

Thirty years on and looking forward

The development and future of the health and safety system in Great Britain



Foreword

The Health and Safety Commission first met in October 1974. Thirty years on is a good time to reflect on the past, take stock and examine the challenges for the future.

This booklet gives an interesting and fascinating perspective on the changes in the world in which we operate and the changes in how we have gone about our work.

What emerges from the reflections that follow is that much of the original vision and framework for health and safety built into the Health and Safety at Work etc Act 1974 remains relevant. We have one of the best safety records in Europe, and our success stems from our approach of sensible health and safety, managing risks and protecting people at work.

The challenge for us - and all those engaged in the health and safety system - is to manage the risks of the modern world of work.



Bill Callaghan
*Chair
Health and Safety Commission*

Introduction

It is 30 years since the Health and Safety at Work etc Act (HSW Act) created the Health and Safety Commission (HSC) and Executive (HSE) and a role for local authorities (LAs) to implement a new regulatory framework for workplace health and safety in Great Britain.

The intervening period has been one of massive economic, social and technological change. In some ways, the workforce of 2004 is unrecognisable from that of 30 years ago. Yet, the fundamental aspirations laid down in 1974 remain equally valid today.

HSC's annual report for 1977/78 states: 'Our overriding concern is... to stimulate awareness of the risks and encourage the joint participation of workers and management in efforts to eliminate them.' In 2004, the mission for HSC and HSE is to work with LAs 'to protect people's health and safety by ensuring that risks in the changing workplace are properly controlled'. The style may be different and the message broader but the core objective is essentially the same.

While the rapidly changing economic and political environment has thrown up new challenges in the form of new responsibilities and new demands, the central task remains to minimise the risk of harm and create a society where risk is properly appreciated, understood and managed.



'A bold and far-reaching piece of legislation'

HSE's first director general described the HSW Act as 'a bold and far-reaching piece of legislation'. It marked both a watershed in health and safety regulation and a recognition that the existing system had failed to keep up with the pace of change and was trailing behind industrial and technological developments.

The new Act, which largely reflected the recommendations of the 1972 Robens Report, introduced a broad goal-setting, non-prescriptive model, based on the view that 'those that create risk are best placed to manage it'. In place of existing detailed and prescriptive industry regulations, it created a flexible system whereby regulations express goals and principles, and are supported by codes of practice and guidance. Based on consultation and engagement, the new regime was designed to deliver a proportionate, targeted and risk-based approach.

The total number of employees in employment has increased from 22.3 million in 1974, to 25.4 million in 2003/04.

The Act also established two new bodies - HSC and HSE - to implement the framework. Having met for the first time on 1 October 1974, HSC is responsible for securing the health, safety and welfare of workers and the public affected by work activity. Its duties include proposing new laws and standards, conducting research and providing information and advice. On the other hand, HSE advises and assists HSC in its functions and has specific responsibility, shared with LAs, for enforcing health and safety law.

A unified and wide-ranging system

The new organisations brought together a fragmented collection of policymakers and inspectorates to create a unified and wide-ranging health and safety system, which relies on extensive consultation to ensure that legislation is 'fit-for-purpose'.

While the HSW Act established the regulatory framework, HSC and HSE were left to fill in the details. Both bodies were products of their time but they were also designed to be flexible - to encompass change. Over the 30 years they have proved themselves robust, responsive and adaptable in a rapidly changing environment. Not only have they reacted and responded to new demands and public expectations but they have also been responsible for pushing the health and safety agenda forward in other directions.

In the last few years, there has been considerable soul-searching as to the best way to move forward. While many of the problems that confronted policymakers in 1974 have been addressed, new challenges, particularly relating to occupational health, have risen up the agenda.

In 2000 the government and HSC launched a 'Revitalising health and safety strategy', which set concrete health and safety targets for the first time, and included special emphasis on improving occupational health. More recently, HSC has published its strategy for workplace health and safety to 2010 and beyond, articulating its vision 'to gain recognition of health and safety as a cornerstone of a civilised society, and with that, to achieve a record of workplace health and safety that leads the world'.



Flixborough chemical explosion



The Health and Safety at Work etc Act

Creation of HSC and HSE

1974

Establishment of first HSC advisory committees

First HSE investigation
Laport Industries

1975

1974-2004: Changing demands - changing responsibilities

Since 1974, Britain's industrial structure has changed beyond all recognition. Three million jobs in manufacturing have disappeared, while the service sector has grown from employing less than two-thirds of workers to over three-quarters. At the same time, the number of small firms has grown dramatically: at the beginning of 2003, there were 4 million enterprises in the UK, of which over 99% were classified as small (having less than 50 employees) and just 0.2% had over 250 employees. Overall, small and medium-sized enterprises (SMEs) now employ nearly 60% of the workforce and 71% of enterprises have no employees.

There have also been other more subtle changes in the composition of the labour force. Part-time workers now constitute a quarter of the workforce, compared to a sixth in the mid-1970s; half of all employees are now women (compared to less than two-fifths); and trade union membership has fallen from over 50% of the working population in 1979 to less than 30% in 2003. In addition, there has been a shift to new patterns and modes of working demanded by modern economies. This has seen a massive rise in temporary, agency and contract working, together with an inflow of migrant workers both from within and outside the EU.

