UNITED KINGDOM: THE 'HELPING GREAT BRITAIN WORK WELL' STRATEGY AND TACKLING MSDs

1 Summary

There are indications, based on national data from the Office for National Statistics (ONS) Labour Force Survey, of a gradual reduction in the incidence of musculoskeletal disorders (MSDs) in the United Kingdom over a period of more than 15 years. The legislative framework in the United Kingdom addressing MSDs has been in place for much longer, extending back to 1993 when the first six EU occupational safety and health (OSH) directives ([1]) (referred to colloquially as 'the six-pack') from in 1989 and 1990 were transposed. The UK legislation essentially reflects the provisions set out in those EU OSH directives. Thus, in addition non-specific general provisions mirroring Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (the Framework Directive), there are specific regulations aimed at preventing MSDs related to manual handling and display screen equipment (DSE).

Against this background, the policy approach adopted in the United Kingdom is one of enabling and informing, encouraging employers to take action and address risks, rather than the more prescriptive approach adopted in many other EU countries. This approach is reflected in a series of policy initiatives and actions; the 'Helping Great Britain work well' strategy is the latest demonstrating this approach in a series of strategies, programmes and campaigns dating back more than 20 years.

A major element of the implementation of this 'Helping Great Britain work well' strategy is formed of three Health Priority Plans (sometimes referred to collectively as the 'Health and Work Programme'), one of which is on MSD prevention. However, MSDs are addressed not just through specific activities under the MSDs Priority Plan but also through other activities undertaken as part of the broader approach embodied in the in the sector-specific plans developed as part of the strategy 'Helping Great Britain work well'. This integrated approach recognises the importance of not compartmentalising MSD risks as a single focus. Therefore, as well as MSDs being the subject of a specific plan, they can also be addressed by activities within the sector-specific plans and through initiatives introduced as part of the overall strategy. For example, employers making commitments under the strategy 'Helping Great Britain work well' may specify addressing MSD risks (as well as other health and safety issues) as something they commit to.

The MSD Priority Plan has a series of stated outcomes and priorities that encompass improvements in preventing and controlling exposure to MSDs; a shift in emphasis towards risk elimination/reduction through design; a higher regulatory profile; research and development of new thinking on the risks posed by new, flexible ways of working; and cross-industry learning about 'what works'.

Because it is an ongoing initiative, it is too soon for any detailed evaluation of the "Helping Great Britain work well" strategy or, more specifically, the accompanying priority plan on MSDs. Nevertheless, there are early promising signs, including of results achieved by reaching out to stakeholders through a series of engagement actions. Importantly, the UK Health and Safety Executive (HSE) internal evaluation team has a structured plan in place for the evaluation of the strategy.

([1])   Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (the Framework Directive); Directive 89/654/EEC concerning minimum safety and health requirements for the workplace (the Workplace Directive); Directive 89/656/EEC on the minimum health and safety requirements for the use by workers of personal protective equipment at the workplace (the PPE Directive); Directive 90/269/EEC on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (the Manual Handling Directive); Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment (the DSE Directive); and Directive 89/655/EEC on the minimum safety and health requirements for the use of work equipment by workers at work (the Work Equipment Directive) (later replaced).

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2   National background

2.1   Relevant statistics and trends

Although the annual values for MSDs do show some fluctuation, data on self-reported MSDs for the United Kingdom show a general decline in the period from 2001/02 to 2018/19, as shown in Figure 1 (taken from HSE, 'Work related musculoskeletal disorder statistics (WRMSDs) in Great Britain, 2019', available at http://www.hse.gov.uk/statistics/causdis/msd.pdf).

