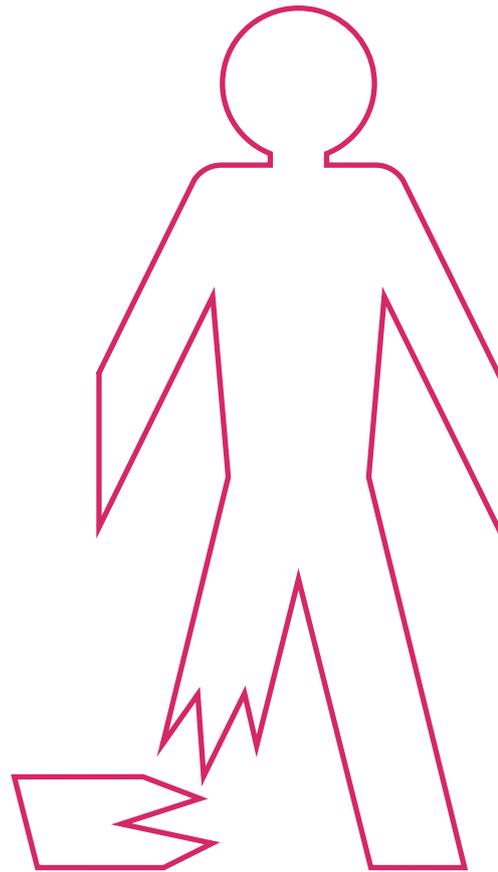




The Health and Safety of Great Britain \ Be part of the solution



## Contents

**02 \ Foreword by Judith Hackitt CBE**

**04 \ Resetting the direction**

**05 \ The pressures to improve**

**06 \ Everyone has a role**

**08 \ Investigations and securing justice**

**09 \ The need for strong leadership**

**10 \ Building competence**

**11 \ Involving the workforce**

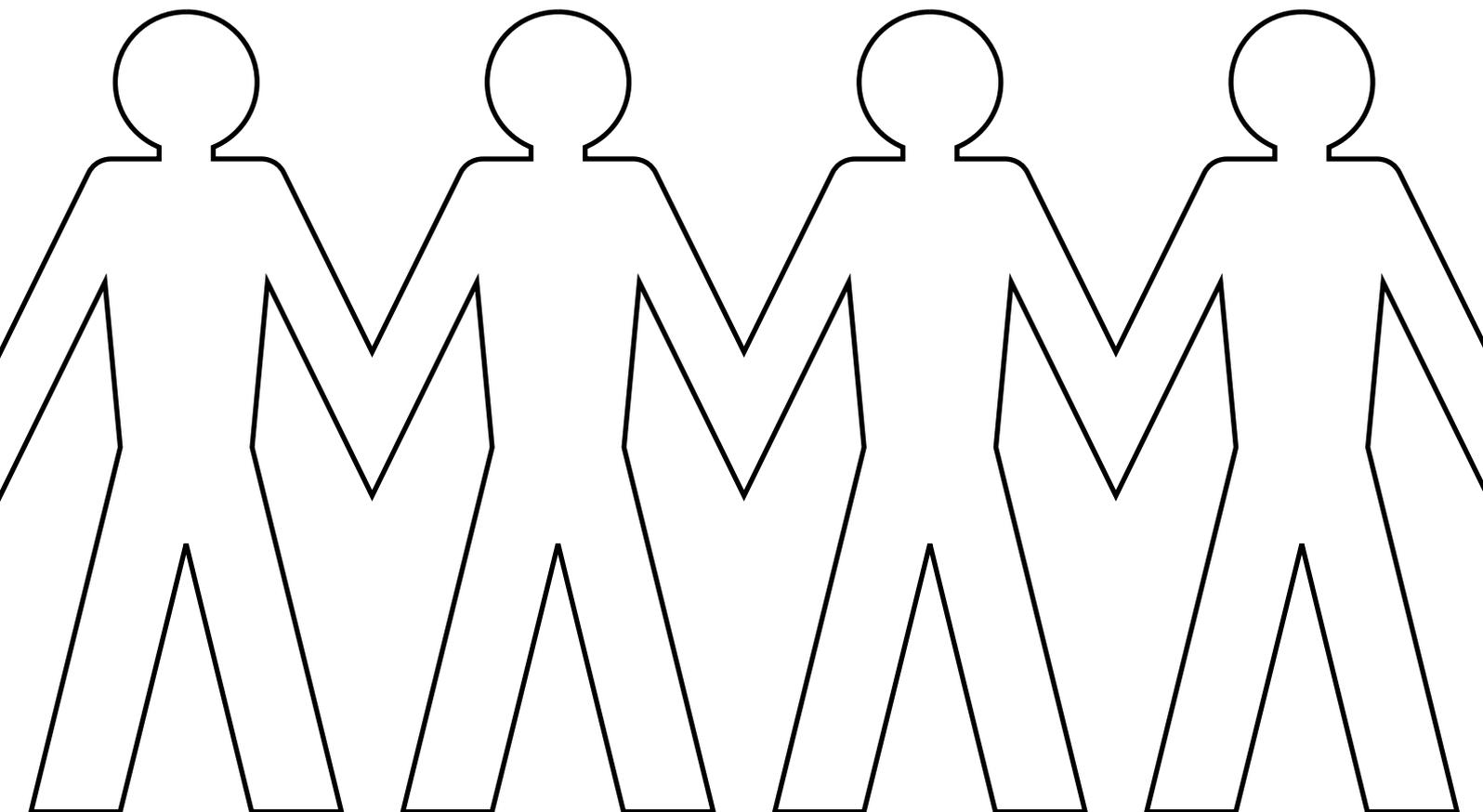
**12 \ Creating healthier, safer workplaces**

**13 \ Customising support for SMEs**

**14 \ Avoiding catastrophe**

**15 \ Taking a wider perspective**

**16 \ Driving change for the better**



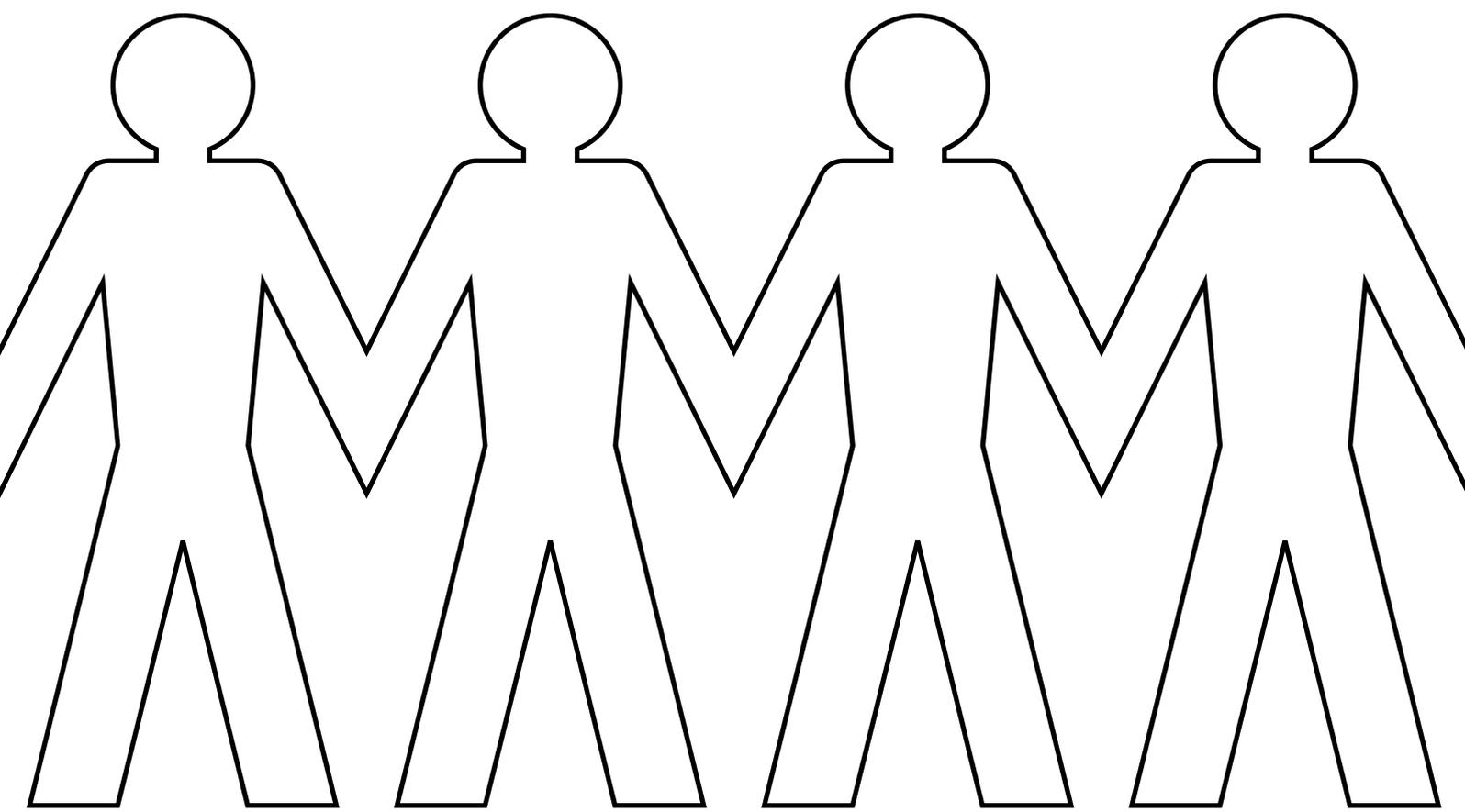
Our mission is to prevent death, injury and ill health in Great Britain’s workplaces and we are seeking your support – for the strategy and by becoming part of the solution.

