

Sensible health and safety at work

The regulatory methods used in Great Britain

An account of the approach of the Health and Safety Commission

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Summary

1. We have written this to meet a commitment in the Health and Safety Commission's *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond* to develop a clear evidence-based intervention strategy that will help us focus on our core business and the right interventions where we are best placed to reduce workplace injury and ill health.
2. In developing it we have listened to those with an interest in health and safety at work; looked at the evidence of what works; drawn on our long experience of applying the methods in this document; and responded to the recent Hampton report. It seeks to maintain the best from our long and successful past, adapted to fit the rapidly changing world of work that we are all now experiencing.
3. Its purpose is to explain to everyone who has an interest in health and safety at work how the main regulators – the Health and Safety Executive (HSE) and Local Authority Environmental Health Departments (LAs) – will act to bring about good standards, without wasting either their own resources, or those of the many organisations which have duties under the Health and Safety at Work Act (HSW Act). Throughout this guide, terms such as “we”, “our” and “us” refer to the regulatory staff of LAs and HSE alike; we have identical functions under the HSW Act.
4. It illustrates our past approach, and our future intentions, including how we will respond to some of the recommendations of the Treasury report ‘Reducing administrative burdens: effective inspection and enforcement’ by Philip Hampton published in March 2005, which we strongly support. In particular it commits us to a greater concentration on areas of poor performance and high risk and it promotes consistency of approach by HSE and LAs.
5. This document explores the setting in which we work as regulators, the factors affecting our choice of interventions and the broad principles for our future approach. We want it to be of value to everyone interested in health and safety, so we have kept it quite brief and as light in jargon as such a technical subject allows.
6. It is supported by a ‘Guide for regulators’¹ which is aimed at staff in HSE and LAs whose role is to protect and raise standards of workplace health and safety either directly or through their engagement with others. A clear message from our evidence and the consultation we have carried out is that there is no simple mix of methods that will work everywhere; a tailored approach is required. Some hazards and risks need a different approach; some sectors will respond better to different mixes of our methods. So the ‘Guide for regulators’ applies the principles set out here to specific health and safety topics in different industrial sectors and sizes of organisation.
7. This account of our approach and the supporting guide for regulators deal with ways to reduce injury, ill health and working days lost. They do not cover HSE’s work with the

We fully support the need for the most efficient and effective use of HSE resources.

CBI

¹ The guide for regulators is under development. We intend that it will be published early in 2006.

small number of industries that must get HSE's permission to operate, such as the offshore oil industry – HSE call this their 'major hazards' work.

8. We have developed some guiding points to shape our future approach. Our reasons are set out in the main body of the document. In summary, our guiding points are:

Concentrating on priorities, risk, and poor performance

(1) We will focus our attention onto poor performers and large organisations where health and safety priorities suggest there might be significant levels of risk, or indeed of actual harm.

(2) We will maintain credibly large programmes of inspection and other frontline activity aimed at finding out how well organisations which have the risks associated with our priority topics control them, and we will concentrate our inspection effort on those whose performance is poor.

Choosing which methods to use

(3) As we have more evidence about some of our techniques than about others, we will tend to favour the tried and tested over the speculative when making decisions on the balance of our use of resources, but we will avoid undue caution; we will pilot and evaluate new techniques that we introduce.

(4) We will make greater use of the methods that take effect before and at the point of creation of risk, favouring those that require comparatively less resource from the regulator in relation to their benefits:

- motivating senior managers;
- improving design of processes and products;
- taking initiatives across whole sectors; and
- promoting education and awareness.

Explaining the choices we make

(5) We will make our reasons for intervening explicit, so that everyone who has contact with us understands why, and what we want to achieve; aiming for as few interventions as are necessary to achieve the results we seek.

(6) We will move towards a position where every intervention has a clearly stated reason and in general forms part of a broader planned approach (such as an industry-wide campaign).

Judging performance

(7) We will maintain risk-rating systems to guide our choice of organisations to inspect and we will develop a system for openly rating the performance of organisations.

Meeting the needs of small businesses

(8) We will provide more and better advice, for small firms in particular. For example, through the Workplace Health Direct regional pathfinders we will provide active expert support to small firms on managing health risks and return to work, free from regulatory pressure. These Pathfinders will be fully evaluated.

