



The Health and Safety Executive  
» Business Plan 2010/11





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I have great pleasure in presenting HSE's Business Plan for 2010/11. It sets out the main actions which HSE will take to progress the strategy, *The Health and Safety of Great Britain // Be part of the solution*,<sup>1</sup> launched in June 2009. It also outlines the work we will do to support others in our shared mission to prevent death, injury and ill health to those at work or those affected by work activities.

I consider the latter point to be particularly important. While led by HSE and coordinated with our local authority partners, the strategy is for Great Britain's health and safety system as a whole. Its success relies on everyone playing their part and I have been greatly encouraged by the commitment to the strategy that many leading private sector companies and public bodies have made.

The statistics<sup>2</sup> indicate that Britain became a healthier and safer place to work last year, with a significant reduction in the number of people killed, injured or suffering work-related ill health. While it is encouraging to see these improvements, the number of people who are harmed in workplaces every year still represents a major challenge to us all as well as a huge cost. Protecting people from harm caused by work is a business imperative in any economic climate.

1. <http://www.hse.gov.uk/strategy/index.htm>

2. <http://www.hse.gov.uk/statistics/index.htm>

As we move towards recovery and increased activity in some economic sectors, we face new hurdles if we are to maintain last year's rate of improvement. History tells us that as we move back into economic growth the rate of work-related injuries tends to increase. Preventing history repeating itself is a challenge facing everyone with a stake in health and safety in the workplace – regulators, employers and employees alike.

For our part, HSE will target its finite resources to sustain and, where possible, accelerate long-term improvement in health and safety outcomes. Our focus, along with local authority co-regulators, will be to promote sensible and proportionate management of significant work-related health and safety risks. We will continue to ensure that those who deliberately flout their health and safety responsibilities are held to account before the law.

This plan reaffirms HSE's determination to gain widespread commitment and recognition of what real health and safety is about, to strengthen our capability in contributing to improving health and safety outcomes, and to improve further our efficiency and value for money for the taxpayer.

This is our commitment to lead the health and safety system as a whole. My challenge to you is to show leadership in your own organisation and work with us to be part of the solution.

**Judith Hackitt CBE** » HSE Chair

## **Our mission**

**The prevention of death, injury and ill health to those at work and those affected by work activities.**



Last year the strategy reset the direction for the health and safety system. We began the process of identifying what we, local authorities and others can and should be doing to achieve the strategic goals. Therefore, over 2009/10 the Board of HSE has given priority to reviewing and reassessing what HSE is doing to play its part in achieving these goals. This plan takes us a step further in realigning our activities to focus on the priorities that will make the most difference, and to harness the energies of organisations across the economy who have publicly declared their commitment to the goals by signing the pledge.

A considerable proportion of our finite resources will continue to be devoted to those activities HSE can carry out as the only national regulator. We will continue to investigate incidents that have caused or have the potential to cause serious harm to people, to investigate complaints from the public and others and to use HSE's enforcement and prosecution powers robustly where circumstances warrant. We will also continue with a targeted programme of prevention through inspection, assessment of safety cases, campaigns and specific information and guidance.

HSE will place greater emphasis on how we will influence, motivate, and support employers and employees to demonstrate effective leadership, improve competence through access to sound advice, guidance, training and qualifications, and to promote the benefits of employers and workers working together to manage health and safety sensibly. An effective system requires many other players and activities to manage risk and prevent harm. We recognise others will often be better placed than HSE to lead on some aspects of the agenda and we will forge more partnerships with those stakeholders we know can genuinely be effective in bringing about behavioural change and improvements in health and safety outcomes.

Central to the delivery of our plan is the commitment HSE and local authority representative bodies have made to the continued development of our partnership. We will continue to make support available to local authorities and we will also be alert to the feedback and intelligence their inspectors provide.

Further details about the strategy, HSE and our work can be found at [www.hse.gov.uk/](http://www.hse.gov.uk/)

# Departmental Strategic Objective

HSE will continue to work towards a Departmental Strategic Objective (DSO) of the Department for Work and Pensions, DSO 3, which is to:

**Improve health and safety outcomes in Great Britain through progressive improvement in the control of work-related risks.**

Health and safety performance is best measured over the longer term. Progress against DSO 3 will be judged in terms of the direction of travel in the indicators.

For **occupational health and safety**, to achieve a sustained improvement in the incidence rate of:

- » fatal and major injuries from a 1999/00 baseline; and
- » work-related ill health from a 2001/02 baseline.

Progress to date is shown in Figures 1 and 2:

Figure 2  
Ill-health incidence per 100 000 workers

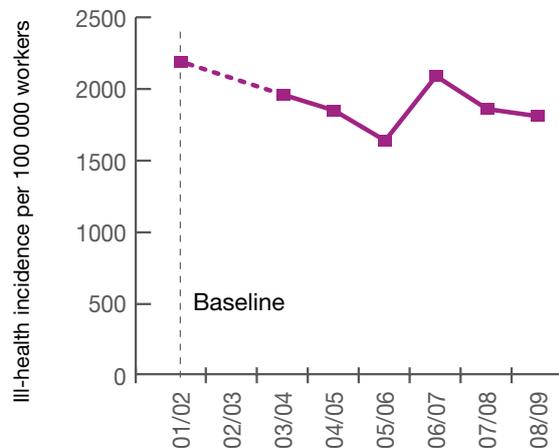
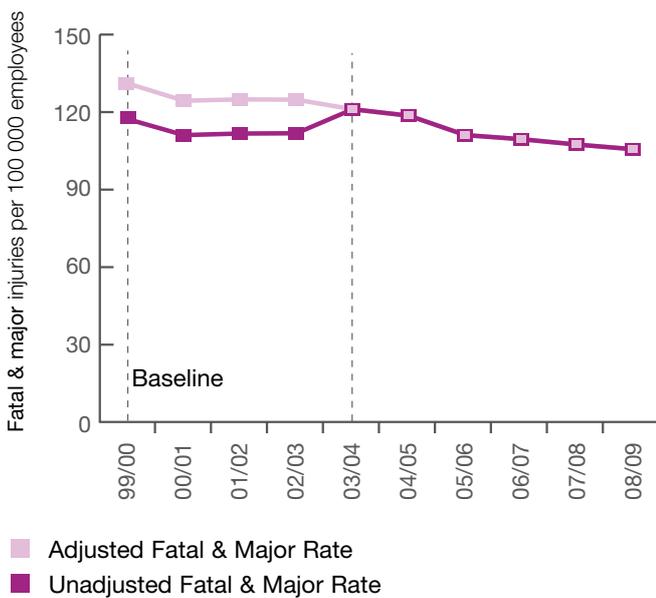


Figure 1<sup>3</sup>  
Fatal & major injuries per 100 000 employees



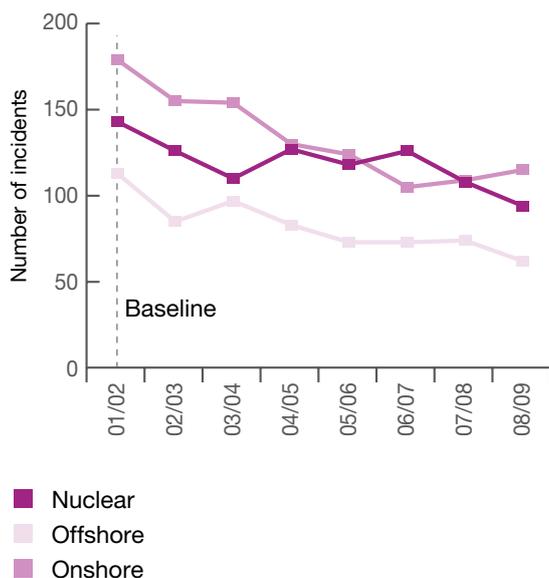
3. Research indicates that the rise in major injuries that took place in 2003/04 resulted from a change in recording systems. Work has been undertaken to quantify this effect and produce an adjusted time series which is shown in this figure.

