

HSC STRATEGY 2010 AND BEYOND

INTERVENTIONS STRATEGY

AND

AREAS WHERE HSE AND LAs WILL NOT BE PROACTIVE

Research has been conducted with HSE and LAs to develop proposals for an evidence based interventions strategy, including areas where they will not be proactive, and these are set out in this consultation document.

We would welcome your comments on our proposals to [x] by [y] date.

Introduction

1. The Health and Safety Commission's (HSC) Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond envisages a significant change in how the Health & Safety Executive (HSE) and Local Authorities (LAs) work together with the aim of making them collectively more effective in improving health and safety.
2. One of the main themes of the strategy is to focus on our core business and the right interventions where we are best placed to reduce workplace injury and ill health.
3. Two key elements of this theme are an interventions strategy and being clear about our priorities. This consultation document presents proposals for both of these elements of the strategy.
4. The intention of the strategy is to contribute to the national targets for health and safety that were set in 2000 as part of the Government's Revitalising Health and Safety initiative by:
 - Guiding the choice and use of interventions so that HSE and LAs can achieve the best effect they can with available resources;
 - Allowing HSE and LAs to concentrate on activities directly related to work where they have the skills, expertise and evidence and where they, rather than others, can be the principal drivers for change;
 - Supporting closer working between HSE and LAs; and
 - Enabling HSE and LAs to justify through evaluation and evidence the approaches we adopt, including areas where HSE and LAs will not intervene proactively because the risks are of low significance, well understood and properly managed.
5. This work is part of the HSE/LA strategic programme, which is designed to develop and deliver the detailed arrangements for working together in an effective partnership. The interventions strategy is therefore more applicable to the activities where HSE and LAs both have an interest. It does not cover all the methods used by HSE to regulate major hazards.
6. The Hampton Review of Regulatory Inspection and Enforcement (which is looking at all interactions between businesses and regulators) is expected to report early in 2005 with an initial report due in the autumn during our consultation period. Our interventions strategy will need to take account of the Review's recommendations.

An interventions strategy

7. Interventions may be described as all the available tools and techniques used to influence behavioural change in managing or undertaking work to improve standards of health and safety. Influencing behavioural change is a complex process, which needs to consider more than just a mix of carrot (e.g. fewer inspections) and

stick (e.g. enforcement). Different people and organisations are motivated in different ways, and the strategy needs to provide criteria for the best mix of intervention techniques for different circumstances so that it is relevant to all duty holders.

8. A range of thirteen intervention techniques is described in this document. HSE and LAs believe that most of them merit being used more widely than they currently are.
9. There are 3.5 million or so businesses. 90% of these employ fewer than 10 people, although nearly half of the workforce is employed in large organisations. HSE's Field Operations Directorate and LAs deploy approximately 1700 frontline staff, including Inspectors.
10. With only finite resource available there has to be a reasoned choice of the best mix of different techniques. So, for example, more work on 'education and awareness' must mean less of something else. In determining what that choice should be we need to consider both what will have the greatest impact on our strategic priorities and what provides the best value for money. The references below include research that has already been done to inform these decisions; more is planned (e.g. the relative benefits (and costs) of working with different intermediary groups to amplify HSE's awareness raising work).
11. The Work & Pensions (W&P) Select Committee, in their recent report on the work of HSC/E, recommended that additional resource should be made available and that implementation of the strategy should not mean a shift away from inspection and enforcement.

Being clear about our priorities

12. The second key element, being clear about our priorities, involves consideration of areas where HSE and LAs will not be proactive. The HSC Strategy states that
"Where 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."
13. There is already much 'targeting' of HSE and LA resource towards the more significant hazards and higher risk activities. At the level of employment sectors and specific hazards this is achieved through the strategic programmes of work. These direct proportionately more resource towards some sectors and hazards (e.g. construction, musculoskeletal disorders) and hence less to others (e.g. general manufacturing, machinery safety). At the individual duty holder level, HSE and LAs use rating systems to ensure more frequent inspection of

workplaces where risks have previously been judged to be poorly managed.

