

Workplace Strategy

Moving to Delivery

A report from the Health and Safety Commission to
Rt Hon Jane Kennedy MP, Minister for Work on the first
year of the Commission's Strategy for Workplace health
safety in Great Britain to 2010 and beyond

To Rt Hon Jane Kennedy MP, Minister for Work

I enclose a report from the Health and Safety Commission (HSC) on developments with our Strategy for workplace health and safety in Great Britain to 2010 and beyond since its launch just over a year ago.

I would like to reinforce some underlying themes. My Foreword to the workplace Strategy stresses that it is for the whole health and safety system. We, working with the Health and Safety Executive (HSE) and local authorities (LAs), are important players but there are many others. This report to you tends to focus more on the activities of ourselves and HSE, for it is about these that we have the most up-to-date knowledge. We know that much good work is going on throughout the system and that ultimately we will only achieve our aims if we all work together with united purpose.

At the end of the report, in looking to the future, we are clear that after only one year into a long-term strategy it is important to maintain our course. The Strategy is setting the direction and priorities. Resources are being aligned behind areas that can have the biggest impact on the targets. HSE is becoming a more delivery-orientated organisation. We are confident that with consistent application of the Strategy, the shared commitment of our stakeholders and continuing Ministerial support, we will achieve our goals.

The Commission appreciates the various ways you have provided support to the Strategy. This sends a powerful signal of political commitment and makes our task in promoting it all the easier. I now invite you to read the report and discuss with us in due course what we have to say.

Bill Callaghan

Chair, Health & Safety Commission

March 2005

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

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

Workplace Strategy

Moving to Delivery

Introduction

The Commission's Workplace Strategy in Great Britain to 2010 and beyond was launched in February 2004. A year on, it is time to assess its initial impact and look forward to where it should take us in the future.

The genesis of the Strategy was recognition that the setting of targets for improved national health and safety performance would not of itself deliver results; strategic direction, supported by different delivery methods, was also necessary. Analysis showed that key drivers for a new Strategy were the changing economic and industrial environment, a slowing in the rate of improvement of injury statistics, but most of all the huge job that remained to be done on occupational health, including new areas of concern such as stress.

The resulting Strategy that emerged a year ago contains four high-level themes of: partnership working; effective health and safety management; focusing on core business; and communicating effectively.

Targets

National health and safety plays an important part in Government's overall objectives to improve employment and productivity, health and rehabilitation and to raise living standards for all. In 2000, the Government and HSC jointly launched 'Revitalising Health and Safety' (RHS) which, for the first time, set numerical targets for improving national health and safety performance. The aim of RHS was to engage key health and safety stakeholders in reducing the incidence rates of fatal and major injuries, work-related ill health and days lost due to injury or ill health.

Progress was given further impetus in 2002 when the Department for Work and Pensions (DWP) became HSC/E's sponsor. To reflect this, DWP has adopted a Public Service Agreement (PSA) for occupational safety and health:

By 2008 improve health and safety outcomes in Great Britain through progressive improvement in the control of risks in the workplace¹.

¹ Further detail is available in the PSA Technical note at <http://www.hse.gov.uk/aboutus/plans/sr2004.htm>

We will measure delivery of the PSA against targets for the two main areas of HSE's work. For **occupational health and safety**, HSE must achieve by 2007/08 (against a 2004/05 baseline):

- a 3% reduction in the incidence rate of work-related fatal and major injuries;
- a 6% reduction in the incidence rate of work-related ill health;
- a 9% reduction in the number of days lost due to injuries and ill health.

For **major hazards**, HSE must achieve by 2007/08 (against a 2001/02 baseline):

- a 5% reduction in the number of reports made to HSE by licence holders, which indicate a challenge to nuclear safety²;
- a 45% reduction in the number of major and significant hydrocarbon releases in the offshore oil and gas sector;
- a 15% reduction in the number of relevant RIDDOR reportable dangerous occurrences in the onshore sector.

The Major Hazard element of the PSA reflects HSE's important role in the regulation of major hazard industries (chemicals, offshore, nuclear and rail), and the substantial number of HSE staff employed on it. This activity is focused on preventing incidents (such as uncontrolled hydrocarbon releases or broken rails) which have the potential to cause significant harm, not just to workers but also to the general public.

