

## SUBMISSION FROM THE HEALTH AND SAFETY EXECUTIVE

### Introduction

1. HSE welcomes the opportunity to provide information to this inquiry on its role in preventing occupational disease and work-related ill health.
2. HSE's powers and remit are derived from the Health and Safety at Work etc Act 1974. The Act places duties on employers and those who create risks to health and safety arising from the activities of people at work.
3. The purpose of the regulatory framework that HSE is responsible for is to set sensible, achievable standards and to require control measures for managing exposure proportionate to risks to people's health. Employers (duty holders) are responsible for managing the risks to their employees and others arising from occupation/work activity. HSE has no powers to address contractual employment matters such as pay.
4. Alongside HSE, Scottish Local Authorities are responsible for enforcing health and safety regulation in 61% of businesses in Scotland employing 44% of the workforce<sup>1</sup>.
5. Although HSE's role does not extend to wider public health, employment policy or contractual matters, we recognise the important contribution that workplace health and safety makes to the quality of jobs. HSE therefore works with the Scottish Government, business, trade unions and other organisations through the Partnership on Health and Safety in Scotland<sup>2</sup> (PHASS), as well as under agreements with Scottish and UK authorities, on issues that cut across related responsibilities.
6. In Scotland HSE recently met members of the Fair Work Convention and, together with PHASS, we will be submitting material to help define the contribution that health and safety makes to fair work. HSE also enforces aspects of the Working Time Regulations and we are part of a UK-wide agreement to share concerns about other aspects of illegal employment practices with appropriate bodies.
7. As HSE's statutory role in relation to health is about preventing work-related ill health and disease, and this session is billed as looking at work-related illness, this submission concentrates on that rather than addressing our work to prevent work-related injury. We are ready to provide further information, as necessary.

### Background

8. Taking effective action on work-related ill-health and cancer in particular is challenging – the relationship between workplace exposure and development of disease is often complex and depends on many factors. To tackle this HSE draws on its expertise across GB (eg occupational hygiene, epidemiologists) and commissions research to help develop effective interventions. HSE has many years of experience developing and implementing a mix of interventions aimed at

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<sup>1</sup> Estimates based on IDBR data and SIC codes

<sup>2</sup> Scotland - Who we work with - PHASS [www.hse.gov.uk/scotland/partnership.htm](http://www.hse.gov.uk/scotland/partnership.htm)

preventing exposures, including exposures to occupational carcinogens/carcinogenic agents.

9. Since 2013, HSE has reinvigorated its work on occupational ill health by positioning itself as a 'catalyst' to encourage and harness the efforts of all parts of the health and safety system to achieve a greater effect. This was endorsed in the recent Triennial Review of HSE. This is important when considering occupational cancer. As well as the complex relationship between workplace exposure and development of disease, many diseases have a long period of latency (some up to 30 years) between exposure and disease. This means that after identifying the problem, and making changes to reduce exposure, there may be a long delay before a reduction in the number of cases and deaths is seen.

### **Overall burden of work-related ill health**

10. In Scotland 3% of current Scottish workers (81,000 workers) are suffering from a work-related illness<sup>3</sup>; this rate is statistically significantly lower than the rates in England and Wales (4% respectively). The five year average rate of new cases of ill health each year is 1,500 per 100,000 in Scotland and for total cases – people with existing conditions – it is 3,460 per 100,000. This is statistically significantly lower than for other regions and countries of Britain. The figures are self-reported in the Labour Force Survey and it is acknowledged that the sample size is quite small.

11. On recognised European measures<sup>4</sup> of both injury and ill-health, Britain as a whole has the third best injury rate of all and a work-related ill-health rate lower than Germany and Spain and lower than the overall EU rate. Eurostat data is collected across Europe. The sample size provides statistically valid comparisons between Member States but does not allow for regional analysis within the Member States. Given that Scotland's overall health and safety record is not significantly different to that of GB as a whole, however, Scotland also benefits from one of the best health and safety records in Europe.

12. Evidence shows that work-related ill-health is driven by occupation and the type of work activity and not location. Differences between nations and regions depend on the industry and occupational composition in each area.

13. The estimated cost of new cases of work-related ill health is £546m (on 2012 prices) in Scotland<sup>5</sup>.

### **HSE's strategy**

14. HSE's aims are to:

- Reduce the numbers of workers suffering from occupational disease through the use of prevention and control measures in the workplace.

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<sup>3</sup> HSE Statistics

<sup>4</sup> Eurostat publications

<sup>5</sup> Estimated annual cost to Great Britain of workplace injuries and illness to current workers, by country and region of work 2012/13, HSE [www.hse.gov.uk/statistics/pdf/cost-to-britain.pdf](http://www.hse.gov.uk/statistics/pdf/cost-to-britain.pdf)

- Undertake sustained activity to lead and harness the actions of others toward achieving this aim.
- Work with other relevant bodies to identify those best placed to take action to reduce exposures to agents/occupations that are not solely work-related.
- Focus its own interventions on increasing compliance with existing legal requirements and achieving behavioural change in workplaces.
- Resource targeted activity, including enforcement, on Asbestos and Silica following the principles of HSE's sector prioritisation approach which targets poorly performing industrial sectors.