14. Stakeholders indicate strong support for improving these targeting arrangements (and ensuring better enforcement particularly of health priorities) as an important way of meeting strategic aims. Some of the ideas for 'earned autonomy' discussed in paragraphs 60-68 are already informally used by the regulators as part of their systems for targeting duty holders. These informal arrangements could be developed further irrespective of whether a formal scheme is introduced.
15. But the purpose of this part of the consultative document is to seek views on whether such a formal approach to not intervening proactively with better performing duty holders should be adopted. If so, should this be done in conjunction with other regulators? There are some long-standing international parallels such as the Voluntary Protection Programme operated in the USA by OSHA. This appears quite resource-intensive and bureaucratic to administer (for both the regulator and duty holder) and therefore is not a model we would wish to follow. *(Note: A simpler version is to be trialled soon in Ireland by the agencies both north and south of the border in co-operation with OSHA.)*
16. The issue is not a choice between undertaking pro-active inspection at a workplace or not. Neither HSE nor LAs will ever realistically have the resource to maintain inspection programmes that cover all known premises and organisations. So, in looking at the levels of assurance necessary for 'earned autonomy', we need to bear in mind what existing systems tell us about how well workplaces not on pro-active inspection programmes are performing.

Conclusions

17. From the research it is clear that all the interventions can and do produce improvements in the workplace. It is difficult to rank them, as they are mutually supportive and reinforcing. For example, the prospect of inspection encourages duty holders to attend awareness events, and to commit to making improvements. Therefore, choosing a “preferred mix” is not a simple task and varying the mix requires some difficult choices.

Small to medium enterprises

18. It is clear from our research that small firms prefer direct contact in the workplace and specific advice and information, which they do not have to interpret. However, as indicated in paragraph 16, direct contact with all workplaces is not an option so we need an alternative way of influencing the majority. This requires a multi dimensional effort using a range of interventions. From the evidence, inspection, education and awareness raising combined with support from intermediaries are of particular value.

Large organisations

19. The research supports a multi-dimensional strategy for large firms with education, reputational risks, incentives (such as earned autonomy); supply chain and inspection enjoying a greater impact.

Traditional interventions

20. The research evidence supports the continuing use of our traditional interventions (inspection & enforcement, incident and ill health investigation and dealing with issues of concern that are raised and complaints).

21. The research shows that workforce involvement is beneficial and increasing it would be of particular benefit to both the unionised and non-unionised sectors.

New interventions

22. The research evidence also indicates that the remaining interventions examined, which represent a range of comparatively new ways of working, are successful in accessing, contacting and influencing employers, including the hard to reach SME sector. Some of these “new ways” are resource intensive (such as working in partnership) but others require relatively little primary effort by the regulator (e.g. supply chain initiatives) or can achieve wide impact for the resources consumed (e.g. education and awareness).

23. Nationally co-ordinated sector based interventions have been effective in a number of sectors.

Preferred mix of interventions for use by the regulator

24. The purpose of the interventions strategy, towards which this document is leading, is to influence and change the range of approaches that regulators and duty holders use to raise standards. Adopting a preferred mix therefore implies a readiness:

- By regulators to plan their programmes of work somewhat differently; and
- By duty holders, of their own volition, to make a greater use of the approaches that do not require a primary stimulus by the regulators.

25. From our findings we see a case in favour of a preferred mix based primarily on:

- Motivating senior managers
- Sector & industry wide initiatives;
- Working with those at risk;
- Education & awareness;
- Inspection & enforcement;
- Intermediaries;
- Accident and ill health investigation; and
- Dealing with issues of concern raised and complaints.

26. The interventions partnership, supply chain and best practice may be used by duty holders of their own volition to improve their standards of health and safety. We would appreciate your views on the use of the design and supply intervention.

27. The matrix below is intended to further guide choices to suit different circumstances such as small versus large employers. It summarises our findings from a regulator's point of view. They are indicative only and we accept that there are other criteria on which the interventions could be judged.

