

LÖFSTEDT REVIEW – A CALL FOR EVIDENCE

RESPONSE BY

Bradford Area Occupational Health and Safety Forum, Bradford Occupational Health Project and the Workers' Health Advice Team

This joint response is being made on behalf of BAOHSF (Bradford Area Occupational Health and Safety Forum), BOHP (Bradford Occupational Health Project) and WHAT (Workers' Health Advice Team).

BAOHSF is the major partnership concerned with occupational health and safety in the Bradford Metropolitan District. It was launched in November 1994. Its aims are to raise occupational health and safety issues and to improve the health, safety and welfare of people at work. The partnership is made up from health services, trade unions, employers, voluntary organisations and the enforcement agencies (HSE & Environmental Health)

BOHP/WHAT offer free independent and confidential information and advice on any Health and Safety, work related issues i.e. RSI, Asbestosis, Stress, Bullying, Noise, Chemicals etc. BOHP/WHAT also offer training to the voluntary sector about Health and Safety issues: VDU workshops, preparing a Health and Safety policy, first aid appointed persons, Mental Health First Aid, etc. It also has an advice line service for sufferers of asbestos disease. BOHP/WHAT provide training and consultancy services to voluntary/community groups in Bradford. It is open to all workers suffering from work related ill health in the Bradford District as well as retired and redundant workers suffering ill health connected to previous work.

Q1. Are there any particular health and safety regulations (or ACoPs) that have significantly improved health and safety and should not be changed?

A1 Most of these laws are very significant to improving health and safety there may be a few that could be combined. The reinstatement of the HSE information line would significantly help small businesses as a measure to help steer a way through the red tape and receive the correct advice on the health and safety regulations and guidance that apply to them.

Q2. Are there any particular health and safety regulations (or ACoPs) which need to be simplified?

A2. We are concerned that simplification will come to mean relaxation of protection. The business lobby's top bugbear is risk assessment so organisations such as Bradford Area Occupational Health and Safety Forum should be funded to

help raise awareness about how to undertake risk assessments. This is something BAOHSF offer free of charge to businesses in the Bradford District via its seminars.

Q3. Are there any particular health and safety regulations (or ACoPs) which it would help to merge together and why?

A3. It may be possible to merge a few of the regulation but why spend lots of money doing this when there is no need at the present time. The regulations have come into law because firms do not always do the right thing and the regulations are needed. A TUC report published September 2010 revealed that more than 20,000 people in the UK are killed prematurely by their work every year.

Q4. Are there any particular health and safety regulations (or ACoPs) that could be abolished without any negative effect on the health and safety of individuals?

A4. The question seems to imply that there are regulations which have no purpose. We do not believe that to be true. The number of health and safety regulations has almost halved since 1974. Over the last four years the number of forms used by the Health and Safety Executive to collect information from business has dropped too from 127 to 54. And firms are hardly being harangued by meddling inspectors. A decade ago HSE could be expected to turn up at the average workplace once every few years. Now workplaces are lucky to see an inspector once in a working life-time. HSE prosecutions and convictions have halved since 2001.

Q5. Are there any particular health and safety regulations that have created significant additional burdens or business but that have had limited impact on health or safety?

A5. Safety regulation pays, saves lives and spurs job creation. The annual estimated economic cost of health and safety ill health incidents (accidents and ill health) in Bradford is between £86.3 million and £132.1 million– see appendix 1. We need a credible inspection and enforcement regime and worker participation with active trade union involvement not less regulations. Reducing work related accidents and ill health will help reduce the burden on business and wider society.

Q6. To what extent does the concept of ‘reasonably practicable’ help manage the burden of health and safety regulation?

A6. The concept of “reasonably practicable” is found to be very useful. The concept of reasonably practicable is useful for businesses and enforcers as part of a reasonable and sensible approach to health and safety legislation.

We challenge the implication of the question that health and safety regulation is a burden.

Q7. Are there any examples where health and safety regulations have led to unreasonable outcomes, or to inappropriate litigation and compensation?

A7. We believe that a worker has the right to go to work and come home again unharmed.

Q8. Are there any lessons that can be learned from the way other EU countries have approached the regulation of health and safety, in terms of (a) their overall approach and (b) regulating for particular risks or hazards?

A8. The Health and Safety at Work Regulations follow the “risk assessment model” which is widely understood across the whole European Union and which model we believe has had significant positive impact.

We believe that every person in this country carries out a risk assessment every day in the simplest of tasks and that the concept of risk assessment is an appropriate cornerstone for health and safety regulation.

Voluntary schemes and self regulation have been tried and have failed.

Q9. Can you provide evidence that the requirements of the EU Directives have or have not been unnecessarily enhanced (‘gold-plated’) when incorporated into UK health and safety regulation?

A9.

It may be suggested that having EU Directives incorporated into UK health and safety regulation leaves the UK at a competitive disadvantage but if the wider costs to society of occupational ill health and accidents are taken into account, countries that have less ‘gold plated’ regulations actually have greater economic disadvantage.

The wonderful thing about EU Directives are that they do not rely on economic factors alone but take into account the wider socio-economic costs. Safety regulation pays, it saves lives and spurs job creation.

While the UK may have one of the better workplace health and safety records, that is because it has a system of regulation and enforcement that protects. There is a need to strengthen the enforcement of the regulations we have not weaken enforcement and remove regulation.

We believe the phrase “gold-plating” is an unhelpful distraction from the real issues as to how best to incorporate European Union Directives into UK law. The use of regulations made under the Health and Safety at Work Act has been and remains a thoroughly effective method.

Far from gold-plating in the area of asbestos, for example, the government has now accepted that the UK has not fully implemented Article 3 of the Directives 2003/18/EC on the protection of workers from asbestos.

