



Revitalising
Health and Safety
Strategy Statement

June 2000

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Foreword by the Deputy Prime Minister



Revitalising Health and Safety is about injecting new impetus to better health and safety in all workplaces.

The Health and Safety at Work etc Act 1974 was a landmark in making Britain's workplaces safer. For the first time all employers were required to keep their workplaces healthy and safe. The Act provides a strong framework for good, effective regulation and has transformed Britain's workplaces. We can see the results – the number of deaths at work today is a quarter of the 1971 level.

But 25 years on, it is time to give a new impetus to health and safety at work. Too many deaths still occur at work. Each death or serious injury in the workplace is a tragedy; a tragedy that causes devastation for workers, their families and loved ones; a tragedy which, perhaps, could have been avoided in the first place.

Society as a whole pays when things go wrong. We estimate that the total cost to society of health and safety failures could be as high as £18 billion **every year**. We can and should do something about this.

That's why, last year, I announced our *Revitalising Health and Safety* Initiative, a strategic appraisal of our health and safety framework, building on the hard work of the last quarter of a century and setting the agenda for the first 25 years of the new Millennium. Our aim is to reduce the impact of health and safety failures by 30% over 10 years.

Transport safety is not covered in this statement. Nor does it seek to anticipate in any way the outcome of Lord Cullen's public inquiry into the tragic rail accident at Ladbroke Grove junction.

Revitalising Health and Safety reflects the changing world of work and the need for our regulatory system to match it. It also acknowledges that certain areas of work, such as construction, still have a high accident rate and that we must work hard to combat this.

The work of the Health and Safety Commission and Executive will be vital in making *Revitalising Health and Safety* a success. Preventing accidents and ill-health, rather than dealing with the consequences, must be their priority.

Revitalising Health and Safety foreshadows tougher sentences for health and safety offences, and also an examination of new, innovative penalties.

We want this initiative to succeed. That's why I'm committing the Government to show clear leadership as an employer, procurer and policy maker. I hope this will inspire others right across our diverse economy to commit to new action and share in the benefits of good health and safety management.

I believe that the *Revitalising Health and Safety* initiative will bring about a real change in workplace culture – a change that will blaze a trail for effective partnership between employers and workers in all aspects of working life.

A handwritten signature in blue ink, reading "John Prescott". The signature is written in a cursive, flowing style with a large initial "J".

John Prescott

Foreword by the Chair of the Health and Safety Commission



The importance of good health and safety is evident to anyone who has seen the consequences of health and safety failure. Those who suffer most are the injured, the ill and the bereaved. But all of us lose from poor health and safety: employers and employees, consumers, and the providers of public services. Society and the nation at large cannot escape the £18 billion bill every year.

The Health and Safety Commission warmly welcomed the initiative taken by the Deputy Prime Minister last year when he launched the consultative document *Revitalising Health and Safety*. This exercise has helped raise the profile of health and safety. Action and achievement are now the watchwords. We need nothing less than a step change improvement in health and safety over the next decade.

So the challenging targets to reduce health and safety failures that we publish here must engage all the stakeholders in the health and safety system: employers, workers, Government, local authorities, employers' associations and trade unions, professional bodies and safety charities, and many others.

In the coming year I shall be asking all our stakeholders to draw up their own action plans in order to meet these targets. I particularly welcome the Government's commitment to show clear leadership as an employer, as a major purchaser of goods and services, as an investor and as policy maker.

The partnership approach of the Health and Safety Commission has achieved much over the last 25 years. But a new world of work poses new challenges and we must never be complacent.

We shall rise to these challenges and meet the targets set out here if we all continue to work in partnership.

A handwritten signature in blue ink that reads "Bill Callaghan". The signature is written in a cursive style.

Bill Callaghan

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Overview

- 1 The *Revitalising Health and Safety* initiative was announced by the Deputy Prime Minister on 30 March 1999 to inject new impetus and relaunch the health and safety agenda, 25 years after the Health and Safety at Work etc. Act 1974.

Aims of Revitalising Health and Safety

- to inject new impetus into the health and safety agenda;
- to identify new approaches to reduce further rates of accidents and ill health caused by work, especially approaches relevant to small firms;
- to ensure that our approach to health and safety regulation remains relevant for the changing world of work over the next 25 years; and
- to gain maximum benefit from links between occupational health and safety and other Government programmes.



- 2 The Government considers that the basic framework set by the 1974 Act has stood the test of time. This provides for goal setting law, taking account of levels of risk and what is 'reasonably practicable', with the overriding aim of delivering good regulation that secures decent standards and protection for everyone.
- 3 The 1974 Act confers a wide range of functions on the Health and Safety Commission and Executive, including proposing new law and standards, enforcing health and safety legislation, investigating accidents and complaints, conducting research, and providing information and advice. In certain premises, including retail, entertainment and offices, health and safety legislation is enforced by local authorities.
- 4 The Deputy Prime Minister launched a consultation on 1 July 1999, jointly with the Health and Safety Commission, seeking stakeholders' views and ideas. Almost 1,500 responses were received, containing many valuable insights and suggestions. **Section 1** gives details of the consultation, and an analysis of responses is at **Annex A**.
- 5 The Government's approach has been to focus on ideas capable of adding value to the current system without threatening its overall balance. For example, while appropriate enforcement and deterrence is crucial, this must not be at the expense of promoting voluntary compliance and models of excellence. The Government wishes to build on 25 years of successful partnership between employers, employees, trade unions and consumers on the Health and Safety Commission.
- 6 This **Strategy Statement** sets out how the Government and Health and Safety Commission will work together to revitalise health and safety. At its heart are the first ever targets for Great Britain's health and safety system:
 - to reduce the number of working days lost per 100,000 workers from work-related injury and ill health **by 30% by 2010**;
 - to reduce the incidence rate of fatal and major injury accidents **by 10% by 2010**;
 - to reduce the incidence rate of cases of work-related ill health **by 20% by 2010**;
 - achieve **half** the improvement under each target by **2004**.

- 7 Details of the new targets are given in **Section 2**. These are underpinned by the **10-point Strategy Statement** in **Section 3**, which sets the direction for the health and safety system over the next 10 years. This statement highlights the importance of *promoting better working environments* to deliver a more *competitive economy*, *motivating employers* to improve their health and safety performance, and *simplifying over-complicated regulations*.
- 8 Delivery of the new targets will depend crucially on the *commitment of stakeholders* to pioneer new action. To lead the way, **Section 4** sets out an **Action Plan** which the Government and Health and Safety Commission will take forward, where appropriate in partnership with the Scottish Executive and the National Assembly for Wales. Scottish Minister for Enterprise and Lifelong Learning, Henry McLeish, has signalled his commitment to this initiative. It also has the support of Mrs Edwina Hart, the National Assembly for Wales' Finance Secretary, who also has lead responsibility for health and safety issues in Wales.
- 9 The **Action Plan** incorporates many ideas suggested in the consultation and focuses, in particular, on what more Government can do over the short to medium term to support the Health and Safety Commission's existing programme of work. The **Action Plan** includes measures:
- to **motivate employers**, through a *Ready Reckoner* to drive home the benefits to industry of a good health and safety regime, a new *challenge to industry on annual reporting* and commitments to *legislate to make the punishment fit the crime* when health and safety standards are flagrantly ignored;
 - to **engage small firms** more effectively, through the new *Small Business Service* in England and equivalent structures in Scotland and Wales, a programme of *tailored sector-specific guidance* and development of a *grant scheme*;
 - to **put the Government's own house in order**, through a *Ministerial checklist*, *removal of Crown immunity* and action on *procurement*;
 - to promote coverage of **occupational health** in local Health Improvement Programmes in England and co-ordinated Government action on **rehabilitation**;
 - to secure greater coverage of **risk concepts in education**, including changes this year to the *National Curriculum in England and Wales* and action on risk education for *safety-critical professionals*.

Section 1

Consultation

- 10 The *Revitalising Health and Safety* initiative was announced by the Deputy Prime Minister on 30 March 1999. In answer to a Parliamentary Question, John Prescott outlined his intention to:

"...take forward a strategic appraisal of health and safety to mark the 25th anniversary of the Health and Safety at Work etc. Act 1974... to inject new impetus and relaunch the health and safety agenda...and to reduce the rate of workplace accidents and ill health still further."



He promised that a public consultation document would be launched in the summer to open up a debate on this important issue.

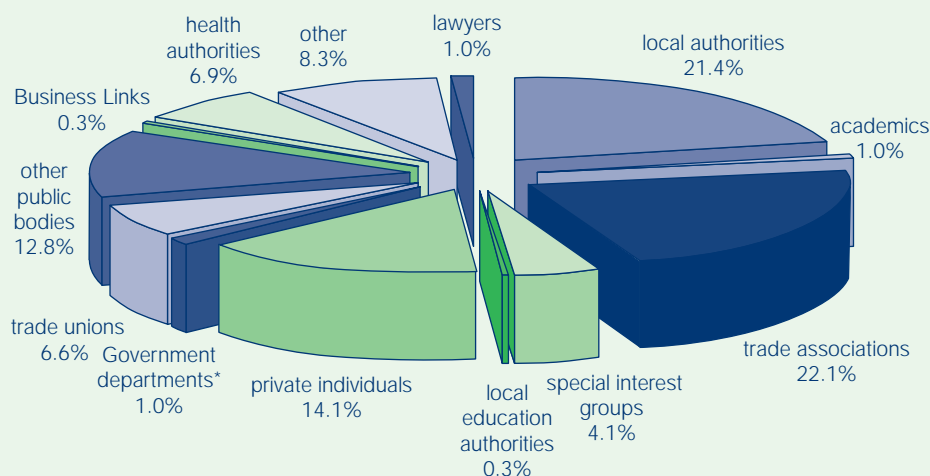
Preparing the ground

- 11 An inter-Departmental Steering Group was set up in April 1999 to oversee and co-ordinate work. The Steering Group commissioned a programme of exploratory meetings with stakeholders, for example on service delivery, engaging small firms and targeting industry sectors. These involved, amongst others, the **Confederation of British Industry**, the **Trades Union Congress**, small firms representatives such as the **Federation of Small Businesses**, the **British Chambers of Commerce** and the **Forum of Private Business**, the **Health and Safety Executive/Local Authority Enforcement Liaison Committee (HELAL)** and the **Association of British Insurers**.
- 12 In addition to the Department of the Environment, Transport and the Regions and the Health and Safety Executive, all Government Departments with direct responsibility for aspects of health and safety at work were represented on the Steering Group, including:
- Department of Health** – on public health issues;
 - Department of Social Security** – on the Industrial Injuries scheme;
 - Department for Education and Employment** – on education in health and safety skills and risk management;
 - Department of Trade & Industry** – on competitiveness and small firms;
 - Ministry of Agriculture, Fisheries and Food** – on health and safety in agriculture and forestry;
 - Lord Chancellor's Department** – on penalties; and
 - Cabinet Office** – on regulatory impact.
- HM Treasury, the **Scottish Executive** and **Welsh Administration** were also represented. The **Ministry of Defence**, **Home Office**, **Inland Revenue** and **HM Customs & Excise** were consulted on relevant issues.

Collecting views

- 13** The *Revitalising Health and Safety* consultation document was launched jointly by DETR and the Health and Safety Commission on 1 July, 1999. It set out the economic business case for further action, and sought views on what more could be done to make the Government's vision for higher standards a reality. In addition to the main document, three summary leaflets were produced to target employers, workers and small and medium-sized enterprises. Over 7,000 copies of the main document and 40,000 leaflets were distributed.
- 14** The consultation period closed on 24 September. 1,478 responses were received:
- 290 were responses to the main Consultation Document. Figure 1 shows the source of these responses;
 - 194 were responses to the Employer leaflet;
 - 860 were responses to the Worker leaflet; and
 - 134 were responses to the Small and Medium-sized Enterprise leaflet.

Figure 1: Sources of responses to Main Document

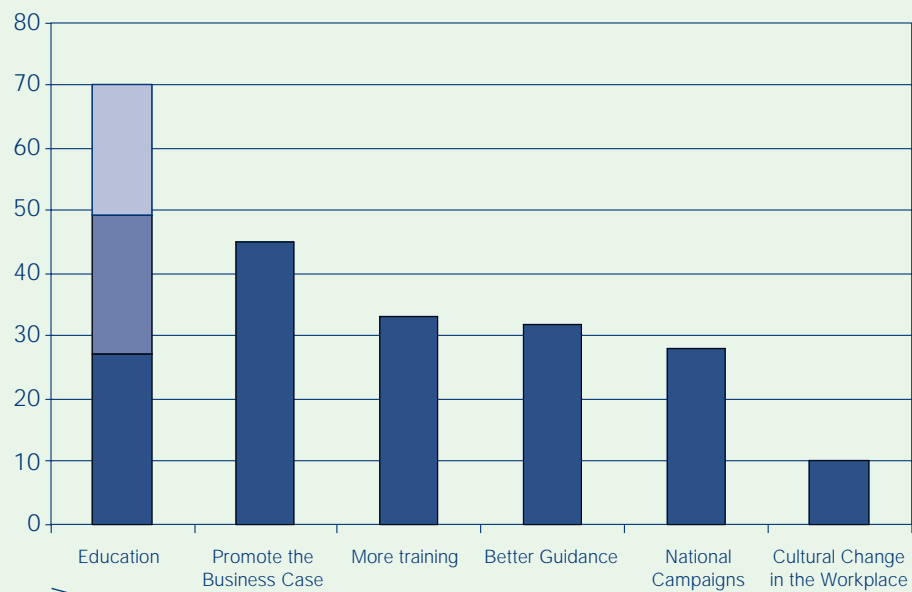


Source: *This figure refers only to those Government Departments submitting a formal response to the consultation document. Paragraph 12 lists all the Departments who have been actively involved in the Revitalising Health and Safety initiative.

Identifying key themes

- 15** Almost everyone who responded thought that more could, and should, be done to raise health and safety standards in every sector and every type of business, right across Great Britain. The open nature of the consultation inspired a broad range of ideas for how further improvements might be made.
- 16** A detailed analysis of the responses is at **Annex A**. This section summarises the views of respondents to the main consultation document on how further progress can be made in reducing accidents and ill health caused by work. The seven key themes to emerge from the 265 responses that specifically addressed this issue are as follows:
- i. **Raising Awareness of Health and Safety**
- 17** Almost two thirds of responses focused on the need to raise awareness of health and safety – among employers, workers and the general public. Opinion was split on the most effective method of awareness raising, with many suggesting that several methods should be deployed at once. **Figure 2** shows the most popular suggestions.

