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CEC Special Report: 50 Years of the Health and Safety at Work Act 1974

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MAKE WORK BETTER

GMB Congress
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CEC Special Report on 50 Years of the Health and Safety at Work Act 1974

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List of acronyms

AI	Artificial Intelligence
APPG	All Party Parliamentary Group
BEIS	Department for Business, Energy and Industrial Strategy
BSI	British Standards Institution
BSIF	British Safety Industry Federation
CSEW	Crime Survey of England and Wales
DWP	Department for Work and Pension
EEC	European Economic Community
EHO	Environmental Health Officer
EMAS	Employment Medical Advisory Service
EU	European Union
FOM	Faculty of Occupational Medicine

GP	General Practitioner
HSC	Health and Safety Commission
HSE	Health and Safety Executive
ILO	International Labour Organisation
IOSH	Institution of Occupational Safety and Health
LA	Local Authority
NAWIC	National Association of Women in Construction
NHS	National Health Service
OBE	Officer of the Most Excellent Order of the British Empire
OH	Occupational Health
PPE	Personal Protective Equipment
PUWER	Provision and Use of Work Equipment Regulations
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SEQOHS	Safe Effective Quality Occupational Health Service
SFAIRP	So Far As Is Reasonably Practicable
TCA	Trade and Co-Operation Agreement
TUC	Trades Union Congress
US	United States (of America)

1. Summary of policy positions adopted

1.1 As set out in this report, it is an important and longstanding principle that Congress does not seek to bind the hands of our negotiators. Our industrial negotiations will always be in the hands of our members.

1.2 This report commits the union through our policy and political work to campaign for a future Government to:

- Legislate for A Mental Health at Work Act, designed to complement the Health and Safety at Work Act 1974 in making explicit the approach and methods expected of all employers in managing mental health at work.
- Convert the voluntary HSE Stress Management Standards into regulations with legal force;
- Make it explicit that suicide risk is covered by the Health and Safety at Work Act; therefore requiring employers to proactively manage risks, and requiring HSE to investigate work-related suicide risks; and
- Either introduce specific legislation requiring the reporting of all cases of work-related stress, mental ill-health and suicide; or to add work-related stress, mental ill-health and suicide to the list of reportable conditions prescribed under the existing reporting regulations RIDDOR.
- Develop simple reporting measures to allow workers to report cases of mental ill-health directly to HSE, allowing for the true picture to be understood, and action quickly taken where needed.
- Amend the Health and Safety at Work Act 1974, to make it explicit that work-related violence is in scope of the Act;
- Create new regulations to detail the approach and methods expected of all employers in controlling violence risks at work.
- Create new reporting requirements for work-related violence, so that all instances of violence and aggression are recorded, allowing for identification of trends and hotspots.

- Enlarge the scope of Sections 2 and 3 of the Health and Safety Work Act to include discriminatory behaviours from managers, employers and third parties.
- Update the Personal Protective Equipment at Work Regulations 1992 to include specific references to inclusivity on gender grounds.
- Create a tripartite commission – Government, Employers and Trades Unions - specifically to consider the implications of AI and automation on worker health and safety, and to enact any regulations that are recommended by this commission.
- Restore to prominence a fully staffed Employment Medical Advisory Service, which can provide robust and independent occupational health advice and support to the HSE, with a view to the development of a longer term National Occupational Health Service;
- Implement new regulations to create far stronger requirements placed on employers to provide full occupational health services from day one of employment;
- Legislate for statutory recognition of the SEQOHS scheme operated by the Faculty of Occupational Medicine, to set a legal minimum standard for occupational health provision.
- Create binding guidance or regulation to ensure that employers cannot skimp on the provision of health and safety at work when the economy takes a downturn.
- Prevent any deregulation or deterioration of the rights, standards, and occupational health and safety protections for workers.
- Ensure that future trade agreements consider emerging hazards such as artificial intelligence and automation, and seek to minimise divergence from minimum standards set with workers in the room**.**
- Amend either the Health and Safety at Work Act 1974, or the Public Health (Control of Disease) Act 1984, or both, to give both clarity and legal certainty that during public health emergencies, occupational health regulators can apply any necessary provisions in workplace such as may be temporarily enacted by Governments.
- Restore the resources of the Health and Safety Executive and Local Authority Environmental Health Departments to Year 2000 levels, to once again provide these regulators with teeth and a clear mandate for enforcement and inspection.

- Promote the reporting system for trade union members to report health and safety concerns, which should be for any union member to use for reporting, not just Safety Representatives.

2. Introduction

2.1. 31st July 2024 will mark the 50th anniversary of the date that the Health and Safety at Work etc Act[1] received royal assent. This piece of legislation fundamentally changed how workplace health and safety would be managed in the UK, and this anniversary seems an appropriate time to consider how successful the Act has been, and the extent to which change is needed.

What was in place before 1974?

2.2. The first workplace health and safety legislation in the UK was enacted in 1802, through the first Factories Act. The Factories Act passed in 1833 saw the introduction of Health and Safety Inspectors, 4 in total, all men[2]. The first female Health and Safety Inspectors would not be appointed until 1893[3]. In spite of these improvements, work in the 19th Century was still extremely dangerous, with life expectancy short and fatality rates savagely high.

2.3. It should always be remembered for the key part of the reason for the foundation of the GMB - and indeed the wider trade union movement - was the protection of workers' health and safety, because the legislation of the time was still completely inadequate and rarely enforced.

2.4. The 20th century saw a plethora of law enacted, but this was piecemeal and covered specific hazards in specialised industries. Most of the health and safety laws focused on manual labour in heavy and highly dangerous industries[4]. Laws were highly prescriptive, and each sector and law had its own Inspectorate – Factory Inspectorate; Mines and Quarries Inspectorate; Agriculture Safety Inspectors; Explosives Inspectorate; Alkali and Clean Air Inspectorate. Later the Nuclear Installations Inspectorate and Radiochemical Inspectors as these new technologies emerged.

2.5. Non-industrial workplaces such as offices and shops were not covered by health and safety law at all. In 1947, the Gowers Committee

considered the issues in these workplaces, and recommended that legislation was appropriate, covering: cleanliness; sanitary facilities; fire safety systems; lighting, heating, and ventilation; first aid; and safety measures for hazardous substances and machinery.

2.6. Despite repeated demands from MPs, including Labour MP Alfred Robens in 1957[5], legislation was not passed until the Offices, Shops and Railway Premises Act 1963. This eventually extended some level of protection to eight million workers for the first time.

2.7. It wasn't until 1961 that a comprehensive Factories Act was introduced, and even this was soon found to be inadequate.

2.8. The crucial events that created the pressure for a new way of tackling workplace health and safety occurred in the 1960s, primarily the tragedy at Aberfan, when the collapse of a coal slurry tip resulted in the loss of 116 schoolchildren and 28 adults.

2.9. That incident in particular brought sharp focus to the idea that work itself was not just inherently dangerous for workers, but had a wider public safety element that needed to be urgently addressed.

2.10. The response of the Wilson Government was initially to propose further sectoral legislation, though it was quickly realised that this would not go far enough.

2.11. The Wilson Government instead turned to the now Lord Robens, who had been Chair of the National Coal Board at the time of Aberfan, and who led the campaign to turn the Gowers Report in legislation, to lead a commission to consider widely how health and safety might be better regulated.

2.12. His commission featured business leaders, academics, trade unionists[6] and management consultants. Crucially, it was tripartite in nature, and sought to develop a consensus approach in tackling the question set by the government.

2.13. By the time the Robens committee reported in 1972, the Conservatives under Edward Heath were in power. Yet they pledged to legislate, and Robens' recommendations were almost entirely enacted, ultimately by the minority Labour Government in 1974.

2.14. The result was a far-reaching piece of law that has stood the test of time. Few pieces of legislation remain live on the statue book 50 years after they have been passed.

What was different about the Health and Safety at Work Act?

2.15. Robens consulted widely in assembling and analysing the evidence for his report. His committee considered international approaches, seeking to learn and implement the best practice from wherever it was available.

2.16. His report ultimately had three key recommendations, which form the foundation of the Health and Safety at Work Act:

1. Replacing the prescriptive, detailed legal requirements of the previous laws with a generalised duty to reduce risks "as far as reasonably practicable". This set the goal for employers to achieve, but getting there would be determined through consultation with the workforce.

2. Integration of the workforce through Safety Representatives and Safety Committees, formally recognising that health and safety management was a shared interest.

3. Consolidation of the Inspectorates into a single body - the Health and Safety Executive – governed by a tripartite commission – Government, Employers and Trades Unions, with joint sectoral Industry Advisory Committees to consider hazards, standards, and the need for future regulations.

2.17. This created a framework for the development of a range of secondary legislation, which would add detail to the broad requirements of the 1974 Act[7].

2.18. Beginning with the Safety Representatives and Safety Committees Regulations in 1977, a range of secondary law was passed, covering:

Management

- Management of Health and Safety Regulations;
- Workplace (Health , Safety and Welfare) Regulations 1992)
-

Hazards

- Control of Asbestos Regulations;
- Control of Lead at Work Regulations;
- Electricity at Work Regulations;
- Control of Substances Hazardous to Health Regulations;
- Display Screen Equipment Regulations;
- Gas Safety (Installation and Use) Regulations

Protective Equipment

- Personal Protective Equipment at Work Regulations; and

Incident reporting

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

2.19. The combined effect of these regulations was to create a flexible framework, which placed the duty of reduce risk as far as achievable on employers, but provided detail on how to achieve this via the body of regulations.

2.20. It was a revolutionary approach. But was it effective?

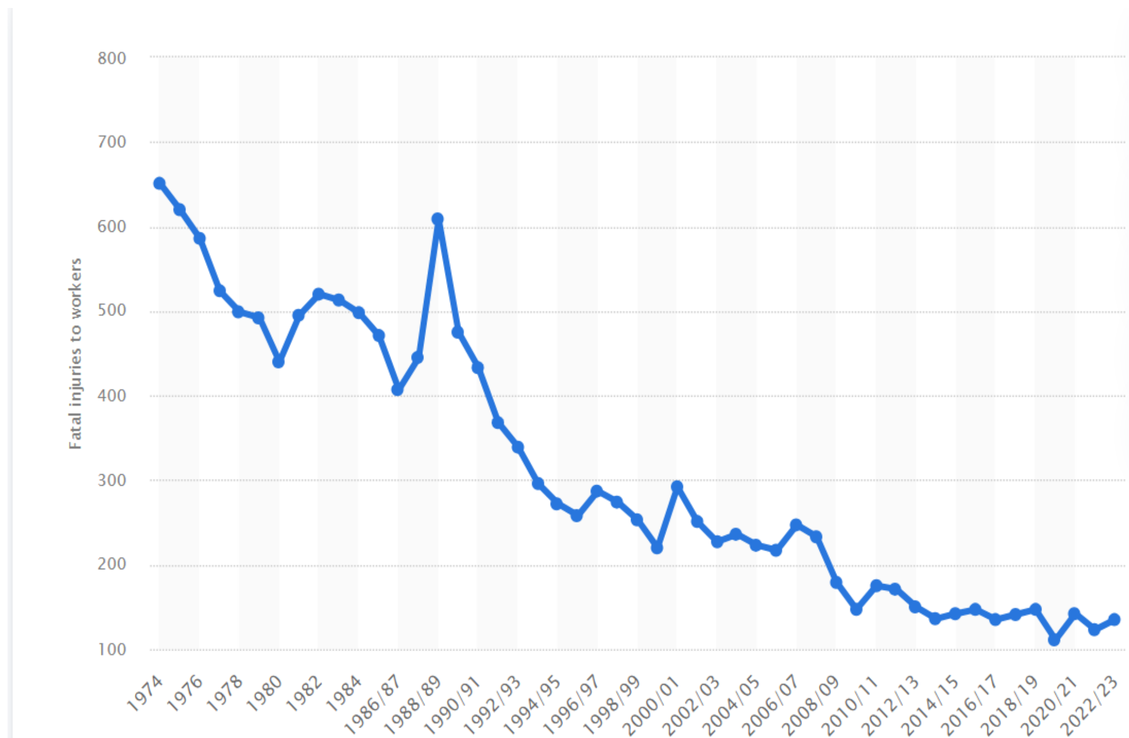
3. Has the Health and Safety at Work Act been effective?