The improvements in Great Britain’s health and safety performance over the last three decades are already a collective achievement we can all take pride in – and build on. The 1974 Health and Safety at Work etc Act and its underlying principles and philosophy provide us with a legislative framework that is adaptable and remains fit for purpose today.

When the new Board of HSE formed in April 2008 we decided to take the lead in developing a new strategy, which would build on the many strengths of what we already have, but would also recognise the many changes that continue to take place around us and which present new challenges for the health and safety system as a whole. The consultation process has evinced widespread support for our approach from all stakeholders and has enabled us to fine-tune the strategy to take account of the views expressed.

There is collective agreement that:

- ∥ We need renewed momentum to improve health and safety performance.
- ∥ We need to respond to a wide range of risks – from more small businesses, from new sectors and new technologies, as well as traditional industries and long-standing risks.
- ∥ We need to find new ways of engaging workforces in all workplaces of all shapes and sizes, using the knowledge we have gained from the past that properly involved unionised safety representatives achieved better health and safety performance.



∞ We need leaders who are committed to promulgating a common-sense, practical approach to health and safety in their own organisations and throughout the supply chains they work with, motivated by the real business benefits, not exemption from regulatory scrutiny.

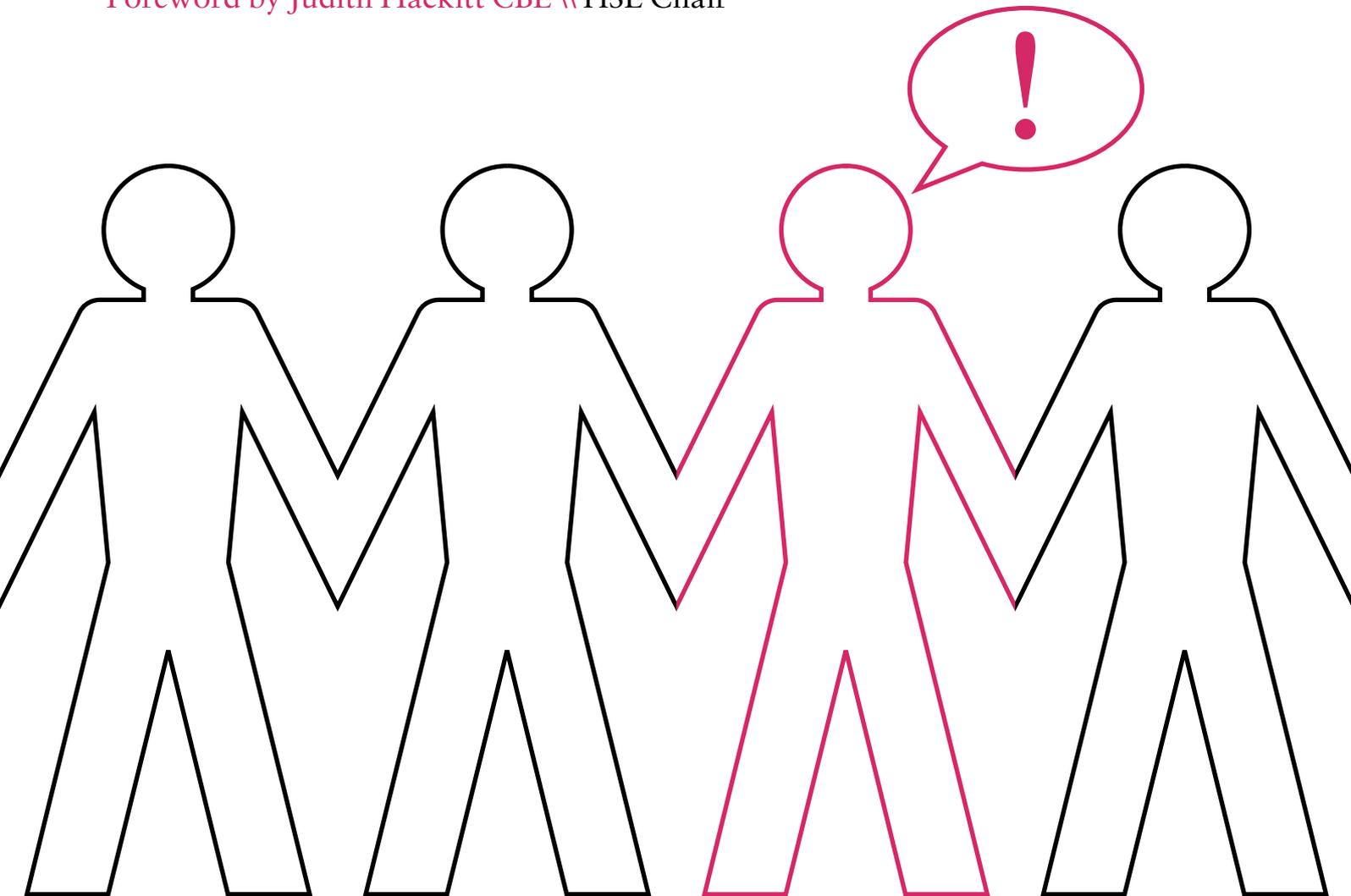
∞ We need to regain the value of the brand for what is real health and safety and challenge its devaluation as a synonym for unnecessary bureaucracy and an excuse for not doing things.

The strong co-regulator partnership between HSE and local authorities is integral to this strategy and to its delivery – but regulators cannot do it alone. We need everyone to play their part in delivering improved higher standards of performance in health and safety because it is **delivery** of this strategy that will count.

We will measure and report our progress, but we should be clear that we will be measuring the success of our collective efforts not just the role of the regulator.

You have told us that you support our approach, now let us work together to make this a truly shared mission and to realise the many benefits. Prevention of pain and suffering to people caused by work is the major driver for us all, but doing the right things the right way also delivers improved productivity, increased workforce commitment and enhanced reputation. In a world that is continually changing around us, the need for us all to work together to make this happen is constant.

Foreword by Judith Hackitt CBE ∞ HSE Chair



## Resetting the direction

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

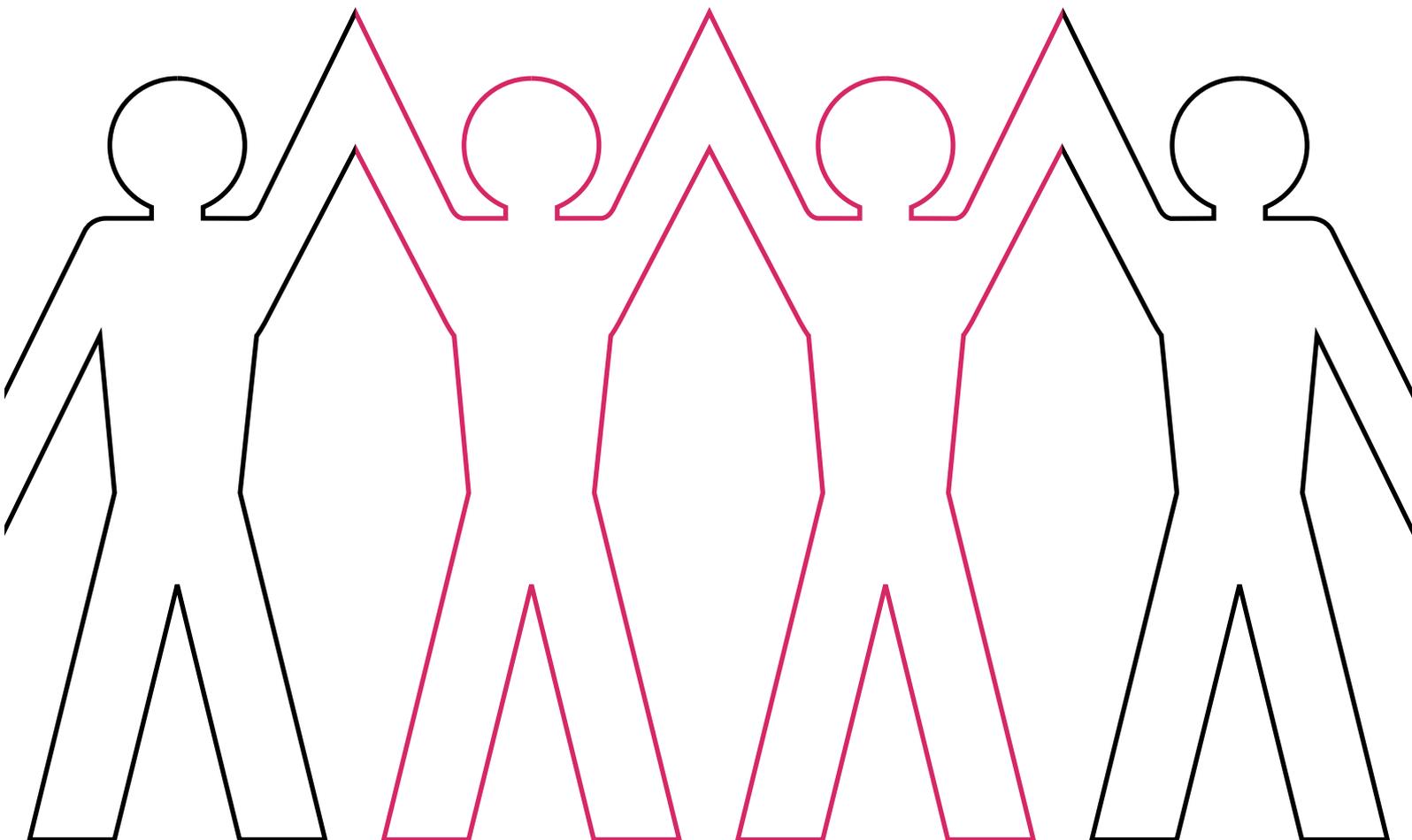
On 1 April 2008 HSC and HSE merged to form a single entity known as the Health and Safety Executive (HSE). HSE is the national regulatory body responsible for promoting the cause of better health and safety at work within Great Britain. It continues to work in close partnership with local authorities.