For **major hazards**, from a 2001/02 baseline to achieve a sustained improvement in the number of:

- » events reported by licence holders which are judged to have the potential to challenge a nuclear safety system;
- » major and significant hydrocarbon releases in the offshore oil and gas sector; and
- » relevant Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable dangerous occurrences in the onshore sector.

Progress to date is shown in Figure 3:

**Figure 3**  
**Number of incidents**



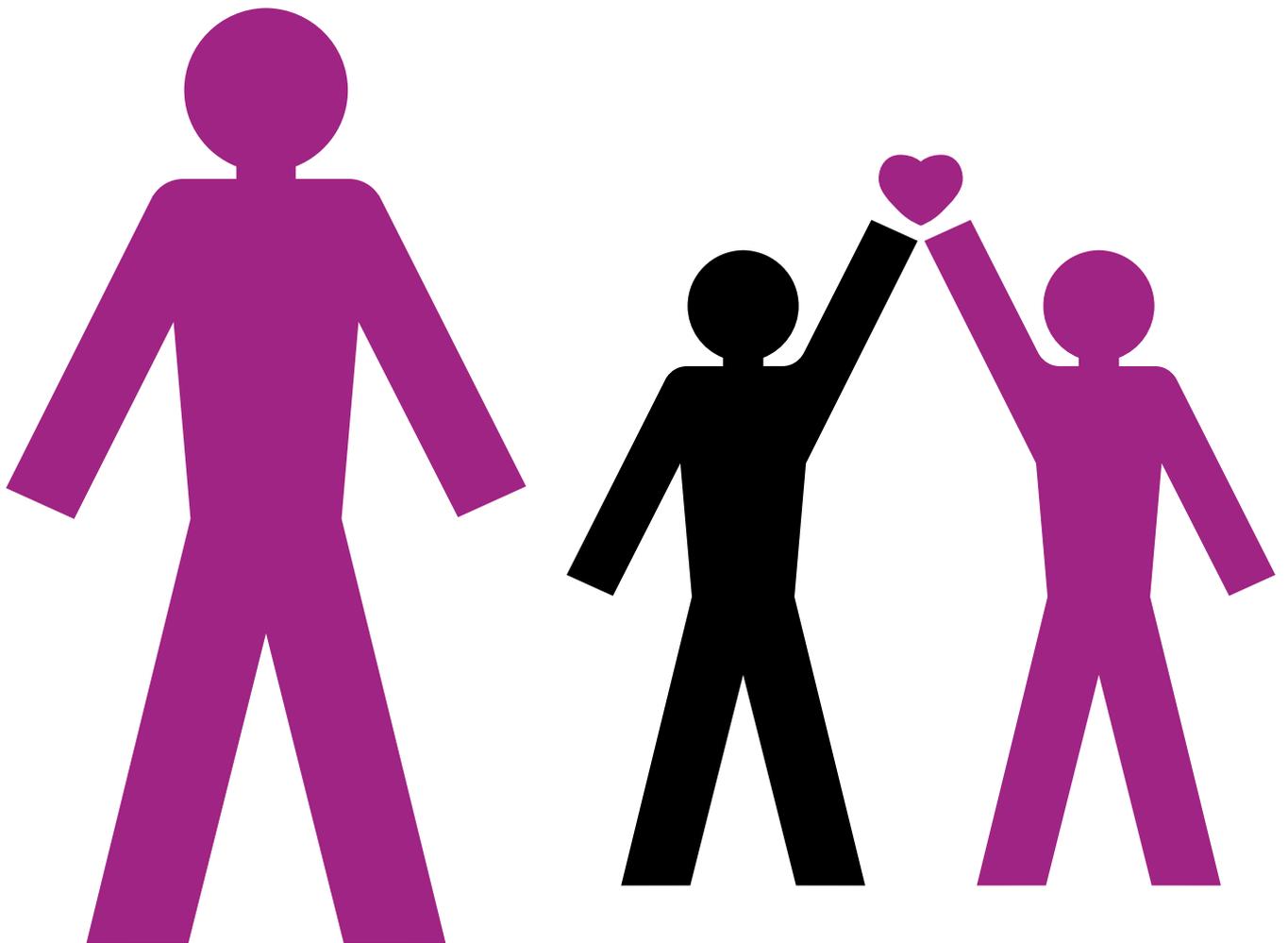
### **Revitalising Health and Safety (RHS)**

The RHS Strategy Statement launched in June 2000 set three national outcome targets for the health and safety system as a whole for improving health and safety performance. By 2010 to reduce the:

- » number of working days lost per 100 000 workers from work-related injury and ill health by 30%;
- » incidence rate of cases of work-related ill health by 20%; and
- » incidence rate of fatalities and major injuries by 10%.

The overall formal assessment of progress against the RHS measures will be carried out using the 2009/10 statistics – with the assessment being reported initially in autumn 2010 and using finalised figures in autumn 2011.

To ensure that the RHS targets continue to align fully with the DSO 3 indicators, HSE will extrapolate the numerical targets for injuries and ill-health incidence for a further year. From the baseline of 2000 to March 2011, this results in targets of 11% reduction in injuries, and 22% reduction in ill-health incidence representing an equivalent degree of challenge posed by the existing targets. The Working Days Lost target will not be carried forward into 2010/11 as it has already been dropped as a directional indicator for the DSO.



Great Britain has a relatively low rate of workplace injury and ill health compared to most European Union (EU) member states – but there is still considerable scope for improvement. We need to encourage people to recognise the real risks in their workplace activities and understand the steps they must take to manage those risks. We will focus on those that significantly contribute to current occurrences of fatalities, injuries and work-related ill health.

Health and safety failures particularly in high-hazard industries have the potential to cause catastrophic consequences for people and the environment. Our intention is to work with those bodies which have the potential for greatest impact in these industries and seek high levels of assurance that effective health and safety systems are in place.

The emphasis of our work is on prevention, but HSE and local authorities will continue to rigorously pursue enforcement action against those who put themselves and others at risk, and where there is a serious breach of the law.

# Creating healthier, safer workplaces

## Strategy Goals:

- » 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.
- » 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.

To improve health and safety outcomes in Great Britain we are prioritising our resources to address those occupations, sectors and hazards where the risks of ill health, injury or death are highest.

HSE's aim is to engage with relevant stakeholders in the health and safety system generally and in particular sectors, to stimulate improvement through the efforts of those best placed to influence change.

*Our objectives to progress this aim are:*

### Objective 1:

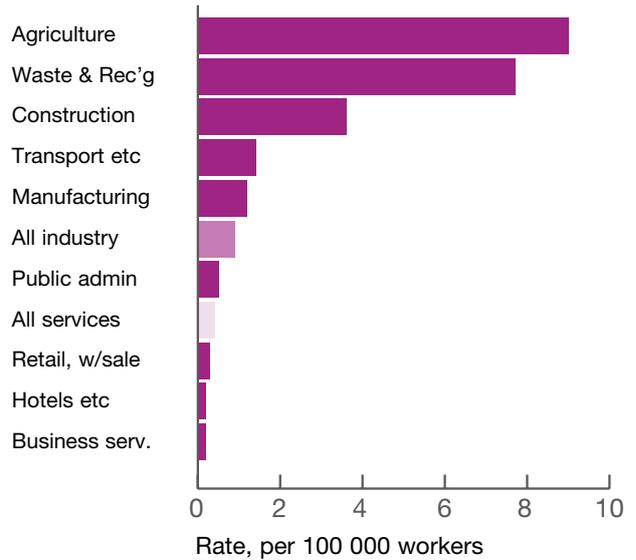
**To identify and prioritise significant health and safety problem areas for workers and those affected by work activities.**

*To progress this objective, HSE will:*

**Identify priority sectors which make significant contributions to fatal and major injuries.** The industries of agriculture, construction and waste and recycling consistently have above average fatal and major injury rates (see Figures 4 and 5). While our particular focus will be on these sectors, we will also give priority to the transport, manufacturing and public sectors.

