

The Case for Health and Safety

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In recent years there has been a growing belief that the workplace is a much safer place than it was, most workers are at little risk, and that as a result much of the regulation that we have is unnecessary. It is this perception that has, in part, led to a growing tendency to dismiss health and safety as being about only factories and mines and which has fed calls for regulations, or enforcement, to be reduced.

This view of health and safety has been fed by the numerous stories in the media ridiculing 'elf and safety gone mad'. Some of these stories have an element of truth, others are distortions, while a few are just downright lies. Most relate to public safety, such as village fetes, playgrounds or the activities of local councils. Very few are anything to do with health and safety in the workplace.

Stories like these, which range from schools stopping children from playing conkers to restaurants removing toothpicks in case a customer injures themselves, are run by the media as a form of entertainment.

In 2006 the TUC looked at a number of these stories that were making the rounds in the press, such as that ladders were being banned, safety signs were required for mountains, and acrobats had to wear hard hats. These stories were complete fabrications, but this does not mean that every health and safety story we read about is made up. There are people who believe that they need to protect people's safety through over-elaborate risk assessments or regulations, but that is not because of the law – simply a lack of understanding. In other cases employers have used health and safety as an excuse for not doing something which they did not want to do anyway, or as an excuse for saving money.

The long-term effect of these myths being circulated is that the 'brand' of health and safety gets diminished. People see health and safety as stupid rules and barriers, rather than as a framework for protecting those most vulnerable in society. This has a knock-on effect in the workplace where health and safety is seen as less of a priority. It also affects government policy. Politicians read the newspaper headlines, rather than the obituaries.

How safe is the world of work?

Workplaces are dangerous places, but this danger is often downplayed by the selective use of statistics. The figure that is often given as an indicator of how safe Britain's workplaces are is the number of workplace fatalities that occur at work as a result of an injury. This is published by the HSE every year and in 2009/10 that number was 151 – the lowest ever.

That, however, is far less than even 1 per cent of the number of people whose life has been cut short as a result of their work.

The HSE estimates that just over 8,000 deaths are caused each year by occupational cancers, although many specialists believe that is a considerable underestimate. The TUC believes that a figure of 15,000 would be more realistic. In addition there are around 4,000 deaths from other lung disorders such as chronic bronchitis and emphysema caused by breathing in fumes, chemicals and dusts. More than 1,000 people are killed while driving on the roads as part of their work. There are also all

those who die as a result of cardiovascular disease caused by the nature of their work. This can either be stress (which can more than double your risk), or exposure to certain fumes and chemicals. This is much more difficult to assess but an estimated 66,000 people report work-related heart disease each year. Even if only 5 per cent of deaths from cardiovascular disease were to be work-related, that would mean that 7,500 people die as a result of health or circulatory problems caused by their work.

Using the most conservative estimates at least 20,000 people die prematurely every year because of occupational injury or disease, but the real figure could be nearer twice that.

Despite this huge toll from occupational diseases, we still tend to concentrate on the deaths caused by injury. They are the ones that make the newspaper headlines, but a life lost to disease is just as much a tragedy. Because these often take place in a hospice behind closed curtains, often years after the person has left work, there is less awareness, or concern.

The death toll that work takes is only a part of the picture. We should not forget the high levels of ill-health and injury. Last year 28,692 major injuries to workers were reported, with a further 105,222 workers receiving an injury that meant they had to take at least three days off work. However, almost one in every two injuries is never reported by the employer, so the HSE estimate that the number of injuries that should have been reported last year would be 246,000.

This is the number of cases where there was an actual injury in the workplace that led to at least three days off work. It does not include injuries that develop over time or diseases that people get as a result of their work. It is less easy to get a figure for this as the actual cause of many of the illnesses and injuries people develop such as back pain, depression, or asthma, cannot always be pinpointed, so the number of cases that are caused by work is usually estimated by looking at those areas whether there is a much greater prevalence, or asking workers themselves. The HSE estimates that there were 551,000 new cases of illness caused by work last year. While many of these illnesses will go away quickly, many others become long-term and can remain with the person all their life.

In total, 1,200,000 people currently in work say they suffered from ill-health that they thought was work-related. Many of them continue to come to work, despite their illness, while others are on long-term sick-leave. In addition another million people have since left work and say that they have ill-health as a result of their work. These people are still suffering the ill-effects of work after they retired or left.

