Work and Pensions Committee

Oral evidence: Health and Safety Executive

Wednesday 4 March 2020

Ordered by the House of Commons to be published on 4 March 2020.

Watch the meeting

Members present: Stephen Timms (Chair); Debbie Abrahams; Shaun Bailey; Siobhan Baillie; Steve McCabe; Nigel Mills; Selaine Saxby; Dr Ben Spencer; Chris Stephens; Sir Desmond Swayne.

Questions 1-46

Witnesses

I: Sarah Albon, Chief Executive, Health and Safety Executive, and Martin Temple, Chair, HSE.

Examination of witnesses

Witnesses: Sarah Albon and Martin Temple.

Q1 **Chair:** I welcome you both and apologise that we kept you waiting a few minutes. You are the first witnesses before the newly formed Work and Pensions Committee, and we are very pleased that you are both here. For the record, would you introduce yourselves?

Martin Temple: I am Martin Temple. I am chairman of the Health and Safety Executive and have a background as a businessman.

Sarah Albon: I am Sarah Albon. I am chief executive of the Health and Safety Executive and took up my post just over six months ago.

Q2 **Chair:** Thank you both very much. I have the first couple of questions. Will you briefly outline the major challenges and priorities that you see for the Health and Safety Executive in the period ahead?

Martin Temple: First, the essence of this is that you have to manage risk. Not all risks can be eliminated, and the consequence of that is that it is an ever-present thing to do. Even though you look at statistics about the number of fatalities and injuries, you still have to manage the risks on an ongoing basis. A number of those are traditional—falling from heights and things like that—but we also face a very changing world, where the demographics are changing, technology is changing and there are things like the gig economy, all of which start changing the way in which we will have to look forward in the way we regulate, in a way that is empathetic to the way society is and the different priorities that we have in Government and in the economy as a whole. We have the ever-present historical things and those that represent new challenges for the future, and it is about identifying those future ones and adapting them without necessarily losing the past.

Q3 **Chair:** Over the last decade, the HSE's budget has fallen fairly sharply—it is down 14% in real terms since 2013-14—and the long-term downward trend in workplace fatalities has ended; they have been flat for the last 10 years. Are those two things connected?

Martin Temple: No, I don't think so. We certainly have had cuts—certainly in the early part, the 2010 to 2012 period—but to some extent we have been able to supplement some of that with some of the other income that we have been able to generate. There have been elements around that that have required us to reprioritise and put on hold certain other developments in back office, technology and things like that, but I do not think there is a direct correlation between the funding and the deaths; it is about how mature the system is and it actually managing risk.

Q4 **Chair:** If I remember rightly, fees for intervention were introduced following the review that you undertook before you became chair of the organisation. How has the income generated from that arrangement

compared with your expectations when those fees were introduced?

Martin Temple: I think it is broadly in line with what people anticipated. There is no doubt that it was a controversial thing at the time, but the essence of it was that those people who did not do the right thing in health and safety terms were ultimately called to account for that. That meant that it really targeted our attention on those that were not doing the right thing. There was some disharmony about that. There was a feeling that the behaviour of the HSE would change and the behaviour of the duty holders would change. I think that ended up being much more perception than reality, but there was an element that did need to change and has changed. When people felt they had been treated unfairly and appealed, for a period of time HSE was judge and jury. That has been changed to make it independent, and I think that has taken the biggest element of concern out. Since then, I think people have realised that we are not chasing money but actually trying to do the right thing, which is to look at areas of risk and help people to manage them correctly.

Q5 **Chair:** But the volume of income generated has been in line with expectations?

Martin Temple: Broadly. It has gone down a little bit in the last year or so, but that has been related, broadly, to the number of inspections we have been doing.

Q6 **Chair:** Could you send us a note on that, just so we can see the figures?

Martin Temple: Yes, of course.

Q7 **Chair:** Last question from me: does our departure from the EU mean that you will have to put more resources into developing future legislation? How do you see that as a challenge for the future?

Sarah Albon: The biggest challenge for us will be in the area of chemicals regulation—I am thinking there about biocides, pesticides and plant products. The UK was one of 28 looking at applications for the use of particular chemicals and products, and I think it is fair to say that the HSE and therefore the UK did considerably more than their fair share. We were not doing one 28th of the work across Europe; it varied, but we probably were picking up somewhere between a quarter and a third of the consideration of applications coming in for new products and new chemical use across the EU. Clearly, in a low-alignment world, the applications will be made to the UK, so the HSE will be picking up all the applications made for new chemicals and plant products. We are expecting to see relatively significant growth in that area of our business. One of the things that made the UK an attractive place, if your application was handled here, was not only the quality of the work that the team at HSE were doing, but how relatively quickly they did it. Particularly if we think about new plant protection products coming to market, there is a sensitive time around that because of growing cycles for crops, and if you miss a particular time, you will have to wait a whole year. There is a competitive advantage that the UK can have if we step up to that and ensure that applications are dealt with swiftly and to the same high standard.

Q8 **Chair:** My question was more about future legislation. Much of our health and safety legislation was developed originally in Brussels, through our membership of the EU. We have obviously had to adapt it, and I have no doubt the HSE has contributed to that process in Brussels as well, but I am wondering whether, when we need to develop our own legislation in the future, it will be the HSE doing that work. Will it be more work than you were doing in contributing to Brussels previously? How do you see that?

Martin Temple: You have to remember that the bedrock of health and safety in Britain is the Health and Safety at Work etc. Act 1974, which is a remarkably good Act. It is very much about the proportionate management of risk and a duty holder's responsibility in that. It is much less prescriptive than many other regimes around the world. That has always been the bedrock of health and safety in the UK, and it will remain so. What typified the case, but not absolutely, was that Brussels was often looking at, say, working limits—safe working limits, exposure limits, values and things like that—and sometimes some people would go for something that they thought was a good idea, anything from the precautionary principle right through to scientifically justified and evaluated levels.