Promotion and influence

The Strategy was developed to direct the process of delivering the targets. Based on careful analysis and extensive consultation, many key stakeholders were pleased to provide active endorsement when it was launched in February 2004. It was seen to be well directed towards the changing world of work and refreshingly concise. That positive perception remains.

During the last year, we have done much to promote the Strategy externally, for instance using speaking opportunities to explain the key ideas. We also appreciate the continuing support of Ministers and promotion of it in speeches, in evidence given to the Work and Pensions Select Committee and

² This target is currently under review

responding to their report, and in other ways. For HSE, staff meetings were arranged in all the main offices to explain its implications for their work.

We have also worked to win over those stakeholders expressing doubts about the Strategy as a whole, notably some in the trade union community. Some of this concern stemmed from genuine worries that the Strategy heralded a softening of our approach to enforcement. One section of the Strategy is headed *Continuing to enforce where appropriate* and we are taking opportunities as they present themselves to reassure unions that there is no policy or intent to shift the balance of HSE's activities away from inspection and enforcement towards advice and support. We are developing a vigorous worker involvement programme, of which active engagement with the TUC and individual unions forms an important part, and an enforcement programme, designed to provide for the effective, efficient and targeted use of enforcement in delivering HSE's strategic goals. HSE's recent commitment to substantial external recruitment, including trainee inspectors, also sends an unequivocal signal. We hope this cumulative evidence will convince those with concerns that their fears about our commitment to proportionate enforcement are unfounded.

Events of recent months show that the Strategy is beginning to create an impact. The interim report of Philip Hampton's review of regulatory inspection and enforcement describes our Strategy as very influential in shaping their thinking. The Department of Work and Pensions' own recently launched five year strategy picks up and develops some of its ideas. The Department of Health's recent Health White Paper flags up the importance of tackling work-related ill health in a way that might not have happened previously. These examples bear testimony to the fact that the Strategy has accurately gauged the wider environment in which we operate and in turn is influencing that environment to positive effect.

Early successes and continuing challenges

The foreword to the Strategy talks of *'finite resources, hard choices and priorities'*. It is this need to set priorities and direct resources to areas where they can be most effective that underpins the four themes of the Strategy. The past twelve months have seen numerous examples where the themes in the Strategy have directly determined outputs. Thumbnail sketches of some of these are set out below, with fuller detail in Annex A.

Theme 1 - Developing closer partnerships in order to involve the entire health and safety system in the delivery of targets.

- *Workplace Health Direct*; a set of partnership based pilots designed to test models for delivering occupational health, safety and return-to-work support.
- *Managing sickness absence and return to work*; an approach for all causes of sickness absence, offering practical and simple advice to support employers and line managers, in partnership with employees and their representatives.
- *Stress management standards*; a practical approach for organisations to gauge how well they are tackling this difficult issue, which accounts for much of the incidence of ill health.
- *LAs and HSE Working Together*; a partnership of joint working locally, regionally and nationally to focus resource on agreed health and safety targets, which has been formalised in a Statement of Intent setting out joint commitments. This partnership has made substantial advances but still faces serious challenges, especially in co-ordinating a consistent risk-based intervention strategy.

Theme 2 - Helping people to benefit from effective health and safety management and a sensible health and safety culture.

- *Business Involvement Programme*; linked initiatives highlighting the benefits, business and social, of effective risk management, utilising a series of influential case studies accessible on the HSE website. Also a recent major publicity campaign aimed at informing business and employers generally about the tangible benefits that well-managed health and safety brings. The challenge for the coming year is to build on the success of this work.
- *Government Setting an Example*; a programme of work set up to improve health and safety management in the public sector, and to use Government's influence as funder, procurer and standard setter, and overseen by a Ministerial Task Force. Now part of a wider 'Public Services Programme'. This programme is a major element in the delivery of the challenging target to reduce days lost to injury and ill health by 9% over the next 3 years.
- *Worker Involvement Programme*; based around building on the Workers' Safety Adviser Challenge Fund, commissioning research, promoting case studies, new communications activity, training and guidance.
- *Providing accessible advice and support*; HSE published a statement in September 2004 describing four strands of work for improving the advice and support available, especially to small businesses, free from fear of enforcement.