Targeting the resource of the regulator

28. Bearing in mind the Work & Pensions Select Committee report recommendation (mentioned at paragraph 11), we would welcome views on how our frontline resource should be allocated between the different types of interventions. In particular, how should we reallocate resources to increase the use of the interventions listed in paragraph 25? The preferred mix contains 8 of the 13 types of intervention. Is further sub-division necessary or possible? At the end of this document is a questionnaire seeking your views on this and other issues.

Intervention matrix

| Intervention/ Factors affecting choice of technique | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|---------------|----------------------------|--------------|------------------------------------|------------------------------------|----------------------------|--|-----------------|----------------------------|-----------------------|---------------------------------------|-------------------------------------|---|
| | Partnership | Motivating senior managers | Supply chain | Design & supply | Sector & industry wide initiatives | Working with those at risk | Education & awareness | Earned autonomy | Inspection & enforcement | Intermediaries | Best practice | Incident & ill health investigation | Dealing with issues of concern & complaints |
| Company size S/M/L/All | All | L | L | All | All | All | All | ? | All | All | All | All | All |
| Track record (good/poor or both) | B | B | G | B | B | B | B | ? | P | B | G | B | B |
| Part of trade or sector assoc. | ✓ | | | ✓ | | | | ? | | ✓ | ✓ | | |
| National, regional or local companies | All | N | N | All | All | All | All | ? | All | All | All | All | All |
| National regional or local coordination required | All | N | All | All | All | All | All | ? | All | N | All | All | All |
| Level of workforce involvement required (high/low) | L | L | H | L | H | H | H | ? | H | L | L | H | H |
| Multi-site coordination required | | | ✓ | | ✓ | | ✓ | ? | | ✓ | | | |
| Nature of organisation (professional, skilled, manual) | All | All | All | All | All | All | All | ? | All | All | All | All | All |
| Works well in combination with | Best practice | | | Sector & industry wide initiatives | | Inspection & enforcement | Intermediaries, Inspection & enforcement | | Working with those at risk | Education & awareness | Partnership, Inspection & enforcement | Inspection & enforcement | Inspection & enforcement |

Matrix note: Proposals for criteria for earned autonomy are being consulted on as part of this exercise and therefore, whilst it is listed as an intervention it is not yet possible to complete this matrix

Discussion

Interventions before and at the point of creation of risk

Intervention 1: Partnership

29. *Strategic relationships between organisations or groups who are convinced that improving health and safety will help them achieve their own objectives. This may involve duty holders or trade unions, regulators, other Government departments, trade bodies, investors, insurers or educational or media organisations.*
30. Partnerships could be between HSE and LAs, between duty holders or between regulator and duty holder. They have great potential for a positive impact as they present a useful tool to allow dissemination of good practice across a large number of stakeholders. However, they are resource demanding and require participants to commit and maintain continuity of the relationship over a sustained period.
31. This intervention generally involves a large number of different activities, such as seeking commitment to targets, preparation of guidance, information exchange etc., in conjunction with trade associations and sometimes involving trade unions. Some partnerships are industry wide such as those with the paper and rubber industry, and others are with individual duty holders.
32. Experiences of the effectiveness of partnership at both local and national levels tend to be varied. Some sectors have used this type of intervention extensively (e.g. manufacturing and construction). LA Lead Authority Partnership Schemes have had some success in improving consistency in the way LAs enforce health and safety in companies with outlets in different areas.
33. This intervention has been shown to work well in larger companies and there is the potential for yielding significant improvements in health and safety across many other sectors and types of organisations including Small to Medium Enterprises (SMEs). This intervention works well where strong pre-existing communication networks exist. There is, however, significant scope for duty holders to forge their own partnerships with other organisations, and to do so of their own volition.

Intervention 2: Motivating senior managers

34. *Encouraging the most senior managers to enlist their commitment to achieving continuous improvement in health and safety performance as part of good corporate governance, and to ensure that lessons learnt in one part of the organisation are applied throughout it (and beyond).*
35. Studies show that large firms are sensitive to their public image in respect of the perceived level of internal governance and social responsibility. Firms with “high street” names want to protect their

public image or “brand” and avoid negative publicity. This creates an incentive to proactively manage health and safety.