### **Proactive inspection – its purpose and examples**

15. The aim of inspection is to address poor health and safety management directly at individual premises and with businesses by changing the behaviour of the duty holder. Where HSE finds significant non-compliance and/or failure to manage risk, we remain engaged until we are happy that risks are under control, including taking enforcement action in accordance with our published enforcement policy<sup>6</sup>. Information on enforcement action is also published on HSE's website<sup>7</sup> but this does not distinguish between health-related enforcement action and injury-related. HSE reserves proactive inspection for:

- premises in higher risk industry sectors, based on evidence in specific sector strategies;
- specific duty holders where there is good information to suggest inadequate management of significant health and safety risks (including intelligence from other regulators, adverse findings/enforcement at previous interventions, observation by inspectors and local knowledge, and reported injuries, ill-health and concerns/complaints); and
- how effective it is in securing compliance in a particular industry sector.

Local Authorities are encouraged to adopt this approach to targeting their inspections.

16. On this basis, HSE is currently focusing inspections on the control of key occupational health risks including:

- respirable crystalline silica (RCS) in construction, foundries, stonemasons, brickworks, potteries and quarries;
- asthmagens and carcinogens in woodworking, plastics production, some food manufacturing and premises with welding fume;

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<sup>6</sup> HSE Enforcement Policy Statement [www.hse.gov.uk/pubns/hse41.pdf](http://www.hse.gov.uk/pubns/hse41.pdf)

<sup>7</sup> HSE Enforcement Resources [www.hse.gov.uk/enforce/resources.htm](http://www.hse.gov.uk/enforce/resources.htm)

- handling of asbestos at waste transfer stations;
- musculoskeletal-disorders (MSDs) in construction and some food manufacturing industries (especially, meat/poultry/dairy and bakeries/cakes & biscuits);

17. In the foundry industry (molten metals), for example, HSE is working with the industry to address the improvements needed to bring about a reduction in the number of cases of work-related ill health, and to define what constitutes a “model” foundry.

18. When inspecting the control of RCS in the stone industry, inspectors assess whether measures, including dust extraction and/or respiratory protective equipment (RPE), are in place and being used properly. They will also check that employees have received adequate training in the health risks, and that health surveillance is provided where appropriate.

19. Inspections in the meat, poultry and dairy industries focus on reducing injury and ill health from back pain and upper limb disorders caused by manual handling and repetitive tasks arising from stacking and unstacking containers, moving wheeled racks, packing products and cutting, boning, jointing, trussing and evisceration of meat and poultry.

### **Specific priorities**

20. **Occupational cancer and respiratory disease:** In 2012 HSE published the final in a series of reports outlining GB estimates<sup>8</sup> based on research to assess the contribution of occupation to the overall burden of cancer. This looked at individual occupations and individual cancers; it did not provide estimates by nation or region because industry and occupation (both past and present) are the key to determining exposures. The same drivers of risk apply to respiratory disease.

21. Specific regulation – the Control of Substances Hazardous to Health Regulations 2002 – require duty holders to apply a hierarchy of control measures. HSE is focusing resources where there are high numbers of workers who are potentially exposed and in industries with a high incidence rate of disease. This includes collaboration and partnership to improve leadership, worker involvement and competence - raising awareness and encouraging behavioural change through: campaigns; building capacity to control risk down supply chains; licensing hazardous processes or substances, if proportionate; and inspection and enforcement. HSE’s approach incorporates an understanding of:

- barriers that stop people protecting themselves
- triggers that will stimulate behaviour change
- the most effective targeting of messages

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<sup>8</sup> The Burden of Occupational Cancer in Great Britain - [www.hse.gov.uk/cancer/research.htm](http://www.hse.gov.uk/cancer/research.htm)

22. **Shift work:** Extensive evidence based on animal research suggests that disruption of circadian rhythms can increase the risk of breast cancer by a variety of mechanisms. In humans a number of epidemiological studies provide supporting, but not conclusive evidence of a risk of breast cancer in female shift workers who undertake night work. HSE has commissioned a Shift Work and Disease research study currently being undertaken by the Cancer Epidemiology Unit at the University of Oxford, who are using data from two existing large studies (i) The Million Women Study and (ii) EPIC-Oxford, to prospectively investigate the disruption of circadian rhythms, with a focus on shift working patterns (including long term night work) in relation to cancer and other chronic conditions in men and women. A final report of this work is due in December 2015. HSE is in contact with the Scottish Government in preparation for its publication. The policy response may need to range much more widely than HSE's remit.

23. **Work related stress:** Work related stress and associated common mental health problems have been in the top two causes of sickness absence at work for most of the last decade, according to separate annual statistics produced by HSE, CIPD and the TUC. The estimated prevalence of work-related stress reported in 2013/14 was 35,000 cases in Scotland.