(9) We will maintain programmes of contact with small firms, including inspections, and increase the contact that we achieve through other means such as large-scale awareness events.

Engaging with the workforce

(10) There is clear evidence that engaging the workforce benefits health and safety and this will be a renewed priority for us.

Campaigns and publicity

(11) We will make greater use of campaign techniques, using a wide range of the methods available to us, and strengthen the intelligence on which we base our campaigns.

(12) We will multiply the benefits of our frontline work through publicity and good communication, to influence and deter others.

Balancing preventive work with investigation

(13) In future we will target incidents for investigation that arise from our priority topics as well as those that result in fatal and major injuries.

Enforcement

(14) We will continue to make appropriate use of our enforcement powers in line with the HSC Enforcement Policy Statement (EPS) and other relevant Codes (eg the Code for Crown Prosecutors). We will follow up all enforcement actions we take, and make sure that the circumstances and causes have been dealt with.

(15) We will use our enforcement powers to hold rogue businesses to account and promote a just and fair society in our area of responsibility.

Making the case for health and safety

(16) We will develop and apply a better understanding of how to measure the costs and effects of our intervention methods.

(17) We will maintain our efforts to understand and promote the positive business case for sensible health and safety. We will pave the way for specific initiatives by putting this case to the organisations we are seeking to influence.

Partnerships

(18) We will engage in partnership with carefully chosen organisations, professional bodies and institutions, that have been identified through HSE's corporate stakeholder engagement strategy, our priority topics or our pilot work with large organisations as being capable of making major contributions to improved health and safety (either directly, or by the influence they wield over others).

Using the supply chain to influence standards

(19) We will sensitively explore engaging employers in supply chain initiatives, as the value of this intervention is not universally accepted.

HSE and LAs working effectively together

(20) HSE and LAs will work together (for example on joint inspection campaigns) to apply the guiding points set out here in a consistent way.

(21) In our dealings with major, multi-site organisations, we will eradicate any wasted or duplicated effort that arises from insufficient coordination between HSE and LAs, or between individual LAs.

Stimulating and recognising the good performance of large organisations

(22) We will press senior managers of large organisations to produce improvement plans that we can test through sample inspections.

(23) We will pilot ways to identify and recognise good performance so as to understand the acceptability and cost effectiveness of possible formal schemes of recognition, for varying sizes of organisation.

Improving our understanding, and developing this guide

(24) To strengthen our evidence, evaluation will be a priority particularly where we are trying something new.

(25) We will encourage and evaluate experiments with the use of the newer of our methods during the next few years.

(26) We will continue to listen to the informed judgments of our consultees, and not rely solely on the other evidence that we gather.

(27) We will treat our intervention strategy as dynamic, changing as better evidence of cost and effect comes in.

Why we have written this account

9. In Great Britain, there is much shared ground about how to achieve acceptable health and safety standards for workers and for people who might be harmed by work activities. The 1974 Health and Safety at Work Act places general duties on employers, in a “goal-setting” approach that makes clear that those who create risks are best able to manage them – and are expected to do so effectively and sensibly.

10. Since 1974, the Health and Safety Commission (HSC) has represented all major interests as, backed by good science and by open research, we have developed regulations, standards and guidance to help employers meet their obligations. Our approach has stood the test of time very well, and is admired and imitated around the world. It has helped cut workplace fatalities by around two-thirds since the 1970’s; much more than would simply have arisen from the changes in industry and the many technical advances since then.

11. But this is a good point to take stock and to look at the twelve principal methods that HSE and LAs use “on the front line” to deliver sensible health and safety regulation. Since 1974 the workplace and the world of work around it have changed significantly, and the pace of change seems to be increasing. 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.

12. Part-time working has risen and women now constitute half the workforce. The manufacturing sector is exposed to intense international pressure. The service sector has become more important. Over time the balance has shifted from manufacturing to service industries. The proportion of the workforce represented by Trade Unions has fallen sharply, particularly in the private sector. The new challenges in health and safety are almost all health rather than safety (e.g. the rise of work-related stress).

Inspection and enforcement of all the interventions is the most successful in motivating and bringing about organisational commitment.