Is the modern workplace safer?

Even with these high levels of ill-health, there is still a tendency to view occupational diseases and illness as being a thing of the past, mainly related to industries such as mining and heavy engineering. The reality is very different. We certainly have fewer fatal injuries. These have fallen by around 80 per cent in less than 40 years. In part that is because many of the most dangerous industries such as shipbuilding, mining and heavy engineering have declined dramatically in the same period. We have also seen increased mechanisation. Another factor is the development of a better, simpler, legal framework since 1974.

Injuries have also fallen, although not as dramatically. In some industries there have also been very successful campaigns to improve safety that have been run jointly by the employer, unions and regulator. These have, in some industries, managed to cut

injury rates by up to 50 per cent over a period of 3 to 5 years. Joint campaigns have worked in a range of industries as diverse as quarrying, glass-making and paper manufacture. Even in industries like construction, changes in the safety culture, often driven by unions or by inspection 'blitzes', have managed to help reduce the injury rates significantly, especially on the larger unionised sites.

We have not however seen the same decline in diseases. Despite huge advancements in technology and changes in the labour market the editor of International Journal of Occupational and Environmental Health has claimed "never in history has there been so much occupational disease as exists in the world today". Much of this is because of the emerging problems of new jobs and new work methods.

Some diseases have soared dramatically. Cases of the fatal lung cancer mesothelioma have risen from 153 in 1968 to over 2,000 40 years later. This is caused by exposure to asbestos, which, although its use is now banned, is still present in over a million workplaces.

Changes in the type of work and how we work have also changed the nature of occupational diseases. There have been big rises in what are called musculoskeletal disorders such as back, neck and shoulder pain, or RSI, which affect over half a million people. This is partly because of the increase in assembly work and repetitive jobs, as well as the huge rise in IT, with far more people typing and sitting for long periods.

The other big increase has been the rise in the number of people suffering from mental health issues such as depression and anxiety. This is often caused by stress at work. It is likely that part of the increase is due to the greater awareness of the issue and improved willingness of those who suffer from it to report it; however the increased number is also likely to have been fuelled by changes to how we work, with many people feeling they have less control over their work, or feeling less secure. It is estimated that around 415,000 people suffered from a work-related stress illness last year.

Because we have moved away from an economy where the majority of the working population were employed in manufacturing, to one where most work is in either the public or service sectors, it is impossible to make meaningful comparisons between the health risks 50 years ago to the situation today beyond saying that it has changed dramatically. Now we have different things to worry about.

In the 21st century there are far more people working in sectors such as social care, call centres, and health provision. These all bring with them new health risks. We have seen the emergence of problems such as needlestick injuries and latex allergy amongst health workers, or acoustic shock in call centre workers. In the private care sector back injury has been a growing concern as a result of the lifting that takes place.

As new industries and working methods arise, so will new problems. We have no idea what health problems nanotechnology or climate change will bring, but we must be ready to tackle them. After all, the health problems that 2.2 million people are experiencing because of their work are just as real and affect people just as badly as the health problems of previous generations, and they are just as preventable.

Despite the press notices, health and safety is as relevant, and necessary, today as it has even been.

Is the risk less in smaller organisations and offices?

It is often claimed that, while health and safety is important in industry, it is not really necessary in most workplaces, and there is no need for offices and smaller employers to bother with things like written risk assessments. Small employers dominate large sectors of the economy and it is estimated that 44 per cent of private sector employment is in the SME (small and medium-sized employer) sector.

It is certainly not the case that smaller organisations are inherently safer. There are some positive things about small enterprises as employers. There is often a closer relationship between the worker and the owner, and in long-established family companies, the owner will often know the job and the risks well because they may be working alongside their employees. It is also the case that very small employers have slightly lower rates of work-related sickness absence than larger ones; however, that would be expected given that many of these organisations are one-person businesses or do not have occupational sick pay schemes.

At the same time, the sectors with the highest rates of fatalities are all ones where there is a large proportion of small enterprises or self-employed people – in particular construction, transport and agriculture. In the case of agriculture, the death rate in 2009/10 was 16 times the average, while in construction, the rate was 4 times the average. These are also among the sectors with the highest non-fatal injury rates. However there are many other sectors where there are a large number of SMEs and also an increased risk of injury. Restaurants, often small or family-run businesses, have higher rates of slips and trips as well as increased risk of injury from electricity and fire, while shops, also often small employers, have higher levels of injury through violence.