36. Other than the regulator contacting senior managers as part of the inspection process there have been limited interventions to date in this area. Initiatives include work by the HSC with the Top 350 companies in the UK and the publication of an Offenders database. The Environment Agency has also had success in this area with their “fame & shame” approach with businesses.
37. This intervention is judged to be more effective with larger companies where senior manager commitment can help strengthen messages to staff and influence company policy.

Intervention 3: Supply chain

38. *Encouraging those at the top of the supply chain (who are usually large organisations, often with relatively high standards) to use their influence to raise standards further down the chain, e.g. by inclusion of suitable conditions in purchasing contracts.*
39. Supply chain pressure is recognised as an area where there is potential for lasting, significant and wide reaching impact in raising health and safety standards.
40. Where organisations make good standards of health and safety performance a precondition for their suppliers it does have a significant impact. It is considered a successful practice in the building trade and has parallels with current food safety regulations. However, there is evidence that many organisations do not yet effectively assert this pressure. To be effective it may be necessary to engage stakeholders throughout a chain of supply (as was the case in persuading the construction industry to reduce the size of bags for materials to 25kg maximum).
41. Large customers can impose health and safety requirements on their suppliers, but smaller, local businesses are unlikely to have the volume purchasing power to have any real influence. We have mixed evidence about the effect of Good Neighbour schemes and this may be a fruitful area for duty holders to explore of their own volition.

Intervention 4: Design and supply

42. *Working with those who can improve health and safety by improving the design of processes or products.*
43. This intervention can address both products (e.g. section 6 of the Health & Safety at Work etc Act as enforced by HSE) and processes (e.g. planning applications for new developments advised on by both HSE and LAs).

- 44. A successful initiative by HSE in the quarries sector persuaded vehicle manufacturers to improve driver visibility by persuading them to install CCTV on all new vehicles using the threat of enforcement. HSE has also worked with trade associations to advise and agree on improvements in machinery design (e.g. lifting equipment and mobile equipment such as forklift trucks).
- 45. Many LAs have had success in improving health and safety standards at source by acting in an advisory capacity making suggestions or recommendations on planning applications for new developments in their local area.

Intervention 5: Sector and industry-wide initiatives

- 46. *“Gearing” achieved by stimulating a whole sector or an industry to sign up to an initiative to combat key risks, preferably taking ownership of improvement targets.*
- 47. This intervention can be most effective at reaching a large number of businesses, stimulating interest throughout a sector and effecting improvements in health and safety standards. It allows a transparent, consistent approach and has a peer pressure effect in businesses as the message spreads; this can be reinforced by appeals to ensure “a level playing field” for competitors in the sector.
- 48. There have been a number of sector specific collaborative initiatives including Recipe for Safety for food and drink and the Paper & Board Industry Advisory Committee initiative with paper mills. Successful LA initiatives include one focussed on newspaper delivery. There is a strong body of evidence to show that these initiatives have been successful in improving injury rates and audited improvements in health and safety management arrangements.

Intervention 6: Working with those at risk

- 49. *Working with safety representatives, trade unions and other organisations that represent people put at risk by work activities to support them in their roles.*
- 50. Trade unions and safety representatives can have a powerful role in improving workplace safety standards. The vast majority of research indicates that the involvement of employee and trade union representatives in safety initiatives is a positive one. Organisations with union representation have up to 50% lower injury rates whilst those with non-union safety committees have up to 40% lower injury rates.
- 51. The involvement of unions is also essential to the success of sector initiatives.
- 52. A wide range of benefits can follow successful initiatives, far outweighing the costs involved. Examples include workforce

participation in both small and large firms in the petro-chemical industry resulting in improved health and safety performance and improved health and safety culture within six months to two/three years.

