The Act that changed our working lives

A special edition to mark the 40th anniversary of the Health and Safety at Work Act 1974.

Iris Cepero

In July 1974, this magazine, then called Safety and Rescue, dedicated most of its pages to report the consequences of the explosion that one month earlier had destroyed the Nypro chemical plant in Flixborough. “Why did 28 men die?” shouted the front cover, describing what was then the biggest explosion in Britain since the end of the war.

The magazine stressed its hope that the Flixborough tragedy was “the ultimate lesson necessary to awaken authority into heeding the warning safety expert had given for many years”. Safety and Rescue was right. On 31 July 1974, the Health and Safety at Work etc Act received royal assent. “Work safety: a new era begins”, read one euphoric headline in the September edition.

Four decades later, we can resolutely say that the hopes of the summer of 1974 have not been dashed, a statement backed up by the 19 writers that have contributed to this special edition.

The articles you will read in the next pages are different to one another in tone, in the way they scrutinise the current state of occupational health and safety and in their assessment of the challenges of globalisation. Readers will find in these articles both a celebration of the accomplishments of the past four decades and warnings about the risks of complacency. All the authors agree, however, that the HSWA changed the way this country looked after its workforce and recognise its influence in occupational law and practice far beyond British borders.

The HSWA marked the coming of age of occupational health and safety legislation in the UK. As we join the celebrations of its 40th anniversary, we repeat words similar to those we published 40 years ago: what we all enjoy today is the result of a growing social conscience, but the challenges ahead are big and we will fail to appropriately face them unless we are prepared to back them with our money as well as our minds.
Health and safety has a long and not always noble history. The Health and Safety at Work Act marks only the last 40 years in a 200 year history. From the first legislation in 1802, it has been a rocky road to get to where we are today.

**Health and safety timeline**

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<tr>
<th>Year</th>
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<tr>
<td>1802</td>
<td>Factory Act 1802&lt;br&gt;The UK’s first law to protect the welfare of people at work. Pauper apprentices were prohibited from night work and their labour limited to 12 hours a day.</td>
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<tr>
<td>1831</td>
<td>Factories Act 1831&lt;br&gt;Limited working day to 12 hours for those under 18.</td>
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<td>1833</td>
<td>Factories Act 1833&lt;br&gt;Factories Act 1833&lt;br&gt;Factories Act 1833&lt;br&gt;Made provisions for the enforcement of the law by government-appointed inspectors, known as the HM Factory Inspectorate, whose main duty was protecting children from injury and overwork. Four inspectors were appointed. It also extended a young person’s maximum 12-hour working day to woollen and linen mills.</td>
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Proud but not satisfied

In 2014 we have good cause to celebrate the HSWA. It has saved many thousands of lives, and provided a global template for health and safety.

The Act was the result of diligent work by Lord Alfred Robens, a former chair of the National Coal Board. In May 1970, Barbara Castle, secretary of state for employment and productivity, appointed Robens to chair an enquiry on workplace health and safety. The central recommendation of the resulting Robens Report in June 1972 was that “those who create the risks are best placed to manage it”. This led to the HSWA, taken through the House of Commons by Michael Foot, and the creation of HSE.

At the end of the 1960s, there were 1,000 deaths at work per year in the UK, and half a million injuries; 23m working days were lost through industrial accidents and disease. The annual cost through lost production and resources was estimated at £200m. Something had to change.

Robens reported to the Heath government, but Labour – elected in February 1974 – took the legislation forward. It transformed UK health and safety management. The new model was based on the principle of self-regulation. Its flexible, risk-based and proportionate approach has proved resilient through four decades.

The Act embodied a partnership approach, involving employers, employees and other stakeholders. In 1977, worker representation was established, with trade unions appointing safety representatives. This quickly became an important feature of the system.

Since the Act, the number of fatalities at work has fallen by well over 75%. The ideas in the Act – risk assessment, imposing duties on employers, at the same time encouraging consultation with the workforce – have been enshrined in European legislation and are used around the world. The UK is a world leader in health and safety.

The Act has stood the test of time. Its flexible, non-prescriptive approach has allowed adaptation to a radically-changed economic and social environment. Globalisation and technological changes have made the world of work practically unrecognisable from Robens’ day. The service sector has hugely expanded and there has been an enormous increase in part-time and temporary working. And, in the future, new challenges will have to be addressed. But the Act’s principles remain as relevant today as 40 years ago.

The current government risks undermining the successful framework established by the 1974 Act.

Labour has opposed a number of the changes made since the Löfstedt report. We voted against the removal of employers’ strict liability, which has now been enacted. And we have pointed out that the changes in the current Deregulation Bill intended to reduce the health and safety burden on self-employed people are more likely, in fact, to create new confusion and uncertainty.

The HSWA is a platform to build upon. It is not a burden from the corporatist past to be jettisoned. Safe workplaces are everyone’s right.

1837
Priestley v. Fowler
Established in common law an employer owes a duty of care to employees.

1842
Coal Mines Act 1842
Prohibited women and children from working in underground mines and allowed for the appointment of a coal mines inspector.

1844
Factories Act 1844
Required the safeguarding of mill gearing and prohibited the cleaning of machinery in motion.

1847
Factories Act 1847
Stipulated women and children could work no more than 63 hours a week.

1867
Factory Acts (Extension) Act 1867
All factories with more than 50 employees and other specified industries, such iron and steel mills, subject to existing legislation.
Commitment to the dignity of work requires that work should be safe. Everyone should be able to return home safely to their family after a day’s work. That is good for employees, for employers and for the economy.

As we celebrate this achievement we need to be vigilant, to defend the achievements of the Act and to reflect upon the new challenges we face. A common sense approach to health and safety entails managing risk, not eliminating it. Those best placed to ensure workplaces are safe are the people who work in them. The Health and Safety Executive should be able to identify, on the basis of its own risk assessment, the workplaces it will inspect. Government should commission research to identify priorities for future health and safety policy. More attention needs to be given to activities which account for a disproportionate share of workplace injuries. We need a new focus on occupational health.

Thanks to Alf Robens and the legislation he pioneered many workers have been spared. Now, more must be done to build upon his achievements.

“Safe workplaces are everyone’s right.”

A safety record envied around the world

The HSWA is arguably one of the best pieces of legislation on the statute books, although we know it is often misunderstood and misinterpreted. It has protected millions of British workers and driven sharp reductions in incidents of occupational death, serious injury and ill health.

In 1974, fatalities to employees covered by the legislation in place then stood at 651. The latest figure for 2012/13 was down to 148 for employees and the self employed. The actual reduction is probably more than this, as data for sectors not covered by health and safety law pre-1974 was not collected. In the same time frame, and with the same caveat, non-fatal injuries have dropped by more than 75%. There is still room for improvement clearly, but the change in the last 40 years is quite remarkable.

Before the 1974 Act there was a host

1878

Factory and Workshop Act 1878
Consolidated all previous acts and applied the factory code to all trades. No child under the age of 10 was to be employed and children aged 10–14 years could only be employed for half days. Women were prohibited from working more than 56 hours in a week.

1878

Threshing Machines Act 1878
First legislative steps towards safety in agriculture.

1880

Employers’ Liability Act 1880
Gave workers protection for accidents caused by the negligence of managers.

1891

Factory Act 1891
Made requirements for fencing machinery more stringent.

1895

Quarry inspectorate formed

1897

Workman’s Compensation Act 1897
The Magna Carta of health and safety at work

When the HSWA was adopted on 31 July, I thought I was already an “experienced” chief of the Machinery Bureau at the National Board of Occupational Safety and Health in Finland, and had just returned from the ILO-ISSA-NISO 7th World Congress in Dublin – my first one.

That travelling experience was devastating, literally. Just as the plane from Helsinki arrived in Heathrow, Terminal 1 was set ablaze by car bombs planted by the IRA. Luckily we – inspectors, workers, employers from Finland – were a few minutes late in our landing. We waited for hours on the grass right next to the runway in order to change the plane and make our journey to Dublin. Finally, some six hours later, we arrived in Dublin. But the very hotel we were expected to stay in was bombed by the IRA too and in ruins. Where was health and safety? Luckily we were six hours late.

At that time the authoritative sources for health and safety information were – not HSE, not HSWA – but ILO encyclopaedia 2nd edition, CIS information sheets on machine guarding, the Nordic Machinery Safety Committee, Swedish guidelines, and soon later the enigmatic British Standard 5304 on Safeguarding of Machinery.

Finland had some 150 fatal accidents annually including traffic and the United Kingdom had 651, and if traffic accidents at work in the UK were counted much more, perhaps around 1,500. The Finnish economy was and is roughly 10% of the UK’s. No information existed on fatal occupational diseases at that time, but most likely massively more cases of fatal disease could have been counted than the number of fatal occupational accidents.

I heard at a conference in Vienna in May 2014, and this information is confirmed by HSE website, that there were 148 fatal accidents in the workplace and an estimated 550 work-related road traffic fatalities in the UK in 2013. What is striking is that HSE now estimates there are some 12,000 fatalities caused by work-related diseases and disorders every year. My own estimate made for the ILO was 19,000 fatal work-related diseases in the UK in 2008.

When counting further work-related disorders, such as cardiovascular diseases, the number may be even higher. What is, however, important, is that the loss caused by death, disability and disease is much better recognised, and measures to eliminate and reduce the problems are better prioritised.

The impact of the Act itself has been phenomenal, not just in Great Britain, but globally. It is not a secret that many countries have adopted legislation and measures that closely follow the HSWA. One example is my present home country, Singapore. Although the adoption here had a long latency period the impact is now clearly visible: a rapid trend downwards for accidents and increasing emphasis on health-related issues at work. In my 41 years of international and European work in this field, I can say with confidence that usually the first point of reference is the British experience, the HSE website, British research, British solutions and practices.

The ILO conventions and guides on health and safety have been prepared without exception in line with the British experience and with British experts. The ILO framework conventions – the chemicals convention and major hazard convention – OSH management systems, globally harmonized labelling system, GHS or CLP and the EU framework directive are good examples. HSE experts have been globally recruited as advisers to put these into practice. The chief executives of HSE have enjoyed high international respect, from John Locke and John Rimington to Geoffrey Podger. And the consistent, continuous, professional and intelligent work that HSE staff have done is highly appreciated.