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

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

- \\ employers and their representative bodies;
- \\ the self-employed;
- \\ workers and their representative bodies;
- \\ HSE;
- \\ local authorities;
- \\ Government, through its departments and agencies etc;
- \\ the devolved administrations and their agencies etc;
- \\ professional bodies;
- \\ voluntary and third sector organisations.

To be truly effective, health and safety has to be an everyday process supported by all as an integral part of workplace culture.



## The pressures to improve

Great Britain has one of the best health and safety records in the world. However, although the rates of death, injury and work-related ill health have declined for most of the past 35 years, the rate of decline has noticeably slowed.

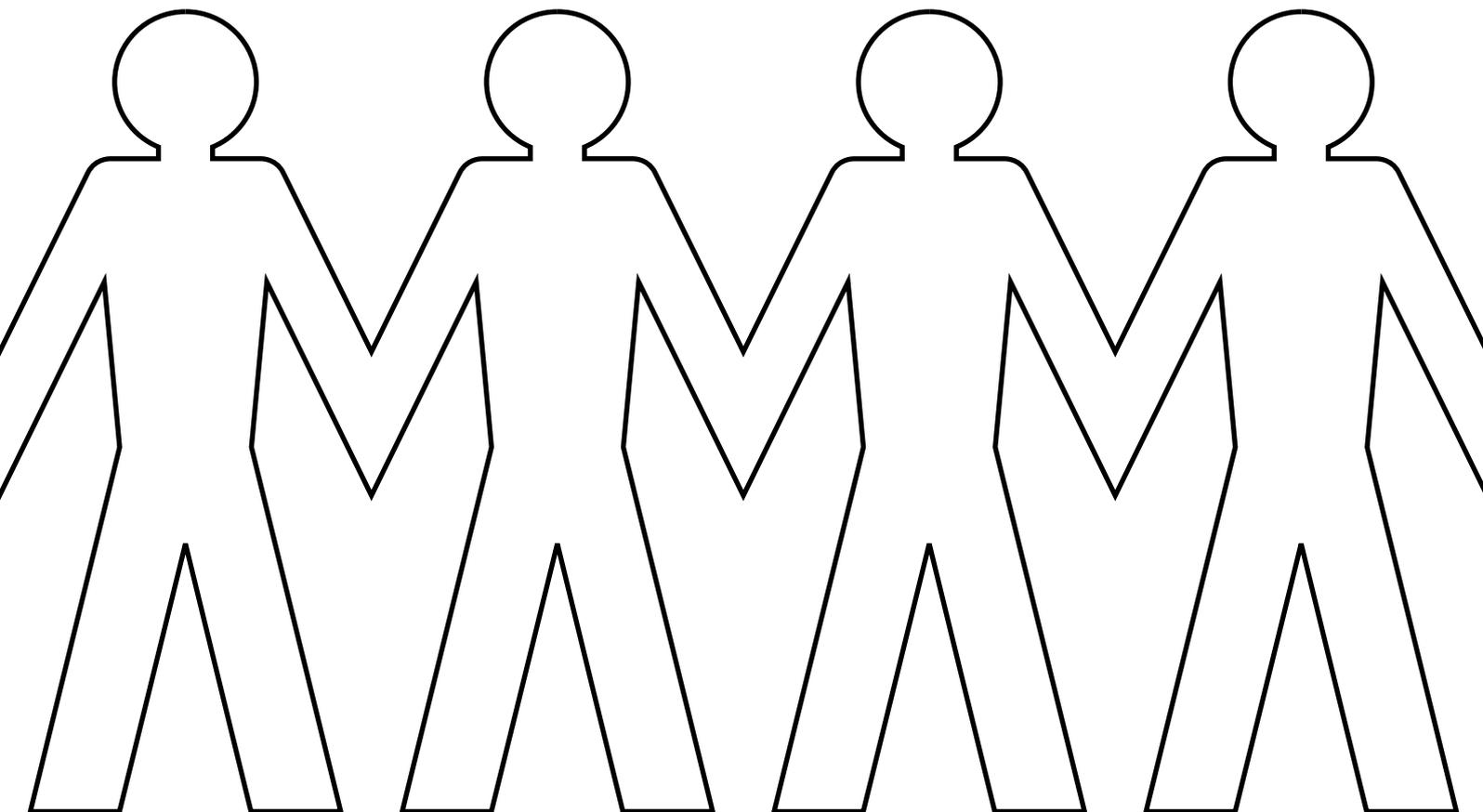
Within the EU, considerable effort has been invested in raising standards and bringing consistency to health and safety legislation across all member states. Even so, Great Britain has the lowest average rate of work-related fatal injuries and only Sweden and Ireland have lower rates for non-fatal injuries resulting in the worker being absent for three or more days.

Yet, despite the previous successes, today's headline figures indicate that the combined incidence of injury and ill health in Great Britain is much the same now as it was five years ago.

Provisional figures for 2007/08 show that 229 workers were killed and 136 771 employees were seriously injured at their place of work. Similarly, during the same period, approximately 2.1 million people were suffering from an illness reputedly caused or made worse by their current or past work. The emotional toll to families, friends and communities is enormous.

Then there is the impact on the economy. Around 34 million working days were lost in 2007/08 due to the consequences of accidents at work and work-related ill health. Looking at the finances, it is estimated that the annual cost to society of work-related accidents and ill health is a staggering £20 billion (approximately 2% of GDP).

Clearly, maintaining the status quo is morally, legally and financially unacceptable. The pressure is on to better understand why aspects of Great Britain's health and safety performance have apparently stalled, and to find ways of beginning again the process of improvement.



## Everyone has a role

To bring about improvements in health and safety performance the need is for everyone to work together towards a set of common goals. For that to become a reality, each stakeholder within the health and safety system has to understand their role and become better at executing their responsibilities.

