



Changing the world
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Welcome to Safety Reps Connect!



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Shelly Asquith

TUC Health and Safety Policy Officer

#SafetyReps

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HAZARDS AT WORK

Organising for safer,
healthier workplaces

7TH EDITION





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Paul Nowak

General Secretary, Trades Union Congress



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Phil Liptrot

Head of Personal Injury, Thompson's Solicitors

Health and Safety at Work Act 1974: **50 years of protecting workers** **Where does it go from here?**

Philip Liptrot

Thompsons Solicitors

30 May 2024

Who are Thompsons?

We are the UK's largest trade union law firm – acting for all major trade unions.

We were established in 1921 to act for working people, trade unions, and their members.

We remain proudly part of the trade union movement today.

We have 18 offices across England and Wales, with a Belfast office servicing members based in Northern Ireland.

We are the most experienced personal injury and employment rights practice in the UK.

We only act for injured or vulnerable people and never act for insurance companies or employers.



Contents

Purpose of the Act

Timeline of Developments

Significance of the Act

Limitations

The Next 50 Years

A New Deal for Working People

Purpose of the Act

“An Act to make further provision for securing the health, safety and welfare of persons at work for protecting others against risks to health or safety in connection with the activities of persons at work for controlling the keeping and use and preventing the unlawful acquisition, possession and use of dangerous substances and for controlling certain emissions into the atmosphere to make further provision with respect to the employment medical advisory service; to amend the law relating to building regulations, and the Building (Scotland) Act 1959; and for connected purposes.”

Health and Safety at Work Act 1974

In other words...

The primary piece of legislation covering occupational health and safety setting out the general duties for:

Employers to employees

Employers and self-employed to persons other than employees

Employees to employees

History of Work

Factories Acts 1800s to 1961

Industry-specific inspectorates/Acts, e.g. quarries, mines, farms and nuclear

Common law for civil claims

Criminal prosecutions

James Watt Street Glasgow 1968



Timeline

Robens report 1972

TUC, Labour Party and Thompsons

HSWA 1974

Safety Representatives and Safety Committees Regulations 1977

Groundbreaking and covering 8 million workers

Limitations: tripartite approach

Groundbreaking

Duties imposed on employers

HSE

Inspections and notices

Offences and consequences

Statistics

1900s – 4400 fatal injuries

2023 – 135 fatal injuries

Since 1974 a reduction of 85% of work-related deaths/70% reduction of injuries, days lost

Hazards

But...

General duties

Tripartite approach: employer, worker and state regulation

HSE resources

A Perfect Storm

43% reduction in funding

35% reduction in staffing

➤ **41% reduction in inspectors since 2003**

Prior to 2010 25,000+ inspections per year

➤ **14,000 current target**

➤ **Only fatal accidents are now guaranteed to be investigated**

20% reduction in Enforcement Notices

2% of RIDDOR follow ups cf 8%

2,000 prosecutions in 2000/21

➤ **200 for each year in 2022 and 2023**

Tebay tragedy







The Next 50 Years

Restore (and increase) HSE resources

More specific duties/details – incorporate various regs eg 6 pack

Accountability of directors/senior managers

Extend the current duties of care of employers to all workers

A New Deal for Working People

Enforcing safe and healthy workplaces

Establish a single enforcement body to protect workers

Strengthen the law to enforce workplace rights

Things Can Only Get Better?