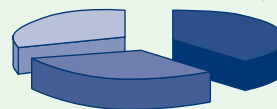
Figure 2: Suggestions for Awareness Raising



Education...

...of school children i.e. including health and safety/ risk awareness in the National Curriculum

...of employer and workers



...including health and safety in higher/further education courses

ii. Enforcement Action

18 Enforcement issues were mentioned in over a third of responses. The most popular suggestions were:

- more inspections;
- increased funding for regulators;
- stiffer penalties;
- more energetic enforcement of existing legislation (some made the point that this would be easier to achieve if the legislation was clearer); and
- greater attention to the recording and reporting of incidents (for example through a National Safety Audit requiring companies to produce audited annual reports on their health and safety performance and plans).

iii. Boardroom Issues

19 A quarter of responses suggested that ensuring health and safety was a boardroom issue would be a key factor in making further progress. The most important issues were felt to be:

- covering health and safety in company annual reports;
- indicating publicly which Director holds responsibility for health and safety;
- including health and safety on the agendas of Board meetings;
- clarifying the position on corporate responsibility.

iv. Role of the Insurance Industry

- 20** A tenth of responses suggested that the insurance industry needed to play a more proactive role in promoting health and safety awareness, and that health and safety performance needed to be reflected more sharply in the level of insurance premiums.

v. Safety Representatives

- 21** A tenth of responses highlighted the important role of safety representatives in managing health and safety at work. The majority of these called for enhanced powers, such as the Provisional Improvement Notice powers granted in some Australian States. Such Notices allow representatives to serve notice on their employers of breaches of health and safety law and to require action to deal with them.

vi. Occupational Health and Rehabilitation

- 22** Almost a tenth of responses called for better access to occupational health services for all workers, including a new focus on the provision of rehabilitation services for injured and sick workers.

vii. Financial Incentives

- 23** Around 1 in 12 responses called for financial incentives to motivate employers to act.

The next three Sections give details of new **Targets for Great Britain**, a **Strategy Statement** and **Action Plan**. Together these form the response of the Government and the Health and Safety Commission to the *Revitalising Health and Safety* consultation, designed to inject new impetus into the health and safety agenda for the new Millennium.

Section 2

Targets for Great Britain

24 Health and safety is central to sustainable development and securing a better quality of life for all:

- raising workplace standards will promote better public health and *social progress which recognises the needs of everyone*;
- reducing the £18 billion¹ annual bill for health and safety failures will contribute to *maintaining high and stable levels of economic growth and employment*;
- controlling harmful substances in the workplace will help to *protect our environment*.



25 We must grasp every opportunity to promote higher health and safety standards through wider sustainable development initiatives. For example, the Government hopes that health and safety will feature in the new Queen's Award for Sustainable Development. We look to the devolved administrations, and to regional and Local Agenda 21 partnerships, to play their part in promoting the health and safety message through programmes aimed at furthering sustainable development.

26 Amongst the indicators set out in *A strategy for sustainable development for the United Kingdom*, published in May 1999, are working days lost through illness, work fatalities and injury rates. A stated aim of the *Revitalising Health and Safety* initiative is to bring down rates of accidents and ill health caused by work.

27 In *Saving lives: Our Healthier Nation*, the Government set tough but attainable targets for England in priority areas such as death rates from cancer, coronary heart disease and stroke². Over two thirds of respondents to our main consultation supported setting targets for health and safety at work to give new purpose and direction for all who needed to act.

28 The Government and the Health and Safety Commission have now decided, for the first time, to set targets for Great Britain on health and safety at work to drive forward this new strategy. Their delivery is dependent on the commitment of all stakeholders in the health and safety system to act to secure higher standards. That includes crucially action by Government at national, regional and local level – and action by dutyholders under health and safety law.

¹ *Costs to Britain of workplace accidents and work-related ill health in 1995-1996*, HSE 1999

² *Better Health – Better Wales and Towards a Healthier Scotland* set similar targets.

29 Our aim is for all stakeholders, working together, to:

- reduce the number of working days lost per 100,000 workers from work-related injury and ill health **by 30% by 2010**;
- reduce the incidence rate of fatal and major injury accidents **by 10% by 2010**;
- reduce the incidence rate of cases of work-related ill health by **20% by 2010**;
- achieve **half** the improvement under each target **by 2004**.

30 To deliver these challenging new targets, we will need:

- implementation of the new **Strategy Statement** and **Action Plan**, set out in the next two sections of this document;
- delivery of the **Health and Safety Commission's Strategic Plan** – an updated Plan rolling out this initiative will be published later this year including, wherever appropriate, development of supporting sectoral and risk-specific targets, to be agreed in partnership with stakeholders and then driven down into the workplace;

The Health and Safety Commission's Strategic Plan for 1999/2002 sets out five strategic themes supported by key programmes:

- to raise the profile of occupational health;
- to improve health and safety performance in key risk areas;
- to develop health and safety aspects of the competitiveness and social equality agendas;
- to increase the engagement of others and promote full participation in improving health and safety;
- to improve the Health and Safety Commission and Executive's openness and accountability.

The **Strategy Statement** and **Action Plan** set out in this document are designed to build on and further these themes.



- the **commitment of stakeholders** to share in our aspirations and contribute to their delivery, for example by devising and publishing their own supporting targets.

31 In formulating these targets, account has been taken of responses to the Health and Safety Executive discussion document *Developing an occupational health strategy for Great Britain* which invited comment on a target of reducing work-related ill health by 20% by 2010. Account has also been taken of forecast changes in the labour market over the next 10 years, and of the Health and Safety Commission's experience in formulating outcome targets for some specific sectors such as the rubber and paper industries. A focus on tackling the most serious cases first, together with improved arrangements for rehabilitation, will be key to delivery of the first of these targets. The Health and Safety Executive will now develop baselines for these measures, make arrangements for discussions (involving the social partners) on contributory targets, and for monitoring progress.

Section 3

10-point Strategy Statement

- 32** The 25 years since the Health and Safety at Work etc Act 1974 have seen steady but, in the recent past, slowing reduction in levels of health and safety failures. This has been a tribute to the strengths of the 1974 Act and the analysis that underpinned it. The rate of fatal injury to workers in Great Britain is less than half that in Germany.
- 33** In striving to achieve maximum preventative effect, the Health and Safety Executive and local authorities have sought to balance their duties to give advice, inspect, undertake enforcement action and investigate complaints and accidents. There is no need to change this basic approach, but there is a pressing need for constant vigilance and further action to raise standards.
- 34** That is why the Government has significantly increased the resources available to health and safety – additional resources of some £63 million were made available to the Health and Safety Commission and Executive in the three year Comprehensive Spending Review in 1998. As a result, the annual number of regulatory contacts the Health and Safety Executive has with employers and duty holders (including inspections) is estimated to have risen to 188,000 in 1999/00. The number of prosecutions for health and safety crimes has been rising each year and is estimated to have reached 1900 in 1999/00.
- 35** A fair, decent and safe society depends on good regulation where alternative approaches, such as guidance, cannot secure the same outcome. Good regulation is about decent standards and protection for everyone, not bureaucracy and red tape. The Health and Safety Commission and Executive are committed to helping business – small firms in particular – by simplifying and clarifying health and safety law and guidance; improving the enforcement regime by ensuring it is consistent, proportionate, transparent and targeted; and cutting red tape by removing unnecessary forms and paperwork requirements.
- 36** The 1980s and 1990s have been characterised by significant legislative activity, much of which has been driven by the European Union. It is now recognised by many, including our European partners, that the legislative framework is broadly complete. The challenge is to convert legal standards into real changes in culture and behaviour in the workplace, since only this can deliver continuous improvements in standards. We must also be alert to new areas of risk and the forces behind them, and be ready to develop strategies to tackle them. People management issues, such as stress, change and violence, continue to pose a threat to the effectiveness of the modern workplace.
- 37** Many of the findings of Lord Robens' committee³, which paved the way for the 1974 Act, remain valid today. Partnership between Government, employers, employees and unions remains crucial, as does self-regulation based on goal setting law. But there is a need for new energy and a new strategic direction. This **10-point Strategy Statement** sets the framework for further action over the early part of the 21st century:

³ *Safety and Health at Work*, Report of the Committee 1970-72, Chairman Lord Robens, HMSO Cmnd. 5034

- i) The health and safety system needs to do more than just prevent work-related harm. It must **promote better working environments** characterised by motivated workers and competent managers. This will require a shift in focus from minimum standards to best practice. In so doing, we will make an active contribution to the wider Government agendas of competitiveness, sustainability, public health and social inclusion.
- ii) The changing world of work means we must adjust our approach to health and safety regulation. The health and safety system must complement the Government's vision for a competitive, knowledge driven economy. We must recognise and promote the **contribution of a workforce that is 'happy, healthy and here' to productivity and competitiveness**. This is a workforce that understands its own responsibilities and benefits from a strong health and safety culture.
- iii) **Occupational health** must remain a top priority if a real break-through is to be made. The next significant step will be to take forward the Health and Safety Commission's new occupational health strategy. This will include better compliance with health law, innovative arrangements to secure continuous improvement, and having the right knowledge and skills available with appropriate occupational health support.

The Health and Safety Commission will launch an occupational health strategy for Great Britain in July 2000. The new strategy will take a wide view of occupational health considering not only the preventative side of controlling effects of work on health, but also how health impinges on work, and the contribution that occupational health can make to rehabilitation.



- iv) There is a need for **positive engagement of small firms**, by promoting clear models of how they too can reap the benefits of effective health and safety management. We must commit to simplifying law that is over-complicated with their needs in mind, without compromising standards, and ensure (for the reasons set out in paragraph 96) that small firms are not deterred from seeking advice for fear of enforcement action. We must redouble efforts to bring pressure to bear through the supply chain, particularly in government procurement.
- v) The compensation, benefits and insurance systems must **motivate employers** to improve their health and safety performance, in particular by securing a better balance in the distribution of the costs of health and safety failures. When things do go wrong, employers must also be motivated to rehabilitate injured workers so as to maximise their future employability. The Government sees a case for reforming the arrangements for employers' liability insurance in pursuit of these goals.
- vi) A more deeply engrained **culture of self-regulation** needs to be cultivated, most crucially in the 3.7 million businesses with less than 250 employees. We must demonstrate and promote the business case for effective health and safety management. We must provide financial incentives which motivate, and change the law to secure penalties which deter. This culture must be further supported through the full integration of health and safety within general management systems.
- vii) The full potential of Robens' vision for worker participation in health and safety management at individual workplaces is yet to be realised. An innovative response is needed to the challenges presented by the changing world of work. **Partnership on health and safety issues** can lead the way for the Government's wider agenda on partnership between employers and workers. Indeed, effective partnerships between all stakeholders in the health and safety system, including central, regional and local government, are crucial.
- viii) **Government must lead by example**. All public bodies must demonstrate best practice in health and safety management. Public procurement must lead the way on achieving effective action on health and safety considerations and promoting best practice right through the supply chain. Wherever possible wider Government policy must further health and safety objectives.

- ix) Most health and safety failures are due to poor management and ignorance of good practice, rather than direct malicious intent. **Education** at every level, starting in primary school, in health and safety skills and risk management is key. Significant steps forward have been made, but there is much more still to do. Coverage of risk issues in engineering, design and general management education remains weak.
- x) The best way to protect workers' health and safety, particularly where more complex contractual structures are involved, is to '**design it in**' to processes and products. The Construction Design and Management Regulations have pioneered this approach with considerable success. The same principles must now be applied in other areas where there is heavy reliance on contracting.



Section 4

Action Plan

- 38** In order to deliver the ambitious targets we are now committing to, we must take forward the new strategic direction through concrete action in the shorter term. This section sets out the first steps – a **44-point Action Plan**. Some actions fall to the Health and Safety Commission, in consultation with stakeholders, and will be carried forward into their later Strategic Plans. Others are commitments from government designed to raise further the profile of the Health and Safety Commission's work.

Motivating employers

Ready Reckoner

Action point 1

The Health and Safety Commission will publish and promote a Ready Reckoner supported by case studies to drive home the business case for better health and safety management.

- 39** We are grateful to the insurance industry for agreeing in principle to circulate these documents with employers' liability insurance renewals. They will also be made available to trades unions, safety representatives and employees.
- 40** The idea of the Ready Reckoner is to provide employers with a straightforward tool to facilitate assessment of the potential financial benefits of further action to improve health and safety management. This will take the form of a short awareness-raising leaflet supported by a software package, which will also be made available to workers and their representatives.

Over £180 million a year could be saved in work-related illness costs in the construction industry alone. "Rethinking Construction", the report of the Construction Task Force published in 1998, indicated that some leading clients and construction companies had achieved reductions in reportable accidents of 50-60% in two years or less, with consequent substantial reductions in project costs.



BIP Group, a plastics company with annual sales of £75m, made health and safety a priority. It is the first item at board meetings, and Chairman Keith Sansom organised raffles to mark improvements. Accidents resulting in a worker taking three days or more off work have been reduced from 18 to less than one a year, and the company's insurance premiums have reduced by 60%.



- 41 The experience of companies such as South West Water demonstrates that a strong health and safety culture contributes significantly to profitability. South West Water saved £2.5 million over a six-year period through action to prevent accidents. They also expect to save £0.9 million over a ten-year period through a programme to prevent just one type of work-related ill health (upper limb disorder). Yet our consultation revealed that many organisations continue to doubt whether the 'good health and safety is good business' message really does apply to them in hard financial terms. The aim of the Ready Reckoner is to address this communication failure.

- In October 1999, the Health and Safety Executive published new data on the costs to Britain of workplace accidents and work-related ill health in 1995-1996.
- Work-related accidents and illness cost 2.1-2.6 per cent of gross domestic product each year – equivalent to between £14.5 billion and £18.1 billion.
- The cost to employers is estimated at between £3.5 billion and £7.3 billion a year – 4 to 8 per cent of all gross company trading profits.



Reporting

Action point 2

The Health and Safety Commission will promote publication of guidance, by March 2001, to allow large businesses to report publicly to a common standard on health and safety issues. The Government and the Health and Safety Commission challenge the top 350 businesses to report to these standards by the end of 2002, and will then work to extend this to all businesses with more than 250 employees by 2004.

