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Institute for Work & Health

United Kingdom

Description of the organization of the occupational health and safety system and the delivery of prevention services

Report to the
Expert Advisory Panel
Occupational Health and Safety Prevention
and Enforcement System

Ontario Ministry of Labour

United Kingdom

There are approximately 23.8 million economically active adults in the United Kingdom. The UK is a member of the European Union but has remained outside the Economic and Monetary Union.

For the purpose of the series of reports to the Expert Advisory Panel, the United Kingdom is classified as a 'parallel authority' jurisdiction, with responsibilities for occupational health and safety held by a national government agency, the Health and Safety Executive, and 400 local government authorities.

Until 2008, The Health and Safety Commission (HSC) was responsible for OSH policy and regulatory standards in the UK and the Health and Safety Executive (HSE), in partnership with local governments, was responsible for enforcement. In April 2008, the Health and Safety Commission and the Health and Safety Executive merged to form a single regulatory body, retaining the HSE title. The HSE Board is a body of up to ten people, appointed by Secretary of State for Work & Pensions, after consultation with organisations representing employers, employees, local authorities and others, as appropriate. The HSE is a non-departmental public body with Crown status, sponsored by the Department of Work & Pensions and accountable to the Secretary of State for Work & Pensions.

The Health and Safety Executive (HSE) enforces the law in workplaces ranging from health and safety in nuclear installations and mines, through to factories, farms, hospitals and schools, offshore gas and oil installations, the safety of the gas grid and the electricity distribution system, the movement of dangerous goods and substances and many other aspects of the protection both of workers and the public. In addition, over 400 local authorities are responsible for enforcement in a wide range of other activities, including the retail and finance sectors, and other parts of the services sector, particularly leisure.

There are two sources of disability income security available to a worker in the UK. One is the social security benefit system administered by the Department for Work and Pensions, and the second is the employers' liability insurance. Any employee who is injured or made ill at work is entitled to claim benefits under the social security system and to receive health care services from the National Health Service. Statutory sick pay coverage is provided for a period up to 28 weeks. Durations of disability longer than 28 weeks are entitled to an incapacity benefit under the Industrial Injuries Scheme administered by the Department of Work & Pensions.

Employers' liability insurance is compulsory, enabling employers to meet the cost of employees' injuries or illnesses, whether they are caused on or off site. Injuries or illnesses relating to motor accidents that occur while employees are working are usually covered separately by motor insurance. State benefits do not involve fault being established. By contrast, employers' liability insurance requires the courts to establish the negligence of an employer. This is done through actual or threatened litigation. Employees in the UK who are injured or made ill at work are entitled to sue their employer for compensation in the civil courts within a three-year period.

1.0 Organization and Structure of OHS Prevention Services

1.1 Key Elements of Legislative Authority

The UK's OSH policies are derived from a mixture of international agreements, EU directives and regulations, and legislation at both the national parliamentary and UK levels. There are a complex web of institutions and authorities in the UK responsible for health and safety. In practice, the HSE is the principal agency responsible for both the development and implementation of OSH policy in the UK.

The Health and Safety at Work Act (1974) sets out the general duties that employers have towards employees and members of the public, and employees have to themselves and to each other. These duties are qualified in the Act by the principle of "so far as is reasonably practicable". In other words, an employer does not have to take measures to avoid or reduce the risk if they are technically impossible or if the time, trouble or cost of the measures would be grossly disproportionate to the risk. The Management of Health and Safety at Work Regulations 1999 generally make more explicit what employers are required to do to manage health and safety under the HSW Act. The main requirement on employers is to carry out a risk assessment. Employers with five or more employees need to record the significant findings of the risk assessment.

1.2 Responsibility for Prevention Services

Health and safety standards in the UK are enforced by inspectors from the HSE or by inspectors from a local authority.

The current workforce of the HSE is approximately 3,500 and includes inspectors, policy advisers, technologists and scientific and medical experts (including a staff complement of 390 in the Health and Safety Laboratory (HSL)). HSE's staff complement has been reduced by approximately 500 FTEs since 2004. There are currently approximately 1,300 OHS inspection field staff, 500 staff with responsibilities for hazardous installations and 300 staff with responsibilities for the regulation of the UK nuclear industry.

There are more than 400 local authorities in England, Scotland and Wales that have responsibility for the enforcement of health and safety legislation in more than 1 million premises employing more than 12 million people. Local authorities are the principal enforcing authority in retail, wholesale, catering, offices, residential care homes and the consumer/leisure industries (1). As in Germany, local authority inspectors also have responsibility for environmental health protection (food safety, pollution and housing standards).