Many small employers also have higher illness rates. Mesothelioma is highest among maintenance workers, who are more likely to work for a small employer or be self-employed. Hairdressers have among the highest rates of dermatitis, small bakeries have much higher rates of asthma, schools (also often small employers) have much higher than average levels of stress-related illnesses, while the music sector has high rates of occupational deafness.

Nor are offices necessarily safer. The group that includes one of the highest proportion of office workers, public administration, actually has one of the highest rates of over three-day injury, although it does have fewer fatal and very serious injuries. Both stress-related illnesses and RSI are more common in offices and between them they account for over 70 per cent of all work-related illness. Unfortunately there is still a view that these illnesses are less worthy of sympathy or action than injuries caused by 'accidents'. Anyone who has experienced chronic back-pain or long-term depression will know that they are not minor ailments, but debilitating diseases that can have a major and devastating effect on a person's quality of life.

The occupational group that, according to HSE statistics, has the highest rate of work-related illness is therapists, whose health can be affected by the stress and comparative isolation of their work.

What this shows is that it is ridiculous to claim that one type of workplace or sector is always going to be safer. Every workplace has its own risks and, by concentrating on immediate fatalities or traditional risks, and ignoring the dangers of diseases that develop over a long term, we may have contributed to the rise of the current occupational health epidemic, with 2,100,000 people suffering unnecessarily from ill-health caused by work.

Preventing risks

Health and safety is about the control of risks in the workplace. Britain's health and safety regime is not based on complex rules and regulations but on a number of simple concepts. These are:

- It is the employer who controls the workplace so they should be responsible for controlling risk.
- They should do that by identifying and assessing what risks there are, and how likely they are to occur and the likely impact.
- Those significant risks should be removed or reduced as far as reasonably practical.
- The workforce should be involved in the process.

Health and safety really is as simple as that. That is why the legal duty on employers is so simple. They are meant to identify and assess the risks and then remove or reduce them.

Risk assessment is based on identifying and assessing the real risks that exist in the workplace that could kill or hurt someone. It is not rocket science. For most employers it is a simple process that can be done with a minimum of bureaucracy. Certainly if you are running a chemical factory or a nuclear power station then it has to be a pretty comprehensive exercise, but most employers can do it themselves without having to employ consultants. The HSE has produced simple model risk assessments for a large number of sectors, all of which are simple and practical.

Despite this there is still a belief that we have become risk averse and that employers now have to produce complex detailed risk assessments for everything. The idea that we are risk averse is another example of anecdotes becoming accepted as the norm. Although there are examples of employers paying consultants who have produced very long and unnecessary risk assessment reports, these are the exception rather than the rule and, in fact, a majority of employers have not even done a basic risk assessment, let alone one that is over-elaborate.

As a result of this myth about risk aversion, government ministers have called for a reduction in the need for risk assessment and less paperwork. No-one has ever been killed by an employer spending too long on a risk assessment. Many have died because the employer has not done an adequate risk assessment.

A risk assessment is only the first part of the process. Following the assessment the employer has to identify what action needs to be taken to remove and reduce the risk. After the risks are identified and assessed this is often obvious, but it does need a knowledge of the workplace. That is why it is important to ensure that those people

Work makes you ill – but it could help keep you well

The relationship between work and health is very complex. On the one hand, work is responsible for an estimated 30 million days lost to ill-health each year. However it can also be a positive factor in maintaining our health. If work is organised well, and people feel in control and well rewarded, and, most importantly if the risks to their health are properly controlled, then people will be in better health than those not in work. That is why, as well as simply campaigning for safer workplaces, it is important to try to look at improving work organisation.

who do the job are involved. Involving the workers through safety representatives can make a major difference to the injury rate in that workplace, but only if the safety representatives are properly independent, trained and supported. This is the reason that in workplaces with union safety representatives and safety committee, the serious injury rate is half that of similar workplaces without them.

It is important that risk assessment and risk management are not seen as a bureaucratic process, but as a means to an end. That end being the reduction of injury and ill-health. There is no doubt that assessing and managing risk works. In fact there is no alternative. It is therefore incredible that any politicians or commentators should be able to suggest removing or reducing the requirement to do it without being ridiculed.