- 42 An analysis of health and safety coverage in the annual reports of companies in the FTSE 100 was carried out by the charity 'Disaster Action' in 1996. This showed that roughly half of these reports covered health and safety in some way, with wide variation in the quality of reporting.
- 43 In line with the approach adopted on environmental reporting, where there are some excellent examples, Ministers wish to seek to encourage more widespread reporting on a voluntary basis in the first instance. However, Ministers are minded to move to a compulsory regime if good progress is not made against this action point.
- 44 It is anticipated that the new guidance on annual reporting will encourage companies to include details of their health and safety policies, numbers of reported incidents and details of any enforcement action. Ministers attach particular importance to details of prosecutions, fines and statutory notices being made public. Many of the unions responding to our consultation argued for auditable standards for reporting the costs of health and safety failures and the benefits of health and safety interventions. The feasibility of this proposal will be considered in working up guidance.
- 45 The Royal Society for the Prevention of Accidents is taking forward a new initiative called *Director Action on Safety and Health (DASH)*. One aspect of this work is to be a consultation on encouraging best practice in measurement and reporting (both internally and externally) of health and safety performance and plans.
- 46 The Company Law Review, which includes within its remit an examination of the legal framework for company accounting, reporting and disclosure, may also make proposals relevant to company reporting on health and safety. The Review, which was launched by the Department of Trade and Industry in 1998, is overseen by a Steering Group of independent experts. It is due to make its final report in Spring 2001.

Action point 3

The Health and Safety Commission will undertake a fundamental review of the health and safety incident reporting regulations.

- 47** The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) came into force in April 1996. These Regulations simplified injury definitions, introduced new plain English report forms, and enabled the Health and Safety Executive to pilot arrangements for telephone reporting of accidents in Scotland. Plans are being laid, subject to resources being made available, for an integrated call centre which will enable all employers to report incidents by telephone, fax or Internet.
- 48** While nearly all workplace fatalities are reported, only 47% of reportable incidents generally are reported to the Health and Safety Executive or local authorities. The review of the reporting regulations will look in particular at the needs of the Health and Safety Executive and local authorities for the information currently collected; investigate why employers do not report accidents and the near misses they are required to report; and the possibilities for 'joined up' information and communications strategies with others in the public service to get across the reporting message to employers.
- 49** A related issue is the quality of investigation by employers when incidents occur, to ensure that lessons are learned and risks are better controlled in future. The Health and Safety Commission has recently sought views on the introduction of a specific duty on employers to investigate accidents. It is considering a consultative document with specific proposals to change the law. Leading-edge employers, large and small, already conduct detailed investigations of all incidents, including near misses, as a powerful catalyst for improved future performance. Our vision for the future is far wider propagation of such best practice approaches.

How well are we doing?

Action point 4

The Health and Safety Commission will advise Ministers what steps can be taken to enable companies, if they wish, to check their health and safety management arrangements against an established 'yardstick'. This work will include examination of the implications for small firms and the role standards can play in addressing their needs.

- 50** Two thirds of responses to our consultation saw wider adoption of accreditation schemes as a means of raising health and safety standards. At present there is no health and safety management standard to which companies can seek accredited certification. This is at odds with the position on environmental and quality management standards, and may mean that health and safety is given less attention. Although health and safety does feature in the most recent 'Investors in People' standard, it is unlikely that this element within such a broad standard can realistically acquire sufficient prominence to achieve the impact we are seeking.
- 51** A certifiable standard could provide a clear benchmark and help to promote supply chain initiatives. It could also provide a useful input to the SIGMA Project⁴, which aims to create a strategic management framework for sustainability by developing the next generation of sustainability management tools and standards. It is for consideration whether any of the existing non-certifiable health and safety standards would provide a good starting point.
- 52** Work currently underway in the International Labour Organisation and in other international bodies will need to be taken into account. The EC Advisory Committee on Safety, Hygiene and Health Protection at Work has recently agreed a helpful statement of principles. It is critical, though, that the needs of smaller firms and their workforces are taken into account, which is why we are making a commitment to examine how standards can help to promote health and safety in small firms. This work will need to involve representatives of small firms and their employees from the outset.

⁴ Run in partnership by the British Standards Institution, Forum for the Future and the Institute of Social and Ethical Accountability, and involving the Department of Trade and Industry and the Department of the Environment, Transport and the Regions.

We welcome – and encourage organisations to participate in – health and safety benchmarking programmes, such as the Confederation of British Industry's CONTOUR management tool. CONTOUR allows companies to measure their environment, health and safety performance against their competitors, with a view to enhancing competitiveness.



Involving insurers

- 53** Many consultees suggested that the insurance industry could do more to promote higher health and safety standards. The 10-point Strategy Statement indicates that the Government sees a case over the medium term for reforming the compensation, benefits and insurance systems to motivate employers more effectively to raise standards and rehabilitate victims. The Government attaches importance to involving the insurance industry in the development of health and safety policy, for example through the Health and Safety Commission's advisory structures.

Action point 5

The Health and Safety Commission will consider how best to involve the insurance industry more closely in its work, including the possibility of representation on the Commission's advisory committees.

- 54** The insurance industry has indicated that introduction of auditable management standards would assist them in encouraging better health and safety performance from their customers for employers' liability insurance, particularly if a suitably tailored scheme could be introduced for small firms. Some insurers, particularly in higher hazard sectors, do already load premiums by as much as 50% according to risk, and offer discounts of up to 20%. Insurers also offer free advice on risk management, together with health and safety training and consultancy services.
- 55** Key issues for further consideration are how insurers might exert greater pressure on very poor performers; and how the current practice of adjusting premiums and providing advice to larger businesses in higher hazard sectors might realistically be transferred to lower hazard sectors and smaller businesses.
- 56** For example, the Association of British Insurers is looking to develop a recommended questionnaire on health and safety, the purpose of which will be to ensure that health and safety information is presented in a uniform and user-friendly fashion, leading to better informed assessment of risks and the measures necessary to control them. Such a questionnaire should make insurers' expectations on health and safety standards very clear to companies purchasing insurance, while facilitating adjustment of premiums according to risk and performance.
- 57** The Government is eager to secure the highest possible levels of compliance with the Employers' Liability (Compulsory Insurance) legislation, so that all workers benefit from the full protection intended by the law. At present, only a restricted number of Health and Safety Executive inspectors have responsibility for enforcing this legislation.

Action point 6

The Government will work with the Health and Safety Executive to ensure that a larger number of inspectors have powers to enforce the Employers' Liability (Compulsory Insurance) legislation.

Penalties

Action point 7

The Government will seek an early legislative opportunity, as Parliamentary time allows, to provide the Courts with greater sentencing powers for health and safety crimes. The key measures envisaged are to extend the £20,000 maximum fine in the lower courts to a much wider range of offences which currently attract a maximum penalty of £5,000; and to provide the courts with the power to imprison for most health and safety offences.

Action point 8

The Health and Safety Executive will monitor and draw public attention to trends in prosecution, convictions and penalties imposed by the Courts, by publishing a special annual report. This will 'name and shame' companies and individuals convicted in the previous twelve months. This information will also be available on the Health and Safety Executive's Website.

- 58 The consultation document stated that the Government was considering whether to make imprisonment available to the courts for all health and safety offences, and whether the maximum fine for breaches on summary conviction should be increased for offences under the 1974 Act. The overwhelming view of consultees was that the general level of penalties imposed by the courts is inadequate: only 7% considered that the current framework for penalties was satisfactory. Many also argued that more publicity needed to be secured for successful prosecutions. In the light of future trends in sentencing, the Government will consider a referral of health and safety offences to the independent Sentencing Advisory Panel.
- 59 The Government sees a strong case for strengthening the sentencing powers available to the courts and intends to legislate for this as soon as Parliamentary time allows. A Government handout Bill (the Health and Safety at Work (Offences) Bill), following this session's Private Members' ballot, has already been introduced in Parliament which would increase the maximum lower court fines and make imprisonment more widely available. The Bill would also increase the penalty for the main offence under the Employers' Liability (Compulsory Insurance) Act 1969, and extend the time limit on bringing prosecutions for such an offence.

Marking the launch of the joint TUC – British Safety Council report on health and safety penalties in December 1999, the Lord Chancellor said:

- "I am confident that the Criminal Courts will play a full part in generating greater public awareness of the importance of health and safety issues; and in ensuring that the Courts come down hard on those who breach health and safety legislation."

While stressing that only the magistrates and judges could do justice in the particular circumstances of the cases before them, the Lord Chancellor said that they should not flinch from using the maximum penalties, including imprisonment where appropriate.



Action point 9

The Health and Safety Commission will advise Ministers on the feasibility of consultees' proposals for more innovative penalties.

- 60 Many consultees suggested that a more innovative approach to penalties might be more effective in changing companies' behaviour. Among the specific proposals which the Health and Safety Commission will consider are:
- fines linked to the turnover or profit of a company;
 - prohibition of Director bonuses for a fixed period;
 - suspension of managers without pay;
 - suspended sentences pending remedial action;

- compulsory health and safety training;
- penalty point system on the drivers' licence model;
- fixed penalty notices for specific offences;
- deferred prohibition notices on welfare issues.

- 61 A further popular suggestion was that community service related to health and safety might be an appropriate penalty in some cases. Community service orders can, and have been, imposed by the courts following health and safety convictions. The Health and Safety Commission will consider as part of this project what effect the community service approach has had and whether there might be scope for its wider use.

Action point 10

The Government will consider an amendment to the 1974 Act (when Parliamentary time allows) to enable private prosecutions in England and Wales to proceed without the consent of the Director of Public Prosecutions.

- 62 The Law Commission published a report on 20 October 1998 entitled *Consents to Prosecution*. This report found anomalies in the list of offences requiring the consent of the Director of Public Prosecutions, arguing that these made substantial inroads into the ordinary individual's right to set the criminal law in motion. Though health and safety offences were not intended to be within the scope of the report, the same principles have a bearing on the position under the 1974 Act.
- 63 The Law Commission recommended that consent provisions should exist only for three categories of offences: where a defendant could contend that prosecution would violate the European Convention on Human Rights; where national security or an international element is involved; or where there is a high risk that the right of private prosecution will be abused and cause the defendant irreparable harm. The Law Commission concluded against pursuing their provisional proposal for consent provisions where civil proceedings are available in respect of the same conduct.
- 64 The Law Commission recommends that all consent provisions, which fall outside these categories, be dispensed. The powers of the Attorney General to prevent vexatious proceedings from commencing or to terminate them, and the powers of the Director of Public Prosecutions to take over and discontinue proceedings, remain. The Director of Public Prosecutions has to date received no more than a handful of applications in relation to health and safety offences, all of which have been rejected. Such a reform would, though, need to guard against any vexatious prosecutions skewing action away from protection of the most vulnerable.

Corporate responsibility and the role of Directors and responsible persons of similar status

- 65 There has been growing public concern that the existing offence of corporate manslaughter is flawed. Following the Southall rail crash in 1997 which resulted in 7 deaths and 151 injuries, Mr Justice Scott-Baker ruled that a charge of manslaughter could not succeed because of the need to "identify some person whose gross negligence was that of Great Western Trains itself". Similarly, prosecutions against 7 individuals and the company following the Herald of Free Enterprise disaster in 1987 failed because "the various acts of negligence could not be aggregated and attributed to any individual who was a directing mind". In the history of English law there have been only three successful prosecutions for corporate manslaughter, all against small companies.
- 66 The Law Commission recommended that a special offence of 'corporate killing' should be created. In cases where management arrangements had failed to ensure the health and safety of workers or the public, a death would be regarded as having been caused by the conduct of the corporation. Individuals within a company could still be liable for the offences of reckless killing and killing by gross carelessness, as well as the company being liable for the offence of corporate killing. Directors and managers can also be prosecuted under section 37 of the Health and Safety at Work etc Act 1974 if an offence is committed with their consent or connivance, or is attributable to neglect on their part.

- 67 The Home Office published on 23 May 2000 a consultation document on involuntary manslaughter, with a view to implementing the Law Commission recommendations on a new 'corporate killing' offence in England and Wales. The consultation document covers the issue of corporate liability and the extent to which Directors should be personally liable. The Scottish Executive will consider whether, in the light of proposals in England and Wales, any changes are needed to Scottish law.
- 68 Many consultees considered that greater prominence for health and safety issues at board level was the key to raising standards. Responses from health and safety practitioners pointed unanimously to the perception of a low profile for their profession with little support from senior management.

Action point 11

The Health and Safety Commission will develop a code of practice on Directors' responsibilities for health and safety, in conjunction with stakeholders. It is intended that the code of practice will, in particular, stipulate that organisations should appoint an individual Director for health and safety, or responsible person of similar status (for example in organisations where there is no board of Directors).

The Health and Safety Commission will also advise Ministers on how the law would need to be changed to make these responsibilities statutory so that Directors and responsible persons of similar status are clear about what is expected of them in their management of health and safety. It is the intention of Ministers, when Parliamentary time allows, to introduce legislation on these responsibilities.

- 69 Health and Safety Executive guidance confirms that, in organisations that are good at managing health and safety, health and safety is a board room issue and a board member takes direct responsibility for the co-ordination of effort. Ministers and the Health and Safety Commission attach importance to ensuring that organisations appoint an individual director for health and safety, or a responsible person of similar status.

The Royal Society for the Prevention of Accidents (RoSPA) launched a new initiative called *Director Action on Safety and Health (DASH)* on 27 October 1999. This will seek to co-ordinate a programme of activities involving key stakeholders aimed at encouraging more effective involvement of Directors.



- 70 Health and safety management needs to be set firmly in the wider context of corporate governance and corporate social responsibility. Guidance on the internal control requirements of the Combined Code on Corporate Governance, developed by a working party under the chairmanship of Nigel Turnbull, was published by the Institute of Chartered Accountants in September 1999 (ISBN 1 84152 010 1). The guidance is intended to ensure that the board is aware of the significant risks faced by their company and the procedures in place to manage them. Boards of directors are called on to review regularly reports on the effectiveness of the system of internal control in managing key risks, and to undertake an annual assessment for the purpose of making their statements on internal control in the annual report.

We're doing our bit

- 71 Many responses to the consultation suggested that there was considerable scope for government – at central, regional and local level – to improve its own performance as an employer, to demonstrate excellence in health and safety management as a model for others to follow. This will be key to reducing levels of sick absence and early retirement on grounds of ill health in the public sector.

The average days lost due to work-related illness in the nursing profession is one of the highest for any occupational group.



Source: Survey of Self-Reported Work-Related Illness 1995

The Human Resources Framework 'Working Together – Securing a quality workforce for the NHS' has set a target for all NHS employees in England to have access to occupational health services by April 2000.