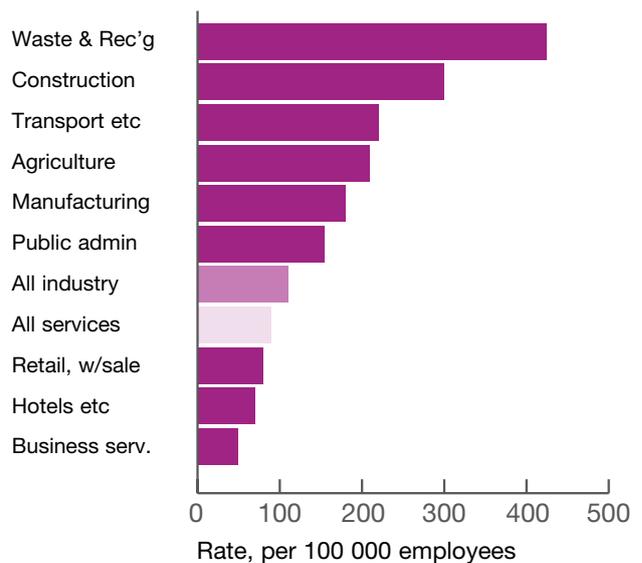
- » Around 420 000 people work in **agriculture** – representing about 1.4% of the workforce in Great Britain. Despite this, the sector is responsible for between 15% and 20% of fatalities to workers each year. The key causes of farm deaths have remained unchanged in the period 2004–2009, notably transport, falls from height, being struck by moving or falling objects (including machinery) and livestock.
- » Approximately 2.2 million people work in Britain’s **construction industry**, making it the country’s biggest industry. Although the record of the UK construction industry compares well with other countries, the fatal accident rate remains over four times the average for all industries and remains the largest contributor to worker fatalities of any sector. The fragmented and peripatetic nature of the sector, together with a shortage of skills and casualisation, present significant challenges to both industry and regulator.
- » It is estimated that around 200 000 workers are employed in the **waste and recycling industry**. The waste industry reports around 4300 accidents each year with an overall accident rate of around 2000 per 100 000 workers. Handling incidents or being struck by a refuse collection vehicle or car are the most common workplace transport accidents.

Figure 4  
**Fatal injury rates to workers, average 04/05–08/09**



Source: RIDDOR<sup>4</sup>

Figure 5  
**Major injury rates to employees, average 04/05–08/09**



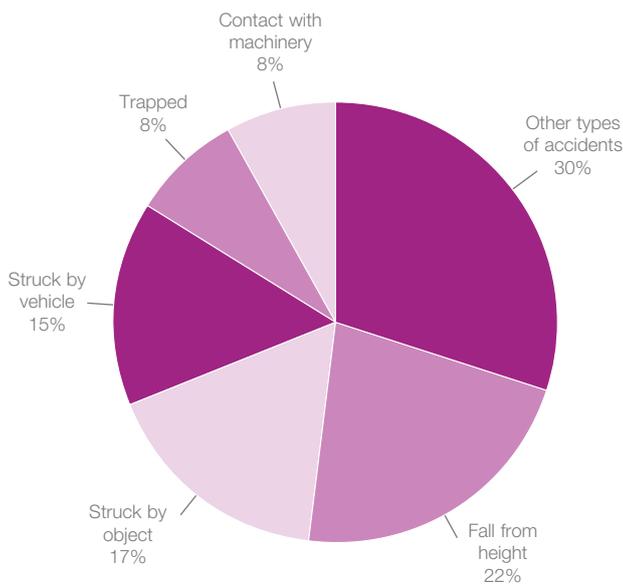
Source: RIDDOR<sup>4</sup>

4. RIDDOR – The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. There is more complete reporting of fatal injuries to workers (employees and self-employed combined). Non-fatal injuries to employees only are shown, due to the very low level of self-employed reports made.

### Identify the key causes of fatal and major injuries.

Despite a sustained long-term reduction in fatalities at work, falls from height remain one of the most common causes, accounting for 22% of all fatalities when averaged over the past five years, and **workplace transport** fatalities continue to be high with 15% caused by being struck by vehicles (see Figure 6). Hazards such as **slips, trips and falls from height** cause more than half of all major injuries (see Figure 7).

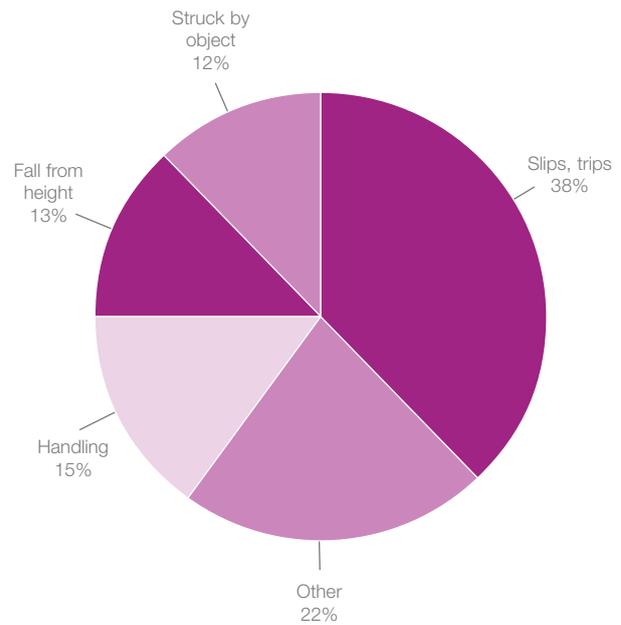
Figure 6  
Main type of fatal injury to workers 04/05–08/09



Source: RIDDOR<sup>5</sup>

5. RIDDOR – The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. There is more complete reporting of fatal injuries to workers (employees and self-employed combined). Non-fatal injuries to employees only are shown, due to the very low level of self-employed reports made.

Figure 7  
Main type of major injury to employees, average 04/05–08/09



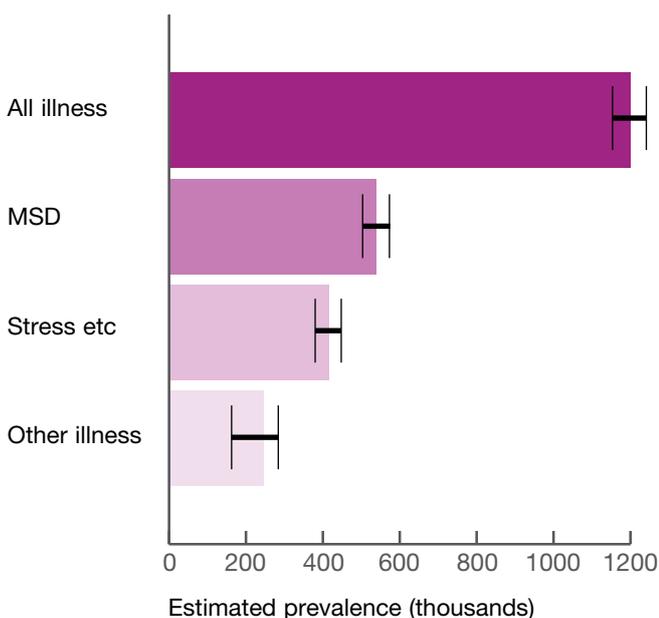
Source: RIDDOR<sup>5</sup>

### Identify the key causes of current work-related ill health.

Latest results from the Labour Force Survey (LFS) indicate that in 2008/09 an estimated 1.2 million people who had worked in the last 12 months suffered from ill health (see Figure 8) which they thought was work-related. In particular:

- » **Musculoskeletal disorders** (MSDs) which are consistently the most commonly reported type of work-related illness in the LFS. An estimated prevalence of 538 000 people in Great Britain suffered from an MSD caused or made worse by their current or past work, equating to 1800 per 100 000 people (1.8%).
- » **Work-related stress** is an issue for a large number of people and continues to feature as a concern for many employers. An estimated 415 000 individuals suffered from work-related stress, depression or anxiety – with a corresponding 11.4 million working days lost due to work-related conditions. This represents an estimated average of 27.5 working days lost per case and is the largest contributor to the overall estimated annual days lost from work-related ill health.