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

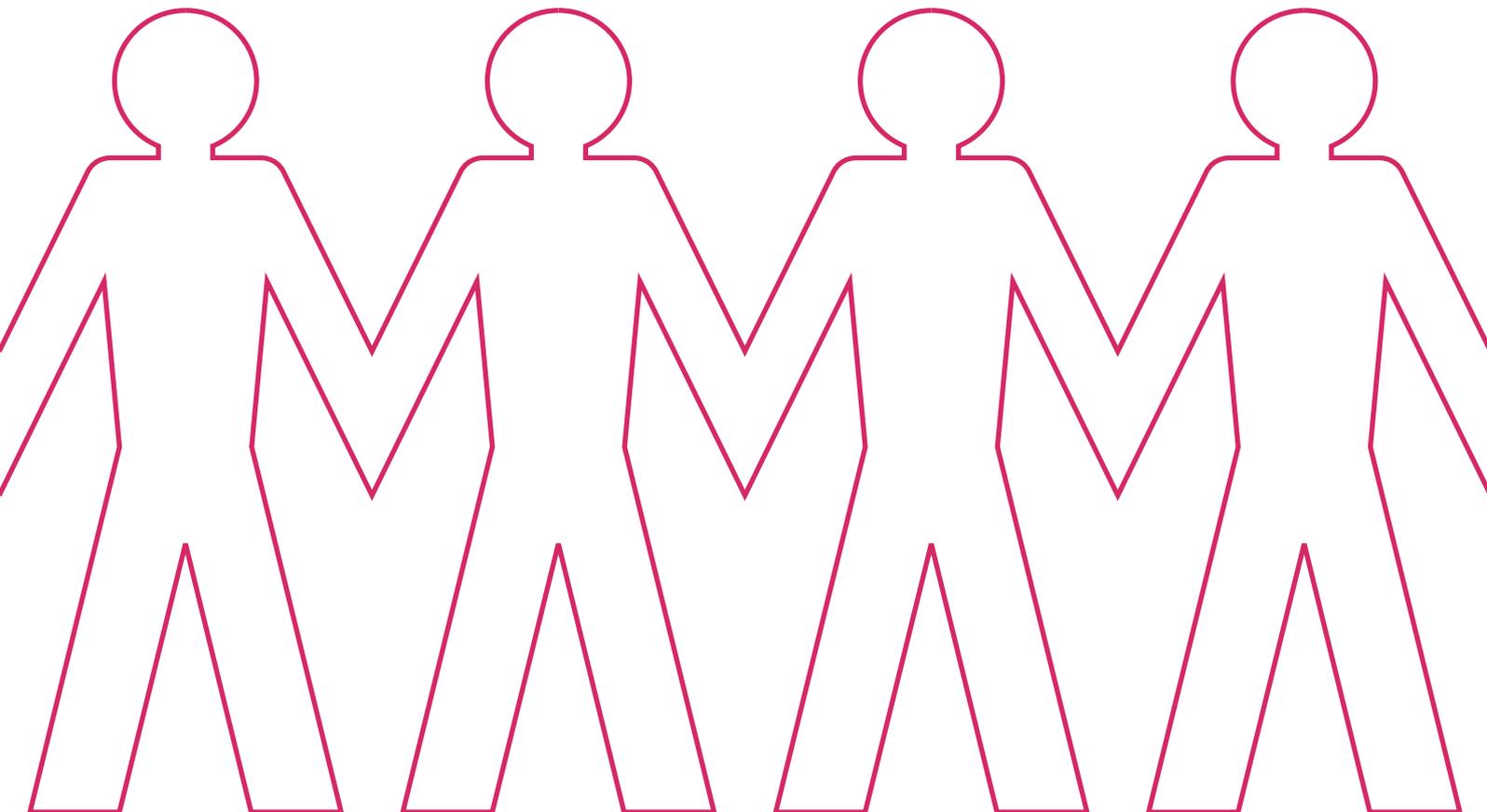
The Health and Safety at Work etc Act clearly places responsibility on those who create the risk to manage it. This applies whether the risk maker is an employer, self-employed or a manufacturer or supplier of articles or substances for use at work. Whatever the corporate status, each risk maker has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

