

# **Strategic thinking – work in progress**

**Your comments welcomed**



**Health and Safety Executive**

## **Developing our strategy – an evolutionary process**

The existing HSC strategy for 2001-2004 includes the major initiatives of Revitalising Health and Safety and Securing Health Together. This has taken us forward but we now need to take stock and build on that for the future.

This ‘work in progress’ paper emerges from close discussion between the Commission and the Executive. The Commission will be considering the outcomes of the consultation in the middle of August.

A strategy for health and safety in Britain needs to keep evolving in order to keep ahead or, at least, maintain pace with the changing environment. In the past, HSE has waited until its ideas/plans have been fairly well-developed before consulting publicly. We want this to change. In this document we are sharing with you our preliminary thinking on the strategic direction of occupational health and safety over the next 10 years and seeking your early feedback.

If you wish to comment, your response should reach us no later than 13th August 2003. Your comments will contribute to a draft strategic plan for 2004-10 to be published as a consultation document in the early autumn.

## **Over-arching principles**

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

For many, health and safety is self-evidently already a cornerstone of a civilised society. However 40 million working days lost to injury and ill health every year, with both financial and personal consequences, indicate that this recognition is far from universal. Britain has a good safety record, but we certainly do not lead the world in occupational health. We hope that our vision for health and safety will inspire our traditional stakeholders as well as engage and enthuse new stakeholders to make the vision a reality.

HSE, working with our local authority partners, needs to protect people’s health and safety by ensuring that risks in the changing workplace are properly controlled. This is consistent with many of our current practices. But it also reflects the need to constantly identify and address new challenges to health and safety in the workplace.

We will continue to:

- protect people by providing information and advice; promoting and assuring a goal-setting system of regulation; undertaking and encouraging research and enforcing the law where appropriate;
- influence organisations to embrace high standards of health and safety and to recognise the social and economic benefits;

- work with business to prevent catastrophic failures in major hazard industries; and
- seek to optimise the use of resources to deliver our mission and vision.

In addition, we need to strive to do more to meet new and emerging challenges. We aim to:

- develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved and risks are properly managed;
- do more to address the new and emerging work-related health issues;
- achieve higher levels of recognition and respect for health and safety as an integral part of a modern, competitive business and public sector and as a contribution to social justice and inclusion; and
- exemplify public sector best practice in managing our resources.

## Getting maximum benefit from our resources

We value the trust that people have in our name. But this trust can be undermined if we try to be all things to all people. The world of work has become more complex and fast-paced. With this HSE's remit has expanded, e.g. rail, offshore, and public protection issues. Public awareness and expectation around risk, risk-control and service provision have grown considerably.

To maximise our effectiveness we cannot allow our resources to be spread too thinly nor to continue to be drawn into new areas, particularly in relation to issues of public protection and security, where the links to our mission are tenuous.

We recognise that we need to do far more to prioritise our interventions and target them to have the maximum impact, even stopping doing some things altogether. This requires us to make some tough choices and be disciplined with ourselves in sticking to them.

To be successful, we will need to draw back from some areas where we have traditionally been active, where room for further improvement in health and safety is limited, or where HSE's and local authorities' activities are no longer needed to drive continued improvement. We want to concentrate resources in the less-developed areas where we can have greatest impact. This requires that we agree with stakeholders an appropriate balance between direct intervention and self-regulation in some industries.

## Big issues facing health and safety in Britain

We have done some initial work to identify what we think are the big issues facing health and safety in Britain. We suggest these represent the most significant areas of opportunity and threat to occupational health and safety over the next 10 years.

## 1) Responding to a changing economy in a changing world

The economy has changed and continues to change. Much of this change is driven by new information and communication technologies, a more mobile workforce, and the consequent trend towards a global economy. These, and other influences, have an extremely wide range of effects relevant to occupational health and safety, including:

- Globalisation and increasing competition: we need to ensure that good management of health and safety is seen as a driver for competitiveness and not something that reduces it.
- Technological change will continue to present both new risks and alternative control measures for existing risks.
- Patterns of working are changing with a trend towards 24/7 operation, remote and home working, whilst the British economy continues to change away from manufacturing and towards service industries.
- The effect of an ageing population on those in work is likely to increase over time.
- People are more aware of rights and responsibilities coupled with greater access to legal redress.
- There is a greater commercialisation of risky leisure activities, challenging the role of the regulator in protecting health and safety.

## 2 Health issues

Of the 40 million days lost in 2001/2 to occupational ill health and injury, 33 million were attributable to ill health. Gains in occupational health have lagged behind those for safety.

The focus in occupational health has changed in recent years from the “traditional” areas such as chemical exposures and noise to “new” issues such as stress and musculo-skeletal disorders. There is also a greater emphasis being placed on rehabilitation. We should be prepared for the balance of occupational health issues to change further in coming years. Such issues present fresh challenges in a number of ways:

- There is a greater cross-government emphasis on creating a healthy, productive and more inclusive workforce. Ill health may result from a combination of occupational and non-work causes. This overlap presents an opportunity for integrated new and more effective approaches and at the same time a threat from disjointed approaches and conflicting messages.