Theme 3 - Focusing on our core business by being clear about our priorities and concentrating resources on areas where we are most likely to make a difference.

- *Interventions strategy*; this was subject to a consultation document 'Regulation and Recognition' and analysis of responses will lead to further developments in how HSE and LAs target their interventions, which will be openly communicated.
- *Major Hazard interventions*; building on the Policy Statement on Permissioning Regimes, a programme has been developed that cuts across the various major hazard sectors to maximise synergies, for instance in human factors work.
- *Being clear about priorities*; HSE is consulting on its role regarding public safety and has started the process of moving away from areas better regulated by others or other means.
- *Enforcing where appropriate*; the commitment to enforcement activities continues as before, often in the form of campaigns focused on identified priorities. In the longer term, work is necessary to improve understanding of how enforcement can best help deliver ill-health targets.

Theme 4 - Communicating our vision of a society where health and safety is seen as a cornerstone and where risk, although not eliminated, is properly appreciated, understood and managed.

- *Communicating effectively*; a Directorate has been created to increase impact through a more strategic approach to communications, and to present a clear picture of HSE's role and focus; Commission members are taking an increasingly pro-active approach in communicating HSE's vision at public events. But the job of disseminating the idea of 'sensible health and safety' is not to be underestimated. Newspaper coverage of some of the sillier and more trivial aspects of health and safety management at the expense of genuinely important issues is still commonplace .

The Strategy document also outlined nine key 'Early Deliverables' (See Annex B). These were designed as easily recognisable outputs aimed at providing an impetus to the initial implementation of the Strategy, and these have all been met by the due date. This has led on to a new set of 'Next Stage Deliverables' and a commitment to renew these on an annual basis for the lifetime of the Strategy.

Regulatory landscape

The Strategy states '*We do not see new regulation as the automatic response to new issues or changing*

circumstances'. This aligns with the Government's better regulation agenda to which we have long given active support. Indeed a key principle of the Health and Safety at Work etc Act 1974 was to consolidate the previous prescriptive, often industry specific, legislation into new across-the-board goal setting regulations, and this task is now largely complete.

We work closely with the Better Regulation Task Force, this year for instance, adopting Common Commencement Dates for new regulations arising from within the UK. In this way we hope that those affected will be more aware of forthcoming changes and better able to plan for and implement new measures effectively. But we recognise that we do not operate in a vacuum and there is work to do in addressing potential areas of overlap or duplication with other regulators and stakeholders.

Much of our legislating, though, is driven by UK membership of the European Union. We actively support those measures that will achieve real improvements in health and safety standards across Europe, but in general we believe that the way to do this is not by introducing further regulations but by ensuring better compliance with existing ones and working with social partners. This thinking is becoming increasingly influential, and there are already some encouraging developments, such as work-related stress being taken forward through agreement between social partners rather than the traditional route of a Directive.

A major challenge remains, though, to align EU activity more closely with the HSE agenda. HSE intends to use the UK Presidency in the second half of 2005 to promote these ideas and other themes from our Strategy. In particular, it will take the opportunity to start to review the current EU Occupational Safety and Health Strategy and help shape its successor which will be adopted in 2007.

Focusing on delivery

The increasingly complex and changing world that sets the context for our Strategy has required of HSE a fundamental change in its delivery mechanisms, especially its working methods. These have to focus on delivery, and ensure that resources are used in the most effective way. This means establishing a clear link between the Strategy, the use of resources, and the delivery of benefits.

HSE has decided to meet these challenges through Strategic Programmes of work which have agreed targets, plans and resources. There are now two key Strategic Delivery Programmes (Fit3 and Major hazards - See Annex C) and four Strategic Enabling

Programmes (LA/HSE partnership, worker involvement, business involvement and enforcement).

Complementing this, two further initiatives to improve delivery of business objectives should be mentioned here. We have consulted on and established a science strategy to direct the way in which HSE's science and technology resources will be targeted. Also HSE is developing an internal workforce strategy to ensure that it has the right people in the right place with the right skills.

Progress towards targets

According to the assessment of Health and Safety Statistics Highlights published in November 2004, there is no statistically significant evidence of progress towards the Revitalising targets that meets the exacting statistical standard of being *significant*. That said, this latest data does show a fall in the incidence rate of musculoskeletal disorders since 1999-2000 and a levelling off in the earlier rise in work-related stress. These are the two largest causes of ill health and days lost, offering some encouragement that the results of the actions we have initiated are beginning to show through in the figures.