The HSE Field Operations Directorate is managed as seven geographical divisions and a national Construction Division. HSE's OHS inspection authority includes construction, agriculture, general manufacturing, engineering, food and drink, quarries, entertainment, education, health services, local and central government and domestic gas safety. Staff in geographical divisions and the national construction division are involved primarily in front-line activities, giving advice and guidance, contacting and inspecting workplaces, investigating incidents/accidents/complaints and taking enforcement action.

1.3 *Source of Funding and Expenditures on Prevention Services*

The total HSE budget was £287 million in 2007/2008 and the majority of this revenue is provided by a vote of the national parliament. The Institute for Work & Health estimates that HSE's expenditures on labour inspection, enforcement and compliance services (D.1) and expenditures on education, training, workplace consulting, social marketing and prevention communications (D.2) totalled £119 million in 2007/2008. The Institute for Work & Health was not able to identify an estimate of expenditure by local authorities on occupational health and safety inspection and enforcement activities. On the basis of the scale of local authority mandate (more than 1 million premises, employing more than 12 million workers), and the number of orders and citations issued by local authority inspectors, it may be plausible to estimate an expenditure by local authorities in the range of £50-100 million. On this assumption, OHS prevention service expenditures in the United Kingdom can be estimated to be in the range of £6.5 to £8.6 per worker (CDN \$10.40 to \$13.70 per worker).

1.4 *Prevention Service Activities*

HSE staff in the Field Operations Directorate conducted 213,000 regulatory contacts in 2004 with employers and duty holders, including inspections and investigations. The Institute for Work & Health was not able to identify a source of the number of OHS regulatory contacts made by local authority inspectors. In 2007, HSE inspections resulted in 8,995 improvement notices, and 4,668 immediate prohibition notices. HSE actions resulted in 851 convictions (£10.8 million in penalties) and local authority actions results in 334 convictions (£2.6 million in penalties).

1.5 *Expenditures on Research*

The Health and Safety Laboratory (HSL) carries out and publishes research and provides scientific and forensic services on behalf of HSE. As an agency, HSL competes in the marketplace, providing scientific research and services to non-HSE customers while being HSE's prime provider of science. HSL provides statistical analysis, survey work and impact assessments. HSL's R&D portfolio represented approximately £4 million on research to reduce occupational ill health, £2 million on the control of major hazards, approximately £14 million on support to front-line regulatory services, such as accident investigation and approximately £6 million on evaluation research, epidemiology and statistics. HSL also provides advice and consulting services, incident investigation and provides OHS training courses. HSL had revenues of £35.4 million in 2007/2008, of which £28.3 million was contributed by HSE (4). Research expenditures on research to reduce occupational ill health (£4 million) and on evaluation research, epidemiology and statistic (£6 million) represent approximately 8.4% of total prevention services expenditures of £119 million by HSE.

2.0 **OHS Prevention Model**

2.1 *OHS Standards*

UK health and safety law is based on the principle of risk assessment. The HSE uses OSH policy, risk assessment using hazard identification, investigation and enforcement inspections, and strategic programmes.

The Health and Safety at Work Act (1974) introduced a flexible regulatory system, typified by the Management of Health and Safety at Work Regulations 1999. Since the HSW Act was passed, HSE has been engaged in progressive reform of the law, seeking to replace detailed industry-specific regulations with a modern approach in which regulations, wherever possible, express goals and general principles, and detailed requirements are placed in codes and guidance. Those who depart from a code must be prepared to show that their own approach is an equally valid way of meeting the legal requirements.

2.2 *Regulatory Amendment Process*

HSE's statutory responsibilities under the HSW Act include proposing health and safety law and standards to ministers. In preparing its proposals, it relies on the advice of its staff and on scientific research carried out by the Health and Safety Laboratory (HSL). It also consults extensively with organisations representing professional interests in health and safety, business managers, trade unions, and scientific and technological experts. This is managed through a network of advisory committees and by public invitation to comment on particular proposals. Special efforts are made to seek the views of small firms, often using a range of intermediary organisations representing trade, sector or business interests.

Expert advice concerning regulatory, code and guidance standards comes from HSE's network of advisory committees who deal with particular hazard areas and some with particular industries. Each includes a balance of employer and employee representatives and, where appropriate, technological and professional experts. The committees are supported by HSE staff whose main function is to recommend standards and guidance and, in some cases, to comment on policy issues or to recommend an approach to a particular new problem. Before proposals for new legislation or codes of practice are brought forward to ministers, HSE issues formal consultation documents which are made publicly available and which have a very wide circulation.

