Re*vital*ising
Health and Safety

Consultation Document

July 1999

Foreword by the Deputy Prime Minister

I am delighted to launch this consultation to mark the 25th anniversary of the Health and Safety at Work etc. Act 1974. My Department's aim is to improve people's quality of life. Health and safety is central to that aim. I see good standards as a gateway to economic prosperity.

The excellent work of the Health and Safety Commission has made this country one of the safest in which to work. Yet hundreds of workers continue to lose their lives each year, and millions are affected by injury and ill-health caused by work. I do not intend to revisit the basic structures of the 1974 Act, but I do now want to inject new impetus to drive standards up still further. We need to be ready for the changing world of work into the next Millennium.

Our health and safety is genuinely a matter of national concern. Parliament has decided that the Health and Safety Commission and its Executive should continue their work across Great Britain, in England, Scotland and Wales, with Northern Ireland working in close partnership. But new impetus will be enhanced by the active involvement of all concerned by health and safety at work. This means action at all levels in our society – national, regional and local.

I want to hear *your* views on how we can best achieve this new impetus. Health and safety affects everyone. Government must lead, but we need to build far wider partnerships to bring the change I am seeking. It's vital that everyone – workers, employers, small businesses and the public – gets involved.

John Prescott

Foreword by the Chairman of the Health and Safety Commission

The Health and Safety Commission is extremely pleased that the Deputy Prime Minister has initiated this health and safety appraisal. On behalf of the Health and Safety Commission I am delighted to acknowledge our close involvement in the process and to welcome publication of this joint Consultation Document.

The Commission and the Health and Safety Executive have helped deliver major improvements in health and safety since they were established 25 years ago. The vision of Lord Robens, and in particular his recognition that effective regulation of health and safety must be based on the full participation of employers, people at work and their trades unions, local authorities and other interest groups, has stood the test of time.

But we are not complacent. The challenges we face remain significant. Our Strategic Plan, launched on 26 May, emphasises the importance we attach to developing new approaches, new partnerships to deliver further health and safety improvements. The substantial work we have already done on our future strategy for workplace health, and the widespread and useful discussion and involvement that has generated, is perhaps a model.

This consultation exercise adds a further dimension to the work initiated on 26 May, that of the contribution that wider Government policies can bring to what the Commission seeks to achieve.

We hope this document will stimulate wide discussion and debate, and will indeed revitalise, and extend the impact of, health and safety.

Sir Frank J Davies CBE, OStJ

Contents

Overview of the Strategic Appraisal

1   This year marks the 25th anniversary of the Health and Safety at Work etc. Act 1974. John Prescott has commissioned a strategic appraisal which aims to:

- inject new impetus into the health and safety agenda;

- identify new approaches to reduce further rates of accidents and ill-health caused by work, especially approaches relevant to small firms;

- ensure that our approach to health and safety regulation remains relevant for the changing world of work over the next 25 years; and

- gain maximum benefit from links between occupational health and safety and other Government programmes.

The Health and Safety at Work etc. Act 1974 brought a transformation in health and safety policy. Employers previously needed to comply with a confusing array of prescriptive standards. The 1974 Act gave a new emphasis to prevention. It places a duty on all employers to protect workers and the public from the risks presented by their business activity. The 1974 Act covers the whole of Great Britain. Health and safety legislation has not been devolved to the Scottish Parliament and Welsh Assembly.

The 1974 Act brought fragmented health and safety policy makers and inspectorates together, creating the **Health and Safety Commission and Executive** (HSC/E).

- The Health and Safety Commission advises Ministers on health and safety policy, and has powers to propose new law and standards.

- The Health and Safety Executive advises and assists the Commission. Its main independent responsibilities are to enforce health and safety legislation and investigate accidents. For certain premises, these responsibilities fall to **local authorities**.

2   The Government considers that the basic framework set by the 1974 Act has stood the test of time. This is a tribute to the effectiveness of the tripartite Health and Safety Commission in securing consensus on sometimes difficult issues. The fatal injury rate for employees has now fallen to a quarter of what it was at the beginning of the 1970s. Yet we cannot be complacent. Fatal injury rates now seem to have reached a plateau. **Each year some 400 people lose their lives in work-related accidents, over one million people suffer a workplace injury and some two million suffer from ill-health caused by work, resulting in 25,000 people leaving the workforce. We can, and should, do better.**

Better for Business

3   Health and safety failures damage businesses and the wider economy. We must set the right framework for further improvements in health and safety performance over the next 25 years. The world of work has already changed dramatically since 1974. Fewer people work in large companies or belong to trade unions. Small businesses and self-employment have flourished. Today's trend is for all but core business activities to be carried out by contractors or commercial partners.

4   The Department of Trade and Industry's Competitiveness White Paper sets out the Government's vision for a knowledge-based economy. Health and safety has much to contribute to this vision. We must demonstrate and promote the business case for a workforce that is 'happy, healthy and here'. And we must pursue new approaches to raising standards that will match new economic structures. In May the Health and Safety Commission launched a new Strategic Plan for the next three years which starts this work.
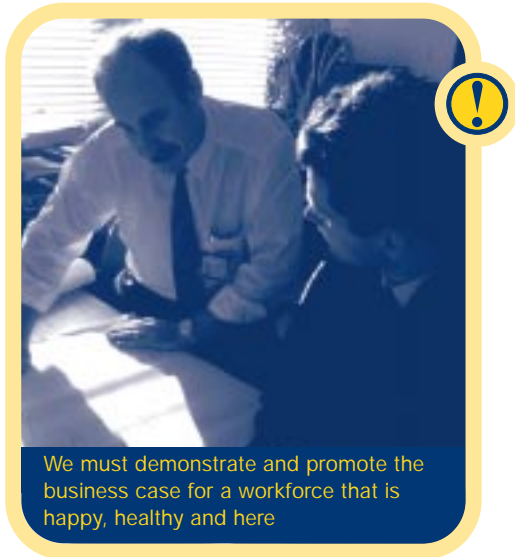
We must demonstrate and promote the business case for a workforce that is happy, healthy and here

5   The last 25 years have seen much new regulation in the field of health and safety, often driven by European legislation, which has made an important impact but is now in decline. This appraisal is not about further regulation or new burdens on business. It is about demonstrating the business case for further improvement and finding new ways of working in partnership with others to get the positive message across, that good performance aids, not hinders, business.

Better for People

6   Action to promote the wider well-being of individuals and the wider health and safety agenda must also gain greater recognition and momentum. Risks presented by work are one part of the range of risks faced by people in the home, at leisure and while travelling. Wider health and safety matters, such as public health, transport safety, environmental protection and consumer safety are dealt with by a range of Government institutions. Government must show leadership in working effectively across institutional boundaries if the overall impact of these programmes is to be greater than the sum of their individual parts.

7   Health and safety links into other Government initiatives. This Government attaches great importance to education and lifelong learning in delivering its vision for a fair society and a competitive economy. We must not lose opportunities to raise people's awareness of health and safety through education. The workplace itself has a role to play in promoting these messages.

8   Health and safety can also contribute to the Government's agenda on employment and social exclusion. Work presents risks, but there is good evidence that generally people in work enjoy better health, both physical and psychological, than those who are unemployed. Each year over 25,000 people leave the workforce because of injury or ill-health caused by work. Greater attention to their rehabilitation and early return to work would benefit not only the victims, but also their employers and society as a whole.

The key themes for the strategic appraisal are:

- delivering good health and safety is good for business, competitiveness and national prosperity;

- making people and business healthy and safe;

- cutting accidents, promoting safer work and health at work;

- a positive – not just preventative – approach to securing a healthy working environment and a fully productive workforce.

9. **This consultation document is targeted at everyone concerned with health and safety. That means employers, workers, small businesses and the general public.** Your views, ideas and participation are needed if we are to inject new momentum to the benefit of every business and every citizen.

Part 1

Health and Safety at Work – where are we now?

10   The 1974 Act sought to control the risks presented by business activity to workers, both employees and the self-employed, and the general public. This section sets out the business case for a proactive approach to health and safety management, to secure a productive workforce that is 'happy, healthy and here'. It takes stock of progress in reducing rates of injury and ill-health caused by work, and notes trends relevant to securing further improvements.

The Business Case

11   There is a clear ethical and moral case that lives should not be put at risk and people should not be subjected to pain and suffering as a result of their work. But improving health and safety also reduces costs to the state and individual employers. Although it is necessary to take account of wider considerations, the case for action is clear cut when the financial benefits of new measures outweigh the costs. This is true both for individual companies considering what further steps they might take to control risks, and for regulators developing new policy.

12   Each year, more than 25 million working days are lost and over 25,000 workers forced to give up work, never to return[1]. The direct economic cost of work-related accidents and ill-health has been estimated to be between 1% and 2% of GDP[2]. The cost to society as a whole, including an estimate for the loss of welfare resulting from pain, grief and suffering, was estimated to be between £11 billion and £16 billion, equivalent to 2% – 3% of GDP in Great Britain.

> **Estimated annual costs of work-related accidents and ill-health**
>
> - **to employers: £1.5 – £1.7 billion plus £3 – £7.7 billion for non-injury accidents where property or equipment is damaged, equating to £170 - £350 per worker**
>
> - **to individuals: £4.6 billion, equating to £170 per worker**

13   The largest element of the costs to employers relates to damage and loss in non-injury accidents. Extensive research since the 1930s has shown that in all enterprises, a small number of serious accidents is associated with a much larger number of accidents which cause minor injuries or damage without injury. These incidents are often not reportable to the Health and Safety Executive, but their frequency in particular industries can be estimated from evidence collected in case studies, which explains the wide range given for these costs. **The powerful message for businesses of all types and sizes is that by taking health and safety seriously, not only can you avoid serious and fatal accidents – you will avoid many minor accidents too, and save money.**

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[1] Source: Labour Force Survey 1997/98.
[2] *The costs to the economy of work accidents and work-related ill-health* Davies & Teasdale, 1990 HSE Books – further details at Annex A.