Figure 1: Trend in the prevalence of MSDs per 100,000 workers in the United Kingdom from 2001/02 to 2018/19: new and long-standing cases.
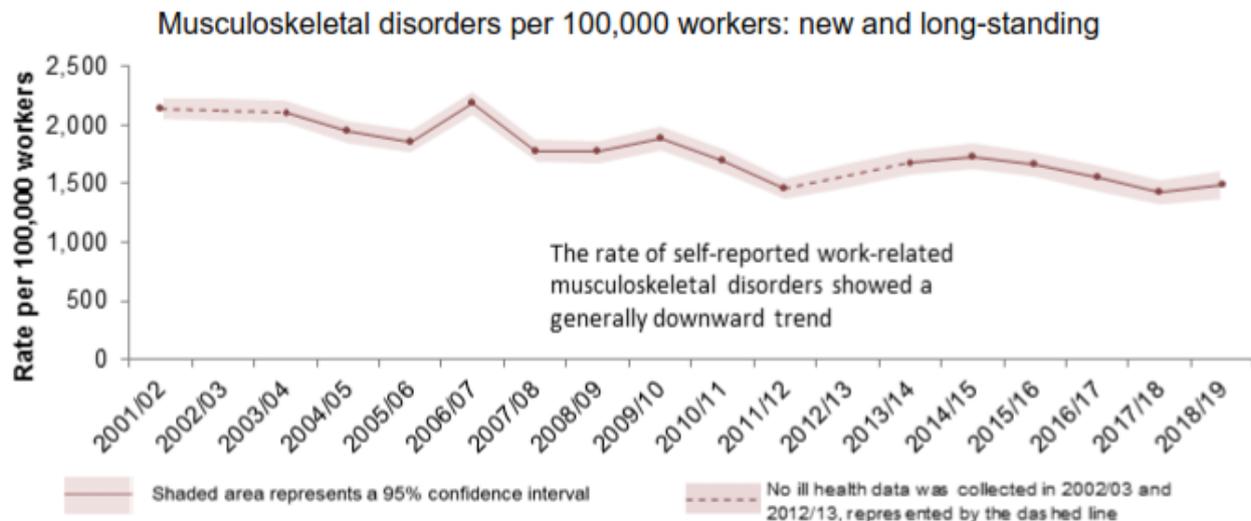
Efforts to understand the MSD problem in the United Kingdom benefit from national MSD data collected most years ([2]) (as can be seen from Figure 1). Although these figures demonstrate a better situation than that in the EU as a whole (data from the Eurostat Labour Force Survey ad hoc module indicate that the percentage of workers reporting some form of MSD increased from 54.2 % to 60.1 % between 2007 and 2013), they remain a cause for concern. Thus, 37 % of all work-related illness recorded through the ONS Labour Force Survey for 2018/19 was related to MSDs, with an estimated 6.9 million working days lost (24 % of all working days lost).

2.2   Legislation

Health and safety legislation in the United Kingdom is underpinned by the Health and Safety at Work etc. Act 1974 (known as the HSW Act), and specific regulatory requirements are prepared and published as regulations under that act ([3]). Thus, in 1992, the Manual Handling Operations Regulations 1992 were published (coming into force on 1 January 1993) to incorporate the requirements of Directive 90/269/EEC, the Manual Handling Directive, into national law. In the same year, the Health and Safety (Display Screen Equipment) Regulations 1992 were published to adopt the provisions of Directive 90/270/EEC, the Display Screen Equipment Directive. With the exception of some small amendments made to both sets of regulations through the Health and Safety (Miscellaneous Amendments) Regulations 2002, this legislative framework has remained unchanged since then.

([2])   As opposed to the 5-year cycle of the Eurostat Labour Force Survey.
([3])   Technically, within the United Kingdom of Great Britain and Northern Ireland (to use the full name), Northern Ireland has its own legislation and other material, although in practice this reflects the position in the remainder of the United Kingdom (Great Britain).

As in much of the EU, there is no specific legislation covering other MSD risks (e.g. repetitive assembly tasks or sustained awkward postures). Instead, the United Kingdom relies on general health and safety provisions such as the requirements to assess risks (and to control said risks) contained in the Management of Health and Safety at Work Regulations 1992, which mirror the general requirements of Directive 89/391/EEC, the Framework Directive.

This same general legislation is also relied on to provide a general basis for addressing psychosocial risks in the workplace, with no specific legislation addressing such problems.