Figure 8  
**Estimated prevalence of self-reported work-related illness for people working in the last 12 months, 08/09**



Source: Labour Force Survey<sup>6</sup>

**Identify where there are higher risks of future ill health or premature death as a result of exposure to substances, physical agents, eg noise and vibration.**

Current levels of occupational disease and deaths largely result from historical exposures to fumes, dusts, fibres, chemicals etc, because there is a significant time period (the latency period) between exposure and effect. Other conditions such as **asthma, skin disease**, or the effects of **noise or vibration** also can take time to appear after exposure starts.

At least 12 000<sup>7</sup> people currently die each year due to exposure to **hazardous substances** during their past work. However, many workers can still be exposed to harmful dusts etc today. Building maintenance trades, stonemasonry, quarries, foundry work and welding are activities where such hazards exist.

Around 4000<sup>7</sup> of the annual deaths are due to **asbestos-related** disease. While much of the exposure was in industries which no longer exist or where asbestos is no longer used, there still remains a risk that tradespeople – plumbers, electricians, joiners etc will be exposed by unknowingly disturbing asbestos while doing their jobs. HSE has worked with stakeholders to raise the profile of long-term chronic harm to health, and the need for changes in behaviour and practice will continue.

**How HSE will monitor its performance against Objective 1**

- >> regular review of health and safety statistics;
- >> reductions in rates in key sectors, hazards and areas of ill health;
- >> sustained improvement in DSO measures; and
- >> monitoring of ill-health incidence and intelligence on current exposure levels/numbers.

6. Black lines indicate 95% confidence intervals - this represents a range of values which we are 95% confident contains the true value, in the absence of bias.

7. For further detail, see <http://www.hse.gov.uk/statistics/causdis/index.htm>

**Objective 2:  
To deliver effective and efficient interventions.**

*To progress this objective, HSE will:*

**Determine the appropriate interventions to stimulate improvements in complex problems, topic areas and sectors.** HSE recognises that we must put effort into those issues where we can achieve most impact and a sustainable improvement. For example, HSE's judgement is that proactive inspection does not represent a cost-effective means of improving and sustaining standards of health and safety for self-employed family farms, whereas improving

levels of awareness in farming communities about agricultural risks does.

In applying our intervention strategy, we will identify and seek to work with and through other stakeholders when they are better placed to provide an appropriate lead. Examples of approaches HSE will undertake in each of the priority areas are included below with further details throughout the remainder of this plan.

	Key interventions to be utilised in 2010/11
Agricultural sector	<ul style="list-style-type: none"> <li>» influence outcomes through communications and awareness-raising activities, eg Make the Promise Campaign, Safety Health Awareness Days (SHADs) <b>(see Objective 10)</b>;</li> <li>» use the supply chain to influence standards, eg work with stakeholders on product safety – including safe supply and use of plant and machinery; and</li> <li>» work with providers to influence the availability and uptake of appropriate education and training to improve competence.</li> </ul>
Construction	<ul style="list-style-type: none"> <li>» inspection;</li> <li>» influence outcomes through campaigns and awareness-raising activities, eg Refurbishment Campaign, Product Safety – Ladder Exchange Campaign, SHADs <b>(see Objective 10)</b>;</li> <li>» deliver 'Small Sites Strategy' and work in partnership, eg Working Well Together initiative <b>(see Objective 12)</b>;</li> <li>» use the supply chain to influence standards – focusing on local authorities as clients for significant refurbishment projects, eg ensuring compliance with OGC guidelines;</li> <li>» work in partnership with industry and local authorities, eg to incorporate information about accident reporting and investigation (including near misses) in the Construction Skills Certification Scheme (CSCS) health and safety test and the industry induction; and through the Local Authority Construction Engagement (LACE) to improve the way information on health and safety is provided to SMEs and identify ways in which we can work more closely on matters of concern;</li> <li>» develop an interactive web-based product (Leadership and Worker Engagement Tool) to enable users to lead, engage and develop their workforce better; and</li> <li>» identify ways to more effectively promote the lessons that can be learned from the causes of fatal accidents, including online publication of an annual summary of lessons learned.</li> </ul>
Waste and recycling	<ul style="list-style-type: none"> <li>» use the supply chain to influence standards – focusing on local authorities as clients for municipal waste collection contracts <b>(see Objective 6)</b>;</li> <li>» work in partnership, eg through the Waste Industry Safety and Health (WISH) Forum;</li> <li>» influence outcomes through campaigns and awareness-raising activities <b>(see Objective 10)</b>; and</li> <li>» inspection: <ul style="list-style-type: none"> <li>» lead inspector arrangements with the larger nationally operating contracting companies; and</li> <li>» targeted inspections of accident hotspot activities.</li> </ul> </li> </ul>

Key interventions to be utilised in 2010/11	
Slips, trips and falls from height	<ul style="list-style-type: none"> <li>» influence outcomes through campaigns and publicity, eg Shattered Lives, Ladder Exchange <b>(see Objective 10)</b>;</li> <li>» use the supply chain to influence standards, eg initiative to increase the suitability of flooring installed in areas which pose a slip risk and encourage procurers of footwear to consider slip risks when purchasing suitable footwear for workers; and</li> <li>» provide advice and guidance, eg Slips and Trips eLearning package (STEP) and Work at height Access equipment Information Toolkit (WAIT) <b>(see Objective 8)</b>.</li> </ul>
Workplace transport	<ul style="list-style-type: none"> <li>» work with stakeholders of small firms to improve competence of forklift truck drivers;</li> <li>» develop and promote take-up of tractor driver and machine operator refresher training by experienced farmers/workers; and</li> <li>» work with British industry and other international stakeholders to secure improvements to European Standards on telehandler visibility <b>(see Objective 14)</b>.</li> </ul>
Long latency disease	<ul style="list-style-type: none"> <li>» develop and maintain partnerships with stakeholders in higher-risk activities to identify ways to influence behavioural change;</li> <li>» influence outcomes through campaigns and publicity, eg Asbestos Duty to Manage (DtM) Campaign;</li> <li>» inspection – compliance with DtM <b>(see Objectives 7, 8 and 10)</b>;</li> <li>» work with stakeholders to improve controls including sound reduction at source for provision of plant/equipment;</li> <li>» ensure legislative regimes for controlling risks from hazardous substances and chemicals are fit-for-purpose and effective <b>(see Objective 3, 4 and 15)</b>; and</li> <li>» work with providers to influence the availability and uptake of appropriate education and training to improve competence in key sectors <b>(see Objective 8)</b>.</li> </ul>
Musculoskeletal disorders	<ul style="list-style-type: none"> <li>» inspection;</li> <li>» provision of advice and guidance, eg Assessment of Repetitive Tasks (ART) tool <b>(see Objective 8)</b>; and</li> <li>» design and supply – working with stakeholders to improve design of handling processes and products.</li> </ul>
Work-related stress	<ul style="list-style-type: none"> <li>» work in partnership with stakeholders to deliver consistent information to dutyholders and practitioners; and</li> <li>» provide advice and guidance, eg using the website and e-bulletin service to engage with stakeholders on management standards and managers' competencies <b>(see Objective 8)</b>.</li> </ul>

**Improve data capture and measurement.** HSE will seek to expand and integrate data sources to improve the quality of data used to adjust and better target its intervention strategy. One example is the **commissioning of research** to test the validity of self-reported ill-health data, with the initial report expected by the end of 2010/11. HSE is also seeking to identify other robust sources of ill-health data to better quantify the scale and causes of work-related ill health.

**Improve and use our evidence base.** In order to better understand factors contributing to health and safety, HSE will commission a range of research to inform HSE's interventions, influencing future inspections, policy development, advice, legislation and guidance, examples of which include:

- » determining the level and reasons for non-compliance with health and safety regulations;
- » in relation to competence, and in consultation with professional health and safety bodies, determining the motivation and sources behind employers obtaining health and safety advice; and
- » better understanding of what represents effective leadership for health and safety.

We will also continue to collect and publish statistics to demonstrate where most injuries and ill health are occurring, which groups are most at risk and the impact of changing demographics, so that HSE interventions can be better targeted.