The occupational health and safety services strategy for NHS Scotland staff 'Towards a Safer Healthier Workplace', published in December 1999, fulfils the commitment in the NHS in Scotland Human Resources Strategy to developing a fully integrated, comprehensive, accessible and inclusive Occupational Health and Safety Service, which is consistent throughout Scotland. Key aims are to involve staff fully in developing and determining standards, implement policies and procedures to minimise and prevent accidents and incidents, and to benchmark standards for occupational health.



Action point 12

Ministers and the Health and Safety Commission will endorse a health and safety checklist along the lines of the one at Annex B, subject to consultation with the relevant trades unions and other relevant stakeholders, for circulation to all Government Departments and all public bodies, including local authorities and health authorities, as a catalyst for improvement. Ministers will be advised of the results of this exercise.

Action point 13

All public bodies will summarise their health and safety performance and plans in their Annual Reports, starting no later than the report for 2000/01.

Action point 14

The Department of the Environment, Transport and the Regions, in partnership with the Health and Safety Executive, will pioneer a High Level Forum to provide leadership on health and safety management issues within the Civil Service.

Action point 15

The Government will seek a legislative opportunity, when Parliamentary time allows, to remove Crown immunity from statutory health and safety enforcement. Until immunity is removed, the relevant Minister will be advised whenever Crown censures are made.

- 72** Crown bodies have always been exempt from provisions in health and safety law for prosecutions and statutory prohibition/improvement notices. The Health and Safety Executive currently enforces health and safety in Crown bodies by means of non-statutory improvement and prohibition notices. When, but for Crown immunity, the Health and Safety Executive would have prosecuted, there are agreed arrangements for recording a Crown censure against the Crown body concerned.
- 73** The Health and Safety Commission will advise Ministers on the range of options for introducing statutory health and safety enforcement against Crown bodies. The Food Safety Act 1990 offers a possible model. This provides for statutory improvement and prohibition notices against Crown bodies and, in lieu of prosecution, the power to seek a High Court (or, in Scotland, Court of Session) declaration of non-compliance. In the meantime, the Cabinet Office in consultation with the Health and Safety Executive is to issue new guidance to departments and agencies on the procedures for enforcing health and safety requirements in Crown bodies.

The modern world of work

- 74** One of the key aims of *Revitalising Health and Safety* is to ensure that our approach to health and safety regulation remains relevant for the changing world of work over the next 25 years. Responses to our consultation highlighted the need for further action to protect workers in untraditional employment arrangements and to secure the positive engagement of small firms.

- 75** This section sets out action designed to deliver protection for all. For example, where approaches to individual employers alone cannot hope to succeed, we will need to work more energetically through the supply chain, with central and local government leading the way. True partnership will be key, both between employers and workers, whatever the employment framework, and more widely between all stakeholders in the health and safety system, including government.

Action point 16

The Health and Safety Commission will consider further whether the 1974 Act should be amended, as Parliamentary time allows, in response to the changing world of work, in particular to ensure the same protection is provided to all workers regardless of their employment status; and will consider how the principles of good management promoted by the Construction, Design and Management Regulations approach can be encouraged in other key sectors. Ministers will be advised accordingly.

- 76** A large majority of respondents to our consultation saw a need for clear and simple guidance to ensure better understanding of health and safety responsibilities in contractual chains. Only 19% considered themselves to be clear on who held health and safety duties in contractual chains. 81% felt there was a need for clarification or clearer guidance, with about a tenth of these commenting that the law was only clear where the Construction, Design and Management (CDM) Regulations applied.

The CDM Regulations seek to ensure that health and safety is managed effectively throughout all stages of a construction project – from conception and design through to site work and subsequent maintenance and repair. It is enshrined in the principles of good management practice in which all those involved understand fully their own obligations and those of others, and work co-operatively to achieve a healthy, safe, cost efficient and highly productive project.



- 77** The Health and Safety at Work etc Act 1974 places general duties on employers in respect of their employees, and on employers and the self-employed in respect of persons other than their employees. There has been concern that this framework may not be able to deal adequately with rising numbers of the ‘apparently self-employed’ – those who are self-employed for tax purposes but whose level of control over working conditions is difficult to distinguish from that of employees in the same sector. Homeworkers, peripatetic workers and volunteers may also give rise to misunderstanding of the legal position.
- 78** The Health and Safety Commission consulted on this issue in 1996 and concluded at that time that no immediate change in the law was needed. A programme of work has gone forward to consider the needs of vulnerable workers but, despite this, the *Revitalising Health and Safety* consultation suggests that widely-held concerns remain. The National Minimum Wage legislation may provide a new model to follow.
- 79** The Government is committed to plugging any gaps in current arrangements, in particular to ensure that responsibility never falls between two stools. While considering changes that may be necessary to the 1974 Act in the light of changing patterns of employment, the Health and Safety Commission will also consider whether there are other changes, over the last 25 years, that suggest that amendment of the Act would now be helpful.
- 80** The Government sees a good case for modernising the Industrial Injuries scheme. The scheme now compensates people working under a contract of employment who are disabled by an accident or by diseases known to be a risk of work. The aim of the Government, in reviewing the scheme, is to reflect better the needs of today’s labour market, and to improve incentives for prevention and rehabilitation.

Worker involvement

Workplaces with trades union safety representatives and joint health and safety committees have significantly better accident records – over 50% fewer injuries – than those with no consultation mechanism⁵.



- 81** Key to delivering health and safety in the workplace is effective engagement of the workforce themselves; that in turn means effective representation of the workforce in decisions relating to the safety regime. Ministers and the Health and Safety Commission attach great importance to the role played by safety representatives in securing good standards of health and safety. Every opportunity has been taken to encourage more businesses to recognise the role of safety representatives. The Health and Safety Commission published a discussion document on 8 November 1999 on the options for promoting greater worker participation, particularly in the context of a changing labour market and limited trade union presence in many cases. Options canvassed in the document included the introduction of roving safety representatives, giving safety representatives greater powers, and new steps to widen employee participation in non-unionised workplaces. The Health and Safety Commission will advise Ministers on these options and will publish a consultative document setting out proposals for change.
- 82** The £5 million Partnership Fund announced by the Prime Minister in May 1999 will support workplace projects which foster partnership between employers and employee representatives. The Government attaches great importance to promoting partnership on health and safety issues, recognising that co-operation on health and safety can provide the building blocks for co-operation on other matters.
- 83** We welcome the work of the Trades Union Congress and the Confederation of British Industry in promoting partnership in health and safety, with the particular aim of ensuring that employers see safety representatives as partners in risk management rather than a group of people whom they are formally required to consult. Developing wider partnerships with other key stakeholders, including government at central, regional and local level, is also crucial.
- 84** As part of the work of the Trades Union Sustainable Development Advisory Committee, the Government commissioned a report to explore the options for increasing the involvement of trades unions in workplace environmental issues. The committee is continuing to consider this issue.

Action point 17

The Government will ask the Learning and Skills Council, in consultation with the Health and Safety Commission, to undertake an early review of the funding and provision of training for safety representatives. In light of the conclusions of this work, the Scottish Executive and the National Assembly for Wales will consider whether to change the arrangements in Scotland and Wales.

- 85** The 1977 Safety Representatives and Safety Committees Regulations entitle trade union appointed safety representatives to time off with pay to undertake training. The Trades Union Congress and individual unions run courses. This training used to be publicly funded through the Trade Union Training and Education Grant, but this was phased out by 1996. At present, funding rules prevent Further Education colleges running courses lasting less than 4 days, whereas it would often be more convenient for workers and employers alike to attend shorter courses.

Action point 18

The Health and Safety Executive will take further action to publicise the right of workers to contact them, particularly in the context of the new protection provided by the Public Interest Disclosure Act 1998.

⁵ *Unions, Safety Committees and Workplace Injuries*, Reilly, Paci and Holl. *British Journal of Industrial Relations* 33.2, June 1995 0007-1080

- 86** The Public Interest Disclosure Act 1998 provides additional protection for ‘whistleblowers’. It is only right that people who come forward to expose the practices of irresponsible employers are afforded every possible protection from victimisation.
- 87** Listening to workers’ concerns and ensuring that incidents are properly reported to the enforcing authorities should be integral to employers’ health and safety arrangements. But all workers have the right, where they feel that their employers have not paid proper regard to their health or safety, to contact their health and safety enforcing authority. Workers can make their views known in confidence, if they wish, and the enforcing authorities will do everything possible to protect their anonymity. Workers’ right to contact enforcing authorities is publicised in the new Health and Safety Law poster and leaflet, and on the Health and Safety Executive’s website. The Health and Safety Executive will continue to seek further opportunities to publicise this message, for example in other relevant publications and leaflets.
- 88** More than 30,000 workers contacted the Health and Safety Executive last year. Around half of these complaints were found to be justified on investigation. The results of the ‘whistleblowers’ pilot telephone line indicates that about a quarter of such justified complaints involve serious risks to health and safety requiring priority action.

Supply chain pressure

- 89** It is now widely recognised that, just as organisations stand to benefit from improved productivity when they improve health and safety management systems, so procurers stand to secure better value for money when their contractors do the same. Avoidable accidents trigger unforeseen costs and delay.
- 90** It is important that Government departments and the wider public sector make legitimate and relevant health and safety requirements a significant factor in their procurement decisions, within the framework of the Government’s policy of basing all public procurement of goods, services and works on value for money and the EC procurement rules.
- 91** For example, contract specifications should make explicit reference to health and safety requirements wherever appropriate. Companies who have performed poorly on previous contracts, for example in compliance with health and safety law, may be excluded from tendering opportunities, unless they can demonstrate positive action taken to achieve compliance.
- 92** We believe that the construction sector should be the immediate focus for action, as it is here that the impact is likely to be greatest. *Rethinking Construction*, the report of the Construction Task Force published in July 1998, is bringing about a sea change in attitudes to construction procurement. The Government has launched the *Movement for Innovation* initiative to take this work forward. An important part of this is promotion of the *Respect for People* agenda. A key goal must be to get the design stage right and to set the right tone from the outset.
- 93** Work must also start on rolling out similar approaches to Government procurement in other sectors. In the same way that the new construction *Clients’ Charter* is to be an industry-wide initiative, the Government will look to industry to follow its lead in other sectors.

Action point 19

The new Clients’ Charter to be launched later in the year as part of the Movement for Innovation in the construction industry, will include targets on health and safety to drive up standards. Government Departments and their sponsored bodies will sign up to the Charter as part of their Achieving Excellence action plans and in demonstration of their support for the Health and Safety Commission’s Working Well Together campaign. The Government will consider how this approach can be rolled out to other areas of procurement.

Action point 20

The Local Government Construction Task Force will consider how health and safety issues can be most effectively factored into construction procurement by local government.

Action point 21

The Health and Safety Executive will produce guidance for Government Departments and other public bodies on how best to achieve exemplary standards of health and safety in construction projects with which they have an involvement.

A positive approach to small firms

- 94 The Health and Safety Commission has long recognised the need to develop links with intermediaries with the aim of engaging small firms and communicating the benefits of effective health and safety management. However, the consultation response suggested that many small firms have difficulty understanding their legal duties and are unclear about the action they should take.

Action point 22

The Health and Safety Commission will take action, consulting the new Small Business Service in England, to improve arrangements for ensuring that the views of small firms are fully taken into account in policy formulation; and will seek to identify areas of regulation that affect small firms and can be simplified without lowering standards.

Action point 23

Within the framework set by the Nolan procedures for public appointments, the Government will seek to enhance representation of small firms on the Health and Safety Commission.

Action point 24

The Health and Safety Commission and the new Small Business Service will work in partnership to secure an effective profile for occupational health and safety within the Small Business Service both centrally and at local level. Similar work will also be taken forward in partnership with Scottish Enterprise, Highlands and Islands Enterprise, the Scottish Executive and the Business Connect network in Wales.

- 95 Between June and September 1999, the Department of Trade and Industry carried out a public consultation on its plans for a new Small Business Service, tasked with acting as a voice for small business at the heart of Government; simplifying and improving the quality and coherence of Government support for small businesses; and helping small firms deal with regulation and ensuring small firms' interests are properly considered in future regulation.
- 96 A key aim of the Small Business Service, effective from April 2000, is to provide a one-stop shop for information and advice, free from any threat of enforcement action. Our consultation revealed strong demand for this form of service, so it will be important to ensure that a full range of appropriate material on health and safety issues is available to small firms through this channel.

Effective guidance

Action point 25

The Health and Safety Commission and Executive will promote positive models of how small firms can benefit from effective health and safety management, through a range of information products including clear, straightforward sector-specific guidance supported by case studies.

- 97 Over three-quarters of respondents to our small firms leaflet suggested that realistic and relevant advice tailored to the specific needs of their organisation is not currently available. Respondents called for clear, straightforward, sector-specific advice written in plain English. The Health and Safety Commission and Executive have paid close attention in recent years to the content and presentation of guidance documents, and many of the 400 free leaflets the Health and Safety Executive produces are aimed at small firms and have won awards for plain language. Nevertheless, the Health and Safety Executive's experience reflects the views of consultees that small firms sometimes have difficulty finding the publications they need.

- 98 To address this difficulty, the Health and Safety Executive is undertaking a fundamental review of its guidance, identifying gaps in provision and the reasons why small employers can't find what they need. The outcome will be a full portfolio of guidance products reflecting the needs of small firms and other customers. These will include sector-specific introductory guidance for small firms, supported by case studies of best practice, available on the Health and Safety Executive's website.
- 99 The guidance will point out the hazards and risks in the sector, spell out key actions necessary to comply with the law and indicate where more detailed guidance can be found, including links to relevant downloadable material elsewhere on the site. This initiative will need to be drawn to the attention of, and linked appropriately to, the information systems of key intermediaries such as local authorities and the new Small Business Service.

The Occupational Safety and Health Administration in the United States have a website specifically for small businesses (www.osha-slc.gov/SmallBusiness). The website offers interactive computer software that can be downloaded, free on-site consultation and guidance on specific US standards.



Financial incentives

Action point 26

The Health and Safety Commission will advise Ministers on the design of a grant scheme to encourage investment by small firms in better health and safety management.