2.3 Previous strategies and initiatives

Measures and initiatives taken to address the problem of work-related MSDs have taken place over the years against a background of wider strategic measures aimed at improving workplace health in which actions focusing on MSDs and their associated risks played a significant role.

'Good health is good business' (launched in May 1995) aimed to raise awareness of occupational health issues and to improve employers' competence in the management of health risks (including risks of MSDs, in particular those associated with manual handling).

A strategy statement, 'Revitalising Health and Safety: Strategy Statement June 2000', reflected the development of a new strategy 'Securing health together', launched in 2000. This strategy had ambitious targets including, by 2010, a 20 % reduction in the incidence of work-related ill health and a 30 % reduction in the number of working days lost to such ill health. It included specific initiatives such as the Healthy Workplace Initiative, which took back pain as its first theme, with a series of back-to-work pilot projects that sought to provide models for employers of how good practice could be effective in addressing back pain and reducing the cost of working days lost as a consequence.

This was followed, in 2004, by 'A strategy for workplace health and safety in Great Britain to 2010 and beyond', continuing the twin themes of addressing both workplace safety and the main causes of work-related ill health (including MSDs).

This ongoing focus on workplace ill health in general and MSDs in particular has been carried forward into the current strategy (2016 onwards) and the associated priority plan for MSDs, and is seen in the specific inclusion of MSD prevention in several high-priority sectoral plans such as those for the construction sector and the logistics and transport sector.

3 The current strategy and plans

3.1 The strategy and its themes

Against this historical background, the current strategy, 'Helping Great Britain work well', was launched to cover the period from 2016 to 2021. It incorporated six strategic themes intended to improve health and safety in the workplace:

- Acting together — promoting greater ownership of health and safety in Great Britain;
- Tackling ill health — highlighting and tackling the costs of work-related ill health;
- Managing risk well — simplifying risk management and helping business to grow;
- Supporting small employers — giving small and medium-sized enterprises (SMEs) simple advice so that they know what they have to do;
- Keeping pace with change — anticipating and tackling new health and safety challenges;
- Sharing our success — promoting the benefits of Great Britain's world-class health and safety system.

These themes serve to illustrate the breadth of the approach adopted to encourage all stakeholders to play a part ('acting together'). They can also be seen as reflecting a recognition that work-related ill health carries a significant cost, perhaps stemming back to the 'Good health is good business' initiative carried out as part of an earlier strategy. The themes also recognise that SMEs require specific support, which is also demonstrated in the 'managing risk well' strand, with its aim of simplifying risk management to make it easier for employers, especially those in SMEs, to comply with their legal duties and manage workplace risks effectively.

The 'tackling ill health' theme recognises that work-related ill health is a problem for every section of society. It acknowledges a need for greater awareness of the harm, costs and preventability of work-related ill health. It also recognises that the problems of work-related ill health stem in part from wider factors requiring long-term and coordinated action across all sectors, involving additional partners to support the substantial behaviour change and awareness programmes that are envisaged.

3.2 Priority plans

As part of this strategy, and reflecting in particular the 'tackling ill health' theme, HSE has developed a series of plans, including a health priority plan specific to MSDs and a number of sector plans that include MSDs prevention as a priority (MSDs feature as a priority for 6 of the 19 sectors).

The three health priority plans address occupational lung disease (which leads to an estimated 12,000 deaths each year) and the two most commonly reported causes of occupational ill health:

- work-related stress, identified as the second most commonly reported cause of occupational ill health, accounting for 37 % of all work-related ill health cases and 45 % of all working days lost due to ill health;
- MSDs, identified as the most commonly reported cause of occupational ill health, accounting for 41 % of all work-related ill health cases and 34 % of all working days lost due to ill health.

The three plans were informed by a consultation process engaging a wide variety of stakeholders, including occupational health providers, worker health and safety representatives, and apprentices and young workers from a wide range of sectors ([4]).