A lot of what we were getting out of Brussels was around the more technical details, which guided you on the safe working levels. Those will be subject to whatever the UK decides to do in its own right, but it will almost certainly involve revisiting the science in some cases, to say, "Do we still think this is the right level?" There was an element of translation from more prescriptive regimes to our less prescriptive regime, which may well be another area that one can look at.

Q9 **Chair:** Is it going to mean more work for you in the future?

Sarah Albon: I don't think there will be, particularly. In common with, I am sure, the whole public sector, we have been analysing where we think work might increase and also where it might decrease as a result of the changed status of the UK. In terms of policy, what we do will change to some extent, because we will not be trying to negotiate the UK position on particular regulations in Brussels, but we are not expecting to see either a significant increase or decrease in the policy work.

Chair: That is helpful. Thank you very much.

Q10 **Debbie Abrahams:** Good morning. I want to explore the psychosocial work environment with you. We know, going back to the '80s and '90s and the Whitehall study's report, the importance of the psychosocial work environment and the health effects it has on not only mental health, but, for example, increased risk of cardiovascular disease. What sort of work are you doing around the psychosocial work environment, given that psychological disorders in the workplace are in the top three?

Sarah Albon: The Health and Safety Executive, in its strategy saying where it was going to focus in terms of health, had picked out three areas. Two were physical—musculoskeletal and occupational lung disease—and the third was around workplace stress. I suppose that is ultimately the

symptom to some degree of the psychosocial environment, rather than taking a complete look at it. Thinking about wellbeing of staff and about stress in the workplace is becoming an increasing priority for us. It is increasingly important as we see the world of work changing and the kind of threats that people face in their workplace moving away, to some extent and in some areas, from the old mechanised physical accident and into the work environment.

Q11 **Debbie Abrahams:** So what lines of inquiry are you taking, if it is an increasing priority? You are absolutely right about the labour market; everything has changed, and in addition to the job strain that people face in terms of high demand and low control, there are also issues around precarious work. What specific lines of work are you doing?

Sarah Albon: Most of our work there has concentrated on trying to get greater use and take-up of the management standards for managing stress, so thinking about very practical things that employers can do where we know that if factors are well managed in the workplace, that will assist in the reduction of work-related stress. In the management standards, that is thinking about things like the level of control that people have over the way they work, the relationships they have in the workplace and other very practical things.

The other limb to that is practical toolkits for business, to help managers and workers at all levels start those kinds of conversations and go through the management standards practically to understand what factors in an individual workplace are causing stress. We have had a programme of specific targeted inspections around that, so we are working directly with workplaces to assist employers with managing work-related stress well in their organisation.

Q12 **Debbie Abrahams:** In terms of enforcement work, obviously you focus on large businesses, and local authority environmental health departments—again, within their strapped resources—look at smaller businesses. Do you feel that what you are doing is matched at the local level with small businesses?

Sarah Albon: The split is not quite large business/small business; it is around the level of risk we see as being inherent in the types of businesses that are delegated to local authority control or retained with the HSE. In fact, a lot of the work we do is with small businesses. I am thinking in particular about family farms, small builders and so on. In fact, we deal with really quite a large number of small businesses, as well as with larger businesses.

Q13 **Debbie Abrahams:** Has the enforcement action you have had to take involved anything in relation to psychological stress at work?

Sarah Albon: I don't think it has. This is an interesting issue and challenge for us going forward. We feel relatively confident that we have some good tools and some good ways of helping business work well, but of course it is much harder for an inspector to walk into a workplace and identify that it is a workplace that is causing stress than it is for them to

look at a piece of machinery and say, "You're managing that incorrectly." We will need to think about how we develop other factors, such as looking at sickness records and looking at other issues that may make us want to inquire and intervene in business in a way slightly different from the traditional inspection route.

Martin Temple: We work with quite a lot of the sector bodies as well. Construction, for example, which has a high incidence of suicide among young males, has developed a programme called Mates in Mind, which we absolutely facilitated and helped bring in. Right at the other end of the spectrum, as Sarah said, we work with people like the National Farmers Union in the agriculture sector, where the suicide rate is also very high. We do work at all ends of the spectrum. We have always had what I call the stress-management toolkit. We now call it the management standards, but that has been around for a long time, and we have reinvigorated it following Stevenson/Farmer. In particular, we have been doing trial work in schools, prisons and the health sector to look at what are perceived to be very high-stress areas to see just how effective these things are. The stress toolkit is quite widely used now.

Q14 **Debbie Abrahams:** Thank you. Two quick final points. I know that France looks at suicide and the impact of the workplace, and I understand the US does as well. Are there any plans for us to do something similar?

Sarah Albon: I think the straightforward answer to the question of whether there are plans for us to have similar monitoring is that there are not at the moment, but I absolutely accept that unfortunately, as Martin was saying, for some individuals, the extreme end of stress can lead to self-harm and even suicide. We would need to think about how, in a practical form in our system, employers would know, even, that some of their employees had ended their own life, as opposed to dying of natural causes, because there is no requirement on a family to tell the employer the cause—

Q15 **Debbie Abrahams:** So reporting considerations?

Sarah Albon: Before we could leap to saying, "Shall we collect data?", we would need to think really carefully about what the systems were for reporting, and for an employer even to collect the data in such a way that it could be passed on for us to use meaningfully.

Q16 **Debbie Abrahams:** But other countries obviously do this.