In fact, if there is any internationally recognised and respected body in health and safety today, it is HSE – created by the Act. The reputation of HSE is well known in all countries where health and safety is taken seriously. It is, indeed, on a very different level altogether – as if it were a different body – from that within the UK.

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<th>Year</th>
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<tr>
<td>1911</td>
<td>Coal Mines Act 1911 Required mine owners to make provision for rescuing workers</td>
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<td>1918</td>
<td>Establishment of the British Industrial ‘Safety First’ Association BISFA, which later became RoSPA, was established to tackle workplace safety on a national scale.</td>
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<tr>
<td>1937</td>
<td>Factories Act 1937 Provided a comprehensive code for safety, health and welfare applicable to all factories.</td>
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<tr>
<td>1940</td>
<td>Safety First movement taken into the Ministry of Labour to help with safety in war production.</td>
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A good piece of legislation will grow with time. It can be implemented gradually, more thoroughly and more intelligently once our evidence and knowledge of risks and solutions grow. Exactly this has happened over the 40 years with the HSWA. What may have been tolerated in the 70s cannot be tolerated any more. This Act with a capital “A” has had an impact far beyond the borders of the UK and far beyond the rugby pitch. I’m convinced it will continue to do so.

**Future**

The Act will continue to grow. The job of HSE is not done. The goal posts are moving and the coverage is widening. The criteria for action cannot be based on indicators derived from fairly narrow past compensation criteria. What can we do to eliminate exposures? Can we achieve zero harm? What to do to improve wellbeing through work?

I would hope that in spite of the challenging pressures HSE continues to listen and guard the interest of workers around Britain, and around the world, in the spirit of the HSWA. It is the Magna Carta of health and safety at work. "A good piece of legislation will grow with time."

**Professor Dame Carol Black**

Expert adviser on health and work
Department of Health

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Widening the scope of occupational health

The HSWA is the primary piece of legislation covering occupational health and safety in Great Britain. In 2008 HSC and HSE merged and HSE became the regulatory body responsible with other authorities for enforcing the Act and promoting the cause of better health and safety at work within Great Britain.

However, the duties and responsibilities for safeguarding health and safety at work do not lie with HSE and its partners alone. Many stakeholders have a role in maintaining or improving standards. Employees too are required to take reasonable care of themselves and others. A strategic objective of HSE is to gain widespread commitment and recognition of what real health and safety is about and to motivate all to contribute to improvement.

Responsibilities that are variously described as moral, social and economic come together to promote and safeguard the health and wellbeing of working age people. These go beyond the requirements of legislation but reflect the evolutionary nature of the modern approach of HSE and its partners. Naturally there is the deepest concern to reduce the risk of being killed or seriously injured at the workplace. But here I shall focus on the health of people of working age, whether or not in work, and the duty to safeguard, manage and reduce the risks to health of all working age people. These are not generally matters for punctilious regulation. Rather they are determined by the standards and quality of organisational, management and health professional practice.

Importantly, the purpose and spirit of the Act, and its supportive implementation, are consonant with the Health, Work and Wellbeing strategy, set out in 2005, to improve the health and wellbeing of working age people. This is brought out clearly in statements and guidance prepared by HSE.

An initial and necessary emphasis on reducing the risk of sickness absence or of worklessness has broadened. Today it includes action in the workplace to safeguard and improve the physical and mental health and wellbeing of employees and to promote collaboration between employing and healthcare organisations.

Safeguarding and promoting the health and wellbeing of 30m people, minimising the risk of illness and supporting rehabilitation of those who do become ill or disabled, enabling them to maintain, resume or take up work, are major components of the public health endeavour. This

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**Timelines**

1941
Formation of the Royal Society for the Prevention of Accidents (RoSPA)

1945
Institution of Occupational Safety and Health (IOSH) established

1947
Health, Welfare and Safety in Non-

1949
Edwards v. National Coal Board
Established the concept of “reasonable practicability”. The case established the risk must be balanced against 'sacrifice', whether in money, time or trouble, needed to avert or mitigate the risk. This effectively implied a requirement for risk assessment.

1954
Mines and Quarries Act 1954
Imposed an extensive safety regime, extending to equipment, places, access, egress, processes, specific hazards, methods of working, laid statutory duties on mine managers.
includes a part in addressing the major problems surrounding mental health, supporting people with long-term disorders, enabling them to fulfil their potential in the workplace.

There is compelling evidence about the conditions of work and management that help promote individual health and wellbeing. Conversely, where those conditions have been ignored or neglected the effects are manifested as impaired wellbeing, often with stress as one of its consequences.

The notion that compared with physical health conditions mental health problems are a thing apart, private and hidden, and often stigmatising, has perpetuated their neglect.

For over a decade this has been highlighted in the work and efforts of HSE. The HSE Management Standards approach to risk assessment is designed to help employees and their representatives manage the issue sensibly and minimise the impact of work-related stress on business and on employee wellbeing.

The notion that compared with physical health conditions, mental health problems are a thing apart, private and hidden, and often stigmatising, has perpetuated their neglect. These shifts in perspective have brought a widening appreciation of the scope of occupational health, which is not only about protecting staff from known hazards or supporting those who have declared health problems. Its concerns include safeguarding and promoting the health and wellbeing of all staff. Enlightened employers recognise, support and facilitate this wider view.

Addressing health and safety should not be seen as a regulatory burden: it offers significant opportunities and benefits that can include: reduced costs; reduced risks; lower employee absence and turnover rates; fewer accidents; lessened threat of legal action; improved standing among suppliers and partners; better reputation for corporate responsibility among investors, customers and communities; and increased productivity, because employees are healthier, happier and better motivated.

The foundation of our safety record

The 1974 Act was both revolutionary and reforming. It is a legislative landmark that has stood the test of time. It was built, of course, on Safety and Health at Work, the 1972 report of the Robens Committee.

The need for reform was clear. At the end of the 1960s around 1,000 workers a year died following accidents in Britain’s workplaces. In 2013, with a much bigger workforce, the figure was 148. This dramatic improvement cannot be explained away by the decline in mining and heavy industry and the growth of the service sector. These compositional changes will have had some effect, but the rates of death and injuries in all industries have fallen.

Three key elements explain this dramatic improvement: the creation of a powerful, independent and unified health and safety inspectorate, HSE;
the guiding principle of the Act that “it shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all his employees”; and the involvement of the social partners, employers and unions, in the work of HSE.

Against this great British success story the proverbial visitor from Mars might wonder why health and safety has come in for so much criticism. HSE seems to have been under constant review. When one review does not find the need for radical reform, another one is set up.

Of course, I can understand why there is concern about “elf and safety” and the daft decisions taken in the name of health and safety, but those in the know ought to appreciate the difference. They ought to recognise that HSE led the way in being a proportionate and risk-based regulator and appreciates the importance of “reasonable practicability”.

I am not arguing for a rigid application of the status quo. HSE and the health and safety system face many challenges. The goal-setting simplicity of the HSWA has been complicated by a mass of secondary regulations, many driven by European legislation. Health has been the poor relation in health and safety. The decline in trade union membership and recognition has reduced the beneficial impact that safety representatives can bring. There are continuing concerns about the quality of health and safety advice that some firms receive. As the service sector continues to grow in importance, so does the need for consistency in the local authority enforced sector.

None of these challenges are new but I am confident that the current board of HSE and the executive staff will continue to address them.

So I hope that we can use this 40th anniversary of the HSWA to praise the work of HSE and to praise the work of health and safety professionals. Our record on health and safety is the best in the world and we can build on that to boost our overseas trade.

After chairing the Health and Safety Commission I am now proud to chair the board of trustees of the National Examination Board for Occupational Safety and Health (NEBOSH). Our role is to ensure that there are rigorous standards for health and safety qualifications, to accredit course providers and ensure that examinations are properly run.

Over half of our business now comes from overseas and earlier this year NEBOSH received the prestigious Queen’s Award for Enterprise for Outstanding Achievement in International Trade. That is a great achievement for the staff of NEBOSH, but it is also a mark of the respect that other nations and overseas companies have for Britain’s health and safety system.

The 2012 London Olympics were a showcase for all that’s best in Britain. As well as the sporting successes, the work of the volunteers and the impressive organisation, we should not forget the exemplary safety record in the construction of the Olympic facilities.

The foundation of that safety record was the HSWA. We should be proud of that Act, proud of the improvements of the last 40 years, and keen to continue improving health and safety over the next four decades.

Laura Cameron
Partner
Pinsent Masons LLP

A rare malt

The 1974 Act has aged well. It may lack the national treasure status of a 40 year-old malt whisky, but, like Scotland’s chief export, the quality of the Act is demonstrated both by its longevity and its international renown.

There are very few acts of parliament that have embedded themselves for a generation and stood the test of the modern world with little amendment. UK health and safety law rooted in the 1974 Act has become a standard to which other nations look to for guidance and while, like the “water of life”, it may not be universally appreciated, all but the most churlish will recognise its success.

While we lawyers tend to develop a taste for the complex, the beauty of the Act is in fact the simplicity of its ‘headline’ offences. Health and safety law before 1974 was a patchwork of antiquated piecemeal provisions. Sections 2 and 3 of the Act were a revolution with their overarching
duties, allowing for flexible application to the ever-changing landscape of the workplace.

While we lawyers tend to develop a taste for the complex, the beauty of the Act is in fact the simplicity of its ‘headline’ offences

As a litigator representing those facing prosecution, it is with grudging admiration I concede that the Act evidences its effectiveness by making it extremely difficult to defend charges brought under its provisions. The 95% conviction rate in 2012/13 illustrates how successful prosecutions tend to be. This is in part due to the shift in the burden of proof, where an employer has to prove that everything reasonably practicable was done to ensure safety. Conscientious employers invariably put in place new precautions after an accident, and carry out ‘lessons learned’ exercises. In so doing, they often demonstrate that they were not doing everything reasonably practicable prior to the accident.