**Develop appropriate performance measures.** We will develop a performance measurement framework for HSE and the wider health and safety system to monitor progress towards the strategy goals. One element is the development of new surveys of workers and employers based on strategy themes which will commence in 2010/11. These surveys will provide consistent data on the health and safety climate in workplaces. In addition, working with external stakeholders we will look to identify how to measure progress in reducing long latency risks, where incidence rates are not representative of current standards. Such leading indicators can provide evidence of changes in behaviour that result in lower exposures to causative agents (dusts, fumes, chemicals, noise etc) and so lower incidence of disease and ill health in the long term.

Across major hazard sectors HSE will promote, inspect and monitor the extent to which dutyholders adopt leading and lagging performance indicators. In the biological agent and explosive sectors, HSE will commission research to develop new performance indicators. HSE will also work with the offshore industry to set key performance indicators ('industry trending targets').

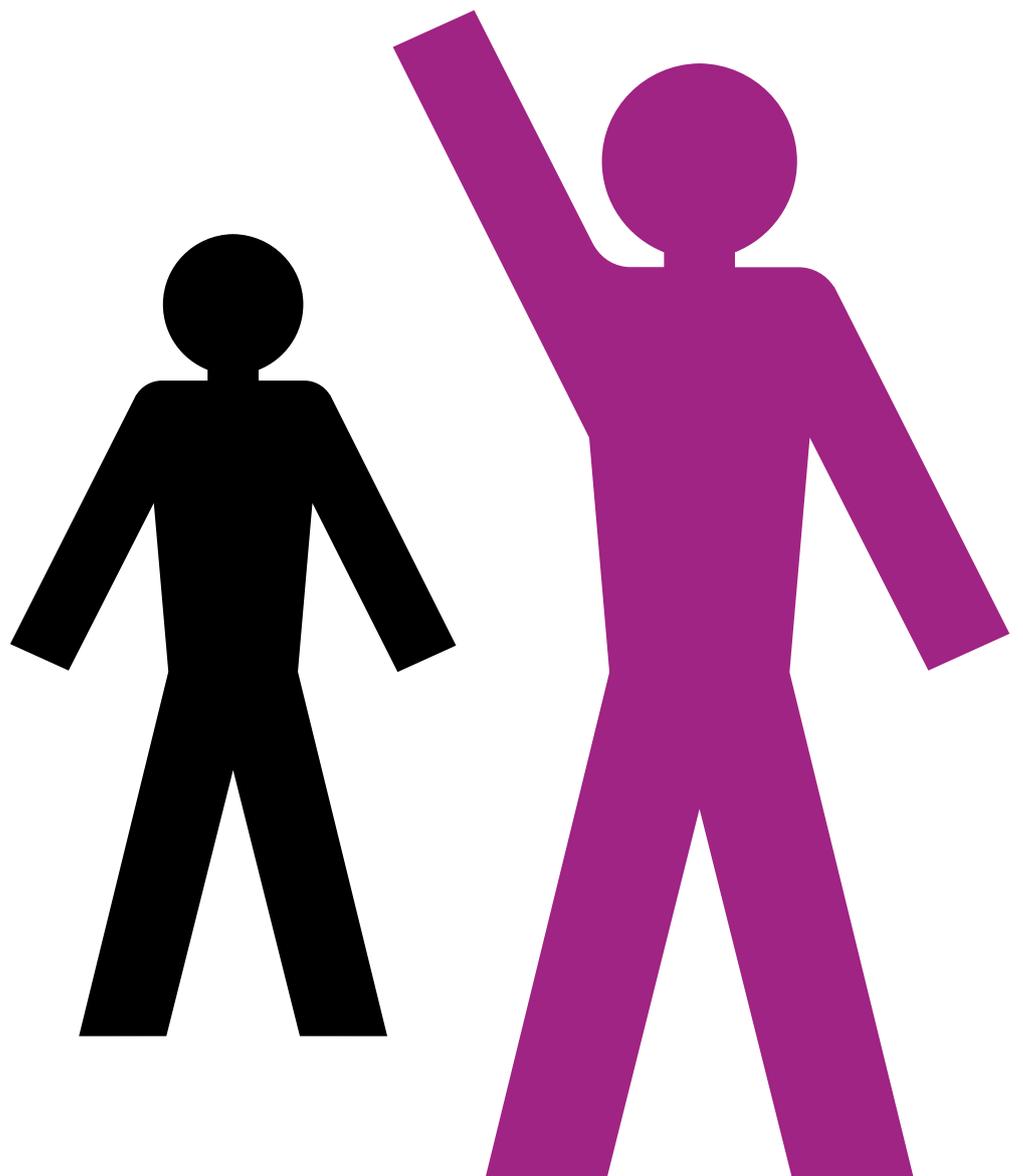
Alongside Oil & Gas UK (the representative body for the UK offshore oil and gas industry) and Step Change in Safety (the UK-based partnership with the remit to make the UK the safest oil and gas exploration and production province in the world), HSE will further develop health and safety performance measures to monitor progress of the offshore industry's Step Change Strategic Plan 2010–15. In the longer term, HSE wishes to ensure best practice is adopted across UK high hazard industries. Safety performance data must be captured, analysed and learnt from in order to drive improvements and reduce the frequency of challenges to safety and the potential for significant harm.

In 2010/11 HSE will develop approaches to promote best practice across the high-hazard industry sector. HSE will also complete the Nuclear Safety Performance Indicator (SPI) project. SPI thresholds will be agreed by all licensees by September 2010, and implementation completed by the end of the year.

HSE is commissioning research to investigate the feasibility and main challenges of substantially improving its knowledge of how its ongoing activities contribute to reducing death, injury and cases of ill health caused by work. The research will help determine whether scientifically credible methods and evidence may be applied to quantify or confirm these relationships. The results will scope out the potential for further work, which could significantly increase the relationships between HSE activities and associated outcomes. If further work is feasible, it could provide the basis for enhancements to the allocation of HSE's resources with the aim of increasing overall effectiveness.

## How HSE will monitor its performance against Objective 2

- » delivery of commissioned research to agreed milestones;
- » publication of statistics on a timely basis; and
- » suite of performance measures including use of leading and lagging indicators developed and ready for reporting when data is available.



## Strategy 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.

This goal identifies that specialist industries such as nuclear, offshore, oil, gas, onshore petrochemicals and biological agents provide essential products and services – but can potentially cause great harm to their workers, the environment and the public if not properly managed.

HSE's aims are to embed a highly developed safety culture, particularly within the organisations operating in these sectors, and to ensure that systems are in place for effective process safety management.

*Our objectives to progress these aims are:*

### Objective 3:

**To deliver effective regulation of dutyholders to reduce the likelihood of catastrophic events.**

*To progress this objective, HSE will:*

**Continue to deliver key interventions at major hazard operators and dutyholders.** This includes all top-tier COMAH sites, offshore installations, nuclear and other high-hazard establishments. HSE will also undertake **inspection** activity at sub-COMAH sites which handle sufficient quantities of dangerous substances presenting a significant risk. We will also consider **hazardous substance consents**, explosives licences and **assess notifications** of work involving genetically modified organisms (GMOs) in accordance with statutory deadlines. In addition, we will continue to **assess safety cases and safety reports** submitted to HSE. Within our regulatory programmes, we will undertake targeted inspections of a large sample of dutyholders in order to assess the use of leading and lagging indicators to measure performance **(see Objective 2)**.

**Ensure dutyholders effectively manage asset integrity risks including those arising from ageing plant and equipment.** The coming year is likely to see continued pressure on maintenance budgets and increase the health and safety risks arising from **ageing plant**. To ensure dutyholders are managing such risks, the COMAH Competent

Authority (CA) (comprising HSE, the Environment Agency and the Scottish Environment Protection Agency), whose role is to oversee and coordinate the regulation of major hazards in the UK, will publish revised guidance on the assessment and management of ageing plant by June 2010. In addition, HSE will develop an inspection programme to assess compliance with the guidance at high-risk sites. Following review of installation integrity within the offshore sector (KP3), we will commence a three-year inspection programme focusing on the effects of ageing plant and asset integrity on offshore infrastructures. HSE plans to complete ten such inspections during 2010/11.