Changing responsibilities

HSC's current responsibilities are spread across almost all risks arising from workplace activity, ranging from nuclear and offshore installations through to schools, farms and factories. In the early 1970s the picture was very different, with large numbers of British workers falling outside the protection offered by sector-specific regulations.

An immediate effect of the HSW Act was to extend protection to a further 8 million workers - including employees working in local government, hospitals, education and other services. It also imposed duties on self-employed people and on the designers, manufacturers and suppliers of equipment and materials. Those 'affected by work activities' were brought under the legislative umbrella for the first time. In the mid-1970s, this latter provision provoked widespread astonishment.

Over the following decades, responsibilities expanded in several directions as HSC was asked to tackle new issues and perform new regulatory duties. Sometimes this was a direct consequence of a major incident that sparked a review of safety regulation in a particular industry. The Piper Alpha oil installation explosion, the Clapham train crash and the Kings Cross fire were followed by transfers of areas previously regulated by the departments of energy and transport. In other cases, it was a response to changes in the workplace, the emergence of new risks, technological developments, and society's shifting demands.

Major areas of policy work listed in first annual report 1974-6

- Vinyl chloride code of practice
- Lead code of practice
- Dust
- Asbestos
- Fire precautions
- Tanker marker scheme
- Safeguarding of machinery
- Flixborough report
- Major hazards branch

Comparison with

Priority programmes listed in 2003/04 annual report

- Falls from height
- Workplace transport
- Musculoskeletal disorders
- Work-related stress
- Agriculture
- Construction
- Health services
- Slips and trips
- Government 'setting an example'



Publication of first HSC annual report

1976



Establishment of HSE National Industry Groups (NIGs)

1977

High-hazard sectors such as the nuclear and offshore industries, together with traditional problem areas such as agriculture and construction, continue as policy priorities. But the 1990s also saw the emergence of new occupational health issues such as workplace stress. These complex, multi-causal problems presented fresh challenges about how best to control the risks, and when and where to intervene.

Alongside this, HSC (and on its behalf, HSE) has to respond to the changing international and political climate, which not only affects the process of policymaking but also changes the economic environment in which it works. It can no longer make policy decisions in isolation but has to negotiate on legislation originating at EU level and work together with other international organisations.

In 1974, just over 2 million workers were self-employed – that figure is now around 3.75 million.

In developing and implementing policy and standards, it works closely with Directorates General of the European Commission, the European Agency for Safety and Health at Work, as well as in the wider international arena of the Organisation for Economic Co-operation and Development (OECD), the International Labour Organisation (ILO) and the World Health Organisation (WHO).

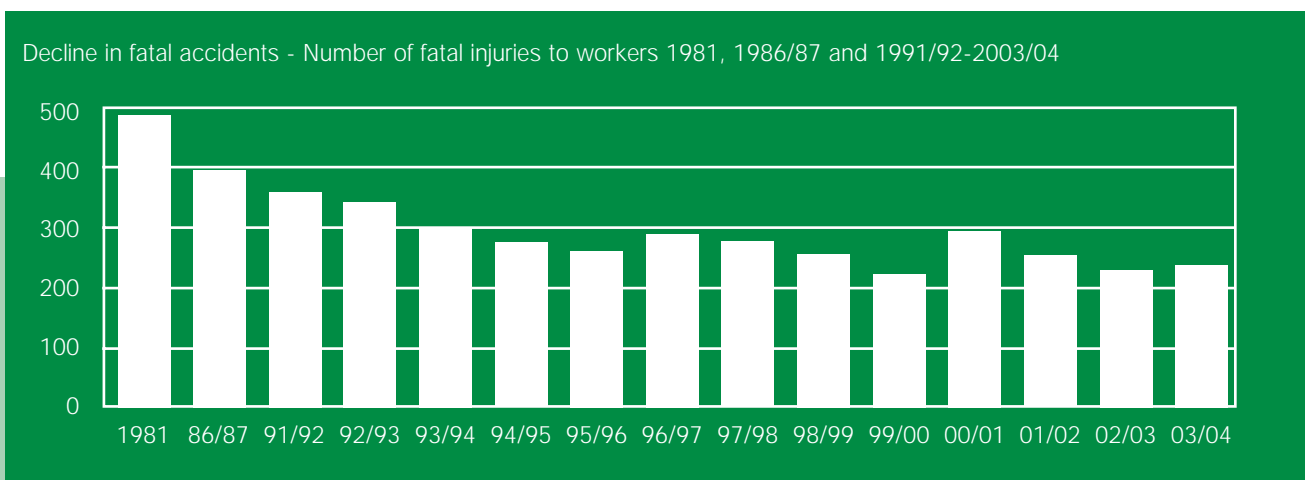
The recent expansion of the EU to 25 members is likely to have further ramifications for the work of HSC and HSE, both in terms of EU policy changes and, in a wider sense, via increased labour mobility and economic competition from the new member states.