3.1. There are a number of ways by which the effectiveness of the Health and Safety at Work Act can be measured.

3.2. In the most basic terms, workplace fatalities fell by 88% from 1974 to 2019/20, the last year that statistics were unaffected by Covid-19.

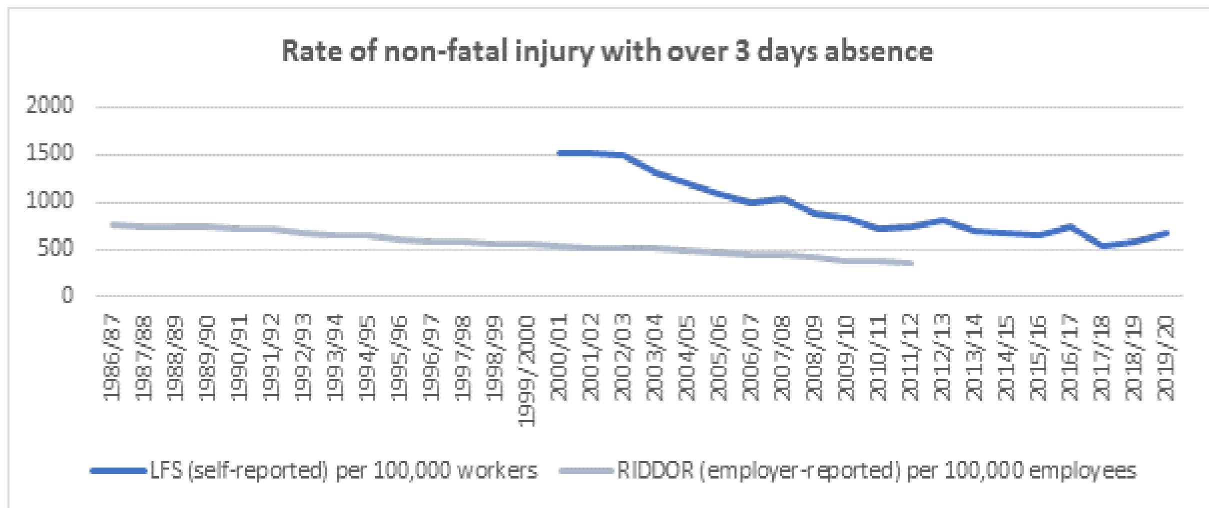
3.3. In 1974, 651 workplace deaths were recorded. In 2020, this figure had fallen to 111.

3.4.



Source: https://www.statista.com/statistics/292272/fatal-injuries-at-work-great-britain-by-employment-y-on-y/ reflecting HSE statistics.

3.5. Reported non-fatal injuries have also fallen dramatically, by more than seventy per cent. These are recorded using two sources – RIDDOR reporting and the UK Labour Force Survey - and both show a consistent downward trend over time.



Source: https://www.historyofosh.org.uk/robens/what-difference-did-robens-make.html#section1-2

3.6. But were these improvements genuine? Or merely the by-product of the shift in the UK economy from manufacturing the 1970s to a service-based economy in the 2020s?

3.7. The late Alan Spence, former HSE Chief Statistician, performed exactly this analysis in a study to mark the 50th anniversary of the publication of the Robens Report in 2022[8].

3.8. Spence concluded that even with the transition from the manufacturing to service economy in the UK, the regulatory framework had a positive impact on reducing workplace deaths.

3.9. Spence also concluded that the reduction in ill-health from 1987 to 2020 was primarily due to the effectiveness of regulation, rather than economic changes to the UK labour force.

3.10. This is not however the whole story.

3.11. Firstly, and most importantly, these are the official figures of people killed at work. They are not by any means the total of people killed and njured by work, from:

- Industrial lung disease,
- heart disease
- asbestos related cancers
- and Work-related suicide

which account for many thousand more deaths every year. Estimates range from a minimum of 20,000 to a maximum of more than 50,000 work-related deaths every year[9].

3.12. These deaths are not on official statistics, and will never be in the official record, simply because most of them occur decades after the initial exposure at work, or the symptoms develop once the victim has retired.

3.13. We should always bear in mind with the true burden of health and safety failings in this country is far greater than the official statistics.

3.14. The nature of hazards has also changed, with the most prevalent injuries these days caused primarily to mental health, and the long tail of industrial diseases that take many decades from exposure for symptoms to occur.

3.15. So the Act has been effective, but the past decade has seen a flatlining of performance with official statistics remaining fairly static. Indeed, cases of industrial ill-health have risen sharply in the past decade, primarily due to the toxic effects of austerity.

3.16. The rest of this report will consider the hazards and areas that the Health and Safety at Work Act now needs to address, and how this can best be achieved.

4. Mental Health

4.1. GMB firmly believes that new legislation is needed on mental health at work. Our long-standing policy has been to call for the announcement of a Mental Health at Work act, which would go much further than the voluntary stress management standards, and place a mandatory legal framework on employers to proactively manage mental health work, and to ensure parity of esteem with physical health.

4.2. The Robens Committee actually explored this very point in the early 1970s. Specific investigations into work-related mental ill-health were undertaken, with a report provided by Dr Andrew Treacher[10], a leading mental health academic. Ultimately, the final Robens Report made no clear recommendations on mental health, and only contained passing references to the subject.

4.3. When the draft Health and Safety at Work Bill was debated in the House of Commons in 1974, Secretary of State Michael Foot was challenged on this point, and his response was unequivocal:

4.4. "We understand that mental distress or affliction arising from work will be as much covered as other items in the Bill." [11]

4.5. Whilst Foot was clear, this did not become widely accepted, and while the Health and Safety at Work act refers only to "health". This has been interpreted as <u>physical health</u> for most of the past 50 years. Had mental health been given parity of esteem, decades of harm might have been prevented.

4.6. Governments from 1974 onwards did not prioritise work-related mental health, meaning there is not a single set of regulations on statute that address mental health at work. As a result, there is absolutely no legal driver for employers to address work-related mental health at all, and no fear whatsoever or sanction or litigation for non-compliance.

4.7. The best effort from HSE has been the development of a voluntary set of Stress Management Standards, but even these are not widely used, though they were developed almost 20 years ago.

4.8. The result has been an explosion in mental ill-health in the UK. Austerity and the general state of the economy mean workers are having to do more work with less resources, and generally earning less compared to the overall cost of living.

4.9. In 2014, it was estimated that 1 in 6 people had experienced a mental ill-health condition.[12] By 2017, Mind estimated that had grown to 1 in 4 people.[13] The collective experience of the Covid-19 pandemic, and the worsening UK economy, mean this figure is likely to be closer to 1 in 3 when the next official statistics are published later in 2024.

4.10. The economic cost of this has been devastating for the UK economy.

4.11. The HSE estimates that the total burden to UK society of occupational ill-health and disease (including all mental ill health) is £20.2BN per year. Ill health cases constitute £13.1 billion and injuries £7.7 billion of these costs, with the majority borne by individuals.[14]

4.12. However, a March 2024 report from the Centre for Mental Health placed the cost of mental ill-health in the UK at a staggering £300BN per year. This is almost twice the annual budget of the entire NHS[15] .

4.13. There is an enormous discrepancy between these two figures. This is because there is no requirement to report case of mental ill-health to any Government regulator. Indeed, HSE guidance is explicit that stress is specifically excluded from reporting requirements:

"Q. Are cases of occupational stress reportable as lost-time injuries?

A. No. *For the purposes of RIDDOR reporting, an accident is considered to be something which causes physical injury. This is because stress-related conditions usually result from a prolonged period of pressure, often from many factors, rather than just one distinct event.[16]"*

4.14. As such, figures are either self-reported to mental health charities; or picked up through GPs, hospitals and Mental Health services.

4.15. GMB believes that even the £300BN is likely to be an underestimate, given the productivity loss caused by presenteeism, where people are in work but not working productively due to their poor mental health.

4.16. And because there is no reporting requirement, and the majority of costs fall on individual workers and the state through the NHS, there is no reason for employers to take preventive measures.

4.17. This gap allows employers feign ignorance about how conditions can be managed and hazards prevented:

- because of the stigma associated with most mental health conditions;
- a perception that mental health is somehow too difficult to be addressed;
- And all too often a belief that these are personal individual matters that the worker alone should resolve or cope with.

4.18. The world of work in the 21st Century therefore actively creates poor mental health by design, especially for young, migrant and low-paid workers (and of course these groups are not mutually exclusive).

4.19. The days of full employment are long gone, replaced by an explosion in the use of Zero Hours Contracts and bogus self-employment, with this 'labour market flexibility' the 'new normal' in many sectors.

4.20. And it badly harms our members' mental health.

4.21. The most extreme manifestation of this is work-related suicide. A worker being driven to take their own life due to work-related factors is the ultimate failure of the employers' due of care, yet work-related suicides are not reportable to the HSE, and any investigation is undertaken by the Coroner.

4.22. It is scandalous that this - possibly the ultimate failure of the employers' duty of care - is not in scope of existing laws.

4.23. Suicide is a reasonably foreseeable risk; in 2022, there were 5642 recorded in England and Wales[17]; 762 in Scotland[18]; and 203 in Northern Ireland[19].

4.24. It is inconceivable that work was not a factor in more than 6500 deaths. Not all of these tragedies would have been work-related, but some undoubtedly were, which means opportunities for intervention and prevention are being missed.

4.25. This is not a new phenomenon. Hazards Magazine identified steep rises in work-related suicide in early 2008. GMB published guidance on mental health in 2012, and specifically on tackling work-related suicide in 2017.

4.26. And whilst UK Government published its 5-Year Strategy for Suicide Prevention in 2023[20], there is no mention of HSE in it whatsoever.

4.27. Professor Sarah Waters from Leeds University, working with Hilda Palmer from the UK Hazards Campaign, performed a systematic analysis of UK suicide cases believed to have a work-related cause. Their report[21], "Work-related suicide: a qualitative analysis of recent cases with recommendations for reform", identifies that there is no proactive legal duty on employers to prevent work-related suicide; and no requirement for provision of 'postvention' care if a suicide occurs at work.

4.28. Waters and Palmer make a number of recommendations for action, including:

- Making suicide reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013; and
- Requiring HSE to investigate all work-related suicides under the Joint Protocol on Work-Related Death.

4.29. GMB believes that work-related suicide risk is an occupational health and safety issue, and therefore believes that as a minimum the next Government should:

- Legislate for A Mental Health at Work Act, designed to complement the Health and Safety at Work Act 1974 in making explicit the approach and methods expected of all employers in managing mental health at work.
- Convert the voluntary HSE Stress Management Standards into regulations with legal force;
- Make it explicit that suicide risk is covered by the Health and Safety at Work Act; therefore requiring employers to proactively manage risks, and requiring HSE to investigate work-related suicide risks; and
- either introduce specific legislation requiring the reporting of all cases of work-related stress, mental ill-health and suicide; or to add work-related stress, mental ill-health and suicide to the list of reportable conditions prescribed under the existing reporting regulations RIDDOR.
- Develop simple reporting measures to allow workers to report cases of mental ill-health directly to HSE, allowing for the true picture to be understood, and action quickly taken where needed.

4.30. The bottom line is that these are <u>occupational</u> health and safety issues, and they should be treated as such by competent specialists. This is not just a societal issue – it is absolutely something that must be addressed in the workplace.

5. Violence:

5.1. Work-related violence, much like mental health, is not explicitly referenced in the Health and safety at Work Act, and there are no explicit health and safety regulations on the management of violence risks.