### **Workers**

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

### **Third-party organisations**

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

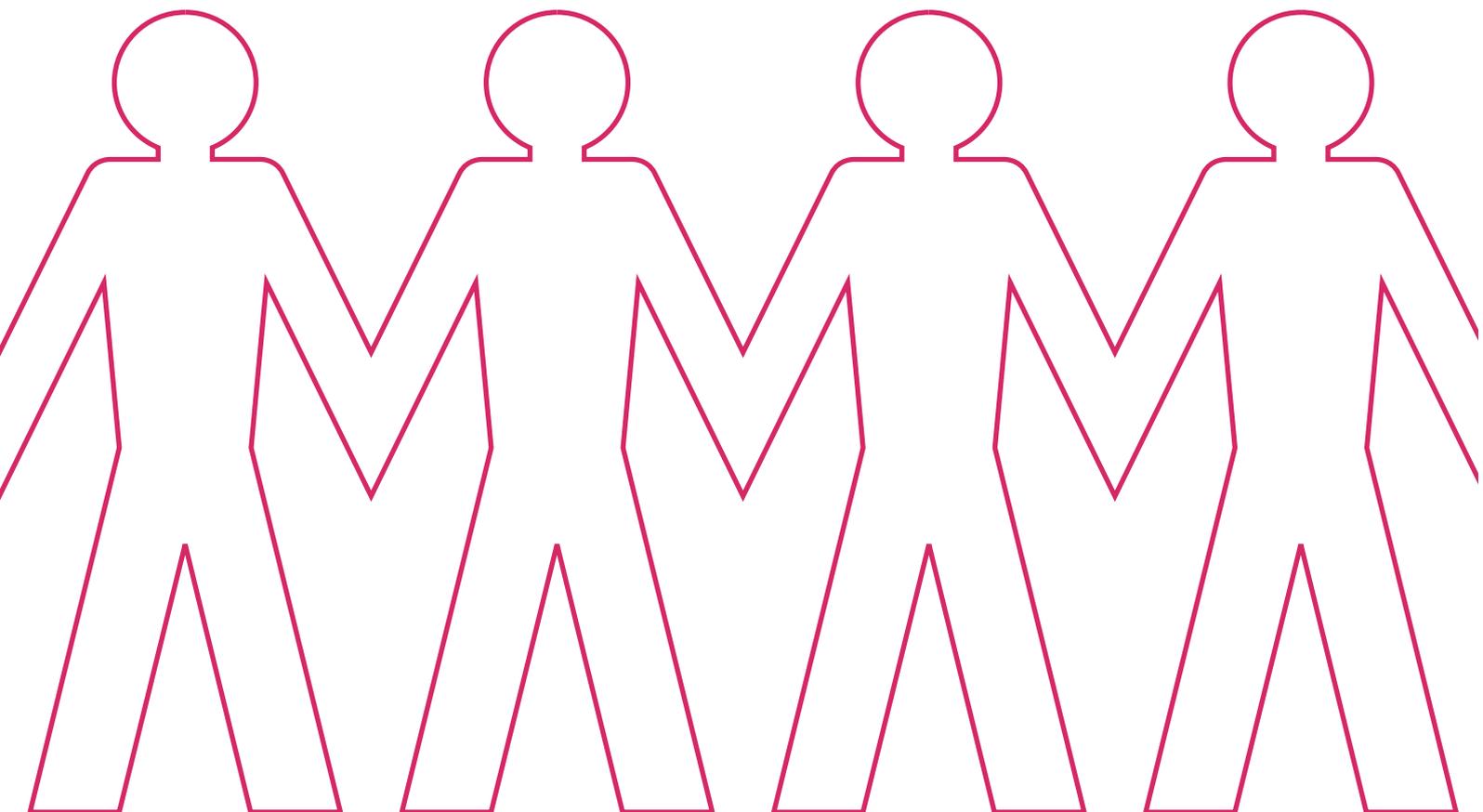


### **HSE and local authorities**

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

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

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



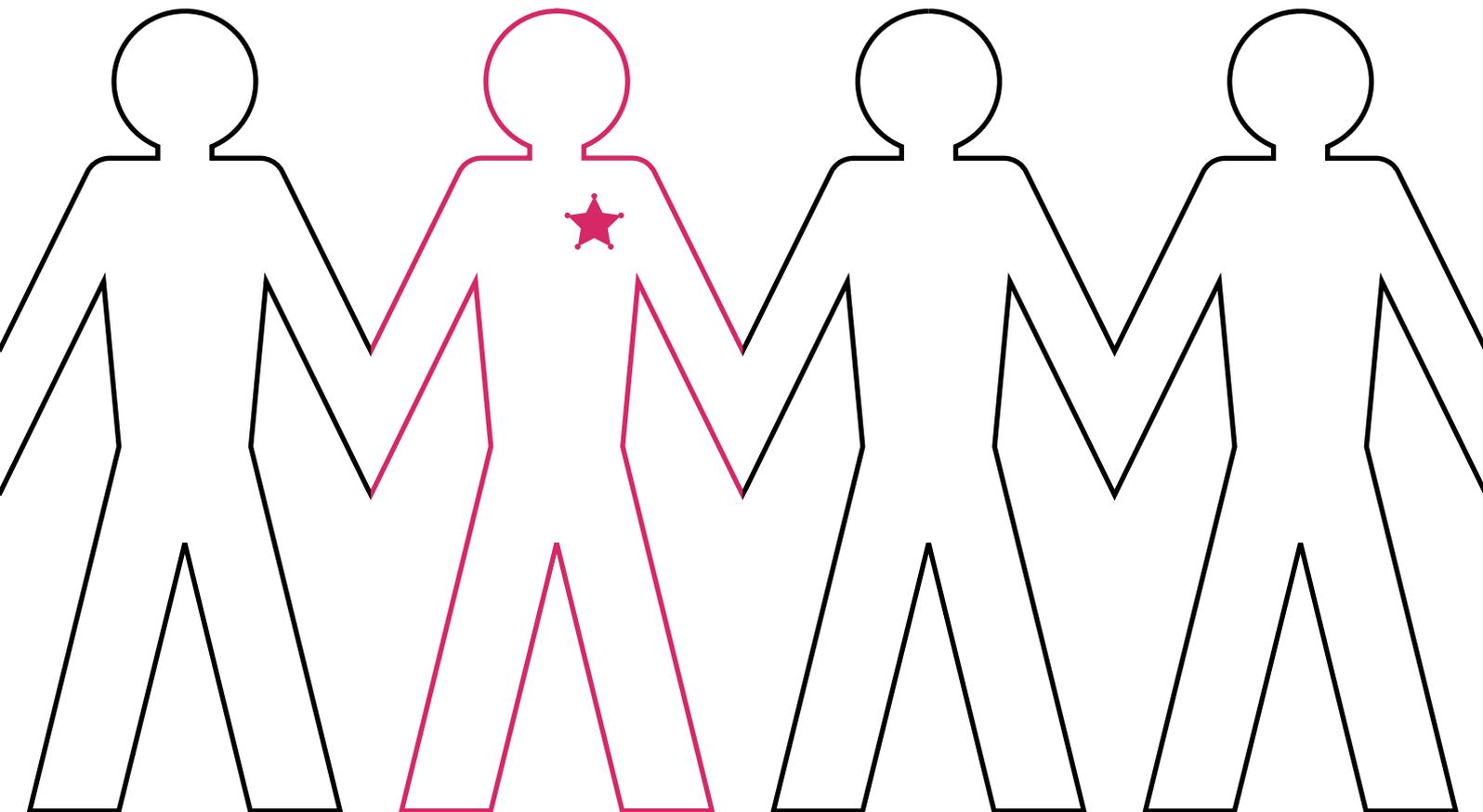
## Investigations and securing justice

HSE and local authorities are independent regulators. Working in partnership, their primary focus is to assist dutyholders in preventing work-related accidents and ill health. This is generally achieved through inspections and a range of proactive measures including stakeholder engagement, communications programmes and the provision of information and advice.

Investigating complaints, accidents and ill health is also an important lever for improving health and safety standards. In particular, the investigation of incidents is crucial to help determine the causes, learn and share lessons and ensure that necessary measures are in place to prevent recurrence.

Investigation also provides the basis for enforcement action to secure justice. Where appropriate, HSE or the relevant local authority will rigorously seek justice against those that put others at risk and in particular where there is a deliberate flouting of the law.

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



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

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

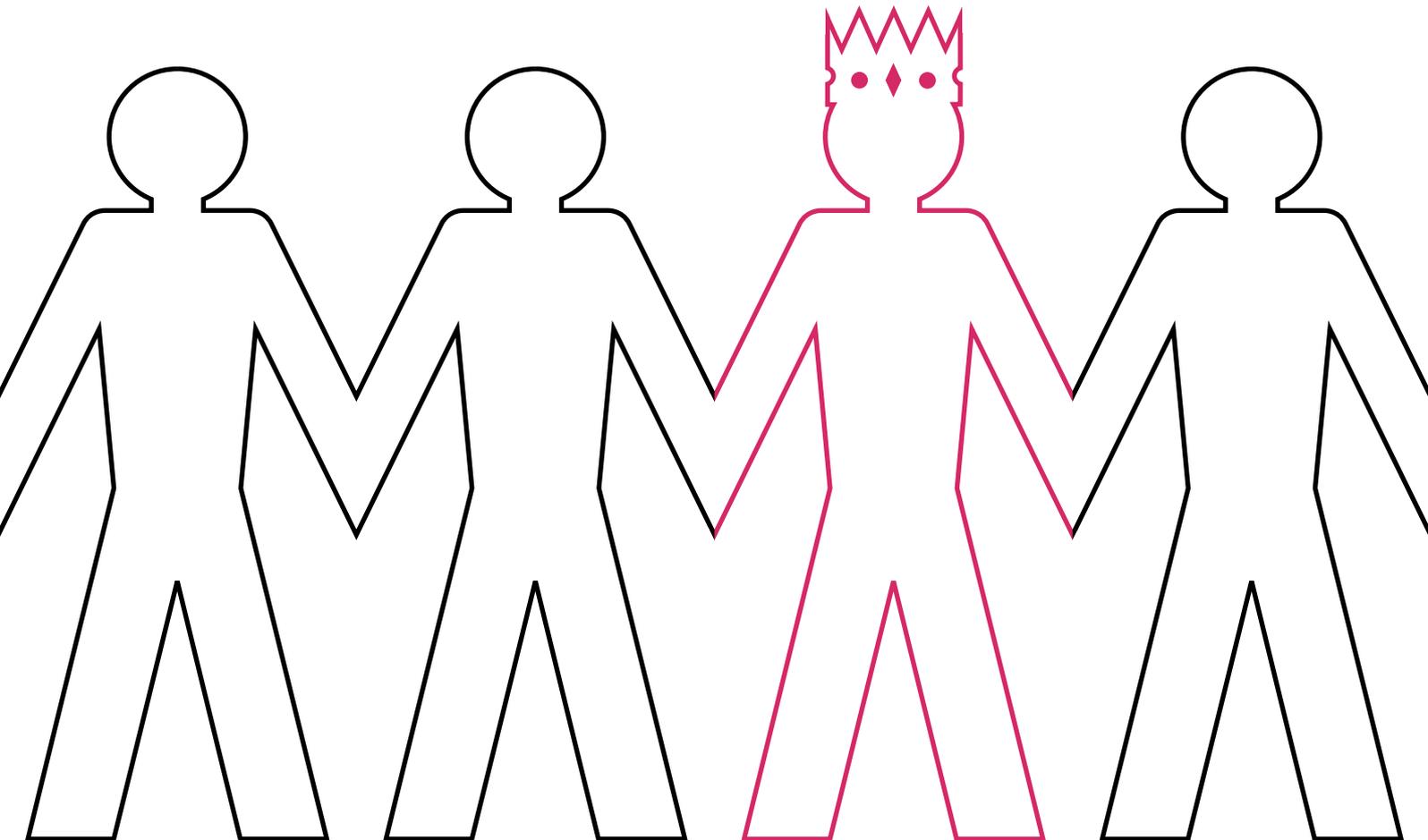
## The need for strong leadership

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

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

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

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



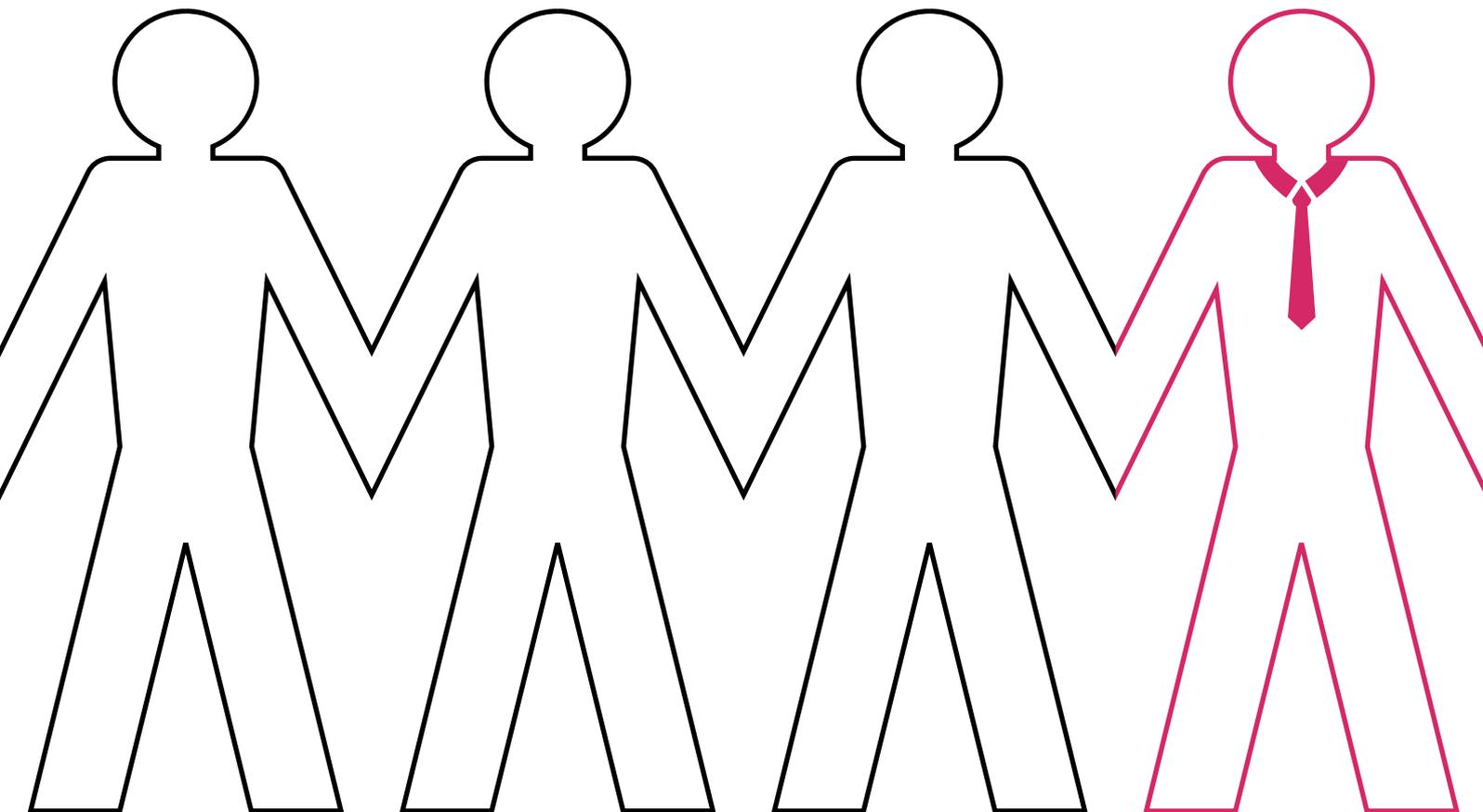
**Our goal \\ To encourage an increase in competence, which will enable greater ownership and profiling of risk, thereby promoting sensible and proportionate risk management.**