NHS Health and Safety Adviser

13. We have thirty years of experience and evidence to draw on as we take stock. This account of our approach is supported by a ‘Guide for regulators’ which explains how we choose the most effective intervention methods, based on what we know about their benefits and costs. We attempt to achieve an intelligent compromise between blind faith in the value of a particular method – an inspection, a publicity campaign, for example – or on the other hand impossible demands for precise proof of what each activity will deliver. We intend to develop this approach and the guide as we gather and as we share further evidence about what works. We hope to encourage employers and others to be more imaginative in the way they control risks.

14. This account adds to our thirty years’ worth of experience and evidence the views and comments expressed in response to the consultation document ‘Regulation and recognition: towards good performance in health and safety’ that we published in October 2004. These comments, and a summary of the research evidence we have, are in Appendix One.

15. While we were working on this, Philip Hampton was leading a major review to consider the scope for reducing administrative burdens by promoting more efficient

approaches to regulatory inspection and enforcement, without compromising regulatory standards or outcomes. His report shows confidence in the way we go about our work, and he acknowledges that it builds on earlier work by ourselves and other regulators. HSC welcomed the recommendations in the report.

16. Hampton calls on regulators to:

- entrench the principle of risk assessment, so that the burden of enforcement falls most on highest-risk businesses, and least on those with the best records of compliance;
- ensure that inspection activity is better focused, reduced where possible (by up to a third, the report estimates) but, if necessary, enhanced where there is good cause;
- make much more use of advice;
- substantially reduce the need for form filling (by perhaps 25% according to the report); and
- apply tougher and more consistent penalties where these are deserved.

17. Our guiding points reflect our evidence and the views of consultees. As we act upon them, we will further strengthen the extent to which we regulate on the lines demanded by the Hampton review.

Methods that are used by HSE and LAs

18. The consultation we carried out last year described twelve principal methods that we use as regulators. We also asked for views on a thirteenth proposed in the Commission's Strategy about recognising and responding to good health and safety performance. We put these methods into three groups according to when they are designed to prevent harm from happening. Our consultees accepted this grouping and the definitions that we used as a sound basis for setting out in this document the broad approach that we will follow over the coming years.

19. These are the terms that we use:

Interventions before and at the point of creation of risk

Partnership - 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, professional bodies, other Government departments, trade bodies, investors, insurers or educational or media organisations.

Motivating senior managers - 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).

Supply chain - 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.

Design and supply - Working with those who can improve health and safety by improving the design of processes or products.

Sector and industry-wide initiatives - "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.

Working with those at risk - Working with safety representatives, trade unions and other organisations that represent people put at risk by work activities to support them in their roles.

Education and awareness - 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.

Interventions at and during exposure to risk

Inspection and enforcement - Inspection and enforcement will

Assuming there is no extra resource, we would advocate in order of priority: motivating senior managers; working with those at risk; education and awareness.

*Chartered
Institute of
Environmental
Health*

Companies are continually changing ownership and management or undertaking new processes and therefore inspection is appropriate not only for the duty holders with a poor track record, but also those with a good one.

*Centre for Corporate
Accountability*

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.

Intermediaries - 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.

Best practice - Encouraging the development of best practice examples with those organisations that are committed to “leading edge” performance and then using these examples to show others the practicality and value of improving their own standards.

Recognising good performance - The consultation document sought to explore this concept based on the commitment in the Strategy for Workplace Health and Safety rather than to offer a definition. The Strategy said “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”.

Interventions when the consequences of exposure to risk arise

Incident and ill-health investigation - Making sure that the immediate and underlying causes are identified, taking the necessary enforcement action, learning and applying the lessons.

Dealing with issues of concern that are raised, and complaints - Encouraging duty holders to be very active and making sure that concerns and complaints from stakeholders are dealt with appropriately.

The main features of our approach

20. As noted earlier, the world of work is changing. We will be left behind if we wait until our evidence is complete and conclusive, before we adapt. We have therefore developed some guiding points for those with an interest in the regulation and management of health and safety to bear in mind; but we are not proposing a single fixed model.

21. In order to achieve the gains envisaged by the targets that were set for the health and safety system under the Revitalising initiative, we need to focus our attention onto major causes of injury and ill health, and onto organisations and sectors whose scale and current performance provide the greatest opportunities for improvement. These targets are to reduce, by 2007-08:

- the incidence rate of work-related fatal and major injuries by 3 per cent;
- the incidence rate of work-related ill health by 6 per cent;
- the number of days lost due to injuries and ill health by 9 per cent.