Sarah Albon: Well, yes, and there was a very high-profile case in France, I think, where managers were ultimately held to account for the suicide of their workers. We would certainly, if a coroner asked us to, go and conduct an investigation into a particular company, if there were seen to be a strong causal link between a particular work environment and somebody's suicide.

Q17 **Debbie Abrahams:** Do you have the systems to pick things up from coroners, so that you can do that? There is an issue in other areas of the

Department's work, in terms of the co-ordination and understanding of data from coroners.

Sarah Albon: I asked that question, in the sense of whether we had ever had a direct referral and, as far as we have been able to ascertain, we never have—

Martin Temple: But coroners do report to us on other issues. There is an established mechanism whereby, if they do find something, they refer it to us, and then we have to respond within a prescribed period of time.

Chair: Ben Spencer wants to pursue a similar line of questioning.

Q18 **Dr Spencer:** Thank you for coming here today, and for the answers that you have already given. I would like to unpack two areas that we have already gone through. One is about workplace stress—one of your three priorities—how it is measured and monitored, and how that leads on to the basis of your decision making.

Clearly, as we all know, work is very stressful. I think I have never come across anyone in this place or in my previous life as a doctor who did not find work stressful in some way. That is the nature of work, and it is very important that things are done to improve people's work circumstances. We spend most of our life at work—or sleeping—so it needs to be as good as possible. And improving autonomy at work—providing control—should be a clear priority, because that has been shown time and again to help people at work.

I have been looking through the labour force study, which, from what I can see, is the main piece of research driving the concern about stress at work. This is a self-report study; people are self-reporting what is defined in the study as a "common mental health problem"—stress, anxiety and depression. That has been on the rise recently. Since mental health awareness or mental wellbeing awareness, as I would put it, has increased, could it be that the increased reporting of stress in the workplace is a side effect of people's increased understanding of their mental wellbeing, and of a change in the way we as a society talk about distress and our own difficult experiences? We no longer talk about having a difficult time; we now talk about having mental health problems or stress. How does that fit into the work that you are doing?

Sarah Albon: I think you are right. There must be an inherent risk with any self-reporting tool that the understanding by individuals across time changes, and so an apparent shift in prevalence of something is not that, but a shift in people's understanding and reporting, and in the way they describe it. We need to be careful to ensure, before we leap to a conclusion, that there has been a really significant rise in mental ill health.

The other thing, of course, that we need to be very aware of is that people's health, as opposed to accidents and incidents, is a complex ecosystem, whether we are talking about physical or mental health. When we think about musculoskeletal disease and problems with people's posture and the way they are in the office, that will also be tangled up

with how they are holding their iPhones at night, sitting on the sofa. Isolating the particular cause of that is not straightforward, and that is absolutely true of mental good health as well. A person does not put away all their home problems when they walk into the office, and vice versa.

Nevertheless, we know that a considerable number of days overall are lost to the economy as a result of people taking time away from work, who are reporting that they are doing that as a result of stress, anxiety or depression. Anything we can do to help to alleviate that or to give employers practical guidance on how to talk to their employees and reduce those inherent stress factors—such as control, as you say—will be part of a jigsaw and can play a useful part in supporting people to stay healthy and employers to work well and productively with their teams.

Martin Temple: I think we all know that we are on a journey here. It is something that people are now prepared to talk about much more openly, and to address in a more significant and meaningful way. We recognise that we are also on a continuum, and that our role is, "How can we look to prevent the problem in the first place?" That means looking at the workplace and how it can be best set up to give people the least stress. But we also have to hand on to other professionals and, eventually, try to get people back into the workplace if they have suffered some sort of mental problem.

We recognise that there is a big learning curve here. Much of the work we are doing on the stress management tool is about how to manage correctly and ensure that people know what the job is and are given the right amount of work, as opposed to too much, and all those sorts of things. These are very practical things that we are trying to do here, to try to prevent a problem in the first place.

Q19 **Dr Spencer:** My final question: would there be utility in clearly separating out stress from anxiety and depression, and in not measuring anxiety and depression through self-reporting, but as medical diagnoses, and trying to separate those issues out? I worry about their all being lumped together. People who suffer from depressive illnesses may consider that it is quite a different set-up, experience and phenomenon from seeing stress, depression and anxiety all lumped in this one thing together.

Sarah Albon: I absolutely take your point, and I understand the benefit in that. At the end of the day, what we are doing in using the labour force survey is taking data that the Office for National Statistics has available and collected centrally. I am certainly not sufficiently familiar with what level of complexity we would then be driving into reporting requirements around employers and doctors, even, as well as individuals, before we say that that would be useful. From our narrow perspective, the more granularity we could have about the kind of problems we are dealing with, the more targeted we could be in our interventions, but I do not feel sufficiently sighted on what impossibility, in terms of data collection, I would be heaping on colleagues somewhere else in the system in saying that that is a good thing.

Q20 **Shaun Bailey:** My question centres around asbestos. I am sure you will be aware that a recent Res Publica report made a number of recommendations for managing asbestos. Will the Health and Safety Executive be taking on board any of those recommendations, and what can we do immediately to try to tackle some of the issues that are still present with asbestos?

Sarah Albon: Certainly we are aware of the report. It is helpful to keep in the wider public sphere an awareness that the use of asbestos was banned in this country many decades ago. It is really important to continue to help raise public awareness that it remains highly prevalent in older buildings, and is an incredibly dangerous material that needs to be removed strictly by licensed and experienced people, and then disposed of safely.

We think, to some extent, that some recommendations misunderstood our policy. We in the Health and Safety Executive are not saying that asbestos should always be left alone, in situ. We say that, provided it is in a place where it cannot easily be disturbed, such as a school—one thing a school needs to consider is whether pupils would easily disturb or interfere with any asbestos present—asbestos that is properly maintained and separated from being interfered with should not present a health problem, but it is really important to make sure that asbestos is properly managed.