3.3 The health priority plan for MSDs

The MSDs health priority plan was conceived following a long history of actions and initiatives aimed at reducing the incidence of MSDs. The continuing position of MSDs as the most commonly reported cause of work-related ill health provided a clear motivation. The plan ([5]), sets out a series of targeted outcomes and priorities:

- significant improvements in preventing and controlling exposure to MSDs, especially in construction, manufacturing, agriculture, logistics and transport, waste and recycling, and health and social care;
- a shift in emphasis away from manual handling training and towards risk elimination/reduction through design;
- a rise in HSE's and local authorities' regulatory profiles;
- research, and development of new thinking, on the risks posed by new, flexible ways of working — such as the 'always on' culture, increasingly sedentary work and the increased use of screen-based technologies;
- cross-industry learning about 'what works'.

The inclusion of significant improvements in preventing and controlling exposure to MSDs and a shift in emphasis away from manual handling training and towards risk elimination/reduction through design reflect a recognition that encouraging action to reduce MSD risks at source, by making work and working practices inherently safer, is the best route to reducing the incidence of MSDs in the workplace.

As part of this, there is a growing recognition that manual handling training is too often selected as the low-cost option that is easy to adopt, with much of the training provided being generic in nature and not related to the types of loads actually being handled.

One further aspect of interest in this health priority plan is the acknowledgement of the multifactorial nature of the causation of MSDs, including physical and psychosocial factors that can be aggravated by people's

([4])   HSE, *Stakeholder evidence to inform the development of HSE's Health and Work Strategy*, HSE, London, 2018. Available at: http://www.hse.gov.uk/research/rrpdf/rr1136.pdf
([5])   See 'Sector plans and Health priority plans', https://www.hse.gov.uk/aboutus/strategiesandplans/sector-health-plans.htm

activities outside work and their general health and fitness.This reflects the growing awareness in the research literature of the inter-relationships between the various causal factors.

Although plans were drawn up for all 19 sectors of industry, the three sectors selected for specific attention (health and social care, construction, and logistics and transport) reflect evidence that MSDs are proportionately more prevalent in these sectors than in industry generally ([6]). Understanding the reasons for this will be an important part of the plan, building on evidence that suggests that many factors contribute to the challenges in these sectors. For example, in the health and social care sector there is a long-standing tendency to prioritise what are seen as the needs of patients and other care users over the health of the workforce, and there continues to be a need to disseminate the message that the two sets of needs do not have to be mutually exclusive.

The qualitative research ([7]) commissioned to inform the development of the sectoral plans identified motivational, situational and structural barriers to MSD prevention and management, providing clear guidance on the areas 'offering opportunities for improvement'.

However, the MSD plan does not focus solely on these sectors; it seeks to promote the message that, whatever the sector, reducing or eliminating MSD risks at source, through the better design of workplaces and jobs, will provide a more effective solution than the current widespread focus on individualised approaches such as manual handling training. As part of this, the strand of the plan promoting 'what works' will provide valuable help and guidance to employers, enabling them to identify solutions that will work for them and their employees.

3.4 The broader MSD initiative

Activities on MSDs over the period of the overall strategy are not restricted to those specifically implemented as part of the MSDs priority plan. As part of the 'Helping Great Britain work well' strategy itself, organisations are encouraged to sign up and commit to specific initiatives aimed at tackling a workplace health or safety issue. Although the overall strategy is not restricted to MSDs, approximately 20 % of the nearly 100 commitments made by November 2017 either specifically addressed MSDs or included them as part of a general approach to addressing workplace health issues.

To support the Help Great Britain Work Well Strategy, HSE launched the 'Go home healthy' and 'Go home safe' campaigns. The campaigns bring together different industries, trade unions, professional bodies, businesses to share good practice and encourages both employers and employees to join the conversation and make their commitment to Helping Great Britain Work Right. By telling their health and safety stories and helping others to understand the importance of managing risk in their organisation, they will help to ensure every worker goes home healthy. The 'Go home healthy' campaign launched in 2017, targets the three priority health areas of stress, MSDs and lung disease. It has the overall vision of preventing or reducing ill health caused or made worse by work and achieving a real reduction in new cases of work-related ill health across UK workplaces.