A maturing legislative regime

The expansion in responsibilities in the 1980s and '90s brought with it a significant increase in legislative output. While the first ten years of HSC's history were largely focused on building the new regime and rationalising existing legislation, the decade between 1986 and 1996 saw a constant stream of regulations addressing new workplace risks. These were partly a response to directives emanating from Europe, but were also the culmination of long-term efforts to produce regulations covering wider occupational health risks such as exposure to hazardous substances.

The so-called 'six pack' of regulations implementing EC directives took effect in January 1993. They included rules covering new areas such as manual handling and VDU work, as well as the Management of Health and Safety at Work Regulations (MHSW), which encapsulated HSC's long-held commitment to a risk-based approach to improving health and safety.

In 1994, HSC reported on its extensive review of regulation which had involved employers and trade unions across a wide range of industries. The outcome was a remarkably firm endorsement of the principles and approach that had underpinned the formation of the new regime 20 years before. It concluded: 'The evidence suggests strongly that health and safety regulation sets standards which are widely accepted by business; that it is enforced flexibly, with due emphasis on the degree of risk in each case; and that the whole system rests on - and indeed depends on - general support from business, workers and the public.'



<p>Hazardous Installations Group established</p>  <p>1978</p>	<p>Publication of final report of Advisory Committee on Asbestos</p> <p>Consultation on Health and Safety (Dangerous Pathogens) Regulations</p> <p>1979</p>	<p>Control of Lead at Work Regulations</p> <p>Notification of Accidents and Dangerous Occurrences Regulations</p> <p>1980</p>
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By the late 1990s, the health and safety agenda had become noticeably less driven by legislation. However, HSC continues to amend and rationalise existing regulations where necessary, as well as working on new proposals in specific areas such as the forthcoming Work at Height Regulations to implement the EU's Temporary Work at Height Directive.

The rise and rise of occupational health

One of the major developments over the last three decades has been the phenomenal rise in the importance of occupational health. As early as 1980, HSC was discussing a shift of resources to long-term health problems and a year later it noted: 'One of the trends that has been increasingly evident in our work is the growing emphasis on occupational health matters.'

At this point, much of the focus on occupational health was limited to the exposure of workers to hazardous substances, culminating in the COSHH Regulations in 1988. It was not until the 1990s that broader threats to workplace health were considered in any great detail.

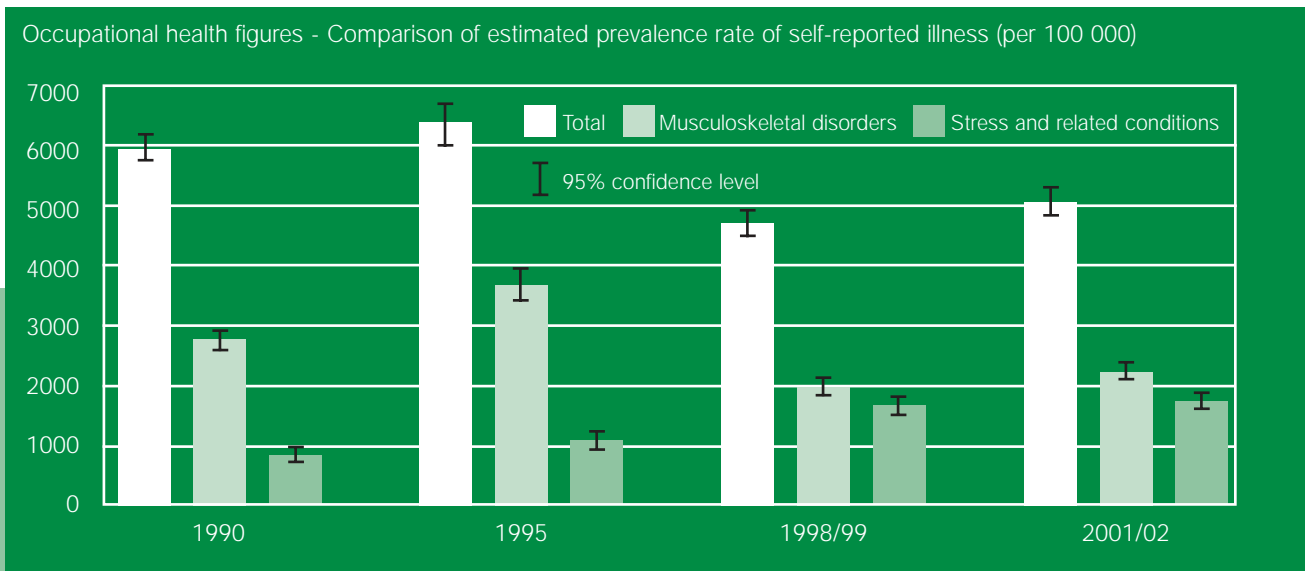
As the appalling long-term health effects of workplace exposure to asbestos became increasingly obvious, demand grew for new strategic approaches to health risks. More recently, issues such as workplace stress have revealed the

impracticality of applying traditional health and safety interventions and controls.