Our science division has done a number of inspections and tests to see what degree of asbestos is present in the air in schools. That has backed up our view that properly managed asbestos does not present a health risk. However, a series of targeted inspections have raised serious concerns that at least some schools are not properly managing the asbestos they have within them. We have raised that with the Department for Education. I know that they take that very seriously, and have been working with schools—those under local authority control and increasingly those that are not—to try to re-emphasise the importance of safe asbestos management and, if it is damaged, of removing it safely and appropriately.

Q21 **Shaun Bailey:** If we look abroad, we tend to find tougher regulations, so do you feel we could do more in the regulation of asbestos and its wider management?

Sarah Albon: Obviously, I have looked at this, and you are right that a number of European countries have a lower level of asbestos. It is important to recognise that the asbestos limits that we set in the UK are not for how much asbestos it is okay to have present in buildings in general, but are rather a test that is run after asbestos has been removed to ensure that residual asbestos in that building or area is now down at a level that poses no significant threat to health.

The fact is that this is an economy that made significant use of asbestos for many years before its health implications were understood, and there is a residual low level of asbestos in the air that all of us breathe, so there is a degree of very low-level exposure present, probably for nearly the entire population, all the time. We are confident that the exposure limits

that the HSE set are sufficient to ensure that there should be no detrimental effect to human health, provided that asbestos is properly managed. That is key.

Q22 **Sir Desmond Swayne:** You had a spat with the Women and Equalities Committee, which says that you are far too concerned with whether people are too hot or cold in the workplace and do not give a fig about their being sexually harassed. What is your reaction to that Committee's recommendations?

Sarah Albon: I guess that, probably in common with nearly all women of my age in the working population, I have experienced sexual harassment; I suspect very few of us who have worked for the last several decades have not, at least to some degree. I am pleased to say that I think its prevalence has reduced remarkably in recent years.

Seriously, we just had a long conversation about stress and anxiety, and of course we accept that sexual harassment, or any other form of harassment, can lead to significant ill health in the individuals who suffer it. It is absolutely possible that a referral to us on those grounds would be investigated by us. However, it is also a criminal offence, which the police should follow up and take seriously.

In any kind of complex legal environment, such as ours in this country, with a number of different regulators, we always seek who is best placed to investigate any particular incident or occurrence of harassment. On the whole, our response would be that the people better placed to investigate and take action are the police, because it is a serious criminal matter if people are subject to harassment in the workplace. That is not to say that we do not recognise that harassment, along with all sorts of other things, can be a cause of stress, and therefore could at least be investigated by us, and in appropriate circumstances would be.

Martin Temple: There is absolutely no way we would overlook it, in any other organisation or our own, and we would make sure that the most appropriate person dealt with it. That is absolutely non-negotiable.

Q23 **Steve McCabe:** I want to ask a couple of questions about enforcement. First, we have seen a reduction in enforcement in the last two years. Why is that?

Martin Temple: You mean in prosecutions?

Steve McCabe: Yes.

Martin Temple: There are a number of reasons for that. First, I should say that we have not changed at all the parameters against which we would prosecute. However, the number of cases being challenged, because of the change in the sentencing guidelines, has meant that we have to spend much longer preparing evidence and going backwards and forwards, to make sure that our prosecution will be sound, so prosecutions take a lot longer. Most of our inspectors are directly involved in prosecutions, and to some extent that takes away their time for going out

and doing more visits in the field, which is very often the way things are discovered.

Q24 **Steve McCabe:** So there are more challenges for you that tie up more of your resource, and we therefore get fewer enforcement actions? Is that broadly your experience?

Martin Temple: There is a sort of trend that way, but ultimately these are very often complex cases. There are now very high fines; they were very low—just a few thousands—but I think the average fine is now £120,000, or something of that order. In the past, companies would often just plead guilty to get it off their back. Now, reputationally as well as financially, there is a much bigger hit, so we have to spend a lot more time developing these cases and making sure that we bring the right people to account.

Q25 **Steve McCabe:** Given that you say that there are more challenges and you have to spend more time on things, you have had a pretty good run so far. You have a 92% conviction rate, which is pretty impressive. Would the cynic in me be right in saying that that is because you have been going after the easy hits and are now running into tougher territory? Could that charge be levelled against you?

Martin Temple: You could level it, but it's not true. No, we do not do that. We have absolutely kept the same rules, if you like, around prosecution. To some extent, if you were to look for any other reason beyond the complexity of the cases, it may well be that the number of visits we are able to make has reduced, for a whole host of reasons, one of which is that inspectors are often tied up with some of these cases. That is not the only thing, but that connection is there. I don't know whether you want to add to that, Sarah?

Sarah Albon: The only thing I would add is that, in common with all prosecutors, we are governed by the code for Crown prosecutors, which requires a case to be more than 50% likely to be successful at the point at which we initiate criminal proceedings, and for us to consider it to be, over all, in the public interest to take that prosecution forward.

I suppose the kind of case where typically, in the HSE world, you would have to think, "Is it really in the public interest to prosecute?" would be where a farmer is killed. There is a company there, because it is a family business, but the person who has been killed is the main farmer, the head of the family. Will prosecuting that business bring any more useful justice to that situation? That is the kind of case where you have to think very carefully about whether prosecution is the right tool to use.

Q26 **Steve McCabe:** With a 92% conviction rate, the assumption would be that you have been making the right choices, because you have been winning them all.

Sarah Albon: I genuinely think that the kind of cases that are prosecuted and the nature of the criminal offences that exist in health and safety mean that, as I think Martin was trying to say, the guilt or innocence is

relatively straightforward. That is what underlies the high conviction rate. Where we see the increasing challenge and the greater cost in the fight is not in resisting the conviction, but in challenging the level of penalty that will flow, and the appropriateness of the place in the sentencing guidelines.