This ‘turning the tables’ on the accused person is arguably one of the most controversial aspects of the Act. The imposition of this kind of burden on an accused has been questioned. Setting aside the objections which may be raised in relation to the balance between the position of prosecutor and prosecuted, it is worth considering the role of the Act in furthering the wider objectives of the Health and Safety Executive.

Precisely because prosecutions are so difficult to defend, employers are more proactive in establishing safe systems of work without requiring the wake-up call of an accident. In words which would surely be appreciated by the Act’s esteemed draftsmen, employers may be going to greater lengths to do everything reasonably practicable to avoid risks to health and safety. This carries the risk that endeavours to avoid the beady eye of the Act become more backside-covering than safety-enhancing, however it is surely no bad thing that safety priorities are forcing their way into boardrooms and workplaces across the country.

Perhaps it is the knowledge that “defending” a prosecution may be a struggle which brings prevention into greater focus. One can argue over whether the Act properly balances the rights of the accused. We can disagree on whether it produces a safer workplace or a tick-box culture. Whatever your view, the Act remains substantially as it was in 1974, remains the go-to source of charges for prosecutors and has survived by a flexible approach which asks every employer to consider how best to protect his employees. For that, though reservations may persist, we should raise a generous and mature dram in honour of its 40th. Slainte!

and 28 adults. It was caused by a build-up of water in the accumulated rock and shale, which suddenly started to slide downhill in the form of slurry.

Construction (Working Places) Regulations 1966
Stipulated statutory arrangements for safety on building sites.

1969
Employers’ Liability (Compulsory Insurance) Act 1969
Required all employers to have insurance to cover potential liability to employees.

Asbestos Regulations 1969
Required employers to provide local exhaust and RPE and keep premises clean when working with asbestos.

Employers’ Liability (Defective Equipment) Act 1969
Stipulated that the employer is liable for injury caused by defective equipment unless the fault belonged to a third party manufacturer or supplier.

1972
Committee on Safety and Health at Work (the Robens Committee) report
Proposed the first comprehensive health and safety legislative approach. The report proposed that “those who create the risks are best placed to manage it”
Many people injured at work have successfully brought civil claims for damages. Those claims have ensured that employers’ liability insurers have become another driver for improved standards.

Mr Kinsella was injured while attempting to lift a weight of 145lbs on his own at his employer’s factory. The court said the Factories Act was designed to give protection against excessive weight only and 145lbs was not likely to cause injury to him. The employers were not to blame. He lost his case.

Mr Peat, a man with only one leg, was known to his employers to have a history of back trouble. He was employed to lift lengths of heavy chain. He was told to ask for help should he ever need it. He was never told, however, how to decide when he would actually need help. Unsurprisingly, he hurt his back when lifting a heavy length of chain. His employers were not at fault as he hadn’t asked for help. He too lost his claim for compensation.

Mr Bailey, another man with a bad back, was employed by Rolls-Royce as a paint-sprayer. He injured his back when moving an object which weighed over 190lbs. The employer’s records showed that over the months before the accident he’d strained his back twice and been off work with back problems. The court decided that for the employer to be liable an injury must be ‘more probable than not’. The court concluded that a man with a bad back moving an object which weighed 192lbs did not meet the test. Again the employer was not liable.

In the modern era of manual handling law those injuries almost certainly would not have happened. Safety standards have improved dramatically. Risk assessment would have flagged up the obvious risks of injury. Changes would have been made to working practices to remove the risks.

Sadly HSE has always been under resourced. As a result, prosecutions through the criminal courts for breaches of health and safety law are all too few. With most accidents there is no prospect of HSE enforcing the law through criminal prosecutions. As a result, the drive for better health and safety standards has often come through civil rather than criminal action. Many people injured at work because employers have broken the law have successfully brought civil claims for damages. Those claims have ensured that employers’ liability insurers have become another driver for improved standards.

Insurers have been faced with having to pay out large sums for injuries caused by breaches of the law by the employers they insure. To maintain profits, insurers have been forced actively to encourage better protection for workers and improved safety standards. I have no doubt that without the 1974 Act far more people would today be killed and injured at work. It is a piece of legislation to be rightly proud of – at least it was, until recently.

Section 47 of the HSWA stated that regulations made under the Act (in effect all post-1974 health and safety regulations) carried civil liability for a breach, unless expressly excluded. An amendment to the Enterprise and Regulatory Reform Act reversed that presumption with effect from 1 October 2013, apparently ‘to reduce red tape’. At a stroke, the right to take civil action for breaches of health and safety law was removed and civil action can now only be taken for a breach of duty of care. That is clearly a retrograde step and it sends out totally the wrong message. My fear is that it may lead to more people being killed and injured at work in the future.

Photograph: Ásgeir Þorvaldsson

Chemicals and dust are generally covered but not all aspects of health and wellbeing are always addressed.

and suggested sweeping away the myriad inspectorates and prescriptive regulations in favour of a goal-setting, risk-based approach to health and safety regulation.

1974
Flixborough chemical plant explosion (28 fatalities)
On 1 June 1974 a massive explosion destroyed a large part of the Nypro (UK) Ltd plant at Flixborough, near Scunthorpe, killing 28 people and injuring 36. A chemical pipe ruptured, leaking 400 tonnes of cyclohexane into the fair, forming a huge vapour cloud. On coming into contact with an ignition source, the cloud exploded, completely destroying the plant. Around 1,800 buildings within a mile radius of the site were damaged.

Health and Safety at Work Act 1974
Introduced a new system based on goal-setting regulations, supported by guidance and codes of practice, implementing most of the recommendations of the Robens report. For the first time employers and employees were to be consulted and
The 40th anniversary of the HSWA is, in my opinion, a cause for celebration. Before 1974 approximately 8m employees had no legal safety protection at work. The Act provided us with the legal framework to protect employees, trainees, the self employed, and the public from work activities. The scope of the Act, as we know, places a duty on everyone to comply, be that employers, manufacturers, suppliers, designers, importers of work equipment and so on; it is far reaching – and quite rightly so. These far-reaching aspects have been able to pull the huge levers of change – change for the better.

Since the introduction of the HSWA in 1974, Britain has gone on to achieve massive costs to organisations and the economy overall. These are the reasons we must keep on pushing forward with tireless enthusiasm and relentless pace to improve performance year on year; not just for the benefit of those of us still around today but in tribute to those fallen in the course of work or work-related activities.

The Act’s clarity of purpose and intent is incredibly helpful for the practitioner, organisation and regulator alike, and one of the reasons why it has remained with us for so long.

The Act, far from being outdated, remains as relevant today as it did when it was first introduced; more so one might add.

Why do I say that? The goal-setting dimension, a key component of the Act, remains a major aspect of good health and safety at work; it allows organisations to develop standards that are suitable for them and their risk profile, so in that sense means they can be masters of their own destiny and continually challenge themselves to improve. When you team that with the emerging themes of recent years – health and safety leadership, cultural change, improved competence and employee engagement on health and safety matters – there is a potential blended solution for good health and safety in the workplace, assuming all the dimensions are all applied consistently.

What would I like to see more of moving forward? Personally I think that health has often been viewed the poor relation and I would like to see us all use the Act as one of the tools to promote health (and the even more underrepresented aspect of wellbeing) standards and raise its profile much more than we currently do.

The traditional occupational ill-health issues, i.e. chemicals, noise, dust, vibration etc, are generally covered but as the employment landscape changes we need to change with it and so need to ensure that all aspects of health and wellbeing are addressed. We need to up our game with issues such as mental health, particularly stress; an ageing population, particularly prone to musculoskeletal injury; and obesity, particularly in children – the workforce of tomorrow. This job is not for the faint of heart.

When I think back to my training as I entered the profession one thing that stood out was the simplicity of the Act, not necessarily in the wording – I am sure most ‘newbies’ to the profession would agree – but the simplicity of the intention. The Act gives a clear framework in which to operate, easily identifiable roles, responsibilities and accountabilities and explains the

#### A 40-year-young act

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The Act, as we know, places a duty on everyone to comply, be that employers, employees, trainees, the self employed, manufacturers, suppliers, designers, importers of work equipment and so on; it is far reaching – and quite rightly so. These far-reaching aspects have been able to pull the huge levers of change – change for the better.

Since the introduction of the HSWA in 1974, Britain has gone on to achieve the best health and safety records in the world, but as we all know there is still much to be done: too many workers are killed and injured at work each year and with an estimated 1.8m people suffering from an illness, believed to be caused or made worse by work, there is still much more to be done, especially in the area of health and wellbeing.

It is a sobering reminder for us all that behind these statistics is not only enormous distress and loss for individuals and families but also massive costs to organisations and the economy overall. These are the reasons we must keep on pushing forward with tireless enthusiasm and relentless pace to improve performance year on year; not just for the benefit of those of us still around today but in tribute to those fallen in the course of work or work-related activities.

The Act’s clarity of purpose and intent is incredibly helpful for the practitioner, organisation and regulator alike, and one of the reasons why it has remained with us for so long.

The Act, far from being outdated, remains as relevant today as it did when it was first introduced; more so one might add.

Why do I say that? The goal-setting dimension, a key component of the Act, remains a major aspect of good health and safety at work; it allows organisations to develop standards that are suitable for them and their risk profile, so in that sense means they can be masters of their own destiny and continually challenge themselves to improve. When you team that with the emerging themes of recent years – health and safety leadership, cultural change, improved competence and employee engagement on health and safety matters – there is a potential blended solution for good health and safety in the workplace, assuming all the dimensions are all applied consistently.

What would I like to see more of moving forward? Personally I think that health has often been viewed the poor relation and I would like to see us all use the Act as one of the tools to promote health (and the even more underrepresented aspect of wellbeing) standards and raise its profile much more than we currently do.

The traditional occupational ill-health issues, i.e. chemicals, noise, dust, vibration etc, are generally covered but as the employment landscape changes we need to change with it and so need to ensure that all aspects of health and wellbeing are addressed. We need to up our game with issues such as mental health, particularly stress; an ageing population, particularly prone to musculoskeletal injury; and obesity, particularly in children – the workforce of tomorrow. This job is not for the faint of heart.