As described earlier, a Public Service Agreement target has been developed to reflect the importance of HSE's activity in the prevention of major hazard accidents, focusing on reductions in a number of precursor events. It has been embedded in the Major Hazards Strategic Programme and is driving priorities. While this target has not been operative for long, performance is currently moving in the right direction, and offers some indication that industry, working with HSE, is improving its management of major hazard risks.

Strategy evaluation

The Strategy sets out a clear vision of how we want occupational health and safety to look in 10 years time. Work associated with Revitalising and the studies that fed into formulating the Strategy have helped us to establish a good understanding of where we are now - the baseline.

HSE is now working to ensure that the baseline picture is robust enough to form the basis for ongoing evaluation. As we move forward over the lifetime of the Strategy, we will be looking to evaluate its success in three key areas:

- *Impact on outcomes*: are fewer people being killed, injured and made ill at work? Is the Strategy supporting delivery of the targets?
- *Impact on attitudes, roles and behaviours*: Are they changing in the ways we want as we implement the vision set out in the Strategy?

- *Impact on HSE and LAs*: is focussing on the four themes in the Strategy and organising work around key programmes enabling HSE and LAs to become more effective in using their collective resources? Is HSE more efficient?

A key aspect to evaluation is the quantity and quality of data used. Obtaining reliable and accurate data will be a major challenge throughout the life-span of the Strategy but work has already begun on supplementing existing sources with a range of alternatives (the Workplace Health and Safety Survey, GP reports, Mori Survey).

Looking to the future

We have described some early successes and explained how the Strategy is being progressively woven through the HSE fabric and the wider health and safety system. We have also touched upon some of the ongoing challenges, including the need to promote 'sensible health and safety', improving regulatory efficiency, developing the evidence base for strategic programmes and co-ordinating interventions with LAs. Perhaps the biggest challenge of all, though, is that of 'culture change'; both internally with the need to embed the Strategy throughout all aspects of HSE's work; and externally to convince stakeholders that while we all have our part to play it is those who create and work with risk that have the most important role.

No culture change is immediate so it is important to maintain our course. This report marks the first year of a Strategy, which is 'to 2010 and beyond'. The broadly supportive stance of most of our stakeholders continues, and we have won some new friends in the meantime. But we are only at the start of the process and some big challenges lie ahead. The UK has one of the best health and safety records in the world and starting from such a position means that further successes become harder to achieve. HSE, especially with its move to programme working, is however much better placed than a year ago to implement the Strategy. We are clear, though, that we will ultimately be judged by our performance; within Government against the targets in our Public Service Agreement; and by the world at large against the Revitalising targets. We are confident that the Strategy is setting the direction and priorities. By focusing delivery on the four key themes, resources are being aligned with areas that can have the biggest impact on the targets. HSE is becoming a more delivery-orientated organisation.

We have restructured, refocused, and repositioned ourselves and now we are ready to deliver.

Annexes

ANNEX A Embedding the Strategy

The following are examples, broken down by theme, of how HSE is embedding the Strategy as a foundation for its work. These examples are by no means exhaustive and are intended to give a flavour of the work currently being undertaken.

Theme 1: “Developing closer partnerships”

“Rising to the challenge of occupational health”

HSC’s Strategy recognises that delivering occupational health, safety and return-to-work (OHSR) support in the workplace needs a strategic and partnership based approach involving the public and private sectors.

Work to date

- HSE has developed partnerships with Kirklees Metropolitan Authority, Huddersfield’s three Primary Care Trusts and Jobcentre Plus, to deliver an OHSR support service, Better Health at Work, which launched in January.
- HSE is working in partnership with the construction industry to facilitate Constructing Better Health (CBH), an OHSR support pilot for the industry in the East Midlands, which launched in October.
- HSE has developed an approach to managing sickness absence and return to work for all causes of sickness absence. This offers practical and simple advice to support employers and line managers, in partnership with employees and their representatives. HSE has published guidance and web pages and is working with the TUC to produce guidance for TU representatives. HSE is working to ensure that this becomes part of good management practice and those who need it the most can access support to return to work and fulfil their employment potential. This approach is being rolled out by integration into programmes of work and through partners and stakeholders.
- HSE is working with DWP and others taking forward the Framework for Vocational Rehabilitation.