53. Successes include an HSE funded “worker safety adviser” initiative to provide safety advisers for small businesses. The scheme resulted in real improvements to the workplaces involved and work is currently underway to extend it. In another example an LA approached employees directly and helped them train in Chartered Institute of Environmental Health certified qualifications.
54. Initiatives with safety representatives tend to be less effective in the absence of trade union linkages. Small to medium enterprises often do not recognise trade unions or have safety representatives and it can be difficult for regulators to identify individuals who can unofficially represent their fellow workers.
55. There appears to be scope for more effective interaction with trade unions and safety representatives with a greater impact achieved by applying effort at national, branch and regional levels.

Intervention 7: Education and awareness

56. *Seeking further ways of getting messages and advice across early to key target groups, particularly those who are difficult to reach, using channels such as small business groups, chambers of commerce etc. Promoting risk education as a curriculum item at all levels of the education system.*
57. In HSE, awareness events have been successful in a number of industries, e.g. agriculture, food, construction and manufacturing. Agriculture and food sector initiatives were found to have worked best where there is the “carrot” of no inspection for some period if the individual or organisation attends and commits to some action.
58. Mail shots have been the least effective means of increasing awareness. The effectiveness varies with the size of organisation and field in which they operate. The available evidence is against using mail shots in isolation unless you are already dealing with a receptive audience such as dentists.
59. Education and awareness raising has been particularly effective where it involved an intermediary (e.g. a trade association) drawing up and recommending health and safety practices in conjunction with HSE and distributing to its members.

Intervention 8: Earned autonomy (areas where HSE and LAs will not be proactive)

60. *“Where 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.”

61. We believe the concept of ‘earned autonomy’ has attractions for many businesses. Some good, well-motivated performers want to earn the trust of regulators even if they are treated more severely for any subsequent failures. Public recognition of such status may also be prized as a positive benefit to an organisation’s reputation and this may be an important part of the incentive to keep risk under proper control.
62. HSE has been discussing such approaches with other regulators and with the Hampton review team. The benefits (to business) of an earned autonomy approach will be undermined if the hurdles to attaining the status are too onerous. There would also be resistance to moving forward if different hurdles set by different regulators made the effort involved seem unattractive. An important question is therefore whether we can identify measures, which satisfy all regulators that a particular business can reasonably be granted ‘earned autonomy’?
63. Stakeholders’ initial views about ‘earned autonomy’ have been diverse. Employers and their representative organisations have been broadly in favour. Trade unions question whether such an approach will save resources and believe regulation makes a positive contribution to developing safety culture rather than being a burden. Regulators (except those dealing with major hazard industries) are supportive providing the approach improves health and safety standards overall, is cost effective and non-bureaucratic and is accessible to all employers (including small firms without complex health and safety management systems).
64. In their recent report on the HSC/E the Work & Pensions Select Committee urged that *“before adopting a policy of reduced inspection for employers with an established record of good practice, there is a need for clear and thorough evidence-based analysis to ensure that the reduction does not lead to negative outcomes such as improper pressures to achieve a reduction in accident reporting”*.
65. A key issue in any ‘earned autonomy’ approach would be how duty holders are assessed for suitability to enter the programme. We believe the main options are:
 - a) Self-assessment: The duty holder declares to the regulator(s) that they meet the required standard/criteria. This could be linked to individual and collective accountability of the main board directors for the declaration and the organisation’s performance (on similar lines to financial accountability);
 - b) Employee assessment: Worker representatives would confirm they were satisfied with the duty holder’s arrangements for ensuring the health and safety of the workforce;

- c) Third party assessment: Independent auditors would assess the duty holder against the required standard/criteria (also along the lines for financial accountability);
- d) Regulator assessment: Effectively a development of the current rating systems operated by HSE and the LAs. [For large multi-site organisations there might be relief from routine site visiting but central approaches to examine performance using company's own systems & data.]

66. Two or more of these options could be used in combination.

67. Some or all of the following criteria could be used for assessment:

- a) **Management (of health and safety)** perhaps against published standards (but sophisticated management system standards would not be appropriate for smaller organisations).
- b) **Injury and ill health incidence rates**; only meaningfully available for large organisations and the W&P Select Committee concerns should be borne in mind.
- c) **Worker involvement in H&S issues**; recent evidence suggests that the best performance in accident and ill health prevention will only be achieved through a 'people-led' approach where the cultural and behavioural aspects of health and safety can be tackled.
- d) **Involvement of directors** (or equivalent), e.g. a named main board director being accountable for health and safety performance.
- e) **Effective systems for engaging with third parties** whose health, safety or amenity might be affected by the organisation's operations.