The asbestos issue painfully illustrated the danger that some health risks only become obvious once large numbers of people have already been exposed and that the consequences can take years to become clear. This highlights one of the greatest challenges in tackling work-related health risks; that of identifying potential hazards before they can cause harm. In view of this, HSC and HSE are committed to developing long-term occupational health strategies based firmly on the precautionary principle.

During 1993/94, HSC completed a major review of occupational health risks, concentrating on ten separate risks that were believed to be responsible for over 90% of cases of ill health. This was followed by the launch of HSC and HSE's biggest ever campaign - 'Good Health is Good Business' - which was targeted particularly at SMEs.

In 2000, occupational health was placed firmly at the centre of health and safety policy in the new Revitalising strategy and HSC launched 'Securing health together'; a long-term health strategy designed to deliver a 20% reduction in the rate of ill health by 2010. The 'Securing health' strategy particularly emphasises the wider economic and social benefits of a healthy workforce, estimating that by reaching three of its headline targets by 2010, the gross benefits to society (in present value terms) may be between £8.6 and £21.8 billion.



Introduction of toxicity reviews of potentially harmful chemicals

1981

Health and Safety (First Aid) Regulations



1982

Asbestos (Licensing) Regulations

1983

Unfortunately, despite growing awareness of the risks, in 2004 more than twice as many people suffer ill health as a result of their work as are injured in accidents.

31.6% of all employees now work part-time, compared to 18.4% in 1974.

Musculoskeletal disorders and workplace stress account for over half of all cases but the total includes diseases ranging from asthma and dermatitis to infections and deafness. In addition, each year thousands of people die from cancer due to past exposures to hazards at work.

HSC's strategy for 2010 clearly asserts that, among all the challenges facing the organisation and society as a whole, occupational health demands a more long-term partnership approach. In support of the strategic work programme to promote better health at work partnerships, HSC has developed an 'Occupational Health and Safety Support System Programme'. This incorporates a model designed to provide effective occupational health support and advice, with proactive prevention of risks and long-term sickness absence at its core. The model's effectiveness is currently being tested and HSC envisages launching up to five pilot projects to identify best practice in changing behaviour.

Some things stay the same

Some issues have shown extraordinary longevity. For HSC and HSE, a recurring problem has been how to meet ever-expanding commitments with the limited resources available. During the first few years of the institutions' history, funding was rarely mentioned, but with the steady expansion in responsibilities, it became an increasingly

thorny issue. Funding cuts were imposed during the economic difficulties of the late 1970s and early 1980s, and as new duties were acquired over the following decade, pressure on resources became increasingly intense. Among other things, this resulted in several large-scale organisational reviews and new 'streamlined' management aimed at improving efficiency.

In 2004, the importance of ensuring that limited resources are effectively directed to areas of most need has not diminished. In his foreword to HSC's strategy to 2010 and beyond, Chair Bill Callaghan refers to 'finite resources, hard choices and priorities'.

Other problems have also persisted. Despite the economic and industrial shifts of the last three decades, two very traditional industries - construction and agriculture - account for two of HSC's nine current priority programmes. While they are joined by the newer health-related problems of workplace stress and musculoskeletal disorders, their presence indicates that some basic workplace health and safety problems are far from solved. In 1977, HSE Director General John Locke said: 'In construction... the same basic causes have produced a high proportion of accidents in the past 60 to 70 years: most of these accidents happen to people engaged in routine site activities which simply have not received sufficient forethought and care'. This statement might easily have been made in 2004.

Changing responsibilities

- 1974 Local government, education, hospitals, fairgrounds, services and non-employees affected by work activities brought under legislation for the first time
- 1983 Asbestos licensing
- 1983 Genetic modification
- 1984 Gas safety
- 1985 Transport of dangerous goods by road
- 1986 Pesticides
- 1990 Rail safety
- 1990 Nuclear safety research
- 1991 Offshore safety



Abbeystead pumping station explosion

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Reports into Abbeystead and Putney explosions published

Control of Industrial Major Accident Hazards Regulations



1984

1985

The discretionary approach

HSE has specific statutory responsibilities for the enforcement of health and safety legislation, a role it shares with its LA partners. Robens' view was that LAs should be responsible for 'non-industrial' premises. However, in the early years of the new regime there was heated debate as to the specific allocation of duties and possible overlapping of jurisdiction. Today, over 400 LAs in England, Scotland and Wales are responsible for enforcement in offices and shops, retail and wholesale distribution, hotel and catering, residential care premises, petrol stations and the leisure industry.

The philosophy underpinning the HSW Act is that prevention of harm is the primary aim and enforcement has never been regarded as the only or even the main way of securing compliance. Over the years, HSC has remained wedded to the principle of a discretionary approach to enforcement and to obtaining an appropriate balance between enforcement and advice. HSC's current enforcement policy stresses that any action should be:

- proportionate to any risks to health and safety and to the seriousness of any breach;
- targeted primarily on those whose activities give rise to the most serious risks or where hazards are least well controlled;
- consistent; and
- transparent.

The discretionary approach has inherent advantages in that it allows inspectors to focus on the most serious risks, as well as facilitating shifts in inspection policy where new or particularly hazardous areas are identified. HSE's ongoing inspection policy is to target those activities that present most risk to health and safety.

