

The Decline and Imminent Fall of U.K. Governmental Occupational Health:

A Tale of Forgotten Lessons and Missed Opportunities

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Governmental efforts to monitor and regulate occupational health and safety hazards in the United Kingdom have been seriously etiolated by recent developments emanating from the HSC and the HSE that gut already-inadequate strategies in ways that favor industry prerogatives over workers, and by governmental inattention. *Key words:* occupational health and safety; regulation; United Kingdom; Health and Safety Executive.

INT J OCCUP ENVIRON HEALTH 2004;10:340-342

In a global and European context, major problems of occupationally-caused and -related diseases persist. In the United Kingdom, there has been a growing recognition that our record on occupational health is dismal. On February 23, 2004, the Health and Safety Commission (HSC) produced its 20 page "Strategy for Workplace Health and Safety in GB to 2010 and Beyond." That HSC strategy document effectively if implicitly flags the failures to meet revitalizing health and safety targets for occupational health.¹ The document notes that around three fourths of the 43 million working days lost each year in the United Kingdom to workplace disease and accident are due to "occupational disease."

At the same time, the Health and Safety Executive (HSE) recently announced the demise of its medical director position and de facto broke the link with the periodically radical and innovative work of occupational physicians dating back to Sir Thomas Legge in 1898. Legge was the first Medical Inspector of Factories. His often-cited precepts continue to guide many in occupational health even today. The precepts related to the central responsibility of employers to protect employee health and safety, the need for engineering and occupational hygiene solutions to risks from hazards linked to the importance of external rather than individual psychological factors, and the need to inform employees of the hazards they face.² This is a

sensible and highly effective hazard identification, removal, and control strategy unlike the vague, voluntary and often ineffective risk management that has failed to stem the tide of occupational disease in 2004.

Based on any of these precepts, examination of the U.K. position would show serious deficiencies in particular workplaces, companies, organizations, industries, and indeed in the government itself, and a failure to achieve the status conceived in Legge's wise axioms. The figure cited above indicates that the HSE falls far short of its ambition to cut occupationally-caused and -related disease incidences significantly. The government has additionally failed so far to act fully on corporate manslaughter legislation, and the fines and enforcement of occupational health and safety law against recalcitrant employers still all too often remain woefully inadequate.³ Who the influential voices are in U.K. occupational health and safety under New Labour would appear to be quite clear. They are not the vulnerable employees, nor are they overloaded scientific civil servants within the HSC and the HSE. They most certainly are not the trade unions and employee-support organizations. They are exactly those employer groups that have failed to deliver substantial improvements in occupational health and basic safety records in the worst sectors of industry.

The HSC, perhaps "captured" by an industry- and business-dominated government, has been following the CBI line and been a party to delayed action on corporate crime, after "consulting us to death." Other instances of the lack of action on major occupational and public health issues are common. For example, with regard to proposed action on passive smoking risks at work, when the HSE bowed to pressure from either government or the hospitality industry, or perhaps both.⁴ Proposed occupational-stress-control measures were recently significantly reduced when the HSE ignored its own consultation results mooting a legally-binding Advisory Code of Practice and instead introduced far weaker management guidelines. This was to the consternation of unions and the great majority of respondents to the consultation, but to the relief of the employers' organization.^{5,6} The HSC seems to be submitting to the will of, among others, an industry with one of the worst occupational health and safety records in the United Kingdom—the construction

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industry—and in July 2003 appeared to be abandoning new employee consultation rules and guidance.³ So much for Legge's concerns about an informed workforce central to effective health and safety at work.

Recent HSE research strategy too has in part focused increasingly on replicating the "careless worker" research that Legge saw well beyond rather than addressing major failings in the occupational health field. Only because of considerable external pressure has the HSE stood back from such activity.

The HSC strategy document, despite wide consultation in its preparation, is an enormous disappointment, and looks certain to fail to deal effectively with what is a very serious public health problem. The language is horribly familiar to those bombarded with the empty phrases of many recent government policy papers. The strategy will "involve everyone," draw on stakeholders, and, according to the minister, it is "radical and brave."¹ It will be "proactive" in managing health risks, "share the vision," "be sensible," "develop new ways of working," and "focus on our core business."¹ Perhaps the document aims to record the most platitudes in the shortest space and hence gain some prize for government efficiency and productivity. What it does not do is to offer any real vision for the future or, rather more important, the means to deal effectively with the enormous number of workplace diseases that occur in this country. The HSC does not present itself as a champion for occupational health advances but rather as an apologist for an ineffective government. It lacks humanity but has mastered the latest meaningless business jargon.