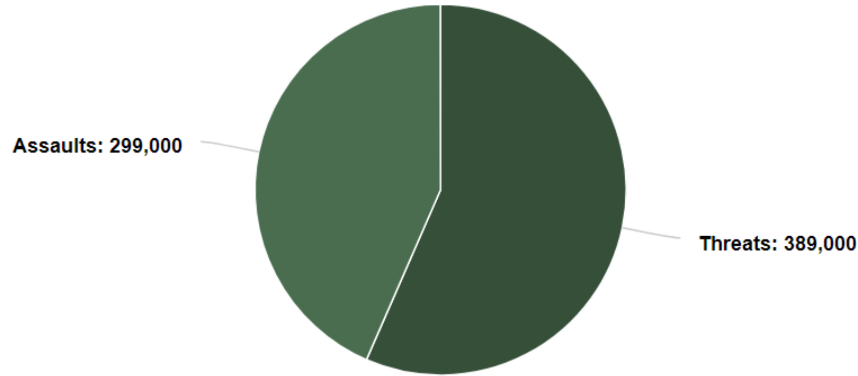
5.2. This is largely because the Robens Committee did not consider violence at all. There are no references to violence in the Robens Report, and it was not mentioned in the Parliamentary debates when the Act when through the Commons and Lords. In 1974, violence was still considered to be a Police matter.

5.3. As a result, most instances of work-violence go unreported. The RIDDOR regulations only require a report to be if a worker requires hospitalization for more than 24 hours, or is unable to perform their normal working duties for more than 7 days. This means that only the most serious incidents are reported, and few of these are investigated.

5.4. Official crime statistics for work-related incidents therefore come from the Crime Survey of England and Wales (CSEW), which is self-reported. Even with these limitations, for the most recent year for which statistics were produced (2019/20)[22], a huge number of incidents were reported.

5.5. There were an estimated 688,000 recorded incidents of work-related violence, reported by 307,000 adult workers. 299,000 of these incidents were assaults.

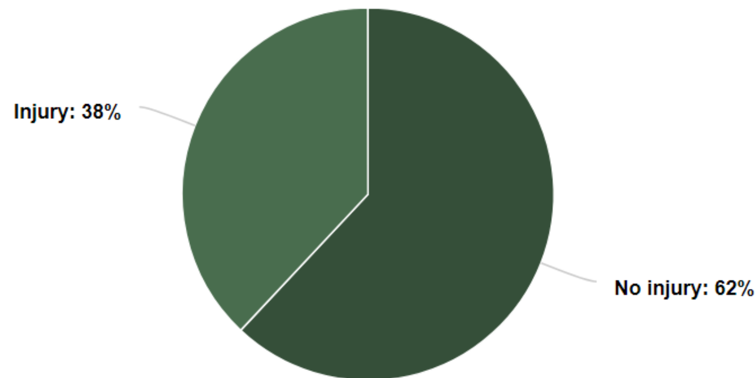
Estimated 688,000 incidents of violence at work



Source: Health and Safety Executive. Figures derived from Crime Survey for England and Wales (CSEW) 2019/20.

5.6. Of these assaults, 38% (113,620) resulted in physical injury:

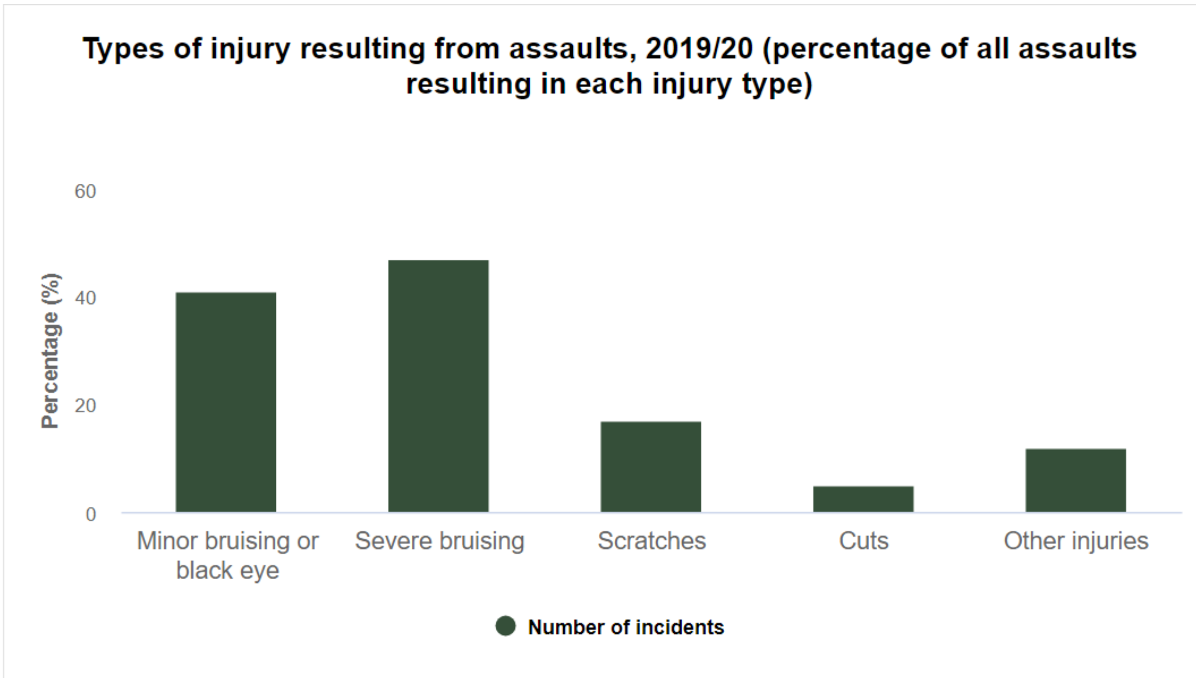
Percentage of assaults on adults of working age in employment resulting in injury, 2019/20



Source: Health and Safety Executive. Figures derived from Crime Survey for England and Wales (CSEW) 2019/20.

5.7. The majority of these injuries are bruising of some type, but more than 10% are classified as:

"puncture/stab wounds, broken bones, nose bleeds, broken nose, broken, lost or chipped teeth, dislocation, concussion or loss of consciousness, internal injuries, facial or head injuries or other injuries".



Source: Health and Safety Executive. Figures derived from Crime Survey for England and Wales (CSEW) 2019/20.

5.8. This would suggest that more than 11,000 serious and major injuries are going unreported and uninvestigated every year.

5.9. And there is strong suspicion that these figures are again a gross underestimate.

5.10. The 2024 British Retail Consortium Crime Survey[23] identified that 476,000 incidents of violence and aggression occurred in the retail in 2022/23. That equate to 1300 incidents every day.

Source: British Retail Consortium, Retail Crime Survey 2024.

5.11. The same survey discovered that only 36% of incidents were reported to the Police.

5.12. A GMB report to Congress 2023 identified that more than 9500 serious assaults had occurred to ambulance members in the period 2017/18 to 2021/22[24]. The report was produced in part because the NHS no longer publishes statistics on violence to workers. The collation of statistics ended when NHS Protect was scrapped in 2017. For the last year that statistics were produced, 2015/16, 70,555 incidents were recorded[25], and it is inconceivable that numbers will have reduced since then, given the demands of the NHS, and the collective experience of the Covid-19 pandemic.

5.13. Whilst there are no explicit statistics on violent incidents in UK schools, exclusions can be used as a proxy. In April 2024, the Office for National Statistics published the most recent figures for the 2022/23 academic year for schools in England[26]. This identified that 1015 pupils had been permanently excluded from school for physically abusing staff; and 34,908 pupils had been excluded for one or more days. Whilst this is a crude estimate, and does not include incidents involving parents or guardians, it serves to illustrate the scale of violence risk in schools.

5.14. So it is clear that the official statistics are an under-representation of the prevalence of violence in the workplace.

5.15. It is all the more remarkable that this should be the case, as the UK Government signed ILO Convention 190 on Harassment and Violence in the Workplace in 2019, and attested that the convention had been brought into force by June 2022[27].

5.16. Article 4(2) (d) of the Convention commits signatories to:

establishing or strengthening enforcement and monitoring mechanisms;

5.17. This would usually require formal reporting systems and legal requirements, under RIDDOR.

5.18. Article 4(2)(h) requires:

ensuring effective means of inspection and investigation of cases of violence and harassment, including through labour inspectorates or other competent bodies.

5.19. 'Labour inspectorates' here would refer to the HSE and Local Authority Environmental Health Departments.

5.20. In theory, violent incidents are reportable, but only if an extremely serious injury occurs. In theory, such an injury can be investigated, but this means that only the tip of an iceberg is being considered. The UK may meet its convention obligations on paper, but in practice it is falling badly short.

5.21. GMB organises in sectors where violence and aggression are daily realities for workers. From the care sector to the gig economy; from retail to hospitals; from schools to security, verbal and physical abuse is daily reality for workers, to the extent that most never consider to report incidents to their employers as it is simply an accepted part of the job.

5.22. This creates a permanent fear culture where the likelihood of being attacked is always a live possibility. This again can only damage mental health.

5.23. For decades we have seen this issue caught between two stools. It's a police issue when there's a serious incident, but when the violence is verbal or harassment, it's too trivial to warrant health and safety action. Because violence is not explicitly covered in legislation, employers have the false belief that they only have to act when a violent incident occurs, and the response in 99% of instances is either to involve the Police, or more likely to do nothing.

5.24. Rather than adopt the occupational health and safety approach recommended by the ILO[28], the UK Government has instead opted to introduce, or commit to introducing, harsher sentencing guidelines when individuals are prosecuted post-incident.

5.25. The Scottish Government passed the Emergency Workers (Scotland) Act in 2005. It took 13 years for equivalent law to be introduced in England and Wales, as the Assaults Against Emergency Workers Act became law in 2018.

5.26. The Scottish Government passed the Protection of Workers (Retail and Age-restricted Goods and Services) (Scotland) Act in 2021, as recently as April 2024, Prime Minister Rishi Sunak pledged to amend the Criminal Justice Bill to include a new offence of assaulting a retail worker[29].

5.27. Whilst GMB supported the introduction of the 2005, 2018 and 2021 Acts, and is not opposed to new provisions regarding retail workers, the reality is that these measures are not preventative, and will do nothing to compel employers to reduce the number of assaults.

5.28. Research performed by Dr Catherine Weeks and Dr Trevor Broughton on the 2018 Act[30] and presented to the Royal College of Psychiatry[31] determined that:

- There is no reason to believe that the implementation of this new legislation has acted as any form of deterrent for violence towards emergency workers:
- Assaults rose 24% in the four weeks to 7th June 2020, compared with the same period in 2019 (coinciding with the COVID-19 pandemic).
- The average custodial sentence handed down is under 3 months.
- The average fine handed down is £181, 21% less than the average fine for Common Assault.
- In 2005 Scotland implemented similar legislation with the aim of "protecting emergency workers from the threat of assault". Despite these efforts, statistics published in October 2020 showed a 6% rise in incidents in Scotland compared to the previous year, with a total rise of 16% over the past decade.

5.29. It is clear that the 2005 and 2018 Acts have not had the desired deterrent effect. Whilst it is too early to see the impact of the 2021 Act, it

is unlikely that the approach to retail workers will be any more impactful.

5.30. So GMB strongly believes that regulations proactively requiring employers to manage violence risks, and to reduce them to the lowest possible level, is likely to be a more effective approach.

5.31. GMB unequivocally refutes the idea that any worker is there to be abused, to be punched, to be attacked. Violence at work is never part of the job; is not an accepted hazard of the work and even in the most challenging circumstances where those receiving care or education are known to have violent tendencies, there are always actions that can improve the situation and reduce risk.

5.32. Employers should not be able to hide behind ignorance of their duty of care, and we firmly believe that new regulations will provide a framework for management for the first time.

5.33. GMB therefore believes that as a minimum the next Government should:

- Amend the Health and Safety at Work Act 1974, to make it explicit that work-related violence is in scope of the Act;
- Create new regulations to detail the approach and methods expected of all employers in controlling violence risks at work.
- Create new reporting requirements for work-related violence, so that all instances of violence and aggression are recorded, allowing for identification of trends and hotspots.