In 1991, South West Water implemented a health and safety programme, inspired in part by a belief that a strong health and safety culture would contribute to profitability. As a result, the accident rate per 1,000 employees fell from 136 in 1991/92 to 57 in 1995/96. The company costed the accidents and demonstrated that during the period April 1992 to March 1998 they saved £2.5 million by taking preventive measures. On ill-health, they introduced a programme to prevent work-related upper limb disorder which was immediately self-financing and which they estimated would save £88,500 per annum over the next 10 years.

Reducing Accidents

14 In 1997/98, 401 people lost their lives as the result of accidents caused by work activity. 212 were employees, 62 were self-employed and 127 were members of the public[3]. We can draw a distinction between major disasters, such as the Piper Alpha oil rig disaster in 1988 where 167 workers lost their lives, and the daily toll of accidents. Major disasters can be difficult to anticipate, grab the public's attention and require a major response. The daily toll of fatalities is perhaps more predictable, less sensational and requires sustained effort to bring improvement.

15 The fatal injury rate for employees in Great Britain is now a quarter of what it was in 1971 (see Figure 1). The reasons for this improvement are thought to include:

● changes in the structure of the economy[4];

● the success of the 1974 Act and the co-operative culture of the Health and Safety Commission;

● better designed and more technologically advanced equipment; and

● developments in management practice.

Studies by Eurostat and by the Health and Safety Executive show that the rate of workplace fatal injury in Great Britain is lower than in the USA or any country in Europe[5].

Figure 1: Fatal injury rates for employees 1971 to 1997/98
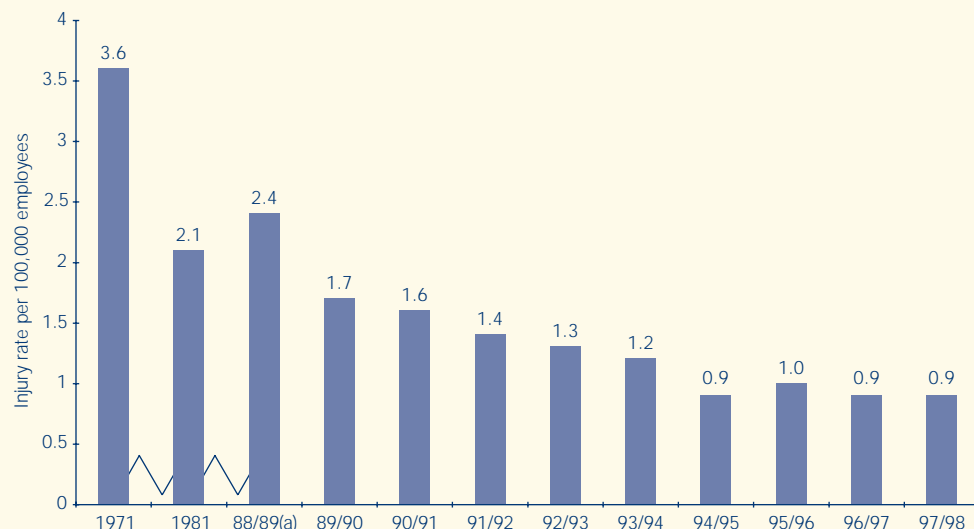
(a)   Includes the 167 fatalities in the Piper Alpha disaster
Source: Health and Safety Commission Annual Report and Accounts 1997/98 / HSE Statistics Unit

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[3] In addition, there were 266 fatalities from suicide and trespass on the railways (regulation of railway safety currently falls to the Health and Safety Commission and Executive, although that of other forms of transport does not – see paragraph 66).
[4] Estimated to account for roughly one third of the improvement during the 1990s.
[5] Further details of the Eurostat study are at Annex B.

16   But in recent years the fatal injury rate to employees seems to have reached a plateau, with little headway made since the mid-1990s. Without new impetus, fatalities could remain at this level well into the 21st century. We see a similar trend in fatalities to the self-employed, now some 12% of the working population, who are twice as likely as employees to be killed at work. Numbers of fatalities to members of the public resulting from work activity showed a slight rise in 1997/98 over the previous year.[6]

> **Research by the Health and Safety Executive has indicated that the overwhelming majority of deaths caused by work activity could have been prevented. For example, 70% of fatal accidents in the construction and maintenance sectors could have been prevented by positive management action.**

17   Non-fatal injuries are significantly under-reported, although Labour Force Survey data suggests steady improvement in reporting by employers. It is estimated that over one million people, some 4% of the workforce, suffer a work-related injury each year. Data recorded by the Health and Safety Executive shows that in 1997/98, there were almost 30,000 major injuries to workers, nearly 135,000 further injuries leading to an absence from work of over three days and over 28,000 injuries to members of the public[7].

Tackling Health Problems

18   People in work generally enjoy better health than the unemployed. But work activity presents a wide and diverse range of potential risks to health, and ill-health can damage performance at work. In some cases, work can be the direct cause of a condition, such as pneumoconiosis caused by exposure to asbestos and other dusts. In other cases, such as back pain, deafness or stress, work may well have contributed to the illness, but wider lifestyle factors may often be relevant. Work activity can put the general public at risk, as well as workers, for example the risk of chemicals or radioactivity being released into the atmosphere.

19   Sometimes it can take many years for ill-health to emerge, such as diseases caused by exposure to asbestos and other carcinogens. A major challenge is anticipating and acting now upon emerging evidence of health risks which could become significant in years to come. We must not repeat the 20th century's experience of asbestos. We must learn how to respond quickly to emerging concerns.

20   The diverse nature of ill-health caused by work can make it difficult to collect data and analyse trends. The results of the Self-Reported Work-Related Illness Survey 1995[8] indicated that around two million people, nearly 5% of the population of workers and ex-workers, suffer from ill-health caused by work (see Figure 2), resulting in some 20 million days absence from work.

21   The pressure to devote resources to quick and effective action following serious accidents, and the difficulties in separating out work-related factors from wider lifestyle factors, has traditionally meant employers and regulators have given ill-health less attention than accidents. Yet today we face rising numbers of deaths from asbestos-related disease caused by health and safety failures in the work environment between 15 and 60 years ago, which claimed at least 3,000 lives in 1996. Over seven times as many people die annually as a result of being exposed to asbestos at some time in their lives than die in work-related accidents.
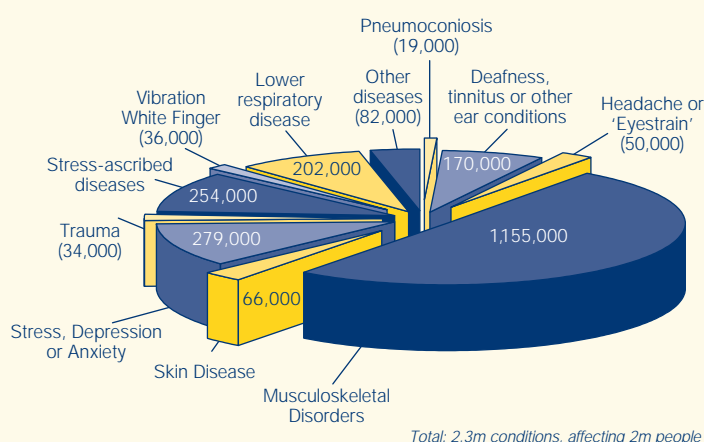

[6.] Analysis of fatality statistics by industry sector is at Annex C.
[7] Analysis of non-fatal injury statistics by industry sector is at Annex D.
[8] Analysis of the results of this study is at Annex E.

22 The Government has been working to raise the profile of occupational health in recent years. The *Better Health – Better Wales Green Paper,* and the *Saving Lives: Our Healthier Nation* and *Towards a Healthier Scotland* White Papers[9], recognise the importance to the new public health agenda of healthy work environments and workplace health promotion. This agenda recognises that health influences work, just as work has an effect on health. The relationship between occupational and public health is discussed further in Part 3 (paragraph 64). The Health and Safety Commission are currently developing an occupational health strategy for the next ten years, following a widely considered discussion paper last year.

Figure 2: Estimated prevalence of self-reported work-related illness by disease group

Pneumoconiosis (19,000)
Vibration White Finger (36,000)
Lower respiratory disease
Other diseases (82,000)
Deafness, tinnitus or other ear conditions
Headache or 'Eyestrain' (50,000)
Stress-ascribed diseases
202,000
170,000
254,000
1,155,000
Trauma (34,000)
279,000
66,000
Stress, Depression or Anxiety
Skin Disease
Musculoskeletal Disorders

Total: 2.3m conditions, affecting 2m people

Source: Self-Reported Work-Related Illness Survey in 1995 (SWI95)

23 Violence at work can be a cause of both physical injury and psychological ill-health, and is a daily occurrence in many front-line services, including the NHS and the security sector. The Self-Reported Work-Related Illness Survey in 1995 showed that one in five workers had been physically attacked or threatened with physical violence by a member of the public at some time in their career.

Who is most at risk?

24 Figure 3 compares the fatal injury rate for employees in different industry sectors. It is almost 17 times more dangerous to work in agriculture, fisheries and forestry, and over 14 times more dangerous in construction, compared with working in the service sector. The average days lost per worker per year as a result of work-related illness is highest in the nursing sector, followed by coal mining and construction. These comparisons help to decide where effort should be targeted, notwithstanding the significant differences in the nature of employment between sectors. Comparisons within sectors point to the significant improvements that could be made by bringing the worst-performing workplaces closer to the better performers.

> **The UK paper and board making industry, employing around 23,000 people at over 100 sites, has rates of major and fatal accidents at least as high as the construction sector. Recent research has suggested a 25-fold variation in accident rates between the best and worst performing mills[10].**

[9] The implementation of the *Towards a Healthier Scotland* White Paper will be subject to the views of the new Scottish Parliament and Executive.
[10] *Research into health and safety in the paper making industry* – Horbury CRJ & Bottomley DM 1988 (HSL Report IR/RAS/98/2)

By Gender

25   Differences in the prevalence of work-related injury and ill-health between men and women reflect the different types of job they tend to do. Almost 99% of fatalities and three-quarters of reported non-fatal injuries are to men. Data from the Self-Reported Work-Related Illness Survey in 1995 indicates that rates of work-related illness are 50% higher for men than for women. However, a recent Trades Union Congress report, *A woman's work is never safe*, highlighted the risks to women's health from work activity. The report estimates that at least 100,000 women every year suffer from back pain because of work, and that one in ten women in their late twenties and early thirties have been physically attacked by a member of the public in the course of their work.