Q27 **Steve McCabe:** This is the part that you have been tied up with?

Martin Temple: That is right. They have tried to bring a lot of mitigation in.

Sarah Albon: We commit to investigating all incidents that are reported to us that meet a certain threshold of harm. Not all of them result in a prosecution and not all of them have an underlying cause that is suitable for prosecution, but we investigate. In recent times, there has been a relatively significant increase in the number of investigations that inspectors have found are meeting the threshold and requiring an investigation. Of course, as you would expect, an investigation is one of the more labour-intensive elements that inspectors find themselves doing.

Q28 **Steve McCabe:** Can you explain to me what is different about the gas industry? It said in the notes I was reading that 80% of convictions in the gas industry result in a custodial or suspended custodial sentence, whereas most other convictions result in a fine. What is different there?

Sarah Albon: I think the main difference is what sort of company or individual you have. In the gas industry you have a large number of sole traders, so the legal entity that you are prosecuting is more likely to be a human being than a body corporate. In many of the other prosecutions, you are prosecuting a company rather than the person. You cannot send a company to prison, of course, but you can send a person. The prevalence of sole traders and the case going against a person rather than a company, coupled with the fact that not having the appropriate qualification or care and duty around gas is so dangerous and poses such a risk to human life that the courts take a very serious view of it. It is those two things together.

Q29 **Steve McCabe:** Does the gas industry have a high number of cowboys, then?

Sarah Albon: No, I think it has a very low number of cowboys, but it has some, and we prosecute them. What it has is a high number of sole traders, and it is the issue of whether you are incorporated as an individual human, in which case the prosecution is against you personally, or whether it is a company, because you can fine a company but you cannot send it to prison.

Martin Temple: You must also remember that usually the people who end up being convicted not only pretend to be registered and are not, but often pretended to do the work and did not, and very often extorted money from people. There tends to be a wider dimension to what they have done wrong than just the pure health and safety, although ultimately

it does come back to that as well. That is why the courts treat them very seriously.

Q30 **Steve McCabe:** Can I ask one last question about local authorities? I notice that you share enforcement responsibility, but their enforcement rate is really down—down about 12%. I saw that Professor Löfstedt recommended that you should take over directing their work. Would you want to do that?

Martin Temple: I think that would be very difficult for us to take on at this point in time, but there is something about local authorities. They tend to look at the much lower risk businesses, which is not something that we particularly do, but they do have even more local knowledge when it comes to some of the small businesses, which leaves them quite appropriately placed to look at certain aspects of health and safety. That said, we are in a changing world and there is no doubt that between us we have to try to work more carefully on certain aspects. Responsibilities seen as theirs today might change and become part of ours, and vice versa. We have to use the riches of both: their knowledge on the ground, which is used more broadly than for just health and safety—often it is used for environmental health as well—and our much bigger and more sophisticated resources in terms of science and so on.

Q31 **Siobhan Baillie:** I am keen that we should compare well on the international stage for our health and safety, so I would like to know your thoughts about that. The UK has a much lower rate of fatal injuries than the EU average, and a lower rate of people taking time off. Why is that? Is it connected to what you were saying earlier about the change that was made to stop the HSE being judge and jury? I was quite interested in that.

Sarah Albon: I am still relatively new to this world, but it seems to me that one of the key strengths—Martin mentioned this at the beginning—is the underpinning of the Health and Safety at Work Act. We now have in the UK a very mature legal system and requirements around that. This is perhaps also a wider point about the common law jurisdiction in England and Wales.

We have firm ownership of risk placed on duty holders—employers. Having the HSE try to imagine all the things that could happen and come up with prescriptive rules and regulations would tie people up and cost a lot of money to enforce, and ultimately, if you are not close to the thing that might go wrong and do not fully understand the circumstances, that probably would not be as effective as it could be. Instead, we properly place the requirement on employers to think about what they are exposing their workforce to, the risks, what accidents might happen and what they are going to do to manage that appropriately, taking account of physical issues around machinery, asbestos and what have you, and thinking about how the people they employ interact with the systems they have and what human factors might result in somebody becoming injured through their work.

That maturity of understanding—that dynamic management of risk and ownership of that risk—is probably at the heart of what is driving the UK's really good performance. That is coupled with a mature legal system and a mature regulator that will take action where people fail to live up to the right levels of responsibility, and good-quality information and training are made widely available. I think it is all those things together that have led us to be world-leading in providing a safe working environment.

Increasingly, we in the HSE have been trying to take those wares abroad, partly because it gives us a degree of additional income that we can use in furtherance of our core work in the UK, but also because it helps British businesses to succeed abroad if the standards and ways of working they are so used to become more widely adopted and embedded. Of course, it also helps to save lives around the world, which is not a bad thing, either.

Martin Temple: I will expand on your question a little bit, if I may. The essence of this, as Sarah said, is that we are a relatively low-regulatory regime compared to the other systems. We have often been surprised when people have talked negatively about health and safety—particularly after the Ofsted review, where we reviewed something like 80% of the regulations, and rewrote them to be simpler, contracting them to something like 54% of what they were before by bringing certain things back together.

Two things came out of that. One was myth busters: where we see people using health and safety as an excuse for not doing something, we call that out. Lots of people write in and say, "We have been stopped from doing this, that and the other. Is it true?" If it is not true, we openly say, "That is absolutely not true. Go back to them. Ask them what the real reason was."

We also looked at some work and asked why people were still unhappy. We uncovered the fact that business-to-business rules also have a big impact on the way that companies ultimately respond to what they think their responsibilities are on health and safety. That is not to say they are not appropriate or not relevant, but they are not necessarily the regulations.