2.3 *Regulatory Requirement for Worker Participation*

There are two sets of general regulations concerning employers' duty to consult their workforce about health and safety: the Safety Representatives and Safety Committees Regulations 1977 (as amended) and the Health and Safety (Consultation with Employees) Regulations 1996 (as amended). The 1997 regulation applies if an employer recognises trade unions in any part of the business. Under this regulatory standard, a trade union may appoint health and safety representatives and the employer must consult the union-appointed health and safety representatives on health and safety matters affecting the employees they represent. If an employer does not recognize trade unions, the Health and Safety (Consultation with Employees) Regulations 1996 applies. Under this regulation, the employer can choose to consult employees directly as individuals, or through elected health and safety representatives (known as 'representatives of employee safety' in the Regulations), or a combination of the two.

Under both regulatory standards, the employer must consult with employees or their representatives on the following: the introduction of any measure which may substantially affect their health and safety at work, for example the introduction of

new equipment or new systems of work (such as the speed of a process line and shift-work arrangements); arrangements for getting competent people to help them comply with health and safety laws; the information they must give their employees on the risks and dangers arising from their work, measures to reduce or get rid of these risks and what employees should do if they are exposed to a risk; the planning and organisation of health and safety training; and the health and safety consequences of introducing new technology.

2.4 *Economic Incentives*

Economic incentives targetted to employers are not a significant OHS policy instrument in the United Kingdom. While providers of Employers' Liability Insurance may provide discounts or apply surcharges based on the experience of an individual employer, there is no workers' compensation benefit scheme funded by employer premium contributions. The HSE, as the national regulatory authority, does not have an economic incentive program.

3.0 **OHS Strategy Framework**

3.1 *Description of Elements of OHS Strategy*

The HSE is responsible for establishing national OSH strategies. The HSE and local authorities are responsible for implementing these as programmes and delivering the desired outcomes. The HSE is required to conduct public consultations.

Over the period 2000-2010, occupational health and safety priorities were anchored to the *Strategy for workplace health and safety in Great Britain to 2010 and beyond*. The four key themes of this strategy were: 1) developing closer partnerships, 2) helping people to benefit from effective health and safety management and a sensible health and safety culture, 3) focusing resources to best reduce the risk of workplace injury and ill health, and 4) communicating the vision.

The 2000 HSC strategy *Revitalizing Health and Safety* established three national targets to improve occupational health and safety by 2010: 1) a 10% reduction in the incidence of fatal and major injury per 100,000 workers within 10 years, 2) a 20% reduction in the incidence of work-related ill health per 100,000 workers within 10 years and 3) a 30% reduction in the number of working days lost from work-related injury and ill health per worker.

Following the merger of HSC and HSE, a renewed strategy was published, June 2009, *The health and safety of Great Britain: be part of the solution*.

3.2 *Participation of employer and worker representatives*

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representatives on health and safety matters affecting the employees they represent. If an employer does not recognize trade unions, the Health and Safety (Consultation with Employees) Regulations 1996 applies. Under this regulation, the employer can choose to consult employees directly as individuals, or through elected health and safety representatives (known as 'representatives of employee safety' in the Regulations), or a combination of the two.

Under both regulatory standards, the employer must consult with employees or their representatives on the following: the introduction of any measure which may substantially affect their health and safety at work, for example the introduction of new equipment or new systems of work (such as the speed of a process line and shift-work arrangements); arrangements for getting competent people to help them comply with health and safety laws; the information they must give their employees on the risks and dangers arising from their work, measures to reduce or get rid of these risks and what employees should do if they are exposed to a risk; the planning and organisation of health and safety training; and the health and safety consequences of introducing new technology.

3.3 *Targeting Resources to Greatest Risks*

Each HSE regional office implements national intervention plans according to local need, focusing inspection towards workplaces and processes that present the highest risk. Risk is assessed by, among other things, an inspection rating system that takes account of previous performance and attitudes.

4.0 **Operational Co-ordination**

4.1 *Priorities in Operational Coordination*

Over the period 2005-2009, HSE directed efforts to coordinate policy, operational, scientific and communications specialists across HSE along with local authority staff and key stakeholders into a single programme focused on making sustained improvements in the numbers of people injured or made ill by work activity. The programme delivered a range of targeted interventions, including inspection, communications, stakeholder engagement and enforcement, focused on key hazards and industry sectors (3).