22. Analysis of the evidence and statistics on workplace injury and ill health in 2002, has led us to concentrate on the following priority topics and sectors:

- Stress
- Musculoskeletal Disorders (MSD)
- Disease reduction (specifically cancer, dermatitis and occupational asthma)
- Noise and Hand-Arm Vibration
- Slips and trips
- Falls
- Workplace Transport
- Construction (as a complete industry)
- Public services (as a major sector of employment in its own right)
- Absence management, return to work and rehabilitation

Concentrating on priorities, risk, and poor performance

23. Research into the effect of interventions tells us that we have to influence large numbers of people/organisations to make enough impact to meet our targets. This points us towards methods that take effect before risks are created and that can reach large numbers of organisations and people who could be put at risk, as well as towards major employers. **(1) We will therefore focus our attention onto poor performers and large organisations where the above priorities suggest there might be significant levels of risk, or indeed of actual harm.** This is our first and most essential guiding point.

24. **(2) We will maintain credibly large programmes of inspection and other frontline activity aimed at finding out how well organisations which have the risks associated with our priority topics control them, and we will concentrate our inspection effort on those whose performance is poor.**

The proposed mix of interventions will probably demand more resources. In that the majority of the interventions described will require more time to prepare the initiatives than the health and safety priorities currently being carried out, (with potentially less visible outcomes).

*London Borough of
Lewisham*

Choosing which methods to use

25. Our evidence supports the continued use of tried and tested methods (inspection and enforcement, incident and ill-health investigation and dealing with issues of concern that are raised and complaints). **(3) As we have more evidence about some of our techniques than about others, we will tend to favour the tried and tested over the speculative when making decisions on the balance of our use of resources, but we will avoid undue caution; we will pilot and evaluate new techniques that we introduce.**

26. The research evidence also indicates that other methods provide effective ways to gain access to and to influence employers, including those in the hard to reach small and medium sectors. While some are resource intensive (such as working in partnership) others require relatively little primary effort by the regulator (for example supply chain initiatives) or can achieve wide impact for the resources consumed (notably education and awareness). Nationally coordinated sector-based interventions have been effective in a number of sectors.

27. **(4) We will make greater use of the methods that take effect before and at the point of creation of risk, favouring those which require comparatively less resource from the regulator in relation to their benefits:**

- motivating senior managers;
- improving design of processes and products;
- taking initiatives across whole sectors; and
- promoting education and awareness.

Motivation of senior managers is in fact a low cost route that could have far reaching effects providing the most senior managers are targeted.

Linpac Group

Explaining the choices we make

28. **(5) We will make our reasons for intervening explicit, so that everyone who has contact with us understands why, and what we want to achieve; aiming for as few interventions as are necessary to achieve the results we seek.**

29. In partnership HSE and LAs are developing programmes of work to improve standards in priority areas. These will contain linked projects and interventions designed to work together for magnified effect. **(6) In this way we will move towards a position where every intervention has a clearly stated reason and in general forms part of a broader planned approach (such as an industry-wide campaign).** To take a simple illustration, we know from our evidence that the threat of inspection backed if need be by enforcement galvanises people to respond to awareness events.

We support concentration on sector and industry wide initiatives, as we have many successful joint initiatives between HSE and industry and on-going dialogue, information and consultation through a number of forums and committees.

Road Haulage Association

Judging performance

30. We have for many years used rating systems to ensure more frequent inspection of workplaces where we have previously judged risks to be poorly managed. Organisations are assessed for their control of the potential risks arising from their activities – both in respect of the number of people that could be affected and the severity of the ill health and injuries that could occur. Additionally, their overall management and attitude towards risk control and the welfare of their workers are also rated.

31. During the past few years our assessment of workplace risks has increasingly focused on the control of those risks from our priority topics as well as the overall management of health and safety. So those sectors, organisations and premises which we know or believe to have the risks associated with our priority topics and whose performance in controlling those and/or other risks is poor, are now the prime target of our day-to-day visiting and inspection.

32. (7) We will maintain risk-rating systems to guide our choice of organisations to inspect and we will develop a system for openly rating the performance of organisations.