- Different skills and expertise are required to identify, assess, manage and advise upon some health issues. Managers, health and safety inspectors, safety representatives and others will need either to acquire the necessary skills and expertise or delegate to specialists. This may well challenge mixed health and safety approaches.

### **3 Public protection and security**

During debates on the 1974 Health and Safety at Work Act, Parliament indicated that it did not intend that HSC/E should have an all-embracing responsibility for public safety. Section 3 of the Act sets out a duty on employers to ensure the safety of people other than their employees who may be affected by their undertaking. Over time, this has resulted in HSC/E and local authorities acquiring a role as the custodians of public safety issues in addition to the protection of workers. In recent years, security issues have also become a very significant factor.

There has been growing demand for HSC/E's public protection role to expand. This has taken us into areas some of which are already regulated by other authorities and some of which lie significantly outside HSE's existing core of expertise. The range of public protection issues where we have been under recent pressure to intervene include:

- issues of clinical judgement;
- a variety of consumer safety issues, for example where repairs to domestic appliances subsequently lead to harm; and
- issues of "voluntary risk" where members of the public are thrill-seeking.

We are faced with unresolved social tensions. On the one hand many individuals are seeking greater opportunities for personal expression that may often include risk taking. On the other hand, when things go wrong, there is an increasing expectation that government will intervene to control, remedy and seek punishment of people and organisations who harm members of the public, whatever the circumstances. Though there are generally civil remedies available, those affected frequently look to HSE and local authorities for justice.

We need to find ways of effectively managing these demands as well as the expectations that fuel them.

### **4 The role of local authorities**

Health and safety enforcement is currently shared between HSE and over 400 local authorities. In broad terms local authorities currently enforce health and safety legislation in shops, offices, wholesalers, warehouses, filling stations, catering services, hotels, consumer and leisure services etc.

The economy has changed and continues to do so. The number of manufacturing premises has decreased whilst the size of the service sector, chiefly enforced by local

authorities, continues to increase. These local authority enforced sectors include the businesses where the “newer” challenges, particularly health-related issues, are prevalent.

Although local authorities and HSE are partners in enforcement, the relationship has been guided more by an emphasis on a workable division of responsibilities than a view about the most effective and efficient use of combined resources. Local authorities have a great many responsibilities to balance and for a decade or more, the total resource dedicated to health and safety enforcement activities has undergone a year on year decline. Within this picture there is great variation; some authorities have carried out excellent programmes of health and safety intervention, often integrating this with other areas of their work; others have been far less effective.

Should the decline in resource continue we fear that opportunities to impact on health and safety practices will be lost. Inconsistency in targeting and prioritisation, both between authorities and between the work of HSE and local authorities will also be likely to increase and we will not make the most effective use of the resources available to us.

## **5 Managing the business**

HSE has been undergoing a great deal of change to move away from a functional structure and towards an organisation that works together across boundaries to deliver on its targets: reductions in the numbers of people killed, injured and made ill by work. This needs to continue and go further.

We believe that we need to:

- be more flexible - able to identify and respond to external change;
- seek opportunities to develop and use new interventions to augment our traditional approaches, such as inspection and publication of guidance leaflets;
- be more effective in forming partnerships with stakeholders who may be more able than us to influence particular agendas; and
- directly align our resources with our programmes to deliver health and safety improvements.

### **Underlying Assumptions**

The strategy, that your comments will contribute to, will be a short document that will lead to a genuine prioritisation of our work. It will also be based around some assumptions. These are:

- the involvement of worker representatives remains central;
- better definition of the role of insurance;
- that we do not envisage any major new legislative programmes (excluding Home Office proposals on corporate killing);
- HSC enforcement policy will remain essentially unchanged;
- promoting risk assessment remains a fundamental building block.

The Health and Safety at Work Act remains essential in all the work that we do.

***Questions:***

- *Have we got the right issues?*
- *Are there other issues that are equally, or more, important and if so, why?*
- *What should we do about each of the issues?*
- *Increased activity in some areas requires reduced activity in others; where should HSC/E and local authorities be reducing their involvement?*
- *What mechanisms can be put in place to maintain standards in areas in which HSC/E and local authorities have reduced their involvement?*

**3 ways to comment:**

1. There is a feedback form attached at the back of this booklet if you wish to send a written response.
2. Alternatively you may submit responses on the electronic feedback form supplied on our internet consultation site:  
<http://www.hse.gov.uk/consult/live.htm>
3. or you can send your views to the e-mail address below.

Using your comments, HSE will develop a draft strategic plan for 2004-10. We intend to publish the draft plan as a consultation document in the early autumn. The final decision on the content of the strategic plan rests with the Health and Safety Commission.

Comments should be made not later than 13th August 2003 to:

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 2 Southwark Bridge  
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