6. Equalities and Discrimination

6.1. The Health and Safety at Work Act 1974 is universal legislation: it applies to all employed workers, everywhere. This does not mean however that its provisions are equally effective to all members of society.

6.2. It's increasingly clear that racism, sexism, homophobia, transphobia, disability discrimination and other forms of inequality are health and safety issues. They damage our members mental health. That in turn impacts on our members physical health.

6.3. That makes these issues health and safety at work hazards.

6.4. In 2022, the TUC published a report titled *"Health, Safety & Racism in the Workplace"*[32], which stems from the experiences of frontline workers during the Covid-19 pandemic. The report discusses the intersection of health, safety, and racism in the workplace, highlighting the disproportionate impact of racism on workers' well-being. It outlines various forms of discrimination faced by global majority workers, including bullying, harassment, and lack of opportunities for advancement. Additionally, the report emphasises the detrimental effects of racism on mental health and overall workplace culture. It calls for action to address systemic racism, improve diversity and inclusion policies, and provide adequate support for affected workers to ensure a safer and healthier work environment for all.

6.5. Remarkably, HSE itself had commissioned research on the same subject almost 20 years earlier. "*Ethnicity, Work Characteristics, Stress and Health*"[33], published by HSE in 2005, was a joint study by researchers from Cardiff University and Queen Mary University of London. It concluded that:
"Tackling racial discrimination at work, by creating an inclusive, supportive and open workplace, would impact on work stress and reduce the potential for psychological damage."

6.6. Yet HSE did nothing. Even today, searching the HSE website for the term ‘racism’ will only find a page dedicated to the various bodies that regulate Police activity[34]. HSE has clear guidance related to disabled workers, older workers and pregnant workers, yet racism as both a concept and a hazard is completely ignored.

6.7. This ‘blind spot’ has potentially resulted in thousands, if not millions, of workers suffering preventable harm. A blog published by STOP Hate UK[35] explains the impact of hate crime and discrimination on mental health. They say that discrimination can severely harm mental health and overall well-being, often leading to trauma, depression, anxiety, and diminished self-esteem. Such experiences can trigger social isolation, financial struggles, decreased confidence, and even thoughts of suicide.

6.8. 2022 research on the experiences of black midwives, nurses and healthcare assistants by Woodhead, Stoll et al[36] identified similar findings. It concluded that:
“The hierarchy and pressurised environment also affected people’s ability and willingness to report and challenge experiences of discrimination, with fears of being labelled a troublemaker, negative effects on career progression, or of upsetting team dynamics (‘rocking the boat’.)”

6.9. This echoed a 2017 US study by Penn State University researchers[37], which revealed that workers facing discrimination are less likely to report injuries and may continue working despite being hurt. The research focused on 89 Latino farm-workers in Texas, where 67 experienced unfair treatment, including being pressured to work despite injuries. Regardless of the specific work environment, if an individual feels discriminated against to the extent that they believe they must comply with unsafe work practices and remain silent about their grievances to retain their employment, it's understandable why many would choose not to disclose their injuries.

6.10. 2015 research by Tucker and Turner from the Universities of Regina and Manitoba, Canada[38], identified that young workers often refrain from discussing safety concerns due to fear of hostility from superiors. Those uncomfortable with raising safety issues have higher injury rates than those who feel comfortable doing so. It highlights the importance of creating an inclusive environment where all workers feel valued and safe to voice their concerns.

6.11. Anti-discrimination efforts are crucial for maintaining a safe and inclusive work environment. The positive legal duty must be enforced to ensure that all employees consider these issues and reduce the risks from these hazards as part of their safety management system. So GMB believes that the scope of Sections 2 and 3 of the Health and Safety Work Act needs to be enlarged to include discriminatory behaviours from managers, employers and third parties.

6.12. Gender-based discrimination, particularly against women, non-binary and trans people, has severe physical and mental effects in the workplace. Despite progress, gender discrimination persists, leading to negative impacts on safety and mental well-being. Research published in March 2024 by Hackett, Hunter & Jackson, a joint team from Kings College London and University College London[39], studied more than 3000 women aged 52 and older over a six-year period. The study concluded that:
"Overall, those who perceived gender discrimination also reported more depressive symptoms, loneliness, and lower quality of life and life satisfaction. Over the six-year period between data collection, they were more likely to report declines in quality of life and life satisfaction, as well as increased loneliness."

6.13. Menopause symptoms in particular can greatly impact working women and trans workers[40]. These symptoms can negatively affect performance, attendance, and relationships with colleagues. 2023 Research from the Chartered Institute of Personnel and Development[41] indicates that two-thirds of working women aged 40-60 with menopause symptoms experience adverse effects at work. While

menopause and perimenopause are not recognized as protected characteristics, employees experiencing symptoms may be protected by discrimination laws related to age, sex, disability, and gender reassignment.

6.14. The Health and Safety at Work Act 1974 mandates employers to ensure the health and safety of employees experiencing menopause symptoms. HSE's policy position was clarified in an article published in IOSH Magazine[42] in 2023:
"There are no specific legal requirements under health and safety law for those experiencing menopausal symptoms; however, we would expect employers to engage with workers and review risk assessments when there is a change, such as the impact of menopause symptoms, that could mean the current risk assessment is no longer valid."

6.15. As well as Menopause, menstruation and conditions such as endometriosis and polycystic ovaries are health and safety issues. It is not good enough for these topics to be kept on the back burner because male health and safety managers are uncomfortable with discussing them and developing relevant policies and procedures. These issues should all be considered when risk assessing or making any changes to work. The vague assurances from HSE are simply inadequate. The certainty provided by regulation is sorely required.

6.16. These issues are exacerbated by poorly-fitting Personal Protective Equipment (PPE). The Personal Protective Equipment at Work Regulations 1992[43] require that all PPE provided must be "suitable". This is defined in Regulation 4(3):

(a)it is appropriate for the risk or risks involved and the conditions at the place where exposure to the risk may occur;

(b)it takes account of ergonomic requirements and the state of health of the person or persons who may wear it;

(c)it is capable of fitting the wearer correctly, if necessary, after adjustments within the range for which it is designed;

6.17. Combined, these requirements simply mean that PPE provided must fit correctly to carry out the job it is designed to do. Yet for many women, non-binary, trans, pregnant or disabled workers, correctly fitting PPE is never provided.

6.18. In March 2024, Labour MP Emma Hardy secured a House of Commons debate on inclusive PPE[44]. Hardy referenced research published by NAWIC Yorkshire in 2023[45], which established that almost 60% of female construction workers have to wear PPE designed for men.

6.19. Hardy explained that the increased risks of ill-fitting PPE include slips, trips and falls; entanglement; a limited range of motion; decreased dexterity from gloves; and impaired vision from safety glasses. This in turn can result in long-term health problems, including plantar fasciitis, Morton's neuroma[46] and tendonitis from poorly-fitting safety boots; and injury from suspension trauma and circulation damage as a result of ill-fitting harnesses.

6.20. Responding for the Government, Minister for Health and Safety Mims Davies could offer little more than platitudes. The only positive announcement was that:
"The British Safety Industry Federation is initiating a project with the British Standards Institution to look at how those industry standards can be better framed to ensure that PPE in particular is designed better and more appealingly for women."

6.21. The BSI had published a White Paper on the subject in 2019[47]. Five years later, the voluntary standards the Minister referenced have yet to appear.

6.22. It is completely wrong for all workers to only be provided with personal protective equipment designed for the average male height and shape. Separate well-designed, well-fitting, fit for purpose protective equipment for all workers is not the norm. It is not standard. It cannot be left to the market.

6.23. GMB therefore believes that the Personal Protective Equipment at Work Regulations 1992 should be updated to include specific references to inclusivity on gender grounds.

7. Automation and Artificial Intelligence

7.1. The world of work has dramatically changed since 1974. New technologies such as the Internet and Artificial Intelligence have emerged, with little regulation to date. Our Special Report to Congress 2022 on The Future of Work[48] identified a number of concerns, but was not focused on health and safety risks.

7.2. Widespread automation has become a reality, as anyone who has ever been forced to use a self-checkout machine will know. This creates opportunities, but also profound risks, and the challenges will be to create a legal framework for workplace health and safety that is fit for the next 50 years.

7.3. The Health and Safety at Work Act was designed to be 'future-proof' to an extent. The principles of the Act apply to all work activity, regardless of technological advances. As the Robens Report put it, *"The safety system must look to future possibilities as well as to past experience".*[49]

7.4. Though it remains the case that work equipment is clearly regulated, primarily through the Provision and Use of Work Equipment Regulations 1998 (PUWER). These regulations require all work equipment to be:

- suitable for the intended use
- safe for use, maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate
- used only by people who have received adequate information, instruction and training
- accompanied by suitable health and safety measures, such as protective devices and controls. These will normally include guarding, emergency stop devices, adequate means of isolation from sources of energy, clearly visible markings and warning devices

7.5. These regulations apply to robots as much as hand tools. So why is there concern over automation, and particularly the use of artificial intelligence, if the existing law has it covered?

7.6. There are two major concerns:

- Automation may eliminate some hazards such as manual handling, but introduce new ones, such as a heavily increased pace of work.
- Reliance on automation and AI creates a false sense of security, which breeds complacency, and may result in catastrophic consequences if management of these hazards is automated.

7.7. Some specific examples include:

7.8. **Pick rates in the retail and logistics sectors being dramatically uprated as Just-in-Time efficiency improves due to automation**. The Manual Handling Operations Regulations 1992 only refers to "*a rate of work imposed by a process*[50]" in Schedule 1 of the Regulations. No limits are specified in terms of the overall rate. This has allowed some employers to impose increasingly punishing rates on the workforce, with no recourse to law to challenge them. The issue here is not the direct automation, but the consequences.

7.9. **The use of mobile apps to direct work activity.** Whilst recent court decisions[51] have helped to clarify the status of app employment, the whole sector remains in a legal grey area in terms of health and safety law. Concerns around pace of work, cumulative working hours, and provision of protective equipment can easily be dismissed on the grounds that workers are self-employed. Because these workers have no fixed workplace, incidents are individualised, meaning opportunities to learn from incidents are often missed. A 2023 US Gig Workers Rising report identified that 31 app workers were murdered whilst working in 2022[52]. Such lessons must be heralded in the UK before incidents become more frequent.

7.10. **The adoption of new technologies without full understanding of the health and safety risks.** The best example of this is the recent spate of fires on electric buses. Three bus fires in the space of two weeks in South London in January 2024[53] led to the recall of more than 1750 buses. A fault with the Hispacold air conditioning system was identified on Alexander Dennis Enviro200 and 400 buses, and whilst no injuries were

reported, these could have been fatal incidents had the fires occurred at peak times.

7.11. **Self-driving vehicles.** Since 2018, at least 29 people have been killed in collisions involving self-driving vehicles in the USA[54]. In spite of this, the UK Government has pressed ahead with their Automated Vehicles Bill[55], which may have received Royal Assent by the time of Congress. Whilst this bill does include provisions for an Inspectorate, it is transport legislation, and does not at time of writing fall into the scope of, or reflect the provisions of, the Health and Safety at Work Act. As such, the precautionary approach required under health and safety law may not be followed, and technology may be widely deployed, especially in the use of self-driving trucks, before risks are fully understood.

7.12. Artificial Intelligence is potentially a greater risk. We already know of some companies offer AI to produce policies, procedures and risk assessments[56]; and predictive technology had advanced to the point where it can identify likely incidents before they occur in workplaces such as warehouses[57]. But these technologies are not proven, and not infallible – and complacency may create enormous risks, if hazards are assumed to be controlled, and unplanned events, such as technological

failure occur. Under human control, the potential for fallibility is inherent, so vigilance is always a present consideration. Passing this responsibility to AI removes the element of conscience altogether. It is no surprise that a key concern identified in a 2024 Wales TUC Report on workers' experience of AI[58] is automation supplanting human judgement.