The attitude that if our competitors do not abide by strict rules governing safety and decency at work why should we is part of a race to the bottom and massive step backwards for the UK. We should not let the world’s dirtiest players set the standard.

Q10. Does health and safety law suitably place responsibility in an appropriate way on those that create risk? If not what changes would be required?

A10. An HSE report concluded less than a quarter of the cost to society of occupational ill-health and injury was borne by employers.

More enforcement of the regulations we have would be appropriate.

Any Other Comments/Evidence

Britain’s workplaces are far from safe and further still from healthy. The fact is that the Health and Safety at Work Act 1974 and the Regulations made under it have been a considerable success story.

What we would like to see is the use of the UK network of 150,000 trained union health and safety reps to even greater effect and support for the work of the voluntary sector, the HSE and local authorities in protecting people at work.

Appendix 1

Local Authority Profile **Bradford**

West & North Yorkshire, Yorkshire & the Humber

Self-reported work-related ill health

| 2008/09: estimated number of cases | Bradford | Yorkshire & the Humber | Great Britain |
|---|----------|------------------------|---------------|
| Prevalence – limited to people who worked in the last 12 months | 9028 | 104,000 | 1,182,000 |
| Incidence (new cases in last 12 months) | 4601 | 53,000 | 551,000 |

Source: LFS 'illustrative estimates' (See over page)

Work-related working days lost

| 2008/09: (estimated number of days lost) | Bradford | Yorkshire & the Humber | Great Britain |
|--|----------|------------------------|---------------|
| Due to work-related ill health | 156,432 | 1,802,000 | 24,612,000 |
| Due to work-related injury | 48,527 | 559,000 | 4,711,000 |

Source: LFS 'illustrative estimates' (See over page)

Reported workplace injuries

| 2008/09(p) | Bradford | Yorkshire & the Humber | Great Britain |
|--|----------|------------------------|---------------|
| Fatal and major injuries to employees | 242 | 2856 | 27,723 |
| Over-three-day injuries to employees | 906 | 10,266 | 104,301 |
| Total injuries to employees | 1148 | 19,439 | 132,024 |
| Total injuries to employees: Rate per 100,000 employees | 596 | 876 | 498 |

Source: RIDDOR (See over page)

Estimated Costs

The estimated economic cost of health and safety ill health incidents (accidents and ill health) in Bradford is between £86.3 million and £132.1 million. The estimated cost for accidents in Bradford is between £2.0 million and £3.6 million.

Mesothelioma mortality (One of the main Asbestos diseases)

| 1981 - 2005 | Bradford | Yorkshire & the Humber | Great Britain |
|--------------------------|-----------|------------------------|---------------|
| Number of deaths | 165 male | 2129 male | 25,716 male |
| | 32 female | 435 female | 4187 female |
| Standard mortality ratio | 86 male | 94 male | 100 male |
| | 98 female | 117 female | 100 female |

Source: British Mesothelioma Register 1981 - 2005

Background information

| 2008 | Bradford(estimated no.) | Yorkshire & the Humber | Great Britain |
|---|-------------------------|------------------------|---------------|
| Total resident population | 501,700 | 5,213,200 | 59,608,200 |
| Total employees | 192,674 | 2,219,383 | 26,493,605 |
| % of employees in top-level industries: | | | |
| 1. Manufacturing | 15.10% | 13.11% | 10.23% |
| 2. Construction | 3.36% | 5.21% | 4.79% |
| 3. Services | 80.64% | 80.90% | 84.04% |
| Total workplaces | 15,572 | 182,437 | 2,446,015 |
| Number of workplaces with | | | |
| <10 employees | 12,966 | 151,493 | 2,078,698 |
| 10 - 49 employees | 1942 | 23,558 | 282,058 |
| 50 – 249 employees | 543 | 6036 | 69,286 |
| >250 employees | 121 | 1350 | 15973 |

Source: ABI 2008

Local Authority Inspection Visits 2008/09

| 2008/09 | Bradford | Yorkshire & the Humber | Great Britain |
|---|----------|------------------------|---------------|
| Number of LA controlled premises | 9749 | 93,549 | 1,040,871 |
| Number of visits | 1953 | 15,099 | 194,790 |
| Visits per 1000 premises | 200 | 161 | 187 |
| Number of improvement notices | 81 | | |
| Number of immediate prohibition notices | 17 | | |

Source: LAE1 returns 2008/09 (based on LAE1 returns from 19 of 21 LAs (91%))

Data Sources

RIDDOR: The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which workplace injuries are reported by employers and others.

Labour Force Survey (LFS): A national survey of over 50,000 households each quarter, giving estimates of self-reported work-related ill health and injuries. For regional and national rates, see main statistics website (www.hse.gov.uk/statistics)

Illustrative Estimates: Estimates have been produced based on regional data for ill health incidence and prevalence, and NOMIS employment data at Local Authority level. They are an **illustrative estimation only**.

Annual Business Inquiry (ABI): An employer survey conducted in December each year, with a sample of around 78,000 businesses.

Estimated costs: The cost estimates are in 2001/02 prices and are based on the best evidence available to us at this time, being pro-rated from the total estimated cost of workplace injuries and ill health per the 'Interim Update of the Cost to Britain of Workplace Accidents and Work-Related Ill Health' (available at: <http://www.hse.gov.uk/statistics/pdf/costs.pdf>). A research project is currently underway to update the HSE estimates of the cost of workplace injuries and work-related ill health and is due to report in 2010. These estimates will include analysis by region.

LAE1: A form completed annually by Local Authorities, on a voluntary basis, providing information about LA visits and enforcement. Asterisks denote missing information due to non-return or incomplete forms.