In the 2007-2009 period, HSE revised and published a Standard for Health and Safety Enforcing Authorities (S18), which defines arrangements for health and safety enforcement applied to both HSE inspection activities and local authority activities. Under the terms of this standard, all enforcement authorities shall set out their commitment, priorities and planned interventions, put into place the capacity, management infrastructure, performance management and information systems required to deliver an effective service and to comply with their statutory duties and operate systems to train, appoint, authorise, monitor, and maintain a competent inspectorate.

4.2 *Monitoring the Effectiveness of Prevention Services*

The HSE is directly responsible for evaluating its own policies, strategic plans, enforcement systems and other activities. They publish these reviews, which are conducted both internally and by external parties.

The HSE works toward specific goals and targets, as part of their government-approved business plans. These goals emphasize reductions in working days lost, incidence of work-related health problems and incidence of fatal and major injury incidents.

The 2000 HSC strategy *Revitalizing Health and Safety* established three national targets to improve occupational health and safety by 2010. As of 2007/08, HSE reported a 9% reduction in the incidence of fatal and major injury per 100,000 workers (10 year target: 10% reduction), a 15% reduction in the incidence of work-related ill health per 100,000 workers (10 year target: 20% reduction and a 20% reduction in the number of working days lost from work-related injury and ill health per worker (10 year target: 30% reduction).

References

- (1) Kendall N. Management and governance of occupational safety and health in five countries (United Kingdom, United States of America, Finland, Canada, Australia). Technical report prepared for the National Occupational Health and Safety Advisory Committee: NOHSAC Technical Report 8: Wellington, 2006.
- (2) Health and Safety Commission. The health and safety system in Great Britain. Norwich: Her Majesty's Stationery Office, 2002.
- (3) HSE Annual Report 2008/09.
- (4) Health & Safety Laboratory, Annual Report & Accounts 2007/2008. <http://www.hsl.gov.uk/media/46037/accs0708.pdf>
- (5) Section 18. <http://www.hse.gov.uk/section18/make-it-happen.htm>
- (6) A guide to health and safety regulation in Great Britain. HSE, 2009.

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		Ontario		United Kingdom	
Reference Year		2007		2007	
A	Labour Force Statistics				
A.1	Population aged 15-64	9,068,500	f	30,100,000	k
A.2	Labour force participants	6,590,000	g	23,800,000	k
A.3	Labour force participants covered by the OHS legislation of your authority	5,840,000	a	23,800,000	
A.4	Labour force participants excluded, exempt or covered under a separate authority	531,347	j	0	
B	Inspection, Enforcement and Compliance Services				
B.1	Count of the number of staff in your authority's labour inspection service	450		1,238	l
B.2	Total number of inspection/investigation hours				
B.3	Total number of field visits conducted by staff in your authority's labour inspection service	101,275	a	213,000	s
B.4	Total number of orders or citations issued by staff in your authority's labour inspection service	176,600	a	7,715	m
B.5	Total number of convictions arising from the prosecution of OHS violations (if appropriate)	1,191	a	851	m
B.6	Total value of fines levied for convictions arising from the prosecution of OHS violations.	\$12,000,000	a	£10,819,000	n
B.7	Count of the number of labour inspection staff under the authority of other agencies that provide inspection services in your jurisdiction	30	j	NA	
B.8	Total number of field visits conducted by labour inspection staff under the authority of other agencies that provide inspection services in your jurisdiction	951	j	NA	
B.9	Total number of orders or citations issued by labour inspection staff under the authority of other agencies that provide inspection services in your jurisdiction	32	j	6,010	m
B.10	Total number of convictions arising from the prosecution of OHS violations under the authority of other agencies in your jurisdiction	2	j	334	m
B.11	Total value of fines levied for convictions arising from the prosecution of OHS violations under the authority of other agencies in your jurisdiction.	\$290,000	j	£2,559,400	m
C	Training and Workplace Consultation Services				
C.1	Count of number of staff funded by or employed by your authority providing training services or workplace consultation services	350	b	DNA	
C.2	Total number of participant-days of training provided	282,380	a	DNA	
C.3	Total number hours of workplace consultation services	163,057	a	NA	
D	Expenditures				
D.1	Expenditures on labour inspection, enforcement and compliance services	\$90,000,000	a	£119,000,000	o
D.2	Expenditures on education, training, workplace consulting, social marketing and prevention communications	\$103,600,000	a		
D.3	Expenditures on research related to the prevention of work-related injury and illness	\$5,600,000	a	£10,000,000	p
D.4	Economic incentives: gross value of rebates and surcharges assessed on employer insurance premiums	\$523,000,000	c	DNA	q
D.5	Economic incentives: value of rebates or awards to employers for OHS performance	\$32,600,000	e	DNA	q
D.6	Number of employers participating in OHS performance programs	3,200	d	DNA	q