4 What has been achieved to date?

4.1 Statistics

Although it is too early to tell what the impact of the strategy has been, and the statistics are subject to year-on-year fluctuations, early indications are encouraging:

- In 2015/16, MSDs accounted for 41 % of all work-related ill health cases (539,000 cases, 176,000 new cases).
- In 2016/17, MSDs accounted for 39 % of all work-related ill health cases (507,000 cases, 159,000 new cases).

([6])   HSE, 'Work-related musculoskeletal disorders in Great Britain (WRMSDs), 2018', HSE, London, 2018.
([7])   HSE, 'Summary report: Work-related musculoskeletal disorders, a tri-sector exploration', HSE, London, 2018. Available at: http://www.hse.gov.uk/research/insight/msd-report.pdf

- In 2017/18, MSDs accounted for 35 % of all work-related ill health cases (469,000 cases; 156,00 new cases)

4.2 Engaging with others

Engagement actions have included a series of public meetings that either had a specific focus on MSDs or included MSD-related sessions:

- the MSD Summit — around 220 paying participants; live-streamed/on demand to some 4,000 international viewers;
- 'Health & Work Scotland' — approximately 200 invited participants (including a parallel session on MSDs);
- 'HSE Connect' — aimed at SMEs, with around 350 participants (including an MSD risk assessment masterclass).

External stakeholder engagement has included:

- the MSK (Musculoskeletal) Health Coordination Group, bringing together key government departments and other bodies to consider synergies and collaboration on a wider musculoskeletal health agenda;
- stakeholder events involving employers, employees and professional bodies, which worked on building relationships, understanding issues, exploring synergies and developing partnership working;
- the development of links and relationships with third-sector organisations, including those with an interest in musculoskeletal health beyond the workplace.

Other activities have included:

- undertaking research to better understand how to reach those in priority sectors;
- developing the use of communications and social media channels as alternative avenues for promoting benefits;
- reviewing and updating online and other guidance, including to take into account issues such as the use of new screen-based technologies and sedentary working;
- working with partner organisations to promote design-based solutions to reduce MSD risks.

4.3 Effective management and control of risk

Actions to promote the effective management and control of risk have included:

- prioritising interventions, inspection activities and enforcement for those sectors/activities where MSDs pose the greatest risks;
- maximising the effectiveness of investigations and the publicity arising from enforcement;
- developing a suite of leading indicators and evaluation criteria.

4.4 Providing the evidence base

In order to better control MSD risks and reduce their impact, it is necessary to develop a better understanding of the underlying issues and how best to address them. As part of the priority plan activities, therefore, research activities, both internally and with external partners, have been developed and implemented. An early example of this has been a review of the effectiveness of manual handling training, underpinning the current message to avoid undue reliance on such training as a control measure.

5   How will the impact of the initiative be evaluated?

At present, with the initiative at the mid-term stage, no formal evaluation or details of any planned evaluation have been published. However, monitoring and evaluation arrangements have been developed to both guide later stages of the plan's implementation and provide an assessment of its overall impact. The plans includes the evaluation of individual initiatives (e.g. any sector-specific interventions) and of the overall health and work programme. In an iterative process, data from inspection programmes will be used to assess the impact of inspections, to provide feedback on improving guidance/tools and to fill gaps in knowledge relating to practicable and effective control measures.

The evaluation planning incorporates an intervention logic model that enables the impact of any intervention to be assessed in a systematic and rigorous manner at all appropriate stages. This evaluation will be carried

out also in the early stages of interventions, enabling the intervention to be iteratively improved and developed to improve its efficacy. The model in effect reflects a four-stage process (known as the ABCD model):

- attitudes;
- behaviour;
- control (of exposure);
- disease (MSD impact).

Thus, improvements are considered to stem initially from changing the attitudes of those engaged in the process (e.g. regarding MSDs as 'part of the job'), followed by them changing their behaviour to adopt risk reduction approaches to control/reduce the exposure to risks. The ultimate test, clearly, is if MSDs are reduced, although, given the latency of some MSDs and the chronic nature of others, this will not be easy to evaluate.