Figure 3: Fatal Injury Rates per 100,000 employees by Industry Sectors – 1996/7 and 1997/8
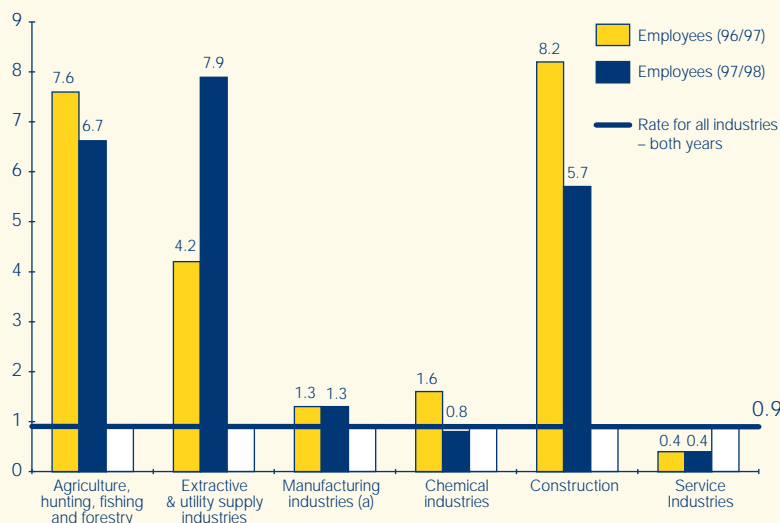
(a) Includes figures for Chemical Industries
Source: Health and Safety Commission's Health and Safety Statistics 1997/98
(Refer to Annexes C and D for further details of fatalities and injuries by industrial sector)

By Region

26   Data from the Labour Force Survey 1996/97 indicates that workers' injury rates are almost 13% higher in Wales than in England. Although the overall injury rate for Scotland is lower than for England, the rate for more serious reportable injuries is 16% higher. Rates of work-related illness indicate that the Northern region is the worst affected, followed by the North West and the East Midlands. London has the lowest rate, while rates for Wales and Scotland are no worse than the GB average.

Questions

Reducing Accidents and Tackling Health Problems

I. How can further progress be made in reducing accidents and ill-health caused by work, in a way that is cost-effective and maximises the benefits to businesses and people?

II. What is needed to improve health and safety standards in poorer performing sectors and regions? How can we bring the standards of poor-performing businesses up to the average, or better?

III. Should there be different approaches to tackle occupational health problems? If so, what should these be?

IV. What more should be done to address the problem of violence in the workplace?

Part 2

Health and Safety at Work into the 21st Century

The Changing World of Work

27   The structure of our economy has changed dramatically over the last 25 years, as have the nature of health and safety risks presented by work and the composition of the workforce. The key changes have been:

- decline in labour-intensive heavy manufacturing;

- growth in service activities, such as call centres;

- privatisation of state enterprises and liberalisation of markets such as energy, water, telecommunications and railways;

- downsizing of large organisations and adoption of slimmer management structures;

- contracting out of support activities and concentration on core business functions;

- sharp growth in micro, small and medium-sized enterprises and the self-employed;

- rapid developments in information technology enabling distance working and greater international competition;

- casualisation of the labour market;

- increase in numbers of women, older and disabled people in employment;

- decrease in numbers of unionised staff.

28   Many of these trends are set to continue into the next Millennium. The Department of Trade and Industry's recent White Paper *Our Competitive Future: Building the Knowledge Driven Economy* sets out the role Government and business can play in responding to the new challenges. The Regional Development Agencies, sponsored by the Department of the Environment, Transport and the Regions, will take the competitiveness agenda forward at a regional level. The main drivers for further change are competition from low cost economies across the globe, innovative products and services, electronic commerce, and the science and knowledge underpinning new technologies.

29   Traditional approaches to controlling health and safety risks through regulation, guidance, advice and enforcement have undoubtedly made an impact and will continue to have their place. But these alone may not continue to offer the most effective set of regulatory tools into the 21st century. In the past, the focus has often been on influencing the corporate policies of big organisations with in-house safety experts and centralised management systems capable of rolling out new behaviours into the workplace.

30   This appraisal aims to identify wider approaches to improving health and safety performance, taking account of the changing world of work. These must be complementary to the Government's vision for a knowledge-based economy, without adding new and unnecessary regulatory burdens to business, especially small and medium-sized enterprises.

Engaging Small Businesses

31   The Government aims to promote an enterprise culture by encouraging the development of entrepreneurial skills. Already micro, small and medium sized enterprises account for 99% of all businesses and employ around 9 million people, which is over 40% of the working population[11]. They cover an extremely diverse range of activity in almost every sector of the economy, from newsagents and dry-cleaners to component manufacturers. The main driver of improvement in health and safety performance in the 3.7 million businesses with less than 250 employees cannot be regular visits by inspectors. Other motivators are needed.

> **Small and Medium-Sized Enterprises: *Definitions for this consultation***
>
> **Micro-firms**.....................................1 – 9 staff   } *collectively referred to as*
> **Small enterprises** ....10 – 49 staff   } *'small businesses' in the text*
> **Medium-sized enterprises** .....50 – 249 staff

32   The Health and Safety Commission has long recognised the need to maximise its impact across a wider audience by further developing its links with intermediaries. More can be done through other Government organisations, such as the Department of Trade and Industry's new Small Business Service, Training and Enterprise Councils and Local Enterprise Companies in Scotland.

33   Research by the Health and Safety Executive suggests that employees of small manufacturing firms are **over twice as likely** to suffer a fatal injury than employees in larger workplaces in the same sector[12]. However, smaller workplaces perform well by comparison with larger ones on reportable injury overall, including less serious accidents. The key to raising standards in small businesses across all sectors must lie in convincing entrepreneurs that **proactive health and safety management will improve business performance**.

Proactive health and safety management will improve business performance

[11]   *Small and Medium Enterprise (SME) Statistics for the UK, 1997* DTI Statistical Bulletin.
[12]   *Small and large manufacturing workplaces: Rates of Workplace Injury 1994/5 – 1995/6* Health and Safety Executive Factsheet 1998.

34   The other side of the coin is that poor management of health and safety risks will ultimately result in damage and loss to the business, and in the worst cases in injury to workers or members of the public. Small businesses are unlikely to experience serious incidents very often, but a bad accident often has a devastating impact. The cost of employee absence and equipment damage from a single incident will be proportionally greater than for larger businesses. The same is true of the consequences for productivity and profit.

35   Small businesses tend to have more informal management structures than larger companies, affecting how they manage health and safety issues. Research suggests that small businesses want clear, straightforward guidance on what they need to do, and are motivated primarily by fear of damage to their reputation and a moral imperative to comply with the law[13]. Since 1994, the Health and Safety Commission and Executive have tried to meet this demand through codes of practice and other guidance setting out recommended methods of compliance.

36   A key aim of this consultation is to understand better what stops small businesses from taking steps to improve their management of health and safety and so their overall business performance. We will then be better placed to overcome the barriers. We might, for instance, offer financial incentives to help small firms implement better health and safety systems. This may be through a grant scheme to help pay consultancy fees.

Clarifying Responsibilities

37   It was often the case 25 years ago that everyone at a workplace was employed by the same firm. Today a typical workplace comprises a mix of small contractors, sub-contractors and employees of the parent company. When several contractors, or commercial partners, work side by side, there is a risk of uncertainty about who is responsible for providing information and training on health and safety issues. Effective co-ordination in these circumstances can be a real challenge.

38   The traditional roles of 'employer' and 'employee' are no longer the norm. Agency workers, casual and illegal labourers, people working from home and volunteers rarely have a traditional contract of employment. This can present confusion as to who is responsible for health and safety issues. In 1996, the Health and Safety Commission published a discussion document *Changing Patterns of Employment* and concluded that the framework set by the 1974 Act could cope with these changes. They took steps to revise guidance, particularly for the self-employed working regularly for a single employer, agency workers and contractors. More may need to be done to ensure that everyone in a contracting chain or employment relationship understands their respective responsibilities under health and safety legislation.

Competence and Accreditation

39   Effective control of risk requires people to be competent for their tasks. The greater the hazards, the more important it is that managers and workers know how to recognise potential risks, and understand how to minimise them. Though there are many providers of health and safety training, and much is done 'in-house' by employers, it is clear that too many managers and workers receive inadequate training.

For managers

40   Effective management in the widest sense is key to good health and safety performance. A recent study, *Managing Risk – Adding Value*[14], suggests that the total quality movement, promoted by the Department of Trade and Industry, is a significant potential source of improvement in health and safety standards. More use of certification and audit systems could give this greater impetus. The British Standards Institution is currently revising BS 8800, the standard designed to help organisations establish a safety-oriented working environment. A further opportunity to raise health and safety performance comes from a more active safety insurance market offering reduced premiums on the basis of recognised accreditation. The wider agenda on insurance levers and rehabilitation is discussed in Part 3 (paragraphs 75 to 76).

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[13] Responses to the Health and Safety Commission's Small Firms Discussion Document 1996 and Research carried out by Entec UK Ltd in 1996 for the Health and Safety Executive
[14] HSE Publications, 1998 ISBN: 071615367.

For consultants and advisors

41 Few small businesses have specialist in-house health and safety expertise. Some rely, at least in part, on consultants and other sources for advice on compliance with health and safety legislation. Many try to cope alone. Employees will generally use NHS services for the diagnosis and treatment of ill-health caused by work. It may be helpful to consider the advice and services available to employers to identify and remedy any gaps. It is also critical that advisors and consultants are competent, and that employers and workers can have confidence in their advice. There may be a case for making accreditation in this area more formal, so that recognised qualifications and 'kite-marks' cover the range of health and safety advisory services.