The cost of work

The main effect of injury and illness is borne by the worker who has to bear the physical and emotional harm. They also have to bear much of the financial cost, especially if they work in a sector without access to a good sick pay scheme. You cannot put a price on health.

The cost to the employer is more tangible. In 2010 the CBI reported that workers took 180 million sick days the previous year at a direct cost to employers of £16.8bn. In the same year it is estimated that around 30 million of these days lost to sickness were a result of work – 24.6 million due to work-related ill health and 4.7 million due to workplace injury. That means that the direct cost to employers of work-related sickness absence was £3.7bn.

Insurers also paid out £1.5bn in compensation to those made ill or injured through work, while the government paid out a further £800m in industrial injuries benefit.

The direct cost to employers' insurers and the government is therefore £6bn. That, however, excludes the cost to the NHS and social services of caring for those people, as well as the cost of other benefits paid out to those who have to leave work as a result of their illness. Most importantly it excludes the cost to the worker, and their family.

In contrast the amount that the government spent on preventing occupation illness and injury was a fraction of that. Public funding for the HSE last year was just under £240m.

Regulation works... but only if enforced

Regulation is now seen by many as being a dirty word. The government wants to reduce the "burden" on business caused by regulation, and has even asked the public to recommend what regulations it wants to get rid of. The reason given for this is that regulation has created a nanny state and means that industry is less competitive and is "drowning in red tape".

Regulation is there to protect workers and the public. It does this by requiring employers to ensure their work processes are safe. This is not something new; there have been safety regulations as long as there have been laws. The book of Deuteronomy orders builders to ensure they install parapets to prevent people falling off roofs. With the industrial revolution new factories sprung up creating new dangers, so we had new laws. The first modern piece of health and safety legislation was passed in 1802 to protect young workers in textile mills. This was the first of many hundreds of regulations that culminated with the 1961 Factories Act.

Employers' attitude to regulation – 1854

The wonder was, it was there at all. It had been ruined so often, that it was amazing how it had borne so many shocks. Surely there never was such fragile china-ware as that of which the millers of Coketown were made. Handle them never so lightly, and they fell to pieces with such ease that you might suspect them of having been flawed before. They were ruined, when they were required to send labouring children to school; they were ruined when inspectors were appointed to look into their works; they were ruined, when such inspectors considered it doubtful whether they were quite justified in chopping people up with their machinery; they were utterly undone, when it was hinted that perhaps they need not always make quite so much smoke. Besides Mr. Bounderby's gold spoon which was generally received in Coketown, another prevalent fiction was very popular there. It took the form of a threat. Whenever a Coketowner felt he was ill-used – that is to say, whenever he was not left entirely alone, and it was proposed to hold him accountable for the consequences of any of his acts - he was sure to come out with the awful menace, that he would 'sooner pitch his property into the Atlantic.' This had terrified the Home Secretary within an inch of his life, on several occasions.

However, the Coketowners were so patriotic after all, that they never had pitched their property into the Atlantic yet, but, on the contrary, had been kind enough to take mighty good care of it. So there it was, in the haze yonder; and it increased and multiplied.

– *Hard Times* by Charles Dickens

By the 1970s it was clear that a new approach was needed. In 1974 the government, with support from all parties, implemented the Health and Safety at Work Act (HSWA). This covered almost all workplaces, placed a simple general duty on employers to protect the health, safety and welfare of their employees. It also allowed the government to make regulations to ensure that the principles of the Act were applied.

At the time of its introduction, the HSWA probably created one of the most clear and practical frameworks for health and safety anywhere in the world. Since 1989 many of the regulations made under it have been based on European Directives, which are based largely on the same principles as the HSWA.

However, despite new regulations coming from Europe and big changes in the structure of the workforce we have not seen an explosion of health and safety laws. Quite the reverse. There has been a significant fall. We now have 46 per cent fewer regulations than in 1974 when the HSWA came into effect. This process is still going on and there are 37 per cent fewer health and safety regulations now than just 15 years ago. It is not just the number of regulations that have declined, it is also the bureaucracy. Over the last four years the HSE has reduced the number of forms used for collecting information from business from 127 to 54, a 57.5 per cent reduction.

This has been done with the support of employers, unions and safety professionals, but the driving force has been a belief that we want regulation to be simple and effective.

Despite this the current government has said that it will not introduce any new regulations on health and safety unless other regulations are removed. This is not good regulation, but simple political posturing. The regulatory agenda should not be driven by a belief that there should be either more or less regulation, but, instead, that we should have the level of regulation that is proportionate and effective.