7.13. In theory, health and safety law does not allow for the wholesale automation of health and safety management. Regulation 7 of The Management of Health and Safety at Work Regulations 1999 places upon the employer the duty to appoint a 'competent' person, who has the necessary skills, experience and knowledge to manage health and safety. Whilst HSE have published their position on the use of AI[59], this only confirms that employers must perform a risk assessment on the use of AI, not that human intelligence must control the health and safety management system.

7.14. Indeed, the UK does not currently have a single regulatory organisation or set of laws controlling the creation, application, or use of artificial intelligence. According to its most current White Paper on its suggested framework for regulating AI, "*A pro-innovation approach to AI regulation*", UK government seeks to put five principles into its approach:

- Safety, security and robustness
- Appropriate transparency and explainability
- Fairness;
- Accountability and governance, and
- Contestability and redress.

7.15. 'Safety' in this context relates primarily to personal/online and medical safety. Worker health and safety is not considered by the White Paper. Indeed, workers are not mentioned at all. The White Paper is explicit that:

"We will not put these principles on a statutory footing initially. New rigid and onerous legislative requirements on businesses could hold back AI

innovation and reduce our ability to respond quickly and in a proportionate way to future technological advances. Instead, the principles will be issued on a non-statutory basis and implemented by existing regulators."

7.16. This essentially means that we are reliant on those regulators to have the ability and resources to adapt to the new risks and challenges posed by AI.

7.17. GMB believes this approach does not reflect the precautionary approach required by health and safety legislation. We need a system that places the appropriate checks and balances on both technology and employers, and allows for innovation whilst safeguarding workers' health and safety. That has to be at the heart of any approach to regulating these emergent technologies.

7.18. As such, GMB calls on the future Government to create a tripartite commission – Government, Employers and Trades Unions - specifically to consider the implications of AI and automation on worker health and safety, and to enact any regulations that are recommended by this commission.

8. Occupational Health

8.1. Employers have a broad obligation under the UK's Health and Safety at Work Act 1974 to safeguard the welfare, safety, and health of their workforce. Employers are required under the Management of Health and Safety at Work Regulations of 1999 to designate qualified individuals to carry out their legal obligations. Employers are not, however, provided with any additional guidelines to assist them in determining their needs for occupational health support.

8.2. This is in large part because the Employment Medical Advisory Service Act was going through Parliament as the Robens Committee was compiling its' report in 1972, and the Robens Report as a result does not specify a role for EMAS directly, as its remit was already being set in separate legislation.

8.3. The Employment Medical Advisory Service was brought under the control of the Health and Safety Commission/Executive under Section 55 of the Health and Safety at Work Act 1974. This defined the functions of EMAS as:

- Securing that the Secretary of State, the Health and Safety Executive and others concerned with the health of employed persons or trainees are informed of and advised about matters relevant to the safeguarding and improvement of the health of employees and trainees;
- Giving employees and trainees relevant information and advice on health; and
- Other purposes of the Secretary of State's functions relating to employment.

8.4. The Robens Committee had envisaged EMAS as a quasi-state national occupational health service, working in conjunction with the NHS. As the report stated:

"The new Employment Medical Advisory Service, when fully operative, will represent a considerable extension of the state's contribution to the promotion of occupational health."[60]

8.5. In reality, EMAS held only an advisory role, which has dwindled substantially over the past 50 years. By 2012, it employed only 2.2 occupational physicians in 2012 (full time equivalents); 20 years previously it employed 60. Now, provision is so minimal that there is no way to directly contact EMAS. Anyone wishing to do so must write to their local HSE Office[61], in the hope that an EMAS official will reply to them.

8.6. It should be noted that this denuding of the Employment Medical Advisory Service has had no democratic consent, and has not appeared in the manifesto of any political party. It is simply the result of decades of underinvestment in the Health and Safety Executive, especially the swingeing budget cuts of the period 2010-2024.

8.7. This vacuum has left employers reliant on private provision of occupational health services, which in turn has created widespread inequalities in access to occupational health provision. Research carried out for the UK Government by Ipsos MORI in 2023 confirmed this directly:
"45% of all workers reported that Occupational Health services were available to them through their current job. 35% reported that they did not have OH access and 20% didn't know if they did".[62]

8.8. The distribution of provision is also badly skewed towards larger employers, who have the resources to either operate in-house occupational health services, or can contract them in. A 2021 research study for UK Government, again conducted by Ipsos MORI, determined that:

1 in 5 employers offered OH services to their employees (21%) and this was more common amongst large (92%) than medium (49%) or small employers (18%)[63]*.*

8.9. As a result, the majority of UK workers are not accessing occupational health services, either because their employers have no provision, or because they do not know how to access services. This leaves workers reliant on the NHS, primarily through GP services. The NHS is not set up to provide occupational health support, and GPs have

limited knowledge of work-related conditions, which makes the current dearth of occupational health physicians a particular concern.

8.10. A 2016 report by the All Party Parliamentary Group on Occupational Health and Safety, '*Occupational medical workforce crisis*: *The need for action to keep the UK workforce healthy'*[64] identified that not only was provision patchy at best, but that the situation would worsen dramatically without government intervention as:

"There is a deepening crisis of capability available in the UK. The occupational physician is the most critically and immediately endangered member of the multidisciplinary team. The age demographic of these trained and experienced professionals is increasing, and retirement exceeds retention, impacting not only access to care but also the capacity to train and supervise new doctors. Urgent measures are required to address the supply issue if the level of capacity of the occupational medicine workforce is to meet the nations' needs."[65]

8.11. The report made five recommendations[66]:

- Health Education England, and the equivalent bodies in the devolved administrations, must fund a model that meets the requirement for occupational medicine training posts to meet the level of demand now and in the future
- Government and insurers should explore how to best incentivise employers to provide workers with access to multi-disciplinary occupational health services
- Employers of occupational medicine specialists within the NHS and private sector should have incentives in place to retain existing occupational medicine professionals as they consider retirement
- The NHS in each of the nations within the UK must ensure that occupational medicine physician posts are part of safe, effective, quality assured multi-disciplinary occupational health teams
- The GMC and the Royal Colleges must ensure that occupational medicine forms part of the core curricula - so that all medical undergraduates and doctors in postgraduate training understand the importance of work as a clinical outcome

8.12. The UK Government took three years to respond, in the form of research to inform a consultation exercise. The interim research report, "*Understanding Private Providers of Occupational Health Services*", determined that:

44% of Occupational Health providers had roles they were unable to fill. Most commonly, the unfilled roles were OH nurses or OH doctors. Providers felt that the main reason they were not able to fill these roles was a lack of clear routes into the sector in recent years, meaning the number of medical professionals with OH experience was decreasing.

8.13. The Government's consultation exercise, '*Health is Everyone's Business'*, was launched in July 2019. Due to the Covid-19 pandemic, the Government did not publish its' response until July 2021[67]. Even then, the proposals on occupational health provision only amounted to increasing subsidy levels for employers to contract private occupational health services. No consideration was given to addressing the capacity issues identified by the 2016 APPG Report beyond 'stakeholder engagement"; and restoration of EMAS, or the introduction of a National Occupational Health Service, were not considered at all.

8.14. A further update consultation paper, "*Occupational Health: Working Better*" was published in July 2023. This contained proposals for a voluntary set of standards and accreditation governing occupational health support, rather than placing legal requirements on employers for provision.

8.15. GMB believes that this will do nothing to address the huge shortfall in provision. It also missed the opportunity to regulate the quality of provision of occupational health services.

8.16. At present, there is no regulatory body that directly oversees standards for occupational health services. The Faculty of Occupational Medicine[68] (FOM) operates the Safe, Effective, Quality Occupational Health Services (SEQOHS) scheme, and GMB National Health and Safety Officer Lynsey Mann sits on the FOM Board that sets these standards[69].

SEQOHS accreditation is not legally mandated however, meaning the quality of provision from an occupational health service is not assured.

8.17. GMB therefore calls upon the next Government to:

- Restore to prominence a fully staffed Employment Medical Advisory Service, which can provide robust and independent occupational health advice and support to the HSE, with a view to the development of a longer term National Occupational Health Service;
- Implement new regulations to create far stronger requirements placed on employers to provide full occupational health services from day one of employment; and
- Legislating for statutory recognition of the SEQOHS scheme operated by the Faculty of Occupational Medicine, to set a legal minimum standard for occupational health provision.

9. Challenges to the Legal Framework: Brexit, Covid and Austerity

"One of the coalition's new year resolutions is this: kill off the health and safety culture for good. I want 2012 to go down in history not just as Olympics year or diamond jubilee year, but the year we banished a lot of this pointless time-wasting from the economy and British life once and for all."

Prime Minister David Cameron, London Evening Standard, 5th January 2012

9.1. Speaking to the British Safety Council's Safety Management Magazine to celebrate the 40th anniversary of the Health and Safety at Work Act in 2014, former HSC Chair Sir Bill Callaghan described the Act as: *"A legislative landmark that has stood the test of time."*[70] Whilst this may be true of the act itself, the legal and policy framework that surrounds health and safety legislation has radically altered over the past 15 years. Three particular 'system shocks' – Austerity, Brexit and the Covid-19 pandemic – have profoundly affected the implementation of health and safety law, to the detriment of workers in almost every case.

9.2. The decision of the then UK Coalition government to enact a programme of austerity measures on taking power in 2010 had a seismic impact on the field of occupational health and safety. Then Prime Minister made repeated and unprecedented attacks on 'the health and safety culture'[71], and the Health and Safety Executive was subjected to both budget cuts and external reviews of their purpose and effectiveness (see the following chapter for further details).

9.3. This only served to undermine the standing of health and safety as a societal good, positioning it as a burden on business, rather than essential worker protection. It was neatly satirised by Daniel Craig's James Bond in the 2012 film Skyfall, when Bond leaps into the driver's carriage of a London Underground train and announces himself as "Health and Safety" – a deliberate play against type of the risk averse, clipboard holding and hard-hat wearing 'jobsworth'.

9.4. Cameron's comments had made it acceptable to no longer take health and safety seriously. This had real world impacts. As the UK economy, already badly shaken by the 2008 worldwide economic crash, began to contract, employer had a reason not to invest in new equipment; replace worn parts; cut back on maintenance; and skimp on protective equipment. Health and safety was no longer a prime consideration for many employers, and crucially, health and safety law itself allowed this to happen.

9.5. The very first active clause in the Health and Safety at Work Act 1974 says:
"It shall be the duty of every employer to ensure, <u>so far as is reasonably practicable,</u> the health, safety and welfare at work of all his employees."

9.6. "So far as is reasonably practicable" (SFAIRP) essentially means that the employer must do as much as they can with the resources they have available to mitigate risks to the lowest level achievable. It brought into statute law the decision in the case of Edwards v National Coal Board 1949, which determined that:

"Reasonably practicable is a narrower term than 'physically possible' and implies that a computation must be made… in which the quantum of risk is placed in one scale and the sacrifice involved in the measures necessary for averting the risk (whether in time, trouble or money) is placed in the other and that, if it be shown that there is a great disproportion between them – the risk being insignificant in relation to the sacrifice – the person upon whom the obligation is imposed discharges the onus which is upon him."[72]

9.7. This provision, when combined with the overarching view from a Prime Minister that health and safety was nothing more than a 'burden', effectively gave a green light to negligent employers to reduce protection levels and withdraw occupational health provisions, on the grounds that the money was no longer available. As the chapter of this report on occupational health shows, workers have paid for this with their health; their safety has been compromised; and the state has been left to pay the bill through the NHS.

9.8. This was evidenced by fatal accidents statistics in the UK. After years of falling, then plateauing fatal accident levels, the number of workplace fatalities rose on 2016/17, and again in 2017/8. Lawrence Waterman OBE, who had successfully led the health and safety management of the 2012 Olympic Games construction programme, where no worker was killed, identified austerity as a key reason for this rise:

This increase in workplace deaths may be the first sign of the effect of years of budget austerity, although the government cuts to health and safety investment have been taking a while to impact on workers... In every aspect of life, you tend to get what you pay for and our government is paying less money and less attention to workplace safety year on year.[73]

9.9. Too many employers have spent the past 14 years hiding behind "reasonable practicability" as a justification to reduce their health and safety provisions to cut costs. And whilst the fear of enforcement action and prosecution has historically been a powerful driver to not let standards slip, the reduced likelihood of being inspected, as the next chapter of this report shows, means the deterrent effect no longer exists.