6   A policy perspective

6.1   Guiding rather than instructing

6.1.1   General

Section 2.2 summarised the national legislative framework relating to MSD risks, reflecting the origins of that legislation in the EU OSH directives. To a large extent, current legislative provisions duplicate those within the directives, with little or no deviation from their minimum requirements. However, although these provisions (and other OSH legislation originating from the EU) include some prescriptive requirements, the general policy approach adopted in the United Kingdom is one of goal setting and guidance rather than prescription. A cornerstone of this approach is one of informing, enabling and encouraging employers to take action, avoiding the more prescriptive approach adopted in some Member States. Thus, when draft national manual handling regulations were first developed in the late 1970s, the draft circulated for discussion took the form of Health and Safety (Manual Handling of Loads) Regulations and Guidance. This approach was reflected in the emergence of legislation incorporating the six-pack of EU directives into UK law: although formal legal listings of the regulations were published, the versions most widely disseminated incorporated extensive information and guidance on interpreting and implementing the regulations ([8]).

The policy on enforcement tends therefore towards verifying that workplace risks are appropriately controlled, without necessarily requiring paperwork such as risk assessments.

6.1.2   Manual handling

Although, with minor amendments, the regulations have remained unchanged since they were first enacted, the guidance documents have not remained static, unchanging sources of advice and guidance. As knowledge of risks and controls has developed, so has the advice provided, often underpinned by scientific research. For example, a third edition of the manual handling guidance in 2004 included updated guidance on manual handling techniques and training, following Institute of Occupational Medicine (IOM) research into the optimal approach ([9]).

Such material continues to be regularly reviewed and updated where appropriate. For example, recent guidance on manual handling training, presented on the HSE website, and incorporated into the most recent (fourth) edition of the HSE guidance (2016), emphasises that generic training in handling techniques has been shown to be ineffective in reducing the risk of MSDs and should not be adopted by employers. A systematic review of the literature ([10]), carried out on behalf of HSE, found little evidence that either technique- or

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([8])   HSE, *Manual handling: Manual Handling Operations Regulations 1992 — Guidance on regulations*, HSE, London 2017 (current version available at: http://www.hse.gov.uk/pubns/priced/l23.pdf); HSE, *Health and Safety (Display Screen Equipment) Regulations 1992: Guidance on regulations*, HSE, London.

([9])   IOM, *Assessing the effectiveness of the Manual Handling Assessment Chart (MAC) and supporting website*, HSE, London, 2006. Available at: http://www.hse.gov.uk/research/rrpdf/rr486.pdf

([10])   Work and Health Research Centre, *Manual handling training: Investigation of current practices and development of guidelines*, HSE, London, 2007. Available at: http://www.hse.gov.uk/research/rrpdf/rr583.pdf

education-based manual handling training was effective in reducing the risk of MSDs ([11]). An unpublished update to that review by HSE staff reinforced that view, especially where the training was generic and not tailored to the specific handling activities of those being trained.

The general publications providing guidance on the national regulations described above were accompanied by sector-specific guidance covering such diverse workplaces as offshore oil and gas exploration and production (*Well handled: Offshore manual handling solutions*, 1997) and the health services sector (*Manual handling in the health services*, 1998). These and other documents provided extensive guidance to employers on identifying risks and, importantly, on practical examples of risk-reduction measures that could be adopted. Sector- or topic-specific materials continue to be produced and distributed, covering, for example, the use of lifting aids, supermarket checkout work, carpet retailing and the food and drink industry. The priority throughout was identifying the main risks within a sector and establishing practicable solutions to reduce or remove those risks.