- 100 80% of respondents to our small firms leaflet supported a grant scheme or tax incentive to encourage small firms to invest in better health and safety. 20% of respondents expressed a particular preference for a grant scheme, while 10% favoured the tax incentive route. Respondents said that the most important consideration in designing a new scheme was to keep it simple and non-bureaucratic. The two most popular suggestions were subsidising training, publications, videos and consultancy advice, and giving a financial reward upon accreditation to a recognised standard.
- 101 Given consultees' preference for grants over tax incentives, together with the conclusion of exploratory work that grants are likely to enable more effective targeting, we have agreed that the Health and Safety Commission will advise Government on the design of a grant scheme in the first instance. This work will include consideration of whether the Environmental Technology and Energy Efficiency Best Practice Programmes could provide a model for Government support on health and safety issues.
- 102 Small Firms Training Loans are administered by the Department for Education and Employment. These provide low-cost credit through the high street banks for training that support achievement of a firm's business objectives, including health and safety training which meets this criterion. Health and Safety Executive and local authority inspectors have been asked to draw the scheme to the attention of companies they visit where appropriate. We would also look to key intermediaries such as accountants, banks and training providers to seek to raise awareness of this scheme.

Regulatory activity by local government

Action point 27

The Health and Safety Commission will work with local authorities to propose an indicator against which the performance of local authority enforcement and promotional activity in England, Scotland and Wales can be measured.

- 103 97% of responses to the question about whether more could be done to raise the profile of health and safety within local government answered yes. The most popular suggestions were to revisit the role of local authorities to ensure recognition of their occupational health and safety work, and to review the funding and performance management arrangements for this function.

- 104** The Health and Safety Commission is conscious of the need for local authorities to demonstrate best value. It will therefore review the guidance, made under Section 18 of the Health and Safety at Work etc. Act 1974 and arrangements for monitoring and evaluating the effectiveness of local authority enforcement activity. The Health and Safety Executive and Local Authorities Enforcement Liaison Committee (HELA) will also bring forward proposals for a programme of inter-authority auditing to demonstrate compliance.

In recognition of the effectiveness of partnership working, the Health and Safety Executive and local authorities have developed the Synergy Programme. This programme will test new, more flexible, ways of working at the boundary of Health and Safety Executive and local authority enforcement, to encourage collaborative approaches, speedier responses and better targeting of enforcement effort.



Occupational health and rehabilitation

- 105** *Saving Lives: Our Healthier Nation* emphasised that effective action on health in the workplace by employers and employees will improve competitiveness, by reducing sickness absence and improving the health of the local communities which provide the workforce.
- 106** The most prevalent forms of work-related ill health in this country are (a) musculoskeletal disorders (an estimated 1.2 million people were affected in 1995⁶), including back problems or "RSI"; and (b) stress (an estimated 0.5 million people were affected in 1995). Both conditions accounted for over three-quarters of people suffering from an illness caused by their work in 1995. Significant numbers of people were suffering from a lower respiratory disease in 1995 (an estimated 200,000), including asthma and ear conditions (an estimated 170,000), including deafness, which were caused by their work.

The *Back in Work* programme was launched by the Minister for Public Health and the Minister for Health and Safety in May 1999 to tackle back pain as part of the Healthy Workplace Initiative. The programme is supporting and evaluating a series of pilot projects to show what works in this field and how it works.



- 107** By far the worst work-related health and safety disaster of the 20th century has been exposure to asbestos. Asbestos-related disease caused by exposure between 15 and 60 years ago claimed at least 3,000 lives in 1997, and an upward trend in fatality rates is anticipated over the early years of this century. A ban on the importation, marketing and use of white asbestos came into force on 24 November 1999 (except for a few safety critical uses where no suitable substitute is available). The use of blue and brown asbestos has been illegal since the mid 1980s. Use of all forms of asbestos in Great Britain is now largely illegal.

Action point 28

The Health and Safety Commission will work with a range of Government departments and other partners to promote and implement fully the new Occupational Health strategy for Great Britain.

- 108** For the last three years, the Health and Safety Executive has been working with stakeholders to develop a new occupational health strategy for Great Britain. This strategy, to be published in July 2000, will complement the public health strategies for England, Scotland and Wales and other key Government policies including Welfare to Work, the New Deals, sustainable development and Modernising Government. It will take a wide view of occupational health considering not only the preventative side of controlling effects of work on health, but also how health impinges on work, and the contribution that occupational health can make to rehabilitation.

⁶ This and the other figures in this paragraph are taken from the Self-Reported Work-Related Illness Survey in 1995.

- 109** Following the launch of the joint Department of Health and Health and Safety Commission's *Healthy Workplace* initiative in March 1999, over 30,000 organisations have 'signed up' to the vision of a holistic approach to working people's health and well-being. This includes the need for access to occupational health advice and support.

Action point 29

The Government will encourage better access to occupational health support, and promote coverage of occupational health in local Health Improvement Programmes and Primary Care Group strategies in England, as recommended by the Health and Safety Commission's Occupational Health Advisory Committee.

The Corporation of London and London Chamber of Commerce and Industry are piloting an Occupational Health Helpline. The Helpline acts as a free confidential referral service to assist London based businesses with their workplace health issues.



Getting it right when things go wrong

Action point 30

As part of the next stage of the New Deal for Disabled People, the Government is considering how best to strengthen retention and rehabilitation services for people in work who become disabled or have persistent sickness.

- 110** Each year some 160,000 people are forced to give up work through long-term illness or disability. The Employment Service already helps just under 5,000 a year to remain in work. For many thousands of people, their problems arise as a direct result of industrial accidents or occupational diseases. The current arrangements for co-operation between employment, health and social services are patchy and are not often focused on helping the person concerned to return to work. Consideration is being given to developing better models for retention and rehabilitation as part of the wider strategy to ensure people with disabilities, or long term sickness, can play their full part at work.

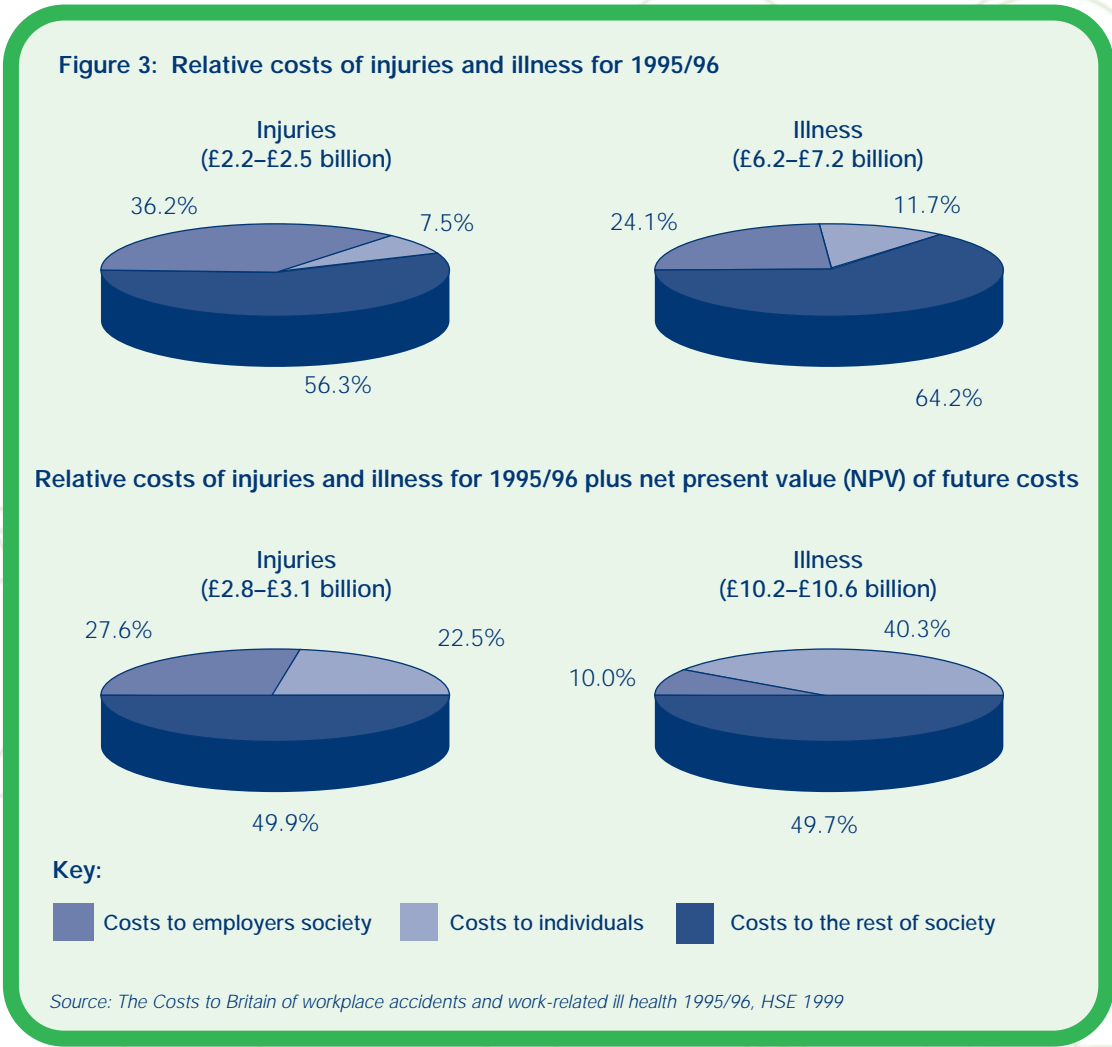
Action point 31

The Health and Safety Commission will consult on whether the duty on employers under health and safety law to ensure the continuing health of employees at work, including action to rehabilitate where appropriate, can usefully be clarified or strengthened. For example, organisations might be required to set out their approach to rehabilitation within their health and safety policy.

- 111** There is a strong economic, social and legal case for taking all practicable steps to rehabilitate workers suffering from injury or ill-health, even where this is not directly work-related, including making reasonable adjustments to working arrangements so that they can return to work. This principle is reinforced by the Disability Discrimination Act 1995 and by the Government's Welfare to Work programme, in particular for disabled people.
- 112** Effective rehabilitation has much to contribute to the Government's objectives on combating social exclusion. Manual workers make up 42 per cent of the workforce but experience 72 per cent of reportable injuries. Manual workers are more affected by health and safety failures, not only because they have a higher incidence of injury, but also because there is a greater probability that any injury will impede their ability to continue their duties.
- 113** In the US, well-targeted rehabilitation has been shown to have a cost benefit ratio of 1:2. A Finnish study in the metal processing industry showed a 10:1 return on investment⁷. Benefits were measured in terms of reduced early retirement and sick leave, and increased productivity. While some of the rehabilitation costs were borne by the Finnish Social Security system, the intervention would still be profitable for the company without this subsidy.

⁷ *The Dalbo Project: Economics in Maintenance of Work Ability* O Nasman and G Ahonen of the Fundia Wire Co, presented at the International Commission on Occupational Health Workshop, The Hague, 22-24 April 1999

- 114 The Trades Union Congress have published a discussion document on how greater use of rehabilitation can be made in this country. The *Second UK Bodily Injury Awards Study* sponsored by the International Underwriting Association of London and Association of British Insurers was published in October 1999, including a new Code of Best Practice for insurers and claimants' lawyers.
- 115 The issue for Government is what further action can be taken to deliver an effectively co-ordinated rehabilitation policy, across all the public bodies potentially involved, to complement the work already underway in the private sector. The Strategy Statement makes clear that the compensation, benefits and insurance systems must motivate employers to improve their health and safety performance and to rehabilitate injured workers, including retraining where appropriate. The chart below shows who pays under current arrangements for work-related injury and ill health.



- 116 Major reform of the compensation, benefits and insurance systems presents the prospect of a powerful new lever to raise health and safety standards. This can be achieved by increasing the proportion of costs borne by those responsible for health and safety failures, thereby strengthening their motivation to raise standards. Moreover, employers' financial motivation to keep victims in work would also be strengthened.
- 117 The rehabilitation of injured and sick workers could place a heavier burden on small firms than on larger firms, who are more likely to have or be able to afford occupational health services. Small firms may look for additional help and incentives to help them provide rehabilitation. This will need to be taken into account in pursuing action point 26 on the design of a grant scheme to encourage investment by small firms in better health and safety management.

Taxation policy

- 118** A number of consultees raised the concern that, where employers provide rehabilitation services, in some circumstances these can be subject to a tax charge because they are treated by the Inland Revenue as a benefit provided by the employer to the employee.

The Inland Revenue announced on 19 November 1999 that the Government is to exempt general welfare counselling provided by an employer from tax and National Insurance contributions, and is to consult relevant organisations on the arrangements for this.



- 119** Other rehabilitation services, including private medical treatment, are exempt from tax if they relate directly to something which has happened in carrying out the employment.

Equal treatment for the disabled

Action point 32

The Health and Safety Commission will work in partnership with the Department for Education and Employment and the Disability Rights Commission to ensure that health and safety law is never used as a false 'excuse' for not employing disabled people, or continuing to employ those whose capacity for work is damaged by their employment, for example by highlighting this point in relevant publications and guidance.

- 120** This work will be taken forward as part of the Health and Safety Commission's 3rd Strategic Theme 'to develop health and safety aspects of the competitiveness and social equality agendas'. It is important that health and safety law should not present an inappropriate bar to the employment of disabled people. As part of this work, the Health and Safety Commission will collaborate with the Department for Education and Employment on the production of a planned revised Code of Practice for the elimination of discrimination in the field of employment against disabled persons, following the recommendations of the Disability Rights Task Force report 'From Exclusion to Inclusion'.

Better education in risk concepts

Action point 33

The revised National Curricula in England (from September 2000) and Wales (from August 2000) will include more extensive coverage of risk concepts and health and safety skills at every level.

- 121** An overwhelming majority of respondents thought that raising awareness of health and safety issues through education was one of the keys to making further progress. 65% of respondents specifically mentioned that more should be done in schools, with a third of these suggesting greater coverage in the National Curriculum. This will not only enable children to understand potential workplace hazards, but also – as consumers – to purchase goods which are fit for purpose and meet the required health and safety standards: an issue raised in the recent Consumer Strategy White Paper⁸.
- 122** The Department for Education and Employment and the National Assembly for Wales have consulted on proposed changes to their National Curricula this year. One significant change will be the approach to health and safety. Instead of treating this topic as a matter of following rules, pupils will where appropriate be taught to understand hazards and risks and how they should be managed. This better reflects the nature of society, where we all face a multitude of risks and need to know how to cope.

⁸. *Modern Markets: Confident Consumers*, DTI, 1999

- 123** Risk concepts will receive significantly more prominent coverage in the new curriculum in both England and Wales. In England the non-statutory framework for Personal, Social and Health Education (PSHE) also covers these issues. In Wales, the non-statutory framework for Work-Related Education (WRE) offers pupils the opportunity to develop their understanding of employees' rights and responsibilities and the importance of following correct, safe, working practices, supporting the non-statutory Personal and Social Education (PSE) framework's emphasis on being healthy and safe.
- 124** In Scotland, schools are encouraged to follow the Health Education for Living Project (HELP), which includes a progressive approach to safety in the environment, including aspects about safety in the workplace.