## Building competence

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

However, in practice, legislative compliance should be regarded as the minimum acceptable standard. Truly effective health and safety management requires competency across every facet of an organisation and through each level of the workforce. The need is for health and safety training to place greater emphasis on coaching so that directors, line managers and workers alike are able to determine what is sensible and reasonable. Also, it is important that the education system embeds the basic understanding of risk as a life skill so that young people joining the workforce are more risk aware.

The essence of competence is relevance to the workplace. What matters is that there is a proper focus on both the risks that occur most often and those with serious consequences. Competence is the ability for every director, manager and worker to recognise the risks in operational activities and then apply the right measures to control and manage those risks.



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

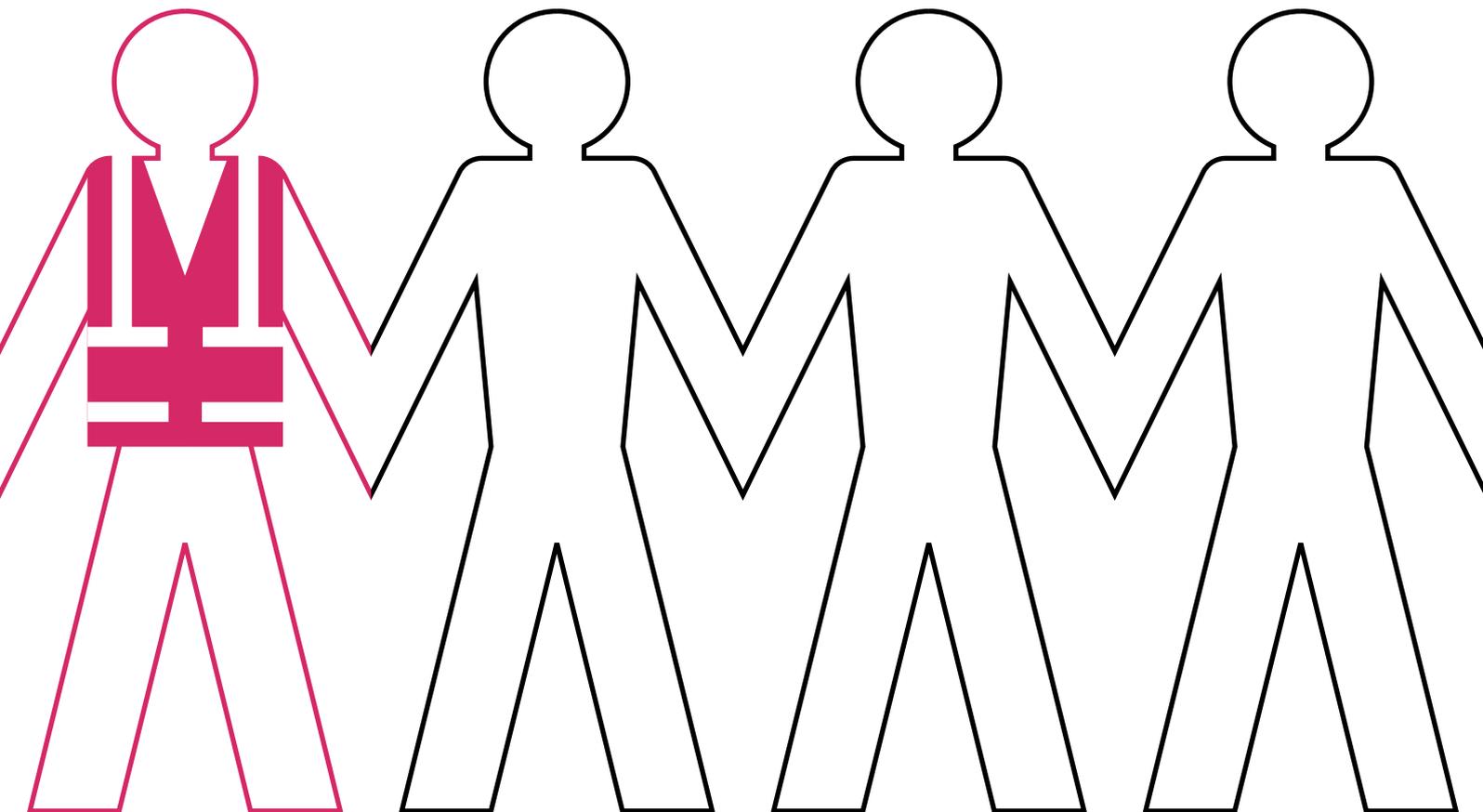
## Involving the workforce

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

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

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

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



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

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

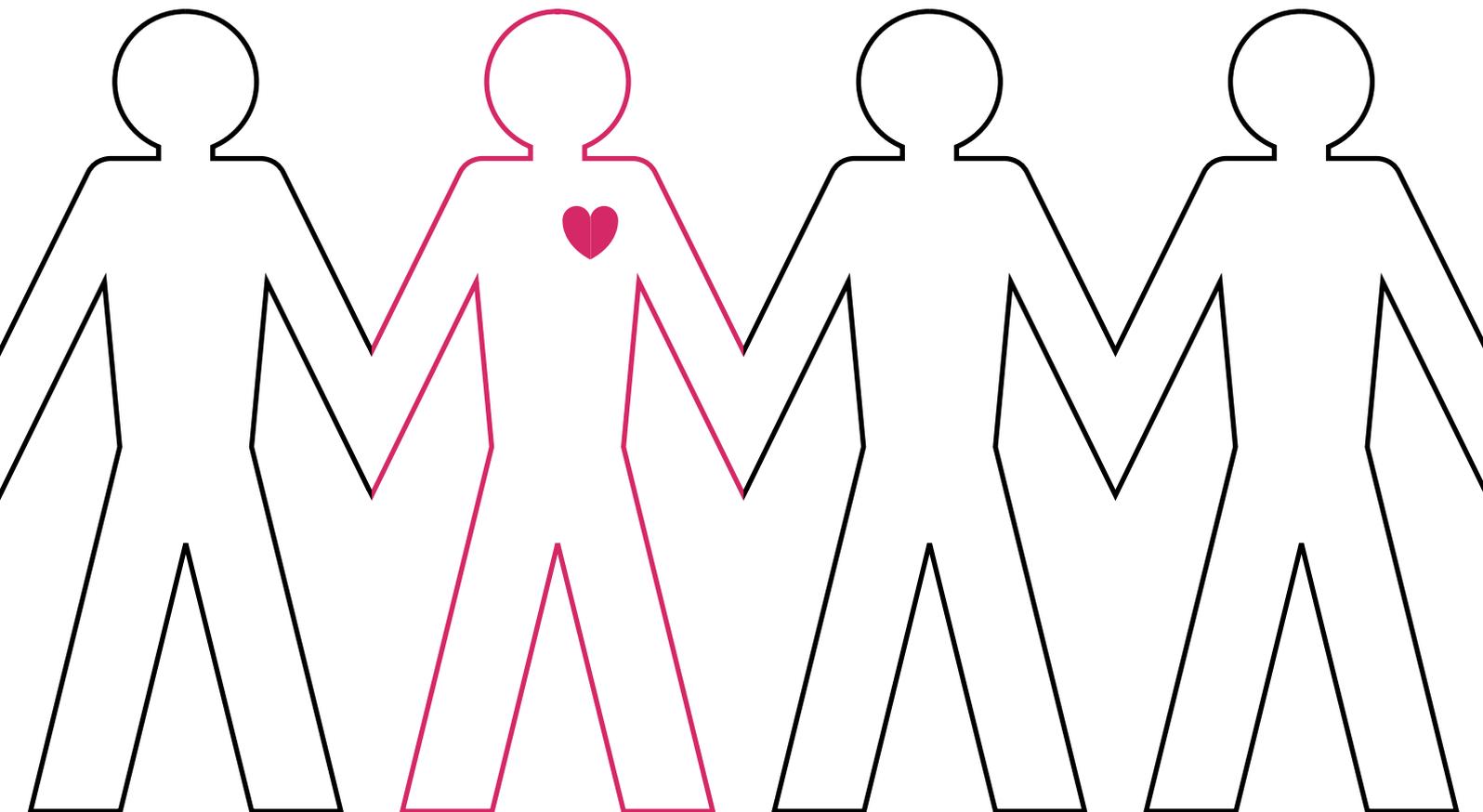
## Creating healthier, safer workplaces

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

The starting point is to create a risk profile identifying which groups of workers are most at risk and the scale and incidence of injuries or cases of ill health. Bearing in mind the evolving nature of British society, care should be taken to acknowledge differences within the workforce in terms of ethnicity and language, cultural values and gender. Having a risk profile sets the priorities for health and safety improvement, which then enables resources and expertise to be more accurately targeted to deliver those improvements.