When I think back to my training as I entered the profession one thing that stood out was the simplicity of the Act, not necessarily in the wording – I am sure most ‘newbies’ to the profession would agree – but the simplicity of the intention. The Act gives a clear framework in which to operate, easily identifiable roles, responsibilities and accountabilities and explains the

### 1977

Safety Representatives and Safety Committees Regulations 1977
Established the right of a recognised trade union to appoint safety reps from among the workforce.

### 1975

Health and Safety Executive formed
On 1 January 1975 the Health and Safety Executive (HSE), the operating arm of HSC, was formed under the leadership of John Locke. HSE’s remit was to enforce health and safety legislation in all workplaces, except those regulated by local authorities.

First HSC advisory committees
HSC set up the first of a number of tripartite advisory committees with a view to drawing upon the expertise of industry, specialist organisations and workers’ representatives.

### 1979

Golborne Colliery disaster
(10 fatalities)
On 18 March 10 people died and one
implications for those that don’t meet the standard. This clarity of purpose and intent is incredibly helpful for the practitioner, organisation and regulator alike, I think this clarity is one of the reasons why the Act has remained with us for so long. That and its ‘enabling Act’ capability has meant it could move with the times and embrace new ideas, concepts and methods with the ‘reasonably practicable’ test running alongside as an ever-present bedfellow.

So, far from thinking of the Act as being 40 years old, we should think of it being 40 years young; we should celebrate and acknowledge how liberating it was for us and our profession and look to the future and consider how we can use it to promote a new agenda.

Information and the wonders of technology

The Health and Safety etc Act 1974 was novel in many ways – even the title with the word ‘etc’ was unusual.

The implications of the Act were to change the occupational landscape, not only for the United Kingdom, but for many other countries around the world because of the many new and exciting approaches suggested by Lord Robens and his committee.

Personally, the Act’s section 11 (2) (b) and (c) were to have a profound effect on my life forever. The Act stated under section 11 (2)(b) and (c):

“General functions of the Commission and the Executive... It shall be the duty of the Commission to make such arrangements...

“11 (2)(b)... carrying out of research, the publication of the results of research and the provision of training and information in connection with those purposes.

“11 (2)(c)... are provided with an information and advisory service and are kept informed of, and adequately advised on.”

Consequently, in a nutshell, I was employed, starting in January 1977 and, most unusually, from outside of the civil service, to develop the new HSE Information Services (it was never, ever a library).

At this time, the use of information technology was just starting to be a tool for a very few information services in the world and I was very fortunate to have the enthusiasm and backing of John Locke, HSE’s first director general. He wanted to have a modern information service developed that would enable anyone in any UK location or workplace or even worldwide to have public access to the proposed health and safety information and advice that would of necessity be produced – thus the HSE Infoline service was launched as a first step.

At the same time there should be an information service that HSE’s specialist staff – scientists, engineers, inspectors and medical staff – would have access to, to enable them to keep up with worldwide information and developments. Fortunately there were sufficient funds to enable this to happen and the HSE Information Services, which are electronically based, was launched.

The technical developments

In 1977 database softwares were rudimentary and after many discussions we decided to use the Status program, developed at the UK Atomic Energy Research Establishment in Harwell. This in itself was a great adventure in which the information technology specialists manipulated the program so that it was possible to electronically hold records in a prescribed format to...
index documents, articles, reports, standards, legislation, guidance and advice that could be retrieved easily and quickly from any location.

HSELINE, as we called the database service, was so developed and wonderfully is still available, continuously updated and accessible in 2014. www.oshupdate.com is a compilation of 26 worldwide databases on all aspects of occupational health and safety and fire information and currently contains over 1.1m references and full-text documents.

The computer equipment available and the communications were also very rudimentary at this time. The European Space Agency (ESA) located in Frascati, Italy, started to offer space on their mainframe computers to European governments and HSELINE was launched on the ESA service in late 1979 – the first UK government agency or department to make this quantum leap. To dial Italy we used acoustic couplers and jammed the telephone handsets into them to make connections from our own visual display units. In the 1980s ESA also offered a data dissemination service (DDS), which meant that we could send a form of emails to information services in other countries to enable exchanges of OSH information. This was long before the ubiquity of the internet in the mid 1990s.

The opportunities were immense – equipment improved rapidly and so did the technology, including the communication networks. HSE Information Services made use of BT’s Prestel, but sadly it did not prove to be as successful in the UK as hoped, although it was a very useful way of disseminating full text OSH information for a number of years.

The next big adventure was CD-ROMs, which could hold large amounts of data, and with a technologically-advanced business called SilverPlatter we created OSH-ROM – holding HSE’s HSELINE database, the US National Institute for Occupational Safety and Health (NIOSH NIOSHTICS) database, CISDOC (Occupational Safety and Health Database) from the International Labour Organisation and MHIDAS (Occupational Safety and Health Database). OSH-ROM was followed by other services I developed including OSH CD, OSH-OFFSHORE, FIRE CD, SPORTS SAFETY CD and FOOD SAFETY PLUS and now the Internet-based OSHUPDATExFIRE.

Shortly thereafter the use of markup languages – Standard General Markup Language (SGML) and HyperText Markup Language (HTML), which is the standard used to create internet web pages – became available and again it was another major step in using the technology to hold OSH documents and information. During the mid 1990s everyday use of the internet started for some of us. I was then involved in teaching people on how to use this evolving technology to obtain OSH and fire information. This is, in part, the history, but there are a number of challenges in today’s and tomorrow’s OSH information world:

- Teaching students and perhaps lecturers at universities and colleges how to research for validated and authoritative information – some people now believe that information currently computerised and searched for via Google is the only information available in the world
- Learn how to work out a methodology to find the best information sources. N.B. older information still has relevance – i.e. where we have come from and why things get altered and improved
- Keep up with technology and developments
- Don’t give advice unless you know that the information is 100% correct.

Asbestos (Licensing) Regulations 1983
Introduced a system of licensing work with asbestos.

1984
John Rimington appointed director general of HSE

HSE starts to enforce asbestos licensing industry and domestic gas safety

Abbeystead pumping station (16 fatalities)
On 23 May an explosion occurred at a subterranean valve house in the Lune/Wyre Water Transfer Scheme at Abbeystead in Lancashire, which killed 16 and injured 28 as they took part in an evening visit at the site.

Control of Industrial Major Accident Hazard Regulations 1984

1985
Putney domestic gas explosion (eight fatalities)
On 10 January eight residents were killed in a major explosion at a block
Enabling, ground-breaking and simple

I can’t over-emphasise the significance of the HSWA. Pre-HSWA there were lots of acts, covering different types of industries and workplaces, plus some special regimes, for example, for explosives, which were supported by some 500 statutory instruments each giving rigid rules for a particular situation (they specified details such as the size of guards on, separately, sausage-making and tripe-dressing machines).

In England alone, seven inspectorates from five government departments were responsible for enforcement and a single workplace might fall under multiple jurisdictions. So there was a need for improvements – the statute book was indeed messy – and the mood of the times was for change: it was a different world then, with a real industrial base, many workers still employed in traditional heavy industries, and strong trade unions. The enactment of HSWA and the preceding debate and discussion around the Robens report brought health and safety to the fore – it forced employers to pay attention to it and enabled the unions to champion it.

Now, it is so significant that everyone takes it for granted.

The changes it wrought

HSWA was an enabling act, which meant that other health and safety legislation could be brought in under it relatively simply. In legal terms, once any new regulations have been passed – and many have been, and quickly, too, since 1974 – they become part of the Act itself. Before, acts had to be continually and consumingly repealed and replaced.

It was also nothing short of ground breaking in its goal-centred approach which, together with the “as far as is reasonably practicable” (AFARP) provision, led naturally to risk assessment, which was in great contrast to the hugely prescriptive methods which preceded it. This underpinning of the Act by such a common sense requirement has meant the legislation was and is targeted, proportionate and efficient.

In occupational hygiene, the first regulations to adopt this approach were the Lead Regulations 1980, followed quickly by the Asbestos Regulations and then the Control of Substances Hazardous to Health (COSHH) Regulations in 1998.

The third big change was in its simplicity: the streamlining of all the separate inspectorates into one, the new HSE which went on to become world class. At the same time, the Health and Safety Commission was established as the overseeing tripartite body – that is, it included representatives from employers, the unions and the regulator.

A health and safety culture

The AFARP concept is important to sensible risk management and central to the management of health and safety in the UK to this day. It acknowledges that controls should be based on the level of risk, and it provides flexibility for employers to manage risks proportionately.

Incredible progress in the protection of worker health has been made because of HSWA. As an example, before the introduction of COSHH only a few hazardous substances were regulated, and then only in specific situations – so chromium VI, for instance, was covered in electroplating processes under 1931 regulations, but not in any other situations.

Under COSHH, hygienists were expected, for the first time, to consider all the chemicals in a workplace and make a considered assessment of which risks were important. COSHH led to the introduction of Workplace Exposure Limits (WELs) in the UK – previously we no legal force in this country – and there were visible improvements in exposure control in many workplaces.

Nevertheless, smaller companies often feel that the need to consider everything is overwhelming and have argued for clear, specific guidelines applying to their own industries, which is in many ways a step backwards.

Some organisations have also failed to distinguish between hazard and risk and as a consequence have become hopelessly entangled in bureaucracy. Over time, health and safety has polarised to an agenda dominated by

Feature

Steve Perkins
Chief executive
BOHS, The Chartered Society for Worker Health Protection

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985

1986
The Sumburgh disaster (45 fatalities)
On 6 November a helicopter crashed into the sea with a loss of 43 passengers and two crew. The helicopter was on approach to land at Sumburgh Airport Shetland Islands returning workers for the Brent oilfield.

Kings Cross fire (31 fatalities)
On 11 May 56 people died and 256 were injured when a fire broke out in the main stand at Valley Parade, the home of Bradford City football club.