For employees

42 Effective training in health and safety issues is important for all workers and crucial for those carrying out hazardous functions. In particular, financial assistance needs to be made available for the training of workplace safety representatives. People need to be motivated and trained to improve their understanding of the causes of accidents and ill-health and of how people behave in work situations. Investors in People accreditation is widely recognised as a powerful tool for improving business performance through a greater focus on staff training and competence. The assessment criteria for Investors in People do not currently include a specific reference to health and safety competence, although the criteria are currently under review. Adequate knowledge of health and safety policies, and involvement with procedures, must help ensure that all employees understand what is required of them and are appropriately trained and committed to carrying it out. Paragraphs 37 and 38 above draw attention to the risk of confusion over who is responsible for employee competence and training in a complex supply chain.

Training is vital to improve people's understanding of the causes of accidents and ill-health
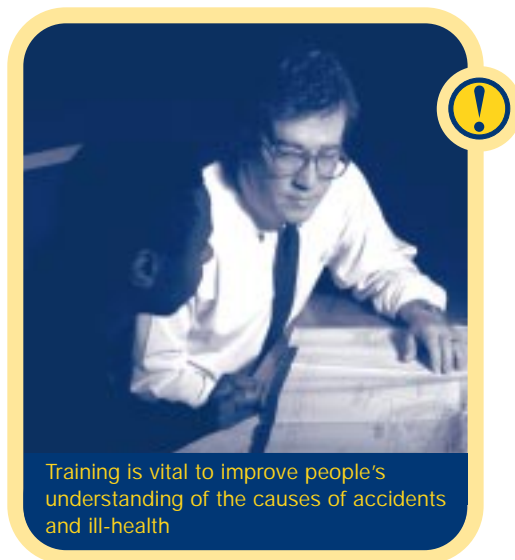
43 Initiatives such as the development of 'free standing' health and safety units for National Vocational Qualifications, and the incorporation of health and safety in other National and Scottish Vocational Qualifications are helpful, as are 'passport training' schemes, which provide workers with transferable evidence of their competence and attendance at relevant training. But effective work based health and safety training needs a firm foundation in the general education system. This is considered in Part 3 (paragraph 73).

Action by Employers

At Board Level

44 We set out the business case for good health and safety management in Part I. The message is clear. Better health and safety performance, through effective risk assessment, can deliver better business performance, while health and safety failures can damage companies' reputation and profits. If businesses put health and safety on their Board agendas, ideally as a standing item, and made it a responsibility of a named Board Director, they could do much to raise awareness across the organisation and make a real difference in performance.

45 Publishing details of health and safety performance in companies' Annual Reports can be another powerful tool. There is already a requirement to report environmental performance. Whether on a compulsory or voluntary basis, a higher profile for health and safety in annual reporting could help improve performance.

Working through the Supply Chain

46 Many large firms, recognising the business case for good management of health and safety, have set themselves ambitious targets. For example:

> ● **Du Pont – an international leader on health and safety performance – has as its central policy "all accidents can be prevented"**
>
> ● **ICI's goal is for zero harm, based on the principle that "all work-related injuries and illnesses are preventable"**

But as more business activity is conducted by contractors on behalf of larger companies, it becomes just as important in maintaining a competitive advantage that these contractors also manage health and safety effectively.

47 The Health and Safety Commission promotes 'Good Neighbour' schemes in industry. These work on the principle that large organisations help their contractors and suppliers to improve health and safety standards. Although this might be seen as part of an ethical purchasing agenda, initiatives of this sort are also motivated by economic self-interest. A number of local authorities have adopted 'Good Neighbour' schemes, as have some European administrations. There may well be scope for their wider promotion in this country.

> ● **Adtranz, who own the former British Rail engineering arm, have introduced an improved safety regime, saving one factory an estimated £300,000 each year. Similar standards are now expected of contractors who must submit a safety plan at the tendering stage.**

Action by Designers

48 The 1974 Act places a duty on designers, manufacturers and suppliers of equipment and substances for use at work to ensure that these are safe and do not pose risks to health. The Health and Safety Commission and Executive have done much to get safety features designed into plant, machinery and some substances. There may be a case for further extension of 'kite-marking' schemes to make safe products easier to recognise. Further technological developments should present new opportunities for raising standards through better design, subject to appropriate research and testing. Work on design to promote environmental protection and sustainability may offer a model for further action. More could be done to extend the principles of 'designing-in' health and safety to management and people-based systems.

Following an analysis of accidents to agricultural workers using potato harvesting machines, the Health and Safety Executive and all UK manufacturers/suppliers of the machines agreed a new design standard. Manufacturers agreed that all new machines would meet the revised standard and that upgraded guarding would be available to users of existing machines. The initiative reduced accidents from 3 fatal and 32 serious in 1992/93 to no fatal and 8 serious by 1995/96.

Action by Workers

49   The 1974 Act places duties on employees to take reasonable care of their own health and safety and that of others, and to co-operate with their employers in implementing health and safety measures. Workers' actions are central to making good health and safety practice a reality in the workplace.

50   Health and safety regulation in the 1970s took place in the context of greater union membership than today. Collective bargaining often made wider consultative arrangements possible, for example on health and safety issues. Getting worker participation in health and safety improvements today presents more of a challenge. Research suggests that organisations which involve their employees in health and safety management, particularly through trade union safety representatives, achieve significantly higher standards. The Health and Safety Commission is considering ways of promoting greater workforce involvement in health and safety issues.

Action by Health and Safety Regulators

51   Our aim must be to target the resources available for health and safety regulation to greatest possible effect. The 1974 Act placed emphasis on preventative action, which is at the core of health and safety inspectors' work. The wider range of regulatory tools includes:

- awareness-raising campaigns;

- advice;

- response to complaints;

- investigation;

- enforcement action; and

- prosecution.

Some people argue that more regulatory effort should be directed at punishment through investigation, enforcement action and prosecution, particularly where lives have been put at risk. These activities use a lot of resources and more effort put towards them would be at the expense of preventative activity. The Health and Safety Executive are conducting several projects to assess the best possible balance between the various regulatory measures.

Penalties

52   The Government has made clear its concern that the general level of penalties handed down by the courts for health and safety offences are too low and do not deter people intent on flouting health and safety law. What lies behind a breach of health and safety law is often not the injury sustained, but the potential of that breach to result in the loss of life or limb.

53 The 1998 "Howe" judgement of the Court of Appeal[15], which expressed disquiet over the low level of health and safety fines and set out observations on how the courts should reach more realistic sentencing decisions, was encouraging. This judgement has contributed to some landmark fines: a construction company was fined £1.2 million and their tunnelling sub-contractors were fined £500,000 when an underground tunnel collapsed at Heathrow in the UK's worst ever civil engineering disaster, though miraculously no-one was killed. Earlier this year, during the case of *R v Rollco Screw and Rivet Co. Ltd and Others*[16], the Lord Chief Justice gave unqualified support to the observations of the "Howe" judgement, concluding that courts should ensure that the financial penalties imposed on those convicted under the Health and Safety at Work etc. Act 1974 were appropriate to mark the gravity of the case.

54 More needs to be done to encourage unscrupulous employers to take their health and safety responsibilities seriously. The Government is 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 from the present level of £20,000 for offences under the 1974 Act.

Agreeing Targets

55 This Government has brought a new emphasis to measuring the outcomes of policy interventions. Whereas the focus has traditionally been on levels of activity, the Government committed itself last year in publishing Public Service Agreements for each Department to making a measurable impact on the ground. Sir John Egan's report on the construction industry[17] has led the way in setting an inspirational accident reduction target for the construction industry of 20% improvements year on year. The Health and Safety Commission's Strategic Plan 1999/2002, published on 26 May, sets out a range of new outcome targets specific to each sector (see annex F).

56 Setting targets can help to provide a vision and focus for policy development. But targets must be realistic and take account of the costs and actions required to achieve them. A process for delivering the targets must be agreed and implemented. It is for Government to lead in this, but we can't make progress without working in partnership with employers who hold the primary duty of care.

Questions

The Changing World of Work

V. **Do you agree with our analysis of the trends which might be expected over the next 25 years and their implications?**

VI. **What adjustments to today's approach to raising health and safety standards would you recommend in anticipation of these trends?**

Engaging Small Businesses

VII. **What are the best ways of engaging small businesses on health and safety issues?**

VIII. **What prevents small businesses from taking the opportunity to improve their competitive position through better health and safety management? How can these barriers be overcome?**

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[15] R v F Howe & Son (Engineers) (6 November 1998) Royal Court of Justice 97/8101/Y3.
[16] R v Rollco Screw and Rivet Co Ltd and Others (The Times, April 29, 1999)
[17] *Rethinking Construction* – The Report of the Construction Task Force, DETR, July 1998.

Clarifying Responsibilities

IX. Is the law sufficiently clear on who holds health and safety duties in a chain of principal and sub-contractors?

X. What new systems or approaches would improve communication between contractors to promote effective health and safety management?

XI. How can health and safety be properly managed where there is no traditional contract of employment?

Competence and Accreditation

XII. Can wider adoption of accreditation schemes help to raise health and safety standards?

Action by Employers

XIII. Should supply chain initiatives be more widely adopted?

XIV. How can health and safety gain a higher profile at Board level?

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XV. How can workers be encouraged to take greater personal responsibility for their own health and safety and that of colleagues?

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XVII. How can we secure further improvement in designed-in safety standards in equipment, substances and management systems?

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XIX. What penalties should be faced by those who breach health and safety law?

Agreeing Targets

XX. Should inspirational national targets be set to drive forward further improvements? If so, what form should they take, and what should the process be for agreeing and delivering on them?

Part 3

The Wider Picture

Health and Safety from the Public's Perspective

57 Risks to health and safety from work activity are one part of a wide spectrum of factors affecting an individual's well-being. These include an individual's general state of physical and mental health and risks to safety in the home, while travelling or pursuing leisure activities. To put the annual incidence of some 400 fatalities from work accidents and 3,000 asbestos-related deaths into context, there were 3,599 deaths from road accidents in 1997[18], of which the Health and Safety Executive estimate that 100 to 200 people were travelling as part of their work. 3,912 people were killed in accidents in the home in 1996/97[19]. There were 313 homicides in 1996 and a further 318 deaths pending an inquest verdict[20].