Meeting the needs of small businesses

33. Small firms tend to prefer direct contact in the workplace and specific advice and information that they do not have to interpret. Some want this from regulators. Others are afraid of enforcement consequences if they seek advice from that source. The evidence supports the role of inspection. However, direct contact with all small workplaces would be impractical and impossibly expensive, so we need to use other means to influence the majority.

34. (8) We will provide more and better advice, for small firms in particular. For example, through the Workplace Health Direct regional pathfinders we will provide active expert support to small firms on managing health risks and return to work, free from regulatory pressure. These Pathfinders will be fully evaluated.

This whole issue needs to evolve from scary, "you'll be sent to prison if you don't do this H&S stuff" to a more positive impact approach.

Small Business Council

35. The evidence also suggests that education and awareness raising combined with support from intermediaries are effective for small firms, particularly when backed by real prospects of inspection (and, by implication, enforcement). **(9) We will therefore maintain programmes of contact with small firms, including inspections, and increase the contact that we achieve through other means such as large-scale awareness events.**

Engaging with the workforce

36. (10) There is clear evidence that engaging the workforce benefits health and safety and this will be a renewed priority for us. Where there are health and safety representatives our practice is to make contact and exchange views. We will continue to do this, and ensure we have effective contact with workers who do not have appointed representatives.

Campaigns and publicity

37. Evidence shows that several methods, in particular education and awareness raising, have more effect if they form part of a wider campaign with a high public profile. Indeed we have found that mail shots are often ineffective unless they form one part of a campaign using several methods. **(11) We will therefore make greater use of campaign techniques, using a wide range of the methods available to us, and strengthen the intelligence on which we base our campaigns.**

38. With 3.8 million businesses/organisations in Great Britain and with 1700 frontline staff, HSE's Field Operations Directorate (FOD) and LAs will never realistically have the

resource to maintain visit/inspection programmes that cover all known premises and organisations - we never have had, nor should this be necessary. Inspection and enforcement are highly effective in ensuring workplace compliance. They will remain at the heart of our strategy. However we believe they are resource intensive compared to some other methods, particularly where small firms are concerned. **(12) We will multiply the benefits of our frontline work through publicity and good communication, to influence and deter others.**

Balancing preventive work with investigation

39. HSC and HSE believe that about 40% of FOD's front line time should be spent on investigative work. Well targeted, this work is highly effective, not least because it catches organisations at a time of shock and reflection when they are open to making broader improvements in standards. However the number of incidents reported to us is such that if FOD were to do nothing but investigate accidents (i.e. no preventive inspections at all), they would still only have the capacity to investigate about 30% of all reported accidents.

40. But in so doing they would be investigating accidents that would be relatively minor in terms of their causes and/or consequences, and thus would contribute far less to prevention than if that time were to be spent preventively. Consistency is important between HSE and LAs on investigation work. Targeting incidents where injuries have resulted from priority causes will ensure that this work contributes towards our targets. **(13) In future we will target incidents for investigation that arise from our priority topics as well as those that result in fatal and major injuries.**

Enforcement

41. Our evidence confirms that enforcement action is an effective means of securing compliance and promoting self compliance, and its use underpins and amplifies the other actions we need to take to deliver the HSC Strategy. (14) We will continue to make appropriate use of our enforcement powers in line with the HSC Enforcement Policy Statement (EPS) and other relevant Codes (eg the Code for Crown Prosecutors). We will follow up all enforcement actions we take, and make sure that the circumstances and causes have been dealt with.

42. The proportionate use of enforcement also provides equitable conditions for all business to operate in, and ensures those who do comply with the law are motivated to continue doing so. (15) We will use our enforcement powers to hold rogue businesses to account and promote a just and fair society in our area of responsibility.

Making the case for health and safety

43. At present we do not routinely measure the time taken, and thus the cost, of different types of intervention. We are, however, piloting more comprehensive work recording which would considerably improve our understanding of the costs. We also need to develop a better understanding of the effects of our intervention methods. Bringing the two together will give us a basis for comparing the cost effectiveness of different interventions. **(16) We will develop and apply a better understanding of how to measure the costs and effects of our intervention methods.**

44. One simple way to read the evidence and the views of our consultees, that all the methods have their place, is to accept that any intervention can be made effective if the underlying environment is positive. **(17) Recognising this, we will maintain our efforts to understand and promote the positive business case for sensible health and safety. We will pave the way for specific initiatives by putting this case to the organisations we are seeking to influence.**