Notices and prosecutions

In their enforcement role, inspectors have daily face-to-face contact with duty holders. This puts them in a unique position to improve workplace controls, and provide information and advice. However, Robens also recognised that pressing problems had to be dealt with swiftly and that, in some cases, inspectors needed a quick, effective tool with which to exert pressure.

The total number of workers in the construction industry has increased from 1.68 million to 1.97 million.

With this in mind, the HSW Act introduced the concept of preventative enforcement notices. Unlike legal proceedings, these are designed to remove the hazard before it can cause harm, rather than punish for non-compliance. In 1976, HSE stated: 'The Executive is quite clear from its experience that the power to issue notices has enabled it to deal effectively with many situations where previously no satisfactory procedure existed for protecting workspeople and others.' That year it issued 7334 notices and instituted 1200 prosecutions. By 2002/03, the number of notices issued had risen to 13 263, while prosecutions were taken for 1688 separate alleged offences.



Safety audit of BNFL Sellafield published

Ionising Radiations Regulations

1986

Control of Asbestos at Work Regulations



1987



Control of Substances Hazardous to Health Regulations (COSHH)

Piper Alpha oil rig explosion

Clapham train crash

1988

From the outset it was made quite clear that, as with prosecution, the use of notices was not appropriate for every contravention and that the first course of action would be to seek voluntary action by the employer or organisation.

The mid-1990s saw some decline in enforcement activity while the focus shifted to addressing some of the organisational and management deficiencies underlying poor health and safety. While the focus on good management remains, there has been a move back towards enforcement in recent years. In particular, HSE has committed itself to using its enforcement powers to target high-risk areas. For example, in 2002/03 it issued a much larger number of notices in agriculture and construction as part of a concerted effort to bring about improvements in the way in which serious risks are managed in these sectors.

Overall, the balance of inspection is continuing to move away from reactive measures in response to incidents or complaints. The trend is towards planned, proactive inspections designed to tackle the underlying causes rather than just the symptoms of unsafe and unhealthy working. In this way, the inspection programme is contributing directly to reducing the risk of accidents and ill health in areas identified as most likely to cause harm.

Public demands for enforcement and accountability

The last five years have seen sustained public and political pressure for increased corporate and individual accountability. This has been reflected in demands for increased enforcement action, higher fines and even imprisonment for health and safety offences. The government has repeatedly promised to introduce a new offence of corporate killing but has so far failed to legislate.

In November 1998, the Court of Appeal said the fines being imposed for health and safety offences were too low. Since then, there has been a steady rise in average fines, with a 39% increase in 2001/02. However, this dropped back in 2003 by some 21%. Currently, around 85% of charges laid by HSE result in a conviction.

In response to demands for improved corporate governance, and particularly for greater board level accountability, HSE produced guidance on directors' responsibilities for health and safety in 2002. The previous year it had issued guidance on health and safety reporting in annual reports. During 2002/03, a total of 22 managers and directors were prosecuted by HSE, with 11 of them convicted.

Significant legislative developments 1974-2004

- 1974 Health and Safety at Work etc Act (HSW Act)
- 1977 Safety Representatives and Safety Committees Regulations
- 1984 Control of Industrial Major Accident Hazards Regulations (CIMAH)
- 1985 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- 1987 Control of Asbestos at Work Regulations (CAWR)
- 1988 Control of Substances Hazardous to Health Regulations (COSHH)
- 1989 Electricity at Work Regulations, Noise at Work Regulations
- 1992 'Six Pack' regulations – Management of Health and Safety at Work Regulations (MHSW), Manual Handling, Display Screen Equipment (DSE), Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations (PUWER), Personal Protective Equipment Regulations (PPE)
- 1994 Construction (Design and Management) Regulations
- 1996 Construction (Health, Safety and Welfare) Regulations
- 1998 Gas Safety (Installation and Use) Regulations
- 1999 Control of Major Accident Hazards Regulations (COMAH)



HSE assisted in inquiries into Hillsborough, Piper Alpha and Hinkley Point



Noise at Work Regulations

1989

Assumption of responsibility for railway safety



1990

Expanding participation: involving stakeholders

The Robens report recognised the importance of the involvement by employers, employees and other interested parties in promoting health and safety. Two years after the introduction of the HSW Act, an extract from HSC's annual report reinforces this point: 'The underlying philosophy of the HSW Act is the involvement of all concerned in the reduction of occupational hazards.'

From the beginning, both HSC and HSE sought to promote this view, consulting as widely as possible on all aspects of policy and regulation. One of the first priorities was to construct a practical system of worker representation and consultation. This led to the 1977 Safety Representatives and Safety Committees Regulations which established the system of safety representatives appointed by trade unions which has provided one of the cornerstones of health and safety consultation ever since.

Another cornerstone was the establishment of an 'effective advisory committee structure to encourage participation in reducing occupational hazards and draw on the expertise and advice available in industry and elsewhere'. In 2004, this structure has been revitalised and is playing an enhanced role in delivering the improvements necessary to meet the targets for reducing accidents and ill health.

Both the advisory committees and the safety representatives system were seen as major milestones on the road to increased collaboration between employers and employees.

