Response to the Health & Safety Executive Discussion Document: Strategic Thinking – Work in Progress
Strategic Thinking – Work in Progress

The response of the CIEH to the Health & Safety Executive’s consultation on their draft strategic plan for 2004-2010

1.0 Has the HSE got the right issues?

1.1 Evidence base

a) The Chartered Institute believes that research should be undertaken to establish an evidence base for all aspects of Occupational Health and Safety (OHS) policy and practice, including enforcement activities undertaken by the HSE and Local Authorities (LAs), in order to facilitate the targeting of limited resources for maximum benefit.

1.2 The Changing Economy

a) The Chartered Institute firmly supports the view submitted by POOSH that the HSE should promote OHS as key components of Corporate Social Responsibility and Ethical Investing, which are growing drivers in the global economy and which, could in turn, provide a vehicle for driving improved standards of OHS throughout the supply chains of larger organisations.

b) Changing patterns of work with the trend to 24/7 operation, home working, and the change away from manufacturing towards service industries will have a significant long term impact on the resources allocated to H&S enforcement by Local Authorities. A robust review of the Health and Safety (Enforcement Allocation) Regulations should be considered to ensure that resources of both the HSE and LAs are effectively targeted at the higher risks activities.

c) The increase in immigrant workers should be included as a category requiring the targeting of information in appropriate languages.

d) A further group to be included are disabled or rehabilitated workers who may have specific OHS needs. Regulator’s awareness of these specific needs should be enhanced.

1.3 Health Issues

a) The 33 million lost days that are attributable to occupational ill health and injury which represents a significant financial loss to the nation and personal loss to those affected. The Chartered Institute welcomes the change in focus to “new” issues such as stress and musculo-skeletal disorders.

b) Some health issues can be complex requiring regulators to adopt an innovative approach. Without a doubt there is a need for regulators to be trained to a higher standard than at present in respect of occupational health issues. Local authority inspectors should also have the same access as HSE inspectors to training opportunities.
c) There should be improved joined-up working between Primary Care Trusts, regulators and occupational health professionals (OHPs) and research undertaken as to how they can work together to deliver improvements.

d) HSE and Local Authority regulators are ideally placed to encourage a regional approach to improve access to occupational health advice services. Larger employers could share their occupational health knowledge with SME’s via trade associations and local Chambers of Commerce.

e) Insurance companies are ideally placed to improve OH by offering reduced Employers Liability Compulsory Insurance premiums to those employers who have a good OH record or who provide suitable OH services.

f) The Chartered Institute considers that GPs should be better trained in OH issues and that there should be greater emphasis on the provision of training material for employers and employees. Issues such as mental health and work related musculo-skeletal disorders are often not a priority for employers. Conservative estimates put the number of patients in England visiting their GPs with work related problems at between 8-12% which has a significant impact on the NHS. GPs therefore have an important role to play in contributing to the Revitalising targets.

g) To assist with the Securing Health Together Strategy there should be closer working between the HSE, LAs, DWP & DOH in collecting sickness absence data. Until Governmental organisations and businesses use a common model for collecting sickness data meaningful comparisons cannot be made.

1.4 Public protection and security

a) The Chartered Institute acknowledges that both HSE and LAs are faced with unresolved tensions. However, it is unfortunate that the Consultation Document ignores the role of local authorities in the statement ‘….when things go wrong, there is an increasing expectation that government will intervene to control, remedy and seek punishment of people and organisations who harm members of the public, whatever the circumstances…..’’. Whilst the HSE regulates activities such as the operation of nuclear installations and chemical plants and the rail network which will have a serious impact on public safety following a major incident, LAs are the prime protectors of public safety in that the enforce H&S legislation in the majority of premises or activities to which the public have access.