58 Government must lead in demonstrating how better joined-up working across its policies and programmes can give new momentum to making work safer and healthier. Consideration is also being given, as part of this appraisal, to what more the Government could do as a major employer and procurer. The Health and Safety Commission is trying to involve stakeholders more with an open invitation to contribute to, and influence, the shape of its future work. Government-wide action can provide a platform for wider and fuller engagement of stakeholders.

Dealing with Risks

59 Risk-taking is an unavoidable part of life. An awareness of risks and how best to control them needs to become part of our culture, both at work and more widely. What matters is that individuals understand the trade-offs between the potential benefits and risks of a particular course of action. There is a fundamental distinction between the right of individuals to choose to take risks, for example in pursuing leisure activities, and the imposition of risks on others.

60 Government Departments have been considering their experience of assessing and regulating a wide variety of risks. They are trying to identify, for example, clearer principles on when precautionary action is appropriate. A key objective is to ensure that these processes and decisions are as open, sound and consistent as possible. The Health and Safety Executive have recently published a discussion document *Reducing Risks, Protecting People* setting out the framework they adopt for assessing and managing risks.

Working Together within Government

61 The *Modernising Government* White Paper makes a commitment to renewing public service for today's world. It emphasises the need for more joined-up working between Government organisations to improve service delivery. Businesses have contact with a range of Government regulators from health and safety inspectors, fire inspectors, environmental inspectors to the tax-man. Employers will rightly expect consistent

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18   Road Accidents, Great Britain, *The Casualty Report*, DETR 1997
19   *Home Accident Surveillance System*, England & Wales, Government Consumer Accident Data and Safety Research, DTI 1998
20   *Mortality Statistics*, England & Wales, Office of National Statistics, 1996

advice through various official channels and not duplication of effort. The Cabinet Office, together with the Welsh and Scottish Offices, the Local Government Association and the Convention of Scottish Local Authorities, have issued an *Enforcement Concordat* (at Annex G) on the principles of good enforcement, which the Health and Safety Executive has signed.

62   The 1974 Act covers the whole of Great Britain, and health and safety legislation has not been devolved to the Scottish Parliament and Welsh Assembly. This is a reflection of the strong European and international dimension to health and safety policy, and because of the importance of maintaining a level playing field for business. However, many of the related policy areas discussed below have been devolved, underlining the need for close liaison with the devolved administrations on health and safety matters.

63   Responsibilities within Government for different aspects of the public's wider health and safety are set out below. It is important to ensure that the general public can readily access information on any particular topic. The split of responsibilities within Government must not give rise to confusion. Better use of information technology can help to prevent this, for example by providing more extensive Website links between different organisations where responsibilities overlap.

Public Health

64   Improving the health of everyone at work and ensuring that people are protected from the harm that certain jobs can cause is part of the broader public health agenda. Health influences work, just as work has an effect on health. Although health problems can be caused by lifestyle as well as by work, ill-health contributes to poor performance and undermines organisational effectiveness, just as occupational health and safety failures contribute to wider public health problems. The *Statement of Intent* (at Annex H), recently agreed between the Department of Health and the Health and Safety Commission and Executive, emphasises that "improving health is everybody's business". It sets the framework for a flexible approach, working with other partners, to deal with the health issues arising from new working practices and greater mobility in the workplace. Health Action Zones have been set up in twenty-six locations in England over the last two years, in order to explore imaginative new ways of providing services which cross organisational boundaries.

Ill-health damages performance and undermines organisational effectiveness
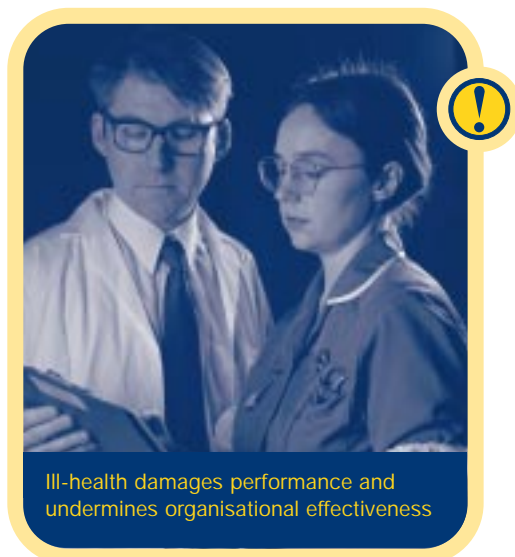
Local Government

65   There is extensive and highly important local government involvement in health and safety. Local authorities have responsibilities for enforcing occupational health and safety law and issuing licences in some 1.2 million premises. These include offices, shops, retail and wholesale distribution outlets, hotel and catering establishments, private residential care homes and much of the leisure industry. By their nature, these premises attract many millions of members of the public each year whose health and safety must be safeguarded. Local authorities also deal with issues such as food hygiene and the control of 'public nuisances', including for example noise and smells produced by work activities. Health and safety programmes are pursued in some areas under the umbrella of Local Agenda 21, the initiative by which sustainable development is promoted at local levels.

Transport Safety

66   The 1974 Act places a duty on employers and operators to ensure that the public are protected from the risks resulting from work activity. Where there are more specific laws for protecting the public, such as road traffic legislation, these are normally relied on instead. The Health and Safety Commission and Executive regulate safety in the railway industry, but not generally for other forms of transport. The Government is reviewing existing arrangements for transport safety. It will consider whether a more integrated or unified approach would be more effective, make travelling safer and give best value for money. A UK-wide consultation document on transport safety was published in March. This invited, amongst other issues, views on whether other modes of transport should be added to the Health and Safety Commission and Executive's responsibilities for safety regulation.

Consumer Protection

67   Policy responsibility for consumer safety falls to the Department of Trade and Industry, who are developing the new Consumer Strategy promised by the Competitiveness White Paper. Interfaces with occupational health and safety include gas safety in the home, and the design and accreditation of the equipment and products which business buys. There is often no distinction in law between products sold for use in the workplace and those sold for use in the home. **Food Safety** will be regulated in the UK by the Food Standards Agency when it is established.

Environmental Protection

68   The Health and Safety Commission and Executive have responsibility for controlling harmful emissions in the workplace, such as chemicals and radiation. The Department of the Environment, Transport and the Regions and the Scottish Office have responsibility for air quality, including the control of vehicle emissions. Environmental protection is regulated by the Environment Agency and the Scottish Environment Protection Agency. There are *Memorandums of Understanding* in place between these organisations where responsibilities overlap.

69   Policy on sustainable development originated from the need for better protection of the environment. But this Government has broadened its objectives. The strategy for sustainable development, published in May[21], includes environmental objectives alongside those for social progress which recognises the needs of everyone and maintenance of high and stable levels of economic growth and employment. Occupational health and safety has a role to play in meeting these objectives. Some of the policy models that have been developed or are being pursued under the umbrella of sustainable development may be usefully explored in the health and safety context, such as possible financial levers and the Energy Efficiency Best Practice Programme, run jointly by the Department of the Environment, Transport and the Regions and the Department for Trade and Industry.

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21.   *A better quality of life* A strategy for sustainable development for the United Kingdom, Department of the Environment, Transport and the Regions, 1999

Fire Safety

70 The picture on fire safety is complex with a number of players and overlapping legislative provisions. The Home Office and the Scottish Office set policy on general fire precautions. The Department of the Environment, Transport and the Regions is also involved because of its responsibility for building regulations in England and Wales, and those involved in transport and construction safety have a role. The Health and Safety Commission advises on fire precautions for industrial processes. The Home Office is proposing a fundamental review of the arrangements for securing fire safety, subject to securing Parliamentary time for legislation.

Construction Safety

71 The Department of the Environment, Transport and the Regions is a major buyer of construction through its housing and road programmes. The Deputy Prime Minister set up a Construction Task Force, led by Sir John Egan, to consider how the construction industry might perform better and how the Government could get better value from its investment in construction. The construction sector has one of the worst health and safety records, and the potential for efficiency improvements through reducing accident rates year-on-year was highlighted in the Task Force's UK-wide report *Rethinking Construction*[22]. Government has similar sponsorship relationships with other industries.

The construction sector has one of the worst health and safety records
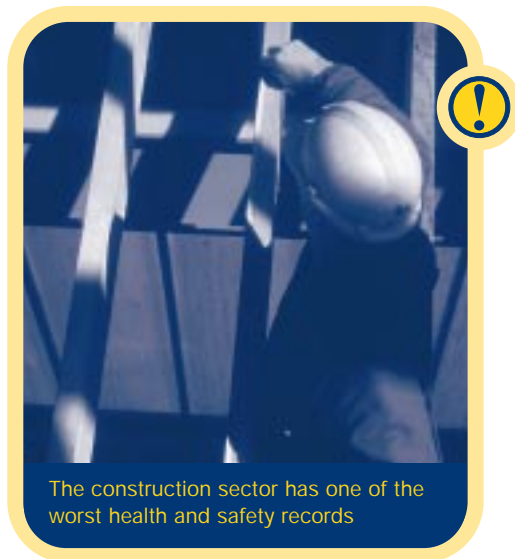
Links to other Government Agendas

72 There are further links between health and safety and wider Government policy. These give us opportunities for promoting strong, consistent messages on the benefits of raising standards of health and safety. Also, the workplace can be good for promoting wider policy goals, particularly through information and training programmes. These are some of the key areas:

[22]   *Rethinking Construction* The Report of the Construction Task Force, DETR 1998

Education and Lifelong Learning

73 Ignorance and lack of training are leading causes of health and safety failure. Part 2 (paragraphs 42 – 43) highlights the importance of doing more through training and accreditation to promote effective risk management among employers and workers. But we must find new ways of raising health and safety awareness among the general population through mainstream education and lifelong learning. Better informed approaches to risk could help to keep health and safety issues in perspective, as well as ensuring effective control of the risks we can minimise. This will be to the benefit of future generations in the widest sense, as well as helping to bring about a culture change in workplaces. People likely to face tasks with significant health and safety implications have a particular educational need. The work of the professional institutions for engineers and other key professions to incorporate health and safety issues in their education programmes is welcome.