Work in progress

- HSE is now developing Workplace Health Direct, a larger scale pilot programme, which will test how best to deliver a framework of OHSR support with the capacity to be extended to give national coverage. Aimed at small to medium-sized business, it will encourage innovative partnerships, across the public, private and voluntary sectors, that will deliver a national advice line and up to six regional pilots across England and Wales, providing a quality advisory and problem solving OHSR service. This programme is keenly supported by DWP as it neatly complements their recently expanded ‘Pathways to Work’ scheme.
- Workplace Health Direct pilots will launch in January 2006.

“HSE and LAs Working Together”

The vision is of LAs and HSE working jointly and in partnership, locally, regionally and nationally, to a common set of goals and standards, committed to focussing resources on agreed health and safety priorities.

Work to date

- High-level Statement of Intent (Sol) agreed with local government (LG) in July 2004. Sol signed up to by leaders and Chief Executives of the Local Authority Associations of Great Britain, together with HSE and HSC, setting out joint commitments to partnership working.
- A strategic programme to facilitate closer working between HSC, HSE and LAs has been established. Governance for the Programme, based on partnership principles, is established and operating effectively: The Programme Board has joint HSE/LG membership, with the chair shared between HSE and LACoRS. The Programme Steering Group consists of LG elected members and two HSC Commissioners.
- Regional partnership arrangements are being explored with LG and HSE, engaging with senior managers and elected representatives of LAs; HSE geographical divisions have established partnership management teams staffed jointly by HSE staff and LG secondees.

- National and regional rollout events were held in Autumn 2004 publicising the Sol. A detailed programme plan has been agreed between HSC, HSE and LG representative bodies, and projects and pilot work started.

Work in progress

- There is evidence of increased activity by LAs with HSE, directed to HSC's priorities using agreed common approaches. More joint planning and working is intended, to make the best use of common resources. The Strategy confirmed the intention for HSE and LAs to build on current examples of best practice. An important step in what is a continuing process will be the launch of a 'Best Practice Guide' in March.
- Another key step expected this year is the establishment of an 'Extranet' portal for LAs to access and exchange information with HSE.

Theme 2: "Helping people to benefit from effective health and safety management and a sensible health and safety culture."

"Understanding the benefits of health and safety"

HSC/E have put in place a number of initiatives aimed at building the evidence base highlighting the benefits, business and social, that can be had from the effective management of the risks to health and safety and producing persuasive and influential case studies accessible via the HSE website.

Work to date

- HSE has published a series of business benefit case studies that clearly demonstrate that managing health and safety cannot be viewed in isolation from managing the business overall. The case studies, including Associated Octel, AstraZeneca, GlaxoSmithKline, the Royal Mail, Severn Trent Water and Transco, published by HSE in 2004 will be added to with further examples covering all major sectors and size of business. The Associated Octel study reports considerable reductions in injuries and insurance claims following the introduction of a more accountable and open safety culture.
- HSE undertook a major publicity campaign in February 2005 aimed at informing business and employers generally about the tangible benefits that well-managed health and safety brings. The campaign was aimed at directors, business leaders, trade associations, trade unions and others with influence who can work with HSE and LAs to demonstrate that well-managed health

and safety brings business and social benefits including, for example, higher productivity and lower levels of ill health. The results of this campaign are currently being analysed.

Work in progress

- A key part of the HSE's work will be to develop effective mechanisms for creating greater awareness and understanding of the business benefits of well-managed health and safety. The business benefits section of the HSE web site has attracted considerable attention and generated interest and HSE is determined to maintain that momentum.
- HSE has recently established a new Public Services Programme (incorporating 'Government Setting an Example') and, within this, a Ministerial Task Force on health, safety and productivity. This programme is designed to influence senior managers across the public sector to ensure they address the causes of sickness absence and, as a result, enhance their ability to deliver public services. This link to improved productivity and ability to deliver services positions HSC as a major contributor to central initiatives including the DWP's drive to reduce those on incapacity benefits and the implementation of Gershon.

