

# BERR Consultation Paper Improving Outcomes from Health and Safety

Response of the Chartered Institute of Environmental  
Health

February 2008

# The Chartered Institute of Environmental Health

As a **professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish books and magazines; run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy.

We are a **registered charity** with over 10,500 members across England, Wales and Northern Ireland.

Any enquiries about this response should be directed in the first instance to:

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**1. Do you believe the British health and safety system achieves the right balance between protecting workers, and the demands it places on employers and others?**

The system comprises the legislative framework, built around the Health and Safety at Work Etc. Act 1974 and associated regulations, along with the enforcement agencies of the Health and Safety Executive, and local authorities, working currently under the framework provided by the Health and Safety Commission. Any move which reduces unnecessary burdens on businesses while retaining appropriate obligations to protect workers, the self employed, employers and third parties, is to be welcomed. We do not believe that the legislative framework by itself necessitates huge burdens on small and low risk businesses, but we recognise that the flexibility of the law regarding control proportionate to risk can result in misinterpretation on all sides.

This is why we particularly welcome developments such as the example risk assessments for smaller and low risk businesses provided by HSE and some local authorities.

We believe it would be useful to small businesses to have access to model documents and guidance in one place, and there are examples of local authorities producing such guidance at a local level, as well as HSE guidance documents.

There is a parallel model in the food safety arena produced by the Food Standards Agency (Safer Food Better Business), which has potential in the health and safety field.

The potential for checklisting or external standards is interesting – examples exist in the local authority area, often linked to business awards. Such checklists would need to have some authority or approval, and even so would only serve as an indicator of standards, not as a replacement for regulatory visits.

**2. Are legal duties applying to the charitable and voluntary sectors sufficiently clear to support charitable and voluntary activities whilst protecting the people affected by them?**

This area needs legal interpretation which we not wish to comment upon without legal advice, which is outside our remit in this response.

**3. Do you think the way the health and safety system is perceived by employers, workers and the wider public in Britain has a significant impact, e.g. on accident rates, or on the way employers act?**

While there are plenty of well documented media stories about health and safety, with certain 'angles' we believe that there would be value in conducting research into the perceptions by various parties as indicated. It is quite possible that HSE or certain local authorities have conducted such research, and if it was though useful we could look into it. To comment on our view about perceptions without that research would not carry any meaningful weight. We would support such research in any way we can.

#### **4. How can good health and safety management best be encouraged and recognised?**

From a professional perspective, there are a number of award schemes present in local authority areas around the country which aim to encourage good standards. On a simplistic level, regulatory visits have the ability to recognise good health and safety management, as well as identify non-compliance. An increasing number of local authority regulators take time to identify good practice, often happy to confirm it in writing. This simple measure can have a very positive effect on the reasonable business.

#### **5. Do you believe fear of compensation claims has any influence on the way in which health and safety is managed? If so, how?**

The so-called compensation culture seems to be accepted by many as a way of life, and certainly many business sectors seem to cite this as a factor in how they approach health and safety. Whether it actually makes a difference is difficult to assess. The issues of compensation are heavily influenced by the insurance industry – again research into this area may well yield valuable information.

#### **6. What more, if anything, do you believe Government should do to ensure employers have access to affordable, authoritative information and advice on health and safety?**

The continued development of the HSE website, guidance documents, and other information available is creditable and provides for many small businesses more than they could realistically study. It may be the case therefore that what is now needed is a review of such information sources to assess how accessible and user-friendly they actually are.

#### **7. How can regulators best ensure that employers minimise ill-health that is caused or made worse by work?**

We strongly believe that occupational health issues should continue to receive increasingly more attention from regulators. Such issues do however demand more time to explain and assess as they are not as visible as physical safety risks. Where there are limited regulatory resources, it becomes increasingly difficult for the regulator to justify the additional time spent in discussions and observations. Occupational health is a complex and at times controversial (in regards to work related stress for example). Small and low risk business owners may well not have the knowledge to deal with such aspects, which is why the availability of simple advice and guidance is crucial.

#### **8. (Question for specialists) Do you feel that regulators' targeting methods adequately reflect the risks of work in terms of ill-health, as well as injury?**

The current targeting methods including the Fit 3 approach, are designed to link to greater risks as indicated in the workplace injury and ill health statistics. It is difficult to see how else such general targeting can be achieved.

## **9. What improvements could be made to help HSE and Local Authority inspectors target rogue employers?**

Current targeting methods include the determination of inspection frequency based on risk, as well as targeted campaigns based on sectors and activities. We feel the HSE and local authority representatives such as LACORS can comment more appropriately.

## **10.(Question for specialists) Could further flexibility in whether HSE or a Local Authority regulates in a particular case improve outcomes?**

We feel that there may already be sufficient flexibility in the allocation at regional and local level to be able to maximise outcomes. Whether the flexibility is used is very much dependent on local arrangements. We believe the local partnerships between HSE and local authorities continue to improve, and there are plenty of examples of innovative partnership projects around country.

Work is going on under national agendas to look at better regulation in all senses, and there is certainly opportunity to look at how health and safety regulation is delivered in conjunction with other services. However such regulation is delivered, we believe that those regulating health and safety must be competent in the tasks and authority they are given, and that the regulatory services must be properly resourced.

We are actively working on trialling and piloting a joint competence framework for all health and safety regulators, with HSE, LACROS and REHIS (Royal Environmental Health Institute of Scotland). This has a key objective of securing competence across Local authorities and HSE, which will contribute to better regulation.

The partnerships between HSE and local authorities have grown in strength in recent years, and our view is that they now serve to exchange expertise and provide mutual support on many joint initiatives. We believe that for many small and low risk businesses which are local authority enforced, the availability of a local regulatory service is a key feature and is quite highly regarded by business owners. All businesses receive services from their local authority, but for smaller businesses the relationship is likely to be individual and somewhat tailored to the nature of the business and even the personality of the business owner.