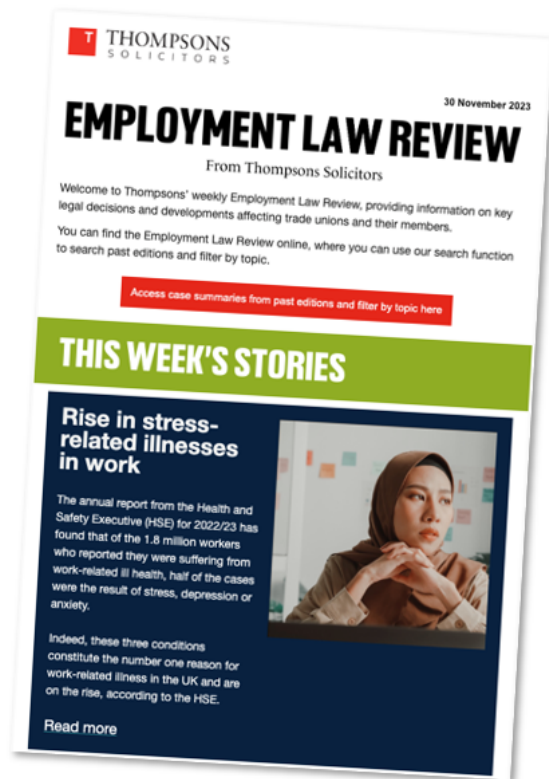


Thank You

philip@thompsons.law

Employment Law Review

- Weekly newsletter
- Covering relevant case summaries for reps
- Direct to your inbox
- Searchable on the Thompsons website





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The Health and Safety at Work Act: 50 years of protecting workers. Where does it go from here?

Paul Nowak, Trades Union Congress
Phil Liptrott, Thompsons Solicitors



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Alison McGovern MP

Shadow Minister – Employment and Social Security



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Morning breakouts

Putting women's health and safety on the organising agenda - Syndicate 3 (3rd floor)

Stressed Out: how do we organise for less stressful work? - Room 2 (5th floor)

Inspections 101: What to know, where to look & when to take action - Council Chamber (5th floor)

Enforcing your rights as a health and safety representative - Room 1 (5th floor)

When an Inspector Calls: When and how to involve the regulator - Room 3 (2nd Floor)

OSH and the climate crisis: organising on temperatures and air quality - Room 4 (5th floor)

The logo for TUC, consisting of the letters 'TUC' in a bold, white, sans-serif font. The letters are slightly shadowed, giving them a three-dimensional appearance as if they are floating above the background.

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Lunch



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Hazards Address

Dave Smith – Hazards Magazine

Janet Newsham – Hazards Campaign



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Applying the law to the shop floor: allies outside the workplace

Lord John Hendy, KC
Dr Lesley Rushton
Nick Pahl



Worker compensation: the UK Industrial Injuries Scheme

Lesley Rushton

Chair of the Industrial Injuries Advisory Council

Worker Compensation Schemes

- Many countries have legally mandated schemes providing benefits for workers who suffer injury or disease attributed to their work.
- Aim is to compensate for the financial consequences:
 - lost earnings – all countries
 - health care/medical expenses e.g. Germany, Austria, Switzerland
- Two common systems:
 - Self-governed insurance associations funded by employers' contributions e.g. Germany:
 - **State system as part of wider provision for social security e.g. UK**
- Many countries use lists of recognised 'occupational' conditions
 1. 'Open' system: individual proof" – attribution of disease to occupational causation in the individual case
 2. 'Prescribed' list of occupational diseases: scientific evidence of causation sufficient to allow claimants the 'benefit of presumption'

Industrial Injuries Disablement Benefit

- Provides **non-contributory, no-fault benefits** (government funded) for physical and mental disablement because of
 - an accident at work
 - one of 70 + prescribed diseases known to be a risk from certain jobs.
- Only covers **employed earners** i.e. employment under a contract of service or an office holder
- Key feature of IIDB is the **benefit of presumption** – allows decision makers to presume a disease is due to occupation

Industrial Injuries Advisory Council (IIAC)

- Statutory body (ALB) established under National Insurance (Industrial Injuries) Act 1946:
- Provides **independent advice** to Secretary of State for Work & Pensions on the Scheme
 1. The prescription of occupational diseases
 2. Proposals to draft Regulations for the Industrial Injuries Scheme
 3. Guidance for medical assessors
 4. General issues concerning the working of the scheme

No involvement in decision-making of individual claims
- Between 12-18 members – appointed by SoS
- IIAC meetings 4 Council and 4 RWG per year
- **Up to now** most of the work reviewing and collating scientific evidence and the writing of reports has been **done by IIAC members**
- Have recently been successful in obtaining substantial annual funding to support this work

Which diseases are prescribed?

- All PDs are described by:
 - The name of the disease
 - The type of exposure/type

A	physical	15
B	biological	15
C	chemical	34
D	any other	13

What evidence is needed?