		Ontario		United Kingdom	
Reference Year		2007		2007	
E	Insurance for work-related disability				
E.1	Labour force participants insured by workers' compensation / work disability funds in your jurisdiction	4,786,088	g	23,800,000	r
E.2	Labour force participants excluded, exempt or insured by a separate workers' compensation/ work disability fund				
E.3	Total premium revenue	\$3,313,000,000	i	DNA	q
E.4	Expenditures on wage replacement benefits STD			NA	t
E.5	Expenditures on pension, permanent disability awards	\$2,372,000,000	h	NA	t
E.6	Expenditures on health care services and vocational rehabilitation services	\$810,000,000	h	NA	t

DNA: Does not apply

NA: Not available

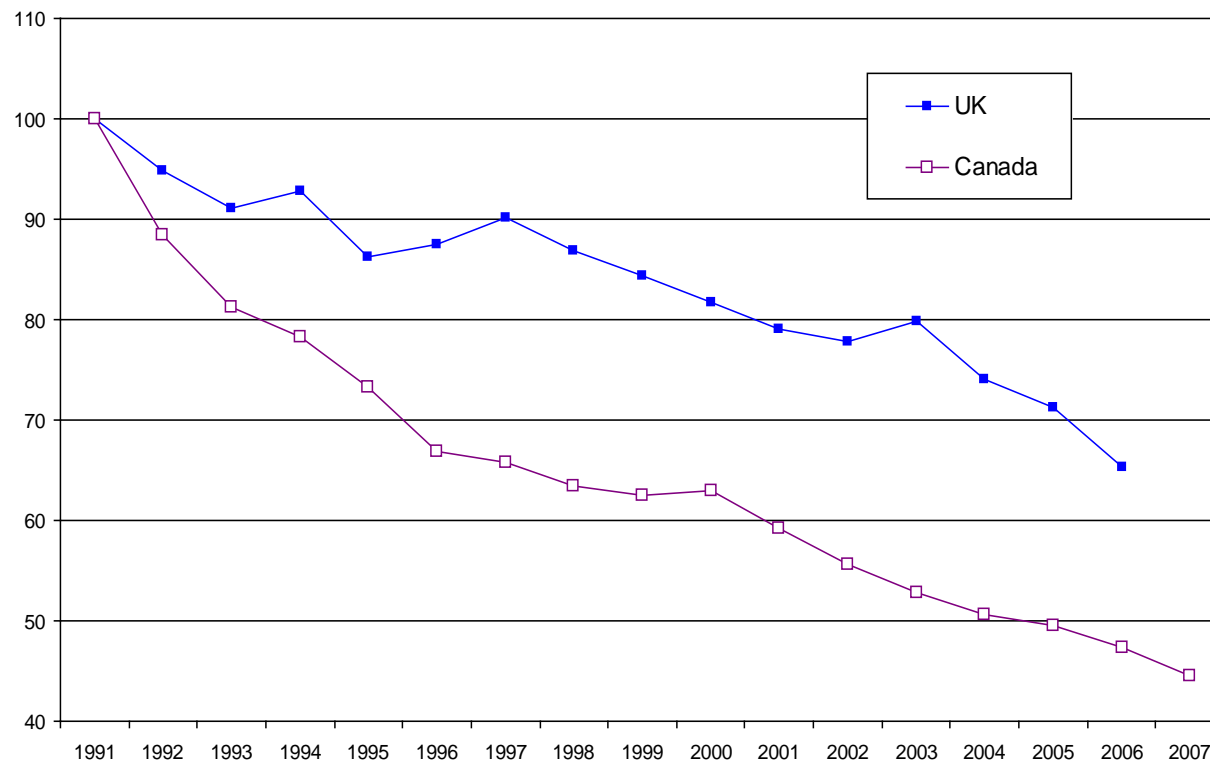
- a) Expenditures reported in \$ CDN. System performance measurement report 2007. Note that 'Expenditures on education, training, workplace consulting, social marketing and prevention communications' excludes \$30,600,000 in revenues generated from service fees. Occupational Health and Safety Council of Ontario. January 30, 2009.
<http://www.iwh.on.ca/ohsco-system-performance-measurement-report-2007>
- b) RPO. Occupational Health and Safety Council of Ontario. Roles review and realignment, June 2008
- c) Recommendations for experience rating. Report to the WSIB. Morneau Sebaco, October 2008.
- d) WSIB. Safety Groups Program Member Update 2006/2007. <http://www.wsib.on.ca/wsib/wsibsite.nsf/public/SafetyGroupsProgram>
- e) WSIB. 2008 Safety Groups Program Rebate. <http://www.wsib.on.ca/wsib/wsibsite.nsf/public/SafetyGroupsYearlyRebate>
- f) Population estimates and projections, 2009, Statistics Canada. <http://www40.statcan.gc.ca/101/cst01/demo31a-eng.htm>
- g) <http://www.iwh.on.ca/compensation-fact-sheets>
- h) <http://www.iwh.on.ca/compensation-fact-sheets>. Expenditures on short-term wage replacement benefits (E.4) and pension awards (E.5) are consolidated in Ontario. Expenditures on health care services and vocational rehabilitation services (E.6) include expenditures for the WSIB Labour Market Re-entry program.
- j) OHS Compliance and Operations Unit, Labour Program, HRSDC. Custom tabulation, April 20, 2010.
- k) Kendall N. Management and governance of occupational safety and health in five countries (United Kingdom, United States of America, Finland, Canada, Australia). Technical report prepared for the National Occupational Health and Safety Advisory Committee: NOHSAC Technical Report 8: Wellington, 2006.
- l) Count represents front-line inspection staff in the Field Operations Directorate, the Hazardous Installations Directorate and the Nuclear Directorate. <http://www.hse.gov.uk/aboutus/reports/0809/staffing.htm> and the HSE Annual Report 2008/09, Table 5, p34.