That often includes insurance, which requires a much broader responsibility, because they are looking at the building, equipment and things like that. It could include issues in the supply chain, where the primary contractor demands much more down the supply chain. It could also include consultants—some of whom help us a lot, but some less so—who actually sell what is in their bag rather than what it is appropriate for the business. Our job is to turn some of those things into positives rather than negatives, to make the health and safety system work even better.

Q32 **Siobhan Baillie:** I heard your answer to the Chair's questions about Brexit. It does not seem that you are perturbed about changes coming down the line. In terms of increased workload, it seems that you can manage those changes. Is there anything else coming down the track, which you think could damage the UK's successful record on health and

safety? Is there anything you are worried about?

Martin Temple: I don't think there will be a change in our health and safety reputation, but there is no doubt that cyber-security is a developing and big thing. Many companies need to really get to grips with that, in terms of what it is. Very often, they don't think they have anything to steal, but they probably do, and they could well be the gateway into somebody who does have something to steal. That is certainly a growing challenge. We know that health is big challenge and a long road to go down. I would say our challenges are health and cyber-security, along with Brexit.

Q33 **Siobhan Baillie:** Do you have experts in place to assist?

Martin Temple: On cyber-security in the areas that we are responsible for, yes we do. We work closely on that with industry, the National Cyber Security Centre and GCHQ.

Q34 **Siobhan Baillie:** Because our standards are high and we are doing well, do UK businesses report a cost of complying with health and safety that makes them less competitive on the international stage?

Martin Temple: It does not come across to us as a major issue. When there are new regulations or something like that under discussion, there is always a debate, and rightly so. I used to be on the other side of this, arguing and negotiating like mad if I thought that there was something that was overly burdensome.

When I did the triennial review, I found that, even though there are always issues that they wanted to mention and cover, businesses were by and large surprisingly supportive of HSE. At that time, cost was never really the discussion point. As I said, it is nearly always a discussion point when new regulations are being considered. That is when, quite rightly, the implications must be taken into account, because we must have proportionality on this. Our role is to help people to do business effectively and profitably but safely. We are keen that innovation comes in quickly but safely, and that defines a lot of our science work.

Sarah Albon: Typically, for a new person coming in to lead an organisation, if there are things that the organisation is perceived to be doing that are fundamentally wrong or different, you would expect people marching to your door to catch you early to say, "What about this thing? What about that?" I have not had any sense that there is any real pushback from business. Ultimately, we are talking about a system that tries to make sure that people are not seriously injured, made ill or even killed through their employment.

I do not think that, in the UK, we have businesses that actually want to shy away from their responsibility to look after people like that. On a purely economic level, when we think about the cost of training people and of getting good people into your workplace, it is economically sensible to maintain them as productive, healthy, happy workers, rather than risking injuring them, or worse. We are, on the whole, pushing at an open door

when we work with businesses to help them do what they want to do, rather than pushing them into it.

Q35 **Siobhan Baillie:** Is there a country that has best practice that you are looking at, or do you do a constant sweep of policy internationally, just to make sure that we are up to date?

Martin Temple: I don't think we do it systematically, but we are absolutely always looking out for what other people do.

Q36 **Siobhan Baillie:** Is there any in particular that you are looking at now?

Martin Temple: I don't think there is particularly, is there, Sarah? We just keep an eye on everything, really. The change in our involvement in Europe was probably where we learned most, and that will change, but I don't see that it cuts us off from learning from there either; we will just have to do it in a different way.

Sarah Albon: It is not so much about systems, although we should always stay open-minded to the potential of other nations having systems that work differently and better than our own. We stay closely in touch, industry by industry and business by business, to understand what things have caused injury or accident, ways of working within particular sectors and industries and what types of equipment may have failed in a way that requires us to reflect on whether those things are being used in the UK, and whether we need to proactively provide that information. We look at those kinds of details, and that sort of sectoral horizon-scanning goes on at a routine, low level all the time, but there is rather less scanning of the larger overall health and safety systems management.

Martin Temple: We learn very quickly from other accidents. For example, if there is a fairground accident—there was recently one in the States—we immediately know if we have the same sort of rides here and will immediately act on that, and I mean immediately. Likewise, in, say, chemicals, we get a very quick notification of issues. On something like hydrogen into the gas system, we are very linked to people in the United States, for example, on what is developing there. In those areas of technology, science and so on, our science division really keeps in touch with what is going on in the world and alerts us to potential hazards, and then we check it out, to see whether it applies properly in the UK.

Q37 **Chris Stephens:** Picking up where we left off, in terms of international standards, is it HSE's expectation that the UK's occupational health and safety requirements will remain above the minimum standards required as a member of the EU?

Martin Temple: The Health and Safety at Work etc. Act essentially requires us—the words may not be perfect here—to make sure that there is no diminution of the standards achieved. It is in the Act that we have to hold the line on where we have improved and achieved things that are clearly good for health and safety. We must uphold those, and that is what we will do.

Q38 **Chris Stephens:** What would be the impact, given your responsibilities, if there were divergence between the UK and the European Union on, for example, the working time regulations? Obviously, I am aware that part of the HSE's responsibility is to ensure that the maximum hours of work are being kept to.

Martin Temple: That is not our area to deliver on; it is a responsibility of BEIS, I think, at the moment. Any change in working time would have to come from the Government Department, and then we would have to respond to that, whichever way the Government decided to act.

Sarah Albon: There are two prongs to that. We have periodically, as the HSE, issued improvement notices to companies where it has been identified that they are breaching the working time directive. Clearly, where you have a statutory limit like that, we have to take cognisance of that in any enforcement activity that we introduce.