Employability and Rehabilitation

74 Work can present risks to health, but the effects of unemployment can be far more damaging. For example, a middle-aged man who loses his job is twice as likely to die within five years than a man in employment. It is estimated that over 25,000 people leave the workforce each year, never to return, as the result of injury or ill-health caused by work. Apart from the human cost, this has serious implications for the competitiveness of employers and the economy as a whole. Action must be taken to avoid harm to workers occurring in the first place. But once harm has occurred, there is a strong economic and social case for taking all practicable steps to rehabilitate victims so that they can return to work. This principle is reinforced by the Government's Welfare to Work programme, in particular for people with disabilities. It is important that health and safety law should not present an inappropriate bar to rehabilitation.

75 The insurance industry appears eager to encourage a more active approach to rehabilitation and is working in partnership with employers, employees, the legal profession and Government to pursue this. In some European countries, insurance premiums paid by employers are graduated according to health and safety performance. They act as an effective lever in promoting higher standards. This is underpinned by stronger links between how they regulate health and safety and compensate people for health and safety failures.

76 As part of the Government's programme of Welfare Reform, the Department of Social Security has started examining the scope for modernisation of the industrial injuries scheme, which provides benefits to people disabled from an industrial accident or disease, on a no fault basis. The initial exploration confirmed the Government's belief that there is scope for change. However, much work needs to be done to confirm the best way forward. Against the background of the current major reform of other parts of the social security system, this work cannot be completed quickly.

77 There are further links to the Government's agenda on social exclusion. Those most at risk from occupational injury or illness are often the least well educated. They are often doing hazardous jobs where their failure to appreciate the value of preventative measures makes them more vulnerable. Those workers most at risk are also likely to be most disadvantaged by injury or illness because they have fewer work skills. Raising awareness and competence in managing occupational risks can help to promote and sustain employability among the most vulnerable sections of the workforce. At the same time wider measures to raise educational standards and prevent social exclusion can help to avoid workplace accidents.

Competitiveness

78 This appraisal aims to demonstrate and communicate to business, particularly small and medium-sized enterprises, the economic benefits of good health and safety management. The business case for a proactive approach to health and safety management to secure a productive workforce that is 'happy , healthy and here' is set out in Part 1, while Part 2 draws out the implications of the recent Competitiveness White Paper for health and safety policy. It is important that the regulation of health and safety provides a level playing field for competitors. The international dimension of this is explored in paragraphs 80 to 82.

Fairness at Work

79 A flexible labour market is important to the Government's vision of a knowledge-based economy, but flexibility is to be based on the guaranteed minimum standards enhanced by the Employment Relations Bill. An important aspect of this is that managers should consult their staff and involve them in the running of the business. This was discussed in Part 2 (paragraphs 49 – 50). Management of health and safety in the workplace has often been a positive element in promoting employer / employee partnership initiatives. It can also improve industrial relations and staff morale.

The International Dimension

80 There is a strong international dimension to health and safety legislation. Many standards are agreed through bodies such as the United Nations, the Organisation for Economic Co-operation and Development and the International Labour Organisation. This Government is working to bring about a 'Step Change' in our relations with the European Union. Over recent years, almost all new health and safety legislation has been driven by Europe.

81 Although the significant number of new European Union Directives has now tailed off, it remains important that attention is given to shaping the European agenda for the common good, particularly in making existing legislation work as effectively as possible. In the same way that links can be drawn across a wide range of national policies with relevance for health and safety, we must also concentrate our efforts on relevant links within European policy making. Developing European policy on social and employability issues is a good example of this.

82 It is also important to make the most of opportunities to exchange expertise and experience in the field of health and safety with partners in Europe and elsewhere in the world. In particular, the experience of other countries, for example in Scandinavia, in pursuing occupational health issues is likely to be informative.

Questions

Health and Safety from the Public's Perspective

XXI.   Is the current split of responsibilities within Government across wider health and safety issues sensible and comprehensible from the public's perspective? Is information on each area readily accessible?

XXII.   Could health and safety regulation be more effectively co-ordinated with other Government regulatory activity?

XXIII.   Can more be done to raise the profile of health and safety within local government?

Links to other Government Agendas

XXIV.   Does the Government do enough to highlight health and safety aspects of wider policy areas, particularly those with a high public profile?

XXV.   What would you hope to see from better links and joined up working in Government policy?

XXVI.   What further steps might be taken to raise awareness of health and safety issues and approaches to risk management amongst the general population? For example, should there be more coverage of health and safety issues in schools, colleges and professional training?

The International Dimension

XXVII.   What further steps would you suggest the Government could take to influence the European legislative agenda on health and safety or to further develop our influence with other international bodies?

XXVIII. What experience of health and safety regulation in other countries would you suggest warranted consideration in formulating new policy in this country?

How to Respond

83   The main questions on which responses are sought are set out below, but we would also welcome wider views and comments on the issues raised in this paper.

Part 1: Health and Safety at Work – where are we now?

Reducing Accidents and Tackling Health Problems

I.   How can further progress be made in reducing accidents and ill-health caused by work, in a way that is cost-effective and maximises the benefits to businesses and people?

II.   What is needed to improve health and safety standards in poorer performing sectors and regions? How can we bring the standards of poor-performing businesses up to the average, or better?

III.   Should there be different approaches to tackle occupational health problems? If so, what should these be?

IV.   What more should be done to address the problem of violence in the workplace?

Part 2: Health and Safety at Work into the 21st Century

The Changing World of Work

V.   Do you agree with our analysis of the trends which might be expected over the next 25 years and their implications?

VI.   What adjustments to today's approach to raising health and safety standards would you recommend in anticipation of these trends?

Engaging Small Businesses

VII.   What are the best ways of engaging small businesses on health and safety issues?

VIII. What prevents small businesses from taking the opportunity to improve their competitive position through better health and safety management? How can these barriers be overcome?

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XVIII. Would a change to the balance between the different methods used by health and safety regulators (awareness campaigns, inspection, advice, investigation, enforcement action and prosecution) produce a more effective outcome?

XIX.   What penalties should be faced by those who breach health and safety law?

Agreeing Targets

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Part 3: The Wider Picture

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population? For example, should there be more coverage of health and safety issues in schools, colleges and professional training?

The International Dimension

XXVII. **What further steps would you suggest the Government could take to influence the European legislative agenda on health and safety or to further develop our influence with other international bodies?**

XXVIII. **What experience of health and safety regulation in other countries would you suggest warranted consideration in formulating new policy in this country?**

84   You should send your responses, by **Friday 24 September** wherever possible, to:

> Jane Rumble
> Health and Safety Appraisal Team
> Department of the Environment, Transport and the Regions
> FREEPOST
> 4th Floor
> Great Minster House
> 76 Marsham Street
> London SW1P 4BR

Contacts: Ruth Stanier (0171-890-4968) / Jane Rumble (0171-890-4970)
Simon Gundry (0171-890-4976)
e-mail: health_safety@detr.gsi.gov.uk

85   If you are responding on behalf of a group or organisation, please make this clear. We will make responses public (for example by listing them on our Website and placing copies of them in our Departmental library), unless you ask for confidentiality. We will only acknowledge responses on request.

86   Three summary documents, targeted at employers, small businesses and workers, are also available. You can photocopy this consultation paper freely. You can also get extra copies, and copies of the summary documents, at no cost from the DETR literature service by telephoning 0870-122-6236 (fax: 0870-122-6237). This paper and the summary leaflets are all available in both English and Welsh on the DETR Website at **www.detr.gov.uk/hsw/index.htm** Copies in other languages or on audio tape can be obtained on request from the Appraisal Team.

Annex A

Costs of work-related accidents and illness to individuals, employers and society in 1990[1]

(some totals do not sum exactly due to rounding)

	Work-related illness (£bn)	Work injuries (£bn)	Non-injury accidents (£bn)	TOTAL (£bn)	*For each worker (£)*
Costs to Individuals[1]	2.7	1.9	-	4.6	*170*
Costs to Employers[2]	0.6 – 0.7	0.9 – 1.0	3.0 – 7.7	4.5 – 9.5	*170 – 350*
Costs to Society as a whole[3]	4.5 – 4.7	3.5 – 3.8	3.0 – 7.7	**11.0 – 16.3**	*410 – 610*

Notes

1   The costs to individuals relate to their financial loss as a result of occupational injury or ill-health, and losses to their quality of life and welfare. Estimates for this second element are based on methodology developed by the former Department of Transport in assessing the costs of road accidents.

2   The costs to employers include damage, recruitment and training, extra production costs, administration, insurance and compensation. Conservative estimates, excluding factors such as loss of reputation following major incidents, suggest that costs to employers total between £4.5 billion and £9.5 billion, representing around 5% to 10% of all UK industrial and commercial companies' gross trading profits.

3   In addition to the costs to individuals and employers, the total costs to society include the loss of potential output of an additional £1.1 billion in respect of illness and £0.7 billion in respect of injury, the Department for Social Security's administration costs of £34 million for illness and £24 million for injuries and medical treatment funded by the public sector of £0.1 – £0.2 billion for illness and £0.1 – £0.2 billion for injury.

4   This study focused on the current costs of occupational ill-health. It avoids significant distortion by health-damaging conditions caused earlier in people's working lives which remain latent for a long time. The findings can therefore be taken as broadly representative of the annual costs arising from work-related accidents and ill-health. Work is currently underway to update this research.

1.   *The Costs to the economy of work accidents and work-related ill-health* Davies and Teasdale, HSE Books 1990

Annex B

Workplace Injury: Comparison of Great Britain with Europe and the USA 1994

Studies by Eurostat (Statistical Office of the European Commission) and by HSE show that Great Britain has the lowest rate of fatal injury in Europe and lower than the USA. The table below presents the rates of fatal and of over 3 day injury for all industries combined in each member state as derived by Eurostat, and also for the USA from an HSE study.