1987
Control of Asbestos at Work Regulations 1987

of luxury flats in Newnham House, Putney, London. Investigation revealed the explosion was caused by gas leaking into the building from a crack in a cast iron pipe.

Fire at Bradford City Football stadium – Valley Parade (six fatalities)
On 11 May 56 people died and 256 were injured when a fire broke out in the main stand at Valley Parade, the home of Bradford City football club.

On 11 May 56 people died and 256 were injured when a fire broke out in the main stand at Valley Parade, the home of Bradford City football club.
safety management and employee wellness. This in itself is not a bad thing but it does mean that everything is dwarfed by this dual focus on medicine and safety.

Perception of risk has become distorted and political and media hysteria about “elf and safety madness” masks many of the real problems. The prevailing culture, then, sadly, is that the striking reduction in annual fatal accidents – to 148 in 2012/13 – and increased levels of workplace safety since the introduction of the HSWA have done nothing to switch the focus onto ill health prevention, yet the 13,000 people who die every year from preventable industrial diseases pass by virtually unremarked. However, arguably, the Act has created the environment in which substantial academic research has unearthed the extent of this occupational disease death toll and that, at least, is a benchmark.

Then versus now and beyond
Since 1974 there has been a slow but sure cultural shift against health and safety, which mistakes what is often lazy implementation, incompetence, consultant creep and a blame culture for poor legislation. The broadly political support that this view seems to have garnered is worrying and must be confronted.

From an occupational hygiene perspective the big challenge remains: to change the emphasis away from safety and onto health. This continuing burden of illness and death caused by industrial disease is not evidence of the failure of the HSWA. If all employers complied fully with existing health hazard regulations, the vast majority could be prevented. Put like this: it’s always difficult to understand why it hasn’t been already.

A longer view
Thinking about the 40 years since the HSWA was passed gives us a great chance to reflect on the past and to use it to look forward, something I’m keen to do as a historian.

Here, though, I’d like to take us back past 1974 and raise a few longer-term issues that have influenced how occupational safety and health has played out over the past 150 years or more. It’s my intention to put the HSWA into a longer context and to use these views to think about the challenges faced in 2014 and beyond.

Some key areas of the occupational safety and health landscape have been debated since the early 19th century, if not earlier. The issue of who has responsibility for workplace health and safety was central: was it the worker on the ground; the employer, who made the decisions that produced the work environment; or even the state, which increasingly tried to play a role in health and safety?

Piper Alpha platform. The majority of the emergency systems, including the sprinklers, failed to operate. Structural collapse of the platform quickly followed, causing many of the workers to jump into the sea. Lord Cullen’s subsequent inquiry made a series of recommendations for the future regulation of the offshore installations based on the safety case regime.

Clapham train crash (35 fatalities)
On 12 December two commuter trains collided and were subsequently hit by a third empty train at Clapham junction, killing 35 people and injuring about 500. The subsequent inquiry concluded the main cause was a

Stipulated that an employer must identify the type of asbestos present and taken steps to mitigate any risks.

1988
Control of Substances Hazardous to Health Regulations 1988

Piper Alpha disaster (167 fatalities)
On the evening of 6 July 167 people died in a series of catastrophic explosions and subsequent fire on the
previous legislation. There was also a logic in simplifying the existing mass of legislation and in bringing together most of the various existing OSH inspectorates as one organisation, though this wasn’t an easy task. Specifying a joint role for employers, unions and regulators was a sea change, though the reliance on self-regulation definitely echoed 19th-century approaches and early 20th-century ideas about encouraging the safety spirit.

While I don’t subscribe to the idea that history repeats itself, many issues still exist in some form 40 years on.

There’s no doubt that these were huge changes in the OSH landscape and introduced – in some respects – a new approach. It had many impacts. It has been related to the growth of the health and safety professional, as the remit of the OSH community was increased. In many respects the state’s role saw a big extension – though whether or not there was an increase in regulatory power has been questioned, with persuasion often still preferred to punishment, as in the 19th century.

Did the general public know or understand that they received additional protection after 1974? It’s debateable. From this point of view, the Act operated behind closed doors until a disaster like the King’s Cross fire happened. At the same time, in the last 20 years or so, there seems to have been increasing public hostility towards health and safety in general. Needless to say, the changes weren’t universally welcomed. They reflected those older debates about responsibility, managerial prerogative and appropriate roles for different parties. For some, including some trade unionists, the Act didn’t go far enough or was even a retrograde step. The mantra of ‘reasonably practicable’ had advantages in being flexible and not prescriptive – but it was also open to interpretation, and one person’s reasonable was another person’s unreasonable. Among other issues raised, the ideas of mutual interest and voluntarism were questioned – a much more conflictual model of industrial relations and OSH still prevailed in some people’s eyes, in which businesses would do the minimum they could get away with, as they had in the 19th century.

Even accounting for structural changes in British employment, it is clear that in many areas rates of death, injury and ill health have decreased. Whether this is directly a result of the HSWA is hard to say – evidence from the early 20th century has taught me that such direct causative links are difficult to establish convincingly. And there have been some upward trends, notably related to ill health: asbestosis and mesothelioma deaths have increased, though these are likely to be a product of historic exposure.

This isn’t a reason to be complacent, as the problems look set to increase for some time to come, and were a result of opportunities missed – or deliberately obscured – in years past. More significantly, stress-related ill health has risen, probably reflecting changing societal views about stress.

Challenges and opportunities

As I see it, many are recognisable from the pre-1974 period, some even from the 19th century. The most fundamental questions are about the right to be involved and who is responsible for OSH. We have moved on from the notion that this is solely a contractual relationship in which employers should have the freedom to dictate the terms, but that ultimately responsibility for OSH lies with employees.

However, the legitimacy of the state’s role as regulator and the precise reach of regulatory agencies such as HSE or the Office for Rail Regulation are still challenged by groups as varied as the media, individual companies and politicians. This isn’t confined to questioning the state’s role and responsibility: trade unions, professional bodies and even worker participation in health and safety have

1989

Electricity at Work Regulations 1989

Noise at Work Regulations 1989

Health and Safety (Enforcing Authority) Regulations 1989

1990

HSE starts to enforce rail safety

1991

HSE starts to enforce offshore safety with the introduction of the safety case regulatory regime

Responsibility for railway safety passed from the Department of Transport to HSE following the Railway Inspectorate receiving heavy criticism for their poor protection of rail passengers and failure to employ modern risk assessment techniques.

For some, including some trade unionists, the Act didn’t go far enough. Photograph: Paul Townsend

Photograph: Gillett’s Crossing

signal failure due to a wiring fault and it laid the blame on British Rail work practices. The company was later fined £250,000.

Construction (Head Protection) Regulations 1989
all been challenged in recent years.

Promoting active managerial involvement and responsibility in OSH is a good thing, but the safety cultures that are created must involve other partners, from worker and union representatives, through professional bodies to campaigning groups and regulators, in a meaningful and constructive way.

This is all reflected in the views of some politicians and members of the public that health and safety is the contemporary bogeyman, preventing them from carrying out day-to-day activities as well as traditional celebrations. Understanding how health and safety has been viewed and whether or not OSH has been seen as legitimate is one thing I’m currently working on, in a project funded by IOSH.

The key challenge here is how best to rebuff notions of illegitimacy and promote a safer and healthier working and living environment in Britain, and beyond, given the globalisation of supply chains. The organisations involved recognise that the answer is promoting the message of proportionate responses to the risks. So perhaps the issue is communicating these ideas, including the public and politicians who have proven unresponsive to the message, that the last thing the existing OSH system needs is further deregulation.

Another challenge is economic. In the current climate of funding cuts it is imperative to protect state and business spending on OSH. The past is littered with examples of short-term cost-cutting by reducing investment, but where this lead to longer-term problems, including additional expense and harm done to people and to business reputations. Rather than reducing budgets for organisations like HSE, I believe that increasing investment would save money in the long run through safer, healthier and happier workforces and the population as a whole. While it might be more compelling in some quarters to make the OSH case on the grounds of economics, we also should not lose sight of the fact that this is more than an economic issue. OSH is inherently worth doing, regardless of the economic benefit(s) – it is the right thing to do, and this angle shouldn’t be ignored.

Health remains a challenge, but one much more difficult to address than safety. Accidents are immediate and more obviously preventable; the long latency of ill health means problems have often only been identified after significant delay, exposing many more people to the sources. Greater scientific research would certainly help. In all areas of OSH, an empowered workforce that is treated with respect and listened to when concerns are raised (rather than, say, blacklisted) would be one key means of saving or improving lives.

The immediate circumstances surrounding the 1974 Act reflected much longer-term debates and trends – and while I don’t really subscribe to the idea that history repeats itself, it is significant that many of these issues still exist in some form 40 years on. The HSWA was a massively significant change to the way in which OSH was regulated and understood in Britain, although not as straightforwardly positive as it might seem.

While the 40th anniversary is a great one-off opportunity for us to assess our present and future, I would make the case for us to consider more frequently what has been tried in the past, whether it has worked, and what we might do differently in the future.

HSE’S Offshore Division was established at the recommendation of Lord Cullen’s inquiry into the Piper Alpha offshore explosion in 1988. The safety case regime forced installation operators or owners to prepare a safety case and submit it to HSE for acceptance.

1992

Major regulatory review completed

HSC was charged with undertaking a review of extant health and safety legislation to check whether it was still relevant and necessary in order to reduce the administrative burdens. The review found widespread support for the framework, but thought much of the law was seen as “too voluminous, complicated and fragmented”.

‘Six pack’ regulations:

Workplace (Health, Safety and Welfare) Regulations 1992
Provision and Use of Work Equipment Regulations 1992
Personal Protective Equipment at Work Regulations 1992
Manual Handling Operations Regulations 1992
Health and Safety (Display Screen Equipment) Regulations 1992
Management of Health and Safety and at Work Regulations 1992

When I was looking for my first real permanent job all I really knew was that I did not want a desk-based job.

In around 1984 I happened to see a recruitment advert for what were known as class II HM inspectors of factories. At the time I thought it peculiar that 10 years after the introduction of the HSWA inspectors were still known as factory inspectors, not health and safety inspectors. However I was soon to find out that the Factory Inspectorate had a long proud history.

