

Written evidence from UNISON (ASB0003)

Summary

UNISON is the UK's largest union, serving more than 1.3 million members. We represent full-time and part-time staff who provide public services, although they may be employed in both the public and private sector. Around 1 million of those members are women.

UNISON members are exposed to asbestos in the buildings they work in such as schools and hospital; through carrying out maintenance work in such buildings and through exposure when working in domestic premises.

UNISON has a long history of campaigning on asbestos issues, especially around the management of asbestos in school buildings. UNISON believes there is no safe level of exposure to asbestos and has campaigned for stronger measures to prevent exposure in buildings where asbestos is still present, and ultimately for the complete eradication of asbestos. We are a member of the Joint Unions in Asbestos Committee (JUAC) and are submitting this evidence alongside JUAC's detailed submission.

UNISON's response is in the context that the work of the HSE is hindered by a lack of funding and against a backdrop of a real terms cut of 50% to their budget since 2010.¹ The HSE must be sufficiently funded and resources to meet the challenges that lie ahead.

In addition to the HSE, we would also want the inquiry to recognise the importance of Government funding and the role of duty holders in the management and removal of asbestos, particularly in public owned buildings.

Specific Questions

¹ [Health and Safety Executive | Prospect](#)

1. What are the current risks posed by asbestos in the workplace? Which groups of workers are most at risk?

The Great Britain Occupational Mesothelioma Statistics provide details of the risk to occupational groups from exposure to asbestos 30 to 50 years ago.

Whilst we recognise that historically men in building and heavy industries were more at risk, we are concerned about the rise in rates of mesothelioma in women in recent years. According to the HSE's latest report, occupations that do show increased risk in women are not those where the direct handling of asbestos materials at work was likely to have been taking place routinely. Many of these deaths may reflect environmental asbestos exposure, which potentially included any exposures accrued indirectly in the working environment (eg. due to disturbance by others working nearby). An example would be the significantly elevated rate for women under SIC 413, Administrative Occupations Records, working as record clerks, ward clerks or office or ward clerks in hospitals.²

Many of these exposures will have occurred to women working in buildings such as schools and hospitals. The report by JUAC highlights the continued risk to those working in CLASP-type schools and suggests a third tidal wave for occupants in schools after 1980³. The Health and Safety Executive's latest statistics report also indicates that the proportional mortality ration (PMR) for teaching and educational professionals is significantly higher than average, indicating that working in school buildings is a risk not just for professional groups but also groups with smaller representation in the statistics including teaching assistants, caretakers, support and maintenance staff.

A BBC Freedom of Information request and investigation on asbestos in hospitals suggests that about nine out of ten hospitals contain asbestos.⁴ This is not surprising given the age of some of the hospital estate but what is of concern is the state of the estate. The Kings Fund analysed data on backlogs to NHS maintenance identifying significant safety concerns about the state of some hospital buildings.⁵

² [Mesothelioma mortality by occupation, statistics for Great Britain, 2021 \(hse.gov.uk\)](https://www.hse.gov.uk/statistics/mesothelioma/mortality-by-occupation-2021)

³ [Resources | JUAC \(the-juac.co.uk\)](https://www.juac.co.uk/resources)

⁴ [Nine out of 10 NHS trusts have asbestos in hospitals - BBC News](https://www.bbc.com/news/health-56888888)

⁵ [The deteriorating state of the NHS estate | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/news/2019/07/the-deteriorating-state-of-the-nhs-estate)

2. How effective is the current legislative and regulatory framework for the management of asbestos?

The current regulatory regime sets a minimum framework for the management of asbestos in buildings. However, regulations for managing asbestos in the workplace, will never fully protect workers from risk. As long as asbestos is found in any place where someone could be exposed, there will be a danger. The only way we can eradicate mesothelioma in Britain is by safely removing asbestos from buildings.

There are gaps in terms of the management of asbestos in domestic premises and the subsequent risk to those working in domestic premises.

The regulations could also be strengthened by mandating training and awareness for those who are duty holders and work in buildings where asbestos is present to reduce the risk of incidental exposures. The Government's own Asbestos Management Assurance Process report found deficiencies in the way duty holders in schools understood and followed through on the management of asbestos.⁶

Our key concern is the application of the regulations by duty holders and a lack of proactive inspections and enforcement by the Health and Safety Executive, particularly where there is evidence of duty holders carrying out surveys but then not acting on the findings in line with the management regulations.⁷

3. How does HSE's approach to managing asbestos compare to the approach taken in other countries? Are there lessons that the UK could learn from best practice elsewhere?

We recognise that rising rates of mesothelioma deaths is a global issue. We are also aware that a number of countries have an eradication plan and support their commitments to safely remove asbestos from public buildings. European member States are already pursuing programmes of asbestos removal from the built environment with clear timelines, including Poland (2032), the Netherlands (removal of all asbestos roofs by 2024), and Flanders/Belgium (remove an estimated 2.09 million tonnes of asbestos containing materials by 2040). As highlighted in the JUAC report, we believe the UK should be following the same approach.

⁶ [Asbestos management assurance process \(AMAP\) report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁷ [Council fined for putting employees at asbestos risk | Article, News | News | UNISON Greater London](#)

4. Does HSE keep adequate records of asbestos in public buildings?

This is currently the responsibility of the duty holder, not the HSE. We do not believe this is a role for the HSE. All records held on asbestos in public buildings should be readily accessible and available for union health and safety reps, workers and contractors to access. As a member of JUAC we support a policy of openness about asbestos in schools, with parents and school staff being updated annually about the presence and condition of asbestos in their school and the steps being taken to manage it.

5. Does HSE commit adequate resources to asbestos management in line with the level of risk?

We are concerned that the HSE's response to the management of asbestos from both a policy and enforcement perspective is hindered by a lack of funding and against a backdrop of a real terms cut of 50% to their budget since 2010. The HSE must be sufficiently funded and resourced to meet the challenges of tackling asbestos in buildings and the risk to occupants, that lies ahead. Since the Young and Lofstedt reviews, much of the public sector being classed as 'low risk environments', compared to construction sites and agriculture and proactive inspection on the management of asbestos is lacking in schools and buildings like hospitals.^{8 9}

6. How robust is the available data about the risks and impact of asbestos in the workplace? What gaps in evidence need to be filled?

We are concerned that asbestos deaths to those aged 75 and over are not captured in the occupational statistics and due to the latency of mesothelioma, are concerned that this is a significant gap in the data.

7. How effectively does HSE engage with external stakeholders and experts about its approach to the regulation of asbestos?

Engagement with trade unions at a national level does happen, however this can sometimes be piecemeal. Due to the seriousness of the issue, the establishment of a formal HSE tripartite committee should be explored.

⁸ [Common Sense Common Safety \(hse.gov.uk\)](https://www.hse.gov.uk/common-sense-common-safety/)

⁹ [Reclaiming health and safety for all \(Löfstedt report\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/reclaiming-health-and-safety-for-all-lofstedt-report)

HSE must have the funding and capacity to respond promptly to local concerns and complaints from UNISON and other trade unions safety representatives about asbestos risks. When visiting premises, HSE must follow their own operational guidance and speak to local trade union safety representatives as well as inspect documentation on the management of asbestos.

September 2021