Scientific

Consistent independent good quality scientific evidence that risk in a certain occupation is much greater than risk to the general population

Clearly defined substance of concern, exposure and job/occupation

Dose-response that **increases** the disease risk

Disease **clearly defined** and how to diagnose it

Practical

Can be administered effectively by decision makers

Deciding diseases to recommend for prescription

- ‘**Straightforward**’ diseases:
 - Only occurs due to particular work (miner’s pneumoconiosis)
 - Almost always associated with work (mesothelioma in the UK)
- **Less ‘clear-cut’** diseases
 - Common in the wider public with other non-work causes
 - For an individual, no reliable way to test whether occupational or not
- IIAC looks for evidence: ‘**reasonable certainty**’ that disease is due to work, i.e. on the **balance of probabilities** (‘more likely than not’)

Openness and Transparency

- Stakeholder engagement – open public meeting
- Publication of IIAC reports:
 - Deposited in the HoC/HoL libraries
 - **Command Papers** – Extensive review and recommendation for prescription
 - **Position papers** – Extensive review but no recommendation
 - Published online
 - **Information Notes** – Short review
- Commissioned reviews
- Annual reports
- Proceedings from Public Meetings
- Publication of the minutes and agendas of Council and RWG meetings

What happens after IIAC make recommendations for prescription?

DWP prepare submission to Ministers

- Consideration of:
 - Legal implications and Impact
 - Numbers of claims
 - Costs of awards and operational costs
 - Deliverability implications

If DWP Ministerial approval granted

- Drafting of legislation
- Laid before Parliament
- Guidance for DWP staff and decision makers updated
- Communication with key stakeholders

IIAC Work Programme 2018-2024

Command Papers (recommendations for prescription)

- Cutaneous malignant melanoma and occupational exposure to (natural) UV radiation in pilots and aircrew (**published**)
- COVID-19 and occupational impacts (**published**)
- Hand arm vibration and assessment of exposure (**published**)
- Review and Update of the Prescription for Prescribed Disease D1 (Pneumoconiosis) (**published**)
- COVID-19 in transport and education workers (in preparation for publication)

IIAC also produce: Position Papers (no recommendation) and Information Notes

Other topics and future work programme

Other topics since 2018

- Firefighters and cancer
- Neurosensory testing regime for HAVs
- Audiometric testing for NIHL in NI
- Coke oven workers and COPD
- OA knee in footballers

On-going

- Commissioned Review:
 - Lung cancer: silica, chromium VI, asbestos
 - COPD: silica, cleaning, agriculture
- Neurodegenerative disease in footballers and in other contact sports
- Occupational disease in women:
 - Ovarian cancer and asbestos
 - Overview of key non-malignant disease

Future issues:

- Update of the infectious (B) diseases particularly the viruses
- Welding fumes including lung and ocular cancers

Nick Pahl
CEO SOM

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50 years since
the health and
safety at work
act

Recently been
an increase in
people off work
due to ill health

How can we
support
workers more?

Occupational health: the value proposition

Occupational health specialists enhance
employee health, workforce productivity,
business performance and the economy



"This report provides a comprehensive analysis and evidence review of the value of occupational health. It comes at a critical time for the policy agenda for work and health, and the challenge of the productivity gap. It is essential reading for managers, clinicians and policy makers."

Lord Bilunkett, SOM Patron

A report from the Society of Occupational Medicine

May 2017

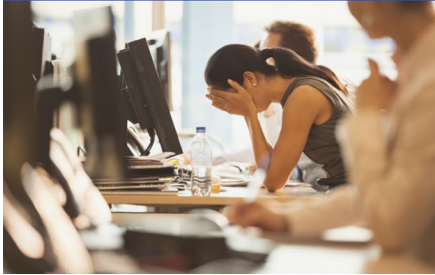
Nicholson PJ. Occupational health: the value proposition. Society of Occupational Medicine. London. 2017.