There were a number of ‘characters’ in HSE who were not easily convinced that a name change was necessary and indeed the title HM chief inspector of factories did not disappear until 2002.

When I joined HSE later that year it became clear why the term factory inspector was still appropriate. Most of the inspection groups were structured along traditional factory lines including
Aimed to reduce the risk of harm to workers who build, use, maintain and demolish structures, the HSWA placed the responsibility for risks to members of the public at the heart of the regulations. Although implementation of the Act experienced a slow start, it has undoubtedly been a success story. It has clearly contributed to the substantial reductions in fatalities and non-fatal injuries we have seen over the past 40 years and clearly placed the responsibility for assessing and managing risks onto employers. It took many years for the Factory Inspectorate and HSE to bring about both the internal and external structural changes required to deliver the far-reaching potential of HSWA. It wasn’t really until the advent of the European Framework Directive on Safety and Health at Work (89/391 EEC) together with its five ‘daughter directives’ (known as the six pack) that more of an emphasis on risk management and goal-setting was realised.

Although implementation of the Act experienced a slow start, it has undoubtedly been a success story. It has clearly contributed to the substantial reductions in fatalities and non-fatal injuries we have seen over the past 40 years and clearly placed the responsibility for assessing and managing risks onto employers. Government minister Mike Penning confirmed in the House of Commons in January 2014 that the 40th anniversary of the HSWA should be appropriately acknowledged and recognised as the HSWA had made Britain ‘one of the safest places to work in the world’. The HSWA cannot take all the credit however as we have also seen Britain’s economic landscape change with a substantial decline in the more hazardous heavy engineering industries.

Manufacturing industry too has responded to the principles contained within the HSWA. Cultures have changed. The manufacturing industry is cleaner, quieter, safer and healthier; is more technologically advanced and is a much more attractive place to work. The manufacturing sector understands that good health and safety is good business. Investment in health and safety is cost effective and can produce excellent rates of return. Health and safety performance is now a component part of the corporate social responsibility agenda and important for ‘ethical’ investors.

The way in which the HSWA is structured should make it fit for purpose for the next 40 years. The principles continue to be relevant in their application to new and emerging technologies, e.g. nanotechnology. Sometimes, however, the HSWA is applied in situations which were not the original intention of Robens, such as issues of public concern like healthcare deaths. Perhaps HSE’s scope is too wide in terms of its responsibility for risks to members of the public? The problem for HSE is that they are the ‘go to’ body to investigate issues of public concern because of their reputation. These grey areas need clarification by government.

Although the HSWA is cited as a success story for both fatalities and non-fatal injuries, it has arguably been less successful in tackling health-related risk. The framework created by the HSWA should be sufficient to allow for the effective design of strategies that are effective in tackling the work-related health problems. There is room for improvement.

Although implementation of the Act experienced a slow start, it has undoubtedly been a success story.

The UK and HSE health and safety success is influential in other European countries and indeed worldwide. The original HSC tripartite concept, HSE’s reputation with UK business through informal as well as formal consultation, HSE’s enforcement record and approach, the enforcement management model, the significant penalties imposed by the UK courts, HSE’s conviction rate and the reverse burden of proof concept in the HSWA is well appreciated. There is no doubt that the HSE model and expertise could be successively exported to other countries around the world.

13,000 people die every year as result of illness related to their work activities

1993
Frank Davis appointed chair of HSC

Chemicals (Hazard Information and Packaging) Regulations 1993

1994
Construction (Design and Management) Regulations 1994

Aimed to reduce the risk of harm to workers who build, use, maintain and demolish structures. Effective planning and management of construction projects, from design concept onwards, placed at the heart of the regulations.

Control of Substances Hazardous to Health Regulations 1994

1995
Health and Safety Laboratory (HSL) becomes an agency of HSE

Jenny Bacon appointed director general of HSE

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Photograph: HEA/ Loughborough University
No more just bad luck

The Act was a radical shift from a ‘rules for everything’ approach to essentially just one – a deceptively simple, yet profound and far-reaching one: those who create the risks need to manage them.

This inspirational and bold piece of legislation has not only saved countless lives, but importantly, changed how people think about risk. With its inclusive and consultative centre, it marked a new era that would cast off a well-meant, but inadequate past. Future generations were to become active risk managers and not mere recipients of rules and we saw the welcome emergence of a dynamic, forward-looking occupational safety and health profession.

HSWA’s goal-setting, risk-based approach embraced previously excluded worker groups and sought to give employees a voice in their own safety arrangements. Its broad reach protected nearly all workers, covering a further 8m people, and it protected other parts of society too – those who could be harmed by work activities.

For myself, my first memory of a work-related incident was when, as a four-year old, I thought it would be fun to cross a plank spanning a lime pit on a building-site near where we lived and fell in up to my waist. In those days, 20 years before HSWA and 40 years before CDM, this was just considered bad luck and I was doused in cold water and told not to do it again.

It is vital HSWA retains its wide coverage of workers and self employed, avoiding a two-tier system and that ACoPs are retained too. Organisations complying with the new requirements were keen to appoint competent OSH professionals to assist them and to take a management systems approach. This new demand saw IOSH’s membership grow from around 2,000 at the time of the Robens report to 25,000 at the turn of the century. The practitioner’s sphere still tackled the ‘hard’ health and safety issues like machine guarding, but now also ‘soft’ ones like OSH management systems and human and organisational factors. This broadening...
The remit meant more multidisciplinary working and renewed focus on topics such as occupational health, particularly managing musculoskeletal and psychosocial risk, occupational hygiene and ergonomics.

Key parts of ‘professionalising’ OSH practice included IOSH’s creation of a national examination board in OSH, accredited university courses and continuing professional development programmes. A code of conduct was introduced and, in 2003, in recognition of its pre-eminence, IOSH was awarded a royal charter. Today, IOSH has 44,000 members worldwide and Robens’ vision of “an increasingly large and high-level role” for the profession has come to pass.

So, what of tomorrow? The HSWA, with its risk-based approach and flexibility, has stood the test of time and is still protecting our future, covering new risk areas and vulnerable groups. It is vital HSWA retains its wide coverage of workers and self employed, avoiding a two-tier system; and also, that ACOPs, with the assurance they provide industry, are retained too.

Health challenges, new working arrangements and emerging technologies, coupled with globalisation, extended supply chains, climate change and ageing and migrant workforces, mean greater demands for CSR. This may eventually lead to positive directors’ duties and explicit duties around occupational health, competence and CSR reporting. OSH professionals, as horizon-scanners and risk advisers in the widest sense, will have an increasingly important strategic role, adding value and, like HSWA, helping keep organisations ‘out of the lime pit’ and operating at their very best.

Education at the core

In a time of political change in the early 1970s the HSWA finally made its way onto the UK statute books in 1974. The Act was clear in its objectives, which were to ensure the health and safety of people at work and to protect the public against risks caused by those while working. It provided the general principles for the management of health and safety at work and the duties of the employer.

The statistics at the time of the Act tell us that there were 651 workplace fatalities, while the figure now is 148. It has to be remembered of course that the industrial landscape at the time was very different from that we see in the UK in 2014. The number of people employed in high hazard industries, such as mining, shipbuilding and steel has reduced dramatically. Nonetheless the reduction of fatalities is significant and the Act has played a major role in that.

Health and safety in current times has often been forced to justify itself and it is vital that the UK politicians believe in the value of health and safety for the workforce.

One year before the HSWA came into force the UK joined the European Economic Community and this has had a significant impact on workplace health and safety practices. The EU Personal Protective Equipment Directive (PPE) of 1989 was enacted in the UK in 1992 establishing product compliance and performance standards across the European market. The processes established the need to provide personal protective equipment to the workforce and subsequently established the suitability of products against defined hazards.

In 1994 the British Safety Industry Federation was established to assist and support those involved in the industry

Control of Major Accident Hazards Regulations 1999

Set out responsibilities for operators of plants where scheduled hazardous chemicals are used to prevent major accidents and limit the consequences of major accidents to people and the environment.

Bill Callaghan appointed chair of the Health and Safety Commission

2000

Revitalising Health and Safety strategy launched

The strategy marked the start of a 10-year campaign to drive improvements in health and safety across Britain.

Timothy Walker appointed director general of HSE

2002

Potters Bar rail crash (seven fatalities)

On 10 May, a train derailed at high speed at Potters Bar railway station, killing seven and injuring 76. Part of the train ended up wedged between the station platforms and building structures. In 2011 Network Rail was fined £3m.

Personal Protective Equipment Regulations 2002
Control of Substances Hazardous to Health Regulations 2002
Dangerous Substances and Explosive Atmospheres Regulations 2002

2004

Morecambe Bay disaster (21 fatalities)
On the night of 5-6 February 35 cockle pickers, most of whom were Chinese, were cut off by the tide as they worked on the cockle banks on Morecambe Bay. It is thought that 23 of the workers died, although only 21 bodies were recovered.

Strategy for Workplace Health and Safety to 2010 and Beyond launched
The strategy set a new direction for the role of HSC, HSE and local authorities to improve poor safety performance, engender greater worker participation, build closer involvement between stakeholders and HSE and provide clearer information and advice in a more accessible way.

Explosion at ICL Plastic factory, Maryhill, Glasgow (nine fatalities)
On 11 May nine people were killed in an explosion at the ICL Plastics factory in Maryhill, Glasgow. The explosion

The Act was about consensus between employers and workers.

Consensus under threat
If I could sum up what the Health and Safety at Work Act means to me it would be one word: consensus. It was, after all, a piece of legislation drawn up by one government and enacted by another. It was also about consensus between employers and workers. It was, after all, overseen by a body where employer and union interests were a majority. That meant that new regulations could only be endorsed if they had the support of both sides of industry. Also having primary legislation developed through regulations and ACOPs made the Act more responsive and relevant.