The joint Department of Health/Department for Education and Employment 'Healthy Schools' Programme, launched in October 1999, seeks to improve both the health of young people and their educational achievement. Key standards required include ensuring that members of the whole school community are aware of their roles and responsibilities, and the appointment of a health and safety representative to carry out regular risk assessments.



Action point 34

The Government and Health and Safety Commission will act to ensure that safety-critical professionals such as architects and engineers receive adequate education in risk management. This will be delivered through a programme of direct approaches to relevant higher and further education institutions and professional institutions.

- 125** Over a third of respondents to the main consultation specifically mentioned the importance of covering health and safety issues in further and higher education. Many highlighted the particular importance of educating engineers, architects and designers. One of the key barriers to further progress on standards in construction is thought to be that health and safety considerations are not properly taken into account at the design stage.
- 126** The Health and Safety Executive has recently produced a report entitled *Education of Undergraduate Engineers in Risk Concepts* which will inform discussions with the Engineering Council, the professional institutions and the universities about incorporating defined learning outcomes in relevant curricula. The Health and Safety Executive is also exploring whether chartered status of professional institutions can be made conditional on prescribed levels of health and safety competence.
- 127** It is already the case that all National Training Organisations are required to pay attention to health and safety in developing national occupational standards and in making proposals for National and Scottish Vocational Qualifications frameworks based on these standards.

Scotland, Wales and the English regions

- 128** Occupational health and safety is a reserved matter, but it is crucial that the right links are made with policy development on devolved issues and those being progressed at regional level. At the same time, policy making for Great Britain must reflect national and regional considerations and views. We are delighted that Henry McLeish, Scottish Minister for Enterprise and Lifelong Learning and Mrs Edwina Hart, the National Assembly for Wales' Finance Secretary, who also has lead responsibility for health and safety in Wales, have signalled their commitment to the *Revitalising Health and Safety* initiative.
- 129** We underlined at the outset the centrality of occupational health and safety within the wider sustainable development agenda, and we look to the Regional Development Agencies to take this into account in taking forward programmes to further sustainable development. Attention is drawn to this point in the Government's *Guidance on Regional Sustainable Development Frameworks* published in February 2000⁹ and in the Government's formal responses to the Regional Development Agencies' first strategies published in January.

⁹ Regional Sustainable Development Frameworks are to be developed and completed by December 2000.

Action point 35

The Health and Safety Commission will work with the Scottish Executive, the National Assembly for Wales and Regional Development Agencies in England to ensure that:

- *health and safety considerations are taken into account in policy making at national and regional level, for example in economic policy and public health initiatives; and*
- *national and regional interests are appropriately reflected in the Health and Safety Commission's work.*

Action point 36

In line with the requirement of the Modernising Government White Paper, the Health and Safety Executive will consider the feasibility of reorganising its regional structure in England so that it is co-terminus with that of the Regional Development Agencies, with the aim of facilitating more effective regional and sub-regional liaison.

Action point 37

Within the framework set by the Nolan procedures for public appointments, the Government will seek to ensure a balance of representation on the Health and Safety Commission from Scotland, Wales and the English Regions.

Modernising Government

- 130** The *Modernising Government* White Paper highlights the importance of delivering policies and services, which are co-ordinated for the convenience of the customer, not for the convenience of the agencies involved. This demands a customer-based outward-looking focus.
- 131** The Government and the Health and Safety Commission recognise and value the expertise of the Health and Safety Executive's staff and of local government enforcers. It will be crucial to safeguard this resource in taking forward a programme of modernisation, and indeed to overcome current difficulties in recruiting and retaining staff in key specialisations.
- 132** The Health and Safety Commission has adopted as a strategic theme improving their openness and accountability, in particular through preparation for the Freedom of Information Act and the adoption of Service First principles of public service delivery.

Action point 38

The Health and Safety Commission will hold some meetings in public each year.

Action point 39

To enable greater openness, the Health and Safety Commission aims to take the opportunity presented by powers in the Freedom of Information Bill to remove restrictions on disclosure of information imposed by Section 28 of the Health and Safety at Work etc. Act 1974.

- 133** The Health and Safety Executive has a policy of openness with health and safety information except where the law prohibits disclosure or where significant harm would result, for example to the ability to regulate and enforce the law. At present, moves towards greater openness in line with this policy are constrained by the blanket statutory restriction on disclosure of certain information imposed by Section 28 of the Health and Safety at Work etc. Act 1974. Powers in the Freedom of Information Bill enable these blanket restrictions to be removed or amended, and its provisions allow a policy of withholding information only where release would cause significant harm.

Action point 40

The Government will develop proposals for sharing with health and safety regulators information about business start-ups held by other authorities, by March 2001.

- 134** A number of consultees underlined the importance of getting the health and safety message across to small firms at the earliest possible stage, for example through comprehensive but straightforward start-up packs. Health and safety regulators have noted that they are hindered in this task by the absence of data on new business start-ups, even though this is held by other Government authorities. Sharing of this data, subject to resolution of any data protection and commercial considerations, would fit well with the *Modernising Government* agenda.

Action point 41

The Government will incorporate health and safety guidance into the new Cabinet Office integrated policy appraisal system, and establish a 'virtual health and safety network' of key Whitehall contacts to enable rapid electronic dissemination of information.

- 135** The Health and Safety Executive is developing guidance for policy makers across Whitehall on the need to consider occupational health and safety implications of their own policy measures. The intention is to promote synergies with other regulatory measures, which can increase the impact of health and safety across the system. The guidance will be available electronically and will form part of the Cabinet Office composite advice to policy makers on regulatory development.

The Inter-Departmental Liaison Group on Risk Assessment (ILGRA) is one of the several mechanisms by which the Health and Safety Executive:

- ensures that its risk-based approach is in step with wider cross-Departmental initiatives that shape and underpin the Government's approach to the regulation of risk; and
- uses its expertise to help other Departments develop their frameworks for managing and regulating risks.



The Health and Safety Executive is taking forward a project called *Sharing Agendas in Agriculture* which will seek to agree shared targets for Government intervention in the agricultural sector.



Action point 42

The Health and Safety Executive and the Government will act in partnership to increase the number of staff secondments arranged between the Health and Safety Executive and central or local government, industry or trades unions.

Action point 43

In implementing this Strategy Statement, the Government and the Health and Safety Executive will ensure that all sections of society – including women, ethnic minorities and disabled people – are treated fairly; and will work in partnership with the Cabinet Office to pilot a new approach to gender mainstreaming.

Information age government

- 136** The Health and Safety Executive's website – www.hse.gov.uk – is a key source of occupational health and safety information in the UK and beyond. It provides immediate access to a wide range of information, including the Health and Safety Executive's free guidance publications. The Health and Safety Executive will continue developing the site, which in 3 years has grown from about 100 to 3,000 pages of information. Use of the site has increased from about 1,000 to over 145,000 'hits' a week, and is now doubling every five or six months.

- 137** The Health and Safety Executive's e-commerce site (www.hsebooks.co.uk) was launched as a pilot in January 1998 and provides an electronic catalogue and ordering facility for both free and priced publications. The site will be developed to include a facility for customers to pay for and download anything from the site (further downloadable material is available free of charge on the main website).
- 138** The Health and Safety Executive also manages the UK pages on the website of the European Agency for Safety and Health at Work (www.osha.eu.int) which provides access to a wide range of European and broader international information.
- 139** For the future, planned developments include:
- a **legislative database** in partnership with a commercial publisher, to provide online access to all primary and secondary legislation and related guidance on health and safety, together with additional guidance and information from Government and other sources;
 - '**Electronic Essentials**' in partnership with Royal Sun Alliance and a software developer – an online product based on the popular *Essentials of Health and Safety at Work* publication;
 - '**COSHH Essentials**' is being further developed as an online product to provide easy access to information about hazardous substances;
 - **business start-ups** will be able to access a point on the website to find out how to get started in health and safety; and
 - **discussion group/chat forum pilots** including more dynamic stakeholder consultation.

Organisational issues

- 140** Without changing the broad current legislative structure, we have identified five areas where there may be a case for organisational change within the Health and Safety Commission and Executive in order to deliver this Action Plan:
- In the section on engaging small firms, we pointed to the reluctance of small firms to contact the Health and Safety Executive or local authorities for advice, for fear of enforcement action. The new Small Business Service is intended to go at least some way to addressing this problem, by providing a one-stop shop for advice and information, entirely separate from any Government enforcement function. However, there may also be a case for organisational separation within the Health and Safety Executive of information and advice services from inspection and enforcement functions;
 - The Government is considering, in the context of its Transport Safety Review, whether there is a case for greater separation between investigative and regulatory functions in the transport sector. This review will not be concluded until after the Cullen Report, but has wider implications for health and safety. The aim of greater separation would be to ensure that investigators do not shy away from any valid criticism of the regulator. There may be a case for a clearly differentiated 'Investigation Unit' to investigate major incidents in other industrial sectors for which the Health and Safety Executive has safety responsibility, able to draw in expertise from the regulator, the private sector and academics;
 - The respective roles of the Commission and Executive are still not sufficiently understood. The Government recognises that greater clarity is required, and that the Commission's capacity for strategic policy development should be strengthened;
 - Some have voiced concern that current arrangements, whereby inspectors themselves prosecute cases through the courts, may not provide for the most efficient use of inspectors' valuable time. Others would argue that, as a matter of principle, the functions of investigation and prosecution should be separate. The Government sees no easy way of addressing this issue in the short term, but believes that alternative arrangements may warrant further consideration;
 - The Government are concerned at the relatively low level of prosecutions and have asked the Health and Safety Commission and Executive to consider how their existing prosecution system can be strengthened, taking into account the approaches of other regulatory bodies such as the Environment Agency.

Action point 44

The Government and the Health and Safety Commission and Executive will work together to explore options for organisational change to address these issues.

International dimensions

- 141** A high proportion of standards set in the field of health and safety at work result from the work of international bodies, including the European Commission, the United Nations, the Organisation for Economic Co-operation and Development, and the International Labour Organisation (ILO). Many of the health and safety regulations in Great Britain are founded on European Union Directives. Ministers will continue to support high standards of health and safety at work, based on risk assessment approaches, in the deliberations of the EC Councils of Ministers and in bilateral and multilateral discussions with counterparts in Europe and elsewhere. The European Agency for Safety and Health at Work, now fully established and having an ambitious work programme, is likely to be an increasingly influential shaper of opinion. The UK (Government and social partners) will continue to play a major role in shaping the debate in the EU on health and safety standards, and to spread good practice through our work in the ILO, the European Agency and other bodies.
- 142** The Health and Safety Commission and Executive will continue to pursue active policies to influence and assist these international bodies, in consultation with stakeholders including local government representatives, both to explain UK procedures and to learn lessons from approaches taken elsewhere. These will include a programme of secondments of Health and Safety Executive staff to international bodies, and playing an active role in the EC Advisory Committee of Safety, Hygiene and Health Protection at Work and initiatives such as the ILO's SafeWork Programme. The Health and Safety Executive will continue to act as the UK's "Focal Point" to support the European Agency and maintain a national network of bodies able to help the Agency's work. In support of this work the Health and Safety Executive will continue an internal programme of training to assist staff working with other nationalities and cultures, including language training.
- 143** A central objective of the Government in approaching arrangements for agreeing European laws in the field of health and safety at work is to achieve acceptable standards that are implemented and enforced on an equal basis throughout the whole of the European Union. This ensures a level playing field in terms of competitiveness and that the standards of health and safety protection for workers in all EU countries is as high as those achieved in the UK.

Annex A

Analysis of Consultation Responses

1. Main document

This annex highlights the key issues raised in responses to the themes and questions raised in *Revitalising Health and Safety*. Of the overall total of 290 substantive responses, there was an average of 147 responses to each numbered question.

Reducing Accidents and Tackling Health Problems

- I. Two-thirds of respondents thought that further progress could be made in reducing accidents and ill health caused by work by raising awareness of health and safety, specifically through:
 - education and training;
 - direct campaigns; and
 - simpler, more accessible and targeted guidance from regulators.
- II. In addition to general awareness raising, almost a third suggested that health and safety standards in poorer performing sectors and regions could be raised by more targeted inspection and enforcement activity, supplemented by harsher penalties. One in five respondents thought that incentives, such as tax reductions, grants or more free advice, would encourage better performance; and a further 14% called for more partnerships between companies and other intermediaries, such as trade associations.
- III. Over 80% agreed that there should be different approaches to tackle occupational health problems. Again, calls for education, training, publicity and guidance featured strongly. Almost half thought it essential that both employers and workers should have access to occupational health services and sources of advice, in particular, it was suggested that:
 - a new focus should be given to occupational health in the National Health Service, for example by giving more training to general practitioners, and including occupational health specialists on Primary Care Groups; and
 - employers should fund more health-screening and rehabilitation programmes.
- IV. Respondents recognised the importance of addressing the problem of violence in the workplace. Over half thought that the best approach was to raise awareness of the issue by providing more guidance to employers, and also training staff in conflict management and dealing with difficult people.

The Changing World of Work

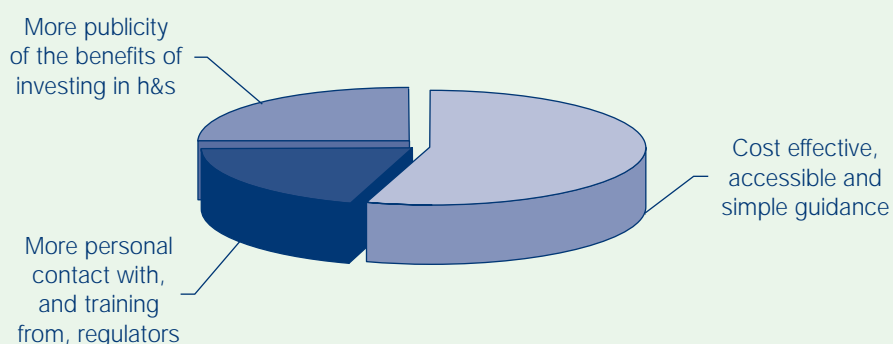
- v. 87% of respondents broadly or fully agreed with the analysis of the trends which might be expected over the next 25 years and their implications.
- vi. There were a variety of recommendations for adjusting today's approach to raising health and safety standards in anticipation of the likely trends over the next 25 years. Key responses (at around a third of respondents each) included:
 - more education and training; and
 - better guidance and more advice, publicity and awareness raising.