"Involving the workforce"

The Strategy recognises the importance of trade union workplace health and safety representatives and commits HSC to expanding the base of employee involvement.

Work to date

- HSC's Collective Declaration was published in March 2004 with a number of stakeholder endorsements and outlined its principled avowal for getting more workers involved in health and safety; put forward evidence to encourage organisations to listen to their workforce and find opportunities for involving them in decision making that will affect their health and safety; and outlined broad measures to take forward.
- 2004 saw the publication of a new Accident Book that clarifies how information can be disclosed to safety representatives and also a new joint HSE/TUC leaflet aimed at workers, translated into 21 languages and published on both HSE and TUC websites.
- 2004 also saw the launch of the WSA Challenge Fund targeting those workers – particularly in small organisations – that do not have access to trade union safety representatives. The fund officially opened on 26 March 2004 and made

£3 million available to partnerships who can demonstrate innovative ways for getting workers and managers to solve health and safety issues together. The bidding window for round 2 of the fund opened on 1 December 2004 and closed on 21 January 2005. 67 applications were received and the winners were announced on 10 March.

“Providing accessible advice and support”

The consultation and detailed research that informed the Strategy found that some businesses, particularly smaller enterprises, said they wanted to comply with health and safety standards but were reluctant to approach HSE or LAs for fear of alerting them to their problems and inviting enforcement action.

Work to date

- A Statement on providing accessible advice and support was launched in September 2004. The statement outlines:
 - The option of completely separating advice from enforcement and committed HSE to consider this in greater detail.
 - How HSE is improving existing information provision.
 - How HSE will share information with LAs so that they can be an equally effective source of information and advice.
 - How HSE will work with others to improve other channels of communication.
- In January this year, HSE's new Commercial Strategy was agreed with the target during 2005/2006 of making a further 900 existing hard copy publications available free of charge from the website.

Theme 3: “Focusing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health”

“An interventions strategy”

The Strategy commits HSE and LAs to develop a clear evidence-based approach to interventions. This is based on the principle of concentrating on activities directly related to work where the skills, expertise and evidence are available and where HSE and LAs, rather than others, are best placed to deliver change.

Work to date

- Between October 2004 and January 2005 the Commission consulted on proposals for an

intervention strategy as set out in 'Regulation and recognition - towards good performance in health and safety'. There is a consensus that no single mix of interventions will suit all industries and that the best approach may lie in the development (with stakeholders) of agreed sector interventions strategies. Further development work by HSE and LAs is under way and synergies with the Hampton review are recognised.

Work in progress

- The next stage of the interventions strategy.
- Stocktakes and review of interventions.
- Evaluation of the HSC Enforcement Policy Statement.
- Embedding the HSC Policy Statement on Permissioning Regimes through the development of a cross-cutting programme in the Major Hazards sector to ensure synergies are maximised.
- Developing tools to make the most of existing information and to help plan further work. Tools include:
 - A Harm Index to provide a transparent, consistent, systematic and analytical approach to programme prioritisation and resource allocation. An initial version is already in use and will be refined over the coming year as further research is carried out.
 - The development of an Intervention Logic Model to assist with programme performance management by providing a stepwise approach to link interventions and outcomes.
 - A feasibility study for producing a quantitative model to appraise the effectiveness of interventions to improve health and safety outcomes. The first stage to be the development of a potential structure, populated with available data, for internal review and challenge.

“Being clear about our priorities”

The Health and Safety at Work etc Act provides a very broad framework for HSC to operate from. A key element of the Strategy is about ensuring that the finite resources available are carefully prioritised so that outputs and outcomes are maximised and targets achieved.

Work in progress

- The Major Hazards Strategic Programme (see annex C) has been established to better address priorities in this sector.
- HSE has opened dialogue with other bodies to determine who is best placed to manage

regulation in areas of possible common interest. Examples include:

- Ports: HSC/E is engaging with stakeholders to explain its decision not to update regulations and to encourage the ports industry to identify and address the risks it creates and to develop its own industry-specific guidance.
- Domestic Gas Safety: HSE is seeking to develop new ways for partnering with relevant stakeholders to secure continuing consumer gas safety through a sensible approach to risk. It has: updated the service provided by HSE's gas safety advice line: engaged with the industry to secure its promotion of key safety messages: completed some groundwork towards repositioning our contribution to training standards: and taken some initial steps in developing a wider strategy.
- Carriage of Dangerous Goods: As the Competent Authority for the carriage of dangerous goods internationally, the Department for Transport has taken on responsibility for this area of policy.
- Civil Aviation: The Civil Aviation Authority (CAA) - with HSC/E's encouragement - has recently assumed responsibility for occupational health and safety of crew members under the Civil Aviation (Working Time) Regulations.