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

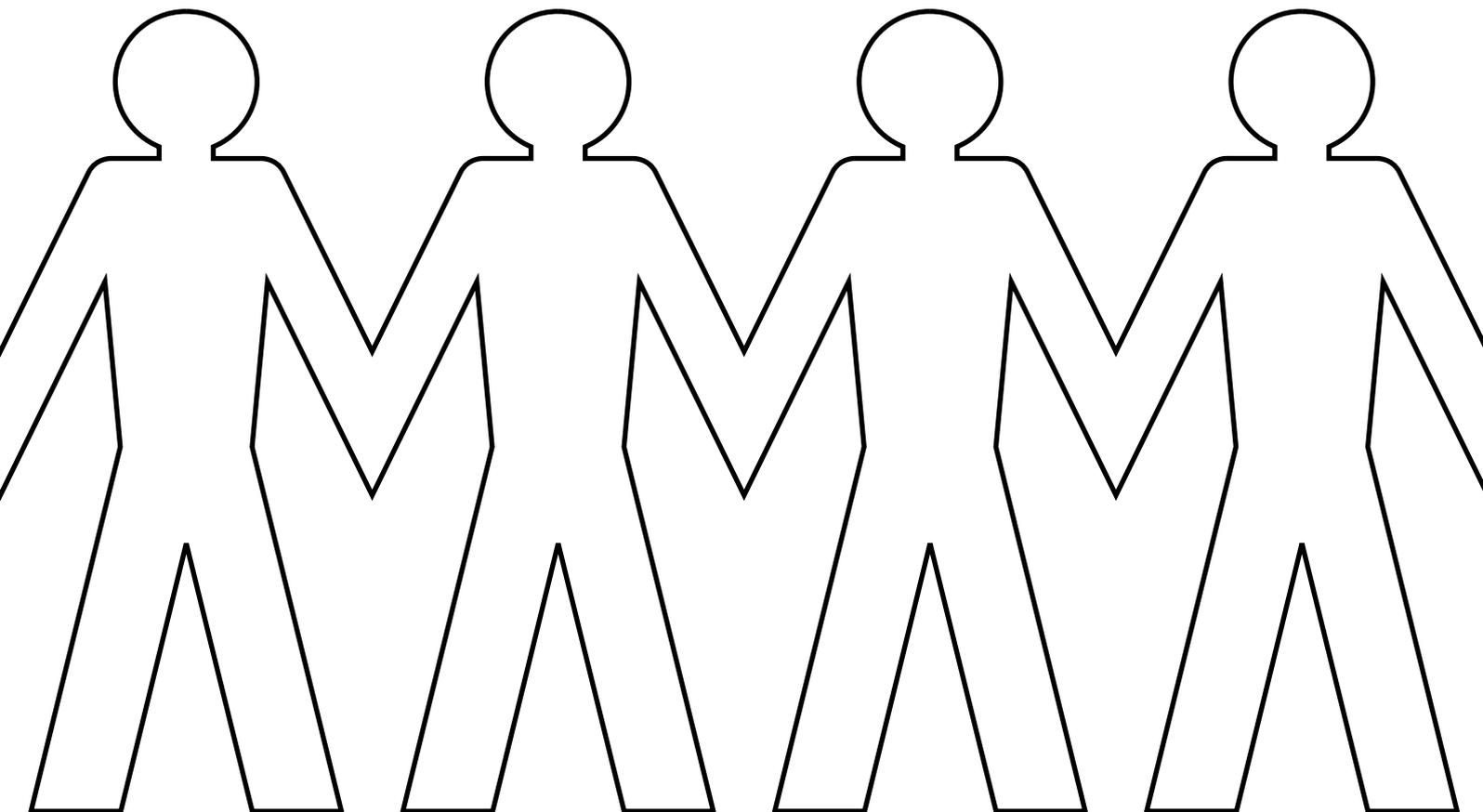
To make workplaces safer, in those sectors where injury has always run higher than average the need is to find new ways of tackling old problems. Equally, in emerging sectors and those existing sectors energised by evolving technologies, the requirement is to recognise the inherent new risks and implement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



## Customising support for SMEs

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

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

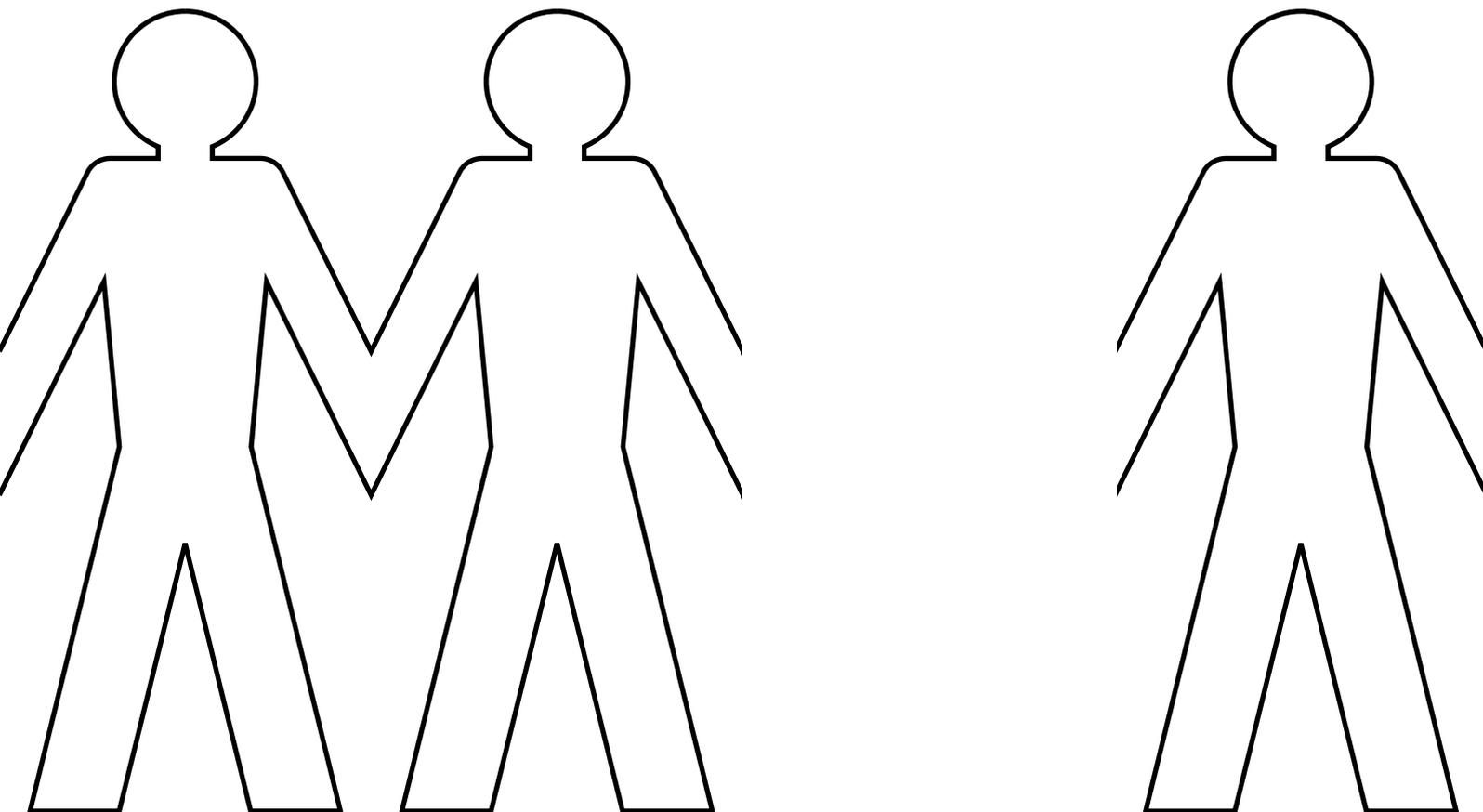


**Our goal \\ To reduce the likelihood of low frequency, high impact catastrophic incidents while ensuring that Great Britain maintains its capabilities in those industries strategically important to the country’s economy and social infrastructure.**