b) It should be recognised that LAs are politically accountable to their elected members who in turn are accountable to the local electorate and can require their officer’s to give priority to public protection. Whilst the public protection role appears to be undervalued by the HSE it is integral to the work of many LA inspectors who work in departments tasked with public protection. The existing links between the different sections and professions operating within local authorities should be encouraged by the HSC and enhanced and developed to help reduce the large numbers of injuries to members of the public caused by workplace activities.

d) Members of the public are entitled to the same level of protection as that provided to workers. The HSE acknowledges that the economy is moving away from manufacturing towards the provision of services resulting in a greater interface between service providers and the public. The Chartered Institute acknowledges that Section 3 of the HSW Act 74 offers limitless scope for the HSE and LAs to be drawn into specific issues which Robens had not envisaged. However, the Chartered
Institute considers that the HSE and LAs should not withdraw from existing involvement in S3 issues and that all-embracing research should be undertaken into this issue followed by public consultation.

e) With respect to “voluntary risks” there is an important role for both the HSE and LAs in ensuring that participants are only exposed to the risk which has been properly explained and they volunteer to accept. If equipment associated with the activity is provided by the undertaking then there is a legitimate and important enforcement role for the HSE and LAs.

1.5 Role of Local Authorities

a) The changing economy has resulted, and will continue to do so, in an increase in the size of the service sector and a decrease in the manufacturing sector. The consultative document makes it clear the local authority enforced sector includes businesses where the “newer” challenges, particularly health-related issues are relevant. The Chartered Institute strongly believes that this should not be a trigger to transfer these “newer” challenges from LAs to the HSE. Local authorities employ a range different professionals who have transferable skills and are able to tackle a problem in a holistic manner.

b) However, the Chartered Institute is extremely concerned, along with the HSC and HSE, that the total resource allocated to the health and safety enforcement function by LAs has undergone a year on year decline. Whilst some local authorities have resourced the function inadequately, many others have been very effective and generated some excellent results. However, the overall trend is not encouraging.

c) The Health and Safety Commission has set clear priorities for health and safety and the Chartered Institute strongly believes that local government has a key role in meeting those targets. Recently there have been a number of warnings issued by the HSC and HSE indicating that there is a possibility that health and safety enforcement could be delivered centrally in the future. The Chartered Institute opposes this, in that it believes in the local delivery of services. However, it agrees that the continuing reduction in resources allocated to health and safety enforcement by some local authorities is unacceptable.

2.0 What should the HSE do about each of the issues?

2.1 Resources allocated to local authority enforcement

a) There is obviously no easy answer to this. The Chartered Institute receives repeated comments that the HSC should use its powers to deal with underperforming local authorities. However, whilst the Chairman of the HSC has indicated that it is considering using it’s powers in respect of one local authority, the Chartered Institute believes that the HSC should be more robust in respect of underperforming local authorities which do not have a risk based allocation of resources, thus failing to adequately protect workers and the public from work activities.

b) The intervention of the HSC is dependent on identifying underperforming local authorities. The Food Standards Agency (FSA) have a robust system of auditing the performance of local authorities in respect of food safety. The FSA aims to audit 40 Local Authorities food safety function per year in England and also undertakes additional audits in respect of food sampling. However, the HSE LAU aims to audit only 12 LAs per year in England Scotland and Wales. This therefore creates an
imbalance in the pressure placed on LAs when allocating resources. Consideration should therefore be given to increasing the resources available for auditing the LAs health and safety enforcement function to create a level playing field in respect of food and occupational health and safety enforcement.

c) The FSA audits are published on it’s website and therefore available to elected members, and the local electorate. Health and safety enforcement audits are not published on the HSE web site thereby creating an additional imbalance. The local electorate, workers and trade unions do not therefore have access to the audit details.

d) Some CIEH members have questioned whether the activities of HSE Regional Offices should be audited in a similar manner to that in which LAs are audited by the HSE.

e) HELA has steadfastly resisted the demands from many LAs to set minimum inspection frequencies whilst the FSA has done so backed up by a robust system for auditing the performance of LAs. It is therefore no coincidence that resources allocated by LAs to food safety enforcement have risen whilst those allocated for health and safety enforcement have fallen.

f) The “Revitalising Targets” are national targets. However, they would be more meaningful to LAs if the provided in a local format thus enabling a LA to measure it’s own performance against the Government’s targets.