"Continuing to enforce where appropriate"

Enforcement, or the fear of it, remains an important motivator for some employers. So HSE's commitment to enforcement activities continues as before, dictated by individual decisions within the framework of the Enforcement Policy Statement.

Work to date

- HSE now employs more inspectors than it did five years ago and the percentage engaged in operational work has increased from 85% to 92%. Over the period therefore, not only has the total number of inspectors increased, but also a greater proportion have been directed towards crucial front-line work.
- The continued importance of enforcement has been recognised by the recently established Resource and Delivery Group (RDG). The Group decided in January to move resources to where they can best make a difference to HSE delivery. As well as the recruitment already under way, there will be substantial external recruitment of trainee inspectors, policy and programme staff, and staff from a range of different specialisms.
- HSE is introducing new approaches for contact

with duty holders. This includes the redeployment of administrative staff to work alongside inspectors in front-line roles delivering key health and safety messages (Health and Safety Awareness Officers and Regulatory Compliance Officers). In the financial year 2003-2004, 65 HSOs were recruited. This has enabled inspectors to spend more time targeting the duty holders most in need of HSE's attention.

Work in progress

- HSE is developing a new Enforcement Programme that will provide for the effective, efficient and targeted use of health and safety enforcement in delivering HSC's strategic goals. A high-level plan for this programme will be agreed by the end of March.

Theme 4: "Communicating the vision"

"Communicating effectively"

The Strategy recognises the need for HSC and HSE to become strong communicators and influencers and to champion the case for sensible risk management.

Work to date

- To promote the case for sensible health and safety, key messages have been developed, corporate stakeholders prioritised, new engagements targeted (including party conferences) or organised (roundtable discussion events, National Business Awards scheme), and a new emphasis put throughout HSE on identifying and focussing on key stakeholders. Opinion tracking data indicates high levels of favourability towards HSE among employers and employees.
- Following an internal restructuring in 2004, a new Communications Delivery Service (CDS) has been set up in order to provide a more effective communications delivery function with a focus on customer service and flexibility.
- To present a clear picture of HSE's role and focus, rebuttals of inaccurate press coverage have been stepped up, media tracking has been introduced (it shows trade and regional press are positive to HSE, nationals less so), and a pilot in Yorkshire/North East is testing the impact of increasing resources devoted to media relations.
- February 2005 saw the launch of a major national communications campaign focusing on the business case for health and safety and aimed at business leaders, company directors and senior decision-makers.

- Additionally, Commission members are taking a more active communications role: attending the party conferences, holding an open commission meeting in October and promoting the Strategy at a range of other public events such as TUC and CBI conferences and LA partnership meetings.

Work in progress

- HSE will continue to provide authoritative information on health and safety, using the Web as its main shop front – each month half a million people visit the HSE web 3 times and download 8 million pages, a trebling of traffic since April 2002. Many more hard copy publications will be shifted to the Web and more intensive market testing is helping ensure HSE products meet customer needs.
- The February 2005 campaign on the Business Benefits of health and safety in February will lay the ground for two major campaigns later in the year on back pain and slips and trips. These campaigns mark a determination to move beyond information provision to communications that change behaviour.
- Internal communications is a top priority. The Chair and Director General are building on the 30 events held to explain the Strategy in 2004 with visits throughout HSE to discuss team plans for implementing it; new channels of internal communication (e-bulletin, cascade briefings, an improved Directory, the DG's web page) are being fine tuned to reflect feedback; and training sessions for the Senior Civil Service have been organised to promote strategic communications.