There were also calls for more enforcement, financial incentives to invest in health and safety and more support for safety representatives.

Engaging Small Businesses

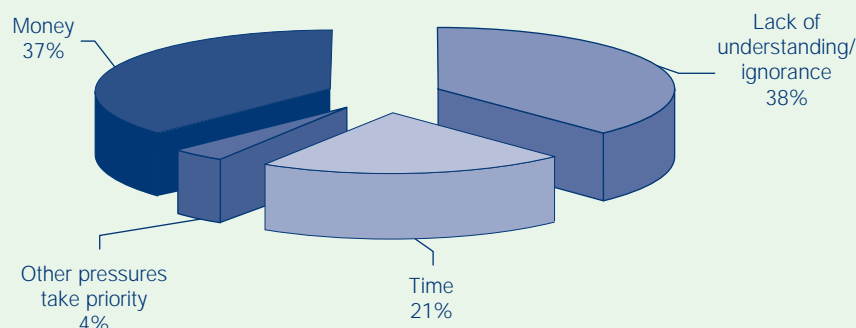
- vii. The majority of respondents (over two thirds) thought that the best way of engaging small businesses on health and safety issues was to ensure that employers in small business understood what was required of them under health and safety legislation. There were different suggestions as to what would be the most effective way of achieving this (as shown in the graph below):

Figure 4: Helping small businesses understand their health and safety responsibilities



- viii. The following chart shows what prevents small businesses from taking the opportunity to improve their competitive position through better health and safety management:

Figure 5: Barriers seen as preventing small business from improving health and safety management



In suggesting how these barriers could be overcome, the largest number (two in every five) said that more publicity should be given to the benefits of investment in health and safety, together with more information about the costs of health and safety failures. Two other suggestions (both mentioned in around one fifth of responses) were:

- more simplified, accessible, timely and targeted guidance; and
- incentives to encourage investment in health and safety, such as linking insurance premia to health and safety management.

Clarifying Responsibilities

- ix.** The vast majority of respondents (81%) called for clarification and clearer guidance of the law on who holds health and safety duties in a chain of principal and sub-contractors.
- x.** Few gave direct answers on what new systems or approaches would improve communication between contractors to promote effective health and safety management. Nevertheless, around half of those who did respond highlighted the need for better clarification of responsibilities, such as requiring responsibilities to be outlined in contracts.
- xi.** In the absence of traditional contracts of employment, the three main suggestions on how to ensure proper management of health and safety (at around a third each) were:
- making clear that the principal contractor / client / person paying the bill is responsible for all those working to them;
 - providing better and clearer guidance; and
 - changing the law to:
 - widen the definition of an 'employee' in health and safety legislation; and
 - require details of health and safety responsibilities to be included in employment contracts.

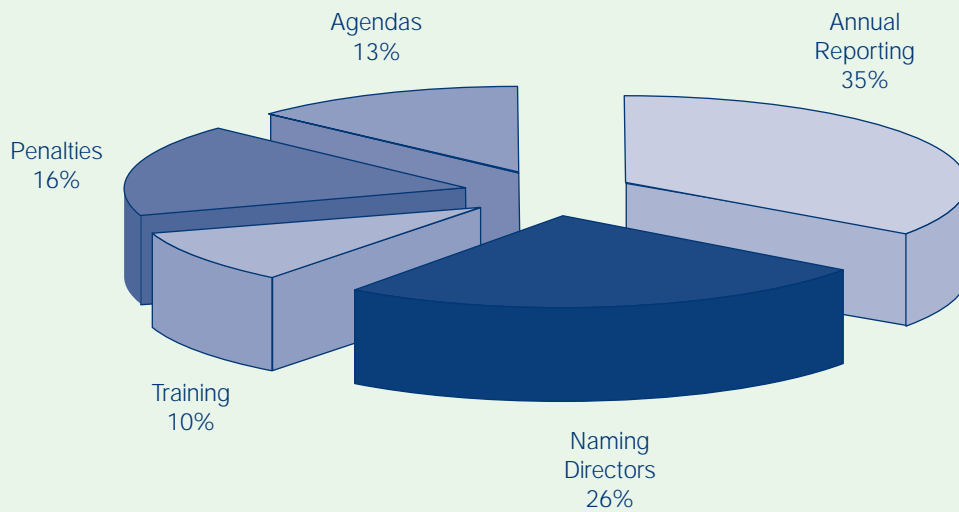
Competence and Accreditation

- xii.** There was significant support for accreditation schemes in the responses, with around two in every three responses suggesting that they can be beneficial in raising health and safety standards. However, many caveated their answers that, in order to be of benefit, schemes should be widely accepted, more than paper exercises, focused on management competence and training, and voluntary.

Action by Employers

- xiii.** The overwhelming majority (over 90%) thought that supply chain initiatives should be more widely adopted. It was suggested that the Health and Safety Commission's Good Neighbour scheme should be further developed and promoted; and that Government should set an example in its conduct as a client.
- xiv.** There were several suggestions as to how health and safety could gain a higher profile at Board level. The graph below shows the split of those mentioning annual reporting; naming a responsible director; training for directors; including health and safety on board agendas; and increasing penalties against directors, including raising fines and clarifying the law on corporate manslaughter:

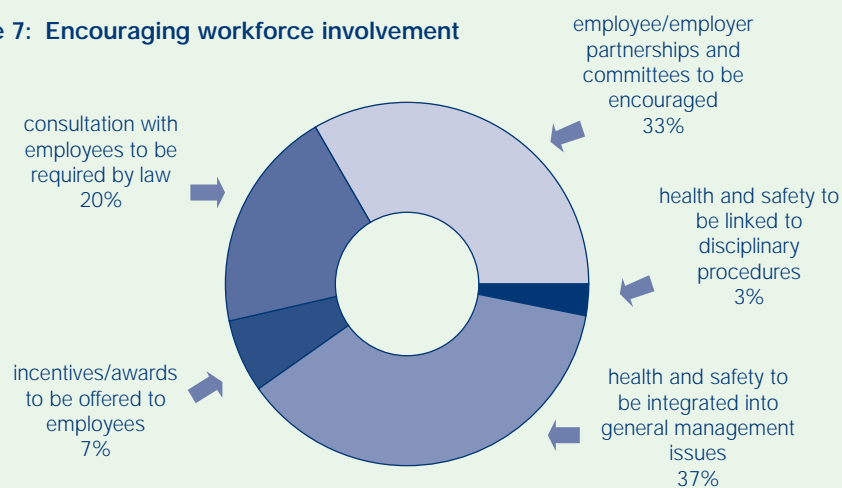
Figure 6: Raising the profile of health and safety at Board Level



Action by Workers

- xv.** Over two-thirds said that workers would take greater personal responsibility for their own health and safety and that of colleagues if they understood more about the benefits of good practice and the potential consequences of irresponsible action. Suggested remedies included more training, better education, general awareness raising and a sharper focus on personal responsibility under health and safety law. Other popular responses were that workers should be encouraged to get involved with health and safety matters in the workplace, and that there should be better training and support for safety representatives, possibly with Provisional Improvement Notice powers on the Australian model.
- xvi.** In responding to the question of how workplace involvement in improving health and safety standards could be encouraged, over half said that there should be greater consultation with workers on health and safety issues. Of those, the key suggestions are shown in the following graph:

Figure 7: Encouraging workforce involvement



Action by Designers

- xvii.** There were three key messages on how further improvement in designed-in safety standards in equipment, substances and management systems could be secured, each were mentioned in around 1 in 4 responses:
- there should be more focus on health and safety during design courses;
 - standards required for CE and other 'kite' markings should be clarified; and
 - there should be more enforcement of design standards.

Action by Health and Safety Regulators

- xviii.** Almost half suggested that more effective outcomes would be produced if health and safety regulators concentrated more on giving advice, for example through campaigns, working with intermediaries, and simpler, more practical guidance. A further quarter thought there should be more proactive, preventative inspections, so that companies would receive a personal visit from an inspector who could give 'hands-on' advice. More enforcement action, more investigation of accidents and more publicised prosecutions were highlighted in around a third of responses.
- xix.** The question of what penalties should be faced by those who breach health and safety law received the highest number of responses. The overwhelming message was that the current level of penalties is inadequate (only 7% considered the current system to be satisfactory).

Agreeing Targets

- xx.** Over two-thirds broadly supported setting aspirational targets, but some caveats were mentioned e.g:
- sufficient resources should be allocated to monitoring performance (details of which should be published);
 - targets should be achievable, and the proposed means of their delivery should be clear.

The Trades Union Congress, supported by five other unions, called for a National Safety Audit to be carried out, which would include aspirational national targets, against which companies would be required to publish progress in their annual reports.

Health and Safety from the Public's Perspective

- xxi.** Almost half of respondents felt the split of responsibilities within Government across wider health and safety issues appeared confusing to the public. Particular concern was raised about the difficulties that face members of the public seeking assistance, with almost a quarter suggesting the existing arrangements could be better publicised, for example through:
- a simple leaflet;
 - a single national inquiry line;
 - more information in the Yellow Pages and libraries; or
 - a single Internet gateway.
- xxii.** In response to the question of whether health and safety regulation could be more effectively co-ordinated with other Government regulatory activity, over half of respondents thought that there should be more co-ordination – particularly with environmental (15%), transport (8%) and fire (6%) regulation. About a tenth considered better communication and liaison as the answer; while about the same proportion advocated an integrated enforcement body.

xxiii. Almost all respondents (97%) believed more could be done to raise the profile of health and safety within local government. In addition to general education and awareness campaigns, over a tenth felt Government needed to be more proactive in stipulating standards and targets for health and safety enforcement, as is the case with food safety.

Links to other Government Agendas

xxiv. Nearly two-thirds of respondents felt Government could do more to highlight health and safety aspects of wider policy areas. Amongst a wide variety of suggestions, ideas included:

- a proactive communications strategy, to move away from the widely held perception that too much media coverage was reactive;
- a joined-up agenda on rehabilitation of injured workers;
- making health and safety integral to all policy formulation and presentation; and
- getting Government's own house in order as an employer and procurer, including removal of Crown immunity.

xxv. Respondents held diverse views on what they hoped to see from better links and joined working in Government policy. The main themes included:

- identification and elimination of overlapping legislation, and integration of risk assessment concepts across Government (20%);
- integration of health and safety into all aspects of policy making (8%);
- better promotion of occupational health through the health services and a new focus on rehabilitation (6%).

xxvi. There was overwhelming support for greater coverage of risk management in all levels of the education system. Over two thirds considered it crucial to introduce health and safety issues, including first aid and fire safety, into schools. Over 40% specifically mentioned the importance of coverage in further and higher education. Several suggested mandatory health and safety modules in the National Vocational Qualifications framework, particularly for engineers, architects and designers.

The International Dimension

xxvii. More than a half considered that the Government could take further steps to influence the European legislative agenda on health and safety by raising the profile of health and safety amongst Members of the European Parliament, and involving industry, health and safety professionals and Non-Government Organisations more frequently in European work. Over one third thought that the UK should seek to ensure parity of implementation and enforcement of health and safety legislation across the EU, so as to secure a level playing field.

xxviii. Almost a third suggested Scandinavia as a useful model for consideration in formulating health and safety policy in Great Britain, particularly for their approach to securing worker involvement/partnership and their occupational health services.

Other suggestions (in descending order of frequency were):

- Australia/New Zealand, for their compensation/rehabilitation systems, Provisional Improvement Notices issued by safety representatives, and occupational health clinics (20% of responses);
- USA, for their approach to designed-in safety, occupational health/rehabilitation systems, and 'sunset clauses' which prevent legislation becoming life-expired; and
- Germany, for their insurance system, equipment 'MOTs', occupational health services and approach to occupational road risk.

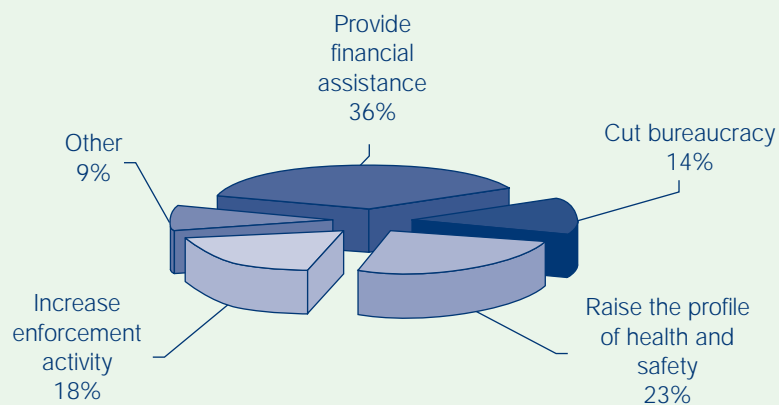
Employer Leaflet (194 responses)

I. Three consistent messages emerged from responses on what prevents employers taking further action on health and safety:

- cost, particularly of training and Health and Safety Executive publications (mentioned in 85% of responses);
- time and competing pressures (75% of responses);
- lack of knowledge and awareness (two-thirds of responses).