- m) www.hse.gov.uk/statistics/tables. Infractions listing under B.4 and B.9 refer to improvement notices (8,995), deferred prohibition notices (105) and immediate prohibition notices (4,668). Enforcement statistics are those based on HSE enforcement actions and Local Authorities actions. Excludes the actions of the Railways Inspectorate (RI), Hazardous Installations Directorate (HID) and Nuclear Safety Division (NSD).
- n) HSE Annual Report 2008/09.
- o) HSE's total expenditures in 2007/08 were £287 million. HSE allocates 25% of gross administration costs of £213 million and 51% of gross programme costs of £67 million to 'occupational health and safety outcomes'. Including an allocation of corporate support, property and information technology expenditures to 'occupational health and safety outcomes'. In addition the Health and Safety Laboratory allocates approximately £14 million to support front line regulatory services, IWH estimates that HSE's expenditures on labour inspection, enforcement and compliance services (D.1) and expenditures on education, training, workplace consulting, social marketing and prevention communications (D.2) totaled £119 million in 2007/2008. Health and Safety Commission Business Plan 2007/08.
- p) HSL had revenues of £35.4 million in 2007/2008. Research expenditures on research to reduce occupational ill health (£4 million) and on evaluation research, epidemiology and statistic (£6 million) are reported in D.3. Health & Safety Laboratory, Annual Report & Accounts 2007/2008. <http://www.hsl.gov.uk/media/46037/accs0708.pdf>
- q) Employers' liability insurance, provided by private insurance carriers, provides compensation to disabled workers only upon the finding of fault in litigation. A source of estimates of the total amount of employers' liability insurance premiums and total compensation awarded has not been identified.
- r) describe DWP
- s) Count of number of regulatory contacts in 2004, including inspections, and investigations, made with employers and duty holders. p31 in Kendall N. Management and governance of occupational safety and health in five countries (United Kingdom, United States of America, Finland, Canada, Australia). Technical report prepared for the National Occupational Health and Safety Advisory Committee: NOHSAC Technical Report 8: Wellington, 2006.
- t) Disability income security benefits for disability arising from work-related injury or illness are provided by the Industrial Injury Disability Benefit, administered by the Department of Work & Pensions. In 2007, the DWP paid £848 million in benefits under the IIDB. In addition, working age adults who are unable to work due to a health impairment are eligible to receive the Incapacity Benefit, also administered by the Department of Work & Pensions. In 2007, the DWP paid \$6,124 million in benefits under the IB. http://research.dwp.gov.uk/asd/asd4/medium_term.asp



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Trends in work injury rates or claim rates, 1991-2007 Canada and the United Kingdom (1991 = 100) (Source: ILO)



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