The COMAH CA will monitor and publish dutyholders' progress in implementing the Process Safety Leadership Group's (PSLG's) guidance on safety and environmental standards for fuel storage sites. The guidance will be devised with relevant trade associations by September 2010 to ensure all major hazard dutyholders have implemented improved standards of **primary and secondary containment** at large-scale fuel storage sites and offsite installations. HSE will also continue to monitor the extent to which dutyholders have implemented the Buncefield Standards Task Group (BSTG) recommendations, reporting findings annually.

**Defuelling and decommissioning, and operating nuclear reactors.** HSE will continue to develop and implement intervention strategies for reducing hazards at post-operational Site Licence Companies, including a programme approach to asset care, and will complete identified interventions by March 2011 and develop appropriate intervention strategies so that an appropriate as low as reasonably practicable informed approach to decommissioning is taken.

We will continue to review and monitor implementation of the strategy developed by Site Licensees in response to ageing and reliability issues on safety-related plant and equipment to improve confidence that ageing issues are managed strategically across the relevant nuclear fleet.

**Address Matters of Evident Concern (MEC) and Matters of Potential Major Concern (MPMC).** HSE will deal immediately with any MEC that we encounter during visits, whether or not these are related to planned inspection or investigation. In addition, we will consider if there are hazards which have the potential to cause multiple casualties or multiple ill-health cases at all visits. If there are such hazards, inspectors will make sufficient inquiries to enable a professional judgement to be made as to whether the associated risks are properly controlled. If not, then enforcement action will be taken in accordance with the Enforcement Policy Statement (**see Objective 5**).

### How HSE will monitor its performance against Objective 3

- >> sustained improvement in DSO measures;
- >> annual review of progress against intervention plans;
- >> consents, licences and notifications provided to statutory deadlines;
- >> percentage of safety cases and safety reports completed to deadlines;
- >> inspections on ageing plant completed to schedule; and
- >> regular monitoring and review of MECs and MPMCs.

### Objective 4:

**To ensure there is a robust, consistent and credible regulatory framework and safety regime in place for major hazard industries.**

*To progress this objective, HSE will:*

**Implement key aspects of regulatory reform.** The COMAH CA will implement changes to the regulatory regime as part of the **COMAH Remodelling Programme**. This seeks to modernise the regime, taking into account changes in the onshore chemical industry and lessons learnt from recent incidents in both the UK and abroad. From 1 April, we will introduce a new assessment procedure for five-year review reports, an agreed set of national strategic priorities for inspection, and a rating system for safety and environmental hazards.

HSE will also deliver and implement the Callaghan recommendation, accepted by Government following the foot and mouth disease outbreak in Pirbright in 2007, for a combined **Human and Animal Pathogens Regime** with HSE as the enforcing authority. Work to date has been successful and the framework is expected to be fully implemented by October 2010.

In 2010, HSE will initiate a review of **explosives legislation**. As explosives legislation has developed over time, there is a fragmented set of requirements with multiple sets of regulations and subsequent amendments. The review provides considerable potential for reducing the regulatory burden on industry and regulators through clarification and simplification. The intention is to involve all interested parties and produce a modern, consolidated and integrated suite of updated legislation by April 2012.

HSE will also commence a review of enforcement policy for the replacement of iron gas mains. The current replacement programme covers the period April 2006–March 2013. By March 2011, we will have established the process and scope of the review so that a programme can be confirmed for the next five-year period April 2013–March 2018. As part of the review, we will consult Ofgem in advance of the next Distribution Network's Price Control period.

There has been an increase in the number of fatalities in the mines sector. As the industry has contracted, the training and education infrastructure has significantly reduced. HSE will target securing improvements in leadership and the training and development arrangements, and will review the effectiveness of the existing legislative arrangements (Mines and Quarries Act, Section 123) under which employees and their representatives carry out inspections of working conditions, in collaboration with the dutyholder and HSE.

**Continue to work closely with the liquefied petroleum gas (LPG) industry to oversee a programme of pipework replacement.**

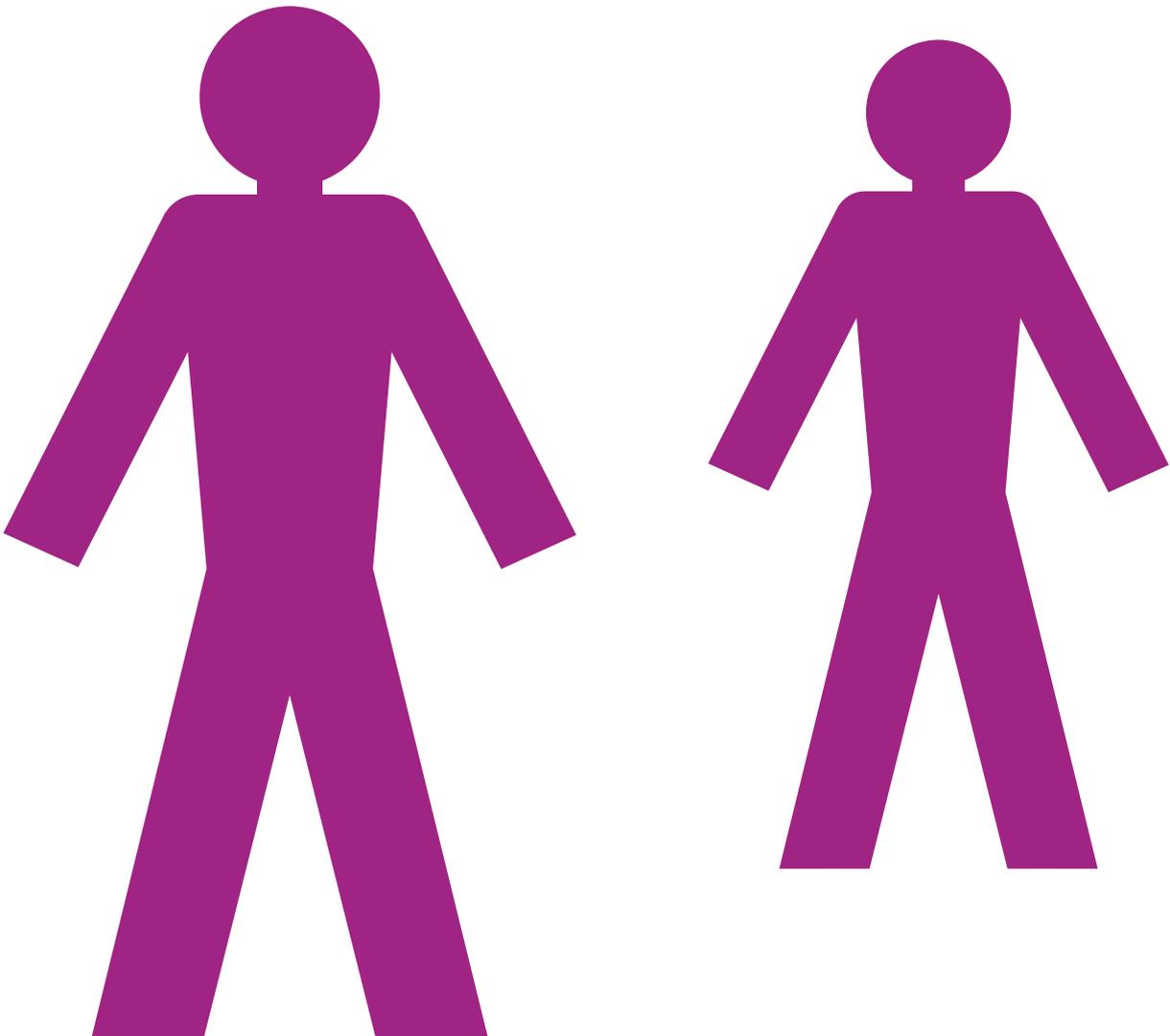
In July 2009, the publication of the Inquiry Report<sup>8</sup> into the explosion at the ICL Plastics Ltd factory in Glasgow in May 2004 recommended a four-phase action plan. Some of the actions, such as supporting the replacement of all buried metal service pipework with polyethylene pipes, were already underway through work led by the supply industry and supported by HSE. HSE conducted a public consultation on the remainder of the recommendations that closed on 19 November 2009. Following this, the key workstreams HSE will deliver in connection with the LPG industry during 2010/11 include:

- » issuing new guidance for industrial and commercial users of LPG clarifying roles and responsibilities of suppliers and users of LPG and how to manage the safety of their installations;
- » building on research to understand better the risks of LPG in domestic installations. We will work with LPG suppliers to raise awareness and encourage use of the available advice to help householders identify when they should consider replacing underground service pipes if their property is among the small minority where additional measures for risk reduction might be appropriate; and
- » continuing a targeted inspection campaign by HSE and local authority inspectors of industrial and commercial LPG users to support the programme, which has been agreed with the LPG supply industry.