Hugh Robertson
Senior policy officer
TUC

Sad much of that has changed. Now board members are chosen through a process that allows politicians to pick who they want, and decisions are made despite the objections of the employers or union representatives. We have seen far more resistance from the government to the very concept of regulation and open hostility to ACOPs. There is also far
more political interference, as we have seen with the recent proposed changes on the self-employed regulations which really have the support of virtually no-one outside the government. As a result, health and safety has become a much more polarised issue.

However this should not detract from the successes of the Act. The number of fatalities has fallen by well over 80% in the past 40 years. A huge success. We have also seen the development of risk assessment and the hierarchy of control as being the norm in many workplaces.

Not all of this is down to the HSWA. If you close down a lot of the most dangerous jobs such as shipbuilding, heavy engineering and mining then it is hardly surprising there has been a big fall, but despite the structural changes to the workforce, it is estimated that around half of the fall is a direct consequence of the safer workplaces that came as a result of the Act and the accompanying improved safety culture.

Europe also has to be credited for some of the success. The 1989 Framework Directive, which brought in the ‘six-pack’ of regulations including the Management Regulations, was a huge step forward. Although much of it was based on the principles of the HSWA, it took it further and provided a practical framework for dealing with many of the most pressing issues, while at the same time provided a minimum standard throughout Europe. The six new regulations, which were rather grudgingly introduced by the government in 1992, have certainly, with the odd exception, stood the passage of time.

I think the one area where the Act has fallen down is in health. The Act was clear: it was about health, safety and welfare. While it has made a massive difference in safety, it has failed miserably to prevent the huge toll of occupational cancers, or the high levels of musculoskeletal disorders and stress-related illnesses. In part that is an enforcement issue, but it is also down to the reluctance of regulators to legislate on issues such as stress, where there is a clear need for simple enforceable regulations, or MSDs where much of the regulation is still stuck in a time-warp before the era of home-working, laptops, smartphones and tablets.

There were moves in the last decade to try to help occupational health catch up with safety with initiatives such as Carol Black report Working for a healthier tomorrow and the HSE Stress Management Standards, but recently we have seen a retreat from this area with politicians, regulators and enforcers concentrating of the more visible high profile ‘accident prevention’ issues and ignoring the huge problems that workers in non-industrial workplaces face.

I strongly believe that we should still be championing the Act, but rather than crow about its successes, let’s also reflect on the fact that near 20,000 people die prematurely every year because of their work and almost two million people are living with a work-related illness. That means we have to realise its potential and bring back the consensus into health and safety. We need politicians who recognise the long-term health effects of work and are prepared to deal with them rather than make stupid statements about the need to get rid of the “health and safety culture”. We need regulation to be seen as providing a level playing field that protects the most vulnerable, rather than a burden on business, and we need unions and employers working together at all levels.

Scotland is different

Four decades ago, I was a young HM inspector of factories, class II, based in the Aberdeen office, covering all of Scotland north of a line from Stonehaven to Fort William; it was a great training location.

Within a year we had been converted to HM inspectors of health and safety, as the changes brought about by the HSWA came into force; our focus shifted from the factory world of fish houses, distilleries, docks, oil rig yards, construction sites, textiles and paper-making to encompass the wonderful world of “new entrants”, such as the health service and education.

It was an exciting time to be an inspector, when there was still a strong base of manufacturing through which the history of the development of health and safety law could be traced, coupled with the challenge of trying to develop new standards in new sectors – and using the new

2005

Buncefield explosion (43 injuries)

On 11 December a series of explosions occurred at the Buncefield oil storage depot in Hemel Hempstead, Hertfordshire. A large area of the site was engulfed by fire, which burned for several days and released large plumes of black smoke into the atmosphere.

Largest health and safety fine

Utility firm Transco was fined £15m after being found guilty of breaching section 3 of the Health and Safety at Work Act after a family of four died when a leaking gas pipe exploded, destroying their house in Larkhall, south Lanarkshire, in 1999.

Geoffrey Podger appointed chief executive of HSE

Hampton review published

Published in March 2005, Reducing administrative burdens – effective inspection and enforcement introduced

stewart campbell

Feature

health and safety executive scotland

former director

Campbell Stewart

former director

Health and Safety Executive Scotland
powers we had been given to issue improvement and prohibition notices. Before I retired six years ago, I returned to two of the premises I visited in my first month as an inspector – a distillery where there had been a bad fire in the ventilation system and a major metal manufacturing plant, which even the more charitable visitor could only have described as a Victorian vision of hell. When I revisited in 2008 they were unrecognisable as the dark and difficult workplaces they had once been. I was heartened by what I saw; both sites were still fulfilling the same function as in 1974, but both doing it in conditions that were very much better than 40 years earlier.

During my five years in Aberdeen I was encouraged in a number of directions which stayed with me throughout my career. I gained an interest in occupational health, through my involvement in the characterisation of “scampi-peelers asthma”; I was sent into court to take prosecutions in my first year, and took a broader interest in legal issues; construction inspection was seen positively, which resulted in a transfer to London and the embryonic construction national industry group (NIG). I expected to be south of the border for three or four years, but ended up staying for 16.

In my first few years in the NIG I was also able to venture across the Channel into the strange world of “Europe”, and later to carry out the first survey and evaluation of the labour inspectorates of the European Community. As a result of this varied experience, I seem to have spent a lot of my time since 1974 explaining to colleagues that “Scotland is different”, although in some respects, particularly in the European context, it is England that is different.

The different approaches, for example, to health and justice, have over the last 20 years and particularly since devolution, led to a growing diversity among the four nations of the UK. The more integrated approach to health at work, which seems to me essential in tackling common health problems, has been a strong feature of the Scottish scene, at least since the development of the Working Backs Scotland campaign, and carried on through the smoking ban and other initiatives, but appears to be under significant pressure in England.

Since 1975 the Scottish approach to prosecution has been a balance between the over-riding authority of Crown Office and the Procurator Fiscal Service and HSE policy and priorities, and this is not well understood south of the border.

Since 1975 the Scottish approach to prosecution under the HSWA has been a delicate balance between the over-riding authority of Crown Office and the Procurator Fiscal Service (COPFS), and HSE policy and priorities, and this is not well understood south of the border. The creation of a specialist unit within COPFS to deal with health and safety cases has also helped raise the priority of such cases within the court system.

In Europe, despite the 25 years or so that have passed since the Framework Directive, the implementation of consistent health and safety standards is still some way off. It is again worth remembering that in a number of important respects the UK and many continental member states are still quite different. One of the clearest examples of this is the strong involvement in occupational health and safety of state accident and ill-health insurance associations, such as the Berufsgenossenschaften in Germany. These associations put substantial extra resources into improving workplace conditions. In my experience, while it is true that the resources of the insurance associations contribute to a substantially enhanced approach to rehabilitation, the advantage of their involvement in setting health and safety standards is less clear.

Another major difference is that in the UK, HSE (and HSENI) concentrate on occupational safety and health, whereas in many continental states the labour inspectorates have a wide-ranging role to control employment standards.

While progress still needs to be made in many important areas, I believe that since the HSWA came into being, health and safety standards in the UK have been transformed, but at times we seem extraordinarily reluctant to represent the UK achievement of the last 40 years positively. The current governmental criticisms of health and safety don’t recognise the strong worldwide reputation of the UK approach to occupational health and safety, and are undermining the success story of the last 40 years.

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**Regulatory Reform (Fire Safety) Order 2005**

Control of Noise at Work Regulations 2005

HSE issues the management standards for work-related stress

**2006**

Transfer of responsibility for railway safety from HSE to the Office of the Rail Regulator

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**Control of Asbestos Regulations 2006**

2007

Judith Hackitt appointed as new chair of HSC following the retirement of Bill Callaghan

Responsibility for the Adventure Licensing Authority passes to HSE

The Corporate Manslaughter and Corporate Homicide Act 2007

Contained provision allowing for
Regulators are moving to areas they shouldn’t

In this 40th anniversary year of the HSWA many will have seen the picture in the national press of a construction worker in Southampton on a high ladder, the base of which was supported on the roof of a van parked on the road. It is a timely reminder that, despite all the efforts to create a health and safety culture in the workplace, too many are still insensitive to the risk of death or injury to themselves and others.

In fairness, one should point out that no one in the Southampton incident was injured and at least one of the potential hazards had been identified and the risk managed. A co-worker was standing on the top of the van supporting the base of the ladder; 40 years ago that might not have been the case.

In being asked to reflect on the anniversary, I am conscious of the seminal lecture given by John Rimington in October 2008: Health & Safety Past, Present and Future. I much enjoyed working with John between 1992 and 1996 as a ‘third party representative’ on the Health and Safety Commission. John was very concerned about the way in which the 1974 Act, introduced as a goal setting and deregulatory measure, was being undermined by new prescriptive regulation. One vivid example was his opposition – and that of the whole Commission – to the private member’s bill seeking to regulate adventure activities in the aftermath of the Lyme Bay canoeing tragedy. Incredibly, the Conservative government at the time ignored the advice of the Commission, choosing to indulge in what it saw as political expediency to address public perception rather than adherence to principle and conviction.

Section 2 of the HSWA imposes a duty on every employer to ‘ensure so far as is reasonably practicable the health, safety and welfare at work of all his employees’. This principle has been steadily eroded through an increasingly strict interpretation of what is reasonably practicable coupled with the burden of proof being on the employer. The same process has accompanied the section 2 requirement that every employer should maintain a statement of general policy with regard to health and safety at work of his employees. This has now evolved into an insistence upon a tick-box culture requiring written risk assessments to identify potential hazards, even where the risks arising are small.

The 1974 Act has been used as a vehicle to develop the principle of non-fault liability for non-compliance into a regime for non-fault compensation. As John Rimington recognised, the HSWA “is a piece of Roman law, i.e. law expressing not mandatory commands as with most Anglo-Saxon law but principles of conduct whose detailed extent and meaning is not at first sight clear”. He rightly states that no parliamentarian who approved the legislation could ever have imagined that it would be used to convict the Metropolitan Police for mistakenly shooting a suspected terrorist. I share John Rimington’s analogy with the development of human rights law, which has given rise to judicial law making on a grand scale. This has caused dismay for all those of us who instinctively believe that the law should be explicit, minimalist and, where necessary, strictly enforced.