Promoting wider participation

Robens' view that employee involvement is crucial to reducing risk remains central to the British system. However, declining union membership, accompanied by a shift to the private sector, rising numbers of part-time, agency, and self-employed workers and a greater proportion of the workforce employed in SMEs mean that new methods for ensuring effective worker participation are vital.

In its strategy for workplace health and safety to 2010, HSC re-emphasises the valuable contribution of trade union safety representatives and commits itself to promoting greater worker involvement. In support of these aims, it has published a statement of worker involvement and consultation setting out the goals and principles of effective worker participation. Other initiatives include the development of a network of workers' safety advisers (WSAs) across all workplaces and sectors, together with more targeted and user-friendly material on the dedicated 'Workers web page'.

Agriculture has seen a decline in the number of workers, from 670 000 in 1974 to 386 000 today.

Since the 1974 Act, the changing economic and social climate has also gradually broadened the concept of 'all concerned' in health and safety. Employers are no longer regarded as being represented by large trade associations or the Confederation of British Industry (CBI), and less than a third of workers belong to a trade union. At the same time, technological developments have enhanced the ability to engage directly with the public, employers and employees. The issues that HSC is being asked to address have also altered to include wider health and lifestyle risks such as passive smoking and stress.



Assumption of responsibility for offshore safety

1991



'Six pack' regulations

1992

150 years of Mines Inspectorate



Shock Horror and Never Rest videos win awards

Prosecution of Translink Joint Venture following death of Channel Tunnel worker

1993

In response, HSC has had to examine new ways of engaging with a wider range of stakeholders that go beyond the traditional concept of employee and employer consultation. Increasing the engagement of others to promote full participation in improving health and safety is one of the key strategic themes supporting the Revitalising strategy. Among the aims are more effective participation of employees in 'hard-to-reach' groups such as ethnic minorities, greater synergy with LAs who have a vital role to play in the growing service sector, and developing relationships with the devolved administrations.

In 2002, responsibility for HSC and HSE was transferred to the Department for Work and Pensions (DWP). At the time, the Secretary of State for Work and Pensions, said: 'Preventing people from being injured or made ill at work is a vital task; enabling people to continue at work or to return to work after injury is a key part of the department's own objectives.' The move to DWP has enhanced HSC's ability to contribute to the wider employment agenda, in particular in relation to promoting a productive workforce and in strengthening the role of health and safety in getting people back to work.

Most recently, HSC's strategy for 2010 has taken the idea of participation another step further, highlighting the need to involve society as a whole in a wider health and safety system. It recognises that HSC, HSE and LAs cannot do everything and emphasises the importance of understanding and valuing the contribution of others. This includes employers, employees, the trade unions, insurers, occupational health professionals, government departments, the media, the public, and trade associations.

Communicating authoritative information

Providing and communicating authoritative information and advice has always been central to HSC/E's work. The HSW Act itself places a specific duty on HSC to provide an information and advisory service to government departments, employers, employees and other organisations.

In the first annual report, HSE's Director General said: 'We... decided that a major tool for the encouragement of involvement in health and safety by all those concerned with the risks, would be the provision of a comprehensive information service.' Nearly 30 years later, the 2003/04 annual report identifies communication as 'the foundation that underpins all the other work we tackle'.

Methods of communication have changed and developed over the years: new audiences needed to be reached and new technologies utilised. However, the commitment to provide authoritative information based on rigorous research and technical expertise has remained constant.

A wide range of publications from HSC and HSE continues to form the basis of the information service. In the mid-1970s, the list of new publications ran to half a page of the annual report. By the mid-1990s, this had expanded to over seven pages. Publications range from the statutory Approved Codes of Practice (ACOPs) and guidance that support the self-regulatory system to sector-specific guidance, consultation

Major incidents/accidents

HSC's first chair Bill Simpson: 'It is a sober fact of health and safety matters that awareness is kindled by catastrophe and our experience shows there is nothing like actual events for moving public opinion and political action.'

- 1974 Flixborough - chemical explosion *28 dead*
- 1979 Golborne Colliery - explosion *10 dead*
- 1984 Abbeystead - gas explosion in water pumping station *16 dead*
- 1985 Putney - domestic gas explosion *8 dead*
- 1987 Kings Cross - underground station fire *31 dead*
- 1988 Piper Alpha - oil installation fire and explosion *167 dead*
- 1988 Clapham - train crash *35 dead*
- 1999 Ladbroke Grove - train crash *31 dead*
- 2004 Morecambe Bay - death of cockle-pickers *21 dead*

HSC's Review of Regulation completed

HSE moves to Rose Court



1994



Health and Safety Laboratory (HSL) becomes an agency of HSE



Launch of 'Good Health is Good Business' campaign

1995

documents, research material, free leaflets, and accident and incident reports. One of HSE's most influential recent publications has been its guidance on successful health and safety management (HSG65), which has informed the development of international management standards for health and safety.