#### How HSE will monitor its performance against Objective 4

- » COMAH remodelling programme implemented to timescales;
- » combined human and animal pathogens framework implemented on time;
- » single explosives regulatory framework programme progresses to timescales;
- » LPG pipework replacement programme actions implemented to time; and
- » 2000 LPG inspections completed by the end of 2010 with regular review of any enforcement action taken.

8. [http://www.theinquiry.org/documents/documents/HC8381ICL\\_Inquiry\\_Report.pdf](http://www.theinquiry.org/documents/documents/HC8381ICL_Inquiry_Report.pdf)



## Strategy Goal:

» To investigate work-related accidents and ill health and take enforcement action to prevent harm and to secure justice when appropriate.

Investigating complaints and incidents is an important lever for improving health and safety standards. It enables us to determine causes, learn and share lessons, and ensure necessary measures are in place to prevent recurrence. Investigation also provides the basis for enforcement action to secure justice.

When appropriate, HSE or the relevant local authority will seek to prosecute those who behave in a reckless way or where there has been a serious breach of duty. Enforcement holds those who break the law to account and its power as a deterrent plays an important role in delivering better health and safety. HSE's aims are to investigate complaints and incidents consistently and enforce health and safety law in accordance with the enforcement policy.

*Our objective to progress this aim is:*

**Objective 5:  
To deliver high-quality investigation and enforcement work.**

*To progress this objective, HSE will:*

**Investigate incidents and complaints.** Delivering high-quality **investigation** and **enforcement** work, whether measured by its impact on health and safety, or by the speed, ease and efficiency of our processes, continues to be one of our highest priorities. We will investigate those incidents which meet HSE's incident selection criteria. **Complaints** that meet HSE's agreed risk-based criteria will also be investigated. Where consistent with HSE's enforcement policy, we will **prosecute** those who commit serious breaches of the law. To obtain greatest impact, we will encourage widespread publicity for those cases where the sentences imposed indicate that the courts regarded them as particularly serious. We will continue with a rolling programme of Regulatory Decision Making Peer Reviews, twinned with Enforcement

Standards Reviews to ensure consistency of enforcement decisions. During 2010/11, HSE will implement any actions arising from its review of the incident selection criteria.

**Encourage proportionate, consistent, transparent and accountable enforcement with our local authority co-regulators.** The Section 18 (S18) standard is one of the main ways of encouraging regulatory consistency across local authorities and HSE as **enforcing authorities** under the Health and Safety at Work etc Act. The standard is supported by a number of systems and toolkits, which have been developed to provide further detail and assistance in the process of benchmarking. During 2010/11, we will continue to promote the adoption and application of the S18 standard and develop its supporting frameworks and toolkits. All enforcing authorities are expected to achieve

significant progress towards full compliance by March 2011 and as such have undertaken a self-assessment against the standard by March 2011 and put in place any actions needed for improvement. The results of the self-assessment will be

reported to the Health and Safety Executive/Local Authority Enforcement Liaison Committee (HELA) and the HSE Board to provide reassurance on compliance and set in train any national activity required to improve enforcement consistency.

#### **How HSE will monitor its performance against Objective 5**

- » quarterly review of HSE Enforcement Activity:
  - » number of notices issued;
  - » prosecution cases approved;
  - » percentage of guilty verdicts; and
  - » incidents and complaints investigated to time and quality standards;
- » rolling audit programme of investigation and enforcement decisions with biannual review;
- » S18 toolkits finalised following trials and publicised by agreed dates; and
- » reports to HELA and HSE Board on outcomes of the self-assessment.



Employers have the prime responsibility for properly controlling risks created by their business activities. Legally, professionally and morally there is a need for people of board level status to champion health and safety and be held accountable for its delivery. However, to be truly effective, health and safety competence must permeate throughout management, supervisory and workforce levels. In particular, the practical expertise of shop-floor supervisors and workers can make a genuinely important contribution to safer working practices.

The need is for everyone in the health and safety system to take responsibility and play their part in working together towards common goals. By making the commitment and aligning our efforts and expertise, our collective efforts will deliver improved health and safety in the workplace.

# The need for strong leadership

## Strategy Goals:

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

These goals reflect a consensus that strong leadership is essential to improving health and safety outcomes. Through their role, leaders have a significant influence on behaviour and attitudes in the workplace and can effect positive change by focusing on real health and safety issues.

HSE's aims are to ensure leadership starts at the top to create an organisation that is able to identify what effective health and safety management behaviours look like, as outlined in the HSE/Institute of Directors guidance *Leading Health and Safety at Work* and to encourage leadership in health and safety at all levels.

Our objectives to progress these aims are:

**Objective 6:**  
To influence leaders in taking ownership of health and safety.

To progress this objective, HSE will:

### Work with public sector organisations as major employers, standard setters and wider influencers.

HSE recognises that public sector organisations can play a significant part in improving health and safety outcomes through their varied roles. To take this forward, we will develop and maintain **strategic partnerships** with key public sector organisations including local authorities as employers, central government departments and the devolved administrations. Initially, our work will focus on the Ministry of Defence (MOD) and the Department for Work and Pensions (DWP).

During 2010/11, we will develop a revised strategy for the **health services sector**, which will take account of the proposals for change in the delivery of health services. To tackle effectively the major causes of work-related ill health in this sector we recognise the need to do things differently and explore new ways of engaging and influencing those who

can make a difference. These include policy makers, other regulators, commissioners of services or those who use the health service. We will publicise and implement our revised strategy from 2011/12.

In addition, HSE will develop strategies based upon the multi-faceted role of **local authorities** as client, procurers and commissioners of services and contract managers to ensure appropriate standards are applied and effectively monitored in key areas. For example, local authorities in their role as client for waste and recycling services can exert influence through the supply chain by ensuring contractors have effective health and safety systems in place.

We will also encourage the **education sector** to promote sensible and proportionate risk management by establishing stakeholder relationships with relevant school and education bodies, including local authorities. HSE will also engage with education stakeholders to identify opportunities to

work with others to enhance training material on health and safety leadership for head teachers and school business managers. We will also work with the Scottish Schools Equipment Research Council to develop guidelines for heads and teachers in schools. We will develop a series of case studies, delivering five in 2010/11 to share good practice of health and safety leadership in schools, provide realistic approaches to challenges and demonstrate how strong leadership provides solutions.

**Stimulate the sharing of good practice.** We are introducing a number of strategic co-ordinators (senior staff within HSE) to improve our relationship with, and the performance of, large organisations – including their supply chain and the wider business community to stimulate and share good practice. We will also continue to promote and seek the commitment of organisations to healthier and safer

workplaces by encouraging them to sign up to the strategy pledge and the key roles they can play in delivery. The online strategy pledge forum will enable members to openly discuss health and safety issues and exchange best practice. We will work with industry bodies to identify and promulgate case studies which reflect good leadership in practice.

**Support major hazard dutyholders to adopt high standards of process safety leadership.** HSE will engage and work with stakeholders and intermediaries across **major hazard sectors** to promote process safety leadership. We will work with industry to ensure the progressive adoption of the process safety leadership principles agreed by the COMAH Competent Authority in 2009, including hosting a leadership conference for the North Sea Offshore Authorities Forum in April 2010.