9.10. GMB accepts that SFAIRP is a legal principle enshrined in UK law for 50 years, and one that has withstood legal challenge from the European Union.[74] We do not seek to see the concept removed from statute. The experience of GMB members over the past 14 years does however strongly indicate that binding guidance or regulation is required to ensure that employers cannot skimp on the provision of health and safety at work when the economy takes a downturn.

9.11. The status of health and safety law was further damaged by the decision to leave the European Union, as the result of the 2016 referendum. This report is not concerned with the political outcomes of that decision, but rather the precarious legal position that much of the body of UK health and safety law has been left in.

9.12. The United Kingdom joined the then European Economic Community in 1973, a decision upheld by a 1975 referendum. This bound the UK to enact all directives and regulations passed by the European Parliament and European Council. Directives operated in similar fashion to the Health and Safety At Work Act, in that they outlined the objectives to be achieved, but left it to the individual member state on how to legislative to achieve the outcome. EU regulations by contrast had to be implemented identically across the whole of the European Union.

9.13. In June 1989, the European Framework Directive on Occupational Safety and Health (EEC/391/1989) came into legal force. This required all members to introduce legislation to bring its requirement into force by 31st December 1992. This in turn resulted in the passing of the 'six pack' of health and safety regulations in 1992:

- Health and Safety (Display Screen Equipment) Regulations 1992
- Manual Handling Operations Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Management of Health and Safety at Work Regulations 1999

9.14. Every major piece of health and safety legislation passed in the UK from 1992 until 11pm on 31 January 2020 was made under European law. This meant that the UK could not reduce standards or weaken its laws without challenge and potential sanction from the EU. That is no longer the case.

9.15. Since 1st February 2020, it has been the Secretary of State for Work and Pensions who has had ultimate jurisdiction over whether or not health and safety regulations are required. Whilst the Health and Safety

at Work Act would require a fully debated parliamentary act to be repealed, regulations can be removed far more easily. Indeed, one prominently cited 'Brexit Benefit' was the ability to remove law from the statute book without fear of reprisal from the EU.

9.16. Indeed, the Conservative UK Government wasted little time in laying its Retained EU Law (Revocation and Reform) Bill 2023, which intended to remove large swathes of law, including health and safety provisions, from the body of UK law, through 'sunsetting clauses' that would see the law automatically expire at the end of 2023. Whilst the Bill received royal assent and passed into law in June 2023, the majority of the health and safety regulations were not ultimately included, due to a combination of parliamentary debate and public opinion forcing the Government to drop the sunsetting approach. Critical in this was the trade agreement struck between the UK and the EU, the 2021 Trade and Co-Operation Agreement (TCA). Chapter 6 of the TCA concerns social protections, with Article 387 stating that:
"A Party shall not weaken or reduce, in a manner affecting trade or investment between the Parties, its labour and social levels of protection below the levels in place at the end of the transition period, including by failing to effectively enforce its law and standards."[75]

9.17. 38 health and safety regulations were removed, but these were largely redundant pieces of law that had been either superseded or were life-expired[76].

9.18. This whole experience should be considered a severe 'near-miss', which highlighted how vulnerable health and safety regulations now potentially are. The potential also remains for the UK to diverge from EU and international standards over time, weakening UK standards whilst other nations strengthen, and creating genuine trade barriers and business burdens. [77]

9.19. Whilst this report does not call for the UK to rejoin the EU, GMB is clear that a higher level of statutory safeguarding is needed to prevent a

future government with a sizable majority simply arbitrarily repealing large swathes of crucial regulation.

9.20. The next UK Government should therefore legislate to:

- Prevent any deregulation or deterioration of the rights, standards, and occupational health and safety protections for workers.
- Ensure that future trade agreements consider emerging hazards such as artificial intelligence and automation, and seek to minimise divergence from minimum standards set with workers in the room**.**

9.21. Whilst the UK Government was seeking to disentangle itself from the European Union, the whole world was experiencing the Covid-19 pandemic.

9.22. The pandemic brought the two previous issues together, as the effects of austerity left the UK woefully underprepared to mobilise protective measures, particular in the supply of protective equipment; and the Government's focus on Brexit negotiations meant that resources, attention and political capital were not solely directed on tackling Covid.

9.23. Nowhere was this more apparent than on the enforcement of workplace Covid safety standards. At time of writing, the UK Covid-19 Inquiry and Scottish Covid-19 are hearing evidence, so this report will not make detailed comment, so as not to prejudice either Inquiry.

9.24. There is one area however that neither Inquiry seems likely to investigate, which GMB believes must be addressed in future pandemic/crisis emergency response. We need clarity on the relationship between workplace health & safety and public health. Covid highlighted the inability of government to property regulate workplaces at a time of public health crisis. The Coronavirus Act was not health and safety legislation, and Coronavirus regulations were made under public health law[78], which meant they were not enforceable by either the HSE or Local Authority Environmental Health.

9.25. Responsibility for enforcing social distancing was instead placed with the Police[79], who had no experience of regulating workplaces aside from investigating fatal accidents. This left HSE without a clear role or remit for providing guidance and support to workplaces, because Covid-19 was narrowly conceived as a public health issues.

9.26. Indeed, when government guidance was produced , it came not from HSE, but from the then Department for Business, Energy and Industrial Strategy (BEIS)[80]. It is not clear why or how the business department was deemed to be competent to produce such guidance. GMB was critical of this approach at the time[81], and nothing has changed more than 4 years later.

9.27. The lessons learned from the handling of the Covid pandemic will be determined and discussed when the two Inquiries report. What is critical for future pandemics is thar the workplace regulators can set and enforce whatever temporary law is required. GMB therefore recommends that amendments are made to either the Health and Safety at Work Act 1974, or the Public Health (Control of Disease) Act 1984, or both, to give both clarity and legal certainty that during public health emergencies, occupational health regulators can apply any necessary provisions in workplace such as may be temporarily enacted by Governments.

10. Resources and Enforcement

"The Factory Inspectorate aims to carry out a general inspection of each workplace within scope of the Factories Act at least once in every four years."

Chapter 7, "The Inspectorates", Cmnd. 5034 Safety and health at work. Report of the committee 1970-72 "The Robens Report".[82]

10.1. The recommendations made in this Special Report are intended to address gaps and recommend improvements in the current system of health and safety regulation in the UK. But they will mean absolutely nothing without Inspectors who can inspect workplaces, enforce laws, and hold negligent employers to accounts.

10.2. Unfortunately, the story of the 21st Century has been a denuding of resources from health and safety regulators, begun by the Labour Government under Tony Blair, continued by Gordon Brown, then accelerated by the austerity policies of the Coalition and subsequent Conservative Governments.

10.3. Yet in 1999, the potential existed for a very different approach to regulating health and safety. At this time, workplace health and safety was a hot topic of political interest. Responsibility for HSE sat with the Department for Environment, Transport and the Regions, but Deputy Prime Minister John Prescott[83] held political stewardship of the policy area. As a result, a renewed focus was placed on improving health and safety performance, with the development of the "Revitalising Health and Safety Strategy"[84].

10.4. This committed HSE to a 10-year strategy to:

• reduce the number of working days lost from work-related injury and ill health by 30% (a decrease of 7.5m working days).

• reduce the incidence of people suffering from work-related ill-health by 20% (80,000 fewer new cases).

• reduce the rate of fatal and major injury accidents by 10% (3,000 fewer cases)

10.5. To achieve this, HSE was provided with the necessary resources to ensure that it could inspect workplaces effectively, peaking in around 2003.

10.6. However, economic and budgetary pressures were already beginning to tell. From 2002, HSE's budget had been delivered as a 'flat cash settlement', the same figure every year, regardless of inflation. This was a real terms budget cut.

10.7. The TUC were expressing concerns about this settlement as early as 2006, noting that:

"HSE will by 2008 have lost around 17% of the staff it had in 2002 when comparing like with like. On top of this, the pressure is set to get worse in this Autumn's Comprehensive Spending Review if HSE's parent department, the DWP, passes on its 5% year on year cut to HSE (not including the impact of rising inflation on the HSE budget)."[85]

10.8. By 2003, HSE had a core workforce of around 4200. This excludes functions that were later transferred to other regulators, such as railways[86] and nuclear safety[87].

10.9. Evidence provided to the Work and Pensions[88] select committee in 2008 showed the scale of resources lost in the period 2003-2007:

TOTAL HSE STAFF IN POST: 2003-07

	1.4.03	*1.4.04*	*1.4.05*	*1.4.06*	*1.4.06*	*1.4.07*	*1.10.07*
HSC/E Staffing (including HSL & agency staff: see note a)	4,162 (of which 94 are agency)	4,019 (of which 115 are agency)	3,903 (of which 100 are agency	3,991 (of which 88 are agency)	3,811 (of which 88 are agency)	3,548 (of which 4 are agency)	3,480 (of which 18 are agency)
Of which are Inspectors	1,651	1,605	1,530	1,543	1,444	1,439	1,413
Of which are "front line" inspectors (as a per cent of the workforce)	1,508 (36%)	1,483 (37%)	1,404 (36%)	1,421	1,328 (35%)	1,312 (37%)	1,283 (37%)
Total "front line" staff (Includes visiting admin' staff)	See above	1,551	1,517	1,543	1,442	1,405	1,374
Front line staff as a % of the workforce	36%	39%	39%	38%	40%	39%	

Notes

a) The figures are for full time equivalents and include the Health and Safety Laboratory and agency staff. The figures for 1.4.2002 —1.4.2007 match the staffing data in the respective HSC Annual Reports.

b) The shaded column is for comparison and include staff that transferred to the Office of Rail Regulation (ORR) on 1.04.06.

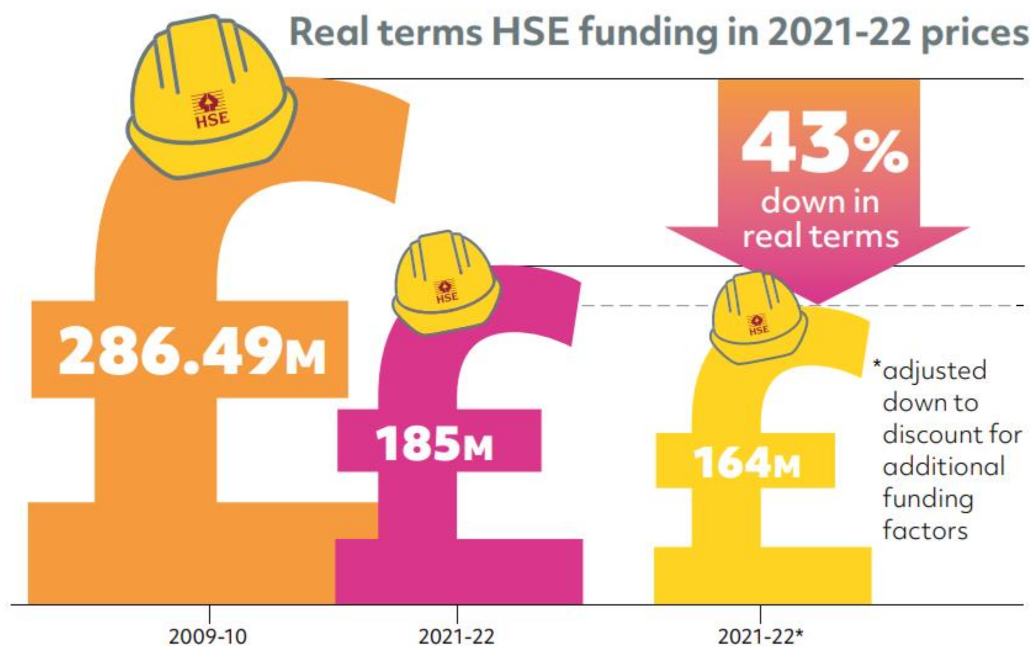
c) The duplicate column for 1.04.2006 excludes staff that transferred to ORR.

d) The figures at 1.10.07 include staff from the Office for Civil Nuclear Safety and the UK Safeguards Office that transferred from DTI to HSE.