Floating around in the language soup is also a reference to using a more "specific and prescriptive approach to risk management," which in time will promote "effective self-regulation." The former surely means the use of strict laws and the latter surely means no laws: how one gets from **a** to **b** is a mystery. Yet somehow greater worker involvement in occupational health and safety will come from a voluntary expansion of workplace representatives everywhere. This will be an example of the voluntarism that for decades after 1945 and up to 1974 failed to address many occupational diseases in the United Kingdom. Indeed, a HSE commissioned global review in 2003 significantly found that approaches that rely solely on the enlightened self-interest of employers and managers were seriously flawed.⁷ The new HSC strategy is meant to be a "cornerstone of a civilized society," whatever that is. Many of us would consider that any society, civilized or not, would view corporate killings as unacceptable, but this strategy document hides away reference to legislation on this matter until the later pages and makes no mention of such a measure in the press release.

Instead, the HSC sees the key challenge being "how to make appropriate risk management relevant to the modern and changing world of work," and its new aims

include "new ways to establish and maintain an effective health and safety culture in a changing economy." Effectively the HSE is moving by stealth more and more away from a role as enforcer to a role as advisor, and the rate and extent of that move should be of growing concern. A greater focus on health hazards and their removal rather than culture and risk might produce better results. Yet the HSC, along with its executive arm, the HSE, believes education may solve many problems by "instilling an appropriate understanding of risk management from an early age." What is very difficult for those outside HSC to understand is how such policies will address occupational diseases, because it would be absurd to suggest that "risk-averse" citizens are busy acquiring such diseases. Desensitizing workers and schoolchildren to risk might, however, have that effect, and adopting what is termed a "sensible approach to risk management" might do that too if it did not focus on hazard removal and risk containment strategies.

The HSC states that it will communicate its vision and "champion the case for sensible health and safety controls that are sensibly applied." For many working in the occupational health and safety field, exactly what has been lacking is an application of controls that would address the appalling occupational disease record in the United Kingdom. That would have been sensible, but now the HSC tells us that it is going to be "more robust in defending the reputation of the health and safety system against its detractors, those who are over-zealous in its application and those who cannot recognise the appropriate balance between risk and benefits."¹ Such a defensive response does not bode well for the future strategy of addressing the major failures in reducing occupational diseases.

Presently, HSE inspectors who are trying to enforce the existing laws are seriously underfunded and understaffed, and face further cuts, with a planned loss of 50 field inspectors in 2003.⁸ Prospect, the union representing HSE inspectors, in 2003 argued that the cash-strapped health and safety watchdog was "playing Russian roulette" with workplace safety in an effort to meet a 5% budget cut in 2003. The HSE does not appear to have the workplan, the resources, or, if their failure to drive through the Advisory Code of Practice on stress is a representative example, the will to respond to several major and current health and safety threats including threats to job security, staffing levels, workplace organization and change, as well as overwork and new management techniques. Where, for example, companies engage in downsizing, international research has recently shown the occupational health consequences of such actions in terms of increased sickness and death of permanent employees,⁹ yet the HSE apparently has done nothing to address such occupational health problems.

At a time when occupational health and safety needs to raise, not lower, its profile and increase, not reduce, its champions, specifically in the occupational health

field, current decisions about occupational medicine seem deeply flawed. As the greatest challenge in occupational health and safety is work-related ill-health, the loss of the part-time medical director position, despite protestations to the contrary by the HSE, is not adequately addressed by the appointment of a chief scientific officer, who will be a different beast altogether and will be pulled in many different directions. Until relatively recently, the Government had left the ministerial post with responsibility for occupational health and safety vacant for months on end. Also, prior to the appointment of the latest minister, Des Browne, there were six such ministers in six years. Downgrading and destroying the activity in some respects would not be too strong a description for what is happening.

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