6.1.3 Display screen equipment

MSD risks associated with computer (visual display unit) use were not neglected, and guides and checklists were prepared, following the introduction of the DSE Directive and national regulations, to support earlier material on seating at work (1990) that included material on office workplaces. This material provided employers and others with guidance on laying out computer workstations as well as material to be used to aid employers in carrying out workplace risk assessments. Thus, a brief guide, 'Working with display screen equipment (DSE): A brief guide', more detailed information and guidance, *Work with display screen equipment: Health and Safety (Display Screen Equipment) Regulations 1992 — Guidance on regulations*, and a checklist, 'Display screen equipment (DSE) workstation checklist', are currently available. All of these documents continue to reflect the requirements and provisions of the original regulations (and directive), although, as noted in Section 4.2, the risks and challenges created by new DSE technologies and new ways of using such technologies are now coming under scrutiny.

6.1.4 Other causes of MSDs

The preparation of extensive guidance and helpful tools such as checklists has not been limited to the manual handling and DSE risks covered by the EU-derived legislation. Other sources of MSD risks, especially repetitive and awkward hand activities, have also attracted attention. *Work-related upper limb disorders: A guide to prevention* was first published in 1990 and, having gone through a number of versions, remains available today as *Upper limb disorders in the workplace*. The original publication included a checklist 'for the identification and reduction of work-related upper limb disorders', which, in more recent versions, has been developed into a series of risk assessment worksheets.

6.2 Assessing the risks

One issue to emerge during widespread discussions and consultation with many different stakeholders by HSE researchers was that many employers found the complex risks associated with MSDs difficult to understand and assess (preferring to focus on simple issues such as the weight of objects) and that simple checklists of risk factors (e.g. the list of 'factors to be taken into account' in the Manual Handling Directive) were not sufficient. Responding to this challenge, HSE has developed, evaluated and disseminated a series of assessment tools.

Thus, in the early 2000s the Manual Handling Assessment Chart (MAC) tool was developed, initially for HSE inspectors to use in inspecting workplaces. However, it was then released to a wider audience and published as a risk assessment aid to employers. An assessment of this tool in 2006 ([12]) found it to be beneficial but highlighted a need among employers for similar material addressing other MSD risks. The MAC tool was therefore followed by the Assessment of Repetitive Tasks (ART) tool and subsequently by the Risk

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([11])   A. Pinder, 'Manual handling: The train drain', *IOSH Magazine*, August 2018. Available at:
https://www.ioshmagazine.com/article/train-drain
([12])   IOM, *Assessing the effectiveness of the Manual Handling Assessment Chart (MAC) and supporting website*, HSE, London, 2006. Available at: http://www.hse.gov.uk/research/rrpdf/rr486.pdf

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Assessment of Pushing and Pulling (RAPP) tool, thus providing further support and guidance to employers on assessing (and controlling) various MSD risks. As with the MAC tool, these tools were originally piloted by inspectors (HSE and local authority) as part of an extensive process of evaluation. For example, the usability of the ART tool was tested to confirm that the tool was capable of providing reasonably reliable, accurate and meaningful results, and the RAPP tool was shown to enable users (duty holders) to differentiate between categories of risk for most of the risk factors that it assessed, indicating that the tool was sufficiently usable and reliable in assessing pushing and pulling operations.

6.3 General rationale

Although it is recognised that employers need help in reliably assessing risks, the focus of the inspectorate is on appropriate management of those risks, with the assessment being seen as a means to an end rather than an end in itself. As a result, much of the information and guidance developed has sought to inform and advise on control measures. This is particularly the case with the industry-specific guidance material. This reflects the early recognition that the guidance on risk prevention measures in the initial guidance that accompanied the Manual Handling Operations Regulations was not seen as relevant by employers — because it was not presented in the context of their particular industry. Placing that guidance within sector-specific guidance helped to make it more accessible.

However, this overlooks the fact that employers still need to be aware of the risks before they know that they need to control them — and that they need to understand that the risks are not inevitable or unavoidable.

Awareness of such factors leads to the general rationale that what is needed is a holistic approach to managing workplace risks, reflecting a need for employers to identify, recognise and understand workplace risks and their prevention. Motivating them to adopt preventive measures is also part of this, as reflected in earlier HSE campaigns such as 'Good health is good business'.

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