law in a manner proportionate to the risks posed by their work activities.



Our goal \ To reduce the likelihood of low frequency, high impact catastrophic incidents while ensuring that Great Britain maintains its capabilities in those industries strategically important to the country's economy and social infrastructure.

### Avoiding catastrophe

In and around Great Britain, we have a number of highly specialised industries that provide products or services that are essential to contemporary living, such as energy for our homes and workplaces and fuel to power our vehicles. There is a risk though that if these industries are not properly managed they have the potential to cause harm to their workers and the public at large. Even a small failure in their health and safety regimes could have catastrophic consequences.

Strong health and safety leadership is essential to make sure that the right systems are in place, that best practice is shared and that learning is disseminated from previous incidents. While recognising the economic and social importance of hazardous industries, the critical objective is to ensure that the hazards are kept firmly in check.

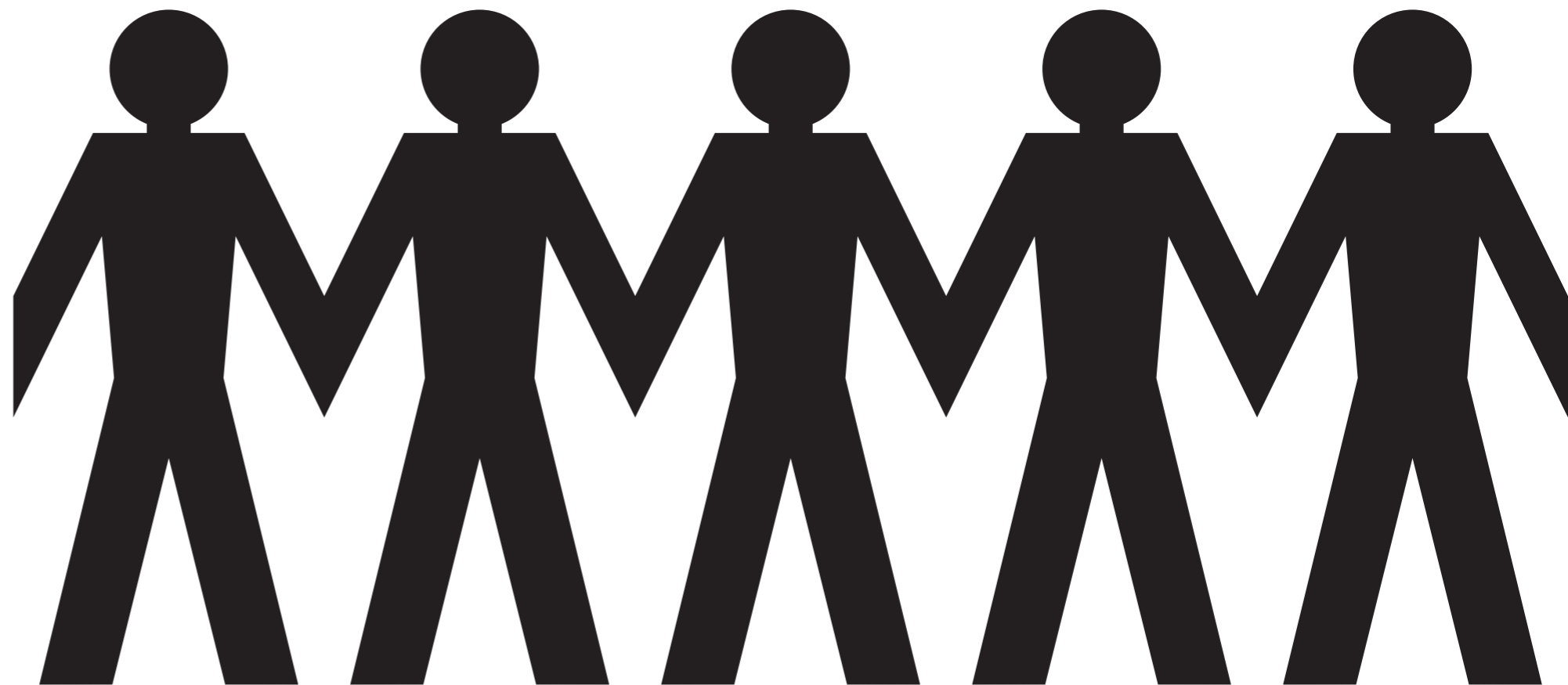
Our goal \ To take account of wider issues that impact on health and safety as part of our continuing drive to improve Great Britain's health and safety performance.

### Taking a wider perspective

Health and safety does not and cannot exist in a vacuum. It is not a discrete entity and so health and safety priorities cannot be delivered in isolation from other issues that impact on or overlap with them.

Certainly from the Government's perspective, health and safety is just one part of the overall business regulation. Equally, for some years now, Local Authorities and many businesses have brought health and safety and other portfolios such as the environment together in terms of organisation and delivery. Ultimately, health and safety is integral to the wider agenda aimed at protecting people from harm and thereby benefitting not just the individual but society as a whole.

This strategy seeks to continue improving the country's health and safety performance whilst recognising and responding to wider issues where it is appropriate to do so. As such, there is an acknowledged need for balance in managing the interfaces between health and safety and other law and also between the HSE and other regulators. Crucially, regulation must be a benefit to those it seeks to protect, not a disproportionate burden on those who have to comply with it.



## Driving change for the better

These strategic goals for the health and safety of Great Britain are founded in common sense and practicality. They have one over-riding aim: that is to prevent the death, injury and ill health of those at work and those affected by work activities. The strategy is not asking for or expecting the impossible. Its essence is that everyone adopts a sharper focus on the priorities and takes leadership in addressing their responsibilities.

The HSE is committed to directing its energies and resources to the achievement of the goals proposed. As such, it stands alongside all the stakeholders in the health and safety system and is prepared to be held to account for its performance.

In summary, the goals for the health and safety of Great Britain are:

- \\ To reduce the number of work related injuries and cases of ill health;
- \\ To gain widespread commitment and recognition of what real health and safety is about;
- \\ To motivate all those in the health and safety system as to how they can contribute to an improved health and safety performance;
- \\ To ensure that those who fail in their health and safety duties are held to account.

The process of health and safety improvement began in 1974 and continued unabated until around 2003. Since then it has stalled. From now on, if we all work together with a clear vision and purpose we can recommence improvement and bring about a change for the better.



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