Effective communication

Since its inception, HSE has aimed to communicate its message in the most effective way. This has meant adapting the approach to changing audiences. For example, in the 1990s it developed a new series of publications on key risk areas specially aimed at meeting the needs of the SME sector. It has adapted to new technologies that have expanded access to information, enabling more direct communication with employers, workers and the public. An example of this is the dramatic expansion in the HSE website, which now provides instant access to guidance, free leaflets, research reports, consultation documents, annual reports and agendas of meetings, as well as providing interactive online response pages and links to other sources of information. Currently, nearly 9 million users are making around 25 million visits a year.

In the mid-1990s, the number of public requests for advice and guidance was rising rapidly. Enquiries were directed across HSE: to its 2 headquarters, 54 offices and 2 laboratory sites. To provide a single point of access to ensure consistent information and advice, the Infoline service was launched in July 1996. Initially the service was call-based but in 1999/2000 it was expanded to cover written enquiries and more recently a web-based enquiry form has been added.

Infoline received its two millionth caller in July 2004 and currently handles around a quarter of a million enquiries a year. Special emphasis is placed on training the 24 call handlers in both health and safety, and communication

skills. Around 85% of enquiries come from SMEs and callers include employers, employees, students, trade union representatives and the general public. The telephone service is anonymous to encourage calls from people who may feel apprehensive about contacting the 'regulator' for advice. Infoline also includes a translation service offering over 100 languages to ensure that the growing non-English speaking workforce has equal access to health and safety information.

Inspectors' daily contact with employers and workers has meant they have always played an important role in the provision of information within the workplace. To further expand duty holders' access to face-to-face advice, the inspector's advisory role is now being supplemented health and safety awareness officers (HSAOs), who visit workplaces offering advice and information directly to employers and employees.

Underpinning policy

HSE is charged with particular responsibility for providing 'authoritative information on technical matters'. Committed to the evidence-based approach to policymaking, it has invested heavily in wide-ranging research programmes, which have consistently provided high-quality information to underpin policy decisions and inform employers, employees and the public. The research programmes also focus on anticipating the health and safety consequences of scientific, technological and industrial trends.

In 1977/78 £8.6 million was spent on research. By 2004 this had risen to £34 million annually, including both internal projects and contracted research. The current programme aims to address both generic and specific occupational health and safety issues and is supported by HSE's own Health and Safety Laboratory (HSL). HSE is currently working to ensure that its research priorities reflect ongoing changes in society and the workplace.



Launch of small businesses strategy

1996

Southall rail accident

Publication of *Introduction to health and safety* leaflet



1997



Work-related stress guidance issued

1998

Responding to a changing world

One of the key challenges facing HSC, HSE and LAs is how to respond to future demographic, scientific and economic developments, not just in the next few years but in decades to come. Given the pace of change in the last 30 years, it is likely that the next 30 years will see a vast array of new working practices, technologies and industries, together with associated hazards and implications for health and safety regulation.

HSC has already identified nanotechnology as one possible area of future risk. Although still in the early stages of development and currently limited to niche industrial uses, there are signs that it could give rise to new hazards and risks. In the absence of complete and robust evidence, HSC is looking at the possible hazards, including the risk of human exposure to substances, to assess whether existing regulation is sufficient and suitable.

One of the most striking demographic trends affecting all developed economies is the ageing workforce. In Britain, the number of people over 60 is expected to rise 50% by 2030. This presents new health and safety challenges as older workers are required to remain in employment and contribute to society. For example, it may be necessary to introduce increasingly flexible work patterns, or to redesign jobs and workplaces using ergonomic principles to ensure a fit between person and job. A top priority will be to tackle

stress and musculoskeletal disorders, which are the two major reasons why older people leave employment.

Another significant trend - this time associated with globalisation and advances in information technology and communications systems - is the demand for 24/7 availability, especially in the service sector. This is already evident but is likely to continue to encourage longer working hours and to demand new shift patterns and ways of working.

In manufacturing, the need to strengthen competitiveness is likely to lead to:

- increased emphasis on job and work design;
- cycle time reduction and shorter lead times that require flexible working to meet peaks and troughs of demand; and
- an increased emphasis on retaining key workers with core competencies.

Manufacturing employs about 3.33 million, a decline of 57% from 7.72 million employed in 1974.

These developments may generate potential new risks but also present opportunities to improve health and safety, and to encourage rehabilitation and worker retention.

Robust, responsive and adaptable

Under HSC's stewardship, the Britain's health and system has undergone a remarkable transformation. The number of fatal injuries has fallen by almost two-thirds, the risk-based approach is firmly embedded in the regulatory framework, and Britain now enjoys one of the best health and safety records in the world. The public profile of risk both here and internationally has been raised considerably. These are significant achievements.

The Revitalising targets

The Revitalising health and safety strategy was launched jointly by the government and HSC on 7 June 2000. Designed to bring about improvements in health and safety in all workplaces, it contains three elements: a set of improvement targets for Great Britain; a 10-point strategy; and 44 action points to improve health and safety. The targets are for the health and safety system as a whole and involve everyone engaged in work, be they trade associations, employers, trade unions or individual workers. The targets are:

- 20% reduction in rate of work-related ill health;
- 10% reduction in rate of fatalities and major injuries;
- 30% reduction in rate of working days lost.

All these improvements are to be achieved by 2010.