However, the bottom line is that if any employer is unable to operate without risking the lives and health of their workers, they should not be in business, and to ensure that we need laws.

Regulation is just as important today as it was in Victorian times. Workers do not have control over their working environment, or the risks they take; employers do. If we go climbing or swimming in our own time, we can decide on the risks we take and, so long as we are informed of any particular hazards, we are generally free to do so. When we are at work, we cannot make these decisions. The employer controls what equipment we use and how we work. The problem is that, if the employer is a private company, their purpose is to make money and by law they are required to maximise the profit for their shareholders. Good employers recognise that it is in their interest to keep the workplace safe and healthy and to try to avoid risk, but if there is no legal duty to do so, their competitors are free to undercut them. Responsible employers have always recognised the need for strong regulation and enforcement as it creates a level playing field.

There is also evidence that regulation works, so long as it is enforced. The experience in public safety areas is that the voluntary approach is generally ineffective and that only a statutory duty, backed up by enforcement where necessary, will ensure compliance. Codes of practice on smoking in pubs and clubs had almost no effect and only a strict legal prohibition worked. Likewise campaigns to encourage seatbelt or crash helmet use had limited impact until legislation was introduced requiring their use. Where a voluntary approach has been attempted in the health and safety field, as it was in Ireland and the USA, it has failed.

Nor is regulation the burden it is claimed to be. According to research conducted by the government in 2005 called the Administrative Burdens Measurement Exercise, the average firm spends approximately 20 hours and just over £350 a year on the administrative costs of complying with the Management of Health and Safety at Work Regulations 1999 (mainly the risk assessment requirements). Given this figure includes a considerable number of very large firms, it is clear that the normal cost for smaller companies will be considerably less.

For regulation to be effective there also has to be enforcement and, despite a strong and effective set of laws on health and safety, there is insufficient enforcement, especially in relation to the dangers to health. Yet what limited enforcement we have is under threat, with many employers' organisations, especially small employers, claiming that they are over-inspected.

The reality is very different. There are more traffic wardens in London than there are inspectors in the whole of HSE's Field Operations Directorate (FOD) for the whole of Great Britain. It is estimated that the actual number of FOD inspectors is around 700 to cover all the inspections, investigations and prosecutions for all manufacturing (except chemicals manufacturing), the health services, education, all local authority activities, government departments and agencies, fire and police services, the defence industry and MOD, agriculture, fairgrounds, domestic gas safety, utilities, ports and docks, and others. This is a total of 884,000 premises. There are another 1,110 (full time equivalent) inspectors working for local authorities covering 1,108,000 premises.

These numbers are far below what is needed and as a result the level of inspection of employers is both low and inconsistent. In 1999/2000 the number of inspections made by HSE Field Operations Division inspectors was 75,272. In 2008/09 the number of recorded inspections was 23,004. This is a fall of 69.5 per cent in 10 years. On the current level of inspection the average premises could expect a visit by an HSE inspector once every 38 years. Compare that to the position of premises that

handle food, which are visited at least once a year. However, the number of deaths caused by food hygiene failings is far lower than the number of deaths caused by hazards in the workplace.

A large number of premises are inspected, not by the HSE, but by local authorities. Many of them do an excellent job. Unfortunately, as a result of pressures on their budgets, and other competing priorities, the number of local authority inspectors is likely to fall over the coming years.

This should be a major concern for everyone. Inspectors play a positive role in ensuring that employers understand and fulfil their duties, often giving advice and support to help them do so. Nearly 90 per cent of all employers who have had contact with the HSE have seen it as a 'helpful' organisation.

The low number of inspections has had an effect on the level of enforcement activity. The number of prosecutions has fallen from 1,986 in 2001/2 to 1,090 in 2008/09. There has been a similar fall in local authority enforcement. The number of improvement notices and prohibition notices has also fallen dramatically. It is also clear that the HSE rarely prosecute for offences that can lead to disease as opposed to immediate injury.

Prosecutions are a necessary part of ensuring that the culture within workplaces is changed and also, on occasion, that the injured person or their family get a sense of justice. Unfortunately, even when a prosecution is successful, it does not necessarily lead to justice. The average fine for a health and safety offence is similar to that for fly-tipping. Last year the average fine was £14,614 for each offence in cases taken by the HSE and £5,607 in local authority cases.