Source: Select Committee on Work and Pensions, Written Evidence: Memorandum submitted by the Department for Work and Pensions, November 2007[89]

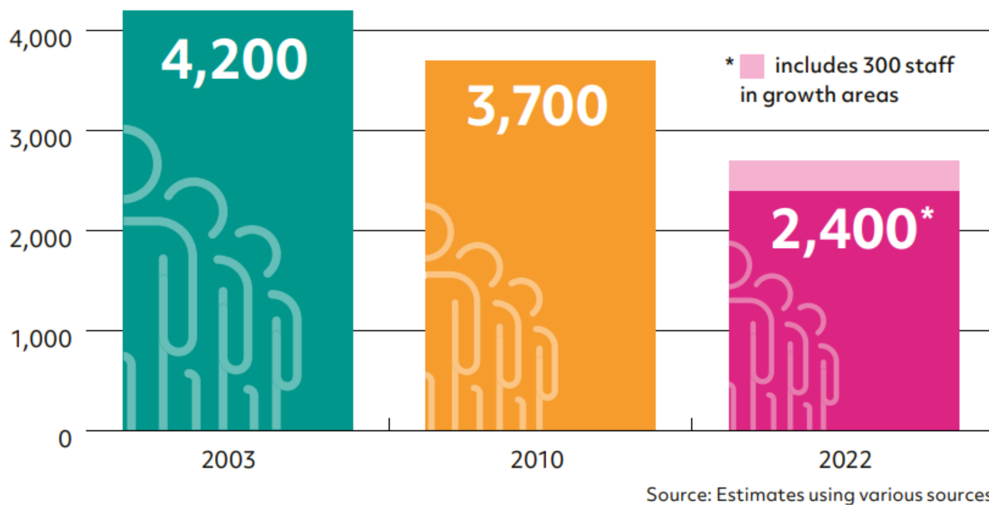
10.10. This downward trend in HSE resourcing was turbocharged by the deregulatory approach taken by the Coalition Government from 2010.

10.11. A budgetary position that had already fallen to £286.5M per year spending by 2009/10 was savagely reduced to £164M, a 43% reduction in real terms.



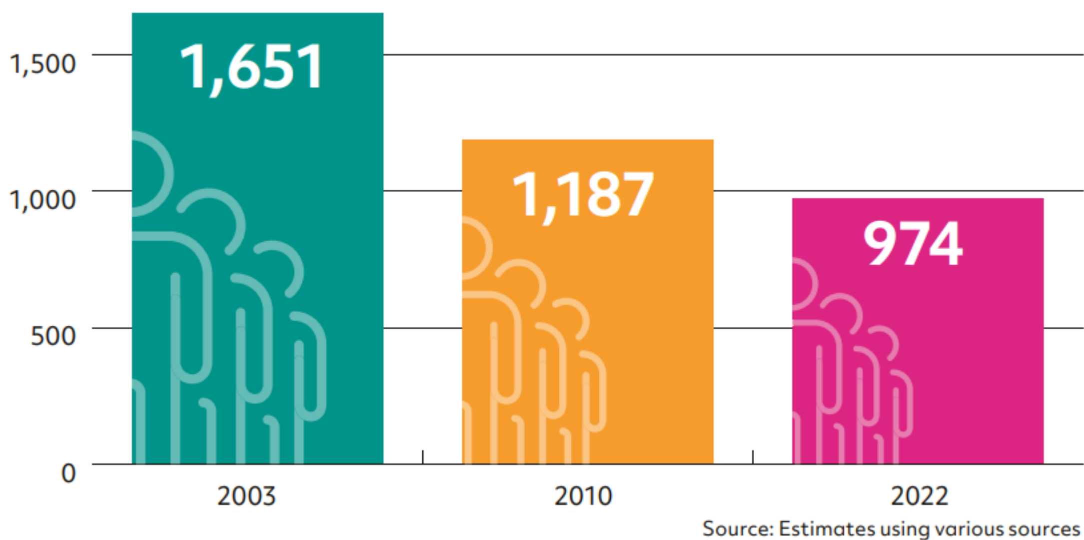
Source: "HSE Under Pressure: A Perfect Storm", Prospect Union, 2023

10.12. This has decimated the staffing position in HSE. Research from Prospect Union has identified that whilst HSE staff numbers had reduced from 4200 to 3700 in 2010, by 2023 this figure had tumbled to 2400:



Source: "HSE Under Pressure: A Perfect Storm", Prospect Union, 2023

10.13. Inspectors were not immune from this collapse in resourcing. The same Prospect research showed that by 2022, Inspector levels had collapsed from 1651 to 974 over 20 years, a 41% reduction.



Source: "HSE Under Pressure: A Perfect Storm", Prospect Union, 2023

10.14. It is unsurprising therefore that HSE's regulatory activity dropped sharply over the period from 2010. Leading Health and Safety academics Andrew Moretta, Steve Tombs and David Whyte have charted the impact of these budget cuts on HSE's performance[90], and their findings are stark:

"Between 2010 and 2020, total HSE Field Operations Directorate inspections fell by 72% (from 26,798 in 2009/10 to 7450 in 2019/20).

Between 2010 and 2020, total enforcement notices issued by HSE fell by 27% (from in 9727 in 2009/10 to 7075 in 2019/20) with the most serious, prohibition notices, falling by over 50% (from 3933 in 2009/10 to 1950 notices in 2019/20); meanwhile, there was a total of 885 offences prosecuted by HSE in 2009/2010 leading to 730 convictions, whilst in 2019/20, 517 offences prosecuted by HSE led to 467 convictions in 2019/20—that is, 42% fewer prosecutions and 36% fewer convictions, respectively."

10.15. The situation was so severe that when then Prime Minister Boris Johnson determined that HSE would be responsible for Covid-19 workplace spot checks[91], this function was primarily carried out by contracted-in temporary workers from two agencies better known for debt collection - Engage (Marston Holdings) and CDER[92]. Unsurprisingly, it was found that the spot checks had achieved little, and most employers had not been contacted.[93]

10.16. The situation in Local Authority Environmental Health Departments is even worse. In 2011, then Health and Safety Minister Chris Grayling directed local authorities to combine food safety inspections with health and safety inspections, effectively giving a green light to cease proactive H&S inspections altogether[94]. As Moretta, Tombs and Whyte explain:

"The total number of health and safety visits by local authorities fell by 80% (from 196,200 in 2009/10 to 39,200 in 2019/20), of which 6816 were preventative visits, a <u>94% decline</u> over the decade (there had been 118,000 preventative visits in 2009/10)"[95].

10.17. Correspondingly, enforcement levels also suffered a considerable and sustained drop:

"Total enforcement notices issued by local authorities fell by 67%, with the most serious, prohibition notices, falling by 42%. Total offences prosecuted by local authorities fell by 81%, with convictions falling by 78%[96]".

10.18. The combination of these cuts means that most workplaces are never likely to be inspected, or to be sanctioned for health and safety failings. Fear of enforcement action and prosecution has historically been a powerful driver to not let standards slip, but the reduced likelihood of being inspected - once in every 250 years[97]) means the deterrent effect no longer exists.

10.19. Reporting concerns to HSE has become more challenging, as the cuts have reduced methods of contacting HSE. It is no longer possible to call a local HSE office and speak directly to an Inspector, and HSE's InfoLine was closed in 2011 as a cost-saving measure. As a result, the only way to raise concerns directly with HSE as a Safety Representative is to use a contact form buried on the HSE website.[98] Lack of contact gives a further reason to supress HSE resources – if complaints and concerns from workers cannot be easily reported, then there is no need (in theory) to employ Inspectors to investigate and address these reports.

10.20. GMB therefore believes that the resources of the Health and Safety Executive and Local Authority Environmental Health Departments should be restored to Year 2000 levels, to once again provide these regulators with teeth and a clear mandate for enforcement and inspection.

10.21. Greater prominence should also be given to the reporting system for trade union members to report health and safety concerns, which should be for any union member to use for reporting, not just Safety Representatives.

11. Conclusions and Recommendations

11.1. The world of work has transformed since 1974, but it is clear that part of that transformation has been the improvement in health and safety performance driven the Health and Safety at Work Act. As the analysis in this report shows, the Act has created the conditions for these improvements, which is why the Act and the regulations underneath it have stood the test of time.

11.2. That performance has slowed dramatically since 2010, and this is not coincidental. The imposition of austerity policies, and the denuding of the Health and Safety Executive, combined with uncertainty of Brexit and Covid-19, have undermined the value of health and safety as a social good.

11.3. This is particularly concerning given the scale of the challenges to come. Mental health, violence, automation/AI, and the toxic effects of discrimination, must all be addressed. What is needed is the political will to tackle the key hazards and issues that will dominate the next 50 years.

11.4. Developing new regulations on the areas outlined in this report – in consultation with the trade union movement; and enforced by regulators with resources and teeth – will go a long way to increasing protections, reducing injuries and illness, and creating workplaces where workers can do their jobs free from harm.

11.5. This report therefore recommends that GMB campaigns for future Governments to:

11.6. Legislate for A Mental Health at Work Act, designed to complement the Health and Safety at Work Act 1974 in making explicit the approach and methods expected of all employers in managing mental health at work.

11.7. Convert the voluntary HSE Stress Management Standards into regulations with legal force;

11.8. Make it explicit that suicide risk is covered by the Health and Safety at Work Act; therefore requiring employers to proactively manage risks, and requiring HSE to investigate work-related suicide risks; and

11.9. Either introduce specific legislation requiring the reporting of all cases of work-related stress, mental ill-health and suicide; or to add work-related stress, mental ill-health and suicide to the list of reportable conditions prescribed under the existing reporting regulations RIDDOR.

11.10. Develop simple reporting measures to allow workers to report cases of mental ill-health directly to HSE, allowing for the true picture to be understood, and action quickly taken where needed.

11.11. Amend the Health and Safety at Work Act 1974, to make it explicit that work-related violence is in scope of the Act;

11.12. Create new regulations to detail the approach and methods expected of all employers in controlling violence risks at work.

11.13. Create new reporting requirements for work-related violence, so that all instances of violence and aggression are recorded, allowing for identification of trends and hotspots.

11.14. Enlarge the scope of Sections 2 and 3 of the Health and Safety Work Act to include discriminatory behaviours from managers, employers and third parties.

11.15. Update the Personal Protective Equipment at Work Regulations 1992 to include specific references to inclusivity on gender grounds.

11.16. Create a tripartite commission – Government, Employers and Trades Unions - specifically to consider the implications of AI and automation on worker health and safety, and to enact any regulations that are recommended by this commission.

11.17. Restore to prominence a fully staffed Employment Medical Advisory Service, which can provide robust and independent occupational health advice and support to the HSE, with a view to the development of a longer term National Occupational Health Service;

11.18. Implement new regulations to create far stronger requirements placed on employers to provide full occupational health services from day one of employment;

11.19. Legislate for statutory recognition of the SEQOHS scheme operated by the Faculty of Occupational Medicine, to set a legal minimum standard for occupational health provision.

11.20. Create binding guidance or regulation to ensure that employers cannot skimp on the provision of health and safety at work when the economy takes a downturn.

11.21. Prevent any deregulation or deterioration of the rights, standards, and occupational health and safety protections for workers.

11.22. Ensure that future trade agreements consider emerging hazards such as artificial intelligence and automation, and seek to minimise divergence from minimum standards set with workers in the room.