However, the requirement in the Health and Safety at Work etc. Act—this goes back to the question of a prescriptive versus non-prescriptive environment—does not say, "Simply obey the working time directive and everything's fine." In fact, what there will be on an employer is a requirement that they consider their employees, including their level of fatigue, in a way that is relevant to the particular kind of work that they are carrying out and the particular circumstances of the individual. Even if employers are meeting all the requirements of the working time directive, they could still be held to account for causing some form of incident or accident because of fatigue in their workforce. So yes, the working time directive is a sort of useful proxy in saying, "This is, on average, the maximum number of hours that an individual should work," but simply obeying that does not completely exonerate an employer from thinking, "Well, what's the level of fatigue in my workforce? Are they safe and are they still conducting work safely?" We would always be governed by the higher standard of saying, "Actually, was this accident caused by fatigue? Was that a reasonably foreseeable and avoidable thing that the employer should have taken action on?"

Chris Stephens: I am just reminiscing about my time as a trade union rep at Glasgow Council, so thank you for that.

Sarah Albon: I hope it's a happy reminiscence for you.

Q39 **Chris Stephens:** Well, it is, because the branch did a lot of good work on health and safety.

Let me ask, then, about the Government's trade deal negotiations. Are they asking the Health and Safety Executive to support the Government in any of that work and particularly with the thinking about some of the EU rules and regulations?

Martin Temple: We are obviously not directly involved in trade negotiations, but certainly in the area of chemicals and approvals, the

approval or non-approval of certain chemicals will be significant in whether companies can continue to trade. All the information that is relevant to that is shared with the relevant Government Departments, to use as they will, and of course we have worked very closely with the chemicals industry. We have held, I think, something like nine big sessions for the industry, and webinars, and have had very good responses saying how these have worked. So we have tried to keep the chemicals industry as up to speed as possible with what challenges there may be, and they are also, obviously, making representations to Government about what is best for them. We have helped in whatever way we can, but obviously we are not the frontline of this.

Q40 **Chris Stephens:** Coming back to workplace health, I think there is some concern because musculoskeletal disorders increased between 2017-18 and 2018-19. This is the first time there has been an increase; usually it is a flatlining figure. What is the Health and Safety Executive doing to try to reduce those figures? How is it tackling musculoskeletal disorders in the workplace?

Sarah Albon: What we have seen, in terms of musculoskeletal disorders, has been a gradual move away from issues such as safe lifting and sudden injury from moving heavy loads to issues that are rather more about everybody sitting hunched over their laptops and desktop computers. It is a different kind of injury that can follow from that. I would need to look in more detail to understand the particular underlying cause that you are referring to, if we have any information on what has changed—

Q41 **Chris Stephens:** It is one of the underlying causes. I am conscious that the Government are making people work for longer, and that the workforce is becoming an older workforce and an ageing workforce. I just wonder if the HSE is planning how to adapt to that, because that will obviously impact on some of its work and it may impact on some of the incidents that happen in the workplace.

Martin Temple: We obviously want to help people to work smarter. Right at the beginning of this session, I commented about future challenges and people working—being economically active—for longer is a significant thing that we have got to look at, regarding the way people work and all those other things around technology, etc. And sometimes we find that, rather than talk about the rules and regulations, we will try to tell companies that there might be a new way of doing something, which they should adopt, to avoid a problem all together.

The example I will use to illustrate that is not one to do with musculoskeletal issues but it is probably still a good example, and that is baker's asthma. You could spend all your time trying to persuade people about masks and dust extractors—all sorts of things like that—but actually there is a dustless flour that is used when you are doing the dough. It is much easier to convince people to use dustless flour and that takes a very significant percentage of the risk away.

So we not only look at the messaging but we consider, "Are there ways in which we can help people to adopt new ideas?" And while we do not work as free consultants, this is very often where our science division becomes very important, regarding keeping up with some of the latest technologies and seeing where they can help us to make a step change in health and safety. It is sometimes easier to change the technology than people's behaviour.

Sarah Albon: You are right, of course, that as people live longer and work longer, we see that where an older person is injured it is more likely that their recovery is longer or less complete. So, the same incident that could happen to a younger person is likely to be more serious when it happens to an older person.

So I think one of the challenges for the UK but also for the wider world is that, as people are living longer and remaining economically active for longer, there are health implications for that, and there will be new things that we have to think about, as individuals taking responsibility for our own health but also as employers, to think about how it is possible to remain healthy and work through to an older age.

Martin Temple: One of the other things we are doing, which I think is really good, is about the messaging and how we get it across, because musculoskeletal issues—a lot of issues with lifting things—have been there for ages. It is just getting that message across.

In the last two or three years, we have really done a lot of insight work, which really goes into depth about what drives people and what messages get across to them, and segmenting our audiences if you like—our duty-holders—in different types of receiving mode. It is almost like very deep market research. Then, we pitch the message to these people in a way that is most appropriate to that segment, almost like an advertising agency would do.

I think our best example is in agriculture, which was a notoriously difficult area to hit. You may or may not be surprised to know that it is probably our worst performing area in health and safety, by something like 18 times above the average. So it is a really difficult area to get to. But by segmenting the agricultural businesses into different types of receptors, we actually pitch our message to them in very different ways, and it's been showing remarkably good success in getting the message through. It's getting the message through on simple things like musculoskeletal, to change behaviour by messaging in different ways, which will be even more effective.

Chris Stephens: Actually, I was very—

Q42 **Chair:** Sorry, but can I ask if we can have a note about what might be behind that increase?

Martin Temple: Yes. For sure.