For some offences there is the possibility of imprisonment but this is rarely used and is only available for individuals, while most prosecutions are against companies or public bodies. Although the recent Corporate Manslaughter Act is a step forward, much more needs to be done to increase the level and range of penalties available.

There is also concern over the lack of accountability and responsibility for those at the top of organisations. While many company directors do take their responsibilities for health and safety seriously, many do not. Until there is a statutory duty on them to do so, as there is on employers, managers and suppliers, then this will remain a major loophole.

Those who set the strategic direction of an organisation, who allocate resources and who oversee operations often have no awareness of the health and safety implications of their decisions. They can make decisions on resources, or on staffing, without considering what that may mean to the health or lives of those that they employ. This can have serious implications, as the report into the management of BP after the Texas City disaster in 2005 showed.

It is clear that the voluntary approach has failed to ensure that directors in all organisations, public and private, take responsibility for the health and safety of the staff they employ. Even if it has led to some boards of directors receiving regular reports on health and safety, or appointing a 'champion' at board level, there is still nothing that can be done about those companies that do not. These are companies where the only concern of the board members is the bottom line. It is because of these organisations that there is a need for a specific legal duty on directors. Directors of companies who are already complying with good practice will have nothing to fear from such a duty. It is only those who think they can continue to get away with ignoring the call for corporate responsibility that would be at risk if they continue to run organisations that put the lives of their workers, or the public, at risk

However regulation will only work if employers know what they must do to comply. Although regulation and enforcement are important there is also a need for clear guidance and support for employers. Most employers do not deliberately break the law but need to be told what their duties are and given advice on what they must do to meet their obligations. This needs to be done in an accessible format.

Traditionally the guidance and advice that have been produced by the HSE have been second to none and much of the HSE material is now considered to be the international standard. All regulations and guidance are now freely available on the internet. This is a major step forward. In addition, the recent campaigns that have been run on issues such as back pain and asbestos have been shown to have a very significant effect on changing behaviour. One of the first acts of the new coalition government was to announce a moratorium on all advertising and publicity campaigns by public bodies. This will have a major impact on the ability of the HSE to raise awareness of risk in areas such as agriculture, where an award-winning publicity campaign has been running for the past two years with the support of both farmers and the trade unions.

New challenges

The workplace has changed dramatically in the last few decades. Manufacturing has fallen to a fraction of its previous size, while other sectors such as finance, health and social services, leisure and the service sector have expanded. The growth of computing has transformed the way we work.

We have far more small employers than ever before. The figure usually quoted is 4.7 million SMEs (although most do not actually employ anyone). On the other hand they are, on average, around for a shorter time. The average life of a small employer is claimed to be around five years. There are also far more people who are now self-employed. Women make up half the workforce and there has been a rise in the number of people who work part time. In addition fewer workers are represented by a trade union.

There is also more contracting and sub-contracting. In many workplaces the workers who do the cleaning, catering, IT services, maintenance and security will work for another company. Many of the public services that we have come to expect such as our bins being emptied are now done under contract by a private company. At the same time the public sector is responsible for commissioning over half of the large building projects, but the projects are managed and carried out by private companies.

Because of all these significant structural changes the risks that we face at work are very different from even a couple of decades ago, and will be even more different in the future. Some risks will change, new ones will appear, while others will disappear.

We are also faced with the prospect of a rise in injuries and fatalities as we come out of the current recession. Traditionally injury rates fall during a recession (as we have seen at the moment), but rise as the economy improves. This is because more new workers are being taken on and employees are around twice as likely to have an injury in their first six months of work compared to other employees. In addition, more people work longer hours, which significantly increases the risk of an injury. After a recession more new companies are established with no experience of health and safety. It is also possible that, as demand increases, employers are more likely to take short-cuts. This all has implications for our health and safety. The legal framework is still as relevant as ever, but it is much harder to operate and enforce when there are a number of different employers operating in one workplace or the average business will close before they ever see an inspector.

Unless we think of imaginative ways of meeting the challenges these changes present, we will be unable to even begin to tackle the major health problems they will bring in the coming years.

Conclusions

Even by the most conservative estimates 20,000 people die prematurely each year as a result of injury or illness caused by the work they do. That is the equivalent of the entire population of the Orkney Islands being killed every year. Every one of these deaths could be prevented. Yet it is still acceptable to make jokes about health and safety and for governments to consider reducing the funding that goes into preventing it or removing protection.