Partnerships

45. Our evidence indicates that partnerships require sustained resourcing. **(18) We will therefore engage in partnership with carefully chosen organisations, professional bodies and institutions, that have been identified through HSE's corporate stakeholder engagement strategy, our priority topics or our pilot work with large organisations as being capable of making major contributions to improved health and safety (either directly, or by the influence they wield over others).**

Using the supply chain to influence standards

46. Their statutory responsibilities concerning chemicals allow HSE to use the supply chain route to improve the accuracy and timeliness of information from suppliers on the hazards and on how to manage the risks. That work will continue. **(19) We will sensitively explore engaging employers in supply chain initiatives, as the value of this intervention is not universally accepted.**

HSE and LAs working effectively together

47. This strategy has been developed jointly between HSE and LAs. It supports our shared commitment to an effective and coherent partnership, based on the principle of making the best use of our collective strengths. **(20) HSE and LAs will work together (for example on joint inspection campaigns) to apply the guiding points set out here in a consistent way.**

48. With large multi-site organisations HSE, through its Lead Principal Inspector scheme and LAs, through their Lead Authority Partnership Scheme, have practised central interventions in an effort to apply a consistent approach to the inspection of these organisations. **(21) In our dealings with major, multi-site organisations, we will eradicate any wasted or duplicated effort that arises from insufficient coordination between HSE and LAs, or between individual LAs.**

Stimulating and recognising the good performance of large organisations

49. **(22) We will press senior managers of large organisations to produce improvement plans that we can test through sample inspections.**

50. **(23) We will pilot ways to identify and recognise good performance so as to understand the acceptability and cost effectiveness of possible formal schemes of recognition, for varying sizes of organisation.**

Improving our understanding, and developing this guide

51. We know a lot about many of our methods, but our evidence base has some significant limitations. It often tells us that a method has an effect, but in general we have measured responses – actions taken by organisations, changes in their behaviour – not results such as cuts in accidents. **(24) To strengthen our evidence, evaluation**

IOSH strongly supports the application of corporate social responsibility (CSR) principles by larger organisations in order to improve OSH standards within enterprises and in their supply-chains.

IOSH

will be a priority particularly where we are trying something new.

52. **(25) We will encourage and evaluate experiments with the use of the newer of the methods in paragraph 19 during the next few years.**

53. Numerical evidence will only ever take us part of the way, for two reasons. First, we are trying to prove a negative, the absence of harm. Second, any such reduction will always be the result of a range of influences, some resulting from our actions, some from other pressures applied by customers, from circumstances and indeed from the consciences of people with health and safety obligations they wish to meet. **(26) We will therefore continue to listen to the informed judgments of our consultees, and not rely solely on the other evidence that we gather.**

54. **(27) We will treat our intervention strategy as dynamic, changing as better evidence of cost and effect comes in.**

Sensible health and safety in action – an illustration of our methods being used together to combat back injuries

Backs! 2005 – Outline of the campaign’s intervention strategy

In June 2005 HSE and LAs and partners launched a nationwide health initiative *Backs! 2005* to promote effective controls to reduce risk of work-related musculoskeletal disorders (MSD). The objectives are to:

- create widespread awareness of sensible precautions to reduce back injury via targeted national and local publicity, with later co-ordinated inspection intervention in June/July involving all HSE frontline staff;
- work in partnership with LAs and other stakeholders to maximise outcomes;
- contribute to the MSD priority topic and our targets for reducing injury, ill health and working days lost.
- reinforce our move to programme and project working
- evaluate effectiveness/learn lessons for the future.

The campaign will target the following sectors and sub sectors:

- | <u>Primary targets</u> | <u>Secondary targets</u> |
|--------------------------------|---|
| • Construction | • Agriculture |
| • Health and social work | • Builders’ merchants |
| • Manufacturing | • Food industry |
| • Public sector | • Transport – air and freight |
| • Warehousing and distribution | • Wholesale/retail trade of large household goods |

During *Backs! 2005* we will adopt approaches most suitable to the particular circumstance of each duty holder. As well as workplace inspections, a range of other types of interventions will be carried out, including safety and health awareness days (SHADs), visits to trade associations, supply chain initiatives etc.

