Prior to 1974, Britain had no comprehensive legislation on workplace health and safety. There was legislation, lots of it, but it was piecemeal. There were separate laws for factories, offices, shops, mines, construction and railways. Regulations were very prescriptive and did not cover new technological developments and there was no legal protection for the public. A number of incidents exposed the dangers, including the James Watt Street fire in Glasgow in 1968 that killed 22 workers [1] and an outbreak of lead poisoning in the new Avonmouth smelting plant [2]. As fatalities at work were actually rising during the 1960s, there was therefore considerable pressure from the factory inspectorate, parts of the press and the unions for some form of action.

In response, in 1970, the Employed Persons (Health and Safety) Bill was introduced by Barbara Castle but there was a general acceptance that it did not go far enough and, just before the election of that year, a committee of inquiry chaired by Lord Robens was established. The election was won by the Conservatives but when the Robens Report was published in 1972, the government accepted it and introduced a new bill on January 1974, a month before a further election which saw Labour back in power. Labour reintroduced the bill almost word for word and it was passed within months of the election. The Health and Safety at Work Act (HSWA) received Royal Assent in July 1974 following 4 years of broad political consensus on the issue. HSE’s first director general, John Locke, described the HSWA as ‘a bold and far-reaching piece of legislation’ [3].

The actual Act is very clear and simple. The main parts, which set out the duties of employers, is only a couple of pages long. It places a requirement on employers to remove or reduce risk ‘as far as is reasonably practical’. How they should do that is not in the Act but guidance can be provided through regulations which can be easily and quickly changed as needs require. It also covered all work activities and all employees and self-employed workers (with the exception of domestic servants). In total, 8 million new workers were covered by health and safety law [4], as well as the public. It made it clear that health and welfare were as important as safety and set up a framework for robust and consistent enforcement. It put consensus and cooperation at the heart of policy making and delivery through the new Health and Safety Commission and the development of safety committees and safety representatives.

Since 1974, the change has been remarkable. Over the past 40 years, fatalities to employees have fallen by 85%, non-fatal injuries have fallen by 77% and occupational diseases have fallen by 38% [5]. However, not all of this is due to the Act. Since 1974, the number of people working in the service sector has grown from less than two-thirds of the population to almost 80%, while the number of workers in manufacturing has declined by over 3 million.

Now, 40 years after the Act, the decline in fatalities has plateaued and has been flat for the past 15 years. Self-reported injuries have seen an upward trend in the last 3–4 years and occupational diseases may also be increasing. There were no figures for 2012/13 but 2013/14 showed a significant rise. Occupational cancers are less difficult to predict given the long-latency, but certainly there is evidence that we still have significant current exposure.

Sadly, rather than trying to learn from the early successes of the HSWA, much of it is now being undermined. In March 2011 [6], the government announced a 2-tier inspection regime with those sectors deemed ‘low-risk’ having no pro-active inspections, despite the fact that these sectors have a higher risk for musculoskeletal disorders and stress, which between them make up around 70% of work-related sickness absence. Work on many of the health-related topics has slowed or stopped. Most self-employed, who are more than twice as likely to be killed at work, are to be removed from the HSWA. The autonomy of the co-regulators, the local authorities, has been removed, and tripartitism within all the HSE structures has been severely curtailed with employer and employee voices being undermined on many committees. This is coupled with a growing unwillingness to regulate in new areas, and considerable pressure on the EU to follow suit. Even the HSE occupational medicine service has been cut drastically. The Employment Medical Advisory Service (EMAS) employed 2.2 occupational physicians in 2012; 20 years previously it employed 60. The HSE also no longer has a chief medical advisor.

What is concerning is that although the HSWA was changed after a 2 year inquiry and with political consensus, more recent changes have been introduced without any consultation. The changes on inspection were simply announced in a government statement. The proposals on the self-employed, which will affect over 2 million workers, were never consulted on, although the HSE had consulted on a separate but very different proposal in 2013. There has never been any public debate on the demise of EMAS or the decision to stop work on the prevention of stress-related illnesses. They have simply happened.

The changes have also been introduced after three successive reviews in 4 years concluded that the HSWA was still fit for purpose. The most robust review was probably
that of Professor Lofstedt [7] in 2011 which proposed no changes to the Act itself, beyond one on self-employment which was rejected by the government who came up with their own, very different, proposal. However, the broad conclusion that the HSWA was still relevant today was also made by Lord Young [8] and also Martin Temple [9] in their reviews, where they also reported general support for the Act from stakeholders such as employers, unions and safety professionals. So why have the changes happened? In part, it is simply that modern politicians have little direct knowledge of the world of work and are likely to be influenced by the sensationalist reporting of 'health and safety' by the media. However, there is also an ideological basis for it. This government is committed to cutting regulation and reducing what it perceives as 'burdens'. The emphasis has therefore moved away from protection as the government has been swayed by arguments of the business benefits of reducing regulation over the advantages to the individual worker, despite the economic evidence for deregulation never having been demonstrated. The HSE estimates that the cost of health and safety failings, excluding cancers, is £14.2 billion [10].

Another factor is that government ministers, of any party, are likely to prioritize those issues which have an immediate effect. These are the high-injury or high-profile safety issues rather than long-term effects which will not be known about (or reported) for some years. The average health and safety minister lasts less than 2 years whilst occupational cancers are unlikely to show up until decades after exposure. Hence the priority given to process safety over occupational health issues.

The unanswered question is whether the changes are likely to lead to an increase in injury and illness. Is occupational health and safety more about workplace culture rather than legislation or does one drive the other? When the government attacks the ‘health and safety culture’ itself, as the prime minister has done [11], and introduces reductions in both the funding of the regulator and their ability to inspect, that helps create a culture where duty-holders perceive that health and safety regulation is of little importance.

There is overwhelming evidence that there is a positive correlation between injury rates and enforcement [12] and the HSE itself has accepted that a ‘lower level of enforcement’ would mean ‘a consequent decrease in health and safety standards throughout Great Britain, with ensuing costs to society’ [13]. It now appears that the downward trend has not only stalled but may be in reverse. Given that we have over 2 million people living with injuries or illnesses caused or made worse by work, we still have a significant problem where work is making a considerable proportion of the population ill, and this deserves to be tackled through evidence-based interventions rather than short-termism or simplistic analysis.

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Working for a healthier future

The Health and Safety at Work Act received royal assent 40 years ago and provided a new ‘goal setting’ regulatory framework for occupational health and safety in Great Britain. The Act implemented the recommendations of the 1972 Robens Report and introduced a new non-prescriptive model, based on the view that ‘those that create risk are best placed to manage it’ [1], an enduring principle that remains relevant today. Two recent reviews of the Health & Safety Executive (HSE) and health and safety regulation have supported this view. The 2013 triennial review of HSE found that ‘the Act has stood the test of time’ [2] and endorsed the risk-based approach to regulation. An earlier review by Prof. Löfstedt [3] sought views from a wide range of organizations and found

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