Practical implications of 'not intervening proactively'

68. To be acceptable to the majority an 'earned autonomy' approach probably needs to involve:

- a) Time limits: The withdrawal of inspection and other forms of intervention should not be open-ended but subject to re-assessment after a specified period or serious incident.
- b) Incidents: If they meet the regulator's investigation selection criteria some action should result. This might be a duty holder/employee representative investigation report submitted to the regulator. More serious incidents should still be investigated by the regulator.
- c) Enforcement: Duty holder and individuals in the organisation should not have any immunity from prosecution in line with the Commission's Enforcement Policy Statement.

Interventions at and during exposure to risk

Intervention 9: Inspection and enforcement

69. *The regulators within the system will continue to use all the tools available to them. Inspection and enforcement will remain vital*

intervention strategies, and will often be the means by which other strategies are brought to bear. They are important means to achieve the objective of improved standards, and they represent what many stakeholders expect to happen.

70. Inspection and enforcement are highly effective in ensuring workplace compliance. They are widely understood and appreciated by businesses, with most companies throughout all industry sectors responding to site inspections and altering their practices following a visit from the enforcing authorities. Most employers support a system of routine, unannounced visits. HSE and LAs have great experience in carrying out diagnostic inspections, drawing conclusions about duty holders from a limited sample of their activities. Judgements are captured on rating systems, which determine the frequency of future contacts.
71. For small businesses health and safety inspectors are the most commonly used and preferred sources of information and advice on health and safety issues. Small firms prefer specific advice and information related to their activities, which identifies what they need to do to improve standards. Direct contact via inspection is the preferred route for this.
72. For larger organisations it is felt that other forms of interventions could be put to greater use.

Intervention 10: Intermediaries

73. *Enhancing the work done with people and organisations that can influence duty holders. These may be trade bodies, their insurance companies, their investors or other parts of government who perhaps are providing money or training to duty holders.*
74. Intermediaries can amplify the work of HSE and LAs and bring about changes in attitudes, awareness and employer behaviours. They are particularly effective where there is an established network of contacts.
75. There are a wide range of intermediaries who are willing and able to work with HSE and LAs including insurance companies, trade associations, training and enterprise organisations and professional bodies. The ability and level of interest shown by intermediaries varies greatly and there are concerns around the ability of intermediaries to promulgate messages. However, where there are shared goals with the enforcing authorities intermediaries have proven to be particularly effective
76. Examples of successful work with intermediaries include the “Workwell” initiative which involved LAs, HSE, Business Link, a Strategic Health Authority, Primary Care trusts, stakeholders from local businesses and Birmingham University in promoting and improving health management in the workplace; and an Hop Press initiative in

which intermediaries informed users about the safety of specific machinery.

77. Work with intermediaries in combination with advice, awareness raising and education can greatly benefit all sizes of duty holder in all sectors, but particularly SMEs.

Intervention 11: Best practice

78. *Encouraging the development of best practice examples with those organisations who are committed to “leading edge” performance and then using these examples to show others the practicality and value of improving their own standards.*
79. This is most effective when linked to partnership, where good practice is shared amongst trade association members, or via local safety forums.
80. Manufacturing and Construction sectors have worked to share good practice amongst trade association members. This strategy is often informally used during inspections.
81. Regulators can encourage the use of this approach, but as with supply chain initiatives, cannot insist upon it. Again this is a fruitful area for duty holders to explore of their own volition.