Ladbrooke Grove train crash

1999

Revitalising health and safety strategy



'Securing health together' occupational health strategy for Great Britain

2000

In a rapidly changing environment, HSC and HSE have proved robust, responsive and adaptable, while maintaining a high level of trust and confidence both from the public and from employers and employees.

Service industries account for about 78% of today's workforce – that's nearly 23 million workers.

However, the world is continuing to change and new challenges are constantly emerging. Despite successes in controlling some of the major risks to safety, occupational health risks are proving less receptive to the tried and tested methods, and the rate of improvement in safety performance has slowed in recent years. Overall, 40 million working days were lost to workplace ill health and safety in 2001/02 and 33 million of these were attributable to ill health. Latest HSE estimates indicate that in 2001/02 the total cost to employers of workplace accidents and ill health amounted to between £3.9 and £7.8 billion, while the total cost to society is between £20 and £31.8 billion.

Sensible health and safety

In this climate, and building on the philosophy enshrined in the HSW Act, HSC continues to believe that sensible health and safety is about managing risks, not necessarily eliminating them. Recognising this, it has re-emphasised its commitment to making sound judgements based on balancing harm against cost and risk against benefit, and adhering to the concept of reasonable practicability.

Its current long-term aims include:

- further tackling the causes of occupational ill health and encouraging rehabilitation;
- focusing on the right interventions where HSE has the skills, expertise and evidence to reduce injury and ill health;
- continuing to prevent incidents from industries which have potential to cause significant harm, including to members of the public, such as chemical, offshore, nuclear and railways industries - HSE is currently reviewing its safety case regimes to ensure that they remain relevant and proportionate;
- building new ways of working in partnership with LAs and other stakeholders;
- influencing organisations to embrace high standards of health and safety as an integral part of a modern society and as a contribution to social justice and inclusion;
- anticipating and identifying future workplace, demographic and economic changes;
- meeting the ongoing Revitalising and Securing health targets; and
- developing a broader leadership, facilitative and developmental role in the overall health and safety system - examining what needs to be done to make high standards of health and safety a reality for every worker and for society as a whole.

In line with HSC's strategy for 2010 and beyond, HSE is currently working with its LA partners on five strategic work programmes, each of which focuses on key areas:

- Priority industry sectors - working with key sectors (including construction, agriculture, health services and the public sector) to improve health and safety management.



Publication of Uff/Cullen Inquiry into train protection systems

New RIDDOR reporting system

2001



Launch of COSHH Essentials website



Worksmart available on video

2002

Workplace stress overtakes musculoskeletal disorders as the main cause of occupational ill health



2003

- Priority health and safety hazards - concentrating on workplace transport, falls from height, slips and trips, stress and musculoskeletal disorders.
- Major hazards industries - encompassing all of HSE's activities in controlling the risks posed by major hazard industries and focusing on the nuclear, onshore chemical, offshore, railway and mining sectors.
- Working better with LAs - aiming to deliver effective, local, risk-based enforcement across all businesses.
- Developing partnerships to improve provision of occupational health and safety - working on new ways and areas for HSE to influence and encourage others, to bring about improved health and safety outcomes, facilitating the establishment of partnerships and promoting an effective and sensible health and safety culture.

Recognising the boundaries

Looking forward to the next 30 years, what expectations, demands and responsibilities are likely to be placed on HSC and HSE? So far they have proved highly successful in adapting to their changing environment and in maintaining a high level of co-operation with industry and the workforce to produce practical responses to both major risks and day-to-day industrial hazards. Despite some criticism from certain sections of the media, surveys of both employers and members of the public suggest HSE is a generally well-regarded and trusted regulator. This is vitally important as it moves forward to meet society's continually evolving expectations and demands.

Public attitudes to risk regulation have changed dramatically since 1974. Whereas in the past there was some level of

fatalistic acceptance of disasters, today there are demands for inquiry and accountability, an element of distrust of the 'experts', and a desire for reassurance that the system is up to controlling the risks. Furthermore, as health and safety issues increasingly enter the field of public debate, HSC and HSE have to strike a careful balance between being perceived as over-zealous and not doing enough.

HSC's ultimate vision is to gain recognition of health and safety as a cornerstone of a civilised society. In achieving this, HSC, HSE and LAs must work together to develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved and risks are properly managed. In the Robens tradition, the key message is that sensible health and safety is about managing risks, not eliminating them and that the people best placed to make workplaces safer are the staff and managers who work in them.

From the beginning, the regulatory system instituted by the HSW Act was seen as a partnership but the challenges presented by the 21st century workplace suggest that the net now needs to be spread even further across interested parties. It is increasingly clear that HSC and HSE cannot do it all - they cannot be the centre of the health and safety universe and must recognise their limitations and boundaries. Above all, they must be clear about their priorities and focus on core competencies, rather than spread themselves too thinly. This requires a change in the way they work with others and new approaches to co-operating with a wide range of organisations in strengthening the overall system and tackling emerging health and safety issues.

21 Morecambe Bay
cockle-pickers killed



Launch of HSC's strategy for
workplace health and safety to
2010 and beyond

2004