ANNEX B
Early deliverables

<i>Strategic Theme</i>	<i>Deliverable</i>	<i>Progress</i>
Helping people benefit from effective health and safety management and a sensible health and safety culture	A statement on worker involvement	Completed March 2004
Helping people benefit from effective health and safety management and a sensible health and safety culture	The collection of further evidence to demonstrate the business case for health and safety	Completed September 2004
Developing closer partnerships	Proposals for support based on models for occupational health and safety support	Completed April 2004
Focusing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health	High-level strategic programme plans	Completed May 2004
Focusing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health	An indication of those well-understood and managed areas where HSE will not be proactive; proposals for consultation	Consultation completed December 2004
Developing closer partnerships	A high-level partnership agreement between HSE and Local Authorities	Completed July 2004
Helping people benefit from effective health and safety management and a sensible health and safety culture	Proposals for accessible channels of advice and guidance free from the perceived fear of enforcement	Completed September 2004
Focusing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health	An interventions strategy	Consultation completed December 2004
Focussing on our core business and the right interventions where we are best placed to reduce workplace injury and ill health	Consultation on our role regarding public safety issues to encourage a wider debate across Government with the aim of greater clarity of responsibilities for agencies involved in public safety issues	Completed December 2004

ANNEX C

The Strategic Delivery Programmes

The Fit3 Strategic Programme

Fit for work, Fit for life, Fit for tomorrow is one of HSE's two Strategic Delivery Programmes (SDPs) aimed directly at delivery of the Health and Safety Public Service Agreement (PSA) which DWP resources HSC/E to deliver. The PSA target is, by 2008, to:

"Improve health and safety outcomes in Great Britain through progressive improvement in the control of risks from the workplace."

The SDP's target is to deliver, against a baseline of 2004/2005, the following specific contributions to the PSA target by 2007/2008:

- 3% reduction in the incidence rate of work-related fatal and major injuries;
- 6% reduction in the incidence rate of cases of work-related ill health;
- 9% reduction in the incidence rate of days lost due to work-related injuries and ill health.

To achieve this, the SDP has used HSE's intelligence base to identify industry sectors, eg construction, and hazard areas, eg stress, where accident and ill-health incidence levels give cause for concern. It has then examined the ill-health and injury generation with the aim of focusing on particular areas where HSE can work most effectively to bring about the changes in behaviour that will achieve the injury and ill-health targets.

Work to refine this analysis and the SDP structure is still under way. The SDP consists of three main programme blocks:

- Injury reduction, currently focussing on:
 - Slips and trips;
 - Falls;
 - Workplace transport.
- Ill-health reduction, currently focussing on:
 - Stress;
 - Musculoskeletal disorders;
 - Disease reduction;
 - Noise and hand-arm vibration;
 - Workplace Health Direct – piloting an occupational health, safety, and return-to-work support service.
- Days lost reduction, focussing on the Public Services.

The Major Hazards Programme

This is one of HSE's two Strategic Delivery Programmes (SDPs) directly aimed at PSA target delivery. Its objective is *to reduce the likelihood of catastrophic incidents in key major hazard industries regulated by HSE* and, as part of that, achieve the published precursor incident reduction targets which form part of the PSA target that HSC/E must deliver.

This SDP brings together the three areas covering all HSE's work on major hazards:

- Hazardous installations (on land and offshore);
- Nuclear;
- Rail (until the end of 2005).

Bringing these three elements together in this way enables HSE to focus more clearly on key issues including:

Maintaining a clear focus - are the targets the right ones and have we got the right measures to track progress?

Efficiency and effectiveness – do we make the best use of resources and do we treat similar issues consistently?

Outside influence and change – do we spot and deal with them to best effect?

To help address issues such as these, a cross-cutting programme is being established as a fourth element of the Programme.

The scope of the SDP covers a wide range of activity. Some activity is targeted specifically at addressing issues impacting precursor trajectory performance, others at providing the overall level of regulatory oversight, either required by international law and agreements and UK law, or otherwise judged necessary to provide assurance that the quantum of risk relating to potential major hazard incidents is kept under control.

There is one significant development which the SDP approach to major hazard regulation will bring. This is the opportunity to bring together and systematically manage within a clear governance framework, a range of work to ensure that the major hazard regulators operate a consistent, efficient and effective regulatory process, and learn from others' experience.

It is anticipated that the improvement in risk management in the industries concerned will impact upon, and serve as a model for, less sophisticated sectors providing a significant trickle-down effect on the Revitalising-based targets on accidents and ill health.