However, despite the background of deregulation and financial cutbacks there are many positives. The first is that injury rates are coming down, as are some ill-health rates. We also have a robust framework of legislation in the Health and Safety at Work Act.

The HSE is an organisation that is widely respected and, given its limited resources, very effective, with a high quality and motivated staff.

We also have a much higher number of qualified health and safety professionals in the workplace than many other countries, as well as 150,000 trained union health and safety representatives.

Despite all the attacks in recent years, within most large workplaces, health and safety is still taken seriously and in many industries, such as construction, papermaking, quarrying, and the off-shore industries, we have seen significant improvements in the safety culture in recent years, driven and supported by unions, employers and the regulator.

On the other hand health and safety is derided and trivialised, not only in the press but by politicians. Regulation, once seen as the hallmark of a civilised society, is now seen by all the main political parties, as something to be avoided.

Budget cuts could force the HSE to cut both its staffing levels and its services. The mixture of guidance advice and enforcement that the HSE provides works. Even if frontline services such as inspectors were to be maintained (which is by no means certain), without their efforts being complemented by the campaigns and research that the HSE also do, their effectiveness will be lessened. Without access to administrative and other support, inspectors will have to spend less time in the workplace where they are needed. The same is the case in local government where Environmental Health Officers are responsible for inspecting the workplaces of half the country's workers.

If the level of HSE and local authority funding is cut, the effects would be catastrophic. Fatalities are not just statistics; they are real people, with lives and families. Any fall in inspections and enforcement, especially as we come out of the recession will lead to an increase in deaths from injury. It will also mean that the HSE will be unable to tackle the serious problem of occupational diseases. Over the past few years the HSE has begun to develop practical solutions to the main causes of illness. This includes the management standards on stress and the toolkits on musculoskeletal disorders. A lot more work needs to be done to embed these solutions into the workplace. If that is not done, the effect will be to condemn another generation to an epidemic of illness and misery caused by the effects of work.

Dealing with the challenges to our health that the modern workplace poses will not be easy. There are no magic solutions, although clearly improving the resources available to those whose job it is to enforce the regulations we have would make a big difference. The TUC also wants to see a number of other simple initiatives taken that would help ensure that we are less likely to see a big increase in injuries and disease in the coming years. These are:

- **Contract compliance**

The public sector is the biggest contractor of services, including those in many of the most dangerous or unhealthy sectors such as construction, care homes, and waste management. At present the contract bidding process means that contractors often have to cut corners and only do the very minimum required or else they will fail to win any work. By ensuring that only companies who are prepared to build the cost of proper protection of the workforce into the contract are successful in winning public sector contracts, the government could drive standards up across all sectors.

- **Give directors a legal duty to ensure the health and safety of their workers.**

The Health and Safety at Work Act places a duty on every employer to ensure the health, safety and welfare of their employees. This is a positive duty. There are also duties imposed on designers, manufacturers, importers and suppliers. Employees also have a duty to take reasonable care of themselves and others "who may be affected by his acts or omissions". No such duty applies to directors. When a worker is killed or injured, and there is a prosecution, it is the company that ends up in the dock, but a company is just a piece of paper. It is the directors who make the decisions that can either ensure that their workers are safe, or exposed to risks. If directors had the same duty as the organisations they run it would be the biggest driver yet in changing boardroom attitudes towards health and safety.

- **Use health and safety representatives**

There are 150,000 trained health and safety representatives in workplaces up and down the country. They are unpaid volunteers, often working in difficult conditions – but they make a huge difference. Union health and safety representatives can never be a substitute for HSE or local authority inspectors but they know the workforce and are a major factor in improving compliance with legislation and also developing a positive health and safety culture. Unfortunately they only cover around half the workforce. The rest – often smaller, non-unionised companies – do not have this resource. Were the government to do more to support and encourage those health and safety representatives we already have and also look at ways of extending the union health and safety representative system into those areas where it is currently absent, it would have a huge effect on injury and illness figures.

- **Appoint a government champion for health and safety**

Within the first few weeks of the current government taking power they asked a former minister to review health and safety regulation to see that it had not become a burden on business. This rather missed the point of the regulation, but the announcement also sent out the wrong message. If the government was serious about doing something to actually improve our health and safety record they could appoint a champion for health and safety.



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