#### How HSE will monitor its performance against Objective 6

- » partnership agreements for key public sector organisations in place;
- » establishment of strong and effective partnerships with stakeholders best placed to influence improvements in key sectors and activities;
- » relationships with agreed number of organisations for strategic co-ordinators established; and
- » Strategy Pledge – members and forum usage increased and feedback evaluated.

### Objective 7:

To determine and routinely examine whether good health and safety leadership is demonstrated in practice.

To progress this objective, HSE will:

**Assess health and safety leadership.** HSE will assess leadership as part of each proactive inspection, where appropriate, using the HSE/LoD guidance. In relation to the **public sector**, we will carry out audits of the boards of large NHS organisations to explore their approach to the provision of leadership. In their client role for **waste and recycling** services, we will inspect local authorities over a three-year period – prioritising the newly formed unitary or joint waste disposal authorities, contracts due for renewal or authorities working in partnership. Within the **major hazards sector**, we will pilot a leadership audit/inspection tool at a sample of major hazard sites to identify whether the process safety leadership principles are being applied in practice.

We will continue the development and rollout of the Regulation of Licensing, Leadership and Managing for Safety Strategy 2009–2012 with the **nuclear sector**. This consists of three elements that collectively develop HSE’s policies and processes to ensure licensees’ approaches to leadership and managing for safety are robust. One aspect of this work is to develop a coherent set of guidance to better define our expectations of licensees’ management structures, arrangements and resources.

We and our local authority partners will also inspect compliance with **Asbestos Duty to Manage (DtM) Regulations** – legal duties for those in control of commercial buildings to manage any asbestos, in addition to the promotion of guidance and a concerted DtM campaign (**see Objectives 2, 8 and 10**).

### How HSE will monitor its performance against Objective 7

- » measure of leadership as established through Employer and Worker Surveys will establish a baseline against which progress can be assessed;
- » extent of adoption of leadership principles by dutyholders against a delivery success guide;
- » ratings of leadership and attitude of management; and
- » ratings of compliance against Asbestos Duty to Manage Regulations.



## Strategy Goal:

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

This goal recognises that competence needs to exist throughout an organisation and at every level of the workforce. It is important that everyone understands what information they need and where to access it, together with the skills and training necessary to ensure safe and healthy working practices.

HSE's aims are for employers and employees to confidently identify whether they can manage their own risks, meeting the requirements of legislation, and where to seek advice and support.

*Our objectives to progress these aims are:*

### Objective 8:

**To support employers and employees in improving health and safety knowledge.**

*To progress this objective, HSE will:*

**Review and improve the content of health and safety standards, guidance, tools and information.** Access to accurate, understandable guidance is key to supporting directors, managers and workers to recognise and manage risks in operational activities. HSE will continue to produce and promote guidance and toolkits to support dutyholders to effectively manage health and safety. Examples during 2010/11 include:

- » revision of **Successful health and safety management (HSG65)**. To provide an up-to-date approach to improving health and safety management drawing on lessons from effective business management. In addition to launching the revised HSG65 in autumn 2010, HSE will complement this with a statement of core elements for managing health and safety which signposts other key guidance, toolkits and case studies and launch a website to act as a 'landing point' for managing health and safety;
- » **Asbestos Duty to Manage**. The publication and promotion of guidance for dutyholders and asbestos surveyors to clarify roles, responsibilities and duties (**see Objectives 2, 7 and 10**);

- » revision of **Safeguarding agricultural machinery – advice for designers, manufacturers and users (HSG89)** in autumn 2010. To encourage the safe supply and use of new and second-hand plant and machinery on farms to target manufacturers, suppliers and small and medium-sized enterprise (SME) users and customers;
- » launch and promote the **Assessment of Repetitive Tasks (ART)** tool which enables inspectors and employers to assess the risks of musculoskeletal damage from workers undertaking repetitive tasks. The tool will be promoted throughout the year together with a 'Push-pull tool' ready for use in the latter part of the year; and
- » simplification of the **Stress Management Standards** material (including the Management Standards Analysis tool) will be available on the HSE website to make it more accessible to smaller companies.

We will undertake additional work to review and revise HSE's messages for SMEs and improve the accessibility of all our information (**see Objective 12**).

**Work with key stakeholders to facilitate the provision of effective health and safety training, education and qualifications.** HSE will work with key stakeholders, including national training providers and higher and further education establishments, to increase the availability and uptake of appropriate training and education. HSE will ensure courses contain suitable reference to the management of health and safety risks, including:

- » development of pilot **learning packages** for use by trainers within priority trades where there is a significant risk of exposure which may cause serious respiratory disease, initially considering the motor vehicle repair, stonemasonry and welding sectors;
- » working with land-based industries, Lantra (the Sector Skills Council for the environmental and land-based industries) and agricultural colleges to improve the uptake of agricultural education and training – with emphasis on the achievement of nationally recognised **Vocational Qualifications (VQs)** which include risk awareness and management. HSE will promote the uptake of VQs by large employers, farming corporations and the retail supply chain. We will also produce learning materials to support effective delivery of training in agricultural colleges, eg revising the publication *Fit for Tomorrow*;
- » engaging with relevant skills sector councils to encourage the incorporation of HSE's STEP and WAIT tools (**see Objective 2**) into **vocational training**; and
- » development of teaching material on the management of health and safety risks for use in **undergraduate engineering courses** in collaboration with the Inter-Institutional Group on Health and Safety.

**Support young people as they enter the workforce.** The recovery of the economy will bring challenges for employers as more **inexperienced, young and other people enter the workforce**. HSE is working with vocational training providers and industry stakeholders (see examples above) to ensure that relevant training is available for new entrants to the industry and the workforce generally. In addition, to ensure that young people are risk aware before they enter the workforce, HSE is supporting initiatives of other stakeholders such as IOSH who have developed specific risk education courses aimed at 14-year-olds and above. We will also analyse the results from research we have recently undertaken about the best ways to communicate messages to young people.

**Support provision of assured competent advice.** HSE will continue to facilitate work to establish an accreditation scheme for health and safety professionals. This will involve working closely with a network of health and safety professional bodies to analyse the results of a feasibility study undertaken by the Chartered Institute of Environmental Health (CIEH) and IOSH and to develop a potential model.

**Support Safety Schemes in Procurement (SSIP).** HSE will continue to support SSIP as part of our work in supporting industry to take a proportionate response to risk. SSIP was launched last year, bringing mutual recognition to a number of industry and public sector pre-qualification schemes established to assist clients in identifying competences of those that they wish to engage. Developed by a forum, including operators of pre-qualification schemes, client and contractor representatives and HSE, the benefits include improved standards and a focus on risk management.

#### How HSE will monitor its performance against Objective 8

- » guidance produced and published to agreed timescales;
- » number of web visitors and downloads;
- » evaluation of guidance and toolkits against agreed success criteria;
- » increase in the number of colleges offering VQs which include relevant health and safety content; and
- » increase in number of registrations for relevant VQs.

### Objective 9:

To determine and routinely examine the extent of health and safety competence in the workplace.

To progress this objective, HSE will:

**Assess competence in the workplace.** HSE will assess competence as part of every proactive inspection where appropriate. We will also undertake a significant number of visits to asbestos-licensed contractors and removal work operators that will provide assurance of the competence of those participating in these activities.

**Operate and oversee statutory schemes to ensure employers have access to competent provision.** HSE will work with professional bodies to improve and streamline the procedures for recognition of individuals and organisations competent to act as **Radiation Protection Advisors**. We will update our procedures for approving radiation dosimetry services. In addition, HSE will continue to approve and monitor training organisations which deliver first aid at work and emergency first aid at work courses.

### How HSE will monitor its performance against Objective 9

- » measure of competence as established through Employer and Worker Surveys will establish a baseline against which progress can be assessed;
- » processing of Radiation Protection Advisor and Approved Dosimetry Service applications in accordance with published target times; and
- » completion of 1400 asbestos-licensing visits during this work year and assessment of the risk ratings awarded by inspectors.