The study also considered rates in industry sectors and found that British rates of fatal injury in each of the main sectors are substantially lower than the EU average, based on all 15 member states. Compared to individual member states, rates of fatal injury in each of the main industrial sectors are lower in Britain, except in agriculture where British rates are higher than in Germany, and are similar to those in Spain.

The British rate of (non-fatal) over 3 day injury for all industries combined is lower than other member states with the exception of Sweden and Ireland.

Rates of Fatal and of Over 3 day injury per 100,000 workers or employees

Country	Rate of fatal injury	Rate of Over 3 day injury	Employed people covered
Great Britain	**1.7**	**1,900**	**workers**
Sweden	2.1	1,100	workers
Netherlands[1]	2.6	4,300	employees
Denmark	2.8	2,700	workers
USA[2]	3.2	2,800	workers
Austria[2]	3.4	5,300	workers
Finland	3.6	3,900	employees
Germany	3.7	5,600	workers
Ireland	3.9	900	workers
EU average	**3.9**	**4,500**	
France	4.3	5,500	employees
Greece	4.3	3,700	employees
Italy	5.3	4,600	workers
Belgium	6.0	4,400	employees
Spain	7.0	6,200	employees
Luxembourg[3]	-	7,300	workers
Portugal	9.7	7,400	employees

General Notes to Table

1 Source is Eurostat except for the USA and rate of fatal injury of the Netherlands. Eurostat excluded commuting accidents. Eurostat excluded road traffic accidents from rates of fatal injury but included them in rates of non-fatal injury where the effect of their inclusion is relatively small.

2 All rates of injury are based on a combination of 8 sectors of industry: agriculture (including hunting and forestry), manufacturing, construction, retail and wholesale distribution, hotels and restaurants, transport, and financial services and real estate activities.

Notes for individual countries

[1] The rate of fatal injury in the Netherlands is based on figures from the Ministry of Labour. It includes some road traffic accidents and is adjusted to allow for under-reporting of fatal injuries in that country.

[2] The rates of non-fatal injury in the USA, Austria and the Netherlands include injuries which result in 1 to 3 days absence from work. They are rates of over 1 day injury. The equivalent British rate is 2,550 based on the Labour Force Survey.

[3] Eurostat did not publish a rate of fatal injury in Luxembourg which is based on a relatively small number of fatal injuries.

Annex C

Fatal injuries reported to all enforcing authorities by industry 1993/94 – 1997/98[a]

Figures shown by actual number of fatalities and incidence rate per 100,000

Agriculture, hunting, forestry & fishing (b)

	Employees		Self-Employed		Public
Year	Fatalities	Incidence Rate	Fatalities	Incidence Rate	Fatalities
1993/94	16	5.3	22	9.9	3
1994/95	14	4.8	32	12.9	5
1995/96	20	7.8	20	8.3	5
1996/97	20	7.6	35	14.3	9
1997/98	20	6.7	20	8.7	11

Extractive & Utility Supply Industries (c) (d)

	Employees		Self-Employed		Public
Year	Fatalities	Incidence Rate	Fatalities	Incidence Rate	Fatalities
1993/94	17	6.1	0	0.0	1
1994/95	4	1.6	1	–	4
1995/96	18	8.0	0	0.0	3
1996/97	9	4.2	0	0.0	3
1997/98	17	7.9	1	10.3	1

Manufacturing industries

	Employees		Self-Employed		Public
Year	Fatalities	Incidence Rate	Fatalities	Incidence Rate	Fatalities
1993/94	59	1.6	3	1.1	1
1994/95	46	1.2	8	3.2	2
1995/96	42	1.1	1	0.4	0
1996/97	53	1.3	6	2.3	1
1997/98	54	1.3	7	2.7	1

Construction

Year	Employees Fatalities	Employees Incidence Rate	Self-Employed Fatalities	Self-Employed Incidence Rate	Public Fatalities
1993/94	75	8.9	16	2.1	6
1994/95	58	6.9	25	3.2	5
1995/96	62	7.7	17	2.2	3
1996/97	66	8.2	24	3.0	3
1997/98	58	5.7	22	3.1	6

Service Industries [e]

Year	Employees Fatalities	Employees Incidence Rate	Self-Employed Fatalities	Self-Employed Incidence Rate	Public Fatalities
1993/94	78	0.5	10	0.5	96
1994/95	69	0.4	15	0.8	88
1995/96	67	0.4	11	0.6	75
1996/97	59	0.4	15	0.7	99
1997/98	63	0.4	12	0.5	108

TOTAL

Year	Employees Fatalities	Employees Incidence Rate	Self-Employed Fatalities	Self-Employed Incidence Rate	Public Fatalities
1993/94	245	1.2	51	1.6	107
1994/95	191	0.9	81	2.5	104
1995/96	209	1.0	49	1.5	86
1996/97	207	0.9	80	2.3	115
1997/98	212	0.9	62	1.8	127

[a] Injury figures from 1996/97 cannot be directly compared to previous years figures, due to the introduction of RIDDOR 95 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
[b] Excludes sea fishing
[c] Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, prior to 1996/97
[d] Employment data for the self-employed in extractive and utility supply industries are not available prior to 1995/96 and hence rates cannot be calculated
[e] Excludes figures for fatalities to members of the public resulting from suicide or trespass on the railways (which were required to be reported from 1996/97 onwards).
– not available

Annex D

Non-Fatal Major and Over-3-day injuries reported to all enforcing authorities by industry 1993/94 – 1997/98 [a]

Figures shown by actual number of injuries and incidence rate per 100,000

Agriculture, hunting, forestry & fishing (b)

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	444	147.1	1,316	436.1	135	60.8	87	39.2	74
1994/95	420	142.6	1,301	441.8	94	37.8	100	40.2	64
1995/96	408	158.6	1,279	497.3	68	28.3	94	39.2	59
1996/97	678	256.9	1,457	552.0	100	40.9	57	23.3	192
1997/98	671	223.3	1,334	443.9	74	32.3	48	20.9	178

Extractive & Utility Supply Industries (c) (d)

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	657	235.5	4,932	1,767.7	14	–	22	–	14
1994/95	481	194.6	3,923	1,587.0	11	–	28	–	15
1995/96	508	225.9	3,173	1,411.5	17	220.8	14	181.8	7
1996/97	679	315.1	3,023	1,402.8	15	211.7	16	225.8	40
1997/98	608	282.7	3,188	1,482.6	76	780.8	151	1551.3	29

[a] Injury figures from 1996/97 cannot be directly compared to previous years figures, due to the introduction of RIDDOR 95 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

[b] Excludes sea fishing

[c] Includes the number of injuries in the offshore oil and gas industry collected under offshore installations safety legislation, prior to 1996/97

[d] Employment data for the self-employed in extractive and utility supply industries are not available prior to 1995/96 and hence rates cannot be calculated

[e] Total injury incidences include those not classified under the main industry sectors

[f] Figures for injuries to members of the public from 1993/94 – 1995/96 are for major injuries; figures from 1996/97 are for non-fatal injuries (classification change due to RIDDOR (see (a)).

– not available

Manufacturing Industries

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	5,265	138.6	44,142	1,162.1	105	39.3	185	69.3	52
1994/95	5,304	138.9	45,594	1,193.7	137	55.0	218	87.6	73
1995/96	5,146	130.5	42,097	1,067.4	135	55.6	204	84.0	91
1996/97	8,235	206.4	40,005	1,002.8	111	41.7	154	57.9	153
1997/98	8,770	216.1	41,648	1,026.1	94	35.7	94	35.7	142

Construction

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	1,806	214.4	9,497	1,127.4	768	102.5	1,576	210.4	116
1994/95	1,872	221.2	9,642	1,139.4	755	97.2	1,532	197.2	121
1995/96	1,806	224.0	8,305	1,030.3	671	85.3	1,390	176.6	117
1996/97	3,227	403.0	8,637	1,078.6	827	104.9	1,029	129.4	405
1997/98	3,860	382.3	9,756	966.3	466	65.4	509	71.4	339

Service Industries

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	8,136	51.3	72,918	459.9	202	10.7	573	30.3	11,190
1994/95	8,557	53.5	76,681	479.4	223	11.4	846	43.1	12,272
1995/96	8,110	50.1	72,465	447.5	165	8.4	498	25.4	12,771
1996/97	15,145	90.8	74,164	444.9	303	13.7	1,026	46.4	34,904
1997/98	15,278	88.4	78,863	456.1	105	4.6	182	8.0	27,925

TOTAL [e]

Year	Employees				Self-Employed				Public [f]
	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Major Injuries	Incidence Rate	Over 3-day Injuries	Incidence Rate	Number of Injuries
1993/94	16,705	79.3	134,928	640.2	1,274	40.6	2,531	80.7	11,552
1994/95	17,041	80.4	139,349	657.2	1,313	40.4	2,869	88.4	12,642
1995/96	16,568	77.1	130,582	607.4	1,166	36.0	2,394	73.8	13,234
1996/97	27,964	127.5	127,286	580.1	1,356	38.4	2,282	64.6	35,694
1997/98	29,187	127.6	134,789	589.2	815	23.3	984	28.1	28,613

Survey of Self-Reported Work-Related Illness 1995

Annual days off work due to work-related illness, by occupation group [a]

Occupation Group	Days lost (thousands)	Average Days lost per worker [b]
Professional & related supporting management	561	0.25
Teaching	369	0.36
Nursing	1,924	2.74
Other education & welfare	524	0.58
Literary, artistic & sports	225	0.46
Science & engineering	395	0.27
Managerial	965	0.34
Clerical	2,952	0.96
Secretarial	450	0.36
Selling	928	0.46
Security & protective services (excl. armed forces)	913	1.98
Catering	401	0.36
Care workers	738	0.65
Cleaners	279	0.28
Other personal services	317	1.37
Farming, fishing & forestry	917	1.48
Metal processing	920	0.69
Electrical processing	415	0.76
Textile processing	445	1.34
Other processing	1,175	0.92
Repetitive assembly, inspection	294	0.46
Construction	2,056	2.18
Coal Mining	33	2.35
Road transport operations	671	0.84
Other transport and machinery operatives	50	0.21
Material moving and storing	518	1.03
Armed forces	41	0.30
Miscellaneous	35	0.30
ALL PERSONS	**19,515**	**0.71**