3.0 Increases activities in some areas require reduced activities in others; where should HSC/E and local authorities be reducing their involvement?

3.1 Allocation of premises/activities

a) A robust review of the H&S Enforcement Allocation Regulations should take into account the fact that local authorities are responsible for regulating some very low risk premises or activities, whereas many higher risk premises or activities which are regulated by the HSE remain un inspected or are inspected very infrequently. LA’s risk priorities are artificially relegated by the regulations to dealing with low risk premises whilst premises which are low risk to the HSE but would be deemed high risk to LAs remain uninspected. A different approach should be adopted which enables both inspectorates to deal with a higher proportion of high risk activities. Additional training of LA inspectors commensurate with this change in emphasis should also be provided.

3.2 Topic inspections

a) The Chartered Institute supports the principal of ‘Topic Inspections’ i.e workplace transport; slips and trips; fall from a height, work related musculoskeletal disorders and work related stress as a strategy enabling the HSE and LAs to effectively contribute to the ‘Revitalising Strategy’. An effective topic based inspection can address the key areas at the same time as reducing the amount of time spent on site during a regulatory visit.

4.0 What mechanisms can be put in place to maintain standards in areas in which HSC/E and local authorities have reduced their involvement?
4.1 Reporting of work related accidents and ill health

a) There still remains a significant level of under reporting of accidents and in particular work related ill health. More publicity should therefore be given to RIDDOR with a view to reducing the high level of under reporting particularly in those sectors where the level of under reporting is predominantly higher.

4.2 Joint HSE/LA Programmes

a) Local authorities have excellent local knowledge, a well trained inspectorate and numerous local contacts, whilst the HSE can offer specialist expertise and technical backup. Consideration should therefore be given to developing joint programmes arranged either by way of County H&S liaison groups or with individual LAs.

4.3 Running a successful business

a) Occupational health and safety should be a core issue in business and employment development so there should be a greater emphasis placed on stressing the economic advantages of ensuring of a healthy and safe business.

4.4 Partnerships

a) Greater use should be made of professional bodies, trade associations, insurers and similar bodies to develop guidance and standards thus freeing up HSE resources to develop other areas.

THE CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH

Founded in 1883, the Chartered Institute of Environmental Health (CIEH) is an independent professional and education body representing those who work in environmental health and related disciplines. It is dedicated to the promotion of environmental health and to encouraging the highest possible standards in the training and the work of environmental health professionals.

The Chartered Institute represents a professional environmental health membership of 9,000 people, in England, Wales and Northern Ireland. The majority of its members work for local authorities and many of these are authorised as inspectors under the Health and Safety at Work etc Act 1974 and enforce health and safety legislation in service, retail and service sectors of employment. Others work in central government, industry, the armed forces, academia, as independent consultants and overseas.

In 2001/02 local authorities were responsible for enforcing health and safety legislation in 1,162,000 premises. An estimated 3480 inspectors held and used health and safety powers. They made 266,000 visits of which 157,000 were preventative inspections, 15,000 were related to special surveys and 19,000 were made to investigate the circumstances surrounding workplace accidents. They served 5960 formal notices requiring action and 102,650 informal notices.

An important role of the Chartered Institute is to campaign for improvements in public health and to facilitate debate about the environmental challenges that affect our health. Active in technical policy and educational development, the Chartered
Institute communicates the views of the profession to governmental, professional, and international organisations including the European Union and the United Nations.

The Chartered Institute is a member of the International Association of Labour Inspection and in 1993 it became the World Health Organisation (EURO) Collaborating Centre for Environmental Health Management in Europe.