

WSH2028 STRATEGY

PRELIMINARY RECOMMENDATIONS BY THE TRIPARTITE STRATEGY COMMITTEE

EXECUTIVE SUMMARY

INTRODUCTION

1. Singapore's WSH framework launched in 2005 was designed to improve WSH outcomes by shifting from compliance with prescriptive rules, to making companies and workers responsible for determining and doing what was reasonably practicable to prevent accidents. The WSH Act was then enacted on 1 Mar 2006 with three key principles of reducing risks at source, placing duties on persons who create and have control over WSH risks, and raising penalties to reflect the true cost of poor WSH management.

2. Guided by the National WSH Strategies developed in 2005 (WSH2015) and 2008 (WSH2018), we have strengthened the WSH regulatory framework, built up WSH capabilities, heightened WSH awareness, deepened partnerships amongst WSH stakeholders, and improved industry ownership for WSH. These joint efforts have borne fruit as our workplace fatal injury rate declined steadily, reaching 1.2 per 100,000 employed persons in 2017 – the lowest level on record for our entire workforce. Similarly, workplace major injuries and occupational diseases (OD) rates have also reduced.

3. Our next challenge is to further reduce and sustain our WSH performance to provide our workers with one of the safest and healthiest workplaces in the world. Over the next decade, we must aim to consistently achieve a workplace fatality rate of less than one per 100,000 employed persons. This is less than half of our average workplace fatality rate of 2.1 over the past 10 years. To put our ambition in context, only four countries have achieved such sustained performance - Germany, Netherlands, the United Kingdom, and Sweden¹.

VISION: A HEALTHY WORKFORCE IN SAFE WORKPLACES

4. The WSH2028 vision reaffirms the WSH2018 vision of a healthy workforce and safe workplaces, twin outcomes which are mutually reinforcing. To have a "Healthy Workforce", we must seek to prevent all illness, injury, or incapacity that might be triggered, aggravated, or caused by work, improving safety at the same time. To have "Safe Workplaces", we must seek to eliminate exposure to safety risks and preserve workers' health in the process.

5. By 2028, we want (i) pervasive adoption of Vision Zero, where it is a norm to seek prevention of all injuries and ill-health; (ii) a sustained workplace fatality rate of less than one per 100,000 employed persons; and (iii) workplaces that foster health and safety in a holistic and integrated manner. As a result, our workers can benefit from improved well-being at work, while our companies can offer exemplary WSH practices as part of their competitive advantage.

¹ Based on data available up to 2016.

OUR STRATEGIES

6. Three broad strategies have been identified to guide our efforts towards the WSH2028 outcomes.

Strategy 1: Deepen WSH ownership

7. To achieve the next breakthrough in our WSH performance and the desired culture of prevention, trust and care, the operating environment must provide the necessary incentives that favours companies with better WSH outcomes.

Recommendation 1.1: Enable a business environment that demands good WSH performance.

8. The expectations of service buyers will shape companies' attitude towards WSH. We recommend that MOM should facilitate greater transparency on the WSH performance of companies, to enable businesses to be more discerning on whom they procure services or products from. Government as public developers can also harmonise the criteria used to monitor and disqualify contractors with poor WSH records from public sector procurement. This works to level up WSH requirements consistently across the government.

Recommendation 1.2: Enable a regulatory environment that drives greater ownership for WSH

9. Regulation and enforcement remain important in shaping behaviours into one that helps drive greater ownership for WSH. Section 48 of the WSH Act already assigns liabilities on Board of Directors for WSH lapses. To further clarify how they can reasonably fulfil their responsibilities, WSH Council should develop a Code of Practice outlining their WSH duties to enable greater accountability. MOM should also facilitate work injury insurance premium differentiation between the good and poor WSH performing companies by insurers, through sharing of past accident records and claims. At the same time, MOM can further differentiate its enforcement approach by inspecting poor WSH performers more frequently than the better performers. Both of these moves will sharpen companies' incentive to be good WSH performers, and spur poor WSH performers to do better.

Recommendation 1.3: Promote the WSH culture of prevention, trust and care

10. The WSH Council's CultureSAFE programme should be reviewed to motivate companies to adopt progressive WSH practices that exemplify the culture of prevention, trust, and care. The WSH Council should also continue to incorporate WSH competencies into higher risk tertiary disciplines to inculcate youths with a mindset that values the importance of WSH.

Strategy 2: Renew focus on workplace health

11. Over the years, MOM has increased efforts to address ill-health or occupational diseases (ODs) caused by work. We need to step up on the lesser known dimensions of how workers' inherent health conditions can affect safety outcomes at work, or be aggravated by work conditions.

Recommendation 2.1: Strengthen prevention of ODs

12. To strengthen prevention of ODs, MOM should review and expand the list of reportable ODs such as those that can cause occupational cancers. Doing so will help to ensure that workers who suffered such ODs can receive appropriate compensation. This needs to be accompanied by capability and capacity building in OD detection, such as by partnering Institutes of Higher Learning to conduct research to deepen knowledge on ODs and related workplace health hazards in Singapore.

Recommendation 2.2: Promote adoption of Total WSH approach

13. Total WSH refers to managing the interactions between work, safety, and health in a holistic and integrated manner. We recommend that support be provided to companies to adopt Total WSH. The government should increase access to Total WSH services, where employers and workers can seek assistance on how to improve both the safety and health of their workers. We recommend that the WSH Council should also develop bridging courses to upskill existing WSH professionals to expand their skillset and enable them to support companies' implementation of a Total WSH approach.

Recommendation 2.3: Facilitate health promotion at the workplace

14. The prevalence of chronic diseases across the workforce is expected to increase due to ageing population and sedentary work. This necessitates employers to have the know-how in managing this workforce profile to sustain workers' well-being and productivity. There should therefore be support for companies to adopt general health promotion initiatives at the workplace as this reinforces the Total WSH approach. The initiatives may include broad-based measures as well as job adaptations for workers who need them.

Strategy 3: Promote technology adoption to advance WSH outcomes

15. Major technological developments present a significant opportunity to advance the WSH outcomes. We should therefore be at the forefront of technology innovation and adoption for WSH to achieve the next breakthrough in our WSH performance.

Recommendation 3.1: Drive innovation and adoption of WSH technology

16. To drive innovation and adoption of WSH technology in a sustainable manner, we recommend the setting up of one or more WSH Centre of Innovation and Technology (CIT) to help promote the development of technology-based solutions for WSH. The CIT can help to drive the adoption of advanced monitoring and management services to the industry to prevent accidents and increase productivity.

Recommendation 3.2: Leverage on technology for world-class WSH training

17. As we continue to review the contents and curriculum of WSH courses to ensure relevance, WSH Council should also leverage on technology to elevate the delivery and assessment standards of WSH training for greater realism and effectiveness.

NEXT STEPS

18. These preliminary recommendations were developed by the Tripartite Strategy Committee (TSC) over the past few months in consultation with relevant stakeholders; such as employers, workers, WSH professionals, associations and the government. The TSC is now seeking international experts' feedback via the 6th International Advisory Panel meeting, and looks forward to hearing views from more stakeholders, communities and members of public to further refine the strategy that will take us forward on our next decade of WSH improvements.