Q43 **Selaine Saxby:** I wanted to ask about the current and evolving issues

with coronavirus, what you are doing to support particularly high-risk sectors such as healthcare workers and transport workers, and how that might be changing as the virus changes within our society.

Sarah Albon: As you would expect with an emerging issue such as coronavirus, the Government have a well-established way for different organisations to understand where they are in the lead and where they are supporting. In this particular instance, Public Health England are strongly in the lead across the wider public sector response to this and, from what I have been able to see, they are doing a very good job. The HSE is fully plugged in to the work that is going on in the background to assess the different risks, and we stand ready in particular in the areas around the provision of personal protective equipment.

We have done a lot of work in the past, particularly around the Ebola outbreaks, working with Public Health England, the NHS and others, on safer ways for health sector workers to put on and take off protective equipment to help to ensure that they do not accidentally contaminate themselves. We continue to monitor the availability of PPE to understand the implications for the supply chain in other areas, and that is all being fed in in a really structured way. But it is absolutely right that we all join together as the relevant parts of the wider health and public sector and support the leadership that we see from Public Health England in tackling this particular and really serious issue.

Martin Temple: We also have microbiologists who have been working with the other Departments on this, and we are part of the Cabinet Office briefing groups to give our input into that.

Q44 **Selaine Saxby:** In the longer term, we all know that coughs and colds are one of the most common reasons people are off work. Do you think there may be opportunities to learn from coronavirus how we might tackle that?

Sarah Albon: It is interesting, isn't it, because the number one thing that everybody is being advised to do at the moment is, "Wash your hands", which is good basic hygiene that parents for generations have been trying to pass on and keep going with people. I suppose, if we can use this sort of moment to embed basic good hygiene, that can't do any harm and I am sure it would be right to do some good.

Q45 **Nigel Mills:** As one of my largest local employers makes handwashing gels, I guess I can happily endorse that. Just a couple of quick question: first, there have been a couple of serious prosecutions on my constituency—I think one was for a man crushed by a truck and one where somebody had very severe foot injuries—and there were quite significant fines. Is there a way in your system that you can help MPs to track the progress of these cases? You hear about it when it happens, and then you see the media reports of the prosecution a long time later. Other agencies give us an update on investigations and prosecutions and things on a relatively regular basis. Is there some way you could generate an automatic email to let us know what is happening?

Sarah Albon: I fear our systems would not be capable of generating an automatic email. At the beginning of this session, the Chairman asked us about the impact of a decreasing budget over the past few years, and one thing that the organisation has suffered from is a lack of investment in some of that core infrastructure, such as modern IT and those kinds of systems. However, we do not have such a large number of prosecutions that we could not probably have a rather more manual system of working with MPs. It is not something anybody has suggested to me before, but I would be happy to pick up with you after this Committee and discuss in a bit more detail what might work and what kind of systems we could have to keep you in touch with prosecutions and to keep other MPs similarly involved, and to understand better what other organisations do, if that would be useful.

Q46 **Nigel Mills:** Thank you, that sounds interesting. My second question is that I have a lady who has been working on health and safety for teachers, particularly around prolonged crouching or sitting on chairs designed for children rather than adults, and things. I suppose that just prompted a question. If you change advice or issue new suggestions that maybe something is a growing problem, how can you get that disseminated so that people start realising that they are not carrying out good practices and can reform? You get some frustration that new guidance gets issued and no employers seem to know about it.

Martin Temple: One of the interesting things, just to give you a sense of things, is that the number of inspections we do is relatively small. We do 20,000-odd or something of that order and we have 5.5 million duty holders. A very big part of what we do is making information available on websites, disseminating guidance and all those sorts of things and, in particular, working with professional bodies so that they can use their membership to disseminate stuff. What we would do under such circumstances is that we would almost certainly have a document highlighting the danger and what the best solution would be. We would work with the teaching unions to ensure that they were aware of it and would disseminate it. It would also be on our website. A recent example is welding.

Sarah Albon: I was going to say the same.

Martin Temple: Do you want to pick up on that? It is a brand-new thing that came in and we had to get it out quickly.

Sarah Albon: It was relatively recently discovered that particular fumes that come from mild steel welding have a carcinogenic effect that was previously not understood. Having understood that, the organisation used data that we have about where welding activity is likely to happen and had a concentrated series of inspections to try to proactively get that information across to individual businesses that might be dealing with that issue. In addition to that, there was significant use of social media. We amended information on the website and worked with various professional bodies and trade association that could use that information and disseminate it to members.

Having said all of that, in all human communication there is an inevitable—dissemination does break down. Schools are an interesting example. Our primary route of contact if we saw an emerging issue that was relevant in schools would be to go through local authorities, which have the best day-to-day way of talking to their local schools. It would always depend on the kind of threat that had been identified and the level of issue. If a piece of fairground equipment, as Martin said, was seen to be unsafe following some sort of incident abroad, we would have quite immediate and clear ways of getting hold of those organisations that we know to be running fairgrounds.

Martin Temple: We would do that as an immediate notification.

Sarah Albon: But precisely how long teachers should be sitting on chairs designed for five-year-olds is rather more of a nebulous and difficult-to-communicate issue, because clearly it is not unsafe for anybody to crouch down for a short period of time, but it could cause real harm if people are spending hours and hours doing it every day.

Chair: Thank you. Our time is up. Can I raise one final issue with you and ask for a note on this? It has recently been announced that you are going to be taking on the role of the post-Grenfell building safety regulator. It would be very helpful for us to know whether you feel you are going to get the resources for doing that important job properly. If you could let us have a note on that, we would welcome it.

Thank you both very much for giving us an interesting first session for our Committee. It may be that we will want to look in greater detail at the work of the HSE in the course of our future work, but you have given us an excellent first session. Thank you for your very interesting and full answers.