<https://www.som.org.uk/sites/som.org.uk/files/Occupational%20health%20-%20the%20value%20proposition.pdf>

- A report based on 146 references:
- 50 systematic reviews and meta-analyses
- 37 studies
- 17 research reports
- 42 other publications

The value of Occupational Health and Human Resources in supporting mental health and wellbeing in the workplace

Prepared by Dr Kevin Teoh
Chartered Psychologist
Birkbeck, University of London



- Adopt a systematic approach to managing wellbeing in the workplace, based on ill health prevention and managing the main risks to workers' health
- Develop effective working relationships, with mutual trust and credibility at its core
- Recognise the boundaries of competence in relation to mental health and wellbeing, and work to increase the resource available to manage workforce mental health and wellbeing..
- Increase influence within work, to advocate and encourage input into mental health and wellbeing strategy and initiatives across the primary, secondary, and tertiary level



What can you do as an organisation?

1. What are we looking to address?
2. What are the factors that contributed to this?
3. Can we address these underlying factors?
4. Can we better support our workers with what they do?
5. What is the evidence for the interventions being offered?
6. Who has the expertise to support us with this?
7. How do we know this has or will work?

What should you expect from a good OH provider?

- Focus on prevention
- A strategic, data led approach
- Wish to engage with the workforce and attend site in person

How do you find a good OH provider?

- Find a provider on the SOM website
- Look for accreditations
- Use the SOM commissioning guide at:
tinyurl.com/NickSOMLink

2023 Budget recognition

PM announcement around fit notes

OH Expert group for OH for SMEs

£25m for subsidy pilot for SME's to access occupational health to examine the impact on uptake of OH and build an evidence base for a national roll out of the subsidy. 80% subsidy for first assessment in NW

Work Well - £57m for 15 pilots

Consultations:

- Fit notes
- PIP
- Treasury response on incentives – response tbc



Supporting occupational health
and wellbeing professionals

Advocacy focus

- Universal Access to OH, including enforcement using HSE
- DWP/DHSC Work Well implementation
- Fit note review

Future OH delivery

- Mixed market – NHS and commercial
- Multidisciplinary
- Bio psychosocial delivery, with OH “wrap around”
- Use of online tools
- Better outcome measures and quality indicators e.g. through SEQOHS
- Innovation e.g. AI for Fit note
- Job design and good work

..role of manager crucial – support / flexibility etc

SOM Webinars

Mon 17 Jun 4-5pm
Noise issues at work – Clare
Forshaw

Tue 25 Jun 3-4pm
Onwards and upwards, the
future for OH technicians A
panel discussion on the role and
contribution of OH Technicians,
challenges and opportunities
including education. – Panel
discussion

Wed 10 Jul 12-1pm
Skin issues at work - Dr Katrin
Alden

Mon 2 Sep 12-1pm
Hand Arm Vibration at work - Dr
Ian Lawson

Mon 14 Oct 12-1pm
From Risk assessment to Health
surveillance - a journey
explained – Dr Dil Sen

Register at
**[https://www.som.org.uk/eve
nts](https://www.som.org.uk/events)**



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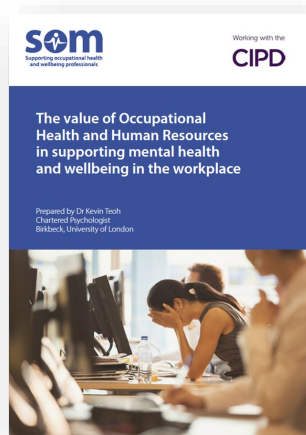


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Thanks!

You can find me at:



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Afternoon breakout sessions

Personal Injury and the safety rep role - Room 3 (2nd Floor)

Succession planning: recruiting new safety reps and diversifying the movement - Room 4 (5th floor)

Safety and the built environment: RAAC, asbestos, and more in the workplace - Syndicate 3 (3rd floor)

Inspections 101: What to know, where to look and when to take action - Council Chamber (5th floor)

Enforcing your rights as a health and safety representative - Room 1 (5th floor)

Stressed Out: How do we organise for less stressful work? - Room 2 (5th floor)

The logo for TUC (Transport Union of Canada) features the letters 'TUC' in a bold, sans-serif font. Each letter is composed of two overlapping, semi-transparent white shapes that form an arrow pointing in the direction of the letter's stroke. The 'T' has a horizontal bar pointing right and a vertical stem pointing down. The 'U' has a top curve pointing right and a bottom curve pointing left. The 'C' has a top curve pointing right and a bottom curve pointing left. The background is a solid teal color.

TUC

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