The manner in which the European Union has been able to extend the definition of health and safety to cover working time, even when it does not have any impact on health and safety, is a further cautionary tale. Despite cross-party support for a more common-sense approach to working hours for, as example, junior hospital companies to be prosecuted for corporate manslaughter as a result of serious management failures resulting in a gross breach of a duty of care.

Construction (Design and Management) Regulations 2007

The Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)
The EU regulations come into force in the UK and across Europe

2008

HSC/HSE merges to form one organisation
The two bodies took the decision to merge their powers and functions to become a new unitary body.

Pesticides Safety Directorate transfers from DEFRA to HSE

Health and Safety (Offences) Act 2008
Made provisions for offenders who break the law to be subjected to higher fines and longer sentences.

2009

One death is too many report
Baroness Rita Donaghy’s inquiry into the causes of fatalities in the construction industry recommended imposing positive duties on directors and appointing a minister for construction.
Dealing with stress should be subject to the taking of measures which are reasonably practicable based upon information available to or brought to the attention of the employer. So much has been achieved since 1974. The disappointment is, however, that, rather than relaxing now that most of the worst excesses have been resolved and relying upon education to deliver further improvements, the regulators are moving on to new areas which are less serious, more difficult to detect and often impossible to resolve.

**Lawrence Waterman OBE**

Director of health and safety
Battersea Power Station & Olympic Legacy Development Corporation

**Shouting safety but whispering health**

The change in law 40 years ago ushered in a new era of employers taking responsibility with later regulations embedding both worker engagement and risk assessment. This has been successful, driving down accident rates and encouraging the mind-set change of zero harm. When the first tunnel under a river was constructed by Brunel – in the 1820s – in only one incident building the 400m passage six men died; compare that to the global concerns over the eight deaths during Rio’s World Cup construction works against the background of the London 2012 safety record and the Thames Tideway Tunnel commitment to zero fatalities during the construction of the 25km passage. And yet, although it is commonplace to talk about the greater harm caused by occupational diseases than by workplace accidents, health is only slowly coming onto the agenda. About 10 times as many workers have their health damaged and their lives shortened than in accidents. Despite this, as has been said, for too long we have shouted safety but whispered health. Now health is coming into focus, action is being taken and this is changing what we think about workplace health and safety. In some senses it represents a maturing of the impact of that great step forward 40 years ago.

When the London 2012 programme made public commitments to prevent fatalities, to seek to prevent life-changing injuries and then delivered on those commitments, those of us involved shared in the praise, the commendations, the celebration of proving that construction and accidents don’t necessarily go together. Evidence was welcomed that construction projects could employ thousands of workers engaged in difficult work to a tight deadline and complete it for a great public event without hurting people. The message from the health and safety community was: yes we can. Doing so could enhance the programme and make delivery more certain and more cost-effective. With British Safety Council support, the philosophy was extended to training the volunteers who made such a contribution to the games-time atmosphere.

What doesn’t get discussed enough is that the accident-prevention effort was matched by an ill health prevention effort of similar scale: nurses, medics, physiotherapists, ergonomists and, significantly, occupational hygienists helped every construction team wage a war against ill health. Of course the focus was on the workplace health hazards,

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**HSE launches strategy for the health and safety of GB**

HSE’s strategy aimed to develop a ‘renewed momentum to improve health and safety performance’ through engaging everyone in improving health and safety and underscoring the importance of leadership.

**2010**

**Common Sense – Common Safety**

Lord Young’s report, commissioned by the prime minister David Cameron, set out a series of recommendations for improving the way health and safety is applied in Britain and for reviewing the ‘compensation culture’.

**The Notification of Conventional Tower Cranes Regulations 2010**

Required employers to inform HSE about conventional tower cranes installed on construction sites.

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2011

**Launch of the Occupational Safety and Health Consultants Register**

**The Office for Nuclear Regulation (ONR) launched as an agency of HSE**

**Good Health and Safety, Good For Everyone published**

Further government plans to reform the health and safety system outline how HSE and local authorities will reduce their proactive inspections by a third.
reducing exposures to dust, fumes, and contaminants from previous industrial use of the site present in the soil, but the health protection programme naturally extended to address empowering workers to make informed choices about health issues like diet, smoking, exercise and more.

This was the first explicitly holistic programme for good health in an industry that demands a lot from its workforce, but until now hasn’t really looked after it. The aim, as defined by one of its leaders, Karen Baxter, was to create healthy work sites within which healthy workers undertook their tasks while making healthy lifestyle choices. And the great news about this was that independent research proved that good health really is good business, that the programme was an investment, not a cost; that it saved much more than we spent, and contributed to the levels of worker engagement in health and safety – and quality and production – than previously realised.

It isn’t plausible to have such a success without it having long-term consequences for the way in which we see health and safety. In reciprocating the motivation that Dame Carol Black’s work has given, it is fair to say that this integrated approach to occupational health and wellbeing woven into the safety programme inspired her to launch the construction pledge part of the Responsibility Deal, and construction has emerged as a leader in integrated workplace safety, health and wellbeing.

Discussing health with the workforce ceases to have barriers – respiratory protection is of course about controlling airborne contamination, but an understanding of sensitisation can also be generated through discussions of asthma, and many workers have children or know of children with childhood asthma.

Health and safety professionals used to worry that health promotion was a distraction from “real” health and safety, and there is a risk that in some organisations airborne dust is ignored while the finger is pointed at workers to improve their diets. But if a proper, balanced approach is adopted, as is intended at the Battersea Power Station redevelopment and the works on the Thames Tideway Tunnel, then this natural development of the HSWA will finally show that health at work, and not just accident prevention, can be realised.

Workplace-driven contributions to public health and wellbeing will surely go further. The dynamic for greener cities is gathering momentum and workplace health efforts are reaching out into the wider community through design for health, and by access to resources such as well man and well woman clinics for workers and neighbours. If health and safety is seen as a mark of civilised values and a community benefit, despite the current fashion for deregulation, we can look to the next 40 years with confidence.
We should never rest on our laurels

In modern Britain, health and safety in the workplace can often be taken for granted. However, we are sometimes reminded of its importance by tragic events both at home and abroad.

The recent tragedy to befall the miners of Soma in Turkey greatly affected me, particularly having worked on the coal face myself. As a former miner and union leader, I have unfortunately witnessed and dealt with the aftermath of fatalities, but nothing of the magnitude of the Soma catastrophe.

Up and down our own country, industrial communities are haunted by memories of past tragedy; working people losing their lives in one preventable disaster or another. Thankfully most of these lie in the dim and distant past, remembered only by the communities who these disasters touched. Our legislation to protect working people is some of the best in the world. Sadly though, even today, people are injured and even killed at work.

It is testament to the importance of the HSWA that some 40 years later, it still forms the cornerstone of our nation’s safety and health law. There can be no doubt that the introduction of the Act and adherence to it has saved many lives and prevented serious injuries.

It is easy to see why the first director general of HSE, John Locke, described it as “a bold and far-reaching piece of legislation”. The Act provided a means to develop modern legislation to govern safe working practices, seeking the input of employers and employees and outlining their duties to themselves and one another.

Health and safety law is often portrayed as a barrier to productivity by those ideologically opposed to it. Since 2010 the government, through it’s ‘red tape challenge’ has set about weakening legislation. One fatality in the workplace is one too many and the attitude of some who suggest otherwise, those who simply say ‘accidents happen’, is quite frankly appalling.

The statistics continue to paint a quite disturbing picture. The labour and trade union movement cannot afford to allow the issue of safety and health in the workplace to drop from the political agenda. Blunt governmental measures are impacting greatly on safety and health. From a reduction to the HSE budget of 35% before 2015 to the confusing deregulation of self-employed people, working people’s conditions are under attack.

The HSE statistics for 2012/13 are stark. The UK experienced 148 workplace fatalities in 2012/13, a rate of 0.5 fatalities per 100,000 workers, and 78,222 injuries were reported under RIDDOR, a rate of 311.6 per 100,000 workers.

Some 1.1m workers suffered from an illness last year which they believed was associated with their occupation. A staggering 13,000 people die per year as a result of their employment, through work-related disease. Latency periods are involved in the likes of COPD and cancer-related illness, but are undoubtedly a result of past workplace practices and unhealthy and unsafe environments.

Of the 13,000 people who died from industrial disease, 2,291 died of the dreaded mesothelioma. It’s not before time to see the Mesothelioma Act, which provides compensation to certain mesothelioma sufferers, passed by parliament, although in my view major amendments are still required to provide justice for many sufferers.

Many believe these figures are actually masked by unethical employment tactics. While it is widely acknowledged that most employers make safety and health a priority others seek to circumvent good practice in an attempt to maximise production and profits.

Reports from various trade unions also accentuate a growing trend of bullying and harassment of reps who seek to make their workplaces safer and healthier. Individuals have been singled out and identified as trouble makers if they raise genuine concerns. When coupled with the cuts to HSE, it simply exposes a powder keg, a ticking time bomb in the workplace.

While the 1974 Act should be celebrated on reaching the milestone of 40 years, we should never rest on our laurels. There are those who would weaken it, those who would abolish it and those who exploit and flaunt it.

Working people should never leave for work and not return home.

2013

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

Health and Safety (Miscellaneous Repeals, Revocations and Amendments) Regulations 2013

Repealed one act and revoked 12 regulations, including the Construction (Head Protection) Regulations 1989 and the Notification of Conventional Tower Cranes Regulations 2010.

2014

Geoffrey Podger departs HSE

Martin Temple’s triennial review

The chair of the manufacturer’s organisation EEF gives HSE endorsement in this government-commissioned review, but says there is “scope for innovation and change”, including becoming more focused on increasing its commercial income and reviewing its cost recovery scheme.

Nuclear regulation leaves HSE

The Office for Nuclear Regulation is established as an independent public corporation following the Energy Act 2013 becoming law.

Health and Safety (Miscellaneous Repeals and Revocations) Regulations 2014

Repealed two acts, including the Factories Act 1961, and revokes seven related regulations.