24. There are no specific regulations relating to the hazards of work related stress but employers have a general duty to carry out a risk assessment that includes looking for potential work-related causes of stress. This is because:

- stress is subjective, what stresses one individual doesn't negatively impact another;
- it is difficult to prove cause and effect between problems at work and the psychological impact on a worker;
- stress is often cumulative; it is a build-up of prolonged pressure without time to recover and that pressure can come from other sources eg home pressures, financial worries, illness etc. It is not usually possible to demonstrate that work is the sole cause.

25. However, HSE produced Management Standards for tackling work related stress developed in partnership with Nottingham University and employers from both public and private sectors. NHS Scotland's development of the "Work Positive" tool also informed the Standards. They provide a step by step guide for assessing the level of stress, identifying the cause (based on a model of six elements whose poor management is a good indicator of stress), providing advice on solutions and the necessary tools and guidance. All this is available free of charge on the HSE website. The tool has been adopted internationally and is used by employers across the world.

26. HSE is working with others in sectors of industry that experience higher than normal levels of stress – education, health care, local and central government and finance.

27. **Musculoskeletal disorders (MSDs)** (injury, damage or disorder of the joints or other tissues in the upper/lower limbs or the back) are a major cause of work-

related ill health. MSD injuries from work can be prevented or minimised by addressing both the physical risk factors (eg loads, force, posture and repetition) and psychosocial risks.

28. The number of back disorders in Scotland is estimated at between 13,000 and 29,000 cases. The estimated amount of upper limb disorders in Scotland was between 11,000 and 26,000 cases<sup>9</sup>. Construction, agriculture, postal and courier and health care had higher rates of total cases of MSDs compared to the average across all GB industries.

29. As well as the general legal requirements for risk assessment, specific regulations for preventing and controlling MSDs in the workplace are:

- The Manual Handling Operations Regulations 1992 which require employers to avoid, reduce and control the risks from manual handling tasks;
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require an assessment of computer workstations to protect users from potential risks.

30. HSE is continually developing risk assessment tools, informed by industry, and carrying out research to provide evidence to inform future interventions and guidance. We promote our guidance and tools with those bodies best placed to bring about sustainable behaviour change in employers and workers; and we review it to provide industry with advice to inform their action on existing and new developments in working practices.

31. In 2015-16 we are targeting proactive inspections on high priority sectors and using intelligence gathered to inform future interventions.

32. **Asbestos-related disease:** The Control of Asbestos Regulations 2012 contain a 'duty to manage asbestos'. This requires owners (or those responsible for maintenance) of non-domestic buildings to determine if asbestos is present and, if it is, record its location and condition and develop a plan for managing the resulting risk. This may involve leaving it in place and monitoring condition, repair, sealing/encapsulation or, if necessary, removal. Information on the location and condition of any asbestos-containing materials (ACMs) must also be passed on to workers who undertake jobs which could disturb the materials.

33. The Regulations also require employers whose workers may disturb ACMs to assess risk, provide training and put in place control measures to prevent exposure or reduce it as far as is reasonably practicable. Higher risk work activities (such as most asbestos removal work) can only be done by contractors licensed by HSE to do so. At any one time around 450 contractors are licensed by HSE's Asbestos Licensing Unit (based in Edinburgh). Of these around 30 have addresses in Scotland.

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<sup>9</sup> Musculoskeletal Disorders in Great Britain 2014 [www.hse.gov.uk/Statistics/causdis/musculoskeletal/msd.pdf](http://www.hse.gov.uk/Statistics/causdis/musculoskeletal/msd.pdf)

34. A key group of at risk workers are trades people (such as plumbers, electricians, etc.) who may unknowingly disturb asbestos as they carry out their day-to-day work. In order to provide information to this hard to reach group, HSE ran an award-winning behaviour change campaign “Beware Asbestos” across GB from October 2014 to March 2015. The aim of the campaign was to raise awareness of where asbestos-containing materials can be found in buildings, and to provide information on how simple changes to behaviours and work practices can help workers avoid exposing themselves to asbestos. The campaign included an innovative web-based ‘app’ to allow workers to access information ‘on the job’ using their smartphones.

35. An HSE study of deaths from mesothelioma<sup>10</sup> confirmed that areas associated with past ship building activity have higher than average mesothelioma mortality. However, whereas annual numbers of mesotheliomas for Britain as a whole continue to increase, numbers in ship building areas have tended to level off or even decrease. For example, although West Dunbartonshire still has the second highest mesothelioma death rate overall within Britain, annual deaths have been gradually falling since the 1990s. Inverclyde and Renfrewshire also have high mesothelioma rates whereas Perth and Kinross had one of the lowest across the whole of GB.

## **HSE**

**September 2015**

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<sup>10</sup> Mesothelioma in Great Britain in Great Britain in Great Britain 2014, HSE  
[www.hse.gov.uk/Statistics/causdis/mesothelioma/mesothelioma.pdf](http://www.hse.gov.uk/Statistics/causdis/mesothelioma/mesothelioma.pdf)