### Avoiding catastrophe

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

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



## Taking a wider perspective

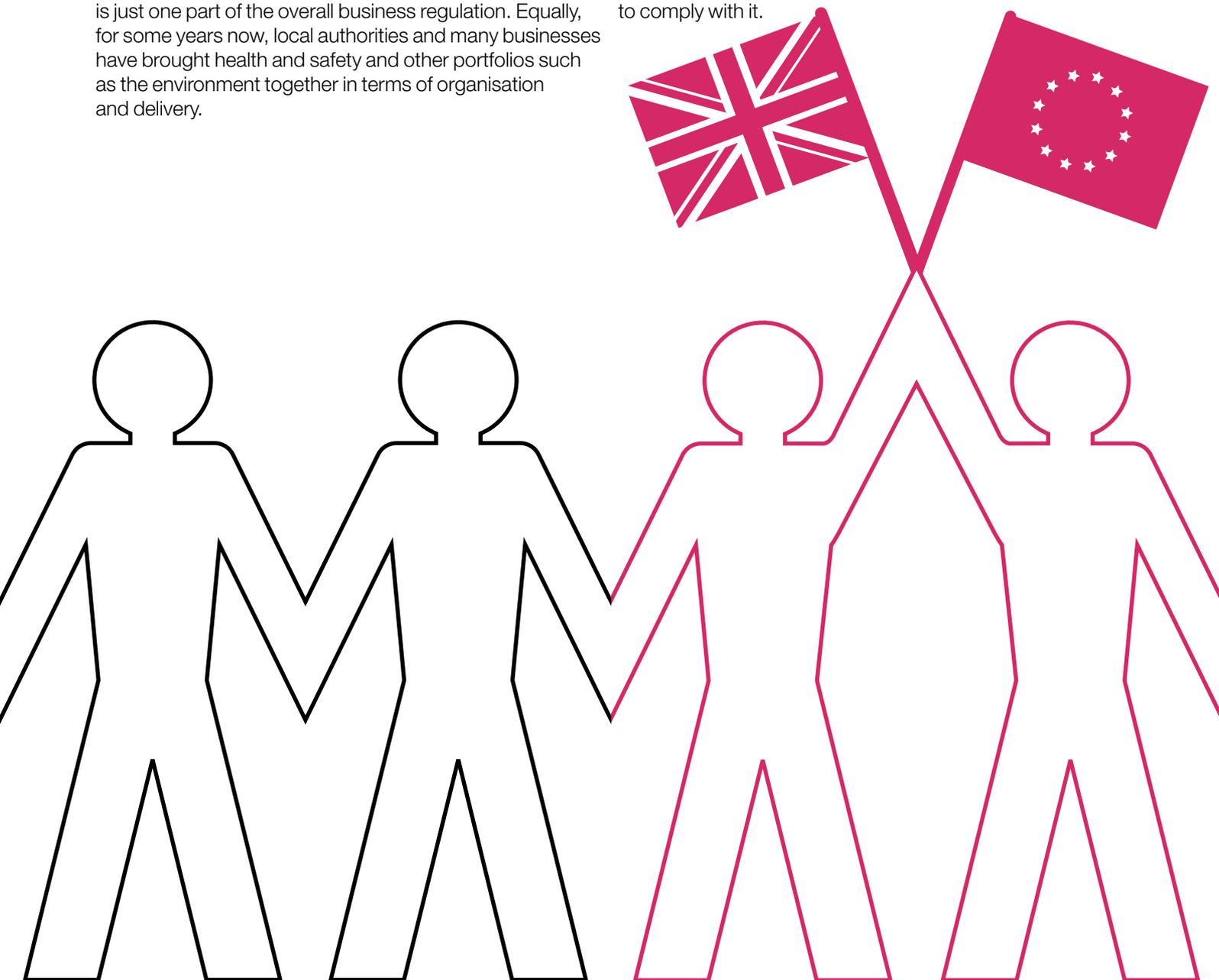
Health and safety does not and cannot exist in a vacuum. It is not a discrete entity and so Great Britain's health and safety priorities cannot be delivered in isolation from other issues that impact on or overlap with them.

National legislation and its implementation has been and continues to be influenced by the EU. Similarly, Britain's socio-economic make-up and cultural values have changed enormously since 1974 and so the practice of health and safety must continually evolve to accommodate diversity within the population.

From the Government's perspective, health and safety is just one part of the overall business regulation. Equally, for some years now, local authorities and many businesses have brought health and safety and other portfolios such as the environment together in terms of organisation and delivery.

The reality is that health and safety integrates with a much wider agenda aimed at protecting people from harm and thereby benefitting not just the individual but society as a whole.

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



## Driving change for the better

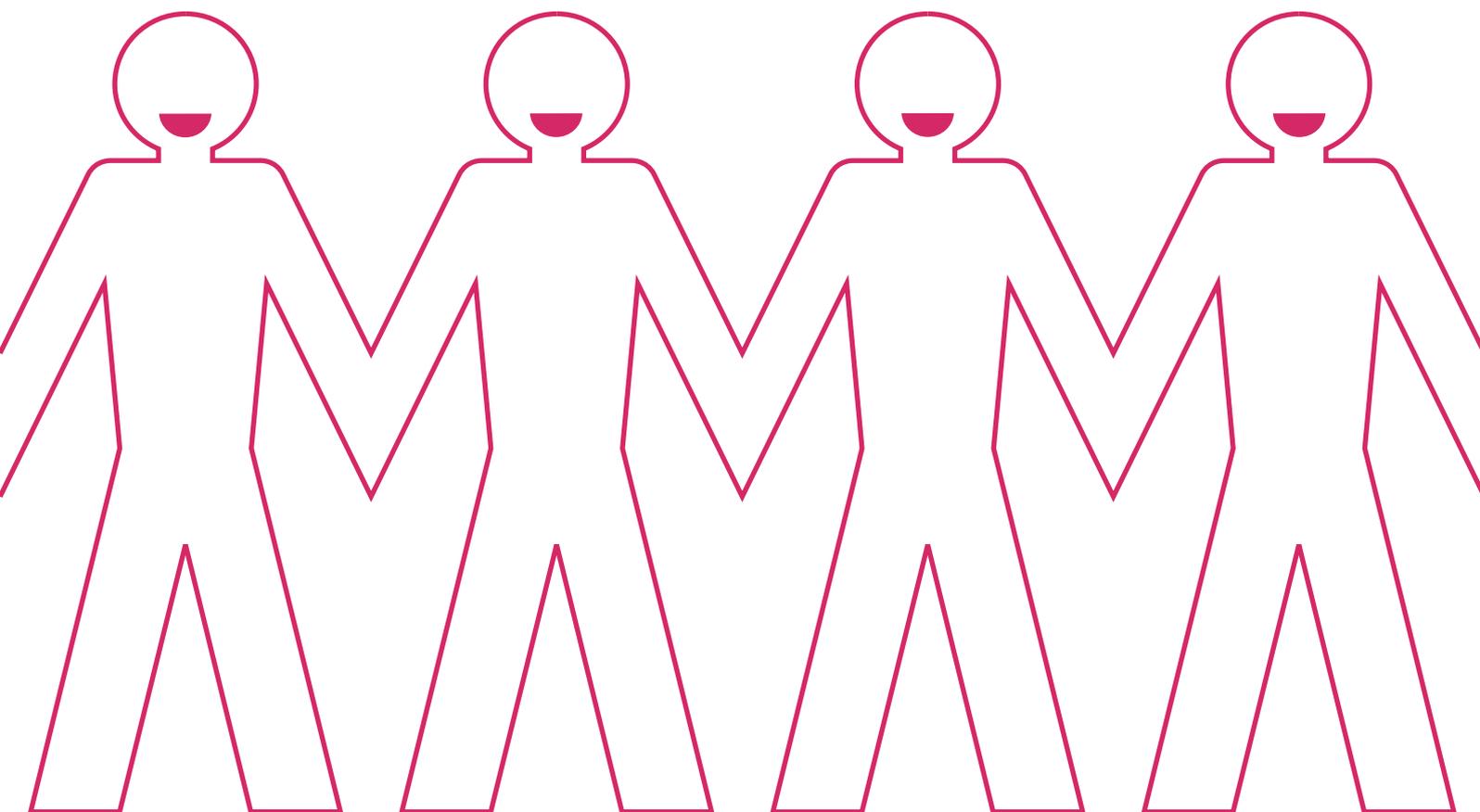
The strategic goals for the health and safety of Great Britain are founded in common sense and practicality. They have one overriding aim: that is to prevent the death, injury and ill health of those at work and those affected by work activities. The strategy is not asking for or expecting the impossible.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

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

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

Ultimately, the goals set out in this strategy have four clear objectives for the health and safety of Great Britain:

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



For more information about the Health and Safety Executive, visit our website at [www.hse.gov.uk](http://www.hse.gov.uk).

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