When carrying out workplace inspections we will visit large- and medium-sized duty holders to maximise our reach into the massive population that must be influenced to achieve improvements. We will aim to secure a balanced selection of workplaces that is likely to produce optimal measurable improvement, eg the number of workers influenced, number of notices served, and the number of unsafe tasks controlled.

Sensible health and safety – a summary of our evidence and comments our consultees made to us

What the evidence reveals

55. In preparing the Strategy for Workplace Health and Safety in Great Britain we asked Greenstreet Berman Ltd to review all the available research into interventions to improve health and safety compliance. Their overall conclusion was that:

“The evidence available from current studies does indicate that there is a range of new ways (such as working via intermediaries and insurance incentives) of accessing, contacting and influencing employers, including the hard to reach SME sector. Accepting that there is a need to effect greater influence on SMEs, these avenues offer opportunities for the HSC/E and LAs to amplify their effect. The exact balance and composition of these methods requires further research, piloting and evaluation before definitive conclusions can be reached on the benefit to be gained from specific types of new interventions. This is inevitable given the novel nature of some of the interventions. There is, at the same time, evidence to support the continuation of current advisory, enforcement and regulation based activities in all sectors and sizes of organisations.”

56. In our consultation document last year we reflected Greenstreet Berman’s conclusions and suggested that from the research it is clear that the twelve methods in paragraph 19 above that we have used (recognition needs separate consideration) can and do produce improvements in the workplace. We can say that the effectiveness of all the methods we use stems from an effective regime for inspection, investigation and where needed, enforcement of the law. Beyond that, it is difficult to rank them, as they are mutually supportive and reinforcing. For example, the prospect of inspection encourages people to attend awareness events and to commit themselves to make improvements. There is neither a simple “best method” nor even a single “preferred mix”.

What our consultees said

57. We received 139 responses to the consultation document. They included responses from major representative organisations of workers (e.g. TUC, TGWU, GMB, and Amicus), employers (e.g. CBI, IoD, EEF, SBC, and BRC), professional bodies (e.g. IOSH, CIEH, ICE, and APIL), campaigning groups (e.g. CCA, RoSPA) and trade associations (eg. UKPIA, ABI, CIA). We had responses from 30 Local Authorities, many from individual duty holders and a significant number from individual health and safety professionals, both advisers and regulators. The figures and analysis in the following paragraphs take account of and reflect the respective representational “weight” of contributors.

Of course it is not just 'what mix' of interventions you choose but 'how you mix them' and 'how you apply them'.

*Safety
Assessment
Federation*

58. Our consultees told us that all the methods are valid and have their place, but commented that our evidence base is not yet conclusive about when each is best, either

on its own or as part of a mix. They had differing views about the best mix. When asked which interventions we should concentrate on: 34% put inspection & enforcement, investigation and dealing with complaints as a priority; 42% put other interventions as a priority but included inspection and enforcement on their list; and 17% advocated a 'horses for courses' approach with inspection and enforcement for poor performers.

59. There was clear support for stronger and more visible ways to direct our interventions towards poor performance with 86% agreeing that HSE and LAs existing targeting arrangements for directing interventions towards poorer performing organisations should be developed and made more transparent. These included representative bodies, among them the Trade Unions, as well as individual contributors.

60. There was also significant backing for tailoring the mix to specific sectors and employers— e.g. sector and industry-wide initiatives, education and awareness (particularly for small and medium sized firms) and motivation of senior managers (in large organisations).

61. In our consultation we asked for views on the formal, public recognition of good performance. In summarising their views we can say there remain strongly held and differing views on the matter. Many consultees accept recognition as a valid and existing concept as reflected in our use of rating systems, where our judgements about risks and standards influence if or when we return to an organisation.

62. However, some see formal recognition as limiting the scope for improving standards. They fear that formal recognition would absorb more resource than it would release, because we would have to spend a lot of time judging how good organisations were. Many see it as only serving to make good performers better but doing little to address poor performers, which everyone agrees should be our main focus.

We support moves to complement inspection and enforcement with other interventions so long as any initiatives are piloted and evaluated to ensure they are effective.

TUC

63. We have clear support for spending less time with good performers, even if it did not lead to some sort of formal recognition. We propose to carry out some pilot exercises with large organisations to examine how this might be made to work in an effective, acceptable way that releases significant resources. We will consider how we might explore formal recognition for medium sized and small organisations.

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