Estimated prevalence of work-related illness and rates per 100 ever employed, by age and sex [a]

Sex Age Group	Prevalence estimates (thousands)	Rates per 100 ever employed
Males		
16-44	461	4.3
45-64	535	8.5
65-74	146	6.5
75+	60	4.7
All Males	**1,202**	**5.8**
Females		
16-44	343	3.3
45-59	340	6.8
60-74	103	2.6
75+	28	1.3
All Females	**814**	**3.8**
ALL PERSONS	**2,017**	**4.8**

Estimated annual days off work due to a work-related illness and average days lost per worker, by region [a]

Region	Days lost (thousands) lost per worker [b]	Average Days
North	783	0.54
Yorkshire and Humberside	2,520	1.03
North West	2,073	0.72
West Midlands	1,264	0.49
East Midlands	2,186	1.05
South West	1,518	0.63
East Anglia	524	0.47
South East (excluding London)	3,546	0.63
London	841	0.25
Wales	1,086	0.84
Scotland	3,173	1.27
Great Britain (ALL PERSONS)	**19,515**	**0.71**

[a] Data from the Survey of Self-Reported Work-Related Illness 1995. The figures used here are the central figures from ranges produced from the survey responses. Figures in italics are estimates based on 30 or fewer sample cases

[b] Working Population in 12 months prior to survey

Health and Safety Commission Strategic Plan 1999 / 2002 - List of Targets

Occupational health

- to obtain agreement to a new occupational health strategy for Great Britain, which will become part of the Government's overall strategy for health

- to reduce by 10% the number of firms taking no action to control health risks by 2003

- to ensure that at least 10 pilot backpain projects are initiated

Asbestos

- to eliminate dry stripping methods by end 2000

- 10,000 workers given asbestos related NVQ / SVQ training by 2001

Gas Safety

- to reduce the number of carbon monoxide fatalities by 10% over a ten year average

Millennium Bug
- no major health and safety incidents arising from the millennium problem in and around the year 2000

Construction
- to launch and develop the Working Well Together Campaign

- to eliminate falls through fragile roof lights on new and refurbished commercial / industrial property by 2000/01

Agriculture and Forestry
- to reduce the number of fatal injuries to children below the ten year average of 5 per annum by April 2000

- to reduce the number of fatal injuries resulting from falls from a height by 2002

- to reduce the number of fatal injuries in forestry by improving health and safety management of contractors

- to reduce the number of workplace transport-related fatal injuries by at least 10% by 2001

Small Firms

- to increase the awareness of and participation in Good Neighbour schemes among large employers by 50% each year to 2002

- to increase the number of contractors' employees trained on 'passport' type schemes from 70,000 to 100,000, by 2002

- to improve standards of welfare facilities in the workplace, assessed by a variety of measures, including a follow-up to the 1998 survey

- to increase the use of occupational health support by 10% by 2003

Participation between LAs and HSE

- to trial and evaluate new ways of working in at least two project areas by 2000

- to map enforcement allocation against a risk / hazard continuum and make recommendations for improved changes by 2001

Improving Accountability

- prepare for Freedom of Information Act with no adverse rulings by the Information Commissioner

- implementation of Data Protection Act to ensure data subjects requests are dealt with effectively, within the 40 days time limit and that data subjects are aware of the information held on them and their rights under the Act. No adverse rulings from the Data Protection Commissioner

- adopting Service First Principles of public services delivery so that by the end of March 2000, a new HSE-wide customer satisfaction survey will have been carried out

Engaging Stakeholders in risk-based decision making

- to publish a Discussion Document and hold seminars and presentations with external stakeholders by the end of 2000

Enforcement Concordat

The Principles of Good Enforcement: Policy and Procedures

This document sets out what business and others being regulated can expect from enforcement officers. It commits us to good enforcement policies and procedures. It may be supplemented by additional statements of enforcement policy.

The primary function of central and local government enforcement work is to protect the public, the environment and groups such as consumers and workers. At the same time, carrying out enforcement functions in an equitable, practical and consistent manner helps to promote a thriving national and local economy. We are committed to these aims and to maintaining a fair and safe trading environment.

The effectiveness of legislation in protecting consumers or sectors in society depends crucially on the compliance of those regulated. We recognise that most businesses want to comply with the law. We will, therefore, take care to help business and others meet their legal obligations without unnecessary expense, while taking firm action, including prosecution where appropriate, against those who flout the law or act irresponsibly. All citizens will reap the benefits of this policy through better information, choice, and safety.

We have therefore adopted the central and local government Concordat on Good Enforcement. Included in the term "enforcement" are advisory visits and assisting with compliance as well as licensing and formal enforcement action. By adopting the concordat we commit ourselves to the following policies and procedures, which contribute to best value, and will provide information to show that we are observing them.

Principles of Good Enforcement: Policy

- **Standards**

  In consultation with business and other relevant interested parties, including technical experts where appropriate, we will draw up clear standards setting out the level of service and performance the public and business people can expect to receive. We will publish these standards and our annual performance against them. The standards will be made available to businesses and others who are regulated.

- **Openness**

  We will provide information and advice in plain language on the rules that we apply and will disseminate this as widely as possible. We will be open about how we set about our work, including any charges that we set, consulting business, voluntary organisations, charities, consumers and workforce representatives. We will discuss general issues, specific compliance failures or problems with anyone experiencing difficulties.

● **Helpfulness**

We believe that prevention is better than cure and that our role therefore involves actively working with business, especially small and medium sized businesses, to advise on and assist with compliance. We will provide a courteous and efficient service and our staff will identify themselves by name. We will provide a contact point and telephone number for further dealings with us and we will encourage business to seek advice / information from us. Applications for approval of establishments, licenses, registrations, etc, will be dealt with efficiently and promptly. We will ensure that, wherever practicable, our enforcement services are effectively co-ordinated to minimise unnecessary overlaps and time delays.

● **Complaints about service**

We will provide well publicised, effective and timely complaints procedures easily accessible to business, the public, employees and consumer groups. In cases where disputes cannot be resolved, any right of complaint or appeal will be explained, with details of the process and the likely time-scales involved.

● **Proportionality**

We will minimise the costs of compliance for business by ensuring that any action we require is proportionate to the risks. As far as the law allows, we will take account of the circumstances of the case and the attitude of the operator when considering action.

We will take particular care to work with small businesses and voluntary and community organisations so that they can meet their legal obligations without unnecessary expense, where practicable.

● **Consistency**

We will carry out our duties in a fair, equitable and consistent manner. While inspectors are expected to exercise judgement in individual cases, we will have arrangements in place to promote consistency, including effective arrangements for liaison with other authorities and enforcement bodies through schemes such as those operated by the Local Authorities Co-Ordinating Body on Food and Trading Standards (LACOTS) and the Local Authority National Type Approval Confederation (LANTAC).

Principles of Good Enforcement: Procedures

Advice from an officer will be put clearly and simply and will be confirmed in writing, on request, explaining why any remedial work is necessary and over what time-scale, and making sure that legal requirements are clearly distinguished from best practice advice.

Before formal enforcement action is taken, officers will provide an opportunity to discuss the circumstances of the case and, if possible, resolve points of difference, unless immediate action is required (for example, in the interests of health and safety or environmental protection or to prevent evidence being destroyed).

Where immediate action is considered necessary, an explanation of why such action was required will be given at the time and confirmed in writing in most cases within 5 working days and, in all cases, within 10 working days.

Where there are rights of appeal against formal action, advice on the appeal mechanism will be clearly set out in writing at the time the action is taken (whenever possible this advice will be issued with the enforcement notice).

Regulatory Impact Unit, Cabinet Office, March 1998

Healthy Workplaces – Statement of Intent

Preamble

In "Our Healthier Nation", the Department of Health has identified the 'workplace setting' as a key component in working to improve public health in England.

Work can make major contributions – both positively and negatively – to people's health. The work of the Health and Safety Commission (HSC) and Health and Safety Executive (HSE) – which has responsibilities across Great Britain – has, in recent years, increasingly focused on identifying and tackling the issues of work-related ill-health, particularly through its Good Health is Good Business Campaign.

Through this Statement of Intent, the Department of Health and the Health and Safety Commission and Executive express their shared aims, and recognise the opportunities for joint action in England. They acknowledge the benefits of an holistic approach to peoples' health and well-being, which identifies the benefits to the individual and the workplace.

Statement of Intent

Improving Health is Everybody's Business

The Healthy Workplace Setting of Our Healthier Nation is a key component in improving people's health. A new vision of a healthy workplace that benefits people will only be realised if health gets in to the business and organisation mainstream. This means that health issues, including the duty of employers to protect the health and safety of their employees, and others who might be affected by their work, need to be addressed through:

- **the culture of an organisation, which ensures that it actively promotes a healthy workforce, and recognises the benefits of better health for worker productivity, and for the business prospects of the organisation;**

- **its management practices, including work design, to ensure that:**

    a) it recognises what individuals bring to the workplace, including their health needs or limitations, and

    b) exposure to risk is minimised and the control of risk is maximised.

These arrangements may include access to occupational health advice and support.

Making the link between these arrangements will offer individual businesses and organisations real benefits by lower levels of sickness absence, as well as better prospects for individuals.

By this statement of intent, we will seek to work with others to secure and improve the health of people at work by:

- identifying and promoting examples of good practice for handling key workplace health issues, such as backpain, and disseminating the results in useable forms;

- making available appropriate and up to date information which reflects available evidence and uses all forms of media;

- encouraging better access to services and helping to provide a bridge between prevention, treatment and rehabilitation, and

- helping to promote compliance with relevant workplace legislation.

Furthermore, we believe that:

- *improving health is everybody's business;*

- *this partnership between Department of Health, Health and Safety Commission and Health and Safety Executive, is the best way of effecting such improvements in the workplace at Government level, with (or in co-operation with) other government departments;*

- *this statement provides a basis for realising the wider aims of Our Healthier Nation in the workplace, which are to improve the overall health of the population and to narrow the health gap.*