Interventions when the consequences of exposure to risk arise

Intervention 12: Incident and ill-health investigation

82. *Making sure that the immediate and underlying causes are identified, taking the necessary enforcement action, learning and applying the lessons.*
83. Investigation is important, as the consequences of failing to manage health and safety are more easily understood from a real rather than hypothetical incident. Although it does not necessarily address the overall health and safety of an organisation it should focus the duty holder’s attention on the underlying causes of failure, and can make them more receptive to advice and direction on other H&S issues. Investigations provide valuable intelligence to the regulator and help to inform policy development.
84. Independent investigation is important to the injured, bereaved and the wider public as a means of bringing negligent duty holders to account.
85. The HSC strategy commits HSE and LAs to continue to identify circumstances that require investigation and possible enforcement on a reactive (as well as proactive) means by responding to incidents.

Intervention 13: Dealing with issues of concern that are raised, and complaints

86. *Encouraging duty holders to be very active and making sure that concerns and complaints from stakeholders are dealt with appropriately.*
87. For low risk premises that are visited less often, complaints can help identify any difficulties between planned inspections.
88. The HSC Strategy commits HSE and LAs to continue to identify circumstances that require investigation and possible enforcement on a reactive (as well as proactive) means by responding to complaints.

References

89. This consultation document is based on research undertaken with HSE and LA staff. The main research reports used are listed below. They are available on the HSE website or can be accessed by using the links provided.
 - a) HSL - What works in HSE? Exploring the contextual knowledge of operational staff (2004) **[DN publication on HSE website in progress]**
 - b) WS Atkins - Evaluation of the impact of FOD interventions (2004) <http://www.hse.gov.uk/research/rrhtm/rr270.htm>
 - c) Greenstreet Berman - Building an evidence base for the HSC strategy to 2010 and beyond: a literature review of interventions to improve H&S compliance (2003) <http://www.hse.gov.uk/research/rrhtm/rr196.htm>
 - d) Successful interventions with hard to reach groups (2003) <http://www.hse.gov.uk/research/misc/hardtoreach.pdf>
 - e) Kings College London – Part 1 Factors influencing LA health and safety interventions and enforcement activity (2004) **[DN publication on HSE website in progress]**
 - f) Work & Pensions Select Committee report on the work of HSC/E <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmworpen/456/45602.htm>

Consultation Questionnaire

| | | | |
|---|------------------|---|--|
| Title: | Forename: | Surname: | |
| Organisation: | | | |
| Address: | | | |
| E-mail: (optional) | | Telephone: (optional) | |
| Role: | | | |
| | | <u>No. of employees / No. of members</u> | |
| Employer | | 0-10 | |
| Trade union | | 10-50 | |
| Representational body (e.g. trade, professional) | | 50-100 | |
| Enforcing authority | | 100-250 | |
| Other interested party (please specify) | | 250 plus | |

We would be grateful for your views on the following questions. To help us consider and analyse responses please refer to the relevant paragraph numbers or intervention number where possible

Intervention strategy questions

1. What are your views on the proposed preferred mix of interventions? (See paragraph 25).
2. Assuming that there is no increase in resource available what balance would you advocate amongst the interventions? What should we concentrate on and which should we draw back from? (See paragraphs 25 and 28).
3. What are your views on the proposed interventions that duty holders could pursue of their own volition? What other interventions could duty holders pursue themselves? What (if anything) should we do to encourage this? (See paragraph 26).
4. What are your views on the use of the design and supply intervention? (See paragraph 26)
5. What are your views on the analysis contained in the intervention matrix? (See page 7).
6. Which interventions have we overlooked? Please provide details of any other approaches we should consider?

7. What other criteria should inform the choice or mix of interventions used?
8. Please provide any other comments on the interventions strategy?

Specific questions on earned autonomy (paragraphs 60 to 68)

9. Should HSC introduce an “earned autonomy” approach, and, if so should this be in conjunction with other regulators (e.g. the Environment Agency) or a stand-alone system?
10. Should duty holders be assessed for the granting of “earned autonomy” and, if so, how and by whom?
11. What should “not intervening proactively,” mean in practice?
12. Should public recognition be provided and, if yes, what form should it take?
13. Should our investigation policies and practices for incidents and complaints be altered for “earned autonomy” duty holders?
14. What should be the consequences of serious incidents or complaints on the duty holder’s status?