The graph shows the suggested ways in which Government could help:

Figure 8: What Government could do to raise health and safety standards

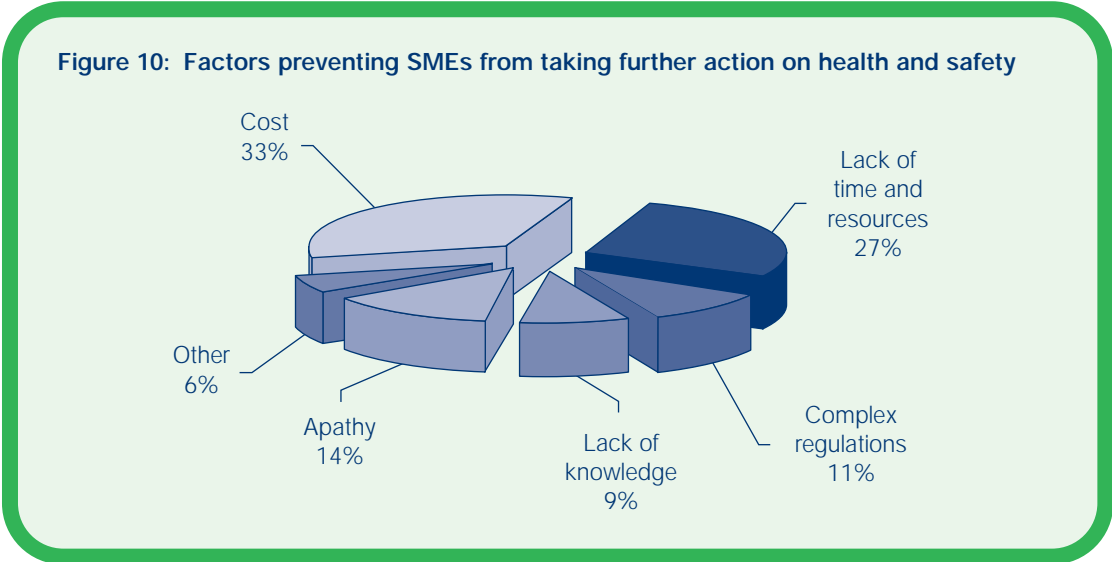


- II.** Over 95% responded positively that they knew where to obtain health and safety advice. However, some mentioned that they feared that asking the Health and Safety Executive for advice could lead to a subsequent inspection visit.
- III.** 60% seemed aware of their responsibilities in contractual chains, but a quarter thought that clarification was needed.
- IV.** Over two-thirds of respondents called for government to do more to prevent accidents and ill health. One in four responses suggested that subsidising training was the most suitable method.
- V.** When buying (or hiring) new equipment, almost all respondents thought that improvements were needed to demonstrate whether it had been designed with health and safety in mind. Suggestions included:
- introducing rigorous controls over CE marking and other standards;
 - issuing guidance on the value/level of assurance provided by standards.
- VI.** The following table shows that the vast majority of respondents already take significant steps to improve health and safety standards in the workplace, or would consider doing so:

Figure 9	Already do	Would consider
Making health and safety a standing item on your Board agenda	75%	14%
Making health and safety the responsibility of a named Director	84%	5%
Publishing details of health and safety performance in your Annual Report	56%	31%
Setting targets for further health and safety improvements	70%	23%
Participating in the Health and Safety Commission's 'Good Neighbour' scheme	19%	58%
Making sure your health and safety systems meet a recognised standard, such as BS 8800	30%	55%
Making sure your staff have a trained safety representative	82%	10%

Small and Medium-sized Enterprises (SME) Leaflet (134 responses)

- I. The following chart indicates the key reasons that emerged from the responses as to what stops SMEs from taking further action on health and safety:



- II. Over three-quarters asked that Government should provide clear and relevant guidance, tailored for the needs of SMEs. One in four suggested more awareness raising campaigns, or better use of the Internet.
- III. Over a third of responses mentioned either the Inland Revenue or Customs & Excise as the two Government organisations they deal with most often, but three-quarters felt these organisations should not involve themselves with health and safety matters. 25% thought that only the Health and Safety Executive/local authorities should deal with health and safety issues to ensure consistent and expert advice.
- IV. Over 80% warmly supported the introduction of a grant scheme or tax incentive to encourage small firms to invest in better health and safety, particularly to fund training or to help with purchasing safety equipment.

Worker Leaflet (860 responses)

- I. The overwhelming majority of respondents (90%) said that they had a workers' safety representative and had their say on health and safety.
- II. Around half thought that cost and resource implications stopped their employer doing more about health and safety. Others considered a general attitude of management apathy to be a significant factor.
- III. Workers received advice from many different sources, particularly in-house health and safety officers, worker representatives and line managers/personnel. It was suggested that more commitment from management, improved consultation and increasing powers of safety representatives would improve advice.
- IV. Over half thought they did not have sufficient training in occupational health and safety. It was suggested that this could be rectified by providing financial support for training and broadening the range of training issues to incorporate, for example, violence at work, lone working and stress.
- V. Almost two-thirds felt that Government could, and should, do more to publicise health and safety, either through high profile media campaigns or accessible and cheaper literature.
- VI. Priorities for action by employers were seen as:
 - ensuring that all equipment is safe, and that they, and staff, are fully aware of risks related to their jobs;
 - complying with legislation; and
 - ensuring effective consultation with staff, safety representatives and the Health and Safety Executive.

Priorities for Government included:

- more enforcement and stiffer penalties;
- improving communication with unions and industry;
- providing financial incentives;
- empowering safety representatives; and
- simplifying the structure of existing legislation.

Annex B

Ministerial Health and Safety Checklist

1. How are health and safety plans and priorities established?
2. Are you satisfied your safety policy and assessment of risks conform to legal requirements, with clearly identified managers responsible for health and safety?
3. Who holds responsibility for health and safety at a senior level? How is the senior management's commitment to health and safety communicated to staff?
4. What steps do you take to safeguard members of the public who visit your premises?
5. What are your methods for health and safety monitoring, review and audit? Do you use benchmarks?
6. How do you consult and inform staff about health and safety issues?
7. How do you motivate and train staff in health and safety?
8. Do your risk assessment and control measures take adequate account of individual capabilities including gender, age and physique?
9. How many RIDDOR reportable injuries/diseases/dangerous occurrences has your organisation reported in the last 12 months?
10. Are adequate records kept on e.g. risk assessments, training and accidents, near miss reporting, both on individuals' staff files and centrally?
11. Are all incidents investigated so that lessons are learnt and relevant risk assessments reviewed?
12. Do the same health and safety standards apply to other relevant areas of management e.g. premises, contract management and bodies in receipt of grant payments?

Annex C

List of Action Points

Action point 1

The Health and Safety Commission will publish and promote a Ready Reckoner supported by case studies to drive home the business case for better health and safety management.

Action point 2

The Health and Safety Commission will promote publication of guidance, by March 2001, to allow large businesses to report publicly to a common standard on health and safety issues. The Government and the Health and Safety Commission challenge the top 350 businesses to report to these standards by the end of 2002, and will then work to extend this to all businesses with more than 250 employees by 2004.

Action point 3

The Health and Safety Commission will undertake a fundamental review of the health and safety incident reporting regulations.

Action Point 4

The Health and Safety Commission will advise Ministers what steps can be taken to enable companies, if they wish, to check their health and safety management arrangements against an established 'yardstick'. This work will include examination of the implications for small firms and the role standards can play in addressing their needs.

Action point 5

The Health and Safety Commission will consider how best to involve the insurance industry more closely in its work, including the possibility of representation on the Commission's advisory committees.

Action point 6

The Government will work with the Health and Safety Executive to ensure that a larger number of inspectors have powers to enforce the Employers' Liability (Compulsory Insurance) legislation.

Action point 7

The Government will seek an early legislative opportunity, as Parliamentary time allows, to provide the courts with greater sentencing powers for health and safety crimes. The key measures envisaged are to extend the £20,000 maximum fine in the lower courts to a much wider range of offences which currently attract a maximum penalty of £5,000; and to provide the courts with the power to imprison for most health and safety offences.

Action point 8

The Health and Safety Executive will monitor and draw public attention to trends in prosecution, convictions and penalties imposed by the Courts, by publishing a special annual report. This will 'name and shame' companies and individuals convicted in the previous twelve months. This information will also be available on the Health and Safety Executive's Website.

Action point 9

The Health and Safety Commission will advise Ministers on the feasibility of consultees' proposals for more innovative penalties.

Action point 10

The Government will consider an amendment to the 1974 Act (when Parliamentary time allows) to enable private prosecutions in England and Wales to proceed without the consent of the Director of Public Prosecutions.

Action point 11

The Health and Safety Commission will develop a code of practice on Directors' responsibilities for health and safety, in consultation with stakeholders. It is intended that the code of practice will, in particular, stipulate that organisations should appoint an individual Director for health and safety or responsible person of similar status (for example in organisations where there is no board of Directors). The Health and Safety Commission will also advise Ministers on how the law would need to be changed to make these responsibilities statutory so that Directors and responsible persons of similar status are clear about what is expected of them in their management of health and safety. It is the intention of Ministers, when Parliamentary time allows, to introduce legislation on these responsibilities.

Action point 12

Ministers and the Health and Safety Commission will endorse a health and safety checklist along the lines of the one at Annex B, subject to consultation with the relevant trades unions and other relevant stakeholders, for circulation to all Government Departments and all public bodies, including local authorities and health authorities, as a catalyst for improvement. Ministers will be advised of the results of this exercise.

Action point 13

All public bodies will summarise their health and safety performance and plans in their Annual Reports, starting no later than the report for 2000/01.

Action point 14

The Department of the Environment, Transport and the Regions, in partnership with the Health and Safety Executive, will pioneer a High Level Forum to provide leadership on health and safety management issues within the Civil Service.

Action point 15

The Government will seek a legislative opportunity, when Parliamentary time allows, to remove Crown immunity from statutory health and safety enforcement. Until immunity is removed, the relevant Minister will be advised whenever Crown censures are made.

Action point 16

The Health and Safety Commission will consider further whether the 1974 Act should be amended, as Parliamentary time allows, in response to the changing world of work, in particular to ensure the same protection is provided to all workers regardless of their employment status; and will consider how the principles of good management promoted by the Construction, Design and Management Regulations approach can be encouraged in other key sectors. Ministers will be advised accordingly.

Action point 17

The Government will ask the Learning and Skills Council, in consultation with the Health and Safety Commission, to undertake an early review of the funding and provision of training for safety representatives. In light of the conclusions of this work, the Scottish Executive and the National Assembly for Wales will consider whether to change the arrangements in Scotland and Wales.

Action point 18

The Health and Safety Executive will take further action to publicise the right of workers to contact them, particularly in the context of the new protection provided by the Public Interest Disclosure Act 1998.

Action point 19

The new Clients' Charter to be launched later in the year as part of the Movement for Innovation in the construction industry, will include targets on health and safety to drive up standards. Government Departments and their sponsored bodies will sign up to the Charter, as part of their Achieving Excellence action plans and in demonstration of their support for the Health and Safety Commission's Working Well Together campaign. The Government will consider how this approach can be rolled out to other areas of procurement.

Action point 20

The Local Government Construction Task Force will consider how health and safety issues can be most effectively factored into construction procurement by local government.

Action point 21

The Health and Safety Executive will produce guidance for government departments and other public bodies on how best to achieve exemplary standards of health and safety in construction projects with which they have an involvement.

Action point 22

The Health and Safety Commission will take action, consulting the new Small Business Service in England, to improve arrangements for ensuring that the views of small firms are fully taken into account in policy formulation; and will seek to identify areas of regulation that affect small firms and can be simplified without lowering standards.

Action point 23

Within the framework set by the Nolan procedures for public appointments, the Government will seek to enhance representation of small firms on the Health and Safety Commission.

Action point 24

The Health and Safety Commission and the new Small Business Service will work in partnership to secure an effective profile for occupational health and safety within the Small Business Service both centrally and at local level. Similar work will also be taken forward in partnership with Scottish Enterprise, Highlands and Islands Enterprise, the Scottish Executive and the Business Connect network in Wales.

Action point 25

The Health and Safety Commission and Executive will promote positive models of how small firms can benefit from effective health and safety management, through a range of information products including clear, straightforward sector-specific guidance supported by case studies.

Action point 26

The Health and Safety Commission will advise Ministers on the design of a grant scheme to encourage investment by small firms in better health and safety management.

Action point 27

The Health and Safety Commission will work with local authorities to propose an indicator against which the performance of local authority enforcement and promotional activity in England, Scotland and Wales can be measured.

Action point 28

The Health and Safety Commission will work with a range of Government departments and other partners to promote and implement fully the new Occupational Health strategy for Great Britain.

Action point 29

The Government will encourage better access to occupational health support, and promote coverage of occupational health in local Health Improvement Programmes and Primary Care Group strategies in England, as recommended by the Health and Safety Commission's Occupational Health Advisory Committee.

Action point 30

As part of the next stage of the New Deal for Disabled People, the Government is considering how best to strengthen retention and rehabilitation services for people in work who become disabled or have persistent sickness.

Action point 31

The Health and Safety Commission will consult on whether the duty on employers under health and safety law to ensure the continuing health of employees at work, including action to rehabilitate where appropriate, can usefully be clarified or strengthened. For example, organisations might be required to set out their approach to rehabilitation within their health and safety policy.

Action point 32

The Health and Safety Commission will work in partnership with the Department for Education and Employment and the Disability Rights Commission to ensure that health and safety law is never used as a false 'excuse' for not employing disabled people, or continuing to employ those whose capacity for work is damaged by their employment, for example by highlighting this point in relevant publications and guidance.

Action point 33

The revised National Curricula in England (from September 2000) and Wales (from August 2000) will include more extensive coverage of risk concepts and health and safety skills at every level.

Action point 34

The Government and Health and Safety Commission will act to ensure that safety-critical professionals such as architects and engineers receive adequate education in risk management. This will be delivered through a programme of direct approaches to relevant higher and further education institutions and professional institutions.

Action point 35

The Health and Safety Commission will work with the Scottish Executive, the National Assembly for Wales and Regional Development Agencies in England to ensure that:

- health and safety considerations are taken into account in policy making at national and regional level, for example in economic policy and public health initiatives; and*
- national and regional interests are appropriately reflected in the Health and Safety Commission's work.*

Action point 36

In line with the requirement of the Modernising Government White Paper, the Health and Safety Executive will consider the feasibility of reorganising its regional structure in England so that it is co-terminus with that of the Regional Development Agencies, with the aim of facilitating more effective regional and sub-regional liaison.

Action point 37

Within the framework set by the Nolan procedures for public appointments, the Government will seek to ensure a balance of representation on the Health and Safety Commission from Scotland, Wales and the English Regions.

Action point 38

The Health and Safety Commission will hold some meetings in public each year.

Action point 39

To enable greater openness, the Health and Safety Commission aims to take the opportunity presented by powers in the Freedom of Information Bill to remove restrictions on disclosure of information imposed by Section 28 of the Health and Safety at Work etc. Act 1974.

Action point 40

The Government will develop proposals for sharing with health and safety regulators information about business start-ups held by other authorities, by March 2001.

Action point 41

The Government will incorporate health and safety guidance into the new Cabinet Office integrated policy appraisal system, and establish a 'virtual health and safety network' of key Whitehall contacts to enable rapid electronic dissemination of information.

Action point 42

The Health and Safety Executive and the Government will act in partnership to increase the number of staff secondments arranged between the Health and Safety Executive and central or local government, industry or trades unions.

Action point 43

In implementing this Strategy Statement, the Government and the Health and Safety Executive will ensure that all sections of society – including women, ethnic minorities and disabled people – are treated fairly; and will work in partnership with the Cabinet Office to pilot a new approach to gender mainstreaming.

Action point 44

The Government and the Health and Safety Commission and Executive will work together to explore options for organisational change to address these issues.