11.23. Amend either the Health and Safety at Work Act 1974, or the Public Health (Control of Disease) Act 1984, or both, to give both clarity and legal certainty that during public health emergencies, occupational health regulators can apply any necessary provisions in workplace such as may be temporarily enacted by Governments.

11.24. Restore the resources of the Health and Safety Executive and Local Authority Environmental Health Departments to Year 2000 levels, to once again provide these regulators with teeth and a clear mandate for enforcement and inspection.

11.25. Promote the reporting system for trade union members to report health and safety concerns, which should be for any union member to use for reporting, not just Safety Representatives.

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[1] https://www.legislation.gov.uk/ukpga/1974/37/contents

[2] Leonard Horner; Thomas Jones Howells; Robert Rickards; Robert J Saunders.

[3] Mary Patterson and May Tennant (nee Abraham)

[4] See https://www.historyofosh.org.uk/timeline.html for a good introductory timeline on the development of UK health and safety legislation

[5] https://hansard.parliament.uk/Commons/1957-06-25/debates/a33fd4ed-a708-44cd-8311-d2c105ed2600/ShopsAndNon-IndustrialEstablishments(GowersReports)
[6] Trades Unions were represented by Sydney Robinson, General Secretary of the National Union of Boot and Shoe Operatives (NUBSO). By the time the Robens Report was published, NUBSO had merged to form the National Union of the Footwear, Leather and Allied Trades (NUFLAT), which is today part of Community.
[7] A basic introductory guide is at: https://www.hse.gov.uk/pubns/hsc13.pdf
[8] https://www.historyofosh.org.uk/robens/what-difference-did-robens-make.html
[9] https://www.hazardscampaign.org.uk/wp-content/uploads/2024/03/The-Whole-story-2024.pdf
[10] "Mental Health Problems in Industry", Dr Andrew Treacher, Bristol University, 1971; Committee on Safety and Health at Work.
[11] https://hansard.parliament.uk/Commons/1974-04-03/debates/18364ad4-ae9e-4a2c-aeea-9a5e85478fb9/HealthAndSafetyAtWorkEtcBill?highlight=health%20safety%20work%20act#contribution-978b8604-d8e4-4a73-9903-aafa0a50d2b0
[12] https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf
[13]https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-facts-and-statistics/#:~:text=1%20in%204%20people%20will,week%20in%20England%20%5B2%5D.
[14] See https://www.hse.gov.uk/statistics/cost.htm
[15] https://www.centreformentalhealth.org.uk/news/item/mental-ill-health-costs-society-300-billion-every-year-according-to-new-centre-for-mental-health-economic-analysis/#:~:text=The%20overall%20costs%20of%20mental,having%20a%20pandemic%20every%20year.
[16] https://www.hse.gov.uk/riddor/examples-reportable-incidents.htm
[17]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations#suicides-in-england-and-wales
[18] https://www.nrscotland.gov.uk/files/statistics/probable-suicides/2022/suicides-22-report.pdf
[19]https://www.nisra.gov.uk/system/files/statistics/Suicide%20Statistics%202022%20Report.pdf
[20] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy
[21] https://ahc.leeds.ac.uk/languages/news/article/1866/work-related-suicides-are-uncounted
[22] https://www.hse.gov.uk/statistics/causinj/violence/index.htm
[23] https://brc.org.uk/news/operations/brc-crime-survey-2024/
[24] https://www.gmb.org.uk/news/ambulance-workers-suffer-least-9500-violent-attacks
[25] See: https://www.theguardian.com/society/2023/mar/16/nhs-staff-abuse-assault-data-steve-barclay-health-secretary

[26] https://explore-education-statistics.service.gov.uk/find-statistics/suspensions-and-permanent-exclusions-in-england#dataBlock-0c2121f0-bdea-44aa-803f-0affdd934ded-tables
[27]https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190
[28] https://www.ilo.org/resource/news/osh-measures-key-prevent-violence-and-harassment-world-work-says-ilo-report
[29] https://www.itv.com/news/2024-04-10/assaulting-shop-workers-to-become-specific-offence-in-new-legislation
[30] https://www.northumbriajournals.co.uk/index.php/ijmhcl/article/view/1358/1729
[31] See https://www.rcpsych.ac.uk/docs/default-source/events/2022-events/faculties/forensic/posters/dr-catherine-weeks.pdf?sfvrsn=e0a71ba3_2
[32] https://www.tuc.org.uk/sites/default/files/2022-08/HealthSsafetyRacism.pdf
[33] https://www.hse.gov.uk/Research/rrhtm/rr308.htm
[34] https://www.hse.gov.uk/services/police/organisation.htm
[35] https://www.stophateuk.org/2023/08/30/the-impact-of-hate-crime-and-discrimination-on-mental-health/
[36] https://onlinelibrary.wiley.com/doi/10.1111/1467-9566.13414
[37] https://www.tandfonline.com/doi/full/10.1080/1059924X.2016.1248307
[38]https://www.researchgate.net/publication/264988033_Sometimes_It_Hurts_When_Supervisors_Don%27t_Listen_The_Antecedents_and_Consequences_of_Safety_Voice_Among_Young_Workers
[39] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0299381
[40] https://hr.qmul.ac.uk/equality/menopause/who-can-experience-the-menopause
[41] https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-menopause-report-8456.pdf
[42] https://www.ioshmagazine.com/2023/02/27/menopause-workplace
[43] https://www.legislation.gov.uk/uksi/1992/2966/contents/made
[44] https://hansard.parliament.uk/Commons/2024-03-12/debates/1D68E06A-19AC-4902-B99C-5306E3338292/InclusivePPE?highlight=ppe#contribution-8E351386-DE07-40AC-9165-638F992277D7
[45] https://www.nawicyorkshire.co.uk/campaigns/womens-ppe
[46] A condition caused by thickening of tissue around a nerve in the foot. See https://www.nhs.uk/conditions/mortons-neuroma/
[47] https://www.bsigroup.com/globalassets/documents/ppe/diversity-in-ppe-whitepaper.pdf
[48] https://www.gmb.org.uk/assets/media/downloads/2159/the-future-of-work-special-report.pdf
[49] Para 19, Cmnd. 5034 Safety and health at work. Report of the committee 1970-72 “The Robens Report”.
[50] https://www.legislation.gov.uk/uksi/1992/2793/schedule/1
[51] Such as Uber BV and others (Appellants) v Aslam and others (Respondents), for example

[52] https://8585d5f5-3bf9-4ca9-81f2-26dce6d9e662.usrfiles.com/ugd/8585d5_2f6deaabc40449eead61bca9db8d7827.pdf
[53] https://www.independent.co.uk/news/uk/home-news/electric-bus-london-fire-putney-capital-b2484622.html
[54] See https://www.theverge.com/2024/4/26/24141361/tesla-autopilot-fsd-nhtsa-investigation-report-crash-death
[55] https://bills.parliament.uk/bills/3506/publications
[56]See https://www.quentic.com/articles/ai-in-risk-and-safety-management/ for one such example.
[57] See https://www.fyld.ai/ and https://www.protex.ai/ for two leading examples.
[58] https://www.tuc.org.uk/research-analysis/reports/snapshot-workers-wales-understanding-and-experience-ai?page=7#section_header
[59] https://www.hse.gov.uk/news/hse-ai.htm?utm_source=hse.gov.uk&utm_medium=referral&utm_campaign=guidance-push&utm_term=ai&utm_content=news-page
[60] Para 373, Robens Report
[61] https://www.hse.gov.uk/contact/maps/
[62] https://www.gov.uk/government/publications/employee-research-phase-1-and-2/employee-research-phase-1-sickness-absence-reasonable-adjustments-and-occupational-health#access-to-occupational-health-services
[63] https://www.gov.uk/government/publications/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice-report#employers-provision-of-occupational-health-services
[64]https://d3n8a8pro7vhmx.cloudfront.net/ianlavery/pages/150/attachments/original/1476691067/OM_Workforce_Crisis_2016_pdf.pdf?1476691067
[65] Ibid.
[66] Ibid.
[67] https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business#chapter-4-helping-employers-access-quality-occupational-health-oh-support
[68] https://www.fom.ac.uk/
[69] https://www.seqohs.org/CMS_Documents/Scheme/OH/2023%20Standards/2023-SEQOHS-Standards-March-2023.pdf
[70] https://www.historyofosh.org.uk/resources/Safety_Management_July_HSWA_40.pdf
[71] See https://www.theguardian.com/uk/2012/jan/05/cameron-targets-health-and-safety-rules for one such example
[72]https://www.safetyphoto.co.uk/subsite/case%20e%20f%20g%20h/edwards_v_national_coal_board.htm
[73] https://www.highwaysmagazine.co.uk/Safety-boss-links-fatality-increase-to-austerity-and-Brexit-paralysis/4232
[74] https://www.wired-gov.net/wg/wg-news-1.nsf/0/EB673E9B57E5F27E802572FA00402F65?OpenDocument

[75]https://assets.publishing.service.gov.uk/media/608ae0c0d3bf7f0136332887/TS_8.2021_UK_EU_EAEC_Trade_and_Cooperation_Agreement.pdf, Article 387, Clause 2.

[76] The list can be viewed at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2F6464d8790b72d3000c344670%2Fschedule_of_retained_eu_law_to_revoke_or_sunset.ods&wdOrigin=BROWSELINK, under the DWP tab.

[77] See https://rse.org.uk/resources/resource/blog/the-divergence-devil-lies-in-the-detail/ for a good explainer from Joel Reland on the problem with international divergence.

[78] The Public Health (Control of Disease) Act 1984.

[79] https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others#:~:text=Key%20parts%20of%20the%20measures,through%20fines%20and%20dispersing%20gatherings

[80] See https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-covid-19-offices-contact-centres-041120.pdf for one example of such guidance.

[81] https://www.gmb.org.uk/assets/components/pdf/govt-covid-workplace-guidance-not-fit-purpose.pdf

[82] Para 202, Cmnd. 5034 Safety and health at work. Report of the committee 1970-72 "The Robens Report".

[83] See https://www.insurancetimes.co.uk/get-tough-plans-for-health-and-safety-lawbreakers/1356828.article

[84] https://www.corporateaccountability.org.uk/dl/strategy.pdf

[85] https://www.tuc.org.uk/research-analysis/reports/hse-resources-tuc-briefing

[86] The Railways Inspectorate was transferred from HSE to the Office for Road and Rail in 2006.

[87] Nuclear Safety was transferred to the newly created Office of the Nuclear Regulator in 2011.

[88] HSE was transferred into DWP in 2002. See https://www.newcivilengineer.com/archive/hse-move-to-work-pensions-welcomed-08-08-2002/

[89]https://publications.parliament.uk/pa/cm200708/cmselect/cmworpen/246/246we49.htm

[90] Moretta, A.; Tombs, S.; Whyte, D. The Escalating Crisis of Health and Safety Law Enforcement in Great Britain: What Does Brexit Mean? Int. J. Environ. Res. Public Health 2022, 19, 3134. https://doi.org/10.3390/ijerph19053134

[91] https://www.bbc.co.uk/news/uk-52626822

[92] https://www.constructionnews.co.uk/sections/long-reads/the-hse-in-the-pandemic-astoundingly-invisible-or-making-a-difference-26-01-2021/

[93] https://www.ier.org.uk/news/most-workplaces-did-not-receive-promised-covid-19-spot-checks/

[94] This decision was taken to enact a recommendation from a review conducted by Professor Ragnar Lofstedt, also in 2011. See https://assets.publishing.service.gov.uk/media/5a74c83fe5274a3f93b48c4d/lofstedt-report-response.pdf

[95] Moretta, A.; Tombs, S.; Whyte, D. The Escalating Crisis of Health and Safety Law Enforcement in Great Britain: What Does Brexit Mean? Int. J. Environ. Res. Public Health 2022, 19, 3134. https://doi.org/10.3390/ijerph19053134

[96] Ibid.

[97] https://labour.org.uk/wp-content/uploads/2022/10/New-Deal-for-Working-People-Green-Paper.pdf

[98] https://www.hse.gov.uk/involvement/hsrepresentatives.htm